

Dear colleagues

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### Update from GPC England and contract referendum results

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Huge heartfelt thanks to all of you who voted in the referendum and spread the word.

We heard you loud and clear: 98.9% of you voted NO, opting to reject the Government's imposed changes to the 2026/27 contract [Read the press release >](#)

GPCE (GPs committee England) met last Thursday following the close of the referendum. In response to the ballot outcome, GPCE members considered the next steps following a letter received at the 11th hour from health and social care secretary Wes Streeting where he indicated a willingness to return to negotiations over a new GMS contract.

GPCE members voted to resume discussions provided that contractual proposals around changes to advice and guidance/advice and refer services were paused, and mitigations put in place around unlimited unsafe same-day urgent care once practices had reached their limits.

Should these not be met by 30 April, GPCE communicated reserving the right to escalate to collective action beyond this date. [Read more >](#)

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### 1 April contract changes

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We are aware that with 1 April passing, many practices and colleagues are querying what changes need to be put in place. Therefore, we would recommend that practices review and prepare for the implementation of the 2026/27 contract. Under paragraph 57 of Schedule 3 of the [GMS regulations](#), and under [paragraph 52 of Schedule 2 of the PMS agreement](#), practices must have at least 14 days' notice before variations take effect.

GPCE is developing guidance and 'Focus on' documents to support practices in understanding and managing the imposed contract changes. As a reminder, QOF changes are now in place.

Our GP contract and campaign page contains the latest updates about the 2026/27 contract changes and our dispute with Government, as well as links to guidance to help support you and your practices. [Find out what the 2026/27 GP practice contract changes mean for you >](#)

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### Meeting with secretary of state on 19 March

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In advance of the 26 March GPCE meeting, the GPCE chair was invited to meet with the secretary of state on 19 March. In this meeting, the strength of feeling in the committee and wider profession was emphasised. The secretary of state's previous commitment to a bilaterally-negotiated contract with GPCE was highlighted. Three key priorities for a new GMS contract were outlined:

- to restore the viability and attractiveness of partnerships embedded in the community
- fair remuneration for all GPs
- workload safeguards that keep patients and GPs safe.

The meeting was constructive, with both sides acknowledging the opportunities that this would bring, in addition to the risks should this not be progressed. The committee were updated with regard to the meeting, and next steps were discussed and agreed as outlined in the plan above.

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### 2026/27 GP contract changes webinar recording

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We have held webinars where we discussed the new contract and the next steps for the profession. In the last newsletter we shared a recording of the webinar, which has now been updated. [Watch the webinar recording >](#)

We know how vital these discussions are to the whole profession, and we want your feedback. Contact us at [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

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### DDRB

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The Government has accepted the DDRB (Doctors' and Dentists' Review Body) recommendations for a 3.5% uplift in GP pay for the year 2026/27.

This uplift will be applied to Global Sum, raising payments per weighted patient for 2026/27 to £130.07, representing a 5.5% uplift to the 2025/26 figure.

There will be a similar 3.5% uplift applied to locum reimbursements for sickness and parental leave. The final figures will be incorporated into an updated SFE (statement of financial entitlements) anticipated in May 2026, which should also include claim and eligibility details for the practice-based GP reimbursement scheme.

The DDRB uplift also affects PCN funding. ARRS reimbursements will be uplifted in accordance with pay body review recommendations (3.5% for GPs and 3.3% for other staff), and enhanced access funding will also increase to reflect the 3.5% uplift.

The uplift brings total GP contract funding (including core and PCN funding) to just under £14bn for 2026/27.

Currently, GPCE is awaiting confirmation from NHSE that the DDRB uplift will also be applied to education allowances, GP trainer grants, GP fellowship funding, and the GP educator pay scale. The dispensing fee scales will be uplifted as is usual in October 2026.

[Read GPCE's 2026/27 DDRB FAQs >](#)

[Read the BMA response to the DDRB >](#)

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### GP reimbursement scheme

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NHSE has begun discussions with the GLD (Government Legal Department) about including the practice-level GP reimbursement scheme within an SFE (statement of financial entitlements) amendment (which is expected this month).

NHSE is aiming for the amendment to come into force from 1 May 2026 but cannot yet confirm this date as the GLD is still considering the complexity of the drafting. NHSE's intention is that practice claims can be backdated to 1 April 2026 (as per its recent primary care bulletin).

Further details can be found in our new 'focus on' guidance, which we will update and reissue as and when new information becomes available.

[Read the 'Focus on...the new 26/27 GP employment reimbursement scheme' guidance >](#)

### **Optum (EMIS) dispensing module funding – postponement of changes**

GPCE has written to NHS England to raise urgent concerns regarding information we have received from GP surgeries (who are dispensing practices) using the EMIS Web clinical system. EMIS (Optum) has communicated to all its users that the existing arrangement, under which NHS England has met the monthly charge for the EMIS Web dispensing module, would cease on 1 April 2026. We have asked NHSE to urgently look at this issue and provide financial support for these remote and rural practices providing vital NHS services to their patients.

We have been working with the DDA (Dispensing Doctors' Association) on this issue, and have just heard that Optum (EMIS) has postponed the introduction of this charge to dispensing practices. We don't know what the new timelines will be on this and we are yet to hear back from [the letter](#) we have sent to Amanda Doyle. We will continue to press hard on this issue.

### **Resident doctors announce strike action**

Following weeks of talks with Government, the BMA resident doctors committee has determined that the health and social care secretary's final offer was insufficient and has announced further strike action in England. The action will run from 7am, 7 April to 6.59am, 13 April. [Read more >](#)

This will include GP registrar colleagues. Please note that GP registrars in practices are supernumerary. [Read further information regarding GP registrars and strike action >](#)

[Read guidance for GP practices, trainers and LMCs about strike action >](#)

### **BMA submission published: neighbourhood health service – estates inquiry**

The BMA's written submission to the Health and Social Care Committee's inquiry into delivering the neighbourhood health service: estates has now been published. You can read it in the written evidence section of the inquiry webpage. [Explore the inquiry and access the submission >](#)

### **Advice and guidance media and Parliamentary attention**

The imposed GP contract's advice and guidance/advice and refer have attracted attention in the public with concerns around possible rationing of care, patients' experiences and delays to treatment. The Government has faced scrutiny in both Parliament and the media on its new advice and guidance policy. There has been much coverage online and across print, with patient stories highlighting the impact this would have on them.

[Media articles](#) have reported that GPs are being told to divert one in four appointments despite concerns about patients' welfare. MPs, including those whom GPCE has met with, such as Liberal

Democrat health spokesperson Helen Morgan and shadow health minister Luke Evans, have raised concerns directly through [Parliamentary questions](#) and in the [media](#).

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### GPC England regional elections

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GPCE has reopened regional representative elections from the following regions:

- Lewisham, Southwark & Lambeth/Bexley
- Sandwell/Walsall/Wolverhampton/Dudley

The term for these roles will run from the conclusion of the ARM in July 2026 until July 2029.

To stand for election you must work in the constituency for which you are standing, and be one of the following:

- a GP engaged exclusively or predominantly in providing personally or performing NHS primary medical services for at least two sessions a week, for at least the period of the six months immediately prior to the election, allowing for any parental, sickness or study leave absence
- employed as a medically qualified secretary of a local medical committee
- a GP employed under the doctor's retainer scheme
- a GP whose exclusive or predominant medical commitment is to providing NHS primary medical services, currently unable to secure two or more sessions a week, with the intent to increase sessions should such become available.

Nominations will close at **12pm, 7 April**. [Nominate yourself for election >](#)

If you have any queries, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk)

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### GP wellbeing resources

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A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from our 24/7 confidential [counselling and peer support services](#) and [NHS practitioner health service](#) to non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) provides mental health support for health workers in the UK, and confidential peer support group sessions.

We have produced a [poster with 10 top tips](#) to help maintain and support the wellbeing of your colleagues and yourself.

The [Cameron Fund](#) supports GPs and their families in times of financial need, whether through ill health, disability, bereavement, relationship breakdown or loss of employment.

The [RCGP](#) also has information on GP wellbeing support.

Please visit the BMA's [wellbeing support services page](#), refer to our [extended directory](#), or call [0330 123 1245](#) for the counselling line or peer support

**Rebuild General Practice is powered by real stories from the frontline**

[Rebuild General Practice](#) is looking to hear from as many GPs as possible about what's really happening on the ground and to work with you to bring those experiences into the public conversation. If you've seen or experienced something that shows the pressures, challenges, or impact on patients and staff, we want to hear from you! Please reach out to [hello@rebuildgp.co.uk](mailto:hello@rebuildgp.co.uk) to schedule a conversation and pitch those stories (confidentially or non) to media.

- The [BMA's GP campaign 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](#)

**[GPCE bulletin](#)**

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GPC England deputy chair

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