

For better patient care

Improving integration between primary and secondary care in Wales

A joint briefing from the RCP and RCGP

December 2025



Introduction

In July 2025, RCP Cymru Wales and RCGP Cymru Wales hosted a national workshop on the future of integrated care in Wales. We brought together representatives from the Welsh government, NHS Wales, Health Education Improvement Wales (HEIW), political parties and other experts to explore good practice, barriers and solutions, and how to improve professional relationships in the NHS. This joint briefing draws on those discussions, as well as findings from an RCP snapshot survey in May 2025 and feedback from RCGP Cymru Wales members who contributed to an online call for evidence.

‘The NHS in Wales is at a critical juncture. Our inspections ... reveal a system stretched to its limits. Staff are doing their best, but they are often under-resourced and working in environments that are not fit for purpose. The challenges are not new ... Sufficient resources and effective local leadership and governance are the key to sustaining high standards in healthcare.’ – Healthcare Inspectorate Wales annual report, 2024–25

Patients receive the best care when the system works around their needs and clinical pathways ensure that they seamlessly receive the right care from the right professional at the right time. This means successfully moving care into people’s homes and local communities as set out in *A healthier Wales*, the Welsh government’s long-term plan for health and social care. But the fragmentation of care pathways means that instead patients often face delays, confusion and even risk. GPs and physicians working in Wales regularly see examples of patients experiencing delays to their assessment and treatment leading to deterioration or worsening health when they move between systems.

During our workshop, we discussed the importance of good communication between healthcare professionals, shared patient pathways, high-quality medical training that focuses on integration and investment in digital infrastructure, as well as hearing about a range of innovative, clinically led projects.

Five key priorities for better patient care

The Welsh government and NHS Wales should:

- improve **communication** and understanding between healthcare professionals
- improve clinical **leadership** in strategic national decision making
- increase **training** opportunities that embed integrated ways of working
- develop **digital** infrastructure that supports integrated patient pathways
- support and embed the roll out of successful **pilot** projects.

Recommendations

- 1. Strengthen shared training across primary and secondary care:** expand foundation placements in general practice, require primary care exposure during specialty training in secondary care, invest in multi-professional career development and learning opportunities, embed risk management skills.
- 2. Expand and secure funding for integrated roles:** sustain and scale the integrated GP fellowship model, roll out a Wales-wide GP/consultant exchange scheme, develop career pathways that cross boundaries.
- 3. Build a more patient-centred model of care:** shift to realistic care models for chronic disease, support community-based advance and future care planning.
- 4. Improve digital interoperability:** accelerate shared digital access across primary and secondary care, address digital barriers to shared clinical pathways, ensure that different systems can speak to each other.
- 5. Reduce pilot fatigue:** move away from short-term pilot projects, ensure stable long-term funding for integrated services, especially those that reduce admissions and improve continuity of care.

Building a connected system

Integrating specialist services with community and primary care leads to better outcomes for patients, reduces duplication of care and focuses resources on interventions with the greatest impact. But pilot initiatives can struggle to achieve widespread implementation. Progress is often hindered by financial barriers, fragmented delivery structures, systems that don't enable easy and effective communication between professionals and limited opportunity for cross-specialty and multi-professional education, training and development.

Communication and understanding for better patient care

'Communication between primary and secondary care is variable in quality and quantity. It is almost impossible now to speak directly to a patient's GP. I imagine they feel the same about referrals into medicine.' – RCP snapshot survey, May 2025

Effective communication is a key enabler for integrated care. Mutual respect and understanding of each other's role and contribution is also essential. But the pressures faced by overworked and under-resourced professionals create the conditions in which things go wrong. During our workshop, GPs and physicians cited increased workloads and different protocols, as well as slow developments in IT infrastructure, as major barriers to quality integrated care.

'[There is] no understanding of the complexities, level of work, clinical responsibility and risk held in primary care. Secondary care has no idea of the challenges and stresses faced in primary care.' – RCP snapshot survey, May 2025

Dr Tom Kneale set up a GP/consultant exchange in north Wales to improve communication between GPs and physicians, based on the Wessex model. The scheme has helped to improve mutual understanding, respect and communication between GPs and consultants, helping them to deliver better patient care. The approach is voluntary and observational, with doctors spending time in each other's workplace, followed by a reflective session. As Tom explained, 'it promotes collaborative working because if we've got a better understanding of each other, we can work better together.' Exchange schemes involving hundreds of doctors have been established in Southampton, Basingstoke, Poole, Dorchester and Bournemouth. This is a clinically led, low-cost intervention that can significantly improve the integration of patient care, leading to new quality improvement projects, peer support networks and models of care. Extending the scheme to resident doctors would embed these benefits at an earlier career stage. Read more about the GP/consultant exchange scheme in Wessex.



Training doctors for better patient care

'Protected time for professional development together [is] not valued and appreciated. Demand for providing patient appointments trumps it all unfortunately.'
– RCGP Cymru Wales call for evidence, 2025

High-quality integrated patient care relies on training doctors with the right skills for the future. During our workshop, HEIW described how supporting more resident doctors at an early career stage through fellowships and GP placements could grow the primary care workforce, especially in rural areas or localities with greater population need.

Funded by HEIW and the Welsh government, integrated GP fellowships in Hywel Dda University Health Board support GPs with dedicated time to develop a specialist interest aligned to local community need, leading to a 1-year diploma. To date, three GPs have completed the fellowship, focusing on diabetes, emergency medicine and dermatology. The programme is currently limited to Hywel Dda, but there is no funding available to roll out the scheme nationally.

Clinical leadership for better patient care

Clinical leadership must be central to health policy. The [2025 Ministerial Advisory Group on NHS Wales performance and productivity report](#) highlighted that a strong and empowered clinical leadership voice was one of seven key levers for change that needed 'to be pulled to maximum effect'.

During our workshop, clinical leadership was a central theme. Integrated care depends on leaders who can work confidently across primary and secondary care, who, faced with the daily reality of working in the NHS, understand what works on the ground for patients and clinicians. Participants emphasised that GPs already demonstrate substantial leadership in coordinating complex care, but their skills are often undervalued and unsupported, with many undertaking leadership roles in their own time due to a lack of funded capacity. The group called for dedicated investment in leadership roles and fellowships, including

formal pathways for GPs with extended roles and opportunities for clinicians of all professions to take on cross-boundary posts.

In a busy NHS, with rising patient demand and significant rota gaps, having the time and ability to step back from clinical work to develop clinical leadership skills is a significant challenge – but a crucial component in fixing the healthcare system. All doctors are clinical leaders and strong clinical leadership will help to build continuity, manage clinical risk in the community and embed new models of care.

Patient involvement for better patient care

Workshop participants emphasised that patient and carer involvement is essential for designing innovative models of care and effective pathways. To tackle health inequalities, the NHS must work closely with groups experiencing discrimination – including people with learning disabilities, autistic people, trans communities and faith groups – to ensure that services are equitable, culturally appropriate and free from bias.

End-of-life care is a critical area where primary and secondary care must work more closely together. Presentations underscored how patients with advanced liver disease often fall between services, and how proactive, community-based support can prevent unnecessary hospital admissions and improve the quality of a person's final months. A major theme was the importance of advance care planning (ACP) and DNACPR conversations, which must be individualised, sensitive and grounded in trust. Participants stressed that ACP and DNACPR processes require skilled communication and cannot be rushed. Overall, participants agreed that high-quality end-of-life care depends on early conversations, seamless information-sharing, culturally competent practice and strong collaboration across the whole system.

Investment in digital for better patient care

‘The biggest barrier is IT systems that don’t talk to each other.’ – RCGP Cymru Wales call for evidence, 2025

Well-functioning digital systems have the potential to transform patient pathways, communication and clinical decision making, but our workshop reinforced what many clinicians across Wales already know: current systems are fragmented, outdated and a major barrier to integrated care.

Primary and secondary care continue to rely on separate platforms – EMIS Health in general practice and the Welsh Clinical Portal (WCP) in hospitals – with no reliable mechanism to alert GPs when new information is available on the WCP. This creates a real risk that important results or updates are missed and wastes valuable clinical time navigating two unconnected systems.

‘The use of technology, including artificial intelligence (AI), is implemented very slowly in Wales.’ – RCP snapshot survey, May 2025

Physicians responding to the RCP’s 2025 snapshot survey highlighted the lack of a unified record as one of the biggest obstacles to delivering joined-up care, noting that digital investment and the adoption of tools such as AI remain slow and inconsistent.

While some GP practices are experiencing a ‘digital revolution’, this progress is uneven and national strategies have so far failed to prioritise interoperability between primary and secondary care. [Digital Health and Care Wales](#), the Welsh government and NHS Wales must urgently focus on shared records, compatible infrastructure and thoughtful implementation of emerging technologies, including AI, supported by clear regulation, robust governance and meaningful engagement with clinicians.

AI has the potential to reduce the burden on clinicians and improve patient care by speeding

up and automating tasks. But delivering this vision depends on effective implementation and interoperability, alongside meaningful engagement with clinicians to develop, test and evaluate tools. The Welsh government and NHS Wales must prioritise ensuring that AI and digital tools are compatible with existing and future digital systems in Wales and across the UK. Issues around regulation, funding, data privacy concerns, cybersecurity and lack of trust in current governance must be addressed.

Scaling up successful pilots for better patient care

Workshop attendees expressed frustration at how difficult it is to move from successful pilots to meaningful national implementation. While the reasons are complex, recurrent barriers included inflexible funding models, slow or unclear governance, divergent organisational accountabilities and inadequate digital infrastructure. Participants agreed that overcoming these obstacles – and ensuring that proven pilots can be scaled and sustained – must be a priority for the Welsh government and NHS Wales.

Dr Fidan Yousuf, consultant hepatologist, and Karrina Goodwin, consultant nurse specialist, outlined work to detect liver disease earlier and provide targeted community care. A 2019 pilot using the AST:ALT ratio in primary care enabled patients to be risk-stratified and prioritised for specialist review, but Aneurin Bevan University Health Board remains the only health board using this approach.

As disease progresses, a nurse-led home visiting service supports frail and rural patients, enabling symptom management and future care discussions without the need for hospital attendance. The service has reduced admissions, improved patient experience and delivered monthly savings of £2,455. In 2023, the Gwent Liver Unit [won a UK National Liver Award](#) for this work.

The role of the royal colleges

There is a clear and active role for RCP Cymru Wales and RCGP Cymru Wales in shaping the culture required for integrated care. Colleges are uniquely placed to convene clinicians across primary and secondary care and our workshop highlighted the strong appetite for regular joint learning spaces that foster shared understanding, reduce professional siloing and support innovation. Traditional models of networking – often informal, ad hoc or accessible only to a narrow group – no longer meet the needs of today’s workforce. Instead, colleges should provide modern, inclusive, accessible forums where clinicians at all levels can learn together, troubleshoot real-world barriers and spread examples of good practice.

Integration depends not only on structures and pathways but on relationships and local networks. Colleges can support this by championing community-based, compassionate models of care, amplifying local success stories, and helping regions connect with one another to share what works. RCP Cymru Wales and RCGP Cymru Wales will model the collaborative behaviours the system needs – promoting joint training, shared leadership development, cross-sector events and opportunities for clinicians to work and learn side by side – so that we can play our part in shifting culture, strengthening professional trust and ensuring that integrated care is underpinned by shared learning, shared priorities and shared purpose.



About us

Representing around 1,200 members in Wales, RCP Cymru Wales aims to educate, improve and influence for better healthcare. The RCP has long championed an integrated approach to healthcare with reports like *Teams without walls* and Caring for medical patients – the report of the *Future Hospital Commission*.

RCGP Cymru Wales represents a network of over 2,000 GPs, committed to improving patient care. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards. Our primary and secondary care interface guidance advocates for the sharing of knowledge between clinical professionals.

This report was developed following a workshop in Wales bringing together representatives from the Welsh government, NHS Wales, Health Education Improvement Wales (HEIW), political parties and other experts. The discussion was chaired by the RCP vice president for Wales and chair of RCGP Cymru Wales. The document was approved by the RCP vice president for Wales and RCGP Cymru Wales prior to publication.

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