BMA House
Tavistock Square
London WC1H 9JP

E publicaffairs@bma.org.uk

Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care

Sent via email

27th June 2025

Dear Wes,

Re: The NHS 10-Year Health Plan and the Future of General Practice

I write to you at the pivotal juncture when spending review allocations are being determined to ask you to directly address the profession and provide reassurance about the future of GMS for independent contractors. The profession warmly welcomed your ambitions to address the Carr-Hill formula announced this week, but detail is vital.

This is the moment to grasp the nettle and demonstrate commitment to the transformation of care to agile innovative and financially balanced structures within primary care. I implore you to fundamentally change the nature of NHS financial flows to stream more money into practices and the community. We need a minimum investment standard for general practice to mirror that which has been so successful in mental health – and an incremental 1% year on year shift in allocations to substantively mark the start of a new NHS chapter. If GMS feels on a safe and secure footing, the ensuing conversations regarding contractual reform will be so much more fruitful than if GMS contractors feel they will be fighting for their very survival.

I remain strongly committed to the principle of working with your Department to forge a modern, sustainable contract to allow general practices to expand their services and thrive, a contract to serve patients, support professionals, and endure for decades. However, I cannot ignore the reality of our current situation: the model ICB blueprint published by NHSE; the growing crisis of unemployed GPs; the years long left shift of activity to GP practices with zero resource coupled with underfunding of General Practice by previous governments; the absence of any clarity regarding grossly dilapidated general practice estate: GP registrars, salaried GPs, locum GPs and partners alike are rapidly becoming deeply disillusioned, and looking across at other branches of practice in dispute challenging why we are not. This is why I feel it is so important for Minister Kinnock to address the committee first hand, so they can hear directly the Government's commitment to general practice at the inaugural meeting of our new annual session on Thursday 17th July at BMA House.

A year ago, I urged you not to rely on the Additional Roles Reimbursement Scheme (ARRS) to recruit additional GPs. Almost one year on, ARRS has not solved the growing GP unemployment crisis; it has not delivered continuity of care, nor has it addressed social equity. We have shared the BMA data, and I have asked RCGP to move at pace to deliver a survey of GP Registrars approaching their CCT around unemployment. We are deeply concerned by reports of some ICBs

nationwide serving notice to GP Retainers; imploring GPs to leave the medical performers' list and shedding GPs in essential safeguarding and clinical lead roles as they have not been afforded the same employment rights as other doctors. The number of GPs out of work is set to grow unless decisive action is taken from the top. To address this worrying situation, we are calling for an adaptation of the GP Retainer Scheme to provide a practice-based reimbursement vehicle to tackle this crisis.

While I recognise the public framing of a £29 billion boost to day-to-day spending throughout the NHS Resource Departmental Expenditure Limit (RDEL) suggests substantial investment, I also note that this figure is benchmarked against a 2023 baseline. Encouragingly, real-terms growth from April 2027 onward appears more promising, and there remains the historical trend of year-two and year-three settlements being revised upward. This back-loaded settlement may yet allow for the substantial reforms both you and I seek—provided your forthcoming decisions on resource allocation are carefully aligned with those ambitions. My genuine concern, however, is that the structural sidelining of general practice in system transformation all point toward a dangerous misalignment between policy and delivery.

I worry that if the public's demand to rebuild general practice is not realised, and should the 1.5 million patients seen daily in general practice not experience significant positive change —then the system redesign across the next three years will yield three consequences at the point of the next general election: greater financial deficit, a wave of destabilising Reform votes, and the erosion of continuity of care.

The realities on the ground reflect a serious mismatch between ambition and capacity. The administrative burden and financial cost involved in establishing provider vehicles to bid for contracts (often with delayed revenue realisation) are significant. Meanwhile, the planned 50% cuts to ICBs may result in the loss of over 1,000 GP advisory roles, critical positions such as named safeguarding GPs and clinical leads, roles traditionally contracted on an invoice basis and highly vulnerable to immediate cuts. These losses will compromise safety and diminish system-wide expertise.

Across the country, many areas lack robust GP federations capable of operating at scale, while others suffer from insufficient membership engagement or governance challenges. Where this vacuum exists, I fear commissioning functions may be assumed by trusts or nascent neighbourhood collaboratives, bypassing general practice. That would be a historic mistake.

Trusts are not appropriate vehicles for commissioning or delivering general practice. They lack the relevant expertise, and their involvement in vertical integration often results in instability, loss of continuity, and financial risk. Meanwhile, emerging neighbourhood structures are untested, under-resourced, and being implemented at unsafe speed. We must not allow GP leadership and influence to be eroded through default delegation of commissioning to large-scale providers. This would represent a serious risk to the independent contractor model and patient care. Without real engagement and resourcing, Integrated Neighbourhood Teams (INTs) will falter, particularly if general practice is excluded from system leadership.

Additionally, changes scheduled for 1 October, particularly around online consultation requests and external providers inputting directly into the GP record, continue to raise substantial clinical governance and data protection concerns. GP Connect's current "Update Record" functionality, allowing third-party access to unredacted records, is unsafe and non-compliant with Caldicott principles. Patients presenting for simple ailments may have sensitive information

inappropriately shared. If this cannot be rectified urgently, then GPs must be indemnified under NHS Resolution from October 1st to protect against unlimited claims.

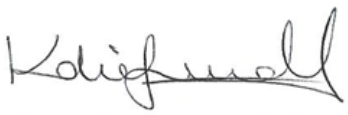
Finally, I must highlight practical concerns about the functionality of Community Diagnostic Centres (CDCs). GPs still cannot access CDCs directly, and in areas like Cambridgeshire, acute trusts are cutting phlebotomy services with the expectation that CDCs absorb the workload, despite being remote and underutilised. One local CDC delivered 1,097 blood tests in a month; a single average practice can deliver half that in the same time. The scale may appeal to policymakers, but cost-effectiveness, continuity, outcomes, and patient trust still reside with the practice model.

There remains a genuine opportunity here - to build a future NHS rooted in the values of continuity of care and responsive to the needs of patients. But this will only be realised through meaningful engagement, honest reflection, and a shared determination to do things differently.

At its core, any plan for the NHS must begin with one essential principle: listen to those who deliver it. Despite numerous requests, I have not been afforded the opportunity to privately review or provide feedback on the draft Ten-Year Plan. This exclusion is disappointing, and, in my view, a serious missed opportunity for meaningful collaboration.

I urge you to ensure general practice is not sidelined in this process but is protected and empowered to lead the next decade of transformation. I am on hand to meet and discuss this urgently. I am committed to working constructively with you and this Government to secure the change that patients deserve, where they will feel it most.

Yours sincerely



Dr Katie Bramall-Stainer
Chair, GP Committee England
British Medical Association