North & South Essex
Local Medical Committees

Network Contract DES Contract Specification 2026/27
PCN
Requirements and Entitlements

Version 1 - Dated: 9 April 2026

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Network Contract DES 2026/27 – Summary

What this document is:

- The formal contract specification for Primary Care Networks (PCNs) for April 2026 – March 2027.

It sets out:

  - Who can participate
  - What PCNs must deliver
  - How they are paid
  - Governance and organisational rules

In simple terms: It defines how PCNs operate, what they must do, and how funding flows.

Core purpose of PCNs

- PCNs bring practices together to:
  - Increase resilience and scale
  - Improve integration with wider services
  - Support Integrated Neighbourhood Teams (INTs)

Still aligned to long-term NHS strategy and GP contract reform.

Participation rules (key changes/points)

- Most practices:
  - Automatically roll over into 2026/27 unless they opt out

- Practices must:
  - Sign a contract variation
  - Confirm participation via CQRS
  - Be part of a PCN Network Agreement

Key principle: Participation is the default, not optional year-to-year

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PCN structure requirements

To be a valid PCN, it must have:

- Defined geographic area
- Population typically 30,000–50,000
- More than one practice (usually)
- A Nominated Payee
- A Network Agreement
- A Clinical Director
- Data sharing arrangements in place

Commissioners can flex size limits in exceptional cases.

Clinical Director role

Every PCN must have one, responsible for:

- Delivery of DES requirements
- Use of funding and workforce (ARRS)
- Leadership across the system (incl. INTs)

This is a central leadership role, not just administrative.

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Changes to PCNs (membership)

The document sets strict processes for:

- Practices joining/leaving PCNs
- Mergers / splits
- New PCNs forming

Key points:

- All changes must be approved by commissioners
- Formal notification forms (Annex A) required
- Deadlines (e.g. 30 April 2026) are critical

PCN structure is tightly controlled

Opting out

Practices can:

- Opt out before April 2026
- Opt out after contract changes (within 30 days)
- Opt out of future years

BUT:

- This triggers system-wide consequences
- Commissioner decides impact on:
  - Patients
  - Funding
  - PCN viability

Opting out is possible, but complex and impactful

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Service requirements (high-level)

PCNs must deliver:

- Enhanced Access (evenings & Saturdays)
- Population health & prevention work
- Care home support
- Medication reviews
- Integration with community services

These are the core “deliverables” tied to funding

Workforce – ARRS

- PCNs receive funding via the Additional Roles Reimbursement Scheme (ARRS)
- Used for roles like:
  - Pharmacists
  - Social prescribers
  - First contact practitioners
  - ARRS changes
  - GP recruitment via ARRS:
  - No longer restricted to newly qualified GPs
  - Higher reimbursement (up to top of salaried GP range + on-costs)
  - Broader flexibility on roles (subject to commissioner agreement)

Clinical Director responsible for deploying this workforce effectively

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Data & Reporting

PCNs must:

- Share non-clinical data internally
- Use data for:
  - Population health analysis
  - Service planning
  - Contract compliance

Data is now a core contractual requirement

Financial entitlements

Funding includes:

- Core PCN funding
- ARRS reimbursement
- Investment & Impact Fund (IIF)
- Payments for specific services

Important:

- Payment depends on:
  - Meeting requirements
  - Correct coding
  - Validation processes

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Commissioner powers

ICBs (commissioners) can:

- Approve or reject PCN changes
- Force practices into PCNs if needed
- Reconfigure PCNs in some situations
- Remove participation if non-compliant

Strong oversight remains in place

Funding / structural changes

- £292m removed from PCN DES (Capacity & Access Payment)
- → moved to a practice-level GP recruitment scheme
- This is one of the biggest shifts away from PCN-level funding

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New / strengthened PCN responsibilities

- Continuity of care becomes a core requirement (risk-stratified cohorts)
- Stronger cancer referral and screening expectations
- Care home vaccination responsibility clarified
- Neighbourhood alignment requirement with ICB/local authority geographies

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Vaccinations

- PCNs must ensure eligible patients (e.g. care homes) are offered vaccinations
- Collaboration between practices for seasonal vaccines is now explicitly allowed

PCN Network Contract DES 2026/27

The below links contain all the information for the 2026/27 Network Contract Directed Enhanced Service (DES):

- Primary Care Networks: Network Contract Directed Enhanced Service from April 2026 – explanatory note
- Network Contract DES – contract specification for 2026/27
- Network contract DES – guidance for 2026/27 in England – part A: clinical and support services (section 8)
- Network contract DES – 2026/27: part B guidance: non-clinical
- Network contract DES – template data sharing agreement
- Network contract DES – template data processing agreement
- Network contract DES – primary care network adjusted populations spreadsheet
- Network Contract Directed Enhanced Service – mandatory network agreement
- Sub-contract for the provision of services related to the Network Contract DES 2026/27
- Variation to the Network Contract Directed Enhanced Service mandatory network agreement
- Enhanced health in care homes framework

Additional Roles Reimbursement Scheme (ARRS)

- A PCN is entitled to funding as part of the Network Contract DES to support the recruitment of new additional staff to deliver health services.

The new additional staff recruited by a PCN or provided under contract as a service from a third-party organisation are referred to in this Network Contract DES Specification as "**Additional Roles**" and this element of the Network Contract DES is referred to as the "**Additional Roles Reimbursement Scheme**".

Where the Additional Role is provided by a third-party organisation under a contract of service:

a. the PCN must ensure that the specification of the service incorporates the requirements set out in Annex B;

b. any obligation in section 7.4.1 and Annex B of the PCN should be read as an obligation that the PCN must procure that the third-party organisation carries out that obligation.

- For further information on this, Please see from pages 33 to 41 of the Network Contract DES document **here**.

ARRS Maximum Payable

ARRS maximum reimbursement amounts per role for 2026/27

Role	Indicative band	Annual equivalent maximum reimbursable amount per role £	Annual equivalent maximum reimbursable amount per role plus inner HCAS £	Annual equivalent maximum reimbursable amount per role plus outer HCAs £
		National	Inner London	Outer London
Clinical Pharmacists	7-8a	£71,725	£83,040	£79,665
Pharmacy Technicians	5	£46,447	£55,887	£53,527
Social Prescribing Link Workers	Up to 5	£46,447	£55,887	£53,527
Health and Wellbeing Coaches	Up to 5	£46,447	£55,887	£53,527
Care Co-ordinators	4	£38,739	£46,637	£45,039
Physician Assistants (also known as physician Associates)	7	£69,515	£80,830	£77,455
First Contact Physiotherapists	7-8a	£71,725	£83,040	£79,665
Dieticians	7	£69,515	£80,830	£77,455
Podiatrists	7	£69,515	£80,830	£77,455
Occupational Therapists	7	£69,515	£80,830	£77,455
Student Nursing Associates (previously Trainee Nursing Associates)	3	£34,469	£41,962	£40,769

- For further information on this, Please see from pages 64 to 66 of the Network Contract DES document here.

ARRS Maximum Payable

Maximum reimbursement amounts per role for 2026/27

Role	Indicative band	Annual equivalent maximum reimbursable amount per role £	Annual equivalent maximum reimbursable amount per role plus inner HCAS £	Annual equivalent maximum reimbursable amount per role plus outer HCAs £
		National	Inner London	Outer London
Nursing Associates	4	£38,739	£46,637	£45,039
Community Paramedics	7	£69,515	£80,830	£77,455
Advanced Practitioners	8a	£78,534	£89,848	£86,474
General Practice Assistants	4	£38,739	£46,637	£45,039
Digital & Transformation Leads	8a	£78,534	£89,848	£86,474
Apprentice Physician Associates	5	£46,447	£55,887	£53,527
Enhanced Practice Nurses	7	£69,515	£80,830	£77,455
Healthcare Support Workers	3	£34,469	£41,962	£40,769
New to General Practice Nurses	5	£46,447	£55,887	£53,527
Experienced General Practice Nurses	6	£57,114	£68,429	£65,054
Consultant Nurses Primary Care	8c	£109,943	£121,258	£117,883

Other direct care roles, as per section 7.3.2 of the Network Contract DES - As agreed with the commissioner and within the band maxima for the band recruited as set out above.

- For further information on this, Please see from pages 64 to 66 of the Network Contract DES document **here**.

ARRS Maximum Payable

For initial (existing) MHPs funded 50:50 with Mental Health Provider

Role	AfC Band	Annual equivalent maximum reimbursable amount per role £	Annual equivalent maximum reimbursable amount per role plus inner HCAS £	Annual equivalent maximum reimbursable amount per role plus outer HCAs £
Adult Mental Health Practitioner and CYP Mental Health Practitioner	4	£19,370	£23,319	£22,519
	5	£23,224	£27,943	£26,763
	6	£28,557	£34,214	£32,527
	7	£34,758	£40,415	£38,728
	8a	£39,267	£44,924	£43,237

- For further information on this, Please see from page 66 of the Network Contract DES document here.

ARRS Maximum Payable

Additional MHPs, where funding arrangements are for agreement between PCN and mental health provider

Role	AfC Band	Annual equivalent maximum reimbursable amount per role £	Annual equivalent maximum reimbursable amount per role plus inner HCAS £	Annual equivalent maximum reimbursable amount per role plus outer HCAs £
Adult Mental Health Practitioner and CYP Mental Health Practitioner	4	£38,739	£46,637	£45,039
	5	£46,447	£55,887	£53,527
	6	£57,114	£68,429	£65,054
	7	£69,515	£80,830	£77,455
	8a	£78,534	£89,848	£86,474

N.B. the amounts provided in the above table reflect the maximum reimbursement available to the PCN, and are based on the PCN funding 100% of the role. The actual amount claimed will depend on local funding agreements. For example, if the PCN and mental health provider agree to fund 70% and 30% of the role respectively, the PCN will only claim 70% of the amount quoted above.

- For further information on this, Please see from page 67 of the Network Contract DES document here.

ARRS Maximum Payable

Maximum reimbursement amounts per role for General Medical Practitioners for 2026/27

Role	Annual equivalent maximum reimbursable amount per role £	Annual equivalent maximum reimbursable amount per role plus London weighting £
General Medical Practitioners	£152,900	£155,698

- **A PCN will only be eligible for payment where all of the following requirements have been met:**

a. For workforce related claims, the PCN has met the requirements as set out in section 7 for the relevant roles against which payment is being claimed.

b. The employing organisation (whether this is a PCN member or a third- party organisation) continues to employ the individual(s) for whom payments are being claimed and the PCN continues to have access to those individual(s);

c. The PCN makes available to commissioners any information under the Network Contract DES, which the commissioner needs and the PCN either has or can be reasonably expected to obtain in order to establish that the PCN has fulfilled the requirements of the Network Contract DES Specification;

d. The PCN complies with the relevant local payment arrangements including submitting a workforce related claim in accordance with this specification prior to the expiration of any deadline set by the local commissioner as part of the local payment arrangements;

e. The PCN makes any returns required of it and does so promptly and fully; and

f. All information supplied pursuant to or in accordance with this Network Contract DES Specification is complete and accurate.

- For further information on this, Please see from pages 67 & 68 of the Network Contract DES document **here**.

Network Participation Payment

- Each practice that:

a. is eligible to participate in this Network Contract DES;
b. has submitted information for confirmation of participation in accordance with section 4 of the guidance link at the foot of this page;
c. has been confirmed as participating in the Network Contract DES as a Core Network Practice of a PCN; and
d. commits to being active members of their PCN as it evolves over the coming years,
will be eligible for a Network Participation Payment ("NPP") with effect from 1 April 2026 to support practice engagement.

- For the avoidance of doubt:

a. the NPP payment is only made in respect of a PCN of which the practice is a Core Network Practice; and
b. the NPP payment is paid directly to a Core Network Practice and not the PCN's Nominated Payee.

- For practices to whom the SFE applies, the NPP will be paid in accordance with the SFE and is not a financial entitlement pursuant to this Network Contract DES Specification.

- For practices to whom the SFE does not apply, it is a requirement of this Network Contract DES that the commissioner ensures that a payment is made in respect of those practices that equates to the NPP that would have been made to the practice if the SFE applied to that practice.

- The NPP for the period 1 April 2026 to 31 March 2027 is calculated as **£1.761** (no change to 2022/23, 2023/24, or 2024/25) multiplied by the practice's "Contractor Weighted Population" as at 1 January 2026.

- Subject to sections 10.1.4 (page 54 within the guidance link at the foot of this page) and 10.3.7 (page 58 within the guidance link at the foot of this page), the amount calculated as the NPP is payable in 12 equal monthly instalments and the commissioner must arrange for the relevant payment to be made to a Core Network Practice no later than the last day of the month following the month in which the payment applied and taking into account local payment arrangements.

- For further information on this, Please see from pages 57 & 58 of the Network Contract DES document **here**.

Network Participation Payment

- Subject to section 10.1.9 (page 55 within the guidance link at the foot of this page), section 10.3 (pages 57 & 58 within the guidance link at the foot of this page), and local payment arrangements, for a Core Network Practice of a Previously Approved PCN with membership changes the NPP will be made no later than the end of the month following the month in which the participation of all Core Network Practices of that PCN has been confirmed. Where the first payment is paid after May 2026, the first payment will include payment of instalments backdated to 1 April 2026.

- A Core Network Practice will no longer be eligible to receive the NPP if under exceptional circumstances it leaves the PCN after 30 April 2026. The change will take effect from the month following the month in which the Core Network Practice leaves the PCN.

- For further information on this, Please see from pages 57 & 58 of the Network Contract DES document **here**.

Investment & Impact Fund (IIF)

- A PCN is entitled to additional funding by virtue of the Investment and Impact Fund ("IIF").

- Subject to adherence of met provisions of section 10.6 (pages 68 to 72 within the guidance link at the foot of this page), a PCN is entitled to an achievement payment (the **"Total Achievement Payment"**) in relation to any IIF indicators listed in Annex D of this document.

- In relation to the Total Indicator Achievement Payment, a PCN acknowledges that:

a. it will achieve points based on its performance in relation to the IIF indicators as listed in Annex D;
b. every Indicator has been allocated a certain number of points;
c. it will achieve a number of points for each Indicator between zero and the maximum number of points allocated to that Indicator;
d. there are a total of **58 points** (225 points in 2021/22, 1153 points in 2022/23, 262 points in 2023/24, and 58 points in 2024/25 & 2025/26); and

e. each point is worth **£198.00** (down from £200 in 2022/23).

- For further information on this, Please see from pages 68 & 72 of the Network Contract DES document **here**.

Social Prescribing Link Workers

- A PCN must provide to the PCN's Patients access to a social prescribing service. To comply with this, a PCN may:

a. directly employ Social Prescribing Link Workers; or
b. sub-contract provision of the service to another provider, in accordance with this Network Contract DES Specification.

- For further information on this, Please see from pages 77 to 80 of the Network Contract DES document **here**.

Care Home Premium

● The payment is calculated on the basis of **£133.158** per bed for the period 1 April 2026 to 31 March 2027 (£127.20 in 2024/25 and £130.253 in 2025/26).

- The number of beds will be based on Care Quality Commission (**CQC**) data on beds within services that are registered as care home services with nursing (**CHN**) and care home services without nursing (**CHS**) in England.
- PCSE will make monthly payments based on care home bed numbers provided by commissioners. Payments are made at a rate of **£11.0965** (£10 for 2024/25 and £10.8544 for 2025/26) per bed per month for the period 1 April 2026 to 31 March 2027 based on the number of relevant beds in the PCN's Aligned Care Homes.
- The commissioner must ensure that the number of beds on which payment is based is updated monthly in line with the CQC Care Directory.
- Payment will only be made where the commissioner is satisfied that the PCN or its Core Network Practices have comprehensively coded care home residents using appropriate clinical codes as follows:

- **160734000** – Lives in a nursing home;
- **394923006** – Live in a residential home; and
- **248171000000108** – Lives in care home (finding)

● For further information on this, Please see from pages 59 & 60 of the Network Contract DES document **here**.

Enhanced Access Payment

- The Enhanced Access payment for the period 1 April 2026 to 31 March 2027 is calculated as **£8.903** (£7.975 for 2024/25 and £8.427 for 2025/26) multiplied by the PCN's Adjusted Population as at 1 January 2026.

- For further information on this, Please see from page 59 of the Network Contract DES document **here**.

GMS Ready Reckoner

The (GMS) Ready Reckoner has been produced by NHS England and NHS Improvement in partnership with the BMA General Practitioners Committee (GPC) and are intended to provide an indication of the changes in income streams that may affect a GMS practice and Primary Care Network (PCN).

The Ready Reckoner has three tabs:

1. About the Ready Reckoner – to provide a guide and useful information on current year payment figures
2. A calculator – for indicative funding amounts
3. ARRS maximum reimbursement details

The GMS ready reckoner can be found here.

Annexes

Listed below are the Annexes to the 2026/27 Network Contract DES, and the page numbers that they can be found on within this **link**:

Annex A – Network Contract DES Participation and Notification of Change Form - page 73

Annex B – Additional Roles Reimbursement Scheme – Minimum Role Requirements - page 73

Annex C - Investment and Impact Fund Calculation of Achievement - page 109

Annex D - Investment and Impact Fund Indicators - page 114

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