

GP Premises Survey Results 2025

This report presents the findings of the BMA's 2025 GP premises survey, conducted between 13 June and 18 August. With responses from almost 2,000 GPs and GP Practice Managers—representing nearly one in three General Practices in England and all Integrated Care Boards (ICBs)—the survey results highlight widespread concern about the condition, capacity, and sustainability of GP premises across the country.

The government's 10-year Health Plan, which relies on delivering patient care closer to home through neighbourhood health, can only be achieved with an urgent and substantial investment into GP premises.

What We Found

- Many practices face critical infrastructure challenges in caring for their patients.
- Staff welfare and training are hindered by inadequate facilities.
- Integration of additional workforce, including Primary Care Network (PCN) staff is limited by space constraints.
- Service charge disputes with Department of Health and Social Care (DHSC) owned companies, NHS Property Services (NHSPS) and Community Health Partnerships (CHP), are putting practices at risk of closure.

Our Recommendations

In response to the issues raised, we make the following three key recommendations:

Urgent Funding

We call for an urgent investment package to upgrade GP premises. This must address critical infrastructure gaps affecting staff training, welfare, and the integration of PCN staff. Investment should include non-clinical areas such as meeting rooms, kitchens, and staff welfare zones.

Capacity Expansion

To unlock vital space and improve operational efficiency, we recommend strategic investment to expand capacity and permanently resolve the issue of paper records storage in GP premises. This includes immediate removal of paper notes at NHS England's expense and reimbursement for practices that have already self-funded digitisation or off-site storage of paper notes.

Service Charge Reform

We urge swift government action to resolve and settle historic service charge debt and explore alternative ownership models for premises held by DHSC owned companies, NHSPS and CHP. This is essential to stabilise general practice and support long-term sustainability of practices through transparent property management solutions.

Key findings

- 50% of respondents considered their premises to not be suitable for present needs.
- 83% of respondents consider their premises to be unsuitable for future needs.
- 74% of respondents do not have enough space to provide training for new GPs.
- A quarter of respondents reported having been invoiced with inaccurate service charges and less than half of these described the charges as 'resolved'.
- The responses from NHSPS and CHP tenants highlighted the gravity of the situation. Over 65% of respondents in NHSPS buildings noted that they had received inaccurate invoices from NHSPS and over 74% of those in CHP buildings said they have received incorrect invoices from CHP.
- 54% of NHSPS tenants and almost 35% of CHP tenants said that the service charges dispute was affecting the sustainability of their practices.
- Almost 35% of NHSPS tenants and 26% of CHP tenants have considered handing back their GP contract due to the service charges dispute.

Capacity

The survey results highlight significant infrastructure challenges faced by practices since joining Primary Care Networks.

- Worryingly, 83% of respondents reported that since joining a PCN they do not have enough space for additional staff on site.
- While 77% of respondents reported that being part of a PCN has made improvements more necessary.
- Furthermore 74% of respondents do not have enough space to provide training for new GPs.

Free text responses vividly illustrate the impact of these constraints on staff wellbeing. One practice noted, "we have approximately 50 staff in total and our staff kitchen can only fit one person standing—it's not a great environment to support staff wellbeing." Another shared, [the] staff coffee room is a converted container. [There is] only one staff toilet between 35 staff."

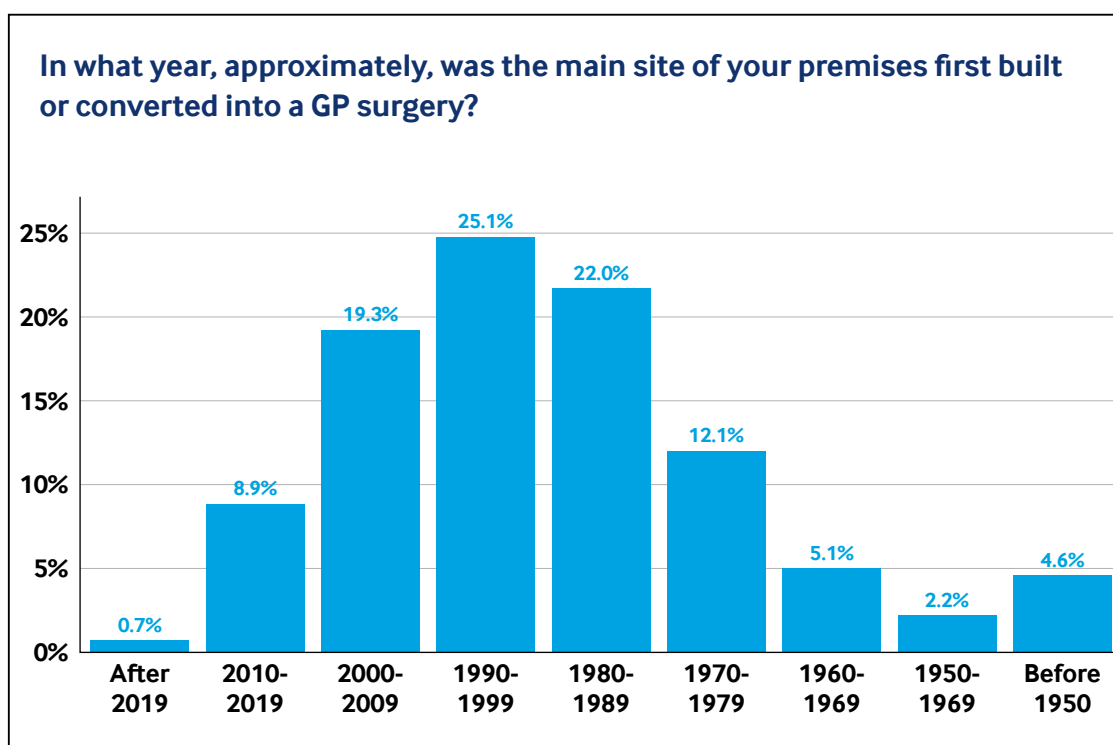
Many respondents highlighted the strain on practices to deliver services in inadequate spaces: “we are currently hot-desking all our clinical rooms... [there are] no rooms to meet even though we are a training practice... Another noted a “lack of space to house ARRS staff and lack of space to provide increased community services forcing staff to work remotely.... [there is] no space to house medical students.”

Some practices described the innovative solutions undertaken at their own expense, for example the outsourcing of storage for paper notes to free up space: “we have paid... for medical records to be stored off site to enable [our grant application to transform admin space to three clinical rooms].” These accounts underscore the pressing need for investment in physical infrastructure to support growing teams and evolving service demands.

Investment

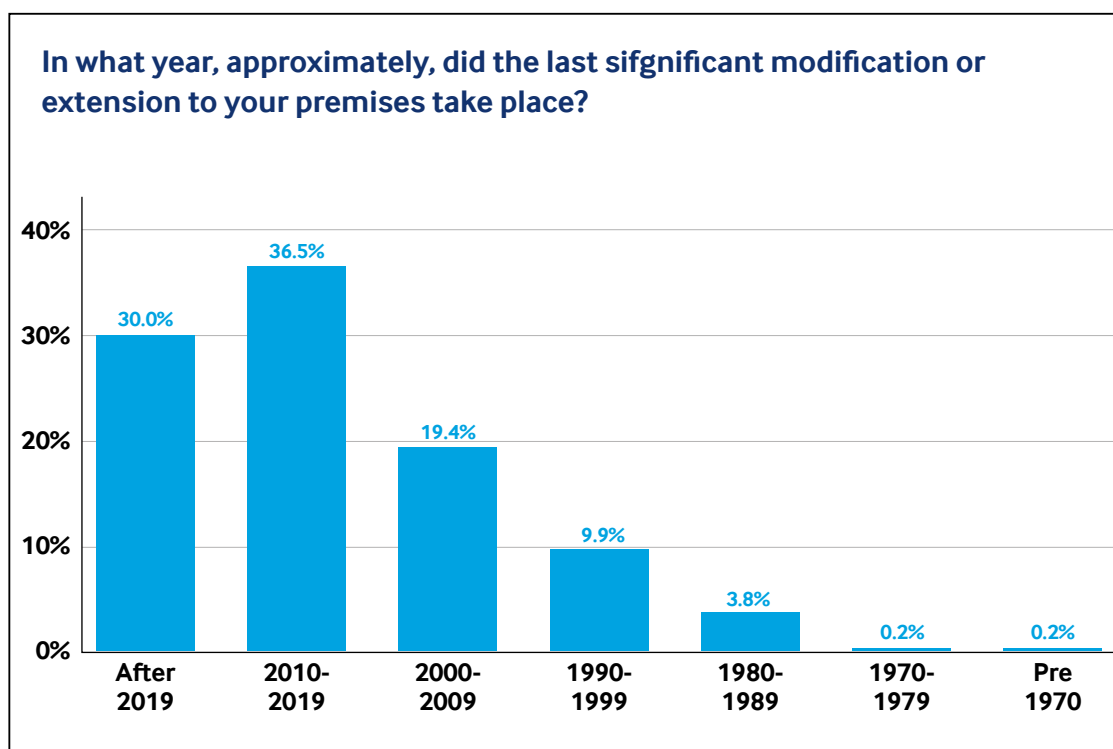
The survey results provide an outline of the current state of the GP premises estate, highlighting the age and condition of buildings, the timeline of modifications and recent trends in grant funding. The data reveals that a significant portion of the estate comprises older buildings, many of which have not undergone substantial refurbishment in decades.

The findings also shed light on the outcomes of grant applications submitted in recent years. While some practices have successfully secured funding to modernise and expand their facilities, a notable number of applications have been rejected, pointing to potential gaps in investment and support. These insights underscore the need for strategic planning and sustained investment to ensure GP premises remain fit for purpose and capable of meeting future healthcare demands.



Respondents reported in what year approximately the main site of their premises was first built or converted into a general practice surgery.

- 71% recorded that their main site is more than 26 years old, with one respondent noting that their main site was built in 1380 (!).
- Half of respondents reported that significant modifications or extensions have been made to their premises.
- 14% of respondents reported that the last significant modification or extension to their premises took place 26 years ago or more.



Of respondents whose practice applied for a grant since 2022:

- 42% received a rejection.
- 30% are still awaiting a response.
- 28% got their application approved.

Considering this high rejection rate, it is worth considering that 88% of these grant applications were for less than £150k.

Free text comments illustrated some of the issues highlighted here: “our practice is old and outdated. There is inadequate disabled access for staff and patients, yet we cannot afford to change this and applied for funding, [but] it was rejected. We have holes in the roof and wall, poor security and poor lighting but we have no money to fix it all. We are busting at the seams and can’t meet demand for appointments as we need more rooms but can’t afford to extend.”

Service Charges Crisis

We asked respondents whether they had at any time been invoiced with service charges which were inaccurate:

- A quarter of respondents reported being invoiced with service charges that were inaccurate, of this group:
 - less than half described the charges as resolved and
 - a third reported that the service charges dispute with their landlord is affecting the sustainability of the practice.

NHS Property Service and Community Health Partnerships

By further analysing the responses to the question of whether inaccurate invoices for service charges had ever been received we found a stark difference between buildings managed by different landlords. When comparing the data from respondents identifying as NHSPS and CHPS tenants the results highlighted the gravity of the situation for many of those tenants:

- Over 65% of respondents in NHSPS buildings and over 74% in CHP buildings said they have received incorrect invoices.
- 54% of NHSPS tenants and almost 35% of CHP tenants said that service charge disputes were affecting the sustainability of their practices.
- 35% of NHSPS tenants and 26% of CHP tenants have considered handing back their GP contract due to service charges disputes.

A significant number of respondents who reported experiencing problems with service charges identified as tenants of NHS PS and CHP buildings.

NHSPS Tenants

266 free text comments were received reporting examples of incorrect invoices from respondents identifying as NHSPS tenants. This group reported a variety of issues, in many cases over a long-standing timeframe. Problems include inconsistent billing, billing for services not received, a lack of detail behind invoices, sharp increases in charges, excessively high charges in comparison to market competition, being invoiced for services which practices never paid for prior to NHSPS taking over the lease; and poor customer service from regional NHSPS teams- requiring extensive hours of partner and practice manager time.

Comments received have highlighted the long timeframe in which service charge disputes have been ongoing- over a decade for many. Many reported a significant impact on practice management; fundamentally that charges are increasing at a far higher rate than funding, which is leading to consideration of GP staff redundancies in some cases.

- “Since NHSPS took over the premises from PCT, we have been receiving large, incorrect invoices for service charges and have been in dispute with no resolution in sight.”
- “We have been invoiced for lift maintenance, but we do not have a lift.”
- “We were charged £4000 for water when it was £160.”
- “Paying for curtain cleaning when we are using disposable curtains.”
- “Charges for the car park went up from 9k to 60k.”
- “We have attempted engaging with NHSPS on several occasions, but they have become silent”
- “Examples include a £5000 charge for our TV licence and an uplift in our gas bill of over 400%.”
- “We received charges for a cafeteria but there are none in the building.”

CHP Tenants

80 free text comments were received describing examples of incorrect invoices from respondents identifying as tenants of CHP. Many of these comments reflect a perceptible increase in issues associated with service charges in recent years. Issues reported include charges for services not received, new charges which previously were not billed for, incorrect billing for charges already paid, annual increases in billing without explanation and exponential increases in charges.

- “Asking for payment of charges from a few years ago which we have already paid.”
- “We have an ongoing dispute for an exponential rise in service charges which has increased four-fold and is untenable.”
- “CHP has increased the service charge each year without any clear reason.”

The current model of ownership of DHSC premises by NHSPS and CHP has not worked either for the practices or for patients. There is a need for urgent consideration of alternative models of ownership of these premises.

Recommendations

The 2025 GP premises survey has revealed a deeply concerning picture of the current state of the general practice estate in England. With responses from nearly one-third of practices and representation from every Integrated Care Board (ICB), the findings reflect widespread and urgent challenges that are impacting the delivery of care, staff wellbeing, and the ability of practices to adapt to evolving service models.

The evidence gathered points to a system under strain—where outdated infrastructure, limited space, and unresolved financial burdens are obstructing progress and innovation. In light of these findings, we are making three core recommendations to support the future sustainability and functionality of general practice:

1. Targeted Investment in GP Premises

A dedicated funding package is urgently required to upgrade GP infrastructure. This must extend beyond clinical rooms to include essential non-clinical spaces such as meeting rooms, kitchen areas, and staff welfare zones. These facilities are vital for training, collaboration, and the integration of any additional staff, including Primary Care Network (PCN) staff, and their absence is a barrier to workforce development and retention. The government's 10-year Health Plan, which relies on delivering patient care closer to home through neighbourhood health, can only be achieved with an urgent and substantial investment into GP premises.

2. Unlocking Capacity Through Digitisation

Practices are constrained by the continued presence of paper records, which occupy valuable space. We recommend that NHS England fund the removal of paper notes from GP premises and reimburse practices that have already invested in digitisation or off-site storage. This will free up space, improve operational efficiency, and enable practices to better meet evolving patient needs.

3. Resolving Service Charge Disputes and Reforming Ownership Models

Long-standing service charge disputes continue to destabilise practices and divert attention from patient care. We call for the urgent resolution of these debts and the development of alternative ownership models for DHSC owned premises that promote transparency and fairness in property management. Without reform, practices will remain vulnerable to unpredictable costs and legal uncertainty. The current model of ownership of DHSC premises by NHSPS and CHP has not worked either for the practices or for the patients. There is a need for urgent consideration of alternative models of ownership of these premises.

These recommendations are critical to the future of general practice. Without decisive action, the GP estate will continue to fall short of the standards required to support modern, integrated, and patient-centred care. The BMA urges policymakers and system leaders to act swiftly and collaboratively to address these issues and invest in the infrastructure that underpins the NHS's frontline.

Photographs that survey respondents have shared.



BMA

British Medical Association

BMA House, Tavistock Square, London WC1H 9JP

bma.org.uk

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