

Dear colleagues

FP69s, list cleansing and the £40 million question

Across England, practices are witnessing an unprecedented acceleration in patient list cleansing. What might appear to be a routine administrative exercise has rapidly become one of the most significant financial and operational challenges facing general practice this year.

Over the past six months alone, GP practice lists have fallen by 344,000 patients. At current Global Sum rates, that represents more than £40 million removed from core general practice funding at a time when practices are already operating on razor-thin margins.

As [Dr Helen Salisbury recently observed in the BMJ](#), “While no one argues that practices should be funded for patients who have genuinely moved away, the consequences of large-scale list reductions cannot be ignored. These deductions translate directly into lost clinical capacity, reduced staffing flexibility and increased financial instability.”

The current exercise differs from previous list validation programmes in both scale and speed. Writing to Primary Care Minister Stephen Kinnock this week, we have expressed serious concerns that patients are now being given just three months to respond before removal, rather than the six months traditionally allowed. The result is not only a more abrupt financial shock for practices, but also a heightened risk that vulnerable patients are incorrectly removed from their registered GP.

Those most likely to be affected are often those least able to navigate administrative processes: older people, patients with learning disabilities, those with limited English proficiency, and individuals with unstable housing arrangements. Many may never receive correspondence, may mistake it for a scam, or simply fail to appreciate the consequences of not responding. Meanwhile, practices are having to scrutinise hundreds of proposed deductions, creating a substantial additional administrative burden. Time and resources that should be focused on patient care are instead being diverted into checking lists and attempting to prevent inappropriate removals.

The profession is entitled to ask some difficult questions. What assessment was undertaken of the impact on vulnerable patients and health inequalities before this programme was accelerated? Why was the response period shortened? And perhaps most importantly, where is the funding going? The money removed through list cleansing is core GMS funding. If patient lists are being corrected, then the corresponding resources should be transparently recycled back into Global Sum so that funding continues to follow patient need. Yet GPC England has received little clarity about whether these savings will be reinvested in general practice.

Accurate patient data matters, but so does patient safety, practice stability and public trust. At a time when general practice is being asked to deliver more than ever with finite resources, list cleansing cannot become a backdoor mechanism for reducing investment in frontline care. We will continue to press for urgent discussions with government and NHS England on the impact of this exercise and to seek assurances that both patients and practices are protected from unintended harm.

[Read our 'focus on' guidance on patient list cleansing](#)

[Read about the 26/27 contract changes and our dispute with Government](#)

Collective action for practices in June

[From 1 June, we are urging GP partnerships and practices across England to take part in a further collective action](#), as the Government remains unwilling to agree to the mitigations the profession needs.

During June, we are asking practices to remove or ignore any non-contractual medicines optimisation software and amend your choices of acute prescription, which may fall outside the remit of the ICB formulary.

This may include, for example, issuing a branded or liquid formulation that may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation.

Taking part in this action is lawful.

We know some of you may have this software added onto your system or prescribing incentives as part of a locally commissioned service, and your LMC may be able to advise you as to the position in your local area.



Read our [Focus on guidance on Switching off medicines optimisation software](#)

We recognise that many of you may have kept medicine optimisation software switched off since it was part of the 2024 collective action so focus on your acute prescribing choices. Ensure safe prescribing decisions are determined by you, rather than driven by the financial imperatives of the DHSC which is refusing to amend the undeliverable imposed 2026/27 GMS contract.

Prescribe whatever may be in the best interests of your patient in line with GMC guidance. Your patients will see minimal impact and will receive a prescription appropriate for their clinical presentation. The impacts on ICB prescribing budgets will be dwarfed by Acute Trust overspend, which is perpetually 'written off' by Government.

[Access our resources to help you understand the need to take part in this collective action](#)

Next template letter for Data Sharing Action

If you haven't already, please send May's [template letter](#) to your local system to assess each existing DSA the practice is currently signed up to, while indicating you will examine voluntary secondary use DSA from May 2026.

Many practices have now received responses from their ICB, and we have drafted a [second template for practices to use where they have received a stock response from their ICB](#) (this response will contain an early paragraph starting 'As you note' and a header 'The limited ICB role'). Practices should carefully consider each part of the template and determine whether or not to include it in any response they provide to their ICB. **Please send this [template](#) when you receive a response from your ICB.**

[Access our resources to help you understand the need to take part in this collective action](#)

Taking part in this action does not breach your contract and will help practices to stay safe and put pressure on the Government to secure safeguards for practices.

Parliamentary Early Day Motion Future of GP services in England

A number of MPs, led by primary sponsor Ian Byrne MP, have tabled a parliamentary Early Day Motion (EDM) on future GP services in England. An EDM is a parliamentary motion which includes a statement and ask of government which MPs sign to show their support. The EDM references GPCE's motion on a Plan B, or an alternative strategy for general practice. It raises concerns about the motion as well as the current workloads facing GPs and calls on the Government to address the concerns of GPs and ensure the future of general practice in England as a comprehensive service available to all free at the point of need.

Time limited Men B vaccination programme in Community Pharmacy

We were disappointed by [NHS England's decision to commission a time-limited Men B vaccination programme for adolescents](#) from community pharmacy providers, without providing an option to sign up for general practice. This is despite the efforts and hard work of local GPs to provide vaccination and treatment during the recent outbreak in Kent.

Following this, and [the recent extension of childhood flu vaccination for community pharmacy](#), we have written to NHSE and DHSC to raise our concerns with the strategic direction of vaccination services in England, and reaffirm the critical central role of General Practice in vaccination services and protecting the nation's health across the population.

QOF Obesity Indicator OB005

GPC England has produced [guidance for practices on QOF indicator OB005](#), following its introduction as part of the imposed changes for 2026/27. We have serious concerns about the financial viability of achieving the associated QOF points, given the workload implications involved, and are extremely disappointed by reports from across England that ICBs have withdrawn locally commissioned services for prescribing and monitoring of Tirzepatide following the introduction of these indicators, which we repeatedly highlighted and cited as a concern and possibility during the 2026/27 contract consultation on the proposed changes.

We have written to NHS England to raise these concerns and are continuing to discuss the situation.

[Read about the 26/27 contract changes and our dispute with Government](#)

EMIS Web Dispensing Module

GPC England has welcomed NHS England's decision to extend the current national funding arrangement for the EMIS Web dispensing module until **31 March 2027**, providing much-needed certainty for dispensing practices across England.

The agreement follows sustained engagement by GPCE on behalf of dispensing practices, many of which serve rural, remote and coastal communities where timely access to medicines is critical for patients.

Under the extension, practices will see no immediate change to existing funding arrangements or practice-facing charges, ensuring continuity of service and avoiding additional financial pressures in the short term. During this period, NHSE has also committed to working with system suppliers and representative bodies to consider future approaches to the funding of dispensing modules.

Supporting salaried and locum GPs: Know your rights

Many salaried and locum GPs are facing increasing pressure, often without clear information about their entitlements, what fair working arrangements should look like, or where to turn when issues arise. Over the next six weeks, we'll be sharing a series of updates, tools and resources designed to help you better understand your rights at work and feel more confident navigating challenges in your role.

As part of this, we've developed dedicated '[Know your rights' checklists for both locum and salaried GPs](#). These practical tools are designed to help you identify when something isn't quite right, and guide you towards the support and advice you may need.

GP Registrar communications on resident doctor's deal to be put to resident BMA members

The BMA's Resident Doctor Committee Executive has voted to call off strike action that had been scheduled to take place 15 – 19 June to give members opportunity to have their say on the offer. GP registrars are included in this. The main changes that are included in this offer for GP registrars is:

- The GP Flexible Play Premia will no longer be termed a hard to fill flexible pay premia but has been renamed to GP Registrar Enhancement which recognises its original purpose: to protect financial disadvantage when training in GP.
- Nodal point reform which results in separate pay for each year of training e.g. ST1/2/3 and 4 if applicable
- Exams, membership and portfolio costs covered

Having carefully considered the offer and specific benefits for GP registrars, the GPRC voted to recommend that GP registrar members accept this offer in the referendum that runs from 18 – 26 June. For more information as to why GPRC is recommending GPRs vote to accept this offer, please read Dr Salazar's email to registrars [here](#).

GPRC extends a thank you to practices, staff, GPs and trainers for the support in achieving these objectives for our members.

GPCE officer elections

Elections for the GPC England Chair and Deputy Chairs will run to the following timeline:

Nominations open – midday on 25 June 2026

Nominations close – midday on 2 July 2026

Candidate statements shared with committee – 2 July 2026

Hustings and voting will take place at the start of the GPC England meeting on 9 July 2026

Please note that out of the three Deputy Chairs of GPC England, one of these does not need to be a GPC England member at the time of election. It is for this reason that the details of these elections are being shared beyond GPC England committee members, as this means GP BMA members based in England are eligible to stand for one of the Deputy Chair of GPC England roles. The voting membership for these elections is voting GPC England committee members.

Please look out for further updates via the bulletin, LMC update and mails from the BMA. In the meantime, should you have any questions regarding this election, please email elections@bma.org.uk

- [The BMA's GP campaign webpage](#)
- [The GPCE Collective Action page](#)
- [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: [Patient list cleansing | collective action for June | template letter for data sharing action](#)

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