

GPs reject government-imposed contract changes, BMA diverts opposition into a “Plan B” for privatisation

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18 June 2026

Almost 17,000 General Practitioner (GP) and GP Registrar members of the British Medical Association (BMA) in England are locked in a dispute after voting at the end of March by 98.9 percent, on a 55.1 percent turnout, to reject government-imposed changes to their contract for 2026/7.

GPs warned that the overhaul will mean increased workload requirements which, combined with inadequate funding, would intensify the crisis in primary care and further undermine patient safety. Nevertheless, the Labour government of Prime Minister Keir Starmer imposed the contract from April this year.

The changes require GPs to provide unlimited same-day access for patients with urgent clinical needs and remove caps on consultation requests, obliging GPs to respond even when operating at full capacity.

BMA General Practitioners Committee (GPC) England chair Dr Katie Bramall warned that the contract would “heap unsafe, unfunded additional workload on to practices, forcing GPs to deliver more with less, putting patient care at risk.”

She added, “Mandating unlimited access without the staff, time, or infrastructure needed to deliver it is not a plan, but a fast-track to collapsing GP services—pushing GPs to either walk away because of the moral injury it inflicts or forcing practices to close their doors under intolerable pressure.”

These warnings accurately describe the consequences of a policy that places ever greater demands on an already overstretched workforce. Yet the BMA leadership has no intention of organising a unified struggle against the Starmer government.

Rather than mobilising GPs alongside resident doctors, nurses and other National Health Service (NHS) workers confronting similar attacks on pay, staffing and working conditions, the BMA leadership is advancing a referendum on a “Plan B” that accepts the framework of austerity and marketisation.

The BMA’s General Practitioners Committee for England

has announced plans for a so-called “dentist-style” model for GP clinics that would permit practices greater freedom to provide private services alongside NHS provision. The proposal represents a direct challenge to the founding principle of the National Health Service: healthcare free at the point of use and based on clinical need rather than ability to pay.

The Northern Ireland General Practitioners Committee recently passed a motion calling for the exploration of a hybrid NHS-private GP service. The BMA has also elevated its Private Practice Committee into a full branch of practice within the organisation.

BMA Council chair Dr Tom Dolphin justified the expansion of private practice representation by pointing to the worsening state of the NHS and the growth of the private healthcare market. Speaking to the British Medical Journal (BMJ), he argued that more patients were seeking treatment outside the NHS and that increasing numbers of doctors were consequently moving into private practice.

Asked how the BMA reconciled its professed opposition to privatisation with its representation of doctors in private practice, Dolphin replied, “I don’t think the two things are incompatible at all.”

On May 27 the BMA GPs committee for England announced it would hold a ballot in England of members on its “‘Plan B’, or an alternative strategy for general practice that would allow GPs greater freedom to provide private services to their patients.”

The date for the referendum has not been confirmed but the BMA indicated it would be conducted at the end of June.

Presented as pragmatic responses to mounting pressures, the proposals amount to an acceptance of a two-tier healthcare system in which access increasingly depends on the ability to pay. Instead of defending a comprehensive public health service, the BMA leadership is advancing pro-market “reform”.

This is done as an underfunded and understaffed NHS

groans under the weight of rising demand, with more than seven million people on waiting lists, and thousands dying unnecessarily in overstretched emergency wards.

According to the Royal College of Emergency Medicine (RCEM), **15,860 patients died unnecessarily in England during 2025 due to excessive waits in Accident and Emergency departments.** Ten years earlier the figure stood at 1,657. The report establishes that this is the result of systemic under-resourcing.

The government's callous indifference and normalisation of preventable death were starkly exposed when the Department of Health and Social Care responded by claiming that "waiting times at A&E are at a five-year low" in response to the RCEM's demand for "urgent action".

General practice is also under intense pressure. BMJ analysis shows that every Integrated Care Board in England exceeds the BMA's recommended safety threshold of one GP per 1,000 patients. Nationally, there is approximately one full-time GP for every 2,220 patients; in some regions, doctors are responsible for nearly 2,800 patients each.

Both the BMA and the Royal College of General Practitioners describe current workloads as unsafe and unsustainable. Millions of patients struggle to secure GP appointments, and many are pushed towards already overwhelmed A&E departments.

Newly qualified GPs frequently struggle to secure substantive posts while practices report overwhelming demand and chronic staffing shortages. Resident doctors face similar barriers, competing for a limited number of specialty training places—with almost 92,000 applications submitted for just 12,833 posts in 2024—despite years of education and clinical experience.

The issue is not a lack of trained healthcare professionals but the refusal of successive governments to invest the resources required to expand NHS capacity.

It is in this context that the BMA's invocation of dentistry as a model for general practice must be understood and condemned. NHS dentistry is not a success story; it is a warning.

After decades of underfunding and market-driven reforms, access to NHS dentistry has collapsed across large parts of the country. Millions struggle to obtain appointments. Many practices no longer accept new NHS patients, forcing people either to pay private fees or go without treatment altogether. The emergence of so-called "dentistry deserts" and reports of patients resorting to self-treatment demonstrate the consequences of subordinating healthcare to market forces.

This is the logic of the model now being advanced for general practice. Once providers are encouraged to compensate for declining public funding through private income streams, powerful pressures emerge to prioritise

private work. NHS access deteriorates, professionals gravitate towards the better-remunerated private sector, and what remains is an increasingly residual public service for those unable to pay. The BMA's "Plan B" is not a defence of GPs or their patients. It is a mechanism for managing the transition to American-style healthcare while providing ideological cover for the destruction of the NHS.

The Starmer government's policies are accelerating this process. Labour's NHS 10-Year Plan combines demands for billions in annual "efficiency savings" with deeper integration of private providers into healthcare delivery. Proposed neighbourhood health centres would be financed through mechanisms recalling the disastrous Private Finance Initiative schemes that saddled NHS trusts with huge long-term liabilities. The imposition of inferior contracts on GP practices exposes the fraud of the plan's promised "shift from hospital to the community".

The BMA is fragmenting struggles that share a common source. GPs face impossible workloads and chronic underfunding. Resident doctors confront pay erosion, worsening conditions and a shortage of specialty training posts. Nurses, healthcare assistants and allied health professionals face similar pressures. Yet rather than uniting NHS workers against the government's agenda, the BMA leadership pursues a sellout of resident doctors' core demands and diverts opposition to the crisis in GP clinics into a referendum on a privatisation model.

NHS Fightback calls on GPs in England to vote NO in the referendum and reject the BMA's privatisation blueprint for General Practices; government attacks must be answered by the demand for full funding.

Defending general practice and universal healthcare requires a unified struggle by healthcare workers against the privatisation agenda advanced by both the Starmer government and union leaders adapting to it. Rank-and-file workers must formulate demands based on what is required for safe patient care, decent pay and secure working conditions—not on the fiscal constraints imposed by a government committed to austerity, militarism, war and the interests of big business.

We urge GPs, resident doctors and all NHS staff who support a unified struggle to contact NHS Fightback.



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