"It shouldn't be this hard" Solving the NHS maze for patients and GPs

A joint report by the Royal College of General Practitioners and the Patients Association.

February 2026

Introduction

For most people, general practice is the front door to the NHS. However, talking to patients and GPs from across the UK has shown that too many people feel that they are opening the door to a maze.

Patients and GPs told us that accessing the NHS often feels like a maze of dead ends and detours. Navigating the administrative and procedural barriers can be confusing, frustrating and demoralising, particularly for patients with long-term conditions and accessibility needs. When patients and GPs are both spending time chasing information, navigating bureaucracy and trying to work out what happens next, the system is not working as it should.

One of the biggest barriers patients face is the struggle to see a GP in the first place, and polling consistently shows that GP access is the public's top priority for the NHS.[1] While GPs are delivering more care than ever, they are working under increasing strain due to workforce shortages and outdated infrastructure that hasn't kept pace with rising demand.

This report brings together the voices of the patients whose stories and experiences echo what RCGP members are hearing from patients across the four nations. We heard accounts of long waits and rushed appointments, lost referrals and unmanageable administerial burdens. These experiences highlight a shared reality - patients and GPs are often struggling with the same challenges as they try to navigate an increasingly complex system.

Both GPs and patients feel strongly that this must change; that is why we launched this campaign. Through genuine co-production, we have created a report that reflects the shared goals of patients and GPs to make general practice and the rest of the NHS truly accessible and navigable for all.

Meaningful change will only be possible with a clear commitment from governments across the UK. We call on decision-makers to commit to turning these shared priorities into tangible reforms that make NHS care simpler to access, better connected and more sustainable for the future. Central to these reforms must be genuine patient agency - the ability of patients to understand, navigate and influence their own care.

Our recommendations

1 **Every patient should find the NHS easy to navigate.**

- The NHS must provide clear and consistent information to support patients as active partners in decisions about their healthcare, including knowing where to go to get help.

- Patients and GPs must be equal partners in co-designing care pathways so that they reflect their real experiences and needs and are easier for everyone to navigate. Patients with complex health or communication needs must be equally supported to navigate NHS services and participate as partners in decisions about their care.

2 **Every patient should be able to see their GP when they need to.**

- Governments must set out clear plans to train, employ and retain enough GPs so that patients can access care from their GP when they need it, addressing workforce numbers, the employment structures and funding models that determine where and how GPs can work.

- To make it easier for patients to see a GP who they know and knows them, practices should be resourced to offer continuity of care.

3 **Every patient should be able to access their information and track referrals via user-friendly systems.**

- Patients and GPs must be equal partners in the design of simpler, user-friendly systems which allow patients to see key information about their care, including being able to easily track specialist referrals. This can only be achieved with significant government investment in systems that are easier to use, better connected, and that reduce administrative burden.

- A diverse and representative group of patients must be active and equal partners in the co-production and review of the systems, including those who cannot access online systems to mitigate digital exclusion.

These recommendations describe changes that governments and the NHS must make; they are not expectations placed on individual GP practices operating under current constraints.

What we did

- The Patients Association carried out an evidence review of their previous project reports and qualitative and quantitative data from their patient tracker surveys, project reports, focus groups, and freephone helpline.

- We held focus group sessions with a diverse selection of 20 patients from across the UK, gathering their experiences of general practice and their views on what needs to be done to improve primary care.

- We held two engagement sessions with GPs gathering their feedback on the findings of the patient engagement groups and input on the policy solutions.

- We formed a working group made up of patient representatives, RCGP representatives, and Patients Association representatives to co-produce the campaign asks and materials.

- We worked with patients to create campaign assets to communicate their stories and experiences.

1 Every patient should find the NHS easy to navigate.

> "One of the biggest challenges for patients like me is navigating the NHS itself. The system can feel like a maze. It's full of pathways, departments, referrals, and rules that aren't always clear. For someone juggling multiple specialists across different hospitals, each with their own processes, it can become very overwhelming very quickly. And often it's the GP who becomes the guide through that maze."

> "Any changes that we make... it needs to be done co-productively, with patients as equal partners in decision making process in design and delivery."

The NHS is a complex web of organisations, but patients have the right to understand and navigate their own care pathway. Too often, fragmented pathways, inconsistent information and bureaucratic barriers make it difficult for people to get the care they need. This is particularly true of those with long-term conditions or additional accessibility requirements.

Research found that 64% of people in England who used the NHS (or arranged care for someone in the last year experienced at least one administrative or communication problem e.g. missing test results, inability to change or cancel appointments, not being informed of next steps).[2]
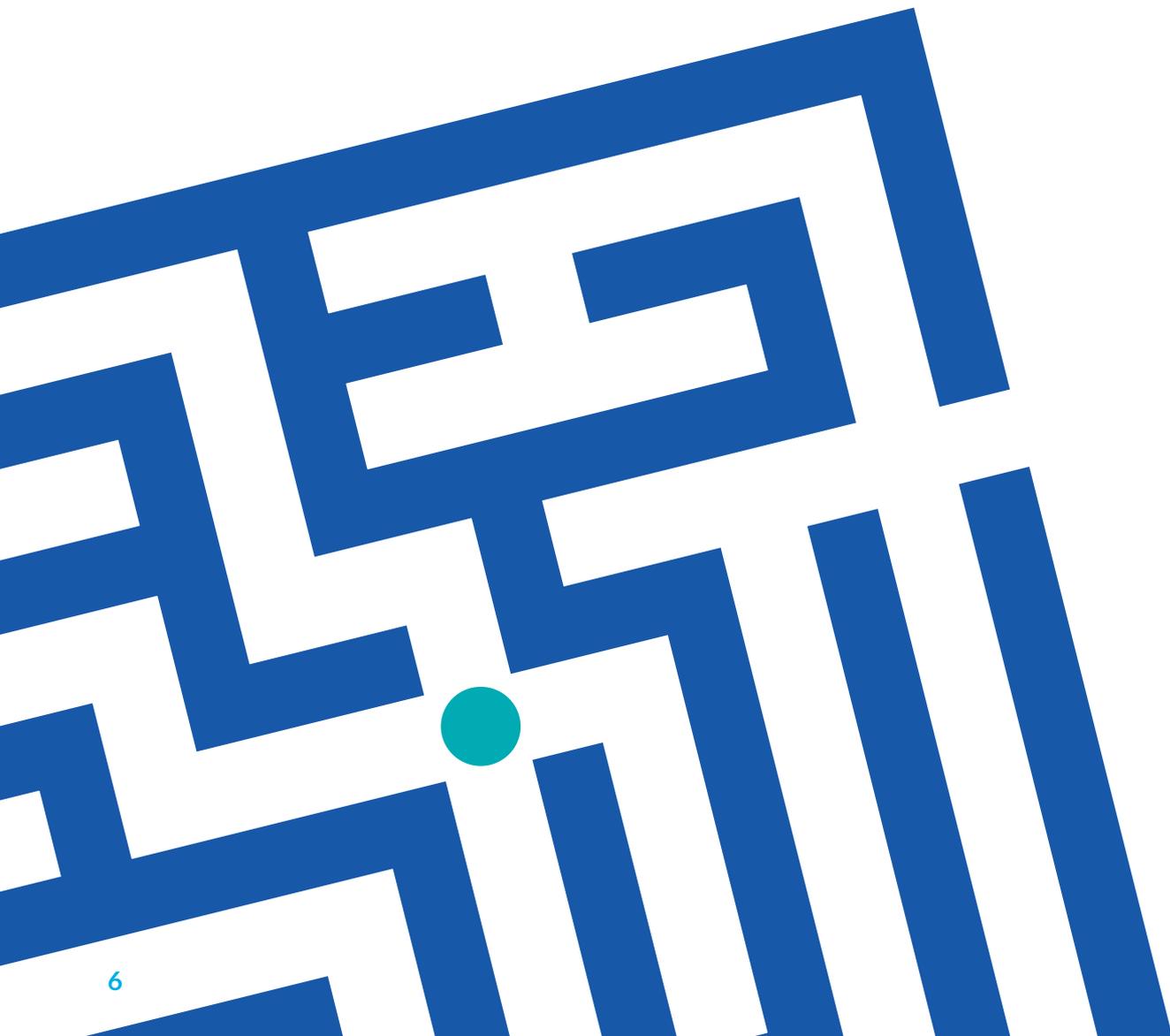
GPs also feel the strain of a confusing and burdensome NHS and witness the impact this has on their patients. The Royal College of General Practitioners (RCGP) most recent survey of members found that around one quarter of respondents' workload is spent on administrative workload or bureaucracy related to clinical care that does not improve patient care or outcomes.[3]

Patients told us that the administrative and mental burden of navigating their healthcare is incredibly stressful, especially when combined with chronic illness and other life pressures. Patients called for clearer guidance, more consistent points of contact, and reassurance about what will happen next in their care. Patients emphasised that the system itself needs to be easier to understand, while recognising that those with particularly complex conditions or communication needs may require additional support to navigate it.

Simplifying navigation across the health system is not just a matter of convenience, it is essential to improving outcomes, reducing pressure on practices, and ensuring that every patient can access timely, appropriate care.

To achieve this, we recommend:

- The NHS must provide clear and consistent information to support patients as active partners in decisions about their healthcare, including knowing where to go to get help.

- Patients and GPs must be equal partners in co-designing care pathways so that they reflect their real experiences and needs and are easier for everyone to navigate. Patients with complex health or communication needs must be equally supported to navigate NHS services and participate as partners in decisions about their care.

2 Every patient should be able to see their GP when they need to.

"We have a particularly difficult situation with long waits."

"We don't always get the GP we want... we don't know the GP at all... you just finish up with somebody you never met before."

"When you have complex health conditions... by the time you actually manage to get an appointment, there's normally two or three things that I've racked up, and they all tend to interlink and cross over, and you very much don't have enough time."

"Funding should go to expanding GP practice capacity. Like maybe more staff, longer appointment times and evening and weekend clinics."

Patients told us of their experiences of jumping through hoops to get appointments, and then not having long enough during their appointment to feel fully supported in their care.

These are not isolated stories; a 2025 poll by the Health Foundation found that 82% of respondents were concerned about the pressures GP practices were under, with 41% saying that the biggest challenge facing their local GP practice was "not enough doctors".[4]

The reality is, there are simply not enough GPs to be able to give patients the time they need, when they need it. The RCGP's report on the 'Workforce Gap' found that the number of patients per full-time equivalent GP in England has increased to around 2,240, a 16% rise since 2015.[5] It is clear that patient need is not being met by the number of sessions GPs are currently employed for.

Recent Nuffield Trust analysis reveals a troubling paradox: GPs who want to work are unable to find employment, while patients cannot get appointments.[6] The general practice workforce crisis is not simply about GP numbers but about the funding structures that support or prevent GP employment, and the erosion of general practice funding.

Once patients get an appointment, time pressures mean that both patients and GPs are missing out on the opportunity to build trusting, collaborative, and continuous relationships. Indeed, 57% of RCGP members across the UK who responded to our survey do not feel they have enough time during appointments to build the relationships they need to deliver care.[7]

We know that continuity of care between a GP and their patient can have a big impact on care. Evidence shows that it can lead to fewer hospital and A&E visits and, most importantly, patients living longer.[8]

Research by the Institute for Government in England shows that one of the biggest determinants of how satisfied patients were with their practice was the GP to patient ratio. The data showed that patient satisfaction is higher in GP practices that have more GPs (particularly GP partners), have smaller list sizes, deliver more GP appointments and do more of those appointments face-to-face. The ratio of patients to GP partners is the single biggest factor associated with patients saying they are satisfied with their practice.[9]

As the number of patients per GP has risen since 2015 across England, the number of patients saying they are happy with their care has fallen. Following urgent government intervention to employ more GPs in the last year, this trend has started to reverse with both GP numbers and patient satisfaction starting to recover, but there is a way to go to get back to 2015 levels.

To achieve this, we recommend:

- Governments must set out clear plans to train, employ and retain enough GPs so that patients can access care from their GP when they need it, addressing the workforce numbers, the employment structures and funding models that determine where and how GP's can work.

- To make it easier for patients to see a GP who they know and knows them, practices should be resourced to offer continuity of care.

3 Every patient should be able to access their information and track referrals via user-friendly systems.
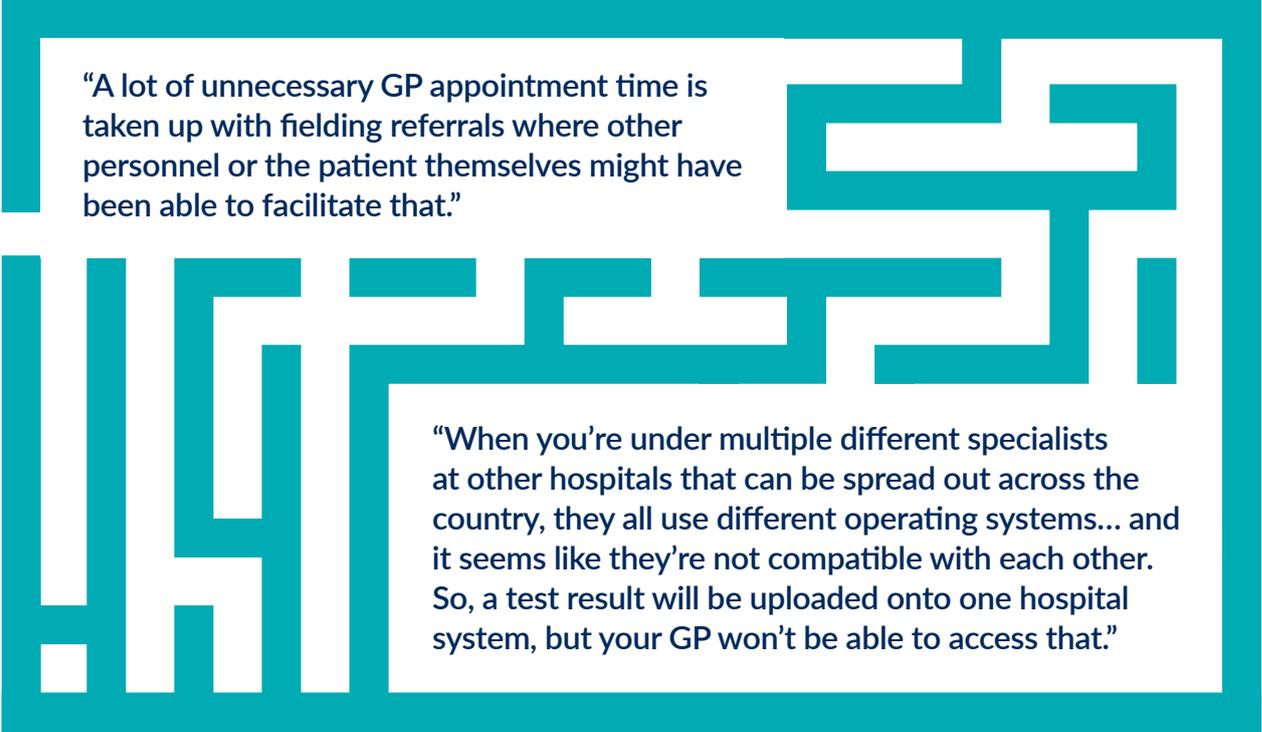
"A lot of unnecessary GP appointment time is taken up with fielding referrals where other personnel or the patient themselves might have been able to facilitate that."

"When you're under multiple different specialists at other hospitals that can be spread out across the country, they all use different operating systems… and it seems like they're not compatible with each other. So, a test result will be uploaded onto one hospital system, but your GP won't be able to access that."

Improving access to clear, timely patient information was consistently described by patients as one of the most practical and achievable changes the NHS could make.

Patients shared accounts of inconsistent and incompatible digital systems, often failing to provide accessible, reliable information. This made it difficult for patients to track referrals, follow treatment plans, or engage fully in their healthcare. Patients were clear that the priority is not just 'more digital', but systems that are easier to use, reduce uncertainty, and make it clear what happens next.

The patients in our focus groups were particularly concerned about referrals. We repeatedly heard that patients felt left in the dark, not knowing how their referral was progressing or if it had been made at all.

Wider studies support these accounts. Public polling found that 17% of patients in the UK have not known whether a referral made for them had been lost, 18% did not know who to contact about their care or treatment once a referral had been made, and 26% have had to chase up referrals themselves to ensure they were seen.[10]

Dealing with health challenges can be a very stressful experience, without the added burden of feeling disempowered and lost when navigating your care. Patients must be able to understand and manage their own care with confidence, and to do this they should have the ability to access information regarding their care pathway and referrals.

This frustration is shared by GPs, who also told us they find information about referrals hard to come by and that their computer systems often do not properly connect with those in secondary care. Crucially, 54% of GPs say the ability of their IT system to exchange information with secondary care is not fit for purpose.[11] Fundamentally, the system is not set up for patients, nor GPs, to navigate with ease.

Amid the increasing momentum to move more systems and processes online, there is also significant concern amongst patients that some will be "left behind". Many of our participants expressed that digital systems are not accessible for them or for the people they care for. It is crucial that alternative, non-digital routes remain available so everyone can access the same information and services, regardless of digital access or skills, in order to prevent the exacerbation of health inequalities.

Nearly 8 million people across the UK say they lack the digital skills needed to fully engage with online services, with digital exclusion disproportionately affecting people aged over 65 (77%), individuals with disabilities or impairments (69%), and those without formal qualifications (47%).[12] These groups are often those who rely most heavily on NHS services. This further highlights the risk that digital transformation could further entrench existing inequalities if digital inclusion is not prioritised.

By prioritising user-friendly, interoperable platforms, governments can empower patients, reduce administrative burdens on practices, and improve the overall efficiency and transparency of the NHS. Accessible information is not a luxury but a cornerstone of modern, accountable, patient-centred health services.

Governments and the NHS should embed co-design as a core principle of digital transformation. This could create a system which is fit for purpose, trusted by users, and capable of improving access to key information, ultimately supporting better outcomes for patients and more sustainable general practice services.

To achieve this, we recommend:

- Patients and GPs must be given the opportunity to design simpler, user-friendly systems which allow patients to see key information about their care, including being able to easily track specialist referrals. This can only be achieved with significant government investment in systems that are easier to use, better connected, and that reduce administrative burden.

- A diverse and representative group of patients must be involved in the co-production and review of the systems, including those who cannot access online systems to mitigate digital exclusion.

Methodology

The Patients Association conducted an evidence review of all the feedback and research they already had on what patients see as the main issues in general practice. The evidence review identified the key themes, which helped shape the discussion framework for the focus groups.

The RCGP and the Patients Association developed the following discussion framework for our focus groups based on the key themes identified in the evidence review.

Topic one:	Experiences of accessing GP services
Topic two:	Experiences of GP appointments and services
Topic three:	Experiences of care after accessing GP appointments and referrals
Topic four:	Final thoughts and priorities

We then ran two focus groups with 10 patients from diverse backgrounds. The patients were selected through an expression of interest form that was sent out to the Patients Association's network of over 4,000 members, and were chosen to reflect the diversity across age, ethnicity, social class, gender, sexuality, and religion.

The first session concentrated on capturing experiences of GP services, while the second emphasised generating ideas for improvements and solutions.

We then replicated this discussion framework with patients from RCGP's PPGs across the four UK nations, using the same discussion framework. These focus groups were held in advance of the publication of the 10 Year Health Plan for England: fit for the future, and before the announcement of the UK Government's decision to abolish Healthwatch England.

After our first round of patient focus groups, we held a workshop with RCGP members to share the key findings and to identify areas of alignment between patients and GPs. The findings of all engagement sessions were then taken to a working group made up of patients, GPs and staff from the RCGP and Patients Association to develop recommendations.

The working group met throughout the development of the campaign to ensure the report and campaign communications were co-produced between patients and GPs. We then held final engagement sessions with patients and GPs.

Acknowledgments

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