

Dear colleagues

GP CONTRACT REFERENDUM OPEN NOW

Before you do anything else, please **stop and check** your inbox for your voting link by searching for bma@cesvotes.com.

An email has been sent to all eligible members today and it's **crucial we hear from you**.

Deadline to vote is Wednesday noon 25th March 2026.



Background:

GPC England [rejected the Government's 26/27 GP contract changes and opened a referendum for GPs and GP registrars](#). This is our opportunity to send a strong signal demonstrating how the profession feels, and how we can move forward to protect the future of general practice.

It is vital you have your say by voting in this referendum.

You should have received an email from our partner Civica, inviting you to vote, asking whether you accept the Government's changes to the GP practice contract for 2026/27, or if you reject the changes and want the Government to return to direct, meaningful negotiations with GPC England.

General practice is [critically endangered, facing extinction](#) and the Government must work with us to bring general practice back from the brink; this contract will not do that.

PLEASE VOTE NO

Missing your ballot voting link?

Read our [referendum FAQs](#) if you need help obtaining your voting email or submitting your vote.

The most common reasons for not yet receiving your e-voting email include:

- *The email is in your junk folders*
- *You missed the email, which was sent from: bma@cesvotes.com*
- *Your BMA member profile details need updating*
- *Your member profile doesn't hold the correct email address you want us to use on*

If you still haven't received your e-ballot, [please let us know](#) or contact us GPContract@bma.org.uk.

No more empty words. No more broken promises. It's time for action.

Listen to a [podcast](#) (live from Sat) where the GPCE Chair, Dr Katie Bramall, discusses with Tommy Perkins and Andy Pow (from [MedicsMoney](#)), about how an initially hopeful path to a new GP contract derailed after the NHS 10-year plan and Treasury spending review, leading to an imposed contract and fears the "real-terms" uplift will be wiped out by inflation and cost pressures.

Our [GP Contract and campaign page](#) contains the latest update about the contract, as well as guidance to help support you, and your practices.

2026/27 contract changes webinar recording

General practice is [critically endangered, facing extinction](#) and the Government must work with us to bring general practice back from the brink; this contract will not do that.

We have held webinars where we discussed the new contract and the next steps for the profession. Watch the webinar recording: [GPC England contract update webinar](#)

Contact us at info.gpc@bma.org.uk

Meningitis outbreak

The BMA recognises the distress and significant impact of the meningitis outbreak and extend our thoughts to everyone affected and our condolences to those who have lost loved ones.

We know the outbreak is putting pressure on frontline services, particularly for our colleagues going above and beyond in general practice and public health, and we are grateful for your efforts. As students return home for the Easter break, there may also be students in other areas seeking advice from GPs and local public health teams.

We encourage practices to continue to follow the advice of [UKHSA](#) and [NHSE](#), and please liaise with your local director of public health and their teams if you have questions or concerns.

We're also aware there can be wider impacts on medical students, GP and public health registrars and medical educators. The BMA is continuing to monitor the situation and we are here to support you, including through our [wellbeing services](#).

GPC England has been in discussion with UKHSA, DHSC and NHSE about resourcing for Men B vaccination and prophylaxis in General Practice, and NHSE has now [written to Practices](#) to offer MenB vaccinations upon request to a small cohort of patients who cannot access vaccination at local vaccination clinics at the University of Kent.

Neighbourhood health services

DHSC and NHS England have published new documents setting out how the neighbourhood health services proposed in the 10 Year Health Plan are expected to work in practice:

- DHSC: [Neighbourhood health framework](#)
- NHS England: [Fit for the future - towards population health delivery models](#)

These documents, originally expected to be released in November 2025, provide important insight into DHSC and NHS England's plans. GPC England is currently working with the BMA's policy teams to analyse both documents and to produce materials for members.

They highlight certain targets and areas of focus, with GP access and urgent on the day (90% target) being one example. They also touch more widely upon the government's 'reform agenda', which include the use of technology, 'proactive' population health based approaches and out of hours care, encompassing urgent and emergency services.

GP hospital referrals: Single point of access subject to locally agreed pathways

As part of the contract changes announced by NHS England, the Advice & Guidance DES will be removed, the money moved in Global Sum, and new contractual requirements around the use of advice and guidance introduced.

Alongside this, NHSE have also announced a push towards the implementation of a Single Point of Access (SPoA) system for GP referrals into secondary care. Once rolled out this will mean that all referrals will go through a Trust's SPoA, where a decision will be made as to whether the referral is allowed to progress or is pushed back to the GP with for 'advice and guidance'.

The right to refer and ability for patients to access care across the primary and secondary interface is a key tenet of a functioning health system. GPCE has strong concerns that this will undermine the GP's right to make referrals on their patients' behalf, and adversely impact upon patient care and cost effectiveness due to delays in patients being seen.

NHSE have stated that these SPoA and pathways will be subject to 'locally agreed pathways. It is vital that these are co-produced, with LMCs and practices agreeing the design and implementation of any such local pathways. Whilst alternatives to hospital referrals may at times be appropriate, and be used as a supportive clinical tool, they must not be used to delay appropriate referrals, deflect referrals inappropriately, or prevent patients accessing specialist assessment where clinically required.

Further guidance for LMCs and practices will be published shortly.

Mapping of 'clinically urgent' appointments

We are still awaiting the draft Regulations that will set out the detail of how [new contractual requirements announced by NHS England will operate](#). However, we are aware that some ICBs have already asked practices to record appointments for all patients they deem to be clinically urgent using appointment slots mapped to the General Consultation Acute national category within General Practice Appointments Data (GPAD).

It is for GP practices to determine which patients are clinically urgent.

We will be publishing further guidance on this shortly.

NHSPS asset transfer

ICBs have written to NHS Trusts inviting them to take over leases currently held by NHS Property Services, including a significant number of GP surgery buildings. While DHSC's guidance published at the end of January set out a timeline for Expressions of Interest (EOIs) to be submitted to NHSPS by the end of March, we are concerned to see the deadline brought forward to 13 March in the Southeast region. Equally worrying is the absence of consultation with the practices affected, and the fact that practices themselves have not been invited to submit EOIs. We are writing to Government to challenge this approach and to seek urgent clarity on what these changes mean for impacted practices- particularly given the ongoing crisis caused by disputed service charge debt.

Dispensing

[NHS funding to cease for Emis Web dispensing module | Dispensing Doctors' Association](#)

From April 1, dispensing practices using EMIS Web have been told they will need to pay for the dispensing module.

In a [communication](#) from Optum EMIS received Wednesday 18 March, customers were informed that NHS England will cease central funding for this module on 1 April, and that as a result Optum will start invoicing practices directly.

It is believed (but not confirmed) that the new charge will be 25p per registered patient (note: not dispensing patient).

Neither the Doctors Dispensing Association (DDA) nor GPCE were informed of the change, and to date, there has been no communication of the change by NHS England.

NHS England and Optum have been asked for comment.

MP meetings

GPC England has recently met with a number of MPs including Sarah Green MP who we briefed on estates and wider GP pressures and Health Select Committee member, Joe Robertson MP who we discussed our concerns around the GP contract with.

We also met with Liberal Democrat Primary Care Spokesperson Helen Maguire MP to discuss the future of general practice funding in particular the Carr-Hill formula and Shadow Health Minister, Dr Luke Evans MP. Following our meeting Dr Evans raised an [urgent question in parliament](#) regarding the GP contract where he highlighted particular concerns around patient safety linked to the definition of an 'urgent' appointment and concerns echoes by GPCE regarding advice and referral.

In addition, we have met with The Rt Hon Pat McFadden MP, Secretary of State for Work and Pensions, to discuss fit notes. During the meeting we outlined the importance of the doctor patient relationship when dealing with fit note requests, the role of occupation health and what support patients may need during periods of ill health.

Biobank data

Following a recent [report in the Guardian](#) which indicated that confidential data shared by patients with biobank had surfaced online in a way that made it potentially identifiable. Practices may find themselves fielding questions from concerned patients. GPC has long represented the concerns of practices across the UK in discussions with government over use of data for consented cohort studies.

You will be aware of the recent Data Provision Notice issued by DHSC which transferred responsibility and legal liability for GP data shared as part of studies and projects including Biobank. In line with this, there is nothing further for practices to do at this time. Should any patients present with concerns about these reports, they should be referred to [Biobank's response](#) or, if they express a desire to stop sharing their data – they should get in touch with Biobank's Data Protection Officer.

GPC England regional elections

Voting for the following GPC regional representatives is now open;

- Hillingdon/Brent & Harrow/Ealing, Hammersmith & Hounslow
- Cheshire/Mid Mersey
- Buckinghamshire/Oxfordshire
- Barnsley/Doncaster/Rotherham/Sheffield
- Leicestershire & Rutland/Northamptonshire
- North Staffordshire/South Staffordshire/Shropshire

To be eligible to vote in a constituency, you must work in the constituency for which you are voting and meet the criteria noted on the election guide which is available on the elections portal.

If you would like to vote, please go to elections.bma.org.uk (the deadline is **Tuesday, noon 7 April**).

If you have any queries, please contact elections@bma.org.uk

Sessional GPs Committee Regional Elections

The Sessional GPs committee is part of the BMA's GPC and provides national representation for all salaried and locum GPs. The Sessional GP committee (SGPC) is seeking nominations for **1 elected member of the committee**. To stand for election you must be a BMA member and meet the criteria noted on the Sessional GP election guide which is available on the elections portal.

If you would like to nominate yourself, please go to elections.bma.org.uk (deadline noon **1 April 2026**).

If you have any questions or require assistance, please contact elections@bma.org.uk

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 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: [GP contract referendum is open](#) | [meningitis outbreak](#) | [neighbourhood health services](#)

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