

Primary Care Directorate
General Practice Policy Division



Addresses

For Action

Health Board Chief Executives

For information

General Practices
National Services Scotland
Primary Care Leads
British Medical Association

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FRAILITY – DIRECTED ENHANCED SERVICE – 2026 - 27

Dear colleague

Summary

1. This circular relates to the Directed Enhanced Service (DES) to be offered by Health Boards for provision in 2026-27 by GP contractors, for the practice Frailty Lead to develop the role through engagement with training and resources, with a specific focus on relational continuity of care (building on the concluded Frailty DES for 2025- 26).
2. This circular gives Directions to Health Boards by Scottish Ministers, in exercise of their power under section 2(5) of the National Health Service (Scotland) Act 1978, requiring Health Boards to offer the DES, as specified in this circular, to GP contractors, and detailing the payment arrangements (in the Annex), which must be made under the DES.
3. The DES has been agreed with the British Medical Association (BMA) Scottish General Practitioners Committee (SGPC).
4. Contractors should notify Health Boards by 14 September 2026 if they wish to participate in this DES.

Background

5. Relational continuity refers to the sustained interpersonal and therapeutic relationship between a patient and their clinician. The published evidence, which is largely based on GP: patient continuity, shows that increased relational continuity improves outcomes for patients, and for the wider NHS. Relational continuity is associated with improved safety, quality, cost-effectiveness, efficiency, sustainability, equity, lower morbidity and mortality. It is also associated with lower practice workload over time, and less use of unscheduled care. Certain cohorts of patients are known to particularly benefit from relational continuity of care: patients experiencing frailty are one such cohort.
6. Frailty is a critical issue across our health and social care system requiring a structured and proactive approach to improve patient outcomes, reduce hospital admissions, and ensure integrated care across services. This circular outlines a Frailty DES where participating general practices will build on the role of practice Frailty Lead set out in the 2025-26 Frailty DES, and start to create the conditions to prioritise relational continuity for patients experiencing frailty.

ENHANCED SERVICE SPECIFICATION

EXPECTATIONS OF GENERAL PRACTICES

Actions

7. Health Boards must require practices who wish to participate in the Frailty DES to:
 - a. Appoint a practice Frailty Lead (if this has not already been done as part of the 2025-26 Frailty Directed Enhanced Service).
 - b. Complete an online reporting form issued by Scottish Government, to provide evidence that the Frailty Lead has:
 - i. engaged with a 75 minute webinar to be run centrally. This will have an emphasis on relational continuity and how it can help to manage frailty effectively.
 - ii. considered and documented the cascading of frailty training from point 7.b.i. into wider practice team learning. This could, for example, include:
 - facilitating a practice learning event on frailty and relational continuity.

- considering adding frailty and relational continuity into personal development plans (PDPs).
- providing a written summary of the webinar, and information about the accompanying materials and sharing within the practice.
- using RCGP agreed tool kit to support the learning from the webinar.

iii. run the continuity of care measurement tool at the beginning and end of the DES for their specific frailty cohort. The webinar will provide participating practices with details of the continuity measurement tool to be used. Practices will be required to undertake a baseline and repeat measurement using the same methodology and patient cohort. No specific improvement target is mandated as part of this DES; the purpose of the measurement is to support local learning and inform national evaluation.

iv. Considered discussing these results at local cluster meeting and see if there is any shared learning.

8. The Frailty DES requirements are limited to the actions described in point 7, and any additional examples presented during training or supporting materials are intended as optional examples of good practice for local consideration rather than mandatory deliverables.

Frailty cohort

9. For the purposes of this DES, practices should identify a frailty cohort of 10 patients, using a consistent local methodology. This may include patients identified through validated frailty tools, anticipatory care planning registers, care home residency, or clinical judgement. Practices should record the methodology used when completing the DES return.

Evidence of completion

10. Satisfactory completion of the Frailty DES will be demonstrated through:

- Attendance by the practice Frailty Lead at the national webinar; and
- Completion of the Scottish Government online return.

Timing and reporting arrangements

11. Participating contractors will be required to participate in the Frailty programme between 24 August and 31 March 2027.

12. Participating contractors are required to complete the online reporting form issued by the Scottish Government, that documents the evidence requested in point 7 above. The form is required to be submitted by 30 April 2027 and the evidence will be used

to inform the monitoring and evaluation of the Frailty DES, as well as future development of the Frailty DES.

Claims for payments

13. As set out in the Annex, payments will be made as a flat fee to each participating practice to cover payment for the actions in point 7.

Action and Enquiries

14. NHS Boards are required to action these Directions and ensure that their primary medical services contractors are aware of the Frailty DES.

15. In the event of any enquiries on this circular, please contact Esther Black.

Yours sincerely

A handwritten signature in cursive script, reading 'Susan Gallacher'.

Susan Gallacher
Deputy Director General Practice Policy Division

Annex

PAYMENT ARRANGEMENTS

1. Contractors who have entered into an arrangement with a Health Board as part of that Health Board's Frailty DES will be reimbursed in accordance with the paragraphs below.
2. A flat payment of £750 will be paid per participating practice to pay for the work to complete actions in point 7 above.
3. The Scottish Government will consider an appropriate uplift for the fee listed in this Annex, following the recommendation that is made by the review body on doctors' and dentists' remuneration (DDRB) for the year 2026 -27. The uplift will be backdated for all Frailty DES activity completed in the 2026-27 financial year.