Save our surgeries to save the NHS

September 2026

SAVE
OUR
SURGERIES

BMA
Cymru Wales

General practice: The front door to a healthier Wales

Foreword

General practice is where most patients begin their healthcare journey. It is where people build long-term relationships with trusted professionals and receive preventive, continuous, community-based care.

Every day, GP practices across Wales deliver millions of patient contacts, respond to increasingly complex health needs, and help people stay well, independent, and out of hospital wherever possible. Yet this vital foundation is under growing strain.

We launched the Save Our Surgeries campaign in 2023, because general practice was facing an escalating threat. Practices were struggling with rising demand, workforce shortages, increasing costs, and years of underinvestment.

The campaign urged the Welsh Government to take urgent action to protect and strengthen general practice, so that safe, high-quality care remains accessible across Wales. The profession's message was clear: without decisive action, the sustainability of local GP services could not be guaranteed.

Since then, some progress has been made. The pressures facing general practice have gained greater public and political recognition. The public petition[1] led to substantial scrutiny from the Senedd, and to the Health and Social Care Committee's inquiry into

1 Fair and Adequate Resourcing of General Practice in Wales (petitions.senedd.wales/petitions/245944)

the future of general practice in Wales. Its findings reflected many of the concerns raised by GPs, patients, and communities across the country.

However, the situation remains challenging. Our evidence shows workload remains unsustainably high, capacity is stretched, and many practices continue to face significant financial and workforce pressures. Expectations for delivering more care closer to home continue to grow, but investment has not kept pace with that ambition.

The message of *Save Our Surgeries* now is both urgent and optimistic.

The urgency: the risks to general practice persist. Every practice closure is a loss for patients and communities. When a GP leaves, valuable experience and continuity of care are lost. Without decisive action, today's pressures will continue to affect patients in the future.

The opportunity: Wales has an experienced, committed, and highly skilled general practice workforce. With the right investment, policy decisions, and long-term vision, general practice can do more than meet demand. It can lead prevention, improve population health, reduce inequalities, support earlier diagnosis and treatment, and help build a more sustainable NHS for future generations.

This report sets out a practical vision for sustainable general practice, built around three connected pillars:

- **Workforce:** strengthening recruitment, retention, and training so practices have the people they need.
- **Workload:** managing demand safely and ensuring work is appropriately resourced.
- **Wellbeing:** protecting safe working conditions and supporting the professionals who deliver care.

It calls for restored investment, a stronger workforce, safer working conditions, and the resources needed to deliver the care patients deserve.

Our message to policymakers is simple: if we want an NHS that is fit for the future, we must start by securing its front door. The future of general practice in Wales can still be secured, but action must accelerate if it is to fulfil its intended role at the heart of care closer to home.

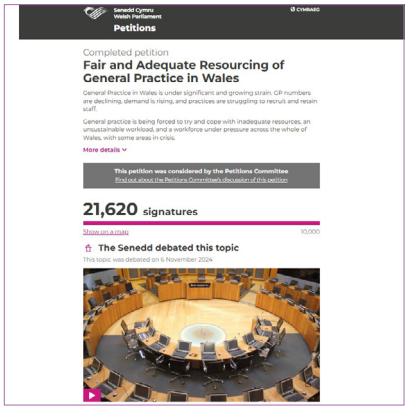
Dr Gareth Oelmann
Chair, General Practitioners Committee Wales (GPC Wales)

What has happened since we launched?

2023

The Save Our Surgeries campaign launch secured widespread media coverage of the issues facing general practice and increased awareness of these challenges among members of the public and politicians.

Senedd Petition: almost 22k signatures. This highlighted the strength of feeling among members of the public and led Senedd members to recommend that the Senedd Health Committee investigate the issues further.



2024

GP contract referendum: 99% of Welsh GP members rejected the contract offer – an unprecedented mandate that forced the Welsh Government to reconsider, which resulted in a new contract agreement which delivered new investment.

2025

New contract agreement reached delivering a credible settlement; a signal that the Welsh Government was beginning to grasp the severity of the situation facing general practice.

2026

Senedd Health and Social Care Committee inquiry report published. The report warned that NHS Wales will struggle to meet patient demand without an urgent shift of resources into general practice and preventative care.

May 2026: Senedd election: a new Welsh Government in power, and commitments in place to:

- **Convene a summit of all health board chief executives to develop a roadmap for a sustainable shift of NHS resources towards primary care.**
- **Secure agreement with the health boards that the proportion of their budgets devoted to primary care will increase by 0.5% each year from 2027-2028.**
- **Commission research on reforming the formula for distributing GP funding.**

Despite some progress, pressures remain:

The 2026 *Workforce, Workload and Wellbeing survey* of 221 Welsh GPs, conducted in April and May 2026, shows that general practice in Wales remains under sustained and severe pressure. Workload, access, financial strain and uncertainty about future reform continue to limit capacity and threaten sustainability.

Workload remains at unsafe levels

– GP workload rating remains 76/100 – with 0 representing 'manageable' and 100 representing 'constantly excessive' – which is broadly unchanged since 2023 (Figure 1).
– This shows sustained high pressure, not improvement.

Workload is no longer simply a GP issue – it is now directly affecting patient safety, care quality and clinician wellbeing across Wales.
– 70% report routine or constant impact on wellbeing, with only 8% describing workload as manageable.
– 63% report routine or constant impact on patient care, demonstrating system-level risk (Figure 2).

Demand continues to exceed system capacity, despite ongoing political rhetoric around 'improving access' to general practice
– Nearly 86% of practices report capacity problems at least some of the time, and only 1% report sufficient capacity to absorb additional work (Figure 3).
– While slightly improved since 2024, pressures on access remain widespread and structural.

– Practices are actively cutting back to survive under pressure – they are having to scale back capacity, reinforcing the access and workload cycle. With almost three-quarters of practices worried about unavoidable costs, these pressures are driving operational change (Figure 4).
– 62% report increased personal workload
– 43% reported recruitment freezes
– 31% deferred investment into premises/IT/facilities
– 23% reduced service provision including minor surgery and shared care.

Confidence and clarity on system transformation is low – there is a clear gap between policy ambition of *Community by Design* and the views of the GP profession.
– 81% lack confidence in transformation funding being accessible or sufficient.
– 85% are not confident that general practice currently has the capacity to deliver more care closer to home (Figure 5).
– 89% are unclear about what Community by Design means for their practice.

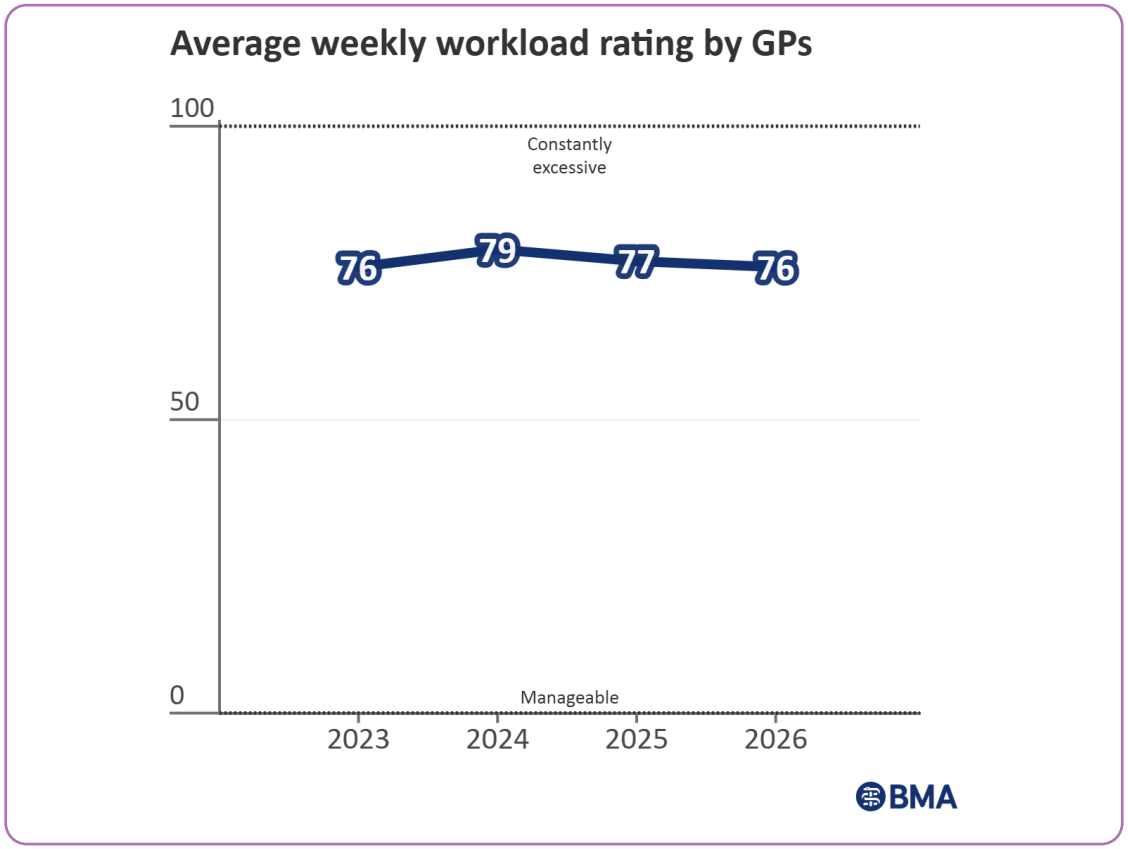
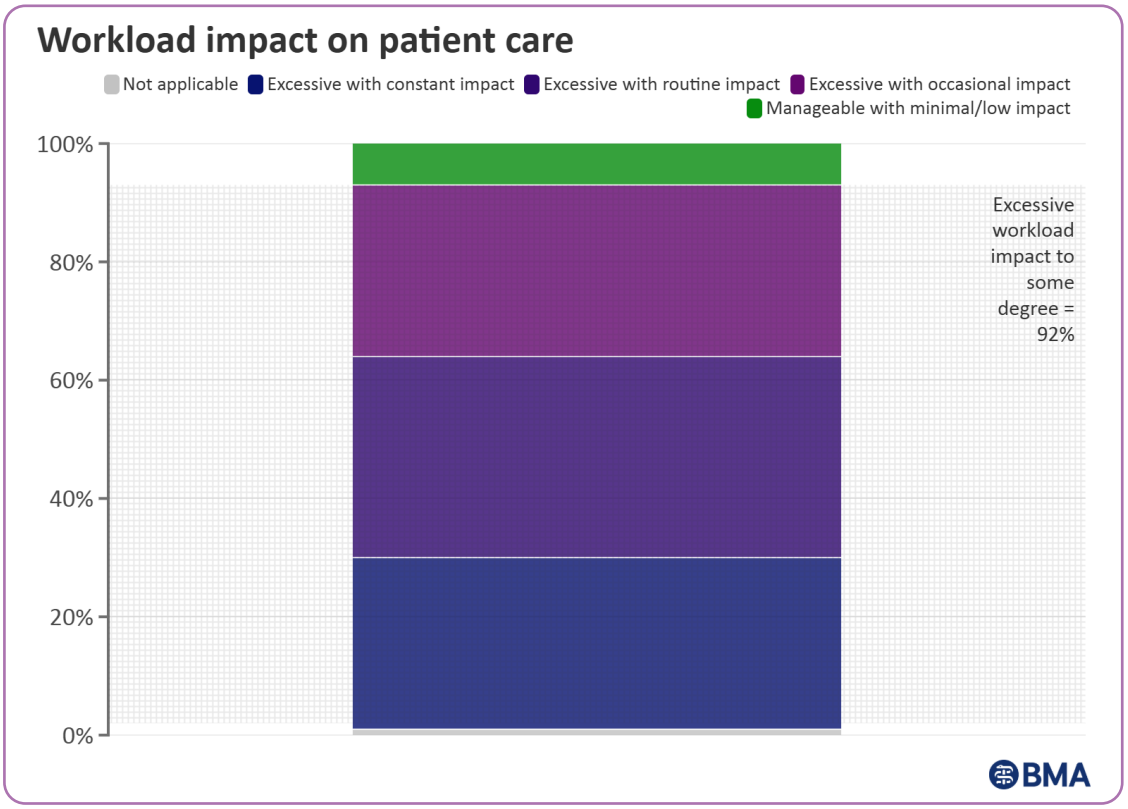


Figure 1



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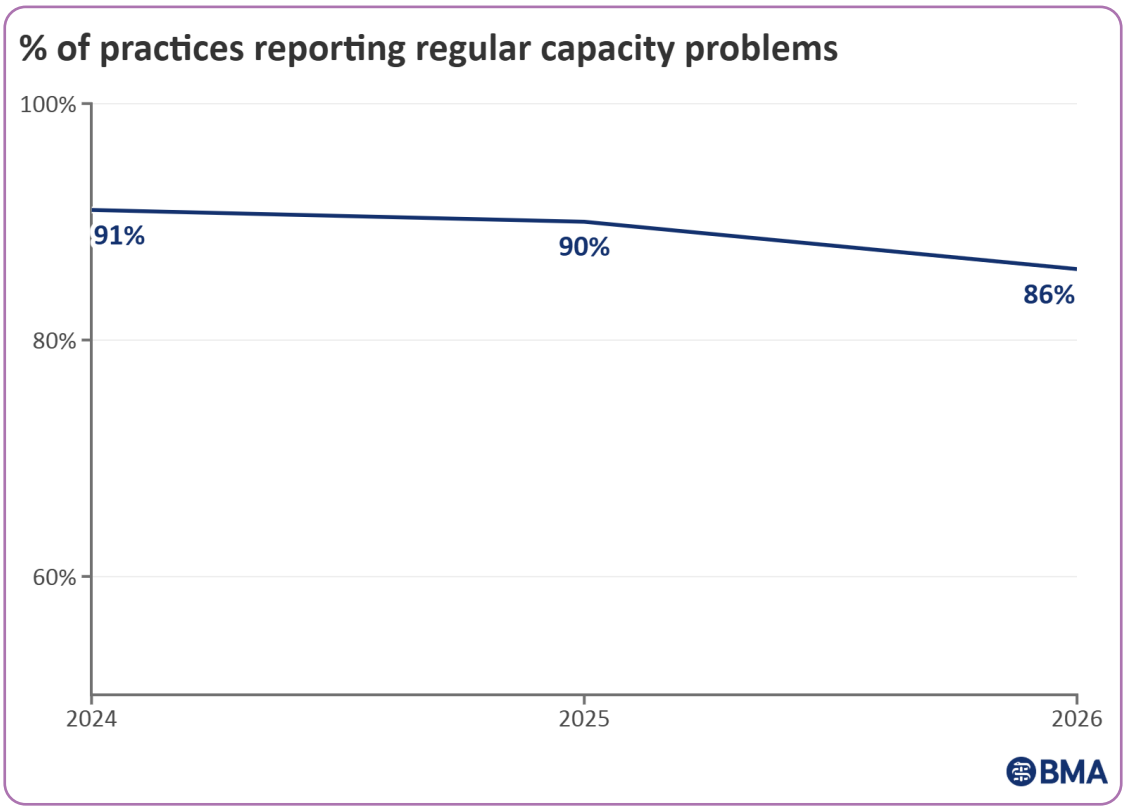

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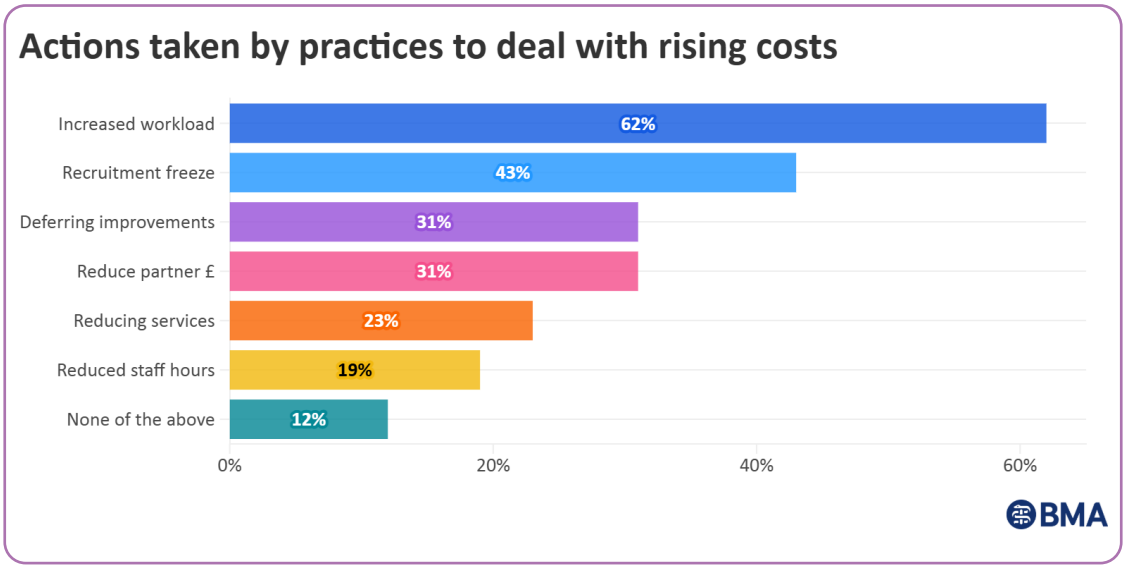

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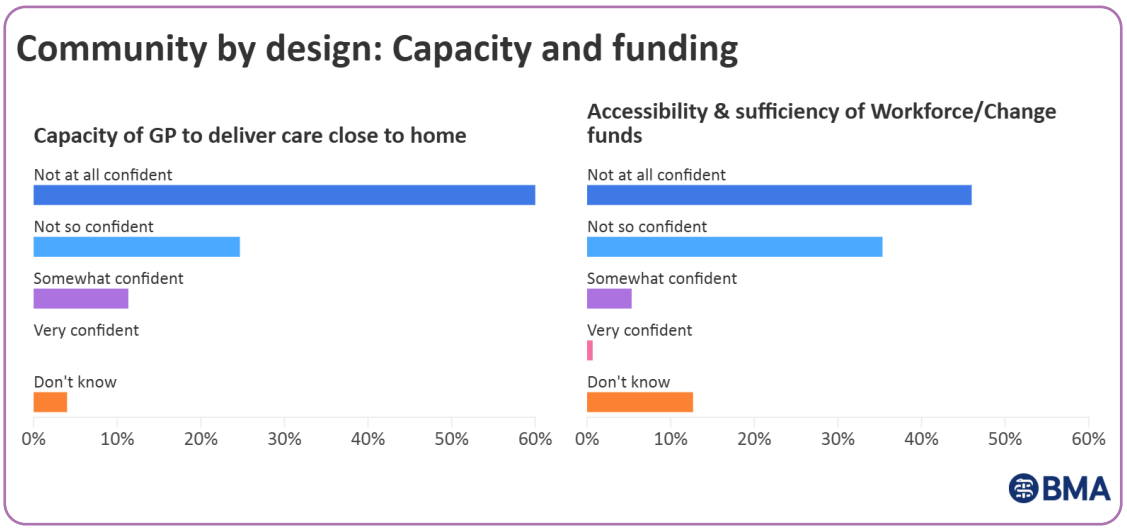


Figure 5

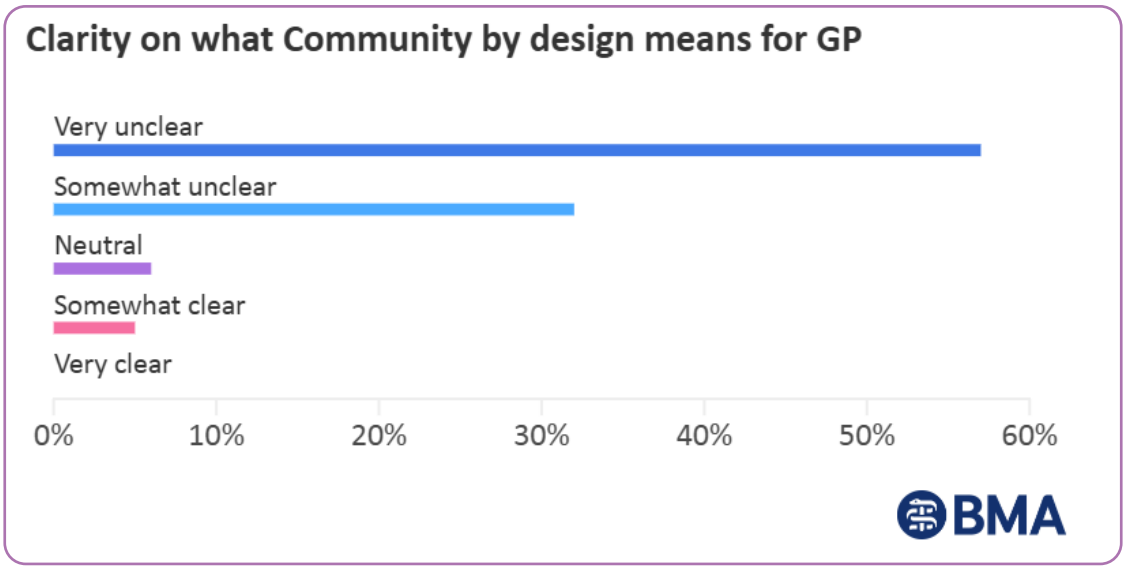


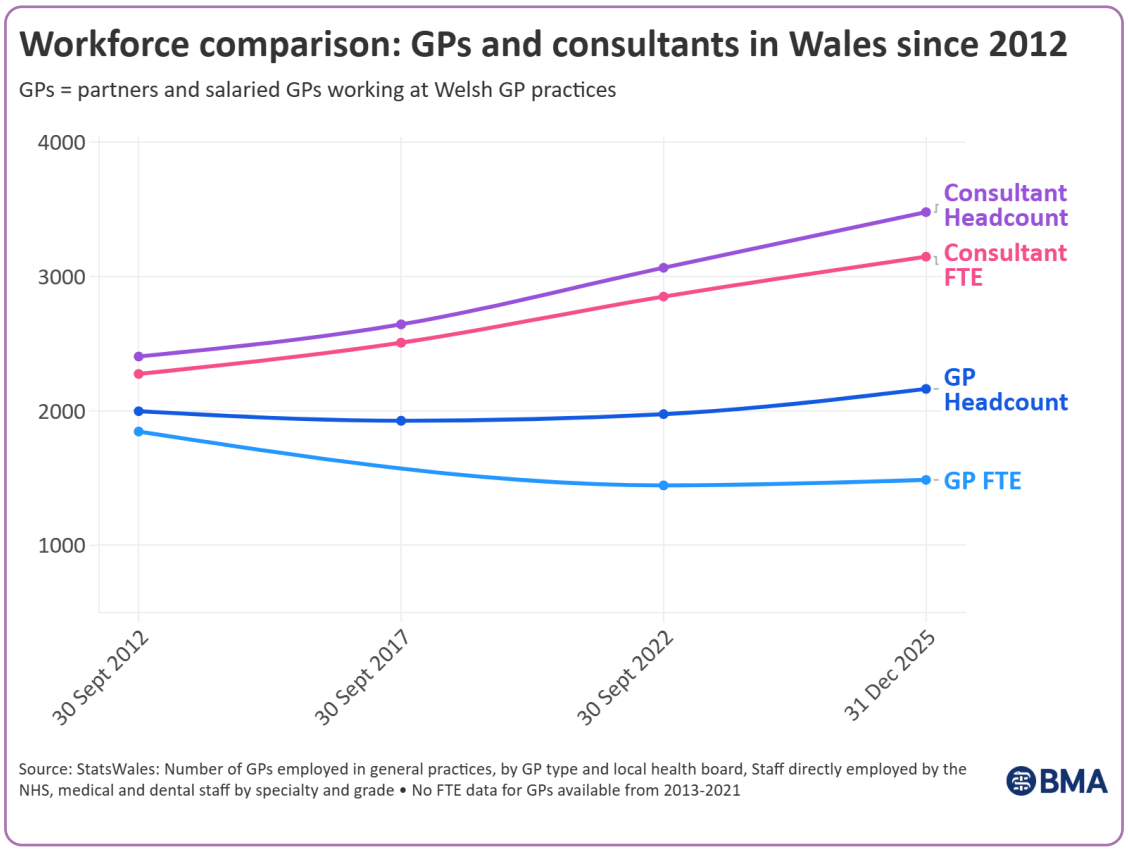
Figure 6

Workforce

Since 2012:[2]

- The number of patients registered at GP practices in Wales has increased by 148,000 from 3.17m to 3.32m. This is an increase of **4.7%**.
- The number of practices has decreased from **474** to **368**, a reduction of **106 surgeries.**
- We have seen a growth in overall GP headcount (+8.3%) but the equivalent number of GPs working full-time patterns (FTE) has decreased by 19.5%, from **1,845.8** in 2012 to **1,485.9** at the end of 2025 (Figure 7)
- The total number of consultants employed by NHS Wales has grown by **44.7%**, from 2,404 to 3,478. This represents around five times the growth in the GP workforce in the same period.
- There has been a **30% increase** in patients per full-time GP practitioner, rising from **1,719** patients per FTE GP in 2012 to **2,235** in the latest data (Figure 8).

2 Based on latest data (31 December 2025) on general practice and NHS Wales workforce from StatsWales



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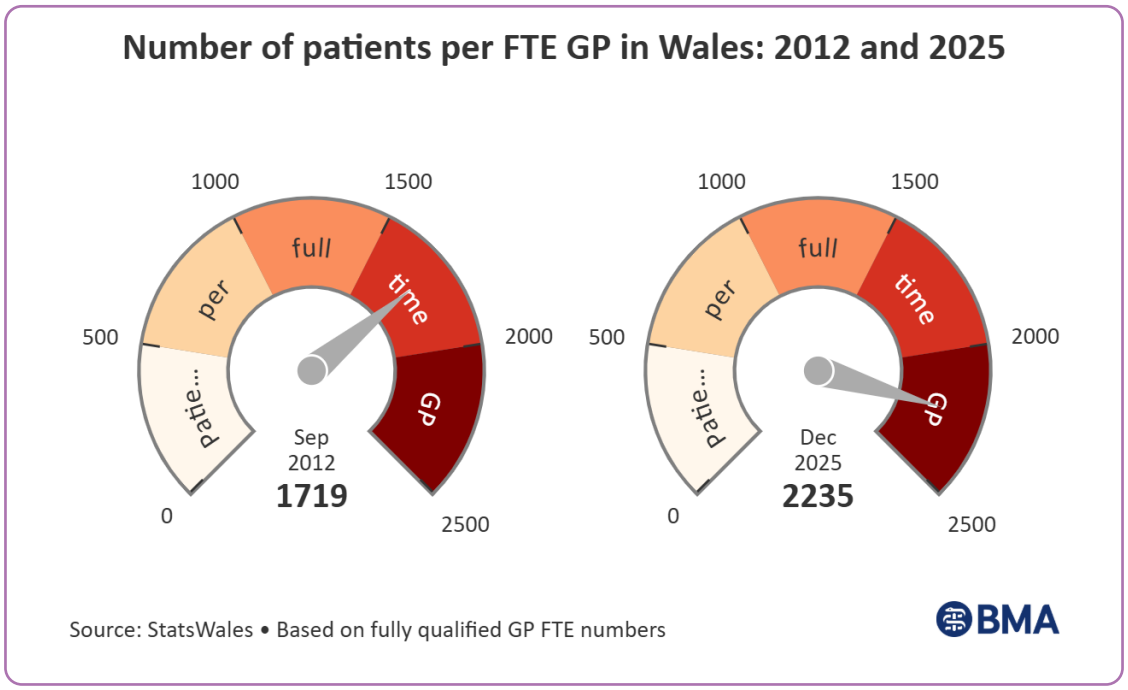

Figure 8

Primary care, general practice and General Medical Services – what's the difference?

It is important to distinguish between primary care, general practice, and General Medical Services, and to understand the differences between them.

— **Primary care** is the broadest term, encompassing the full range of first-contact health services in the community, including pharmacists, dentists, optometrists, district nurses, health visitors and general practice multidisciplinary teams.

– **General practice** is central to primary care, providing holistic, continuous, and person-centred medical care, led by general practitioners and their teams. It manages acute illnesses and complex long-term conditions while coordinating with other services. It encompasses practice level delivery and at-scale provision through collaboratives and cluster initiatives.

– Within this, **General Medical Services** or **GMS** is the nationally negotiated contract that funds and defines the core activities GP practices must deliver. The most recent substantial revision to the regulations was in 2023, although negotiations take place annually regarding finances and contractual changes.

While the GMS contract provides a basic framework, modern general practice now delivers a breadth of supplementary services, dispensing services and multidisciplinary care, much of which remains underfunded.

Protecting our surgeries requires investment not only in the GMS contract but also in the full and expanding scope of general practice that communities rely on daily. This document sets out a clear, focused vision for protecting the future of general practice through its three defining pillars: Workforce, Workload, and Wellbeing.

What is at stake?

GP practices across Wales are struggling to remain open due to chronic underfunding, unsafe workloads, and a severe shortage of medical, nursing and administrative staff. These challenges are driving many GPs out of the profession and putting patients at risk. Numerous practices are already at breaking point, with some being forced to return their contracts or shut down entirely. This means the average list size per practice has increased. This trend over recent years is illustrated in Figure 9

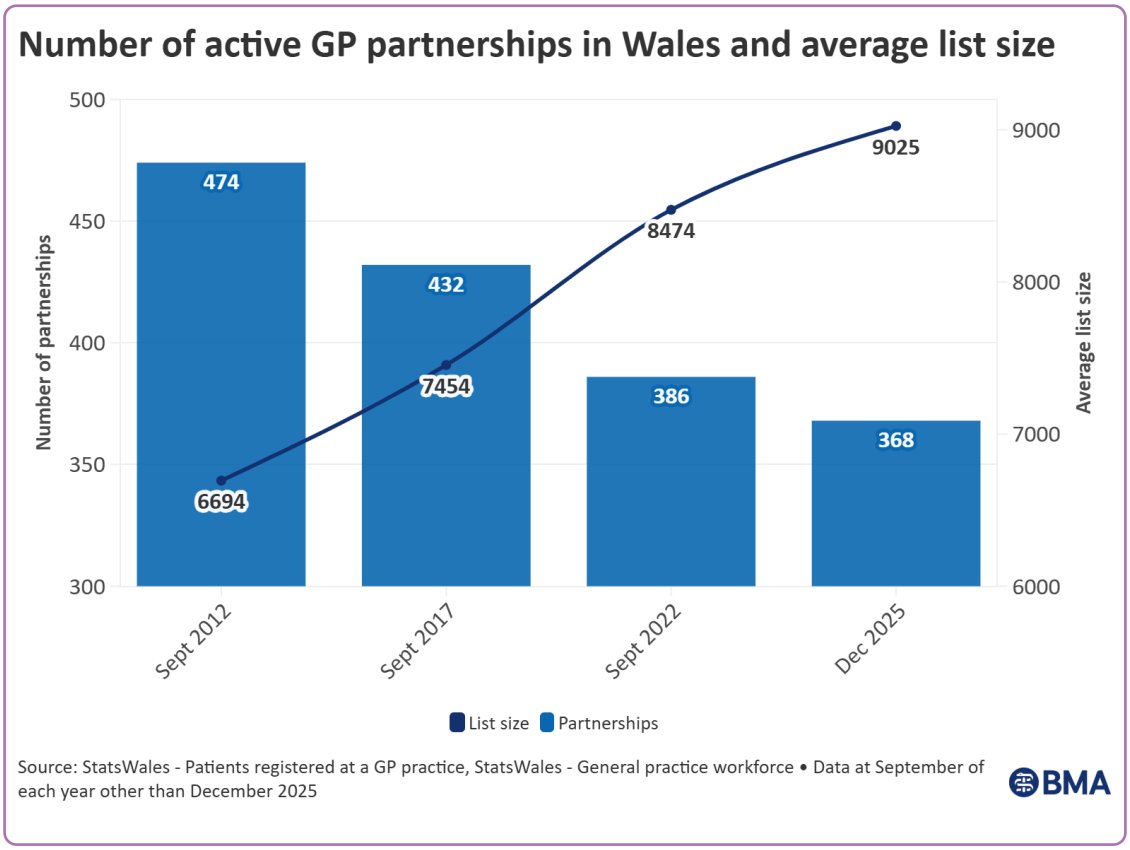

Figure 9

When a practice closes, the impact on local communities is significant, particularly in rural or deprived areas where alternative care options are limited and many practices dispense medication due to a lack of community pharmacies. Patients face longer wait times, reduced continuity of care, and increased pressure on already overwhelmed A&E departments and hospital services. The human cost of these closures is substantial.

General practice is the front door of a healthier Wales. But without action to safeguard its foundations, it risks collapse. We must act now to save our surgeries and protect the care that communities across Wales depend on.

The value of general practice

General practice is the bedrock of the NHS. Expert generalists at the start of the patient journey are essential to maintaining free, high-quality care, with most support delivered locally throughout patients' lives. The BMA's Value of a GP report (2025) set out the intrinsic value and importance of GPs in securing the health of the nation.

It is widely acknowledged, when properly resourced, the partnership model of general practice delivers benefits for patients, the wider health system and GPs. The RCGP's *GP partnership principles* (2025) argues reform should protect community-based general practice while removing barriers that make partnership unattractive or unsustainable.

- **Autonomy, adaptability and flexibility:** GP partnerships allow practices to tailor services to local needs, manage resources flexibly and respond quickly to changing demand. Evidence shows the model supports innovation and fosters creativity and entrepreneurialism, while larger federated practices can release economies of scale, developing improved management capacity.

- **Continuity of care:** This remains one of the strongest arguments for sustaining community-rooted general practice. The concept of the "family doctor" is not nostalgic; newer evidence continues to show measurable system benefits. Recent evidence suggests higher personal continuity with a GP can reduce premature mortality, hospital admissions and emergency department use.

- **Value for money:** GP partners manage staffing, services and finances directly, and practices cannot operate at a deficit. The RCGP describes the partnership model as extremely good value for the NHS, while the Darzi Report (2024) found primary and community care delivers stronger returns than hospital services.

- **Underemployment of GPs:** Despite high patient need, many GPs cannot secure enough NHS work. Recent BMA surveys show significant underemployment and unemployment, creating a stark paradox: trained doctors are available and eager to work, yet patients still struggle to access services.

Intervention is needed to preserve and indeed unlock these benefits. Recent analysis of other UK health systems (Panja, Welch, Taylor, & Evans, 2025) shows that partnership cannot be assumed to survive without active support: partner numbers have fallen substantially, younger GP partners are becoming rarer, and practices are consolidating or closing. This strengthens the case for reforms that reduce unnecessary financial, premises and administrative risk while preserving the overwhelming benefits of local ownership, continuity and professional autonomy.

Senedd inquiry into the future of general practice in Wales

On 27 March 2026, the Senedd Health and Social Care Committee published its report, Future of General Practice in Wales, following sustained advocacy by BMA Cymru Wales, Local Medical Committees, and GP members through the *Save Our Surgeries* campaign and public petition, which secured more than 21,600 signatures.

The report presents an evidence-based assessment of the pressures facing general practice in Wales, identifying underinvestment, workforce shortages, workload pressures, estate limitations, and fragmented digital infrastructure as major risks to sustainability, access, and continuity of care. It also recognises that pressures on access are primarily linked to capacity rather than inefficiency.

Its recommendations include a rebalancing of NHS Wales investment towards general practice, a review of the Global Sum allocation formula, and development of a credible national workforce strategy covering recruitment, retention, GP underemployment, and multidisciplinary team development. The report also supports continuity of care, the modernisation of estates and digital systems, and stronger safeguards against the inappropriate transfer of workload from secondary care.

The report is a key policy reference point ahead of the new Senedd term. The immediate challenge will be whether its recommendations are translated into practical action for practices, patients, and the wider system. GPC Wales will continue to work with the new government to support understanding of the position in Wales and the implications for reform.

Opportunities to make general practice fit for the future and take a more preventative approach to care.

Resource restoration into general practice is essential to secure sufficient investment to deliver a workforce capable of meeting the increasing workload that GP practices manage daily on behalf of the NHS in Wales, while also maintaining the wellbeing of those who provide that care.

Public satisfaction with the NHS is at a historic low. Despite high appointment volumes, the perception and reality of appropriate access to general practice continues to challenge the public and significant inequalities persist. Waiting lists remain high, causing harm to individuals and the economy and increasing the burden on overstretched general practice whilst patients await definitive treatment. Increasing demand requires a clear vision for preventive, person-centred care and prompt, targeted action to restore trust and improve performance.

Our analysis suggests that as of 2024/25, only 6% of the total NHS Wales budget is invested into GMS whereas this was once as high as 8.7% in 2005/06. The Welsh Government must commit to reversing the current underfunding by restoring this level of investment into GMS within the next three years, with the aspiration of increasing this to 10.95% of NHS spending directed to GMS within the next five years. We acknowledge that this would require significant redirection and reprioritisation of funding.

Table 1 shows the scale of investment needed to restore general practice funding to previous and target levels. Figure 10 shows the current and projected trends in NHS Wales funding, as compared to general practice investment at current and target levels.

	£
Total investment into general practice in 2024/25	693m
If GP funding levels were at **8.7%** of the NHS Wales budget	1,013m
Additional investment needed to get there	**320m**
If GP funding levels were at **10.95%** of the NHS Wales budget	1,226m
Additional investment needed to get there	**573m**

Table 1– Resource restoration: Based on 2024/25 NHS Wales budget and the Investment in general practice for that financial year

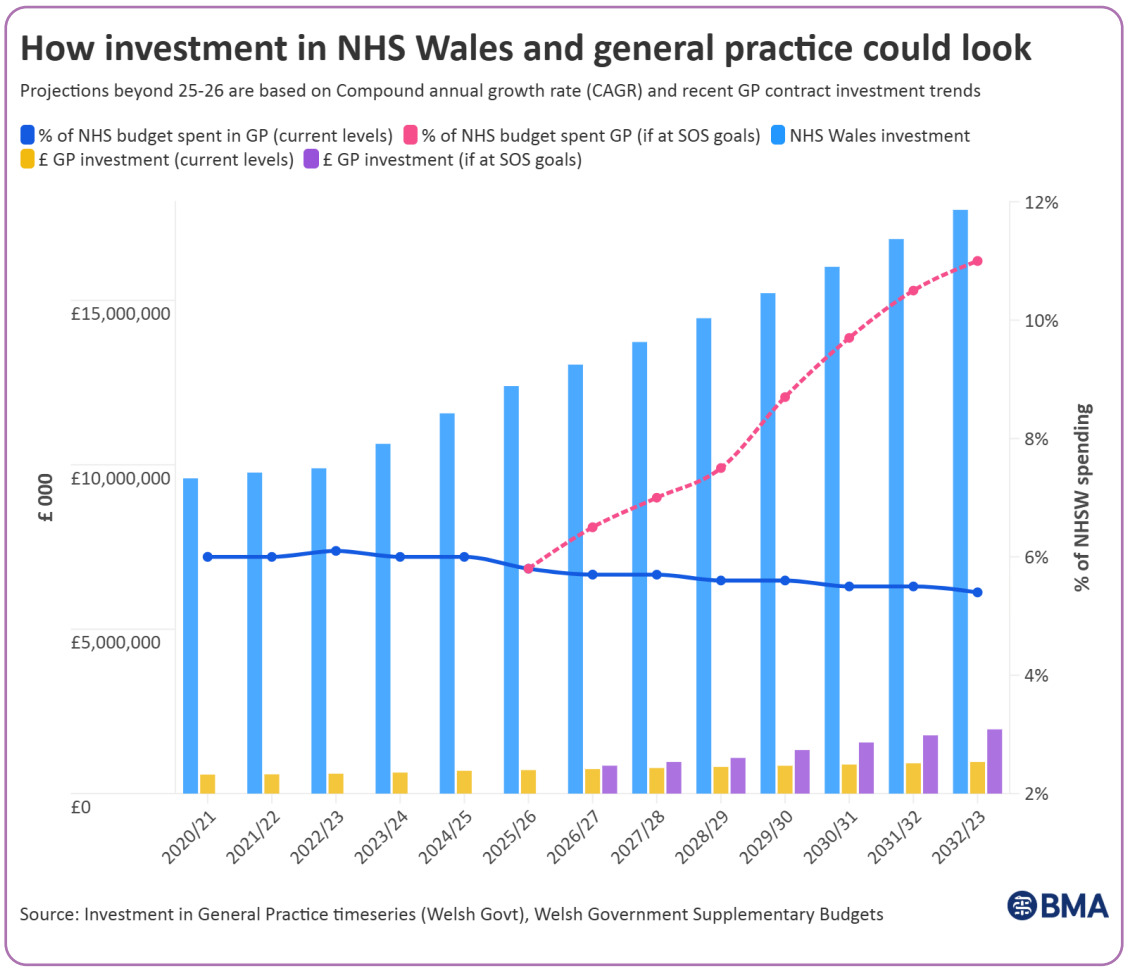

Figure 10

Immediate investment is needed to stabilise GMS and meet existing cost pressures. Recent contract agreements are a start, but progress must accelerate.

Then, by gradually adjusting the level of funding for general practice through incremental increases in the share of NHS expenditure, we can significantly advance the preventive agenda while improving the quality and accessibility of services in Wales.

In the medium term, GPs will be able to play their proper role in prevention and improving patient wellbeing, a goal which aligns with the policy aims of *A Healthier Wales* and the 'shift left' of services closer to home.

What do we mean by 'Left shift' and 'Right drift?'

Left shift = Moving care from hospitals to community-based settings, with an emphasis on prevention, early intervention and holistic support.

Right drift = Coined by Lord Ara Darzi, this describes the opposite of the left shift – a systemic and sustained movement of resources, staffing, and activity toward hospital-based care, despite policy intentions to do otherwise.

Achieving a 'left shift' with care being delivered closer to home, will require a comprehensive review of NHS Wales resource priorities.

Health boards can already invest in general practice, but funding has been prioritised elsewhere in the system. Reversing this requires redirected resource, stronger accountability and political will.

Despite policy aims, NHS spending continues to favour hospitals ('Right drift'), while community funding declines, even while many activities traditionally undertaken in hospitals have shifted into general practice. The need to balance health board budgets and lack of accountability drive this trend. Without investment, GP practices will be forced to reduce services to protect patient and practitioner safety, leading to more referrals and longer waiting lists.

Health boards have a poor track record of voluntarily or strategically funding general practice from their allocations, showing a longstanding lack of strategic focus on GMS despite the significant volume of care delivered through primary care.

Legislative direction from the government is needed. So far, only GMS contract mechanisms have reliably ensured investment in general practice. Broader health board initiatives, such as GP clusters and Urgent Primary Care Centres, have not proved transformative due to bureaucratic health board oversight and paucity of ambition. They have not yet improved the situation. A new approach is urgently required.

Although Lord Darzi's 2024 investigation focused on NHS England, its analysis reflects a wider challenge applicable in Wales: repeated commitments to shift care closer to home have not been matched by sufficient movement of resource, workforce and infrastructure into these settings.

With adequate resources, general practice can do more than respond to illness; it can lead on prevention, coordination, and care redesign. As the most accessed and trusted part of the NHS, general practice is uniquely positioned to deliver proactive, relationship-based care that keeps people well and reduces avoidable demand across the NHS Wales system.

- With the right investment in workforce, premises, digital infrastructure, and protected time, practices could become the true "**Home of Immunisation**", providing routine, seasonal, and targeted vaccination programmes within communities. This would not only improve efficiency and value for money for taxpayers but also increase uptake and convenience for patients and reduce inequalities in reaching underserved populations.

- In addition, general practice teams could systematically undertake **waiting list validation and review**, identifying patients whose needs have changed, those who can be managed safely in the community, and those requiring more urgent intervention. This will help to improve patient flow, reduce harm from delays, and ease secondary care backlogs. Similarly, practices could expand their role in early supported discharge, working with community and social care partners to enable patients to leave hospital sooner with enhanced early monitoring and holistic assessment.

– Investment would also enable significant expansion of **community-based diagnostics**, including point-of-care testing, enhanced monitoring, and closer integration with diagnostic hubs. This would shorten diagnostic pathways, improve early detection, and reduce unnecessary referrals, all while making care more convenient and accessible for patients. Alongside this, general practice is ideally placed to lead population health improvement, delivering targeted interventions on obesity, smoking, cardiovascular risk, and other determinants of ill health.

– Crucially, a well-resourced primary care system could safely shift the long-term management of **chronic conditions out of hospital settings**, delivering truly holistic, multidisciplinary care in the community. For example, in diabetes care, general practice teams, working with nurses, pharmacists, podiatrists, dietitians, and health coaches, can provide continuous, personalised support that addresses both medical and lifestyle factors, improving outcomes while reducing reliance on specialist services.

But this expanded role requires sustained, strategic investment: without addressing workforce capacity, escalating workloads, and staff wellbeing, general practice will be unable to realise its preventative potential.

We have a highly skilled GP workforce rooted in their communities, capable of delivering safe, continuous, and high-quality care across Wales. Increased investment would enhance GP retention across all career stages and support the recruitment of new GPs and staff to general practice. This will reduce individual GP workloads and help maintain safe levels. Improved working conditions and better compensation will enhance staff wellbeing and support more effective, patient-focused care. Achieving safe working conditions for GPs and staff, in line with BMA guidance[3], should be a shared goal for health boards and GP practices alike.

Quality care from GPs is crucial for preventing health issues from arising or worsening, reducing the need for costly interventions and admissions to hospital. A report by the Institute for Public Policy Research (2023) underscores the critical importance to the NHS and wider society of prevention in healthcare, calling for policy changes that prioritise preventive measures, and promote community-centred, personalised care.

Investing in GP services yields substantial economic benefits. Research by Wood and Gorham (2023) shows that every additional £1 invested in NHS primary care generates £14 in economic value. This is largely due to GPs supporting better health outcomes, which enhance productivity, increase incomes, and generate greater tax revenue which can be reinvested in essential services.

3 Safe workload guidance for GPs in Wales (bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-workload-guidance-for-gps-in-wales)

Case studies

These hypothetical scenarios demonstrate what general practice can achieve when it has the time, workforce and resources to provide proactive, continuous and community-based care. Investing in general practice is not simply about sustaining surgeries; it is about improving lives.

Case study vignette 1: Preventive care in practice

Keeping Rhian well at home

Rhian, a 58-year-old patient, attended her GP practice after experiencing increasing tiredness and weight gain. Through a routine health review undertaken by the practice team, she was identified as being at high risk of developing type 2 diabetes and cardiovascular disease.

Working with her GP, practice nurse and social prescribing team, Rhian received personalised lifestyle support, regular monitoring and access to local exercise and wellbeing programmes. Twelve months later, she had lost weight, improved her blood pressure and avoided progressing to diabetes.

Without early intervention, Rhian may have needed specialist care and potentially faced serious health complications. Instead, preventive care delivered through general practice helped her stay healthy, active and independent.

Why it matters:
Every investment in prevention through general practice helps reduce future demand on hospitals, improves patient outcomes and supports healthier communities.

Case study vignette 2: Waiting list intervention

A simple review that made a difference

Dafydd, aged 72, had been waiting over a year for a routine orthopaedic appointment following a referral for knee pain. During a proactive Outpatient Waiting List review undertaken by his GP practice, it became clear that his symptoms had significantly worsened and he was now struggling with mobility and daily activities.

The practice reassessed his condition, arranged updated investigations and communicated directly with secondary care. As a result, his referral was reprioritised, ensuring he received the specialist assessment he needed much sooner.

The review also identified several patients whose conditions had improved and who no longer required hospital appointments, helping make better use of limited NHS resources.

Why it matters:

General practice is uniquely placed to identify changing patient needs while they wait for treatment. Properly resourced practices can help reduce harm, improve prioritisation and support more efficient waiting list management.

Case study vignette 3: Continuity of care

The value of knowing your doctor

Mrs Evans, an 84-year-old patient living alone with heart failure, diabetes and arthritis, had been cared for by the same GP practice for many years. When her daughter contacted the surgery concerned that she was becoming increasingly confused and breathless, the GP who knew her well recognised immediately that something was different.

Rather than sending Mrs Evans to hospital, the GP arranged urgent community support, adjusted her medication and coordinated care with district nursing services. Knowing her medical history, personal circumstances and wishes allowed the team to intervene early and safely at home.

Mrs Evans recovered without admission to hospital and avoided the disruption and risks associated with an emergency attendance.

Why it matters:

Continuity of care is one of the greatest strengths of general practice. Long-term relationships between patients and healthcare professionals lead to better outcomes, fewer hospital admissions and more personalised care.

Recommendations

1. Welsh Government must commit to funding general practice properly, restoring the proportion of the NHS Wales budget spent in general practice to the historic level of 8.7% within three years, with an aspiration to increase to nearer 11% in the next five years.

2. Welsh Government must review the GP funding formula using specialist population health and financial expertise, modelling the impact of any changes and using the findings to guide future funding allocation.

3. Welsh Government should work with GPC Wales and NHS Wales to introduce a national standard for safe working, informed by BMA guidance, including limits on the number of patients GPs can safely manage in a day.

4. Welsh Government and HEIW must invest long term in the GP workforce, with a GP-focused strategy to move Wales towards the OECD average, retain existing doctors, employ underemployed GPs and expand funded training premises to train the new GPs Wales desperately needs to care for its ageing population.

5. Welsh Government must support the contractor model of general practice to stabilise and then thrive once again, mitigating unnecessary risk and workload issues to retain the flexibility, commitment and continuity that a contractor services model offers. This will mean balancing the risk and reward for younger doctors and those at the end of their careers and supporting various rewarding salaried and freelance roles within a service much more geared to working at scale. This must include a review of the regulations that restrict specific legal structures holding GMS contracts and other contractual restrictions.

6. Welsh Government must consider reforms to the GMS contract annual negotiation process to ensure fair remuneration for GP partners, salaried GPs, and all practice staff by instilling several key guiding principles:

   – Separating pay awards from wider contract changes;

   – Matching transferred work with agreed resources;

   – Funding pay awards with sufficient expense uplifts; and

   – An ongoing commitment to an index-linked and ringfenced uplift to expenses.

7. Welsh Government to build on existing commitments for reforms to the Dispensing doctor system and work on a tripartite basis to progress areas including:

- Replacing dispensing fee systems with a capitation-based system, with uplifts linked to Welsh GMS contract pay and expenses awards;
- Protecting practices from drug-related financial losses: removal of discount abatement and consideration of reimbursement for loss-making drugs
- Creating a dispensing IT fund, including distinct non-GMS funding for electronic prescribing, allowing practices access to technological innovations such as ATMs and robotic tools.

Summary

The NHS in Wales needs a general practice that is valued through meaningful investment. If GP surgeries are adequately resourced and fully staffed, with enough GPs to meet community needs, GPs would have the time and capacity to focus on prevention, manage long-term conditions, and deliver person-centred care that reflects NHS values.

Restoring core funding would revitalise the GP partnership model, a cornerstone of primary care in Wales. It would allow GPs to focus on patient care, attract and retain skilled professionals, and ease hospital pressures by strengthening acute and chronic care close to home.

GPs listen daily to their patients, understand their communities' needs and have solutions to rebuild general practice. We are ready to collaborate with Welsh Government and NHS Wales, but bold action is needed now. This requires a strong commitment to restore core funding, creating more GP posts to address the workforce crisis, and supporting GP wellbeing to retain existing staff.

We must make the GP partnership model more attractive by reducing bureaucracy, limiting liabilities, and restoring professional autonomy. This will ensure general practice remains a viable and appealing career path for future generations.

This is a defining moment for general practice in Wales. Without urgent action, GP services may decline, with serious consequences for the Welsh health system.

We call on decision-makers to stand with us to protect access to timely, universal, local, and personalised care across Wales, free at the point of care. Together, we can secure the future of general practice, but we must act now.

Time is running out....

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