To:
- Integrated care board (ICB):
  - chief executive officers
  - primary care finance and commissioning leads
- NHS England regional:
  - directors
  - directors of commissioning
  - directors of primary care and public health
  - heads of primary care

NHS England
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30 May 2025

Dear colleagues,

Adjustment to primary care network payments

As you know, ICB allocations include resource to make payments to primary care networks (PCNs) under the Network Contract DES. Some payments under the DES are based on the ICB primary medical care allocations formula, applied at PCN level to create a PCN adjusted population.

We have recently been made aware that, since April 2025, some PCNs have seen an unexpected change in the value of the DES payments based on their adjusted population, beyond uplifts applied in 2025/26. From our investigations we know a change in data source has resulted in the inclusion of an incorrect number of new patient registrations in the calculations. This is particularly impacting on those practices that have merged, as new patient registrations under voluntary mergers were originally included and should not have been.

Our investigations also highlighted a separate issue – the exclusion of new patient registrations in September only. This will have had little impact on most PCNs, but will impact on those that include student practices as these see a large number of new patient registrations in September. It is likely their weighted capitation has been underestimated.

We have identified an alternative data source and recalculated the adjusted populations for each PCN. Primary Care Support England will use the amended PCN adjusted populations for monthly payments to PCNs from June onwards.

All PCNs will see some movement in their payments for core PCN funding, the enhanced access service, PCN capacity and access support and PCN capacity and access incentives:

- most PCNs will see their payments increase by small amounts
- PCNs with recently merged practices will see their payments reduce
- PCNs with practices for which new patient registrations are concentrated in September, such as student practices, will see their payments increase

We recommend that ICBs make good underpayments. They should consider, in discussion with their constituent PCNs, how overpayments in April and May should be resolved. In doing so, each ICB should satisfy itself that it has observed the provisions of Managing Public Money, which apply to all public bodies.

A PCN's adjusted population is also used to calculate the number of enhanced access minutes that a PCN is required to deliver. ICBs should work with their PCNs to agree how to address any impact of the recalculation on the number of minutes required.

ICB allocations will not be updated as the recalculation has a small impact at ICB level and this is also mitigated by convergence policy.

Yours sincerely,

Dr Amanda Doyle
National Director for Primary Care and Community Services