BMA

England

Dr Amanda Doyle
National Director for Primary Care and Community Services
NHS England

Ed Scully
Director of Primary and Community Health Care
Department of Health and Social Care

via email

10th April 2025

2025/26 GP Contract Engagement Conclusion

Dear Amanda and Ed

On behalf of the BMA's General Practitioners Committee England, I am writing to confirm our formal acceptance of the 2025-26 GP contract following the Special Conference of 19 March 2025, and receipt of the letter from the Secretary of State for Health and Social Care on 18 March 2025 committing to a new substantive practice-based GP contract within this Parliamentary cycle.

While the 2025/26 agreement does not deliver all the necessary reform we requested on behalf of the profession, it does represent a meaningful step forward. We believe it provides the necessary degree of practice stability we sought, and it lays the groundwork for further improvements – via negotiation of a new substantive GP contract within this Parliament. Our decision reflects a commitment to our patients and our profession.

We also look forward to continuing to work collaboratively on several outstanding areas from this year's discussions:

Online access to e-consultations (October 2025 at the earliest)

During the 2025-26 contract engagement process, we discussed at length GPCE's strong concerns regarding the necessary workload and clinical safeguards that need to be in place before all practices in England can be expected to have e-consultation functionality – for non-urgent appointment requests, medication queries and admin requests only –

switched on throughout core practice hours. We are keen to start conversations on this with DHSC and NHSE, via the Joint GP IT Committee, asap.

We believe at least one meeting a month will be needed between now and October to have any chance of making sure *every* practice is able to handle this change in patient behaviour. Agreement on a checklist of criteria of readiness may be the safest way to go to ensure no risk to patients or staff (through overwhelm). Not least because there will be some practices that handle this change well, whereas otherwise will need organisational support given the current patient demand they are managing. Penalising them for failure will be a disaster but assisting them to adapt will deliver better outcomes for patients and practice staff.

The Patient Charter will also go hand in hand with this, so needs to very clearly outline patient expectations of practices, as well as practice/NHS expectations of patients.

Joint communications to the profession, the system and to patients/the public will be key.

GP Connect (October 2025 at the earliest)

As above, you heard at length GPCE's outstanding concerns re other providers having read and or write access to the patient record. We have of course agreed that only community pharmacies will have read/write access, with 'other NHS commissioned providers' having read access for direct patient care only. Data protection legislation only allows necessary access to patient information, so there's much work to do to prepare practices and other providers for this switch on. We are aware of at least one IT supplier asking practices to switch GP Connect on now, but safeguards are required to be in place first.

This also therefore requires urgent attention in each of those previously mentioned and *at least* monthly meetings with the Joint GP IT Committee, and a practice readiness checklist may also be required here, too.

We do not suggest this, or indeed the approach for e-consultation readiness, to be obstructive. We want this to work as well as possible. Some practices will need more support than others to embed this organisational development change, and we want to maximise the benefit for both patients and practice staff.

2025-26 review of the ARRS (additional roles reimbursement scheme)

We continue to believe that a GP/staff recruitment scheme will be more effective at a practice, rather than PCN, level, and an objective appraisal of the impact of the ARRS scheme, particularly in terms of the current levels of GP underemployment and its wider impact on practices, will be an important factor in assessing how the scheme should be handled as we begin to discuss substantive reform of the GP contract.

2025-26 review of impact of increase in childhood immunisations item of service payment increase on uptake

As part of the agreement to increase the item of service payment for the childhood vaccination programmes, we also jointly agreed to review the impact on uptake through the year. We still maintain significant concerns with regards to the impact that the

BMA

changes to childhood V&I with regards to QOF payments has had on practices within certain areas, and we hope to develop a resolution to this.

Staff pay assumption

For the record, and to ensure no future misunderstanding, it will come as no surprise that I must confirm in writing to you that the Government's 2.8% pay uplift assumption is unacceptable to the BMA / profession. There is significant work to do to restore GP and staff pay to 2008/9 levels, and we look forward to further discussions on this in the coming months, but we believe in the essential independence of the Doctors' and Dentists' Review Body. Where it is above 2.8%, we anticipate that the Government will honour the recommendations the DDRB makes for 2025-26.

As mentioned during the 2025-26 GP contract engagement process, if the Government announces the same pay uplift for non-GP staff as the DDRB recommends for the third successive year, we must discuss and agree a fair expenses funding mechanism to enable practices to pass the pay uplifts on without creating further instability. We cannot continue with a situation where practice employers and practice-employed staff are at loggerheads and morale is eroded any further. It affects both practice partners and salaried staff and distracts them from the primary job of caring for their patients. We are willing to discuss and agree ways where we may find the necessary assurances that pay uplift monies are used for their intended purpose.

With this acceptance of the 2025-26 GP contract, as you will have seen from our public messaging, we are drawing a line under the recent dispute. We recognise the constructive approach shown by the Department of Health and Social Care and NHS England in recent months, and we hope this signals a renewed willingness to work collaboratively for the long-term benefit of general practice.

Thank you for your constructive engagement throughout this process. We now turn our attention to the future — rebuilding trust, rapidly improving patient services, and protecting the profession. We would appreciate meeting you, as well as James Kent, to discuss this at your earliest convenience.

Yours sincerely

Dr Katie Bramall-Stainer
GP Committee England Chair