BMA

England

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Frequently Asked Questions on contract changes 1 October 2025 and the dispute

Why has GPCE voted to enter into a dispute with the Government from 1 October 2025?

In February 2025, the BMA's GP Committee England (GPCE) voted on and accepted the 2025/26 GMS contract changes under the written agreement that 'necessary safeguards' would be in place for online consultations from the 1 October 2025 and that the development and roll out of GP Connect would be safe, in terms of impact on patient records, and practices would be indemnified for data breaches by other NHS providers. The letter of agreement from DHSC (Department of Health and Social Care) and NHS England also confirmed:

> *It was agreed to introduce the contractual requirements from 1 October 2025 for practices to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. This will be subject to necessary safeguards in place to* ***avoid*** [our highlighting] *urgent clinical requests erroneously submitted online.*
>
> *GPCE noted concerns around risk of data breaches, and therefore liability as data controllers, arising from GP Connect View Record. We will include discussion of the extension of the CNSGP for data breaches in our discussions prior to 1 October 2025.*

NHS England 'Changes to the GP Contract 2025/26' web page extract:

> ***Online consultation tools switched on for the duration of core hours***
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> *14. From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours (8am – 6:30pm) for non-urgent appointment requests, medication queries and admin requests. This will be subject to necessary safeguards in place to avoid urgent clinical requests erroneously submitted online. Guidance will be displayed on practice websites and reflected in the wording of the patient charter.*

Unfortunately, despite regular and consistent push back from GPC England, the necessary safeguards and appropriate processes have not been put in place. The Department of Health and NHS England have flatly refused all our requests to allow flexibilities to make the new way of working safer. Therefore, GPC England are not able to accept these contractual changes as currently presented and, on the 18 September 2025, voted to enter dispute with the Government on the 1 October when these changes come into force. This means we will be collectively working under protest.

There is also deep-seated concern with regards to the uncertainty and risks posed by proposals contained within the 10 Year Health Plan, and the lack of assurance for the futureproofing and sustainability of General Practice, particularly around the proposed multi and single neighbourhood contracting arrangements.

What are GPC England's specific concerns around the contractual changes?

GPC England is concerned that patients having the means to accidentally submit urgent requests online, as opposed to calling or walking into the practice and being appropriately triaged swiftly, poses an unacceptable level of safety and workload risk for patients *and* practice staff. The necessary safeguards must be in place to avoid that happening.

This becomes especially important if a flurry of online requests are made late in core hours (8am – 6.30pm), which would leave practice staff having to hurriedly work through those to check none were urgent. Patients cannot be expected to know whether their query is urgent or not, as they are not medical experts. Practices are not resourced to work beyond the contracted hours of 8am – 6.30pm, so this policy / contractual change is completely irrational and flawed. It either needs to be significantly altered, or the Government needs to urgently give practices more resources to hire more GPs.

The GP Connect Update Record functionality is also felt to be unfit for purpose and has already caused issues with the incorrect coding for thousands of patients prior to 1 October 2025. The Joint GP IT Committee (JGPITC) issued a statement on 15 September 2025 outlining their concerns and determining it is not yet safe.

What happens next with the dispute? Will a ballot happen?

This may change if in the future a ballot and other steps are taken to enable this to happen as part of industrial action.

There is no requirement to move from declaring a dispute to balloting the profession. However, this is clearly an option. A statutory ballot is required to call industrial action involving contract breaches, and this would have to involve all relevant affected BMA members. The BMA has a set protocol for assessing and approving any branch of practice request for a statutory ballot, because of the legal, financial, and reputational implications of doing so. Any ballot must follow TULRCA rules (Trades Union and Labour Relations (Consolidation) Act 1992). If a successful ballot takes place, sufficient members participate and a majority support further action, then the BMA's GPC England can induce practices to take industrial action, which can include breaching contractual terms and conditions – if included in the ballot.

If we refuse to sign the Contract Variation notice does this mean that the contractual changes are no longer applicable?

Unfortunately, no. Although the GMS/PMS Contract is mutually held by both parties, the commissioners are entitled to vary the Contract to ensure it remains legally compliant. The Regulations represent legislated change (as they do each year) and therefore whether or not the Contract Variation is signed by the practice, the regulatory changes included within it can be enforced, and become relevant, at least 14 days after being issued.

This contrasts with Contractual Variations that must be mutually agreed; for example, the ICB cannot unilaterally alter the practice boundary included in your Contract, any change to this requires both parties' agreement.

Online Consultation Requests

Can we choose not to comply with the contractual changes from 1 October 2025? Especially if we will be in dispute?

No.

These are regulatory and contractual changes. Not complying with the outlined requirement of keeping a practices' online consultation tool available to patients throughout core hours (as defined in your practice contract) – between 8.00am and 6.30pm – risks remedial or breach notices from ICBs (integrated care boards).

However, we strongly recommend that practices regularly review their online consultation processes and ensure that safety measures are in place to avoid urgent requests being erroneously submitted. This would include the assessment of active clinical triaging capacity for undifferentiated free text requests, and the development of patient questionnaires that enable safe routine patient requests once active clinical triaging and review capacity has been reached.

Safety is paramount. It is crucial that practices are cognisant that they operate within a wider healthcare system and should capacity for urgent requests be exhausted that supporting services place and can be signposted to when needed such as NHS 111, urgent and walk in centres, and Emergency Departments.

A key step will be access to an online consultation tool that enables safe working within the contractual framework, supporting practices to deliver care tailored to the needs of their patients.

Even though GPC England has voted to enter dispute from the 1st October, this does not mean that practices can ignore or breach their contracts. There is a formal legal process that needs to be carefully followed to help protect GPs, practices and the BMA.

See also the NHS FAQs here: NHS England » Online consultations – frequently asked questions and support resources

What can we do if we don't feel able/ready to make these changes in time?

Unfortunately, despite the lack of necessary safeguards, your contractual obligations are still changing on 1 October 2025. Practical guidance to help your practice manage these changes safely is available here.

Please get in touch with your Local Medical Committee (LMC) who may be able to offer help and support with signposting to local services. If you are struggling it is important to liaise with your local ICB team through your LMC. We have provided template communications here to help.

We have been informed by NHSE colleagues that the advice given to ICBs is to provide a supportive and engaged approach. We would be very happy to hear feedback on any examples where support has been offered or interventions made.

It is also worth familiarising yourself with local supportive escalatory reporting processes.

See also the NHS FAQs here: NHS England » Online consultations – frequently asked questions and support resources and NHS England » Practice guidelines – you and your general practice

What escalatory systems may be available?

Workload pressures and demand are well documented challenges within General Practice. There is a risk that, if these contractual changes are implemented without the accompanying necessary safeguards, practices will find that the resultant workload and workforce pressure will cause them to struggle, impacting upon their ability to deliver safe patient care and maintain good staff wellbeing.

The NHS Constitution outlines the importance of prioritisation of staff welfare as a key enabler of providing patient care. The Integrated Operational Pressures Escalation Framework (OPEL) was developed to enable the unified and consistent assessment and benchmarking of provider pressures, supporting a standardised format to communicate escalation with regional and national oversight.

Although it is widely used across hospital and community NHS settings, currently there are no agreed national parameters for use in primary care and general practice. Some LMCs, such as Wessex, have developed regional systems. We would encourage you to consult with your LMC to ascertain whether an OPEL framework has been developed and if so, strongly recommend you use this. Alternatively, where no such local framework exists, we would recommend LMCs work with ICBs to develop and endorse such systems to help support practices.

The 2025/26 GP contract changes introduces new patient safety reporting systems:

> ***Patient safety strategy***
>
> *16. The primary care patient safety strategy was published in September 2024. In 2025/26 GP practices will be required to have regard to the patient safety strategy and also register for an administrator account (unless their local risk management system is already connected) with the learn from patient safety events service (LFPSE) for the purposes of:*
>
> *a. recording patient safety events at the practice about the services delivered by the practice, thereby contributing to the national NHS-wide data source to support learning, improvement and learning culture.*
>
> *b. enabling the practice to record patient safety events occurring in other health care settings (for instance if a GP practice wished to record an unsafe discharge from hospital).*
>
> *c. individuals recording patient safety events being able to download a copy of the record for purposes of supporting appraisal and revalidation.*

The Learning From Patient Safety Events for (LPSE) service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare. The LFPSE service has been developed for use in all settings including primary care and general practice:

All healthcare staff in England, including those working in primary care, are encouraged to use the system to record any events where:

- *a patient was harmed, or could have been harmed*
- *there has been a poor outcome but it is not yet clear whether an incident contributed or not*
- *risks to patient safety in the future have been identified*
- *good care has been delivered that could be learned from to improve patient safety.*

We would strongly recommend that practices work closely with their LMCs and to help to inform the system of pressures within general practice and utilise the available processes such as those outlined above in communicating these challenges.

We note that NHSE recently unilaterally changed the criteria and thus ability for practices to declare Red status on the Urgent and Emergency Care Directory of Services (DoS) earlier this year (June 2025). This has been changed from 'service has no capacity' to 'major business continuity event which results in the total inability to offer any service to patients'. We do not accept that this is safe and believe it places patients and practice staff at risk. We would advise GPs and practices, to continue to work safely, escalating matters to their ICB and utilise OPEL and LPSE or other escalatory processes in place. We would strongly advise that clinical judgement is applied and patients are diverted and signposted if this is felt to be the safest option.

See also the NHS FAQs here: NHS England » Online consultations – frequently asked questions and support resources

What should my practices do now in relation to our on-line platform?

This depends on your individual circumstances as it is recognised that practices currently have very varied arrangements. Not all scenarios are covered but the following principles may assist:

- Check your website: remove any reference to the 'operational times' of your on-line consultation platform.
- Ensure access to your on-line platform "button" or "link" is clearly visible or signposted to patients.
- If your on-line platform is currently available for patient use throughout core hours (8am-6.30pm weekdays) and you are confident in your operational capacity to manage demand, you do not necessarily need to take any action. The contractual changes require practices to keep their on-line platform open for the duration of core hours for non-urgent appointment requests, medication queries and administrative requests.
- However, if they believe the issue for which they are contacting the practice is urgent, patients can be informed, from a certain time during the day, that their query may not be managed during that working day and be offered alternatives. Such alternatives may include phoning or attending the practice.
- The "certain time" noted above is not defined in the Regulations and is not necessarily needed if practice capacity is sufficient. Practices should bear in mind, however, that there may be an upsurge (albeit perhaps temporarily) in on-line usage by patients associated with the publicity around this contractual change around 1st October.

How will this contract change affect our work in the practice day to day?

GPs are very concerned about the lack of safeguards to limit routine online consult requests in order to ensure safe patient care day to day. A key concern is how contractors and practices will be able to retain the ability to design and deliver services in line with their patient demand and practice need. We expect that this will change the way that many patients access care and how GPs will allocate appointments especially towards the end of the working day when online consultation requests will still be coming in and will need GPs to triage and assess. 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 continuing to work with software suppliers to help you with this problem and pressurise DHSC and NHSE to support practices at this difficult time.

Advice is also available from NHS England here: NHS England » Online consultations – frequently asked questions and support resources

What specifically do the new regulations say about urgent versus routine online consults during core hours?

The regulations address 'contact with the practice' and how a practice should respond to that contact. From 1 October 2025, the online consultation tool **must** be available to patients throughout core hours. If it isn't, that risks a contract remedial or breach notice from the ICB. However, there is no requirement to respond to online consultation requests or queries in real-time.

The regulations also do not prevent restriction on how online consultation tools are used by patients. There is no specific requirement for this to include one of or both non-urgent and urgent requests.

The regulations also include four possible appropriate responses that can be used to respond to any patient contact; however, the regulations do not say that a member of the practice team must talk to the patient in communicating a response. Therefore, if online consultation tools prevent patients from erroneously submitting an urgent request, which DHSC and NHSE have confirmed would be 'avoided' by 'necessary safeguards', which is a way to ensure the tool is only used by patients for non-urgent requests and queries only.

Patients can therefore instead be directed to always be sure to call the practice – via an on-screen message on the online consultation tool or the practice website, or via a poster in waiting rooms etc. – for anything they believe to be urgent.

In the same way they do for attendance at the practice or online consultation tools, any of the four 'appropriate responses' in the regulations also apply to telephone calls.

Note that this only applies during core hours (8.00 to 6.30).

Rather than routine or urgent, could practices specify that online consultations are only for non clinical matters or non clinical, non urgent matters and will be looked at later in the day?

No, regulation 71ZD(2) states that online consultation tools will allow a patient, should they wish, to '*seek advice or information related to the patient's health or make a clinical or administrative request*' via an online consultation tool.

It therefore needs to be possible for clinical requests to be made via online consultation tools by patients, including booking non-urgent / routine appointments (whenever they may be available in the future), throughout core hours.

However, there is nothing that prevents:

- online consultation tools being modified to avoid urgent requests being erroneously submitted by patients and

- messaging being added to the tools to ensure patients call the practice when they believe their need to be urgent.

In the same way, there is nothing preventing a practice from subsequently modifying an online consultation tool again at a later date, e.g. if it becomes satisfied that it can manage online consultation demand from its patients for both urgent and non-urgent requests / queries within core hours.

How are we going to manage with potentially unlimited demand for patients to contact us?

We made DHSC and NHSE fully aware of this issue throughout our negotiations earlier in the year and in many subsequent conversations in recent months. Unfortunately this fell on deaf ears and no flexibilities were offered. We were clear that these changes lead GPs to believe that the pressures are poorly understood by DHSC and NHSE and that their concerns over patient safety were being ignored. Prioritising working safely can help, should the Government change nothing, and the regulations as written lack the agreed 'necessary safeguards'. Safeguards can mean staff are not overwhelmed and the patient seen gets the best possible care. Sadly, we must advise you to consider establishing waiting lists for routine care, as this policy change is likely to force some practices to prioritise same day access.

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?

System suppliers are working on changes to ensure that their platforms are compliant and helpful to you. We have been working with and will continue to lobby system suppliers to ensure that practices can continue to deliver their services safely.

How can altering the functionality of online consultation tools help to prevent patients erroneously submitting urgent requests or queries?

Explore changes to your online consultation platform with your provider to provide additional functionality for **non-urgent / routine requests only**. The simplest and safest way to do this would be by employing tick box functionality within your online consultation tools. By eliminating the option for free text, you avoid potentially urgent problems erroneously being submitted – especially very late in the working day – creating unnecessary risk for both patients and practice teams, i.e. due to overworking. An appropriate compliant response could be provided to the patient on-screen following submission of their non-urgent / routine request, i.e. the timeframe within which they can expect a practice response.

This would also allow the free text option to be switched off once practice active clinical triage capacity is reached, knowing that the routine functionality would be kept on throughout core hours. Practices would therefore remain compliant with the new regulation, as an appropriate, compliant response could be provided to the patient on-screen following submission of their non-urgent / routine request or query.

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

While the agreement within the contract stipulates that this new policy is not intended to cover urgent requests, we know that at the time of writing, there is no practical way to ensure this. A patient may not be aware that the symptoms they have require urgent attention. Therefore, any online consultation request that requires active clinical review, should be deemed urgent, until assessed to be otherwise i.e. routine and safe to wait. Practices should periodically review their online consultation tool processes, to ensure that they can manage their workload and workflow safely. GPCE will continually review how online access works at a practice level and feedback to DHSC, NHSE and system suppliers about what changes are needed to ensure it functions safely.

We have received an assurance from NHS Resolution (CNSGP) that they will cover clinical negligence claims arising from the new way of working with online consultation requests. See also the NHS England advice on CNSGP here: NHS England » Online consultations – frequently asked questions and support resources

Can we direct patients to NHS 111 during core hours via the online consultation tool?

No, our legal advice suggests this is not clearly permitted by the relevant contract terms and a practice who does so may be breaching their contract. To do so would be a breach of the core contractual duty to provide essential services during core hours (when the practice is open). During core hours GPs are required by their contracts to manage their patients by offering appointments, diagnosing conditions, offering medical treatment or referring to others for further investigations or treatment (regulation 17). The power to direct patients to other 'appropriate' services must be exercised having regard to the individual patient including their needs, their preferences and the value of maintaining continuity of care. A GP that refers a patient to NHS 111 may find it hard to explain how making such a referral takes into account the patient's individual needs (as required by the regulations) because NHS 111 itself cannot meet those needs.

Will this government policy increase demand on our teams?

There is a strong possibility that patients who would have made non-urgent requests over the phone or in-person will now instead do so via online consultation request. We do know though that some patients submit multiple online requests each day and this remains an area we wish to address with DHSE and NHSE. It may be that there is a temporary spike while some patients attempt to engage by both traditional and online means as the new processes 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. GPC England and the officer team are working GPs too and we know that this is a significant worry for you.

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, rather an additional option for patients. In time, it may be that 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 safely prioritise patients between lists.

Do we know what the communication plan from DHSC or NHSE to patients will be about?
As with previous centrally mandated programmes, GPCE will push for Government to shoulder the burden of communicating changes or resourcing practices to manage the Transition.

Are there any indemnity implications?

No, any clinical negligence claims that arise from the appropriate operation of a practices on-line consultation platform will continue to be covered by NHS Resolution, via the Central Negligence Scheme for General Practice (CNSGP). That position will not change, and the risks potentially associated with the on-line consultation have been highlighted to NHS England and DHSC colleagues.

What are the legal implications of the following terms used in the amended regulations:

- **must take steps**
- **takes reasonable steps**
- **best endeavours?**

'Must take steps' is similar to 'must use reasonable endeavours'; it requires the party to actively and diligently pursue the outcome, but does not require in absolute terms that it is achieved.

- The party must demonstrate that it took appropriate, proportionate, and timely actions to try to achieve the result.
- Courts will assess whether the steps taken were reasonable in the circumstances, considering factors like cost, risk, and practicality.
- For example, if a contract states "the contractor shall take steps to ensure delivery by 1 October," then late delivery may not be a breach if the GP can show it made reasonable efforts to ensure delivery by the required date.

It should be noted that practices have an overarching contractual duty to perform their obligations in a timely manner and with reasonable care and skill. A GP practice that deliberately took steps that were inadequate to ensure compliance with the contractual obligation, or did not take reasonable steps in a timely manner, would likely be acting in breach of contract.

GP CONNECT

What is GP Connect Update Record?

GP Connect : Update Record is a functionality built into your clinical platform that allows third parties to send coded and free-text information for direct incorporation into the GP record. Under the planned contractual changes in place, after 1st October, practices will be required to allow other healthcare providers (beginning with community pharmacists) to make use of this provision.

What is GP Connect: Access Record Structured?

Another aspect of GP Connect is the functionality that allows third parties to read the GP record for the purposes of direct care. The HTML view option has been in operation for a number of years but the contract now requires practices to enable the Structured view which will allow coded data (and hence a more information-rich resource) to flow out from the GP record to be ingested and interpreted by third-party clinical systems to guide treatment pathways.

What will change for my practice after 1 October

The Update Record functionality should be enabled by the practice in order to comply with the contract. Once enabled community pharmacies will then be able to submit information to the GP record directly. Practices should take great care filing any incoming coded information that would require follow up with the patient and appropriate action should be taken.

Can I switch off the GP Connect: Update Record functionality

No, this would constitute a breach of contract.

Can I refuse consultation submissions to the GP record?

Where a refusal is actioned with a follow up back to the submitting individual or organisation it is, of course, permitted – however blanket refusal of submissions would constitute a breach of contract.

How should we respond to a data breach?

As with any data breach affecting the data of patients under your care, breaches should be reported to the ICO as soon as you are made aware of them. GPCE also requests that practices provide non-sensitive details via this email – this will allow the committee to compile any common issues and raise them with the ICO via non-reporting channels to ensure that any necessary mitigations can be put in place as soon as possible.

Who is responsible for incorrect information in the GP record?

This change does not alter the responsibilities of a GP as data controller. Although practices may wish to raise any ongoing concerns with data quality directly with submitting organisations or via local mechanisms, they are still ultimately responsible for everything contained within the record. As with data breaches, practices should get in touch to report any serious concerns they have over the accuracy and integrity of information injected into the record.

CORE PRACTICE HOURS

What if I have a subcontracting arrangement for part of the day (for example, at lunchtime, or a shoulder session, that is 8 to 8.30 am or 6 to 6.30 pm]?

All subcontracting arrangements should have been approved by current commissioners or their predecessors, and your practice does not need take any action. In some cases, especially if this arrangement is very long-standing, you may not be able to find the original agreement, but, even so, you should not ask to change this, simply because of the planned 1st October changes.

You may be contacted by the subcontracting organisation to clarify what services, or signposting in the case of an urgent clinical issue, are available to patients during the subcontracted period.
ICBs may seek to clarify what subcontracting arrangements are in place across their areas, as the ICB may not have up-to-date records. The LMC will provide further advice if this occurs.

Large scale subcontracting arrangements, involving multiple practices, which cover, for example, protected learning time, should be unaffected but these subcontracting arrangements are also

subject to approval by the ICB. See also the NHS England advice on subcontracting here: NHS England » Online consultations – frequently asked questions and support resources

We keep our door shut between 1pm to 2pm and then shut again at 6pm – Do we need to have the door open from 8am to 6.30pm?

It will depend on what arrangements you have in place to allow access for patients. You do not need to have an open door, but patients should be able to contact the practice, via telephone, online and if they come to the practice door. A doorbell with intercom would mean that patients could contact the practice to assess further. These need to be checked and agreed with your ICB.

Our telephone lines are closed between 1pm and 2pm, but an emergency number is provided on the message if need be; do I need to keep the lines open?

Yes, if a patient contacts the practice by telephone, the practice must:

(a)invite the patient for an appointment, either to attend the Contractor's practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances,
(b) provide appropriate advice or care to the patient by another method;
(c) invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or
(d) communicate with the patient:
(i) to request further information; or
(ii) as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances

Protected Learning times – what happens during PLT afternoons with regard to access and online consultation?

There will still be provision for practices to agree temporary local variations to their normal service provision to allow for activities such as practice learning time, but this should be agreed locally with their ICB.

What is the position with branch surgeries?

You do not need to keep your branch surgery open from 8am-6.30pm. These hours relate contacting the main practice site only. We have sought clarity from NHSE that branch surgeries will have flexibility around their opening hours depending on the needs of the registered list.

Can practices specify that online consultation is only for non clinical matters or non clinical, non urgent matters and are looked at later in the day?

No, regulation 71ZD(2) states that online consultation tools will allow a patient, should they wish, to 'seek advice or information related to the patient's health or make a clinical or administrative request' via an online consultation tool.

It therefore needs to be possible for clinical requests to be made via online consultation tools by patients, including booking non-urgent / routine appointments (whenever they may be available in the future), throughout core hours.

However, there is nothing that prevents:

- online consultation tools being modified to avoid urgent requests being erroneously submitted by patients and
- messaging being added to the tools to ensure patients call the practice when they believe their need to be urgent.

In the same way, there is nothing preventing a practice from subsequently modifying an online consultation tool again at a later date, e.g. if it becomes satisfied that it can manage online consultation demand from its patients for both urgent and non-urgent requests / queries within core hours.

If we subcontract to a local OOH (out of hours) organisation, or we are a local OOH organisation subcontracting with one or more practices, to provide telephone, attendance and online consultation cover between, say, 18.00-18.30, how are we affected?

Subcontracting remains legally permissible although the arrangements must be compliant with the regulations. However, whether it is in the practice or a subcontractor's premises, we recommend, although it is not a regulatory requirement, that there are at least two individuals on the premises at all times to avoid potentially unsafe lone working.

This is particularly important in case of patient walk-ins during core hours (08:00 - 18:30), so such patients can be:

- supported if they request immediately necessary treatment for an accident or medical emergency, at any place in the contractor's practice area, which has been a GMS contractual obligation since 2004 and remains so now,
- invited to make use of or directed towards the best possible service if it is believed to be urgent or
- assisted to have their non-urgent / request or query recorded and responded to appropriately (see 4(2)(a-d) in the regulations).

However, patients need to be instructed to make urgent queries via telephones during core hours (08:00 – 18:30) in every possible place and at every possible opportunity. This will help to avoid them erroneously submit urgent requests or queries online.

As per these FAQs and GPCE's other published guidance, practice can also work with their online consultation tool supplier to restrict it so that:

- patients can only submit non-urgent / routine appointments, requests or queries via tick boxes
- functionality for patient use of free text boxes is removed and
- on-screen messaging directs patients to call the practice if they believe their request / query to be urgent.

As per the regulations / our contracts, since the changes were imposed in the 'Contact with the practice' requirements in 2023/24, practices and or subcontractors must be able to deal with any walk-ins (attendance at the practice), whether non-urgent, urgent or an emergency, throughout core

hours (08:00 – 18:30) in line with the regulations. This means providing one of the four appropriate responses within the regulations / contract.

Any registered patient who attends their practice during core hours (08:00 – 18:30) therefore cannot simply find the doors are shut before 18:30 without any means of the practice giving them one of the four appropriate responses to their request or query. It needs to be possible for patients to at least:

- read clear signposting inviting 'the patient to make use of, or directing the patient towards, appropriate services which are available to the patient' or
- ring a doorbell, even if it is answered from a remote location via intercom, e.g. a subcontractor or the main practice premises if it's a branch surgery.

It is imperative that your patients understand how contact with the practice will be dealt with, so clear direction in patient correspondence, literature in surgery premises, messaging on practice websites and on online consultation tools is **essential**.

My practice has received a request for us to complete a survey to help commissioners understand where providers are with regard to implementing these changes; do I have to complete it?

No, there is no contractual requirement to complete any such survey, urgently or otherwise on behalf of the ICB or any commissioner of services.

Core practice hours – summary

A key thing is to ensure that all practices state on their website:

"Our contracted hours are between Monday to Friday 8am-630pm."
"Our consulting times are between these hours_"

And a sign on entrances which clearly states:

"Our contracted hours are Monday to Friday 8am-630pm."
"Our consulting times are between these hours."
"Please note at certain times, e.g. lunch or at the end of the working day, a clinician may not be present in this building."
"In any emergency please dial 999 or attend our local Emergency Department."
"You can also call 111 for less urgent issues and that is available 24hrs a day 7 days a week."