Royal College of General Practitioners

Prevention

The general practice role in evidence-based and equitable prevention

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Contents

1 Executive summary

Rising multimorbidity, an ageing population, and poor healthy life expectancy in many parts of the UK have sharpened the focus on prevention.

Prevention is clearly prioritised in health policy across the four nations. Yet despite this, funding remains heavily skewed towards acute care, and the proportion of NHS funding invested in general practice – where much of healthcare prevention occurs – has shrunk to its lowest point in a decade.

Prevention is embedded in the GP curriculum and role, with general practice delivering substantial preventive care at scale, including key interventions such as vaccination, screening, and chronic disease management. In terms of health promotion, our recent polling shows that patients are more likely to follow advice on prevention and healthy living from their GP than any other source.

But our members tell us that they struggle to find time to prioritise prevention as much as they would like. Instead, they feel constrained to focus on a predominantly reactive model of care with increasing pressure and expectation on urgent access.

General practice has significant potential to contribute further to population health improvement if this is addressed, as part of a wider system response.

Healthcare providers need the right resources and support, and recognition that they are not solely responsible for health outcomes. We need a whole-system approach to prevention, which goes beyond treating illness, to creating the conditions for good health or 'health creation', including acting on the social, environmental, and economic determinants of health. The evidence is clear that we need action throughout society to prioritise prevention.

A system-wide approach to prevention offers tremendous opportunities for improving health and wellbeing, getting people into education and work and boosting the economy. This report focuses on the important role general practice can play as part of this wider response, and the support needed to create the capacity for this work.

General practice already delivers substantial preventive care, but its impact is constrained by workforce pressures, lack of infrastructure, system design and the wider determinants of health.

2 Summary of recommendations

To harness the benefits of prevention in general practice for patients, the NHS, the economy and environment, we call on governments and decision makers across the UK to act on the following areas. These headline recommendations are further detailed in Section 7.

1 **Invest in frontline capacity for prevention:** Increase the proportion of NHS funding going to general practice and train, employ and retain enough GPs to offer longer consultations, deliver relational continuity of care and facilitate the time with patients needed to support prevention.

2 **Incentivise a generalist approach:** Redesign incentive frameworks to better prioritise a proactive holistic approach.

3 **Education:** Ensure GPs have protected CPD time and that medical education equips doctors to engage with and critically appraise preventive interventions in order to support patients to make evidence-informed decisions about their care.

4 **Guidelines and policy frameworks:** Ensure that evidence-based prevention is an explicit focus in clinical guideline and policy framework development.

5 **Leadership:** Ensure there is GP leadership and named accountability for prevention within each neighbourhood or community health system, and on each ICB in England, Health and Care Trust in Northern Ireland and Health Board in Scotland and Wales.

6 **Self-care and community resilience:** Invest in health literacy, community-based interventions and nature-based solutions.

7 **Screening:** Ensure the long-term independence and authority of the UK screening committee to avoid harm from unwarranted investigation and healthcare without an evidence base.

8 **Research:** Establish an evidence base on prevention capturing longitudinal data to calculate and demonstrate its long-term clinical and economic impact.

9 **Invest in infrastructure for prevention:** Remove barriers to prevention in general practice by improving primary care premises and digital infrastructure.

10 **Adopt a health equity in all policies approach:** Alongside supporting prevention in general practice it is vital that Governments take a cross-departmental approach to prevention.

3 Introduction: Why prevention matters

Prevention is a broad concept that is defined in a number of ways. It refers to a spectrum of activities encompassing efforts in preventing disease, identifying disease at an early stage and reducing the impact of established illness.

GPs and their teams already play a pivotal role in health promotion, public health measures such as vaccination and screening and the early detection and management of chronic diseases. And by virtue of high levels of public trust, they are uniquely placed to contribute to the broader prevention agenda.

Tackling this agenda is a priority if we are to improve the health of the nation. In 2023, approximately 22% of deaths in the UK were considered to be premature. Of these, 65% were considered preventable and the remaining were treatable.[1]

Recent figures suggest healthy life expectancy (HLE) is reducing overall, while the inequality gap in HLE has widened. Those living in the most deprived areas can expect to live 51.1 years (males) and 50.5 (females) in good health, compared to 70.1 years (males) and 70.2 (females) in the least deprived areas.[2]

It is well established that preventing the onset and progression of disease not only improves health and wellbeing and reduces pressure on health services but also benefits the economy, including through enabling more people to remain in, or return to work.[3,4] Preventive interventions can help to avoid overmedicalisation and unnecessary prescribing, generating 'triple wins' for patients, the environment and public finances.[5,6,7]

For all these reasons, prevention has been a consistent feature of UK health policy and NHS strategy, with the UK Chief Medical Officers highlighting the need to shift from treating late-stage disease to addressing the root causes of ill health. Despite this, for over a decade, only 6% of total health expenditure in the UK has been allocated to prevention. Economic modelling suggests that increasing this to 10% could generate £42 billion for the economy in 10 years.[8,9]

While a much greater focus on prevention is essential, this must be targeted and evidence-based. To maximise impact, preventive interventions should be held to the same standards of evidence, evaluation and scrutiny as healthcare treatment.

Some aspects of prevention, such as screening activities, are generally supported by stronger and more consistent evidence than others, and prevention is not risk free. Badly implemented prevention strategies can lead to overdiagnosis – and associated unnecessary investigations or treatment for conditions that may never have caused harm – causing unnecessary anxiety for patients and significant opportunity costs, potentially diverting time, money and capacity from other areas of need.

Recognising these challenges is essential to ensuring that preventive interventions are used appropriately and that resources are allocated effectively, maximising the benefits for individuals, the healthcare system and the population as a whole. We need investment in research to strengthen the evidence base for all levels of prevention to understand which approach works best for whom, and in what context.

Most critically, it is essential to recognise that prevention is not the responsibility of healthcare alone – it is a whole-system endeavour, requiring intervention across education, housing, employment, the environment and beyond. National and local governments, industry and civil society must act together on population-level prevention, addressing the upstream determinants which drive most health outcomes.

Supporting this, the NHS can play a significant role in targeted disease prevention, early detection, and the management of existing conditions. As the first port of call for most patients, with high levels of public trust and strong relationships across local health and care systems, general practice already delivers much of this work and with the right support and investment could have an even greater impact. But general practice cannot absorb additional unfunded responsibilities, nor compensate for prevention failures elsewhere in the system.

4 Prevention in general practice

GPs and their teams deliver preventive medicine by taking an evidence-based, holistic, proactive and personalised approach to people's health and wellbeing. This is supported by the unique relationships that GPs can have with individual patients – often over a lifetime built through continuity of care, and their responsibility for a registered population. Beyond the individual level, GPs contribute to population health management activities to address health inequalities and improve health and well-being outcomes across communities. They use their understanding of people and places to identify opportunities for prevention while balancing the risks of overdiagnosis and unnecessary intervention, with the overall goal of maximising healthy life expectancy.

Public trust

A recent survey by Censuswide commissioned by the RCGP illustrated the impact GPs can potentially have, finding that the public are more likely to trust information from their GP than any other source. 64% of people said they would follow advice from their GP compared to 51% from an NHS website, 22% from friends and family, 7% from AI or 5.6% from Government backed adverts.

Yet the RCGP's 2025 GP Voice survey found that 75% of GPs said they do not have enough time to offer health advice for preventive care (for example, vaccination advice, self-care, health, education, lifestyle advice).

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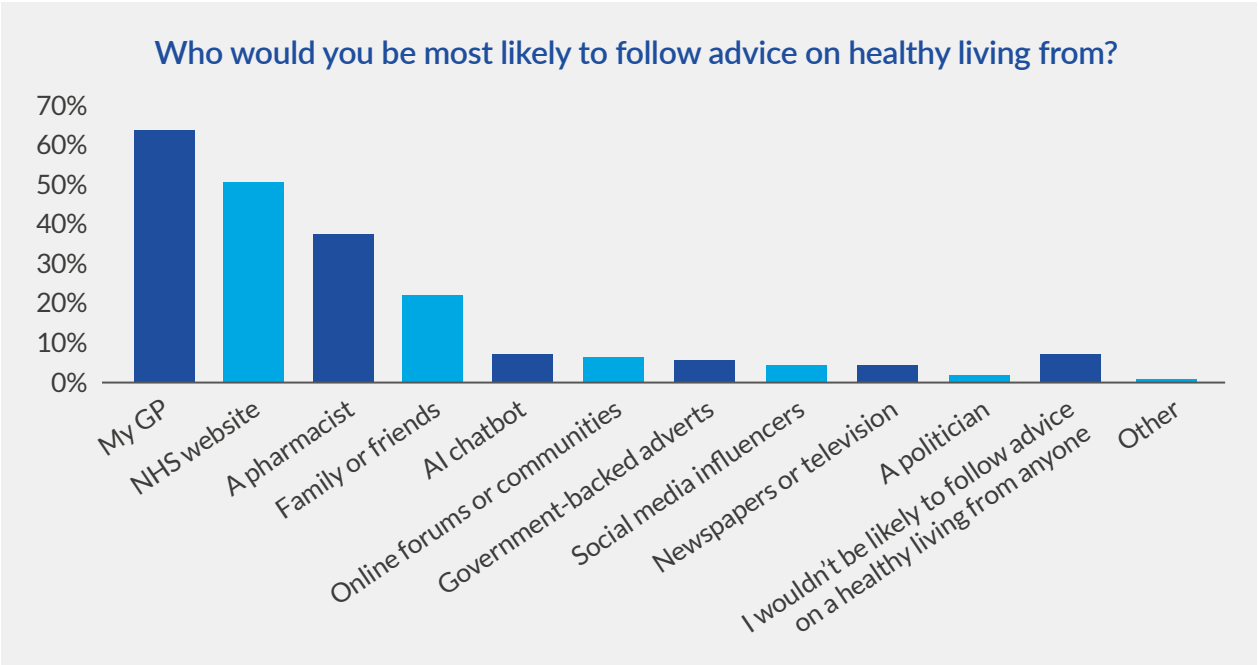
These challenges stem from GPs and their teams facing persistent underfunding, undermining their capacity to meet rising demand and deliver the effective care that patients need and deserve. Primary care investment remains around or below 8% of total NHS budgets across the nations of the UK. Successive governments have promised thousands more GPs and have failed to meet each target. As a result, in England, the number of patients per full-time equivalent GP has risen by 13% since 2015.



Tackling inequalities

As we see throughout healthcare, an inverse care law applies when it comes to prevention. Those areas that need the most support are offered the least. It is often hardest for GPs serving areas of deprivation to take an active role in prevention. Practices serving areas of highest deprivation have c.100 more patients per full-time equivalent GP compared to wealthy areas but receive 9% less funding after accounting for the additional needs of the population.[10]

> Practices serving areas of highest deprivation have c.100 more patients per full-time equivalent GP.
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Uptake of preventive programmes is often lowest among populations with the greatest health needs, with more effective engagement required to tackle widening health inequalities. The wider determinants of health also act as a stubborn barrier to individuals being able to follow health advice. As with any intervention, health promotion for prevention must be held to the same standard of evidence and assessment of opportunity cost.

The NHS England Core20PLUS5 framework[11] and the RCGP Fairer Practice Toolkit[12] demonstrate how targeted, evidence-based preventive interventions in general practice focusing on need rather than demand can improve clinical outcomes and reduce health inequalities in areas of deprivation.

The value of continuity of care

Continuity of care has a strong and growing evidence base for improving outcomes and reducing demand. Relational continuity offered by general practice significantly reduces mortality, emergency department attendances and admissions to hospital.[13] Longitudinal relationships support preventive behaviours and screening uptake,[14,15] reduce consultation frequency,[16] improve patient experience and increase the likelihood of patients reporting that they are able to see their preferred GP,[17] thereby addressing pressure for access to GPs.

Supporting and empowering the workforce

Providing clinicians with the resources to practice holistically and proactively may contribute to professional satisfaction. Investing in prevention through continuity has benefits for workforce sustainability, allowing for improved GP-patient relationships and supporting retention of GPs.

Digital transformation

Digital transformation, if well implemented, can support and promote prevention in general practice. New digital tools and analytics may offer efficiencies, improved ways of working, and empower patients to self-care and navigate the health system. Improved interoperability, and safe sharing of data can improve quality and efficiency. AI has the potential to help identify unmet need, improve uptake of prevention interventions and support more proactive care. However, the realisation of these avenues to digital transformation will require an evidence base and assessment of risks and opportunity costs, be in line with net-zero law, and, in the case of digital and built infrastructure in general practice, be fit for the future.

GPs speaking up for their patients

GPs have unique insight into the lives of their patients and communities and the factors that contribute to their health. Where capacity allows, GPs' positions in their communities, and the public trust they hold, enables them to speak up for vulnerable groups. They can work with partners including community organisations, local government and the voluntary sector to raise awareness and advocate for action on important public health, social and environmental issues. There is a notable history of GPs as instigators of and advocates for public health interventions, and a sense of responsibility for population health is core to the profession.

5 The GP role in the four levels of prevention in healthcare

Levels of prevention in healthcare according to the World Organization of Family Doctors.

Primary	Secondary	Tertiary	Quaternary
Preventing disease before it occurs	Early detection and intervention before symptomatic	Reducing consequences of established disease	Better known as taking action to reduce harm from overmedicalisation

Primary prevention

The greatest opportunities for primary prevention are often at government level through policies on, for example, smoking, alcohol, housing, education, air quality, nutrition and access to green space.

GPs can support patients in making significant lifestyle changes, particularly around obesity, smoking, diet, physical activity and alcohol consumption. These are the most significant modifiable risk factors for conditions such as cancers, cardiovascular disease (including stroke and diabetes), musculoskeletal disorders (such as arthritis), mental ill health, and chronic respiratory disease.[18] Ongoing research is required to build evidence and understanding of the most effective health promotion interventions in each case in a general practice context.

Cardiovascular disease (CVD)

Assessment tools such as QRISK3, a highly validated clinical algorithm routinely used by GPs to identify individuals with an increased risk of developing CVD, enables GPs to provide tailored interventions including pharmacological treatments recommended by NICE.[19,20,21]

Vaccinations

Although the strength of evidence varies by vaccine, every vaccine on the NHS schedule is supported by robust clinical trial and real-world population data. Accessibility and convenience are known to be key determinants of vaccine uptake, with GP practices widely perceived as trusted and convenient settings for routine immunisation,[22] supporting higher uptake and making a significant contribution to reducing the burden of several vaccine-preventable diseases.[23,24]

Secondary prevention

GPs and their teams play a pivotal role in the early detection of disease and timely management of risk factors, reducing disease progression and future morbidity.

Targeted prevention programmes

The NHS Diabetes Prevention Programme,[25] whereby GPs identify and refer people with pre-diabetes onto a nine-month, lifestyle change programme has been associated with a 20% reduction in the risk of developing type 2 diabetes.[26]

The NHS Health Check Programme, which GPs help to deliver and coordinate, can be used to identify risk factors for non-communicable disease, with evidence indicating better rates of disease detection, advice, referral and follow-on testing.[27] However, uptake has remained low, particularly among groups at greatest risk of poor health, and it has not been shown to reduce mortality or meet UK National Screening Committee (NSC) criteria.[28,29] This is an example of a prevention strategy which may require greater evaluation and improved targeting to be successful.

Screening

General practice is a key delivery point for evidence-based national screening programmes endorsed by the NSC. This includes screening for cervical cancer which has been effective in reducing mortality.[30] The independence and authority of the UK NSC is critical to ensuring screening is always robust and does not risk promoting overmedicalisation. Evidence indicates that GP endorsement can increase the likelihood of patients participating in national screening programmes, [31,32] but uptake remains low in many instances and there is a continued need to encourage participation, especially among underserved populations.[33]

> General practice is a key delivery point for evidence-based national screening programmes.

Tertiary prevention

Tertiary prevention is usually not recognised as a distinct activity in general practice, as it is embedded in the day-to-day care of those living with long-term conditions. Much of what GPs would describe as good core general practice, including continuity of care, medicines optimisation, supported self-management and holistic long-term condition management, could be understood as tertiary prevention.

A substantial proportion of healthcare resources are allocated to chronic disease management.[34,35] General practice teams support people to manage and mitigate the effects of established disease, helping to prevent further deterioration, complications and to improve quality of life and independence. Generalist expertise with relational continuity enables symptom control, medicines optimisation, shared decision making and proactive planning.

Tertiary prevention plays an important role in helping people remain active, independent and able to work.[36] Here, effective delivery relies on close collaboration between multidisciplinary teams, community services and employment support services.[37]

While the evidence base for individual actions of tertiary prevention is more difficult to isolate and clarify than for some primary and secondary prevention measures, the overall importance of supporting people to live well with established disease is well recognised.

Quaternary prevention (Overmedicalisation)

Quaternary prevention is defined by action taken to identify patients at risk of overmedicalisation, to protect them from new medical invasions, and to suggest ethically acceptable interventions. This includes avoiding unnecessary testing, screening and investigation where the potential for overdiagnosis and harm outweighs the likely benefit.

There is £300m worth of wasted drugs every year.

The government estimates that 10% of medications are 'overprescribed' in England,[38] and there is an estimated £300m of wasted drugs every year.[39,40] Inappropriate prescribing and polypharmacy can increase the risk of adverse drug reactions, medication errors, drug interactions, avoidable health contacts and admissions. These risks disproportionately affect people living in areas of deprivation, some ethnic minorities,[41] and those living with frailty, autism and learning disabilities.[42] Tackling overprescribing and polypharmacy through shared decision making, medication reviews and safe deprescribing where appropriate can improve patient outcomes, and bring significant benefits to population health, public finances, and to the environment through a reduction in healthcare carbon footprint and pollution.[43]

The British Geriatrics Society has produced helpful Pragmatic Prescribing guidance on reducing overprescribing in frailty,[44] and the Royal College of Pharmacy and RCGP have developed a Repeat Prescribing Toolkit to support best practice in repeat prescribing.[45] Shared decision making,[46] structured medication reviews,[7] and advanced care planning support a more proactive, preventive approach and have been supported by the Chief Medical Officers in England and Scotland, who have highlighted the importance of practising realistic medicine, especially in older populations.[47,48]

Rising complaints, fragmented care, and lack of trust can contribute to 'defensive medicine', leading to unnecessary investigations, overtreatment and lower-value healthcare spending. Strengthening relational continuity and coordination between different parts of the health service can help clinicians and patients to 'choose wisely', and support more 'realistic' and 'prudent' use of healthcare resources.

6 Prevention as a whole-system responsibility

While they play an important role, as described above, GPs cannot take on responsibility for addressing shortcomings elsewhere in the health and care system or tackling the wider determinants of health: progress on the prevention agenda requires shared responsibility across multiple sectors.

As demand for general practice services continues to grow, alongside increasing multimorbidity and an ageing population, it is neither realistic nor sustainable for general practice to take on additional preventive work without appropriate resources, and system-wide action.

Effective prevention requires more than clinical advice alone. It depends on creating the conditions that enable people to live healthier lives. Factors such as financial insecurity, unemployment and poverty constrain an individual's ability to prioritise their health, regardless of the health advice they are given. Providing implementable advice on healthy living, diet or physical activity is considerably more challenging when individuals face poor housing conditions, air pollution, and limited access to affordable healthy food, safe active-travel, or green space.

Disease prevention and more broadly, the creation of good health requires coordinated action across national and local government, industry and employers, communities and civil society, as well as the NHS.

Some of the biggest gains in public health have come from population-level actions such as smoke-free legislation, childhood vaccination programmes and regulation to improve air quality. These broader interventions are critical to creating the foundation to allow general practice to effectively contribute to its part of the prevention agenda.

7 Recommendations

Based on our members' experience of the current system and the available evidence, the RCGP recommends the following actions for policy makers:

1 Invest in frontline capacity for prevention

Increase the proportion of NHS funding going to general practice and train, employ and retain enough GPs to offer longer consultations, deliver relational continuity of care and facilitate the time with patients.

To support an actual shift from treatment to prevention, we need NHS bodies and decision makers to recognise and invest in the capacity needed to deliver it. This includes recognising the value of continuity of care and its benefits in quality, safety and patient experience as described in section 4.

General practice is where most people receive care, yet it remains significantly under-resourced and is currently operating beyond safe capacity. One of the major barriers to focusing more on prevention within general practice is the combination of workforce shortages and increasing patient need.[49,50,51,52,53]

Despite primary care estimated to handle over 90% of NHS patient contacts,[54] the proportion of NHS funding spent in general practice is far too low. In England, the latest figures show that primary medical care receives 8% of total NHS spend.[55] Comparable figures in Wales suggest funding represents around 7.6%[56] of health spending, less than 7% in Scotland[57] and just 5.4% of total Health and Social Care expenditure in Northern Ireland.[58] [i] Similarly, while the number of patients per GP in England is falling slightly from its peak in 2023, it is still 13% higher than in 2015.[52]

This underinvestment combined with rising workload pressures severely limits the ability of GPs and their teams to focus on prevention. The current focus on access targets and the management of immediate demand means that capacity for proactive interventions such as boosting vaccination and screening uptake, or identifying patients at risk of chronic conditions, is often constrained.[59] Similarly many GPs struggle to incorporate preventive care into standard consultations, particularly given that appointments are often limited to 10 minutes and must accommodate increasingly complex patient needs.

i **Note:** these figures are not directly comparable because each nation uses different funding and reporting methodologies

2 Incentivise a generalist approach

Redesign incentive frameworks to better prioritise a proactive holistic approach.

The Quality and Outcomes Framework (QOF) and the Investment and Impact Fund (IIF) in England, the Quality Improvement Framework (QIF) in Wales, and the Quality Improvement (QI) domains of the GP Contract in Scotland can influence and incentivise aspects of preventive medicine in general practice. A move away from the fragmentation of care, to valuing more holistic and generalist care would better reflect increasing complexity, and the evidence on continuity.

We also need to see an increased emphasis on health inequalities, sustainability and prevention in these frameworks. This would be supported by greater flexibility in disease-specific indicators to allow for the addressing of multimorbidity and frailty, as well as a significantly increased focus on quality improvement.

3 Education

Ensure GPs have protected CPD time and that medical education equips doctors to engage with and critically appraise preventive interventions in order to support patients to make evidence-informed decisions about their care.

While the principles of prevention are embedded within the UK undergraduate medical programme, there is significant variation across institutions.[60] Medical students should develop skills and knowledge in early risk detection, behaviour change techniques, identifying and addressing social determinants of health, supporting vulnerable populations, critically appraising the evidence for preventive interventions, and supporting patients to make informed decisions about their care. It is equally important that GPs and the wider primary care team have access to sufficient ongoing training and CPD to support the delivery of prevention activity and have protected time to complete this.

4 Guidelines and policy frameworks

Ensure that evidence-based prevention is an explicit focus in clinical guideline and policy framework development.

Clinical practice guidelines and policy frameworks are key mechanisms for translating evidence into clinical practice and supporting the consistent delivery of preventive care across general practice and the wider health system. However, prevention is not always explicitly embedded across them, with a predominant focus on the management of established disease. This often leads to missed opportunities for early intervention and a prevention-focused approach in routine practice. Organisations such as NICE, SIGN and NHS bodies should prioritise evidence-based prevention as an explicit focus in guideline development and policy frameworks.

5 Leadership

Ensure there is GP leadership and named accountability for prevention within each neighbourhood or community health system and on each ICB in England, Health and Care Trust in Northern Ireland and Health Board in Scotland and Wales.

Currently, the responsibility to drive the prevention agenda forward is spread across a range of health and other public sector bodies, resulting in varied funding and priorities, a lack of coordination, duplicated efforts and gaps in implementation.[37] Through understanding of patient and population needs, experience in agile and efficient service delivery, and expert generalism, embedding general practice at the centre of neighbourhood and community health and care models can strengthen prevention. Appointing, supporting and developing GP leadership can help improve care coordination to enable early intervention and ensure more coherent, community-based care aligned to local needs. There should be defined roles and responsibilities for delivering results in prevention at neighbourhood level.

6 Self-care and community resilience

Invest in health literacy, community-based interventions and nature-based solutions.

Evidence indicates that individuals with higher levels of health literacy are more likely to engage in positive health behaviours, manage their conditions effectively and use health services appropriately, thereby reducing the demand on NHS services.[61] However, limitations on an individual's ability to engage in healthy behaviours, due to wider determinants of health, must be recognised.

There is a growing evidence base for some social prescribing and nature-based interventions, although the strength of evidence varies by intervention and outcome.[62] Investment in such approaches should be subject to the same standards of evidence, evaluation and scrutiny as other health interventions. Similarly, access to such interventions is varied and funding is often short-term. Further work is required to support the public to access community resources directly and to target underserved groups.

7 Screening

Ensure the long-term independence and authority of the UK screening committee to avoid harm from unwarranted investigation and healthcare without an evidence base.

Advances in genomics, diagnostics and digital health tools present increasing opportunities for early detection and intervention in disease progression. While screening programmes can save lives, as with all prevention and health strategies, they must be evidence-based and reliable to avoid risks of overdiagnosis, unnecessary anxiety and unwarranted investigations. Strong independent oversight is important to help ensure that decisions regarding the introduction or expansion of screening programmes prioritise patient safety, are evidence-based and utilise resources appropriately.

8 Research

Establish an evidence base on prevention capturing longitudinal data to calculate and demonstrate its long-term clinical and economic impact.

Evidence demonstrating the long-term, system-wide impact and return on investment of preventive care remains limited compared to acute and reactive care. Immediate pressures on health services can prioritise short-term responses over investment in prevention, where benefits may take longer to realise. A genuine shift towards prevention requires sustained investment in research, data and population health analytics to identify risk, develop and evaluate interventions and understand what works, for whom and at what cost. Preventive interventions should not be introduced at scale without appropriate evidence of effectiveness, equity and opportunity cost.

9 Invest in infrastructure for prevention

Remove barriers to prevention in general practice by improving primary care premises and digital infrastructure.

Many general practice buildings are outdated, in poor condition, and lack space for safe, efficient delivery of care – RCGP's 2025 GP Voice survey found that 3 in 10 GPs report that their building is not fit for purpose. Expansion of prevention in general practice will need expansion in space.

Slow and outdated digital infrastructure, lacking full interoperability means GPs and other health professionals do not always have timely access to patient information, leading to fragmented care, missed opportunities to identify individuals at risk and duplication of work. Governments and local decision makers must provide the hardware and software required for general practice to deliver evidence-based prevention and AI efficiencies, within net zero commitments.

10 Adopt a health equity approach in all policies

Alongside the recommendations to support prevention in general practice, it is vital that Governments take a cross-departmental approach to prevention.

Given that many of the key drivers for poor health outcomes are linked to factors such as poverty, housing, education and employment – prevention policies require coordinated action across government, as promoted by the World Health Organization's "Health in All Policies" approach.[63] Conversely, seizing the opportunities from clean air, safe active-travel, insulated and ventilated housing, healthy places with access to green and blue spaces, and better nutrition, can provide solutions to many of our longstanding and difficult health and social problems. Considering social value and environmental impact alongside the economic case for public spending is essential to fully consider the risks and to realise the benefits of health equity in all policies.[64]

8 Conclusion

General practice has a vital role in prevention, but improving the health of the nation will require action far beyond the NHS through creating the social, environmental and economic conditions that enable people to live healthy lives. Within healthcare, general practice is the largest provider of personalised, evidence-based prevention. GPs and their teams already make a substantial contribution through vaccination, screening, chronic disease management and continuity of care. With the right investment, workforce capacity, and system design, general practice can play a critical role in improving population health, reducing health inequalities and reducing pressure on the wider system.

Delivering a meaningful shift towards prevention and creating a healthy nation will require not only appropriate investment but deliberate choices about service priorities. By addressing workload, workforce capacity and prioritising continuity, the full benefits to patients and the wider NHS of preventive activity in general practice can be realised.

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