
D I R E C T I O N S

NATIONAL HEALTH SERVICE, ENGLAND

General Medical Services Statement of Financial Entitlements (Amendment) (No. 4) Directions 2026

The Secretary of State gives the following Directions in exercise of the powers conferred by section 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) (No. 4) Directions 2026.

(2) These Directions come into force on, and have effect from, 1st October 2026 except as otherwise provided for in paragraphs (3) and (4).

(3) Direction 2(2) has effect from 1st April 2026.

(4) Direction 2(4)(a) comes into force on, and has effect from, 1st November 2026.

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

(7) 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 2 (quality and outcomes framework), after Section 4 (general provisions relating to the quality and outcomes framework), insert Section 4A (improvement thresholds calculation in respect of the childhood immunisation section of the Vaccination and Immunisations (VI) domain) as set out in Schedule 1 to these Directions.

(3) In Part 4 (payments for specific purposes), for Section 14A (the gp reimbursement scheme), substitute the text set out in Schedule 2 to these Directions.

(4) In Part 5 (vaccines and immunisations)—

(a) in Section 19(3) (childhood routine immunisation schedule), in table 1, after the eleventh row, insert—

(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 years 4 months - under 6 years old on 31 December 2025, and who have not received 2 doses of varicella-containing vaccine, and who have not had a chickenpox infection	Measles, Mumps, Rubella and Varicella	1 Dose of MMRV	Upper arm	Call. There is no requirement for GP practices to check the medical history for those who respond to the offer and present as eligible. Opportunistic or if requested thereafter”
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- (b) In Section 19(6) (adult routine immunisation schedule), in table 2 for the second and third row substitute—

“2-64 years (in a clinical at risk group but excluding the People Experiencing Homelessness (PEH) clinical at risk group)	Pneumococcal	Pneumococcal Polysaccharide Vaccine (PPV) until stocks have depleted. When depleted, or if not available, then Pneumococcal Conjugate Vaccine (PCV)	Upper arm	Call/recall if in a defined clinical risk group
16-64 years in the People Experiencing Homelessness (PEH) clinical at risk group(a)	Pneumococcal	Pneumococcal Polysaccharide Vaccine (PPV) until stocks have depleted. When depleted, or if not available, then Pneumococcal Conjugate Vaccine (PCV)	Upper arm	Call/recall
65 years	Pneumococcal	Pneumococcal Polysaccharide Vaccine (PPV) until stocks have depleted. When depleted, or if not available, then Pneumococcal Conjugate Vaccine (PCV)	Upper arm	Call/recall at 65 years old if in a clinical at risk group. Call at 65 years old if not in a clinical risk group. Opportunistic or if requested thereafter”

- (5) In Annex G (dispensing payments)—

- (a) for Part 2 (dispensing feescale for contractors that are authorised or required to provide dispensing services), substitute—

(a) Practices may offer and administer pneumococcal vaccine to people experiencing homelessness under the age of 16 years in exceptional circumstances, where clinically appropriate

“PART 2**DISPENSING FEESCALE FOR CONTRACTORS THAT ARE AUTHOISED
OR REQUIRED TO PROVIDE DISPENSING SERVICES****From 1st October 2026**

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 487	239.1
488-609	235.7
610-732	232.6
733-853	229.7
854-977	226.9
978-1096	224.5
1097-1524	222.1
1525-2132	220.1
2133-2437	218.1
2438-3047	216.4
3048-3655	214.9
3656-4265	213.7
4266-4871	212.6
4872 and over	211.8

From 1st April 2027

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 487	236.6
488-609	233.3
610-732	230.2
733-853	227.3
854-977	224.6
978-1096	222.2
1097-1524	219.8
1525-2132	217.8
2133-2437	215.9
2438-3047	214.2

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
3048-3655	212.7
3656-4265	211.5
4266-4871	210.3
4872 and over	209.6”

- (b) for Part 3 (dispensing feescall for contractors that are not authorised or required to provide dispensing services), substitute—

“PART 3

DISPENSING FEESCALE FOR CONTRACTORS THAT ARE NOT AUTHORISED OR REQUIRED TO PROVIDE DISPENSING SERVICES

From 1st October 2026

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 487	249.2
488-609	245.7
610-732	242.7
733-853	239.7
854-977	237.1
978-1096	234.6
1097-1524	232.2
1525-2132	230.1
2133-2437	228.2
2438-3047	226.5
3048-3655	225.0
3656-4265	223.7
4266-4871	222.6
4872 and over	221.8

From 1st April 2027

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 487	246.6
488 – 609	243.2

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
610 – 732	240.1
733 – 853	237.2
854 – 977	234.6
978 – 1096	232.1
1097 – 1524	229.8
1525 – 2132	227.7
2133 – 2437	225.8
2438 – 3047	224.1
3048 – 3655	222.6
3656 – 4265	221.4
4266 – 4871	220.3
4872 and over	219.5”

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



39 Victoria Street, London
SW1H 0EH
30th September 2026

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

SCHEDULES

SCHEDULE 1

Direction 2(2)

“IMPROVEMENT THRESHOLDS

IMPROVEMENT THRESHOLDS CALCULATION IN RESPECT OF THE CHILDHOOD IMMUNISATION SECTION OF THE VACCINATION AND IMMUNISATIONS (VI) DOMAIN

General

4A—(1) The improvement thresholds calculation applies to indicators VI001, VI002 and VI003 (the childhood immunisation indicators) only. For each listed indicator, the contractor’s achievement will be assessed using the Standard QOF calculation and the improvement thresholds calculation. The contractor will be awarded the higher of the points totals produced by those calculations.

(2) For each listed indicator, the following achievement calculations will be performed for each contractor—

- (a) Standard QOF calculation: achievement will be assessed by reference to the contractor’s percentage score (see Section 6), against the minimum threshold (“Standard Min.T”) and maximum threshold (Standard Max.T) applicable to the relevant listed Indicator; and
- (b) Improvement thresholds calculation: achievement will be assessed by reference to the contractor’s “improvement achievement”, being the difference expressed in percentage points (“%pts”) between (i) the contractor’s baseline and (ii) the contractor’s achievement for the relevant listed Indicator in accordance with paragraph (6).

(3) For each listed Indicator, the contractor’s baseline will be the contractor’s achievement for that Indicator in the 2024/25 and 2025/26 financial years, calculated as an average. The baseline for each contractor will be made available in CQRS.

(4) The Improvement Minimum Threshold represents the minimum %pts at which the contractor qualifies for points. Achievement at or above the Improvement Maximum Thresholds qualifies for the maximum points available for that Indicator.

(5) For each listed Indicator, the Standard Min.T and Standard Max.T for the Standard QOF calculation, and the Improvement Min.T and Improvement Max.T for the Improvement calculation, will be as set out in the table below.

Indicator	Points	Standard QOF calculation		Improvement calculation		
		Standard Minimum Threshold	Standard Maximum Threshold	Baseline	Improvement Minimum Threshold	Improvement Maximum Threshold
VI001	18	89%	96%	0%	5%pts	18%pts
VI002	18	86%	96%	0%	5%pts	23%pts
VI003	18	81%	96%	0%	5%pts	30%pts

(6) For the purposes of the Improvement Thresholds calculation, improvement achievement will be expressed as %pts and calculated as follows:

Improvement achievement = (contractor's achievement percentage — contractor's baseline percentage) — Improvement Min.T.

(7) Where a baseline cannot be established for a contractor (because no achievement was recorded in one or both of the preceding QOF years and a baseline cannot be approximated using alternative data), the Improvement Thresholds calculation will not apply for that Indicator. The contractor will remain eligible to earn points under the Standard QOF calculation up to the maximum points available for that Indicator.

Calculation of points respect of the childhood immunisation improvement thresholds calculation

(8) Points for the Improvement Thresholds calculation will be calculated by reference to the contractor's improvement achievement in %pts and Improvement Min.T and Improvement Max.T for the relevant indicator, calculated as follows:

- (a) Improvement achievement above the Improvement Max.T: Maximum 18 points
- (b) Improvement achievement below the Improvement Min.T: Zero points
- (c) Improvement achievement between the Improvement Min.T and Max.T:

Improvement achievement/ (Improvement Max.T — Improvement Min.T) x 18 points

QOF points returned for Achievement Payment calculations

(9) For the listed Indicators, QOF points for Achievement Payment calculations will be determined by completing (a) the Standard QOF calculation and (b) the Improvement Thresholds calculation. For each contractor, the higher of the two resulting points totals will be used to calculate the year-end QOF payment for that Indicator.

(10) The higher points total will be displayed to contractors in the CQRS year-end calculation for the childhood immunisation indicators.”

Direction 2(3)

SCHEDULE 2

“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);

- (ba) the increased participation of locums 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^(a), 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;
 - (ii) ceased due to retirement; or
 - (iii) commenced from 24 February 2026,

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

- (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), (b) and (ba), 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 or locum; and
- (b) the employment or increased participation of a salaried GP or locum 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) Specification is defined in Section 7(5)(a) and means the Specification referred to in direction 4 of the DES Directions.

- (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), for additional sessions agreed with salaried GPs between 1 April 2026 and 29 April 2026 and between 25 June 2026 and 31 March 2027, 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 £78.41 (£79.84 where London weighting applies).
 - (ba) for claims made in relation to paragraph (3)(b), for additional sessions agreed with salaried GPs between 30 April 2026 and 24 June 2026, 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 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).
 - (c) for claims made in relation to paragraph (3)(ba), the contractor may claim the lower of—
 - (i) the actual cost per hour incurred by the contractor; and
 - (ii) the maximum hourly rate of £78.41 (£79.84 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 at 1 January in the preceding financial year.
- (11) A contractor may transfer all or part of its funding entitlement under this Scheme to another practice, 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.”