

Adaptations for the new GP contract

We're launching an initiative to help ICBs and practices meet the following new GP contract requirement:

From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours (8am - 6:30pm) for non-urgent appointment requests, medication queries and admin requests.

Given the ambiguity of this requirement and the diverse feedback we've received, we're sharing our planned approach. We're eager to refine this further with input from practices and ICBs.

The backlog below details the platform changes we believe will help you meet this requirement. Backlogs are dynamic and evolve with changing needs; this is not a fixed or committed list of work.

Therefore, please be advised that:

- Not everything on this list will be done!
- Items are listed in order of priority based on their benefit and size. This order is likely to change.
- Items near the top of the list are more likely to be completed than those further down.
- We want your input, so please let us know if:
 - There's something missing that you'd like to see
 - There are items that you don't see the benefit of
 - There are items that you think are not correctly prioritised
- We will listen and adapt based on feedback from practices and ICBs.
- While we can't promise to address every specific piece of feedback, rest assured it will be heard and considered throughout this initiative.

The backlog

1. Through scheduled closures, practices can restrict access to clinical pathways only, keeping administrative options available for non-urgent requests.

2. Practices can customise the message shown to patients when only clinical pathways (“Adult health problems”, “Child health problems” & “Reviews for long term conditions, medication or contraception”) are closed - using this as a “safe working capacity” warning if desired.
3. Creation of new pathways under administrative help for routine requests (e.g. immunisation requests and smear tests)
4. Split administrative pathway into dedicated templates, shown on an A-Z list, for better visibility of the available options.
5. Renaming ‘administrative help’ to show that it can be used for routine clinical requests.
6. Easier access to practices’ online consultation opening hours data via improved reports available to both practices and ICBs
7. Signpost patients to use the NHS App for repeat prescriptions, even when the practice is closed for clinical and/or admin requests.
8. A new medication query pathway under admin, for issues with existing prescriptions or acute medication follow-ups.
9. Pharmacy first signposting permanently displayed on the landing screen, even when the practice is closed for clinical and/or admin requests.
10. Users can quickly see the number of eConsults assigned to each urgency to prioritise appointment booking more effectively.
11. Access to clearer data on appointments saved by eConsult, such as pharmacy referrals, remote closures, and patient self-referrals to local services.

In relation to the following requirement under the Capacity and Access Improvement (CAIP) payment:

[PCNs will be incentivised to] risk stratify their patients in accordance with need – including to identify those that would benefit most from continuity of care.

Please share with us how you plan to approach risk-stratifying patients, so that we can collaboratively explore ways to integrate this into the Smart Inbox.