HM Treasury Autumn Budget 2026 Representation

September 2026

About the Royal College of GPs

As the professional home for over 55,000 GPs, the Royal College of General Practitioners (RCGP) works to encourage and maintain the highest standards of general medical practice, acting as the voice of GPs and delivering GP education, training, research support and defining clinical standards.

Summary

Current service pressures

Polls consistently show that access to general practice is one of the public's top priorities for improving the NHS, yet increasing demand coupled with inadequate funding has left GPs grappling with unmanageable workloads and time pressures. This comes at the expense of patients, who experience reduced access to timely, safe care as a result.

Between 2015/16 and 2024/25, general practice's share of the NHS budget in England declined, and primary care investment has fallen to its lowest share of the health budget in a decade.[1] Successive governments have promised thousands more GPs but have failed to meet each target. As a result, the number of patients per fully qualified, full-time equivalent GP is approximately 13% higher than 2015, despite a recent gradual fall. This has come at a cost, with 73% of GPs reporting that workload pressures are compromising patient safety.

The result is a widening gap between what patients expect and what GPs can reliably provide, with the fundamental pillars of general practice, such as continuity of care, becoming ever harder to deliver.

Financial efficiency

Despite this, GPs and their teams have repeatedly demonstrated their ability to innovate, adapt and see more patients than ever before, proving to be one of the most financially efficient parts of the NHS, demonstrating the "best financial discipline in the NHS family".[2] Investment in general practice is modest relative to its role in the NHS. The 2026/27 GP contract commits £219 for a full year of general practice care per patient, substantially below the average cost of a single ambulance or emergency care episode.[3]

For every additional £1 invested in primary care, research has shown that at least £14 is delivered in productivity across the local community.[4] Investing in general practice makes sense to both the public's health, and the public purse.

Investing in the future of general practice

The evidence is clear. A strong, well-funded general practice built on continuity of care and strong GP-patient relationships, reduces emergency admissions, improves health outcomes and delivers exceptional value for taxpayers.

A renewed commitment to primary care funding is essential to deliver the Government's ambition for a neighbourhood health service and to ensure patients receive timely, safe and

effective care. Investing in general practice is one of the most cost-effective decisions the NHS can make - and the Autumn Budget is the moment to put that investment on a stable, long-term footing.

We urge HM Treasury to take action across these areas within the autumn Budget, including to:

- **Report on a general practice and primary care investment standard**
  The Government should report annually to Parliament on the proportion of NHS spending in general practice and primary care, as is currently required for mental health spending. Similarly, each ICB should be required to report this proportion annually and held to account for ensuring this increases year on year.

- **Invest in a sustainable general practice workforce**

  Recruitment: Government must provide a significant rise in ring-fenced core funding to enable practices to employ the number of practice-based GPs that they need to care for their patients.

  Training: Ensure enough GPs are trained to meet future needs and invest in upgrading general practice premises to provide adequate space for patients, GP registrars and expanded teams. This must anticipate the move towards neighbourhood services and integrated care, ensuring any shared facilities are fit for purpose while maintaining the capacity of individual practices to train and deliver care effectively.

  Retention: Develop a National Retention Strategy for general practice with increased and ring-fenced funding for GP retention efforts. Alongside this, ensure GPs have fully funded protected time for CPD, and trainer and mentorship roles, so professional development does not add to significant workload pressures.

- **Support general practice estates and infrastructure**

  Invest in general practice infrastructure to ensure premises are fit-for-purpose: Ensure every patient has access to a modern fit-for-purpose general practice building, by investing in infrastructure to address the longstanding underfunding in general practice premises.

  Guarantee funding for GP provision in areas of housing growth: Work with developers and ICBs to develop a framework to guarantee funding for GP provision in new areas of housing growth to make sure practices are able to serve the needs of growing communities.

  Support NHS GP premises to decarbonise and improve resilience:
  Provide a permissive framework and adequate resources for practices to retrofit buildings, improve energy efficiency, and reduce their carbon footprint. This includes support to improve the resilience of GP practices to deal with extreme weather events such as heatwaves and floods.

Primary Care Investment Standard:

The Government has laid out plans to shift care from hospitals into communities and promote neighbourhood health, 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.

We share the ambition to deliver more care in communities but call on the Government to put the commensurate funding in place to deliver it. Without a clear and predictable trajectory for investment, the system cannot deliver the access, relational continuity of care and prevention support that are required to make government plans a reality.

A Primary Care Investment Standard would require national and local reporting of the share of NHS funding going to primary care and general practice. This would create transparency over whether or not funding is growing in line with what primary care is being asked to deliver: expanded multidisciplinary teams, more proactive management of long-term conditions, earlier diagnosis, and greater support for people with complex needs. It would also preserve full flexibility for ICBs to adjust funding to meet local demands.

Introducing a Primary Care Investment Standard would align resources with the Government's own vision and is a practical mechanism to make that vision deliverable, providing stability for local leaders, transparency for the public, and a credible route to strengthen general practice. Investing in general practice would enable more people to receive care earlier, closer to home, helping to prevent illness and reducing avoidable pressure on hospitals.

Recommendation: Report on a general practice and primary care investment standard

The Primary Care Investment Standard would require the Secretary of State to report annually to Parliament on the proportion of NHS spending in general practice and primary care, as is currently required for mental health spending. Similarly, each ICB would be required to report this proportion annually and held to account for ensuring this increases year on year.

General practice workforce:

General practice cannot deliver the Government's 10-Year Health Plan ambitions without a workforce that is large enough and stable enough to embrace change whilst meeting rising patient need.

Despite recent increases in the number of fully qualified GPs, the workforce remains below what is required to meet service demand. The number of patients per GP has risen sharply over the past decade, and the College's survey of members shows that workload intensity, administrative burden and chronic understaffing are driving experienced GPs to reduce hours or leave the profession entirely. This is not sustainable for patients or for the wider NHS.

Recruitment:

In June 2026, there were 29,008 FTE fully qualified GPs employed by NHS general practices in England.[5] Despite this being 2.6% more than the previous year, this is still slightly fewer overall than was seen in September 2015.

GP shortages have a significant impact on patient care and workforce wellbeing, leading to poor patient experiences including lack of continuity of care, longer waiting times and reduced access to services - particularly in areas of high socio-economic deprivation.

RCGP's annual GP voice survey 2025 found:

- Over half of job-seeking GPs found it difficult to find an appropriate vacancy.
- Nearly two-thirds of GP registrars are considering either leaving the UK to find work or taking a job other than being a GP

A 2025 RCGP survey of GP Practice Managers found:

- 61% agree that their practice needs to expand their GP workforce over the next 12 months to meet patient health needs.
- However, more than 90% of those cited that a lack of core funding in general practice prevented them from doing so.
- One Practice Manager responding to the survey said: *"We cannot afford to recruit any GPs. We desperately need more GPs and it's difficult to work within safe working limits. Without additional funding there is nothing we can do to resolve the situation. In our area the issue used to [be a] lack of people [GPs], now we have people available and no money to recruit with."*

Retention:

GPs are working hard to meet growing patient demand, but this is not sustainable.

Whilst some progress has been made in increasing the number of GPs joining the workforce in recent years, this is not enough. As a result, a growing proportion of GPs report an intention to leave the profession early, reduce sessions or retire. This is driven by workload, burnout and the lack of time to deliver safe, personalised care.

This inevitably impacts the ability of general practice to offer patients the level of care and access they deserve.

RCGP's annual GP voice survey 2025 found:

- Nearly a third of GPs are unlikely to be working in general practice in five years' time.
- Stress was identified as the main factor forcing GPs to consider leaving the profession. It was cited by nearly half (44%) of respondents thinking about cutting their careers short, more than those citing retirement (39%).
- More than a quarter (28%) of GPs reported that at least once a week they feel so stressed that they cannot cope.
- Over half (58%) of GPs planning to leave said a reduction in administrative workload would make them more likely to stay in the profession, followed by a reduction in clinical workload (43%).

Training:

To accommodate the much-needed increase in GP training places, it is vital that funding is provided for training practices to ensure there is sufficient physical space as well as GP trainer capacity.

Our 2023 GP survey found that 84% of general practice staff said a lack of physical space limited their practice's ability to take on GP registrars or other learners. 73% of staff said their practice had little or no capacity to increase training places without additional funding. These problems have not diminished in the intervening years:

RCGP's annual GP voice survey 2025 found:

- Almost three quarters of respondents (74%) agreed that a lack of physical space was preventing their practice from recruiting more GPs.
- 30% of practising GPs considered their practice building unfit for purpose.

Workload:

General practice is the front door of the NHS, with teams delivering around 376 million appointments in 2025 in England alone. However, chronic underfunding and an increasing number of patients experiencing complex and multiple conditions has meant GPs faced a crisis in workload, often unseen and unrecorded.

Recently commissioned research by the RCGP found that a significant proportion of GP time is being taken up by work generated by wider system inefficiencies rather than direct patient need. This growing burden is reducing the time available for patient care and risks undermining both access and safety[6].

At a time when there are ambitions to shift even more care into the community across the UK, and particularly through the 10-Year Health Plan for England, demands on general practice will only continue to rise. GPs and their teams are central to delivering a future-ready NHS and to making plans for community and neighbourhood health services a reality, but Governments must urgently address significant workload issues and provide the funding uplift needed so practices can meet the needs of patients today while building the capacity required for tomorrow.

RCGP analysis found that:

- 73% of GPs in our GP Voice Survey 2025 said excessive workload is compromising patient safety, while fewer than a third feel they have enough time to build meaningful relationships with patients.

- An RCGP-commissioned study on GP workload found that:

    - GPs may be losing the equivalent of £410 per GP per day to avoidable and hidden work.

    - On average, GPs report spending 25-30 minutes a day on this kind of system-generated work, highlighting the impact on time available for patient care. This hidden workload is placing unsustainable pressure on general practice at a time of rising demand.

    - On average, GPs report spending around a quarter of their time on administrative tasks, much of which does not directly improve patient care.

Recommendation: Invest in a sustainable general practice workforce

Recruitment: Government must provide a significant rise in ring-fenced core funding to enable practices to employ the number of practice-based GPs that they need to care for their patients.

Retention: Develop a National Retention Strategy for general practice with increased and ring-fenced funding for GP retention efforts. Alongside this ensure GPs have fully funded protected time for CPD, and trainer and mentorship roles, so professional development does not add to workload pressures.

Training: Ensure enough GPs are trained to meet future needs and invest in upgrading general practice premises to provide adequate space for patients, GP registrars and expanded teams. This must anticipate the move towards neighbourhood services and integrated care, ensuring shared facilities are fit for purpose while maintaining the capacity of individual practices to train and deliver care effectively.

Workload: Governments must address the significant workload issues facing GPs by providing the funding uplift needed so practices can meet the needs of patients today while building the capacity required for tomorrow.

General practice infrastructure and estates:

Estate investment

As Lord Darzi highlighted, the primary care estate is plainly not fit for purpose. 20% of the GP estate pre-dates the founding of the NHS in 1948 and 53% is more than 30 years old.[7] However, focus for investment has traditionally been on secondary care, for example, the New Hospitals Programme.

- Our 2025 survey revealed that a third of GPs say that their practice building is not fit for purpose.
- 56% of GPs said their practice requires additional works to improve or upgrade their premises in order to meet the needs of their patients.
- Our survey also revealed that GPs felt there is a lack of available funding for these required structural improvements: of those who tried to apply for funding to improve their premises in the last year less than a third (32%) were successful.

The Government's ambitions to move more care into the community rely on a properly resourced general practice with adequate infrastructure. The Budget must reflect the fact that premises are not in a fit state to meet demand, and that investment in infrastructure is necessary to achieve the vision of increased care in the community. Even existing NHS premises that could be repurposed for neighbourhood healthcare will need refurbishing, as part of the Government's proposal to rollout neighbourhood health centres.

We welcomed the Government's announcement of a Primary Care Utilisation and Modernisation Fund made at Autumn Budget 2024, the first national capital fund for primary care estates since 2020. However, it only covered about 200 practices which represented around 3% of the 6,256 GP practices in England. If we are going to build a general practice that's fit for the future, the Budget must set out a clear road map for the delivery of the additional capital that will be needed to ensure all GP practices have adequate space to both treat their patients and train the next generation of GPs we so desperately need.

GP provision with housing developments

The College has long been clear that housing developments must incorporate sufficient investment in local GP services, so that patients can access GP care when and where they need it.

New housing projects often neglect consideration of GP and other health premises despite population growth that demands more health and social infrastructure. Too often, new homes are built without ensuring residents are able to access a local GP. This places additional strain on already overstretched GPs in the surrounding area and makes it harder for patients to get appointments.

Even when commitments are made as part of a new development, the process of getting a practice up and running is often hampered by bureaucracy and fragmented working between developers, local authorities, ICBs, and providers – often at significant time delay. Without proper consideration and successful end-to-end delivery of essential health and social infrastructure, there is a real risk that new developments could exacerbate existing health inequalities, particularly in underserved or high-growth areas.

Recommendations:

- Ensure housing growth is supported by timely, sufficient primary care infrastructure, preventing widening inequalities - particularly in high-growth or underserved areas.
- This would include establishing a developer and ICB-backed pump-priming fund to provide time-limited revenue support for GP services in new housing growth areas, enabling practices to serve new communities from the outset while patient lists grow to a sustainable size and the practice becomes financially viable.
- Strengthen planning frameworks so new developments are consistently linked to healthcare provision, including expansion of existing GP estates where appropriate.
- Equip local authorities and ICBs with the powers and resources to hold developers accountable and ensure health infrastructure is delivered in practice, not just agreed in principle.

Sustainability of GP practices

Extreme weather events such as heatwaves place additional pressure on many parts of the health service, including the general practice estate. Many practice buildings are not equipped to cope with extreme heat, and this is only set to get worse in the future when all indications suggest heatwaves will become more common. While GP teams work hard to adapt and maintain services where they can, there are limits with ageing buildings that often have inadequate cooling or ventilation.

Approximately 16% of general practice's emissions come from energy use. Improving energy efficiency has concurrent benefits for practices, staff, patients, and the NHS, by reducing energy costs and ensuring more comfortable and controllable healthcare environments. Interventions that could produce dual benefits for staff, patients and the environment include retrofitting to improve insulation and address issues causing drafts and damp, investment in heat pumps and cooling systems, moving away from gas, and funding for solar panels.

Our 2025 survey of members found that 69% of GP partners across the UK identify a lack of capital funding as the key barrier to taking further action to improve sustainability at their practice. However, because of the way many GP practices are owned and managed, they are unable to access most existing forms of support to cut their carbon emissions.

Taking action to decarbonise GP estates is essential for meeting the NHS's ambitious Net Zero targets and lowering running costs for practices, improving resilience and freeing up vital resources for frontline patient care.

Recommendation:

- Alongside overall investment in NHS GP premises, further efforts should be made by Treasury and relevant government departments to support primary care providers to decarbonise their estates and remove existing barriers that prevent GP practices from accessing relevant schemes and funding. This includes extending green investment schemes to include general practice, which is currently excluded from accessing many pots of funding.
- Enable and fund estate modernisation and sustainability, by providing a permissive framework and adequate resources for practices to retrofit buildings, improve energy efficiency, and reduce their carbon footprint. This includes support to improve the resilience of GP practices to deal with extreme weather events such as heatwaves and floods.

References

[1] Health Foundations (2026). *General practice funding in England: a comprehensive overview and implications for policy*.
[2] Darzi, A., (2024). *Independent investigation of the National Health Service in England*.
[3] Health Foundations (2026). *General practice funding in England: a comprehensive overview and implications for policy*.
[4] NHS Confederation (2023), *Creating Better Health Value: Understanding the economic impact on NHS spending by care setting*.
[5] NHS England. *General Practice Workforce*. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-june-2026
[6] Royal College of General Practitioners (2025). *Uncovering the GP workload burden: A study of the drivers and costs of "unnecessary" and hidden workload.*
[7] Darzi, A., (2024), *Independent investigation of the National Health Service in England.*