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Protect your patients, protect your GP practice

GP partners/contractors in England have voted overwhelmingly for collective action, which we are urging practices to start immediately.

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GP partners vote for collected action

GP partners/contractors in England have voted overwhelmingly in favour of collective action. Seven in ten eligible members voted in the non-statutory ballot, with an overwhelming 98.3% of members voting yes, indicating that they are willing to take action to save general practice.

The BMA now urges GP partners/contractors [to start taking at least one of the actions detailed below](#), starting 1 August 2024. These actions will be easy, safe and sustainable. Above all they will turn up the pressure on the Government to do the right thing for general practice and patients. We need a new contract that is fit for purpose, one that provides the investment and workforce needed to reset general practice and provide patients with family doctors.

We have had several meetings with the new Secretary of State, and shared our vision for the future of general practice. We remain open to continuing discussions, to ensure GPs secure the contract that patients and staff deserve. Our vision has been informed by our conversations with thousands of GPs across our roadshows in recent weeks. You can [view the recording](#) if you were unable to attend a roadshow

GP's in England vote yes to take action



Watch: GPC England chair Katie Bramall-Stainer explains collective action.

What will action by GPs look like?

After the success of the ballot, we are inviting GP contactors/partner to commence the actions that their practice have decided they are willing to take from those we detail below. They should enact these actions across the whole practice team working with their practice managers. LMCs will also be vital in supporting practices and advising on the locally commissioned services and ICB asks which are not supporting the sustainability of local GP practices.

GP practice survival toolkit: actions to support general practice

There are a number of actions that practices can take to support a safe service for their patients and their practice team. The actions you choose may depend on your patients, your local contracts and your LMC's feedback. GPC England is not recommending which action(s) practices take. It is for each practice to pick and choose as they see fit. You can choose to start slowly and build incrementally or do all of them from day one as you wish. You do not need permission to do any of these actions. They are already permissible and will not result in contract breach.

1. Limit daily patient contacts per clinician to the [UEMO recommended safe maximum of 25](#). Divert patients to local urgent care settings once daily maximum capacity has been reached. We strongly advise consultations are offered face-to-face. This is better for patients and clinicians
2. Stop engaging with the e-Referral Advice & Guidance pathway - unless for you it is a timely and clinically helpful process in your professional role.
3. Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.
4. Stop rationing referrals, investigations, and admissions
 - Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so.
 - Refer via eRS for two-week wait (2WW) appointments, but outside of that write a professional referral letter in place of any locally imposed proformas or referral forms where this is preferable. It is not contractual to use a local referral form/proforma – quote [our guidance and sample wording](#)
5. Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.
6. Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on [GP data sharing and GP data controllership](#).
7. Freeze sign-up to any new data sharing agreements or local system data sharing platforms. Read our guidance on [GP data sharing and GP data controllership](#).
8. Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing (rather than the clinical benefit of your patients).

9. Defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is available. In the meantime:
 - Defer signing off “Better digital telephony” until after October 2024: do not agree to share your call volume data metrics with NHS England.
 - Defer signing off “Simpler online requests” until Spring 2025: do not agree to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity.

10. Defer making any decisions to accept local or national NHSE Pilot programmes whilst we explore opportunities with the new Government.

Choose which action to take

GPC England is not recommending which action(s) practices take. It is for each practice to pick and choose as they see fit. You may decide to add to your choices over the days, weeks, and months ahead. This is a marathon, not a sprint.

Some of these actions can be permanent changes – professional, collective and a single opportunity to embrace sustainable and safe change. Others may be de-escalated following negotiations with the new Government.

Will any of these actions potentially result in a breach notice to my practice?

GPCE is not currently calling on GP contractors / partners to take any action that will place GP contractors in breach of their contract. Therefore, GPCE does not expect participating practices to be issued with breach notices.

This is instead an opportunity for a collective professional reset, to draw a line in the sand and say 'no more'. It's not a strike, it's not a crash diet - this is more a lifestyle modification. It's going to continue this way; it's not just for the summer. It is until the next Government comes to the table and agrees a new contract that is safe for GP contractors / partners, their practices, and their patients.

[Read our GP collective action guidance](#)

Patient information campaign: GPs are on your side

You can also [download campaign materials to display to patients here](#).

Guidance on the imposed contract changes

The BMA GPCE has published [advice and guidance](#) to help you consider how best to approach the contract changes.

Why action by GPs is necessary

This is our one and only opportunity to come together as a profession to protect sustainable NHS GP services for our patients.

The Wilson Government heralded the 1965 Family Doctor Charter. We need a 2025 Family Doctor Charter fit for the following decades with a commitment to build up to a floor of 15% of NHS expenditure focused on the provision of excellent primary medical services to restore general practice as the jewel in the NHS crown and protect services, patient confidence, and NHS productivity.

Our aim is to get the Government back around the table to negotiate in good faith with GPCE. We want to deliver a new contract for the profession across England that provides the investment needed to transform, rebuild, and reinvigorate general practice. We need to fix our contract, not the model.

Non-GP practice partner support for collective action

As the non-statutory ballot is only open to BMA GP contractors/partner BMA members, we have created [a form for non-GP Partners/Contractors to sign](#) and show support for GPCE's "Protect your patients, protect your GP practice" campaign.

Background to the GP contract dispute

The ballot and the referendum

Following March's unequivocal referendum result, where 99.2% of BMA GP and GP registrar members returned a resounding vote AGAINST the 2024/25 GMS contract, we are now in dispute with NHS England. The responsibility to deliver the GMS / PMS (Personal Medical Services) contract is held by the GP contractor / partner(s) of the practice. They are not NHS employees, but independent GPs who contract with the NHS. Unlike other NHS employees in other branches of practice, such as junior doctors and consultants, GP contractors / partners are

not subject to [TULCRA legislation](#). The ballot was therefore indicative rather than a statutory one. It was a means of gathering momentum ahead of organised collective action, which will commence from 1 August..

Action by GPs

This will not be strike action. Services will not be withdrawn in this initial phase of the campaign, and contracts will not be breached. However, the impact on NHS England and ICB (integrated care board) budgets will be felt keenly. England general practice currently receives 6p in every NHS pound, and an average GMS 'global sum' per registered patient of £107.57 per annum. CPI erosion to the GMS contract since 2018/19 is worth £659 million – 6.6%. It is hardly surprising, therefore, that over 1,300 practices have either closed or merged in the past decade.

[GPC England wrote to ICBs in April](#) to request that systems add GP action to their risk registers to prepare to mitigate any such potential impact. Government, NHS England and the DHSC (Department of Health and Social Care) have known this would be the consequence of a third consecutive contract imposition for over a year. Each have had repeated opportunities to come to the table in good faith to negotiate a reasonable agreement, which would see a stop to practice closures and GP unemployment – but our pleas have fallen on deaf ears.

Practices facing shortfalls

The Government has committed to honouring the 2024/25 DDRB (Doctors' and Dentists' Review Body) recommendation of a of 6% uplift, after NHS England and the DHSC only provided a 1.9% uplift in the interim in April 2024 – a real-terms cut in funding. GPCE could not have stressed more, or evidenced better, how precarious practice finances are at the moment, and as things stand, we are greatly concerned that some GP contractors / partners will have to hand back contracts and close their practice before the new Government can intervene.

The BMA DDRB Swingometer below shows that even if the newly elected Government were to more than quadruple the initial 1.9% uplift, which the GPCE thinks is highly unlikely, practices will still be facing a huge shortfall compared with 2018/19 at a time when running costs and staffing expenses are significantly higher. Funding hasn't just stood still for the past five and a half years or so; it has reduced in value in terms of what it can pay for on behalf of patients.

[Read our contract changes explainer](#)

DDRB Uplift swingometer

What will each possible % DDRB uplift really mean, in real terms, for core contract funding compared to 2018/19?

This swingometer shows you the effect of each potential DDRB % uplift on core contract funding erosion since 2018/19 (CPI)



Pressures in general practice data analysis

The BMA monitors data on GP workforce, working patterns, and appointment numbers, which illustrates the growing pressures on general practice.

[View our recent data analysis >](#)

[How you can get involved](#)



Supporting our BMA reps

Join our network of over two thousand BMA reps and access materials, workplace support, and the latest campaign updates.



Help spread the word to patients

Download and display campaign materials in your surgery, or save and share our social graphics for patients.