



The BMJ

Cite this as: *BMJ* 2026;392:s301<http://doi.org/10.1136/bmj.s301>

EXCLUSIVE

GP deserts revealed: chronic shortage of family doctors in England

Stephanie Santos Paulo

Four fifths of England's integrated care boards would need to at least double their number of general practitioners to meet staffing standards considered safe for patients, a *BMJ* analysis of NHS workforce data finds.¹

The BMA says that, by 2040, England should have one full time equivalent (FTE) GP for every 1000 patients, to ensure manageable workloads and patient safety.²

But new data released in January 2026 show that every one of England's 42 ICBs is operating way above this threshold.

Nationally, there is one FTE GP for every 2220 patients, but ICB level data show some regions are facing a far more severe doctor drought than others.

The highest reported patient to doctor ratios are in London, Bedfordshire, Luton, and Milton Keynes, where there are more than 2700 patients for every GP. These figures are based on the FTE counts of fully qualified GPs, which more accurately reflect actual workforce capacity than simple headcount data, which count doctors who work part time as equivalent to FTE GPs.

"No matter where a patient lives in England, the safe limit for patients is being exceeded, with patient demand far outstripping GP capacity," said Katie Bramall, chair of the BMA's GP Committee.

Victoria Tzortziou Brown, chair of the Royal College of GPs, added that the findings demonstrated the "troubling picture" of general practice under growing strain. "The pressures on general practice are clearly far beyond what is safe or sustainable," she said.

But a Department of Health and Social Care (DHSC) spokesperson defended the government's record on GP numbers, telling *The BMJ*, "We currently have the highest number of fully qualified GPs since at least 2015 thanks to actions taken by this government."

While it is true that England now has 648.1 more FTE GPs than six years ago, since then 3.69 million more patients have registered at practices.¹ This represents a 6.1% rise in patient numbers, against a 2.3% increase in GPs, leaving practices more thinly spread.

Regional disparities in GP to patient ratios

However, this pressure is not felt equally across all regions. North West London ICB records the highest ratio, with one FTE GP for every 2746 patients.

Bedfordshire, Luton, and Milton Keynes ICB had the second highest ratio at 2706 patients per FTE GP. This ICB has consistently been among those with the highest ratios in England, with 2640 patients per GP as far back as December 2019.³

Since 2019 the gap between the most and least stretched ICBs has hardly changed. In December 2019 there were 862 more patients per doctor in the most overstretched areas than in the least. In December 2025 the difference had risen slightly to 875, suggesting that these workforce shortages are chronic.

Tzortziou Brown said the "stark disparities" between ICBs were worrying.

"We know that areas facing higher deprivation often have the highest ratios of patients to GPs, as well as the most difficulty recruiting and retaining GPs," she said. "This risks fuelling health inequalities and preventing those in the most deprived communities—who often have more complex health needs—from accessing the care they need."

In North West London, the ICB area with England's highest ratio, GPs' workload is intensified because several boroughs in the area have high levels of deprivation and associated long term conditions, an ICB spokesperson told *The BMJ*.

They added that GP capacity is limited by infrastructure, with some practices operating in buildings that are difficult to expand.

A spokesperson for Bedfordshire, Luton and Milton Keynes ICB told *The BMJ*, "The population in our area continues to grow roughly twice as fast as that of England as a whole.

"We presently have over 140 GPs in training roles, many of whom we expect to contribute to improving our GP to patient ratio when they qualify."

However, they acknowledged that a low number of GP vacancies could make it difficult for trainees to secure posts once they qualified.

Newly qualified GPs without jobs

The data underline what GP leaders describe as a paradox in the workforce crisis, with qualified GPs unable to find work while their employed counterparts struggle to keep pace with growing patient lists.

"Patients urgently need more GPs, yet we risk losing them altogether if there are no jobs or practices available," said Bramall.

"Newly qualified GPs are struggling to secure NHS roles, while practices lack the funding to recruit, as government investment in patient care has failed to keep pace with inflation."

This is despite the government placing primary care at the forefront of its promises to transform the NHS, with its 10 year plan promising a shift of care from hospitals to the community.⁴

“We are making progress to reverse more than a decade of neglect of primary care, with patient satisfaction with GP services rising and more than 2000 extra GPs recruited in the past year,” the DHSC spokesperson said.

Health and social care secretary Wes Streeting has also pledged to expand training numbers further.

But expansion of GP training places would need to be considerable to keep up with growing demand. In 2025 there were 20 995 applications for 4726 GP specialty training posts, a ratio of 4.91 applicants per post.⁵ This competition ratio has more than tripled since 2019, when there were just 1.34 applications per post.

On 13 January the government introduced a bill promising to prioritise UK medical graduates over international medical graduates for specialty recruitment.⁶

Tzortziou Brown added that GP retention measures were urgently needed to keep experienced GPs in post.

More GP appointments, but it’s harder to see a doctor

Despite workforce pressures, GPs are delivering more appointments than ever. The monthly number rose by more than 10 million between December 2018 and December 2025,^{7 8} reaching a record high last year.⁹

“Ministers frequently talk about doing more with less, but general practice is already delivering around 1.7 million appointments every day,” Bramall noted.

Much of this increase has been driven by a more diverse primary care workforce, with more appointments at GP surgeries being delivered by health professionals other than doctors, such as nurses and physiotherapists.

Between 2018 and 2025 the proportion of appointments actually being delivered by GPs fell from 53% to 45%, show NHS data comparing equivalent months.^{7 8}

In Bedfordshire, Luton and Milton Keynes ICB, patients were able to access 1.65 million primary care appointments from June to August 2025, a 15% increase (around 220 000 more appointments) on the same period the previous year.

A spokesperson said practices have been expanding roles for physiotherapists, clinical pharmacists, paramedics, health coaches, and social prescribers.

The same is true of North West London ICB, where expansion of non-GP roles through the additional roles reimbursement scheme (ARRS) has helped free up GPs’ time.

From 2023 to 2024 the patient population in North West London ICB increased by 3.5%, while GP numbers rose by only 3.2%. However, a spokesperson for the ICB explained that in this time they increased ARRS roles by 3.5%—a boost in general practices’ capacity that is not reflected in NHS GP workforce data.

GP to patient ratios aren’t just an issue in primary care. They have a knock-on effect on other parts of the NHS, experts warn.

“Without sustained and targeted investment in staff, practices, and premises, the foundations of the NHS will continue to weaken,” says Bramall.

“More and more patients will present in far more costly urgent and emergency care settings.”

The DHSC spokesperson said that GPs are “at the heart” of the government’s “historic shift” from hospital to community and will benefit from a growing share of NHS funding.

The question of whether this shift in governmental priorities will translate to safer GP workloads remains to be seen.

Tzortziou Brown said the health secretary’s promises to support general practice and deliver “thousands more GPs” must be backed by a clear and robust 10 year workforce plan.

“General practice is the bedrock of the NHS. With the right investment and meaningful initiatives to recruit and retain GPs we can turn this around and ensure patients get the care they need, when they need it, wherever they live.”

- 1 NHS England. General practice workforce, 31 December 2025. Jan 2026. <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-december-2025>
- 2 BMA. GPCE’s vision for general practice. Nov 2024. <https://www.bma.org.uk/our-campaigns/gp-campaigns/england/patients-first>
- 3 NHS England. General Practice Workforce, 31 July 2022. Aug 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-july-2022>
- 4 Department of Health and Social Care. 10 year health plan for England: fit for the future. Jul 2025. <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>
- 5 NHS England. Medical specialty recruitment: competition ratios. Jul 2025. <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios>
- 6 UK Parliament Medical training (prioritisation) bill. Jan 2026. <https://bills.parliament.uk/bills/4062>
- 7 NHS England. Appointments in general practice, December 2018. 2019. <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/december-2018>
- 8 NHS England. Appointments in general practice, December 2025. 2026. <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/december-2025>
- 9 NHS England. Millions more GP appointments delivered in record year. 2025. <https://www.england.nhs.uk/2025/07/millions-more-gp-appointments-delivered-in-record-year>