



SCOTLAND

Strong Foundations: Scottish GP Premises

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The premises and digital infrastructure available to general practice plays a critical role in ensuring that GPs and their teams are able to deliver preventative, sustainable and person-centred care to patients. The ownership arrangements of GP premises can be complex and variable. GPs, Health Boards and the Scottish Government share a combined responsibility and duty to ensure GP practices are in a fit state to meet demand and patient safety. Remote and rural practice teams understand the unique factors of their settings, such as how their premises and service delivery can be affected by travel times, geography, weather and the limitations of available infrastructure.

As the front door to the health service, a thriving general practice not only brings direct benefits for its patients, but also serves to protect the entire NHS. RCGP Scotland has welcomed the vision for health and social care set out by the Cabinet Secretary for Health and Social Care, Neil Gray MSP, in June 2024, which includes a programme of primary care reform to shift the balance of care closer to people's homes and drive a proactive approach of early intervention and prevention.¹ The success of the Scottish Government's plan to deliver more patient care at a community level hinges on general practice. Modern and well-equipped premises, fit for a net zero future and with appropriate digital tools, is a critical component of delivering this ambition. The wellbeing and chance of retention of GPs and all the members of the multi-disciplinary team (MDT) will benefit from working in a comfortable and modern environment.

RCGP Scotland has gathered information from members to better understand the picture of general practice premises in Scotland. In 2022, the College conducted a detailed Infrastructure Survey of general practice staff members, and in 2024, the GP Voice Survey of GP members asked a number of further questions on premises and infrastructure. These survey results show that the current state of general practice premises in Scotland can be inadequate in areas of physical capacity, digital efficiency, sustainability, and general state of repair.

According to the latest poll of members (2024), approximately a third (32%) of GPs say that their practice building is not fit for purpose. 53% of respondents agreed that their practice required additional works to improve or upgrade their premises to meet their practice and patient's needs.

The survey also highlighted a number of maintenance concerns. 46% of respondents who did not consider their practice fit for purpose highlighted a lack of maintenance, 39% had a lack of effective heating, and mould or mildew and water leakage was also reported. Significant issues with equitable access were also identified, related to poor disabled access (37%), inadequate toilet facilities (30%) and poor parking access (33%).

These findings make clear that for many, the current state of physical and digital infrastructure within general practice in Scotland makes it difficult for practices to deliver the basic level of care. Patients and the general practice team deserve to be in environments that feel safe, comfortable, and equipped to deliver the best possible care.

Recommendations

RCGP Scotland calls on the Scottish Government to design and implement a General Practice Premises Strategy. This strategy should include action to:

1. Provide capital investment to upgrade general practice premises to ensure sufficient space and good conditions for patient consultations to take place, to house expanded practice teams, and enable the co-location of a wider range of primary care services alongside general practice.
2. The Scottish Government should audit the size, capacity, and quality of the general practice estate. This should inform a strategic look at the future premises needs for the growing workforce and for education, training and supervision requirements.
3. The Scottish Government should urgently reopen the GP Sustainability Loan Scheme to applicants to ease the financial risks of owning GP premises and increase the stability of practices, improving recruitment and retention of GPs.
4. Increase investment in IT systems and the organisational support to implement improvements to how practices operate, enhancing patient experience, increasing cybersecurity, efficiency, and connectivity with other parts of the healthcare system.
5. Provide a permissive framework and the appropriate resources for practices to transition to net zero premises through upgrades, retrofitting or new builds. This should include streamlining the processes by which practices can apply for sustainability upgrades, including ensuring adequate funding is available and ringfenced for this purpose.

Room to grow

Provide capital investment to upgrade general practice premises to ensure sufficient space and good conditions for patient consultations to take place, to house expanded practice teams, and enable the co-location of a wider range of primary care services alongside general practice.

The changing landscape of general practice in Scotland has squeezed capacity in GP practices from a number of angles. The 2022 Infrastructure Survey found that physical space presented the greatest obstacle. Of those who found their practice not fit for purpose, 81% did not have enough consulting rooms and 61% did not have sufficient space for their current or any additional Multi-Disciplinary Team (MDT) staff members.

Over the last decade, the total number of general practices providing services to patients in Scotland has reduced from 997 practices in 2012 to 905 practices in 2023. Over the same time period, the number of registered patients per estimated Whole Time Equivalent (WTE) GP in Scotland has increased by 245,193.² Scotland has also seen the expansion of the primary care MDT workforce, with over 4,700 staff now working in primary care services, many of whom are housed in GP practices.³ A lack of both suitable clinical and office space for all of the members of the GP team is a growing challenge, which can be compounded by problems with technology.

While RCGP Scotland is sensitive to the current constraints on public spending, a general practice premises strategy must be accompanied with capital investment. This is to meet not

only the growing patient demand and accommodate the new members of the MDT, but also to meet the ambitions of the Scottish Government to treat more patients in the community.

The 2024 GP Voice Survey found that of the respondents who need funding to improve their premises, 31% estimated the cost to be over £100,000 and 8% estimated this figure to be over £500,000. It can safely be assumed that the longer general practice premises go without investment, the worse their repairs or capacity challenges will become.

In the short term, the Scottish Government should reopen the GP Sustainability Loan Scheme to applicants to ease the financial risks of owning GP premises and increase the stability of practices, improving recruitment and retention of GPs. The GP Sustainability Loan Scheme was a welcome scheme, enabling GPs who own their own premises to apply for long-term, interest free loans worth up to 20% of the practice's value. It was paused in April 2024 by the Scottish Government due to oversubscription and budgetary constraints, with loans already agreed in principle to be dealt with on a case-by-case basis. Approximately 380 GP practices occupy NHS-owned health centres while the remainder are in roughly 530 properties that are either owned by GPs or leased from private landlords.⁴ RCGP Scotland calls on the Scottish Government to commit to a date for the reopening of the scheme, and to give assurances to practices that this funding will be long term.

Understanding the landscape

The Scottish Government should audit the size, capacity, and quality of the general practice estate. This will enable a better understanding of the current challenges and funding requirements, alongside providing a baseline to map the future needs to accommodate a growing workforce of GPs and the MDT in working environments that are comfortable, appropriate and fit for the future. A recent analysis of initiatives to tackle the inverse care law did not find any evidence of specific policy intent in relation to addressing health inequalities through the targeted supply of additional premises, although health boards do take account of deprivation and population needs in their strategic assessments of capital projects.⁵ This exercise should also include consideration of growing patient populations, particularly new housing developments which can create an influx of patient need in an area and is currently not duly considered in the planning process.

As an anchor organisation, NHS Scotland has the potential to adopt strategies that make a positive impact on local areas and reduce inequalities. RCGP Scotland supports the evolving approach to community assets, making better use of NHS land and assets to benefit the local social, environmental and economic wellbeing. Unused assets could become a space for community projects, green space for all, or even affordable housing and housing for staff.

Map the current and future physical capacity needs for education, training and supervision requirements in general practice. Alongside the MDT, the number of students and trainees working as part of general practice teams has expanded greatly in recent years, without a parallel expansion of clinical space for them to work in. The College has welcomed the Scottish Government's recent creation of additional trainee posts in general practice, adding 100 extra places in 2016, 35 in 2023, and another 35 have been approved for 2024,⁶ however the 2022 Infrastructure Survey found that 70% of respondents did not have sufficient space to take on additional GP trainees or other learners.

RCGP Scotland has long called for meaningful workforce planning and measures to bolster the GP workforce, and is committed to campaigning for steps towards a training system that is modern, flexible, and prepares trainees for the day-to-day job. GP training needs to be more focused on time working in general practice, and RCGP has a long-standing call for Scotland's GP training programme to move to a 24+12 model, 2 years in primary care and one year in hospital, to match England and Wales.

To ensure general practice can continue to deliver high-quality care, it is critical that there is capacity for placements for students and foundation doctors, and for GP specialty training places to continue to increase, so that there is a pipeline of future doctors and other staff to work in general practice. In order for this to be possible, the Scottish Government should work strategically with NHS Education for Scotland (NES) to anticipate the future education and supervision requirements and ensure the limiting factors can be adequately addressed.

Digital and efficient

Increase investment in IT systems and the organisational support to implement improvements to how practices operate, enhancing patient experience, increasing cybersecurity, efficiency, and connectivity with other parts of the healthcare system. NHS digitisation plans should prioritise upgrading the current general practice IT infrastructure to lay the foundations for transformation.

To enable people working in general practice to deliver high quality care, they must be equipped with suitable workstations and mobile devices, using modern IT systems and secure digital tools. Modern ways of accessing services, communicating with healthcare teams, and booking appointments can utilise online consultations messaging and advanced telephony features.

Respondents to the GP Voice Survey found that a number of GPs struggle with insufficient IT infrastructure. Half of respondents did not consider their PC or laptop software fit for purpose, and 32% felt the same about their PC or laptop hardware. Less than half had practice Wi-Fi quality or speed that met their needs, and 45% felt their practice IT support services were not fit for purpose. Telephony systems fared better, with 26% considering them unfit for purpose. The current NHS Board Local Delivery Plan Standards call for GPs to provide 48 hours access or advance booking to an appropriate member of the GP team for at least 90% of patients. The latest published data (2021/22) found that 89% of patients had 48 hour access, but only 48% had access to advance booking.⁷

In remote and rural areas of Scotland, there is a particular requirement for reliable technology that allows services to run continuously despite the challenges of distance and weather. In dispersed populations and for some island populations there is lived experience of providing a service despite electricity supply disruption or network outages, with these also being the same places where remote working is inevitable for some staff groups. It is essential to strive for equitable access to digital services in health and social care to support the wellbeing of all our citizens, and RCGP supports the Scottish Government commitment to enabling access to fast broadband for all rural parts of Scotland to tackle this element of digital exclusion.⁸

GP records are the primary record of health care from birth to death. Patient data must be protected through the use of secure and robustly tested IT systems, and all new systems must be interoperable. Scotland currently has multiple national IT projects in train including: a

Primary Care Data and Intelligence Platform, SWAN network upgrades, a Digital Prescribing and Dispensing programme, a hosted solution for GP clinical systems and changes in document management. The combined effort to implement all of these programmes will be substantial. RCGP continues to work with the Scottish Government to remove dependencies on legacy systems.

The Scottish Government and COSLA have commissioned digital maturity surveys of the health and social care landscape, exploring the extent to which digital ways of working represent the status quo. In 2023, the findings suggested that while progress has been made since 2019, significant variation and a lack of permeation persists.⁹ Understanding current capabilities, monitoring actual progress including the workforce aspects, will be important.

The majority of respondents to our survey complained of the unacceptable standards of IT systems to exchange information with both secondary care and other parts of primary care. Of those respondents who felt their computer system was not fit for purpose to exchange information with secondary care, 84% of respondents cited poor interface between the IT systems, followed by 61% citing poor IT infrastructure to support communication channels. IT systems must be developed which enable information to be shared which is relevant to a person's care, to reduce duplication, repetition and the risk of gaps and lack of access to relevant data. This optimisation of digital opportunities aids communication, develops relationships and enhances collaborative interface working.

A net zero future

Provide a permissive framework and the appropriate resources for practices to transition to net zero premises through upgrades, retrofitting or new builds. This should include streamlining the processes by which practices can apply for sustainability upgrades, including ensuring adequate funding is available and ringfenced for this purpose.

RCGP Scotland supports the ambitions of the Scottish Government's NHS Scotland Climate Emergency Sustainability Strategy 2022-26, Scottish Government target for the NHS to reach net zero emissions by 2040 at the latest.¹⁰

RCGP Scotland's Climate and Sustainability Action Plan 2023-2026 states that the health service, as with all parts of society, must play its part in cutting emissions, adapting to changing climates, safeguarding resources, minimising waste and pollution, and tackling the ecological emergency. As anchor institutions influencing communities, GPs can and should urgently lead the changes that we all need to make.

The Scottish Government has committed to working with general practice to support the transition to renewable heating, and RCGP will press the Scottish Government for delivery on that commitment. The 2022 Infrastructure Survey found that only 9% of respondents said their practice had energy efficiency heating, and 39% had a lack of effective heating at all. It is well evidenced that the cost of inaction will come to dwarf the costs of action on climate and biodiversity. With energy efficiency, there is an opportunity to cut expenditure and reduce vulnerability to energy price volatility.

Practice-owned premises need greater guidance and support through Business Energy Scotland to successfully reduce building greenhouse gas emissions, adapt their premises to

climate change impacts, and embed good environmental stewardship into services and infrastructure assets. Short funding cycles deny financial clarity and should be extended.

At a time when GPs are under immense workload pressure, navigating complicated applications, understanding green technologies, and analysing tenancy agreements, can slip down the list. In 2022, 36% of general practice staff said their practice had taken steps to improve the sustainability of their premises in the last five years, 33.8% had not. 73% stated the barrier was other priorities and high workload, and 58% attributed a lack of funding.

With the commitment from the Scottish Government to shift the responsibility of premises ownership away from GP Partners, improving the energy efficiency of premises will increasingly become the direct responsibility of Health Boards. RCGP Scotland welcomes the piloting of this in NHS Tayside, and this should be accelerated and rolled out across Scotland for those practices that are interested.

Conclusion

The current state of general practice premises and digital infrastructure is hampering the ability of GPs and their teams to deliver the best care to patients. The results of our survey show that many are working from unsuitable premises. Improvement is sorely needed.

A General Practice Premises Strategy is needed urgently to tackle the limits on physical space, the lack of capacity for the MDT or new trainees, the outdated IT infrastructure, and the poor building energy efficiency. The path to a brighter future for more care in the community and better preventative care in general practice requires upgraded, modern, and well-equipped infrastructure.

¹ [Vision for health and social care: Health Secretary speech, 4 June 2024.](#)

² [General practice - GP practice list sizes, Public Health Scotland](#)

³ [Primary care improvement plans - implementation progress summary: March 2023](#)

⁴ [Expanding primary care. Scottish Government release. November 2021.](#)

⁵ [Tackling the inverse care law in Scottish general practice. The Health Foundation. April 2024.](#)

⁶ [Scottish Government Review Body on Doctors' and Dentists' Remuneration: written evidence on postgraduate medical trainee recruitment 2024-2025](#)

⁷ [NHS Scotland performance against LDP standards. September 2022.](#)

⁸ [Scotland Superfast R100 Programme - July 2024 update](#)

⁹ [Scottish Government/COSLA Digital Maturity Assessment for Health and Social Care. Summary of findings. December 2023.](#)

¹⁰ [NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026](#)

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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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