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Building a stronger NHS: an open letter from past and present Presidents and Chairs of the Royal College of General Practitioners

The NHS is at a pivotal point. As legislation proceeds through Parliament, the Department of Health and Social Care is reshaped, and local NHS structures change, decisions taken over the coming months will shape the health of the nation for a generation.

Between us, we have led the Royal College of General Practitioners across successive decades and governments. We are united in our belief that this is a unique opportunity to strengthen the NHS for the future.

We welcome the Government's ambition to shift care from hospitals into communities and embed neighbourhood health; to increase healthy life expectancy and reduce health inequalities; to improve productivity and build a more sustainable NHS. We share those ambitions. The question is not whether change is needed, but how to deliver it in a way that achieves the greatest improvement and delivers maximum public value.

The evidence is clear. Strong general practice, built on continuity of care, reduces emergency admissions, improves health outcomes and delivers exceptional value for taxpayers. Seeing a doctor who knows you over time is not a nostalgic aspiration; continuity of care is an evidence-based clinical intervention that supports more coordinated, person-centred care, reduces demand and strengthens trust.

General practice is delivering a record number of consultations, while coordinating care across increasingly complex systems. It has repeatedly demonstrated its ability to innovate and adapt how care is delivered, while providing exceptional value despite unprecedented pressures in recent years.

That resilience has been remarkable, but it cannot substitute for sustained investment.

General practice is uniquely placed to support the transformation our health system needs, bringing together whole-person care for individuals and families, responsibility for registered populations, prevention, early diagnosis and coordination across organisational boundaries. Its contribution to medical education and research is also essential to developing the workforce and evidence needed for the future of community-based care. To shift care successfully from hospitals into communities, these features must be strengthened, not diminished, within the emerging NHS architecture.

Yet the scale of change and expectation placed on general practice is increasingly out of step with the investment and workforce needed to deliver it. In England, general practice's share of NHS spending is at its lowest level for at least a decade

¹ while the number of patients seen by each fully qualified full-time equivalent GP has risen by around 13%. At the same time, frontline primary care expertise is at risk of being lost from NHS decision-making at precisely the point when Government is seeking to shift more care into communities. This is a policy paradox that must be addressed.

We believe the next phase of NHS reform should be guided by five commitments:

Build reform on evidence. Prioritise interventions with the strongest evidence that they will improve outcomes, prevent ill health and deliver long-term value, while investing in research, innovation and evaluation where evidence is still developing. Structural reform should meet the same test. NHS time and energy are scarce resources and should be focused on changes that demonstrably improve care and prevent future demand.

Strengthen clinical leadership. Put frontline clinical experience at the heart of NHS decision-making, nationally and locally. GPs understand the needs of their patients, the strengths and assets of their communities, gaps in local services and the opportunities to improve the coordination of care across an increasingly complex health system. Their expertise should help shape how care is organised and resources are used.

Match investment to ambition. If more care is to move from hospitals into communities, investment must move with it. We need a Primary Care Investment Standard and a clear, sustainable trajectory for investment in general practice, so that resources reflect what the NHS is asking primary care to deliver.

Tackle inequalities by investing where need is greatest. The greatest opportunities to improve health and reduce long-term demand lie in communities where people experience the poorest health. Investment should therefore reflect need, and neighbourhood health should be judged by whether it improves population health, reduces inequalities and enables people to live healthier, more independent lives.

Create a learning health system. Use research, innovation, high-quality data and continuous evaluation to understand what works, improve care and spread successful approaches rapidly across the NHS. National leadership should set clear standards and outcomes, while enabling local systems to innovate, learn from one another and adapt solutions to the needs of their communities.

Imagine what could be achieved if policy consistently invested in what the evidence shows works.

The opportunity now is to bring patients, professionals, policymakers and communities together to turn that evidence into action, co-designing the next phase of NHS reform so that every pound invested delivers the greatest possible value for patients, taxpayers and society.

¹ [General practice funding in England | The Health Foundation](#)

Past and present Presidents and Chairs of the Royal College of General Practitioners

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Chair of Council 2010 - 2013 & President 2021 - 2023

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