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
29 October 2025

Dear Secretary of State,

Re. 2026/27 GMS Contract Consultation

I am writing to re-confirm the GP profession's expectations for forthcoming negotiations. You will recall that I first shared these in my letter to you and Stephen Kinnock dated 22 July 2025.

GPC England agreed to the 2025/26 GMS contract in good faith, contingent upon three conditions. The profession is gravely disappointed that the Government has failed the profession on not one, not two, but all three of these conditions, and consequently the committee was forced to enter into dispute from 1 October 2025.

1. **To work with DHSC, NHS England and online consult tool providers to embed the necessary safeguards to prevent erroneous submissions of urgent online consult requests.**

It is clear from correspondence from 7 February 2025 where DHSC stated in the original contract consultation closing note that DHSC knew and understood the necessary safeguard was functionality on online consult tools to separate out urgent from routine requests:
"We are content to accept that as part of this, 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.*** *Furthermore, we are also content to reflect this message in the Patient Charter."*

2. **To work with DHSC, NHS England and the JGPITC to ensure that the technical and governance standards are met for GP Connect Update Record (Write Access)**

Following many months of fruitless meetings, the JGPITC issued a statement detailing exactly what is now required. NHS England and DHSC continue to state they are committed to working with us and JGPITC to embed these required changes, yet there has been no progress and no further discussion. This needs to happen.

3. **To work in good faith with GPC England to deliver a new substantive GMS practice contract within the lifetime of this parliament.**

We have noted that the review has begun into the Carr-Hill funding formula for practices. GPC

England may reasonably have expected to have jointly led this in collaboration with DHSC given this will form a substantive part of new GMS discussions. This leaves us and the wider profession very concerned and lacking trust in the process.

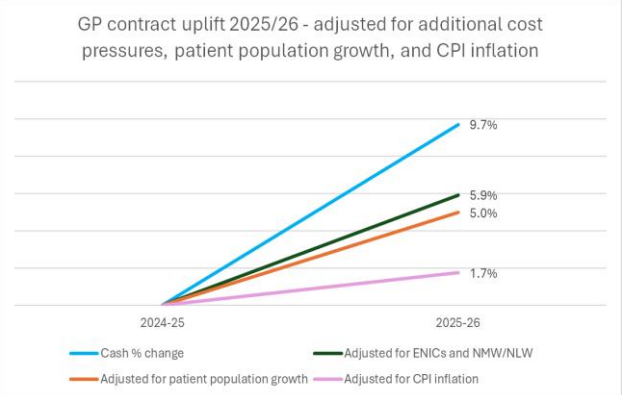
There were two new contract scoping meetings with NHSE/DHSC ahead of May's comprehensive spending review and July's Ten Year Health Plan, which whilst remaining silent upon the matter of GMS renewal, announced not one but two novel contract mechanisms. GPC England is clear that government must only accept General Practice / GP practice applications to lead single neighbourhood providers. Government also needs to rapidly mandate GP representation at place-level National Neighbourhood Health Implementation Programme sites to ensure those with expert primary care knowledge can work collaboratively with other parts of the NHS to deliver meaningful and sustainable integration across the different sectors.

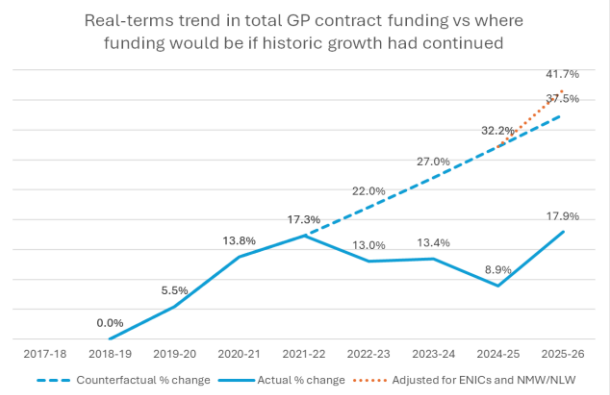
The (failed) attempts to secure the necessary safeguards ahead of 1st October's contract changes remained a priority, so regrettably there has been no progress on a new contract.

4. **As per GPC England's July resolution, practices need to see the Global Sum payment per weighted patient increased by £50 extra per patient per year.**

This needs to rise from £123.34 to £173.34, in 2026/27. This equates to approximately £3.465bn in the context of the £22.6bn Comprehensive Spending Review uplift to the DHSC budget for 2025-2027. As we have seen with this week's announcements in Scotland, dispute has been set aside and threats of industrial action too, in return for an additional £41.66 per patient per year by 2028/29 to largely stabilise the workforce.

The GP contract uplift for 2025/26 must be seen in the context of several important factors: the additional cost pressures faced by practices in 2025/26 due to Treasury tax rises, especially around eNICs; the growth of the patient population; successive years of erosion; ongoing inflation; and markedly increasing demand per patient.





1. *Adjustments are based on the BMA estimated minimum cost of ENICs and NMW hikes (£187mn, based on a sample of 474 practices), patient population change between 2024/25 and 2025/26, and CPI inflation for 2025/26 as per the OBR estimates of March 2025.*
2. *Based on the average 4.1% real terms growth between 18/19 and 2021/22 (using financial year average CPI indices as per the OBR estimates of March 2025)*

As iterated in our letter of 22 July 2025, GPC England further requires:

5. **Written confirmation of the funding envelopes for the 2026/27 GMS contract, together with the nominal budgets for the single neighbourhood and multi-neighbourhood provider contracts**

6. **Confirmation of a roadmap regarding timelines and nominal budgets for commitment to GMS contract renewal and investment within this parliament**
7. **Transfer of the Primary Care Network Directed Enhanced Service ARRS (additional roles reimbursement scheme) monies to practice-level reimbursements where this is requested by the PCN**
8. **Agreement on an additional emergency GP practice-level reimbursement scheme to end GP underemployment allowing practices to utilise every available GP in England**
9. **Extension of the Clinical Negligence Scheme for General Practice to cover liabilities pertaining to data-sharing and information governance for the GP patient record**

In addition to the above, we would encourage DHSC and NHS England colleagues to review our consistent asks going back to 2023, as outlined below:

- A dedicated funding package to upgrade GP infrastructure. This must extend beyond clinical rooms to include essential non-clinical spaces such as meeting rooms, kitchen areas, and staff welfare zones. Long-standing service charge disputes continue to destabilise practices and divert attention from patient care. Urgent resolution of historic debt and the development of alternative ownership models for DHSC owned premises is required. Without reform, practices will remain vulnerable to unpredictable costs and legal uncertainty.
- Expansion of the SFE locum reimbursement scheme to uplift by CPI annually; to include practice nurses; to match the Scottish agreement around eligibility criteria for sickness absence; to expand the maternity cover.
- Development of a comprehensive nationally agreed safeguarding DES to include medical reports requested by probation and fostering services.
- Uplifting Schedule 1 of vaccinations annually by CPI.
- Fully funded practice IT and EPS for dispensing practices.

It is vital that the frustrations being articulated by GPs working so hard to keep their patients safe nationwide are heard – these frustrations have only been amplified following the 1st October, and the publication of last Friday's operational planning guidance for 2026/27, including targets around urgent care.

The profession will expect each of the above contingencies to be met in full before we can set aside our dispute. However, there remains a window of opportunity for us to stave off escalation and work constructively together in the weeks ahead.

Yours sincerely,

Dr Katie Bramall
Chair, General Practitioners Committee England, BMA

Cc.
Stephen Kinnock MP, Minister of State for Care, Department of Health and Social Care
Ed Scully, Director of Primary and Community Health Care, Department of Health and Social Care
Dr Amanda Doyle OBE, National Director for Primary Care and Community Services, NHS England