

- To: • All GP practices in England
• Primary care networks:
- clinical directors
- cc. • Integrated care boards:
- primary care leads
- chief executive officers
- chief medical officers
• NHS England regions:
- regional directors
- regional directors of commissioning
- regional directors of primary care and public health
- regional primary care medical directors

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Dear Colleagues

Primary Care Networks: Network Contract Directed Enhanced Service from April 2025

Explanatory note

1. NHS England has today published an updated Network contract directed enhanced service (DES) specification 2025/26 and Part A and Part B guidance, which take effect from 1 April 2025. These implement the arrangements for primary care networks (PCNs) within wider [arrangements for the GP contract in 2025/26](#).
2. The updated specification introduces these principal changes to the following areas:

The Additional Roles Reimbursement Scheme (ARRS)

- a. The ARRS will be made more flexible in 2025/26 with the following changes:

- i. the continuation of funding into 2025/26, including for the cohort of ARRS GPs recruited during 2024/25, which equates to £186 million for the full year;
 - ii. combining the GP ARRS funding with the main ARRS pot (removing the GP ARRS ringfence); and
 - iii. from that combined funding pot, allowing PCNs to claim reimbursement for GPs alongside existing ARRS roles, plus practice nurse roles which will be added to the scheme.
- b. The eligibility criteria for GPs will remain those individuals who have obtained the CCT within the last two years (at the point of recruitment) and who have not been previously substantively employed as a GP in general practice.
- c. In order to support the recruitment of GPs via the ARRS, the salary element of the maximum reimbursement amount that PCNs can claim will be increased from £73,113 in 2024/25 (the bottom of the salaried GP pay range) to £82,418 in 2025/26 (an uplift of £9,305, representing the lower quartile of the salaried GP pay range) reflecting that some GPs will be entering their second year on the scheme.
- d. Proportionate employer on-costs will also be included within the overall maximum reimbursement amount. There will be an annual equivalent maximum reimbursement amount (salary plus on-costs) for those GPs outside London (£105,882) and an annual equivalent maximum reimbursement amount (salary plus on-costs) including London weighting (£108,680).

Changes to the Capacity and Access Improvement (CAIP) Payment

- e. The Capacity and Access Support Payment (CASP – worth £204m) will continue in 2025/26 and will remain unconditional for PCNs. The Capacity and Access Improvement payment (CAIP - worth £87.6 million) will continue but will reduce from three domains down to two.
- f. One domain will continue to focus on supporting modern general practice access (worth £58.4m) while the other (worth £29.2 million) will incentivise PCNs to use the intelligence gained from population health risk stratification tools to stratify their patients – including to identify those that would benefit most from continuity of care.

3. The amendments to the Network Contract DES specification 2025/26, Part A guidance: clinical, and Part B guidance: non-clinical – are highlighted in yellow within the documents.

Participation

4. Practices already signed up in 2024/25 will automatically participate in the updated 2025/26 DES. This means that PCNs with no changes to their membership or information do not need to submit any sign-up information to their commissioner to continue to participate.
5. PCNs with changes must notify the commissioner by 30 April 2025 to seek approval of those changes. All participating practices must agree a variation to incorporate the specification into their contracts.
6. If a practice wishes to sign up to, or opt out of, the DES, it must inform its commissioner by 30 April 2025. The commissioner will work with the remaining practices in the PCN to consider the consequences, including whether the PCN remains viable.
7. Similarly, if a practice wishes to opt into the DES, it must inform its commissioner by 30 April 2025 in accordance with the process set out in the DES Specification and Guidance.

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Appendix: At a glance guide to contract changes

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
Combining the GP ARRS funding with the main ARRS pot (removing the GP ARRS ringfence).	Section 7		Section 7
New nursing roles added to ARRS. <ul style="list-style-type: none"> Healthcare Assistants (Band 3) New to General Practice Nurses (Band 5) Experienced General Practice Nurses (Band 6) Consultant Nurses Primary Care (Band 8c). 	Section 7.2		Section 7.4
Eligibility requirements for Band 5 and Band 6 new nursing roles.	Sections 7.2 and 7.3		Section 7.4
PCN will still need to return a workforce template to the commissioner but it is no longer a requirement to use a national workforce planning template.	Section 7.5		Section 7.1
Removal of restriction on the number of Digital and Transformation Leads that a PCN can claim reimbursement for from within the allocated Additional Roles Reimbursement Sum.	Section 7.3		
Removal of restriction on the number of Enhanced Practice Nurses that a PCN can claim reimbursement for from within the allocated Additional Roles Reimbursement Sum.	Section 7.3		
PCNs must provide bookable clinical appointments during the Network Standard Hours that are available to all PCN Patients – a clarification added that this does not preclude practices from booking appropriate patients into appointments within Network Standard Hours which are delivered at the patient's registered practice.	Section 8.6		

Updated Ready Reckoner.			Section 7.3
Updated Core PCN Funding amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated Enhanced Access Payment amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated Care Home Premium amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated Capacity and Access Support Payment (CASP) amount.	Section 10.4, Table 1		Section 10.1, Table 2
The Capacity and Access Improvement Payment (CAIP) is reduced from three domains to two.	Section 10.4A		Section 11.3, Table 1 Section 11.4
Updated maximum reimbursement amounts for ARRS roles.	Section 10.5, Tables 2, 3a, 3b and 3c.		
Changes to the minimum role requirements for Social Prescribing Link Workers in the ARRS.	Annex B.3		
Changes to the minimum role requirements for Advanced Nurse Practitioners in the ARRS.	Annex B.15		
The addition of minimum role requirements for: <ul style="list-style-type: none"> • Healthcare Support Workers • New to General Practice Nurses • Experienced General Practice Nurses • Registered Nurses: Consultant Level Practice. 	Annex B.20 Annex B.21 Annex B.22 Annex B.23		
Amendment to indicator HI03 in the Investment and Impact Fund (IIF).	Annex D1		Section 12.9
Amendment to indicator CAN04 in the Investment and Impact Fund (IIF).			Section 12.10
Amendment in identifying and managing raised lipids for CVD prevention and diagnosis.		Section 2.1	
Amendment in identifying patients suitable for a Structured medication review.		Section 2.1	