

Introduction and purpose of this guidance

Londonwide LMCs has been receiving queries from practices concerned about the new contractual changes being introduced from 1 October, the most controversial changes being the requirement about patient access routes including online consultation platforms being open throughout core hours, and the requirement that practices allow third parties eg. community pharmacies to read and insert consultation summaries into the patient record through GP Connect.

This guidance is based on the Standard GMS Contract Variation Notice which was issued by NHS England in August 2025 and the subsequent “Focus On” guidance published by the BMA on 12 September re: [managing care safely post-1 October](#) as a result of the implementation of the online consultations contractual requirement. The below table lists all the new contractual changes set out in the Standard GMS Contract Notice and provides relevant commentary, advice and helpful links.

The Variation Notice and the process of issuing it

The [Standard National Contract Variation Notice](#) which has recently been issued by NHS England for both GMS and PMS in advance of the Contract changes due to come into force from 1 October 2025. Commissioners are allowed to vary GMS or PMS contracts unilaterally if the reason for doing so is to ensure the Contract complies with current legislation. The variations to the 2025/26 GP Contract, as in previous years, are enacted through legislation and the variation notice reflects the wording of the Contract. Because of this, practices are being asked by their ICBs to sign and return the Variation Notice, which is good practice so that all contracts are updated as they should be. Having said that, please note that this does not affect the fact that the Contract *will* be considered as varied 14 days after the Variation Notice is issued. This means that even if a practice does not sign the notice, it will come into effect 14 days after the date of the ICB issuing it.

Commissioners are not allowed to vary contracts in other ways *unless these changes are mutually agreed*, so at this point the variation will be the statutory one and will not be subject to any local variation.

As this variation is a national statutory amendment to the Contract, it is not for the LMC to check or approve. It is legally enforceable within 14 days of issuing, whether practices sign it or not.

Next steps

The BMA guidance issued on 12 September 2025 (link provided above) sets out the next steps in the implementation process of these contract changes. There is a GPCE meeting on Thursday 18 September 2025 where the position regarding the new changes will be assessed and we will share GPCE updates.

We will update practices as soon as new information or guidance becomes available.

If you have any queries regarding the new contract changes or the variation notice issued by your ICB, please do not hesitate to contact [your LMC team](#) of the GP Support team at gpsupport@lmc.org.uk

Londonwide LMCs etc

Table with the contractual changes 2025/26 as set out in the GMS Standard Contract Variation Notice, published by NHS England in August 2025

Below is a summary of the changes to the GMS Standard Contract 25/26 published in the Contract Variation Notice August 2025, which London ICBs are in the process of issuing to practices. The numbered clauses refer to the relevant clause within the Contract (based on the [Standard Version published by NHS England](#)). Similar variation notices apply for PMS and APMS contracts, although the paragraph numbering will be different.

CHANGE	NEW CLAUSE / CHANGE OF WORDING	EFFECTIVE FROM	LONDONWIDE LMCs' COMMENT / NOTE
PART 1.1 – DEFINITIONS			
Definition to be inserted: “ Primary Medical Services (Directed Enhanced Services) Directions ” means directions relating to provision of <i>enhanced services</i> given to <i>NHS England</i> under section 98A(3) of the 2006 Act;”	New definition	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	Administrative change.
PART 7, PARAGRAPH 7.5 – CONTACT WITH THE PRACTICE			

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<p>Replace clause 7.5.1 with:</p> <p>“7.5.1 The Contractor must take steps to ensure that all of the following means of contacting the Contractor are available for patients throughout core hours:</p> <p>(a) by attending the Contractor’s practice premises;</p> <p>(b) by telephone; and</p> <p>(c) through the practice’s online consultation tool within the meaning give in sub-clause 16.5ZD.2.”.</p> <p>and</p> <p>Insert immediately after</p> <p>“7.5.1A The Contractor must take steps to ensure that a patient who contacts the Contractor through:</p> <p>(a) any of the means listed in sub-clause 7.5.1(a) to (c); or</p> <p>(b) a relevant electronic communication method within the meaning given in sub-clause 16.5ZE.3,</p> <p>“is provided with an appropriate response in accordance with the following sub-clauses.”</p>	<p>New contractual requirement</p> <p><i>[Online consultation platform to be available <u>throughout</u> core hours for non-urgent or routine appointments, medication and admin requests]</i></p>	<p>Date stated in variation notice from ICB (normally within 14 days after notice is issued)</p>	<p>This new contractual requirement is causing great concern for practices and LMCs, who fear the lack of ability to limit online consultation requests will impact safe delivery of services. GPCE has been having ongoing discussions with the Department of Health & Social Care (DHSC) since the beginning of the year highlighting the risks and pressing for necessary safeguards to be put in place. On 12 September 2025, GPCE produced detailed guidance: “Focus on: Online Consultation Requests – Managing patient care safely from 1st October 2025” -advising practices to start reviewing their workflow and triaging arrangements and indicating that practices “<i>may be forced to consider implementing waiting lists for routine care to keep things safe</i>”. Please read this guidance and particularly the FAQs (p. 5-6) and Annex A – GP Standard Operating Procedure (SOP): Online Consultation Requests and Safe Practice Management (p. 7-9).</p> <p>GPCE is due to meet on Thursday 18 September 2025 to discuss the present situation re: online consultation requests and GP Connect contractual changes.</p> <p>We will update practices as soon as further details are known.</p>

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Clause 7.5.3(a) , delete the words: "under sub-clause 7.5.1"	Rewording to reflect new requirements of clause 7.5.1		Administrative change.
PARAGRAPH 7.13 – DUTY OF CO-OPERATION IN RELATION TO MINOR SURGERY, ENHANCED AND OUT OF HOURS SERVICES			
Clause 7.13.1(b) , replace the words: "direction 4 of the Primary Medical Services (Directed Enhanced Services) (No.2) Directions 2021" with "the <i>Primary Medical Services (Directed Enhanced Services) Directions</i> "	Rewording of clause	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	Administrative change.
PART 13, PARAGRAPH 13.5 – APPLICATION FOR INCLUSION IN LIST OF PATIENTS			
Clause 13.5.1 insert at the beginning the words: "Subject to sub-clause 13.5.1.3,"	Rewording of clause	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	The LMC believes it is worth highlighting that this new contractual provision gives commissioners the power to determine whether a practice accepts inclusion of patients living outside of their catchment area in certain circumstances. The new contractual clauses do not specify what these circumstances might be, and it is therefore unclear how commissioners will determine when this happens. Up until now it was in the discretion of practices to decide whether to register patients living outside of their catchment area, provided the Out of Area rules were followed.
Insert immediately after clause 13.5.1 : " 13.5.1.1. The Commissioner may, following consultation with the <i>Local Medical Committee</i> (if any) for the area in which the Contractor provides services under the Contract, determine that in certain circumstances the Commissioner's approval is required before a contractor accepts an application for inclusion in <i>its list of patients</i> in respect of a patient who resides outside the Contractor's <i>practice area</i> . " 13.5.1.2. Where the Commissioner has made a determination in accordance with sub-clause 13.5.1.1. it	New clause <i>[Commissioners can work with LMCs in relation to practices accepting patients who live outside of the practice area]</i>		

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must set out the circumstances in which its approval is required in a notice to the Contractor. “13.5.1.3. Where the Commissioner has made a determination in accordance with sub-clause 13.5.1.1., the Contractor may only accept an application for inclusion in its <i>list of patients</i> in respect of a person who resides outside the Contractor’s <i>practice area</i> in the circumstances set out in a notice given under sub-clause 13.5.1.2. with the Commissioner’s approval.”			Londonwide LMCs will query this with London ICBs to ascertain their interpretation and planned criteria for this element of the contract variation and will share any information received with practices. LMC suggests that practices that receive any contact from ICBs in relation to this element of the contract variation should contact Londonwide LMCs GP Support Team at gpsupport@lmc.org.uk
PARAGRAPH 13.11 – REMOVALS FROM THE LIST OF PATIENTS WHO ARE VIOLENT			
In clause 13.11.1A(b) after the words “primary medical services” insert “in response to a request for removal under clause 13.11.1”.	Rewording of clause <i>[Relates to patients who have previously been included in Special Allocation Schemes]</i>	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	Administrative change
In clause 13.11.1B(a) delete the words: “set up in accordance with direction 8 of the Primary Medical Services (Directed Enhanced Services) (No.2) Directions 2021”			Administrative change
Immediately after clause 13.11.2A insert : “13.11.2B. In sub-clause 13.11.1B “Violent Patient Scheme” means a scheme set up in accordance with the <i>Primary Medical Services (Directed Enhanced Services) Directions</i> to provide primary medical services to those removed from a contractor’s list of patients under clause 13.11.1.”			
PARAGRAPH 13.3 – REMOVALS FROM THE LIST OF PATIENTS WHO HAVE MOVED			

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In clause 13.13.3(a) replace the word: "six" with the word "three"	Rewording of clause <i>[Commissioners to remove patients no longer known after 3 months rather than 6 months]</i>	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	Previously practices were required to remove patients within 6 months from being informed they had moved, however this new requirement places an obligation on practices to keep a closer eye on their list and proceed to removal within 3 months of knowing a patient has moved. We recognise that, unless notified, in most cases practices will not know a patient has moved. There is no straightforward way of monitoring this, other than in response to a complaint, or when PCSE carry out a list cleansing exercise.
PART 15, PARAGRAPH 15.9 – SUB-CONTRACTING OF CLINICAL SERVICES			
In clause 15.9.9A replace the words: "direction 4 of the <i>Primary Medical Services (Directed Enhanced Services) (No.2) Directions 2021</i> " with: "the <i>Primary Medical Services (Directed Enhanced Services) Directions</i> "	Rewording of clause	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	Administrative change
PART 16, PARAGRAPH 16.2 – SUMMARY CARE RECORD			
Immediately after clause 16.2.1 insert: "16.2A Enabling access to <i>patient records</i> through GP Connect 16.2A.1. Where the Contractor holds a <i>patient's record</i> on its computerised clinical systems, the Contractor must ensure that its computerised clinical systems are configured to enable:	New clause <i>[To allow read-only access to other healthcare providers and to allow community pharmacies to upload</i>	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	This is another new contractual requirement which has two elements – the read-only access and the update function. The read-only access via the <i>GP Connect Access Record HTML</i> and <i>GP Connect Access Record Structured</i> functions will

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<p>(a) <i>GP Connect Access Record HTML</i> and <i>GP Connect Access Record Structured</i>; and</p> <p>(b) <i>GP Connect Update Record</i>.</p> <p>16.2A.2 The Contractor must take all reasonable steps to ensure that the functionality referred to in sub-clause 16.2A.1. is operational at all times.</p> <p>16.2A.3 In this clause:</p> <p>“<i>GP Connect</i>” means the national service known as GP Connect provided by NHS England which facilitates interconnectivity between computerised clinical systems;</p> <p>“<i>GP Connect Access Record HTML</i>” means the functionality within GP Connect that allows records to be viewed in Hypertext Markup Language by other users of GP Connect for the purpose of direct care to a patient;</p> <p>“<i>GP Connect Access Record Structured</i>” means the functionality within GP Connect that allows records to be viewed in a structured and coded format that is machine readable by other users of GP Connect for the purpose of direct care to a patient;</p> <p>“<i>GP Connect Update Record</i>” means the functionality within GP Connect that allows consultation summaries to be sent electronically to the contractor by other users of GP Connect for integration into the patient’s record; and</p> <p>“<i>patient’s record</i>” means computerised records kept in relation to a patient in accordance with clause 16.1.2(b).”.</p>	<p><i>consultation summaries to patient records]</i></p>		<p>allow third parties including community pharmacies to view the record.</p> <p>Regarding the <i>GP Connect Update Record</i> function where a consultation can be entered into the GP record, NHSE London have confirmed is only available to community pharmacies and any wider access would require further consultation.</p> <p>Concerns for GPs as data controllers primarily are in relation to the update record function. There are concerns regarding data quality, coding and a lack of clarity who holds responsibility for the entries and minimal mitigations for any erroneous entries in these. In TPP (SystemOne) clinical system a GP practice can change automatic filing of updates to manual filing allowing for a review by the practice first. We are not aware of EMIS having the ability to make the change from automatic filing. If a GP practice rejects the update, there is no message sent back to the pharmacy and no two-way communication set up.</p> <p>The GP Connect requirement is also going to be discussed at the GPCE meeting on 18 September.</p> <p>NHSE London Region are running two 15m webinars for GP Practices on GP Connect and will produce FAQs from these webinars. Join on Zoom on Tuesday 23</p>

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			September at 13:00 or Wednesday 9 October at 13:00 . We will again update practices as soon as new information or guidance is known.
PARAGRAPH 16.7 – PRACTICE LEAFLET			
Immediately after clause 16.7E.5A(b) insert: “and (c) the General Practice Patient Guidance published on the <i>NHS England</i> website.”	New clause <i>[Reference to Patients’ Charter]</i>	Date stated in variation notice from ICB (normally within 14 days after notice is issued)	This refers to “ You and Your General Practice ” patient guide published by NHS England in August 2025, which forms part of the 2025/26 GP Contract. The document describes what practices and patients can expect of each other. Practices are required to have shared a link to the NHS England YYGP document on their practice website by 1 October 2025. Practices may also wish to link to their ICB’s contact information from their websites. YYGP will also be made available in different languages on the NHS England website .
PARAGRAPH 16.8K – RECORDING AND REVIEWING PATIENT SAFETY EVENTS (NEW CLAUSE)			
Immediately after clause 16.8J1 insert: “16.8K. Recording and reviewing patient safety events “16.8K.1. The Contractor must register for, and maintain an account with, the <i>LFPSE</i> Service that has administrator rights.	New clause <i>[To enable practices to record safety events and to feed into NHS-wide system]</i>	Date stated in variation notice from ICB (normally 14 days after notice was issued)	Practices are required to register and maintain an account with LFPSE (Learning from Patient Safety Events) and use this system to complete statutory and national policy requirements, (the web page also contains guidance on using the service). LFPSE is an NHS England service

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"16.8K.2. In this regulation, "LFPSE Service" refers to the centralised system provided by <i>NHS England</i> to record information and provide data and analysis about events involving patient safety."			designed to a) record a patient safety event and b) access data about recorded patient safety events. It has replaced NRLS and STEIS, the previous patient safety reporting systems. Its purpose is to enable the collection of patient safety information to identify trends, understand local reporting cultures and make improvements.
PART 26, PARAGRAPH 26.3 – VARIATION PROVISIONS SPECIFIC TO A CONTACT WITH A PARTNERSHIP			
<p>Replace clause 26.3.1 with:</p> <p>"26.3.1. Subject to clause 26.3.3, where the Contractor consists of two or more persons practising in partnership, and that partnership is terminated or dissolved, the Contract may only continue with one or more of the former partners if the conditions in clause 26.3.1A are satisfied."</p>	Rewording of clause	Date stated in variation notice from ICB (normally 14 days after notice was issued)	<p>This clause impacts changes to commissioner process and decision-making powers under certain contractual situations relating to termination and dissolution of practice partnerships.</p> <p>These clauses highlight the importance of practices ensuring they have up-to-date details of the <i>current</i> contract holders on their contracts and ensuring that when partners leave there is at least one GP partner remaining on the contract who is eligible to hold the Contract and satisfies the relevant conditions in the NHS 2006 Act.</p> <p>Practices need to ensure that all partners leaving or joining are appropriately documented in their Contract through the required contract variations. (This also applies in terms of practices' CQC</p>
<p>Immediately after clause 26.3.1 insert:</p> <p>"26.3.1A. The conditions are:</p> <p>(a) that partner is, or those partners are, named in a notice given under clause 26.3.2;</p> <p>(b) where one partner is named, that partner is a medical practitioner who satisfies the condition in regulation 5(1)(a) of the Regulations;</p> <p>(c) where more than one partner is named: (i) each of those partners is either a medical practitioner or a person who satisfies the conditions specified in section 86(2)(b) of the 2006 Act (persons eligible to enter into GMS contracts); and (ii) the new partnership satisfies the</p>			

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conditions imposed by regulations 5 and 6 of the Regulations; and (d) the requirements in clauses 26.3.2 and 26.3.2A are met.”	<i>[Allows contract to continue with more than one person – previous version said contract could continue with one nominated person]</i>		registration, which should also be up to date and mirror the partners named on the practice's GP Contract). Finally, when a practice intends to change their contractual status from individual medical practitioner (ie. single-handed) to partnership, or vice versa, they must give their ICB 28 days' written notice.
Replace clause 26.3.2 with: “26.3.2. The Contractor must give notice in writing to the Commissioner of: (a) the intention to change its status from that of a partnership to that of an individual medical practitioner; or (b) the intention to change the composition of the partnership. “26.3.2A. A notice given under clause 26.3.2 must: (a) specify the date on which the Contractor would like to change its status or composition, which must be at least 28 days after the date on which the Contractor gives notice to the Commissioner under clause 26.3.2;			LMC do not anticipate this to be a controversial change but would encourage practices to contact gpsupport@lmc.org.uk if they have any queries.
(b) specify: (i) where notice is given under clause 26.3.2(a) the name of the medical practitioner with whom the Contract is to continue; (ii) where notice is given under clause 26.3.2(b) the name and contact details of the partners with whom the Contract is to continue; and (c) be signed by each partner in the partnership.”			

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In clause 26.3.10 after the words: "is to take effect", insert: the words "or the change in composition of the partnership."			
Immediately after clause 26.10.3(t)(ii) insert: "or "(iii) the partnership has dissolved in circumstances where sub-clause 26.10.3(t)(i) and clause 26.3.3 do not apply and none of the former members of the partnership has been named in a notice given under clause 26.3.2 to continue the contract in accordance with clause 26.3.1;"			
PART 28, PARAGRAPH 28.1 – REGISTERED PATIENTS FROM OUTSIDE PRACTICE AREA: VARIATION OF CONTRACTUAL TERMS			
In clause 28.1.1 , after the words: "Contractors' <i>practice area</i> " insert the words: ""in accordance with clauses 13.5.1 to 13.5.7"	Rewording of contract [See paragraph 16.8K above]	Date stated in variation notice from ICB (normally within 14 days after notice was issued)	Administrative change.