



LMC Summary: Network Contract DES 2026/27

The 2026/27 imposed GP contract includes the PCN DES. Practices and PCN CDs will see the requirements of this focus on a continuation of devolved responsibility to PCNs, much of which sits personally with Clinical Directors. It is also the vehicle by which NHSE are trying to push forward with the neighbourhood model, despite the lack of inclusion in the core contract and a reduction in overall PCN funding.

Practices and PCN CDs and managers should be absolutely clear on what the contractual requirements are, as opposed to the “nice to have” additional asks that are being made of many PCNs in pursuit of the neighbourhood model. There is still no clear national direction on the future of PCNs, but there is a commitment to protect ARRS employment without individual practice liability.

The main thing to take away, is the vital importance of an up-to-date PCN Network Agreement – even if you are a single practice PCN.

Strategic Context

NHS England describes 2026/27 as a transition year for Primary Care Networks. The DES does not represent a settled endpoint but prepares PCNs for a future move toward Integrated Neighbourhood Teams (INTs) and Single Neighbourhood Providers (SNPs). We are not completely sure on how, or the timescales for these new models.

Key features include:

- Delay in formal neighbourhood provider contracts until at least 2027/28
- Continued use of PCNs as delivery vehicles, but with tightened alignment to neighbourhood geography
- Greater expectation that PCNs deliver population health outcomes, not just activity

Funding

Network-level funding

Core PCN funding continues into 2026/27 broadly in line with previous years, including:

- Core PCN funding
- Enhanced Access funding
- Care Home Premium
- Network Participation Payment (NPP)

However, these remain under growing contractual expectations, particularly around coordination with non-GP providers and population health delivery.

Removal of the PCN Capacity and Access Payment

The most significant change is the removal of the PCN-level Capacity and Access Payment (CAP).

- £292m has been repurposed away from PCNs
- Funding now sits at practice level via a new GP reimbursement scheme – details of this have not been published but are expected in May with the ability to back-claim.
- This funding is explicitly tied to same-day access for clinically urgent patients

PCNs lose a flexible source of network-level income, increasing the risk to PCN management and leadership capacity where this funding was previously used for infrastructure or coordination roles.

Workforce

Inclusion of GPs within ARRS

The Additional Roles Reimbursement Scheme (ARRS) undergoes its most significant change since inception.

Key changes:

- The restriction limiting ARRS GP recruitment to within two years of CCT is removed
- PCNs may now recruit experienced GPs, with reimbursement increased to the top of the salaried GP pay range plus employer on-costs
- Total maximum reimbursement now approximately £152,900 per GP (outside London)

Note that ARRS GPs remain employees of the PCN, not the practice. Potential inequity might arise where ARRS-funded GPs coexist with non-ARRS salaried or partner GPs.

Broader role flexibility

ARRS role flexibility is expanded, allowing broader nursing and clinical roles subject to commissioner agreement. While this increases flexibility, it also raises risks around supervision capacity, employment accountability, and long-term sustainability.

ARRS Pay

Pay uplifts align with DDRB for ARRS GP roles, and with agenda for change for other PCN roles. PCNs should check their own workforce pay rates and calculations against money received and ensure they are being paid enough to give these uplifts. Raise queries with your ICB primary care team if this doesn't appear to be the case.

Service Requirements

Four core PCN functions

The DES now articulates four mandatory PCN functions, aligned to neighbourhood health priorities:

1. Coordinating shared resources at scale
2. Population health management, particularly cardiovascular disease prevention
3. Targeted proactive care, including Structured Medication Reviews and frailty
4. Collaboration with non-GP providers as part of integrated neighbourhood teams

These changes are described as “streamlining” but represent a shift in emphasis rather than any reduction in workload.

PCN Responsibilities

New core responsibilities include clarity on PCN’s role in vaccinations, continuity of care and neighbourhood alignment.

- PCNs must identify cohorts which would benefit from continuity of care using risk stratification tools, embedding continuity of care in PCN core practice.
- PCNs will receive clearer guidance around identifying eligible older adult care home residents for seasonal and routine vaccinations and will be able to collaborate on delivering the seasonal vaccination enhanced service to deliver COVID-19 and flu vaccinations.
- The DES will provide greater clarity around proactive cancer screening responsibilities, referrals and strengthening safety netting, in line with NICE guidance.
- PCNs are expected to demonstrate leadership in meeting earlier referral and diagnostic thresholds.

Access and Urgency

- Although many access requirements sit within the core GP contract, they potentially affect PCNs, which are now required to support practices showing “unwarranted variation” in access metrics. These are likely to be the requirements for:
 - All clinically urgent requests must be responded to the same day
 - Online consultation systems must not cap requests

These are backed by new national data collection at practice level, increasing the likelihood of performance management via ICBs. The main focus should be on improving GPAD collection and accuracy, as this is where targets are drawn from. Ensure all member practices and relevant staff members are updated regarding the correct way to code same day access to achieve these targets.

Neighbourhood Alignment

For the first time, neighbourhood collaboration is named as a core PCN function.

PCNs are required to:

- Work with ICBs to align registered lists with neighbourhood boundaries
- Adjust footprints where current geography does not reflect natural communities

NHS England states this will apply only in limited cases, but this represents a clear contractual shift away from PCN autonomy over geography and toward commissioner-defined neighbourhoods. This creates potential disruption risks for stable PCNs and practices serving populations that do not neatly fit defined neighbourhoods.

If your practice or PCN is under pressure to realign, please contact the LMC for support.

Governance, Data, and Accountability

The DES strengthens expectations around:

- Risk stratification for continuity of care
- Participation in national staff and access surveys
- Enhanced data sharing for workforce and demand monitoring

While positioned as enabling improvement, these measures expand commissioner oversight of internal practice and PCN operations, with limited clarity on safeguards. We have observed a tendency to ask for extensive reporting, beyond what is required contractually by PCNs.

It is vitally important that PCNs have up to date network agreements, particularly Schedule 3 which outlines roles and responsibilities of member practices. If you are a single practice PCN, you should still have separate PCN schedules to your partnership agreement. Neither document on its own will provide sufficient clarity or protection.

Implications for Practices

Key risks

- Erosion of PCN-level discretionary funding
- Increased workload without commensurate simplification
- Workforce destabilisation if ARRS is used to substitute core funding
- Top-down reconfiguration of PCN geography

Key opportunities

- ARRS now offers a viable route to experienced GP recruitment
- Clarified priorities may help PCNs focus on fewer, more strategic objectives
- Practices gain direct control over capacity funding

Conclusion

The Network Contract DES 2026/27 is not a consolidation year. It is a deliberate re-orientation, shifting funding, workforce and accountability in ways that prepare general practice for a neighbourhood-based future—without yet providing the contractual security or clarity that future model will require. As ever, if you need support or advice, please contact the team at humberside.lmcgroup@nhs.net

Further information

[BMA: Campaigning on the future of general practice](#) – scroll down to **Resources from 1 April 2026** and **Headline Government GP contract changes for 2026-27**

Humberside LMCs

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