Royal College of Nursing response to the All-Party Parliamentary Health Group: Inquiry on Improving Access to Primary Care Call for Evidence 2026

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies, and voluntary organisations.

Introduction

There are almost 23,000 nurses working in general practice and primary care networks in England (NHS England Digital, 2025). They play a vital role in primary care services and will be pivotal for the implementation of the Government's proposed shifts from hospitals to community and the new neighbourhood health services, and from treatment to prevention.

General Practice Nurses (GPNs) are responsible for a wide range of public health interventions, including immunisations, health screenings, disease prevention, and the management of chronic conditions. Many GPNs work autonomously and have developed expertise across multiple areas of care. Over the past decade, there has been a notable shift, with nurses leading a growing proportion of primary care services.

However, the primary care nursing workforce is facing significant challenges which are affecting capacity, which in turn impacts on access to services. The RCN is committed to ensuring that nursing staff working in primary care are recognised and valued. This will require significant and sustained investment in the General Practice Nursing (GPN) workforce — particularly in terms of pay, working conditions, and career development to address recruitment and retention challenges.

We welcome the opportunity to submit evidence to the All-Party Parliamentary Health Group's Call for Evidence, as part of its inquiry into improving access to primary care. Our submission responds to specific questions under the themes of 'Reducing Health Inequalities and Access Barriers' and 'Securing Long-Term Sustainability in Primary Care'. We also provide additional information setting out the RCN's position on pay terms and conditions for the general practice nursing workforce as key issues to be addressed to develop and sustain capacity.

Responses to questions

Reducing Health Inequalities and Access Barriers

Question 3: What single policy change would most immediately improve patients' ability to be directed to the right primary care professional at their first point of contact, without

the need for multiple appointments or repeated assessments and what evidence supports this?

An important policy change that would immediately improve patient's ability to be directed to the right primary care professional at first contact is the introduction of a national, fully funded programme of continuing professional development (CPD) for the primary care workforce, with a particular focus on access to CPD for general practice nursing staff.

The Neighbourhood health guidelines 2025/26 emphasise the need for neighbourhood-based multidisciplinary teams to improve access, reduce duplication and ensure people receive the right care from the right professional at first contact (NHS England, 2025). However, access to CPD for general practice nursing staff remains highly inconsistent and is often dependent on local budgets or employer discretion, leading to significant variation in capability across practices (Royal College of Nursing, 2019; Nursing in Practice, 2018).

Although NHS England has previously provided limited CPD funding, this has been insufficient to cover full training costs, and our members have reported uncertainty about whether funding will be available from 2026/27. This leaves many GPNs unable to access essential education needed to maintain and develop their clinical skills, which are critical for safe and effective first-contact decision-making (Royal College of Nursing, 2019).

External grants from organisations such as the RCN Foundation and the Queen's Institute of Community Nursing (QICN) provide some support, but these cannot meet national demand. Evidence from the GenRet study shows that inadequate CPD funding, lack of protected learning time and limited employer support directly undermine workforce retention and restrict nurses' ability to work at enhanced or advanced levels (Anderson *et al*., 2025). Apprenticeship routes exist but remain variable and dependent on employer engagement, limiting their reach.

Secure, sufficient and sustained funding for CPD, protected learning time and equitable access to education would strengthen the generalist capability of the nursing workforce in primary care. This would improve the accuracy of first-contact triage, reduce duplication and streamline patient flow across primary care.

Securing Long-Term Sustainability in Primary Care
Funding
Question 13a: What are the main funding challenges affecting primary care service provision, including issues of allocation, timing, and stability. How do these challenges affect quality of service provision and workforce capacity?

Primary care funding challenges in England have a significant impact on nursing roles. Allocation remains a major issue: funding formulas do not consistently reflect rising levels of patient need, particularly in more deprived areas where workload and demand

are higher (Nuffield Trust, 2024). This mismatch limits practices' ability to invest in sufficient general practice nursing staff capacity, contributing to heavier caseloads, reduced continuity and less time for proactive care.

Stability is further undermined by reliance on temporary initiatives, including annual access funds and time-limited schemes such as the Additional Roles Reimbursement Scheme (ARRS). These create uncertainty and make it difficult for practices to build sustainable nursing teams (RCN, 2025). As a result, patients experience longer waits, reduced continuity and fewer opportunities for nurse-led preventive and long-term condition support. Overall, unstable and insufficient funding weakens the nursing workforce and undermines the quality and resilience of primary care services.

Question 13c: What changes to GP funding models are needed to improve patient access to primary care, and how can additional investment be targeted, structured, and monitored to ensure it delivers measurable improvements in access, capacity, and outcomes for patients?

Improving patient access to primary care will require reform of the General Medical Services contract and funding model so that it reflects neighbourhood-based multidisciplinary care and formally recognises the role of general practice nursing. Nurses are not contracting parties under the current GMS framework and appear only as practice employees, despite the growing number of nurse partners. This lack of contractual recognition contributes to wide variation in pay, terms and conditions, career progression and access to CPD, factors consistently linked to GPN attrition (Anderson *et al*, 2025).

Evidence from Professor Alison Leary and the International Community Nursing Observatory shows that general practice nurses carry consistently high-volume, complex workloads. Survey findings indicate that 66.8% of GPNs experienced no reduction in workload following the introduction of ARRS roles, and they continue to manage complex long-term conditions requiring substantial clinical, analytical and emotional labour (QICN/ICNO 2024).

Given these pressures, funding reform should embed nursing within the contractual framework. The Scottish GMS contract provides a useful model, using contractual levers to formalise multidisciplinary team working and redistribute responsibilities across primary care (Scottish Government 2017). Additional investment should be targeted at expanding and retaining the nursing workforce and supporting holistic, preventative models aligned with the Neighbourhood Health Guidelines 2025/26 (NHS, 2025), which emphasise continuity, personalised care and population health management.

Monitoring should track access (for example, time to appointment), workforce sustainability (including turnover, progression and staff experience) and patient outcomes to ensure that investment leads to measurable improvements. Aligning funding with population need, prevention and the documented contribution of nursing

can expand capacity, reduce inequalities and support more accessible, neighbourhood based primary care.

Question 13d: Aside from funding, what system-wide reforms or policy levers would have the greatest impact on improving access to primary care and which should be prioritised?

A key system wide reform that would support improvements in access to primary care is action to restore and strengthen nursing leadership. Strengthened clinical leadership would enhance workforce planning, improve service coordination and support the development of more responsive access pathways, thereby enabling more effective and sustainable primary care reform. However, evidence shows that the recent cuts to Integrated Care Boards (ICBs) are leading to the loss of many senior nursing posts, particularly those focused on primary and community care, reducing nursing influence over local commissioning, workforce planning and service redesign (Nursing in Practice, 2025; RCN, 2025). The GenRet study demonstrated that general practice nurses are frequently excluded from strategic discussions, limiting their ability to influence decisions that directly affect access and service quality (Anderson et al., 2025).

This goes against evidence that highlights the significant contribution and untapped potential of general practice nursing staff in delivering accessible, preventative and relationship-based care (Sonnet report, 2024)

The RCN has consistently argued that professional bodies must be actively engaged and formally consulted in national level policy development to ensure that nursing expertise shapes primary care reform which is recognised by members (Nursing in Practice, 2026). Reinstating mandated senior nursing leadership roles within primary care, supported by structured engagement with national professional bodies, should be prioritised as a system wide policy lever.

Estates

Question 17a: How can the primary care estate be developed or used to improve access to care, particularly as services shift toward a neighbourhood model with an increased emphasis on community-based delivery?

Strengthening the primary care estate is increasingly recognised as essential for the delivery of modern, community-based care. Many NHS buildings are ageing and poorly maintained, with national debates highlighting how deteriorating infrastructure directly affects both patient safety and the working conditions of nursing staff. At the RCN's annual Congress in 2024, members passed a resolution on "Crumbling buildings: the best place for care?" emphasising that a lack of capital investment and large maintenance backlogs mean that nurses are often providing care in environments that are in a poor state of repair and pose risks to staff and patients. Nurses described how outdated and unsuitable premises undermine their ability to deliver high quality care, particularly as services shift toward more complex community-based models.

These concerns were echoed in wider discussions at RCN Congress (RCNa, 2024), where nurses highlighted that the condition of NHS buildings is increasingly incompatible with delivering modern safe and effective care. In debates on virtual wards, for example, general practice nursing staff noted that innovative models of care are harder to implement amid "crumbling" primary care infrastructure, reinforcing the need for modern, flexible spaces that can support new ways of working (RCNb, 2024). Broader evidence on the NHS estate shows that clinicians across the system are often delivering care in buildings dating back to the 19th century, with cramped, outdated environments limiting the ability to run clinics safely and efficiently (Mahase, E., 2023).

For general practice nursing, investment in modern primary care premises is particularly important. Updated estate infrastructure, such as additional clinical rooms, shared neighbourhood hubs and spaces designed for preventive or group-based interventions, would expand the capacity for nurse-led services and autonomous practice. Creating appropriate clinical environments would also support the diversification roles within neighbourhood teams, improving same-day access and enabling nurses to deliver more care closer to home.

Workforce

Question 19a: What evidence-based staffing models or multidisciplinary workforce compositions best enhance primary care capacity, improve outcomes, and reduce pressure on GPs?

Developing sustainable primary care capacity is most effective when staffing models place registered nurses at the centre of multidisciplinary teams. Nursing is the largest safety-critical profession in the health and care system and strengthening nursing leadership is essential for safe, effective care. Evidence shows that expanding enhanced and advanced nursing roles directly improves access, continuity and population health outcomes (Htay and Whitehead, 2021).

Analysis of advanced practice nursing in primary care across OECD countries similarly finds that advanced practice nursing expands capacity, reduces waiting times and strengthens continuity in primary care settings (Brownwood & Lafortune, 2024). NHS England's (2023) Additional Roles Reimbursement Scheme (ARRS) guidance emphasises that MDT roles are most effective when deployed within coordinated workflows that avoid duplication and ensure appropriate supervision and alignment with core nursing and medical staff. However, we have concerns that ARRS roles are often inconsistently embedded, introduced on short-term contracts and deployed without sufficient nursing leadership, creating fragmentation and undermining long-term workforce sustainability. Strengthening GPN and ANP leadership is essential to ensure safe skill-mix, coherent patient pathways and effective MDT functioning (RCN, 2025).

The evidence provided highlights that MDT models, where nurses lead first-contact, long-term condition and preventive care in collaboration with pharmacists, first-contact

physiotherapists and mental health practitioners as part of neighbourhood teams, can increase capacity and reduce pressure on GPs.

Question 19a: What role should accelerated training pathways and expanded scopes of practice (e.g. prescribing pharmacists, advanced nurse practitioners, dental therapists, independent prescribing optometrists) play in strengthening GP primary care?

The RCN views access to clinical professional development and training, such as independent prescribing, as essential for enabling nurses to work at enhanced and advanced levels. These pathways require stable funding, national consistency and adequate supervision to ensure safe and effective practice. RCN members have recently raised concerns that the cuts to newly qualified and new to practice programmes are making recruitment and retention more difficult. This will limit the pipeline of nurses able to progress into general practice nursing roles which undermine the long-term sustainability of the workforce, which has implications for access to primary care services.

While expanded scopes for other professions, such as prescribing pharmacists and first contact practitioners, can also increase capacity, we note that schemes like ARRS have often been implemented on a temporary or fixed term basis and without sufficient supervision or leadership, which may have a negative impact on access and continuity of care.

Additional Information

In addition to our responses to the above questions on workforce, we provide the following additional information on the RCN's position on GPN pay, terms and conditions and the actions needed to address these issues to support recruitment and retention issues affecting the GPN workforce. This is relevant for the APPG to consider as part of its inquiry into access to primary care.

The RCN believes that the general practice nursing workforce can provide some of the solutions required to turn the dial and support the Government's ambitions for primary and community care in England so that patients can receive high quality, patient-centred care closer to home. This will require supporting a profession that can attract the right talent and retain nursing staff who have years of experience delivering care.

General practice nursing staff are primarily employed directly by a general practice where they are subject to individual employer decisions on pay, terms and conditions even though general practices are publicly funded and the nursing staff deliver NHS services. Without national bargaining structures, many general practice nursing staff have little opportunity to influence their pay, terms and conditions. Some staff negotiate for themselves, but even when funding is increased centrally many general practice employers do not pass this on to nursing staff, nor do the employers follow NHS (Agenda for Change) terms and conditions, which leads to inconsistencies and potential inequity issues with pay, terms, and conditions.

The general practice nursing workforce also faces a challenging situation marked by uncertainty, delays, and inconsistency in pay awards. The RCN's survey of members directly employed in general practice undertaken in February 2025 showed that three in 10 respondents reported receiving no pay rise for 2024-25. Fewer than one in five (18.9%) had received the full 6% uplift as provided by the Department of Health and Social Care to enable practices to uplift GP and staff pay. In response to this, the RCN is calling for:

- Ringfenced funding for general practice nursing pay, ensuring that government allocations are transparently passed on to nursing staff.
- Parity with NHS (Agenda for Change) pay scales, terms, and conditions so that nurses in general practice are not disadvantaged compared to NHS-employed colleagues
- Formal inclusion of general practice nursing in national workforce planning and pay negotiations, recognising their critical role in primary care delivery.
- Fair and equitable treatment of practice nursing staff by general practice employers (by at least following NHS (AfC) pay, terms and conditions).

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