

Dear colleagues

Upcoming contractual changes from 1 October

We are acutely aware of the deep concern and growing frustration centred around the upcoming contractual changes on online consultations. This, against the backdrop of increasing workload will be felt to be an additional monumental task for already heavily burdened practices and their staff.

These contractual changes outline the opening of online consultation request software throughout practice core hours. The initial contractual proposals were for **all** consultations including 'urgent'/same day requests. Repeatedly GPCE pushed back on this: highlighting the huge safety risk of open ended and unmonitored requests, and a concession was made around restricting the contractual ask to routine requests, with the option of urgent consultations being dealt with via telephone and/or practice walk ins, as determined by the practice. If practices are offering 'total triage' at present, they can continue to do this.

This change was delayed in its implementation from 1 April 2025 to 1 October 2025 as it was agreed that it would be subject to the necessary safeguards being in place to avoid urgent clinical requests being erroneously submitted online. GPCE will continue to highlight concerns around safety and clinical risk to NHSE and DHSC, outlining the need for robust safeguards and pathways to be in place.

GPCE has also been working with relevant experts to urgently and vigorously address this matter, including seeking KC legal advice, liaising with software suppliers and developing supporting guidance and resources. A key stakeholder is the Joint GP IT Committee (JGPITC) which is an expert group of BMA and RCGP working GPs and informaticians.

Joint GP IT Committee

The JGPITC is embedded in the GMS contract work we do and plays a vital role in ensuring that safe, robust systems are developed and implemented for use in General Practice. It is co-chaired by Dr Mark Coley the BMA GPC England Digital and IT policy lead, and Dr Tom Nichols, chair of the RCGP Health Informatics Group.

The JGPITC came into being with the introduction of the GMS contract over 20 years ago and was established "to provide an effective stakeholder and specification group for new systems allowing GPs to be confident that these are fit for purpose and offering GPs [...] vital guarantees on security and confidentiality." (cf. para 4.31 in Investing in General Practice The New GMS Contract).

The JGPITC met last week and discussed several areas of interest including a forthcoming usability study on *GP Connect: Update Record* and the committee's view on its current implementation. GPCE were also able to raise ongoing concerns with DHSC and NHSE about the implications of allowing online consultation access throughout the entirety of core hours.

We appreciate that without the necessary safeguards and processes for online consultations and GP Connect: Update Record, this will represent an unmanageable risk and workload for many of you.

We will continue to fight and push for flexibilities, helping to protect patients, staff and practices.

GPCE officers will be meeting with NHSE and DHSC over the coming week and we will meet as a committee on September 18th to discuss the next steps for the profession in light of the above.

GP Connect: Update Record

Over recent months GPC England has been engaging with NHS England to highlight concerns and the need for safeguards over the functioning of *GP Connect: Update Record* and its use with Pharmacy First in particular. GPCE agreed to the contractual requirement for this be turned on by practices from 1st October 2025, subject to further discussions on it being ready to roll out. The current implementation of *GP Connect: Update Record* was discussed at last week's JGPITC, and the committee does not yet have confidence that the current implementation is fit for purpose. The propagation of pregnancy coding errors earlier in the year to those practices who hadn't already turned it off as part of collection action is just one example of the problems associated with its current implementation. JGPITC has committed to working with the relevant stakeholders including NHSE make this product safe and fit for purpose for patients and practices.

QRISK

This past week we were alerted to the disablement of, and lack of update to the QRISK calculator on GP software systems. The calculator has now been enabled again on EMIS. Concerns with QRISK2 were initially communicated as a risk to NHSE's National Director of Primary Care Dr Amanda Doyle, back in January 2025 in a letter from the JGPITC. Despite highlighting the importance of embedding accurate and efficient processes within GP IT systems to help identify those patients most at risk, and the need to avoid increasing workload, there has been no response nor changes made to address the concerns. We will be reiterating these concerns and seeking clarification on the matter in further communications this week.

Read our [letter](#) to NHSE about the obstacles impeding the implementation of QRISK3 in GP software systems.

OpenSAFELY data provision notice

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the DPN (data provision notice) for OpenSAFELY to allow expansion to non-COVID-19 analyses. Following feedback from practices and LMCs, OpenSAFELY was discussed at last week's JGPITC and a simplified briefing pack is being prepared for practices. OpenSAFELY has the full support of GPC England and JGPITC and can be a safe alternative for practices when compared with the multiple data sharing agreements being foisted onto surgeries by ICB teams where practices may feel overwhelmed and LMCs may lack access to expert legal and technical guidance.

The [RCGP has also published helpful information](#)

Special Representatives Meeting - 10 Year Health Plan and impact on general practice

The BMA is holding a [Special Representative Meeting \(SRM\)](#) on 14 September 2025, to debate the risk of the NHS England 10-Year Health Plan which was published in July.

The meeting will be held virtually and debate the risk of the plan to the medical profession at large, including a dedicated section on the potential implications for general practice and the independent contractor model, and will help direct the BMA's response to the proposals. Read the [Agenda](#).

GPCE has already raised a number of concerns with the plan and the potential negative consequences on practices and their patients, especially the risks posed by its proposals on greater integration and the potential for GP services to be vertically taken over by hospitals and other large providers.

Read the [BMA's comprehensive analysis of the 10 Year Health Plan](#).

National Neighbourhood Health Implementation Programme (NNHIP) survey

We want to hear from you about your awareness and engagement with the NNHIP first wave of applications to join the programme that were invited in July. We plan to use this insight to lobby for changes to the process and to help support our members who will be involved in the programme, as well as those who may take it up subsequently. It's important therefore that we hear from both respondents who have been leading the process in their locality, but also from those who have been engaged to a lesser extent or are indeed unaware of the programme. Take part [here](#)

We are asking for people to share copies of their NNHIP plans by emailing info.gpc@bma.org.uk, and we hope to share learning from the survey and applications to help support GPs and practices.

Misleading weight loss advert

It was drawn to our attention that a digital weight management company had published an advertisement for weight loss medication blaming GPs by stating that "many GPs are ruling out overweight women". Upon being made aware of this ad, we contacted the company stating that this was factually inaccurate and that the advertisement should be immediately withdrawn. We highlighted NHSE's guidance on the commissioning of GLP1/GIPs and their provision, which precludes GPs from prescribing other than in extremely limited scenarios if commissioning arrangements are in place.

The company responded, recognising that the message in the ad was not articulated fairly or correctly, and the ad was immediately removed.

Read our [Focus on guidance on Tirzepatide for weight management in General Practice](#).

If you come across advertising that you consider inaccurately portrays general practice or is otherwise misleading, please make us aware of this by emailing info.gpc@bma.org.uk.

Rabies vaccination

Following recent concerns about NHS England's advice on the contractual requirements of post-exposure Rabies vaccination, we have formally [written to NHSE to outline the Committee's position](#).

We are challenging this interpretation on the basis that post rabies exposure vaccination is not listed within the SFE and therefore does not translate into a vaccination included within the 2021 contract changes.

Inaccurate blood results

A [BBC investigation](#) has discovered that errors by machines used to diagnose diabetes means that up patients have been wrongly diagnosed with type 2 diabetes and prescribed medication that they don't need.

NHS England has confirmed 16 hospital trusts use the machines, made by Trinity Biotech, which have produced inaccurate test results, and at least 55,000 people in England will need further blood tests. NHSE has also said that fewer than 10% of their laboratories were affected and all have either replaced the machines or addressed calibration issues.

If your practice is one of those affected, please contact us via info.gpc@bma.org.uk.

GP pressures

The latest [GP appointment data](#) shows that general practice teams had the [busiest July on record](#), with a record 33.6 million appointments delivered in July 2025 - 4.3% more than last year and nearly a quarter on the same period pre-pandemic (24.3% increase since 2019).

The [workforce data](#) showed that NHS had the equivalent of 28,278 fully qualified full-time GPs in July. While the number of GPs employed by practices has generally been rising since July 2023, practices still employ the equivalent of *1,086 fewer fully qualified full-time GPs than in September 2015*.

There continues to be a rise in the number of patients, with July 2025 seeing yet another record-breaking number. GPs employed by practices are now responsible for about 17% more patients than in 2015, demonstrating significant workload pressures.

Read more about GP pressures on our data analysis page, which shows the level of strain GP practices in England are under: [Pressures in general practice data analysis](#)

GP unemployment crisis

In this unprecedented crisis, GPs are facing a painful paradox: patients are crying out for appointments, while many GPs are overwhelmed and practices are struggling to find enough funding and resources to match patient demand.

General practice is the foundation of the NHS. Without enough GPs, patients can't access the care they need, when they need it. That's why we're calling on the Government to end GP unemployment. **Watch our video where GPs explain the [End GP unemployment crisis](#).**

To support you through this, we've also launched [the GP Support Hub](#) - a dedicated space to help navigate the challenges of underemployment, unemployment and financial uncertainty.

Blended Learning: Training great GPs requires real patients

Great GPs are made through experience. Knowledge, communication, and clinical reasoning are essential, but many skills - the "soft" ones - can only be honed with real patients.

The GP Registrar and GPC England committees have expressed concern around how ['Blended Learning'](#) could reduce GP Registrars' 'face-to-face clinical exposure from 70% to as little as 37% of a registrar's time (BMA GP Registrar Blended Survey). There is a deep commitment to maintaining clinical and quality standards of experience and learning from both committees. Optional, well-designed blended learning may support flexibility or exam preparation, but it must not be used as a replacement for in-practice face to face experience.

GPRC and GPC England are working together and with NHSE to ensure that GP training experience and standards are safeguarded for future cohorts.

Please read the article by Dr Helen Salisbury, BMA Council member:
<https://www.bmj.com/content/390/bmj.r1617>

England LMC conference 2025 - deadlines

The England LMC conference will be held on 7 November at the Royal Northern College of Music, Manchester.

The deadline to submit motions was noon Monday 8 September.

Registration deadline - noon - Wednesday 1 October 2025 - LMCs are asked to ensure that their LMC representatives and observers are registered correctly via this [link](#). It is the LMC's responsibility to ensure that their representatives and observers are registered before the deadline.

If you have any queries regarding this conference, please email info.lmcconference@bma.org.uk

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](tel:03301231245) 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](#)

Read the GPCE bulletin: [Upcoming contractual changes | GP Connect | OpenSAFELY data provision notice](#)

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