

Dear colleagues

DDRB pay award 2025-26

The Government has accepted the DDRB recommendations for 2025/26, which include a 4% uplift for NHS contractor/partner GPs as well as NHS practice-employed salaried GPs.

This means a supplemental uplift to global sum, additional funding within the PCN ARRS allocation and uplifts to the ceilings on reimbursable claims for SFE (Statement of Financial Entitlements) allowances including parental and sickness leave, applicable to both partners and employed colleagues.

There have also been changes in SFE entitlements for ARRS-funded GPs who are not employed directly by PCN member practices, giving their other employers parity in terms of claiming, for example, parental and sickness leave. These changes are all backdated to 1 April 2025; LMCs should ensure commissioners and practices are aware of the need to review and if appropriate uplift any claims already made from 1 April 2025.

[Read our comprehensive FAQs document to help you understand the implications of the pay uplift and how it applies to your practice >](#)

GPCE is aware this midyear change causes difficulties for practices and the BMA and Government have asked the DDRB to report earlier in terms of its 2026/27 recommendations, although these are still subject to Government review and decision, but hopefully this process will be in time for April 2026 implementation.

Safe working resources

The following resources are intended to help you navigate the 2025/26 contractual changes coming into effect on 1 October, eg patient access to non-urgent e-consultation requests throughout core hours, and the GP Connect switch on for community pharmacy read/write access.

Focus on managing patient care safely post 1 October 2025

As part of the [GMS contract changes 2025/26](#), from 1 October 2025 practices will be contractually required to ensure that patients can access services via online consultation software, during core hours (8am–6.30pm). We advise practices to start reviewing their current workflow and triaging arrangements, to continue to manage patient care safely. GPCE's view is that, where demand outstrips capacity, this will inevitably lead to waiting lists for routine care in some cases – especially if patients wish to see the same GP each time. GPCE believes all GP practices should prioritise safe working, ensuring patients receive care in an environment in which clinical colleagues can safely work.

The Ten Year Health Plan

The UK Government's 10 Year Health Plan for England represents a fundamental change in the way the NHS is run in England. The BMA is now setting its policy in relation to the Plan and **we need your input**. The 10 Year Health Plan was published in early July and can be found [here](#). A high-level BMA summary of the Plan can be found on the BMA's [website](#).

Your views on the plan are crucial to inform discussion at a Special Representative Meeting of the BMA being held on 13 September, which will set our policy on the Plan. Share your views in our survey [here](#).

GMC: state of medical education and practice in the UK

The GMC has published its 2025 report on the workplace experiences of doctors. [Read it here >](#)

This shows, despite some overall improvements, the reported experience of doctors is that the health service remains under severe strain, which affects both the profession and public.

‘GPs in particular are under extreme and prolonged pressure’ – this is not a GPCE comment, it is a direct quote from the GMC’s report, and a position that has persisted since before the pandemic. 44% of GPs say they are struggling, compared with 29% of all doctors, and 46% report being dissatisfied, compared with 33% of all doctors. GPs do feel supported in their workplace to a higher level than average, which is testament to the cohesiveness and commitment of many GP practice teams. However, 61% of GPs found it difficult to provide sufficient patient care at least once a week, compared with 40% of all doctors.

The GMC emphasises the points GPCE has already made; it is crucial that general practice becomes a more rewarding career choice, or rising workloads will affect GP retention and create a vicious cycle. We know GP colleagues want to work, and it is a tragedy that so many are reporting unemployment and underemployment in these circumstances

The report also notes the policy intention, within the NHS Ten Year Plan, to shift care from hospitals into the community. ‘This section of the doctor workforce is already overstretched and struggling to meet the demands of patients... it will be critically important to ensure that these changes do not add additional new workload for GPs to avoid any unintended reductions in capacity or patient care’ – another repeated GPCE warning to both NHSE and the DHSC that is replicated in this report.

Primary care doctor guidance

GPCE has published [guidance](#) for Government, employers and practices relating to doctors working in general practice who are not qualified GPs and are not on the GP training scheme. This outlines recommendations for the role and the extent of the care they can provide in general practice settings.

National information governance liability cover

The agreed GMS contract changes for 2025/26 contained provisions to contractualise the availability of online consultation access for patients and expand the use of GP Connect. In addition, there has been a rapid expansion of new AI driven tools including those used to transcribe and summarise consultations. In that context, GPCE has called on NHS Resolution to establish a national information governance liability programme to ensure that GPs will be able to meet the expectations set out by Government to harness the power of AI, while recognising that they cannot be held solely to account for information governance problems they had little to no role in making. We will update once we receive a response.

Nursing and care home flags

Last year, the Institute of General Practice Managers wrote to NHS England flagging an issue where GP practices had not been coding some care home patients correctly in their clinical system following a change to the coding, mandated in 2022. This meant they had not received correct weighted patient payments under the Carr-Hill Formula. NHSE has concluded that, while responsibility for correctly coding nursing home patients sits with the practice, it has written to ICBs recommending they make a payment adjustment where a practice can evidence they have not been paid correctly.

The communication advises ICBs of the issue, the investigations undertaken and that the commissioner should accept claims for back payment of nursing home flags that have been missed by the GP practice, from Q1 2022/23 onwards. It also suggests a method of calculation for the back payment. Primary Care Support England has also re-issued the communications to practices advising them of how to correctly code their nursing home patients and ensure their website and other guidance is up to date.

GP in ARRS: have your say

We want to hear from you! The BMA is undertaking a review of the ARRS, with a focus on the amendment allowing GPs to be hired under the scheme. There are two different surveys:

- one for GPs who are currently or have previously been employed under the ARRS – we want to hear about your experience of the role – [take the survey >](#)
- one for contractors, regardless of whether you've used the scheme – your views on its impact, effectiveness, and implementation – [take the survey >](#)

We really want to understand your experience, so we can tell NHS England and the Government what is and isn't working well, as we work to push for better terms and conditions for GPs. Please take a few minutes to complete the survey that applies to you.

Premises letter to Karin Smyth, minister of state for health (secondary care)

Following the July GPCE committee meeting attended by Stephen Kinnock MP, where he engaged directly with members on the ongoing NHS Property Services service charges crisis, the GPCE chair and policy lead for premises have written to Karin Smyth, the minister with responsibility for the NHS estates portfolio. The letter reiterates the urgent concerns raised during the meeting regarding unresolved service charges and draws attention to the [NHS Confederation report](#), which recommends transferring ownership of premises from NHSPS over to ICBs. GPCE is pressing for ministerial action to address the financial and operational pressures this issue continues to place on practices. A meeting with the minister has been requested for September by which time the results of the 2025 premises survey will be available

GP premises survey 2025 – final call for all practice managers and GP partners in England!

We're calling on all practice managers and premises-owning partners across England to take part in our 2025 GP Premises Survey which closes on **18 August**. [Watch this short video with GPCE premises policy lead Dr Gaurav Gupta speaking on the importance of supporting this survey >](#)

This is our chance to gather essential data on the condition of GP buildings and many other aspects related to our premises. This evidence will directly shape our proposals and negotiations with Government – supporting our case for the urgent investment and backing your practice needs.

Please help us advocate for better premises and stronger support for general practice. If you have not already completed the survey, please do so now and make your voice count – [take the survey today >](#)

National GP patient survey

This week has seen the publication of the [GP patient survey results](#) for 2025. Among the results, the survey has identified that despite the severe pressures family doctors are under, they have seen 30 million patients in one month alone. James Booth, GPC England policy lead for contracts and regulations, has written a blog about the results: [The results are in – GPs do an amazing job >](#)

Rabies

GPCE recently asked NHS England to clarify the contractual position and SFE provisions in relation to pre-post exposure vaccinations and treatment – including for rabies. This followed written concerns we had made over the arrangements in the past, and queries from LMCs. The response is set out below.

Current position

In the 2021/22 GP contract, vaccinations and immunisations moved from being an additional service to an essential service, which is available to the whole practice population. Since April 2021, all practices have been expected to offer all routine, pre- and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population, as the overwhelming majority already do. This is set out in the update to the GP contract for 2020/21.

£30m was invested by 2021/22 in V&I services (through global sum) from existing and agreed total contract resources. This was to continue to cover NHS travel vaccinations and pre/post exposure prophylaxis vaccinations and to fund the consistent national routine vaccination offer. Significant outbreak management is not covered in global sum. NHS England continue to expect commissioners to take the lead on response, working with practices and providing funding where necessary (for example if the vaccine does not already accrue payment).

Rabies as set out in the SFE

The provisions regarding post-exposure vaccinations for rabies are not set out in the SFE as it is considered to be an essential service (since 2021/22). Post-exposure rabies is also an immediately necessary treatment.

The vaccination for rabies is supplied to GP practices free on request (and usually within 24 hours) by UKHSA/health protection teams.

Provisions for pre-exposure to rabies and localised outbreaks are funded under global sum and are set out in the SFE.

A GP practice could also, if necessary, order and be reimbursed for post-exposure vaccination for rabies under regulation 65 of the GMS contract (provision of drugs, medicines and appliances for immediate treatment of personal administration).

RCGP GP voice survey 2025

RCGP is surveying its members across the UK on a range of issues affecting general practice, including workload, issues finding employment, and the emerging use of AI in general practice. They are keen to hear from as many members as possible from across the UK, to help to influence decision-makers to deliver the changes that you need.

Members should have received an email from survey partner Savanta at rcgp.members.survey@savanta-surveys.com, with a personalised link to complete the RCGP's survey. If you don't see the email in your inbox, please check your junk folder.

Your views will be aggregated and anonymised, unless you specifically give RCGP permission to contact you. Every response can help make a difference to the future of general practice.

The closing date for responses is 20 August.

GP wellbeing resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support, such as the BMA's [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK. We have produced a [poster with 10 top tips](#) to help support the wellbeing of you and your colleagues.

The [Cameron Fund](#) supports GPs and their families in times of financial need and the [RCGP](#) also has information on GP wellbeing support.

Visit the BMA's [wellbeing support services page](#) or call [0330 123 1245](#) for wellbeing support.

- The [BMA's GP campaign 'staying safe, organised and united' webpage](#)
- GPCE [Safe Working Guidance Handbook](#)
- Read more about the work of [GPC England](#) and practical guidance for [GP practices](#)
- See the latest update on X [@BMA_GP](#) and read about [BMA in the media](#)
- Contact us: info.lmcqueries@bma.org.uk

Read the GPCE bulletin: [2025/26 DDRB award | new safe working resources | primary care doctor guidance](#)

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