DDRB Uplift 2025/26 – FAQs

Context

The Government have now accepted the Doctors' and Dentists' Review Body (DDRB) recommendations for the uplift in GP pay for the year 2025/26. This document aims to address frequently asked questions regarding the implementation and implications of the DDRB's recommendations.

What is the DDRB recommendation for 2025/26?

The DDRB has recommended a 4% uplift for contractor GPs as well as salaried GPs. This is inclusive of the 2.8% public sector pay assumption already included within the initial contract agreement, meaning the DDRB recommendation will result in a further aggregate 1.2% uplift to the pay elements of Global Sum. Uplifts are also being applied to ARRS maximum reimbursable rates, SFE locum reimbursements, educational allowances, GP trainer grants, Fellowship funding, dispensing fee scales, the GP Educator pay scales.

How will this uplift be funded?

Additional funds will be distributed through uplifts to Global Sum, locum reimbursement rates, and relevant PCN budgets (the ARRS and Enhances Access Service budgets). DHSC / NHSE has agreed to a total further investment in these budgets of £123mn, in addition to the uplifts already agreed for April 2025.

What will the new Global Sum payment per weighted patient be?

The Global Sum Payment per weighted patient will increase to £123.34. This is an in-year increase of £1.55 and an increase of £10.84 compared to 2024/25.

All payments will be backdated to 1 April 2025.

Global sum	**2024/25 payment**	**2025/26 payment**
Global Sum Payment PWP	£112.50	£123.34

Does the uplift apply to ARRS staff?

The maximum reimbursable amount for ARRS GPs will be uplifted by the full 4%.

The new maximum reimbursable rate scale is:

ARRS GP reimbursement	**2024/25 rate**	**2025/26 rate**
Standard	£105,882	£110,148
Including London Weighting	£108,680	£113,057

Other ARRS staff will receive a total pay uplift of 3.6%, based on the uplift for Agenda for Change staff recommended by the NHS Pay Review Body (PRB).

This means a further 0.8% uplift is being applied on top of the 2.8% pay assumption within the April 2025 Agreement.

The ARRS budget has been uplifted accordingly (an additional £14mn uplift).

PCNs will be able to claim reimbursements backdated to 1 April 2025 using a single form for all ARRS staff. Guidance will be made available.

Will locum reimbursements be uplifted as well?

Yes, an additional 4% uplift will be applied to the current rates, which were uplifted to 24/25 rates as part of the 2025/26 contract settlement.

The new locum reimbursement rates are as follows:

Type of reimbursement	Old rate	New rate
Sick leave	£2,151.96	£2,238.03
Suspension & study leave	£1,404.38	£1,460.56
Parental leave – first two weeks	£1,418.43	£1,475.17
Parental leave – thereafter	£2,151.96	£2,238.03

Will educational allowances be uplifted as well?

Yes, like locum reimbursements, educational allowances will be uplifted by the full 4%.

The new allowance is as follows:

	2024/25 rate	2025/26 rate
Educational allowance	£165.88	£172.52

Will the GP trainer grant be uplifted as well?

Yes, GP trainer grants will be uplifted by 4%.

The new rate will be as follows:

	2024/25 rate	2025/26 rate
GP trainer grant	£10,381.64	£10,796.91

Will GP Fellowship funding be uplifted as well?

The General Practice Fellowship programme includes a pro-rata reimbursement to the employer for up to one session per week, plus funding for programme delivery including CPD provision, administration and oversight. Salary reimbursements will be uplifted in line with actual salaries paid.

Will dispensing fee scales uplifted as well?

Yes, the profit element included in the dispensing fee scales methodology will be uplifted by 4%. The new fee scales will be confirmed once they are available.

Will the GP Educator pay scale be uplifted as well?

Yes, each pay point on the scale will be uplifted by 4%.

The new values are as follows:

Point	Grade	Description	Indicator	2024/25 value	2025/26 value
GP00	KP01	Preparatory year course organiser or tutor	Contribution to backfill service provision in general practice	£109,536	£ 113,917
GP01	KP02	Contribution to backfill service provision in general practice	Standard scale point for VTS course organisers, GP tutors and primary care tutors	£114,101	£ 118,665
GP02	KP03		Advanced point for special responsibilities and lead roles in developing new initiatives	£117,900	£ 122,616
GP03	KP04	Associate adviser, associate director, associate postgraduate dean	Standard scale point for associate directors, associate advisers. Period of maintenance work plus person professional development	£122,470	£ 127,369
GP04	KP05		Established lead work and lead on new initiatives	£126,270	£ 131,321
GP05	KP06		Lead role on national organisations that enhance deanery performance	£130,074	£ 135,277
GP06	KP07	Deputy Director	Leadership role, sharing some director duties, footprint extends beyond the deanery, and wider than education management	£ 134,639	£ 140,025

Will additional funding suffice to cover pay uplifts for all staff?

This will depend on the practice, as different practices have differing staffing arrangements. Additional funding is distributed on the basis of weighted patient list size, which does not correspond directly to staffing expenses. Some practices may have fewer patients per staff member, or employ staff on higher salaries (for example because they employ more GPs, or employ more senior staff). These practices are at risk of not receiving enough additional funds through Global Sum to afford a 4% pay rise for *all* staff.

I am a GP Contractor. Do I have to give my salaried GPs the full 4% uplift?

GP practices are expected to implement the DDRB uplift as accepted and funded by the Government, though they are not legally bound to apply it unless specified in the employees' contract. The unmodified BMA Model Contract includes this specification, and GMS and PMS contractors are required to employ salaried GP colleagues under the BMA Model Contract or on terms and conditions "no less favourable".

This year's 4% recommendation applies to salaried GP pay in 2025/26 compared to 2024/25. Please note that the initial contract uplift already assumed a 2.8% uplift. Where such an uplift has already been passed on, an additional 1.2% uplift would be required to meet the 4% recommendation.

The published BMA Salaried pay scales will be uplifted to reflect these changes.

I am a GP Contractor. Do I have to give my non-GP staff a 4% uplift as well?

While the DDRB uplift is specifically recommended for salaried GPs, practices may also consider providing an equivalent uplift to non-GP staff. This is also strongly encouraged by the Government, who have said that they 'expect General Practice Contractors to implement pay rises to other practice staff in line with the uplift in funding they are receiving'.

However, this is not mandated and is subject to the overall financial constraints within each practice. Practices are encouraged to evaluate their budgets before making any such decisions regarding non-GP pay uplifts.

I am a Salaried GP employed by a GP practice. What can I expect?

If you are employed under the unmodified BMA Model Contract, your employer is expected to implement the full 4% uplift as mandated by the contract. For other contracts, the uplift is not legally bound unless specified, but practices are encouraged to follow the DDRB recommendations.

It is important to note that the initial contract uplift assumed a 2.8% increase. If this has already been applied, you will receive an additional 1.2% uplift to meet the 4% recommendation.

I am a Salaried GP employed in a non-practice setting. What can I expect?

If you are a salaried GP employed in a non-practice setting, the application of the 4% uplift will depend on the terms of your contract and your employer's policies. Unlike GP practices, non-practice employers are not bound by the BMA Model Contract and may have different agreements in place. However, as the Government has accepted the DDRB recommendation, it is advisable to check with your employer whether they intend to apply the uplift in line with these recommendations.

It is also recommended to review your contract for any clauses related to pay increases and to have a discussion with your employer about the possibility of implementing the 4% uplift. While

not mandated, employers in non-practice settings may still choose to follow the DDRB recommendations to maintain competitive and fair compensation for their salaried GPs.