WEDNESDAY 18TH March 2026

LMC Update

Presented by Dr Clare Bannon CEO BARNSLEY LMC
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Contract Update – What's Changing

Rejected by GPCE overwhelmingly

Contract Update – Funding

Provisional combined GP contract and PCN DES uplift of £485m

£416m going into practice contract funding and £69m into PCN DES

Combined total now just under £13.9 billion

This represents a 3.6% cash increase or 1.4% real terms growth relative to GDP deflator, which is used by DDRB, and is 2.23%

Staff pay assumption of 2.5%, which will be reviewed post-DDRB recommendations and SoS decision

Funding to cover national costs of other cost pressures (such as list growth)

Contract Update – SFE

SFE reimbursements for sickness, parental, study and suspension leave will rise by 2.5% with a post DDRB recommendation for further uplift

Contract Update

- Funding for Advice & Guidance is 2025/26's existing funding (£80m) + £2m uplift = £82m
- This goes into Global Sum and becomes recurrent and contractual - £1.28 per weighted patient
- The national Advice and Guidance ES is retired, there will be no continuing IoS payments
- NHSE MTPF proposals around implementation of 'advice and refer'
- Local referral guidelines to be agreed across primary and secondary care: need for strong LMC input and GP voice on top of GPCE work

Contract Update – QOF

18 points worth £25m (new money) added to QOF in 2026/27 for indicator changes with the total number of indicators going from 44 to 43 – Weight loss indicator has prompted SYICB to withdraw the LCS for Tirzepetide.

Key proposals include:

- Updating childhood vaccination indicators to reflect JCVI recommendations
- Replacing diabetes foot check indicator with a new indicator rewarding delivery of all 8 care processes (including urine Albumin:Cr testing)
- Supporting practices to manage obesity by introducing two new indicators
- Expanding the provision of annual blood glucose monitoring
- Creating a new indicator for heart failure patients with reduced ejection fraction (HFrEF) to ensure delivery of the NICE-endorsed four-pillar model of treatment
- Four blood pressure monitoring indicators to be replaced with two combined indicators
- Supporting individualised treatment targets for frail patients
- Increasing the upper threshold for the atrial fibrillation indicator for assessing stroke risk

Contract Update –Reimbursement scheme

- Repurposing PCN DES CAIP/CASP monies (£292m) to a new practice-level GP employment reimbursement scheme
- Reimbursement to be determined potentially via SFE and ARRS
- Original proposal was a set of access metrics
- Reduces PCN monies by shifting directly to practices
- Problematic here as practices already directly receive this money and will now need to show additionality in terms of GPs
- Reduces potential risk of funds being lost and shifted into SNP contracts/neighbourhood plans

Contract Update –Urgent Care and OCs

- No cap of online consult requests
- Greater prominence of displaying opening times for all access modes
- Timely access to OC/VC data
- Same-day access for clinically urgent needs
- Practices cannot ask patients to call back another day
- Subcontracting rules

Contract Update –Urgent Care and OCs

- ARRS expansion and changes to GP elements
- Continuity of Care requirement for PCNs
- Cancer referral & screening updates for PCN DES
- PCN neighbourhood alignment requirement

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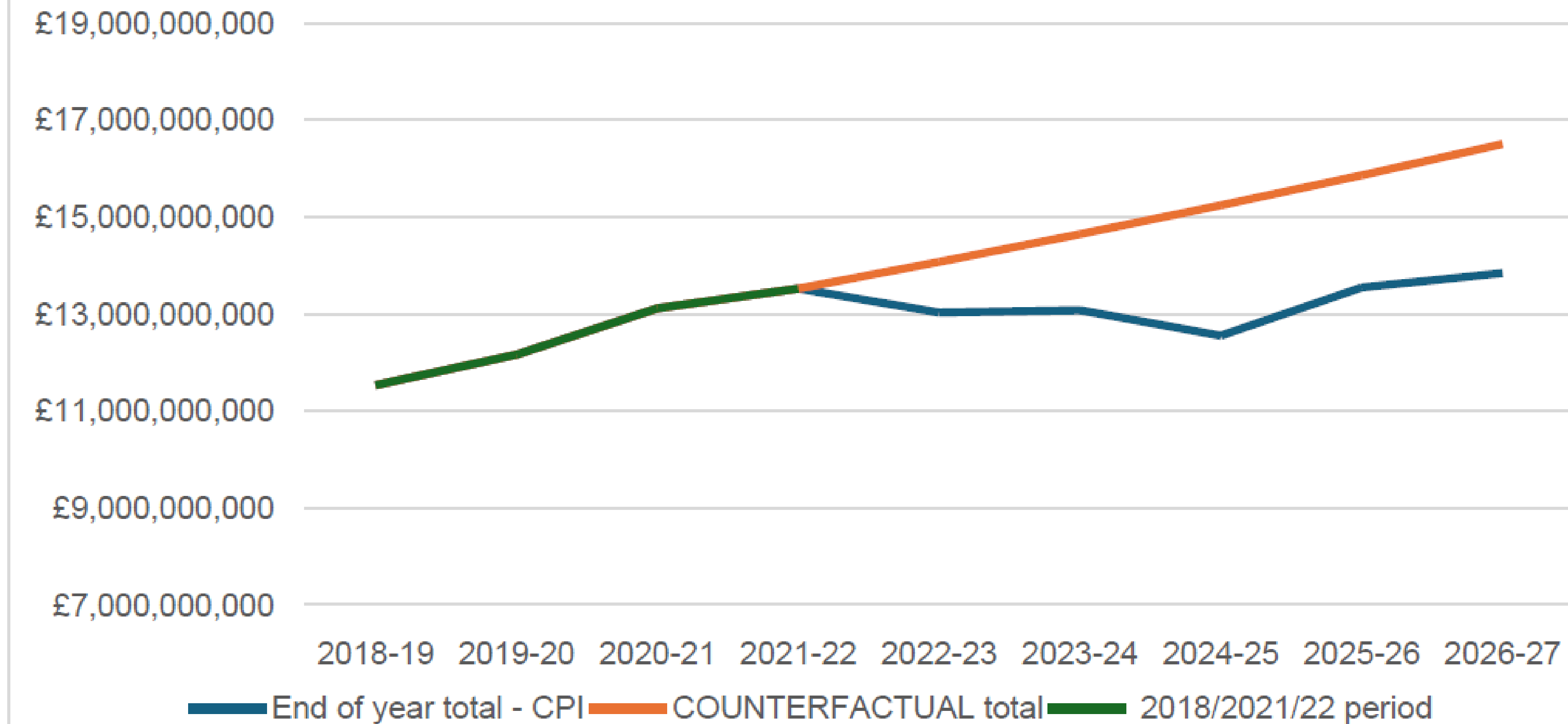
PCN ARRS

- The restriction on ARRS funding being claimed only for recently qualified GPs (currently up to 2 years post-CCT) will be removed so that any employed GP may be eligible
- The maximum reimbursement for GPs will be increased to the ‘top of the salaried GP pay range’ (£114,743 pre-DDRB)
- PCNs will be able to claim reimbursement for GPs up to a maximum of the top of salaried GP pay range plus employment on-costs on top of that
- Flexibility will be increased to allow PCNs to also recruit non-direct patient care roles from within the ARRS sum, subject to local commissioner agreement

Contract Update – Other

- Lung Cancer Screening
- RSV cohorts
- GP practice survey
- Changes to GP registration & catchment area
- Choice of Pharmacy
- Collaboration with ICB if practices require support



Graph A: Total GP contract funding at financial year end from 2018-19 to 2026-27, and where total funding would be had the average real-terms growth of 4.1%, seen between 2018/19 and 2021/22, continued between 2021/22 and 2026/27. All figures are real terms, 2026/27 prices, adjusted for CPI inflation as per OBR financial year average indices (November 2025 Economic and Fiscal Outlook)

Referendum and Collective Action

Referendum is currently open for the profession to vote on whether they support the contract or not. Contact: Gpcontract@bma.org.uk if not received

Plan is to then have incremental actions that are collective action

These could include : shared care prescribing

Further withdrawal from LCS that are unfunded

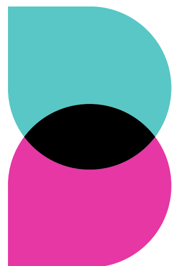
Actions breeching contract such as not complying with on-line consultations

Undated letters of resignation

Marches/Media/Political action(write/meet with MPs)

Thank you for listening.

Questions?



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