

Implementing an effective 10-Year Health Plan to improve patient care

Summary of RCGP recommendations

20 June 2025

The eagerly anticipated Government's [10 Year Health Plan](#) is due to be published within the next few weeks. This paper summarises the RCGP's key recommendations to Government and regional decision-makers as they refine details about how the plan will be implemented over the coming months and years. Our full detailed response to the Government's consultation on the Plan in December 2024 can be [found here](#).

What would success of the 10YHP look like in 2035?

The Government has outlined three 'key shifts' for its 10 Year Health Plan to build a health service that is 'fit for the future' - from Hospital to Community, Analogue to Digital and Sickness to Prevention. It has committed to 'bringing back the family doctor', and as part of this, 'training thousands more GPs'. From a primary care perspective, we believe the measures of success for the Plan should include:

- **Improved GP access:** Everyone should be able access a consultation with their family GP when they need to and receive support from their primary care team to stay well for longer, helping to halve the gap in healthy life expectancy.
- **Integrated care & streamlined patient records:** Primary, community and secondary care should be collaborating to meet patient needs, with information shared safely and effectively to follow the patient through a shared record. This should enable access to relevant medical information between different teams, all of whom need this information to see their patients efficiently.
- **Care close to home:** A majority of patients should be seen closer to or at home for their healthcare needs.
- **Funding targeted upstream:** A higher proportion of funding should be allocated to primary care with resources optimized in the community to better care for patients with complex illness and multiple conditions.
- **GP teams enabled to deliver continuity:** GP teams should have the capacity to provide continuity of care to patients who want to see the same clinician, which evidence shows can benefit patient outcomes and can reduce costs of healthcare.
- **A focus on prevention:** Preventive care before people become unwell should be more of a priority, with measures of success centring around population health outcomes.

What should be core elements of primary and community care in 2035?

To achieve these ambitions, NHS care will need to evolve. It is also important that fundamental features of existing health services that work well and that patients value are retained.

General practice needs to retain a universal 'front door' for patients, so they can access their local GP when they need to, for both urgent and routine issues. We see this as part of 'bringing back the family GP' – a core goal of the Government's plans. Patients need to receive a whole-person approach to their health from their local practice team, working seamlessly with other health and social care professionals through referrals or collaboration where appropriate.

Practices should retain a key role in helping to triage and refer patients, identifying which other services they might need and helping them to navigate the care system, acting as 'conductors of the orchestra'. Patients should also have more control over their referrals, using a modernised NHS App to access healthcare.

GPs should be supported to lead and work with multidisciplinary teams as a key part of integrated 'neighbourhood services', treating and supporting patients with complex and multiple conditions, working closely with other community healthcare professionals, specialists where appropriate, as well as local authorities and the voluntary sector, to get to the root of what patients really need. These neighbourhood services will be much enhanced if they also have a range of easily accessible diagnostic services (radiology, phlebotomy, colposcopy etc.) and out-patient clinics, closer to patients in the community.

One model or size will not fit all. There will need to be a national vision for neighbourhood services accompanied by local flexibility so that neighbourhood working can be tailored to the needs of local populations, while avoiding a postcode lottery.

GP teams are at the hearts of their communities, and we need to play a key role in shaping new community services to get the best for our patients. General practice staff need to be part of future decision-making at all levels of the NHS system.

A challenge for some smaller sized GP practices, alongside a lack of core funding, workforce and fit for purpose premises, is the lack of 'back-office' administrative capacity such as HR and IT. This can add to workload and financial pressures, potentially limiting their roles in the community's health. There is now an opportunity through new commissioning arrangements of neighbourhood services, to support smaller providers by procuring common IT systems within locality footprints. This could help to facilitate digital integration and achieve better value for money.

Key enablers for successful implementation:

A range of actions from the Government, Department of Health and Social Care, NHS England, regional leaders, as well as people working right across the NHS will be required to implement an effective 10 Year Health Plan, and within a limited budget. Prioritisation of the following enablers will help to ensure patients can really see a positive difference in their care.

Increase the GP workforce: build training capacity & long-term employment opportunities

The upcoming review of the [NHS Long Term Workforce Plan](#) must include a substantial increase in the numbers of GPs. GPs and our teams are delivering more appointments than ever before - nearly two million more a month than last year – but with just over 150 more qualified GPs than in 2019. The previous workforce plan aimed for just 4% more GPs by 2037, compared to 49% more specialist consultants.

This Government has committed to ‘training thousands more GPs’, but training capacity is already stretched after years of underfunding, both for physical space in practice buildings and the number of trainers, which must be addressed as a priority.

More employment opportunities for GPs are needed for when they get out of training, and fully-funded retention schemes are vital to keep the GPs we have, at all career stages. It will also be important to ensure there are sufficient staff working across the community, such as district nurses.

Invest in GP infrastructure to ‘house’ more staff and co-locate services where possible

Our [previous member survey](#) found 34% of GPs considered their premises unfit for purpose, and 84% said a lack space limits their ability to take on GP trainees. We’ve previously called for £2 billion investment to fix practice buildings and make space for new staff. Investment and a review of existing NHS buildings would also help to facilitate co-location of community and voluntary services with practices, where this works for the local population and services.

Digitally-enable integrated patient care

A shared patient record will be a crucial enabler to truly integrated working across the NHS and beyond. Attempts have been made to progress this for some years but have failed to make sufficient progress. Dedicated funding, time and energy must go into making make sure patient record systems work effectively and safely for staff and patients. Patients need to be able to choose the level of care they need and get information about their care to their fingertips, including to track their referral or patient pathway progress. Implementing e-prescribing in secondary care could also have a major impact on patient care and help reduce the unnecessary shift of workload into primary care we are currently seeing.

Focus on prevention and measuring patient outcomes

GPs understand the health of their local patient populations and the opportunities that could help improve their health. GPs have trusted relationships with their patients and are trained to treat people holistically. With the right resources and enough time with patients, general practice can do much more in both preventing sickness and illnesses getting worse. To enable a real shift towards prevention, there will need to be a further shift away from targets for NHS activity towards measuring improved local population health.

Move more funding into the community

To ‘shift care from hospitals into the community’ a significant uplift in primary care funding is essential, after years of underfunding of general practice. This will not only be more cost effective but will also deliver care where patients want it. RCGP is calling for a Primary Care Investment Standard, ensuring that both central government and Integrated Care Boards (ICBs) increase their spending on general practice and primary care each year.

Ensure the GP voice at all levels of decision-making

As [ICBs go through another period of change](#), with 50% cuts to their running costs and potential mergers, it is crucial that frontline clinicians have a seat at the table about how care is delivered. Currently, ICBs are required to have one member representing primary care, but this has not necessarily meant that general practice is well represented in decisions. It will be essential to have representation from general practice and primary care on all future commissioning boards, as well as the establishment of forums for general practice staff to feed into decision-making at all levels (as previously suggested by the [Fuller Stocktake](#)). It is also important that any new structures and commissioning systems for primary and community care are evaluated in real-time, to ensure they are improving patient care, and to identify and mitigate any unintended consequences.