

PE2070/H: Stop same-day-only GP appointment systems

Cabinet Secretary for Health and Social Care written submission, 3 March 2025

Thank you for your letter of 31st January about concerning petition PE2070.

The Committee has asked how the Scottish Government can be confident that the General Medical Services contract is delivering an effective service for patients without data and how the Scottish Government will obtain data to support current and future access programmes.

We do have data on the experience of patients accessing care if not on particular practice arrangements. Our earlier letter referred to the Health and Care Experience Survey. The latest survey reports that 76% of people found contacting their General Practice in the way they wanted fairly or very easy. This is similar to 2021/22 (75%), but lower than in 2019/20 (85%). It also found that half of respondents (50%) reported they are able to book appointments at their General Practice three or more working days in advance. This is similar to the 2021/22 survey (48%), but lower than in 2019/20 (64%).

It should be noted that GP practices are contracted to take overall responsibility for the care of their registered patients during the “in hours” period. How that service needs to be provided is left to the judgement of the responsible clinicians: practices are not required to provide a particular type of service. Health Boards have various means at their disposal to pursue assurance about clinical governance in their practices if they have concerns.

GPs are independent contractors. Any data that the Scottish Government needs to support current and future access programmes, but does not currently have access to, must be obtained by negotiation with the profession’s representatives. Any further data we negotiate to collect from practices will reflect our overall requirements from practices which are also subject to negotiation.

The Committee has also asked what action will be taken to address the issues raised in the petition in light of the Scottish Government’s position that it will not consider a similar approach to patient appointments as NHS England.

Our earlier letter noted that every GP practice’s patients have different needs and the best mix of appointment types to the right member of the practice team is something that requires the judgement of professionals who have a long term responsibility for their patients. Our actions, such as forming the General Practice Access Group, reflect our approach of working with GP practices to improve access.

Yours sincerely

NEIL GRAY