BMA

England

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

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

via email

6th February 2025

2025/26 GP Contract Engagement

Dear Ed and Amanda

Thank you very much again for meeting with us yesterday and over recent weeks as we approach the end of the 2025-26 GP contract engagement process. It really is genuinely appreciated that our discussions to date have been so constructive. We recognise engagement on the 2025-26 GP contract as an important initial step on a longer journey – 'the end of the beginning' as Stephen Kinnock MP, Minister of State for Care, described it on 19 December 2024 – and we thank you for your efforts in attempting to deliver shared objectives for General Practice across England for 2025-26.

Stephen Kinnock's challenge to us on 09 October 2024 was to '*work backwards from shared outcomes'.* We remain keen to agree and deliver shared ambitions for the future and commit to working consistently with you and your teams beyond this 2025-26 GP contract engagement window. When GPCE met on 16 January 2025, members reiterated the will of the England Conference of LMCs: that Government, NHSE and GPCE seize the opportunity to finally fix the front door to the NHS and bring back the family doctor by fully re-negotiating the national GP contract within this Parliament. The imminent 10 Year NHS Plan is a timely opportunity to signal such an intention.

As you know, there will be a Special Conference of England LMCs on 19 March, and we are working on the premise that a contract deal for 2025/26 is absolutely achievable. To this end, we will invite Stephen Kinnock to address the Special Conference, in the interests of bringing the profession with us and ensuring all GPs and GP Registrars believe that their relationship with Government and NHS England has finally been reset for the better.

Following on from yesterday's plenary at NHSE we await your feedback on:

- Reallocating a proportion of funding intended for the global sum to correct CPI erosion of the SFE reimbursements for parental, sickness, and suspension absence

- Reallocating a proportion of funding intended for the global sum to correct CPI erosion of the IoS tariffs for those immunisations within the SFE delivered by GP contractors
- Addressing lower thresholds for childhood immunisation payments for those practices requiring personalised care adjustments in vaccine-hesitant populations
- Confirmation of revised recommended pay-scales for GPs in ARRS in line with GPC Sessional Committee evidence, and review of the time post-CCT eligibility for recruitment, noting that GPs recruited in 2024/25 may be in their third year post-CCT next year. We believe a "First 5" offer would address the many aims of this Scheme.

In line with our discussions, we believe we reached agreement around the following areas subject to written confirmation:

- GP Advice Requests and Consultant Guidance via the e-Referral Service
- QOF Changes
- ICB Digital Risk Stratification Tool
- Patient Charter – *we will continue to collaboratively finalise with you in the coming weeks*
- Patient Safety Strategy
- Contractual Technical Changes

We include below our responses regarding the outstanding areas in the contract consultation for 2025-26:

1. Online Access – e-consultations
2. GPs in ARRS
3. GP Connect

Online Communications Access

We are working in good faith in accordance with what is already in the public domain in a response to a Parliamentary Question[1]:

"Subject to consultation with the British Medical Association, the Government proposes requiring GPs to be accessible to patients via electronic communications throughout core hours, as well as over the 'phone, helping more people book an appointment or speak to a GP, and supporting the Government's aim to shift care from analogue to digital."

We share the Government's aspiration to shift care from analogue to digital. Enabling every practice across England to be in a position to offer a default choice of walk-in, telephone or online e-consultation access is where all parties would ideally wish to be, and it is incumbent on us all to define and deliver this journey.

For 2025-26, we believe we can achieve consensus from the wider committee (and the 295 representatives who will provide a key steer to GPCE at the 19 March Special Conference) in supporting

[1] https://questions-statements.parliament.uk/written-questions/detail/2025-01-14/23765

the Government and NHSE's ambition to require all practices to have the functionality and ability to enable electronic communications throughout core hours from 01 October 2025 by proposing a way forward for patients using wording from some of the better software tools currently in use,which fulfils Government's clear statements of intent in the public domain for GPs to be accessible via electronic communication:

- *"I want to see online advice"* How patients can access online NHS advice on conditions, symptoms and treatments
- *"I want to self-refer"* How patients can access which local services they can refer themselves to
- *"I have an administration query"* How patients may contact their practice about a certificate, a fit note, request a query regarding test results, request repeat prescriptions and raise any other administration-related query
- *"I want to book my appointment"* How patients may be enabled to respond to booking links for e.g: triaged phlebotomy appointments; screening e.g. cervical smear appointments; routine appointment request links; pharmacist medication reviews; mental health reviews for the SMI register; and SSRI reviews
- For those patients who require more urgent help, focused signposting for using NHS 111 online, or calling 111; finding a local NHS pharmacy, and an urgent treatment centre

Like Government and NHSE we hope this will 'free up' telephone lines for those patients with more urgent 'same day' needs, and those patients who struggle with digital literacy and digital poverty.

We are committed to work through 2025/26 and beyond with Government, NHSE and the JGPITC (RCGP and GPC) to be jointly responsible for delivering a comprehensive review and roll out of online consultation software to standardise the digital offer, and provide the necessary assurance, compliance and, ultimately, safe, and effective implementation of electronic communications in line with substantive reforms to the GP contract.

Ultimately, we want to be in a position whereby the technology available to us is harnessed to safest effect to enable practices to deliver sufficient capacity to signpost emergencies effectively and manage both urgent and routine electronic demand, whilst providing insight to the contract engagement parties as to the necessary staffing and/or organisational development needs of GP practices across England.

We want routine online access to work for our patients. Their safety remains our first priority. We hope our proposal for JGPITC to work with DHSC and NHSE in this next contractual year to enable the safe implementation, as iterated above, in all practices from 01 October 2025 will further advance the Government's priority of moving from analogue to digital.

GP Connect

We have an agreement to move forward with use of GP Connect Update Record for Pharmacy First ***only*** but as we have previously indicated there are numerous technical issues to iron out and our ask still stands to engage with JGPITC in the coming 6-9 months to safely implement this and get buy-in from the profession to enable the journey we are on. We want to make this work, but we cannot agree to a rush Implementation immediately from April 2025.

Matters for DHSC, NHSE and JGPITC's consideration:

- How the information is received into the practice, and integrated into the electronic record

- The visibility of information to the patient, and how data is stored and visible to the software user
- The ability for GPs and their teams to modify what is saved to the electronic record to safely continue patient care going forward
- How externally prescribed medication and prescriber data is added to the record and recognition/flagging of potential drug interactions and contra-indications
- Liability for data breaches/data governance issues (the role of CNSGP is important here)
- If a practice turns on Update Record, we need to have reassurance that only Pharmacy First users have the ability to update the GP record.

Please see the Appendix below for further detail regarding our concerns.

GP roles in ARRS

We would advocate a form of words to expand on a shared commitment to review the ARRS in 2025-26:

'Given the pressures and workforce challenges around GPs and nurses it is imperative that we develop the most effective approach to addressing the issues of unemployment and retention. We propose that NHSE, in conjunction with the BMA GP Committee England, commit to a review of GPs and Practice Nurses in ARRS in advance of, and to inform, the 2026-27 GP contract engagement process. The aim is to evaluate the current scheme in relation to workforce retention and experience, covering both qualitative and quantitative aspects.

Terms of reference of the review are to be agreed between NHSE and the BMA GPC England. Learning and reflection from the evaluation will be key to determining the best medium to long-term practice-level employment scheme'.

Yours sincerely

Dr Katie Bramall-Stainer
GP Committee England Chair

BMA

Appendix

GP Connect Update Record

We are grateful for the confirmation that the Update Record function of GP Connect will only include NHS Pharmacy colleagues in 2025/26 for delivery of the Pharmacy First scheme.

We have multiple comments on the thoughtful and detailed submission received yesterday shortly prior to our Plenary meeting, and advise that these are worked through collaboratively at JGPITC to provide the necessary expert assurances on both sides – for DHSC and NHSE as commissioners, and BMA and RCGP as representatives of providers.

We note the GPhC statements this week and the increasing workload for practices from online private providers and medications restricted under NHS commissioned pathways. Records access to private non-NHS providers, if the patient consents, must be limited to read-only, i.e. that which the patient could see via patient-facing services. To allow private providers access to the complete historic record would leave the GP practice exposed to data protection risks with no ability to screen the outgoing data flows. Government and NHSE could choose to underwrite these risks. Clinical harm resulting from a flow to a private provider, for private work, is by its very nature unlikely to be covered by the CNSGP.

It is clear from the 17-page response, and last week's challenges in the working subgroup, that the interface functionality has some progress to be made prior to being ready to fully implement.