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Dr Amanda Doyle
National Director for Primary Care and Community Services
NHS England

Sent via email

8th February 2024

Dear Amanda,

I am writing regarding an important issue that has caused great concern for my colleagues across the country. Our members have relayed to us the challenges they are facing around recent changes to the way that cloud-based telephony (CBT) services are being offered to GPs and the cost and workload implications that these changes have had on practices. We recognise that CBT could have significant benefits to both patients and practices but the roll out must be done in a way that isn't rushed and covers all areas of concern from colleagues.

With the newly instituted requirement for GPs to procure exclusively from providers on the Better Purchasing Framework (BPF), many have seen costs skyrocket for services which they currently pay reasonable sums for. We have seen invoices from current telephony providers as well as the payments required for future contracts with different companies and they show exponential increases – some by an incredible 470%. Though figures vary between practices, some members have seen increases of as much as £3,200 per year – from £800 to £4,000 - with all these costs expected to be covered by the practice and no additional funding provided to cover them. At a time of significant pressure on GP finances this is the last thing GP partners wish to see, particularly on a contractual issue mandated by the 2023/24 imposition.

We raised concerns during last year's contract negotiations about increased costs to practices moving from current suppliers to CBT suppliers on NHSE's BPF. In response, we were advised numerous times that costs would not increase, yet this could not be further from the truth for colleagues across the country.

Compounding this, where new agreements are made, practices are presented with dense legal contracts that require time and money (via legal fees) to properly analyse and risk leaving GP partners liable if they do not fully vet new contracts. ICBs have been given very little help or guidance to support practices and this has led to huge frustration from colleagues trying to engage with the system. Despite repeated chasing of the ICB for answers over many months, my own practice for example was given just 48 hours' notice to review a complex 149-page contract with many unanswered questions remaining. I did not feel able to sign the contract given those cost and time pressures.

Co-chief executive officers: Neeta Major & Rachel Podolak

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Commercial suppliers who are on the BPF do not appear to be offering financially competitive services, with practices held hostage by additional costs along with further contractual stipulations over which they have very little say. Practices are also rightly concerned about this business-critical service being provided by companies that they have had no relationship or knowledge of in the past.

We appreciate that the issues raised above may not be simple to address and we therefore seek an urgent meeting to discuss how best to resolve this serious situation. We believe an immediate pause of this project is now required to take stock of where we are and how we proceed from here.

Yours sincerely,



Dr David Wrigley

Deputy Chair, General Practitioners Committee England, BMA

cc. Nikki Hinchley, Head of GPIT, NHS England

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