

NHS Highland



Meeting: Highland Health & Social Care Committee

Meeting date: 2 July 2025

Title: Primary Care Update

Responsible Executive/Non-Executive: Arlene Johnstone, Interim Chief Officer

Report Author: Jill Mitchell, Head of Primary Care

Report Recommendation:

The Committee are requested to note this update across the primary care portfolio.

1 Purpose

Please select one item in each section ***and delete the others.***

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well

Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

2 Report summary

2.1 Situation

The papers attached provide a comprehensive summary of the current issues and developments across the Primary Care Division within Dental, Community Optometry, and General Practice.

2.2 Background

Primary care is where around 90% of all contacts occur, therefore the importance of accessible, high-quality care within this setting is of vital importance to a functioning health system.

2.3 Assessment

Within Community Optometry, a key development is the community glaucoma pathway. There are already qualified personnel available to deliver the community element of the programme when the electronic patient record (Open Eyes) is fully implemented by the end of 2025/26.

Dental recruitment and access remains a priority. Two areas of concern have been highlighted in relation to fragile services namely Skye, Lochalsh and West Ross and Caithness.

Within General Practice regulatory activity around payment verification has been re-established. Local enhanced service contracts have been introduced for ten services. Additional local enhanced services are being identified and discussed with acute for the direct commissioning of services in General Practice funded from acute supporting the care closer to home agenda. Recruitment to GP vacancies across the Board-managed practices has improved considerable resulting in less locum and agency expenditure.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The fragility of dental access requires close monitoring and both the dental team and dental advisors have close links with the independent contractors to monitor areas of potential concern.

3 Impact Analysis

3.1 Quality/ Patient Care

Regular contractual and governance visits are in place within Community Optometry and consideration is being given to a similar rolling programme within General Practice.

3.2 Workforce

There have been positive results to recent recruitment campaigns within Board-managed GP Practices. This targeted approach will continue for all existing GP vacancies.

3.3 Financial

- Locum expenditure in Board-managed GP practices has been the major overspend within the primary care budget. It is envisaged that this will improve as vacancies are recruited to on a permanent basis.
- Any adverse impact on dental access may require Emergency Public Dental Services to be established which will create a budget pressure within dental services.

3.4 Risk Assessment/Management

- Dental access – under close monitoring by dental management team. Regular assessment of requirement for emergency public dental access provision.
- GP provision – operational oversight groups set up for Board-managed Practices and GMS portfolios. Work plans include actions from the audit report.
- Community Optometry access to Care Portal remains a frustration for the contractors and has been escalated to eHealth for resolution.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

No equality and diversity issues identified.

3.7 Other impacts

None identified.

3.8 Communication, involvement, engagement and consultation

Each of the operational teams within Primary Care has contributed to the compilation of this report.

3.9 Route to the Meeting

HHSCP Senior Leadership Team.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Primary Care HHSCP Report July 2025

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1 Community Optometry

Regulatory Practice Inspection/Governance Visits

The schedule of 3-yearly Practice Inspections for 2024/25 is almost complete, with all inspection work completed, and information updated on the NPCCD database. The team are progressing with arrangements for the visits in the 2025/26 schedule.

Community Glaucoma Service

The Community Glaucoma Service (CGS) is a new national NHS service in Scotland that provides a means by which patients who have lower risk glaucoma or ocular hypertension, and who have been under the care of the Hospital Eye Service, may be discharged to receive care from CGS accredited providers in the community. There is clearly huge benefit to these patients in terms of being able to be seen locally. There are nine Accredited Providers in NHS Highland who have signed up to the Enhanced Service for the provision of the Community Glaucoma Service and six Accredited Clinicians who are NESGAT qualified.

The service requires implementation of Open Eyes (electronic patient record EPR). This is being led by Strategy & Transformation Team. Initial discussions have commenced and this work will involve ophthalmology, e-Health, Primary Care, Health Records, and Strategy & Transformation Project Management representatives. This project will be across North Highland and Argyll & Bute, delivering Open Eyes EPR to support the development of the CGS and also the Hospital Eye Service.

The project is scheduled for completion during 2025/26 in order to meet Scottish Government's March 2026 expectation that NHS Boards can ensure 20,000 ophthalmology appointments can be made available each year via the implementation of Community Glaucoma Service.

General Ophthalmic Services (GOS) Changes to support Independent Prescribing (IP) Optometrists in managing more complex acute anterior eye conditions

As set out in the NHS Scotland Operational Improvement Plan, Scottish Government will introduce changes to GOS later in 2025 that will help further increase capacity within the Hospital Eye Service.

These changes will support Independent Prescribing (IP) Optometrists via a new tier of GOS Specialist Supplementary Eye Examinations, to manage patients with a specific complex acute anterior eye condition (ten conditions have been specified) who either self-present to the IP Optometrist or have been referred from a non-IP Optometrist. It is anticipated that most patients with these specific complex acute anterior eye conditions will be managed closer to home under GOS instead of having to attend the Hospital Eye Service.

Scottish Government Grants for Domiciliary Equipment for Community Optometrists

Grant funding was made available to Community Optometry practices to support the purchase of portable slit lamps for use in the provision of General Ophthalmic

Services in domiciliary settings in March 2025. National Services Scotland (NSS) is processing grant applications and the Health Board will be advised of the Community Optometry practices in receipt of this grant funding, once the process has been completed.

Care Portal

Following submission of a SBAR to the Information Assurance Group in March 2025, agreement in principle has been received, which allows us to proceed to the development of a business proposal for Community Optometry access to Care Portal.

2 Dental Services

General Dental Services (GDS) - Independent Contractors Access

Patient registration with a General Dental Practitioner is life-long which makes participation an important measure of access. Participation is defined as a patient having attended their dental practice within the preceding two years. There has been a long-term decline in rates of participation within the NHSH and HHSCP areas.

Percentage of the HHSC population registered and Percentage of registered patients actively participating as at 31/12/24 is as follows:

	Registered Population	Participation
Adults	81.3%	53%
Children	85.1%	80%

The Skye, Lochalsh & Wester Ross locality has the lowest level of registration and the Caithness locality has the lowest level of participation.

Skye, Lochalsh & Wester Ross

A Scottish Dental Access Initiative grant has been made available to assist a dentist with the costs of setting up a new NHS dental practice in Kyle of Lochalsh. NHSH has been working alongside the dentist to ensure that the practice opens during July/August 2025. Previous patients of the Old Sick Bay dental practice, which closed in August 2024, will be prioritised for access.

Whilst the new practice will be provide a welcome improvement to access in the locality it will not have the capacity to meet the needs of all patients seeking registration. Recruitment and retention in this area remains challenging.

Caithness

The low participation rate in Caithness reflects the recruitment challenges faced by three of the five dental practices in the area. There is a high risk that these practices may significantly reduce their NHS commitment and focus on the provision of private dental care.

NHSH maintains regular contact with these practices and provides support through the GDP Clinical Lead and Dental Practice Advisor and contingency planning is

underway to ensure access to emergency care in the event of there being an increase in the level of unregistered patients in the area.

It is welcomed that the Scottish Government have indicated there is to be a commitment to reviewing the dental allowances for Remote, Rural & Island areas (RRI) in an effort to support the sustainability of the workforce in RRI areas.

Public Dental Service

Recruitment and retention of Dentists remains a challenge for the service. We continue to review availability of services dependant on workforce capacity.

Paediatric General Anaesthetic Provision

There are currently 101 children on the waiting list. We continue to utilise available theatre lists and continue to prioritise cases according to need. The service continues to look at options to avoid General Anaesthetic provision for identified groups of children.

Minor Oral Surgery

We are reviewing pathways for Primary Care Oral Surgery to ensure efficient waiting list management and to note this does not come under Treatment Time Guarantee.

3 General Practice

Board-managed Practices (2C Contract)

GP Vacancies

Positive recruitment to a number of posts has seen a significant reduction in the overall vacancy for GPs to 4.9WTE. Longer term vacancies have been filled in Carbost, Tongue and Armadale. This also sees a reduction in number of practices with no substantive GPs and full locum cover to two (Glenelg and Scourie/Kinlochbervie/Durness).

Alness & Invergordon

This practice is the second largest in HHSCP and came under Board-management in 2022 with no substantive GPs in place. It has undergone a significant transformation over the last few years. We are delighted to report that the practice has fully recruited to the GP funded establishment of 6WTE (8 GPs in post and 3 conditional offers to substantive posts). Vacancies within the Advanced Nurse Practitioner (ANP) and Practice Nursing teams have also been recruited to. A leadership team is in place consisting of Senior Practice Manager, Lead ANP, Senior Practice Nurse, Admin Team Leads, with a plan to include a Lead GP now that vacancies have been filled. Protected GP time for quality improvement has seen real benefit to systems and processes within the practice. Collaboration with Medical Education and a dedicated practice GP Lead for Medical Education has had a positive impact on recruitment and increasing stability for the practice in order to be able to develop and deliver education in practice. An integrated approach with County Community Hospital has developed a Lead ANP role with professional leadership across all services, which will allow for a more flexible approach for ANP rotation across services and include ANP training. A collaborative approach with Scottish Ambulance Service has seen the introduction of Advanced Practitioners as part of the clinical team within primary care.

Drumnadrochit

Options around the transfer of Drumnadrochit Medical Practice to a 17J GMS contractual status were considered and a market test exercise was carried out. The process did not secure a GMS provider, so the practice will continue to deliver services under a 2C board-managed arrangement.

GMS Practices – Independent Contractors

Payment Verification

The Clinical Director and Primary Care Manager have worked alongside NSS Payment Verification colleagues to restart the process following a pause during pandemic. We have recently undertaken four Payment Verification visits in North Highland to verify financial years 2022-2024 and have a further two visits planned in coming weeks. The visits have been a mix of virtual and in person and have highlighted a need for a focused piece of work on the terms of the Extended Hours.

Enhanced Services

A review of Local Enhanced Services concluded with the update of all service specifications and the application of a common costing methodology. This new commissioning framework has seen a move away from the historic inequitable ‘basket’ arrangements to an item of service basis with caps on activity levels removed. Early indications are that there is an increasing activity trend within General Practice under the new arrangements.

Services under the new arrangements include - alcohol brief intervention; anti-coagulation; contraceptive implants; DMARD monitoring; deep vein thrombosis; intrauterine contraceptive devices; minor surgery; minor injury, diabetes mellitus and care homes.

There are also discussions on-going with acute services (urology, gynaecology, dermatology) with a view to the direct commissioning a range of other local enhanced services from General Practice to invest and support delivery of care closer to home.

Early Career Fellowships

A bid has been submitted for funding for six Early Career Fellowships, a Scottish Government initiative as part of Recruitment and Retention Plan 2024-2026. Fellowships will be offered to GPs in first five years of qualifying and for Practices with active vacancies (or upcoming vacancies in next two years) to support succession planning. The fellowship will consist of a mixed portfolio of GP, Speciality (Psychiatry, Frailty etc), OOH and CPD.

Preconception Care Pilot

Thurso & Halkirk Medical Practice are commencing an innovative project around preconception care. Recent data shows rising preterm birth and termination rates in Scotland. This sharp increase, linked to socioeconomic challenges, limited access to contraception, and preventable risk factors, has been especially evident in rural areas of the Highlands. Adopting the learning from a successful pilot in Glasgow, the Practice is working in conjunction with Public Health.

A simple conversation screening tool has been developed called, One Key Question. The tool aims to facilitate discussions between patients and GP’s and Practice

Nurses about pregnancy intention, helping identify those at risk of unplanned pregnancies and offering tailored preconception care in line with lifestyle questions. The Scottish Government are supporting this tool and are keen to have pilot in a rural area. The need for preconception care has been highlighted in the Programme for Government 2025-2025 [Programme for Government 2025-26](#) .

GP IT Reprovisioning

Four Highland practices have successfully been migrated to the Vision hosted environment.

Earlier in the year, the provider of the GPIT system, INPS were placed in administration and are now under the control of Administrators. NSS are working with the Administrators to agree the preferred bidder. As a result, all migrations planned for mid-January onwards have been postponed, impacting 34 GP Practices to date who were on-boarded into GP IT Re-Provisioning and are part way through the readiness to migrate to hosted.

eHealth has been diligently keeping Practices updated on progress, achievements, migration readiness and are providing advance notice of cancellations of their Go Lives. Highland eHealth Facilitators and eHealth GP IT teams continue to on-board Practices as preparation and planning for migration.

As of mid-June, there is no national re-start date for migrations. Re-scheduled Go Live dates will be determined on conclusion of the Novation of Contract with the preferred bidder, expected by the end of June 2025.

Both the national GP IT Re-Provisioning Project and the national Docman 10 Project remain at red status.

Primary Care Premises

Portree Lease

Following a request from the practice, and in line with the National Code of Practice for GP Premises, the Board negotiated a new lease for Portree Medical Practice. This was the first time that the Board has taken on a third-party lease on behalf of a GP practice. Discussions are ongoing with some other practices that are considering asking the Board to take on their lease.

Highland Council Local Development Plan

The team are forging links with The Highland Council Planning Department to help influence the new Local Development Plan and identify opportunities for developer contributions to help increase GP premises capacity in response to increased demand created by new housing.

Culloden Practices

List closures remain in place with agreed closures expiring 31 July 2025. NHSH Estates have prepared and shared drawings for modular building options. Awaiting confirmation from the practices regarding the preferred option they would like to pursue.

Primary Care Strategy

The development of an NHSH primary care strategy has been proposed as a priority for 2025/26. A detailed health needs assessment has been compiled by Public Health and a summary document is in development. An engagement and consultation plan is in development and will be available in September 2025.

A proposal has been developed to reshape the current PCIP Programme Board to have a broader remit with specific areas of focus. This has been shared with the existing Programme Board members for initial feedback prior to wider consultation.

Clinical Leadership

A review of clinical leadership was undertaken and is outlined as follows:

Clinical Directors

The Clinical Director (CD) provides leadership and supports the planning, redesign, quality, and effectiveness of all clinical services across the North Highland Health & Social Care Partnership, including NHS Highland hosted services. Current postholders:

North	Dr Steve McCabe	
South & Mid	Dr Paul Treon	
West	Vacant – to be readvertised	
Community Urgent Care	Dr Khyber Alam	OOH, FNC

Key responsibilities include:

- Providing GP peer support, including leadership, performance appraisal, and re-validation.
- Collaborating with Primary Care Managers to ensure quality and patient safety (QPS) through robust clinical governance processes for 2C Board Managed Practices.
- Working collaboratively with GMS Practices to support their QPS processes where appropriate.

Key Roles and Collaboration

- Interface with Other Services: Work across the interface with Community Services, Mental Health, Acute Services, and partner agencies such as Scottish Ambulance and Adult Social Care.
- Portfolio Leadership: Each Clinical Director will lead on a specific portfolio, such as clinical governance or quality improvement.

Community Urgent Care Clinical Director

- Provide leadership and support for planning, redesign, quality, and effectiveness of Community Urgent Care clinical services.
- Works in partnership with Primary and Secondary Care colleagues, NHS 24, Rural Support Team, Rural Emergency Physicians, and the wider multidisciplinary team.
- Ensure systems are in place to support the medical workforce, including leadership, performance appraisal, and revalidation.

- Provide professional leadership to medical colleagues and ensure safe, effective service delivery through robust Clinical Governance and Quality Patient Safety frameworks.

GP Portfolio Clinical Leads

Each area of interest will take a strategic overview approach to meet the needs across North Highland. They will work with Primary Care Team to understand the needs in each area and develop local solutions linked to the aims and objectives of the emergent NHH Primary Care Strategy.

Portfolio	Named Lead	Aim
Education & Training	Dr Daniel Simpson	Develop a Primary Care education program
Workforce	Dr Callum Hutchens	Understand Primary Care Highland workforce GPST Leavers Survey – to help with recruitment
Frailty & Long-Term Conditions	Dr Dawn Neville	Lead on the holistic assessment of people with frailty and other long-term conditions, planning services around their health and wellbeing as close to home as possible (e.g. Frailty identification and assessment in Primary Care)
Interface	Dr Linda Thurlow-White	Embedding the Primary and Secondary Care Interface group with the Deputy Medical Director. Working across the Interface to influence and guide service development
Priority Climate & Sustainability	Dr Andrew Dallas	To reduce the environmental impact of inhaler propellant across Highland by working in collaboration with key stakeholders Applying the ethos of realistic medicine in a meaningful and measurable way across Primary Care services
Digital Lead	Vacant - Advert due June 2025	
Out of Hours Clinical Leads	Dr John Pitman Dr Heidi Volmer	Works with the Clinical Director Urgent Community Care and other partner agencies to develop and streamline clinical pathways across North Highland. Takes a lead on Quality and Patient Safety (QPS) within Out of Hours Services
Flow Navigation Clinical Lead	Vacant - advert due June 2025	Works with the Clinical Director Community Urgent Care to further develop the FNC as a key

		interface service across North Highland. Takes a lead on Quality and Patient Safety (QPS)
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Primary Care Improvement Plan

Work continues to embed the multi-disciplinary teams within General Practice in line with the new GMS Contract (2018). Workstream updates and progress as follows:

Pharmacotherapy

Financial allocation £3,158k

WTE Staff - 46.89 to rise to 54.9 by 31/03/26

Recently there has been a focus on developing pharmacy support worker and pharmacy technician roles. This reflects the focus of many practices to prioritise technical aspects of the pharmacotherapy service. Priorities include a focus on pharmacists having patient-facing generalist roles which utilises their clinical examination and prescribing skills and pharmacy technicians leading on the operational aspects of medicines management in practices, managing services and helping patients with medicines. This will ensure appropriate use and development of professional skills with appropriate skill mix and supervision, determined by the level of complexity and dependent upon the training, skills and competence of individual team members. Work continues on updating the Memorandum of Understanding. A number of posts are either being actively recruited to or are going through vacancy monitoring processes to recruit.

First Contact Physiotherapy (FCP)

Financial allocation £837k

WTE Staff – 9.13 rising to 11.5 by 31/03/26

The workstream has received additional funding to support FCP resource to Practices during periods of annual leave. Joint injections – the majority of FCPs have successfully completed joint injection training with four currently undertaking this training. Data extraction for last two years of FCP activity has been completed and will help inform service evaluation. PHIO (triage app) has received positive evaluation and goals and objectives being explored for the next three years, as well as enhancing the offer and increasing the uptake from Practices and patients. Work is on-going with NHSH Communications Team to explore style and approach to relaunch to maximise impact.

Community Link Worker

Financial allocation £920k

WTE Staff – 22.5 rising to 25.5 by 31/03/26

This service has been expanded to cover all GP Practices and recruitment to posts continues. Referral rates are increasing across the Practices who have recently come on-board but some barriers have existed due to recruitment challenges. The service may look to introduce waiting lists to Practices where referral levels are particularly high. A Directory of Services has been developed and launched

<https://www.elementalsoftware.site/nhshighlands/>

Patient feedback survey to commence June/July 2025 using the Smart Survey tool.
CLW Cluster funding panel established with £75k grants available for up to £10k – link to the info on HTSI’s website for more info: <https://www.highlandtsi.org.uk/clw-remote-rural-fund>)

Mental Health

Financial allocation £500k (with additional £500k from Action 15 funding)
WTE Staff – 12.3 rising to 12.7 by 31/03/26

Recruitment continues to fill vacancies within the team. Staff vacancies are impacting on services to Aird (Beauly), Drumnadrochit, Strathpeffer and Croyard. The first planning stage of a service evaluation is underway.

Vaccination Programme

Financial allocation £1,133k
WTE Staff in post – 23.9

Options Appraisal for the formation of a hybrid vaccination model was approved by Scottish Government. This will allow GP flexibility within the vaccination programme. A Vaccination Collaborative Group has been established and rolling schedule of fortnightly meetings in place with wide stakeholder group. Hybrid Vaccination Digital Infrastructure sub group has been formed to guide the development of an IT infrastructure to support delivery of a hybrid vaccination model. A service specification has been shared with Highland LMC and contractual discussions will commence.

Community Treatment and Care

Financial allocation £1,612k

Transitional payments to GP Practices remain in place for 2025/26. A full formal rural options appraisal will be submitted to Scottish Government for this arrangement to continue.

Evidence is starting to come out from the national PCPIP demonstrator sites but final evaluation of PCPIP is not expected until December 2025. Interim evaluation report now expected from Healthcare Improvement Scotland in June 2025.

PCIP 8 Tracker

Scottish Government (SG) collect annual information, from all Health Boards, about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, the services being delivered by those staff and financial information relating to our Primary Care Improvement Plan. Indications are that our PCIF allocation for 2025/26 will be the same as for 2024/25, £9,058,239.