

The Primary Care Insight Guide

PRIMARY CARE NETWORKS · ENGLAND

A report from the Royal College of General Practitioners confirmed that General Practice and Primary Care Networks across England delivered approximately **31.8 million consultations in February 2026 alone**. That number is staggering — and it tells a story that every PCN Clinical Director, practice manager, and GP across the country already knows intimately: demand is relentless, capacity is finite, and the pressure is only growing.

What makes that figure even more significant is the composition of those appointments. Research consistently shows that **around 30% of all GP consultations are linked to musculoskeletal (MSK) conditions** — back pain, joint problems, soft tissue injuries, and chronic MSK conditions that collectively account for one of the largest single categories of primary care demand in England. Applied to February's figures alone, that points to approximately 9.5 million MSK-related appointments in a single month.

Consultations Delivered

Total GP appointments across England in February 2026 — a single month

MSK-Related Appointments

Proportion of all GP appointments typically linked to musculoskeletal conditions

Estimated MSK Consultations

Approximate MSK appointments in February 2026 based on the 30% figure

Against this backdrop, PCNs are simultaneously navigating a set of interconnected pressures that show no sign of easing. The strategic direction of travel — towards integrated neighbourhood care, modernised pathways, and greater delivery within community settings — is clear. But the operational challenge of achieving that transformation without significantly expanding resources remains one of the defining questions facing primary care leadership today.

Improve Patient Access

Patients are waiting longer and expecting faster, more convenient routes into care. Meeting that expectation within existing GP capacity is increasingly difficult.

Reduce Operational Pressure

Clinical and administrative workload on GP teams continues to intensify. Sustainable models must redistribute demand, not simply absorb it.

Support Integrated Neighbourhood Care

PCNs are expected to deliver more within community settings as part of broader integrated care strategies across ICS footprints.

Modernise Pathways

Legacy referral and triage pathways were not designed for current demand volumes. Transformation is no longer optional — it is operational necessity.

How Much GP Capacity Is Being Absorbed by Patients Who Could Be Managed Differently?

This is the question that sits at the heart of the case for integrated First Contact Practitioner (FCP) pathways within Primary Care. It is not a rhetorical question — it is a practical, operational one with significant implications for how PCNs design their patient flow, deploy their workforce, and protect GP time for the patients who need it most.

Many PCNs are now exploring FCP pathways not simply as an additional service layer, but as a structural solution to create more sustainable patient flow within primary care itself. When patients presenting with MSK conditions are triaged and managed by a qualified FCP at the point of first contact — rather than defaulting to a GP appointment — the downstream effects can be substantial: reduced GP demand, faster patient access, more appropriate clinical pathways, and better outcomes within community settings.

"The goal is not to add another service — it is to create more sustainable patient flow within Primary Care itself, so that GP capacity is protected and patients receive the right care, in the right place, at the right time."

What an Integrated FCP Pathway Can Deliver

A well-designed integrated FCP and MSK pathway, embedded within a PCN's existing structure, works across several dimensions simultaneously. Patients with MSK presentations are assessed and managed at first contact by a skilled practitioner — reducing unnecessary onward referrals, avoiding duplicate appointments, and freeing GP time for complex clinical need. At the same time, the pathway supports PCN objectives around access, community care delivery, and workforce utilisation.

- Reduced GP appointments for MSK conditions — protecting capacity for complex need
- Faster patient access to the right clinician at the right time
- More MSK care managed effectively within community settings
- Streamlined onward referral — avoiding unnecessary secondary care demand
- Supports PCN workforce strategy and multi-disciplinary team development

Working with Response Primary Care

At Response Primary Care, we work alongside PCNs across England to help deliver integrated FCP and MSK pathways designed specifically to support GP capacity, improve patient access, and manage more MSK care effectively within community settings.

Our approach is built around your PCN's existing structure, patient population, and operational priorities — not a generic off-the-shelf model. We partner with PCN Clinical Directors and practice managers to design, implement, and optimise pathways that deliver measurable impact.

If your PCN is exploring how an integrated FCP pathway could reduce GP demand and improve patient flow, we would welcome the conversation.



The scale of MSK demand within primary care — and the pressure PCNs face to do more within existing resources — makes the case for integrated FCP pathways compelling. The question for PCN leadership is not whether this approach has merit, but how quickly it can be implemented in a way that delivers real, measurable impact for patients and practices alike.

i To find out how Response Primary Care can support your PCN with integrated FCP and MSK pathways, speak to our team. We work with PCNs across England to design and deliver sustainable primary care solutions.