

Dear colleagues

GPC England in dispute

I know many of you are really struggling with increased online demand. Your GPC England chair has this afternoon, [written to Mr Streeting](#) explaining when online GP pathways are opened up to unlimited consultations promising patients' better access, but providing no more GPs to increase appointment capacity; promising to 'end the 8am scramble' but providing no additional appointments, that we cannot safely accommodate this unmet need. We have thousands of GPs looking for work, and the solution is obvious to expanding GP access to fund additional GPs. We want to see and speak to our patients, not firefight in front of computer screens all day. We embrace innovation to enhance the care we provide, not become a substitute for it. The government will have seen online consult platforms crash due to overwhelm. This unsustainable demand will soon be exacerbated by the inevitable winter pressures - compounding the crisis.



Politicians may champion patient safety - yet despite repeated asks from GPC England, at no point has government met with us or online consult platform developers to discuss necessary safeguards, essential to protect patients and GPs alike, to distinguish routine from urgent and emergency requests erroneously submitted online. Their promise was made in writing to GPCE on 18 February 2025. It is a broken promise which tells us much.

We are already starting to see the development of waiting lists, an inevitable consequence of there being no additional appointments to respond to this new surge. Unmet patient need and GP under / unemployment are in Mr Streeting's gift to solve. GP waiting lists becoming normalised akin to hospital waiting lists is not the legacy government are seeking, but it may well be the one they are remembered for.

As a committee and as elected officers (and working GPs) we are looking at all options that are open to us and deciding what our next steps will be ahead of our national Conference of England LMCs on 7 November. The safety of our patients and looking after you and your team is of paramount importance to us.

14 October letter from NHS England

Your practice will on Tuesday have received a letter sent from NHSE regarding the October 1st contract changes, to the entire NHS. In it, you may have noticed reference to LMC communications and wondered what this was about, and why attention was being drawn to it. At times of heightened tension, we would remind colleagues that support for any practice needing to comply with the contract changes and more information about the dispute including our suite of resources, is available here: [Campaigning around GP contracts in England](#).

GPC England has [written to the Secretary of State for Health](#) to confirm that we are in dispute, and we have now received a [response from Stephen Kinnock, Minister of State for Care](#).

Being in dispute does NOT mean practices can ignore the contractual changes implemented on 1 October 2025, nor can GPC England, or LMCs, recommend or endorse such an approach. To ensure compliance with new contractual requirements in the [25/26 contract agreement in March 2025](#), and to avoid the risk of potentially receiving a remedial breach notice from your ICB, practices **must**:

- have an online consultation tool, which is available to registered patients throughout core hours (8am – 6.30pm), to allow them to make **non urgent / routine** appointments requests, medication queries and administrative requests and
- ensure GP Connect (Update Record) write access functionality is enabled.

LFPSE template letter to use when online demand is overwhelming

Following the implementation of contractual changes to provide patients with the ability to make requests via online consultation platforms, GPCE has produced a [template letter](#) for practices to send to their ICB, in line with Learning From Patient Safety Events in the event that your practice becomes overwhelmed on any given day, and you consider there to be a potential risk of a patient safety incident occurring. The letter is intended to enable practices to notify ICBs of their concerns and should not be used as a precursor to changing the way in which services are provided in any way. We wish to reiterate however that you must continue to fulfil the obligations of your contract as outlined above.

We would be grateful if you could share any letters that you send to us at info.gpc@bma.org.uk

Information for LMCs regarding GPC England re-entering dispute with the Government

GPC England has prepared a briefing [separate attachment] with information for LMCs regarding disputes. This information is specifically for LMCs only, but please feel free to use it to inform ongoing discussions with your constituent practices. More information will be circulated to LMCs in the coming weeks / months.

Further resources and updates specifically for practices will be continually refreshed via www.bma.org.uk/gpcontract.

Please do share any questions, queries and feedback on the briefing via info.lmcqueries@bma.org.uk as this will help inform further information sharing.

National contract - Practice compliance Survey

We are aware of a number of practices having been contacted by their ICB asking them to urgently respond to a Contract Compliance Return for Patient Contact (including online consultation, telephone and attendance at practice premises).

We can confirm that there is no contractual obligation for practices to complete the compliance return, urgently or otherwise, as this is not stipulated in the GMS regulations.

Read more in our [FAQs](#) on our [campaign page](#).

NHSE GP IT systems survey

The [Clinical Systems Experience Survey for General Practice](#) is now live, designed to understand how digital tools are working across general practice - the survey is open to all staff working in general practice who use clinical systems. It runs from 22 September until 16 November 2025. [Take the survey](#)

DHSC announcement on Carr-Hill Reform

GPCE England welcomes the Government's recognition that the Carr-Hill funding formula is outdated and in need of reform. However, we remain deeply concerned about the framing and scope of the proposed changes.

While the principle of needs-based funding is commendable, the current approach risks destabilising practices across the country. In a fixed funding envelope, redistributing resources inevitably creates winners and losers. Without a commitment to increasing overall investment, this reform risks becoming a zero-sum exercise—rearranging lifeboats rather than saving the ship.

GPCE have consistently called for whole-contract reform, not just a narrow recalibration of Carr-Hill. The government's focus on capitation alone ignores the broader structural issues facing general practice. We will once again press Mr Streeting to look at much wider contractual reform that we urgently need to ensure general practice survives.

Any reform must be holistic, well-funded, and co-designed with the profession. The BMA and GPCE have already fed back to the DHSC's review proposal and look forward to remaining closely involved.

Inclisiran in general practice briefing

There are widespread concerns with the manner and speed with which [NHS England have attempted to push Inclisiran](#), which is a black triangle injectable drug. As there continues to be a number of questions in relation to this, we have published a [briefing for practices](#).

We would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC it may be commissioned via a LES).

Given workload, liability and still-evolving long-term outcomes evidence, practices should not prescribe/administer inclisiran without an adequately funded locally commissioned service.

Read our guidance: [Inclisiran \(Leqvio®\) in General Practice: BMA Briefing](#)

Read also our [joint position statement](#) with the RCGP.

OpenSAFELY

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the Data Provision Notice (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses.

OpenSAFELY has the full support of GPCE and the Joint GP IT Committee. It is a legal requirement for practices to accept the DPN. Data will only be made available under the legal direction once the practice has signalled approval. Following practice feedback, JGPITC is working with NHS England and hopes to simplify the work needed by practices with regard to completing a DPIA. Further information will be shared in due course. Official information on how to active the service is available [here](#)

GP pressures - workforce and appointment data

The latest [GP workforce data](#) showed that in August 2025, we have the equivalent of 28,408 fully qualified full-time GPs. While there is a general rise in FTE GPs since July 2023, GP practices still employ the equivalent of 957 fewer fully qualified full-time GPs than in September 2015.

At the same time, there continues to be an increase in the number of patients, and GPs are now responsible for about 16% more patients than in 2015. Despite this, over 27 million standard appointments were delivered in August, with an average of 1.36 million per working day, which is an increase from August 2024 (1.32m) and August 2023 (1.29m).

In terms of access, 44.4% of appointments in August 2025 were booked to take place on the same day, an increase from the previous month (43.7%), with 81.4% of appointments were booked to take place within 2 weeks.

Read more about GP pressures on our data analysis page, which shows the level of strain GP practices in England are under: [Pressures in general practice data analysis](#)

The RCGP has also published [data](#) from a survey which shows that three quarters of GPs say patient safety is being compromised by their workload.

NHS Pension Scheme: End of Year Type 2 Certificates 2024/25

GPs are now encouraged to submit their Type 2 End of Year certificates for 2024/25 to PCSE. Early submission helps ensure pension records are updated in good time and allows any issues to be resolved well before the deadline.

PCSE is also hosting a webinar for Type 2 practitioners (sessional GPs) on **Wednesday 22 October at 6 - 7pm**, to guide GPs completing their Type 2 form in PCSE Online. [Webinar sign up link](#)

Why submit early using PCSE Online?

- Early submission helps ensure your pension record is accurate and up to date.
- Allows time to resolve any missing years or data discrepancies before they impact your record.
- Ensures your pension record is accurate and reduces the risk of delays.
- Benefit from pre-populated fields and real-time validation in PCSE Online.

Please look out for an email from PCSE no-reply@pcsengland.co.uk with the subject of 'Your NHS Pension Record – Action required'.

The [LMC Support Network](#) (LMCSN)

Open to all LMC staff and members – come and get involved! Here's how to make the most of it:

- **Join our WhatsApp group** to ask questions, share ideas and support each other.
- **Use the web forum** for discussions you can easily revisit and catch up on.
- **Share your local service level agreements** so we can build a handy library of reference fees to help with future negotiations.
- **Send us your templates**, posters or videos so others can benefit and be inspired too.
- **Come along to our monthly virtual meetings** for peer support and the chance to hear from GPC England executive colleagues.

Got something to share or a suggestion? Email us at admin@lmcsn.co.uk

You can sign up for the website, forum and WhatsApp group here: lmcsn.co.uk/join-us

Together we're stronger – led by LMCs, for LMCs.

DWP/DfC survey

The BMA's [professional fees committee \(PFC\)](#) negotiates and recommends fees for doctors undertaking professional work outside their NHS contracts. The committee now seeks your valuable assistance.

PFC have reviewed member feedback indicating that the payment for completing Department of Work and Pensions (DWP) / Department for Communities (DfC, Northern Ireland) forms is inadequate; moreover it has remained unchanged since 2004. To negotiate an improved fee with DWP/DfC and highlight the value of your time, we kindly ask for your participation in a survey.

Your responses will help the PFC demonstrate to DWP/DfC that higher fees could incentivise doctors to complete these forms. We understand your heavy workload but can reassure you that it will only take 5 minutes of your time to [complete this survey](#). PFC is dedicated to working towards better fees across the UK and robust evidence from our members is essential for effective negotiations.

The survey will remain open for three weeks. Updates on our progress will be shared in the next PFC newsletter.

Should you have any questions or wish to raise a matter related to fees, please contact us at info.professionalfees@bma.org.uk.

GP wellbeing resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support, such as 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 and the [RCGP](#) also has information on GP wellbeing support.

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

- The [BMA's GP campaign 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](#)

Read the GPCE bulletin: [GPC England in dispute | online access template letter | GP IT systems survey](#)

Read the latest GP Registrars newsletter: [The latest updates from your GPRC](#)

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