Item No: 17

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

Report By: **Lynsey Smith, Assistant Chief Officer, Operations and Governance**

Contact: **Ann Forsyth, Head of Primary Care**

Phone: **07766 085911**

NHSGGC Primary Care Strategy Implementation

Purpose of Report:	The purpose of this report is to provide Glasgow City Integration Joint Board (IJB) with an update on the NHS Greater Glasgow and Clyde Primary Care Strategy 2024-2029 implementation for period 2025/26

Background/Engagement:	The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024 and is now being implemented with the last annual update to the IJB September 2025. Positive progress has been made in delivering the Primary Care Strategy with workstreams progressing the following transformational projects: • Implementation of a coordinated Communications and Engagement Plan to raise public and employee awareness about primary care that promotes Right Care, Right Place. • Completed the first Workforce Strategy for primary care • Implementation of the new GP IT system, to support the migration of over 200 practices from their existing EMIS system to the Vision system. • The development of a Primary Care Information Dashboard, with a focus on providing improved information on activity in general practice. • Streamlining Capital and Accommodation planning arrangements for primary care with the establishment of a workstream that covers all primary care property issues.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note the content of the report; b) Note the progress against the Primary Care Strategy 2024-2029; c) Note the Annual Update on Delivery of the NHSGGC Primary Care Strategy 2024-2029 (Appendix 1); and d) Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for 2025/26.

Relevance to Integration Joint Board Strategic Plan:

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.

The Primary Care Strategy is relevant to all partnership priorities set out in the Strategic plan, particularly priorities one and three:
- Prevention, early intervention and well-being, and
- Supporting people in their communities.

The Primary Care Strategy's vision is one of sustainable primary care, at the heart of the health system. People who need care will be more informed and empowered, will access the right professional at the right time, and will remain at or near home whenever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The strategy and the proposals contained in this report are relevant to all nine National Health and Wellbeing Outcomes.

Personnel:	There are staffing implications that will be further defined in the NHSGGC Primary Care Workforce Strategy. Such changes will be identified and managed in partnership with NHS Staff Side Partnership representatives and professional bodies, and in accordance with Health and Care (Staffing) (Scotland) Act 2019 and organisational change policies.

Carers:	The Strategy ambitions of improving access to care and reliable information support should yield benefits for carers in their caring role.

Provider Organisations:	Primary care services are largely provided by independent contractors under Health Board contract. Collaborative working to define and deliver Strategy ambitions aims to bring about positive impact for independent and HSCP/NHSGGC provider organisations.

Equalities:	There is a specific workstream within the Strategy focused on improving equity and reducing inequality. The EQIA for the NHSGGC Primary Care Strategy 2024-29 is available at: NHSGGC Primary Care Strategy EQIA 2024-2029 - NHSGGC

Fairer Scotland Compliance:	Consideration of the socio-economic impact of the Strategy ambitions and mitigating actions were incorporated into the Equality Impact Assessment and will be reviewed during the lifetime of the Strategy.

Financial:	None

Legal:	None

Economic Impact:	Longer term economic impact through primary care's contribution to protecting and improving the health and wellbeing of our population and its contribution to economic development.

Sustainability:	Strategy implementation will prioritise action in key areas with greatest impact on primary care sustainability, working to improve and innovate to increase capacity and efficiency. Wider areas for development will progress at a scale in line with available resource.

Sustainable Procurement and Article 19:	None

Risk Implications:	Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	To deliver the Strategy and its implementation plan.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. The purpose of this report is to provide Glasgow City Integration Joint Board (IJB) with an update on the NHS Greater Glasgow and Clyde Primary Care Strategy 2024-2029 implementation for period 2025/26.

2. Background

2.1. The NHSGGC's first Primary Care Strategy (2024-29) was approved by the NHS Board on 30 April 2024 and is now being implemented with the last annual update to IJB in September 2025.

3. NHSGG&C Primary Care Strategy: NHSGG&C Progress and Priorities for 2026/27

3.1 Positive progress has been made in delivering the Primary Care Strategy with workstreams progressing the following transformational projects:

3.1.1 Implementation of a coordinated **Communications and Engagement Plan** to raise public and employee awareness about primary care that promotes Right Care, Right Place. In May 2026, a Primary Care Website Hub was launched Primary Care - NHSGGC, along with a multi-channel communication campaign. Videos introducing primary care and explaining the roles of primary care practitioners were included in the campaign. The plan is to continue the campaign based on a calendar of events,

promotion of information to support self-management of accessible materials and expand our reach through community and third sector organisations.

3.1.2 Completed the first **Workforce Strategy** for primary care based on four pillars:

- **Pillar 1: Culture and Leadership**: This pillar prioritises the establishment of a supportive culture and effective leadership, focusing on data collection to understand workforce needs to improve service delivery and patient care.
- **Pillar 2: Attraction, Recruitment and Retention**: The strategy aims to improve recruitment and retention efforts, ensuring a diverse and skilled workforce is available to meet future health demands.
- **Pillar 3: Learning and Careers**: This pillar emphasises the importance of flexibility and multi-skilled teams, ensuring continuous professional development and career opportunities for staff.
- **Pillar 4: Safety, Health and Wellbeing**: The strategy highlights the significance of employee well-being and resilience, promoting inclusivity across the organisation to foster a supportive work environment.

3.1.3 Implementation of the **new GP IT system**, including migration of over 200 practices from their existing EMIS system to the Vision system. NHSGG&C piloted the transfer for two Glasgow practices in 2025/26 and then began the main roll out starting with practices in Renfrewshire HSCP. There have been some initial challenges for practices with the new system, and the programme has been slowed down to ensure that practices receive additional support pre- and post-migration.

3.1.4 The development of a **Primary Care Information Dashboard,** with a focus on providing improved information on activity in general practice. The initial stage has been to seek permission from each practice to extract the data from their systems, with development of the dashboard itself during 2026.

3.1.5 Streamlining **Capital and Accommodation planning arrangements** for primary care with the establishment of a workstream that covers all primary care property issues. The commitment to undertake lease assignations from GP practices to NHS boards as a way of supporting practice sustainability formed part of the 2018 GMS Contract that is now being implemented by NHSGG&C as part of our Primary Care Strategy. During 2025/26, the health board agreed transfer to NHSGG&C of 3 private property leases held by GP practices, and this will be continued in future years as part of a structured plan for when leases are due for renewal.

3.1.6 The Primary Care Strategy is a medium to long term transformation process and there have a number of other workstreams underway that will contribute over time to support the achievement of the strategy's aspirations, including our **interface and integration work** that will promote collaborative working with secondary care services, the third sector and other public sector partners.

4. NHSGG&C Primary Care Strategy: Priorities for 2026-2027 Programme Developments

4.1.1 Looking forward over the next year the programme aims to have progressed further the initiatives in addition to new developments.

4.1.2 By the end of March, NHSGG&C's expectation is to achieve the following:

1. Launched and be delivering on our **Primary Care Workforce Strategy.**
2. Implemented the Scottish Government investment to **increase GP Workforce.**
3. Tested a **co-ordinated approach to support protected learning time for practices and a peer support initiatives.**
4. Completed our **prioritised plan in public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services.
5. Launched the initial version of the **Primary Care Information Dashboard**
6. Transferred the **majority of practices from EMIS to Vision.**
7. Opened a **new GP Walk-in centre** and have progressed work for the expansion of this model in NHSGG&C.
8. Commenced a further test of **paramedics working in General Practice**, with a specific focus on undertaking home visits.
9. Completed a review into how to improve the **out of hours emergency service for dental health patients.**
10. Shaped the proposals for the **new health and care centre in Port Glasgow.**

4.2 Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues (e.g. digital transformation).

5. Recommendations

5.1. The Integration Joint Board is asked to:

a) Note the content of this report;
b) Note the progress against the Primary Care Strategy 2024-2029;
c) Note the Annual Update on Delivery of the NHSGGC Primary Care Strategy 2024-2029 (Appendix 1); and
d) Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for 2025/26.

NHS Greater Glasgow and Clyde	**Paper No. 26/116**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**27 August 2026**
Title:	**Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29**
Sponsoring Director/Manager:	**Billy McClean, Chief Officer, Renfrewshire HSCP** **Fraser McJannett, Director, Primary Care**
Report Author:	**Gary Dover, Head of Primary Care Support Team**

1. Purpose

The purpose of this paper is to provide the board with an update on the implementation and progress of the NHSGGC Primary Care Strategy 2024–2029. Three appendices are provided in support of this update:

Appendix 1 Detailed Annual Update on the NHSGGC Primary Care Strategy 2024–2029.
Appendix 2 Edition 1 of the Primary Care Strategy Bulletin, published on 1 June 2026.
Appendix 3 A concise infographic of the Strategy priorities for 2026/27.

2. Executive Summary

The paper can be summarised as follows:

- The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024.

- The first annual updates to CMT, FP&P and the full Board were presented in spring and summer 2025, and this is a follow-up to provide an update on progress over the past year.

- The first year of implementation focused on establishing the workstreams, including leadership, clear terms of reference, action plans and membership for each workstream group.

- Positive progress has been made with some key initial projects:

1. **Communications and Engagement** Plan launched
2. Primary Care **Workforce Strategy** developed
3. Started implementation of the **new GP IT system**,
4. Development of **Primary Care Information Dashboard**
5. **Capital and Accommodation** planning arrangements have been streamlined and agreement reached on the process and planning for NHSGG&C to take on **GP leases**.

- Our priorities for 2026/27 reflect the aspirations in our Primary Care Strategy, our Transforming Together Programme and our Annual Delivery Plan.

- By the end of March 2027, we expect to have achieved the following:

1. Launched and be delivering on our **Primary Care Workforce Strategy**
2. Implemented the Scottish Government's investment to **increase the GP workforce.**
3. Tested a **co-ordinated approach to supporting protected learning time for** practices **and a peer support initiative.**
4. Completed our **prioritised plan on public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services
5. Launched the initial version of the **Primary Care Information Dashboard**
6. Transferred **majority of practices from EMIS to Vision.**
7. Opened a **new GP walk-in centre** and have progressed work for the expansion of this model in NHSGG&C.
8. Commenced a further test of **paramedics working in General Practice,** with a specific focus on undertaking home visits.
9. Completed a review into how to improve the **out of hours emergency service for dental heath patients.**
10. Shaped the proposals for the **new health and care centre in Port Glasgow**.

3. Recommendations

The board is asked to consider the following recommendations:

- Note the progress made in 2025/26 in delivering the board's Primary Care Strategy
- Note the 10 priorities for action for 2026/27.

4. Response Required

This paper is presented for **assurance.**

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** **Positive impact**
- **Better Care** **Positive impact**
- **Better Value** **Positive impact**
- **Better Workplace** **Positive impact**
- **Equality & Diversity** **Positive impact**
- **Environment** **Positive impact**

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

A wide range of internal and external stakeholders were consulted as part of the development of the Primary Care Strategy. The implementation of the strategy is overseen by the Primary Care Programme Board, which draws its membership from a range of internal and external groups.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Primary Care Programme Board meeting on the 18 June 2026.
- Renfrewshire IJB on the 19 June 2026.
- CMT on the 13 July 2026
- Finance, Planning Performance (FP&P) Committee on the 6 August 2026. The FP&P Committee asked for this report to the board to include more information on the transfer to the Vision system and the GP Walk-in Centre.

8. Date Prepared & Issued

Paper prepared: 11 August 2026
Paper issued: 19 August 2026

Primary Care Strategy 2024-29 Annual Update

Appendix 1

1. Introduction

The purpose of the paper is to provide the board with an update on the NHSGGC Primary Care Strategy 2024 -2029.

2. Background

2.1 The board approved NHS Greater Glasgow and Clyde's first Primary Care Strategy on 30 April 2024. The strategy's vision is of a sustainable primary care at the heart of the NHS GGC health system. The strategy was developed through engagement with independent contractors, staff and the public.

2.2 Primary Care is one of the five discrete areas of focus within the board's wider Transformation Together programme, and as such regularly provides progress updates via the Portfolio Board and then onto the Executive Oversight Group.

3. Assessment

3.1 2025 / 2026 Review

The first year of implementation (2024/25) focused on establishing the strategy workstreams, including leadership, clear terms of reference, action plans and membership for each workstream group.

In light of the policy context, health board transformation plans and the capacity available, it was agreed that there was a requirement to take a more deliberate focus on a smaller number of strategic priorities in 2025/26, with the aim of supporting a thriving, sustainable primary care service that contributes to whole system of healthcare delivery across NHS GG&C. To that end, we set out the following three strategic priorities and five further areas for development (Table 1).

Table 1. Strategic Priorities

Strategy Priorities	**Wider Areas for Development**
• Optimising our workforce • Digitally enabled care • Effective integration and interfacing	• Improving our communications • Improving Access • Strengthening Prevention, Early Intervention and Wellness • Improving equity and reducing inequality • Optimising our estate

3.1.1 Optimising Our Workforce:

In 2025/26, we developed our first **Workforce Strategy** for primary care based on four pillars of Culture and Leadership; Attraction, Recruitment and Retention; Learning and Careers; and Safety, Health and Wellbeing. This was developed prior to the Scottish Government's investment in General Practice, and we reviewed our Workforce Strategy in light of the Scottish Government funding programme, with a view to launching this in 2026/27 as a priority action.

3.1.2 Digital enabled primary care

We began implementation of the **new national GP IT system** to our 223 GP practices, which includes migrating over 200 practices from their existing EMIS system to the Vision system. The original planning assumption was that all practices would transfer to Vision by June 2027 because the EMIS system would no longer be available after that date. Since commencement of the programme in January 2026, we have successfully transferred 47 practices from EMIS to Vision along with 18 Vision to Vision migrations.

During implementation, EMIS practices raised concerns about the prescribing functionality of the Vision system. Prescribing workflows have been described as less intuitive than EMIS. There have been delays in roll out of the Formulary Management Tool (FMT), which clinicians regard as an important safety component, requiring interim prescribing workarounds and additional support from pharmacy teams. Pharmacy Services have provided a local prescribing support tool.

Practices continue to report operational impacts including slow system response times, delays with appointments, performance and functionality issues with tasks, slow prescription printing, login and disconnection issues. There were concerns also about the quality and level of pre and post migration support provided by the supplier.

A consistent theme from GP practices has been the impact on capacity and staff wellbeing. Reported issues include additional time required to complete consultations; requirement for substantial additional training, increased stress and reduced staff morale. Practice feedback has highlighted concerns that migration temporarily reduces clinical capacity and has created backlogs as familiarisation with the new Vision system is established.

In response to the concerns from practices affected, we have put in place a number of mitigations. We slowed the programme from 3 or 4 migrations per week to 2 migrations per week, to ensure that the resources could be focused on supporting a smaller number of practices. In addition, we offered practices the opportunity to delay their transfer until later in the programme. In July, whilst we were able to increase the weekly migration to three practices, without a significant upscaling of the transfer rate in the coming months it is unlikely that the deadline for transferring all practice from EMIS to Vision will be achieved by the June 2027 deadline.

We established enhanced governance arrangements with weekly Vision meetings, continued the monitoring of system performance and supplier delivery. Escalation

of clinical safety concerns has been made to Public Service Delivery Scotland (PSDS). Additional local facilitation for practices was introduced to support practices before and after migration and we have issued additional communications and guidance materials.

NHSGG&C's Director of Digital Services has escalated our concerns to PSDS and the high risk that the June 2027 deadline for transfer will not be met for all NHSGG&C practices. It is recognised that the current national GP IT framework has, over time, resulted in a single-supplier position, with the Vision system being the only nationally available long-term solution, thereby constraining flexibility in responding to implementation and operational challenges.

In addition to the transfer to Vision, we have completed a pilot project to test out **Digital Asynchronous Consulting (DACS)** involving 11 practices that enhances access and patient flow in general practice. The pilot was evaluated and will help us deliver the Scottish Government's commitment to roll out DACS to all practices from 2027/28.

3.1.3 Effective integration and interfacing

Working alongside colleagues in Acute and Mental Health, the Deputy Medical Director for Primary Care has re-established and redeveloped the Board's Interface meeting which provides strategic forum to discuss challenges and opportunities of interface between different parts of the system. Feedback on this has been positive and attendance from colleagues has increased throughout the year; this Board forum augments sector specific interface groups.

Additionally, we have focussed on strengthening our engagement and interface with colleagues from the GP Sub-Committee as the General Practice advisory board to the health board, including through early discussion and engagement on emergent priorities and a number of themed sessions at monthly GP Sub-Committee Meetings.

3.1.4 Accommodation, premises and estate

The property strategy for community and primary care was refreshed in 2025/26 and sets out the corporate priority areas for investment. This provides us with a good platform for onward discussion with Scottish Government's capital planning colleagues for developments in this area.

We have streamlined our **capital and accommodation planning arrangements** for primary care with the establishment of a workstream that covers all primary care property issues. The group is chaired by the Assistant Director of Capital Planning and Estates, and covers key priorities such as new builds, lease assignation, sustainability loans, and other aspects or property-related activity.

We have completed the board's first lease assignation (Cardonald Medical Centre), with a further two in the pipeline in 2026/27. This is a key component of supporting practice sustainability through the 2018 contract. Additionally in 2026/27 we will work with colleagues from the Scottish Government, Inverclyde HSCP and others to shape proposals for the **new Health and Care Centre in Port Glasgow.**

3.1.5 Monitoring, evaluation and Intelligence

We started the development of **Primary Care Information Dashboard,** with a focus on providing improved information on activity in general practice. Over 50% of practices have signed up to the joint data sharing agreement and work is now progressing on the build of the dashboard itself. Baselines for measuring the success of the strategy were agreed in 2025/26 and will enable us to undertake ongoing monitoring of progress as well as final evaluation.

3.1.5 Improved Communication and Engagement:

During 2025/26, we developed a **Communications and Engagement Plan** to raise public and employee awareness about primary care that promotes Right Care, Right Place. In May 2026, a Primary Care Website Hub was launched Primary Care - NHSGGC, along with a multi-channel communication campaign. Videos introducing primary care and explaining the roles of primary care practitioners were included in the campaign. In 2026/27, we will continue the campaign based on a calendar of events, promotion of information to support self-management use of accessible materials and expanding our reach through community and third sector organisations. Our twin aims will be to empower individuals to navigate services and to raise the profile of primary care.

3.2 2026 / 2027 Priority Actions

The following are our strategic priorities for the forthcoming year, recognising that there will likely be requirement for some flexibility on these based around national and local developments.

3.2.1 Workforce:

As per above, we will formally launch our **Workforce Strategy**, based around four pillars of Culture and Leadership; Attraction, Recruitment and Retention; Learning and Careers; and Safety, Health and Wellbeing. Our initial projects will be to test a **co-ordinated approach to supporting protected learning time for** practices **and a peer support initiative.** Alongside this, we will **enact the programme of investment to enhance general practice workforce and practice expenses** by working with practices, the GP Sub-Committee, Scottish Government.

3.2.2 Prevention and Early Intervention

We are working with our public health colleagues to develop a comprehensive plan that outlines joint initiatives aimed at strengthening the role of primary care in prevention, early intervention and addressing health inequalities. This plan will focus on how we accelerate a broader system shift to becoming a population health organisation (including systematic use of intelligence to drive targeted service improvements) as well as programme specific work linked to identified local and national public health priorities. Anticipated shared workstreams include:

- **Weight management for general practice** (focusing on maximising appropriate referrals to Type 2 Diabetes programmes).
- **Improvements in preventative care for people with diabetes** (with the goal of achieving pre-COVID-19 levels for the delivery of the nine processes of care).

- **Smoking cessation** (through integrated access to smoking cessation services within respiratory care pathways and patient management systems).
- Continue to enhance our **self-help platform** *My Health* (Navigator) to support Primary Care teams in promoting health and wellbeing and providing support for people with long-term conditions and/or waiting for planned care.

In General Practice, a range of services are funded from our Local Enhanced Services (LES) budget, and in 2025/26 we established a group with the LMC/GP sub and HSCPs to undertake a thorough review of the LES programmes. **In 2026/27, we will complete reviews of the contraceptive and pre-chemotherapy phlebotomy enhanced services.**

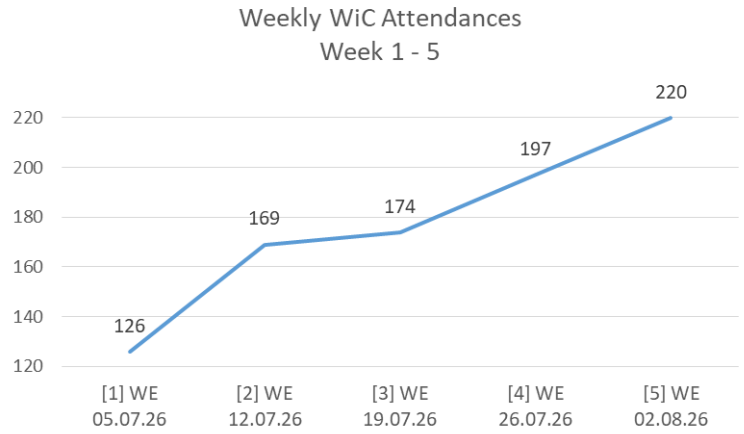
3.2.3 Digital

Key actions in 2026/27, will include working with partners to best resolve current implementation challenges with the Vision roll-out, with the aim of re-establishing the full programme of migration**.** We will work also with the Scottish Government to support the local implementation of the Digital Asynchronous Consulting and Docman (document management) upgrades for general practice.

3.2.4 Urgent Care

As part of the Scottish Government's national pilot, we opened **our first walk-in centre in Cardonald Medical Centre** in June. The centre provides 'walk-in' access to a population of approximately 44,000 patients registered with 8 practices in South Cluster 7 (Cardonald and Govan). The clinic is for urgent, non-life-threatening conditions that require same-day care and cannot wait for a routine GP appointment. The centre is open every day from 12 noon to 8pm and no appointment is needed. The service is an extension of the GG&C Out of Hours service and is run by a multi-disciplinary team comprising GPs, ANPs, nurses, security and administration staff.

In the five weeks since opening, there have been week to week increases in patients, from 126 in the first week to 220 by the beginning of August, totalling 886 patients.



When developing our proposal for the walk-in centre we decided to limit the focus of the service to patients registered with Cluster 7 practices (located in Govan and Cardonald) because we were uncertain of the level of demand that would be experienced; however, if someone attends who is registered with a practice outwith Cluster 7, they are still seen by the team. Over the past five weeks, on average 69% patients who attended the walk- in centre were registered with Cluster 7 practices, whilst 31% were either unregistered or registered with practices elsewhere.

A more detailed analysis of attendances during the week ending 2nd August, found that 33% of patients were registered with other practices located in the south side of Glasgow, were not registered with a practice, or were registered with practices in Paisley and Clydebank.

For the week ending 2nd August, the highest-volume category of presenting conditions was Skin / Soft Tissue / Wound with 53 patients. This was followed by the categories of Potentially Higher Acuity / Systemic Symptoms (36 patients), ENT / Respiratory / Upper Respiratory (32 patients) and Musculoskeletal / Limb Injury or Pain (32 patients). Most patients were managed without escalation: the most common consultation outcome was No Follow Up / Self-care Advice, accounting for 76% of cases. The second most frequent outcome was Daytime GP Follow Up, accounting for 14% of cases. Only 8% of outcomes involved escalation to hospital, ambulance and A&E.

On 22 June 2026, the Scottish Government requested that NHS Greater Glasgow & Clyde (GGC) and other mainland Boards develop proposals for additional GP led walk-in service pilot sites and submit these by 22 July. Specifically, NHS GGC were requested to develop proposals for Paisley, north-west Glasgow, southside Glasgow, East Renfrewshire and Dumbarton.

NHS GGC's assessment, after consultations with primary care and GP Sub colleagues, Chief Officers and wider stakeholders, was that a replication of the Cardonald GP Walk-In Clinic model in all five requested areas would not be deliverable within the Scottish Government's required timeframe. The limiting factors were envisaged as the availability of the workforce; the lack of suitable accommodation; and the need to avoid destabilising existing general practice and GP Out of Hours services, especially given the increased demand for GPs because of the additional Scottish Government investment to expand the general practice workforce.

In our submission for phase 2, we proposed to develop one further GP Walk-In Clinic, which would be chosen through an options' appraisal To complement this, we proposed that we could extend Pharmacy First Plus+ provision across the NHSGGC board area, with direct GP advice, escalation and governance through the existing GPOOH and FNC Plus+ arrangements. The proposed model would be to extend Pharmacy First Plus+ provision by utilising independent prescribing pharmacists, supported by appropriately trained pharmacy teams, to assess and manage a broad range of urgent care needs as walk in presentations in community

pharmacy. The model would operate seven days per week and would integrate with existing urgent care pathways and governance arrangements.

Additionally, we will **undertake a further test of Paramedics working in General Practice,** with a specific focus on home visits. We anticipate this will support interface between Primary Care and the Scottish Ambulance Service, as well as freeing up capacity within existing multi-disciplinary teams working in general practice. A detailed specification for the project will be developed in Q2 of 2026/27.

We will improve the **out of hours emergency service for dental heath patients,** which will be informed by a patient and staff engagement programme and a review of staff rotas and working arrangements to identify opportunities for improvement. This will include exploring opportunities to harness digital technology.

4. Conclusions

We have moved from setting up the structure for the delivery of our strategy to making tangible progress with specific change programmes.

Delivery of our primary care strategy continues to be dependent on other stakeholders, such as partners in Public Service Delivery Scotland and system providers, for successful realisation of the digital programmes.

Through national investment, workforce strategy, focus on communication and engagement there will be opportunities to focus on general practice and to make meaningful progress on improving the sustainability of primary care.

Our priorities for 2026/27 reflect the aspirations in our Primary Care Strategy, our Transforming Together Programme and our Annual Delivery Plan. By the end of March 2027, we expect to have achieved the following:

1. Launched and be delivering on our **Primary Care Workforce Strategy**
2. Implemented the Scottish Government's investment to **increase the GP workforce.**
3. Tested a **co-ordinated approach to supporting protected learning time for** practices **and a peer support initiative.**
4. Completed our **prioritised plan on public health** and completed reviews of the **contraceptive and pre-chemotherapy phlebotomy** enhanced services
5. Launched the initial version of the **Primary Care Information Dashboard**
6. Transferred **majority of practices from EMIS to Vision.**
7. Opened a **new GP walk-in centre** and have progressed work for the expansion of this model in NHSGG&C.
8. Commenced a further test of **paramedics working in General Practice,** with a specific focus on undertaking home visits.
9. Completed a review into how to improve the **out of hours emergency service for dental heath patients.**
10. Shaped the proposals for the **new health and care centre in Port Glasgow**.

Primary Care Strategy Bulletin

Better Health • Better Care • Better Value • Better Workplace

NHS Greater Glasgow and Clyde

Edition No 1 | June 2026

Introduction

Aligning with **NHSGGC Transforming Together Vision**; Primary Care has a pivotal role to play as we **Listen, Learn and Transform Together.**

These new alignment arrangements have been agreed by the Transforming Together Executive Oversight Group from **1st October 2025.**

As we move into this new chapter the **Primary Care Strategy** will connect our four Independent Contractors and Practitioners; and our wider Primary and Community Care workforce across NHSGGC focusing on innovation, reform and improvement.

The Primary Care Strategy Bulletin will act as a communication tool, keeping our Primary Care workforce, staff side and public partners updated on progress of the implementation of the Primary Care Strategy under the alignment of Transforming Together.

This bulletin will also be used as a method for feedback and engagement with our key stakeholders.



Billy McClean, Executive Lead for Primary Care

Chief Officer, Renfrewshire HSCP

Listening, Learning and Transforming Together

The 'Transforming Together agenda and Portfolio' is underpinned by two key governance forums which provide direction and assurance to all activity. The Portfolio Board and the Executive Oversight Groups which are chaired by NHSGGC Chief Executive and Deputy Chief Executive respectively.

NHSGGC Transforming Together (TT) Programme has 6 improvement programmes under this remit:

- **Interface and Urgent Care**
- **Primary Care**
- **Mental Health**
- **Cancer and Planned Care**
- **Women and Children**
- **The Way Forward**

Access the Primary Care Hub Primary Care - NHSGGC & Primary Care Staff Resources - NHSGGC

What is Primary Care?

Fraser McJannett, Director of Primary Care explains that the term **'Primary Care'** is used to describe services that people often use as the first NHS point of contact for their health needs.

Primary Care is often seen as a **'front door'** to the wider NHS.

Services are provided by

- 227 General Practices,
- 288 Community Pharmacies,
- 255 Dental Practices and
- 189 Community Optometry Practices.

These four Independent Contractor and Practitioner groups provide care across 6 Health and Social Care Partnerships (HSCP) in our local communities across NHS Greater Glasgow and Clyde.

Primary Care also includes a range of professionals including

- Community Link Workers,
- Pharmacy professionals,
- Advanced Nurse Practitioners,
- Practice Nurses,
- Physiotherapists,
- Managers and many more staff

Dedicated Workstreams have been set up for each Strategy area of focus.



Fraser McJannett, Director of Primary Care & GP OOH Service, NHSGGC

Primary Care Strategy

Gary Dover in his new role as **Head of Primary Care** for NHSGGC will Lead the **Primary Care Strategy.** The strategy sets out both short and longer term ambitions and approaches to support the transformation of Primary Care Services over the next 5 years.

With over **8,000** downloads of the Strategy to date, it is currently one of the most downloaded strategies on NHSGGC website. Accessible by clicking this image.





Gary Dover, Head of Primary Care, Primary Care Support, NHSGGC

Governance Structure

Dr Jude Marshall, **Deputy Medical Director for Primary Care** shares that the Primary Care Programme Board will oversee Strategy implementation.

Workstreams and priority areas will be progressed through a Strategy Delivery Group, which provides a platform that ensures direction of the Strategy is one that allows us to Transform Primary Care Together.

Dr Jude Marshall, Deputy Director of Primary Care, NHSGGC



Access the Primary Care Hub Primary Care - NHSGGC & Primary Care Staff Resources - NHSGGC

Ambitions

Sustainable Primary Care at the heart of the GGC system.

NHSGGC Primary Care Strategy aims to transform Primary Care to be more sustainable and responsive to the needs of the community.

By 2029 we want to have:

- The right people working in Primary Care with the right skills.
- Technology to improve patient care and outcomes.
- Plans to continue to develop strong leadership and planning for our teams.
- Patients with a better understanding of our services
- People using the right service at the right time.
- Ways to make it easier to stay well and get timely support
- Better access to information and resources.
- Ways to make it easier for everyone to access services and better health.

Shared Vision

We have committed to creating a strong shared vision, purpose and identity for Primary Care within NHSGGC.

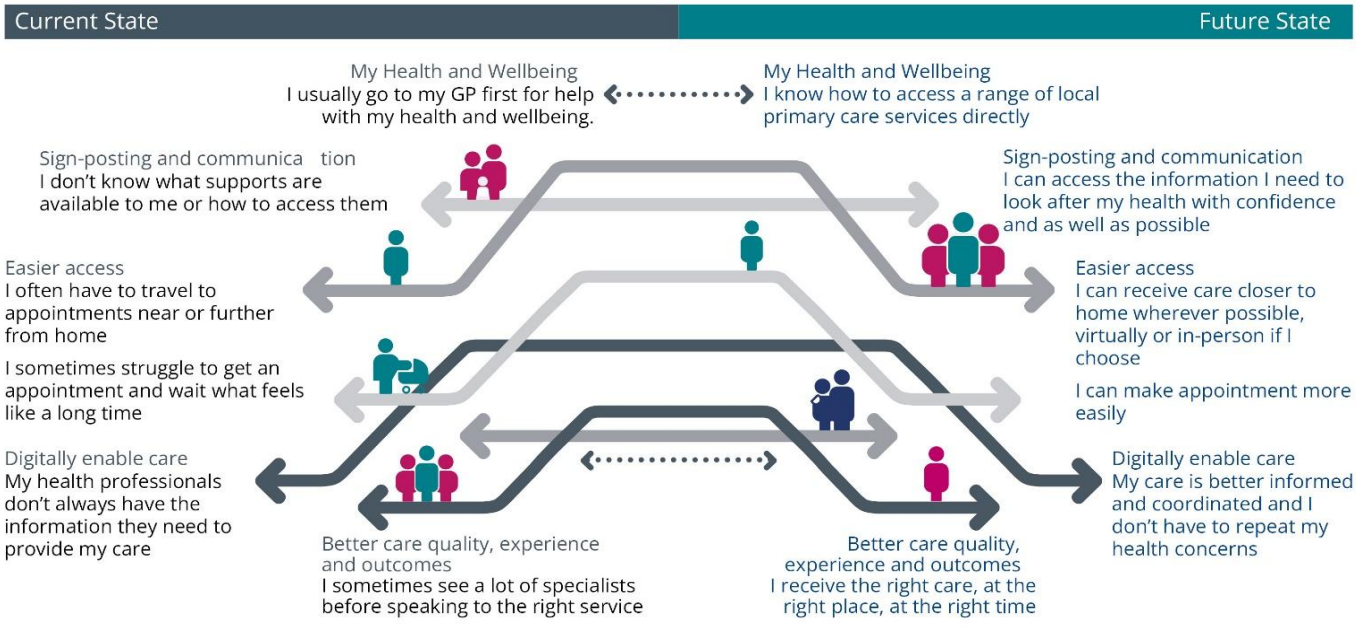
As a significant part of that work, we are creating a distinct brand identity for Primary Care with a vision statement.

We are asking our stakeholders to select which statement best represents our work and services in Primary Care.

Call To Action

Get involved and be part of a shared vision for Primary Care. Help create a Primary Care Strapline. Access Primary Care Survey to vote for:

- Together for better health
- Healthcare that's part of your community
- Healthcare that's part of our community
- Opening doors to better health
- Accessible, informed and inclusive



The above diagram provides an overview of our current and target state. Future bulletins will share the Primary Care Strategy progress and showcase how we **Transform Together.**

Primary Care Strategy 2024-29 Annual Update

Appendix 3

Infographic summarising the 10 priorities for 2026/27

By 31 March 2027 we will have:

