Response to the Health and Social Care Committee's recommendations on the Future of General Practice in Wales

15/09/2026

In March 2026, the Health and Social Care Committee published its report on the future of general practice in Wales. This document provides the Welsh Government's response to the Committee's recommendations.

The Welsh Government welcomes the report and recognises the importance of general practice to improving access, supporting care closer to home and building a more sustainable health and care system.

This response should be read alongside wider work to strengthen GP services, improve digital access, support prevention and shift more care into community settings.

This document sets out the Welsh Government's response to each of the Committee's recommendations.

Contents

1. Introduction

The Welsh Government welcomes the Health and Social Care Committee's report on the future of general practice in Wales. The report comes at an important point for health and care. General practice remains the main front door to NHS care, but it is operating in a system facing sustained pressures from demand, workforce constraints, changing population need, and the need to provide more care outside hospital settings. The Committee's recommendations reflect those pressures, while also recognising the opportunity to strengthen general practice as part of a more preventative, integrated and community-based model of care.

The spirit of the report is that general practice cannot be treated as a standalone service or as a pressure valve for the rest of the NHS. Its future depends on action across the whole system: fair and transparent funding, sustainable workforce models, better premises, more effective use of digital tools, stronger relationships between primary, community and secondary care, and a determined focus on reducing inequalities. It also requires reform to support practices and patients, reducing unnecessary administrative burden while protecting safety, governance and professional standards.

The Welsh Government is working to renew health and care by dealing with immediate pressures while creating the conditions for a better balance between preventing and treating ill-health. This includes shifting focus and resources towards better public health, improving access to day-to-day services provided by GPs, and supporting fuller integration between health and social care services. It also includes improving access through digital and telehealth services, reviewing and reforming the funding model for GP services, supporting more collaborative models of general practice, reducing bureaucracy, and improving integration with the wider health and care system.

Digital and data reform will be an important enabler of better care. Work is progressing to enhance the way we use technology, improve the NHS Wales App, strengthen health data standards, make it easier for data to be shared across health boards, link records across health and social care, and develop a longer-term digital strategy for health and care in Wales. These areas are relevant to several of the Committee's recommendations, particularly those on interoperability, administrative burden, access and multidisciplinary working.

Taken together, the report and the Welsh Government's wider programme of work point to a consistent direction of travel. General practice must be strengthened not only to improve appointments, but to support earlier help, better management of long-term conditions, more consistent access, stronger

community-based services and less avoidable pressure on hospitals. The aim is not simply to shift workload from one part of the system to another, but to redesign care so that patients receive the right support, from the right professional, in the right setting, with better continuity and clearer accountability.

The responses in this document therefore set out a practical and proportionate approach. Some recommendations can be progressed through existing contractual, workforce, digital and planning mechanisms. Others will require further engagement with NHS Wales, GPC Wales, professional bodies, local authorities and patient representatives, alongside careful consideration of affordability, sequencing and deliverability. The Welsh Government's overall approach is to support a more resilient, equitable and modern model of general practice, rooted in prevention, improved access, collaboration and care closer to home.

2. Response to the 18 recommendations

Recommendation 1

The Committee recommends that:

The incoming Welsh Government should ensure that all primary care pilot projects are accompanied by a robust implementation plan, which sets out how the successful project will continue to be delivered and funded, once the initial pilot period and funding has come to an end.

Response: Accept

Where Clusters decide to invest funding delegated to them in projects to test new and innovative ways to meet the health needs of their populations, the Welsh Government expects reasonable and proportionate evaluation. Where projects are proved effective, Health Boards need to consider investing core funding to mainstream the innovation. This then frees up funding for Clusters to re-invest.

Recommendation 2

The Committee recommends that:

Within 100 days of coming into power, the incoming Welsh Government should write to our successor committee setting out its plans for reprofiling spending and resources between primary and secondary care, and the timescales for doing so.

Response: Accept

The Welsh Government accepts the recommendation. Work has begun to support a planned rebalancing of resources towards primary and community care, reflecting the commitment to shift both focus and resources towards prevention and community based care. A summit was held on 18 June with all Health Board Chief Executives to agree practical actions for delivery through the Community by Design Transformation Programme. Health Boards will submit their plans by 30 October on how they will increase spending on primary and community care by 0.5% from 2027-28.

Recommendation 3

The Committee recommends that:

Within 100 days of coming into power, the incoming Welsh Government should write to our successor committee to confirm its commitment to reviewing the global sum allocation formula and the timescales for this.

Response: Accept

The Welsh Government accepts the recommendation. Reviewing the GMS Global Sum allocation formula is one of the First 100 Days commitments, and Welsh Government has confirmed its commitment to taking this work forward. A tripartite group made up of representatives from NHS Wales, General Practitioner Council (GPC) Wales and Welsh Government has commissioned a staged multi-year research programme to build a robust and proportionate evidence base to support any future decisions. This follows the initial work of the tripartite short-life working group established through the 2025-26 GMS contract agreement, with representation from NHS Wales, GPC Wales and Welsh Government.

Recommendation 4

The Committee recommends that:

The Welsh Government should further explore options for moving to a multi-year funding arrangement for general practice.

Response: Accept in Principle

The Welsh Government accepts the recommendation in principle. Health boards are responsible for planning the provision of health services, including general practice, through Integrated Medium Term Plans with a minimum three-year planning horizon. Those plans should support improved outcomes and a sustainable shift towards prevention, integration and community-based care. Future planning priorities will include implementation of the Community by Design Transformation Programme, within which general practice will play a significant role. Health boards are therefore expected to set out investment plans for general practice alongside other services in their IMTPs. The move to more secure multi-year funding arrangements will, however, remain dependent on the timing and certainty of future funding settlements from the UK government.

Recommendation 5

The Committee recommends that:

The incoming Welsh Government should develop a workforce plan for general practice to ensure there is a sufficient supply of new GPs and other clinicians to meet future demand. This should be part of a broader, joined-up approach to consideration of the wider workforce across NHS Wales, and support the transformation agenda of shifting care closer to home.

Response: Accept

The Welsh Government accepts the recommendation. Options are being developed to fulfil the commitment to provide up to 100 extra salaried GPs. This work is considering how to secure net additional GP capacity, avoid displacement from existing provision and ensure the additional capacity supports improved access, continuity and service sustainability. Routes under consideration include education, training and fellowship routes; locum-to-substantive conversion; retention, returner and late-career capacity; and international recruitment as a supplementary reserve if domestic routes are insufficient.

Recommendation 6

The Committee recommends that:

The incoming Welsh Government should develop a national strategy to embed effective multi-disciplinary team working within primary care across Wales. This should include standardised service models, sustainable funding, clear referral pathways, and investment in both physical and digital infrastructure.

Response: Accept

The Welsh Government accepts the recommendation.

The Community by Design Transformation Programme is developing a national multi-professional model with a focus on population health management and prevention, chronic conditions management and urgent, same day care. General Practice is central to the design and delivery of this model in collaboration with other NHS services.

To support workforce development, Health Education and Improvement Wales is implementing its Strategic Workforce Plan for Primary Care, including actions to strengthen multi-professional working. This sits alongside the development of the longer-term NHS Wales workforce strategy, which will set out commitments to ensure NHS Wales has the right people, skills and capacity in the right places to meet the changing health needs of the population, with a central focus on staff experience, wellbeing, retention and culture.

Recommendation 7

The Committee recommends that:

The Welsh Government, in conjunction with health boards and GP practices, should develop a public awareness campaign to:

- *promote greater understanding of the role of the multidisciplinary team and its wider benefits for patient health and experience; and*
- *promote the role of front desk general practice staff in triaging patients to get them to the most appropriate practitioner.*

Response: Accept in Principle

The Welsh Government accepts the recommendation in principle. The Committee's report identifies an important issue around public expectation and understanding of multidisciplinary teams and care navigation in general practice. Further quantitative evidence will be needed to understand how widespread the behaviours identified by the Committee are and to inform clear communication and behavioural objectives. This could support initial scoping and insight gathering for future communications work. Delivery will also depend on progress against recommendation 6, as greater consistency in multidisciplinary team models will be needed before national public messaging can be clear and effective. Existing activity, including Help Us Help You, provides a potential route for future messaging on primary care access and the role of front desk staff in supporting appropriate triage. Any future campaign would need to include clear evaluation arrangements, including access and behavioural data where relevant, to assess whether communications activity is improving understanding and changing how people access general practice. National messaging would also need to be supported by local communication, led by health boards and individual practices, so that information reflects local service and practice models, and the way patients access care in their own community.

Recommendation 8

The Committee recommends that:

The incoming Welsh Government should confirm its position as regards the Marmot Nation programme and the consistent adoption of the eight Marmot principles across all departments.

Response: Accept

The Welsh Government accepts the recommendation. The Deputy Minister for Public and Preventative Health set out, through an Oral Statement on 15 July 2026, a commitment to ensuring Welsh Government decision-making is informed by a shared focus on public and preventative health. To support this ambition, cross-government governance arrangements are being established at both official and ministerial level to embed prevention across policy and delivery. The Deputy Minister has also reaffirmed a commitment to advancing health equity by building on the Marmot Places approach through the Health Equity Wales initiative, drawing on the learning and achievements from Torfaen and Blaenau Gwent. These developments provide a strong foundation for continued implementation of the Marmot principles and for a coordinated approach to reducing health inequalities across Wales. Processes for monitoring progress and reporting on outcomes are to be confirmed.

Recommendation 9

The Committee recommends that:

The incoming Welsh Government should look at ways to incentivise GPs to take up opportunities in more disadvantaged or underserved communities.

Response: Accept

The Welsh Government accepts the recommendation. The Strategic Workforce Plan for Primary Care includes a focus on attraction, recruitment and retention, supported by workforce planning and targeted interventions to improve workforce sustainability. Existing recruitment incentive schemes will be reviewed and, where appropriate, remodelled to support recruitment in hard-to-recruit areas. This will be considered alongside wider work to strengthen general practice capacity and ensure workforce interventions support more equitable access to services in disadvantaged and underserved communities. Health boards should also be expected to assess local needs and consider what action can be taken, working with practices and clusters, to support recruitment, retention and service sustainability in areas where workforce pressures are greatest.

Recommendation 10

The Committee recommends that:

The incoming Welsh Government should require health boards to establish formal mechanisms to strengthen relationships and mutual understanding between primary and secondary care.

Response: Accept

The Welsh Government accepts the recommendation. This work has begun, through the June primary care summit and the wider commitment to shift focus and resources towards primary and community care. Community by Design provides the framework for this transformation and will embed general practice within wider community-based services. GPs are integral to the delivery of the framework and will continue to operate across all three transformation shifts within the model; they will support prevention and early intervention, chronic condition management, and the delivery and coordination of urgent and same-day care. As implementation develops, Welsh Government will continue to engage with the profession and wider stakeholders to ensure the framework strengthens relationships across primary, community and secondary care while preserving the flexibility central to effective general practice.

Recommendation 11

The Committee recommends that:

The Welsh Government should mandate the development of formal agreements between secondary and primary care for any services transferred out of hospitals.

Response: Accept

The Welsh Government accepts the recommendation. The planned transfer of services into primary and community settings must be based on whole-system collaboration. This is not simply a movement or reclassification of activity from hospitals to general practice. The Community by Design approach is intended to support this by strengthening the relationship between specialist, community and general practice services, so that specialist expertise is better able to support general practice in managing people safely and effectively in the community.

The Directed Collaborative Service model is being developed as one contractual and operational mechanism to support this shift, enabling practices to work together at collaborative footprint level and providing a practical route for selected services to be delivered at scale in community settings. It will not replace GP partnerships or core GMS contracts but will add a collaborative layer through which services can be separately commissioned, funded and governed. This will help ensure any planned transfer of care is supported by clear responsibilities, appropriate resourcing and robust governance arrangements.

Recommendation 12

The Committee recommends that:

The incoming Welsh Government should promote strongly the need for all health boards to include a dedicated, senior primary care leader within their executive teams.

Response: Accept

The Welsh Government accepts the recommendation. The manifesto sets out a commitment to create a pan-Wales director for out-of-hospital care arrangements. The First 100 Days document identifies this as an early action alongside work to shift resources towards primary care and strengthen community-based services. This role will provide clearer national leadership for primary, community and out-of-hospital care. At health board level, there are already senior leads with responsibility for primary care, community services and related planning functions. The new national role will complement those existing arrangements and will be considered in the context of supporting stronger accountability, clearer system leadership and more consistent delivery across Wales.

Recommendation 13

The Committee recommends that:

The incoming Welsh Government should commission an independent evaluation of health board managed practices.

Response: Partially Accept

The Welsh Government notes the recommendation. The forthcoming update to the Vacant Practice Panel guidance will strengthen national expectations for decisions on practice vacancies, including where a health board-managed practice is considered or established. It will require health boards to identify, track and report the cost of managed practices, including workforce, premises, estates, locum, corporate overhead and transition costs. This will improve transparency and support better assessment of affordability and value for money. Further evaluation could be considered in light of emerging evidence.

Recommendation 14

The Committee recommends that:

Within 100 days of coming into power, the incoming Welsh Government should write to our successor committee to confirm its commitment to continuing the work to review arrangements for dispensing doctors and the timescales for this.

Response: Accept

The Welsh Government accepts the recommendation. The dispensing reform programme is continuing to support the sustainability of dispensing practices, particularly in rural communities, and to modernise the funding, quality and infrastructure arrangements that underpin dispensing services. Work is focused on a more coherent long-term framework, including targeted digital and capital modernisation, reform of dispensing doctor remuneration, integration of quality requirements into the payment model, and consideration of reimbursement issues. Timescales will be confirmed as the detailed proposals are developed.

Recommendation 15

The Committee recommends that:

The incoming Welsh Government should commission a comprehensive review of the general practice estate.

Response: Accept

The Welsh Government accepts the recommendation. Under the GMS contract, independent contractors are responsible for providing suitable premises for service delivery and are reimbursed for premises costs through the National Health Service (General Medical Services - Premises Costs) (Wales) Directions 2015. A review of the Directions has been undertaken through a Task and Finish group which included GPC Wales, the Royal College of General Practitioners, health boards, NHS Wales Shared Service Partnership, and Welsh Government officials. The outcome of the review is being finalised and, subject to ministerial clearance, will provide a new structure for funding improvement grants, with a particular focus on statutory compliance and minimum standards. This will require health boards to review their current estate against those standards across Wales. The longer-term ambition of moving activity out of hospital is also supported by the Integration and Rebalancing Capital Fund, which provides capital funding for integrated health and social care hubs and centres, and for care closer to home. This includes primary care, rehabilitation, preventative health services, mental health, women's health, learning disability and neurodivergence hubs, dementia services, childcare and early years services, and social care. These schemes support the middle space of the Home–Hub–Hospital model of service delivery.

Recommendation 16

The Committee recommends that:

The incoming Welsh Government should develop a clear timetable and accountability framework for delivering digital improvements and interoperability across NHS Wales.

Response: Accept

The Welsh Government recognises the importance of digital interoperability in supporting safe, effective and joined-up care across NHS Wales. Improving the way information is shared between primary, community and secondary care services is essential to delivering better patient care and supporting more integrated services. A new digital and data strategy for health and social care is being developed and will provide the longer-term strategic direction for digital transformation across Wales. Alongside this, work is already underway to improve interoperability, modernise primary care systems, support shared digital platforms, roll out electronic prescribing and improve access to digital services for patients and staff. The Welsh Government will continue to work with NHS Wales partners to ensure digital investment and delivery arrangements support these ambitions and provide clear oversight of progress and outcomes.

Recommendation 17

The Committee recommends that:

The incoming Welsh Government should review outdated administrative and regulatory requirements that impede digital transformation.

Response: Accept

The Welsh Government agrees that administrative and regulatory requirements should support, modern digitally enabled services. We recognise that outdated or overly complex processes can create unnecessary burden for patients, staff and service providers, and can limit the ability to deliver improvements consistently across Wales.

The move to a single GP clinical system supplier in Wales provides an important opportunity to simplify processes and support more consistent national delivery. It will make it easier to develop and implement improvements on a Once for Wales basis, reduce variation between practices and health boards, and support better interoperability with wider NHS Wales digital services.

Welsh Government will continue to work with NHS Wales, Digital Health and Care Wales, local authorities, professional representatives and other partners to

identify administrative or regulatory barriers that need to be reviewed. Any changes will need to maintain appropriate standards of governance, information governance and patient safety, while enabling a more efficient, consistent and responsive health and care system.

Recommendation 18

The Committee recommends that:

The incoming Welsh Government should set out how it intends to strengthen the existing GP access standards and publish a clear plan for ensuring that all practices meet them.

Response: Accept

The Welsh Government accepts the recommendation. Existing GP access commitments are being reviewed as part of wider work to improve patient experience, reduce variation and support more consistent access across Wales. This includes considering how the standards can better reflect digital, telephone and in-person routes into general practice, while ensuring patients who cannot or do not wish to use digital systems are not disadvantaged. This work aligns with the manifesto commitment to improve access through digital and telehealth services. It will support clearer and more consistent routes into general practice, help practices manage urgent and routine need more effectively, and contribute to the wider aim of making it easier and quicker for people to access GP and related primary care services when they need them.

3. Closing Statement

Welsh Government remains committed to working with NHS Wales partners, health boards, professional and patient representative bodies and patients to support a sustainable and resilient general practice service. We welcome the Committee's report and will continue to work collaboratively to strengthen primary care and improve outcomes for people across Wales.