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## DIRECTIONS

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# NATIONAL HEALTH SERVICE, ENGLAND

## General Medical Services Statement of Financial Entitlements (Amendment) Directions 2026

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State has consulted with the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate.

### Citation, commencement, extent, application and interpretation

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2026.

(2) These Directions come into force on 1 May 2026 and have effect from 1 April 2026.

(3) These Directions are given to NHS England.

(4) These Directions extend to England and Wales but apply to England only.

(5) In these Directions, “The Principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2026(b).

### Amendment of the Principal Directions

2.—(1) The Principal Directions are amended as follows.

(2) In Part 4 (payments for specific purposes)—

(a) in Section 9(1), after “parental leave” omit “,neonatal care leave”;

(b) in Section 9(5)(a), for “£1,475.17” substitute “£1,526.80”;

(c) in Section 9(5)(b), for “2,238.03” substitute “£2,316.37”;

(d) in Section 10(5), for “£2,151.96” substitute “£2,316.37”;

(e) in Section 11(5), for “£1,460.56” substitute “£1,511.68”;

(f) in Section 12(3), for “£172.52” substitute “£178.56”;

(g) in Section 12(7), for “£1,460.56” substitute “£1,511.68”.

(h) after Section 14 (CQC fees reimbursement scheme), insert Section 14A (The GP Reimbursement Scheme) as set out in the Schedule to these Directions.

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(a) 2006 c.41. Section 87 is amended by paragraphs 1(1) and (2) of Schedule 1 to the Health and Care Act 2022 (c.31). By virtue of section 271(1) of the National Health Service Act 2006, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England.

(b) The Directions, and the various amendments to them are available at: <https://www.gov.uk/government/publications/general-medical-services-statement-of-financial-entitlements-directions>. Hard copies of these documents can be obtained by writing to the Medical Team, Department of Health and Social Care, 3rd Floor, 39 Victoria Street, London SW1H 0EU.

(3) In Part 5 (vaccines and immunisations) in table 1, in the 10th row (three years four months or soon after), for “opportunistic or if requested” substitute “Call/recall”.

Signed by authority of the Secretary of State for Health and Social Care

A handwritten signature in black ink that reads "CESAmal". The letters are cursive and somewhat stylized.

Department of Health and Social Care  
39 Victoria Street, London SW1H 0EH  
30th April 2026

*Claire Amal*  
Member of the Senior Civil Service  
Department of Health and Social Care

## SCHEDULE

Direction 2(2)(h)

### “THE GP REIMBURSEMENT SCHEME

#### General

**14A.**—(1) This Scheme (“the GP Reimbursement Scheme”) is a payment scheme which enables NHS England to reimburse contractors towards the costs associated with increasing or maintaining GP participation with the aim of improving patient access in general practice in accordance with the eligibility criteria in this Section.

(2) The GP Reimbursement Scheme applies from 1st April 2026 and has effect in relation to the financial year commencing on 1st April 2026 and ending on 31st March 2027.

#### Entitlement to a GP reimbursement payment—

(3) A contractor is entitled to make a claim under the GP Reimbursement Scheme in relation to one or more of the following—

- (a) the employment of a new salaried GP in accordance with paragraph (5);
- (b) the increased participation of an existing salaried GP in accordance with paragraph (6); and
- (c) where the contractor is a Core Network Member of a PCN, approved by NHS England in accordance with the Specification<sup>(a)</sup>, to enable the continuation of employment or engagement of a salaried GP in accordance with paragraph (7).

(4) Contractors with practices with more than 3,500 patients per GP, must seek approval from NHS England to be eligible to participate in this Scheme.

(5) The requirements relating to employment of a new salaried GP are—

- (a) the principles of additionality in paragraph (8); and
- (b) the salaried GP that is the subject of a claim has not, in the period of 12 months preceding the start of the period of employment to which the claim under the Scheme relates, been employed as a salaried GP by the contractor, except where such employment—
  - (i) was for the purpose of providing cover under Part 4, paragraphs (9) to (12) of the SFE; or
  - (ii) ceased due to retirement.

and the contractor has made a declaration confirming that these requirements have been met.

(6) The requirements relating to increasing participation of a salaried GP are—

- (a) the principle of additionality in paragraph (8); and
- (b) prior to the claim period, the salaried GP’s annualised sessions were less than 9 per week and the contractor has increased the salaried GP’s annualised sessions to a maximum of 9 sessions per week;

and the contractor has made a declaration confirming that these requirements have been met.

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(a) Specification is defined in Section 7(5)(a) and means the Specification referred to in direction 4 of the DES Directions.

(7) The requirements relating to continuation of employment or engagement of a salaried GP are—

- (a) the post was previously funded through—
  - (i) Capacity and Access Payments; or
  - (ii) The PCN Test Sites Programme; and
- (b) that funding has ceased or is ceasing;

and the contractor has made a declaration confirming that these requirements have been met.

(8) For claims made in relation to paragraphs (3)(a) and (b), the GP Reimbursement Scheme is only available to contractors on the condition that the following principles of additionality are met—

- (a) the contractor is not already claiming another payment for reimbursement in respect of the same costs for the salaried GP; and
- (b) the employment or increased participation of a salaried GP is not for the purpose of providing reimbursement for an absent GP performer.

**Claim and payment arrangements—**

(9) Subject to paragraph (10), the amount payable under this Section by NHS England per claim by a contractor is as follows—

- (a) for claims made in relation to paragraph (3)(a) and (c), the amount the contractor may claim for the cost of the salary of the GP and employer's contribution for national insurance and pension, during the claim period, is the lower of—
  - (i) the actual cost incurred by the contractor; and
  - (ii) the maximum sum of £152,900 and (or £155,698 where London weighting applies).
- (b) for claims made in relation to paragraph (3)(b), the amount the contractor may claim for the cost of the salary of the GP and employer's contribution for national insurance and pension in relation to the additional sessions during the claim period, is the lower of:
  - (i) the actual cost per hour incurred by the contractor; and
  - (ii) the maximum hourly rate of £90.61 (£92.27 where London weighting applies).

(10) Total claims per contractor under this Scheme are subject to a financial entitlement cap of £4.57 multiplied by the practice adjusted population per practice during the financial year.

(11) A contractor may transfer all or part of its funding entitlement under this Scheme to another practice that is a Core Network Member of the same PCN as a contractor, for the purpose of (3)(c), by confirming in writing to NHS England.

(12) The claim in (9) and declarations in paragraph (5), (6) (7) and (8) must be submitted within 3 months of the end of the month to which the claim relates.

(13) Subject to paragraph (5), (6) and (7), payments will be paid in arrears at the end of the following calendar month after submissions of claim.

(14) Contractors must notify NHS England of any change in circumstances that may affect eligibility for reimbursement.

(15) Claims for reimbursement must be made through the Calculating Quality Reporting Services Local (CQRSL) system.

(16) NHS England may only make payment under this Scheme where the contractor has complied with the requirements under this Section and any payment made under the Scheme is conditional on compliance with such requirements.”