RCGP SCOTLAND

Richard Leonard MSP
Convenor of the Public Audit Committee
Scottish Parliament
Edinburgh EH99 1SP

Via email: publicaudit.committee@parliament.scot

20 August 2025

Re: General practice: Progress since the 2018 General Medical Services contract

Dear Convenor,

Thank you for your letter dated 4 July 2025, following up on the evidence session on General Practice: Progress since the 2018 General Medical Services Contract.

To inform our response to the questions raised in your letter, RCGP Scotland has consulted with GP members of the College's Executive Committee in Scotland.

Do you have a view on the condition of the general practice estate and the impact of the maintenance backlog on working conditions and the delivery of healthcare services?

There is a significant and growing disparity in the quality of general practice premises across Scotland. Delivering a patient-centred healthcare service from outdated, cramped, and poorly maintained buildings is becoming increasingly difficult in some areas. In many cases, it is already limiting the ability of practices to train new GPs. The vision set out in the GMS contract of multi-disciplinary teams working collaboratively to provide integrated care is fundamentally undermined by the physical constraints of many premises. Teams are often fragmented across multiple sites or confined to unsuitable spaces, with physical barriers impeding collaboration, information-sharing, and patient flow. This not only increases risk but also drives inefficiency. The condition of premises is not a peripheral concern - it is central to the delivery of safe, modern, and effective care.

The Committee will be aware that the expansion of the multi-disciplinary team in general practice, as part of the 2018 contract, has led to the recruitment of over 3,500 WTE additional staff. However, it is important to note that the overall footprint of the general practice estate has not sufficiently expanded to accommodate this growth nor any future increases in staffing, nor is there adequate capital spending to remedy this situation. One notable example of an attempt to maximise existing space is the back scanning of paper notes to fit staff into areas previously used as cupboards. We are aware of at least one Health and Social Care Partnership having carried out an appraisal of their general practice estate, finding that practices, "are already at capacity, restricting the ability of additional services to increase multidisciplinary working."

According to our latest poll of members (2024), 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 their patients' needs.

Digital infrastructure is also heavily impacted by the physical environment. Retrofitting older buildings to support new technologies is often costly, complex, and in some cases, unfeasible. These limitations disproportionately affect patients in deprived and rural communities, deepening existing health inequalities, even though retrofitting typically has a lower carbon footprint than new builds.

It is also important to recognise the variation in Health Board capacity to support primary care premises. While some Boards have dedicated, experienced teams offering guidance on property management, lease negotiations, and premises development, others lack the necessary infrastructure, resources, or leadership. This inconsistency contributes to unequal development across the primary care estate and delays in progressing national commitments such as lease transfers and new builds. The absence of a coordinated national approach has left some practices without the support they need to navigate an already complex landscape. We recommend that the Committee ask Health Boards to share the information they hold on the state and quality of Board-owned premises.

How has the offer of sustainability loans and lease transfer been received by your members?

The initial offer of sustainability loans and lease transfers was positively received by many GPs. If implemented as intended, these measures could have significantly reduced the risks and liabilities tied to premises ownership, while supporting the retention of practices under the national GMS contract.

Sustainability loans were once viewed as a concrete demonstration of the Scottish Government's commitment to modernising primary care and alleviating the personal financial burden and risk on GP partners.

However, the reality has not lived up to expectations. The sustainability loan scheme has been applied inconsistently and, in many cases, has failed to materialise altogether. Where progress has been made, it has often taken years, with prolonged delays creating financial and operational uncertainty. Some practices have been left worse off, after having invested considerable time and resources into negotiations that ultimately were unsuccessful.

A lack of consistent leadership, inadequate support for essential works (such as dilapidations), and ongoing concerns about liabilities have caused the initiative to stall. Health Boards have been reluctant to take on leases without guaranteed funding for backlog maintenance or future repairs. Meanwhile, substantial sums continue to be paid to private providers through ongoing PFI arrangements, diverting valuable resources away from frontline services.

Conclusion
The ambition to transition away from GP-owned premises remains sound. However, this ambition must be matched with adequate funding and planning. Without investment in high-quality future proofed premises and resolution of issues relating to the GP sustainability loans the goals of the current GMS contract will not be delivered.

The current state of play is adversely affecting efforts to improve GP recruitment and retention, risks the loss of public confidence in general practice, and further entrenching health inequalities in infrastructure.

I trust this information will be of use for the Committee's examination of the Audit Scotland findings.

Yours sincerely,

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Chair of RCGP Scotland

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