THE VALUE OF A GP

BMA

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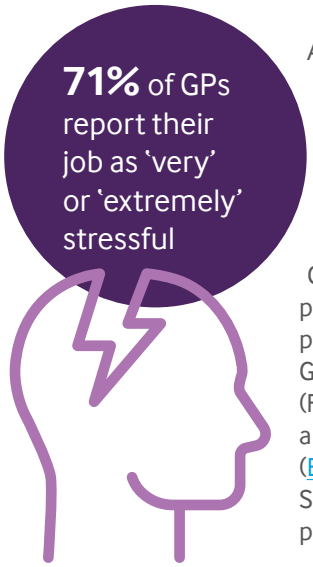
Introduction

General Practice is the bedrock of the NHS. Only by having expert, medically qualified generalist gatekeepers at the start of the patient journey can we form a free at point of use, quality health care system. General Practitioners (GPs) ensure the vast majority of care is delivered outside of hospital, in the local community, supporting patients throughout their lives. The following paper sets out the intrinsic value and importance of General Practitioners in affording and securing the nation's healthcare for the next generation.

Current situation

Across the four nations of the UK, general practice is crumbling. Although not a new problem, general practice is now on the verge of total collapse- a crisis which is avoidable if we begin to properly value our GPs and the vital role they play in our health system.



A recent report in Northern Ireland revealed the dire state of a general practice service under extreme pressure. The number of practices handing back their contracts is on the rise, with a further 1 in 8 practices across Northern Ireland also deemed to be at risk, due to numerous challenges including financial issues (Northern Ireland Audit Office 2024).

The situation is equally concerning across the nations. 5.5% of full-time equivalent GPs (1,570) have left the GP workforce in England since 2015, while the number of GP partners has fallen by 26% (Institute for Government 2024). Meanwhile, the patient population served by general practice has increased by 11% resulting in record average GP to patient ratios and an average patient list size of 2,257 per full time equivalent (FTE) GP, representing a 16.5% increase (RCGP 2025). Since 2012, Wales has experienced a 38% increase in patients per full time GP, alongside a 25% reduction in full time GPs (BMA 2024). Over the same period, more than 20% of practices-100 in total- have closed. Similarly, Scotland has suffered a nearly 10% decline in the number of practices over the past decade (Public Health Scotland 2023).

In recent years, the workload in general practice has escalated dramatically. Un-resourced workload shifted from secondary care driven by a combination of an ageing population, rising incidence of chronic conditions, and the complexity of patient needs, all compounded by the ongoing impact of austerity and subsequent loss of services. Last year in England, an average of 30 million appointments per month were delivered. An increase of over 4 million a month compared with five years ago- all completed with over 600 fewer full time equivalent GPs (RCGP 2024). Meanwhile, in Wales, on average the equivalent of 60% of the population sees a GP each month (BMA 2024).

And as patient need increases, so too does the overworking and stress of our GPs, creating a dangerous strain on an already fragile system. The emotional toll of handling such intense workloads, exacerbates stress levels, making it difficult for GPs to maintain the quality of care they strive to provide. With 71% of GPs reporting their job as 'very' or 'extremely' stressful (The Health Foundation 2023). This cycle of increasing pressure and declining workforce ultimately undermines the very sustainability of general practice as we know it.

At a time of greatest patient need, an illogical situation exists whereby GPs are unable to secure employment in the UK. A 2025 BMA survey found that over half of respondents wished to work more hours within the NHS but could not find suitable opportunities, and

15% were unable to find any GP work at all. Of particular concern was the fact that 69% reported experiencing stress or anxiety due to underemployment or unemployment, with many also facing financial hardship. This paradox reveals a fundamental issue: while there are individual doctors without jobs, the overall system is so overstretched that it is unable to fully integrate and effectively utilise the available workforce. We have a wealth of highly trained GPs, yet we're not utilising them to their full potential. Our GPs are eager to see and care for patients, and they want to work.

The scope of the profession's responsibilities is being encroached upon by ineffective and unsafe alternatives. Top-down initiatives that remove GPs from patient care and undermine their autonomy only shift the focus away from what truly matters- empowering practices with the funding and flexibility to decide what works best for their patients.

We have GPs available to deliver safe, continual, quality care to patients across the UK- an efficient, equitable service patients deserve is achievable, if we value the GP workforce we have trained for this very role.

Valuing continuity of care

Improved productivity and reduced healthcare costs

Continuity of care is a cornerstone of effective general practice, playing a crucial role in both enhancing productivity and alleviating pressure on secondary healthcare services. But of late, has been sacrificed on the political imperative of quick access, over all else. Increased workload with a decreased workforce has made continuity less deliverable. When patients receive ongoing care from the same GP, it fosters a deeper understanding of their health history and needs, allowing for more personalised and efficient treatment. Continuity of care is well known to be linked to higher patient satisfaction, improved treatment adherence, and a reduction in hospitalisations (Starfield et al. 2005).

Seeing a regular GP can reduce hospital admissions by over **20%**

Research has also shown a powerful link between sustained relationships with a primary GP and increased productivity in GP practices. When patients consistently see their regular doctor, the time until their next appointment is extended by 14% (Poreschack et al. 2024). This not only improves continuity of care but also has a significant impact on practice efficiency, freeing up valuable appointment slots for other patients who need them. By strengthening these relationships, GP practices can better manage patient demand while maintaining high quality, personalised care.

The 2024 study further revealed that seeing a regular GP significantly reduced visits to emergency departments, with reductions estimated at 46.1% for same day visits, 37.8% for visits within 3 days and 32.4% for visits within 7 days (Poreschack et al. 2024). This decline in emergency department reliance was projected to reduce hospital admissions by over 20%, providing much needed relief to secondary care services. This comes at a critical time, as emergency department waiting times have been escalating rapidly. In England, the percentage of A&E attendances waiting longer than 4 hours has surged from 8.1% in January 2013 to 42.4% in September 2023 (Office for National Statistics 2024). In Wales, the target of 95% of patients spending less than 4 hours in A&E has never been met (Welsh Government 2025). The resulting benefits would ease the strain in overstretched hospitals, reduce overall healthcare costs, and help prevent staff burnout- ultimately improving the sustainability of the healthcare service.

Patient health outcomes and experience

GPs are deeply committed to improving the health outcomes of their patients, and their role goes far beyond simply addressing immediate medical concerns. GPs play a crucial role in providing comprehensive care to patients by offering continuous support for their physical, mental, and emotional wellbeing. The quality of general practice is fundamental, as it sets the foundation for the entire healthcare service. When general practice is of high quality, it ensures that patients receive early, accurate diagnoses, effective treatments, and ongoing support, which can prevent more serious health issues from escalating.

A recent comprehensive review by Alghamdi et al. (2024) highlights the significant benefits continuity of care by a GP can provide for patients living with long lasting health issues that require ongoing management. Care provided by a consistent GP allows for more effective monitoring of both the patient and their condition. This continuity enables timely adjustments to treatment plans and facilitates rapid action in addressing any complications that may arise.

Evidence consistently demonstrates that continuity of care is linked to reduced mortality rates. In fact, 9 of the 12 studies reviewed by Baker et al. (2020) found that greater continuity had a statistically significant impact on all cause mortality. An observational study in Norway showed similar results, finding the duration of the GP patient relationship was strongly linked to reduced use of out of hours services, fewer acute hospital admissions, and lower mortality rates (Sandvik et al. 2022). Higher levels of care continuity have also been associated with increased life expectancy in both men and women (Baker et al. 2024).

Patients have described improved appointment experiences with GPs they have seen continually

While clinical outcomes are undeniably important, patient experience and access to GP services are equally vital in delivering effective, patient centred care. A recent survey revealed that securing easier access to GP appointments is the public's top priority for the NHS, reflecting widespread frustration with the current service (Taylor et al. 2025). Research by McDermott (2022) has highlighted the positive impact of employing more general practitioners on patient satisfaction. The study found that an increase of one full time equivalent GP led to an increased rate of satisfaction at the practice. A decrease in patient satisfaction was seen in practices which employed more alternative FTE health care professionals, than GPs. This underscores the value of GPs in enhancing the patient experience, compared to other roles that may not have the same direct impact on patient care.

Patients value not only the ability to see a GP promptly but also the continuity of care that comes with seeing the same doctor on each visit. Research by Turner et al. (2007) found patients were prepared to wait longer for an appointment, to be seen by a familiar GP, so that they were well informed about their case history. Patients have described improved appointment experiences with GPs they have seen continually, noting they felt more comfortable, able to ask questions, actively participate in decision making and felt confident in the care received by a trusted GP (Guthrie and Wyke 2006).

Higher levels of care continuity have been associated with increased life expectancy

Valuing quality of care

Improved equity and prevention

NHS general practice is available to everyone, free at the point of use and irrespective of ability to pay. Although, at present, the most deprived areas of England have the least GPs per patient, and worse patient satisfaction (Institute for Government 2025). When high quality services are accessible to all, it ensures that everyone can benefit from timely and effective care. This equitable approach not only improves health outcomes but also strengthens the system's ability to provide consistent, fair treatment to all members of the community.

Four features have been identified by The Commonwealth Fund (2021) as critical indicators that define a high performing healthcare service, one of which is investment into general practice to ensure accessible and equitable services are available for communities. By prioritising fairly distributed access to general practice, the system not only improves health outcomes but also fosters a more inclusive and efficient healthcare framework.

Quality care provided by GPs is essential in preventing health issues from arising or worsening. We have long known that this proactive approach not only improves patient outcomes but also reduces the need for costly emergency interventions or hospital admissions in the future. A report by the Institute for Public Policy Research (2023) reiterates the critical importance of prevention in healthcare, calling for policy changes that prioritise preventive measures, adopt a broader approach to productivity beyond 'efficiency,' and foster community centred, personalised care.

To truly deliver high quality care, GPs need longer appointment times to provide patients with the attention and treatment they deserve

To truly deliver high quality care, GPs need longer appointment times to provide patients with the attention and treatment they deserve. BMA guidance for all four nations strongly recommends practices set appointments to an average of 15 minutes (BMA 2024). However, the common practice of 10 minute appointments, one of the lowest in Europe, falls short of enabling comprehensive patient care. Research has shown, the ideal duration for a GP appointment has remained largely unchanged for over two decades, with studies estimating that the minimum and maximum median times should range from 15.7 to 28.4 minutes (Bradley et al. 2024).

A comprehensive approach that prioritises high quality, equitable, preventative care not only improves patient outcomes but also reduces the need for more expensive secondary care interventions. Demonstrating that investing in longer GP appointments would significantly enhance the efficiency of the entire healthcare service.

Valuing our GP workforce

Wellbeing

Valuing the health and wellbeing of our GP workforce is essential to ensuring they can continue providing the high-quality care they were trained to deliver. It's crucial to recognise that GPs' mental health is just as important as the care they provide, especially given the mounting pressures they face. Burnout amongst GPs is rising rapidly, and without action, we risk losing these dedicated professionals. Current "quick-fix" approaches have proven ineffective, and patients want what GPs provide- comprehensive, accessible care.

There is a growing body of evidence highlighting the significant impact of burnout and poor psychological wellbeing on GPs. A study by Biddle et al. (2023) revealed that over a third of GPs are experiencing burnout, with a quarter of them classified as having low psychological wellbeing. The key drivers behind these concerning statistics include poor staff retention and the escalating pressures facing general practice. Disturbingly, more than 80% reported suffering from physical musculoskeletal pain due to the strain of their excessive workload. These factors are contributing to a workforce crisis that not only affects the GPs themselves but also the quality of care they can provide to patients.

This hidden iceberg of indirect care is essential yet invisible, further stretching already limited capacity and impacting the wellbeing of the GPs delivering frontline services

General practice has also undergone a marked shift towards higher intensity working, driven by rising demand, increased complexity, and the growing use of technology. While digital tools offer efficiencies, they also contribute to 'technostress' - a form of cognitive overload. Compounding this is the overlooked burden of non-patient facing work: reviewing pathology results, managing referrals and follow-ups from secondary care, and navigating a growing tide of administrative tasks. This hidden iceberg of indirect care is essential yet invisible, further stretching already limited capacity and impacting the wellbeing of the GPs delivering frontline services.

The extreme workload faced by GPs is not only taking a toll on their health but is also driving many to leave the profession altogether. A 2024 survey by the Royal College of General Practitioners revealed that 42% of GPs are unlikely to still be working in general practice in five years, with nearly half citing stress as the primary reason for their decision to leave. Alarmingly, 13% of GPs indicated they would consider leaving the UK to work overseas. This exodus means we risk losing the very GPs we have invested in and trained, all due to the unbearable conditions under which they are currently expected to practice.

42% of GPs are unlikely to still be working in general practice in five years

Practice clinicians

Policymakers have increasingly turned to other healthcare professionals to fill the role of GPs, a trend that is not new but continues to grow. While the intention may be to alleviate pressure on general practice, this approach has proven ineffective. In Scotland, a recent review of the 2018 GP contract found that, despite substantial investment in multidisciplinary teams (MDTs), their intended benefits of improving patient care and easing GP workloads have not been realised. Instead, many GPs reported that MDTs increased their workload due to the need for ongoing supervision and training and cost substantially more to provide less service than GPs directly (Audit Scotland 2025).

Evidence has long demonstrated that Physician Associates (PAs) have significantly longer consultations compared to GPs, with PAs spending more than 5 additional minutes per appointment on average (Drennan 2015). Additionally, re-consultation

rates are notably higher with PAs, standing at 24.6% compared to 18.6% with GPs. It is also concerning that there is a lack of studies examining the clinical competence of Physician Associates (PAs). Previous research (Hollinghurst 2006) suggests that employing a nurse practitioner costs roughly the same as employing a salaried GP, primarily due to the time GPs spend supporting nurse practitioners' appointments, including return visits, which significantly drives up costs.

GPs bring holistic, wide-ranging expertise, making them uniquely equipped to manage complex, and varied patient needs

GPs bring holistic, wide-ranging expertise, making them uniquely equipped to manage complex, and varied patient needs. This shows that relying on cheaper staff who lack the same range of skills can be a false economy. Instead of relying on unproven alternatives, we could be using GPs, whose clinical competence and safety are well established, to meet patient demand and ensure high quality care. It's time we prioritise the value GPs bring to healthcare and work to ensure their expertise is being fully utilised.

Properly funded service

With a robust general practice service, patients receive timely care in their communities, reducing the need for costly hospital admissions and long term treatments. This not only improves patient outcomes but also relieves pressure on the wider health system, reducing inefficiencies and costs.

Investing in GP services can deliver substantial economic gains. An additional £1 investment into NHS primary care services, was found to generate £14 of additional value to the economy (Wood and Gorham, 2023). This is largely thanks to the role of GPs in supporting better health outcomes, which can improve productivity among local populations. This in turn can allow individuals to benefit from higher incomes, stimulating better economic conditions and generating greater tax revenue to be invested back into critical GP services.

GPs also play a critical role in preventing poor community health. It has been found that GPs have a unique role in identifying the non-medical causes of diseases, and have the potential to engage in community level prevention, through offering advice and support to their patients, and addressing the underlying causes of poor health (Beaney and Allen, 2019). However, lack of resourcing and stretched demand have inhibited the role of GPs to fulfil their preventative potential. Additional investment would ensure that GPs can meaningfully address population health issues and reduce the associated costs of preventative disease.

There are comparative cost benefits of GP services. Evidence collated by the Royal College of General Practitioners for a Parliamentary Committee noted that while an average GP consultation cost just £56 per patient, the average cost of a patient receiving the lowest level of investigation and treatment in urgent care centres was £91 in 2024/25 (RCGP 2024). Again, this demonstrates the cost effectiveness of GP services that can offer efficient treatment and serve as important gatekeepers to critical NHS services.

More generally, community care, of which GP services are an essential pillar has been found to reduce demand for secondary care. Analysis of integrated care systems (ICS) has found that systems which invested more in primary care, experienced a 15% lower admission rate for non-elective care, and a 10% lower ambulance conveyance rate, alongside lower average activity for elective admissions and A&E attendances (Gorham and Wood, 2023). Ensuring that GP services are better resourced can alleviate pressures on secondary care services and ensure that they can also operate more effectively for patients in need.

A recent survey found that 46% of respondents support raising taxes to increase NHS funding

Public satisfaction with GP services has fallen to its lowest level since records began in 1983, highlighting the deepening crisis in primary care. A recent survey found that 46% of respondents support raising taxes to increase NHS funding, signalling a clear public need for meaningful investment in the health service (Taylor et al 2025). Economically, this investment would pay for itself: healthier populations incur fewer medical expenses, productivity increases as individuals spend less time away from work due to illness, and the health system operates more efficiently. By investing in GPs, we ensure a healthier, more productive society and a more sustainable healthcare economy.

The future of general practice

In the future, general practice and GPs can truly be valued and invested in – in this future, practices are properly funded and filled with enough GPs to meet patient need. GPs are empowered to spend more time with patients, focusing on preventative care, chronic disease management, and personalised treatment plans. The restoration of core funding would allow the current GP partner model to thrive, enabling GPs to focus on what they do best, attract and retain more of the skilled professionals we've trained for the role, and reduce the burden on secondary care.

GPs have the expertise to fix general practice and are ready to collaborate with governments to restore it

GPs have the expertise to fix general practice and are ready to collaborate with governments to restore it. However, this requires decisive action from policymakers. Key steps must include significant investment in core general practice funding, prioritising the creation of more GP posts to address the current workforce crisis, and implementing effective retention strategies that improve the wellbeing of GPs. Additionally, making GP partnerships more attractive through reduced liabilities and less micromanagement is crucial to ensure sustainability and improve recruitment. Only with these high level actions can we stabilise and revitalise general practice.

We must value our GPs now- general practice is at a pivotal point. Without urgent action and a change in approach, the system as we know it will disappear. GPs are the backbone of our healthcare, essential to our wellbeing, and absolutely worth investing in. Without them, the system falls apart. It's time to give them the support they deserve.

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