

Focus on... online consultations - managing patient care safely after 1st October 2025

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** routine appointments, medication requests and admin requests, e.g. fit notes.

GPCE have significant concerns about this change and 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. NHSE have confirmed to us that they will make webinars, case studies and FAQs available to practices in August 2025.

Nevertheless, we strongly advise 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 after 1st October 2025.

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 22nd July 2025, we warned that there remain profound concerns regarding patient safety ahead of online consulting changes and GP Connect operability becoming contractualised from 1st October 2025.

Ministers have recently told us they do not want practices to be overloaded or become unsafe. They do not expect every practice in England to do exactly the same thing at exactly the same time on any given day; we all know that same day patient care is completely unpredictable. This mirrors our own repeated feedback to DHSC and NHSE 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 they just cannot continue with keeping their online consultation software open as they are at full capacity workload wise. Another aspect we repeatedly told DHSC and NHSE was that even if the online software was closed, telephones and reception desks remain open, so patients still have access to their GP surgery for routine and urgent requests.

We have insisted that NHSE/DHSC publish reasonable and pragmatic jointly agreed guidance before 1st October 2025 to enable practices to temporarily divert online patients to telephone and walk-in requests only when they are at capacity. As we maintained throughout the 2025/26 contract negotiations, and ever since, this is how practices can continue to deliver safe patient services.

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 will 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 view that government changes to the contract forces practices to prioritise 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 consider establishing waiting lists for certain routine services.

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

FAQs

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

GPs are very concerned about the floodgates opening with no ability to limit 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 cope with this potentially opening the floodgates for patients to contact us?

We made DHSC and NHSE fully aware of this issue in our negotiations with them earlier in the year. The last thing we want is to push more GPs to feel as though DHSC and NHSE just do not understand the day to day pressures we face and how this policy, without any ability to flex, will lead to more GPs feeling they cannot cope any more.

However, as we have been saying for some time now, prioritising working safely can help. It will mean staff are not overwhelmed and the patient in front of you 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 there is no practical way to ensure this because a patient may not be aware that the symptoms they have are requiring urgent attention. GPCE will continually review how online access works at practice level and feedback to DHSC, NHSE and system suppliers about what changes may be needed to ensure it functions safely.

Will this government policy increase demand on our teams?

There is a possibility that patients who would have made non-urgent requests over the phone or in-person will now instead do so via online consultations. 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. 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 consultations? 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.