Royal College of General Practitioners

Neighbourhood and community health services across the UK: Principles, enablers and the distinctive contribution of general practice

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Introduction

There is an increasing focus from governments across all nations of the UK, and in many health systems around the world, on neighbourhood and community services as the future of primary and community care.

As these services are developed, a range of key principles and enablers need to be embedded for them to be successful and to improve care for patients. GPs have unique contributions to make, using their deep understanding of local population needs through their long-term relationships with patients and their ability to make clinical decisions under uncertainty and integrate care across multiple conditions and services. Building on the RCGP's definition of a GP (2023), this paper highlights the distinctive GP role within the emerging multidisciplinary neighbourhood and community service contexts and sets out the principles and enablers needed for their successful development.

As we embark on delivering our strategic plan for 2026-2029, the RCGP will be working to support and enable GPs to actively engage with the development of neighbourhood and community services. RCGP will be developing educational resources to support GP leadership and working with stakeholders to ensure joined-up thinking.

Alongside this, we need to see action from national and regional leaders to ensure that the necessary conditions are in place to support the development of patient-centred neighbourhood and community health services that keep the very best of general practice at their heart.

Context across the UK

In England, the 10-Year Health Plan published in July 2025,[1] set out the Government's intention to shift care from hospitals to communities via a Neighbourhood Health Service providing joined up, patient-centred care closer to home. This has been followed by a number of further policy documents including the Neighbourhood health framework published in March 2026, setting out governance structures, guidance and incentives.[2] The National Neighbourhood Health Implementation Programme (NNHIP) is ongoing, having started in September 2025 with the development of neighbourhood working pilots.[3]

In Wales, a focus on Integrated Community Care Systems - including investment of over £276m[4] - and on preventing hospital admissions was set out in 2024,[5] and in 2025, £30m was announced for community care.[6] Transformation leads are currently being appointed from GPs across Welsh cluster practices.

In June 2025, Scottish Government published their 'Health and Social Care Service Renewal Framework', which focuses on expanding capacity in primary and community healthcare,

prioritising prevention and delivering more care in the community rather than in hospitals.[7] This includes recognition that resources will also need to shift into primary and community care and places an emphasis on collaboration between providers to deliver the change.

In Northern Ireland, the July 2025 Heath and Social care NI Reset Plan sets out commitments including 'the creation of a neighbourhood centred system of care, that brings care as close as possible to those who need it'.[8] Plans for this system are continuing to develop at pace.

Putting people at the centre

The purpose of neighbourhood health is to organise care around the needs, priorities and goals of people and communities, rather than around organisational boundaries or professional silos. Person-centred care should be the foundation on which neighbourhood services are designed, delivered and evaluated.

Over a decade ago, National Voices articulated this aspiration from the perspective of patients:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."[9]

This long-shared ambition has never been fully realised. It should now be the test of successful neighbourhood services. Through building trusted relationships and strengthening continuity and coordination of care, they should improve patient experience and outcomes, reduce health inequalities, and make the best use of available resources.

We now have a significant opportunity to make this vision a reality. Delivering it will require trusted partnerships across general practice, community services, secondary care, social care, public health, the voluntary sector and patients themselves, working together around the person and across communities rather than within organisational boundaries.

Principles to shape neighbourhood/community services:

1. **Establish and maintain a clear vision:** Each area will need to consider its specific local population needs, but there also needs to be a clearly articulated national vision for neighbourhood and community working which describes the key benefits and fundamental principles of this new approach to care. It is essential that as national policy develops in each country, this vision remains at the centre and drives decision-making. Neighbourhood services should simplify care, reduce duplication and improve outcomes, rather than creating additional organisational layers.
2. **Recognise the distinctive contribution of general practice:** The unique skills of GPs and the core role of general practice must be recognised, valued and enabled as the bedrock of neighbourhood and community working. General practice brings expertise in

medical generalism, clinical decision-making under uncertainty, and the integration of care across multiple conditions, services and stages of illness – all essential features of effective neighbourhood and community models. Neighbourhood and community services should build upon, rather than replace, core general practice.

3. **Enable patients to benefit from the expertise of different professionals** working together around the same individual, family or community: Effective multidisciplinary working depends on complementary roles within teams and on systems that enable the distinct skills, perspectives and responsibilities of different professions to be fully utilised in patient care. These professional roles are not interchangeable, and workforce planning must recognise their distinct contributions.

4. **Embed frontline clinical leadership in neighbourhood and community system design, commissioning and delivery:** GPs must play a central role in shaping neighbourhood and community services and pathways, informed by their unique understanding of patient journeys, unmet need, multimorbidity and how services and systems function in practice.

5. **Resource must follow activity:** As care shifts into the community, resources must move with it. Neighbourhood and community working will only be sustainable if accompanied by resource transfer and a sufficient overall uplift of funding into the community. This should include the implementation of a Primary Care Investment Standard, requiring both central government and local systems to report on the proportion of their spending going to general practice and primary care each year.

6. **Keep care close to home:** Neighbourhood and community services should enable more care to be delivered as close to people's homes and communities as is safe and appropriate. Registered general practice lists and people's ability to access their own general practice close to home should be retained, providing continuity, accountability, proactive care and a strong foundation for population health. General practice should remain an independent, community-based service within neighbourhood models, preserving its ability to respond to local population need, advocate for patients and innovate in partnership with others.

7. **Strengthen continuity and whole-person care:** Efforts to improve timely access across new systems must be balanced with protecting relational continuity - neighbourhood working must strengthen, not erode, continuity**.**

8. **Prioritise prevention and reduce health inequalities:** Prevention should be embedded across neighbourhood services through partnership with public health, local government, communities and the voluntary sector, with a particular focus on reducing health inequalities.

9. **Base neighbourhood services on evidence, learning and continuous improvement:** These new models of care should be informed by the best available evidence and evaluated using meaningful measures of patient outcomes, experience, continuity, equity, safety, staff experience and value. Innovation alone is not sufficient; it should be accompanied by robust evaluation to demonstrate improvements.

Enablers required for neighbourhoods/community services to succeed:

- **Invest in fit for purpose premises:** Infrastructure issues must be urgently addressed to both meet current capacity and need, and to prepare for future demand and ways of working.
- **Ensure safe, effective and appropriate data sharing:** High-quality neighbourhood care depends on timely, secure and appropriate sharing of relevant information between professionals and organisations, while maintaining patient confidentiality and public trust. Clear governance arrangements must define accountability, responsibilities and data controllership across organisations, enabling clinicians to share information confidently and appropriately. Digital systems, including artificial intelligence (AI) where appropriate, should support integrated care while minimising duplication, administrative burden and unnecessary data entry.
- **Ensure smooth working across different providers:** Existing national interface guidance should be fully implemented and monitored across all providers. Clear accountability is needed to improve collaboration, clarify responsibilities, reduce bureaucracy and ensure that unnecessary workload is not transferred between organisations.
- **Invest in transformation support and protect non-clinical time:** Developing neighbourhood services requires dedicated transformation support and protected time for service redesign, supervision, professional development and multidisciplinary working. This investment is essential to enable sustainable change rather than adding to existing workload.
- **Develop the workforce and leadership required:** Neighbourhood and community working requires investment in education, leadership development, quality improvement capability and protected time to equip clinicians and managers with the skills needed to lead neighbourhood services.
- **Support continuous evaluation and improvement:** Neighbourhood services should routinely measure outcomes, continuity, patient experience, health inequalities, workforce experience and resource use and value, with findings used to support continuous learning and improvement.

The distinctive role of GPs within evolving health systems

The principles and enablers above set out the support that is needed to ensure the success of neighbourhood and community health services that place general practice at their heart. With this foundation, GPs will be well equipped to play a distinctive and crucial role as health systems evolve towards more multidisciplinary and community-based models of care.

While many professions contribute essential expertise to neighbourhood and community care, the GP role is distinguished by expert medical generalism, first-contact care across all presentations, clinical decision-making under uncertainty, and the ability to integrate care across conditions, services and stages of illness.

The following points describe the distinctive contribution of GPs at practice, neighbourhood/community and wider system levels.

At a practice level:

- **Unrestricted first contact care:** GPs provide first-contact medical care for any presenting problem, without predefined limits of clinical pathway, presentation or body system, including where the nature of the problem is unclear, evolving or diagnostically uncertain.
- **Clinical judgement under uncertainty**: GPs take professional responsibility for clinical decision-making where presentations do not fit established pathways, including determining when care can be safely contained, investigated, escalated, reviewed or referred, with appropriate safety-netting and follow-up. As AI becomes increasingly integrated into healthcare, GPs will continue to provide expert clinical judgement, contextual interpretation and shared decision-making, particularly where presentations are complex, uncertain, involve multiple conditions or extend beyond protocol-driven care.
- **Medical generalism**: GPs deliver person-centred, whole-person care by integrating physical, psychological and social factors within the context of the individual's overall health, circumstances and life course, often enhanced by continuity of care and strong relationships with patients.
- **Clinical synthesis:** GPs provide clinical synthesis across multiple conditions, symptoms, treatments, risks and specialist inputs, integrating these into a single, prioritised clinical understanding and management plan for the individual while balancing benefits, harms, patient preferences and competing priorities.
- **Senior clinical decision-making within multidisciplinary teams:** GPs provide senior medical decision-making and clinical oversight within multidisciplinary practice teams, particularly

where presentations are diagnostically uncertain, clinically complex, evolving, or fall beyond defined pathways or professional scopes of practice. GPs also retain responsibility for ensuring that patient care is appropriately coordinated, reviewed and escalated within the practice team.

At a neighbourhood/community level:

- **Understanding patient and community need**: Through having responsibility for a registered patient population and establishing long-term relationships with patients and families, GPs develop a unique understanding of the health needs of their communities and how people experience health and care over time. They see the cumulative effects of multimorbidity, deprivation, health inequalities and fragmented services, providing essential insight to help neighbourhood teams design, improve and evaluate services around local population need.
- **Identifying gaps and fragmentation in care:** GPs identify unmet need, fragmentation and inefficiencies across services, particularly where patients do not fit existing pathways or thresholds.
- **Clinical integration across neighbourhood services:** GPs can provide clinical oversight and integration across neighbourhood pathways and multidisciplinary services, particularly where patients have multiple conditions, unclear diagnoses, or complex care needs, ensuring care remains coordinated, person-centred and continuous across organisational boundaries.
- **Coordinating care across fragmented systems:** GPs can support joined-up care across primary care, community services, social care and the voluntary sector, particularly where patients move between services or experience fragmented care.

At a wider system level:

- **Informing system redesign and resource allocation:** GPs bring frontline clinical experience, knowledge of the best available evidence, understanding of quality improvement and of local population health needs. These combined skills can serve to inform commissioning, workforce planning, pathway redesign, the transfer of activity and resources into community care, as well as the evaluation of neighbourhood services.
- **Grounding policy in patient and community realities:** GPs can ensure that national and local models of neighbourhood care remain grounded in the realities of frontline patient care, continuity, access and community need.

A clear vision for neighbourhood and community services within each nation of the UK is essential, but must be accompanied by sufficient local flexibility to reflect the differing needs of communities and populations. Through caring for registered populations over time, GPs develop a

longitudinal understanding of patient journeys, multimorbidity, unmet need, health inequalities and the realities of frontline care. This perspective provides valuable insight into how neighbourhood systems can be designed to improve outcomes, reduce fragmentation and deliver care closer to home.

Successful neighbourhood services will depend upon the development of trusted relationships across the health and care system, bringing together the expertise of patients, general practice, secondary care, community services, social care, public health and the voluntary sector around the needs of people and communities. General practice provides an essential foundation for this model.

The RCGP is committed to equipping our members and general practice with the support and training needed to play a critical and central role in the development of neighbourhood and community healthcare. We will continue to engage with stakeholders to promote a collaborative approach across all parts of the NHS and wider community services. We call on policy makers, NHS organisations and system leaders across the UK to embed the principles set out in this paper and deliver the enablers required to place neighbourhood and community health services on a solid foundation. This will allow GPs to make their fullest contribution alongside colleagues across health and care in improving outcomes for patients and communities.

References

[1] UK Government (2025) Fit for the Future: 10 Year Health Plan for England.
[2] UK Government (2026) Neighbourhood health framework.
[3] NHS England, National Neighbourhood Health Implementation Programme [accessed 2 July 2025].
[4] Welsh Government (2024) Towards an Integrated Community Care System.
[5] Welsh Government (2024) Quarter of a billion-pound investment into community care keeping people well at home and preventing hospital admissions.
[6] Welsh Government (2025) £30 million to boost social care services and reduce hospital delays.
[7] Scottish Government (2025) Health and Social Care Service Renewal Framework.
[8] Department of Health Norther Ireland (2025) Health and Social Care NI Reset Plan.
[9] National Voices (2013) A narrative for person-centred coordinated care.