Dear colleagues

**GPC England meeting and visit from Stephen Kinnock, Minister of State for Care**

Minister Stephen Kinnock visited GPCE on 17th July to address the committee and take questions. The committee expressed its disappointment and concern around the lack of any mention of GMS in the 10 Year Plan, nor any progress toward the wholesale reforms to the practice-level GMS contract that the Government have promised, which indeed was a condition of the committee approving the 2025/26 contract and the profession ending dispute.

I relayed the committee’s concerns about the accelerated pace of roll out of the 10 Year Plan, and the real risk of General Practice being sidelined, undermining the Government’s objectives. Despite the Minister’s verbal assurance of commitment to GMS, the committee were not sufficiently reassured of a commitment to the necessary wholesale GMS renegotiation beyond the usual annual adjustments for 2026/27 and beyond. Following the meeting, I have expressed to the Minister the profession’s concern that the current trajectory threatens the survival of the independent contractor model and, with it, NHS general practice and the trusted family doctor relationship our patients rely on and want to protect.

The committee held a series of votes composed of two motions. Whilst GPCE stopped short of voting to re-enter dispute, they were clear that the following conditions must be met by time GPCE meets on 18th September to avoid the possibility of a future return to dispute. Your officer team will be meeting Government officials, DHSC and NHSE next week to discuss the following demands of GPC England:

* Confirmation of the funding envelopes for GMS 26/27 and the new GMS negotiation, together with SNP and MNP nominal budgets in this Spending Review
* A roadmap regarding timelines for commitment to GMS contract renewal and investment
* Transfer of the PCN DES ARRS monies into practice-level reimbursements with defined neighbourhood outcomes from April 2026
* An emergency additional GP practice-level reimbursement scheme to reduce GP under/unemployment as soon as possible
* Extension of the Clinical Negligence Scheme for General Practice to cover liabilities pertaining to data-sharing and information governance for the GP patient record from April 2026; and
* That Government is explicit in its preference for General Practice / GP practices to lead single neighbourhood providers and to be the key parties at Place in the selected National Neighbourhood Health Implementation Programme (NNHIP) sites.

The Government now has an opportunity to provide the necessary assurances to the profession and

GPC England will prepare for all possible outcomes in readiness for its meeting in September.

[**Read my letter to Stephen Kinnock, MP**](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12440_stephen-gp-letter.pdf)

**National Neighbourhood Health Implementation Programme (NNHIP) guidance**

NHS England [launched NNHIP this month](https://www.england.nhs.uk/long-read/your-invitation-to-be-involved-in-the-national-neighbourhood-health-implementation-programme/), inviting applications to joint he first wave of the programme. GPCE has produced a brief [‘focus on’ document](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12473_focus-neighbourhood.pdf) outlining the programme, the threats and opportunities involved and a checklist of key questions and issues for practices and those thinking of signing up.

Following the shift of care into the community via the new ‘neighbourhood health’ schemes, GPC England has also produced [guidance](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12475_focus-on-ethics.pdf) setting core principles on out how GP practices and GP federations should engage with this and operate in an ethical, constructive and supportive manner.

**Safe working guidance resources**

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

Pushing back on workload transfer

It is crucial that GPs and practices devote their time and energy to providing services and care that are commissioned and resourced.  We have pulled from our existing [guidance](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice/core-general-practice) key headlines [on how you might push back on unresourced work](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12474_focus-on-core.pdf), this includes a list of N/DESs and LESs. If you know of a LES in your area that is not listed, please let us know and share the specification via info.GPC@bma.org.uk

We have also produced a [checklist relating to workflow and triage](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12469_safe-checklist.pdf).

Regulation 17 guidance

We have published [guidance for LMCs](https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/guidance-on-local-action-for-gps-in-england/regulation-17-guidance) and practices on the interpretation of [Regulation 17](https://www.legislation.gov.uk/uksi/2015/1862/regulation/17/made), and in particular, whether ICBs can determine what services fall within the definition of ‘essential services’ in the standard GMS contract and demand that GP practices provide those services.

Template letter to decline transfer of prescribing responsibility

We have published a [template letter to decline transfer of prescribing responsibility to General Practice](https://cdn.intelligencebank.com/eu/share/qMbw14/lXXaw/969eV/original/GP%2Bsafe%2Bworking%2Bguidance%2Bhandbook%2BEngland%2BUpdated%2B22.07.25%2BP%2B60), which is also included in our [Safe working guidance](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice) template letters (Appendix 2).

We also urge you to continue to use all other resources in the [Safe working guidance](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice) to help you safely manage practice workflow and triage.

**Focus on physician assistants**

Following the publication of the [Leng Review into PAs and AA](https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report/the-leng-review-an-independent-review-into-physician-associate-and-anaesthesia-associate-professions)s, GPC England has produced new [guidance](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/12472_focus-on-pas.pdf) to help GPs and practices consider how to respond to the changes recommended by the review and subsequent instructions from NHS England.

NHSE intends to publish the updated Network Contract DES specification and Part B guidance for 2025/26 on 31 July so that the maximum reimbursement amounts for ARRS staff can be uplifted (and backdated to 1 April) and to introduce the new provisions which allow PCNs to claim reimbursement for absent ARRS GPs who are employed by a third party. Following the publication of the Leng Review, the ARRS Physician Assistant and Apprentice Physician Assistant role descriptions (annex B of the Network Contract DES specification) have also been amended, and have been shared with GPCE for comment.

**GPs in ARRS survey**

Are you a GP employed under ARRS, or have you previously held an ARRS GP role? Then we need to hear from you. The BMA is undertaking a review of the ARRS (Additional Roles Reimbursement Scheme), with a focus on the amendment allowing GPs to be hired under the scheme. We really want to understand your experiences in this role and what you need to see change as we work to push for better terms and conditions for GPs. [Please take part in our survey here](https://www.research.net/r/X2NR7M9).  It should take less than 15 minutes to complete.

**Call for participants for the Contract Reform focus groups**

We want to hear from you! Volunteers are invited to take part in upcoming focus groups exploring what the reformed GP contract for England should look like. This is your opportunity to share what’s working well—and what isn’t—in the current contract. Your insights will help shape future improvements and ensure the new contract better reflects the needs of GPs and their patients. Sign up as a volunteer [here](https://www.research.net/r/9P887RM)

**OpenSAFELY Data Provision Notice**

[Data Provision Notice](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/opensafely-data-analytics-service) (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses has been sent to practices using EMIS Web (Optum) and SystmOne (TPP). The functionality to allow an opt-in for EMIS rolled out this week, and the functionality for SystmOne is already there. Medicus is out of scope.

**OpenSAFELY has the full support of GPCE and Joint GP IT Committee.** The original COVID-19 service grew out of the pandemic and was unique in the sense that it functioned as a Trusted Research Environment where the most disclosive data (the GP data) stayed in the system suppliers' systems, with the GP remaining as data controller, but, via the Data Direction/DPN in force, made those data available for querying by NHSE, with the subsequent outputs coming under the controllership of NHSE. There is a level of transparency with OpenSAFELY not seen elsewhere – a key factor in gaining our support.

Practices have to comply with the Data Provision Notice by law, however the data will not be able to be accessed until practices, as the data controller, have signalled approval.

**GP Premises Survey 2025 – final chance**

We’re calling on all practice managers and premises-owning partners across England to take part in our GP Premises Survey 2025, to help us gather essential data on the condition of GP buildings. This evidence will directly shape our proposals and negotiations with Government – supporting our case for the urgent investment and backing your practice needs.

Help us advocate for better premises and stronger support for general practice - [take the survey](https://www.research.net/r/CNLMY6M)

**Seasonal Flu Programme**

NHS England has published the specification for the annual flu programme.  The specification and other related documents are available [here](https://www.england.nhs.uk/publication/general-practice-seasonal-influenza-vaccine/). Practices will have until **21 August** to sign up.

**HPV catch-up campaign**

NHSE has released information about the HPV vaccinating catch-up campaign (21 July 2025 to 31 March 2026). Practices should invite unvaccinated individuals aged 16-24, including:

* all females born on or before 1 September 2009 – up to their 25th birthday
* males born from 1 September 2006 to 31 August 2009 (inclusive). Eligibility for boys was only extended to those entering year 8 from September 2019, in line with the JCVI recommendation

Practices will be eligible for an item of services fee (£10.06) for each vaccination administered, in line with the SFE. Further information is available on the [NHS England website](https://www.england.nhs.uk/long-read/confirmation-of-national-human-papillomavirus-hpv-vaccination-and-immunisation-catch-up-campaign-for-2025-26/).

**MMR vaccinations for practice staff**

Due to recent measles outbreaks, NHSE has confirmed that GP practices will be allowed to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). This is a time limited arrangement from 1 August 2025 until 31 March 2026.

Completing doses must be administered in accordance with the recommended intervals in the [Green Book](https://url.uk.m.mimecastprotect.com/s/r6xGC7XRRtWn3lvF8fZioXZVl?domain=primarycarebulletin.cmail19.com/) and by 31 March 2026. An item of service fee cannot be claimed for MMR vaccines administered to staff registered with another practice, but indemnity cover will be provided through the [Clinical Negligence Scheme for General Practice](https://resolution.nhs.uk/faq-section/clinical-negligence-scheme-for-general-practice/) (CNSGP) and nationally supplied MMR stock can be used.

**Inclisiran reimbursement**

NHSE has informed us of an issue regarding reimbursement for Inclisiran, whereby payments have been delayed. NHSE is working with NHSBSA to implement a system change to ensure Inclisiran is reimbursed correctly going forward. In the meantime, NHSBSA are calculating retrospective adjustments from October 2024 to ensure that any missed payments will be made to contractors via PCSE. The long-term solution will be implemented in Spring 2026. GPCE reminds practices that Inclisiran prescribing and delivery needs to be part of a locally commissioned enhanced service agreed by your LMC.

**GP registrars taking industrial action**

GP registrars will be taking further industrial action in pursuit of full pay restoration. Strike action will begin at 06:59 on Friday 25 July and end at 06:59 on Wednesday 30 July.  GPC England has expressed its support to GP Registrars nationwide. We appreciate that GP Registrars are the largest group of resident doctors and see their action as part of a wider campaign to secure greater resources for General Practice. Their pay has stagnated over many years of sub-inflationary awards alongside that of sessional GPs and contractor GPs – and now the shocking GP unemployment crisis that many will face when they CCT due to many years of woeful workforce planning. Many are saddled with six figure student debts alongside punitive interest rates. Our committee members recall how by comparison so many of us benefitted from free on-site accommodation in our hospital years; undergraduate grants; and no tuition fees. Life is very different for GP Registrars progressing through their specialty training schemes today.

As the Secretary of State remarked when he came into office a year ago, the NHS is broken. We recognise that its recovery will be damaged further if we fail to recruit and retain GPs of the future, and if Government fails to enact the solutions we have provided them to fix GP unemployment as a priority. Please signpost any queries from your GP Trainers and practice colleagues to the [BMA website](https://www.bma.org.uk/our-campaigns/resident-doctor-campaigns/pay-in-england/resident-doctors-guide-to-industrial-action-in-england/striking-as-a-gp-registrar).

Whilst contractually, GP Registrars are supernumerary, we appreciate that there will be an impact on training practices who may wish to signpost patients to information online. Please remind your training practices, GP Trainers, and TPDs that they are under no contractual expectation to answer ICB questions regarding resident doctor action. ICBs will have established procedures in place and practices may and will communicate any access pressures to their patient populations directly.

The BMA’s GP Registrars Committee (GPRC) has also [written to GP registrar](https://bma-mail.org.uk/t/cr/AQiEtRUQt9ccGOHMsxcl_SUAPXF-Wx-GF3Xtnl3rcyz8zw86VBw3_84qVNmJ_g) members to explain the specific considerations around striking within general practice.

If you are a GP Registrar or GP trainer in England and have direct experience of blended learning as part of GP training, we’d like to hear your views. [Take our short survey](https://www.surveymonkey.com/r/ZFWSLZ5) on blended learning.

GPRC has published a [GP Registrars’ Handbook](https://cdn.intelligencebank.com/eu/share/qMbw14/eRaXW/JYjea/original/20250354%2BGPR%2BHandbook%2B2025%2BFINAL) which we encourage practices to share with Registrars.

**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](https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-services), [NHS practitioner health service](https://www.practitionerhealth.nhs.uk/accessing-the-service) and non-medical support services such as [Samaritans](https://www.samaritans.org/). The organisation [Doctors in Distress](https://doctors-in-distress.org.uk/) also provides mental health support for health workers in the UK. We have produced a [**poster with 10 top tips**](https://i.emlfiles4.com/cmpdoc/2/5/8/0/5/3/files/11922_wellbeing-gps.pdf) to help support the wellbeing of you and your colleagues.

The [Cameron Fund](https://www.cameronfund.org.uk/) supports GPs and their families in times of financial need and the [RCGP](https://www.rcgp.org.uk/membership/gp-wellbeing) also has information on GP wellbeing support.

Visit the BMA’s [wellbeing support services page](https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/sources-of-support-for-your-wellbeing) or call **0330 123 1245** for wellbeing support**.**

* **The** [**BMA’s GP campaign ‘staying safe, organised and united’ webpage**](https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes)
* **GPCE** [**Safe Working Guidance Handbook**](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice)
* **Read more about the work of** [**GPC E**](https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/england-general-practitioners-committee)**ngland and practical guidance for** [**GP practices**](https://www.bma.org.uk/advice-and-support/gp-practices)
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* **Contact us:** **info.lmcqueries@bma.org.uk**

**Read the GPCE bulletin:** [**GPC England meeting I Neighbourhood Implementation Plan applications guidance I safe working resources**](https://bma-mail.org.uk/t/cr/AQiEtRUQ3NMcGOHMsxe8MFM1uPTqDvcjFP542wlzBT4Hb_YXqbykYQl0ACDkxA)

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