



GENERAL PRACTICE NURSE PAY



A salary survey of
the profession 2025

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Introduction

Concerns over pay and conditions for general practice nurses (GPNs) are constant and appear to have reached a worrying peak.

GPNs are working in demanding, high-pressured environments and are increasingly vocal about feeling undervalued and left behind when it comes to their pay. These are factors that practice managers cannot ignore particularly as many find it tough to attract and retain this vital group of professionals.

And that's why *Management in Practice* has teamed up with its sister title *Nursing in Practice* to produce this new and exclusive report exploring the current state of GPN pay and employment benefits.

Based on a survey of more than 550 general practice nursing staff, the analysis, co-authored by myself, aims to provide valuable data to help GP practices benchmark pay and benefits packages and shape their recruitment and retention strategies, so they remain competitive.

Aside from pay data, there is key insight into practice nurses' outlook on their working life. A stark finding is that a significant proportion of

the profession is looking to quit within the next year. Practice managers will be keen to know the reasons for that – which we detail. Also of interest is the more positive finding that job satisfaction levels among practice nurses is fairly healthy. Again, the report delves deeper into this important issue, uncovering the aspects of the job they most enjoy.

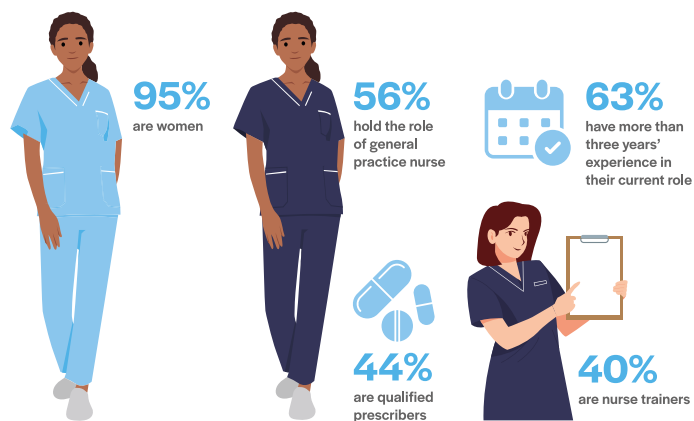
The report also includes tips and advice for practice managers on dealing with pay negotiations and how to avoid potential competition between PCN nurse salaries and practice nurse salaries.

I hope the data and analysis prove to be useful tools for practices. And most of all that it contributes to them better understanding – and addressing – the needs of general practice nurses who are so integral to the successful provision of primary care.

Rima Evans, editor, Management in Practice

2 Overview of findings

THE ROLE



PAY AND INCENTIVES



FUTURE PLANS



Based on our survey of 552 general practice nursing staff in the UK.

3 Practice nurse level of experience

Our survey shows, unsurprisingly, that the vast majority of general practice nurses (95%) are women.

The biggest group of respondents (31%) are working at Band 6 and 20% are working at Band 7 of the Agenda for Change job categories.

And the majority have been working in their current role for four years or more, with 18% having clocked up more than 15 years.

Figure 1 What Band are you employed at?

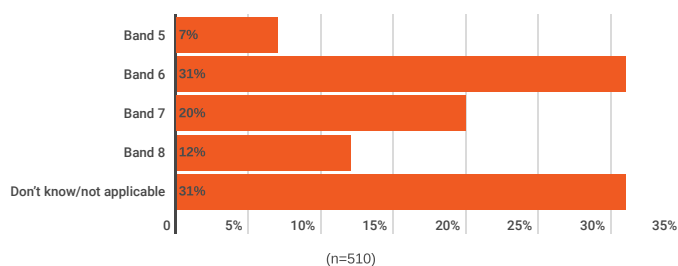
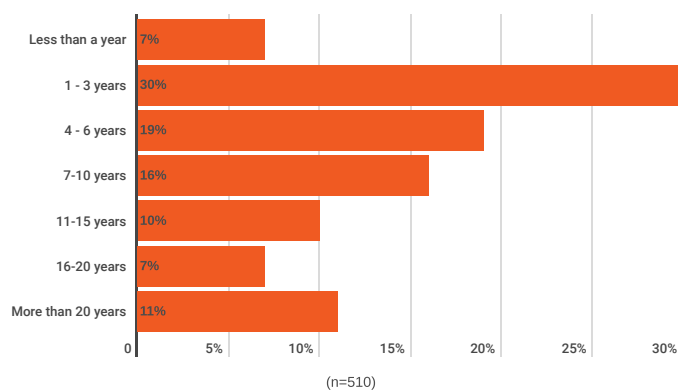


Figure 2 How long have you been in your current role?



There is almost a clear split among our respondents when it comes to holding prescribing qualifications. A total of 44% are qualified prescribers.

Finally, the majority of general practice nurses show a commitment to undertaking training and personal development. A large majority – 82% – devote an average of between one and five hours a week to this, demonstrating their professional engagement and their passion for delivering high-quality patient care.

Figure 3 Are you a qualified prescriber?

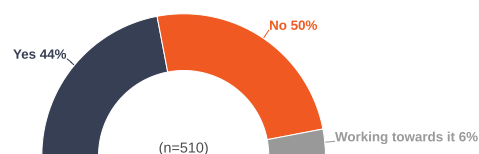
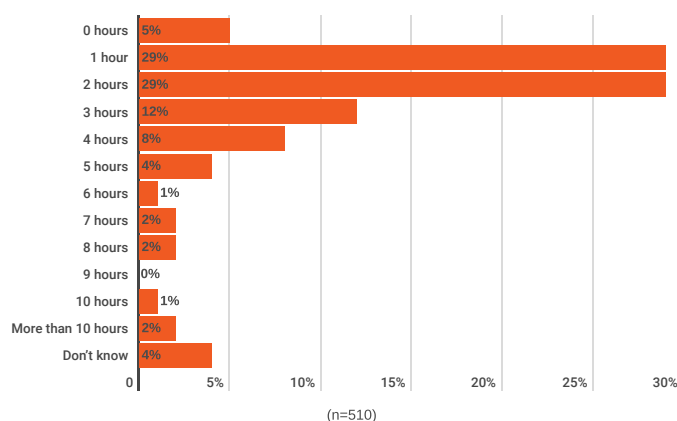


Figure 4 How many hours do you spend on your own training and personal development on average per week?



4 Practice nursing roles and responsibilities

More than half (56%) hold the role of practice nurse/general practice nurse, while just under a fifth (19%) are working as advanced nurse practitioners/advanced clinical practitioners.

Our findings show that a clear majority (64%) of respondents are based in a single site surgery. Only 12% are based across multiple locations.

Meanwhile, 40% have said they are nurse trainers too. Of those, the biggest group spend an average of two hours a week training other

staff, although almost a fifth (19%) spend between five and 10 hours on training duties.

Our survey shows there isn't much appetite for becoming a trainer among general practice nurses, with the vast majority (66%) of respondents saying they are not considering it.

Some commented that a key factor putting them off is receiving no extra pay for the additional work involved.

Figure 5 What is your specific role?

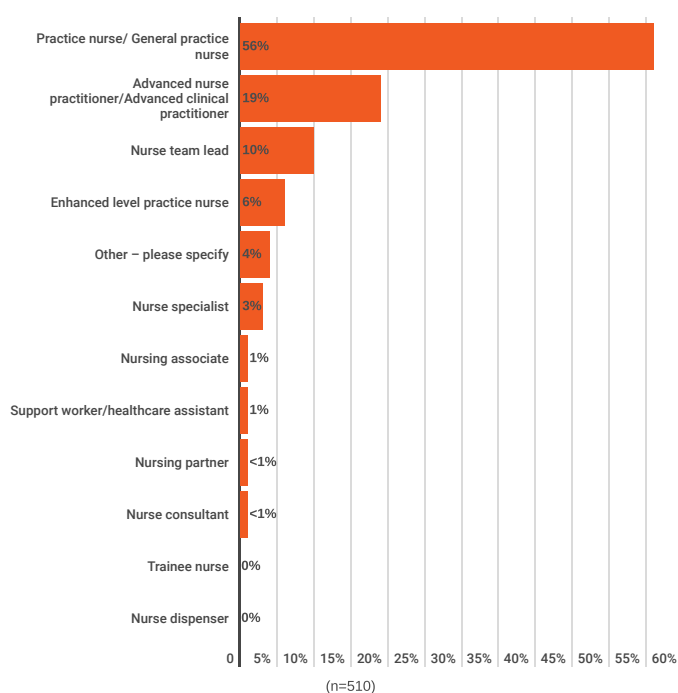


Figure 7 How many hours do you spend on training other staff on average per week?

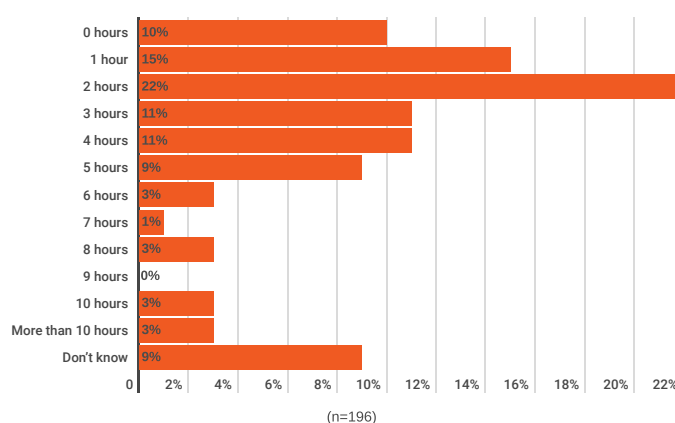


Figure 6 How many surgeries do you base yourself at?

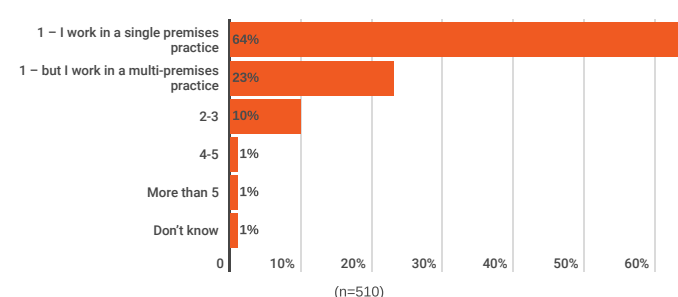
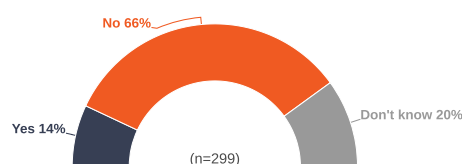


Figure 8 Are you considering become a trainer?



There is almost universal agreement among general practice nursing staff that their workload is 'somewhat intense' or 'very intense'.

And busy workloads have also meant that GPNs are working above and beyond – doing, on average, at least 3.5 hours above their contracted requirements per week, our survey revealed.

Some of the comments provided valuable insight into how the role is changing, with respondents describing how their workload was 'increasing every year' and that they were seeing more patients but with no extra staff.

One respondent said: 'The role of practice nurses has massively changed in the last five years or so.'

'We have taken on loads more responsibility, manage very complex cases, deal with almost all of the chronic disease management... and yet our pay and terms and conditions are dreadful in comparison [with secondary care]'.

Meanwhile, general practice nurses have reported a trend to working in a more solitary way, with almost half (47%) saying they are working 'a bit more' or 'far more' on their own compared with two years ago.

A smaller percentage – 42% – of respondents said the level of teamworking is similar to the way it was two years ago. And far, far fewer say teamworking has increased.

This finding is significant given that working as part of a team is ranked highly by general practice nurses as an aspect of the job they most enjoy – see Chapter 7 on Job satisfaction, Table 26.

Figure 9 How would you describe your workload?

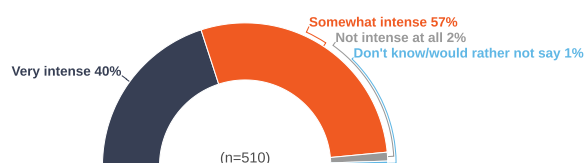
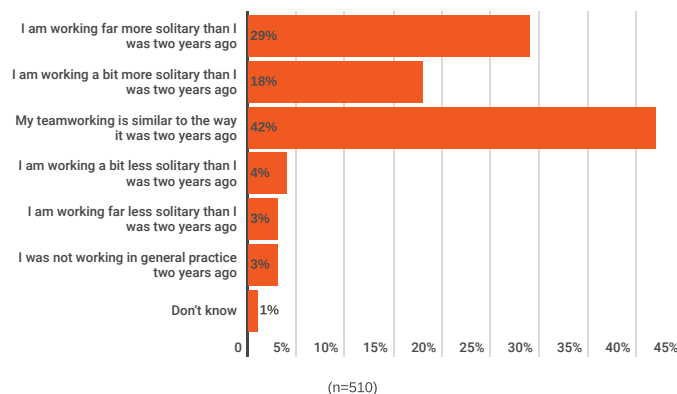


Figure 10 How has your team working changed in the past two years?



5 Pay and bonuses

Basic pay

The average salary of a full-time (or full-time equivalent) practice nurse in the UK is £35,057, our survey has found.

This number comes in lower than the government's National Career Service salary estimates – which are calculated at £37,000 for a new starter GPN and rise up to £53,000 for an experienced GPN.

But even for advanced nurse practitioners in the survey, the full-time average salary came out at just £49,203.

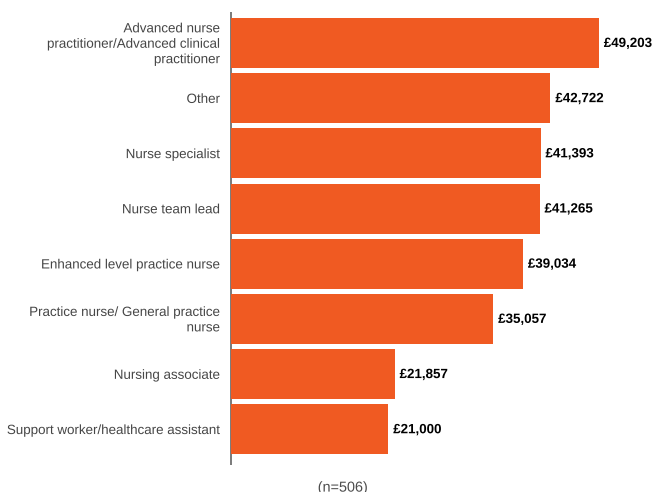
Nurse team leads and nurse specialists earn on average a salary of around £41,000, while enhanced level practice nurses receive, on average, £39,034.

Analysis of pay data according to banding under Agenda for Change shows that for those working at Band 5 (across all job roles) – typically those towards the beginning of their career – the average salary is £28,686. For those in Band 6 positions, the average salary is £34,849. Typically GPNs work at Band 5 or 6.

However, the vast majority of respondents (at least 86%) are not on Agenda for Change contracts.

As such, the findings show that general practice nurse pay lags behind the earnings of their hospital counterparts who are on Agenda for Change (AfC) contracts – even at the entry level rates.

Figure 11 Average full-time (or full-time equivalent) salary by role



For example for 2024/25, those working at Band 5 on AfC are on a minimum of £29,970 rising to £36,843. Rates for Band 6 are £37,338 to £44,962 and for Band 7, £46,148 to £52,809.

Results showed that those who are prescribers, or working towards this qualification, earn higher salaries on average – at £44,239 and £37,250 respectively. This was compared with an average salary of £33,947 for non-prescribers across all job titles.

Across all nursing job roles, those who are trainers also earn more on average – £40,085 compared with £37,660.

Figure 12 Average full-time (or full-time equivalent) salary by job seniority as categorised according to Agenda for Change bands

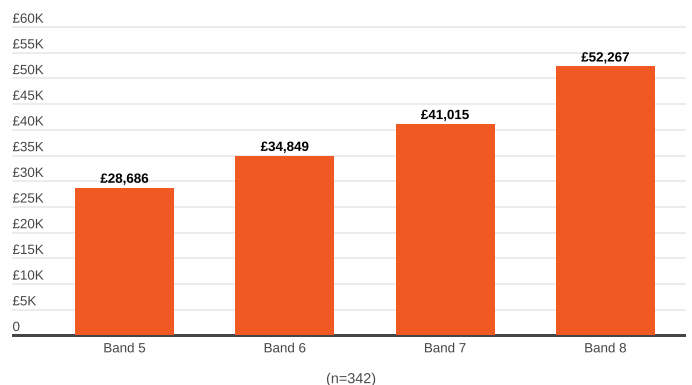
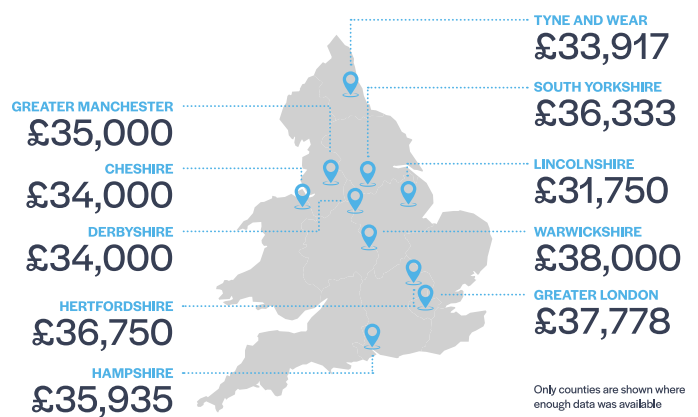


Figure 13 Average full-time (or full-time equivalent) salary of general practice nurses in England by county



As part of our analysis, we explored regional differences among those respondents who described their role as a practice nurse/GPN.

Data was limited so we only calculated averages in areas where there were eight or more respondents, which came to a total of 174 practice nurse respondents across 10 counties.

Based on our data, the highest average full-time salary overall is in Warwickshire, at £38,000. And average full-time earnings are lowest in Lincolnshire at £31,750.

Bonuses

Only around one in 10 (11%) respondents indicated they receive a monetary bonus in addition to their salary. A clear majority of 86% said they did not.

Of those that do receive a bonus, for most it's performance related.

Figure 14 Do you receive a monetary bonus in addition to your salary?

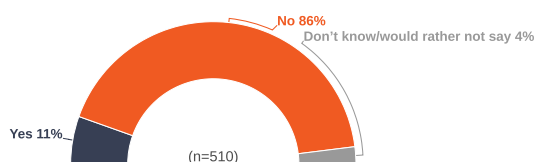
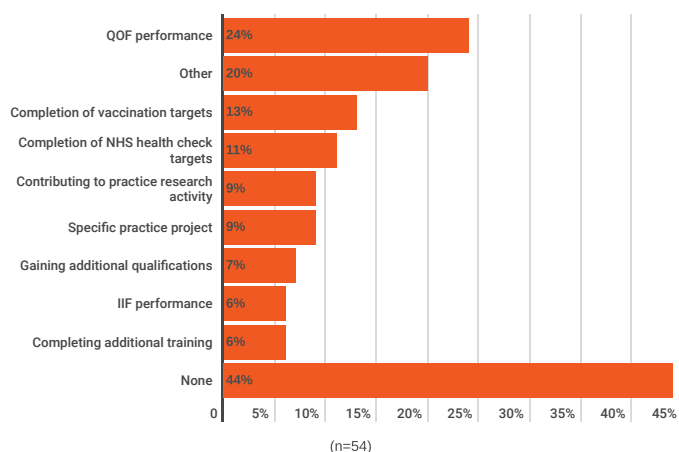


Figure 15 Is your bonus linked to any of the following?



The top three factors linked to bonus awards are:

- linked to QOF performance (24%)
- Completion of vaccination targets (13%)
- Completion of NHS Health Check targets (11%).

A total of 44% of respondents who receive a bonus said it wasn't linked to any criteria. In these instances, it seems likely they will be receiving a perk like a Christmas bonus, which not all employers offer but where it is provided it's usually given to all staff regardless of role.

One GPN noted that bonuses can sometimes fall short of expectation: 'I sometimes get a bonus at Christmas, which is added to pay and then taxed, so I end up with very little of what's offered.'

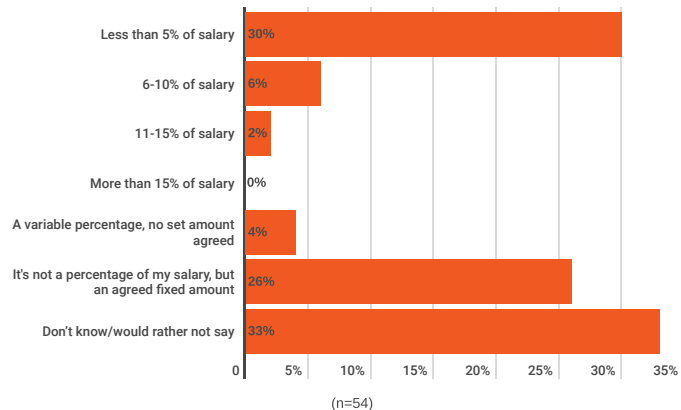
What's the value of the bonuses awarded? Almost a third (30%) of those who received a bonus said it was less than 5% of their salary. A small number (6%) said they received 6-10% and an even smaller percentage (2%) received 11-15% of their salary.

Around a quarter (26%) said they received an 'agreed fixed amount' instead of a salary percentage. Some respondents said they were awarded a bonus of as little as £20 to £50, while another said they were given a bonus equal to one weeks' wage.

Pay rises

At the time of our survey in autumn 2024, half of general practice nursing staff had not received a pay rise for 2024/25. Of those who had

Figure 16 What percentage of your salary is your bonus set at?



received an uplift, only around one in six (16%) were awarded the 6% recommended by the Government in England.

This has obvious potential consequences for retention and job satisfaction, which we look at more closely in [Chapter 7](#).

As one practice nurse respondent said: 'I have been nursing for over 45 years, and I have never felt so undervalued as I do now. I have not received a pay rise for over two years, so I am worse off than I have ever been.'

An advanced nurse practitioner also said they had been told their practice was 'intending' to give the 6% rise but added: 'We have not seen an uplift in our general pay for a few years, so have fallen behind nurses in secondary care.'

And worryingly, one nurse team lead reported having been told that 'only salaried GPs will receive a pay rise.'

Of the 45% of respondents that had been awarded a pay increase, a majority (74%) were given less than 6%. A third (33%) had received an increase of 2% or less, and almost half (46%) received a rise of 3% or less.

Figure 17 Did you receive a pay rise this year (2024/25)?

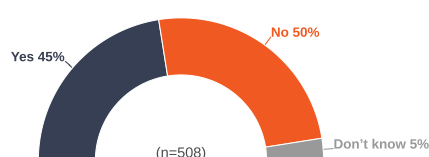
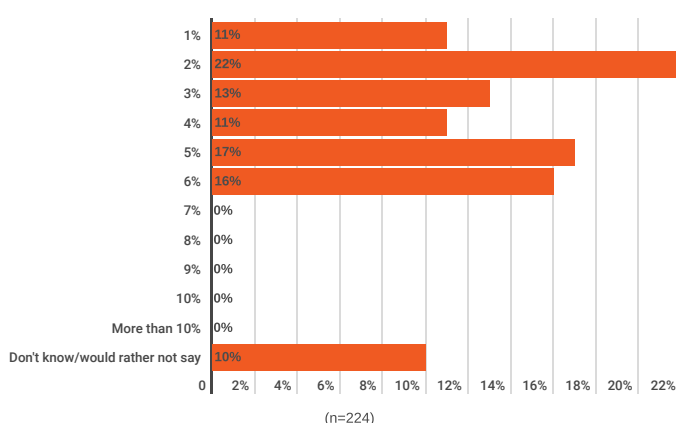


Figure 18 What pay rise did you receive?



In December 2024, the Royal College of Nursing (RCN) used this survey's data in its evidence to the independent pay review body for GPs and called for its future recommendations to 'expressly and explicitly' include the nursing profession.

In its submission to the Review Body on Doctors' and Dentists' Remuneration (DDRB) for 2025/26 – which in recent years has made recommendations on pay that have been applicable to employed general practice staff, including nurses, alongside GPs – the RCN flagged the volume of GPNs that have gone without a pay rise for the last two years.

The RCN's own survey of GPNs in February 2025 revealed almost a third of the profession was still without a pay rise for 2024/25.

RCN national officer (employment relations) Jeni Watts and RCN professional lead for primary care Kim Ball, said while general practice nursing staff are 'central' to the success of the wider NHS, they are 'repeatedly being left behind in matters of pay'.

'Differences in how pay, terms and conditions are applied have led to inconsistencies in what general practice nursing staff receive,' they said.

'Without national bargaining structures, many general practice nursing staff are left to negotiate for themselves, which adds to the disparity. Even when the government provided funding intended for practices to uplift staff pay, we know many are still not receiving the pay increase this promised.'

They stressed that employers have a 'responsibility to pay their staff fairly for the work they undertake'.

'They should acknowledge the value and worth of their nursing workforce and this should be reflected in pay that is commensurate with the level of work, skill, knowledge, and experience required,' they said.

'Paying staff fairly for the work they do helps create trust. It's a sign the employer respects and values its workforce.'

Our findings on GPN pay and pay rises – and the fact they are lagging behind hospital nurses' earnings – are a major barrier for practices in their efforts to recruit greater number of the profession.

A separate survey of 640 practices carried out by *Management in Practice*, which informed a General Practice Workforce white paper published earlier this year, showed that 23% currently report vacancies in practice nurse roles.

Practice managers and GP partners said they are finding registered nurses ‘particularly difficult to recruit’, largely because of core funding constraints that mean practices cannot keep up with pay and conditions given in other settings, especially in secondary care.

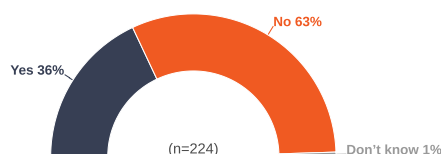
Negotiating a pay rise

Our survey suggests only 36% of general practice nursing staff proactively negotiate their own pay rise every year, versus 63% who said they do not.

Respondents were asked what particular factors they felt strengthened their case for a pay rise.

The top result was ‘gaining additional qualifications’, such as in prescribing, public health or a specialist clinical area (52%). Other factors included ‘demonstrating outstanding performance’ (47%) or the number of years they had clocked up in their role at the practice (43%).

Figure 19 Do you proactively try to negotiate your own pay rise every year?

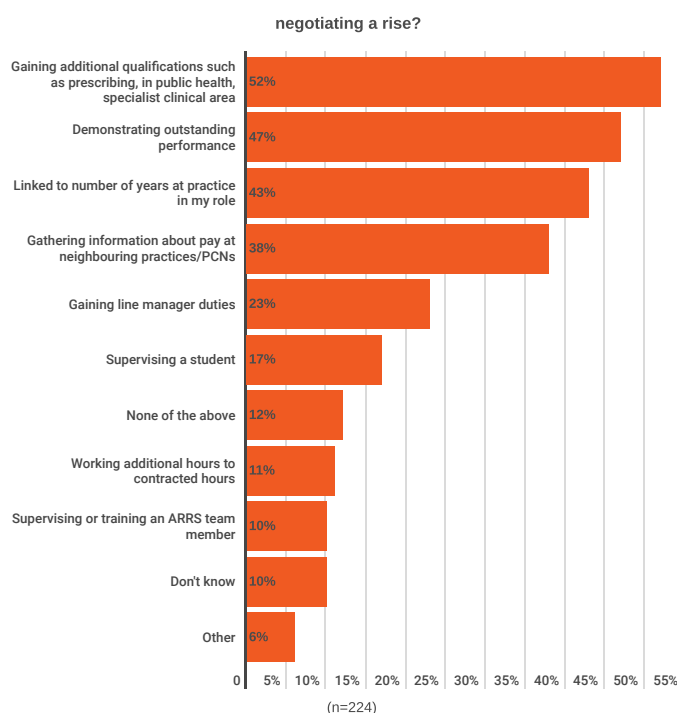


One tip that 38% thought was useful is gathering information about pay levels at other neighbouring practices or at PCN level. This was the only factor mentioned that doesn't involve taking on extra duties or professional development.

In recent years, the RCN has issued a template letter that general practice nursing staff can use to send to their employers if they aren't receiving updates on pay rises or if they felt there was a lack of transparency about the pay they should receive.

The RCN previously suggested that some GPNs had been able to achieve more than they expected after ‘asking and pushing’ their employers about a pay rise and it has been encouraging the profession to set out their expectations on pay early.

Figure 20 What factors do you feel lead to successfully negotiating a rise?



EXPERT TIPS

How can practice managers successfully handle pay rise requests?

Practice Manager Pete Woodward suggests eight tips for handling pay negotiations with practice nursing staff.

- 1 Make sure practice nurses are in the know about the context your practice is working in and the fact surgeries have suffered years of real terms cuts to funding with increases lagging behind inflation. Explain that negotiating for a rise is still important but that they need to keep these economic factors in mind.
- 2 Encourage them to start their negotiation as soon as possible. Although, of course, it's incredibly difficult to budget due to constant uncertainty around Government funding, and what increases will be given when. Being aware, early on, of what rise your nurses are seeking can make it easier to try and plan for this where possible.
- 3 Avoid having a discussion by email, it's better to have a face-to-face conversation. This is important since sometimes the nuances are lost over email and body language is important. For example, wording that you think sounds calm and reasonable in an email can come across more direct or demanding than you intended.
- 4 Advise your nursing staff to be clear in setting out the reasons they deserve a pay increase. Ask them to explain what they have done or achieved that is over and above the normal requirements of their job and that has helped make the practice more money/improve patient services. For example, have they completed some training to see a new cohort of patients? Has their work led to improvements in a particular QOF area, or a locally commissioned service? Taking this business-like approach will not only help determine whether your practice nurse should be prioritised for a pay rise, it might also help you understand where new funding might be available to cover a pay rise, such as from increased NHS health checks. Review your budgets again.
- 5 Linked to the above, also ask your nurse to outline their aims/goals for the next year and how they will contribute to the success of the practice. Are they willing to take responsibility for a particular area taking pressure of others, for example? Again this will help demonstrate to you why they should receive a pay rise and at what level.
- 6 Find out whether there are non-pay elements of their job that can be used to reward good performance. Is there a particular skill they would like to develop? Or is there a change in the way they work that can be implemented to help them feel more valued?
- 7 Don't allow the conversation to become too emotive or personal. Be empathetic and understanding without losing focus on practice budgets. Explain to your nursing staff you are aiming for a 'win win' where both parties feel they have gained rather than for one person to feel like they have 'lost'. If the dialogue becomes one where there are threats to resign then ultimately you have to take a pragmatic view as to next steps. Is this a genuine one-off situation, which should and could be redressed by more pay? Consider also how you would respond if other staff follow suit with a similar approach, having seen that it works! You will have to strike a balance between being the manager and being able to drive the practice forward and not being seen as someone easily held to ransom.
- 8 Going forward, consider building towards having a structured plan for pay rises in the future – for example, are you going to match the DDRB recommendations or a particular Agenda for Change band for nursing staff? Or is there another better approach? Doing this can take some of the sting and uncertainty out of negotiating pay and sends a message to your team that you're proactively looking after them as best you can within your budget.

Pete Woodward is managing partner at Cheadle Medical Practice and Alvanley Family Practice in Stockport, and runs Woodley Village Surgery on a consultancy basis.

6 Employee benefits

It's no surprise that the most common employee benefit for general practice nursing staff is membership of the NHS pension scheme – 91% of respondents said they have this.

Also in the top five most popular benefits are free parking; a summer or Christmas party; protected time off for study; and occupational sick pay.

Overall, the findings show that GPNs are on fairly standard employment packages, with few enhanced benefits unlike under Agenda for Change terms and conditions.

One GPN commenting in our survey pointed out the 'shocking' difference in benefits when they moved from an NHS role into general practice. She said: 'I did not realise that many of the benefits from the NHS are not reflected in general practice jobs – benefits such as maternity leave, sick pay and bereavement leave. There is no one rule for all, but rather GPs manage their team as they see fit, which can be so inconsistent when you look at other practices.'

Chair of the Institute for General Practice Management Kay Keane says this situation is unsurprising since practices' funding is so tight.

She says: 'Practices would love to offer enhanced terms and conditions for practice nurses and wider allied health professionals, as well as admin and clerical teams. Sadly, we are simply not funded to do so.'

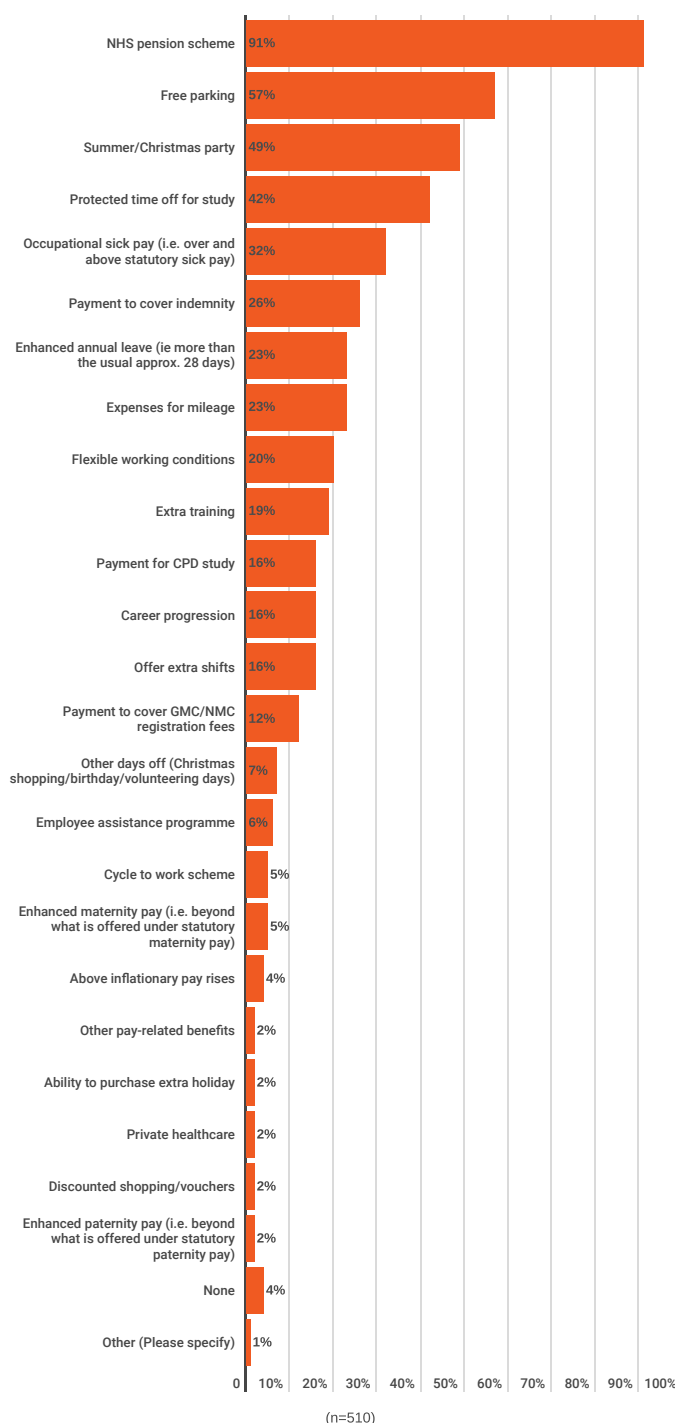
'Any practice that offers more is in the minority, unfortunately. Unlike NHS Trusts, which receive centrally allocated funding linked to Agenda for Change (AfC), GP practices do not, meaning we often can't match AfC pay scales or enhancements such as unsocial hours payments or high-cost area supplements.'

Kay admits this lack of parity creates inequity and makes it harder to attract and retain practice nurses, especially where trusts can offer more attractive financial packages.

But she points out the benefits primary care does have to offer. 'For those looking for a better work-life balance and the opportunity to deliver continuity of care in a holistic, community setting, general practice nursing is a deeply rewarding career. Practice nurses work with a high degree of autonomy, and many go on to specialise in clinical leadership, chronic disease management, or advanced clinical practice.'

Kay, who is practice manager at Urban Village Medical Practice in Manchester, adds: 'Many practices, ours included, strive to offer non-financial enhancements too – such as cycle to work schemes or season ticket loans. More importantly, we offer a bespoke career pathway, with the chance to become an expert in long-term condition management and to build real, lasting relationships with patients.'

Figure 21 What benefits are provided from your employer?



7 Retention and job satisfaction

Concerningly, more than a quarter (28%) of general practice nursing staff indicated they are considering leaving their jobs within the next 12 months. Dissatisfaction with pay and feeling undervalued are among the key reasons for this.

Of those wanting to leave their role in general practice in the next year, the top five reasons cited are:

- Feeling undervalued in my job (68%)
- GPN pay in general not keeping in line with cost of inflation (67%)
- Pay at my practice doesn't reflect my responsibilities and workload (60%)
- Workload is too high (48%)
- Job is too stressful (45%).

Other concerns include a lack of career progression opportunities (29%), feeling isolated in their role (26%) and the impact of the additional roles reimbursement scheme (15%).

Just under a quarter (24%) of those thinking about leaving say they plan to retire.

Meanwhile, as we already saw in Figure 8, Chapter 4 on Nursing roles and responsibilities, an overwhelming majority of GPNs reported that their workload was 'very' or 'somewhat intense'.

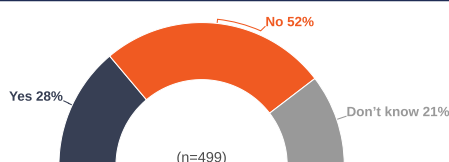
They also described the 'constant pressure' they are under, as well as the sometimes unsafe conditions they are working in to meet increasing demands.

One GPN commenting in the survey said: 'Practice nursing has become relentless. We have little or no say in our list size and at times I feel we work unsafely with no support from GP.'

Another nurse in London points to covering two practices with populations of 10,000 and 5,000: 'All the liability of all things nursing relies on you, eg immunisations, infection control, smears, diabetic physical checks, wound dressings, stock, fridge responsibility.'

Further analysis showed that of those who said they are thinking of leaving their role in general practice in the next 12 months, the highest

Figure 22 Are you thinking of leaving your role in general practice within next 12 months?



percentage describe their workload as very intense (53%).

Comparatively, of the respondents who said they are not thinking of leaving their role in the next 12 months, only 30% described their workload as very intense.

One ANP respondent commented: 'I'm not thinking, I am definitely leaving. Burnout, fatigue and no pay rise and lack of employer appreciation has made this decision.'

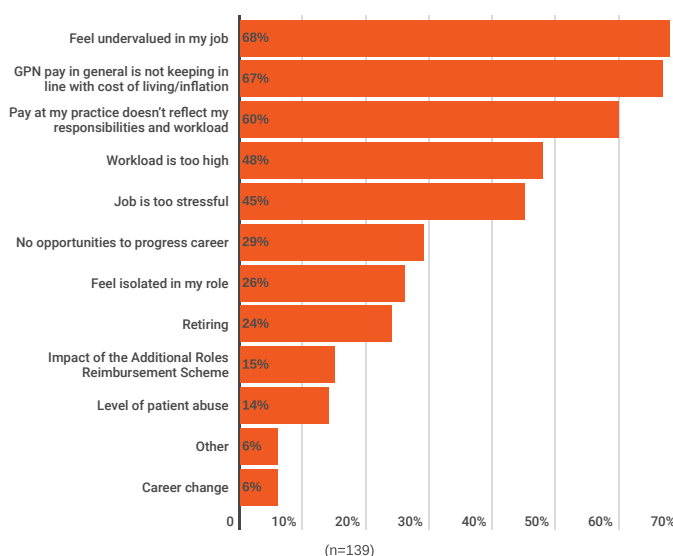
Another nurse added: 'I'd love to stay where I am, but I just don't feel my role is appreciated or understood and the pay is dreadful compared to the stress and levels of responsibility.'

Looking beyond the next 12 months to the medium term, the outlook for general practice nursing becomes even gloomier. Only a third (35%) of respondents said they thought they would still be working in general practice in five years' time.

More than a quarter (26%) say they would be retired and a further 7% indicated they plan to be working in a role outside of nursing.

Despite this, there is a glimmer of hope. There might be a significant number of those looking to quit their jobs, but when it comes to job satisfaction, a majority of 62% said they are 'fairly' or 'very satisfied' in their role.

Figure 23 What are the main reasons for you wanting to leave your role in general practice?



Survey respondents were asked to rank the parts of their role they enjoy the most. Unsurprisingly, the elements linked to patient care were rated highest, although job characteristics such as good work-life balance are also clearly valued. Practices will want to take note of these when developing their retention strategies.

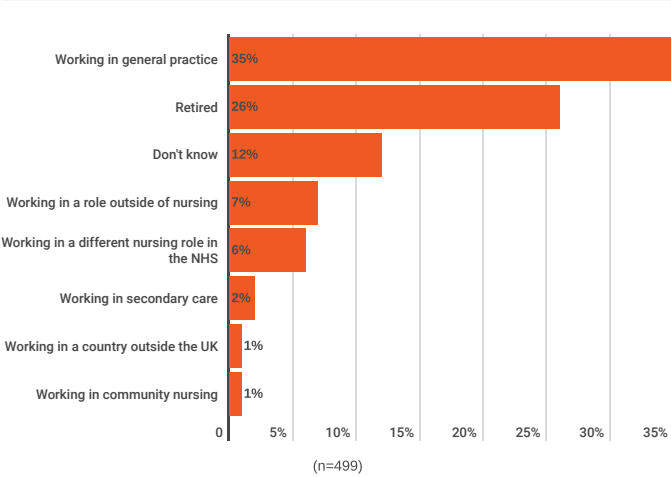
What is also noteworthy for practices aiming to enhance job satisfaction is that while working as part of a team is ranked second by general practice nurses as the most enjoyable part of the job, our findings suggest it may be on the decline.

A total of 47% said they are working in a more solitary way than they were two years ago (see Figure 10).

This shift can be attributed in part to the additional roles reimbursement scheme (ARRS), introduced in 2019, and that has brought in a variety of new team members to GP surgeries, so the focus is less on the traditional nursing and GP roles.

The general practice workforce white paper, which *Management in Practice* contributed to, showed that practice nurses made up a larger percentage (26%) of practice clinical teams in 2019 than in 2024 (18%), as numbers of other clinical staff, such as physiotherapists, physician associates and paramedics exploded.

Figure 24 Where do you think you will be in five years' time in terms of your career?



One nurse respondent, who has been practising for four decades, highlights one side effect of that, as making her job a more solitary one.

‘There used to be time for nurses to meet up in peer groups. Now, often, there may only be one nurse in a practice along with ARRS staff. The nurse might be doing mostly cytology and baby immunisations. Long-term conditions will be delegated to the physician associate or nursing associate.’

The move to now include more nursing roles in ARRS may alter this pattern of working again but practices should review it's effect closely in order to keep their practice nurses engaged and motivated.

Meanwhile, what cannot be ignored even despite the positive findings on job satisfaction is the feedback that pay is lacking. Several comments highlighted the conflict between these two issues.

One practice nurse said: ‘The practice is very supportive and a great team. I feel able to progress in my career and complete training, but the pay does not match this. I feel we are pushed to improve our knowledge and skills with little reward through pay/conditions.’

Another also said: ‘Love the job but not the responsibility compared to pay.’

Figure 25 How satisfied are you with your job?

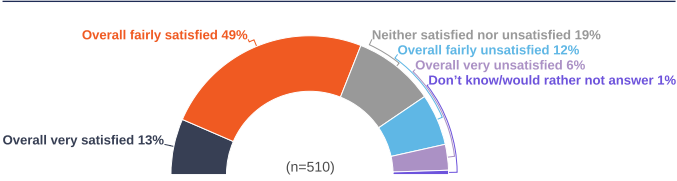









Figure 26 What elements of the job do you most enjoy?

Ranking	Job feature
1	 Patient interaction/relationships
2	 Working as part of a team
3	 Being able to offer continuity of care
4	 Contributing to improved patient outcomes
5	 Work-life balance (i.e. not having to do shiftwork and having core hours)
6	 Autonomy in job
7	 Opportunities to develop

Our findings showed significant levels of job dissatisfaction too. Almost one in five (18%) said they are 'fairly' or 'very unsatisfied'.

The reasons for this link back to the familiar themes of pay, workload and stress as mentioned above (see Figure 23).

Practice nurses described how being 'short staffed, on low wages and overworked' and having a 'lack of support and heavy workload' – as well

as the consequences of that on patient care – are contributing factors to feeling unhappy in their work.

As one respondent said: 'There are so many constraints on time you feel that you cannot give the care patients truly deserve.'

And another commented: 'The workload is increasing without any recognition of the impact of the nurse role in general practice.'

VIEWPOINT

Jennifer Aston, Queen's Nurse and advanced clinical practitioner ambassador for Cambridgeshire and Peterborough Training Hub – and recently retired from clinical practice

It is not at all surprising that GPNs are feeling disillusioned about working in general practice. General practice as a whole is struggling with increased workload and ever-changing expectations with less resources both physical and financial.

Many nurses came into general practice when things were much less pressured, and they could really enjoy their work and feel they were providing a good patient experience. Now, nurses are being asked to do more with less time and less money.

They are also feeling threatened by other roles taking away the 'simple' tasks and also face a lack of career development and support for training.

Pay is a big issue as it is one way nurses can feel valued. In the past, GPNs may have been given bonuses or reasonable annual pay uplifts, but that is much rarer today due to financial constraints.

For many nurses it is not just the pay – it is the terms and conditions such as sick leave, holiday or maternity leave, which is often much less generous than what is given to those in hospitals or in the community on Agenda for Change.

I believe there needs to be a stronger push to promote fair pay for GPNs, in the same way there is for GPs.



General practice nursing and ARRS

Almost a third (31%) of practice nurses say their role has ‘somewhat’ or ‘dramatically’ changed for the worse since the additional roles reimbursement scheme (ARRS) was introduced in 2019.

Nursing leaders have warned that the scheme has sparked ‘a lot of role substitution’ between nursing associates and GPNs, and that nurses had been expected to supervise ARRS staff while on lower pay.

The scheme – which is used by primary care networks (PCNs) to fund the salaries of a range of primary care roles – had until recently excluded GPNs, instead including nursing associates, advanced nurse practitioners and then last year, enhanced level practice nurses.

However, in March it was announced that GPNs (both experienced and new) and consultant nurses have now been added to the scheme for 2025/26.

Practice nurses commenting in our survey expressed fears that ARRS had ‘deskilled’ the profession. ‘Some of the GPN skills have been taken away and done by others,’ said one nurse team lead.

Another practice nurse admitted they thought the scheme is ‘dumbing down our profession’.

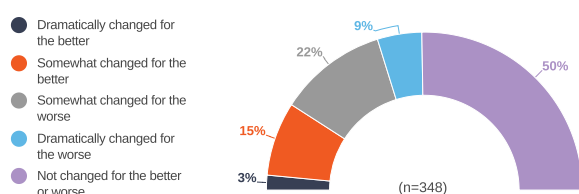
These comments obviously pre-date the latest changes that incorporate GPNs into ARRS. Still, the scheme has evidently eroded job satisfaction for a significant portion of nurses and it will be important for practices to monitor this to minimise attrition or a further fall in morale, as the scheme continues to evolve.

That said it is worth noting that half of our respondents (50%) said the ARRS had not changed their role for the better or worse. And some 18% said it changed their role for the better.

How will the extra nursing roles being added into ARRS affect pay at practice level?

The maximum amounts that PCNs can claim to fund hires under the scheme are based on Agenda for Change pay scales, which practice-based pay largely lags behind when it comes to nursing roles.

Figure 27 How much has your role changed since the additional roles reimbursement scheme was introduced in 2019?



In theory, this could create competition between the two organisations, making it even harder for practices to hire and keep nursing staff.

Kay Keane, chair of the Institute for General Practice Management, admits this is a risk but says there are caveats in place. For example, GPNs cannot be hired under ARRS if they have held a post in their current PCN or any other member practices in the last 12 months. ARRS funds also cannot be used to subsidise practice-funded GPN or nurse consultant roles that existed before 1 April 2025.

She adds: ‘On the ground, what I am seeing is PCNs not funding full-time ARRS roles since sharing of staff doesn’t always work well.

‘And the reimbursable amounts available to PCNs include on-costs such as for pensions and National Insurance, which has risen from this April, and even might have to be allocated for development opportunities, making less money available for actual salaries.’

‘In reality, funding pressures on PCNs is similar to that on practices. PCNs are expected to set pay that is fair, competitive and that aligns with the role and experience, but they can technically pay less or more than AfC rates as long as it’s within the total reimbursable envelope.’

To help practice managers navigate any potential conflict, she says the IGPM advocates:

- clarity on governance: clear agreements between practices and PCNs to prevent role duplication or internal competition and;
- Workforce planning at local level: joint agreements between PCNs and practices to map and grow the workforce collaboratively, rather than compete for it.

The organisation also calls for greater investment from Government into the core contract so practices can retain experienced staff, including nursing staff, and not rely on PCN structures.

Indeed, in recent months, sector leaders have accused the government of failing to address long-term pay disparities faced by GPNs by instead directing funding through the ARRS.

The RCN says practice nurses are not ‘additional roles’ but ‘a core part’ of the general practice nursing workforce, and that ARRS contracts risk ‘unstable employment’, creating temporary roles that are ‘subject to available funding’, rather than being permanent.

RCN director for England Patricia Marquis told *Nursing in Practice* in February: ‘There must be, as a minimum, an equitable and stabilising approach to general practice nursing employment.

‘Nursing staff working in primary care need to see funds ringfenced specifically to cover pay. This must, at minimum, reflect NHS pay, terms and conditions.’

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About the survey

Nursing in Practice ran an online survey of general practice nursing staff from 20 September until 18 October 2024, collating responses using the SurveyMonkey tool.

A total of 552 general practice nursing staff responded to these questions from across the UK, with the majority within England.

The report has been co-authored by Rima Evans, editor, *Management in Practice* and Megan Ford, news editor, *Nursing in Practice*.

Graphs and design work were produced by James Depree.

We are very grateful to Teresa Kopp who provided additional analysis of our findings.



