



## **Network Contract DES 2024/25 - requirements and entitlements**

The 'Network Contract DES 2024/25 requirements and entitlements' was published on 26 September 2024 and the updated document includes some long-awaited detail on:

- the addition of GPs as reimbursable roles from 1 October within a new, ringfenced section of the ARRS
- uplift details of the maximum reimbursable amounts for existing ARRS (also from 1 October)
- other uplifts to the financial entitlements under the DES, backdated to 1 April.

You can download the updated specification [here](#) - all the amendments have been highlighted in yellow.

The financial changes are summarised in the table below but it's also worth noting the additional detail given in the DES update. The ARRS GP must be recently qualified, as we know, and the DES goes further to specify that the role is employed/engaged after 1 October.

Pay for these roles will be set at the lowest level of the DDRB recommended sessional pay range, with PCNs able to claim up to £92,462 (including on costs). The funding available to PCNs to fund these roles will be £1.303 multiplied by the PCN Contractor Weighted Population on 1 January 2024. The GP in ARRS allocation is separate to the pre-existing ARRS allocation, and PCNs cannot cross-subsidise between the two funding streams

Importantly, the following exclusions also apply:

- GPs employed substantively as a GP in practice before 1 October (subject to explicit agreement with the commissioner)
- GPs employed in a temporary capacity i.e. locums
- GPs beyond the second anniversary of their CCT at the start of their employment/engagement.

Additionally, the GP must be employed/engaged on terms 'no less favourable' than the BMA's model salaried GP contract.

GPC England and the Sessional GPs Committee will be releasing guidance for PCNs, and individuals employed under this scheme, shortly.

PCNs must submit their workforce planning template by 31 October to support claims for the ARRS sum. Details of recruitment plans for 24/25 are included but do not have to include GP roles. A PCN baseline will not be established for GPs, but the additionality rules will still apply.

Once employed, GPs can continue to be reimbursed past the second anniversary of their CCT.

Detail		Effective	From	To
Core funding (participation)	↔	01/04/24	£1.761	£1.761
PCN core funding*	↑	01/04/24 (backdated)	£2.916	£2.967
Enhanced access	↑	01/04/24 (backdated)	£7.674	£7.975
Care home payment per bed per year	↑	01/04/24 (backdated)	£120.00	£127.20
ARRS (non-GP)	↑	01/10/24	-	(see <a href="#">DES</a> for role specific rates)
ARRS GP budget	<b>NEW</b>	01/10/24	-	£1.303
Capacity and access	↔	01/04/24	£3.248	£3.248
IIF per point with a max of 58 points**	↔	01/04/24	£198.00	£198.00

\*The Core PCN Funding for the period 1 April 2024 to 31 March 2025 is calculated as £2.967 per patient, with £2.242 being multiplied by the PCN registered list size as at 1 January 2024 and £0.725 multiplied by PCN adjusted population as at 1 January 2024. **This combines the funding that was previously labelled as Core PCN Funding, Clinical Director Payment and PCN Leadership and Management Payment.**

\*\*with the exception of CANCER CAN04 - minor change to denominator which should make it more achievable.

Whilst the uplifts are welcome and the maximum amount that PCNs can claim for individual ARRS roles has increased, the overall funding remains the same. Applying staff uplifts will put PCNs and practices under even more financial pressure which is simply not sustainable.

The ARRS GP funding is only currently guaranteed to the end of March 2025 (although we understand it may be extended), adding a further financial risk to PCNs and offering newly qualified GPs little in the way of job security.

This risks impacting on the excellent progress that many PCNs have made and we will continue to work to support you in this very challenging environment.

**Humberside LMCs**

**October 2024**

With thanks to Wessex LMC for this summary.