

Citizen Participation and Public Petitions Committee
Wednesday 22 January 2025
1st Meeting, 2025 (Session 6)

PE2070: Stop same-day-only GP appointment systems

Introduction

Petitioner Lorraine Russo

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to stop GP surgeries from only allowing same-day appointment bookings, enabling patients also to make appointments for future dates.

Webpage <https://petitions.parliament.scot/petitions/PE2070>

1. [The Committee last considered this petition at its meeting on 20 March 2024](#). At that meeting, the Committee agreed to write to the Scottish Government and to NHS regional health boards.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Scottish Government, NHS Western Isles, NHS Grampian, NHS Highland, NHS Ayrshire and Arran, and NHS Forth Valley, which are set out in **Annexe C**.
4. [The Scottish Government has published a report showing the results of the Health and Care Experience Survey 2023/24](#). The results include respondents' views on ease of contact with General Practices and experience of appointments.
5. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
6. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
7. [The Scottish Government gave its initial response to the petition on 12 February 2024](#).
8. Every petition collects signatures while it remains under consideration. At the time of writing, 460 signatures have been received on this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

CPPP/S6/25/1/8

**Clerks to the Committee
January 2025**

Annexe A: Summary of petition

PE2070: Stop same-day-only GP appointment systems

Petitioner

Lorraine Russo

Date Lodged

4 December

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to stop GP surgeries from only allowing same-day appointment bookings, enabling patients also to make appointments for future dates.

Previous action

I emailed the First Minister, the Health Secretary and my NHS Board but have received no response.

Background information

I called my local GP to make an appointment with a doctor to be told there were none available for that day. I asked if there were any for the following days and was told I was unable to book an appointment in the future and I would need to try again at 8am the following morning but due to working full time and travelling at 8am each morning, I am unable to call each morning. I think this needs to change.

I once tried to call my GP at 8am and I rang over 100 times until I spoke to a receptionist, I was then told there were no appointments left for that day and to try again the following day.

The Scottish Government could consider an update to the General Medical Services contract as a possible route to address this issue.

Annexe B: Extract from Official Report of last consideration of PE2070 on 20 March 2024

The Deputy Convener: PE2070, which was lodged by Lorraine Russo, calls on the Scottish Parliament to urge the Scottish Government to stop general practitioner surgeries from allowing only same-day appointment bookings and to enable patients to also make appointments for future dates.

The SPICe briefing highlights the 2021-22 health and care experience survey, which reported a sharp drop in the percentage of people finding it easy to contact their GP practice in the way that they want to. The briefing also notes that NHS England amended the 2023-24 GP contract to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact them at a later time.

In 2023, the Scottish Government published the general practice access principles, which state that people should have a reasonable choice about how they access services, and that the method should be clear, understandable and transparent. The Scottish Government notes that the Healthcare Improvement Scotland primary care access programme has worked with more than 100 general practices to improve access arrangements.

Do members have any comments or suggestions?

Oliver Mundell: I strongly support the aims of the petition. I see the problem regularly as a constituency MSP, particularly with vulnerable and elderly patients, including those who have to travel, and those with long-term chronic conditions, who are all struggling to interact with the same-day policy.

It would be worth while trying to find out how prevalent the issue is across the country. We could achieve that by writing to the Scottish Government to ask how many GP practices are now operating with a same-day-only appointment system. We should also seek its views on the health and care experience survey results and on NHS England's recent change to the GP contract, which now states that patients should be offered an assessment of need or signposted to an appropriate service at their first contact with the practice, with practices no longer being able to request that the patient contact them at a later time. We could ask the Scottish Government whether it is looking at a similar approach and, if it is, whether there is flexibility to make a similar change in the existing general medical services contract.

I do not want to add unduly to the committee's workload, but I would also be interested in knowing the views of health boards across Scotland on the issue, as they have a responsibility in relation to primary care. There are examples around the country of poor access to primary care causing wider challenges in the health service, with higher numbers of people than average presenting, for example, at accident and emergency. I would be keen to ask health boards whether this practice is happening in the areas that they are responsible for and how common they think it is.

Foyso! Choudhury: I totally agree with Oliver Mundell. Quite a lot of constituents have been saying to me that they cannot sleep at night if they have to make a phone call in the morning. The time window to call is between 8 and 9, and people cannot get through. Sometimes they are told to go online, but many people cannot go online. It is time for the Government to step up, talk to the GPs and find a solution, because it is a major issue.

The Deputy Convener: There are not many members round this table whose mailbag will not be continually filled with letters about on-the-day appointments.

Is the committee happy with those recommendations?

Members indicated agreement.

Annexe C: Written submissions

Scottish Government written submission, 15 April 2024

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

Thank you for your letter of 22nd March regarding petition PE2070.

You have asked for information on how many Scottish GP practices are now operating a same-day only appointment system.

This information is not known to the Scottish Government. GP practices, as independent practitioners, are responsible for their own appointment arrangements. The GMS regulations do however require that services are “delivered in the manner determined by the practice in discussion with the patient”.

However, the recently established Primary Care Data and Intelligence Programme is providing oversight and strategic direction to the development of evidence and data for Primary Care. Data in relation to General Practice activity is now routinely published by Public Health Scotland and we continue to work with General Practice, Territorial and National Health Boards to enhance the quality and use of this data to support service improvement.

You have asked what the Scottish Government’s view is of the 2021/22 Health and Care Experience Survey results.

It is important to note that the 2021/22 survey covered the period of the COVID-19 pandemic, where there were infection prevention control measures in place. Therefore, there are a number of important changes to how services were provided at that time that should be taken into account when making comparisons with previous surveys:

- Guidance was issued to GP practices not to treat patients face to face unless clinically necessary.
- Social distancing was introduced in practices.
- While there were more remote consultations, electronic booking systems were used less as existing systems could not screen for COVID-19 symptoms.

These measures have all now been stood down. The Scottish Government welcomes the opportunity to consider the HACE 2023/24 results when they are available later this year.

You have asked whether the Scottish Government has considered taking a similar approach on patient appointments to NHS England, and, if there is flexibility to make a similar change within the existing General Medical Services (GMS) contract.

The Scottish Government is not looking to take a similar approach to NHS England. I should note that we could not do so without amending the GMS regulations. 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 approach has been to work with GP practices to improve access. The First Minister, in his previous role as Cabinet Secretary for Health and Social Care, announced the formation of the General Practice Access Group in November 2022. The group sought to understand the challenges and issues affecting access to General Practice and established [high level core principles](#) to support and enhance patients' experience of accessing 'The Right Care, Right Time, Right Place'.

The report highlights four main principles:

- 1. Access to General Practice is inclusive and equitable for people, based on the principles of Realistic Medicine and Value Based Health & Care. Care will be person-centred and based on what matters to the individual.*
- 2. People should have a reasonable choice about how they access services.*
- 3. Services should be approachable, sensitive, compassionate, and considerate to need.*
- 4. General Practices should help people to get the right care from the best and most appropriate person or team to care for them (Right Care, Right Place, Right Time).*

The Scottish Government also supports a number of ongoing access programmes, including (but not limited to):

- Transition from Healthcare Improvement Scotland's Primary Care Access Programme (PCAP) which was developed and rolled out in August 2022, to the [Primary Care Phased Investment Programme](#) (PCPIP) which is scheduled to run from April 2024 to December 2025. This work aims to support the support Health and Social Care Partnerships (HSCP) and Primary Care Services to explore challenges and identify areas of change or improvement.
- Sharing of case studies, good practice examples and other resources developed with practices who have participated in PCAP or associated relevant access improvement programmes.
- In anticipation of the switch from analogue to cloud-based telephony systems in 2025, Practice Telephony Guidance is being developed by Scottish Government in 2024 to support general practices to improve their communication systems, while at the same time ensuring they are fit for the future and meet the needs of the public.
- Continued rollout by Scottish Government and Health & Social Care Partnerships of the Primary Care Improvement Programme to recruit and embed the Multidisciplinary Team in primary care.

Primary Care Directorate

NHS Western Isles written submission, 9 April 2024

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

All Practices in the Western Isles offer both planned and on-the-day appointments. The Practices report that planned is the prevalent area, with the on-the-day slots available for any urgent on-the-day patient care. We have one practice, The Group Practice, which has, "a limited number of pre-bookable appointments but the majority for GPs are on the day".

Practices have their clinics set up, however keep urgent slots for anyone that needs to be seen on-the-day. Pre-bookable appointments work for patients who are on the Practice list, however for patients not on the list, for example temporary residents, the on-the-day offer is limited. Practices will add on to clinics if triage determines the need to be seen. The reduction in on-the-day, will see more activity going into flow navigation centres for urgent care, for NHS Western Isles, this would be into Western Isles Hospital A&E department and the Community Hospitals.

We will work on a test of change to support on-the-day pressures via our urgent care teams.

Primary Care have commenced a project to support the management of temporary residents. Temporary resident patients do cause system pressures across the services, and this is not limited to the holiday periods; tourism is seen throughout the year, however, can peak during the summer months.

NHS Grampian written submission, 17 April 2024

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

For any complaint, we would first advise that these are raised directly with the practice concerned. Where access complaints are escalated to the HSCPs or direct to the Health Board, we work directly with the practice to address them using our local Sustainability and Support Framework and the National Escalation Framework.

Access is challenging in general, with just over 10% of Grampian practices electing to hand back their GMS contract between 2022-2024. So, whilst we have shared the "General Practice Access Short Life Working Group: access principles" published by the Scottish Government in November 2023 with all GP practices in Grampian, their sustainability remains a national concern.

Through our recent large-scale "Future Vision of General practice" workshops, we commissioned a patient survey which received 1300 responses. The survey highlighted that being "Able to access same day/emergency appointments" and "Book an appointment in advance" are two of the top considerations for patients.

The Committee is seeking information on whether any GP practices in the health board operate a same-day-only appointment system and if so, whether this is causing wider challenges across other areas of the health service.

Most of our practices (64 out of 69) are independently run. This means they have a level of autonomy in how they deliver their services, as long as the health board is satisfied that patient care is not being adversely impacted by their decisions. Some may choose to offer a total triage solution. This means appointments are all booked after an initial assessment by a member of the practice team, rather than being directly booked by the patient through a receptionist. This is one way of ensuring a right person, right time, right place approach and has become more common due to the widening nature of the multi-disciplinary teams now working in practices as a result of the 2018 contract.

We would like to highlight that Grampian practices continue to have one of the lowest Emergency Department attendance and secondary care referral rates in the country.

The Committee also noted that GP practices may only allow a short window in the morning for patients to contact the practice. The Committee would welcome information on how common this approach is in the health board area.

All practices are required to have their phone lines open during a period of 8am to 6pm except for in emergency circumstances. Just over 70% of practices in NHS Grampian have some form of call waiting system in place. When a practice reaches maximum capacity for safe clinical workload and effectively runs out of available appointments (capacity) during the day, they should still be available to take calls and to signpost / triage requests that come in. We are not currently aware of any practices in Grampian who only have their telephone lines open for a short window in the morning.

“I once tried to call my GP at 8am and I rang over 100 times until I spoke to a receptionist, I was then told there were no appointments left for that day and to try again the following day.”

Several advances have been made available to practices including phone systems that allows queuing to avoid patients having to call back. There was previously also funding locally, from PCIP underspend, to pay for practices to use asynchronous consultation platforms to further improve access and decrease the reliance on phone lines. This funding stream has since ended, but many local practices still pay to utilise these systems to the benefit of their patients. This funding withdrawal reduced the numbers using eConsult from 57 practices to around 21. We are aware that the Scottish Government did investigate the possibility of this being funded centrally as part of a modern, digital access solution but that did not come to fruition.

We would like to thank you for the opportunity to respond to the committee's questions and the petition, and we would be happy to address any further questions raised.

NHS Highland written submission, 19 April 2024

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

Thank you for your letter dated 22 March 2024 in relation to the above petition.

You advised that: *The Committee is seeking information on whether any GP practices in the health board operate a same-day-only appointment system and if so, whether this is causing wider challenges across other areas of the health service. The Committee also noted that GP practices may only allow a short window in the morning for patients to contact the practice. The Committee would welcome information on how common this approach is in the health board area.*

Please can I now provide the undernoted information on behalf of NHS Highland.

Many practices in Highland do use on-the-day appointments, but the board is not aware of any that do not use this in combination with other appointment types for a range of conditions or condition recalls. This is a constantly changing landscape, however, as practices often change their approach as part of quality improvement processes, and in a continued attempt to better manage the unprecedented demand within general practice. GP practices are central to the delivery of proactive and preventative care close to people's homes and so any pressure on demand will have an impact on the wider system and on patient outcomes. We see the demand in general practice as much more impactful than any particular appointment type. However, we are aware that detailed work on this has been delivered nationally, though the Primary Care Access Collaborative, led by Healthcare Improvement Scotland.

As per the national contract, all practices have arrangements in place to enable access services in the case of an emergency, which would include the possibility of seeing someone that same day if their condition required that. Any practice not able to meet this obligation would be placed on an escalation framework, and we would work with them to ensure they are able to meet this core component of the contract.

I trust that the above provides the information you require, but please let me know if you have any queries.

NHS Ayrshire and Arran written submission, 19 April 2024

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

GP Practices are independent contractors who deliver General Medical Services (GMS) through their agreed contract with NHS Ayrshire & Arran. Practices are able to deliver services in a manner that best suits the needs of their patient population. Following the pandemic many practices still operate a triage first model, where a clinician triages the call and if deemed clinically appropriate the patients are given an appointment, however, this model varies and many practices have returned to their pre-pandemic model of delivery and offer pre-bookable appointments.

The Primary Care Team recently conducted a survey with the 53 GP Practices in NHS Ayrshire and Arran. Out of 44 GP Practices who responded to the survey, we can confirm that 40 of these practices offer pre-bookable appointments to patients and 4 practices offer on the day only appointments. Only 2 of these GP Practices have a specific timeframe of when their patients can contact the surgery for an appointment.

During the pandemic a number of practices introduced an online platform for their patients to access practice services and clinical advice. Practices who utilise online platforms have feedback from patients that it is easier for their working population to access services out with core opening hours. It also allows Practice staff to respond to patients directly without requiring an appointment at a time suitable to the practice/patient, thus supporting more efficient use of admin time. Of the 44 GP Practices who responded to the survey, all confirmed that they offer an online system for their patients to request repeat and/or acute prescriptions.

Over recent years there has been a significant increase in patient demand, which at times outweighs clinical capacity available in some practices.

NHS Forth Valley written submission, 13 May 2024

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

Your letter of the 22nd of March to the Chief Executive, NHS Forth Valley in response to the above petition has been passed to me for a response and I welcome the opportunity to provide this and context that I hope is useful in the consideration of this issue.

As per the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Primary Care Services are delegated to our Integration Joint Boards (IJB) with the oversight and management of these services and contracts sitting within the Falkirk Health and Social Care Partnership (HSCP), under my responsibilities as the Chief Officer to the IJB and Director of the HSCP. The NHS Board retains legal responsibility for the contract and we take a partnership and whole system approach to our support for these important services.

In relation to the issue - there are currently 48 GP Practices in the Forth Valley area, of which 47 are independently run and operated under the General Medical Services (GMS) contract and 1 which is directly managed by the HSCP.

While the GMS contract sets out many requirements for Practices and how they should deliver services, it also allows flexibility within the model for individual Practices to provide services to patients in accordance with local needs, Practice size and demographics and to put in place their own arrangements for patient access within the core hours of 8am until 6pm. As independent contractors managed by GP Partners, Practices also determine their own staffing both for clinical and administrative roles.

The Access to Personal Files Act 1987 obliges Social Work Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

You will be aware of the national challenge of GP recruitment and retention and these challenges are no different in Forth Valley with there being vacancies for both salaried and partners GPs across the area. We are working closely as a system to develop approaches to attract and retain GPs at all levels within the area.

As with other health and care services there is significant demand across the area and the volume of demand being managed daily in Forth Valley by our GP Practices are significant with over 6000 appointments (routine and urgent) provided on an average day.

Demand for services are at unprecedented levels and population needs often highly complex, Practices are therefore required to operate systems to provide care to those that need it most and in a timely manner. On this basis, many Practices have a daily cut off point for any urgent or “on-the-day” issues. This is to allow the Practice teams to triage and prioritise issues appropriately. All Practices will undertake daily triage in this manner and reception teams are well trained to ask for brief details of symptoms and level of urgency to support effective care and prioritisation. While a cut off may be in place, most Practices will also operate a routine appointment system alongside this triage arrangement although it may be noted that this often is opened up for a limited time such as the next two or three weeks. This is to enable all patients to have an opportunity to book, to avoid the need for cancelling appointments should clinicians become unwell and also to minimise not attendance where appointments are booked into the future and many problems will have resolved themselves in that time.

Many Practices nationally are still struggling to meet demand and provide the level of access their patients may wish and this has been recognised in recent work commissioned by Scottish Government on the Access Principles. These have been shared with Practices locally to support them in reviewing their arrangements both for same day and routine matters. A number of Forth Valley Practices also actively engaged in the recent Health Improvement Scotland GP Access programme and made positive changes under quality improvement frameworks. A small number of Practices will operate on a same day only appointment service which is acceptable under the GMS contract given there is no stipulation under the current iteration to provide routine appointments. This is very often due to the challenge of balancing demand with capacity on a daily basis and takes cognisance of the British Medical Association guidance on safe working limits.

To improve our understanding of these pressures, NHS Forth Valley has commenced a data gathering exercise to establish capacity, staffing levels and system pressures including how this may impact on service delivery and this information is used to inform the wider system and will help to monitor trends in these areas. Senior Managers and Clinical Leads within the Primary Care team are actively involved in national work on Access arrangements, Pressures Reporting and Recruitment and Retention forums. There are gaps in the information that can be gained from the GP IT systems nationally as they currently stand in terms of appointment book levels, split between routine and urgent so we are unable to provide exact numbers of Practices in response to the queries raised in the Petition letter.

More information is available on secondary care activity including A & E attendance, Out of Hours activity etc however it is challenging to comment other than anecdotally on any connection between “on-the-day” appointment only systems and increased workload or issues elsewhere. For noting, where Practices operate a same day appointment system, many will still provide a routine service through Practice Nurses and Health Care Assistants in key areas of chronic disease management,

contraception, drug monitoring and wound care. Development work on a Whole System Escalation model for Forth Valley is underway, however.

The Health and Social Care Partnerships and NHS Forth Valley have supported all Practices with the Primary Care Improvement Plan locally providing additional multi-disciplinary team members to increase capacity and expand bespoke care in areas like mental health, physiotherapy, pharmacotherapy, and urgent care. This provides significant volumes of additional appointments and many are routine. Practice reception teams trained in Care Navigation will facilitate patients accessing these as well as GP appointments according to their needs and the most appropriate care to meet those needs. We also provide support to Practices in difficult to ensure the sustainability of services as far as possible for patients.

I trust the information provided is helpful in providing a rationale for Same-day-only arrangements in place and I would be happy to clarify any point if required.