

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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**Audit Scotland Report
General Practice: Progress since the 2018 General Medical Service contract**

Purpose of Report:

Audit Scotland recently published a report on its assessment of the implementation of the new GP contract. This report to FASC provides a summary of the Audit Scotland's findings and recommendations, and an update on Glasgow City HSCP's current position. The report can be found at the following link: [General practice: Progress since the 2018 General Medical Services contract | Audit Scotland](#)

Background/Engagement:

Background¹

Audit Scotland's report considers the performance of general practice since the 2018 GMS contract was introduced. The audit focused on services provided by general practice teams and wider multidisciplinary teams. It did not cover other primary care services, such as dentistry and optometry, or other community care staff groups such as district nurses.

Engagement

Audit Scotland interviewed representatives from key stakeholders and reviewed documentation and academic research. Focus groups were held with community link workers. An analysis of data was completed from audited NHS accounts, Public Health Scotland (PHS), NHS Education for Scotland (NES), and the Scottish Government.

¹ General Practice: Progress since the 2018 General Medical Service contract, Audit Scotland, March 2025, licensed under the [Open Government Licence](#)

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| Governance Route: | <p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>HSCP Chief Officers in NHS GG&C</p> <p>HSCP Primary Care Management Group</p> <p>Not Applicable <input type="checkbox"/></p> |
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| Recommendations: | <p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the findings and recommendations of the Audit Scotland report; and</p> <p>b) Note the local context and progress for Glasgow City HSCP.</p> |
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| Relevance to Integration Joint Board Strategic Plan: | |
| <p>Transforming primary care services is a vital element of the IJB's strategy, given that a significant volume of patient contacts take place within primary and community care each year, with the majority of patient contacts and episodes of care taking place entirely within this setting. Transforming primary care services is of relevance to the delivery of the partnership's priorities one and three:</p> <ul style="list-style-type: none">- Prevention, early intervention and well-being, and- Supporting people in their communities | |

Implications for Health and Social Care Partnership:

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| Reference to National Health & Wellbeing Outcome: | All |
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| Personnel: | Funding made available by the Scottish Government to support the implementation of the 2018 GMS contract has been used in Glasgow to establish 469.3 whole time equivalent posts through our Primary Care Improvement Plan (PCIP). |
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| Carers: | No specific relevance, although carers like the general population of patients, will benefit from the services funded by the primary care improvement programme. |
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| Provider Organisations: | Glasgow City IJB contracts with provider organisations to implement mental health and wellbeing support and the community links workers' programme as part of the primary care improvement programme. |
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| Equalities: | EQIAs have been completed in support of the primary care improvement programme (PCIP) and the subsequent Glasgow City HSCP Primary Care Action Plan: Primary Care Action Plan 2023-26 |
| Fairer Scotland Compliance: | The socio-economic impact of decisions was included as part of the Equality Impact Assessments. The Community Link Worker component is an inequalities specific programme. |
| Financial: | Scottish Government allocates approximately £22.674m each year to Glasgow City IJB to fund the Primary Care Improvement Plan (PCIP), plus £1.2m per year to expand the Community Links Worker Programme. |
| Legal: | Not relevant. |
| Economic Impact: | Investment in primary care will have longer-term outcomes for the health and wellbeing of our population and this will contribute to the economic prospects of Glasgow's population. |
| Sustainability: | Investment in locally based community services to promote the wellbeing of our local population will reduce requirements for more intensive forms of care and treatment leading to a longer-term reduction in impact on the environment. |
| Sustainable Procurement and Article 19: | Services provided by contracted organisations are procured through NHS GG&C's procurement processes and reflect good practice. |
| Risk Implications: | <p>Key risks to the programme are:</p> <ul style="list-style-type: none">• Insufficient funding to meet all the commitments in the 2018 GMS contract.• Formal funding allocation letters are issued by Scottish Government for the Primary Care Improvement Fund (PCIF) on an annual basis. In the past few years these letters have been issued later in the financial year, and this is making it more challenging to plan and deliver programmes. The Scottish Government is considering baselining PCIF to provide greater certainty for IJBs but has not published details of when and how this will be taken forward.• The challenging financial outlook for IJBs - for example, because of the increase in costs of prescribing - will lead to a requirement to make savings in our primary care budget on an on-going basis, which will add to the challenges faced by the services. |

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| | <ul style="list-style-type: none">• Increase in the demand for primary care services, creating significant capacity challenges in terms of demand pressures that have the potential to impact on the ability of primary care to effectively provide services.• Recruitment and retention difficulties across most practitioner groups in primary care and community services.• Despite the recent investment to improve accommodation there remains a lack of consulting, treatment room and office space in some GP properties and health centres to facilitate the expansion of multi-disciplinary working.• The relatively slow pace of the introduction of digital technology (and significant variations in its use) to support new ways of working across primary care services e.g. virtual consultations and e-prescribing.• Managing public expectations and gaining support to change the way primary care resources respond to need, given the growing demand for services. |
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| Implications for Glasgow City Council: | None |
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| Implications for NHS Greater Glasgow & Clyde: | NHSGG&C holds the contracts with general practice and has responsibility for monitoring the implementation of the 2018 GMS contract by general practice in its geographic area. The Board is responsible also for the recruitment of staff funded by the primary care investment. The Board undertakes the procurement process for contracts with external providers. |
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1. Purpose

- 1.1. Audit Scotland recently published a report on its assessment of the implementation of the new GP contract. This report to FASC provides a summary of the Audit Scotland's findings and recommendations, and an update on Glasgow City HSCP's current position. The report can be found at the following link: [General practice: Progress since the 2018 General Medical Services contract | Audit Scotland](#)

2. Background

- 2.1. Audit Scotland's report considers the performance of general practice since the 2018 GMS contract was introduced. The audit focused on services provided by general practice teams and wider multidisciplinary teams. It did not cover other primary care services, such as dentistry and optometry, or other community care staff groups such as district nurses.
- 2.2. Audit Scotland interviewed representatives from key stakeholders and reviewed documentation and academic research. Focus groups were held with community link workers. An analysis of data was completed from

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audited NHS accounts, Public Health Scotland (PHS), NHS Education for Scotland (NES), and the Scottish Government.

3. Key Messages and Recommendations from the Audit Scotland Report²

- 3.1 The pressure on general practice is increasing because of a growing and ageing population, enduring and widening health inequalities, and longer waits for hospital care. Compared to 2017, there are also fewer whole-time equivalent GPs, and the Scottish Government's commitment to increase the number of GPs by 800 is unlikely to be met by 2027.
- 3.2 There is uncertainty about the strategic direction of general practice. Several commitments that were intended to be completed by 2021 have still not been fully implemented. The expansion of wider primary care teams to support general practice, to include more nurses, pharmacists, physiotherapists and other specialists, has been slower than planned. And people report finding it more difficult to access care. The Scottish Government has not been transparent enough about the progress made since 2018, and has not set out whether, or when, it will implement the outstanding GMS contract commitments.
- 3.3 There is a lack of clarity about investment in general practice in the medium term. In 2023/24, the Scottish Government spent £1.09 billion on general practices. However, direct spending on general practice as a proportion of overall NHS spending decreased from seven per cent to 6.5 per cent between 2017/18 and 2023/24.
- 3.4 Direct spending on general practice has also started to decrease in real terms, and between 2021/22 and 2023/24 it fell by six per cent, exacerbating pressures on practices.
- 3.5 The data that the Scottish Government needs to make informed decisions on general practice planning and investment is inadequate. The Scottish Government is taking steps to improve the availability and quality of data from general practice. But longer-term work will be required to improve the consistency of data recording to support evidence-based national planning.
- 3.6 Audit Scotland recommends that the Scottish Government should:
- Publish a clear delivery plan for general practice by the end of 2025. This should clarify whether and when it will implement the outstanding commitments from the 2018 General Medical Services contract.
 - Over the next six months, carry out scenario planning, based on interim findings of the phased investment programme³ to inform its response to this programme of work.

² General Practice: Progress since the 2018 General Medical Service contract, Audit Scotland, March 2025, licensed under the [Open Government Licence](#)

³ <https://www.healthcareimprovementscotland.scot/wp-content/uploads/2025/03/HIS-PCPIP-Evaluation-Progress-report-March-2025.pdf> - aims to demonstrate the impact of MDT working on workload and quality of care, and the impact that additional quality improvement support within PCPIP has had on improving implementation of Community Treatment and Care (CTAC) services and Pharmacotherapy (PT). PCPIP started in April 2024 and activity with NHS boards and HSCPs is due to stop by October 2025.

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- Within one year, work with Public Health Scotland and HSCPs to publish total spending across Scotland on the six priority services in their public financial reporting.
- Within one year, work with HSCPs, GP leads and the General Practice Managers Network to develop a communications plan to increase public understanding of how and why general practice is changing.
- Within one year, set out its plans for moving towards a model where GPs will no longer be expected to provide their own premises.

4. Context and Progress for Glasgow City

- 4.1 Glasgow City HSCP has supported the implementation of the 2018 GMS contract through our Primary Care Improvement Plan (PCIP). The plan explained how we would contribute to the implementation through delivery of the following national agreed workstreams:
- Transfer of vaccination delivery from GPs to health boards.
 - Transfer of delivering community treatment and care services from GPs to health boards, including phlebotomy (CTAC).
 - Transfer of delivering pharmacotherapy services from GPs to health boards.
 - Development of urgent care services by health boards to support general practice.
 - Recruitment of additional practitioners to expand multi-disciplinary teams based in primary care, such as musculoskeletal physiotherapy services and mental health services.
 - Development of Community Links Workers.
- 4.2 The Primary Care Improvement Fund (PCIF) is allocated to each IJB on an annual basis to finance these workstreams. The 2024/25 national allocation for PCIF was £190.8m, and Glasgow City IJB's share of the national allocation was £22.674m. In addition, Glasgow City IJB receives £1.2m per year (for three years) to retain the coverage of community links workers.
- 4.3 We have estimated that it would cost in the region of £56.8m per year to implement fully the 6 workstreams in Glasgow City.
- 4.4 As at the end of March 2025, 469.3 whole time equivalent (wte) staff were in post and delivering the 6 workstreams listed above. A summary of the current support that is available to the 138 practices in Glasgow is shown on the table below, which shows where the gaps still exist in support for practices.

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| Workstream | Wte Staff funded by PCIF (No.) | Practices supported (No.) | Practices not supported (No.) | Current position |
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| Pharmacotherapy | 145 | 138 | 0 | Provided by 3 pharmacy hubs and some staff based in practice based multidisciplinary teams. Not all aspects of the contract are delivered because of funding, workforce constraints and lack of suitable space in some surgeries. |
| Community Treatment and Care (including phlebotomy) | 172.2 | 138 | 0 | All practices can utilize the service, but some continue to offer phlebotomy in their practices. Not all aspects of chronic disease measurement are delivered in Glasgow City. There are some neighbourhoods where there are gaps in clinical availability because of a lack of clinical space. |
| Vaccinations | 50.7 | 138 | 0 | All vaccinations have been transferred from all 138 practices. Delivery is via Public Health, HSCP and maternity services. Additional funding is also made available for NHS GG&C by the Scottish Government to fund delivery of vaccines that were not part of the original programme (such as COVID). |
| Urgent Care | 7.1 | 64 | 74 | Service covers 4 HSCP-owned residential care homes. Service cannot be extended to all practices to undertake individual house calls or work in practice surgeries because of funding, workforce constraints and lack of suitable space in some surgeries. |
| MSK Physio | 10.9 | 35 | 103 | Provided in practices as part of multi-disciplinary teams. Service cannot be extended to all practices because of funding, workforce constraints and lack of suitable space in some surgeries |
| Mental Health | 18.6 | 138 | 0 | Contracted services, where patients are signposted from general practice. Services delivered by Lifelink, GAMH and Glasgow City HSCP's Youth Health Services. PCIP contributes to the overall costs of these services. YHS provision is not accessible in all neighbourhoods e.g. Castlemilk. |
| Community Links Workers | 64.8 | 86 | 52 | Additional funding of £1.2m per year over 3 years has been provided by Scottish Government to retain the number of links workers. |

- 4.5 Since 2018/19, there has been significant work undertaken by HSCP and other NHS GG&C staff to implement the 6 workstreams. This has included designing and planning new systems and services; substantial recruitment and training of new staff to deliver the services; undertaking capital works to

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buildings to enhance the quality of accommodation; procurement and contract management of externally commissioned services. Our current focus is on continuous improvement to ensure that these services can continue providing high-quality care and support for patients. Examples of recent improvements include:

Vaccination Transformation Programme

- Nine new venues joined the programme in September 2024, and some community pharmacies offered flu vaccinations.
- The 2024 Autumn/Winter Campaign achieved improved flu vaccination uptake in 9 of 20 ethnic groups compared to the previous year.
- Hepatitis B Vaccination Pilot: A pilot outreach model engaged 54 individuals, delivering vaccines including Hepatitis B, DPT, MMR, and COVID.⁴
- A test of change offering pre-school flu vaccines to 49 nurseries with the lowest uptake resulted in an increased pre-school flu uptake rate

Pharmacotherapy

- Introduction of a practice educator programme for pharmacist development to enhance clinical delivery.
- Extending prescription management in the 3 hubs to support hospital discharge and outpatient prescribing requests.
- Introduction of single point of access to support service requests for advice and medication reviews using Zen Desk to manage workload with positive results.

CTAC

- Treatment Rooms: Quality Improvement projects have been undertaken to promote patient self-management, self-care, including: Vitamin B12 self-administration, swap from Depot Provera long-acting contraception to Sayana Press self-administration; soft launch of the SCIT⁵ app and Leg ulcer clinics are well established.
- Phlebotomy: Weekend working piloted; in-reach model of service delivery and introduction of blood pressure monitoring of housebound patients and Urinalysis specimen collection (domiciliary and phlebotomy clinics) for patients with chronic kidney disease. Expanded access routes to book phlebotomy appointment using a QR code.

Urgent Care

- The successful expansion to a fourth HSCP care home.

⁴ DPT = Diphtheria, Tetanus and Pertussis; MMR = Mumps, Measles and Rubella

⁵ The Secure Clinical Image Transfer (SCIT) app is NHS Greater Glasgow and Clyde's method for capturing clinical photographs securely. [Systems and Applications - NHSGGC](#)

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Mental Health Workers

- Lifelink continues to review systems and process to ensure people are screened and assessed quickly, which ensure that those that are waiting for an appointment are appropriate for the service.

Musculoskeletal (MSK) Advanced Practice Physiotherapists (APPs)

- A reduction in onward referral to Orthopaedics and MSK Physiotherapy by 13% and 29% respectively when comparing practices with/without an APP.
- Roll out of dashboard for activity recording helping to demonstrate the impact of the service.
- Ongoing work improving patient flow, with increasing numbers directed to APPs rather than GP as first point of contact.
- Patient feedback demonstrates high levels of satisfaction with physiotherapy consultations.

Community Links Workers

- Third quarter data for 24/25 indicates we are likely to report increased numbers of referrals to CLW programme during 24/25, with more appointments delivered and individuals supported as compared to figures for 23/24 with no additional resource. This will be difficult to sustain moving forward due to complexity of supports required by patients. CLWs are reliant on wider third sector provisions in their communities; for example, a key resource, the Welfare Advice in Health Partnership financial advice service for patients, is now only available in 53 practices and funded until March 2026.

5. NHSGG&C Context

5.1 **NHSGGC Primary Care Strategy 2024-29** outlines the ambitions for primary care with the first annual update to the NHSGG&C Board having taken place on the 30 April 2025. While most recommendations from the Audit Scotland report are for the Scottish Government, primary care leads in NHSGG&C will continue to advocate for NHSGG&C in national discussions and maximize strategic opportunities. The new appointments of Director of Primary Care and GP Out of Hours Service and the Deputy Medical Director will renew focus on these efforts.

5.2 Integration Joint Boards and HSCPs have crucial roles also in supporting implementation of the report's recommendations by:

- Promoting collaboration between general practices and multi-disciplinary teams.
- Working with stakeholders to address data deficiencies and improve financial transparency.
- Contributing to the development and delivery of public communication strategies to ensure communities are informed about changes in general practice service

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6. Recommendations

6.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) Note the findings and recommendations of the Audit Scotland report; and
- b) Note the local context and progress for Glasgow City HSCP.