

FAQs – Online consultation requests and the ask of GP practices from 1st October 2025

GPs are faced with increasingly unsafe workloads with an ongoing shift of activity from secondary care with little additional resource. This is coupled with rising numbers of registered patients with greater complexity, and an increasingly exhausted workforce. The number of patients each GP is now responsible for has been steadily rising; with the average number of patients each whole-time equivalent GP takes care of increasing [by nearly 17% since 2015 to 2,257](#) today. Patients want and need to see GPs, but the current situation risks a vicious spiral, potentially increase the risk of suboptimal care through decision fatigue. It also risks GPs becoming increasingly demoralised.

We made NHS England and the Dept of Health fully aware of this issue and its associated risks in our negotiations with them earlier in the year. GPC England has been clear to Government with its major concerns over making the use of online consultations available to all patients throughout opening hours. At a time when we desperately need to expand GP numbers and premises, we have been frank with NHSE, DHSC and Government that this contractual ask risks the creation of waiting lists within our practices. Practices will have no choice but to triage accordingly when this new policy opens the floodgates further at a time we already struggle to cope with the current workload.

What is the Government's ask of us?

As part of the [GMS Contract changes for 2025/26](#), practices will be required to ensure that patients can use online consultation software to request **routine** appointments, non-urgent medication changes, and administrative requests such as fit notes. This requirement does not come into force until October 1st 2025, and we have been having ongoing discussions with NHSE and software providers in the meantime.

There is no need to change how you are working before this date, but preparation may be needed in how you work with your practice team.

Timelines

There is an expectation that these asks will become mandatory from October 1st 2025. However, given the high degree of variation in how the software is utilised by the profession, we anticipate that preparations will need to be made by some practices in advance of this.

Following the agreement of the contract, GPC England has reached out to all online consultation software suppliers and is currently in conversation with them to ensure practices receive as much support as possible to enable safe online access for patients as well as safe working for GPs and their teams. We are also in discussions with NHS England about the October 1st roll out date with guidance and support for practices.

We are also aware that patients have a responsibility to use the service appropriately, and not over-burden practices with requests.

Safety Safety Safety

The European Union of General Practitioners and BMA have [recommended a safe level of patient contacts per day](#) in order for a GP to deliver safe care at **not more than 25 substantial - telephone consultation, face to face or home visit - contacts per day**.

Currently patient contacts per day by GPs in England are significantly more than this. GPC England recommends that practices implement an action plan to move towards safe patient contact numbers per day, by moving away from 'uncapped demand', towards more structured clinical sessions, with safe working limits. It may be the case that you need to create and maintain waiting lists to be able to deal safely, equitably and responsibly with increased demands for appointments which may be brought about by this policy.

We recommend colleagues look at the examples and implement some of the helpful tools with the BMA Safe Working Guidance document which can be found [here](#).

FAQs

How will this work in practice?

We expect that this will change the way that many patients choose to access routine non-urgent care from their practice. At the very least, the change will require practices to establish rules governing what requests patients can make, and how those requests should be dealt with. We are working with software suppliers to help you with this.

It is GPC England's belief that routine, non-urgent appointment, medication or administrative requests by their nature do not require same day triage, review or action - so this needs to be made very clearly visible on patient's screens as they navigate their choices.

Practices will need to have the ability to triage requests, and non-urgent requests will have to wait in line behind those which are more urgent.

We are already providing full access to patients online for routine and urgent requests – do we need to change anything?

No, you do not.

What about patients who do not have access to smart phones or the internet?

These patients can use the traditional model of access via the telephone or walking up to the reception desk. Patients are not being mandated to use this online route.

We are already providing full access to patients online for routine and urgent requests – we divert online urgent requests to telephone calls and walk-in appointments when we are fully booked for same-day appointments – do we need to change anything?

Practices will need to have the ability to triage requests, but any non-urgent requests will have to wait in line behind those which are more urgent. Enquiries which do not require same-day review or action may be in receipt of an automated message confirming that the practice has received their request, and it will be reviewed by the team on the next working day.

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Practices will need to have the ability to triage requests, but if experiencing extreme on-the-day activity where triage lists and appointments are full, practices will need to be able to evidence this with their LMC and commissioner to demonstrate their operational pressures escalation alert equivalent (OPEL) level.

Any non-urgent requests, no matter how these are received, will have to wait in line behind those which are more clinically urgent. Enquiries which do not require same-day review or action may be in receipt of an automated message confirming that the practice has received a request, which will be reviewed by the team on the next working day.

The [Safe Working Handbook](#) contains examples of how to deploy operational pressure escalation alerts (OPEL) in practices.

What changes will I need to make on the software platform I use in my practice?

For the time being, there are no changes to workflow that practices should be making.

It is important to start thinking about changes for October 1st. Software suppliers are currently determining how best to ensure that their platforms are compliant, so please do feedback to your supplier, and discuss with your local practices and peers how you will approach this.

Until October 1st, practices do not need to change how they work, but you may decide to embed changes in a timescale leading up to this date across the summer. This may require you to change how you assess incoming requests from patients on your software tools, and it is worth looking carefully at how your software works. All the available software suppliers offer help and support with this. Your ICB will advise local peer ambassadors, and your LMC may well be linking up discussions across practices and PCNs. Use local networks to inform, support, advise and experiment to determine what will work best for your practice, and your patients.

How will clinical liability function in the context of potentially unlimited digital requests?

While the agreement within the contract stipulates that the policy does not intend to cover urgent same-day requests, we know that there is no fool-proof or perfect way to 100% guarantee or ensure this. Therefore, we are working with online consultation suppliers to create safeguards to better secure safe practise for GPs, their practice staff and patients. GPC England will continually review how online access works at a practice-level and feedback to NHSE and system suppliers what changes may be needed to ensure it functions as intended going forward.

Will this policy change increase demand on services?

It may be that you see an increase in demand as patients who would have accessed services over the phone, or in person, will now instead default to online. You may already add telephone or walk-in requests onto your digital triage lists.

As GPs ourselves working in practice, we also experience a minority of patients who may submit multiple requests online, and this is an area we wish to address with NHSE.

It may be that there is a temporary spike while some patients attempt to engage by both traditional and novel means, as the new systems are settling in. Having said that, there is no way to totally predict what impact it will have upon patients' interactions with practices, and we continue to advise practices to follow our safe working guidance [here](#) - to ensure working days are manageable.

**Will this change existing phone-booking system for appointments?
How should patients be prioritised between lists?**

This policy is not a replacement for existing triage tools, but rather an additional option for practices and for patients. In time, practices will get a better sense of the balance between digital and traditional access in their registered list of patients and will therefore be able to plan how services are delivered more easily.

Ultimately, it will be for individual practices to decide how to prioritise patients.

**Is there mandated software to use for online consulting access due to this change in the contract?
We are happy with the one we use now. Will we be forced to switch to an alternative ICB-preferred provider, or does it just have to be achieved by whatever means?**

Practices are free to use whatever platform they choose, assuming that the provider complies with the relevant regulations, directions and requirements.

GPCE has been engaging with established suppliers to ensure that they do everything they can to support their users. Where you have a platform that is bespoke/less well established and are struggling to make progress to support the policy change, please do get in touch with us via info.gpc@bma.org.uk where we may take up your case with your supplier. Your ICB digital team may be able to help too.

Do we know what the communication plan will be from Dept of Health or NHSE to patients about accessing online appointments? It feels like we need robust communications to patients to help them understand the use of the system and the wider national contract changes. Support with central communications and patient messaging would be a great help in piecing this all together from a patient viewpoint.

The detail of what the programme will look like and how it will rollout has not yet been fully agreed.

As with previous centrally mandated programmes, GPC England will push for central government to shoulder the burden of communicating changes or to resource practices to undertake this.

We would expect any communications campaign to focus on educating patients about how they should digitally engage with their practice for routine requests, rather than exhaustively describing the changes.

England's NHS cares for approximately 1.7 million patients each and every day, with 1.5 million of them inside our general practices. We can only do the best we can with the tools we have.

You must prioritise patient safety as well as the health and wellbeing of your team. Whilst demand may be infinite, your contracted hours are finite and you can only deliver what you can, within the constraints of the funding you receive.