

# Newsletter

## November 2025

Sheffield  
LMC



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### ENGLAND DISPUTE OVER CONTRACT CHANGES

The BMA would like to remind colleagues that support for any practice in relation to the contract changes and more information and guidance about the dispute, including [template letters to ICBs](#) about safeguarding measures, is available here:

[Campaigning around GP contracts in England.](#)

The BMA advise that being in dispute does **NOT** mean practices can ignore the contractual changes being implemented on 1 October 2025, nor can GPC England, or LMCs, recommend or endorse such an approach. Declaring a dispute is akin to declaring compliance with the new contractual requirements in the [25/26 contract agreement in March 2025](#), but “under protest”.

Therefore, practices **must**:

- have an online consultation tool, which is available to registered patients throughout core hours (8am – 6.30pm), to allow them to make **non urgent / routine** appointments requests, medication queries and administrative requests and
- ensure GP Connect (Update Record) write access functionality is enabled.

The BMA have also updated their [FAQs for 1 October 2025 online consultations](#)

Many LMCs have also circulated information to practices. GPC England and many LMCs are aware that both NHS England and ICBs may be undertaking assurance measures.

As the BMA prepare for further escalatory options, the BMA encourage any GPs or GP registrars who are not BMA members to [join](#) so that they may vote in any potential future ballot, and ensure membership information is up to date.

GPC England is now considering the BMA's options and what our next steps should be. The safety of patients and working in the best interests of GP's and their team's is the BMA's first concern.

Access all BMA guidance: [Campaigning around GP contracts in England](#)

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### EDEC DEADLINE REMINDER

This year's annual eDEC (electronic declaration) has been circulated to all practices; completing this is a contractual requirement with a closing date of 21 November. Colleagues should note there are a number of questions within the eDEC that relate to the on-line consultation implementation and should ensure when completing these that they align with details on the practice website, other patient facing material, and any information requested by commissioners.

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## **GUIDANCE FOR PRACTICES, LMCS AND GP TRAINERS ON THE RESIDENT DOCTORS' STRIKE**

Guidance for practices, LMCs and GP trainers has been published by the BMA ahead of the five-day strike announced by Resident Doctors, starting on 14 November. This provides advice from the BMA on how practices can support their GP registrars and manage strike days. [Read the guidance here.](#)

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### **LETTER TO DHSC ABOUT DISPENSING PRACTICES AND EPS**

GPC England has written to the Minister of State for Care, Stephen Kinnock, to highlight concerns in relation to dispensing GP practices and the need for equity and fairness for patients served by such remote, predominantly rural and coastal practices.

The BMA raised concerns about lack of financial support for the Electronic Prescription Service (EPS) in dispensing practices, in comparison to Pharmacy contractors, and software costs of the EPS.

The BMA have called on the DHSC and NHS England to agree sustainable funding for dispensing practices, so that they won't decline in the same way that many other rural public services have done.

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### **FOURTEENFISH SURVEY**

The FourteenFish Consult tool - a platform integral to GP specialty training - was withdrawn on 14 October. Despite the clear dependence of registrars and supervisors on this system, the withdrawal has gone ahead without a suitable replacement being in place.

GPC England shares the serious concerns raised by the GP Registrars Committee (GPRC) and that this situation is completely unacceptable. The sudden loss of a core training tool has left many trainees and educators without the resources they rely upon for safe and effective learning.

The BMA fully support the GPRC's call for the RCGP to take urgent and transparent action to restore functionality through a secure, integrated replacement- and to ensure that this comes at no additional cost to registrars.

The BMA know this disruption has caused real frustration, uncertainty, and additional workload pressures across training practices. We are pressing for clear answers and accountability from those responsible and will continue to do so until a sustainable solution is delivered.

If your practice has been affected by the withdrawal of FourteenFish Consult, the BMA encourage's GP Registrars to share their experiences using [this form](#).

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### **REDACTED INFORMATION**

Dear colleagues,

We are very grateful for receiving anonymised data when dealing with issues raised by practices with the office. Indeed, we sometimes request redacted correspondence to help us understand the problem and fight the general practice corner.

We have, however, received a number of correspondence recently that have been redacted by pen and then scanned or copied to us. Unfortunately this has rendered the redaction transparent.

As the LMC is not an NHS organisation, it cannot receive patient identifiable data (PID) and we would be grateful when practices send us redacted correspondence that it is truly redacted of all PID before sending.

Dr Alastair Bradley  
Secretary (Sheffield LMC)

Please forward any articles for inclusion in the LMC newsletter to  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

Submission deadlines can be found [here](#)

Contact details for Sheffield LMC Executive can be found [here](#)  
Contact details for Sheffield LMC Secretariat can be found [here](#)



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