BRIEFING
for MPs

Primary care

Moving from crisis to recovery

SUMMARY

The reality

The entire primary care sector is consistently under-prioritised and underfunded compared with the rest of the NHS, and relative to the cost of providing the NHS services asked of it.

The impact

There is a growing crisis of service reductions, funding challenges, workforce shortages and closures. This is already affecting accessibility and patient health, which is becoming a growing issue.

The opportunity

By rebalancing investment in primary care, as recommended by Lord Darzi, the Government accepted, the NHS can shift activity out of hospitals and into neighbourhood services – easing pressure on acute services and delivering more sustainable, patient-centred care closer to home.

The answer

Primary care must be at the heart of neighbourhood health policy – ensuring that primary care is properly utilised, fairly funded, strongly represented in system planning, and fully integrated into the NHS's digital infrastructure.

BDA British Dental Association

BMA

Community Pharmacy England

NCHA The Association for Primary Care Audiology Providers

OFNC Optometric Fees Negotiating Committee

Why does primary care matter?

Primary care is the foundation of the health and care system and the front door to the NHS. It's where the public go for advice, treatment, and referrals to more specialised care if needed. It's also where the primary patient relationships with healthcare are built, ensuring continuity of care which is critical for prevention and treatment.

Primary care in England encompasses:

General Practice
6,180 GP practices treat and manage common physical and mental health conditions.

Pharmacy
Approximately 10,400 local community pharmacies offer advice, prescription medicines, and treatments for minor illnesses.

Optometry
6,000 optical practices offer vision testing, the early detection of eye health and wider health conditions such as diabetes, lifestyle advice and some outpatient services.

Dentistry
6,500 NHS dental practices provide check-ups and treatments, as well as cancer checks and advice on diet, smoking and alcohol consumption.

Hearing
1,500 primary care audiology practices assess, diagnose and manage ear and hearing care needs.

How is primary care funded?

Primary care providers are **independent contractors** delivering NHS services. These services, and the funding that pays for them, are set out in contracts agreed between the providers, the NHS and the Department of Health and Social Care. Often, **the funding is fixed and makes no allowance for inflation** or for growth in the volume of activity. Many providers also rely on this funding for the vast majority of their income. These factors, combined with rising costs and workforce challenges, mean that primary care is facing severe underfunding.

9 in 10

NHS patient interactions happen in primary care

A fully resourced and effective primary care system prevents avoidable hospital admissions, reduces waiting lists, and improves population health.

The big shifts

1 Hospital to community

The NHS 10-Year Health Plan recognises the need for care to be delivered closer to home to meet changing demographics and growing patient needs. Primary care's embedded role in local communities means it must be central to the plan's delivery. While successive governments have recognised the need to deliver more services in the community – the 'left shift' – real-term funding cuts have disproportionately affected primary care, increasing pressure on the most-used part of the health services. For the 10-Year Health Plan to succeed, primary care must be properly resourced and strongly represented in system planning.

Our four asks

NHS services delivered by primary care are in crisis.

The primary care sector has an essential role to play in making the NHS ready and fit for the future. But there is insufficient funding and increasing demand is putting a strain on capacity.

If primary care continues to be under-prioritised and underfunded compared with the rest of the NHS and relative to its costs, access and patient health will continue to be put at risk. The three shifts will remain nothing more than rhetoric and the future of the NHS will remain in question.

Success is possible. Here's how:

1 Use primary care to prioritise care closer to home and patient choice

The existing primary care network provides the foundation for rapidly upscaling the number of appointments delivered in the community in all parts of the country to consistent standards. Prioritising the use of the clinical skills of registered professionals and ancillary staff in primary care will underpin the delivery of the Government's NHS goals – for example by using urgent eye care and glaucoma management with an optometrist, visiting an audiologist for wax removal or hearing treatment without the need for a hospital visit, or using the Pharmacy First service. This approach also means giving patients more choice over their care.

2 Urgent investment in primary care to future-proof the NHS

Current levels of funding in primary care falls far short of the cost of service delivery. Compared with other OECD countries, the UK ranks near the bottom of the table for its investment in primary care. In 2023/24, only 10.79% of the NHS England budget was spent on primary care (excluding medicines). This is not sustainable: patients are suffering and are more reliant on hospitals as high street services reduce time spent on NHS hours or close. A higher proportion of DHSC spend must be restored to primary care and investment must reflect genuine costs, inflation and demand pressures.

3 Give primary care a role to shape the future of Neighbourhood Health Services under Government direction

Primary care bodies are ready to co-design neighbourhood health services to reflect real-world service delivery and local needs, but national leadership is also essential. Without a national approach, patients will struggle to navigate a confusing smorgasbord of primary care services that are different in every postcode. The upcoming NHS Workforce Plan must recognise primary care as the foundation of the health system, and deliver the workforce, skills and investment needed to deliver more care closer to home and reduce pressure on hospitals.

4 Improve digital infrastructure and IT connectivity for efficient community care

The 10-Year Health Plan's digital ambitions – including AI scribes, enhanced NHS App functionality, and single patient records – require full integration with primary care systems. Two-way communication between primary care and hospital providers is essential for safe, efficient care. Fully digitalising primary care to improve outcomes and efficiency will strengthen the support primary care can give hospitals, improving referrals and discharges.

2 Sickness to prevention

People are living longer but spending more time in ill-health, driving record demand on the NHS. Primary care organisations have set out clear proposals to expand prevention and improve public health, including vaccination programmes, the prevention of sight loss and hearing loss, smoking cessation and weight loss services, and better support for people with long-term conditions such as diabetes. To realise the 10-Year Health Plan's neighbourhood health ambitions, the NHS must fully utilise primary care expertise to deliver a broader, prevention-focused model of care.

3 Analogue to digital

Across primary care, health professionals are hindered by poor IT operability and limited access to shared care records. Reliance on paper and postal systems further disrupts patient care coordination and referral tracking. Addressing the gap in primary care funding is essential to support the shift from analogue to digital – particularly to meet the 10-Year Health Plan's digital ambitions. Smarter NHS commissioning of community services could unlock efficiencies by making better use of existing high-street capacity.

How you can help

Visit your local primary care providers in your constituency

Hear first-hand from those on the front line about what they do and what they could do for NHS patients in your community with proper planning and funding. We are happy to help facilitate these visits.

Write to the Minister of State for Care

Outline your concerns regarding the impact that failing to invest in primary care is having on your constituents. Primary care bodies can provide draft wording for these letters.

Continue to raise the issue of primary care funding in Parliament

Regularly table written and oral parliamentary questions. Primary care bodies will be able to draft suggested wording for these questions.

Write to your local ICB

Primary care providers can provide the contact details for commissioners for MPs and Peers to request an update on efforts to better utilise primary care.

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