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To:
General Practice Managers
Practice Staff
Health Boards

24 October 2023

Dear Colleagues,

Firstly, I would like to thank you for everything you do day-in, day-out in providing a critical public service at the heart of your communities. Our wider health and social care services simply could not function without you and your teams' fundamental role at the centre of caring for and advocating on the part of your patients.

I completely accept that there has been a great deal of demand placed on you and that this is not always represented fairly in the media. I know that first hand from the visits I have made to Practices across Scotland, which have further demonstrated the commitment of you and your staff to high-quality primary care.

I am pleased to publish The General Practice Access Principles (attached to this letter), announced by my predecessor and now First Minister, last year. I would like to thank all the primary care representatives, including patient representatives, who contributed to this report, which sets out a clear framework for the core principles of how GP services should be delivered – equitably, sensitively, reasonably and appropriately, making the most effective use of resources and systems currently available.

In the publication of the report, I want to make two things clear. Firstly, I understand that you will be applying some, if not all, of these principles already in the access arrangements you decide locally to best meet the requirements of your local populations. That acknowledged, I do see a benefit in formally setting out at a national level what good looks like, and I hope

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the principles can be used as a constructive tool locally with Boards, Patient Representative Groups, and within GP Clusters as part of quality improvement discussions.

Secondly, I recognise that general practices' capacity can be a significant constraint on how efficiently practices are able to meet the needs of their patients, and there remains capacity issues both in General Practice and wider Health and Social Care. I want to be clear that I appreciate the work you do. I want to stress the principles are intended to assist practices in their ongoing considerations of how to best meet those needs in differing and sometimes difficult circumstances.

We will continue to work together with all relevant partners to effectively implement these principles, including through our commitment to the ongoing recruitment of primary care multi-disciplinary teams as well as Phase Two of the GMS Contract. In particular, I also recognise the good work of Healthcare Improvement Scotland's Primary Care Access Programme, which has already worked with over 100 general practices to improve access arrangements and continues to run with excellent uptake.

Please again accept my sincere thanks for all you do, and I look forward to continue meeting more of you personally over the coming months.

Yours sincerely,



MICHAEL MATHESON

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General Practice Access 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).

Supplementary Principles

- a) People should be enabled and supported to maximise their own health and wellbeing through:
 - Self-management of their condition
 - Using online resources such as [NHS Inform](#)
 - Accessing other primary care services where these are suitable such as their local Community Pharmacy, Optometry (Opticians) or Dentists
- b) When capacity and appointment availability is limited General Practices' should ensure that those with the most urgent care needs are met.
- c) Methods of access to General Practices teams should be clear, understandable, and transparent for people to access the right service for their needs.
- d) The role of trained practice administrative staff (receptionists) to help people find the most appropriate service (both within and out with the practice) to meet the person's needs, is the norm (sometimes called Signposting or Care Navigation). *More Information about Care Navigation is available from [Care Navigation Toolkit – Care Navigation Toolkit \(ihub.scot\)](#)*
- e) Receiving care from the wider General Practice team (other than the GP) is the norm (sometime called the multi-disciplinary team (MDT)).
- f) People should be able to understand and trust the different roles in General Practice and wider MDT team and that they won't always need to see a GP (doctor)
- g) People who have complex health needs or who live with frailty should be supported to receive continuity of care through a known and trusted healthcare professional or team (more information on continuity of care is available from the [Royal College of General Practitioners](#)).

- h) General Practice should be delivering holistic healthcare (the treatment of the whole person), considering psychological and social determinants of health, rather than just the symptoms of illness.
- i) People should have a positive and trusting relationship with their General Practice team. Practices should actively seek, welcome, learn and act upon feedback (formal and informal) from people about their experience of accessing care.
- j) General Practices will use digital resources (Information Technology), where appropriate and when people choose, to meet people's needs. The needs of people who struggle with digital technology will also be considered and addressed by General Practices.