

# Briefing for the Senedd Health and Social Care Committee on The Future of General Practice in Wales

**DRAFT V1.2 October 31st 2025**

## Contents

Background .....	2
Public Health Wales' interest in Primary Care and General Practice .....	2
Challenges threatening the sustainability of general practice .....	4
Funding model for general practice and current financial pressures .....	4
Key Issues .....	4
What could be done? .....	5
Efficacy of different models for managing general practice .....	5
Key Issues .....	5
What could be done? .....	6
Suitability and maintenance of general practice estates and access to digital technology .....	6
Key Issues .....	6
What could be done? .....	6
The general practice workforce .....	6
Key issues .....	6
What could be done? .....	7
Patient experience of general practice .....	7
Key issues .....	7
What could be done? .....	8
Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care .....	8
Key issues .....	8
What could be done? .....	8
Relevant Key programmes led by Public Health Wales .....	9
Biographies of PHW Colleagues attending .....	10
Rachel Andrew MBBCH, MPH, FFPH (GMC: 4635527) .....	10
Kerry Bailey MBBS BSc MSc MRCGP FFPH .....	10
Jim McManus, FFPH, D.Sc, FBPsS, CPsychol, CSci .....	10
Zoe Wallace B.Sc (Hons), MPH .....	10

## Background

In September 2025 Public Health Wales wrote to the Health and Social Care Committee Chair, Mr Peter Fox MS, summarising the work it is undertaking on primary care and offering support to the Committee in its inquiry into the future of General Practice in Wales. The Committee requested Public Health Wales meet them and also requested any additional briefing materials.

This briefing note seeks to introduce the work being undertaken within Public Health Wales and across the system. We work collaboratively in all our projects with the NHS.

## Public Health Wales' interest in Primary Care and General Practice

Any health and care system needs to be focussed on prevention, early intervention, achieving high quality and value and continuously learning to ensure its medium to long term sustainability.

- A sustainable primary care system as part of this is central to achieving these outcomes and making a strategic shift to prevention and improving the health of our population and our economy.
- Public Health Wales supports this through providing evidence-based leadership and support for actions which will help primary care become more preventive and sustainable and collaborating with NHS Wales and communities to coordinate public health activities.

The need for sustainable healthcare is underscored by the increasing demand for health and social care in Wales due to an ageing population, health inequalities, health harming behaviours, environmental and social determinants.

- A recent blog by Public Health Wales for the Health Foundation highlights issues in preventable premature mortality [Premature mortality in Wales: closing the gap in early deaths - The Health Foundation](#)

These factors have created significant pressures on the health and care system, affecting access to timely treatment, causing avoidable harm, and impacting overall outcomes. Despite these immediate pressures, it is essential to focus on prevention, early intervention, and equity to develop sustainable care models that meet current and future population needs, reduce harm, address health inequalities, shift care from hospital to communities and improve outcomes.

Public Health Wales is helping to build a shift towards a prevention-focused approach across the health and care system in Wales.

- The Prevention Based Health and Care framework has been launched alongside a steering group to guide this transition<sup>1</sup>.
- The All Wales Diabetes Prevention Programme (AWDPP) continues to show positive results, with nearly 10,000 people attending consultations<sup>2</sup>.
- The Primary Care Obesity Prevention Programme developed a postnatal health and well-being programme in partnership with the Women's Health Network<sup>3</sup>.
- Efforts under the Cardiovascular Disease (CVD) prevention programme include a national quality improvement project in primary care on preventing cardiovascular disease through managing high blood pressure.

---

<sup>1</sup> [Prevention Based Health and Care - Primary Care One](#)

<sup>2</sup> [All Wales Diabetes Prevention Programme \(AWDPP\) - Primary Care One](#)

<sup>3</sup> [Primary Care Obesity Prevention - Public Health Wales](#)

In response to the stark figures and future protections of the rise of diabetes in Wales, we established Tackling Diabetes Together, a programme which brings together key partners from across the system to improve outcomes for people living with Diabetes (types 1 and 2) and halt the rise in prevalence of Type 2 Diabetes by 2028. This work sits across this Strategic Priority (4) and Strategic Priority 3 in the PHW Long Term Strategy<sup>4</sup>.

A strong focus has been placed on reducing health inequalities through primary care. Key actions included co-producing with professionals a framework for action and collaborating with partners to create a multi-professional education framework on health inequalities and inclusion health, with resources made available on the Primary Care One website to support embedding these in practice<sup>5</sup>.

Our role in the national evaluation of the Primary Care Model for Wales continues, including cluster peer reviews and self-reflection cycles, with the development of key indicators to measure system progress. A cluster planning portal was launched on the Primary Care One website to aid in planning activities.

In dental care, national coordination of programmes like Designed to Smile and child dental health inspections all aim to prevent tooth decay in children. Collaborative work with the Care Inspectorate Wales (CIW) sought to improve the oral health of care home residents. Training and calibration events were held for the Dental Epidemiology Programme, and the Welsh Oral Health Information Unit provided resources and reports to stakeholders<sup>6</sup>.

We have supported the Welsh Government's Dental Reform Programme, advocated for a need-based, preventive dental care system, and worked with Digital Health and Care Wales (DCHW) on an annual Quality Self-Assessment for health boards and dental practices.

Our Greener Primary Care work has continued to grow from strength to strength with over 500 practices participating and over 4,200 climate friendly actions reported since the establishment of the Greener Primary Care Wales Framework and Award Scheme in 2022<sup>7</sup>.

- We continue to provide public health leadership and chair the National Decarbonisation Inhaler use and disposal Task and Finish Group. By working closer with the National Strategic Clinical Network on Respiratory Conditions and our colleagues across the four nations, we have provided a coordinated approach, national oversight, input and support to address inhaler use and disposal in Wales and across the UK. This has resulted in a substantial decrease in the use of high global warming potential inhalers and identified areas for improvement in the management of respiratory conditions.
- Our efforts in supporting primary care to be more environmentally sustainable and meet the Net Zero ambition have been recognised through winning at the NHS Wales Sustainability Awards 2024 and the Welsh Pharmacy Awards 2024.

Wales needs a General Practice system which, like other components of primary care, is preventive, focused on early intervention and high quality. A recent [Public Health Wales Time to Talk survey](#) found that 80 per cent of respondents felt primary care services including GP surgeries should have a greater role in supporting people with issues like diet, housing and staying physically active linked to their health. We believe there are a number of policy challenges, and potential solutions, which can help general practice be at the heart of a prevention-focused, healthier Wales. We set these out below.

---

<sup>4</sup> [phw.nhs.wales/about-us/working-together-for-a-healthier-wales/phw-long-term-strategy-pdf/](https://phw.nhs.wales/about-us/working-together-for-a-healthier-wales/phw-long-term-strategy-pdf/)

<sup>5</sup> [Reducing Health Inequalities through Primary Care - Primary Care One](#)

<sup>6</sup> [Primary Dental Care - Primary Care One](#)

<sup>7</sup> [Greener Primary Care - Primary Care One](#)

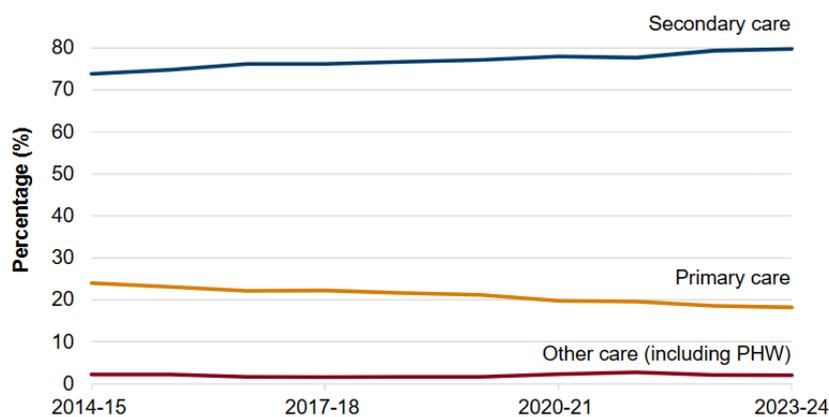
## Challenges threatening the sustainability of general practice

### Funding model for general practice and current financial pressures

#### Key Issues

- Integrated Local Health Boards are accountable for primary and community care and population health. Despite an increase in NHS expenditure over the last decade, Local Health Boards are increasingly spending different amounts on primary and secondary care.
- 79.8% of total NHS expenditure is within secondary care (an annual increase of 0.5%) and 18.2% is within primary care (an annual decrease of 0.3%)<sup>8</sup>.

Figure 1: NHS expenditure by service level, 2014-15 to 2023-24



- There is compelling evidence that investment in primary and community care settings yields the highest economic and health returns. Local areas that increased spending in these settings generated up to £14 in gross value added (GVA) per £1 invested, outperforming acute (secondary) care, which delivered around £11 per £1<sup>9</sup>.
- The current GMS funding models worsen health inequalities because they don't allocate resources based on people's needs or levels of deprivation. The capitation-based funding system, disadvantages General Practices (GP) in deprived areas, where patients often have greater and more complex health needs. Funding inequalities lead to poorer GP access in deprived areas, meaning higher A&E and emergency hospital admissions. Redistributing primary care funding based on need would reduce inequalities in health outcomes, life expectancy, and long-term condition management<sup>10</sup>.
- Public Health Wales are leading the development of a suite of system level assurance measures, to monitor progress towards the [Primary Care Model for Wales](#) (PCMW). One of the six PCMW Key Indicators is Finance, highlighting the need for an incremental shift in resource from secondary care to primary and community care.

<sup>8</sup> [NHS expenditure programme budgets: April 2023 to March 2024 \[HTML\] | GOV.WALES](#)

<sup>9</sup> NHS Confederation (2023). Creating better health value: understanding the economic impact of NHS spending by care setting. <https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting>

<sup>10</sup> Ashworth, M., L'Esperance, V., and Round, T. (2021) Primary care funding entrenches health inequalities: time for a rethink. British Journal of General Practice, 71(704), pp. 102-104. Available at: <https://doi.org/10.3399/bjgp21X714965>

## What could be done?

- Implement population-needs weighting (e.g. deprivation, multimorbidity, rurality) to allocate GMS funding more equitably and efficiently.
- Redistribute funding from secondary care to primary and community care, measuring progress using the PCMW Finance Key Indicator.
- Revise planning and commissioning processes to support longer-term planning, community participation, and service co-production, that focus on population health, equity, and prevention.

## *Efficacy of different models for managing general practice*

### Key Issues

- The Primary Care Model for Wales (PCMW), is a model for primary and community care and was developed as a whole system approach to sustainable and accessible local health and wellbeing care. Focusing on place-based care, care closer to home and multi-professional working<sup>11</sup>. Clusters and professional collaboratives are the building blocks within the PCMW.
- Primary and community care is the cornerstone of the NHS in Wales and general practice are central to this, alongside the other Independent Contractors and broader health and care workforce. Therefore, general practices are part of the system delivering primary and community care.
- GPs are skilled generalists who often provide the first contact with healthcare services, in addition they provide continuity of care, in particular relational continuity of care from birth to death, comprehensive care and coordination of care across primary, secondary and social care<sup>12</sup>.
- Continuity of care provides improved population outcomes, including a reduction in the use of healthcare services, a reduction in death rates, improved patient and staff satisfaction and a reduction in health inequalities<sup>13</sup>.
- A recent Time to Talk Public Health Survey, found that continuity of care is most valued by people when dealing with existing health conditions, in particular for people living in more deprived areas, older adults and women<sup>14</sup>.
- The increasing number of people with multiple long term/ chronic conditions, the wider determinants that impact on our health, such as poverty, and the aging population in Wales, will increase the demand upon primary and community care, including GP's<sup>15</sup>.
- To meet population health needs more effectively, health systems must adopt holistic care models that support fresh thinking around skill mix and multidisciplinary team (MDT) composition<sup>16</sup>.

<sup>11</sup> [Primary Care Model for Wales - Primary Care One](#)

<sup>12</sup> Starfield B. Is primary care essential? The Lancet. 1994; 344(8930): 1129–33. Available at [Is primary care essential? - ScienceDirect](#)

<sup>13</sup> [A Public Health Approach to Primary and Community Care by 2035 in Wales - Primary Care One](#)

<sup>14</sup> Public Health Wales (2025), Time to Talk Public Health Survey, February 2025 results <https://phw.nhs.wales/topics/time-to-talk-public-health/time-to-talk-public-health-panel-publications/publications/time-to-talk-public-health-february-2025-survey-results/>

<sup>15</sup> [NHS in 10+ Years](#) Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services Group on behalf of the Chief Scientific Adviser for Health

<sup>16</sup> Meadows, D., Maclaren, J., Morton, A. and Ross, D., 2024. Determining skill mix and optimal multidisciplinary team composition: A scoping review. Healthcare Management Forum, [online] Available at: <https://journals.sagepub.com/doi/pdf/10.1177/08404704241293095>

## What could be done?

- Strengthen the planning and delivery of services, that are equitable, meet population need, and are delivered within the communities where people live.
- Policy, performance measures and contractual arrangements reviewed to prioritise continuity of care alongside access.
- Commission an evaluation of the Continuity of Care GMS Quality Improvement work.
- Strengthen and adequately resource the multi-disciplinary workforce across primary and community care, including in general practice, to provide holistic, pro-active care.

## *Suitability and maintenance of general practice estates and access to digital technology*

### Key Issues

- In order to deliver care closer to home/ community by design, primary and community care estates, including general practice premises, need to be able to host multi-disciplinary teams from a range of health and care organisations, in the communities where people live. This will require the investment in infrastructure, digital support, and organisational alignment to succeed<sup>17</sup>.
- Insight from the 2035 Roundtable events envisioned a future with a fully integrated digital infrastructure across primary and community care, where data flows seamlessly across services, supporting both clinicians and patients with timely, relevant information<sup>18</sup>.

## What could be done?

- Implement shared care records across primary, community, social care, and voluntary sectors to enable timely, coordinated, and holistic care.

## *The general practice workforce*

### Key issues

- The [Strategic Workforce Plan for Primary Care](#) aligns with the themes of the Health and Social Care Workforce Strategy and aims to develop sustainable workforce models that support the ambition of A Healthier Wales and the Primary Care Model for Wales.
- There are an array of workforce challenges including recruitment, retention, and workload pressure and burnout<sup>19</sup>

---

<sup>17</sup> Tung, C., Ashton, T., McIntosh, B. and Cumming, J., 2024. Integrated ambulatory care in the New Zealand health system: A scoping review. *Health Policy*, 138, p.105051. <https://doi.org/10.1016/j.healthpol.2024.105051>

<sup>18</sup> Public Health Wales. A Public Health Approach to Primary and Community Care by 2035: technical report. 2025 [awaiting publication]

<sup>19</sup> Public Health Wales. A Public Health Approach to Primary and Community Care by 2035: technical report. 2025 [awaiting publication]

## What could be done?

- Prioritise investment in primary and community care sustainability, especially in areas experiencing high demand, poor access, or persistent health inequalities.
- Embed prevention and equity into all training and education by ensuring curricula cover health promotion, social determinants of health, cultural competence, and trauma-informed practice across all primary and community care roles.
- Implement systematic collection of staff wellbeing, staff satisfaction and staff retention rates, across primary and community care, including the Independent Contractors.

## *Patient experience of general practice*

### Key issues

- General practices are integral to and work with communities and provide personalised prevention, early intervention and treatment. They also have a pivotal role in improving the ways in which primary and community care can impact on health inequalities<sup>20</sup>.
- In a recent Time to Talk Public Health Survey, when asked how much of an impact eight wider determinants have on whether a person experiences good health, the top three considered to have a large impact were: Ability to access health care (93%), Good quality, warm homes (89%) and Good financial security (78%). In addition, 70% of people said they support the allocation of money for primary care services being based on the needs of people in an area. This reduced to 51% when stated it may mean an area with people who have good health get less primary care services<sup>21</sup>.
- The OECD Patient Reported Indicator Survey (PaRIS) findings in Wales, provided insight, from people aged over 45 years with a chronic condition, on their experience of care received in general practice. Findings included<sup>22</sup>
  - One out of five people (22%) with chronic conditions report good experiences of care co-ordination, which is below the OECD PaRIS average of 59%.
  - Less than half of people (46%) with chronic conditions trust their healthcare system in Wales compared to the 62% in the OECD PaRIS average.
  - Slightly more than four out of ten (43%) people with chronic conditions in Wales receive enough support to manage their own health, below the OECD PaRIS average of 63%.
- The [People's Experience Framework](#) and Survey are not consistently used in primary and community care.

---

<sup>20</sup> [Reducing Health Inequalities through Primary Care - Primary Care One](#)

<sup>21</sup> Public Health Wales (2025), Time to Talk Public Health Survey, February 2025 results <https://phw.nhs.wales/topics/time-to-talk-public-health/time-to-talk-public-health-panel-publications/publications/time-to-talk-public-health-february-2025-survey-results/>

<sup>22</sup> [Does Healthcare Deliver? Results from the Patient-Reported Indicator Surveys \(PaRIS\): Wales, United Kingdom | OECD](#)

## What could be done?

- National and local policies should be aligned to prioritise reducing inequalities, prevention, supported by long-term political commitment and accountability.
- Individuals and communities, including those with lived experience, should be central in co-producing their local health and care services.
- The systematic use of person reported outcomes and experience to improve service delivery should be adopted in primary and community care. Including the collection of peoples experience across all primary and community care services/ contractors.

## *Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care*

### Key issues

- The UK is facing a rising tide of ill-health, both in absolute numbers and per capita. The burden of disease, measured in disability-adjusted life years (DALYs), reveals a troubling trend: while people are living longer, they are spending more of those years in poor health. This decline in healthy life expectancy is particularly stark among younger generations, who are now expected to live longer lives with more illness<sup>23</sup>.
- A systematic review highlighted that many cost-effective preventive interventions—particularly those targeting the leading causes of death such as cardiovascular disease, cancer, and diabetes—are well-suited for delivery in primary care and community-based settings<sup>24</sup>.

## What could be done?

- The [Prevention-Based Health and Care](#) (PBHC) framework should be fully implemented across all levels of the system to embed prevention into everyday practice.
- Across health and care funding mechanisms and performance measures must be aligned to reward prevention efforts, reduction of inequalities and long-term health outcomes rather than short-term activity.

---

<sup>23</sup> Jenkins, J., Harper, H. and Carter, R. (2024) Here's why it's impossible to save the NHS unless we invest in prevention right now. Nesta. Available at: <https://www.nesta.org.uk/blog/heres-why-its-impossible-to-save-the-nhs-unless-we-invest-in-prevention-right-now/>

<sup>24</sup> Khushalani, J.S., Song, S., Calhoun, B.H., Puddy, R.W. and Kucik, J.E. (2022) Preventing leading causes of death: systematic review of cost-utility literature. American Journal of Preventive Medicine, 62(2), pp.275–284. Available at: <https://doi.org/10.1016/j.amepre.2021.07.019>

## Relevant Key programmes led by Public Health Wales

In addition to the above, the following reflects our evidence-based approaches to working with partners across the system to strengthen primary care, prevention, environmental sustainability and equity in health outcomes. These projects reflect our evidence-based approaches to working with partners across the system to strengthen primary care, prevention, and equity in health outcomes. We provide here a brief overview of the work but would be happy to assist the inquiry in any way you may find helpful to you.

Public Health Wales also hosts the National Primary Care One resource site which can be found here [Home - Primary Care One](#)

This initiative, a collaboration between Public Health Wales and the national Strategic Programme for Primary Care provides a platform for information and resources for professionals in primary and community care, with the goal of improving healthcare in Wales through collaboration and innovation. It does not provide direct patient care but works to improve the system by sharing best practice, supporting multi-professional working, and informing service planning.

Primary Care One provides an overview of the strategic direction of primary and community care in Wales, the Primary Care Model for Wales, and an overview of the roles and responsibilities of professional collaboratives, multi-professional clusters and pan-cluster planning groups. With the aim of sharing information, raising awareness and influencing action, to improve the health and well-being of the population of Wales.

Primary Care One provides professionals, with information, resources and signposting to:

- Support development of multi-professional working
- Strengthen professional collaboratives and cluster working
- Enable collaboration across partnerships
- Inform the planning and delivery of services that meet population need
- Facilitate sharing of innovation and practice.

[A Public Health Approach to Primary and Community Care by 2035](#) in Wales, this forward-looking piece of work outlines a vision for primary and community care that is rooted in public health principles. It emphasises prevention, integration, and community engagement—key themes for shaping the future of general practice.

[Prevention-Based Health and Care](#) this report sets out the case for a system-wide shift towards prevention, highlighting how general practice can play a key role in reducing demand on acute services and improving population health outcomes.

[Healthcare Public Health Framework](#) this new framework embeds public health values into healthcare delivery, promoting prevention and equity. It offers practical guidance for aligning general practice with broader public health goals and reducing health inequalities. Reducing Health Inequalities Our ongoing work in this area provides evidence and tools to support general practice in addressing the social determinants of health. The materials and tools we are making available may be particularly relevant to the Committee's focus on equitable access and outcomes.

[Cardiovascular Disease Prevention Plan](#) this newly launched report demonstrates the significant benefits of proactive prevention in general practice, particularly in reducing the burden of cardiovascular disease. It includes actionable recommendations for embedding prevention into routine care. Among other things, the report shows that if around 17,000 patients were supported to bring their blood pressure under control, then 102 heart attacks and 152 strokes would be prevented. If around 70,000

more patients could have their blood pressure controlled, then it would avoid 419 heart attacks and 626 strokes.

[Greener Primary Care](#) the Greener Primary Care Wales initiative has empowered general practices to integrate sustainability into daily operations—reducing waste, improving energy efficiency, and promoting healthier behaviours—while aligning with NHS Wales’s net-zero goals and enhancing patient care outcome. Projects include reducing single-use plastics to reduce cost.

## Biographies of PHW Colleagues attending

**Rachel Andrew MBBCH, MPH, FFPH (GMC: 4635527)**

**Consultant in Public Health, Primary Care Division, PHW.**

Rachel initially qualified and worked as a GP in Wales (MRCGP (distinction) 2005). Since 2009, Rachel has trained and worked within Public Health Wales and the Betsi Cadwaladr University Health Board Public Health Team. On completion of Public Health training (2020), Rachel worked as a Consultant in Communicable Disease Control (CCDC), with geographical responsibility for the Hwyl Dda University Health Board region. Rachel joined the Primary Care Division in 2023, and has a lead portfolio for the [Primary Care Model for Wales](#), including implementation of the Monitoring & Evaluation plan and supporting Cluster working, Data and Digital, plus oversight of the [Primary Care One website](#). In addition, Rachel co-leads the [Public Health approach to Primary and Community Care by 2035](#) (Vision of Primary Care for Wales in 2035) work with Dr Kerry Bailey and supported development of the [Healthcare Public Health Framework](#).

**Kerry Bailey MBBS BSc MSc MRCGP FFPH**

**Consultant in Public Health, Primary Care Division, Lead for Reducing Health inequalities, PHW.**

Kerry is both a GP and a Fellow of the Faculty of Public Health. For Public Health Wales she is the Consultant lead nationally on reducing Health Inequalities through Primary Care and Inclusion Health and is working on a Vision of Primary Care for Wales in 2035. She has worked as a GP for over 25 years, focusing on people experiencing homelessness for 5 years. Her base for both specialty trainings was Swansea. Kerry sits on key Welsh Government Groups including the Population Health Management and the Strategic Health Inclusion groups and a Home Office group on access to Healthcare. In the past Kerry has chaired the Welsh Supporting People National Advisory Board, advising several ministers. Kerry has worked in both Primary Care and Public Health for over 25 years and in seven countries.

**Jim McManus, FFPH, D.Sc, FBPsS, CPsychol, CSci**

**National Director of Health and Wellbeing, PHW**

**Zoe Wallace B.Sc (Hons), MPH**

**Director of Primary Care Division, Public Health Wales.**

Zoe has worked in the NHS for over 25 years holding a number of positions centred on multi-agency partnership working, strategic planning and service redesign, primary care contractor and third sector commissioning, programme management, monitoring/evaluation across the full range of statutory and local health planning and partnership teams. Zoe has been the Director of the Primary Care Division in Public Health Wales since 2018 and took up the dual role of Programme Director for the Strategic Programme for Primary Care in 2021 leading the transformation of primary care in Wales.

After graduating from Keele University in 1996 with a First Class Honours BSc Biochemistry & Biology Zoe worked in Tanzania for three years – two years teaching A Level Biology in a Government Secondary School with Voluntary Services Overseas (VSO) and a Year with Save the Children Fund on an Emergency Food Relief Operation. On returning to the UK she undertook a Masters in Public Health in Cardiff

University School of Medicine graduating in Summer 2000 at which point she joined the NHS where she has worked for the last 25 years. Zoe has held a number of posts within NHS bodies in South Wales including a secondment to a partnership post in Bridgend County Borough Council. The focus of her career to date has centred on multi-agency partnership working, predominantly in primary and community care services, strategic planning and service redesign/improvement, primary care contractor and third sector commissioning, programme/project management, monitoring/evaluation across the full range of statutory and local health planning teams. Zoe joined Public Health Wales in March 2018. Her team portfolio spans dental public health, primary care prevention and primary care cluster transformation.

Zoe is the Programme Director for the Primary Care Hub which is hosted by PHW, the hub works to support the transformation of primary care that is informed by public health approaches to deliver, through primary care clusters, increased emphasis on prevention, equitable and improved health and well-being outcomes