Implementation Guidance for Providers of General Medical Services 2025/26

March 2026

Introduction:

This guidance has been produced with the aim of supporting a consistent Wales wide understanding of the operational aspects relating to the delivery of general medical services (GMS) following the recent tripartite GMS contract agreement between Welsh Government, NHS Wales and GPC Wales.

Context

The GMS Contract is a legal contract between the respective Health Board and the GMS Contractor. The GMS Contract Implementation Group (CIG) includes representatives from the Welsh Government, GPC Wales, NHS Wales and other key stakeholders, and was formed to help transpose the recently agreed negotiated outcomes within the annual contract and underlying legislation.

Purpose

This guidance has been specifically produced to assist practitioners and practices in respect of implementing the new contractual requirements, illustrating how the contractual changes and/or additional aspects are intended to work in practice, at an operational level.

The guidance exclusively applies to the following areas:

- Application of staff pay uplift;
- Workforce Fund 2026/27;
- Patient access to structured coded records;
- Routine management of high risk and rising risk patients in the community;
- Inclusion health services;
- Eight Care Processes Data Sharing;
- Structured Medication Reviews;
- GMS Access Standards.

The guidance will be particularly relevant to health boards, persons who provide or may wish to apply to provide general medical services, persons who assist in the provision of general medical services or may wish to apply to assist in the provision of such services, and representative bodies.

The guidance provides clarity on aspects for immediate service implementation and on service changes that will be brought into being via modifications to the General Medical Services Contracts (Wales) Regulations 2023. In this respect a lead-in time has been intentionally factored in which the practice guidance summarised within this paper is intended as a forward look, enabling practices and practitioners to prepare and make the necessary adjustments, in a timely manner in advance of the legislative changes coming into force.

1. Staff Uplift

In terms of investment, the DDRB recommendation of a 4% pay uplift to GP pay, and to extend this pay uplift to all practice staff for 2025/26 has been met.

To clarify, the staff uplift element of funding should be applied in full after any statutory pay uplifts have been applied. Recognising the vital role all practice staff play in the delivery of services and the desire for a fair and equitable pay uplift to be made to those existing staff, funding will be made available, mandated to ensure all relevant practice staff receive a 4% uplift to their gross pay.

1.1 Requirement:

All staff that were in post at 1st April 2025 or the working day after that should receive a pay increase of 4% for 2025/26, backdated to 1st April 2025. The staff uplift element of funding should be applied in full after any statutory pay uplifts have been applied.

Where practices have had to uplift pay rates on 1st April 2025 for staff in order to ensure their pay scales comply with minimum wage legislation requirements, they must now apply a further 4% to those pay rates, backdated to 1st April 2025.

Where practices have already awarded staff an interim in-year pay increase, they must now uplift that increase to 4%, if it was previously a lower figure (e.g staff already awarded 3% must now also get the additional 1% backdated to 1st April and applied to the rate payable on 1st April - not the uplifted rate).

This will include any staff that may have left practice employment since 1st April 2025, and practices should make reasonable attempts to contact those staff that have left.

Whilst the SFE does not mandate an uplift to new staff, any staff that started in post after 1st April 2025 may be subject to specific clauses in their practice employment contracts in their first year of employment. Practices will need to make a judgement on these on an individual basis.

Practices will be required to complete a self-declaration, as in previous years, to confirm that they have paid all eligible staff a 4% pay rise. A practice declaration form and associated guidance communicating the requirement was issued to all Wales GP Practice Managers on 23 December 2025.

1.2 Additional Practice Expenses

Alongside the 4% pay uplift for GPs and their staff, an additional £2.0 million of annual recurrent funding has been made available for other practice expenses, representing a 1.77% increase.

1.3 In year recurrent funding

The total investment into General Medical Services for 2025/26 is £41.9m, made up of £37.90m and continuation of the Additional Capacity Fund allocation of £4m as part of this overall settlement.

For information purposes a financial breakdown of the new investment for 2025/26 is provided below, with a following further breakdown demonstrating the apportionment of funding:

1.4 New Investment:

Recurrent funding 25/26	
DDRB recommended 4% pay uplift for GP partners	£6.9 million
DDRB recommended 4% pay uplift applied to practice staff	£9.0 million
Practice expenses 1.77%	£2.0 million
Recurrent additional practice stabilisation payment	£20.0 million
Additional Capacity Fund	£4 million
Total	**£41.9 million**

Here is a link to the additional capacity fund guidance.

1.5 Apportionment of funding:

Element	**25-26 uplift (£m)**
GSUM	36.60*
QIF	0.72
Supplementary services	0.00
HB managed funds	1.16*
Total £m	**37.90**
Additional Capacity Fund	*4.00*

1.6 SFE Reimbursement Rates:

Agreement was also reached to uplift GP and Independent Prescriber reimbursements to support continued workforce sustainability and professional development.

The tables below respectively set out the specific GP and Independent Prescriber reimbursement rates:

Specific GP reimbursement rates:

SFE Entitlement	Previous Welsh Rate £	New Welsh rate £
Parental / Adoption / Shared-parental leave – weeks 1-2	1,131.74	1,418.43
Parental / Adoption / Shared-parental leave – week 3 +	1,734.18	2,151.96
Long-term sickness – week 3 + (same ceiling as parental week 3 +)	1,734.18	2,151.96
Suspension from practice	1,131.74	2,151.96

Specific Independent Prescriber reimbursement rates:

SFE Entitlement	New Welsh GP Rate £	New Welsh IP Rate (62.2% of GP rate) £
Parental / Adoption / Shared-parental leave – weeks 1-2	1,418.43	882.08
Parental / Adoption / Shared-parental leave – week 3 +	2,151.96	1,338.24
Long-term sickness – week 3 + (same ceiling as parental week 3 +)	2,151.96	1,338.24

- Claims for absences from 1st October 2025 will be at the new Welsh rates.
- Claims submitted after 1 October 2025 for absences between 1 April 2025 and 30 September 2025 will be paid at the previous Welsh rates.

1.7 Partnership Premium

Agreement was reached to uplift partnership premium by the equivalent of the GP pay uplift with a 10.5% session rate increase backdated to 1 April 2025.

The table that follows sets out the revised rates for the scheme.

GP Rates	Previous rate	New rate (10.5% uplift)
Base session	£1,000	£1,105
Senior session (16+ yrs)	£1,200	£1,326

1.8 Quality Improvement (QI)

Agreement was reached to provide a value preservation 4% uplift to QI points value in 2025-26 for both access and quality improvement from £199 to £206.96 across both domains backdated to 1 April 2025.

2. Workforce Fund 2026/27

For 2026-27 a 5.8% recurrent funding uplift of the GMS contract will apply from the outset of the financial year. This funding uplift from 2026-27, will provide practices with financial certainty to invest in resources needed for the next phase of reform, including workforce expansion, service redesign and administrative support. This uplift underpins the Community-by-Design transformation programme led by the Welsh Government Chief Medical Officer, enabling GPs to play a central role in integrated care models. This uplift is additional and unrelated to any DDRB pay award in 2026-27. Additionally, from 2026-27, the £4m funding previously defined as Additional Capacity Funding will be added on a recurrent basis to the Workforce Fund of the 2026-27 5.8% uplift, creating a total of approx. £14m.

Practices have already received guidance on the operation of the Workforce Fund, released on 16 January and 2 February which provides a step-by step guide on how to comply with the application process and monitoring requirements for practices seeking support from the Workforce Fund, which absorbs the Additional Capacity Fund for 2026/27. The final guidance and Workforce Fund Claim Form, to enable practices to draw down funding allocated to them in line with Health Board-approved Workforce Plans, are provided at Appendix A and also attached with the covering letter for ease of access.

Practices may apply throughout the year, but applications received on or before 27 February 2026 will receive a guaranteed response for April.

Please refer to the correspondence previously issued for clarification on any matters. Any further queries on the guidance or changes should be directed to the relevant Health Board.

3. Data and digital - Patient Record Data Access via the NHS Wales App

Agreement was reached to make available patient data in the NHS Wales app. Digital Health Care Wales have enabled the functionality ensuring patients now have access to certain coded elements of their record, by default, via the NHS Wales App. App provision now includes the availability of a summary patient record to the individual user in a secured view, and this currently includes documented allergies. This change forms part of the national programme to increase digital access to primary care information and enhance patient empowerment, safety, and continuity of care.

This information will be automatically configured from the practice system once activated and practices are responsible for ensuring accuracy and up-to-date coding as per existing clinical governance expectations.

If a practice has manually disabled the functionality that enables access to documented allergies following the EMIS migration, the practice will be contacted and instructed to take corrective action.

Practices should continue to ensure free-text comments do not contain inappropriate or sensitive third-party information, as part of standard record-keeping practice.

In terms of the operational requirements, practices must:

- Ensure that the functionality is enabled in their system, to ensure a summary patient record is accessible to the individual in a secure view via the NHS Wales App.

This summary must include:

- Documented allergies

Information governance guidance for General Practice using the EMIS system in Wales is being finalised by DHCW following pilot feedback and is not yet published. DHCW will publish this via the NHS Wales App Resource Centre, and a link will be shared with practices once available.

A separate, phased exercise is underway determining the approach to enable patients' access to the remaining agreed coded elements of their record including immunisations and health conditions in which associated practice specific communication will follow by DHCW.

4. Routine management of high risk and rising risk patients in the community

Agreement was reached to fully embed a consistent approach to the identification of the patient cohort and proactive management of the identified 0.5% high risk population group.

Practices are already required to maintain frailty registers. The minimum GMS contractual requirement is that practices undertake a frailty assessment as part of chronic disease annual review, on appropriate patients.

The identification and coding of frailty supports early identification and allows for targeted support from health and care services as appropriate for people living with frailty to help them stay well for as long as possible.

From April 2026, practices will be expected to adopt a nationally consistent approach to identification of the high risk cohort, informed by use of the Rockwood Clinical Frailty Scale and supported by digital tools such as Audit+ and/or system searches.

The detailed guidance underpinning this approach, including cohort definition, thresholds and coding, is being finalised, and further guidance will be issued in due course. Any digital tools will support, not replace, clinical judgement, with clinical verification remaining essential.

Health Boards will work with practices to support implementation, with expectations applied consistently across Wales once final guidance is issued.

5. Inclusion health service models

GP teams are required to undertake the following actions to identify vulnerable individuals experiencing multiple severe and overlapping disadvantages that significantly increase their risk of poor health and then connect them with appropriate care.

- The maintenance, annual review and validation of Inclusion Health Registers - practices will be expected to maintain registers of individuals using the initial list of recommended SNOMED codes and descriptions detailed in Appendix B. From April 2026 practices will be able to utilise an EMIS Web search and an alerts prompt which will be made available via the GMS Contract Resources tile in the Primary Care Information Portal (PCIP). A link to a supporting YouTube video will also be made available.
- To support reporting and planning purposes practices will be required to provide aggregate anonymised data by inputting data onto a template within the PCIP.
- Cluster Service Mapping and Planning - practices to share prevalence data (via the PCIP) and their professional assessment of unmet needs in Collaborative and Cluster service reviews.
- Categorise and Support Individuals - assess and support individuals when they see them according to existing professional responsibilities and contractual requirements.

The requirements detailed above forms part of the core contract and supports the goal of delivering inclusion health service access aligned to the national guidance for the development of local inclusion service models and opportunity for cluster level access.

6. Recording and Reporting of the Eight Essential Diabetes Care Processes

To support improved planning, monitoring and equity of access to diabetes care, agreement was reached that aggregate practice level data on the completion of the Eight Essential Care Processes will now be automatically shared with Health Boards Primary Care Contracting Teams via the PCIP.

This process will not create additional work for practices, as it relies entirely on universal data flows that practices already record and submit routinely, and does not require individual practice consent.

The data shared is aggregate only and contains no identifiable patient information. Standard patient-level GDPR opt-outs remain available and must be honoured within practice systems.

Health Boards will use the practice level data to:

- Provide assurance that all patients with diabetes are receiving equitable access to recommended care.
- Identify variation in care process completion.
- Support improvement work through cluster and system level planning.

To support practices with their data entry and data quality, in early contractual year 26/27 DHCW will make available within the PCIP a comprehensive list of SNOMED codes that are used to support the annual National Diabetes Audit (NDA) extract.

7. Structured Medication Reviews

Additional questions have been agreed for inclusion within the Clinical Governance Practice Self-Assessment Toolkit (CGP-SAT) to enable better understanding of the adoption of the Welsh National Standards for Medication Review by practices. Practices are not being asked to change clinical practice at this time.

8. GMS Access Standards

The GMS Access Standards remain unchanged. Expectations on practices continue as set out in the existing GMS contract and associated guidance, and there are no new or amended contractual requirements. Welsh Government, working with NHS Wales, is reviewing the ways in which Health Boards gain assurance and monitor adherence to the Access Standards. This work relates to oversight and assurance arrangements rather than to the Access Standards themselves and is intended to support greater consistency in how assurance is obtained and applied across Wales. Health Boards remain responsible for the local management and assurance of GMS contracts in line with existing frameworks, and any implications for practices arising from this review will be communicated in due course.

9. Legislative process and financial aspects

Where appropriate, the Directions to Local Health Boards as to the Statement of Financial Entitlements (Wales) 2013 ("the SFE") will take account of the amended guidance and underpinning funding. This will be applied to the 2025/26 financial year and will apply going forward.

Queries relating to the funding and claiming process should be directed to NWSSP at nwssp-primarycareservices@wales.nhs.uk

Appendix A

Workforce Fund – Final Guidance and Claim Form 2026/27Claims Process

Practices have already received guidance on the operation of the Workforce Fund, released on 16 January and 2 February 2026 which provides a step-by step guide on how to comply with the application process and monitoring requirements for practices seeking support from the Workforce Fund, which absorbs the Additional Capacity Fund for 2026/27.

To access their allocation, practices must submit the claim form at Appendix 1. This must be submitted monthly and payments are made monthly in arrears.

Principles

- Only additional posts or increased hours above the 31 December 2025 staffing baseline and which have been agreed by the Health Board as part of a Workforce plan are eligible for Workforce Fund support.
- Copies of payroll information or invoices paid should be made available and may be requested by the Health Board.
- The Health Board will ensure that only claims for posts/hours included within a Workforce Plan which has been approved by the Health Board will be submitted for payment.
- Claims for posts/hours that have not been included as part of the Workforce Plan and approved by the Health Board will not be submitted to NWSSP for payment.
- Practices must notify the Health Board as soon as possible of any staffing change that affects payments

Checklist

- All claims should be sent to your Health Board Primary Care Team by the 1st of the month
- All posts should be recorded on PCWIS or Locum Hub Wales as relevant (please remind locums to update their hours on Locum Hub Wales)
- The claim should clearly state the total number of hours / sessions being claimed
- The practice should ensure that all additional hours/posts are included on PCWIS as per the agreed Workforce Plan
- 1 GP session = 4.17 hours

If you have issues with adding to PCWIS please contact:

nwssp-primarycareservices@wales.nhs.uk

If you have any issues relating to your Workforce Plan or the claiming process, please contact your Health Board Primary Care Team.

Appendix 1

Claim Form

Practice Name	
W Code	
Practice Address	
Email Address	
Telephone Number	
List Size @ 31st December 2025	

Additional Staff Resource – Detail of additional posts/hours worked:				
Name of individual/Post	**New Role, Increase in hours, Converted AC post, Locum**	**Date worked**	**Hours/session worked**	**Total cost**
	N / I / C / L			
TOTAL CLAIMED (100%)				

PRACTICE DECLARATIONS

- ☐ **I/we confirm that we have read and understand the requirements of the Workforce Funding Guidance 26/27.**
- ☐ **I/we confirm that the above claim meets the requirements of the Workforce Funding Guidance 26/27**
- ☐ **I/we confirm that the information provided in this application form is accurate**
- ☐ **I/we confirm that the above claim relates to posts or increased hours above the 31st December 2025 staffing baseline.**
- ☐ **I/we confirm that the posts claimed for are part of a workforce plan approved by the Health Board**
- ☐ **I/we confirm that the above hours have not been claimed through any other scheme or service payment e.g. Supplementary Service/ PCCS or other SFE allowances:**
- ☐ **I/we confirm that I/we will submit appropriate records such as payroll information to the Health Board where required.**
- ☐ **I confirm that additional posts/hours are included on PCWIS**

Practices must notify the Health Board as soon as possible of any staffing change that affects payments, as payment will not be authorised for posts/changes that the Health Board has not given prior agreement for as part of the Workforce Plan. These changes include:

- **Staff member leaving (and whether replaced)**
- **Change in WTE**
- **Change in role/function affecting eligibility**
- **Decision not to proceed with an approved post**

Failure to notify may result in overpayment or delays in claims processing.

Authorised signature: ____

(Print & sign on behalf of the practice)

Name:

Date:

****
****

HEALTH BOARD OFFICE USE

Approved/Not approved:____

Date ____

Core Establishment Verified against Workforce Plan: **YES / NO**

Comments:

Appendix B

SNOMED Codes – Inclusion Health Care

Experiencing or at severe risk of homelessness

EMIS CodeID	Term	SNOMED-CT ConceptID
15435901000006116	Assessment for homelessness	1303096007
12618181000006113	At risk of homelessness	82531000000100
15435911000006118	Coordination of resources to address homelessness	1303097003
2312161000000117	Discharge from homeless advocacy service	898811000000106
6260921000006111	Feature of homelessness	364701009
968381000006106	Has no fixed abode	224226001
485356010	Homeless	32911000
169620017	Homeless family	105526001
12738311000006119	Homeless findings simple reference set	1129541000000100
6515031000006113	Homeless mental health care	390818002
6519991000006113	Homeless mental health care - 3-5 contacts/week	391195008
6519961000006117	Homeless mental health care - Part day : day care	391192006
250503019	Homeless single person	160700001
4931071000006116	Hostel for the homeless	224675009
2534081014	Housed	414418009
14459501000006117	Housing instability following recent homelessness	1156194005
397751017	Housing lack	266935003
757521000000112	Length of time homeless	442244004
397758011	Lives in squat	266940006
8299311000006110	Living in refuge (finding)	864131000000100
3029891000006117	Living on the street	32911000
337216012	Living rough	224228000
2743791000000114	Provision of community outreach care for homeless	1095491000000105
2733781000000113	Referral to homeless advocacy service	1091381000000101
12619001000006114	Signposting to homeless support service	1104581000000103
4925441000006118	Sleeping at friends home	224232006
337220011	Sleeping in night shelter	224231004
4925451000006116	Sleeping in vehicle	224233001
4925401000006115	Sleeping out	224229008
752321000000118	Sofa surfer - person of no fixed abode	381751000000106
4925421000006113	Temporary shelter arrangements	224230003
6271521000006115	Temporary shelter arrangements - finding	365510008
2286501000000119	Under care of homeless advocacy service	702526004
250508011	Vagrant	160703004

People seeking asylum, refugees, vulnerable migrant workers, and undocumented migrants

EMIS CodeID	Term	SNOMED-CT ConceptID
1484825013	Asylum seeker	390790000
8228151000006118	Asylum seeker awaiting decision on refugee status	728611000000100
8228161000006116	Asylum seeker with application for asylum refused	728621000000106
8228461000006112	Asylum seeker with discretionary leave to remain	729851000000109
8228181000006114	Asylum seeker with humanitarian protection status	728631000000108
15280781000006111	Asylum seekers centre	554851000005102
14164591000006117	At increased risk of human trafficking	1017202000
2635671000000111	At risk of human trafficking	1045861000000108
15293761000006111	Child victim of human trafficking	16290801000119107
650171000006119	Exam. of refugee	171420007
1225188014	Examination of refugee	171420007
545231000000115	Failed asylum seeker	728621000000106
251267012	Refugee	446654005
6839691000006111	Refugee family	413323004
14798461000006111	Refugee healthcare service	1231786003
2659551000000119	Signposting to Refugee Council	1057331000000104
8229881000006114	Unaccompanied child asylum seeker	748241000000103
15293741000006112	Victim of adult human trafficking	16290761000119104
2233011000000112	Victim of human trafficking	734998001
15293731000006119	Victim of human trafficking in adolescence	16290721000119109
15293771000006116	Victim of human trafficking in childhood	16290801000119107
15293721000006117	Victim of teen human trafficking	16290721000119109

Person engaged in sex work

EMIS CodeID	Term	SNOMED-CT ConceptID
248918015	Child prostitute	159801002
248916016	Female prostitute	159799000
5252961000006114	Female prostitution	248101004
2151451000000115	Former sex worker	827301000000107
248917013	Male prostitute	159800001
5252971000006119	Male prostitution	248102006
248919011	Prostitute	159798008
204351000006111	Prostitutes	159798008
3371011000006117	Sex work	53713009
1716401000000111	Sex worker	449344001
1763951000006119	Sex worker	1763951000006103
3371001000006115	Works as prostitute	53713009

Roma, Gypsy or Travelling person

EMIS CodeID	Term	SNOMED-CT ConceptID
15519621000006119	Gypsy or Traveller (White) ethnic category of Scotland's census 2022	2078771000000100
138191000000113	Gypsy/Romany - ethnic category 2001 census	88931000000109
138171000000114	Irish Traveller - ethnic category 2001 census	88911000000101
1968251000006113	Irish Traveller - Northern Ireland ethnic category 2011 census	977371000000109
15519641000006114	Roma (White) ethnic category of Scotland's census 2022	2078781000000103
1968071000006114	White: Gypsy or Irish Traveller - England & Wales ethnic category 2011 census	976671000000104
1968441000006112	White: Gypsy or Irish Traveller - Scotland ethnic category 2011 census	977971000000108
15519611000006110	White: Gypsy/Traveller-Scotland ethnic category 2022 census	2078771000000100
15519631000006116	White: Roma-Scotland ethnic category 2022 census	2078781000000103