

## Focus on...

# Online consultation requests – Managing patient care safely from 1<sup>st</sup> October 2025

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### ***Introduction***

As part of the government's [GMS Contract changes for 2025/26](#), practices will be contractually required to ensure that patients can access services via online consultation software, throughout core hours (8am-6.30pm), when requesting **non-urgent or routine** appointments, medication requests and admin requests, e.g. fit notes.

GPCE continues to have ongoing discussions with the DHSC (Department of Health and Social Care), NHSE (NHS England) and online consultation software providers to ensure every practice is supported to safely manage demand and capacity. In March, these changes were agreed on the proviso of necessary safeguards being secured, given GPC England's significant concerns about these changes and patient and staff safety.

NHSE say they have made / will make webinars, case studies, and FAQs available to practices, but these do not go far enough and **do not** amount to the 'necessary safeguards' agreed in the 2025/26 GP contract negotiations conclusion letter.

We strongly advise, therefore, that you start reviewing your practice's workflow and triaging arrangements. This will ensure that your colleagues and staff can continue to manage patient care safely and that staff wellbeing is not adversely impacted from 1<sup>st</sup> October 2025.

GPC England meets on Thursday 18<sup>th</sup> September 2025 to assess the present situation and make a decision on next steps with regards to online consultation requests and GP Connect contractual changes. Officers have repeatedly warned DHSC and NHS England of the significant anxiety that these contractual changes are creating given the lack of necessary safeguards. Our focus is to secure those safeguards – which would be very simple to put in place, and which would not cost the Government one penny.

We have already seen potentially threatening messages from ICBs and commissioners from around the country advising practices that the contractual changes will be

enforced throughout core hours come what may. We are flagging the urgent need of practices and colleagues for whom they may feel this change is the final straw for them in clinical practice.

### ***GPCE's position***

[In the GPCE Chair's letter](#) to the Minister of State for Care, Stephen Kinnock, and Secretary of State for Health and Social Care, Wes Streeting, of 22<sup>nd</sup> July 2025, GPC England warned of the profound concerns remaining regarding patient safety ahead of online consulting changes and [GP Connect](#) operability becoming contractualised from 1<sup>st</sup> October 2025.

At no point has it been suggested that patients would be stopped from contacting their practice. Indeed, practices' cloud-based telephones will remain active, and support will always be forthcoming when patients attend our premises. GPC England's grave concerns, as we have outlined following on from the 2025/26 GP contract discussions earlier this year, is that a "new lane of the motorway" is being opened up for patients to access their GP throughout core hours via online consulting at a time when we are woefully short of GPs and practice space, and where the necessary functionality across online providers is not ready to be able to safely discriminate between what presents as urgent and what presents as routine – as patients present with symptoms which could be either, we do not know, until they have been triaged by an appropriate clinician.

Colleagues may already be at breaking point in their working day and overwhelmed with clinical demand and the left shift of workload arising from elective care waiting lists. All we have asked for is that practices are able to assess the safety aspects of their working day and be given the ability to temporarily suspend the online consultation software until teams have had an opportunity to catch up with their workload.

Our repeated feedback to DHSC and NHSE has been around the potential risks of practices being accused of being in breach of their contracts should there be days when they run out of clinical capacity and feel that keeping patient access to online consults open would be unsafe. DHSC and NHSE have provided little to no help or support as to what practices should do if they face clinical overwhelm due to e.g. seasonal pressures or widespread sickness amongst the practice team.

We have also repeatedly told DHSC and NHSE that even if the online software was closed, practices remain contactable, so patients still have access to their GP surgery for routine and urgent requests.

We have repeatedly insisted that NHSE/DHSC publish reasonable and pragmatic jointly agreed guidance before 1<sup>st</sup> October 2025 to enable practices to temporarily divert online patients to telephone and walk-in requests, only when they are at capacity.

Furthermore, we believe there needs to be a standardised approach – across online consult providers of templates for requesting routine non-urgent appointments via a tick box set of questions for predetermined online consultation request / query types. In addition, a standardised operating protocol, which practices may follow when demand

exceeds capacity, so they can contact their local Directory of Service to temporarily switch from green to amber status.

As we maintained throughout the 2025/26 contract negotiations, and ever since, this is how practices can continue to deliver safe patient services, and how routine non-urgent online queries can be achieved safely.

A further litmus test came when DHSC and NHSE officials joined the Joint GP IT Committee (BMA and RCGP JGPITC) meeting on 3<sup>rd</sup> September to discuss the implementation of 'necessary safeguards'. The Joint GP IT Committee co-chairs will be writing to DHSC and NHSE with their conclusions imminently, but the committee does **not** believe safeguards are in place.

***You may be forced to consider implementing waiting lists for routine care to keep things safe***

As we have long recommended in our [Safe Working Guidance handbook](#), in cases where practices receive considerable amounts of daily online consultation requests, and demand subsequently outstrips capacity, this may naturally lead to waiting lists for routine care in some cases – especially if patients wish to see the same GP each time in order to maintain continuity of care.

Our [safe working guidance resources](#) on workflow and triage will help your practice manage both same day and routine care phone calls, walk-ins and online consultation requests. However, to help you keep care safe for patients and staff, you will need to consider how the practice's management of routine care may need to change.

It is our strong view that Government changes to the contract will have the effect of forcing practices to create waiting lists in order to be able to manage online consultation requests until such time as practices are fully assured that no inappropriately submitted urgent online consultation requests can potentially be missed before the contractual period ends at 6.30pm. To continue to manage routine care efficiently and safely, you may therefore need to carefully consider establishing waiting lists for certain routine services.

A suggested Standard Operating Procedure (SOP) for GP Practices is set out as Annex A below (page 7).

Should you have any queries, members can [contact the BMA](#) and LMCs can email [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk).

## Next steps

1. Joint GP IT Committee co-chairs to write to DHSC and NHSE officials to confirm the Joint GP IT Committee (BMA and RCGP) position from 3<sup>rd</sup> September 2025.
2. The GPCE Chair and Deputy GPCE Chair (digital and IT portfolio) have written to the primary online consultation tool IT suppliers ahead of 1<sup>st</sup> October 2025
  - Letter requests the necessary changes to be made to their online consultation systems, along the lines of the suggested SOP outlined in the Appendix below (page 7)
  - This should minimise the risk of patients submitting erroneous urgent requests thus jeopardising patient safety.
3. Urgently meet online e-consult tool suppliers – arrangements are being made – and discuss in greater detail
  - Throughout September 2025 in the first instance, and beyond if needed.
4. Publishing the complementary GPCE guidance explaining the 2025/26 regulatory changes on patient access to online consultation tools
  - The above accompanies this guidance in the solus email to members.
5. Keeping the profession updated on how the situation develops.
6. In the meantime, GPCE recommends that practices:
  - carefully read this guidance, including the FAQs below, and
  - do everything possible to prepare to manage care as safely as you can for your patients *and* your staff.

## ***Frequently Asked Questions***

### *How will this contract change affect our work in the practice day to day?*

GPs are very concerned about the lack of ability to limit online consult requests in order to ensure safe patient care day to day. We expect that this will change the way that many patients access care and how GPs will allocate appointments. 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 continuing to work with software suppliers to help you with this problem and pressurise DHSC and NHSE to support practices at this difficult time.

### *How are we going to manage with potentially unlimited demand for patients to contact us?*

We made DHSC and NHSE fully aware of this issue throughout our negotiations earlier in the year and in many subsequent conversations in recent months. We were clear that these changes lead GPs to believe that the pressures are poorly understood by DHSC and NHSE and that their concerns over patient safety were being ignored.

Prioritising working safely can help should the Government change nothing, and the regulations as written lack the agreed 'necessary safeguards'. It will mean staff are not overwhelmed and the patient seen gets the best possible care. Sadly, we must advise you to consider establishing waiting lists for routine care, as this policy change likely forces some practices to prioritise same day access.

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

No, you don't. If you wish to continue working as you do, then that is fine.

### *What changes will I need to make on the platforms in use in my practice?*

System suppliers are working on changes to ensure that their platforms are compliant and helpful to you.

### *How will clinical liability function in the context of digital triage/appointment booking?*

While the agreement within the contract stipulates that this new policy is not intended to cover urgent requests, we know that at the time of writing, there is no practical way to ensure this. A patient may not be aware that the symptoms they have require urgent attention. GPCE will continually review how online access works at a practice level and feedback to DHSC, NHSE and system suppliers about what changes are needed to ensure it functions safely.

### *Will this government policy increase demand on our teams?*

There is a strong possibility that patients who would have made non-urgent requests over the phone or in-person will now instead do so via online consultation request. We do know though that some patients submit multiple online requests each day and this

remains an area we wish to address with DHSE and NHSE. It may be that there is a temporary spike while some patients attempt to engage by both traditional and online means as the new processes are settling in. Having said that, there is no way to totally predict what impact it will have on patients' interactions with practices, and we continue to advise practices to follow our [safe working guidance](#) to ensure working days are manageable. GPC England and the officer team are working GPs too and we know that this is a significant worry for you.

*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, rather an additional option for patients. In time, it may be that practices will get a better sense of the balance between digital and traditional access in their area and will therefore be able to plan how services are delivered more easily. Ultimately, it will be for individual practices to decide how to safely prioritise patients between lists.

*Do we know what the communication plan will be from DHSC or NHSE to patients about online consultation requests? It feels like we need robust central comms to patients to help them understand the use of this new way of working.*

As with previous centrally mandated programmes, GPCE will push for Government to shoulder the burden of communicating changes or resourcing practices to manage the transition.

## ANNEX A – GP Standard Operating Procedure (SOP): Online Consultation Requests and Safe Practice Management

### Introduction

Following advice received from leading counsel, GPC England has firmed up its position via the SOP, which will allow contractors to remain compliant with their revised contractual obligations from 1<sup>st</sup> October.

### 1. Purpose

To ensure safe, effective, and equitable access to GP services via online consultation request, while maintaining clinical safety and operational sustainability in line with NHS England and GPC England guidance.

### 2. Scope

This SOP applies to all staff involved in patient access, triage, and appointment booking, including:

- Reception and administrative staff
- Clinical triage teams
- Practice managers
- GPs and allied health professionals

### 3. Online Consultation Request Pathways

#### 3.1 Patient Options

Patients accessing the online consultation system will be presented with the following options:

##### Urgent Help

- **Instruction:** Patients needing urgent help are directed to:
  - Telephone or walk-in to the surgery
  - NHS 111 online or call 111
  - Local pharmacy or urgent treatment centre

##### Routine Requests

- **Routine Appointment:** Patients can submit requests unless they:
  - Have a fever or suspected infection (including COVID-19)
  - Are requesting for:
    - Children under 16
    - Mental health concerns
    - Pregnancy-related issues

- Frailty, learning disabilities, or additional needs

→ These patients must telephone the surgery.

### Other Requests

- Repeat prescriptions
- Test results
- Certificates
- Online health advice (via NHS resources)

## 4. Appointment Categories

Patients can select from structured appointment types:

- **Long-Term Conditions:** Asthma, COPD, Diabetes, Hypertension, etc.
- **Physiotherapy:** Joint pain, sprains
- **Medication Reviews & Vital Signs:** BP diary, weight, pulse oximetry
- **Vaccinations:** Travel, childhood, adult (invitation required)
- **Cervical Screening:** Invitation required
- **Women's Health:** Contraception, HRT, period delay, antenatal referral
- **Health Checks:** Well woman/man over 40, Learning Disability checks

**Optional:** Practices may enable free-text requests for additional flexibility; however, we advise that the online portal is set up in such a way that the patient cannot make a request for an urgent clinical intervention. This could be achieved with a series of tick boxes and no free text. Any free text option risks allowing patients to bypass safeguards.

## 5. Triage and Clinical Safety

### 5.1 Total Digital Triage

All patient requests are triaged before appointments are booked. Triage may be:

- **Digital:** via online consultation tools
- **Telephone:** by trained staff
- **Face-to-face:** if clinically indicated

### 5.2 Triage Principles

- [Triage](#) must be timely, appropriate, and patient-centred
- Non-clinical staff may perform care navigation; clinical triage is reserved for qualified staff
- Practices must offer remote and face-to-face consultations based on [patient need](#)



## 6. Safe Capacity Management

### 6.1 GPC England Safe Practice Tool

When approaching safe capacity:

- **Limit daily patient contacts per clinician to 25** ([UEMO standard](#))
- **Divert excess demand to:**
  - Urgent care centres
  - NHS 111
  - Pharmacies

### 6.2 Actions When Capacity is Reached

- Do not keep online triage tools open beyond safe limits
- Use the [OPEL Framework](#) to assess and escalate operational pressures
- Communicate with commissioners and ICBs if unable to safely meet demand

## 7. OPEL Escalation Protocol

### OPEL Levels

- **OPEL 1–2:** Monitor and manage internally
- **OPEL 3–4:** Escalate to ICS/System Coordination Centre
- Use NHS England escalation algorithms and reporting templates

## 8. Compliance and Monitoring

- Ensure all responses to patient contact (online, phone, walk-in) meet contractual obligations under [GMS/PMS regulations](#)
- Maintain records of triage decisions and capacity thresholds
- Regularly review SOP effectiveness and update in line with NHSE guidance

## 9. Review and Governance

- SOP to be reviewed quarterly or upon significant policy change
- Practice Manager responsible for implementation and compliance
- Staff training to be provided on triage, digital tools, and escalation protocols