



SCOTLAND

# A digital foundation for general practice

**October 2025**



## Introduction

IT infrastructure could be an ally to healthcare providers – enabling and enhancing efficiency, patient experience and access, and freeing up time for clinical work and time spent with patients.

If all the national IT projects currently in progress were to be fully implemented, it would have a substantial impact on general practice with improvements in efficiency and outcomes. However, for many practices even the most basic IT infrastructure is lacking and RCGP Scotland members continue to report a lack of investment and technology that is dated and falling behind. This paper makes recommendations to deliver the digital foundation that general practice needs to deliver person-centred and safe care to patients, while seeking to optimise efficiency, and respond to developments relating to GP IT Reprovisioning and the medico-legal risks associated with the growing use of AI scribes.

RCGP Scotland has comprehensively surveyed its membership on the issues of IT infrastructure and digital systems. This paper draws on findings from three surveys: the most overarching being the 2024 GP Voice Annual Tracking Survey of members, the 2022 Infrastructure Survey of general practice staff members, and most recently the RCGP GP IT Experience Survey of general practice staff members 2024. The GP IT Experience Survey received 532 responses and was open from 9-31 October 2024 and revealed a frustrating picture of slow-moving IT for a number of respondents. The survey findings will be shared via the Scottish Joint GP IT Group, co-chaired by RCGP Scotland and the Scottish General Practitioners Committee of the BMA, which continues to be a useful forum to identify issues relating to data and digital issues with information-sharing facilitated from a range of organisations.

Since this paper was first presented to Scottish Council in November 2024 there have been some significant developments in the IT, eHealth and Digital sphere, namely Cedegim INPS entering administration and the growing interest in use of AI scribes by some practitioners.

## Recommendations

RCGP Scotland calls on the Scottish Government to increase investment in IT and digital solutions in general practice to implement wide-ranging improvements to how practices operate to boost efficiency and enhance patient experience and to address medico-legal risks arising from the growing use of AI scribes.

1. Ensure GPs and their teams have modern IT workstations and mobile devices, using asset registers for timely replacement to avoid equipment being left in use beyond functional lifespan, and to make sure that devices allow for remote access when needed.
2. Guarantee that every practice has functioning GP IT clinical systems and that appropriate contractual mechanisms are harnessed to ensure the continued functional development of systems following INPS entering administration.
3. Improve the transfer of data and information between in-hours and Out of Hours services, other parts of the health service, and with healthcare providers outwith Scotland while minimising administrative burden through increased investment.
4. Utilise the opportunities of digitalisation and artificial intelligence to lay the foundations for transformation, including the delivery of an e-prescribing and dispensing programme and issue guidance around AI scribes.

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### **IT equipment**

To enable staff working in general practice to deliver high quality care, they must be equipped with suitable workstations and mobile devices which use modern IT systems and secure digital tools.

The results of our GP Voice Survey found that some members struggle in day-to-day practice due to insufficient IT infrastructure. Half of respondents reported that their PC or laptop software was not fit for purpose and 32% felt the same about their PC and laptop hardware. Less than half reported that their practice Wi-Fi speed met their needs and 45% felt IT support services were inadequate.

27.3% of respondents 'disagreed' or 'strongly disagreed' with the basic statement that their computer startup time was acceptably quick. Over half, 53.9% reported they could not log into different computers or work in different consulting rooms without experiencing connection problems with printers. Telephony systems fared slightly better with just 26% of respondents considering them unfit for purpose.

Health Boards are responsible for the purchasing of most IT equipment within GP practices and unfortunately many items are often being used well beyond the time where they meet the minimum level of specification. This has an obvious adverse impact on performance and efficiency. We are calling on Health Boards to ensure general practice is supplied with IT equipment that is modern, and to utilise asset registers to ensure equipment that is approaching the end of its functional lifespan is identified and replaced in a timely manner.

### **Remote and mobile working**

The document management system used in general practice 'Docman7' is approaching the end of its lifespan. NHS Scotland has signed a contract to replace this with Docman10 and it is expected that all practice migrations from Docman7 to Docman10 will be complete by 2026.

While there is no alternative to a move to Docman10, it does offer new benefits in regards to functionality and accessibility as it will enable staff remote access to patient records. RCGP Scotland welcomes this improvement as members have previously reported difficulty in accessing patient records when working outwith their normal place of work.

The GP IT Experience Survey showed that 22.4% of respondents were unable to access their clinical IT systems from home. On visits to a patient's home or care homes 91.7% of respondents reported bringing a printed report with patient details owing to the lack of remote access to clinical IT systems.

We note that since the NHS Dumfries and Galloway cyber-attack incident in February 2024,<sup>1</sup> NHS Scotland has implemented changes in response to the threat of ransomware and data breaches. NHS Scotland had already invested heavily in Microsoft as a provider of tools to manage devices that are used to access the data. Microsoft's 365 product suite is "evergreen" in that it has features that are constantly evolving, multi-factor authentication (MFA) and conditional access. The Microsoft Cloud App Security (MCAS) policy rolled out across the NHS Scotland estate greatly restricted the ability of healthcare workers using mobile devices to access systems. Many users had not anticipated the limitations imposed on the ability to use personal devices to access emails, calendars or MS Teams, for example. The impact on staff and working practices has been greater in primary care, where it is less common for users to be issued with a device (e.g. a corporate laptop or smartphone) for use outwith consultation rooms. We are calling for GPs and GP registrars to be issued with Health Board managed devices to allow them full access and functionality on nhs.scot accounts.

GPs and their teams should have the IT infrastructure that provides them with the ability to access patient records if they are on a home visit, visiting a care home, or working from their own residence. In response to the COVID-19 pandemic, general practice teams worked hard to establish new models of care delivery. Some IT infrastructure improvements occurred as part of the pandemic response, although most progress was made in the speeding up of introducing technologies that were already available elsewhere.

In remote and rural areas there is a particular requirement for reliable technology that allows services to run continuously to overcome the challenges associated with large geographical distances and adverse weather conditions. In some island populations there is experience of GPs providing services despite network "notspots," outages, and disruption to electricity supply.

It is essential to strive for equitable access to digital services in health and social care to support the wellbeing of all patient groups. High-speed broadband should be available in all GP practices regardless of location and RCGP Scotland is supportive of the Scottish Government's commitment to enable access to fast broadband for all parts of Scotland to tackle digital exclusion.<sup>2</sup>

**Guarantee that every practice has functioning GP IT clinical systems and that appropriate contractual mechanisms are harnessed to ensure the continued functional development of systems following INPS entering administration.**

### **GP IT Reprovisioning**

Since November 2024, when the first version of this paper was discussed at Scottish Council, there has been a significant upset to GP IT Reprovisioning with the Cegedim group putting the In Practice Systems Limited (INPS) company into voluntary administration. INPS is the developer which holds the contract for the new centrally hosted Vision systems which all practices in Scotland were in the process of migrating to. RCGP Scotland was briefed by the Scottish Government regarding the situation within hours of the company's announcement and gained press coverage advising GPs that there would be no change to immediate service provision<sup>3</sup>.

GPs and their teams are understandably nervous about the move to a new clinical IT system and this fear will only have been exacerbated with INPS going into administration. Migrations were paused while administrators sought a buyer for INPS. In August 2025 the process concluded with INPS assets being acquired by OneAdvanced.

The new Vision Anywhere software offers several advantages. It allows GPs 24/7, real time remote access to patient records and offers the ability to access patient data even in instances of loss of internet access, power outage, or data connectivity sources<sup>4</sup>.

We note the new version of Vision was due to have a new interface, and that some practices were reluctant to start training staff on how to operate this system until the new interface has been launched in full.

Migrations were paused when INPS went into administration. Before the pause, just three practices had migrated from the EMIS PCS platform to the Vision hosted solution, a process known as E2V migration. Staff based in the pilot practice reported difficulty in navigating the Vision system, highlighting the need for support and training to be given to practices ahead of E2V migrations. Training and support for practices due to make E2V migrations must be ramped up urgently as the EMIS PCS license expires in 2026. EMIS rebranded as Optum in March 2025.

Some preparatory work continued during the pause. Support to practices can only be delivered if eHealth teams are appropriately resourced and able to respond to challenges or adverse events both in and out of hours and in a timely manner. We reiterate our previous call that migrations must be staggered to ensure that practices can benefit from coordinated support from the eHealth teams and system supplier.

RCGP Scotland is calling on the Scottish Government to use whatever levers it can to ensure migrations progress smoothly.

Scottish Government must also ensure the new Vision Anywhere system's improved functionality and access abilities are not impacted and that practices are regularly updated on developments.

Vice Chair Dr Chris Williams was engaged with the national incident management team as part of the clinical workstream group. It is RCGP Scotland's view that the situation in relation to INPS demonstrates the need to 'lower the bar' for IT suppliers to enter the Scottish market, meaning that we reduce the number of Scottish specific requirements, such as systems that the developers need to build interfaces for.

We note that the Defence Medical Services that provide medical care for armed forces personnel has opted not to transition to the Vision Anywhere software owing to security reasons.

**Improve the transfer of data and information between in-hours and Out of Hours services, other parts of the health service, and with healthcare providers outwith Scotland, while minimising administrative burden through increased investment.**

### **Out of Hours**

RCGP Scotland acknowledges that IT systems used in Scotland's Out of Hours (OOH) services lag behind other IT systems used by in hours general practice and we will continue to argue for improving IT provision and integration across Scotland's 24/7 general practice service.

We welcomed continued improvements to the Adastra system in Scotland and note that MFA is due to be introduced in the coming months. Adastra has also been used by other services such as Flow Navigation Centres, although we regret that the funding for this has come from the OOH budget.

RCGP Scotland asks the Scottish Government to deliver an assurance that any future upgrades or expansion of the Adastra software will be funded in a manner which allows timely development and does not worsen the financial situation of OOH services.

### **Interface**

The interface between primary and secondary care has been identified as an area of concern as these systems are complex and do not always relate or communicate well with each other with different IT systems, cultures and priorities all contributing to this. As a result of this complexity the interface is a point of risk for patients accounting for around 50% of all medical errors.



RCGP Scotland previously issued a joint statement with BMA Scotland on whole system working principles to try to address the issues which lead to risk at the interface. RCGP Scotland also continues to call for funded mandatory interface groups in every health board<sup>5 6</sup>.

The majority of those who answered our GP Voice Survey 2024 reported unacceptable standards of IT systems to exchange information with secondary care and other parts of primary care. Of those respondents who felt their computer system was not fit to exchange information with secondary care, 84% cited poor interface between IT systems, followed by 61% reporting poor IT infrastructure to support communication.

RCGP Scotland believes that all IT systems currently in development for Scottish general practice must enable information sharing across the interface. Such data sharing should only share data that is relevant, reduce duplication and repetition, and decrease the risk of gaps and inaccessibility to relevant data. This optimisation would aid communication, develop relationships between different parts of the health system, and enhance collaborative working – all for the benefit of our patients.

### **Document transmission**

The contract for electronic document transmission from secondary care to NHS general practice has recently changed from the EDT system to GPConnect – both of which are products of the supplier OneAdvanced. EDT will still be maintained for some time while GPConnect is fully rolled out, which might take two years.

There are some benefits associated with the rollout of GPConnect such as documents being able to be sent to GP systems from other sources, but GPConnect will cost significantly more than OneAdvanced EDT. We are calling on the Scottish Government to provide additional funding beyond current Health Board IT budgets to support the delivery of GPConnect without impacting on budgets for other IT programmes.

### **GP2GP**

Over previous years progress has been made to allow for the automatic transfer of electronic patient records between GP practices in Scotland. However, larger files with clinical notes and document stores can cause this transfer to fail, and the current arrangement in Scotland does not provide sufficient useful management information when a failure to transfer patient records occurs. A practice with a newly registered patient still relies on the patient's previous practice to 'push' the full record, rather than the new practice being able to 'pull' key information.

It remains the case that there is no compatibility between England and Scotland to allow for the automatic transfer of electronic patient records due to different IT infrastructures on either side of the border. The English system uses 'Spine' whereas the Scottish system relies on 'eLinks', which does not allow documents to be reconfigured at the receiving end, meaning patient documents must be printed, transported by



courier, scanned and uploaded. Evidently, this is a laborious process with significant administrative workload.

RCGP Scotland is calling on the Scottish Government and NHS Scotland to develop a new approach to patients moving cross border to allow for the seamless transfer of data which minimises staff time spent on the manual transfer of patient data.

**Utilise the opportunities of digitalisation and artificial intelligence to lay the foundations for transformation, including the delivery of an e-prescribing and dispensing programme and issue guidance around AI scribes.**

### **Artificial Intelligence**

With much of the current GP IT systems and hardware seeming underpowered and outdated, it can feel as though artificial intelligence (AI) in healthcare is a long way off, but new technologies are rapidly becoming available to healthcare providers and consumers.

The Scottish Government published its Artificial Intelligence Strategy in 2021 which set out an ambition of Scotland becoming a hub for the AI health market<sup>7</sup>. There have been some AI pilots in healthcare settings in Scotland, but these have mainly occurred within the secondary care setting.

In May 2024, a national theatre scheduling tool used more than five years' worth of NHS operating times data to schedule theatre use in such a way to reduce waiting times<sup>8</sup>. The College welcomes appropriate AI measures like these which can reduce the administrative burden on staff and free up time to spend on patient care.

Large Language Models have made rapid progress in a relatively short period of time, including in the use of summarising medical records, but there is some concern about use which may lead to the possibility of hallucination whereby an element of the output does not properly reflect the input. We recommend that anyone considering using a browser-based tool to assist with record keeping or summarisation should discuss this with their Data Protection Officer before doing so.

We recognise the growing interest surrounding the use of AI scribes, such as Heidi, among practitioners to automate parts of clinical documentation, converting the audio from a consultation with a patient into a clinical note, summary, or letter that can be incorporated into a patient's health record. There are several proposed benefits of using such scribes such as reduced administrative burden, allowing practitioners to place their focus on interaction with the patient rather than a computer during a consultation, and reducing doctor workload and burnout<sup>9</sup>.

However, AI scribes are not perfect as summaries can include 'hallucinated' details - making up disturbing interactions if words or phrases are used which resemble training data patterns, insert inaccuracies, and potentially omit important details or add plausible but incorrect information, and offer diagnostic suggestions rather than summaries<sup>10</sup>.

We believe that the onus of proving that AI scribes are safe should ultimately lie with software developers. We can see that further work is needed to understand the new skills needed to incorporate these new and rapidly evolving technologies into clinical practice.

On 29 April 2025, NHS England issued high level guidance on the use of AI scribes which covers areas such as integration, performance, regulatory compliance, and security<sup>11</sup>. We are calling on the Scottish Government to issue guidance to practitioners via Health Boards to clarify the legal risks of using this software to protect both GPs and their patients from any unintended consequences.

If AI scribes continue to gain traction within the medical community it may be the case that doctors are no longer the 'author' of patient records but rather the 'editor'. If such a fundamental shift does occur, then additional training may be required. We are also concerned about the environmental impact of the growing use of AI, and this must be considered by policy makers.

### **Electronic prescribing**

RCGP Scotland has long advocated for the development of e-prescribing software and programmes across primary care. E-prescribing was one of the key asks from the College in our manifesto for the 2021 Scottish Parliament election, and while it is frustrating that paper is still being used for the dispensing of prescriptions – progress is in motion<sup>12</sup>.

Currently, electronic messaging software is in place where GP clinical systems send prescription information. The development of an end-to-end paperless e-prescribing system spanning across general practice, pharmacy and secondary care would improve patient safety and experience, while also reducing the environmental impact of healthcare.

The Digital Prescribing and Dispensing Pathways Programme (DPDP), jointly delivered by NHS National Services Scotland and NHS Education for Scotland, aims to replace paper-based prescriptions with a digital solution.

RCGP Scotland welcomes the fact that the business case for DPDP was approved, and that work is ongoing to deliver e-prescribing. We recognise that GP IT reprovisioning must be completed to ensure compatibility between new GP IT systems and the e-prescribing software, and this demonstrates the need for a positive outcome from the INPS administration process.

On 27 April 2025, Co-Chairs of the Scottish Joint GP IT Group Dr Chris Williams and Dr Chris Black (SGPC) wrote to the Scottish Government to seek clarity on DPDP funding. Scottish Government have since responded confirming that funding is available for 2025/26 and that they are working with developers around a possible commitment for multi-year funding.

RCGP Scotland is calling on the Scottish Government to deliver sufficient multi-year funding to allow the necessary staff to be contracted for the duration that is necessary for an e-prescribing programme to be delivered.

## Conclusion

There are currently many different IT programmes in progress in Scottish healthcare. However, many of these programmes have been delayed due to funding pressures and external factors. If all of these IT programmes were to be completed then the state of IT hardware and software in general practice would be significantly improved, enabling clinicians to spend more time with patients, improving efficiency and reported patient satisfaction.

The growing use of AI scribes poses both opportunities and potential pitfalls for practitioners and it is RCGP Scotland's view that a proactive approach must be taken to ensure that both practitioners and patients are protected from potential unseen medico-legal risks from the use of such software.

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<sup>1</sup> [NHS Dumfries and Galloway – Cyber Attack](#)

<sup>2</sup> [Scottish Government – Digital Connectivity](#)

<sup>3</sup> [RCGP Scotland response to CEDEGIM INPS entering administration](#)

<sup>4</sup> [Cegedim Healthcare Solutions – Vision Anywhere](#)

<sup>5</sup> [RCGP Scotland BMA Scotland – Whole System Working – The Interface in Scotland](#)

<sup>6</sup> [Pulse Today – All health boards must have primary care 'interface groups' RCGP demands](#)

<sup>7</sup> [Scottish Government – Artificial intelligence strategy: trustworthy, ethical and inclusive](#)

<sup>8</sup> [Scottish Government – New tech tool to tackle NHS waiting lists](#)

<sup>9</sup> [RACGP – Artificial intelligence \(AI\) scribes](#)

<sup>10</sup> [The Lancet – Clinician as editor: notes in the era of AI scribes](#)

<sup>11</sup> [NHS England – Guidance of the use of AI-enabled ambient scribing products in health and care settings](#)

<sup>12</sup> [RCGP Scotland 2021 Scottish Parliament election manifesto: Unlocking the potential of general practice](#)

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RCGP Scotland represents a network of around 5,000 doctors in Scotland aiming to improve care for patients. We work to encourage and maintain the highest standard of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.



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