

## Focus on...

# 1<sup>st</sup> October 2025 changes to regulations and practice contracts regarding patient ‘contact with the practice’

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### Introduction

This guidance note reviews the regulatory / contractual changes coming into force from 1<sup>st</sup> October 2025 regarding patients contacting their practice and the corresponding obligations of practices in England in terms of how they respond. This is an area of great concern to practices. As such, the following has been prepared after extensive internal BMA and external leading Counsel’s advice.

We first highlight the contractual changes that were imposed, without GPCE’s agreement in 2023, and then explain the additional changes that are coming into force this year, 2025.

This note also clarifies that the forthcoming changes to the regulations and standard GMS contract / PMS contract **do not** affect existing legally compliant subcontracting arrangements, but future subcontracting arrangements may need to be updated to incorporate all three stated modes of patient access.

At the end of this guidance we address frequently asked questions.

### Patient contact with the practice

#### *2023/24 imposed contractual change*

Regulations amending the National Health Service (General Medical Services Contract) Regulations 2015 (“2015 Regulations”) were brought in as part of the 2023/24 imposed contract without the BMA’s agreement in 2023. The changes to paragraph 4 of Schedule

3 of the 2015 Regulations resulted in a new clause 7.5 'Contact with the practice' being included in the [standard GMS contract for that year](#) (page 35). Clause 7.5 reads<sup>1</sup>:

*7.5 Contact with the practice*

*7.5.1 The Contractor must take steps to ensure that a patient who contacts the Contractor:*

- (a) by attendance at the Contractor's practice premises;*
- (b) by telephone;*
- (c) through the practice's online consultation tool within the meaning given in clause 16.5ZD.2; or*
- (d) through a relevant electronic communication method within the meaning given in clause 16.5ZE.3; is provided with an appropriate response in accordance with subclauses 7.5.2, 7.5.3 and 7.5.4.*

*7.5.2 The appropriate response is that the Contractor must:*

- (a) invite the patient for an appointment, either to attend the Contractor's practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances,*
- (b) provide appropriate advice or care to the patient by another method;*
- (c) invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or*
- (d) communicate with the patient:*
  - (i) to request further information; or*
  - (ii) as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances.*

*7.5.3 The appropriate response must be provided:*

- (a) if the contact under sub-clause 7.5.1 is made outside core hours, during the following core hours;*
- (b) in any other case, during the day on which the core hours fall.*

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<sup>1</sup> The corresponding 2023/24 GMS regulations - <https://www.legislation.gov.uk/uksi/2015/1862/schedule/3/paragraph/4>

7.5.4 *The appropriate response must take into account:*

- (a) the needs of the patient; and*
- (b) where appropriate, the preferences of the patient.*

As per the two highlighted sections above, new clause 7.5 inserted in the imposed 2023/24 changes **made it a contractual requirement for a practice to provide one of the appropriate responses listed in clause 7.5.2 within core hours** if the contact from the patient had been made during core hours. As per 7.5.3, if the patient contact is made outside of core hours, the appropriate response from the practice must occur during the following period of core hours.

During engagement on the 2023/24 contract changes, GPCE negotiators vehemently opposed this at the time of its proposal, and GPCE subsequently rejected it as unacceptable. The 2023/24 contract offer was ultimately rejected by GPCE and subsequently imposed by the then Government / Secretary of State for Health and Social Care (Rt Hon Sajid Javid MP).

The above regulatory / contractual wording remained the same for the [2024/25 contract year](#) aside from clause 7.5.4 being amended as follows (with the new wording highlighted). Clause 7.5.4 will remain the same in the 2025/26 contract:

7.5.4 *The appropriate response must take into account:*

- (a) the needs of the patient, including the need to avoid jeopardising the patient's health;*
- (b) where appropriate, the preferences of the patient; and*
- (c) any benefits to the patient of providing for continuity of the health care professional involved in their care and treatment.*

### **Agreed 2025/26 contractual change**

Clause 7.5 (page 37) of the [2025/26 standard GMS contract](#) will be amended as follows from 1<sup>st</sup> October 2025 (the new wording is highlighted):

7.5 *Contact with the practice*

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:*

- (a) by attending the Contractor's practice premises;*
- (b) by telephone; and*

*(c) through the practice's online consultation tool within the meaning give in sub-clause 16.5ZD.2.*

*7.5.1A The Contractor must take steps to ensure that a patient who contacts the Contractor through:*

*(a) any of the means listed in sub-clause 7.5.1(a) to (c); or*

*(b) a relevant electronic communication method within the meaning given in sub-clause 16.5ZE.3,*

*is provided with an appropriate response in accordance with the following sub-clauses.*

*7.5.2 The appropriate response is that the Contractor must:*

*(a) invite the patient for an appointment, either to attend the Contractor's practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances;*

*(b) provide appropriate advice or care to the patient by another method;*

*(c) invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or*

*(d) communicate with the patient:*

*(i) to request further information; or*

*(ii) as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances.*

*7.5.3 The appropriate response must be provided:*

*(a) if the contact is made outside core hours, during the following core hours;*

*(b) in any other case, during the day on which the core hours fall.*

*7.5.4 The appropriate response must take into account:*

*(a) the needs of the patient, including the need to avoid jeopardising the patient's health;*

*(b) where appropriate, the preferences of the patient; and*

*(c) any benefits to the patient of providing for continuity of the health care professional involved in their care and treatment.*

GPCE published guidance on the BMA website called [GP access: Meeting the reasonable needs of patients](#) following the imposition of the 2023/24 contract.

GPCE has taken further legal advice, and its position is that the above contractual change does not require changes to the existing online guidance, although this will be refreshed in accordance with the forthcoming regulatory / contractual change.

### **What this means**

To clarify, the change that has been made by the amended regulation for 2025/26, is to make it an express requirement of the contractor that **all three** of the specified modalities of contacting the practice – in person, telephone and online are now fully available to patients throughout core hours between 8.00 and 18.30. Previously, there was no reference in this section of the regulations to ‘throughout core hours’.

We understand that most practices already have arrangements in place to accommodate contact from patients throughout core hours by telephone or by attendance at the practice, but use of online consultation tools is more varied. For example, some practices may not have one or if they do, may switch it off for periods during core hours to limit the volume of enquiries received online. Under the new requirements, practices will not be permitted to do that. **Practices must have an online consultation tool, and it must be accessible to patients throughout core hours to access routine/non-urgent enquiries.**

The requirements in terms of a patient attending the premises have not changed; practices must still provide an appropriate response to a patient that attends the practice premises, and practices can still do this through a sub-contracting arrangement.

For example, a local OOH organisation which is paid to subcontract telephone cover from 18:00 – 18:30 will still mean at least two individuals – to avoid potentially unsafe lone working – will need to be inside the premises until 18:30 in case of walk-ins, so such patients can be signposted safely. These do not need to be clinicians. Online consults for routine/non-urgent queries should switch off at 18:30 but may be reviewed the following working morning as they are routine/non-urgent. Urgent queries online need to be diverted to come via telephones or walk-in.

With regard to providing telephone access throughout core hours, the vast majority of practices already utilise cloud-based telephony, ensuring the patient can make contact by telephone throughout core hours in a way that complies with the amended regulation.

***The timeframes within which practices must provide an appropriate response, set out in clause 7.5.3, have not changed***, that is, a same day response if within core

hours, or next working day if outside of them. This has been confirmed in writing by DHSC/NHS England.

## Existing subcontracting arrangements

All subcontracting agreements must be discussed with your commissioner whose approval is required; this aspect of the Regulations is unchanged.

## Frequently Asked Questions about the changes and practices' obligations under their GMS contracts

N.B. The advice below assumes circumstances in which GMS contractors' contracts have been amended / varied to include the new requirements in the GMS Regulations.

### 1. Do the 2025 changes to paragraph 4 of Schedule 3 of the GMS Regulations affect what practices are required to do to comply with the requirement set out in regulation 20(2) of the GMS Regulations?

No.

The changes to schedule 3 relate to the means by which patients must be able to contact their practice, and the response that practices must provide, while regulation 20 – which has remained unchanged since 2015, save for the addition of the words in square brackets introduced in 2021 – relates to the provision of the different medical services that practices must provide.

Regulation 20(2)(a) requires that a GMS contract states **the times when medical services must be provided**.

Regulation 20(2)(b) requires contractors **to provide essential services and minor surgery** at such times within core hours as appropriate to meet the reasonable needs of patients. It does not require that services must be provided at all times during core hours. (e.g. minor surgery will ordinarily be provided during core hours on a booked only basis as determined by the contractor. Nor does regulation 20 say anything about how and when patients must be able to contact their practice.)

Regulation 20(2)(c) requires the contractor **to have in place arrangements for its patients to access essential services and minor surgery throughout core hours in case of emergency**. In an emergency, patients must be able to access their GP's services throughout core hours. To comply with this, a practice must have some means for their patients to contact the practice throughout core hours – otherwise (to state the obvious) they would never be aware of the emergency and not be in a position to provide the medical services that this regulation requires them to provide. This can be delivered via agreed subcontracting arrangements.

*Regulation 20(2) has been in place since 2015.*

In contrast to regulation 20(2), paragraph 4 of schedule 3 deals with

- (i) the **means** by which patients must be able to contact their practice
- (ii) **when** those means must be available, and
- (iii) the nature and timing of **the response** that the practice must provide.

It provides:

(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—

- (a) by attending the contractor's practice premises;
- (b) by telephone; and
- (c) through the practice's online consultation tool within the meaning given in regulation 71ZD(2).

(1A) The contractor must take steps to ensure that a patient who contacts the contractor through—

- (a) any of the means listed in sub-paragraph (1)(a) to (c); or
- (b) a relevant electronic communication method within the meaning given in regulation 71ZE(3),

is provided with an appropriate response in accordance with the following sub-paragraphs.

(2) The appropriate response is that the contractor must—

- (a) invite the patient for an appointment, either to attend the contractor's practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances;
- (b) provide appropriate advice or care to the patient by another method;
- (c) invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or
- (d) communicate with the patient—
  - (i) to request further information; or
  - (ii) as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances.

- (3) The appropriate response must be provided—
  - (a) if the contact is made outside core hours, during the following core hours;
  - (b) in any other case, during the day on which the core hours fall.
- (4) The appropriate response must take into account—
  - (a) the needs of the patient, including the need to avoid jeopardising the patient's health;
  - (b) where appropriate, the preferences of the patient; and
  - (c) any benefits to the patient of providing for continuity of the health care professional involved in their care and treatment.

**Means of contact:** paragraph 4(1) requires that contactors give their patients the means to contact them by: turning up at the practice, calling by telephone and using an online consultation tool.

**Period when practice must be contactable:** paragraph 4(1) requires that contractors must have all three modes of contacting the practice available to patients 'throughout core hours'.

**Nature and timing of response to patients' contact:** paragraph 4(1A) requires that contractors provide one of the appropriate responses listed in paragraph 4(2) and does so within the timeframes set out in paragraph 4(3). Paragraph 4(4) requires various matters to be taken into account whenever a practice provides such a response.

Neither of the new requirements in paragraph 4 (having all three modes of contact available and having them available throughout core hours, as explained above) alter practices' obligations under regulation 20, which establishes obligations to provide medical services, as opposed to obligations to receive and respond to contact from patients.

**2. Do the changes to paragraph 4 of schedule 3 of the GMS Regulations have any impact on practices' duties under regulation 20(2)(c) relating to dealing with emergencies?**

No.

Regulation 20(2)(c) requires practices to be able to provide medical services to their registered patients in emergencies throughout core hours. The new requirements under paragraph 4 (having all three modes of contact available and having them available throughout core hours) does not alter practices' pre-existing obligation under regulation 20(2)(c) to be able to respond to emergencies. They may inadvertently increase the number of emergencies brought to practices' attention (recognising that the online



consultation tool should not be used for emergencies), but it does not affect the pre-existing duty to assist in an emergency.

**3. Do the changes to paragraph 4 of schedule 3 of the GMS Regulations mean that practices must remain open to the public throughout core hours?**

No.

At least not in the sense ‘open for patients to walk into the premises’. The new requirements under paragraph 4 (having all three modes of contact available and having them available throughout core hours) do not place practices under any obligation to keep their premises open throughout core hours. The new requirements only relate to patients’ ability to **contact** their practice and the practice’s duty to provide a response.

For example, if a practice was closed during core hours for any reason, it would be sufficient to comply with paragraph 4(1)(a), which requires that patients be able to contact their practice throughout core hours ‘by attending the contractor’s premises’, to provide a door bell or buzzer for patients to press to either leave a message or speak to a member of staff. Alternatively, a practice could provide a phone number to call that would be monitored for emergencies, visible to patients at the premises. In that situation the patient would not need to be admitted into the practice, or to be seen immediately unless it was clinically necessary to deal with an emergency. A practice should therefore have a means of detecting when it is an emergency when a patient attends at the practice when the practice is closed.

**4. Do the changes to paragraph 4 of schedule 3 of the GMS Regulations have any bearing on what services a practice must provide during core hours?**

No.

The new requirements under paragraph 4 (having all three modes of contact available and having them available throughout core hours) do not require practices to provide additional services or change the services that they are already required to provide. The current requirements in respect of providing an appropriate response were substantively introduced in 2023.

**5. Does the *Network Contract Directed Enhanced Service* already require practices to have in place arrangements to enable patients to contact them throughout core hours?**

No.

The 2025/26 Network Contract DES does not already contain these requirements. In terms of patients' access to practices, it contains requirements for 'enhanced access' to be provided under section 8.6. Section 8.6.1. provides:

A PCN must provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (which are referred to in this Network Contract DES Specification as "Network Standard Hours"), in accordance with this Network Contract DES Specification and with the plan it previously agreed with the commissioner to deliver Enhanced Access ("the Enhanced Access Plan").

Section 8.6.4. provides:

A PCN must provide bookable clinical appointments during the Network Standard Hours that satisfy all of the requirements set out below: [...]

These provisions only relate to 'Network Standard Hours' which are defined as '*between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays*'. These periods of time are therefore outside of core hours, and do not overlap or conflict with the requirements in paragraph 4 of schedule 3 of the GMS Regulations.

The 2021/22 Network Contract DES contains similar provisions under the title of 'Extended Hours Access' in section 8.1.

## **6. Are practices that are operating under one of the Network Contract DESs prohibited from closing their doors for half a day on a weekly basis?**

Yes, unless a formal subcontracting agreement is in place to do so.

The Network Contract DES prohibits practices from closing for half a day on a weekly basis without permission of the commissioner. This was included in the '[Network Contract Directed Enhanced Service Contract specification 2019/20](#)'<sup>2</sup> at paragraph 4.6.8. It remained under section 8.1.11 of the 2021/22 DES and under section 8.6.16 of the 2025/26 DES. Section 8.6.16 of the 2025/26 DES provides:

A PCN must ensure that:

- a) no Core Network Practice of the PCN will be closed for half a day on a weekly basis, except where a Core Network Practice has prior written approval from the commissioner; and

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<sup>2</sup> This requirement pre-dates the PCN DES and was in the old Extended Hours DES. It got carried across when that was incorporated into the PCN DES.

b) the PCN's Patients are able to access core services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor.

Under this requirement, a practice can only close for half a day on a weekly basis if it has prior written approval from the commissioner **and** the PCN's patients are still able to 'access essential services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor'.

Therefore, a practice that did not have the appropriate written permission or could not be certain that their patients would still be able to access essential services during core hours (i.e. including while the practice was closed), would be in breach of the contract if they closed their doors for half a day on a weekly basis.

**There is a partial exception to this, in relation to the need for prior written approval, where a practice previously closed for half a day on weekly basis but does not have written approval, under section 8.6.19.(b) of the 25/26 DES. Section 8.6.19 provides:**

Where a Core Network Practice does not have prior written approval to close for half a day on a weekly basis, a Core Network Practice that previously closed for half a day on a weekly basis will need to either:

- a) be open for that half a day in the same way that it is open on other days of the week, or
- b) have in place appropriate sub-contracting arrangements for the time the practice is closed – having due regard to the requirements set out in the statutory regulations or directions that underpin each Core Network Practices' primary medical services contracts in relation to sub-contracting as set out in section 5.6 as applicable – so that patients continue to have access to essential services which meet their reasonable needs during core hours.

Section 8.6.19 therefore allows for such a practice to continue closing for half a day on a weekly basis without prior written approval, **provided** they sub-contract to ensure essential services continue to be accessible to patients during core hours.

**The 2025/26 GMS contract change does not affect these stipulations.**

**7. If a practice operating under the PCN DES closed for half a day on a weekly basis without complying with section 8.6.16. and did not fall within the exception in 8.6.19, what would the consequences be?**

The practice would be in breach of the Network Contract DES specification and in breach of their primary medical services contract, under sections 9.1.2 and 9.1.3 of the 2025/26 DES. The commissioner has discretion to require a PCN to develop an action plan with them to ensure similar breaches do not occur in future. However, a commissioner may also or alternatively issue remedial notices or breach notices to the practice in the normal way.