

Dear colleagues

Comprehensive Spending Review 2025

The Chancellor published the second phase of the [Spending Review](#) this week, setting budgets for government departments for the next three years. The DHSC budget is set to rise on average by 2.8% a year in real terms between 25/26 and 28/29. While significantly higher than many other departments, this falls below both historical average growth trends and the BMA demand to increase budgets by 4.3% a year to deliver sustained improvements and provide an appropriate uplift for GP contracts.

The Spending Review commits to additional funding by 2028/29 to “bring back the family doctor” which will reportedly build on the GPs recruited in recent months and aims to train thousands more GPs and increase the number of GP appointments. This raises more questions than answers – GPs lack jobs to go to, and resources to fund them. Please highlight the Registrar surveys below to your practice ST3/4s to gather essential quantitative data to continue to push the case for funding practice-based reimbursed additional GP roles to end GP unemployment. GPs without jobs, equals patients without care.

Likewise, if additional GP numbers are secured, we desperately need the necessary infrastructure to offer increased appointments. The BMA is modelling the SR figures and will closely monitor how much new funding really is available.

We met with the minister this week, and will be writing to Mr Streeting seeking explicit reassurances and details for the profession and commitment to a new contract in the Ten Year Plan. NHS England’s draft model blueprint for ICBs demonstrates the risks if Government caves into pressure from existing NHS trust leaders: it is guaranteed to deliver only financial deficit and broken promises threatening practice autonomy and continuity of care.

You can be assured that your GPC England team continues to relentlessly influence behind the scenes, as the weeks ahead will make or break it both our future, and the Government’s with it.

Read more [here](#), including our [briefing](#). Read the [our statement in response](#)

GP Premises Survey 2025 – Now Open!

We are pleased to launch the GP Premises Survey 2025. We’re calling on **all practice managers and partners across England** to take part.

Watch this [short video](#) with GPCE Premises Policy Lead Gaurav Gupta speaking on the importance of supporting this survey:

“Your insights are vital. By completing the survey, you’ll help us gather essential data on the condition of GP buildings. This evidence will directly shape our strategy and negotiations with Government – supporting our case for getting the urgent investment and support your practices need.

Even if you're unsure about some details, please don't hesitate to complete the survey. Simply select 'don't know' where needed – every response, even partial ones, contributes to building a clearer national picture.”

Help us advocate for better premises and stronger support for general practice. Make your voice count – [take the survey today](#).



Urgent and Emergency Care Plan

The [Urgent and Emergency care plan 2025/26](#) has now been published, delayed from its initial due date back in January. It identifies 8 targets across UEC to drive improvement by the end of this year and requires all systems to develop and test new winter plans by the end of this summer which include a 'significant increase' to care outside of hospital settings.

Whilst this plan is focused on achieving targets to improve urgent and emergency care services, it offers no new funding, no increases in system capacity, no strategy to expand nor retain the workforce, and little detail on reforms in social care to achieve this. The plan fits with three big shifts: treatment to prevention; hospital to community; analogue to digital - expected to be the backdrop for the 10 Year Plan, due for release in the next few weeks. In response to this, Dr Katie Bramall, GPCE Chair said:

"There is a huge missed opportunity where this announcement mentions patients' challenges in accessing GP services, but offers no proposals and zero funding to increase GP capacity at all. With practices in England providing 50 million patient contacts each and every month, we cannot work any harder, the Government must create greater capacity to better meet patients' needs. This requires investment to drastically expand GP surgeries to house more GPs providing more appointments."

Read full statement: [Urgent and Emergency Care Plan will likely leave doctors underwhelmed](#)

Focus on Tirzepatide for weight management in General Practice

From 23 June 2025, [Tirzepatide must be implemented in primary care](#). Tirzepatide represents a new therapy for weight management, but requires structured implementation, appropriate monitoring, and clarity around responsibilities. GPs should only engage in prescribing where clinically appropriate and safely resourced to do so.

GPCE has produced [Focus on Tirzepatide \(Mounjaro\) for weight management in General Practice](#), which explains how it is used, commissioning arrangements (responsibility for funding lies with ICBs), and responding to information requests from private providers. It includes a [template letter](#) for practices to respond to requests for medical information following a private consultation. [Read the guidance](#)

Foresight AI model

Following the disclosure that GP data collected for COVID-19 research had been used to train an AI model in NHS England's secure data environment, GPCE reached out to NHSE and the British Heart Foundation team leading the research for clarity. We called for NHSE to refer itself to the Information Commissioner's Office (ICO) and pause processing data.

We can now confirm that processing has been paused and the ICO has been contacted. Although the situation does not currently require any action from GPs, we will keep members updated.

Ambient Scribe use in General Practice

Following a letter from NHSE urging caution on the use of ambient scribe software in general practice, GPCE has drafted a short [statement](#) endorsing this approach and reiterating steps practices should take where they have these platforms in place or have plans to implement them. As practices are ultimately responsible for any consequences of arising from the use of these new platforms, it is critical that they are confident of having carried out proper clinical safety and information governance assurance.

Historic GP2GP duplication

GPCE have been engaged with NHSE on an ongoing basis to discuss the support for practices impacted by the historic duplication of records transferred via GP2GP. Following an intervention by GPCE, NHSE agreed to remove the burden from practices and any practices required to take urgent action will be contacted by Optum to seek permission to share correct records with the patient's current practice. Further action will be taken in future and GPCE will communicate what, if any action, practices need to take as and when required.

Visa challenges for International Medical Graduates (IMGs)

The GP Registrars Committee is working with RCGP Registrar reps to raise awareness of the lack of employment opportunities for GPs getting their CCTs, and to likewise push for better visa options and earlier access to Indefinite Leave to Remain (ILR). We're raising these concerns directly with the Government but we need your help to get real-world data. We're running a short survey on how these issues affect GP registrars and GPs. This evidence is vital to support our case to the Home Office and others. All responses are confidential and anonymised. Please share with all practice trainees. Please complete the [survey](#) by 5pm Friday 18 July 2025.

Blended learning survey for GP registrars and trainers

If you are a GP registrar or GP trainer in England and have direct experience of blended learning as part of GP training, we'd like to hear your views. [The survey](#) should take less than 5 minutes to complete.

Adjustment to primary care network payments

Since April 2025, some PCNs have seen an unexpected change in [the value of the DES payments](#) based on their adjusted population, beyond uplifts applied in the 2025/26 GP Contract Agreement. NHSE has told us that, due to a change in data source, an incorrect number of new patient registrations was included in the calculations, particularly impacting on practices that have merged, as new patient registrations under voluntary mergers were originally included and should not have been.

NHSE has also highlighted that new patient registrations in September were erroneously excluded. This will have had little impact on most PCNs but will impact on those that include student practices as these see a large number of new patient registrations in September. It is likely their weighted capitation has been underestimated.

NHSE has identified an alternative data source and recalculated the adjusted populations for each PCN. PCSE will use the amended PCN adjusted populations for monthly payments to PCNs from June onwards. All PCNs will see some movement in their payments for core PCN funding, the enhanced access service, PCN capacity and access support and PCN capacity and access incentives:

- most PCNs will see their payments increase by small amounts
- PCNs with recently merged practices will see their payments reduce
- PCNs with practices for which new patient registrations are concentrated in September, such as student practices, will see their payments increase

Shared care prescribing principles

We have updated our guidance on [Shared care prescribing principles](#), to include a resolution passed at the UK LMC Conference in May. And hope these will assist both practices and LMCs in discussions about the responsibilities that should fall to General Practice. [Read the full guidance](#)

England LMC Conference – 7 November 2025

This year's England LMC Conference will be on **Friday 7 November 2025**, at the [Royal Northern College of Music](#), 124 Oxford Road, Manchester M13 9RD.

We will be emailing again in early July to share more details about how to register and submit conference motions. If you have any questions, please contact info.lmcconference@bma.org.uk.

UK LMC Conference news

The [resolutions](#) from the UK LMC Conference held on 8-9 May have been published. [Read more](#)

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, such as the BMA's [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK. We have produced a [poster with 10 top tips](#) to help support the wellbeing of you and your colleagues.

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](#) or call [0330 123 1245](tel:0330 123 1245) for wellbeing support.

- The [BMA's GP campaign 'staying safe, organised and united' 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](#)
- Contact us: info.lmcqueries@bma.org.uk

Read the GPCE bulletin: [Spending review](#) | [GP premises survey](#) | [urgent and emergency care plan](#)

Read the latest [Sessional GPs newsletter](#)

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