

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

04 November 2025

Dear Amanda and Ed,

DHSC/NHSE engagement with IT software providers and solutions to ‘necessary safeguards’ for online consultation tools and GP Connect Update Record (Write Access)

I am writing to ask you to urgently provide absolute clarity regarding the 1 October 2025 GP contract changes for online consultation tools and GP Connect Update Record (Write Access).

Firstly, I would be grateful for reflection on the following comment in Ed’s original closing letter to me dated 7 February 2025:

*“We are content to accept that as part of this [agreement to keep online consultation tools open for clinical and admin requests for the duration of core hours], clear messages can be displayed that if the patient’s request is urgent, they should phone or walk-in to the practice instead. We are content that this can be displayed on practice websites, and **we will seek to work with software providers over the coming months to integrate such a message or checkbox as a default in online consultation systems.**”*

This accords with all the lengthy conversations we had throughout the 2025-26 contract consultation. Did the DHSC or NHSE ever seek to engage with the software providers as written above and, if not, why not? And if yes, what was the outcome of these discussions with the various software companies?

Secondly, as written in the 2025-26 contract package letter dated 18 February 2025 (enclosed) and in Amanda’s [letter](#) to GP practices on 28th February 2025, it was stated that safeguards would be put in place to ‘avoid erroneous submission of urgent requests’ by patients. We do not see any of these safeguards in place as patients remain able to use free text and submit urgent requests via the tools – despite on-screen warnings.

In terms of GP Connect, your letter dated 18 February 2025 confirms you would include ‘discussion of the extension of the Clinical Negligence Scheme for General Practice for data breaches in our discussions prior to 1 October 2025’. We accept that NHS Resolution has provided clarity on providing coverage for errors occurring when dealing with patients via the online

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consultation tools - but have not done so for GP Connect usage. With more providers having access to the GP Connect product, including both NHS and private, and no willingness on the part of NHS England to limit flows to data which the patient is able to see via the NHS app (potentially allowing third party or harmful content that hasn't yet been vetted by the data controllers into the hands of patients via GP Connect consumers) the risk of harm and hence litigation is increasing.

From what our negotiating parties agreed in writing earlier this year, GPCE Officers understood that other safeguards – beyond ‘guidance will be displayed on practice websites and reflected in the wording of the patient charter’ (now [You and Your General Practice](#) (YYGP) guidance) – would also be put in place by 1 October 2025. We repeatedly asked for these additional safeguards in subsequent meetings from April-September 2025. We believe online consultation tools must be designed to prevent patients erroneously, i.e. mistakenly, submitting urgent requests or queries, rather than telephoning or attending the practice.

The technical and indemnity safeguards are necessary from patient safety, clinical, and regulatory (e.g. GMC Good Medical Practice) perspectives, as iterated through our contract consultation discussions as well as those discussions and correspondence that followed.

There can be no doubt that online consultation tools should **not** permit submission of urgent requests or queries. YYGP confirms practices ‘may ask that you contact them via phone or in person for urgent queries’, and the DHSC [GP Contract: What you need to know](#) factsheet confirms that online consultation tools are for ‘non-urgent care’.

As you will have noted in our [letter](#) to the Secretary of State for Health and Social Care dated 1 October 2025, one of the two key aspects of the profession’s dispute with Government is over how these specific contract changes have been enacted, and how our conditions, agreed in good faith and on the basis of mutual trust, have fallen short.

Therefore, the requested solutions in relation to the disputed 1 October 2025 contract changes are:

Online consultation tools

- For DHSC and NHSE to urgently work with and ensure all GP practice online consultation tool suppliers build safeguards into every tool so that urgent requests or queries **cannot** be submitted erroneously by patients.
- Allow flexibilities for practices to briefly suspend the online tool when finding themselves overwhelmed and unsafe during the working day or who have significant staff sickness. The reception desk and telephones will remain on.
- NHS England to rapidly and clearly communicate in writing to all ICBs and GP practices that:
 - online consultation tools are for non-urgent requests and queries only
 - anything requiring urgent same day clinical triage must be by telephone or by attending the practice and
 - the GMS and PMS regulations do not prevent online consultation tools from being modified to ensure patients are prevented from erroneously submitting urgent requests or queries.

GP Connect

- Indemnification of GP practices against GP Connect related data breaches that occur as a result of third-party use of GP Connect products. This must include cover for third-party breaches caused by any inappropriate release of information obtained through GP Connect products, and from the sending of data for direct incorporation into the medical record that might contravene the Data Protection Act.
- A clear acknowledgement from NHS England that:
 - the information model is NHSE's, and NHSE is accountable for it and its clinical safety, and
 - that the JGPITC has not yet been able to fulfil its role to be assured that the specification for GP Connect Update Record is both appropriate and correctly implemented along with recognition that the role of JGPITC when bringing in new systems is a contractual requirement.
- A clear, written editorial policy for the GP Connect Update Record information model, that sets out:
 - a clear strategic case for sending data in coded form for each component (the benefits of coding)
 - a clear hazard assessment of what policy decisions made in the information model contribute to the underlying causes and effects of the choice of which codes are used, to include:
 - (i) ownership of model and its dependent code lists and
 - (ii) description of the maintenance cycle.
 - policy decisions such as
 - (i) adherence to Systematized Nomenclature of Medicine Clinical Terms (SNOMED) policy and exceptions
 - (ii) use of non-selectable codes and
 - (iii) intention to use accurate codes and 'best fit' codes with documented risk assessment only, including documented decision making on why a new code will not be requested.
 - A description of the assurance of the information model:
 - (i) including documented details of the person-specification for the skills and experience necessary to provide that assurance
 - (ii) a mechanism to record the assurance process and
 - (iii) incorporation of a data quality analysis framework, e.g. using CARAT, to ensure that decisions to include / exclude data are done with the intention of providing good quality information to primary care. This is particularly important where an issue is not immediately clear.

Please confirm, no later than 7 November 2025, that you will work rapidly with GPCE to implement the necessary safeguards I have set out above for online consultation tools and GP Connect (Update Record).

If you are not prepared to do this, please urgently clarify in writing why that is.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Katie Bramall', with a stylized, cursive script.

Dr Katie Bramall

Chair, General Practitioners Committee England
British Medical Association

Cc.

Rt. Hon. Wes Streeting MP

Secretary of State for Health and Social Care
Department of Health and Social Care

Stephen Kinnock MP

Minister of State for Care
Department of Health and Social Care