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Research Briefing

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General practice in England

Summary

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Contents

Summary

Health policy is devolved. The information in this briefing applies to England unless otherwise stated. General practitioners (GPs) refers to GPs in the NHS unless otherwise stated.

What do GPs do?

GPs are expert medical generalists. They are often the first point of contact for medical advice and treatment for their registered NHS patients. The majority of general practices in England are part of a primary care network (PCN), working together with other local health and social care providers to provide coordinated care and an extended range of services.

How many GPs are there in England?

At the end of September 2024 there were 38,421 NHS GPs in England, according to data from NHS Digital. This is measured on a full-time-equivalent basis (FTE) which takes into account whether GPs work full-time or part-time.

In September 2024, there was an average of 1,655 registered patients per full time equivalent (FTE) GP, including training grades.

GPs make up only a quarter of staff in general practice. Healthcare and support services are also provided by a range of other staff groups.

How are GPs funded?

GPs provide services to the NHS independently through a contract. This means general practices operate like businesses, and many GPs are responsible for running their own practices either alone or in partnership with other GPs.

General practices are funded by the NHS and have various income streams from the NHS. The government has said between 50% to 60% of a practice's income comes from funding to deliver its core contractual arrangements. Other NHS funding sources include incentive schemes, practices offering extra services, or funding from primary care networks.

GP partners are self-employed independent contractors, rather than NHS employees. Salaried GPs are mostly employed directly by GP practices. As businesses, general practices have the freedom to set the pay and terms and conditions of their workforce.

In the 2024 Autumn Budget, the government announced changes to employer National Insurance contributions (NICs). The Treasury is compensating public sector employers for employer NICs bills through increases to their budgets. Since workers in general practices aren't technically public sector employees, general practices might not be compensated for the NICs increases. Various stakeholders have highlighted concerns about how the NICs changes may affect general practices (see section 2 of this briefing).

In December 2024, the government announced that general practice will receive a funding uplift of £889 million in 2025 to 2026 on top of its existing budget, which it said represents an estimated real-terms growth of 4.8%.

The government said it has agreed with the British Medical Association's general practitioners' committee (GPCE), the professional body representing GPs in England, on its proposals for the GP contract for 2025 to 2026. It has said that it will publish the contract in spring 2025.

What are the concerns about the GP workforce?

There have been longstanding concerns about the recruitment and retention of GPs, and about overwork and low morale within the GP profession. The pandemic increased pressures and patient dissatisfaction about the difficulty of accessing services.

In 2019, the government introduced the Additional Roles Reimbursement Scheme (ARRS) to increase capacity, alleviate GP workload and help solve the workforce shortage in primary care in England. In August 2024, the government announced it was adding recently qualified GPs to the ARRS from October 2024 to aid with workforce numbers for 2024/2025. The government announced £82 million from the existing Department of Health and Social Care budget to support the inclusion of over 1,000 newly qualified GPs in the ARRS. In January 2025, the government said recently qualified GPs who are employed via the ARRS will continue to be supported through the scheme in 2025/26.

The government said it will publish a 10-year health plan for England in spring 2025 to "reform" healthcare by shifting from "hospital to community" care, rolling out new technologies and focusing on preventing illnesses by identifying and managing issues earlier. Regarding general practices, the government has said it will, through the 10-year plan:

- "bring back the family doctor"

- reduce bureaucracy
- focus on preventing diseases
- “end the 8am scramble” for GP appointments

Who are GPs accountable to?

Responsibility for commissioning primary medical services has been delegated from NHS England to integrated care boards (ICBs) since they replaced clinical commissioning groups (CCGs) on 1 July 2022.

GP practices are accountable via their contractual arrangements to ICBs and to NHS England, which is in turn accountable to the government and to Parliament.

Who is responsible for GP infrastructure?

As independent businesses, GP partners are responsible for making decisions about what infrastructure their practices need. General practices can receive funding from NHS England and ICBs towards improving their infrastructure and estates.

The 2024 Autumn Budget announced £100 million to support 200 GP estate upgrades across England and to improve the use of existing buildings.

What challenges are there for the future of general practice?

With a growing and ageing population and increase in long-term chronic conditions, demands are increasing and the work of general practice is becoming more complex.

Combined with these pressures, there are serious recruitment and retention challenges, questions about the sustainability of the GP partnership model, calls to reform GP funding and questions about what the future of general practice might look like.

1 Introduction: What is general practice?

1.1 What do GPs do?

GPs are expert medical generalists, sometimes described as specialists in general practice.[1] They can also specialise in areas such as sports medicine, adolescent health, diabetes or palliative medicine.[2] GPs are often the first point of contact for medical advice and treatment for their registered NHS patients, and are therefore categorised as 'primary care'.

According to NHS England, general practice provides over 300 million appointments every year.[3] GPs can provide continuity of care and build relationships with their patients. Their role can involve:

- monitoring long-term conditions
- diagnosing and treating common medical conditions
- prescribing medicines
- providing vaccinations
- providing advice to support healthy living
- making referrals for their patients who need specialist medical treatment, surgery, or other sources of support
- advising patients of other services from local authorities or charities

A typical day for a GP might involve face-to-face or virtual appointments, visits to care homes or visiting patients at home.

GPs can be involved in research at universities, the NHS and in the private sector.[4] GPs may also supervise or teach medical students or postgraduate doctors in training.[5]

1 Royal College of General Practitioners, "General practitioners: Specialists in general practice", published September 2019
2 NHS website, "General practitioner", accessed 6 November 2024
3 NHS England website, "Primary care", accessed 6 February 2025
4 As above
5 As above

For someone to practice as a GP, they must complete a recognised medical degree, which is normally a five-year course.[6] They must then complete two years of foundation training and then practice at least three years of GP specialty training.[7]

1.2 Who else works in general practice?

GPs make up about a quarter of staff in general practice (see section 3.3).

Healthcare and support services are also provided by a range of other staff groups, including practice nurses and pharmacists.[8] Non-clinical staff include receptionists, managers and medical secretaries.

In recent years, the government has made additional funding available to recruit a greater range of clinical staff working in general practice, such as through the Additional Roles Reimbursement Scheme (ARRS).[9] These staff include dieticians, paramedics, physician associates and physiotherapists who provide care directly to patients, or support doctors and nurses to do so. Section 5.1 contains further details on the ARRS.

1.3 Are GPs NHS employees?

Since the inception of the NHS in 1948, GPs have been independent practitioners providing services to the NHS through a contract, rather than being NHS employees. This means each general practice operates as a small business,[10] and many GPs are responsible for running their own practices either alone or in partnership with other GPs.[11] Many GP surgeries are owned by the GPs or their partnerships, with a range of ownership models and types of buildings, from converted houses to purpose-built health centres.

However, GPs are still considered a core part of the NHS, and combine elements of private business and public service.

General practices have various income streams from public funding (see section 2.2).[12] They can also charge for private services, such as completing

6 NHS website, "General practitioner", accessed 21 January 2024
7 As above
8 The Nuffield Trust, "The NHS workforce in numbers", published 7 February 2024
9 UK Government, "Government meets target one year early to recruit primary care staff", published 18 May 2023; NHS England, "Expanded NHS support available for patients in GP practices across the country", published 20 October 2023; The Nuffield Trust, "More staff in general practice, but is the emerging mix of roles what's needed?", published 16 June 2023
10 The King's Fund, "GP funding and contracts explained", published 11 June 2020
11 NHS website, "General practitioner", accessed 11 November 2024
12 The King's Fund, "GP funding and contracts explained", published 11 June 2020

certain medical certificates and forms, and providing some vaccinations not provided by the NHS.[13]

1.4 Who is responsible for GP service?

Responsibility for commissioning primary medical services has been delegated from NHS England to integrated care boards (ICBs) since they replaced clinical commissioning groups (CCGs) on 1 July 2022. This change is provided for by schedule 3 of the Health and Care Act 2022.[14]

NHS England retains overall accountability for the safe and effective discharge of its statutory responsibility for GP services. It requires ICBs to provide assurances that the commissioning of GP services is being carried out safely and effectively.

1.5 What are primary care networks?

The majority of general practices in England are part of a primary care network (PCN), working together with other local health and social care providers in a local area, to provide coordinated care and an extended range of services.[15]

There are around 1,250 PCNs across England and they typically serve communities of between 30,000 to 50,000 people.[16] PCNs are led by clinical directors who may be a GP, general practice nurse, clinical pharmacist or other clinical professional.[17]

13 The King's Fund, "GP funding and contracts explained", published 11 June 2020

14 Since 1 July 2022 all 42 ICBs have had delegated responsibility for commissioning primary medical services, with 9 ICBs also taking on one or more of: dental (primary, secondary and community), general ophthalmic services and pharmaceutical services. All remaining ICBs were assigned delegated responsibility for all primary care services from April 2023.

15 NHS England, "Primary care networks", accessed 11 November 2024

16 As above

17 As above

2 How do GP contracts and funding work?

2.1 Types of GP contracts

Each general practice or partnership of general practices must hold an NHS GP contract to run NHS commissioned services. There are three types of contracts:[18]

- General Medical Services (GMS). This is the national standard GP contract to deliver 'core' medical services, such as identifying and managing illnesses, providing health advice and referral to other services. It was introduced in 2004. Changes to the GMS contract are negotiated at least annually between the British Medical Association (BMA) general practitioners committee for England (GPCE), the GPs' professional body, and NHS England.[19]
- Personal Medical Services (PMS). This is another form of a core contract. Unlike the GMS, it is negotiated and agreed locally by the NHS commissioner and an individual practice or group of practices.[20]
- Alternative Provider Medical Service (APMS). This is a more flexible framework that is open to a wider range of providers to provide services beyond the 'core' general practice, including the independent sector and voluntary and community sector organisations. For example, under an APMS contract, a social enterprise could be contracted to provide primary health care to asylum seekers or homeless people.[21]

NHS England has reported that 71% of practices held GMS contracts, 28% held PMS contracts and 1% held APMS contracts in July 2024.[22]

All NHS contracts are managed by the NHS commissioner: either NHS England or an ICB. Since July 2022, NHS England has delegated commissioning services under GP contracts to ICBs.

As both PMS and APMS contracts are negotiated locally, they can provide flexibility to tailor provision to local need, while maintaining a core set of services and keeping with national guidelines and legislation.[23] Local medical

18 NHS England, "GP contract", accessed 11 November 2024; The King's Fund, "GP funding and contracts explained", published 11 June 2020
19 NHS England, "GP contract", accessed 22 January 2025
20 As above
21 As above
22 As above
23 NHS England, "GP contract", accessed 22 January 2025

committees representing GPs may advise or participate in local negotiations for PMS and APMS contracts alongside regional BMA representatives.[24]

An article published by the Nuffield Trust in January 2025 contains further background information on the development of the GP contract, and the evolution of different contractual models.

2.2 Funding for general practices

General practices have various income streams from the NHS.

Funding from core contractual arrangements

Most practices receive funding from the NHS commissioner (either NHS England or an ICB) to deliver their core contractual arrangements and essential medical services. This funding is known as the "global sum" and it was introduced in 2004 with the GMS contract. The global sum typically makes up around 50% to 60% of a practice's income.[25] PMS contracts are usually negotiated based on the GMS global sum allocations.

How funding for GP practices is allocated

Global sum funding is allocated according to a needs-based formula sometimes called the 'global sum allocation formula' or 'Carr-Hill formula'.[26] This formula takes into account factors that could affect the workload of general practices, including:[27]

- patient age
- patient sex
- additional needs of patients
- the turnover of patients on GP register lists

For example, elderly patients typically use more minutes of GP practice time than younger age groups.[28] In addition, patients who are newly registered with a practice often require more practice time.[29]

The formula also takes into account 'unavoidable costs' of:[30]

24 NHS England, "GP contract", accessed 22 January 2025
25 [PQ 23079 | 15 January 2025]
26 British Medica Association, "Global sum allocation formula", accessed 22 January 2025
27 As above
28 House of Commons Library, "NHS integrated care board (ICB) funding in England", published 9 October 2024
29 As above
30 British Medica Association, "Global sum allocation formula", accessed 22 January 2025

- geographical variation in market forces and staff costs
- how rural the practice's area is

Various stakeholders, including the Royal College of General Practitioners (RCGP), have expressed concern over the years that the global sum allocation formula does not accurately take into account funding needs associated with socioeconomic deprivation.[31] Section 9.3 contains further details on calls to reform GP funding.

Funding from NHS Quality and Outcomes Framework

The NHS Quality and Outcomes Framework (QOF) is a voluntary programme. Practices that opt in to it receive extra payments from the NHS based on the quality of patient care they deliver. Measures, called indicators, have points attached that are given to GP practices based on how they are doing against them.[32] Indicators generally cover:[33]

- the management of chronic conditions, such as asthma and diabetes
- the management of public health concerns, such as smoking and obesity
- providing preventive services such as screening or blood pressure checks

In December 2024, the government announced it would reduce the number of targets in the QOF from 76 to 44 to "free up" GPs to "spend more time with their patients".

Opting in and out of offering extra services

Aside from being contracted to deliver core medical services, general practices can opt out from some services they are otherwise assumed to provide, including out-of-hours services or minor surgery.[34] It is the ICBs' responsibility to then contract a replacement service to cover the general practice area population.[35]

General practices can opt into nationally agreed 'enhanced services' and receive additional payments for providing them, such as vaccination programmes.[36]

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31 For example, see: The Royal College of General Practitioners, "RCGP calls on the government to reform GP funding to tackle health inequalities", published 22 May 2024; The Nuffield Trust, "Fairer funding for general practice in England: what's the problem, why is it so hard to fix, and what should the government do?", published 12 December 2024; The Health Foundation, "'Levelling up' general practice in England", published 21 May 2021

32 NHS England, "Quality and Outcomes Framework (QOF)" accessed 5 February 2025

33 As above

34 The King's Fund, "GP funding and contracts explained", published 11 June 2020

35 As above

36 The King's Fund, "GP funding and contracts explained", published 11 June 2020

They can also opt into locally commissioned services, such as mental health support programmes. Locally commissioned services may be commissioned by non-NHS organisations such as local authority public health departments and vary by area.[37]

Other income streams to general practices

Other, smaller, income streams from the NHS for practices include:[38]

- payments to cover rent or mortgage on premises
- payments to cover IT costs
- locum allowances (for staff temporarily filling vacancies)
- training costs

2.3 Funding to primary care networks

Almost all general practices in England are part of a primary care network (PCN), working together with other local health and social care providers to provide coordinated care and an extended range of services.

Network Contract Direct Enhanced Services Contract

PCNs are formed via sign up to the Network Contract Direct Enhanced Services Contract, which gets funding from the NHS and sets out core requirements and entitlements for a PCN. PCNs are also supported by NHS funded and locally delivered funding for development.

Additional Roles Reimbursement Scheme

PCNs can employ certain professionals, including nurses, and claim reimbursement for their salaries through the Additional Roles Reimbursement Scheme (ARRS). More information on the ARRS, including recent funding announcements for it, can be found in section 5.1.

Investment and Impact Fund

The Investment and Impact Fund is paid to PCNs rather than individual general practices. The NHS introduced it to help general practices manage

37 The King's Fund, "GP funding and contracts explained", published 11 June 2020
38 As above

demands of covid-19, and it was later extended to incentivise practices to meet government goals, as measured by 'indicators'.[39]

These initial indicators included flu vaccinations, learning disability health checks, improving early cancer diagnosis and improving access to GP services.[40] In 2024/25, the government reduced these to two indicators: disability health checks and using faecal immunochemical testing in cancer pathways.[41]

Capacity and Access Payment

The Capacity and Access Payment (CAP) was introduced by the NHS in 2022/23.[42] It aims to help manage demand and improve patients' experience of accessing primary care.[43] There are two parts to the funding:[44]

- The national Capacity and Access Support Payment accounts for around 70% of the fund. It is paid to PCNs without conditions.
- The local Capacity and Access Improvement Payment accounts for 30% of the fund. It is paid to PCNs who make improvements in digital telephony and online triage, as an incentive to develop those services.[45]

In April 2024, the government announced that funding from the retired Investment and Impact Fund indicators would be redirected towards funding for the CAP, which would increase by £46 million to £292 million.[46]

2.4 Pay for general practice staff

GP partners are self-employed independent contractors, rather than NHS employees. Salaried GPs are mostly employed directly by GP practices.

Most GPs, whether partners or salaried, and staff employed by general practices, are not covered by national NHS pay scales and pay bodies. However, NHS general practices are eligible to join the NHS pension scheme.

39 The King's Fund, "GP contract 2024/25 explained: funding, incentives and the workforce", published 4 September 2024
40 As above
41 The King's Fund, "GP contract 2024/25 explained: funding, incentives and the workforce", published 4 September 2024; NHS England, "Arrangements for the GP contract in 2024/25", accessed 22 January 2025
42 The King's Fund, "GP contract 2024/25 explained: funding, incentives and the workforce", published 4 September 2024
43 As above
44 The King's Fund, "GP contract 2024/25 explained: funding, incentives and the workforce", published 4 September 2024; NHS England, "Arrangements for the GP contract in 2024/25", accessed 22 January 2025
45 As above
46 As above

Funding for GP pay is provided through NHS contract funding for remuneration and staff expenses, and each partner takes a share in the profits and losses of a practice.[47] As businesses, general practices have the freedom to set the pay and terms and conditions of their workforce.[48] There is a minimum set of terms and conditions that applies to all salaried GPs employed by general practices with an NHS contract.[49]

2.5 Recent funding and contract activity

Government activity

In January 2019, NHS England and the BMA GPCE agreed a five-year GP contract framework. When it expired, in spring 2024, the Conservative government announced new arrangements and an increase of funding of £259 million in the GP contract (taking the overall contract investment to just under £11.9 billion in 2024/25). This included an assumption that some of that funding would go towards 2% pay growth for general practice staff.[50]

In August 2024, the Labour government announced the GP contract will be amended to uplift the pay elements by 6% instead of 2%, which will be backdated to April 2024. This announcement was based on pay recommendations for GP partners and salaried GPs by the Review Body on Doctors and Dentists Remuneration.[51]

However, as self-employed contractors to the NHS, it is for GP partners to determine the actual uplifts in pay for their employees. The government said the uplift is to cover all practice staff and that they expect GP partners to "honour the intent of this uplift and award the full 6% pay rises to all their staff".[52] This amendment works out as a 7.4% increase to the global sum for 2024/25 compared with 2023/24.

Autumn Budget 2024

In the 2024 Autumn Budget, the government announced extra funding for the Department of Health and Social Care, including an increase of £22.6 billion in day-to-day spending for the department over 2024/25 and 2025/26 compared with 2023/24.

47 The King's Fund, "GP funding and contracts explained", published 11 June 2020
48 NHS, "General practitioner", accessed 17 January 2025
49 Royal College of General Practitioners, "GP Roles" (PDF), published October 2017
50 NHS England, "Arrangements for the GP contract in 2024/25", published 28 February 2024
51 NHS England, "GP contract changes: government response to Doctors and Dentists Remuneration (DDRB) and the Additional Roles Reimbursement Scheme (ARRS)", published 2 August 2024
52 As above

The government has said £100 million funding through the Autumn budget should go towards upgrading GP estates across England as well as starting to hire 1,000 extra GPs.[53]

The government also announced in the Budget changes to employer National Insurance contributions (NICs). It said that from April 2025:[54]

- The employer NICs rate will increase from 13.8% to 15%.
- The threshold above which employer NICs are paid for an employee will reduce from £9,100 a year to £5,000 a year.
- The Employment Allowance will be increased from £5,000 to £10,500. Employment Allowance allows employers to reduce the total amount of National Insurance they pay each year.
- At present, Employment Allowance is only available to employers who have less than £100,000 in National Insurance liabilities. This restriction will be removed so larger employers will also be eligible.

The Treasury is compensating public sector employers for employer NICs bills through increases to their budgets.[55] General practices operate as a business and GPs are independent practitioners that provide NHS services through a contract, rather than being public sector employees. Since workers in general practices aren't technically public sector employees, the practices might not be compensated for the NICs increases. There are various concerns about how the NICs changes may affect general practices (see stakeholder commentary below).

The Library briefing on the 2024 Autumn Budget has further details on these announcements.

GP contract 2025-26

In December 2024, the government announced that general practice will receive a funding uplift of £889 million in 2025-26 on top of its existing budget, which it said represents an estimated real terms growth of 4.8%.[56]

In February 2024, the government said it has agreed with the BMA GPCE on its proposals for the GP contract 2025-26.[57] It said it will unveil the contract in spring 2025.[58]

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53 UK Government, "GP reforms to cut red tape and bring back family doctor", published 20 December 2024

54 House of Commons Library, "Autumn Budget 2024: A summary", published 31 October 2024

55 As above

56 UK Government, "GP reforms to cut red tape and bring back family doctor", published 20 December 2024; Statement UIN HCWS351, 6 January 2025

57 UK Government, "New deal for GPs will fix the front door of the NHS", published 28 February 2025

58 UK Government, "GP reforms to cut red tape and bring back family doctor", published 20 December 2024; Statement UIN HCWS351, 6 January 2025

Stakeholder commentary

Changes to the GMS contract

In April 2024, the BMA's GPCE wrote to NHS England to say they were entering into a formal dispute with them over changes to the GMS contract.[59] The BMA has said a key reason for the dispute was over funding and that many practices would be "struggling to stay financially viable over the next six to 12 months and risk closure".[60]

In July 2024, GP members at the BMA voted to take collective action, and potential actions include limiting the number of patients seen each day or how they work with secondary care services (such as in hospitals).[61]

Autumn budget 2024 and NICs

Various stakeholders have cited concerns that NICs increases would add pressures to general practice finances.[62] The RCGP said the increases "compound" pressures of budget constraints and staffing challenges, and they could force some practices to make redundancies or close.[63]

For information about general reactions to the Autumn budget 2024, see the Library briefing on Autumn Budget 2024: Reaction.

Government funding and contract announcement in December 2024

The RCGP has said they welcomed the funding and hoped that it "will help stabilise general practice" but that there was "a long road ahead":[64]

> The current GP contract is not fit for purpose, so a speedy resolution with an improved contract is in everyone's best interests.[65]

59 British Medical Association, "GPs in England go into dispute with NHS England over contract", published 17 April 2024

60 British Medical Association, "GPs vote overwhelmingly to reject contract changes in BMA referendum", published 28 March 2024

61 British Medical Association, "GPs prepare to take collective action after overwhelming ballot result", published 1 August 2024; The King's Fund, "GP contract 2024/25 explained: funding, incentives and the workforce", published 4 September 2024

62 For example, see: Royal College of General Practitioners, "National Insurance hike will be the 'straw that breaks the camel's back' for practices, says College", published 1 November 2024; NHS Confederation, "NHS Confederation responds to analysis suggesting National Insurance hike puts more than two million GP appointments at risk", published 11 November 2024; Pulse, "GP leaders demand NI reimbursement as Treasury minister adds to confusion", published 1 November 2024; BBC, "GPs and care homes fear impact of National Insurance rise", published 1 November 2024

63 Royal College of General Practitioners, "National Insurance hike will be the 'straw that breaks the camel's back' for practices, says College", published 1 November 2024

64 Royal College of General Practitioners, "RCGP responds to Health Secretary's GP funding promises", published 20 December 2024

65 As above

The Health Foundation think tank said the increased funding was a welcome step, but that "a broader package of investment and reform will be needed over the long term".[66]

[66] The Health Foundation, "The Health Foundation responds to announcement on reforms to General Practice", published 20 December 2024

3 Statistics on GPs and their patients

Statistics on GPs in your area

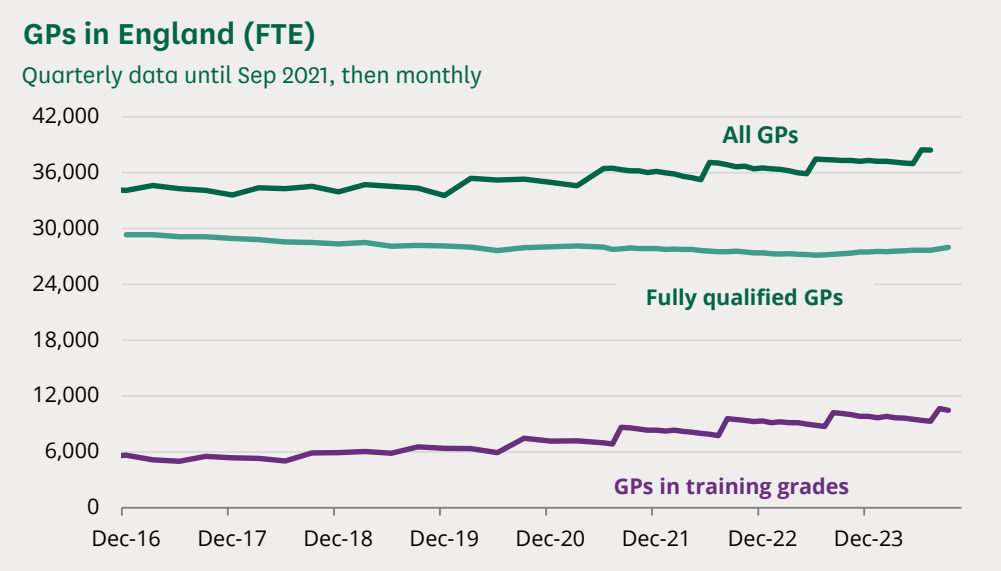
You can view the latest data on GPs and GP practices by constituency using our interactive data dashboard Constituency data: GPs and GP practices. It is updated every month with new data on GP numbers, and once per quarter with new data on GP practices.

3.1 How have GP numbers changed?

At the end of September 2024 there were 38,421 NHS GPs in England, according to NHS England. This is measured on a full-time-equivalent basis (FTE) which takes into account whether GPs work full-time or part-time.

Since December 2016, the number of fully qualified GPs has fallen from 29,320 to 27,966 – a fall of 5%. During the same period, the number of GPs in training grades has risen from 5,625 to 10,455. Including trainees, the total number of GPs increased from 34,946 in December 2016 to 38,421 in September 2024.

These trends are shown in the chart below. GPs in training grades have an annual intake in the summer, which means that their line (and the 'all GPs' line) show an annual cycle. Data cannot be consistently compared before December 2016.



Source: NHS Digital, General Practice Workforce September 2024, Bulletin Tables, Table 1a

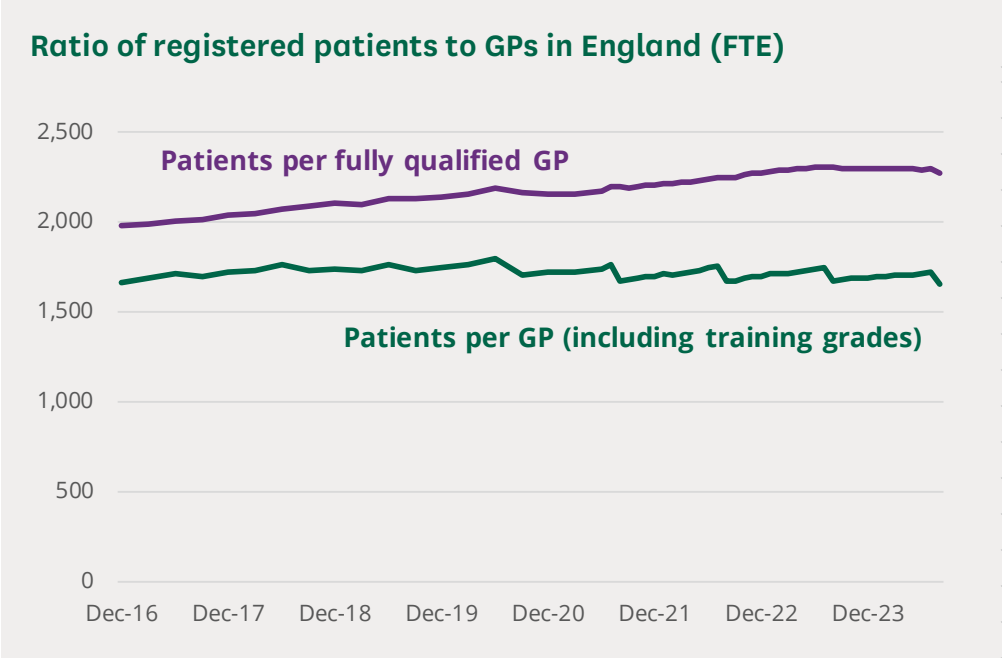
3.2 How has the ratio of patients to GPs changed?

The ratio of patients to GPs is a measure of how the strength of the GP workforce compares to the size of the population. The population has grown in England since 2016 so the ratio of patients to GPs is a better indicator of the availability of GPs.

In September 2024, there was an average of 1,655 registered patients per FTE GP (including training grades). This was similar to the ratio of 1,662 in December 2016. In other words, increases in the number of GPs (mostly in training grades) have not gone beyond what would be required to match population growth.

Looking at fully qualified GPs only, the ratio of patients to GPs has increased. In December 2016 the ratio was 1,981 per FTE fully qualified GP, and in September 2024 the ratio was 2,273 (an increase of 15%).

The chart below shows trends in the ratio since 2016. As with the previous chart, the annual cycle in the total GPs measure relates to the annual intake of new trainees in the summer. These figures do not take into account any change in how much patients need to see their GP on average (for example, this might increase because of an ageing population).



Source: NHS Digital, General Practice Workforce September 2024, Individual-level data file and Practice-level data file

3.3 How many other staff work in general practice?

GPs make up only a quarter of staff in general practice. Healthcare and support services are also provided by a range of other staff groups, including:[67]

- 16,929 nurses.
- 17,397 other direct patient care staff, such as healthcare assistants, pharmacists, dispensers, and phlebotomists.
- 76,550 admin and non-clinical staff, including receptionists, managers, and medical secretaries.

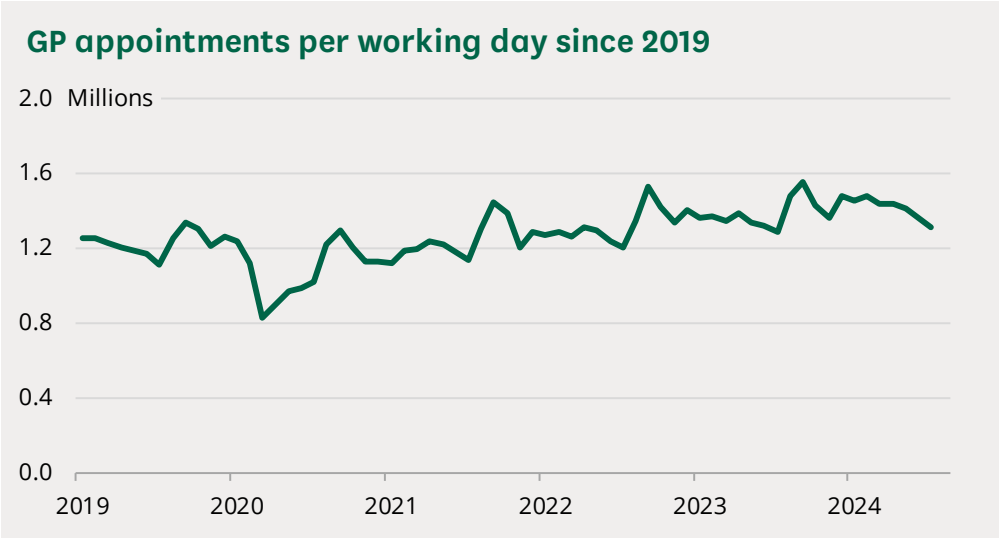
3.4 How many GP appointments take place?

NHS Digital publishes monthly data on appointments in general practice. This includes data on all appointments overseen by GP surgeries, and not only those with GPs. It includes data on the type of appointment (for example,

[67] NHS Digital, General Practice Workforce, 30 November 2024, published 19 December 2024

face-to-face or telephone) and the time between when an appointment was booked and when it took place.

In August 2024 there were 1.31 million appointments every working day on average. This is around 18% higher than the same month in 2019, as shown in the chart below. The Library's briefing NHS key statistics: England provides quarterly updates of these figures.



Source: NHS Digital, Appointments in General Practice, August 2024, , Table 1a

44% of appointments in general practice are with GPs. This proportion has fallen over the last two years from 56% in August 2021.

In August 2024, 45% of appointments in general practice took place on the day they were booked. A further 25% took place within a week of booking. 17% took place more than two weeks after booking, up from 15% in August 2022 and 12% in August 2021. The time between booking and appointment can reflect patient choice and is not always a measure of waiting times.

3.5 How much money does general practice receive?

In 2022/23, GP practices in England received £10.2 billion in contractual payments from the NHS (excluding covid-19 payments and deductions such as prescription charge income).

This included (see section 2 of this briefing for more information on the different types of payments):[68]

- £4.37 billion global sum payments
- £1.65 billion for balance of Personal Medical Services expenditure
- £846 million for premises payments
- £769 million for Quality and Outcomes Framework payments
- £547 million for local incentive schemes
- £251 million for directed enhanced services
- £617 million for primary care networks

3.6 Patient experience and satisfaction

The GP patient survey provides an annual overview of patient experience.[69]

Over 2.5 million questionnaires were sent out nationally and there was a response rate of 27.3%.[70] Headline findings include:[71]

- 73.9% of patients reported a good overall experience of their GP practice
- 67.3% reported a good overall experience of contacting their GP practice
- 92.3% said they had confidence and trust in the healthcare professional at their last appointment
- 89.9% said their needs were met at their last appointment

68 NHS Digital, NHS Payments to General Practice 2022/23 , Table 2
69 GP Patient Survey, accessed 23 January 2025
70 As above
71 As above

4 Workforce, demand and access pressures

There have been longstanding concerns about the recruitment and retention of GPs, and about overwork and low morale within the GP profession. The pandemic increased pressures and patient dissatisfaction about the difficulty of accessing services.

This section outlines challenges around work-related stress, GP shortages and access to appointments.

4.1 Work-related stress

Various reports and surveys over the past few years have found that many GPs are feeling high levels of work-related stress:

- Survey results in a report by the Royal College of General Practitioners (RCGP) in September 2022 found "23% of GPs across the UK were so stressed that they felt they couldn't cope most days or every day."[72]
- In March 2023 the Health Foundation's report Stressed and overworked surveyed 9,526 GPs in 10 high-income countries including 1,010 GPs from the UK.[73] It found a majority were dealing with higher workloads than before the pandemic, and many experiencing greater stress levels.[74] The report found:[75]
  - 71% of GPs surveyed in the UK said their job was 'extremely' or 'very stressful'. This percentage (and that of Germany) was the highest of the 10 countries surveyed.
  - Across all the countries surveyed, UK GPs were among the least satisfied with practising medicine, work-life balance, workload, time spent with patients and other parts of their jobs.

72 Royal College of General Practitioners, "Fit for the Future: Retaining the GP workforce" (PDF), published September 2022, page 11
73 The Health Foundation, "Stressed and overworked", published 22 March 2023
74 As above
75 As above

- In the UK, stress was up 11 percentage points since 2019, there were bigger rises in workload than in nearly all other countries and falling job satisfaction.

- General practice in the UK had some core strengths compared with other countries, including a high proportion of GPs feeling well prepared to manage care for patients with complex needs, and in using data to inform care.

4.2 GP shortages and retention challenges

There have been increases in newly qualified GPs in the past few years. However, according to a 2022 report from the House of Commons Health and Social Care Committee , "GPs are leaving almost as fast as they can be recruited" and "there are not enough GPs to meet the ever-increasing demands on the service, coupled with increasing complexity of cases from an ageing population".[76]

In 2020, the government committed £1.5 billion to recruiting an additional 6,000 GPs and 26,000 new primary care staff by 2024 to reduce pressure on general practices. The government was able to recruit nearly 30,000 new primary care staff by May 2023 through the Additional Roles Reimbursement Scheme (see section 5.1).

However, in November 2021 the then Secretary of State for Health and Social Care, Sajid Javid, acknowledged that the government was not on track to meet their plans to recruit an additional 6,000 GPs by 2024.[77] Data from the British Medical Association found that as of November 2024, the number of FTE doctors in general practice has increased by 3,697 (including trainees and locums) since the end of 2019.[78]

The British Medical Association reported that in November 2024 there were 1,226 fewer fully qualified FTE GPs than there were in September 2015.[79]

In March 2023 the Health Foundation think tank concluded that despite repeated government pledges to increase the number of GPs in England, "shortages are estimated at 4,200 and could grow to 8,800 by 2031 – around one in four projected GP posts".[80]

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76 House of Commons Health and Social Care Committee, "The future of general practice", published 11 October 2022, page 3

77 Guardian, No 10 set to break promise of 6,000 more GPs in England, Sajid Javid says, published 2 November 2021

78 The British Medical Association, "**Pressures in general practice data analysis**", accessed 20 November 2024

79 As above

80 The Health Foundation, Stressed and overworked, published March 2023, page 27

There is a lack of data on why GPs are leaving their roles.[81] Reports point to various factors such as burnout, job satisfaction issues, physical working conditions and retirement.[82]

In 2023, the Institute for Government think tank noted that retention issues are particularly acute among younger GPs, and while the NHS has recruited record numbers of GP trainees, not all stay in general practice after receiving their qualifications.[83] In a survey of GP trainees report by the King's Fund (a health think tank) in September 2022, less than a third of respondents said they were planning to work full-time a year after qualifying, with most saying this was due to the "intensity of the working day."

In September 2024, the RCGP published results of a survey of over 2,000 GPs that found over 40% of GPs said they were unlikely to be working in general practice in five years' time. The highest rate of GPs considering leaving were found in the East of England and the South East (47%) and the lowest in the North West (36%). GPs said factors that may help them stay in the profession include reductions in administrative and clinical workloads and access to a formal retention scheme.[84]

4.3 Access to appointments and impact of the pandemic

During the covid-19 pandemic, social distancing and infection control requirements greatly limited GPs' capacity for in person appointments. GPs were also heavily involved in the roll-out of the covid-19 vaccination programme and continued to lead on the seasonal flu and covid booster campaigns. The pandemic accelerated the move to online bookings and video and phone consultations.

But since the pandemic general practices have been delivering record numbers of appointments.[85] For example, NHS England reported that general practices and primary care networks delivered around 40.3 million appointments in October 2024. The RCGP and Health Foundation have

81 The Nuffield Trust, "The long goodbye? Exploring rates of staff leaving the NHS and social care", published 9 February 2022

82 The Nuffield Trust, "The long goodbye? Exploring rates of staff leaving the NHS and social care", published 9 February 2022; Royal College of General Practitioners, "RCGP warns of 'mass exodus' if retention of GPs isn't prioritised", published 22 September 2024

83 Institute for Government, "Performance Tracker 2023: General practice", 30 October 2023

84 Royal College of General Practitioners, "RCGP warns of 'mass exodus' if retention of GPs isn't prioritised", published 22 September 2024

85 The Health Foundation, "Rethinking access to general practice: it's not all about supply", published 5 March 2024; NHS Confederation, "Is it impossible to see a GP?", published 28 May 2024

reported that this is a record: 3 million more than the previous record in October 2023 and 10 million more than five years ago.[86]

Despite record appointments, there have been various reports and news articles highlighting concerns that people are struggling to access GP services[87] , and decreasing levels of patient satisfaction continue to receive national attention.[88]

Reasons for declining patient satisfaction in access to GP services include:[89]

- rising demand
- regional variations in general practice capacity and accessibility of appointments
- retention challenges among GPs (see section 4.2)
- longer wait times for routine appointments and 'scrambles' for same day appointments
- mismatches in expectation, with community pharmacists and additional service staff such as mental health practitioners, social prescribers and physiotherapists also delivering primary care alongside practice nurses and GPs

Access can be measured in various ways, including physical access, timely access and patient choice of appointments.[90]

86 Royal College of General Practitioners, "General practice delivers record number of appointments, despite workforce crisis", published 28 November 2024; The Health Foundation, "Record number of appointments in general practice belie need for more GPs", published 28 November 2024

87 For example, see: Healthwatch, GP access during COVID-19, published 22 March 2021; NHS Confederation, "Is it impossible to see a GP?", published 28 May 2024; The Guardian, "One in 20 patients in England wait at least four weeks to see GP, figures show", published 22 Jan 2024

88 Care Quality Commission, "GP mythbuster 77: Access to GP services", accessed 25 November 2024

89 The Health Foundation, "Rethinking access to general practice: it's not all about supply", published 5 March 2024; NHS Confederation, "Is it impossible to see a GP?", published 28 May 2024; The Nuffield Trust "Access to GP appointments and services", published 14 December 2023

90 Care Quality Commission, "GP mythbuster 77: Access to GP services", accessed 25 November 2024

5 Government activity on the workforce and on access to GPs

NHS England is responsible for ensuring there is an adequate number of GPs in England. This includes measures to increase recruitment, address the reasons why GPs are leaving the profession, and to encourage GPs to return to the workforce.

5.1 Additional Roles Reimbursement Scheme

In 2019, NHS England introduced the Additional Roles Reimbursement Scheme (ARRS) to grow capacity, alleviate GP workload and help solve the workforce shortage in primary care. The scheme provides a mechanism to reimburse general practices for the salaries and 'on-costs'[91] of new clinical roles.

Initially intended to cover five new roles, the scheme has grown to over 17 roles:

- Clinical pharmacist
- Pharmacy technician
- Social prescribing link worker
- Health and wellbeing coach
- Care coordinator
- Physician associate (and apprentice physician associate from 2023/24[92])
- First contact physiotherapist
- Dietician
- Podiatrist
- Occupational therapist
- Nursing associate

[91] On-costs often refer to additional costs that can incur for employers other than an employee's salary

[92] NHS England, Changes to the GP Contract in 2023/24, published 6 March 2023

- Trainee nursing associate
- Community paramedic
- Mental health practitioners
- Advanced practitioner (the ARRS now covers advanced practitioner status for the following PCN roles: clinical pharmacist, physiotherapist, occupational therapist, dietician, podiatrist and paramedic. From 2023/24 it will also cover clinical practitioner nurses.[93])
- General practice assistant (mixture of administrative and routine clinical tasks)[94]
- Digital and transformation leads
- Newly qualified general practitioners (announced in August 2024 for the scheme in 2024/25 as an emergency measure)

A brief description of these roles is available on NHS England's webpage on Expanding our workforce.

In August 2024, the government announced it was adding recently qualified GPs to the ARRS scheme from October 2024 to try to increase workforce numbers for 2024/2025. The government announced £82 million from the existing Department of Health and Social Care budget to support the inclusion of over 1,000 newly qualified GPs in the ARRS scheme.[95] In January 2025, the government said recently qualified GPs who are employed via the ARRS will continue to be supported through the scheme in 2025/26.

Stakeholder commentary on the ARRS

There has been some criticism of the ARRS. In March 2022, the King's Fund reported there is a lack of understanding about the purpose or potential contribution of the scheme.[96]

An academic study published in April 2024 interviewing 37 ARRS healthcare professionals found the scheme broadened expertise available in primary care but did not reduce workload for GPs.[97]

93 NHS England, Changes to the GP Contract in 2023/24, published 6 March 2023

94 NHS England, Network Contract Directed Enhanced Service Contract specification 2022/23 – PCN Requirements and Entitlements (PDF), 30 September 2022, Annex B

95 UK Government, "Over 1,000 more GPs to be recruited this year", published 1 August 2024

96 The King's Fund, Integrating additional roles into primary care networks, published March 2022

97 Bethan Jones and others, "Challenges and enablers to implementation of the Additional Roles Reimbursement Scheme in primary care: a qualitative study", British Journal of General Practice, Volume 74, No 742, 16 April 2024, e315-e322

In January 2024, the Queens Nursing Institute's International Community Nursing Observatory reported the results of a survey of over 500 practice nurses, which highlighted challenges of:[98]

- inequitable pay and conditions
- roles sometimes being used out of "normal contexts" which increased GPs workloads due to ARRS staff "seeking more advice, support and leaving work incomplete"
- more people delivering care without completing episodes of care, leading to "task orientated, disjointed care, repetition of work (for workforce and patients) and subsequent risk as care was fractured"

The report also found that when ARRS roles were used in line with people's professional expertise (such as pharmacists undertaking medicines reviews or dieticians offering an extra service), the scheme aided the distribution of work, clinical outcomes and quality of care.[99]

In August 2024, the Royal College of General Practitioners (RCGP) said additional funding to recruit GPs to ARRS was a "welcome start".[100] However, both the RCGP and the British Medical Association have said the addition is "not a long-term solution" to current demand and workforce pressures facing the profession.[101]

5.2 NHS England recruitment and retention schemes

NHS England has made available several recruitment and retention schemes to increase the general practice workforce over the past few years.

In October 2024, the RCGP called on the government to review retention initiatives, develop a national GP retention strategy, prioritise and support the wellbeing of GPs and tackle visa issues to make it easier for people from overseas to work in UK general practice.[102]

98 The Queens Nursing Institute's International Community Nursing Observatory, "ARRS Workforce Impact Survey" (PDF), published January 2024, page 5

99 As above

100 Royal College of General Practitioners, "Funding to recruit GPs 'welcome start' but 'not a long-term solution' to GP pressures", published 1 August 2024

101 Royal College of General Practitioners, "Funding to recruit GPs 'welcome start' but 'not a long-term solution' to GP pressures", published 1 August 2024; British Medical Association, "GPs in ARRS sadly won't fix GP unemployment**" published** 18 October 2024

102 Royal College of General Practitioners, "Retention: Looking after the GPs of today to safeguard the workforce of tomorrow" (PDF), published October 2024

In November 2024, the government said it will set out a long-term vision to train and recruit NHS staff in its 10-year health plan, to be published in spring 2025 (see section 5.3).

Further background can be found in the NHS workforce plan and the Library briefing on the NHS workforce. This includes information on international recruitment.

Provision of GPs in "under-doctored" areas

The Health Foundation has noted that people living in socioeconomically deprived areas have the greatest health needs, but general practice is often underfunded and 'under-doctored' in these areas.[103]

In May 2023, Sky News reported analysis revealing a "vicious cycle" of workload pressures and recruitment shortfalls in England's most deprived neighbourhoods.[104]

Recognising that there are issues with recruitment and retention in certain areas of the country, including some deprived areas and rural locations, the government launched the Targeted Enhanced Recruitment Scheme in 2016. This scheme aims to attract doctors to train in places where recruitment has been difficult, by providing a one-off financial incentive of £20,000.

The NHS webpage lists all the locations in the scheme and the number of posts available for commencement between August 2024 and February 2025. The webpage says funding for 2025/26 programmes have not been confirmed.[105]

5.3 10-year health plan – to be published in spring 2025

The government said it will publish a 10-year health plan in spring 2025 to "reform" healthcare by shifting from "hospital to community" care, rolling out new technologies and focusing on preventing illnesses by identifying and managing issues earlier. Regarding general practices, the government has said it will, through the 10-year plan:

- "bring back the family doctor" by incentivising GPs to ensure patients most in need see the same doctor at every GP appointment

103 The Health Foundation, "Level or not?", published 26 September 2020; The Health Foundation, "'Levelling up' general practice in England", published 21 May 2021
104 Sky News, "GPs at 'breaking point' in England's most deprived areas", published 26 May 2023
105 NHS England, "Targeted Enhanced Recruitment Scheme (TERS)", accessed 20 January 2025

- reduce bureaucracy and GP performance targets so GPs can deliver more appointments
- focus on preventing diseases by providing financial incentives to reward GPs who help to prevent common conditions such as heart disease
- "end the 8am scramble" and help people to book appointments by requiring general practices to ensure patients can contact their surgery via electronic communication throughout core hours

5.4 Other recent plans

Plan for reforming elective care – January 2025

The government has said it intends to end hospital backlogs this parliament by meeting the target that 92% of patients should not wait longer than 18 weeks from referral, such as from a GP, to starting consultant-led treatment of non-urgent conditions.

In January 2025, the government published a plan for reforming elective care for patients to meet this target. In relation to primary care, the plan said:

- GPs will receive £20 for each advice and guidance (A&G) request they make.[106] An A&G request is when a clinician seeks advice from another clinician.[107] For example, a GP may seek A&G to identify the most clinically appropriate service to refer a patient into.
- The plan mentioned an "improved patient experience", where patients would be able to make an informed choice about referrals from primary care and receive updates and information from the NHS App.

NHS England operational planning guidance – January 2025

In January 2025, NHS England published operational planning guidance for 2025/26. Regarding general practices, the guidance says all ICBs are expected to:

- put in action plans by June 2025 to improve GP contract oversight
- continue to support general practices to enable patients to access timely appointments and improve patient experience

106 NHS England, "Reforming elective care for patients", published 6 January 2025
107 NHS England, "Advice and guidance overview for the NHS e-Referral Service (e-RS)", accessed 20 January 2025

The plan said it expects all GP practices to "have enabled all core NHS App capabilities", such as health record access, online consultations, appointment management, prescriptions management, online registration, and patient messaging.

5.5 Delivery plan for recovering access to primary care – May 2023

The Delivery plan for recovering access to primary care was published in May 2023 and included specific actions on increasing GP capacity:[108]

- Broadening the role of community pharmacies to supply prescription medications for common conditions and oral contraception and blood pressure services.
- Expanding GP speciality training and making it easier for international medical graduates to remain in England by introducing an additional four months at the end of their visas from autumn 2023.
- Giving doctors other than GPs roles in general practice as part of a multidisciplinary team.
- Encouraging GPs to stay in general practice and make it easier for retired GPs to return through pension reforms
- Making primary care infrastructure a higher priority in housing developments.
- Cutting bureaucracy by improving the interface between GPs and NHS trusts, reducing the amount of medical evidence required from GPs and increasing use of self-certification.

The plan also contained commitments to make it easier and quicker for patients to get the help they need from primary care. It describes two "central ambitions" to improve patient's access to GP appointments:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

2. For patients to know on the day they contact their practice how their request will be managed.

    a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient

[108] NHS England, Delivery plan for recovering access to primary care, published 9 May 2023

contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.

c) Where appropriate, patients will be signposted to self-care or other local services (such as community pharmacy or self-referral services).

5.6 NHS long term workforce plan – June 2023

In June 2023, NHS England published the NHS Long Term Workforce Plan, which had been commissioned by the government. The plan set out that the number of GP training places would rise to 6,000 by 2031/32, with the first 500 new places available from September 2025. The plan also aimed to include an additional 60,000 to 74,000 doctors by 2036/37.

For more details about the NHS Long Term Workforce Plan, see the Library briefing on the NHS workforce in England.

6 Patient choice and the NHS constitution

6.1 Choosing a GP practice and practice boundaries

The NHS Constitution says that: "You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons".

It also says patients have the right to express a preference for using a particular doctor within their GP practice, and for the practice to try to comply.[109]

Practices have a practice boundary area which may include an outer boundary area to enable their existing patients who move home within these areas to remain registered with the practice if they wish.

GP practices are also able to register patients from outside their boundaries, unless they believe it would not be in patients' interests to do so.[110] If a practice has no capacity for new patients or feels it is not clinically appropriate for an individual to be registered so far away from home, they can refuse registration.[111]

Where a patient who is outside a practice's boundary area applies to register, the practice may register the patient, either as any other registered NHS patient or as an out-of-area registered patient to whom the practice has no obligation to provide home visits.

All practices must produce a leaflet, which should include information on the GP practice area, including the outer boundary area and whether it accepts out-of-area registration requests. This is also recommended for practice websites.

If a GP practice does not accept a patient onto its list, it should tell them why.[112] The Handbook to the NHS Constitution says that GP practices should register patients unless there are good grounds for not doing so, for instance because they live outside the practice boundaries or because the practice has approval from their ICB to close their list to new patients. The handbook also

109 UK Government, "The NHS Constitution for England", accessed 22 January 2025
110 NHS England, "Rejecting a registration", accessed 23 January 2025
111 As above
112 NHS, "How to register with a GP surgery", accessed 22 January 2025

notes that if patients are unable to register with their preferred GP practice, NHS England will help them to find another one.[113]

Removal of patients from practice lists

Where a practice wishes to remove a patient from its list, they must provide the reason for removal in writing to the patient. The Handbook to the NHS Constitution notes that in rare instances a patient may be removed from a practice list "if there has been a breakdown in the doctor-patient relationship" or violent behaviour.[114]

[113] UK Government, "Handbook to the NHS Constitution for England", accessed 22 January 2025

[114] As above

7 Local planning for GP services

7.1 Assessing the need for new GP services

Responsibility for the adequate provision of GP services in England sits with regional ICBs.

ICBs and NHS England should work together to assess whether new GP surgeries or other healthcare facilities are required for a particular area. Where there is an increase in population, such as a new housing development, local planning authorities should also engage with the ICBs.

There is no national standard for how many patients a GP should have, or a maximum list size per practice. The government has noted that the demand each patient places on their GP is different and can be affected by various factors, including how rural an area is and patient demographics. They also note that the workforce required for each practice to meet patient needs also includes a range of health professionals in addition to GPs themselves, and the best skill mix is for individual practices to determine.[115]

A fact sheet from Homes England (the public body that funds affordable housing in England) on new homes and healthcare facilities and a 2009 NHS London Healthy Urban Development Unit guidance say a population size of 1,800 people justifies one GP. The guidance recommends five full-time GPs will provide healthcare services for a population of approximately 9,000 people, equivalent to 3,800 homes based on the average national household size.

New homes and healthcare facilities

Local authorities are expected to consult with ICBs when creating their local housing plans, and they are guided by the government's National Planning Policy Framework.

Local authorities and health agencies consider the impact of new homes on local healthcare facilities by:[116]

1. Calculating the number of additional residents

[115] PQ48551, 28 May 2020.

[116] Homes England Guidance, "Fact Sheet 4: New homes and healthcare facilities", accessed 16 January 2025

2. Identifying nearby healthcare facilities
3. Understanding spare capacity in relevant local healthcare facilities
4. Taking into account the health profile of the local area
5. Requiring housing developers to contribute to funding healthcare infrastructure if the demand generated by a larger population cannot be accommodated by existing facilities. Contributions could include financial contributions that go towards expanding existing healthcare facilities or building new ones. Contributions could also be providing land or floor space within a development.
6. Planning for new healthcare facilities

ICBs are responsible for making decisions about how and where to spend developer contributions.[117]

7.2 Improvements to GP practice estates

As independent businesses, GP partners are responsible for making decisions about the infrastructure needs of their practices. General practices can receive funding from NHS England and ICBs towards improving their infrastructure and estates.

In October 2024, the government said all ICBs were developing locally led 10-year infrastructure strategies with support from NHS England, which include managing funding for upgrades and issues in NHS estates.[118]

The 2024 Autumn Budget announced £100 million to support 200 GP estate upgrades across England and improved use of existing buildings.

[117] Homes England Guidance, "Fact Sheet 4: New homes and healthcare facilities", accessed 16 January 2025

[118] PQ 10817 | 29 October 2024

8 Regulation and accountability

There are several organisations involved in the regulation of general practices, both monitoring the safety of services and the performance of individual healthcare staff. Medicines, medical equipment and devices used in general practice are also regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA)

8.1 Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care services, including general practices.[119]

All new general practices need to be registered with the CQC. If general practices join a federation (a group of GP providers) or a primary care network (PCN) they must decide if they:

- should register as a separate legal entity to carry out regulated activities
- vary their conditions of registration, or
- inform the CQC of changes to their operating structure.[120]

The CQC inspects and monitors the services on its register; how often it does this for each service varies depending on its judgement of risk. Inspections usually take place at least once every three years.[121] Following an inspection, services receive a rating of either outstanding, good, requires improvement, and inadequate.[122] The CQC can take enforcement actions when it identifies poor care or when general practices do not meet standards required in regulations.[123]

[119] The CQC was established in April 2009 under the Health and Social Care Act 2008 and began regulating GP services in 2014. All providers of health who carry out "regulated activities" are required to register with the CQC. The CQC's scope of regulated activities includes treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, personal care, nursing care and assessment or medical treatment for persons detained under the Mental Health Act 1983.

[120] Care Quality Commission, "Registration guidance: primary care networks, federations and GP services working in collaboration", accessed 23 January 2025

[121] British Medical Association, "What the CQC do", accessed 23 January 2025

[122] As above

[123] Care Quality Commission, "Enforcement: primary medical services", accessed 23 January 2025

The CQC doesn't investigate individual complaints about general practices but it may take any feedback into account when deciding to inspect a service.

More information about the CQC can be found in the Library briefing on The Structure of the NHS in England.

The British Medical Association has various guidance pages for general practices on what the CQC does and how to prepare for a CQC inspection.

8.2 Regulation of health and care professionals in general practices

In the UK, there are 10 statutory regulators for health and social care professionals, listed in the Library briefing on The structure of the NHS in England.

The General Medical Council (GMC) regulates doctors, including GPs, and their mandate is set in the Medical Act 1983. From December 2024, the GMC also started regulating physician associates (PAs) and anaesthesia associates (AAs) with the Anaesthesia Associates and Physician Associates Order 2024.

The GMCs role involves:[124]

- setting standards for patient care and for professional behaviours of doctors, PAs and AAs
- ensuring the education and training doctors, PAs and AAs receive equips them to deliver good, safe patient care
- checking who is eligible to work as a doctor, PA or AA and regulating that they continue to meet professional standards
- giving guidance and advice to help doctors, PAs and AAs understand what is expected of them
- investigating concerns, including about risks to patient safety and public confidence in doctors, and taking action if needed

The Library briefing on The structure of the NHS in England contains further details about regulators for other health and social care professionals who may work with general practices through the Additional Roles Reimbursement Scheme (see section 5.1).

[124] General Medical Council website, "Our mandate", accessed 23 January 2025

8.3 Accountability

GP practices are accountable via their contractual arrangements to ICBs and to NHS England, which is in turn accountable to the government and to Parliament.

Complaints about NHS GP services can follow the standard NHS complaints procedure.

9 The future of general practice

With a growing and ageing population and increase in long-term chronic conditions, health demands are increasing and the work of general practice is becoming more complex. Combined with these pressures, there are serious recruitment and retention challenges (see chapter 4), questions about the sustainability of the GP partnership model (section 9.2), calls to reform GP contracts and funding (section 9.3) and questions about what the future of general practice might look like.

9.1 Reports on the future of GP services

Detailed commentary on the future of GP services can be found in various recent reports.

Lord Darzi's independent investigation into NHS performance - September 2024

In July 2024, Wes Streeting, Secretary of State for Health and Social Care, commissioned Lord Darzi to carry out an independent investigation into the NHS in England. The final report of the investigation ('the Darzi report') was published in September 2024.

Lord Darzi ultimately concluded that the NHS is in "serious trouble", and he noted issues around poor access and quality of care generally in the NHS. [125] Specifically regarding GP services, Lord Darzi highlighted challenges around access, falling numbers of GPs, rising waiting times and geographical inequalities:

> People are struggling to see their GP. GPs are seeing more patients than ever before, but with the number of fully qualified GPs relative to the population falling, waiting times are rising and patient satisfaction is at its lowest ever level. There are huge and unwarranted variations in the number of patients per GP, and shortages are particularly acute in deprived communities.[126]

He said inter-related drivers of performance had contributed to the current state of the NHS including GP services, such as:[127]

[125] Lord Darzi, "Independent Investigation of the NHS in England", published 12 September 2024, page 1
[126] Lord Darzi, "Independent Investigation of the NHS in England", published 12 September 2024, page 3
[127] Lord Darzi, "Independent Investigation of the NHS in England", published 12 September 2024

- low capital investments
- the covid-19 pandemic
- patient and staff disengagement
- the "constant reorganisation" of NHS structures and systems

Lord Darzi made various recommendations for the NHS and for GP services and primary care, including:[128]

- re-engaging staff who do want to improve care despite low workplace morale
- empowering patients by giving them more control over their care
- reforming the capital framework for primary care
- moving care closer to home by re-directing funding to grow GP, community and mental health services so they have adequate staff, skills, modern facilities, digital infrastructure and diagnostics
- integrating care services to help meet increasingly complex health needs through organisations working together, such as GP practices, mental health and community trusts and hospitals

The Library debate pack prepared for the debate on Lord Darzi's Independent Investigation into NHS performance discusses the findings of the report, recommendations it made and how it was received.

House of Lords report on the integration of primary and community care – December 2023

The House of Lords Integration of Primary and Community Care Committee published an inquiry report on integrating primary and community care in December 2023.

The report found the existing GP contract and partnership model hinders the integration of care and multiple healthcare services working together in the same building (co-location). The report said GP practices are "often too small or dilapidated to host other community clinicians" and "often lack the infrastructure for digital integration".[129] Furthermore, under the partnership model GPs are responsible for managing business premises as well as delivering healthcare.[130]

[128] Lord Darzi, "Independent Investigation of the NHS in England", published 12 September 2024

[129] House of Lords Integration of Primary and Community Care Committee, "Patients at the centre: integrating primary and community care", published 15 December 2023, page 42

[130] As above

The report recommended that the government should investigate different ownership models for GP practices that support co-location and multidisciplinary working. In its response in March 2024, the government said NHS England continues to explore the viability of new models of primary care estates and potential solutions to challenges faced with primary and community care premises.

Health and Social Care Committee report on the future of general practice – October 2022

In October 2022 the Health and Social Care Committee published an inquiry report on The future of general practice . It recommended that the government should address what it described as a crisis in general practice, to increase the GP workforce and improve continuity of patient care.

The government responded to the committee's report in July 2023. It said it shared the committee's view of the importance of ensuring that people can access GP appointments when they need them. It noted the May 2023 Delivery plan for recovering access to primary care, and the commitment to support practices to move to a 'modern general practice model'. This model is a way of organising work in general practice that enables practices to:

- see all patient need, by providing inclusive, straightforward online and telephone access
- understand all need through structured information gathering
- prioritise and allocate need safely and equitably (including continuity of care)
- make best use of other primary care services and the multi-professional team
- improve the efficiency of their processes and reduce duplication.

Other reports

- In November 2024, the British Medical Association published a report outlining its recommendations for the future of general practices.[131] These recommendations included patients seeing the same GP over their lives, an increase in GP funding, measures to recruit and retain GPs, a new GP contract and addressing GP estates.
- In October 2023, the NHS Confederation (a membership body for organisations providing NHS services) published a report on supporting

[131] British Medical Association, "Patients First: Why general practice is broken & how we can fix it", November 2024

general practices[132], and set out recommendations for the short and medium term for how primary care can best deliver for patients. These recommendations included contractual changes, supporting infrastructure, improving the work atmosphere and making it easier for primary care to work with other parts of the health system.

- In 2022 the Royal College of General Practitioners (RCGP) published a report titled "Fit for the Future: A new plan for GPs and their patients".[133] This set out recommendations for the government to create a new recruitment and retention strategy, free up GPs time to spend with patients, improve patients experience of accessing care and allocate a bigger share of the NHS budget to general practices.

9.2 The future of the partnership model

There are questions about the sustainability of the traditional GP partnership model, with new GPs less likely to want to take on the financial responsibility and risks of sharing ownership of and running a practice.[134]

In 2022, the Health and Social Committee recommended better support for the GP partnership model, alongside ongoing work to enable other models of primary care provision. It also called for the government to reaffirm its commitment to the partnership model. In its response in July 2023, the government noted the committee's reference to other models of primary care provision, and confirmed the government wished to support a range of models of primary care provision, including the partnership model.[135]

In a debate on Access to Primary Healthcare in October 2024, when asked what the government thought was the best model for delivering primary care, it said "the model is not working and has not worked over a period of time" and that it was "continuing to talk to people".[136]

The RCGP has said the partnership model "delivers exceptional benefits for the NHS allowing GP teams to innovate and tailor care and services to their local populations" but that there were problems of historic underfunding and poor workforce.[137] There have also been concerns that a shift away from

132 NHS Confederation, "Supporting general practice at scale: fit for 2024/25 and beyond", published 11 October 2023

133 Royal College of General Practitioners, "Fit for the Future: A new plan for GPs and their patients", 2022

134 The King's Fund, "How sustainable is the GP partnership model?", published 29 November 2024

135 House of Commons Health and Social Care Committee, "The future of general practice: Government Response to the Committee's Fourth Report", published 19 July 2023

136 HC Deb 16 October 2024 c896

137 Royal College of General Practitioners, "The future of the partnership model", published 27 April 2023

partnership roles towards salaried roles is having a "negative impact on the full time equivalent (FTE) GP workforce."[138]

9.3 Calls to reform GP contracts and funding

Calls for a new framework for GP contracts to meet local needs

In November 2022, the government commissioned an independent review on the governance and oversight of integrated care systems. The review report titled "The Hewitt review: an independent review of Integrated Care Systems" was published in April 2023. It considered primary care contracts, and highlighted concerns that national contracts can stifle local innovations and limits the ability of practices to adjust services to local need.[139]

The Hewitt review called for contracts that can respond more effectively than the national contracts to local population health needs. The review recommended NHS England and the Department of Health and Social Care should, "as soon as possible, convene a national partnership group to develop together a new framework for GP primary care contracts".[140]

In January 2025, the Nuffield Trust published an article on considerations for policy-makers and the profession on designing a new GP contract.

Funding-linked deprivation

The Carr-Hill funding allocation formula takes into account additional needs in deprived areas by including adjustments for levels of chronic disease and premature mortality.

Some have criticised the Carr-Hill formula, saying it does not adequately reflect levels of socioeconomic deprivation in local populations.[141] Various stakeholders have called for reforms to the formula to ensure funding given to GP practices is better weighted for deprivation. These stakeholders include the 2022 Health and Social Care Select Committee in its report on The future

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138 Royal College of General Practitioners, Fit for the future: Retaining the GP workforce, published September 2022, p8

139 UK Government, "The Hewitt Review: an independent review of integrated care systems", published 4 April 2023; The Nuffield Trust, "Designing a new GP contract: considerations for policy-makers and the profession", published 24 January 2025

140 UK Government, "The Hewitt Review: an independent review of integrated care systems", published 4 April 2023, p73

141 For example, see: The Nuffield Trust, "Fairer funding for general practice in England: what's the problem, why is it so hard to fix, and what should the government do?", published 12 December 2024; The Royal College of General Practitioners, "RCGP calls on the government to reform GP funding to tackle health inequalities", published 22 May 2024; The Health Foundation, "'Levelling up' general practice in England", published 21 May 2021

of general practice, the Nuffield Trust in a report published in December 2024[142] and the RCGP in a joint letter to the government in May 2024[143].

The Nuffield Trust has suggested a needs-based formula could make general practice funding more equitable. It has recommended the formula should:[144]

- adjust for unmet need
- include younger people living in deprived areas
- maximise prevention and early intervention
- invest in reducing inequalities

Calls to simplify funding

Some stakeholders have criticised several different funding streams for general practice, including the Quality and Outcomes Framework (QOF), payments for additional services and payments to primary care networks, for not incentivising patient-focused and holistic care.[145]

In its inquiry on The future of general practice, the Health and Social Care Committee recommended the government should abolish the QOF and Impact and Investment Framework (IIF) and re-invest the funding in the core contract.

In December 2024, the government announced it would reduce the number of targets in the QOF from 76 to 44 to "free up" GPs to "spend more time with their patients".

In December 2023, the government opened a consultation that ran until March 2024 on the role of incentive schemes in general practice, with a focus on the QOF and IIF. The government has not published a response to this consultation.

142 The Nuffield Trust, "Fairer funding for general practice in England: what's the problem, why is it so hard to fix, and what should the government do?", published 12 December 2024

143 Royal College of General Practitioners, "RCGP calls on the government to reform GP funding to tackle health inequalities", published 22 May 2024

144 The Nuffield Trust, "Fairer funding for general practice in England: what's the problem, why is it so hard to fix, and what should the government do?", published 12 December 2024

145 The Nuffield Trust, "Fairer funding for general practice in England: what's the problem, why is it so hard to fix, and what should the government do?", published 12 December 2024; The Health Foundation, "Primary care in poorer areas 'missing out' on vital funding, according to new Health Foundation report", published 12 December 2023

9.4 NHS charges for GP services

There have been debates in the past few years about charging for NHS GP appointments or for missed appointments to help address current funding and workload strains in the sector.[146]

However, in response to this idea, some health experts have said NHS charges for GP services could increase bureaucracy for the NHS, deter people seeking care (risking later diagnosis and poorer health outcomes), and increase inequalities in access to care.[147] Stakeholders have also argued it could change the NHS principle of health care being free for anyone who needs it.[148]

The NHS Confederation has said that instead of GP charges, more attention should be spent on exploring reasons why people miss appointments and in investments in infrastructure and staff recruitment and retention to extend primary care access and provide better experiences for local communities.[149]

146 Azeem Majeed, "Arguments for and against user fees for NHS primary care in England", Imperial Medical Centre, published 14 February 2023

147 For example, see: Royal College of General Practitioners, "Charging for GP appointments not the solution to NHS pressures", published 4 December 2022; NHS confederation, "Would charging patients for missed appointments help fund the NHS?", published 8 December 2023; The King's Fund, "What if people had to pay £10 to see a GP?", published 8 February 2017; The Health Foundation, "Why charging for health care isn't a credible fix for our NHS crisis", published 1 February 2023

148 Royal College of General Practitioners, "Charging for GP appointments not the solution to NHS pressures", 4 December 2022; The King's Fund, "What if people had to pay £10 to see a GP?", 8 February 2017

149 NHS confederation, "Would charging patients for missed appointments help fund the NHS?", published 8 December 2023

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