

- To:
- All GP practices in England
 - Primary care networks:
 - clinical leads
- 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 directors of primary care
 - regional primary care medical directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 September 2024

Dear colleagues,

Variation to the Network Contract Directed Enhanced Service (DES) contract specification 2024/25

Explanatory note

1. NHS England has today published an updated Network Contract Directed Enhanced Service (DES) specification 2024/25 and Part B guidance: non-clinical, which take effect from Tuesday 1 October 2024.
2. The updated specification introduces the following changes:
 - a. The addition (from 1 October 2024) of general medical practitioners (GMPs) as reimbursable roles within a new, ring-fenced section of the Additional Roles Reimbursement Scheme (ARRS) in 2024/25 specifically for newly qualified GMPs.

This is supported by additional funding of £82 million in 2024/25, which primary care networks (PCNs) can draw down via the Additional Roles Reimbursement GP Sum – which is separate to the current PCN ARRS entitlements.

- b. The uplifting (from 1 October 2024) of the maximum reimbursement amounts per role for existing ARRS roles.
- c. The uplifting of other financial entitlements under the Network Contract DES, backdated to 1 April 2024:
 - i. core PCN funding
 - ii. payments for the enhanced access service
 - iii. the care home premium

This is a result of the government's agreement to fund – in full – the Review Body on Doctors' and Dentists' Remuneration (DDRB) pay recommendations for GPs.

- d. An amendment to Investment and Impact Fund (IIF) indicator CAN04 (previously known as CAN02) to mitigate a potential issue with overcounting referrals and to minimise the need for local adjustments.

- 3. The amendments to the Network Contract DES specification 2024/25 and Part B guidance: non-clinical – are highlighted in yellow in both documents.

Participation

- 4. Practices already signed up to the Network Contract DES specification in 2024/25 will automatically participate in the variation. 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 within 30 calendar days of the publication of the Network Contract DES variation 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 within 30 calendar days of the publication of the variation. 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 within 30 calendar days of the publication of the variation in accordance with the process set out in the Network Contract DES specification and guidance.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Doyle', enclosed within a thin black rectangular border.

Dr Amanda Doyle

National Director for Primary Care and Community Services
NHS England

Appendix: At a glance guide to contract changes

Policy change	Amended specification section	Amended Part B Guidance: Non-clinical
General medical practitioners will not be part of the PCN baseline.	Section 7.2	Section 7.4
Additional text which: - sets out that there are now 2 ARRS reimbursement sums in the 2024/25 specification – the ‘Additional Roles Reimbursement Sum’ and the ‘Additional Role Reimbursement GP Sum’. - explains the eligibility criteria for PCNs to claim reimbursement for general medical practitioners from within the Additional Roles Reimbursement GP Sum.	Section 7.3	Sections 7.2 and 7.6
It is optional for general medical practitioners to be included in the PCN workforce plan.	Section 7.5	Section 7.1
Uplifted PCN financial entitlements – Core PCN Funding, Enhanced Access Payment and Care Home Premium. Pay code and subjective code for general medical practitioners.	Section 10.4 – table 1	Sections 10.1 and 10.3

Policy change	Amended specification section	Amended Part B Guidance: Non-clinical
The basis for calculating the Additional Roles Reimbursement GP Sum. Indicative Additional Role Reimbursement GP Sum per PCN contractor weighted population. Additional tables setting out: - the maximum reimbursement amounts per role for 2024/25 – 1 October 2024 to 31 March 2025 (annual equivalent) - the maximum reimbursement amounts per role for initial (existing) MHPs funded 50:50 with mental health provider (MHP) for 2024/25 – 1 October 2024 to 31 March 2025 (annual equivalent) - the maximum reimbursement amounts per role for additional MHPs, where funding arrangements are for agreement between PCN and MHP – 1 October 2024 to 31 March 2025 (annual equivalent) - the maximum reimbursement amounts per role for general medical practitioners for 2024/25: 1 October 2024 to 31 March 2025 (annual equivalent). For general medical practitioners there is: - an annual equivalent maximum reimbursable amount per role, and: - an annual equivalent maximum reimbursable amount per role, plus London weighting	Section 10.5 – including additional tables 2i, 3ai, 3bi and 3c	Sections 7.2 and 7.3
Minimum role requirements for general medical practitioners and the minimum terms and conditions on which general medical practitioners must be employed or engaged.	Annex B – B.19	Sections 8.2 and 8.5
Amendment to indicator CAN04 (previously known as CAN02) in the Investment and Impact Fund (IIF).	Annex D	Sections 12.3 and 12.10