

- To:
- Integrated care boards:
 - primary care leads
 - chief executive officers
 - NHS England regions:
 - regional directors
 - regional directors of commissioning
 - regional directors of primary care and public health
 - regional heads of primary care

NHS England
 Wellington House
 133-155 Waterloo Road
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28 March 2024

Dear colleagues,

Update to the GP contract agreements 2024/25: Financial implications

Our letter of 6 March 2023 outlined the changes to the 2023/24 GP contract. That letter can be viewed on the [NHS England website](#).

Additional funding allocations

Integrated care board (ICB) primary medical care baseline allocations have been uplifted to take account of the additional funding shown in the table below.¹ The detailed primary medical care local allocation adjustments by ICB are attached at Appendix A. The column shaded in grey is for information only and not additional allocations.

Table 1

	2023/24	2024/25
	£m	£m
Allocations as published 27/01/2023	10,612	11,008
DDRB uplift costs for 2023/24		160
PCN funding for leadership currently in SDF		44
Additional IIF Funding – Early Cancer Diagnosis		5
Other baseline growth		5
Total updated PMC allocations at 01/02/24	10,612	11,222

¹ Draft allocations are published on FutureNHS and will be available shortly.

The £44 million for primary care network (PCN) leadership and management is in addition to the £45 million already in ICB primary medical care allocations for PCN clinical directors. These have been combined with the £94 million of PCN core funding, giving a total of £183 million for PCN support, leadership and management.

The investment and impact fund (IIF) in 2024/25 will continue to be worth £305 million, including an additional £5 million for early cancer diagnosis in Table 1 (above) in primary medical care allocations. This is available partly through achievement of IIF indicators and the remainder through the capacity and access payments (CAPs).

As part of the changes to the GP contract in 2023/24, the IIF was significantly streamlined, with the number of indicators in the scheme reduced from 36 to 5 (worth £59 million in 2023/24).

In 2024/25 the number of IIF indicators will be reduced further from 5 to 2 (retaining the indicators on learning disability health checks and FIT/ testing), and the funding from the other 3 indicators (flu and access) will be redirected into the CAP.

This will leave approximately £13 million worth of funding through indicators within IIF for 2024/25, including the additional £5 million mentioned above for early cancer diagnosis.

The CAP will continue in 2024/25, as part of the IIF. The overall amount of funding allocated to the CAP in 2024/25 will increase by £46 million to £292 million – with the £305 million comprising £292 million and £13 million above.

As was the case in 2023/24, 70% of funding will be paid to PCNs via the capacity and access support payment (CASP) without reporting requirements, proportionate to their adjusted population, in 12 equal payments.

The remaining 30% of funding will be available to PCNs via the capacity and access improvement payment (CAIP). Payments to PCNs can begin at any point in the year in monthly instalments over the remainder of the financial year.

Payments will be based on the PCN clinical director's confirmation that all practices within the PCN have put in place one or more of the 3 individual components of the Modern General Practice Access Model. Each component attracts a third of the CAIP funding – that is, 10% of the CAP funding overall – and the 3 components are:

- better digital telephony
- simpler online requests
- faster care navigation, assessment and response

Additional funding available to commissioners to support the contract arrangements is as follows:

Table 2

Additional ICB allocations	2024/25
Details	£m
Weight Management Enhanced Service	7

The £7 million funding for the Weight Management Enhanced Service (WMES) is to support the continuation of the service into 2024/25. The allocations included in Appendix A are based on share of recurrent allocations and are indicative only at this stage.

The updated WMES specification is due for publication shortly and final allocations for this enhanced service will be issued later in the year, depending on uptake.

The Additional Roles Reimbursement Scheme (ARRS)

The ARRS delivered the target of 26,000 extra staff by 2023/24 over a year early. Recruitment through the scheme has been strong, and as of 31 December 2023 stands over 34,000 additional full time equivalents (FTEs) had been recruited since 2019.

Additional resources to those originally agreed in 2019/20 continue to be available for the ARRS as shown at row (B) of Table 3 below to give total funding of £1,441 million in 2024/25.

Table 3

£ millions	2022/23	2023/24	2024/25
Funding included in commissioner baseline allocations (A)	634	891	907
Additional funding (B)	393	521	534
Revised total	1,027	1,412	1,441

The original ARRS funding, at row (A) in Table 3, continues to be included in published ICB [Primary care medical allocations](#).² In 2024/25, this funding is worth £907 million across England, which is around 63% of the £1,441 million total available.

The additional ARRS funding, shown at row (B) of Table 3, which is worth £534 million in 2024/25, will, in the first instance, be held by NHS England and not added to the revised local primary care medical allocations.

As in 2023/24, PCNs claim ARRS reimbursement in 2024/25 from ICBs in accordance with current guidance.

² These were [originally published on 17 July 2019](#) and updated version aligned to [current published allocations](#).


At an ICB level, once the funding in row (A) has been claimed by PCNs and they continue to claim reimbursement over those amounts, ICBs will be able to draw down additional allocations – based on need – from the centrally-held additional funding shown in row (B).

The details of these draw-down arrangements for 2024/25 will be based on current guidance.

PCNs must make timely claims for their ARRS workforce via the [mandatory online claim form](#) and ICBs will be eligible to draw down additional funding, providing they submit evidence that PCNs have made claims via this process to a level beyond the ICB's initial allocation.

The value of the funding in row (B) for each ICB is included in Appendix A to this letter and will also be in the SDF Guidance.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gabi Darby', with a long horizontal stroke extending to the right.

Gabi Darby
Director of General Practice
NHS England