

Dear Colleague

Practices are recommended to take one single collective action for May, focusing on the sharing of GP patient data outside practices, in the form of practice data sharing agreements (DSAs).

**Action for practices:**

1. Send the attached template letter with your practice details marked FAO Dr Nigel Wells at Humber and North Yorkshire Integrated Care Board to [hnyicb-ny.primarycarecontracts@nhs.net](mailto:hnyicb-ny.primarycarecontracts@nhs.net)
2. Cease any new potential sign-up to voluntary DSAs.
3. Review and assess each existing DSA the practice may currently be signed up to, and determine those where you may wish to cease data sharing.
4. Practices are encouraged to engage and discuss this action with their PPGs.

**Why this action?**

The changes to the 2026/27 contract were rejected by 99% of almost 17,000 BMA GP members in the recent referendum. Discussions in April, firstly around how GPs can refer patients on to specialist care, have been partly successful - yielding the required assurances and safeguards. However, the remaining key priority of how GPs and practice teams may practise safely when faced with patient need far outstripping the safe workforce capacity available, remains a profound concern. It is fair to acknowledge that in the discussions with the Department of Health and NHS England some progress has been made, but GPC England has been clear that more is needed to enable practices to determine when their capacity has been reached, in order to practise safely.

Taking this action will necessitate some potentially useful 'housekeeping' for practices in having an opportunity to review all existing agreements and assessing which may be lawful, and which may not.

Impact on patient care will be negligible – but the opportunity for greater transparency and trust will be welcomed by many patients. Maintaining the confidentiality of their record is important to many patients, and many are increasingly aware of data issues more widely – as evidenced by the high level of opt-outs seen during the 2021 attempt to rollout GP Data for Planning and Research.

Withdrawing from voluntary 'population health management' data sharing agreements for secondary purposes will impact the wider health system's ability to collect and analyse data for non-direct care activities.

## What comes next?

ICBs need to respond within a month, and that gives practices an opportunity to do some DSA and IG housekeeping.

The template letter is clear and safe. The onus is on the ICB to identify the DSAs which practices are signed up to, local to their system, where there is:

1. No contractual obligation upon the practice to have signed the DSA (e.g. GP Connect nationally, or supporting practice activity data in local commissioning arrangements)
2. No professional obligation on the practice (e.g. revoking access would not mean the GP contractors breach Good Medical Practice) to have signed the DSA (e.g. serious case reviews or safeguarding)
3. No central data direction to mandate the DSA (e.g. from the Secretary of State such as GPES data for consented research cohorts which we have to do)
4. Finally, the ICB provide written confirmation of the full list of DSAs as per above so practices can determine exactly which DSAs can safely have data sharing revoked.

Further information can be found on the [BMA's website](#).

We will keep you updated on this as things progress. If you're not already in our LMC Essential Updates group on WhatsApp you may find it useful to join – [click to join online](#) or email [humberstide.lmcgroup@nhs.net](mailto:humberstide.lmcgroup@nhs.net) and ask to be added. You may find it useful to bookmark our [Collective Action and Contract page](#) where we have just published an [LMC summary of the Network Contract DES 2026/27](#).

Regards,

The Team | Humberside LMCs  
01482 655111