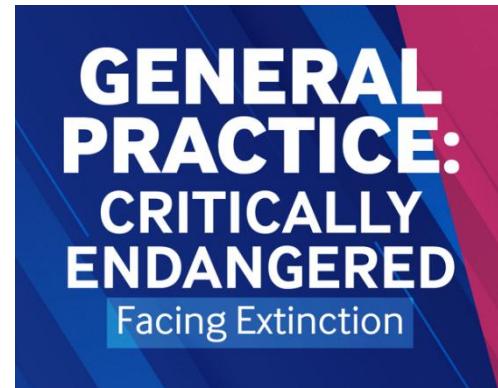


Dear colleagues

General Practice: Critically Endangered - Facing Extinction

Many thanks to those of you who logged in to last week's webinars. It was great to connect with over a thousand GPs joining and contributing to where we are now, and the future direction of travel ahead of coming back to you with more information next month regarding the 2026/27 contract. We expect to receive the final position from government at the end of the month. GPC England will also then meet, scrutinise and vote thereafter, and we will start webinars on the new contract – and your opportunity to feed back on it – at the start of March.



For those of you unable to join us, we will be publishing a shortened 30-minute podcast next week of myself in conversation with my deputy chair, David Wrigley. We will also be sharing 'bite size' briefings on what we need to see from NHS England to fill the vacuum of 'Neighbourhoods' as well as expanding on the themes we covered around **our profession being critically endangered, and facing extinction**:

The **loss of our habitat** through starvation of **premises** funding; **over-exploitation** via being expected to absorb rising **demand**; greater **clinical complexity**; **workload shifts** and greater **bureaucracy**, **compliance** and **regulation** all with fewer GP:Patient ratios is classic **over-harvesting**. Our **pollution** isn't chemical – it's **cognitive overload**: paperwork, **box-ticking**, regulation, **red tape** and **IT friction** leading to productivity and morale collapse. **GP substitution** grows with new roles with no **boundaries** and **unlimited supervision**; destabilising the GP eco-system instead of strengthening it. And **climate change** – the **constant policy churn**, the **drives on access** and **media pressure** allowing **no time for our species to adapt** before the next reorganisation lands.

We will be expanding on this in light of the new contract next month. We know how vital these discussions are to the whole profession, we want your feedback and to bring you along with us so please feed in any queries you have to info.gpc@bma.org.uk

Dates and links to register for the March 2026/27 contract webinars will follow in the next newsletter.

Focus on: Vaccination by non-registered healthcare workers

GPC England has published a '[Focus on guidance on vaccinations by non-registered healthcare workers](#)', following an update by the UK Health Security Agency (UKHSA) to their guidance on the national minimum standards and core curriculum for vaccination training.

UKHSA's guidance outlines the requirements for vaccinating staff, including the role non-registered healthcare professionals should play in the provision of vaccinations. This clarification around the role of HCSWs may not be in line with existing interpretation and could potentially significantly impact upon the way in which practices design and deliver mass vaccinations programmes.

Read the GPC England guidance: [Vaccination and immunisation programmes](#)

Letter to CMO about vaccination programmes

We have written to the Chief Medical Officer, Professor Chris Whitty, to highlight our concerns about lack of funding uplifts for GP practices providing routine and seasonal vaccination programmes. Despite an agreement from NHS England to uplift the payments for routine childhood vaccinations by £2 per dose, funding for GP vaccination programmes has fallen significantly behind inflation during this time, losing over a quarter of its value. Safeguarding and increasing uptake for these programmes should be a priority for the Government and the NHS, especially in light of the risks we've seen in recent years from infectious diseases alongside falling rates of vaccination. We will continue to pursue all avenues, to support practices.

NHS England Chaperones & Prevention of Sexual Misconduct in the NHS Guidance

We are writing to NHS England further to the publication of their document [*Improving chaperoning practice in the NHS: key principles and guidance*](#) following its publication in December. This guidance, and its implementation, form a key part of the actions listed in the [*Update on actions to prevent sexual misconduct in the NHS*](#) released on the same day.

GPs and their practices treat the protection of patients and staff alike with the utmost seriousness, and whilst we support the principles behind this guidance and recognise the potential for staff isolation, the fact that so many consultations are one-on-one presents issues for practices regarding keeping all who use, and work in, the service safe.

ICBs will be expected to provide support for practices in implementing these new standards, but some aspects of the guidance will be challenging to implement fully, with the chaperoning guidance in particular presenting practical difficulties as the document represents a significant expansion of the typical practice policy. We would highlight the following:

- Chaperones for all intimate examinations in patients under 18 (this would mean a GP carrying out a new baby check, or assessing nappy rash would need a chaperone for example, and this would need to be separate to the parent or family member bringing the child)
- Chaperones for online and telephone appointments (it's difficult to see how this can be practicably offered)
- Home visits (the guidance recognises the challenges of lone working, but does not acknowledge the capacity constraints, nor the impact of small practice sizes as factors)

GPC England will be reflecting on the need for proportionality, common sense and patient/parent choice to reassure GPs and their teams, and we will continue to keep you updated.

Joint primary care parliamentary reception

Last week we jointly held a parliamentary drop-in reception, alongside other organisations for MPs and their staff on the crisis in primary care. Over 20 MPs attended the event, hosted by Liberal Democrat Primary Care Spokesperson Helen Maguire MP, including the Shadow Primary Care Minister, Luke Evans, Dr Simon Opher MP, Ian Sollom, Lee Pitcher, Dawn Butler and Pippa Heylings.

We briefed attending MPs about the current crisis in general practice particularly focussing on finance and GP under and unemployment. We also spoke about our concerns regarding neighbourhood models and the Carr-Hill formula review. Over the coming weeks we will continue to brief MPs from across all parties on these issues and our asks to resolve the current crisis and ensure general practice is supported to meet the needs of patients now and in the future.

Practice Finance research: results and call to action

We would like to thank everyone who took the time to share practice accounts data via our recent survey. We have now analysed the initial results. Key insights have been shared with NHSE and the DHSC, ensuring their awareness of the financial pressures facing GP practices in England.

You can see the key insights for yourself [here](#).

But it's not too late to help with this research. [The survey remains open](#) on a rolling basis, so we can build a growing and increasingly robust resource that will be of immense importance during the new substantive GP contract negotiations.

- Did you start inputting data but were unable to complete your submission? Not to worry - incomplete responses have been saved. You can access them via a link that has been sent to your email address. Alternatively, head [here](#) and click on 'Already started? Pick up where you left off'.
- Do the results not chime with what you're seeing at your practice? Help us make the insights more accurate by sharing your data now. Only anonymised data will be shared with the BMA, and only anonymised and aggregated data will be shared any further.
- Did you already complete the survey? We are immensely grateful. If you can, keep up the good work and enter your accounts data for the next financial year (2025/26) once you can.

Professional obligations and protecting patients first and foremost

Some LMCs have reported concerns from GP partners who have received contract breach notices from ICBs in circumstances where practices believe their actions were taken to comply with professional duties under *Good Medical Practice (GMP)*.

GPC England is seeking examples to better understand the nature, frequency and consequences of these situations. In particular, we are keen to hear from GP partners where alleged breaches arose from decisions made to protect patient safety, maintain professional standards, or act ethically in line with General Medical Council expectations – for example in relation to workload pressures, safe staffing, continuity of care, or limits on capacity.

GPs are legally and professionally required to practise in accordance with *GMP*, putting patient safety, dignity and quality of care first. Where contractual requirements or commissioning expectations appear to conflict with those professional obligations, practices may feel they have little choice but to act in the interests of patients, even where this risks challenge from commissioners.

Understanding how ICBs are interpreting contracts, and how breach processes are being applied in these circumstances, is essential to informing GPC England's national policy work, supporting LMCs locally, and strengthening our collective position in discussions with NHS England and DHSC.

If your practice has received a breach notice that you believe relates directly to actions taken to comply with *GMP*, we would welcome a brief outline of the situation. This may include the nature of the alleged breach, the professional considerations involved, and any outcomes to date. Examples can be shared confidentially and anonymised as necessary.

Please share details with your LMC or with GPCE via info.gpc@bma.org.uk. Your experiences are vital in ensuring GPs can uphold their professional responsibilities without fear of inappropriate contractual sanction.

GPC England by election Cheshire / Mid Mersey representative

Voting for the by election for a Cheshire / Mid Mersey representative to GPC England has now opened. The term for this role is the remainder of the 2025-26 session which concludes at the close of ARM 2026.

To be eligible to vote in a constituency, you must be a GP working in the Cheshire / Mid Mersey area. To submit your vote, please go to <https://elections.bma.org.uk/> the deadline for voting is **20 February 2026 at 4pm**.

You will need a BMA web account to access the election – if you are not a member or are unable to access the election please email elections@bma.org.uk with your GMC number and the team can check for you.

GP pressures – workforce and appointment data

The latest [GP workforce data](#) showed that in December 2025, the NHS had the equivalent of 28,777 fully qualified full-time GPs. While there is a general rise in FTE GPs since July 2023, GP practices still employ the equivalent of 587 *fewer* FTE GPs than in September 2015. In addition, the number of GP practices in England has decreased by 7 over the past year to 6,174.

This fall in both GP numbers and practices coincides with a rise in patients: as of December 2025, there was 63.9 million patients registered with practices in England with each FTE GP responsible for an average of 2,220 patients. This is an increase of 282 patients per GP, or about 14.6%, since 2015.

Despite this, 30.9 million standard appointments were delivered in December 2025 – an average of 1.47m appointments per working day, higher than Dec 2024 (1.41m) and Dec 2023 (1.36m).

Read more about GP pressures on our data analysis page, which shows the level of strain GP practices in England are under: [Pressures in general practice data analysis](#)

How to get the most out of the [LMC Support Network](#)

- **Join the LMCSN [WhatsApp group](#)** - an opportunity to share questions/thoughts/peer support.
- **Use the [web forum](#) for discussions**, this will enable you to go back and catch up on conversations in an easy-to-follow way.
- **Share service level agreements for [locally commissioned services](#)** to build up a comprehensive library and list fees by service for ease of reference. This can help in future local negotiations.
- **Share any documents/templates/posters/videos** so that they can be hosted on the website allowing the greater LMC family to use and be inspired to do similar.
- **Come to virtual monthly LMCSN meetings** which is an opportunity to share questions / thoughts / peer support as well as hear from and ask questions to the GPC England colleagues.

To share materials or ideas/comments etc, please email admin@lmcsn.co.uk
If you want to access the website/forum/WhatsApp, join here <https://lmcsn.co.uk/join-us>
Find out more at the WhatsApp community and website at www.lmcsn.co.uk

GP wellbeing resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from our 24/7 confidential [counselling and peer support services](#) and [NHS practitioner health service](#) to non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) provides mental health support for health workers in the UK, and confidential peer support group sessions.

We have produced a [poster with 10 top tips](#) to help maintain and support the wellbeing of your colleagues and yourself.

The [Cameron Fund](#) supports GPs and their families in times of financial need, whether through ill health, disability, bereavement, relationship breakdown or loss of employment.

The [RCGP](#) also has information on GP wellbeing support.

Please visit the BMA's [wellbeing support services page](#), refer to our [extended directory](#), or call [0330 123 1245](#) for the counselling line or peer support.

- The [BMA's GP campaign webpage](#)
- [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](#)

Read the GPCE bulletin: [General practice: critically endangered | practice finance research | new vaccine guidance](#)

Dr Katie Bramall
GPC England chair

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