

Dear Colleagues

Practices are urged to take part in a further collective action from June 2026, alongside the ongoing collective action on practice data sharing agreements (DSAs). Participating in these actions keeps your practice safe and puts pressure on the Government to address the unsustainable demands and unsafe rationing of care facing our profession. Proposed actions are straightforward and will not breach your contract.

GPC England is 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.

Medicines optimisation software is often embedded in clinical systems by an ICB for the purposes of system financial savings and/or rationing (rather than the clinical benefit of your patients). It provides prompts, alerts, or recommendations at the point of prescribing. Clinical systems already provide advice and guidance at the point of prescribing.

In practice, it often does things like:

- flag cheaper alternatives
- suggest formulary-preferred medicines
- highlight prescribing guidance
- prompt reviews or switches
- warn about duplicate or potentially unsuitable prescribing.

These tools are also commonly linked to ICB or local formulary policies, which are often written with cost and ICB prescribing budgets in mind.

Alongside action around this software, practices are asked to make acute prescribing choices in the best interests of their patients, and to amend your acute prescriptions to safe and acceptable alternatives.

Summary – June 2026 GP collective action: what practices need to do

1) Identify whether any medicines optimisation software use by the practice is contractually required, ie. under an LCS.

2) Discuss whether the practice may wish to pull out of any LCS that requires it. It may be possible to continue with an LCS but not partake in the medicines optimisation aspect. The LMC will be able to advise on this.

3) Turn off any software that is not mandated.

This will limit screen pop up distractions to the GP during patient consultations and could ensure prescribing decisions are in the patient's best interest, as determined by

the GP, rather than driven by financial imperatives of commissioners. Prescribing should always be in the best interests of your patient in line with GMC guidance. Patients should see minimal impact, but will receive the prescription appropriate for the clinical presentation.

More information can be found on the BMA website [How to take part in GP collective action](#) and in the BMA document [Focus On... Switching off medicines optimisation software and professional autonomy in acute prescribing](#).

May 2026 GP collective action – Next Steps on Data Sharing

Central to the ongoing collective action for May remains the request that practices send a template letter to their local system to assess each existing DSA the practice is currently signed up to, while indicating you will examine voluntary secondary use data sharing agreements (DSAs) from May 2026. Last week we circulated a further template letter for those practices who have received a response. [Download the template from our website](#). This has been produced by the BMA, and the response the ICB have sent is based on a national version from NHSE. We have completed the local details on your behalf. You simply need to add your practice details and names, and email it to john.mitchell1@nhs.net.

If you have any queries about collective action please contact the LMC via email humberide.lmcgroup@nhs.net.

Regards,



Dr Zoe Norris | CEO | Medical Director