

Dear colleagues

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### GPC England and the profession reject the recently imposed GP contract

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GPC England met recently and received news that GP members across the country have overwhelmingly [voted to reject the contract with 99% saying no to the 2026/27 GP contract](#) that the Government announced and imposed last month. Urgent bilateral negotiations with Government are now underway and are dependent on securing a commitment that contractual proposals around changes to ‘advice and refer’ services are paused, and mitigations are put in place around unlimited and unsafe same-day care once practices have reached their safe working limits. We know how many of you are struggling with this without any safeguards or resources.

Should these conditions not be met by 30 April, we have been clear we reserve the right to immediately escalate to collective action. Read more on our [campaign page](#). [Read the news story here](#).

We have prepared a Focus On document providing template letters and guidance for Local Medical Committees (LMCs) and general practices regarding the use of **Advice and Guidance (A&G)** and the introduction of **Single Points of Access (SPoA)** within the NHS as part of the **2026/27 GP Contract changes**. It is intended to support LMCs and practices where A&G systems are not functioning as intended or are creating inappropriate workload or barriers to referral. **It includes template letters to use if clinically necessary referrals are unilaterally converted to A&G; letters to ICB system leads regarding SPoA and A&G, and a template cover sheet to append to each referral reminding acute trusts of their contractual obligations.** Thanks to colleagues at Wessex LMCs and Dr Ankit Kant for the assistance in the production of these materials.

NHS England continues to promote the use of A&G to reduce referrals into hospital services. Under the 2026/27 GP Contract, the £80 million A&G funding (uplifted to £82 million) has been incorporated into the core GP contract funding, but this change does not remove the ability of GPs to refer patients for specialist care. However, NHS England expects Integrated Care Boards (ICBs) to identify their top ten specialties and ensure that by 1 October 2026 these specialties operate via a Single Point of Access (SPoA) model. LMCs must be involved in the development and implementation of local systems relating to any A&G and SPoA developments.

Access our latest [guidance on A&G](#) which will shortly also be available on our [campaign page](#)

We will update you very soon on the next steps with regards to our contract and discussions with the Government.

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### Imposed GP contract changes – guidance

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Following the imposed contract changes on 1 April, 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.

For more information, please view our [GP Contract and campaign page](#) which contains the latest updates about the 26/27 contract changes and our dispute with Government, as well as links to guidance to help support you and your practices.

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## QRISK 2

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We have had confirmation this week from NHS England that QRISK2 will remain available in EMIS Web/SystemOne for at least the next year whilst work progresses on the integration of QRISK3.

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## Palantir - Federated Data Platform Parliamentary Debate 16 April

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Yesterday, MPs queued up in Westminster Hall to demand the government scraps its £330m NHS contract with the spy-tech company [Palantir](#). Labour and Liberal Democrat MPs led the calls for Palantir, which has connections with the Trump administration's ICE immigration teams and the Israeli military, to be removed as a supplier to the [NHS](#) federated data platform (FDP). Labour MP Samantha Niblett questioned if Palantir could be "trusted as a custodian of the intimate health records of tens of millions of British citizens".

Thank you to those GPs who contacted their MPs to attend. You may be interested to read [Dr Helen Salisbury's BMJ piece](#) on GP data control, privacy and Palantir. Should we be forced into taking collective action next month, we will be seeking to reduce liabilities on GP partners; increase GP – patient trust and striking at the heart of government strategy by taking action around our data controllership of the GP patient record. [Dr Jess Morley's guest editorial on protecting GP data and UK Biobank](#)

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## Participation in Professional Fees Committee survey on a DWP proposal

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The BMA's Professional Fees Committee is holding a [survey about the recent proposal from the DWP](#) (Department for Work and Pensions) to increase the GPFR (general practice factual report) rates.

The DWP has suggested raising the fee for each completed GPFR from £33.50 to £53.50, representing a 60% increase from the current rate, following the professional fees committee's request for a higher payment. While this is a substantial improvement, the offer is subject to several conditions, including the need to encourage timely responses, promote high-quality reporting, facilitate training sessions, and support ongoing digitisation initiatives. The DWP would want to review progress against each of these principles 1 year after the increase has landed and if they have not been met, the Department would reserve the right to return to the current fee (£33.50). Please complete the [brief survey](#) and share your perspective (the survey closes 30 April).

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## CQC consultation – new assessment framework

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CQC is proposing to introduce a new assessment framework for [primary and community care](#), replacing the existing generic framework for all health settings. More information is available on the [CQC website](#). GPCE will be responding to the proposals, but members can also [share their views](#) before 12 June.

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## Centre for Health & the Public Interest's NHS Profit Map

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[The Guardian](#) on Monday published a story on the NHS profit map which the Centre for Health and the Public Interest (CHPI) have been working on for the last 18 months. The CHPI also has a [dedicated website](#) which allows members of the public to find out how much profit is leaking out in their local NHS region. Put simply, if profit extraction is reduced from the NHS, the equivalent of 9,000 doctors' salaries could be invested back into the NHS. GPs, practices and their LMCs may find this useful in challenging commissioning discussions locally and when corresponding with MPs. The BMA has clear policy that patients must not come before profits and a well-resourced publicly funded and publicly provided NHS is the solution to many of the problems we face at the present time.

### **Sessional GPs: Know Your Rights – Online Event**

Following the positive feedback from previous online engagement events, we are pleased to invite you to the next session in the series: “Sessional GPs: Know Your Rights”. This BMA members-only event is designed to help Sessional GPs better understand their rights in the workplace and to highlight the dedicated BMA resources and support available to you.

The event will take place virtually on **7 May 2026, from 7:00pm to 8.30pm.**

This session will provide practical guidance for salaried, locum and other groups of Sessional GPs, including those working in out-of-hours services and private practice. Topics include contractual entitlements, job planning, funding mechanisms and routes for raising concerns. We will explain how the BMA can support you in enforcing your workplace terms and conditions. [Register for the event here.](#)

### **Vote for your GPC England representative for Sandwell, Walsall, Wolverhampton and Dudley**

All GPs working in the Sandwell, Walsall, Wolverhampton and Dudley area are eligible to vote in this election, to submit your vote please go to <https://elections.bma.org.uk/>. The deadline for voting is 12pm on 23 April 2026 so you have a few days left to do so.

If you are not a BMA member or are unable to access the election portal you will need a BMA web account to access the election – you may already have one if you have registered one for LMC conference or if you have previously been a BMA member. If you are not sure please email [elections@bma.org.uk](mailto:elections@bma.org.uk) with your GMC number and the team can check for you.

### **Sessional GPs committee (SGPC) North East region byelection 2026**

The sessional GP committee has a vacancy for a representative working in the North East England.

BMA members will be eligible if, for the six months before this election, their GP performer’s work has been solely as a sessional GP (excluding work as a GP appraiser) or a GP trainee, and an average of one or more session per week of general practice work has been undertaken for that period. A GP trainee can stand in the election as long as they will be a sessional GP from the point of election (6 May 2026). Once elected, they must continue to meet Sessional GP status and working time requirements.

If you would like to nominate yourself, go to <https://elections.bma.org.uk/> **12pm on 21 April 2026.**  
If you have any questions, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk)

- [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:**

[GPC England and profession reject imposed contract](#) | [contract changes guidance](#) | [NHS profit map](#)

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