

Dear colleagues

DDRB pay award 2025-26

Last week, the DDRB pay award recommendations for 2025-26 were finally announced, with a 4% uplift to the pay element of the GP contract and the pay range for salaried GPs. The Government has accepted the recommendations in full, but 4% won't be enough to 'fix the front door' of the NHS nor expand GP teams and 'bring back the family doctor'.

Our new report [The Value of a GP](#) informs HM Treasury ahead of the comprehensive spending review why only more investment into general practice will secure the recovery of the wider NHS.

I have written to Wes Streeting to seek necessary clarity and to ensure GPs and practices face no financial disadvantage. We need clear funding to ensure the full 4% can be passed onto employed GPs, to meet AfC guidance in ARRS roles, and have also made the case as to why the 4% needs to be applied across all three pay domains to support practice stability.

It is clear there is insufficient investment to allow practices to create additional GP roles. We advised Mr Streeting in late July 2024 of GPC England's view that whilst the GPs in ARRS policy was helpful as a quick fix upon immediate arrival in Government, it won't deliver on improving continuity of care, nor social equity, nor the evolving problem of emerging GP unemployment.

We wrote regarding this critical issue last week, this week I have again asked Mr Streeting to look at direct practice reimbursement for additional GP roles. Government needs to act now, ahead of August, and ahead of the new cohort of GPs qualifying in this country, many of whom will be preparing for under-employment, and unemployment. We have a moral and ethical duty to them, and the taxpayer, to keep them in our NHS practices, providing care to patients. GPs without jobs = patients without care.

GP wellbeing resources

After the shock and upset of the Bank Holiday events in Liverpool, our thoughts turn to our GP colleagues providing help and support to affected communities. So often we are the first port of call for societal stress, and that can take its toll. Last week also saw the tragic news of the loss of life of Chorley GP, Zak Uddin. Our thoughts are with his family, practice and patients.

Please remember you have the support of your colleagues, LMC and the BMA. A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK. We have produced a [poster with 10 top tips](#) to help support the wellbeing of you and your colleagues.

The [Cameron Fund](#) supports GPs and their families in times of financial need, whether through ill-health, disability, bereavement, relationship breakdown or loss of employment. The [RCGP](#) also has information on GP wellbeing support.

Please visit the BMA's [wellbeing support services page](#) or call [0330 123 1245](#) for wellbeing support.

GP unemployment campaign

Last week, the BMA's Sessional GPs Committee and GP Registrars Committee [launched a major campaign](#) to expose the worsening crisis of GP under and unemployment. In a [joint letter to the Secretary of State](#), the committees issued an urgent call for action, warning that up to a thousand GP registrars finishing training this August could be left without jobs, despite patients facing severe delays in care and practising GPs struggling under unsafe, unsustainable workloads. This unacceptable situation is backed by our [survey](#): 15% of GPs couldn't find any suitable work, 56% are seeking more NHS hours without success, and 21% are planning to leave the profession altogether.

The [letter](#) demands immediate Government intervention, including ring fenced, direct to practice core funding separate from the failing ARRS scheme, to employ newly qualified and underemployed GPs in roles that deliver continuity of care. Read more about the [GP un/underemployment campaign](#).

Sign-up window for Advice and Guidance (A&G) extended

The sign-up window for practices to sign up to participate in the A&G Enhanced Service has been extended to 3 June. Practices should sign up via CQRS.

GPCE and NHS England are keen to ensure that the A&G Enhanced Service is implemented correctly, as per the published national specification. If practices experience any issues in the implementation of the A&G service, which deviate from the national spec, please get in touch with details to your LMC and to us directly at info.gpc@bma.org.uk and read the [NHS England guidance](#).

[Read our 'Focus on' Advice and Guidance Enhanced Service.](#)

New GP drive to find undiagnosed infected blood patients

All new patients registering at GP practices are to be asked if they had a blood transfusion before 1996, as part of an [NHS drive to find undiagnosed patients affected by the contaminated blood scandal](#). Each year, around 400,000 people born before 1996 – around half of new sign-ups online – will now be asked if they received a historic blood transfusion, with those who did then being offered a test for hepatitis C.

Patients will be able to order discreet, [self-testing hepatitis C kits](#) to complete at home, involving an easy finger prick blood sample which is then posted to a lab for analysis – or they can also access testing at GP surgeries, sexual health clinics and other services.

Seniority payments update

Seniority payments were historically made to GP partners based on their length of NHS service and income received. The Scheme closed to new members on 1 April 2014 and was then phased out over a six-year period to March 2020. These annually released sums were diverted into the Global Sum.

Seniority payments were based on thirds of average partner income, with no payment being made if a partner drew under a third of average income, 60% between one-third and two-thirds, and those receiving over two thirds average income receiving a full payment. The actual entitlement depended on the publication of each year's Final Seniority Factor (FSF), which was last published in April 2020.

After many months of discussions, we have now finally received assurances from PCSE that they will not seek to undertake a reconciliation exercise for the financial years 2013/14, 2014/15 or 2015/16. However, a very small number of practices may receive further communications in future about the Tranche 1 years (2017/18, 2018/19, and 2019/20). Further information is available [here](#).

Removal from Performer's List: Urgent, 111 and Out of Hours (OOH) GPs

We have been alerted to several areas where GPs exclusively working in OOH, 111 and urgent care have been informed that they will need to be removed from the Primary Medical Performers' List. They have been advised to resign from the performers list, or risk a formal removal process.

We have raised concerns centrally with NHSE as this risks unnecessarily removing a cohort of GPs that are delivering primary medical services, which could impact upon their ability to undertake practice work in the future.

If you have been affected by this, we would be keen to hear from you, if you are a BMA member, please contact us via the member services [Contact us](#) and our GPC email: info.gpc@bma.org.uk

Foresight AI model trained on GP Data

Following reports in the press that GP Data extracted via GPES under a repurposed COVID-19 extract formed part of a wider set of data that had been used to train an AI model without knowledge or approval of an advisory group set up to oversee it, BMA and RCGP wrote to NHS England via the Joint GP IT Committee. In our letter, we outlined the seriousness of this action and sought immediate clarity on how the data sharing took place. This is an ongoing situation, and we expect to provide further updates in the next newsletter.

- The [BMA's GP campaign 'staying safe, organised and united' webpage](#)
- GPCE [Safe Working Guidance Handbook](#)
- Read more about the work of [GPC England](#) and practical guidance for [GP practices](#)
- See the latest update on X [@BMA_GP](#) and read about [BMA in the media](#)
- Contact us: info.lmcqueries@bma.org.uk
-

Read the latest GPCE bulletin: [DDRb pay award](#) | [wellbeing resources](#) | [GP unemployment campaign](#)

Dr Katie Bramall
GPC England chair

Email: info.lmcqueries@bma.org.uk (for LMC queries)

Email: info.gpc@bma.org.uk (for GPs and practices)