

To All Coventry GPs and Practice Managers
30th September 2025

Dear Colleagues,

As you are aware, we have planned a meeting for next week to discuss the 10 year plan. Given the current contract changes, and the significant number of queries from constituents, we will dedicate some of that meeting to cover these concerns.

HOWEVER THESE CHANGES ARE A CONTRACTUAL OBLIGATION FROM OCTOBER 1ST DESPITE GPC ENGLAND BEING IN DISPUTE WITH THE GOVERNMENT FROM TOMORROW.

To recap the 2025 contractual access changes can be summarised as:

All modalities of access (front door, telephone, and online consults) now must be available for patients to contact the practice throughout the whole of core hours, and, any such contact received, whether it is administrative, clinical, urgent, or routine, must receive an “appropriate response” if made during the following core hours during the day on which the core hours fall.

There is a huge amount of support and advice being sent to practices and we appreciate this maybe overwhelming, so we have produced this document to try and highlight the key issues.

For the full advice please go to [Important News About 1st October Contract Changes](#). (Please note there are 11 hyperlinks with more detailed information at the end of that page.)

1. Despite regular and consistent push back from GPC England, the necessary safeguards and appropriate processes have not been put in place to ensure that online consultations nor GP connect can be provided without patient nor IG risk. GPCE on the 18 September 2025, voted to enter dispute with the Government on the 1 October when these changes come into force. This means we will be collectively working under protest.
2. We understand there is to be a media campaign from NHSE on 1 October highlighting that practices need to provide online access, telephone and front door access from 0800 to 1830.
3. Of all the numerous documents to read, this one is the most helpful and covers subcontracting arrangements as well as what to do if you need to close your door. [FAQ October 1st Contract Changes](#)

4. Please use the national (registering to use this tool is a contractual requirement for each Practice) Learning from Patient Safety Events portal ([LFPSE Info](#)) and advise the LMC of any patient safety risks identified in your practice, after 1st October due to these changes.
5. Online tools should provide compliance with contractual provisions (including the provision for access to routine appointment and administration requests throughout core hours) with any additional functionality (such as total triage) under the direct control of the practice to turn on and off to ensure appropriate safety. Clarify with your OC system supplier, in writing, the necessary level of autonomy and control you require in order to deliver safe services. This should be in line with the level of autonomy and control you are able to exercise over other modalities of access such as your telephone lines and physical doors. **Consider sending the attached draft letter.** (with thanks to BBOLMC).
6. We believe that, for many practices, it will be physically impossible to meet the access requirements of this contract without jeopardising patient safety. Therefore, if you have no choice but to switch off your OC system in the interests of safety (as one does in any business continuity situation) and/or need to cancel clinical sessions so that GPs and other clinicians can be redeployed to safely triage, differentiate and disposition of online requests, ensure you highlight your issues and advise the ICB of your OPEL/GPAS status and ask them to update the directory of services. Please also copy in the LMC into that email.
7. You need to enable GP Connect Update Record from 1 October 2025. This will reduce access whilst these incoming messages are clinically reviewed before enabling integration. *We are advised this is different to GP Connect used in EA and that the GP Connect Update Record API can only be used by pharmacies at the moment, and not by other GP practices, to send updates. Once GP Connect Update Record is turned on, then messages will appear in practice workflows in EMIS. NB Pharmacies potentially miscoded around 15,000 pregnancy statuses in the first half of this year.*
8. It is envisaged that in order to safely manage these new resource-intensive demands, you may need to create waiting lists for routine appointments. This will necessitate further staff redeployment to manage those waiting lists. Waiting lists should reasonably be expected to run to indefinite length.
9. From 1 October you are required to have a link to You and Your General Practice on your website. Posting page 2-4 of this document will meet your contractual requirements. [Your Practice Charter](#)

10. Practices are obliged by their GMS contract to provide for the reasonable needs of their patients and for the assessment of urgent problems arising in their patients in their practice area. Emergency or urgent problems can be directed to emergency departments, 999, or 111. Patients that can wait could, following assessment, be placed on a waiting list if safe capacity for appointments is exceeded for the day.

Yours sincerely

The Officers
Coventry LMC

This information is produced with thanks to BBOLMC.