

Rejuvenating General Practice: Ensuring a Resilient Future for Primary Care (Deloitte, 2025)

A Summary for LMCs

Introduction and Context

The report investigates the crisis and future of general practice in England, assessing its challenges, opportunities, and strategic importance within the NHS's evolving model of care. It draws on evidence from GP interviews, surveys, NHS data, and key policy documents including:

- The NHS Long-Term Plan (2019)
- Next Steps for Integrating Primary Care (Fuller Report, 2022)
- Lord Darzi's Review of the NHS (2024)
- The government's Fit for the Future: 10-Year Health Plan for England (2025)

Deloitte's analysis positions general practice as the critical backbone of a resilient, patient-centred, community health system, but one that is now at a tipping point after a decade of neglect.

The Current State of General Practice

Patient Demand

- General practice delivers **55% of all out-of-hospital consultations**, equating to **~1.5 million daily appointments in 2024** which is up **22.5%** from pre-pandemic levels.
- Patient demand has grown faster than funding or staffing.
- Patients' needs are increasingly complex, reflecting ageing populations, multimorbidity, and wider social determinants of health.

Erosion of Funding

- **Only 5.5p of every NHS £1** goes to general practice.
- **Average core payment (2024): £112.50 per patient per year (~31p per patient per day).**
- **Funding fell 2.5% in real terms since 2018/19** despite rising demand.
- Meanwhile, Primary Care Network (PCN) funding rose but was ringfenced for "Additional Roles" (e.g., pharmacists, physiotherapists) and not available for core GP staffing or estates.
- The capitation model (Carr-Hill formula, 2004) no longer reflects modern needs as it undervalues complex, elderly, or deprived populations.

Workforce Crisis

- Fewer, older, and more overstretched GPs.

- Between 2015 and 2024, **the number of full time GPs fell by 14.4%.**
 - The number of **GP partners dropped by 27%**, with a **56.7% decline among younger GP partners (< 45years).**
 - There are now 43.4 fully qualified permanent GPs per 100,000 patients, down from 50.2 in 2015 (a fall of 13.8%).
 - Over **40% of GPs plan to leave within five years**, citing burnout, stress, and bureaucratic overload.
- **Changing Workforce Mix**
- Rapid rise in **Direct Patient Care (DPC)** staff:
 - FTE DPC staff doubled from 9,372 (2015) → 17,437 (2024).
 - Nurses rose modestly from 15,196 → 16,884.
 - Yet **patient satisfaction correlates strongly with GP-led care and weakly with DPC-led care.**
 - Many practices rely on part-time and “portfolio” GPs combining clinical work with teaching, research, or leadership roles.
- **Consequences**
- Lower continuity of care, greater turnover, fragmented responsibility.
 - Legal and clinical risk ambiguity, as DPC roles (non-doctors) expand without equivalent accountability.
 - Low morale, high administrative burden, and reduced time per patient.

Premises and Estate Constraints

- Out of **8,911 GP premises** in England (in 2022):
 - **22% pre-date 1948,**
 - **~33% are identified by GPs as unfit for purpose.**
- Many buildings are too small or outdated to accommodate expanded teams or digital infrastructure.
- The report calls for coordinated estate planning and new ownership models to attract capital investment.

Digitalisation and Technology

- Pre-Pandemic Situation

The 2020 Deloitte report *Realising Digital-First Primary Care* showed:

- Huge variation in digital maturity across practices.
 - Poor data interoperability, outdated IT, and limited use of online services.
 - GPs expected full digital maturity to take a decade or more.
- **COVID-19 Acceleration**
- By April 2020, 90% of consultations were remote (vs. 33% pre-pandemic).
 - Video and telephone triage became normalised.
 - Procurement processes were streamlined.

- Post-Pandemic Challenges

- Despite digital growth (virtual consultations reached 33.8% by 2024), many practices:
 - Still lack interoperable systems and single patient records.
 - Struggle with digital exclusion among some patient groups.
 - Face high technology costs and inconsistent national support.

Patient Experience and Public Perception

- General practice is the most used NHS service (74%), but also the one under greatest scrutiny.
- **Top public priority: improving access to GP appointments** (38% of respondents, Health Foundation survey, 2024).
- **Satisfaction varies strongly with GP density:**
 - Practices with 70+ GPs per 100,000 patients → 81.5% positive experience.
 - Practices with 20–22 GPs per 100,000 → 70.6% positive.
- The report reaffirms that **GP-led continuity remains the most statistically significant driver of satisfaction.**

The Case for a New Model of General Practice

Structural Problems

- Over-centralised policy cycles with little local flexibility.
- Short-term contracts and under-evaluated pilot schemes.
- Fragmented accountability between NHS England, ICBs, and PCNs.

Vision from the 10-Year Health Plan (2025)

The Plan's core message: *"The NHS must reform or die."*

It identifies **three fundamental shifts**:

1. **Hospital → Community**
2. **Analogue → Digital**
3. **Treatment → Prevention**

It supports the traditional GP partnership model but also suggests alternatives. Aiming to create a Neighbourhood Health Service by 2035 that uses genomic data and digital tools for personalised, preventive care. Transforming general practice is key to its success.

The Neighbourhood Health Service (NHS 2035 Vision)

- Integrated Neighbourhood Teams (INTs) centred around digitally enabled general practice.
- Single Neighbourhood Providers (~50,000 people) and Multi-Neighbourhood Providers (~250,000+) to manage services at scale.
- Emphasis on:

- Data-driven population health management.
 - Shared patient records.
 - Multi-professional teams (GPs, nurses, pharmacists, social care, and VCSE partners).
- Target outcomes:
 - **95% of complex patients with co-created care plans by 2027.**
 - **1 million people offered personal health budgets by 2030.**

Funding Modernisation

- Additional **£889 million** for general practice (including **£102 million** to modernise 1,000 surgeries).
- New **outcomes-based contracts** replacing transactional models.
- Simplified funding distribution through ICBs, with stronger local autonomy.
- Strategic commissioning by ICBs to support community-based neighbourhood schemes.
- ICBs are given the freedom to contract with other providers for neighbourhood health services, **including NHS trusts**.

Insights from GPs (Survey Findings, 2025)

Responses were collated from a cross-section of GPs (partners and salaried) working in practices of varying sizes and serving a range of populations.

Mood and Morale

- Current sentiment: *confused, broken, challenged*.
- Future potential: *proactive, personalised, community-centred, fit for purpose*.

Main Challenges

1. Overworked and stressed staff
2. Workforce shortages
3. Managing increasingly complex patients
4. Bureaucratic contracts and rigid referral systems
5. Fewer opportunities to engage directly with patients
6. Lack of digital usability

What GPs Value

- Making a difference to patients / sense of fulfilment
- Working in supportive teams
- Autonomy and use of skills
- Community engagement
- Pay
- Flexibility of working patterns

Sources of Dissatisfaction

- Unrelenting increases in demand
- Patients' increasing expectations
- Poor work-life balance and pay
- Lack of recognition
- Limited time with patients
- Job insecurity
- Excessive administration and system inflexibility

Critical Health Trends Impacting Healthcare Now

<i>Health Trend</i>	<i>Implications for General Practice</i>
Place-based Prevention	Data-driven community interventions focused on local population needs, shifting to a proactive preventative service.
Human-Centred Design	Empowered patients at the heart of new service design.
Move to Digital	AI-driven triage, telehealth, integrated care records.
Productivity and Efficiency	Streamlined administration, automation, outcomes-based performance.
Health Equity	Targeting inequalities through localised, inclusive care delivery.

The document identifies **four key constraints** to be addressed to enable a resilient future for general practice:

1. Workforce

Barriers

- Long-term shortages of GPs, nurses, and pharmacists have reduced capacity.
- Fewer GP partners and more inexperienced or unemployed GPs due to limited funding and space.
- Rising patient-to-GP ratios and workload pressures causing burnout and attrition.
- 40% of GPs plan to leave within five years, citing stress, retirement, or overseas work.
- Locum GPs face insecurity and lower pay following ARRS exclusion.
- Nurses and pharmacists taking on greater clinical roles without adequate support or recognition.

Underlying Trends

- Regional disparities in workforce supply, especially in the East and Southeast.
- Growing desire amongst GPs for flexible, sessional, or locum work.
- Administrative burdens eroding morale and reducing patient-facing time.

Enablers / Solutions

- Deliver the 10-Year Workforce Plan to redefine workforce needs, skills, and deployment.
- Use AI tools (e.g. digital scribes) to cut admin workload and restore clinical focus.

- Expand training and recruitment for nurses and GPs.
- Improve retention through better work-life balance and career pathways.

2. Funding and Financing General Practice

Barriers

- An outdated capitation model (unchanged since 2004) limits funding flexibility.
- Primary care's NHS share has fallen to a record low of 8.4% (2023–24).
- Funding lags behind inflation, forcing practices to do more with less.
- ICBs freezing or cutting discretionary budgets, widening regional gaps.
- One in five GP surgeries closed since 2015 reflecting financial unsustainability.

Recent Developments

- 2025–26 GP contract: 7.2% cash growth on the contract funding element (estimated 4.8 per cent real growth on 2024-25 contract costs (£889m) and per-patient rate rise to £121.90).
- Additional funding for ARRS roles, locums, and practice nurses.
- Partial QOF simplification and planned review of the Carr-Hill formula to better reflect health needs and workload.

Ongoing Challenges

- New investment only partly offsets years of underfunding.
- Outdated contracting and procurement models limits proactive, preventative care.
- Smaller practices remain financially vulnerable.

Enablers / Solutions

- Reform the funding formula and contracting system to reflect modern care demands.
- Increase core investment and simplify funding access.
- Support innovative, collaborative, prevention-focused care models.
- Establish long-term financial stability to reduce closures and promote growth.

3. Digital and Data

Future Vision

The 2025 10-Year Health Plan mandates:

- A system-wide “digital shift.”
- A Single Patient Record with AI-enabled triage and integrated tools.
- Enhanced NHS App for self-management, booking, and communication.

Barriers

- lack of recognition that digital technology is critical to meeting rising demand and improving access.
- High costs, bureaucracy, and unclear technology choices hinder progress.
- 80% of systems remain outdated and lack interoperability.
- Limited financial incentives and ongoing clinician concerns about automation and data privacy.

Four Main Concerns

1. **Data Management & Interoperability:** Fragmented systems and “data overload” prevent seamless care coordination.
2. **Usability & Relevance:** Technology often not tailored to clinical workflows; poor design leads to frustration.
3. **Funding & Resources:** High upfront costs and complex funding approval processes; risk of a digital divide among patients.
4. **Behavioural Barriers:** Limited staff confidence, fear of change, and lack of digital literacy.

Enablers / Solutions

- Deliver a unified patient record and enforce interoperability standards.
- Prioritise user-centred design aligned with clinical practice.
- Provide digital training and ongoing support for staff.
- Streamline funding processes and reduce bureaucracy.
- Address digital exclusion among patients.
- Promote realistic communication about the benefits and limits of AI and automation.

NHS App Expansion by 2028

- **Access & Choice:** AI triage via *My NHS GP* to direct patients to the right care and ease GP workload; universal booking and self-referral options through *My Choices* and *My Consult*.
- **Personalised Care:** Tools for managing medicines, vaccines, and long-term conditions; integration of genomic and clinical data to provide personalised risk profiles, health coaching, and targeted screening reminders.
- **Communication:** Direct messaging with clinicians and digital appointment management, reducing the need for calls and letters and improving pre-consultation context.
- **Data Integration:** Syncing with wearables and biosensors for real-time health tracking, enabling automated alerts and proactive interventions.
- **Remote Monitoring:** Routine use of wearables and the App to monitor long-term conditions from home.
- **Equity & Accessibility:** Support for patients with low digital literacy; inclusive features like BSL, screen readers, translations, and the *My Companion* tool to help people understand and express health needs.

4. Investment in the Primary Care Estate

Barriers

- Inadequate and ageing premises limit service expansion.
- A quarter of GP buildings predate the NHS, many unfit for modern care.
- Lack of national strategy for estate design to support integrated care.
- GP premises ownership model limits NHS investment in maintenance.
- Maintenance must come from surplus GP contract funds, further straining budgets.

Policy and Investment Developments

- **IFG (2024) report** calls for:
 - A national audit of GP estate to assess suitability.

- Creative estate planning: co-location, repurposing, and innovative financing.
 - Tailored ownership models to incentivise investment.
 - Better coordination and removal of financial barriers for estate modernisation.
- **10-Year Health Plan (2025)** acknowledges the outdated estate and proposes:
 - Creation of Neighbourhood Health Centres (NHCs) using public capital to modernise facilities in deprived areas.
 - Collaboration with the National Infrastructure and Service Transformation Authority (NISTA) and third-party developers.
- **Primary Care Utilisation & Modernisation Fund (2025–26):** £102m allocation to ICBs for projects that:
 - Optimise existing infrastructure,
 - Expand GP capacity,
 - Increase appointment availability.
 - Funding depends on value for money and measurable patient benefits.
- **Enablers / Solutions**
 - Undertake a national audit and modernisation plan for GP facilities.
 - Promote co-location and shared facilities.
 - Develop innovative financing and ownership models (public-private partnerships, regeneration initiatives).
 - Invest in sustainable, flexible infrastructure to accommodate digital technology and workforce growth.
 - Ensure equitable regional distribution of capital funding.

Designing a Future-Proof Primary Care System

Critical Design Principles for a Resilient General Practice Model

- **Patient-centred design:** Care models prioritise patient empowerment, shared decision-making, and holistic support, supported by unified health and financial records to create a seamless, personalised experience.
- **Proactive population health management:** Focuses on prevention and early intervention, treating mental and physical health with equal importance to improve wellbeing across the life course and reduce long-term system pressures.
- **Data-informed decision-making:** Builds an insight-driven culture using genomic, clinical, and operational data. Requires robust digital infrastructure and full interoperability with pharmacies, social care, and other health services to support evidence-based care.
- **Financial sustainability:** Introduces new contracts that reflect the complexity of general practice work, using outcomes-based funding models and risk-mitigation strategies to keep practices viable and adaptable.
- **Digital-first delivery:** Ensures automation, interoperability, and integration across primary care, with the NHS App as a core platform. Guarantees digital accessibility for all groups to create smooth, connected patient journeys.
- **Quality and safety:** Embeds standardised, integrated governance across general practice and wider primary care, ensuring consistent regulatory compliance, reducing fragmentation, and maintaining patient trust and clinical excellence.

What a Future Model of Primary Care Could Look Like

Six key actions are outlined for a sustainable, reformed primary care model. The report acknowledges that there is no ‘one size fits all’ model of care:

1. **Patient Activation using AI-enabled tools**
 - Expand digital literacy and engagement tools (e.g., NHS App, AI tools, data from digital wearables).
 - Use behavioural insights to encourage self-care.
 - Deploy virtual coaches and care navigators.
2. **Integrate Data Ecosystem**
 - Create real-time, interoperable datasets across NHS sectors.
 - Enable AI-driven population health management.
 - NHS app as a digital front door.
3. **Next-Generation Workforce Models**
 - Flexible staffing; use of “portfolio” careers.
 - Better training and scope for new roles (digital navigators, AI support staff).
 - Support GPs to develop specialist skills.
4. **Outcome-Based Performance and Funding**
 - Replace activity-based metrics with outcome-driven incentives.
 - Real-time performance monitoring and predictive modelling.
5. **Estate Modernisation**
 - Investment in co-located, flexible community health hubs.
 - Use of alternative spaces such as retail and pharmacies (health on the high street).
 - Explore public-private partnerships for capital upgrades.
 - Roving screening and immunisation services in retail spaces e.g. cancer, diabetes, childhood immunisation.
6. **Proactive health equity initiatives**
 - Target health inequalities and chronic disease prevention
 - Utilise big data and AI to target initiatives and shape contracts to incentivise delivery.
 - Build neighbourhood-level accountability.

The Future of General Practice

General practice will play a central role in transforming and integrating the health system. This will rely on strong leadership, collaboration, digital innovation, and a population health focus. Reforming the model requires national support and locally driven innovation to create sustainable, patient-centred care.

Key Priorities for the Future Model:

- **Collaboration and Integration:** Practices must lead neighbourhood-based systems, forming partnerships across sectors to deliver coordinated, population-focused care that aligns with local needs.
- **Digital and AI Transformation:** Technology will be core to future care delivery — from telehealth and AI-assisted triage to integrated electronic records and data-driven

population management. Practices must build digital literacy, adopt interoperable systems, and use technology to enhance efficiency and access.

- **Population Health and Prevention:** Data and genomics will enable targeted, proactive care, early intervention, and tailored treatment. Collaboration across community services will help address social determinants of health.
- **Workforce and Leadership:** Success relies on valuing staff, promoting distributed leadership, and developing multi-professional teams supported by training in digital, data, and leadership skills. Enhance job satisfaction and career development for workforce resilience.
- **Continuity and Personalisation:** While convenience and access are priorities, continuity of care remains vital, especially for those with complex or long-term needs.
- **System Redesign:** Shift from top-down mandates to a supportive national framework that enables locally led transformation, practical technology adoption, and seamless integration across care settings.
- **Funding Reform:** Replace outdated contracting and activity-based models with outcome-based funding that rewards integration, prevention, and quality. Ensure equitable distribution of resources, investment in fit-for-purpose premises, and transparency in neighbourhood-level funding flows.

Conclusion

The report concludes with cautious optimism. Within the next decade,” the *10-Year Plan* envisions general practice playing a pivotal role in the new neighbourhood health service; and, with the right enablers, having a central role in delivering the Plan’s three shifts, especially the shift to preventative care. The last five years have proven GPs to be versatile, adaptable and ready to rise to the challenges ahead. General practices know their patients like no other service and are effective system integrators. There is a crucial opportunity for general practices to play a leading role in the development of the new neighbourhood health.” “GP leadership and trust in the development of wider system collaborative ways of working will be essential in determining how different GP practices might respond and the effectiveness of the choices they make in delivering better outcomes for all.”