BMA England

FAQs – E-consults and the ask of GP practices in the GP Contract

Introduction

As part of the agreed GMS Contract changes for 2025/26, practices will be required to ensure that patients can access services online via e-consult software when requesting routine appointments, medication changes and admin requests such as fit notes. This requirement does not come into force until October 1st 2025 and we have ongoing discussions with NHSE and e-consult software providers in the meantime. There is no need to change how you are working at the present time.

Timelines

There is an expectation that these asks will become mandatory from October 1st 2025. However, given the high degree of variation in how e-consults are utilised by the profession, preparations will need to be made by many practices sooner than this. Following the agreement of the contract, GPC has reached out to all e-consult suppliers and is currently in conversation with them to ensure practices receive as much support as possible to enable safe enhanced online access for patients as well as safety for GPs and their teams. We are also in discussions with NHS England about the October 1st roll out date with guidance and support for practices.

Q&As

How will this work in practice?

We expect that this will change the way that patients access care for many practices. At the very least, the change will require practices to establish rules governing what requests patients can make and how those requests should be dealt with. We are working with software suppliers to help you with this.

How are we going to cope with this potentially opening the floodgates for patients to contact us?

We made NHS England and the Dept of Health fully aware of this issue in our negotiations with them earlier in the year. We are desperately short of funding for GPs and the last thing we want is to push more GPs to reduce their working hours or retire earlier than usual. We

have a window of opportunity now to discuss these concerns and will provide more guidance in the coming months.

We are already providing full access to patients online for routine *and* urgent requests – do we need to change anything?

No, you don't. If you wish to continue working as you do then that is fine.

What changes will I need to make on the platforms in use in my practice?

For the time being there are no changes to workflow that practices should be making. System suppliers are currently determining how best to ensure that their platforms are compliant, therefore until this has happened and both they or we have communicated what changes have been made, practices should do nothing.

How will clinical liability function in the context of digital triage/appointment booking?

While the agreement within the contract stipulates that the policy is not intended to cover urgent requests, we know that there is no practical way to ensure this and are therefore working with e-consult suppliers to create safeguards. GPC will continually review how online access works at practice-level and feedback to NHSE and system suppliers what changes may be needed to ensure it functions as intended.

Will this policy change increase demand on services?

In theory it should not lead to a sustained increase in demand as patients who would have accessed services over the phone or in-person will now instead do so online. We do know though that some patients submit multiple requests online and this is an area we wish to address with NHSE. It may be that there is a temporary spike while some patients attempt to engage by both traditional and novel means as the new systems are settling in. Having said that, there is no way to totally predict what impact it will have on patients' interactions with practices and we continue to advise practices to follow our safe working guidance to ensure working days are manageable.

Will this change existing phone-booking system for appointments? How should patients be prioritised between lists?

This policy is not a replacement for existing triage tools but rather an additional option for patients. In time practices will get a better sense of the balance between digital and traditional access in their area and will therefore be able to plan how services are delivered more easily. Ultimately, it will be for individual practices to decide how to prioritise patients between lists.

Are there mandated programmes to use for eConsult access due to this change in the contract? We have a bespoke one that we think is unique in the country and don't want to move because it allows us to do all this already, easily. Will we be forced to switch to one of the 'big' providers, or does it just have to be achieved by whatever means?

Practices are free to use whatever platforms they choose assuming that they comply with any other relevant regulations, directions or requirements. GPC has begun engagement with

the larger established suppliers to ensure that they do everything they can to support users. Where you have a platform that is bespoke/less established and are struggling to make progress to support the policy change, please get in touch with the GP Committee who can take up your case with your supplier. Your ICB digital team may be able to help too.

Do we know what the communication plan will be from Dept of Health or NHSE to patients about e-consulting? It feels like we need robust comms to patients to help them understand the use of the system and that it is not only us in practice making this decision. Support on central comms would be great to help piece this all together from a patient viewpoint.

The detail of what the programme will look like and how it will rollout has not yet been fully agreed. As with previous centrally mandated programmes, GPC will push for central government to shoulder the burden of communicating changes or resource practices to do it. However, unlike previous programmes – this does not change the nature of data processing sufficiently to meet the threshold for communicating the change under GDPR as data will not be stored or shared any differently than before the change. Therefore, we would expect any communications campaign to focus on educating patients about how they should digitally engage with their practice for routine requests rather than exhaustively describing the changes.