

Dear colleagues

GP contract webinars and guidance

Last month the GPC England officer team delivered a series of webinars outlining the changes and funding to the 2025/26 GP contract. Thousands of you joined us for our presentation and question and answer session. If you missed out, you can still catch up by watching the [webinar recording](#) and view the slide deck [here](#).

We continue to update our [guidance on the 2025/26 contract changes](#).

Advice and Guidance Enhanced Service

As part of the new GMS contract for 2025/26, an Enhanced Service specification for Advice and Guidance (A&G) will provide a £20 Item of Service fee (IoS) per 'pre-referral' A&G request. Please keep an eye out for our imminent guidance.

Rejecting unnecessary proformas and forms

Read also our [guidance on rejecting unnecessary proformas and forms](#), which create additional workload, delayed patient care, and unnecessary bureaucracy for GP practices - when a relevant, factual referral letter would suffice. Read our [guidance](#).

Although our national dispute with Government is over, the importance of local bargaining, collaboration and agreement to resolve ongoing commissioning gaps continues through our 'Mind the Gap' campaign. Read the latest updates [here](#)

Please also continue to refer to our [safe working guidance](#), which includes [template letters](#) which help practices manage workload and limit capacity to deliver safe, high-quality care.

AI in general practice

Following a busy week which saw a series of announcements generate a renewed focus on the role of AI in general practice, GPC has developed this [brief note](#) ahead of more substantial guidance aimed at supporting practices to meet their regulatory obligations. We will be sharing a more detailed document in time.

GP Connect and e-consult contract changes

Following the agreement of the 2025/26 GMS contract, a new requirement will come into place in October 2025 mandating practices to provide some external parties with the ability to submit information to the GP record and, in some limited cases, access information within the record. While much of the detail of this requirement is still to be determined, we have produced [an FAQs document](#) to speak to some of the more pressing questions we have heard from members

Similarly, the scope of e-consult platforms is expected to expand as patients will have a wider range of ways to access and engage with GP services. We have produced an FAQs on that change [here](#).

OpenSAFELY

You may have seen an email this week from NHS England to all practice managers and GP partners/contractors about the expansion of the OpenSAFELY secure data service. GPC England has long advocated for using OpenSAFELY more widely, and we are aware that the plan is to now cautiously expand to cover non-COVID analyses.

The Joint GP IT Committee with input from the BMA and RCGP supports OpenSAFELY, as the team led by Professor Ben Goldacre have managed to develop robust methods for privacy and transparency which protect GPs as data controllers for the GP record:

Users don't need to interact directly with pseudonymised patient records to run their analyses. All actions in the platform are publicly logged, in real time with the pseudonymised data remaining within the electronic health record system your practice uses, and the practice continues to be the data controller. Analyses run remotely through the OpenSAFELY platform, with NHS England acting as data controller for the service, once the initial queries of the pseudonymised data have occurred. Only aggregate information will leave the platform.

There will be a follow-up email from NHS England about the Direction in a couple of weeks, which is the point when you will be asked to press a button to acknowledge receipt and we will communicate more with you at this stage around the next steps which will need to be taken.

Shared care prescribing principles

We have now published our [Shared care prescribing principles](#). Shared care prescribing refers to medication which is initiated by a specialist and ongoing prescribing and monitoring is shared with a GP practice, usually accompanied by guidance or a shared care agreement. The principles that apply to shared care prescribing are:

- It is a non-core voluntary activity that can be declined by the GP practice for any reason
- The practice is satisfied with the quality assurance and clinical governance of the specialist provider
- If any ongoing medication monitoring is required, responsibility for this should be clear within associated guidance in the form of a shared care agreement
- The appropriate stabilisation period has occurred before prescribing is handed over to the GP
- There is enduring specialist input
- Any additional work undertaken by general practice in the form of medication monitoring, is delivered through a funded, commissioned pathway

Read the full guidance: [Prescribing in general practice](#)

Structure of GPCs and how they interact with LMCs

We have published a [video explaining the structures of the BMA's GP Committees \(GPCs\) and how they interact with LMCs](#).

Find out more information about the GPCs: [BMA general practitioners committee UK overview](#)



LMC Update Email
2 May 2025

LMC UK Conference 2025 - ['The GP unemployment paradox'](#)

The LMC UK Conference 2025 will be held next week, 8-9 May at the SEC (Scottish Event Campus), Glasgow. The [agenda: 'The GP unemployment paradox'](#) has been published and the conference will be live streamed – [further information is available](#)

GP unemployment crisis- LMC UK Conference

General practice is facing a paradoxical and concerning crisis. At a time when demand for GP services is at an all time high, [many GPs are struggling with unemployment or underemployment](#). Patients are finding it increasingly difficult to secure appointments - yet willing GPs are unable to find work.

In response to this issue, the Sessional GPC held a virtual rally in February, bringing attention to this crisis. The campaign continues, and for those attending the [LMC UK Conference](#), please come along to the *Conference Hall – 1.45pm, Thursday 8 May*, to show your support.

Maximise your chances of GP job success

3 June | Join our virtual workshop designed to help you navigate the GP job market with confidence. The interactive event is designed to support ST3 GP registrars, sessional GPs seeking new or additional roles or hours, GPs qualified outside the UK looking for their first NHS roles, GPs returning to practice after a career break, and First5 GPs. Discover the support and resources available from the BMA and other organisations to aid your job search. [Register to attend here](#)

GPC England regional elections 2025 results

The elections for the regional seats on GPCE which were up for election have now concluded. The below candidates have been elected for three-year terms starting from June 2025 to June 2028.

Cambridgeshire/Bedfordshire	Dr Diana Hunter
Hertfordshire	Dr Violaine Carpenter
North & South Essex	Dr James Booth
Barking & Havering/Redbridge & Waltham Forest/City & E London	Dr Asad Ashraf
Cumbria & Lancashire	Dr Preeti Shukla
Wigan & Bolton/Bury & Rochdale/W Pennine	Dr Alan Dow
South & West Devon/Cornwall & Isles of Scilly	Dr Bruce Hughes
Hampshire & Isle of Wight	Dr Matthew Prendergast
Kent	Dr Gaurav Gupta
Surrey & Croydon	Dr Julius Parker
East Yorkshire / North Lincolnshire / Lincolnshire	Dr Reid Baker
Calderdale/Kirklees/Leeds/Wakefield	Dr Ansar Hayat

Read the latest GPCE bulletin:

[GP contract webinars and guidance](#) | [AI in general practice](#) | [shared care prescribing principles](#)

Dr Samira Anane
GPC England deputy chair
Email: info.lmcqueries@bma.org.uk (for LMC queries)

LMC Update Email

2 May 2025

Email: info.gpc@bma.org.uk (for GPs and practices)

