Joint statement - walk-in GP centres

This joint statement has been developed by the Royal College of General Practitioners Scotland, the Royal College of Pharmacy Scotland, and the Chartered Society of Physiotherapy Scotland to set out our shared views about the Scottish Government's ongoing pilot of walk-in GP centres.

Our organisations represent members who are deeply committed to ensuring that patients can access the right care, from the right professional, at the right time, and that they receive the highest possible standard of care. However, as a collective we do not believe that GP walk-in centres are the solution to current access challenges in primary care. We are concerned that they risk undermining our existing services and could lead to unintended consequences across the wider healthcare system.

We recognise that too many patients currently face difficulties accessing care when they need it. That is why we are advocating for alternative, practical measures that would improve access and strengthen existing services. We believe these proposals should be prioritised within the Programme for Government. We also acknowledge that the current evaluation being carried out by Healthcare Improvement Scotland into this and recognise that the evaluation findings will need to be considered in full.

Unintended consequences

Destabilising workforces

We have warned the Scottish Government that walk-in centres risk destabilising established local services. Workforce is a finite resource, and the pilot sites rely on existing primary care staff working additional hours. We know that some pilot sites have experienced difficulties to recruit staff to fulfil the intended opening hours. We have also heard reports of staffing pressures emerging in core physiotherapy services, general practice, Out of Hours general practice, community hospital, and community settings.

Transforming primary care requires co-ordinated system-wide planning to meet population need. Investment in staffing, education and training, and capacity requires an integrated and multidisciplinary approach.

Service duplication

Alongside general practice, community pharmacies across Scotland already provide a wide range of walk-in services that closely mirror those offered by walk-in GP centres. Significant effort has gone into promoting Pharmacy First to patients over the years, and we are concerned that the pilot will create confusion. Through Pharmacy First, care is available at more than 1,200 locations across Scotland at a cost of approximately £7.5 million. By comparison, the initial 16 walk-in GP centres are estimated to cost £36 million. This represents a significantly more expensive service that duplicates existing provision.

Many walk-in GP centres trialled in England have been closed or been repurposed as Urgent Treatment Centres where people can access a range of services, and their experience shows that walk-in GP centres can have a range of unintended

consequences. Evidence suggests that between 10%-16% of patients attending walk-in centres would not otherwise have sought healthcare advice, while a further 46% went on to consult their GP within the following two weeks.

Patients attending walk-in GP centres were more likely to receive prescriptions for antibiotics and pain medication. Rather than reducing demand elsewhere in the system, walk-in centres often generated unnecessary healthcare consumption and duplication.

Health inequalities

The evidence also suggests that walk-in GP centres can exacerbate health inequalities. Despite the Scottish Government's ambition that walk-in centres mitigate health inequalities, such services are often used disproportionately by people who are generally healthier, more affluent, and more able to navigate healthcare options, frequently for conditions that are self-limiting and may not have required medical intervention. Community pharmacies buck the inverse care law because their distribution is heavily concentrated in high-deprivation neighbourhoods where health needs are greatest.

Health inequalities remain deeply entrenched in Scotland, and there is a real risk that this approach could widen, rather than reduce, existing inequalities in access to care and health outcomes.

Genuine improvements to quality access

The next Programme for Government should prioritise policies that deliver evidence based meaningful improvements for patients, clinicians and the wider health and care system. Rather than investing in walk-in GP centres, resources could be directed towards a range of proven measures that would improve access, strengthen existing services, and support higher-quality patient care.

First Contact Physiotherapy (FCP) services, based in general practice, have transformed access to expert musculoskeletal medicine diagnosis and treatment. This can be enhanced further with digital tools.

Improved IT and digital infrastructure

Improving information sharing across healthcare services and enabling healthcare professionals to access the information they need would enhance patient care, experience, and service efficiency. Establishing appropriate legal gateways, interoperable digital systems, and shared information standards would enable healthcare professionals to access the information they need to provide safe and effective care. For example, giving community pharmacists appropriate access to relevant parts of a patient's medical record would support better clinical decision-making and improve continuity of care.

Many GP practices are currently undergoing major IT system migrations. These transitions have created significant challenges for practices, with some having to reduce clinical capacity while staff adapt to new systems and workflows. Additional support for practices during this period of change would help minimise disruption, maintain access to appointments, and ensure patients continue to receive timely care from their trusted GP teams.

Continuity of care

The Programme for Government could improve both the speed and quality of access to healthcare by prioritising continuity of care, something that walk-in centres are inherently unable to provide. A strong body of evidence demonstrates that continuity of care is associated with higher patient satisfaction, better health outcomes, reduced mortality, lower rates of repeat attendance and emergency hospital admissions, and improved staff wellbeing and job satisfaction.

Telephony and appointment booking systems

The Programme for Government should also focus on improving access through better telephony and appointment booking systems. We recognise that some GP practices continue to face challenges with outdated telephone infrastructure and limited appointment booking options, which can create frustration for patients and increase administrative pressures on staff.

Targeted investment in modern telephony systems and more accessible booking processes would improve the patient experience, reduce avoidable administrative workload, and help ensure that patients can access the right service more efficiently.

Tackling missingness

We would welcome a greater focus from the Scottish Government on understanding and tackling "missingness", the repeated tendency for some individuals not to take up offers of healthcare, often to the detriment of their long-term health and wellbeing.

By supporting uptake of appropriate services and interventions by those at risk of missing care, the Government could improve health outcomes while making more effective use of NHS resources.

Conclusion

We are fully committed to improving both the speed and quality of patient access to healthcare services. However, we do not believe that walk-in GP centres are the solution to this complex and multifaceted issue.

Frontline primary care professionals are frustrated that walk-in centres do not align with Scotland's long-term vision for health and social care. We must resist becoming an over industrialised and transactional medicine system because it is bad for patients and bad for clinicians. Instead, we should be focusing on key principles of realistic medicine such as biology and biography; concepts that would be hard to deliver in a walk-in centre.

Instead, we believe the Programme for Government 26/27 should focus on the measures outlined above to deliver more meaningful and lasting improvements for patients, clinicians and the wider health system. These proposals build on our established and world class healthcare services, make best use of available resources, and offer deliverable solutions that would improve access while maintaining high standards of quality, continuity and patient experience.