

**BMA Press Release**

**Immediate Release, Thursday, 5 January**

**BMA launches new guidance on Multi-speciality Community Provider contract in England**

The BMA’s GP committee has launched new guidance for GPs in England about the recently launched Multi-specialty Community Provider contract (MCP).

The document provides GPs with clear advice about the potential advantages and disadvantages about the three different models of MCP.

Dr Gavin Ralston, BMA GP executive committee member, said:

“The MCP contract is an entirely voluntary contract aimed at practices that wish to work within an integrated care model, covering populations of at least 30,000-50,000 patients, but probably more.

“There is a choice of three MCP models – virtual, partially integrated and fully integrated. As a result of lobbying by the BMA’s GP committee, in two of the options GP practices can benefit from integrated provision of services, while retaining their national contract, though the partially integrated model may still see changes to income streams that GPs will need to closely consider.

“For some GPs being part of a fully integrated MCP may seem attractive given the current pressures on general practice.  However there are clear risks with giving up a national contract for this option, as there will be limited opportunities for GP practices to return to the exact contract arrangements they were previously on. Patients may also lose some of the continuity of care that they value as part of their relationship with their local GP practice. The new MCP contract is also time limited and will be subject to further procurement processes in the future. This will mean that constituent practices may have to compete against commercial companies to retain the contract with, as we know, absolutely no guarantee of success.

“The key benefit GPs must look for when considering the MCP contract is whether it reduces bureaucracy and workload. Whatever model GPs choose, the current crisis in general practice will not be addressed by contract changes. Instead a systematic programme of investment in general practice by government is needed.”

The new guidance can be read [here](https://www.bma.org.uk/advice/employment/contracts/gp-partner-contracts/mcp-contract-framework) and a blog by Dr Ralston explaining more about the backgrounds for the MCP models can be found [here.](https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/what-does-the-mcp-contract-really-mean-for-gps)

**Ends**