

**Rt Hon Wes Streeting MP**

Secretary of State for Health and Social Care  
Department of Health and Social Care

*Sent via email*

17 October 2025

Dear Secretary of State,

Thank you for your letter of 11 October and commitment to constructive dialogue with the BMA and GP profession to better understand our concerns and issues. Patient safety has consistently been, and remains, the BMA's, GPC England's, and the GP profession's highest priority. It is disappointing that when tensions are so very heightened, we may see regrettable comments from all sides.

As a regulated doctor, public confidence in my ability to tell the truth is high, and I will continue to tell truth to power. In this spirit, I implore you listen to me and my committee, as the elected representatives of the GP profession across England, when we warn of genuine and real concern.

You will be aware of the ill-fated scheme to open carriageway hard shoulders as an additional permanent lane on motorways. This led to an increased risk of fatal or serious injury accidents.

The same principles apply when you open up online GP pathways to potentially unlimited consultations, promising patients' better access, but providing no more GPs to increase appointment capacity; promising to 'end the 8am scramble' but providing no additional appointments. GPs must now manage many more patient requests and queries each day, revealing the huge unmet need across our communities. As GPs we are warning you as our Secretary of State, that we cannot safely accommodate this unmet need simply by keeping all our access routes open no matter how full each 'motorway lane' rapidly becomes.

Patients want and need a human connection, not labyrinthine online algorithms. They deserve more GPs delivering more appointments to improve access. We have thousands of GPs looking for work. GPs want to see their patients and speak to their patients, not

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be sat in front of computer screens all day. GPs have always embraced innovation, but innovation needs to enhance the care we provide and not become a substitute for it.

Your department will be aware of the online consult platforms that crashed due to being overwhelmed by demand, and the ongoing online surge driven by 1st October publicity, visible to you from data available to NHS England from those providers. My own practice has operated total triage and enabled online access for years yet has experienced a 25-30% increase in demand, which is causing staff to stay late into the evenings to try to keep patients safe. This unsustainable demand will soon be exacerbated by the inevitable increase in demand that occurs during the winter months, and this will compound the mismatch between capacity and patient need.

You rightly reference safety, yet at no point despite my repeated asks in recent months has your government met with online consultation platform developers or with GPCE to discuss embedding necessary safeguards. These are essential to protect patients and GPs alike by ensuring urgent and emergency requests erroneously submitted online, among the many hundreds of other non-urgent requests and queries, are not missed. This is as per the agreement set out in your department's letter to GPCE on 18<sup>th</sup> February 2025.

We are already starting to see the development of waiting lists within GP practices, an inevitable consequence of there being no additional appointments to respond to this new surge. This change simply highlights the scale of unmet healthcare need and is a natural response when no additional GPs and no additional appointments are possible without additional resource. Unmet patient need and GP under / unemployment are in your gift to solve, as I have outlined to you in my previous letters. GP waiting lists becoming normalised akin to hospital waiting lists is not the legacy you are seeking, but it may well be the one you are remembered for.

Almost 1.5 million patients access our services every day, yet General Practice is not commissioned to provide urgent and emergency care. The BMA will continue to remind and advise practices that when safe capacity is breached on any given day, patients should be appropriately signposted to NHS 111, urgent care centres, walk-in centres, and community pharmacies, in line with the [BMA Safe Working Guidance](#) principles. When clinically appropriate and absolutely necessary, we will continue to advise that emergency departments be attended, in line with [Good Medical Practice](#).

Safe patient care, delivered within a safe working environment, should always be paramount.

Whilst general practice must comply with all contractual and regulatory obligations, including those introduced on 1 October 2025, practices must be supported to implement these changes safely, with effective, necessary safeguards and resources to ensure that patients receive the best possible care.

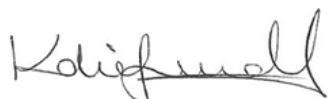
Broken Government promises to implement these safety measures for online consultations, on top of the 'cost-neutral' Carr-Hill redesign and unknown future for

practices given the ambiguity in the Ten-Year Health Plan, build an increasingly challenging picture for our profession. This is all the more disappointing when we all had such high hopes in your leadership six months ago. That loss of trust is yours to remedy.

I welcome your stated commitment to constructive dialogue and, to that end, would value a meeting with you to discuss these issues further.

I look forward to your response and hope you will accept my offer to meet at the earliest possible opportunity.

Yours sincerely,



**Dr Katie Bramall**  
Chair, General Practitioners Committee  
British Medical Association