

Stephen Kinnock MP

Minister of State for Care

Department of Health and Social Care

Cc: Rt Hon Wes Streeting MP

Secretary of State for Health and Social Care

Sent via email

22 July 2025

Dear Stephen,

Re: The Future of General Practice

Thank you for attending the BMA England General Practitioners Committee on Thursday 17th July. The Committee greatly valued how generous you were with your time, especially welcoming the opportunity to pose questions to you on a range of key issues impacting general practice and patients across the country. You heard first-hand the deep and real concern expressed by GP representatives over the potential consequences and risks posed by the 10-Year Health Plan to the traditional NHS partnership model of general practice.

I would emphasise their disappointment and confusion around the Government's failure to explicitly commit or even mention the delivery of a new GMS contract within the plan's pages. So, whilst it was reassuring to hear your commitment to protect both NHS GMS renewal and to renegotiate the national contract with GPCE within this Parliament (as set out by the Secretary of State in his letter of 18th March 2025), we will judge this Government, as you say, 'by its results'.

Thursday's meeting relayed and reflected the strength of feeling across the profession: DDRB uncertainties hang over practices, and there remain profound concerns regarding patient safety ahead of online consulting and GP Connect operability becoming contractualised from 1st October. Hence, it was particularly helpful to hear your words of reassurance around the expectations for online consultations from October, that you do not want practices to be overloaded, and therefore do not expect that every practice in England does exactly the same thing at exactly the same time. This mirrors our own feedback to NHSE/DHSC around the potential risks of practices being accused of being in breach of their contracts when they run out of clinical capacity on a given day, and they may need to temporarily switch off same-day online access, in order to safely meet that day's clinical demands. Should clinical capacity be exceeded, NHSE/DHSC must have published reasonable and pragmatic guidance before 1st October to enable practices to temporarily divert online patients to telephones and walk-in. As we maintained in our 25/26 contract negotiations, this is how practices can continue to deliver safe patient services, and that guidance is of paramount importance to GPs nationwide.

Regarding the Ten-Year Health Plan, do not underestimate how alarmed GPs are by ICBs and Trusts aligning at pace to secure influence at a neighbourhood level. There is a risk this will leave GP organisations behind; especially given the tight timescales on lengthy application forms. The same

Co-chief executive officer: Rachel Podolak



concern is true with ill-equipped Systems racing to form integrated health organisations. You heard first hand elected members' concerns around vertical integration at scale, which could potentially result in foundation trusts holding a registered list replacing traditional GP services.

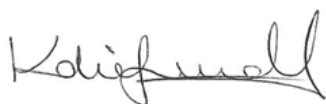
GPC England is clear: Government must listen to the genuine concerns of GPs to have any hope of the plan succeeding in meeting the three national objectives. GPs can support those objectives whilst pointing to where the plan fails in its described implementation. There is a growing consensus across the profession that the current trajectory threatens the survival of the independent contractor model and, with it, NHS general practice and the trusted family doctor relationship our patients rely on and want to protect.

We heard and understood how important the next few weeks will be in determining investment allocations. Specifically, the budget from the Comprehensive Spending Review for the GMS funding envelope for 2026/27, *and* the funding envelope for a new substantive GMS contract delivered within this Parliament. Elected members have been clear in articulating what is needed by this Government to eliminate doubt: to secure the necessary confidence of the profession, to avoid future dispute and instead continue to be able to move forward. GPC England requests:

- Confirmation of the funding envelopes for GMS 26/27 and the new GMS negotiation, together with SNP and MNP nominal budgets in this Spending Review
- A roadmap regarding timelines for commitment to GMS contract renewal and investment
- Transfer of the Primary Care Network Directed Enhanced Service Additional Roles Reimbursement Scheme monies into practice-level reimbursements with defined neighbourhood outcomes from April 2026
- An emergency additional GP practice-level reimbursement scheme to reduce GP under/unemployment as soon as possible
- Extension of the Clinical Negligence Scheme for General Practice to cover liabilities pertaining to data-sharing and information governance for the GP patient record from April 2026; and
- That Government is explicit in its preference for General Practice / GP practices to lead single neighbourhood providers and to be the key parties at Place in the selected National Neighbourhood Health Implementation Programme sites.

This is a critical juncture for the profession. I hope that you as the Minister responsible for Primary Care, and the Secretary of State for Health and Social Care (Cc'd), will both consider and address these points. We look forward to working with you and your teams to secure these solutions by the time GPC England meets next on 18th September 2025.

Yours sincerely,



Dr Katie Bramall-Stainer
Chair, General Practitioners Committee, BMA

Co-chief executive officer: Rachel Podolak

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Registered office: BMA House, Tavistock Square, London, WC1H 9JP.



Appendix

Motions to GPC England which secured a majority vote from the Committee, and which become resolutions arising from the 17 July 2025 meeting:

Proposer: Dr. Chandra Kanneganti (Representative for Staffordshire & Shropshire)

Seconder: Dr. Clare Sieber & Dr. Matt Mayer (Representatives from the Conference of LMCs)

That this committee, in the absence of any meaningful progress by the Secretary of State toward his promise to deliver a new core GMS contract to replace the current chronically underfunded GMS contract, believes that the Government's "10 Year Plan" for the NHS poses an existential threat to the independent contractor model of General Practice, and:

- (i) Instructs GPCE officers to develop a list of non-negotiable demands which should include at least £50 per patient extra per year into core GMS to "restore the core"
- (ii) Warns that this plan will force loss of individual GP surgeries and bring about the death of the trusted "family doctor" model of care, representing an unapologetic broken manifesto promise by this government
- (iii) Believes that the plan's focus on horizontal and vertical integration at scale will result in either greater control by large private sector corporate providers; or by hospital trusts with no evidence of effective General Practice service provision

Carried

Proposer: Dr Helen Salisbury (Observer as an elected GP member of BMA UK Council)

Seconder: Dr Michelle Drage (Representative for Ealing; Hammersmith; Hounslow; Hillingdon; Brent; Harrow)

That GPC England notes the visit from the Minister for Care, but still has profound concerns regarding the inherent threats within the Government's 10 Year Health Plan to the independent contractor model of general practice, and:

- (i) Calls for GPC England to design and deliver a patient-facing information campaign warning of the risks posed by vertical integration and integrated health organisations, where foundation trusts may hold a registered list replacing holistic, cradle-to-grave care with built-in continuity offered by traditional GP partnerships
- (ii) Recognises that many practices and GP-led organisations may feel they have little choice but to engage further with their ICB's plans, and in this context calls upon the GPC England officers to urgently create guidance for "ethical" frameworks of well governed GP-led at scale organisations where surplus must be reinvested back into member practices' staff and services, in order to protect the independent contractor model of GP practices
- (iii) Is concerned that the Secretary of State risks breaking his written promise to the profession of 18th March of a new GMS contract within this Parliament, and instructs the GPC England officers to immediately write, informing him what is required by the time the committee next meets, to avoid facing a return to dispute

Carried

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