



Nursing
IN PRACTICE

GENERAL PRACTICE NURSE PAY

A salary survey of
the profession 2026

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1 FOREWORD

Everyone who works in general practice should be proud of their contribution to our health and care systems. Without them, hospitals would be even more overwhelmed than they are already, patients would head to A&E when they do not need to, and local services would collapse.

Looking back to the creation of the NHS, general practice sat slightly outside the system, despite being, by design, the first point of contact for patient care.

Among all the changes that have happened since then, general practice remains the absolute bedrock of health and care, and the nursing staff working in it remain central to its success. The fact is that without nursing staff, primary care services simply would not function.

Nursing staff are a constant presence in every general practice operation, but they continue to be left behind when it comes to pay. Even when the government says they are entitled to a pay rise, too many are left without any increase at all, while the cost of living continues to increase.

They also face inferior terms and conditions, missing out on things like time for professional development, sickness and maternity pay. Considered alongside the failure to deliver on fair pay, it is little wonder that so many are thinking of quitting. This cannot be right, and we are determined to change this.

Patients hugely value nursing staff on this frontline of care and we know that many ask to see the practice nurse before their GP. Their

expertise covers a wide range of programmes, including childhood immunisations, cervical screening, complex long-term condition management, and women's health initiatives.

They are working under immense pressure with a growing demand that is not keeping up with the staff needed. Despite their crucial role, they are rarely mentioned by healthcare and political leaders.

We know many staff are now forced into negotiations with their employer when it comes to pay, often complicated by the fact that same person is also a colleague. Done right negotiation is a valuable tool, but we should not be in this place every year with staff needing to make the case for an increase in pay.

Along with the government, employers in general practice need to show they value their staff and this starts with paying them fairly without the need the for back and forth that negotiations create.

As the government pushes ahead with its plan to bring care closer to home, the findings in this report demonstrate how essential nursing staff in general practice will be to delivering on those ambitions.

We know the value we bring to patients, services and our wider communities. So, let's work together to chart a new course for general practice nursing, built on fair pay, good terms and conditions and respect for our skills.

Patricia Marquis

Executive director of Royal College of Nursing (RCN) England

2 INTRODUCTION

General practice nurses (GPNs) are the backbone of general practice and – as shown in this report – are integral to the future of primary care and the government’s shift away from hospitals and towards prevention.

Delivering several million appointments every month, GPNs play a vital, expanding and leading role in delivering frontline care, supporting patients with long-term conditions, prevention and much more.

However, our findings highlight a widening gap between their contribution and how they are recognised and rewarded. This poses a significant risk to the sustainability of the primary care workforce at a time of increasing demand.

Nursing in Practice’s General practice nurse pay: A salary survey of the profession 2026 report is the second of its kind, following on from our 2025 publication. While a year has passed, concerns around pay, terms and conditions frustratingly remain somewhat the same.

Based on a survey of almost 900 nurses working in general practice, our report once again adds weight to concerns that many GPNs are not receiving a salary that they believe reflects their complex roles and

responsibilities, or an annual pay rise – and worryingly, the situation is pushing many to consider quitting the sector altogether.

Our report provides an overview of the salaries of those across the general practice nursing team, as well as across different pay bands and regional areas. It dives into the disparities between the pay and conditions of nurses working in general practice compared to those in the NHS, and importantly, what this means for recruitment and retention within general practice. We also explore employee benefits, pensions and identify a workforce that is largely satisfied in their roles and values patient interactions, continuity of care and working as part of a team.

Crucially, we set out recommendations for the government to consider – including the need for ringfenced funding for GPN pay; a nursing voice in negotiations and closer alignment to Agenda for Change (AFC).

In producing this second report focused on all things GPN pay, terms and conditions, Nursing in Practice is supporting the case for change and evidences why employers, national stakeholders and the government can no longer afford to ignore this issue.

3 OVERVIEW OF FINDINGS

THE ROLE



98%
are women



54%
hold the role of
general practice
nurse and 14%
advanced nurse
practitioner



73%
have more than three years'
experience in their current role



40%
are qualified prescribers

PAY AND INCENTIVES



£35,884
is the average full-time
salary of a general
practice nurse

£36,443
is the average full-time
salary of a Band 6 general
practice nurse



13.5%
of general practice nursing
staff receive a monetary
bonus in addition to salary



56.5%
don't proactively try to
negotiate a pay rise every year



11%
are on Agenda for Change (AfC)
terms and conditions



34%
did not receive a pay rise
for 2025/26

Top three most common employee benefits general practice nursing staff receive are:

54%

free parking



52%

summer/Christmas
party



40%

protected time
off for study



FUTURE PLANS

32%

are thinking of leaving
their role in general
practice within the next
12 months



54%

have worked while
feeling mentally unwell
over the last year



65%

are 'fairly' or 'very satisfied' in their role



96%

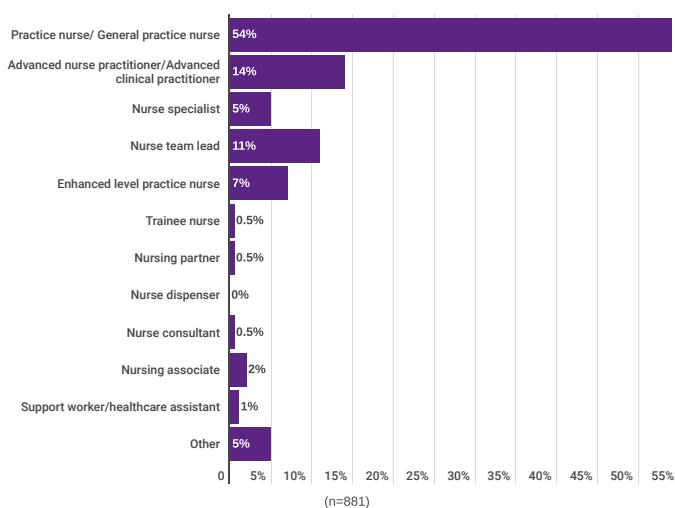
describe their
workload as 'intense'

4 EXPERIENCE AND RESPONSIBILITIES

General practice nursing continues to be a profession dominated and led by women. Our survey shows 98% of general practice nursing staff are women and 2% are men.

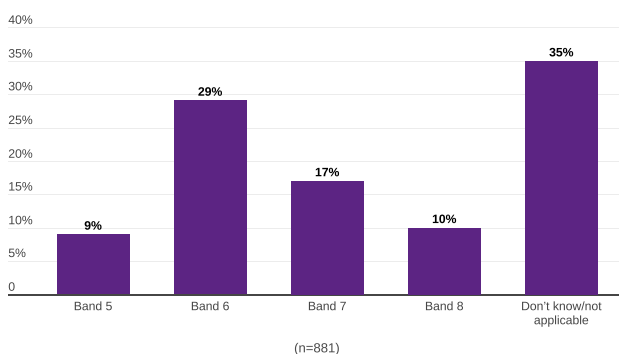
More than half of respondents (54%) hold the role of practice nurse/general practice nurse (GPN), while 14% are working as advanced nurse practitioners/advanced clinical practitioners. A further 11% are nurse team leads, 7% are enhanced level practice nurses and 4.5% hold the role of nurse specialist.

Figure 1 Which of the following most closely describes your specific role?



The majority of respondents are employed at Agenda for Change (AFC) Band 6 (29%), followed by those at Band 7 (17%). Almost one in 10 (9.5%) are working at the equivalent of very senior Band 8 positions. These represent a workforce that is highly skilled and experienced,

Figure 2 What pay band are you employed at?

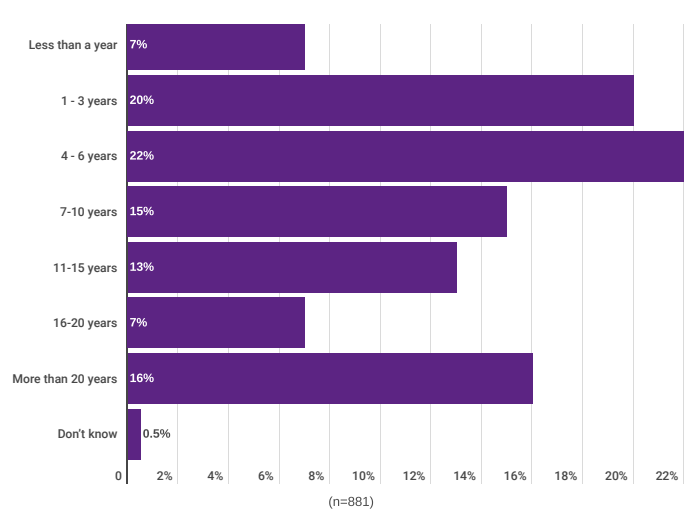


working at the higher end of the pay bands.

Those employed at Band 5 make up the smallest group of respondents (9%) – perhaps reflecting concerns that many newly registered nurses do not see general practice nursing as a starting point for their career. It could also mirror issues around a lack of placement opportunities in general practice nursing – where many student nurses are not exposed to this working environment and therefore do not always see it as an immediate career option.

Our findings showcase the level of experience of the workforce, with almost a quarter (23.5%) of respondents clocking up more than 15 years working in the sector. Overall, almost three-quarters (73%) have been working in general practice for four years or more, while only 7% had worked there for less than a year.

Figure 3 How long have you been in your current role?



Almost one in four (39%) nurses working in general practice are prescribers and a further 8% are working towards a prescribing qualification. This again adds weight to the level of experience of the workforce, with several practice nurses explaining how their prescribing capabilities has 'not only benefitted patients, but also relieves some of the prescribing workload from GPs'.

One advanced nurse practitioner says: 'I work autonomously and prescribe. I take a significant amount of work away from GPs, so they can focus on more complex presentations.'

There is widespread agreement (96.5%) that the workload of nurses in general practice is intense. More than a third (37%) describe their workload as 'very intense', while a further 60% say it is 'somewhat intense'.

Figure 4 Are you a qualified prescriber?

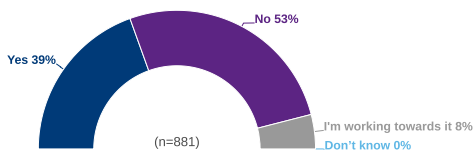
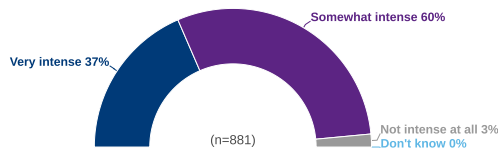


Figure 5 How would you describe your workload?



Nurses describe being the 'go-to' professional at their practice for several long-term conditions, such as diabetes, asthma, wound care and more. But increasing patient demand and pressure from employers means many are feeling stretched above their capacity.

Latest workforce data from NHS England suggests there are a total of 16,747 full-time equivalent nurses working in general practice – down 0.7% since January 2025. The total headcount has also fallen by 1.3% over the last year. National data also shows that nurses are delivering just under six million appointments every month.

One practice nurse says the workforce is 'a real lifeline' for patients but warns there are not enough registered nurses working in GP practices to meet demand. 'We are working on our breaks and during admin time to see patients as we have never got enough appointments. This is not good for morale but there are not enough GPNs,' they said.

Another practice nurse says 'there is always more to do than hours to do it', while another describes supporting almost 150 patients every week to manage complex chronic conditions.

Busy workloads have meant that, on average, GPNs are working around three hours above their contracted requirements every week, according to our survey.



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5 PAY AND BONUSES

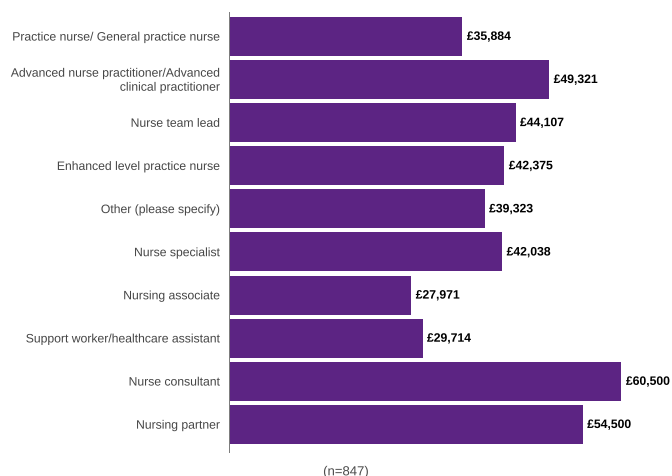
Basic pay

The average salary of a full-time (or full-time equivalent) general practice nurse (GPN) in the UK is £35,884, our survey has found. This comes in lower than the government's National Career Service salary estimates – which are calculated at £40,000 for a new starter GPN and rise up to £57,000 for an experienced GPN.

But even for advanced nurse practitioners (ANPs) within our survey, who hold additional qualifications and training to GPNs, the full-time average salary came out at just £49,321. Nurse team leads earn on average a salary of £44,107, while enhanced level practice nurses and nurse specialists earn around £42,000.

This year's findings suggest pay is slightly higher than last year's results – although the sample size is significantly bigger this year. Our 2025 report suggested the average salary of a full-time practice nurse was £35,057 (2% less than this year). However, the average salary of an ANP is only around £100 more this year (from £49,203 in 2025).

Figure 6 Average full-time (or full-time equivalent) salary by role



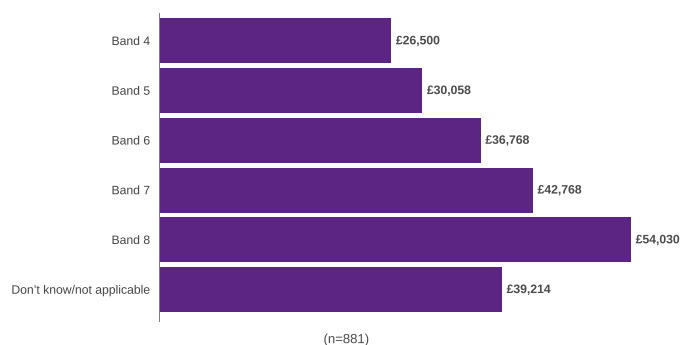
Analysis of our pay data according to job bands (as categorised by Agenda for Change) shows that nurses at Band 5 (across all roles) are earning a salary of £29,980 and at Band 6, £36,768. For those at Band 7, the average salary stands at £42,768, while those at Band 8 are earning an average of £54,030.

When mapping those with a GPN job title against pay bands, the salaries turn out to be even lower:

- Those with a GPN job title at Band 5 are earning an average salary of £29,976

- GPNs at Band 6 are earning £36,443
- GPNs at Band 7 are receiving £40,892.

Figure 7 Average full-time (or full-time equivalent) salary by job seniority as categorised according to Agenda for Change bands



Not only are these salaries again lower than the government's National Career Service expectations, they are also much lower than the Agenda for Change pay levels.

For example, an NHS AfC nurse would have an entry salary at Band 5 of £31,049 – climbing to £37,796 at the top end of the pay band. For those at Band 6, the entry point salary is £38,682 – increasing to £46,580 at the top point of the band.

In simple terms, our data suggests AfC NHS nurses at the top end of Band 5 are earning over £1,000 more than practice nurses at Band 6. Perhaps starker is that AfC nurses at the top of Band 6 are earning almost £5,700 more than practice nurses at Band 7. (We explore AfC issues more closely in [chapter 7](#).)

Table 1 Average pay for GPNs not on AfC versus pay band ranges for nurses on AfC

	Average pay for GPNs not on AfC	Pay range for nurses on AfC
Band 5	£29,976	£31,049 – £37,796
Band 6	£36,443	£38,682 – £46,580
Band 7	£40,892	£47,810 – £54,710

Source: Data from Nursing in Practice survey and from [NHS Employers](#)

Nurses responding to our survey raise countless concerns that their pay does not reflect the work they do, including one GPN who says: 'Practice nurses don't get the recognition we deserve. We are highly skilled nurses who work autonomously but are an integral part of the wider team. We deserve the same pay scale as nurses working in secondary care,

to reflect our hard work and expertise in general practice. We are the “forgotten nurses”.

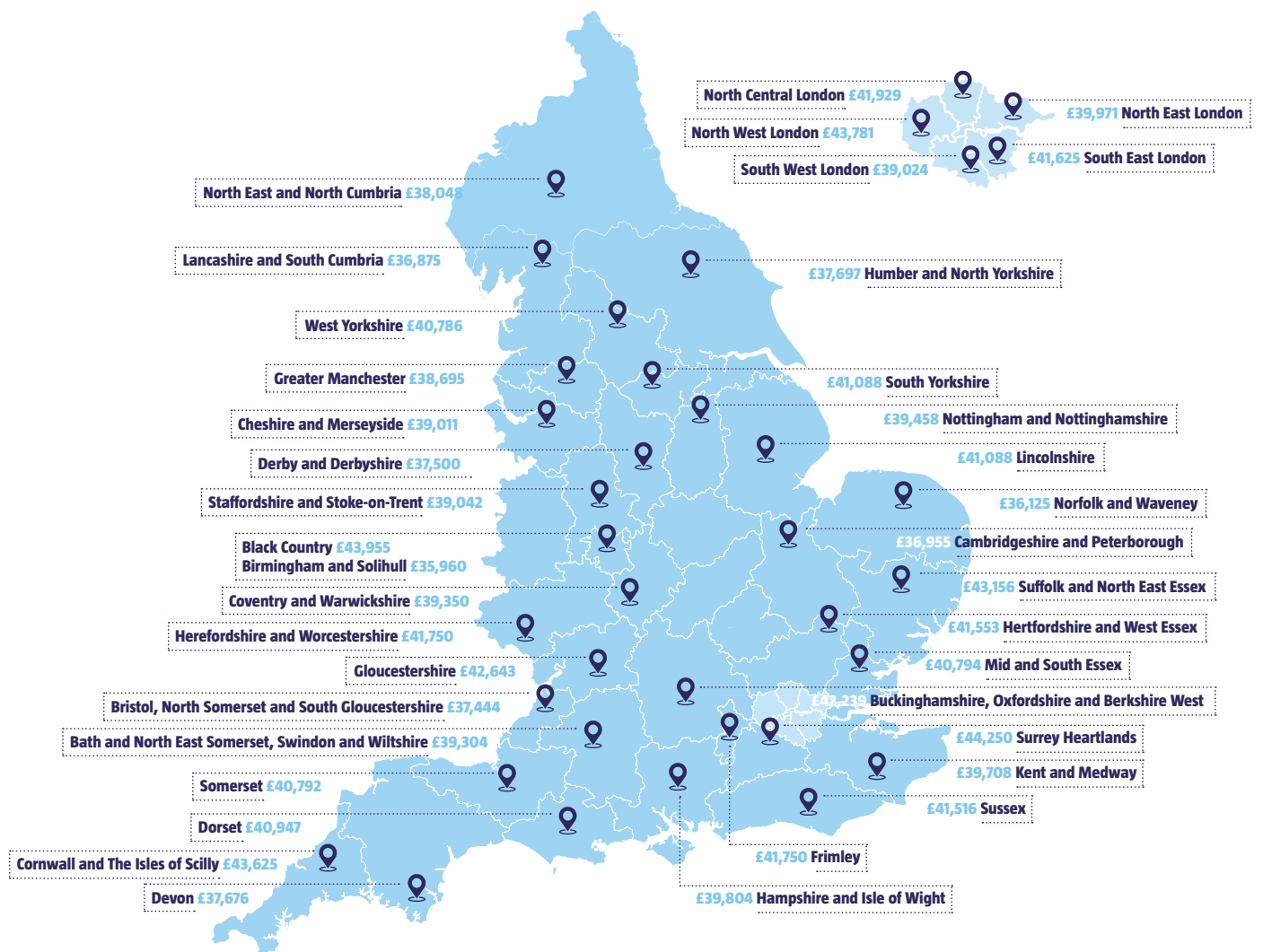
As part of our analysis, we also explored regional differences among nurses working in general practice. Data was limited so we only calculated averages in integrated care board (ICB) areas where there were eight or more respondents. Our survey was also carried out before ICB areas changed on 1 April.

Our data suggests that nurses in general practice are earning the highest average full-time salary in Surrey – standing at £44,250.

And average full-time earnings are lowest in Birmingham at £35,960. Explore our map below (Figure 8) for average full-time salaries of nurses in general practice in England by ICB.

When broken down specifically to the GPN/practice nurse role, the average full-time earnings were highest in Suffolk and North East Essex at £42,722 and lowest in Norfolk and Waveney, at £31,000.

Figure 8 Average full-time (or full-time equivalent) salary of nurses in general practice in England by ICB

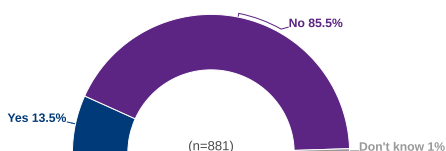


Our results also showed that those who are prescribers, or working towards this qualification, earn higher salaries on average – at £45,054 and £37,289 respectively. This was compared with an average salary of £35,827 for non-prescribers across all job titles.

Bonuses

Only 13.5% of nurses in general practice say they receive a bonus in addition to their salary – versus the 87% who do not.

Figure 9 Do you receive a monetary bonus in addition to your salary?

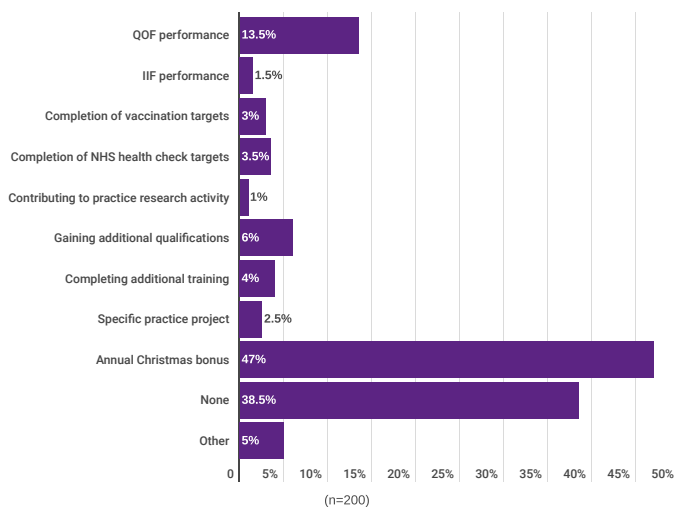


Of those that do receive a bonus, for most it's related to an annual Christmas bonus (47%).

Other factors linked to bonus awards are:

- Linked to QOF performance (13.5%)
- Gaining additional qualifications (6%)
- Completing additional training (4%)

Figure 10 Is your bonus linked to any of the following?

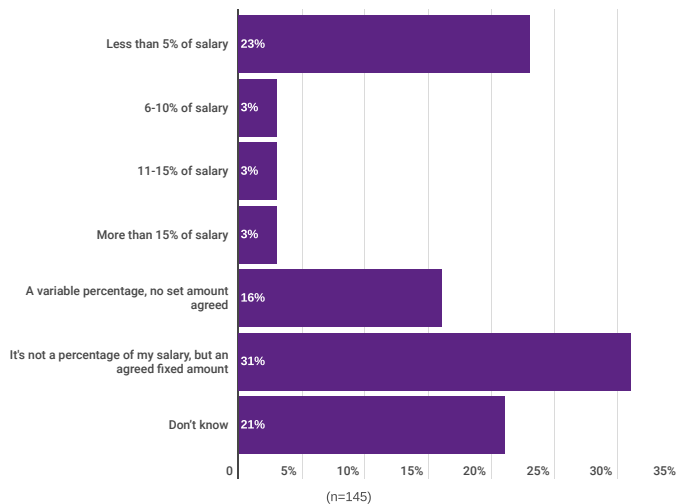


Almost a quarter (23%) of those who received a bonus say they got less than 5% of their salary. A very small number (3%) say they received either 6-10% or 11-15% of their salary.

Meanwhile, around a third (31%) received an 'agreed fixed amount' instead of a salary percentage and 16% said they were given a 'variable percentage'.

Several nurses left comments in the survey stating that they received a voucher – ranging between £20 – £200 – around Christmas, instead of an official bonus.

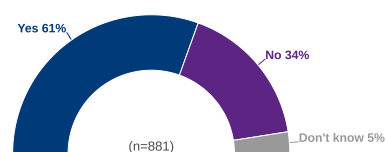
Figure 11 What percentage of your salary is your bonus set at?



Pay rise

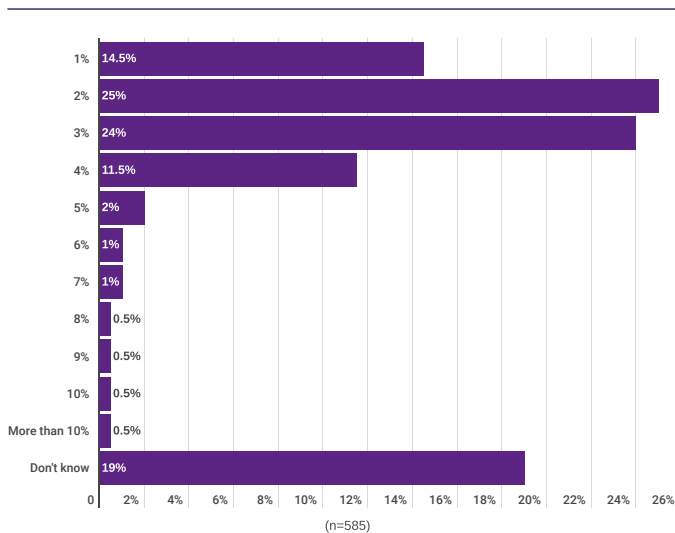
At the time of our survey in February 2026, more than a third (34%) of general practice nursing staff had not received a pay rise for 2025/26. Of those who did receive a rise, the average uplift was around 3%. This comes in at less than the 4% recommended by the government in England for 2025/26 and repeats a pattern of previous years of many GPNs missing out on annual uplifts because of complicated funding mechanisms.

Figure 12 Did you receive a pay rise this year (2025/26)?



Further analysis shows that around a quarter of nurses either received a pay rise of either 2% or 3%. Meanwhile, some 14.5% received a pay rise of just 1%, and around one in 10 (11.5%) received a pay rise of 4% for 2025/26.

Figure 13 What pay rise did you receive?



In January 2026, care minister Stephen Kinnock stressed that GP practices are expected to pass on government funding increases to GPNs, but acknowledged there is no contractual obligation for them to do so.

He explained that the 2025/26 GP contract had been uplifted by 8.9% and should be used to deliver a 4% pay rise for salaried and contractor GPs, as well as other salaried staff including nurses. However, he reiterated that as GPNs are employed by independent GP contractors, the government cannot mandate pay parity with NHS nurses on AfC contracts who are guaranteed agreed annual uplifts. Many nurses in our survey make calls for GPNs to be on AfC for this reason – discussed further in [chapter 7](#).

Those running GP practices often cite financial constraints that mean they cannot afford to pay GPNs in line with AfC.

Dr Sarah Jacques, co-GP lead for Doctors' Association UK, says the exclusion of practice nurses from AfC means their pay 'sits within a very different system to hospital nursing'.

She says GPNs are 'absolutely central to the delivery of modern primary care' and that GPs and practices 'rely on their skill, continuity and patient relationships every day'. However, she says 'financial pressures' present challenges for partners when it comes to practice nurse pay.

'The reality is that practice nurse pay sits within a very different system to hospital nursing. GP practices are independent businesses operating under contract, and partners are responsible for balancing staffing costs against a fixed and often constrained funding envelope.

'Unlike Agenda for Change roles, there is no nationally mandated pay scale or automatic uplift, which creates variability and, at times, inequity.

'The challenge for partners is not a lack of willingness to reward staff, but the financial pressures practices are currently under.'

Dr Jacques stresses that despite the constraints, 'the intention across general practice is clear: to retain and support valued nursing colleagues'. (See more from Dr Jacques in [Box 1](#)).

For 2026/27, the government and NHS England have both reiterated that this year's pay rise of 3.5% should be passed on to salaried general practice staff. But once again, GPNs are concerned they will miss out.

The Royal College of Nursing (RCN) has also once again pleaded to the government to [ringfence funding](#) to ensure nurses working in general practice 'receive the pay they deserve'. Executive director of RCN England, Patricia Marquis, who wrote the foreword to this report, said that while salaried GPs will see their pay increase, 'many nursing staff working in general practice are still waiting to see any uplift in their salary from last year'.

Many practice nurses say they haven't received a pay rise for several years – this has obvious potential consequences for retention and job satisfaction, which we explore more closely in [chapter 10](#). Our results suggest one in four (26%) of those who are not looking to leave the profession in the next 12 months had received a pay rise in 2025/26.

One GPN describes missing out on annual pay rises as a 'kick in the teeth'. 'We feel undervalued and let down and I struggle to understand how GPs are not realising that in the very near future they will have no nursing team.'

Another adds: 'Practice nurses form the underpinning of care in general practice, but the role needs protecting with better employment terms and conditions in line with NHS staff, starting with the government ringfencing funds for annual staff pay rises.'

A nurse team lead suggests GP partners were making staff reductions to save money, meaning 'above manageable' workload for those remaining in post. This, coupled with 'no pay rise in the last 18 months', had made 'practice nursing a very poor job'.

BOX 1

Practices can't commit to a pay rise they can't afford

Dr Sarah Jacques,
co-GP lead for the Doctors
Association UK (DAUK)

General practice nurses are absolutely central to the delivery of modern primary care. They manage long-term conditions, deliver preventative care, support screening programmes, and are often the healthcare professionals that patients see most frequently.

From a GP perspective, there is no question that nursing teams are highly valued, and practices rely on their skill, continuity and patient relationships every day.

However, the reality is that practice nurse pay sits within a very different system to hospital nursing.

GP practices are independent businesses operating under contract, and partners are responsible for balancing staffing costs against a fixed and often constrained funding envelope. Unlike Agenda for Change roles, there is no nationally mandated pay scale or automatic uplift, which creates variability and, at times, inequity.

The challenge for partners is not a lack of willingness to reward staff, but the financial pressures practices are currently under.

The 2026/27 contract uplift equates to around a 3.6% cash increase, or roughly 1.4% in real terms. In practice, much of this is already absorbed by rising costs – including a 6.7% increase in the National Living Wage, higher employer National Insurance contributions, and ongoing inflation in utilities and premises. Many practices report that the global sum does not fully cover core staffing costs.

This leaves partners making difficult decisions. Some practices are offering around 2–2.5% pay increases, reflecting what they believe is funded within the contract, while others are trying to match or come close to Agenda for Change uplifts at around 3.5% on moral and retention grounds.

In many cases, decisions are delayed or backdated until funding is confirmed, as practices simply cannot commit to increases they may not be able to afford.

There is also a wider tension around how pay rises are structured. The partnership model does allow flexibility to reward staff who go above and beyond, which many see as a strength.

However, performance-related pay in small teams carries significant employment law risks, particularly around perceived discrimination. As a result, many practices default to blanket pay rises, even where this may feel unfair to higher-performing staff.

Despite these constraints, the intention across general practice is clear: to retain and support valued nursing colleagues.

Many partners consciously choose to prioritise cost-of-living increases for lower-paid staff, recognising both the financial pressures they face and the importance of maintaining a stable workforce.

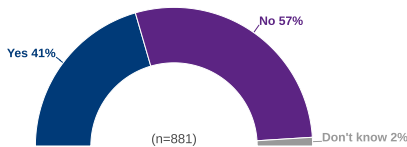
Ultimately, the issue of practice nurse pay cannot be separated from the wider funding model for general practice.

If we want to see equitable, competitive and consistent pay for nursing teams, there needs to be sufficient, clearly allocated funding to support this. Without that, practices will continue to face the difficult task of balancing financial sustainability with doing what they know is right for their staff.

6 NEGOTIATING A PAY RISE

Around four in 10 (41%) nurses in general practice say they proactively try to negotiate a pay rise every year, compared with 56.5% who say they do not. This marks a slight change from our 2025 report, which suggested only 36% of general practice nursing staff negotiated a pay rise, versus 63% who said they do not.

Figure 14 Do you proactively try to negotiate your own pay rise every year?



Of those who did try to negotiate a pay rise, 56% were successful, our latest survey suggests. One practice nurse who falls into this category is Wendy Older, who works in East Sussex. She says the key is to be 'proactive, prepared and confident' in the value she brings, though recognises that this isn't always easy.

Crucial to her negotiation approach is to map her skills against recognised frameworks which demonstrate her expertise and the level at which she is working. 'For example, I was able to show my contribution through diabetes audits, service improvements, teaching, and quality-improvement projects that I was leading, yet not adequately recognised in my pay for this type of work,' she says.



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Read Ms Older's top tips for successfully negotiating a pay rise in full in the box below:

BOX 2

'I go into negotiation conversations with a sense of my own capability'

Wendy Older
Practice nurse

Over the years, I've learned to navigate pay negotiations in general practice by being proactive, prepared, and confident in the value I bring. Not always easy!

A key part of my approach has been mapping my skills against recognised frameworks such as the Primary Care and General Practice Nursing Career and Core Capabilities Framework and the TREND Diabetes Framework. Doing this gave me a clear picture of the level I was working at and helped me gather solid evidence to demonstrate enhanced practice.

For example, I was able to show my contribution through diabetes audits, service improvements, teaching, and quality improvement projects that I was leading, yet not adequately recognised in my pay for this type of work.

What made the biggest difference was going into conversations with a strong sense of my own capability.

I tried to speak confidently about my skills and to come prepared with ideas for how services could be improved or made more efficient.

Showing initiative and being able to demonstrate impact helped start the conversation not with "why I want a pay rise" but "what I bring and what that warrants".

This is particularly true as us nurses in general practice often spend a lot of time gathering valuable QOF.

I also found it invaluable to talk to colleagues.

Comparing roles and responsibilities, especially with ARRS roles, helped me understand where my work sat within the wider team. With nurses now eligible for ARRS funding in some settings, these conversations can open up new opportunities for role development and recognition yet not if we don't make any noise about it!

One practical strategy that worked well for me was asking directly what I would need to achieve to be considered for a future pay rise, and agreeing a date to review progress.

And if I felt I wasn't being heard, I wasn't afraid to escalate the discussion to the wider management team. Think about who may understand and appreciate your skills and approach them.

Lastly, being aware of wider finance in the organisation is key, so pick your timings. Often if roles are shifting with people leaving this is an opportunity?

Ultimately, the biggest enabler has been working in a supportive environment with strong leadership. Plus bringing your own evidence, initiative, and a commitment to ongoing development are essential, but having a team that values and nurtures growth makes all the difference.

In recent years, the Royal College of Nursing (RCN) has provided GPNs with a letter template that can be used to send to employers if they were not receiving updates on pay rises or if they felt there was a lack of transparency about the pay they should receive.

The RCN has also been fighting for a place in official negotiations on the GP contract. For 2026/27, the British Medical Association (BMA) lost its space as the sole negotiator of GP contract terms for the financial year, and other organisations, including the Institute of General Practice Management (IGPM) and Royal College of General Practitioners (RCGP), were given a place at the table. However, the RCN was excluded.

RCN director for England Patricia Marquis told *Nursing in Practice* previously that 'the best mechanism for addressing nursing leadership

and influence, and nursing pay, terms and conditions, is through that negotiation of that GMS contract'. The college also continues to campaign for general practice nursing staff to be offered at least the equivalent of NHS AfC.

But Jeni Watts, RCN senior national officer, says while the college works towards these aims, it also wants to 'support the reality for general nursing staff which is that they negotiate directly with their employers'.

'The thought of negotiation may feel uncomfortable, particularly if you work in a small practice, however, if done in the right way it can be a positive experience for all involved,' she says.

Here, in Box 3, she provides some top tips for GPNs on how to talk to their employer and negotiate on pay, terms and conditions.

BOX 3

'If done in the right way, pay negotiations can be a positive experience for all involved'

Jeni Watts
RCN senior national officer

Nursing staff working in general practice often negotiate their pay, terms, and conditions before they begin or during employment.

This is because although general practice is publicly funded and delivers NHS services staff are usually employed by a practice that is an independent employer – not the NHS itself.

This means for nursing staff working in this sector there is no consistency in what to expect and there can be wide variation in terms.

The RCN believe that nursing staff working in general practice should be offered at least the equivalent of NHS Agenda for Change and funding should be ring fenced for an annual pay rise.

We also think that wherever decisions are made the nursing voice needs to be strong. We are working to influence for this to happen by talking to politician's, leaders, and other stakeholders.

Whilst we work towards this, we also want to support the reality for general nursing staff which is that they negotiate directly with their employers.

The thought of negotiation may feel uncomfortable, particularly if you work in a small practice, however, if done in the right way it can be a positive experience for all involved.

Remember, negotiation skills are used informally in personal lives, often without realising it. For example, when buying or renting a home or even just who does the domestic tasks around the house.

However, when it comes to pay, terms, and conditions, it may need to be more formal so below are a few tips:

Be prepared!

Negotiations are more likely to work well if there is a group of staff, think about talking to colleagues to see if you could work together.

BOX 3

Continued

Find evidence of the value you bring to patient care, the skills you bring to the local community, and the overall contribution you make.

Use the RCN objectives, resources and information.

Have a strategy

Identify what you want from the negotiation, what are your priorities.

Think about who you need to approach for the negotiations.

Approach with confidence

The negotiation itself is a conversation, it does not need to be adversarial, it can be a positive interaction that achieves a great deal.

Remember how important you are to good patient care, how the success of healthcare systems are reliant on you and your colleagues.

Confirm what you have agreed

Check everyone's understanding at the end of the conversation and agreed who will confirm the outcome in writing.

Finally!

In my career I have worked in nursing and as a union official, in my experience nursing staff have excellent negotiating skills so approach conversations with professionalism, knowing your value and with confidence.

Despite the slight increase in those trying to negotiate their own pay rises this year, several GPNs told us they had 'given up' or that they felt it was 'pointless' trying. One advanced nurse practitioner (ANP) says: 'It never goes well and leaves me feeling demoralised.'

Some say they felt their asks fell on 'deaf ears', while one nurse said they felt 'too embarrassed' to bring it up. Concerningly, one practice

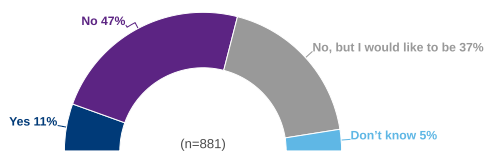
nurse said they had tried to negotiate for a few years, but that after securing a pay rise last year they were told 'I mustn't ask again'.

Other nurses raised concerns that their pay and conditions are 'reflected by [their] ability to negotiate and not by nursing expertise' and that while colleagues in secondary care benefit from ringfenced annual uplifts, those in general practice are 'expected to beg for our pay rise'.

7 AGENDA FOR CHANGE AND THE ARRS

Only around one in 10 (11%) of nurses in general practice say they are on Agenda for Change (Afc) terms and conditions. Yet, more than a third (37%) say they would like to be.

Figure 15 Are you on Agenda for Change terms and conditions?



As discussed in this report so far, the exclusion of general practice nurses (GPNs) from AfC means their pay levels are falling behind their NHS secondary care colleagues who do have AfC terms.

Our data suggests AfC NHS nurses at the top end of Band 5 are earning over £1,000 more than practice nurses at Band 6. Perhaps more striking is that AfC nurses at the top of Band 6 are earning almost £5,700 more than practice nurses at Band 7. (see chapter 5.)

Being on AfC also means that NHS nurses are guaranteed an annual pay rise, while those in general practice often miss out or wait in hope that they will receive an uplift if their practice passes it on.

One nurse team lead says: 'The nurses and healthcare assistants in general practice are the main income to the practice in the work they deliver. However, they are often paid lower than they should be. Making GP practices adopt Agenda for Change and having a structure for practice nurses to fit the banding would help and make it fairer.'

A practice nurse says they would 'feel safer' with AfC terms and conditions, especially when it comes to sickness or holiday entitlement. Another adds: 'Our pay would be better if we were on Agenda for Change conditions. It makes recruiting GPNs difficult as there are huge implications when accepting a job.'

Issues around a lack of AfC prohibiting recruitment was discussed by other respondents too, including one nurse who says: 'Nurses don't want to leave Agenda for Change for less pay. This was reflected in our recent advertising – it took 18 months to recruit.'

As highlighted in this report, the Royal College of Nursing (RCN) is among those campaigning for GPNs to be on at least NHS AfC terms and conditions.

The situation is made more complicated by the introduction of additional roles reimbursement scheme (ARRS) nursing posts. The

scheme – which is used by primary care networks (PCNs) to fund the salaries of a range of primary care roles – had until last year excluded GPNs, instead including nursing associates, advanced nurse practitioners and, in 2024, the enhanced level practice nurses.

The maximum amounts that PCNs can claim to recruit and onboard roles under the scheme are based on AfC pay scales – which we know are higher than practice-employed nursing roles.

For example, in 2025/26, a PCN could claim £44,940 for a Band 5 GPN who was new to general practice, rising to £54,077 in inner London areas. However, our survey suggests an average GPN is earning £35,884 – falling to £29,980 among those at Band 5.

A practice nurse responding to our survey highlights the disparity between ARRS staff and those who are practice-employed: 'I feel GPNs should be on the Agenda for Change pay scale – it is so disheartening when you have to negotiate pay annually and there is no guidance on what pay is appropriate for your skills. I also feel very undervalued when working alongside PCN staff who are on NHS pay and conditions.'

Another practice nurse describes concerns around ARRS roles at lower Bands being paid more than them. 'I have worked all of my adult life, 35 years for the NHS. I earn less now than I did 15 years ago despite upskilling. I see other healthcare professionals doing lesser jobs for more money around me because the 'pot is there' for ARRS, but not nurses and not even AfC level pay and terms are available – feeling undervalued.' A nurse team lead adds that they feel the role of GPNs is being 'eroded by the ARRS scheme and the rise of nursing associates'.

Professor Azeem Majeed, a GP and head of the Department of Primary Care and Public Health at Imperial College London, recognises that nurses in general practice have 'variable conditions' and stresses that funding for 'pay parity' with AfC is needed for the profession.

'We need a funding mechanism that allows for nurses working in general practices to have pay parity with NHS Agenda for Change scales,' he says.

'If we want a primary care-led NHS, we must ensure that the nurses delivering essential care in areas such as vaccination, sexual health and the management of long-term conditions are compensated in a way that reflects their professional standing and the complexity of their work.'

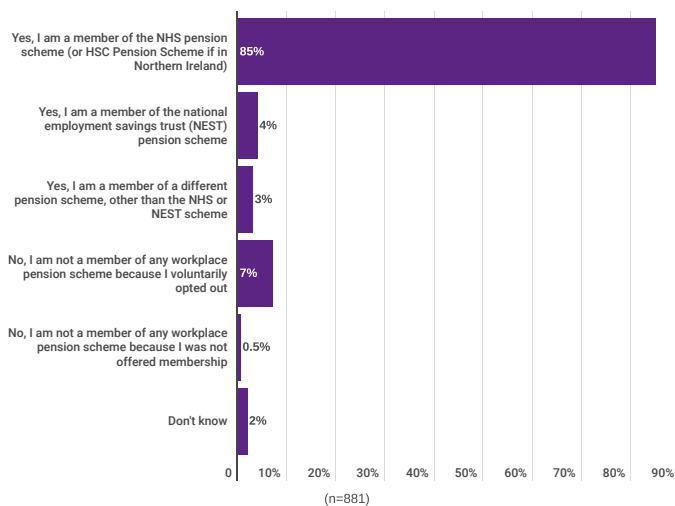
'Currently, as they are not NHS employees, general practice nurses can have very variable conditions of employment and this needs to be addressed.'

New for 2026, we asked general practice nurses (GPNs) about their workplace pensions – including what schemes they are a part of, their level of understanding around pensions and whether they have experienced any issues or errors. While the data sample was smaller on some of these questions, the responses suggest there are concerns around affordability and confidence levels when it comes to pensions.

Workplace pension participation

Unsurprisingly, the majority of respondents (85%) say they are a member of the NHS pension scheme. A small percentage (4%) are members of the national employment saving trust (NEST) pension scheme – a government-backed workplace pension scheme – and even less (3%) say they are part of a different scheme outside of the NHS or NEST offerings. More than one in 10 (12.5%) report being asked or given the option by their employer to leave the NHS pension scheme or move to the NEST scheme.

Figure 16 Are you a member of a pension scheme?



Some 7% of nurses in general practice say they are not part of a workplace pension scheme because they voluntarily opted out. While this could be taken as a relatively low percentage, concerns are raised among respondents over affordability.

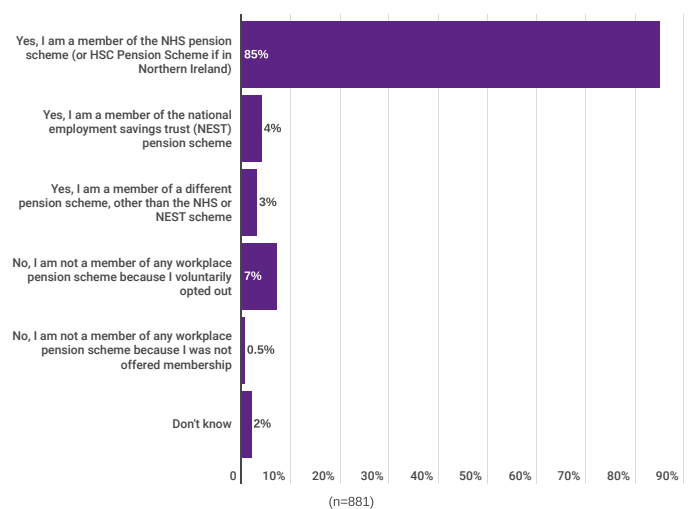
Of those that had opted out 34% say they preferred to have the money to spend now and a further 34% report not being able to afford to pay the pension contributions. A small number of nurses say they did not feel the benefits were worth the money they would have to pay into the scheme. One GPN says: 'I cannot afford to be in it. I can't even afford my rent.'

It is interesting to compare GPN pension trends against those of the general population. According to government data, the opt-out rate for those actively saving under their pension is low, at less than 1%. However, for newly enrolled employees, the rate has fluctuated in recent years – potentially due to Covid or the cost of living, the government says – and has stood at around 8-10% in the last couple of years.

Pension confidence

It appears that overall confidence in understanding workplace pensions is low among nurses in general practice. Almost three-quarters (74%) say they are 'not so confident' or 'not at all confident'. Just 6% of respondents describe themselves as 'very confident', while less than one in five (18%) say they are 'somewhat confident'.

Figure 17 How confident do you feel in understanding your NHS Pension Scheme benefits and how they are calculated?



While half of nurses (50%) say they haven't experienced errors with their pension and more than a quarter (27%) are unsure, our data suggests there are some issues experienced by practice nurses. These include a small number of people who say they were not automatically put into the NHS pension scheme when they joined general practice (6%) and others who believe there are errors regarding their own or their employers' contributions, and others who cite problems around their annual benefit statement.

When it comes to checking annual pension benefit statements for errors, almost half (48%) say they have 'never checked' and a further 16% say they 'rarely' do. A third (33%) suggest they do check their statement, but only 10% do so every year.

Among the comments of our survey, several nurses describe barriers in accessing their annual statement, including a lack of electronic access or not knowing how to access it. A team nurse lead says: 'I always have difficulty viewing my statement as it seems primary care nurses don't have an electronic access.'

BOX 4

'Why the NHS pension is the 'gold plated pension'

Jan Harley-Doyle
Founder of LifeStyle Options

For many nurses, their NHS pension will be a significant, or even the most important source of financial support in retirement. Nurses are sometimes offered alternative pensions such as NEST, and others consider opting out to increase take-home pay. While everyone's circumstances are different, it is important to understand what you will be giving up. In my experience, when nearing the end of their career, nurses often regret such decisions.

The earlier you start planning for retirement, the more funds will accumulate and the greater your financial cushion will be when you finally say goodbye to your working life and welcome in a whole new era as a retiree.

I always refer to the NHS Pension as a 'gold plated pension'. I say this because:

- It is a **guaranteed pension** which does not rely on investment rates but is paid out according to the scheme regulations and is totally secure
- It is **index-linked** – so once in payment, it keeps pace with the rising cost of living
- There are options for taking a **tax-free lump sum**
- There are a range of **retirement options** including drawing all or part of your accumulated pension whilst continuing to work and potentially still build up more benefits
- There are **family benefits** at no additional cost to members including early Ill-Health Retirement and Death Benefits for dependents
- You can choose to increase your benefits by buying additional pension, transferring in other pension pots (within 12-months), working additional pensionable hours, etc.
- You will receive **tax relief** on your pension contributions – which effectively boosts your pension whilst the Tax Man takes less of your hard earned money.

The NHS Pension is a fantastic way of saving for your retirement and has unrivalled benefits for members which would be prohibitively expensive and, in most cases, impossible to replicate through other schemes. I strongly recommend that you check your Total Reward Statement/Annual Benefit Statement every year. These are updated in August and can be accessed through the 'My NHS Pension' portal (My NHS Pension). Your statement will show the benefits accrued to date and help you to identify missing pensionable service or data issues at an early stage. Your pension record may span decades, but employers do not keep records indefinitely, so spotting potential problems early is important.

All employers are required to give you a copy of the latest NHS Pension Guide, but many members don't read it. Let this be the starting point for you – whether you are a brand new member or someone who has been a member for a while. It is full of useful information and the current guides can be accessed here (1995-2008_Members_Guide – 2015 Members Guide). As someone with many years on the clock, I can say with certainty that you will never regret reviewing your pension position and thinking about what funds you will need in retirement. Your NHS Pension could be a major contributor to ensuing your twilight years are financially secure.

Founder of LifeStyle Options, Jan Harley-Doyle provides support to NHS Pension administrators and members through her comprehensive training programmes and consultancy services.

9 EMPLOYEE BENEFITS

Here we explore the employee benefits – or lack of – offered to nurses working in general practice. As with pay, it is up to general practice partners to set out what nurses are entitled to. While funding constraints clearly come into play here for practices, it should be noteworthy for employers that many general practice nurses (GPNs) are comparing their terms to that of those offered under Agenda for Change (AFC), and could be forced to make the move – especially when it comes to maternity and sick pay.

For a second year in a row, having a pension scheme comes out as the top employee benefit for general practice nursing staff (69%).

Also similarly to our 2025 report, other top benefits include free parking (54%) and having a summer/Christmas party (52%).

Maternity and sick pay

But once again, our findings show that many nurses in general practice go without enhanced maternity or occupational sick pay.

As with our 2025 findings, a minimal 5% of respondents said they were given maternity pay that is beyond that offered under statutory maternity pay. Meanwhile, just under a third (32%) has access to sick pay that was above statutory levels. Nurses responding to our survey suggest these issues mean some among the profession are looking to work elsewhere.

An enhanced level practice nurse says: ‘I love my role and workplace yet unfortunately I am considering my options in the near future moving to an AfC role specifically due to maternity pay concerns as I consider starting a family.’

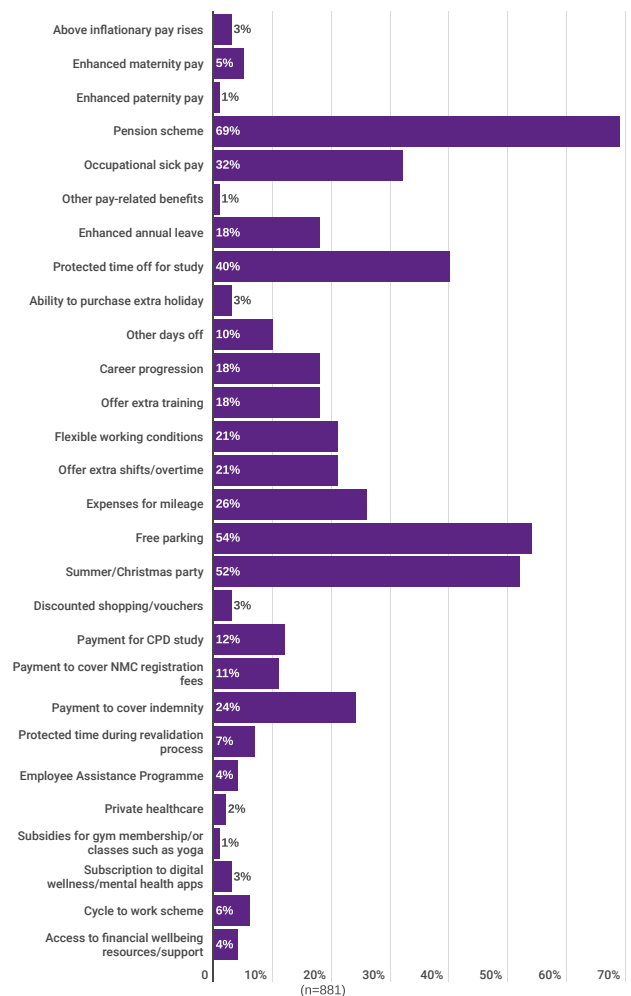
Worryingly, one nurse explains having to come back to work before feeling ready because of a lack of access to enhanced maternity pay. ‘The perks are awful and you have to fight for everything. No maternity is the worst for me. I had to return at six months and way before I was mentally ready.’

Another practice nurse adds: ‘It has been very difficult coming off of maternity leave with money concerns. I have had to go to work even when I am mentally exhausted as otherwise I won't be paid and can't pay my bills.’

Others say they fear that a lack of good maternity pay in general practice is deterring younger or newly registered nurses into the sector. ‘I would like to see some benefits aligned with Agenda for Change, especially maternity rights to encourage younger staff into the role,’ says a nurse team lead.

Flexible working conditions also appear relatively low (21%), according

Figure 18 What benefits are provided from your employer?



to our survey, as well as opportunities for career progression (19%). Only one in five (21%) say they are offered overtime or extra shifts.

Just over one in 10 (11%) of nurses in general practice are given a payment to cover their Nursing and Midwifery Council (NMC) fees. This is particularly noteworthy as the regulator has just announced an increase to its annual registration fees.

Training opportunities

While four in 10 (40%) of nurses in general practice say they are given protected time off to study, it seems training opportunities can be limited.

According to our survey, just 18% of respondents are offered extra training and only 12% receive payment for continuing professional development (CPD) studies.

Another concern is that just 7% of nurses say they have protected time to support their revalidation process – another noteworthy issue as the NMC is currently reviewing the revalidation process for nurses, with early findings suggesting the process could be made 'more robust'.

One practice nurse recalls being 'refused' annual leave to spend time on their revalidation as they were told the practice needed 'nursing time'.

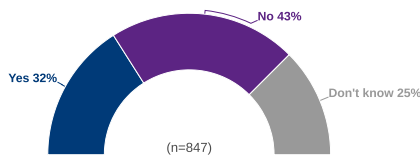


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10 RETENTION AND JOB SATISFACTION

Potentially one of the most concerning findings of this report is that almost a third (32%) of nurses in general practice are thinking of leaving their role in the next 12 months (up from 28% in 2025). Dissatisfaction with pay and feeling undervalued continue to be among the top reasons for this, as well as issues around their employment benefits (as discussed in [chapter 9](#)).

Figure 19 Are you thinking of leaving your role in general practice within the next 12 months?



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

- General practice nurse (GPN) pay in general is not keeping in line with cost of living/inflation (60%)
- Pay at my practice doesn't reflect my responsibilities and workload (57%)
- Feeling undervalued in my job (43%)
- Workload is too high (34%)
- Uncompetitive benefits package (for example, maternity pay, sick pay, annual leave etc) (30%)

Several nurses say they are wanting to leave to find NHS AfC roles, in favour of better terms and conditions.

One practice nurse says they are 'actively trying to go back to a trust for AfC and better training opportunities but there are no vacancies'.

Another says: 'I can't afford to stay in this role, I have a young family to feed. I'm constantly mentally and physically exhausted. Flight or fight mode trying to give patients what they need with less and less time. I wish practice nurse time was better managed with longer appointments and nurses could just afford the basics.'

Meanwhile a nurse team lead describes feeling 'stuck' as their work pattern fits with their children. 'But the pay side of things is really getting me down as we are left behind compared to AfC and are always told there's no budget for rises,' the nurse adds.

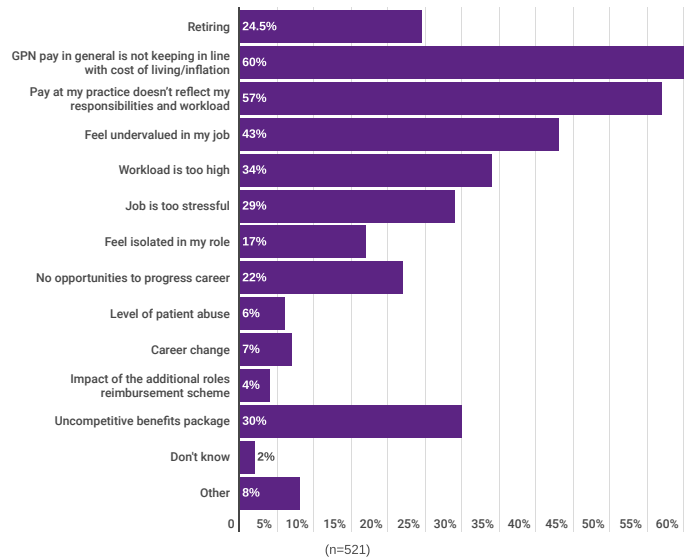
A deeper dive into the survey results shows that a quarter of those (26%) who are not thinking about leaving had received a pay rise in 2025/26.

Almost a third of respondents also say they are considering quitting

because their job is too stressful (29%), while concerns around a lack of career progression (22%) and feeling isolated in their role (17%) were also cited.

And almost mirroring 2025 findings, around a quarter (24.5%) of those thinking about leaving in the next year were considering retirement.

Figure 20 What are the main reasons for you wanting to leave your role in general practice?



As mentioned in [chapter 4](#), the majority of general practice nursing staff (96.5%) find their workload 'very' or 'somewhat intense' – and comments appear to suggest this could also be impacting retention. One nurse says intense workload – 'with no sign of improvement' – and a lack of annual pay rises meant they are thinking about leaving.

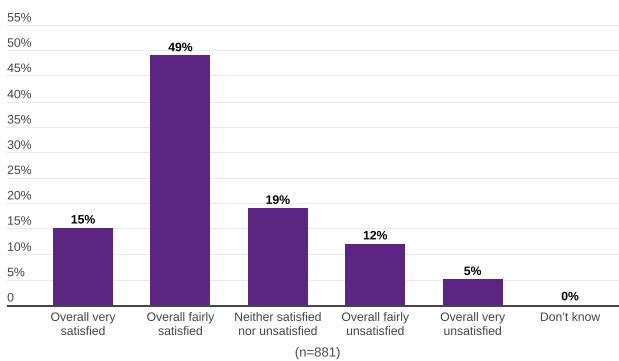
A GPN adds: 'I feel generally unhappy with my role as a practice nurse. The workload continues to increase. I am paid as a Band 7 but feel much of what we do in our role goes beyond that.'

But it's clear for many GPNs, their patients are incredibly important and often come above all else. As one practice nurse says: 'Sometimes I think about leaving, then feel bad about all the patients who need the care and continued relationship.'

Job satisfaction

While many GPNs are looking to leave their role, our survey shows many are satisfied in their jobs. Almost two-thirds (65%) of respondents described feeling 'very' or 'fairly satisfied' – up slightly from 62% in 2025.

Figure 21 How satisfied are you with your job?



Nurses were asked to rank the elements of the job they enjoy the most – which again reflects how much the profession values their patients and the care they provide.

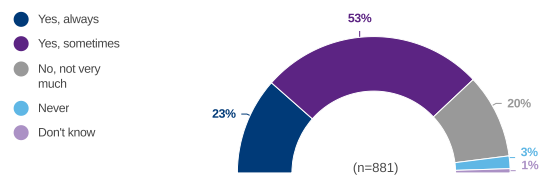
Patient interaction/relationships came out as the top part of the job nurses enjoy, followed by their ability to work as part of a team and offer continuity of care to patients. The results also show that work-life balance – such as not having to do shift work and having core hours – is also important to this group of nurses.

Figure 22 What elements of the job do you enjoy most?

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
6	Work-life balance (i.e. not having to do shiftwork and having core hours)
7	Autonomy in job
5	Opportunities to develop

Nurses were also asked whether they feel valued in their role by practice colleagues and their employer. The data shows three-quarters (76%) do indeed feel valued – either ‘always’ or ‘sometimes’. But almost a quarter disagree (24%).

Figure 23 Do you feel valued by your practice colleagues and employer in your role as a nurse in general practice?



Comments left by nurses in the survey suggest they do often feel valued by their teams and by patients, but the picture isn't so clear when it comes to their employer.

One advanced nurse practitioner (ANP) says: ‘I feel valued by my patients, and I enjoy being with my team, but feel we are all very stressed. The feeling in the practice in general is poor. We offer a great service and get great feedback from patients but lately feel undervalued by our employer. The goals are always moving.’

Meanwhile a GPN says nurses, alongside healthcare assistants and pharmacists, ‘make up the bulk of QOF work and illness prevention’, including through asthma reviews and vaccinations. But they warn: ‘I don't feel valued enough for the contribution we make to the workforce, but it would certainly be noticed if practice nurses weren't providing this care.’

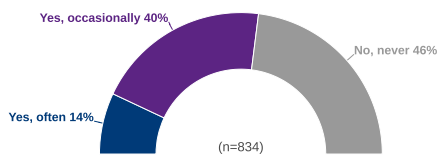
11 MENTAL HEALTH AND WELLBEING

More than half (54%) of nurses in general practice say they have had to work while feeling mentally unwell in the last 12 months. Of those, 14% say this has happened 'often' – including one practice nurse who says they have done so 'due to the demand of the service'.

As already mentioned in chapter 9, nurses have also reported returning to work early from maternity leave – before feeling 'mentally ready' or when 'mentally exhausted' – because of concerns over pay.

Some nurses are also conscious of the impact of them taking a day off sick on their patients and colleagues. This practice nurse says: 'I have a great awareness of the number of people I would inconvenience if I were not able to work. I am sick only if I can't possibly work.'

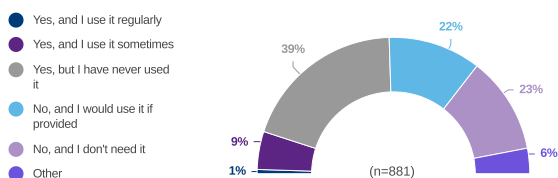
Figure 24 In the last 12 months, have you had to work while feeling mentally unwell?



Nurses were asked if they feel they have access to appropriate mental health support and resources in the workplace. Almost half (49%) feel they do have appropriate access, though only one in 10 (10%) say they have used it, either 'regularly' or 'sometimes'.

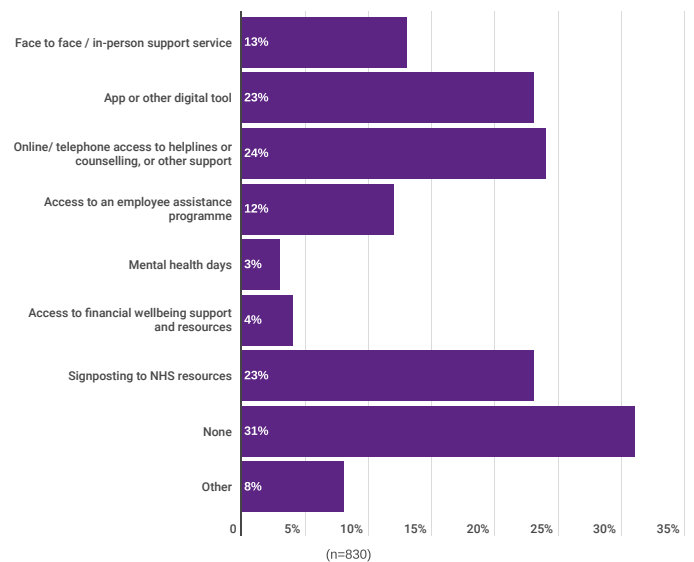
However, around one in five (22%) feel they do not have access to good mental health support and stress that they would use it if it was provided. A further 23% say they do not have appropriate access but do not feel they need it.

Figure 25 Do you feel you have access to appropriate mental health support and resources in the workplace?



In terms of the different types of support available for those who have access to it, nurses say the most common method provided by the workplace is online/telephone access to helplines or counselling (24%), followed by signposting to NHS resources (23%) and access to an app or digital tool (23%). Some 13% report having access to face-to-face or in-person support, while 12% say they have an employee assistance programme if needed.

Figure 26 What type of mental health support is provided by your workplace?



12 CONCLUSION AND RECOMMENDATIONS

For a second year running, our report highlights that general practice nurses (GPNs) continue to lag behind their NHS hospital colleagues when it comes to terms and conditions, they continue to face push back from GP practices embroiled in financial constraints and, most worryingly, a considerable chunk of the workforce is ready to quit in the next 12 months – largely because they feel their pay is not keeping up with the cost of living and does not reflect their responsibilities and workload.

Though at the same time, we see a workforce that is largely satisfied in their role and values patient interactions and relationships, as well as being able to offer continuity of care and working as part of a team. In fact, some GPNs in our report cited their patients as the very reason they could not leave.

However, this report also once again highlights the hundreds of nurses who went without a pay rise in 2025/26 and what this means for morale, feeling valued and ultimately, retention. While the government encourages GPs to pass on annual uplifts, ministers recognise that the decision is ultimately at the hands of individual practices. And many of those practices report funding issues which they say prohibit them from doing so.

A significant part of the problem is that GPNs are not on Agenda for Change (AfC) like their NHS counterparts, and that there is no

ringfenced funding for nursing within general practice. This means GPNs are being left behind when it comes to their pay, terms and conditions and, ultimately, it means many will likely look for employment elsewhere.

The situation has also been made more complicated by the introduction of additional roles reimbursement scheme (ARRS) nursing posts in GP practices – of which salaries can be paid in line with those on AfC, and therefore higher than practice-employed nurses. Again, this leaves salaried GPNs feeling undervalued.

Our 2026 report may suggest that some GPNs are looking to take matters into their own hands – as we uncovered a small increase in those proactively trying to negotiate their pay with their employers.

But central to this issue is that the nursing voice is not represented at national negotiations between the government and general practice leaders on the GP contract – and this must change. Nurses must be given a seat at the official tables or, as this report warns, the workforce could be at risk, and inevitably so will their patients.

The Royal College of Nursing has called in the past for ringfenced funding, alignment with AfC and a nursing seat in negotiations and Nursing in Practice is echoing these calls, backed by the evidence set out in this report.

Our key recommendations

- 1 The government must introduce ringfenced funding for general practice nursing – to ensure practices have adequate funds to provide their nurses with fair pay, terms and conditions that reflect their highly skilled, complex, and vital roles.
- 2 Nursing staff in general practice must have their pay, terms and conditions set at least in line with those on Agenda for Change, to help stamp out pay inequity within the profession and ensure GPNs have access to timely, annual pay uplifts and above statutory employment benefits, such as maternity and occupational sick pay.
- 3 The nursing voice must be represented in national negotiations in relation to primary care and general practice, including the GP contract. The RCN has stressed it stands ready to be that voice and to ensure nurses are heard at every level.

13 ABOUT THE SURVEY

Nursing in Practice ran an online survey of general practice nursing staff from 9 February until 2 March 2026, collating responses using the SurveyMonkey tool.

A total of 881 general practice nursing staff responded to these questions from across the UK, with the majority within England.

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