



## Calderdale LMC Advice – Patient Contact and Online Consultation Contract Changes 1<sup>st</sup> October 2025

To support our practices with the implementation of the new contract regulations, Calderdale LMC is providing a summary of the recent British Medical Association (BMA) guidance on the National Health Service (General Medical Services Contracts) Regulations 2015 Schedule 3 paragraph 4 amendment, which takes effect from 1 October 2025.

One of the key purposes for this communication is to flag some **key risks and operational concerns** arising from this change, supporting practices to provide **three modes of contact throughout core hours (08:00–18:30)** and give an **appropriate response** to patients.

The LMC encourages all practices to consider the contractual requirements outlined below and to consider any operational implications.

### What the contract now requires (Schedule 3, Paragraph 4)

The amended Schedule 3, paragraph 4 requires that:

- Practices must ensure **all three of the following means of contact are available to patients throughout core hours (08:00–18:30)**:
  - Attending the practice premises
  - By telephone
  - Via the practice’s online consultation tool
- Practices must ensure that a patient who contacts the practice by any of the above means (or by another relevant electronic method) is provided with an **“appropriate response”**.
- An “appropriate response” is defined in full at **Appendix 1**.
- The response must be provided:
  - **on the same day** if the contact is made during core hours; or
  - **during the next period of core hours** if the contact is made outside core hours.
- When providing a response, practices must take into account:
  - the patient’s needs (including the need to avoid jeopardising their health);
  - where appropriate, the patient’s preferences; and
  - any benefits of providing continuity of the healthcare professional involved in their care.

### Key points clarified by BMA/GPCE

- This change **adds an explicit requirement** that the **online consultation tool must be available throughout core hours**. Previously, practices could choose to disable it for parts of the day; from 1 October this will no longer be permitted.
- **Most practices are already compliant** with the in-person and telephone access requirements.

- The new requirement relates to **contact and response**, not to increasing appointment numbers or changing what services are provided.
- The duty is to **provide a response, not necessarily to resolve the request on the same day**.
- **Practices can still close their premises during core hours**, but they must provide a means for patients attending to make contact (e.g. doorbell, intercom or posted number) and must be able to detect and respond appropriately if it is an emergency.
- Existing commissioner-approved **subcontracting arrangements remain valid**. Future subcontracting arrangements will need to include provision for all three contact modes.
- The timeframes for providing a response remain **unchanged from 2023/24** (same day if within core hours, or next core day if received out of hours).
- The changes **do not affect** practices' existing duties under Regulation 20(2) regarding the provision of essential services and emergencies.

### **BMA advice to practices to ensure compliance**

- Ensure you have a functioning **online consultation tool available throughout core hours (08:00–18:30)** for non-urgent/routine requests.
- **Do not switch off online forms during core hours** to manage demand (they can be switched off after 18:30).
- Make sure **urgent matters are directed away from the online route** and towards telephone or walk-in contact.
- Ensure **telephone systems are operational and accessible throughout core hours**.
- If telephone cover from 18:00–18:30 is subcontracted, ensure **at least two staff are present in the building until 18:30** to manage walk-ins safely.
- **Maintain or review subcontracting arrangements** and ensure they are commissioner-approved and reflect all three modes of access.
- **Train staff and update practice SOPs** to provide an “appropriate response” within the required timeframe.
- **Document compliance** for assurance and to protect against potential challenge or breach notices.

### **References**

- National Health Service (General Medical Services Contracts) Regulations 2015 — Schedule 3, Paragraph 4 (as amended)
- British Medical Association / General Practitioners Committee England Guidance (12 September 2025)

### **Appendix 1 — Definition of “Appropriate Response”**

*(Schedule 3, Paragraph 4(2) of the NHS (GMS Contracts) Regulations 2015)*

#### **The appropriate response is that the contractor must—**

- 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;
- provide appropriate advice or care to the patient by another method;
- 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
- communicate with the patient—
  - to request further information; or
  - 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.

### **Summary of Contract Changes from October:**

*(National Health Service (General Medical Services Contracts) Regulations 2015 — Schedule 3, paragraph 4 amendment)*

- Attendance at the practice, telephone contact and online consultation tools must remain open throughout 08:00–18:30 (core hours) from 1 October 2025, any contact received, by whatever method, within core hours **requires a same-day response**.
- This creates a risk of uncontrolled late-day demand. The key change is patients can submit online requests up to 18:29 **expecting same-day action**, often after all same-day clinical capacity has been reached.
- No contractual mechanism exists to pause or cap demand when safe workload limits are reached, placing practices in conflict between contractual compliance and safe workload governance, as advised by the BMA ([Safe working in general practice toolkit](#)).
- Patients often cannot judge urgency accurately; without robust system red-flagging, urgent or emergency problems may arrive as routine submissions, creating clinical safety risk if not seen until after hours.
- This may generate rolling backlogs and waiting lists, with same-day demand carried over to future days, undermining patient expectations and increasing the risk of complaints.
- The amendment was accepted nationally without any embedded workload safeguards, triage standards, or escalation procedures, leaving practices exposed to operational, clinical safety, and regulatory risk.
- Although, Premises can close for PLT if there's a way to detect walk-ins and handle emergencies, **Online consultation systems must stay open during core hours** (including during PLT), and practices must have arrangements in place (in-house or subcontracted) to monitor and respond to these during core hours.

#### **Important Point to Note:**

- There has been no change to **what** we should provide. Regulation 20(2) of the GMS Regulations has not changed. This describes the provision of essential services and minor surgery, to have in place arrangements for patients to access these services throughout core hours in case of emergency. What has changed through Schedule 3 is the **means** of contact, **when** this must be available and the **timing** of response required.