



The Scottish Parliament
Pàrlamaid na h-Alba

Public Audit Committee

Clare Haughey
Convener
Health, Social Care and Sport Committee

By email hscs.committee@parliament.scot

22 September 2025

Dear Convener

General practice: Progress since the 2018 General Medical Services (GMS) contract

At its [meeting on 14 May 2025](#), the Public Audit Committee (the Committee) heard evidence from the Auditor General for Scotland (AGS) on his report on [General practice: Progress since the 2018 General Medical Services contract](#).

Prior to the meeting, Dr Iain Morrison, Chair of the General Practice Committee at the British Medical Association Scotland (BMA) also [provided a submission](#) to the Committee outlining its position on the report.

The AGS's report is clear that General practice is vital to improving population health and keeping people out of hospital, but sets out that it faces rising pressure from an ageing population, widening health inequalities, longer waits, and a declining GP workforce, making the Scottish Government's target to increase GPs by 800 extremely challenging.

It states that, since the 2018 GMS contract, progress has been slower than expected. The expansion of wider primary care teams has expanded more gradually than planned, patients are finding it harder to access care, and there has been limited clarity on what commitments have been met. At the same time, funding for general practice has fallen both in real terms and as a proportion of overall NHS spending and a lack of reliable data on workload, demand, workforce and quality of care makes planning and decision making more difficult,

The Committee heard further evidence on the report from BMA Scotland and the Royal College of General Practitioners Scotland (RCGPS) and then from the Scottish Government at [its meeting on 18 June 2025](#). Following the meeting, the Committee agreed to write to BMA Scotland, the RCGPS and to the Scottish Government to seek further evidence.

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Email publicaudit.committee@parliament.scot. We welcome calls through Relay UK and in BSL through Contact Scotland BSL.

The Committee considered their responses at its meeting on 3 September 2025 and agreed to write to the Health, Social Care and Sport Committee to highlight key issues arising from its scrutiny that may be of relevance to its future work, and in doing so, close its scrutiny of the report.

The correspondence referred to above is available [on the Committee's webpages](#).

Implementation of the GMS contract

Key message 2 of the Auditor General's report states that:

"There is uncertainty about the strategic direction of general practice. The 2018 General Medical Services (GMS) contract aimed to improve the sustainability of general practice and access to care. However, several commitments that were intended to be completed by 2021 have still not been fully implemented".

During evidence, the AGS told us that there is not yet sufficient evidence that the Scottish Government's approach is making a difference.

The Scottish Government acknowledged "there is still much more to be done" referring to "a number of challenges to complete implementation" but stated that progress was being made. They told us:

"What we need to do now and what we are doing now through the service renewal framework is to say what the next steps are that we need to take to make sure that we deliver general practice as part of a wider primary care environment that is sustainable and fit for the future".

One of the key recommendations in the AGS's report is that the Scottish Government should publish a clear delivery plan for general practice by the end of 2025 that includes specific actions, timescales and costs. "This should clarify whether and when it will implement the outstanding commitments from the 2018 General Medical Services contract".

The Committee was disappointed to hear from the AGS that several commitments made by the Scottish Government in the 2018 GMS contract have yet to be fully implemented. It supports the recommendation from the AGS that the Scottish Government should publish a clear delivery plan for general practice. The HSCS Committee may wish to consider monitoring progress by the Scottish Government as part of its future work programme.

Workforce capacity and recruitment

The AGS report notes that Scotland is not on track to meet the Scottish Government's target of 800 additional GPs by 2027. It sets out that in March 2024, Scotland had an estimated 3,453 whole-time equivalent (WTE) GPs, a reduction of 67 WTEs from seven years earlier.

The report also highlights that recruitment challenges are particularly pronounced in rural areas and that, unlike for GPs, there is no commitment to increasing GP nurses (GPNs) but there are indications that there may be fewer nurses available to work in

general practice in future years. The report states that “this is a particular concern given that more than half of GPNs are aged 50 years or over”.

Additionally, it sets out challenges in the expansion of multidisciplinary teams. In oral evidence, Audit Scotland explained that the work undertaken to develop the multidisciplinary teams varies across Scotland, and it is not directed or targeted at most need. They told us that “There is a lack of transparency and insufficient information on spend and impact”.

Key message 2 concludes that “The expansion of wider primary care teams to support general practice, to include more nurses, pharmacists, physiotherapists and other specialists, has been slower than planned. And people report finding it more difficult to access care”.

During evidence, BMA Scotland and RCGP Scotland also underlined the impact of workforce shortages. The RCGP said: “General practice in Scotland remains under-resourced, under-staffed, and under pressure. The workforce challenge is the single biggest barrier to delivering safe, sustainable care for patients.”

A key recommendation in the report is that the Scottish Government should clarify how it will work with Health and Social Care Partnerships (HSCPs) and the Scottish GP Committee to improve the way that general practice teams and multidisciplinary teams work together to provide services. This should focus on “improving communication, collaboration, data sharing and clarity about responsibilities across the primary care workforce”.

The Scottish Government officials acknowledged there were challenges. They said:

“We need to recognise that that multidisciplinary team may not have been alleviating the pressure on general practice in the way that was envisaged when the contract was agreed. The BMA also believed that that was the thing that would make a difference and release time for general practitioners. We put in place the primary care phased improvement programme to enable us to get under the skin of and understand what a good, high performing multidisciplinary team looks like”.

The HSCS Committee may wish to monitoring workforce challenges including how GP and nurse recruitment is progressing and how well multidisciplinary teams are working in practice as part of its future work programme.

Investment in primary care

The AGS report highlights a lack of clarity about investment in general practice. It states that:

“In 2023/24 the Scottish Government spent £1.09 billion on general practices. However, direct spending on general practice as a proportion of overall NHS spending decreased from seven per cent to 6.5 per cent between 2017/18 and 2023/24. Direct spending on general practice has also started to decrease in real terms and between 2021/22 and 2023/24 it fell by six per cent”.

In his opening remarks to the Committee, the AGS said:

“Spending directly on general practices has now started to decrease in real terms as a proportion of overall spending in the national health service. People are reporting that they are now finding it more difficult to access healthcare and are less satisfied with the care with which they are being provided at their general practice.”

The AGS’s report also refers to the Scottish Government’s announcement in November 2024 that £10.5 million had been set aside in its 2025/2026 budget to develop a targeted service within general practice for early intervention and prevention. It heard from Audit Scotland that the Scottish Government had since confirmed that the funding is intended to provide the 100,000 extra GP appointments announced by the First Minister as part of the Scottish Government’s programme for government for 2025/26. The Committee explored how these additional 100,000 appointments would be funded in the future. The Scottish Government responded:

“The £10.5 million this financial year, which helps to build GP capacity to intervene earlier and prevent illnesses such as cardiovascular disease (CVD) through a Direct Enhanced Service (DES) has been highly successful. The CVD DES aims to support 100,000 patients by March 2026 for key risk factors including high blood pressure, high cholesterol, high blood sugar, obesity and smoking. Subject to monitoring and evaluation of the CVD DES we anticipate that this service will continue. Funding will be considered in the usual way through the budget and spending review process”.

The BMA’s submission to the Committee calls on the Scottish Government to invest directly in GPs which, it says the 2018 contract has failed to do. It states “GP practices across the country are having to consider reducing services to balance their books”

In its follow up letter to the Committee, the Scottish Government said

“The 2025-26 budget provides record funding of £21.7 billion for health and social care – an uplift exceeding consequentials and taking funding to an all- time high. The budget has a continued focus on reform and improvement in our services driving efficiency and changing how we deliver our services to improve quality and access”.

The AGS report recommends that while the Scottish Government has committed to prioritising investment in primary care, including general practice it should also set out a medium-term funding trajectory for general practice. This would it says “provide certainty for GPs and HSCPs enabling them to carry out well-informed medium term financial and workforce planning”

The HSCS Committee may wish to monitor whether investment is achieving the intended outcomes, in improving patient access, reducing pressure on secondary care, supporting workforce sustainability, and delivering value for money.

Patient access and satisfaction

The AGS’s report highlights declining patient satisfaction, noting that:

“the starkest decline was in people’s overall rating of their care experience as good or excellent. It was at 69 per cent in 2023-24, having gone down by 14 percentage points in just six years”.

We heard that patient-to-GP ratios have increased from 1,515 to 1,735 per WTE GP, and the number of practices has fallen from 950 to 887 since 2018. The AGS warned that patient access remains a major challenge.

During evidence he told us that:

“Patients are finding it harder to access care, and satisfaction is declining at the very time general practice is meant to be the cornerstone of community health services”

In response, the Scottish Government told us:

“One of the reasons why we have been working through the phased investment programme is to understand what helps to make access easier and faster. Other on-going work includes the collaborative that Healthcare Improvement Scotland is running across primary care and our encouragement of our health and social care partnerships to learn from one another about what works well so that we can try to reduce variation across the country.”

The Committee also explored with the Scottish Government, its planned future investment in digital priorities to improve access. In its letter to the Committee the Scottish Government stated that an online app is being launched in December as part of the Digital Front Door Programme (DFD).

“This will allow people to securely access elements of their medical health information, manage hospital appointments online, receive communications, find local services and view and update personal information. This will be expanded over the next five years with further capabilities as a key component of health and social care access to services”.

The Committee notes the AGS’s findings on the decline in patient satisfaction and the increasing difficulties patients face in accessing primary care. The HSCS Committee may wish to keep track of how the Scottish Government’s plans to improve access and patient experience are working in practice, including the rollout of its NHS app later this year.

GP premises

The report explains that the 2018 GMS contract set out the Scottish Government’s plans for moving to a model where GPs are no longer expected to provide their own premises.

It goes on to explain that one of the main commitments was that GPs who own their own premises would be eligible for an interest free sustainability loan and GPs who lease their premises would be eligible to apply for their NHS board to either negotiate a new lease or take responsibility for the current practice lease.

The report states that the Scottish Government does not have sufficient oversight of whether GP premises are fit for purpose. Evidence from BMA Scotland and the RCGP Scotland highlighted ongoing concerns about GP premises. RCGP Scotland said

“Delivering a patient centred healthcare service from outdated cramped and poorly maintained buildings is becoming increasingly difficult in some areas and in many cases is limiting the ability of practices to train new GPs”.

“According to our latest poll of members, approximately a third (32%) said their practice building was not fit for purpose and a further 53% agreed that their practice required additional work or upgrades to meet patients’ needs”

In relation to sustainability loans, the BMA reported that:

“Unfortunately, the process to deliver these loans was incredibly protracted and costly... GP partnerships found the process very costly from a legal perspective with many having to pay tens of thousands of pounds in legal fees to secure a loan. This more than offsets any of the financial reward of entering the scheme.”

They also noted that Boards are reportedly avoiding lease risks, leaving GP partnerships to extend leases at significant cost.

A recommendation in the report is that within one year the Scottish Government set out its plans including how progress will be monitored for moving towards a model where GPs will no longer be expected to provide their own premises.

The Scottish Government told the Committee that NHS Boards are developing long-term plans for the GP estate under the Health and Social Care Service Renewal Framework 2025–2035. It provided further detail of its plans in its letter to the Committee dated 20 August 2025.

The Committee suggests that the HSCS Committee may wish to monitor progress in addressing concerns over the condition and ownership of GP premises including delivery of the sustainability loan scheme, NHS Boards’ role in leases and the development of long-term estate plans under the Health and Social Care Renewal Framework.

Data and evaluation

A key message of the AGS report states that:

“The data that the Scottish Government needs to make informed decisions on general practice planning and investment is inadequate. This is a long-standing issue. There remains a lack of robust information about general practice demand, workload, workforce and quality of care. This limits the Scottish Government’s ability to know whether the changes introduced by the 2018 GMS contract represent value for money or have improved patient care”.

In oral evidence, the AGS told us that:

“The fundamental issue that remains is that the data that exists on how general practice is being delivered, is not of good enough quality to allow evaluation and monitoring.”

The AGS recommends that the Scottish Government should set out:

“Robust governance arrangements for how the Scottish Government will monitor, evaluate and publish progress, identifying what data is needed and how data will be obtained and validated”, and within one year, “Work with Public Health Scotland and HSCPs to publish total spending across Scotland on the six priority services in their public financial reporting”.

The Committee suggests the HSCS Committee may wish to follow up on how the Scottish Government intends to improve the data it collects on GP services, such as demand, workload and patient outcomes so that it is clear whether changes are making a real difference and representing value for money.

We hope that the above is helpful to your Committee in its future scrutiny.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Richard Leonard'.

Richard Leonard MSP

Convener