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Actions to support General Practice

1. Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached. It is strongly advised that consultations are offered face-to-face. This is better for patients and clinicians.

2. Stop engaging with the e-Referral Advice & Guidance pathway - unless for you it is a timely and clinically helpful process in your professional role.

3. Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.

4. Stop rationing referrals, investigations, and admissions
   - Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so.
   - Refer via eRS for two-week wait (2WW) appointments, but outside of that, write a professional referral letter in place of any locally imposed proformas or referral forms where this is preferable. It is not contractual to use a local referral form/proforma – quote BMA guidance and sample wording.

5. Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.

6. Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care). Read the guidance on GP data sharing and GP data controllership.

7. Freeze sign-up to any new data sharing agreements or local system data sharing platforms. Read the guidance on GP data sharing and GP data controllership.

8. Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing (rather than the clinical benefit of your patients).

9. Defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is available. In the meantime:
   - Defer signing off ”Better digital telephony” until after October 2024: do not agree to share your call volume data metrics with NHS England.
   - Defer signing off “Simpler online requests” until Spring 2025: do not agree to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity.

10. Defer making any decisions to accept local or national NHSE Pilot programmes whilst opportunities are explored with the new Government.

The above actions can be explored further on the BMA website here.

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Choose which action to take

GPC England is not recommending which action(s) practices take. It is for each practice to pick and choose as they see fit. You may decide to add to your choices over the days, weeks, and months ahead. This is a marathon, not a sprint.

Some of these actions can be permanent changes – professional, collective and a single opportunity to embrace sustainable and safe change. Others may be de-escalated following negotiations with the new Government.

Will any of these actions potentially result in a breach notice to my practice?

GPCE is not currently calling on GP contractors / partners to take any action that will place GP contractors in breach of their contract. Therefore, GPCE does not expect participating practices to be issued with breach notices.

This is instead an opportunity for a collective professional reset, to draw a line in the sand and say 'no more'. It's not a strike, it's not a crash diet - this is more a lifestyle modification. It's going to continue this way; it's not just for the summer. It is until the next Government comes to the table and agrees a new contract that is safe for GP contractors / partners, their practices, and their patients.

Read the GP collective action guidance

Patient information campaign: GPs are on your side

Download Campaign materials to display to patients here.

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Guidance on the imposed contract changes

The BMA GPCE has published advice and guidance to help you consider how best to approach the contract changes.

Why action by GPs is necessary

This is your one and only opportunity to come together as a profession to protect sustainable NHS GP services for your patients.

The Wilson Government heralded the 1965 Family Doctor Charter. We need a 2025 Family Doctor Charter fit for the following decades with a commitment to build up to a floor of 15% of NHS expenditure focused on the provision of excellent primary medical services to restore general practice as the jewel in the NHS crown and protect services, patient confidence, and NHS productivity.

The aim is to get the Government back around the table to negotiate in good faith with GPCE. We want to deliver a new contract for the profession across England that provides the investment needed to transform, rebuild, and reinvigorate general practice. The need is to fix the contract, not the model.

Non-GP practice partner support for collective action

As the non-statutory ballot is only open to BMA GP contractors/partner BMA members, we have created a form for non-GP Partners/Contractors to sign and show support for GPCE's "Protect your patients, protect your GP practice" campaign.

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Background to the GP contract dispute

The ballot and the referendum

Following March's unequivocal referendum result, where 99.2% of BMA GP and GP registrar members returned a resounding vote AGAINST the 2024/25 GMS contract, we are now in dispute with NHS England. The responsibility to deliver the GMS / PMS (Personal Medical Services) contract is held by the GP contractor / partner(s) of the practice. They are not NHS employees, but independent GPs who contract with the NHS. Unlike other NHS employees in other branches of practice, such as junior doctors and consultants, GP contractors / partners are not subject to TULCRA legislation. The ballot was therefore indicative rather than a statutory one. It was a means of gathering momentum ahead of organised collective action, which will commence from 1 August.

Action by GPs

This will not be strike action. Services will not be withdrawn in this initial phase of the campaign, and contracts will not be breached. However, the impact on NHS England and ICB (integrated care board) budgets will be felt keenly. England general practice currently receives 6p in every NHS pound, and an average GMS 'global sum' per registered patient of £107.57 per annum. CPI erosion to the GMS contract since 2018/19 is worth £659 million – 6.6%. It is hardly surprising, therefore, that over 1,300 practices have either closed or merged in the past decade.

GPC England wrote to ICBs in April to request that systems add GP action to their risk registers to prepare to mitigate any such potential impact. Government, NHS England and the DHSC (Department of Health and Social Care) have known this would be the consequence of a third consecutive contract imposition for over a year. Each have had repeated opportunities to come to the table in good faith to negotiate a reasonable agreement, which would see a stop to practice closures and GP unemployment – but pleas have fallen on deaf ears.

Further Guidance

- Please see the BMA guidance for GP collective action here.

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