Agenda Item 3.3

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**1st July 2026**
Title:	**Primary Care Update**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer**
Report Author:	**Jill Mitchell, Head of Primary Care**

1. Purpose

This paper provides an update to Committee in relation to General Practice, Community Optometry and Pharmacy First primary care services. Dental provided a focused paper discussed at the May meeting and will be subject of a future development session.

2. Community Optometry

2.1 General Ophthalmic Services (GOS)

There are:

- 13 GOS practice premises in Argyll & Bute
- 32 GOS practice premises in the Highland Health & Social Care Partnership - an increase of one practice following a new practice opening in Fort William.

2.2 GOS Specialist Supplementary Service (SS)

The GOS SS service following an interim measure introduced in August 2025, was fully implemented in January 2026.

There are currently 18 practices delivering GOS SS across NHS Highland (11 practices across the Highland Health & Social Care Partnership).

This service enables patients to receive management of 10 anterior eye conditions in their local communities and therefore reducing the need to travel to an Ophthalmology clinic.

2.3 Community Glaucoma Service

NHS Highland continues to work to deliver the Community Glaucoma Service across NHS Highland. There are 10 practices in NHS Highland currently accredited to provide this service and the service is anticipated to go live in the financial year 2026/2027 (3 practices in Argyll & Bute and 7 across the Highland Health & Social Care Partnership).

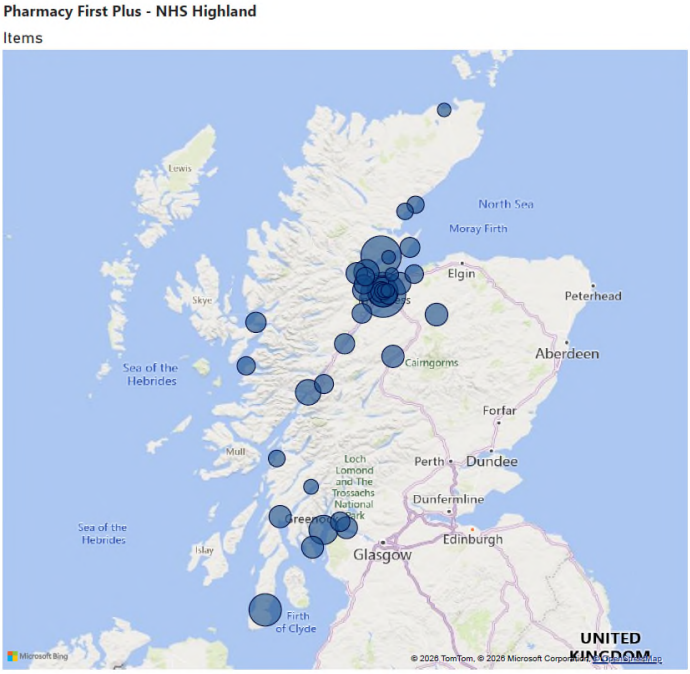
3 Community Pharmacy

3.1 Pharmacy First Plus

Currently, Pharmacy First Plus is the only NHS service that enables community pharmacists to prescribe, this is specifically for acute common clinical conditions. Across Highland, an increasing number of Community Pharmacy Contractors are now offering this enhanced service, which builds on Scotland's NHS Pharmacy First service.

It allows community pharmacists who are qualified Independent Prescribers (CPIPs) to assess patients, diagnose within their area of competence, and prescribe appropriate medicines directly from the pharmacy.

Across Highland, the number of contracts providing Pharmacy First Plus has grown to 42 (50%) from 62 CPIPs and continues to increase rapidly, particularly as all new pharmacists joining the register from August will have a prescribing qualification. To support governance, a new CPIP prescribing dashboard has been developed to further enable appropriate review. The following diagram outlines the distribution of providers across NHS Highland:



The following diagram shows the contracts with the highest levels of prescribing under the service in Q4 2025. However, it should be noted that not every consultation results in, or should result in, a prescription, advice and/or referral can often be a more appropriate option.

Disp Location Code	Disp Location Name	Town	Items
7167	Lochardil Pharmacy	INVERNESS	573
7139	Alness Pharmacy	ALNESS	412
9108	Campbeltown Pharmacy	CAMPBELTOWN	203
7155	Dalneigh Pharmacy	INVERNESS	164
7089	Superdrug	INVERNESS	157
7169	Riverside Pharmacy	INVERNESS	154
4527	Well	DUNOON	140
7171	Well	FORT WILLIAM	83
7004	Boots	DINGWALL	72
7174	Grantown Pharmacy	GRANTOWN-ON-SPEY	49

4 General Practice

4.1 New GP Funding

In October 2025, the Scottish Government and BMA agreed a three-year funding package for core General Practice, totalling £531 million. This new investment is aimed at boosting GP workforce capacity, supporting day-to-day operations (through targeted expenses relief), and improving access and sustainability of GP services. Governance is via the national General Practice Programme Board, aligned with the Health & Social Care Service Renewal Framework.

Funding will be allocated as follows:

Priority	25/26 (£m)	26/27 (£m)	27/28 (£m) additional	28/29 (£m) additional	Total (£m) recurring
Workforce		35	31.6	51.7	**118.3**
Workforce Tranche 1	15				**15**
Workforce Tranche 2*		15			**15**
Sickness, Maternity, etc Cover		7.5			**7.5**
Expenses		10	21.7	8.3	**40**
Premises			15		**15**
Inequalities			5	5	**10**
Digital and access		5.5	8.7		**14.2**
Quality		2	3		**5**
Digital prescribing		8.14	0.4	0.82	**9.36**
Total additional funding	15	83.14	85.4	65.82	**249.36**
Total (cumulative)	**15**	**98.14**	**183.54**	**249.36**	

This substantial investment recognises the pressures facing general practice. It supports the delivery principles of the Service Renewal Framework (SRF) - prevention, population, people, community and digital - to shift more care closer to home, as well as the ambitions of the Population Health Framework.

The Scottish Government expects this investment to improve general practice sustainability and capacity and, in turn, to improve access and outcomes for patients.

This translates into significant new funding allocations over 2026–2029. Monthly payments will be allocated via NHS Highland starting April 2026, based on each practice's share of the Scottish workload formula and Income & Expenses Guarantee.

The HHSC share of 2026/27 funding will be between £3.6m-£4.1m. .

The 2026–29 investment represents a significant opportunity to strengthen the resilience, sustainability and clinical effectiveness of General Practice across HHSCP. The proposed approach aims to ensure that investment translates into demonstrable workforce growth, improved access and continuity for patients, and strengthened delivery of community-based care in line with the Joint Strategic Plan and national policy direction.

The emphasis on targeted GP workforce expansion and clearly defined outcome measures provides a robust basis for stewardship of public funds. Through systematic monitoring, transparent decision-making and escalation where required, the HSCP and Board will be able to assure themselves, the GP Programme Board and Scottish Government that funding is being utilised appropriately and with measurable impact on front-line capacity and patient experience.

The HSCP are asked to monitor practices' plans and spending to ensure coherence with broader policy objectives and workforce development. Concerns have been raised with the Scottish Government regarding the viability of this approach recognising capacity challenges within HSCP Primary Care and Finance Teams. No additional funding has been provided to enable reporting oversight or assurances associated with the additional annual returns or with the additional demand for GP appraisals.

Delivery will require close partnership working between practices, the HSCP, the Board and the LMC, underpinned by shared accountability and trust to ensure funding is maximised to improve access and patient outcomes.

4.2 Primary Care Improvement Plan

The Primary Care Improvement Programme (PCIP) has demonstrated continued progress in multidisciplinary team (MDT) service delivery with £9m investment aligned to the 2018 GMS Contract, with most workstreams achieving broad coverage across all GP practices and around 125WTE staff employed across workstreams.

Service evaluation reports are being compiled and will form the basis for an annual report in 2026/27. This will demonstrate activity and patient impact. National evaluation from a group of demonstrator sites is also expected to be published this year.

Key themes over the implementation period include:

- High service coverage across pharmacotherapy, FCP, and CLW services
- Workforce challenges including vacancies, maternity leave and recruitment constraints
- Ongoing service evaluation and data collection activity

Summary investment:

MDT Service Area	**PCIP Funding Allocation**
First Contact Physiotherapy	£954k
Pharmacotherapy	£3.55m
Primary Care Mental Health	£545k (plus matched funding Action15)
Community Link Worker	£978k
Vaccinations	£1.13m
Community Treatment & Care	£1.7m

4.2.1 Pharmacotherapy

- 61 of 62 GP practices are receiving pharmacotherapy input.
- Workforce establishment remained stable at approximately 58.8 WTE
- Development of a Central Pharmacy Hub model, supporting workforce sustainability and staff development
- Introduction of standardised read codes to improve consistency of activity data capture and reporting

Overall position:
Stable service with strong coverage; workforce pressures continue but improving, alongside a focus on data standardisation and sustainable workforce models.

4.2.2 First Contact Physiotherapy (FCP)

- Service provision broadly stable, with ~20–23 WTE and 32 advanced practitioners
- Activity increasing year-on-year, reaching approximately 35,000–40,000 patients seen annually
- Ongoing development of digital MSK offer (PHIO) with positive feedback and consistent uptake
- Completion of full-service evaluation (2023–2025) and dissemination to practices

Overall position:
Mature service with increasing utilisation and strong digital integration; efforts ongoing to optimise access and reduce unattended appointments.

4.2.3 Community Link Workers (CLW)

- Service expanded to full GP practice coverage during 2025, with establishment around 26–27 WTE
- Continued development of Elemental data recording system functionality, including:
    - Enhanced risk assessment tools
    - Referral allocation counter
    - Directory of Services integration
- Completion of annual reports and evaluation activity, including further patient feedback work

Overall position:
Service is established and evolving, with a focus on system improvements, evaluation, and rural service development.

4.2.4 Mental Health

- Ongoing vacancies across Band 3, 4 and 6 roles, with recruitment challenges persisting
- Long-term sickness absence impacting service capacity and waiting times in multiple localities

Overall position:
Service under pressure due to workforce challenges; mitigation through process changes ongoing but impact on waiting times noted. Service review to be undertaken Summer 2026.

4.2.5 Vaccination Programme

- Continued development of a hybrid delivery model
- Establishment of governance and programme structures, including:
    - Collaborative Improvement Group

- Subgroups for communications, workforce, digital/data

Overall position:

Programme transitioning from planning to implementation of hybrid model, while maintaining delivery of routine and seasonal vaccination services.

4.2.6 Community Treatment & Care (CTAC)

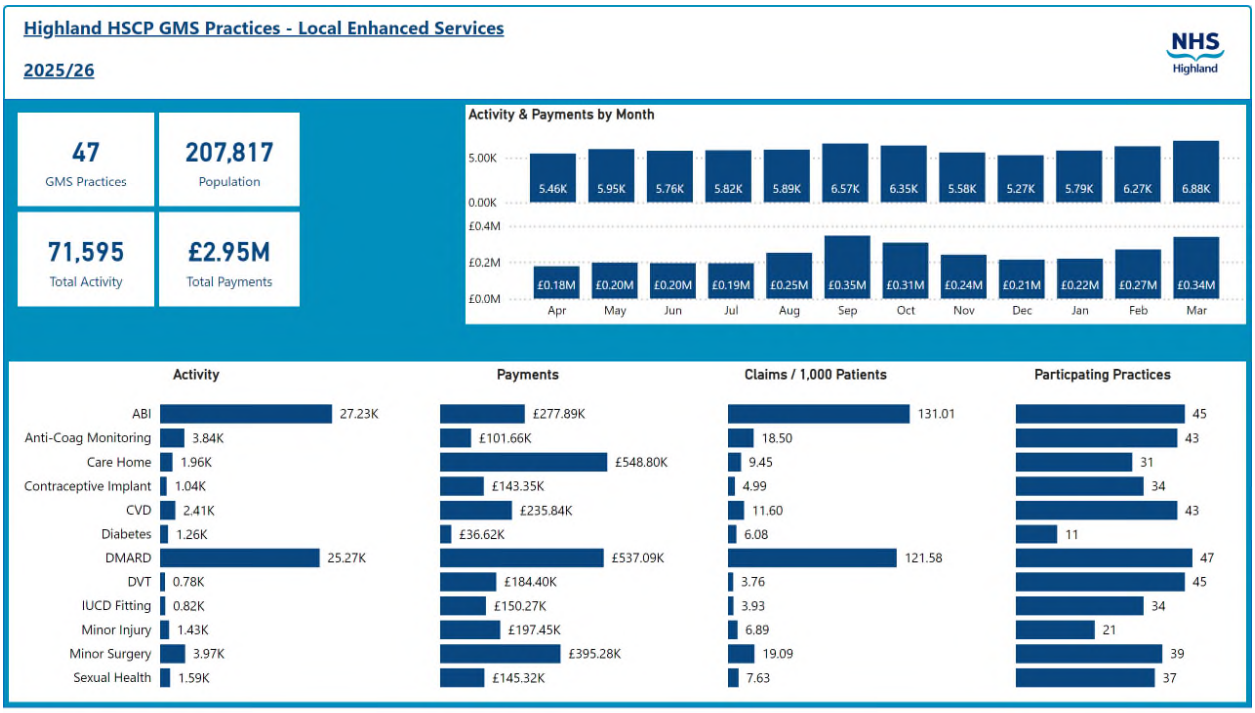
Community Treatment and Care (CTAC) – interim arrangements are in place with transitional payments made to GP Practices. A short-life working group has been established to compile a service specification/memorandum of understanding (MoU) for this service area. A rural options appraisal will require to be re-submitted to Scottish Government for the service to remain with General Practice under a MoU.

4.3 Local Enhanced Services

In addition to Direct Enhanced Services outlined by Scottish Government, NHS Highland commissions a range of Local Enhanced Services.

A review of local enhanced services across HSCP was undertaken in 2024 to address historical payment variation between North & West and South and Mid services. A new commissioning framework was established to ensure equity across all practices moving from a basket (or block) payment to an item of service basis and a removal of capped activity.

2025/26 data is outlined below:



(NB - Excludes DES activity and payments)

4.4 Clinical Leadership

There has been some successful recruitment to the clinical leadership team under the professional direction of Dr Claire Copeland, Deputy Medical Director.

There is now a full team of part-time Clinical Directors in place:

Clinical Director	Portfolio Remit
Dr Paul Treon	Board-managed Practices & South/Mid
Dr Khyber Alam	Community Urgent & Unscheduled Care
Dr Claire Fang	Clinical Governance & North
Dr Claire McGonagle	Portfolio & West

Following unsuccessful recruitment to salaried District Medical Leads posts, a refresh of the clinical lead structure was undertaken. An approach to have employed Clinical Leads with dedicated portfolios has been successful and the following leads are in place:

Clinical Lead	Portfolio Remit
Dr Linda Thurlow-White	Interface
Dr Dawn Neville	Long-term Conditions
Dr Andrew Dallas	Climate & Sustainability
Dr Daniel Simpson	Education & Training
Dr Calum Hutchens	Workforce
Dr Chris Williams	Digital
Dr Sian Jones	Cancer & Palliative Care
Dr Siama Latif	Flow Navigation Centre

4.5 Board-managed GP Practices

4.5.1 General Update

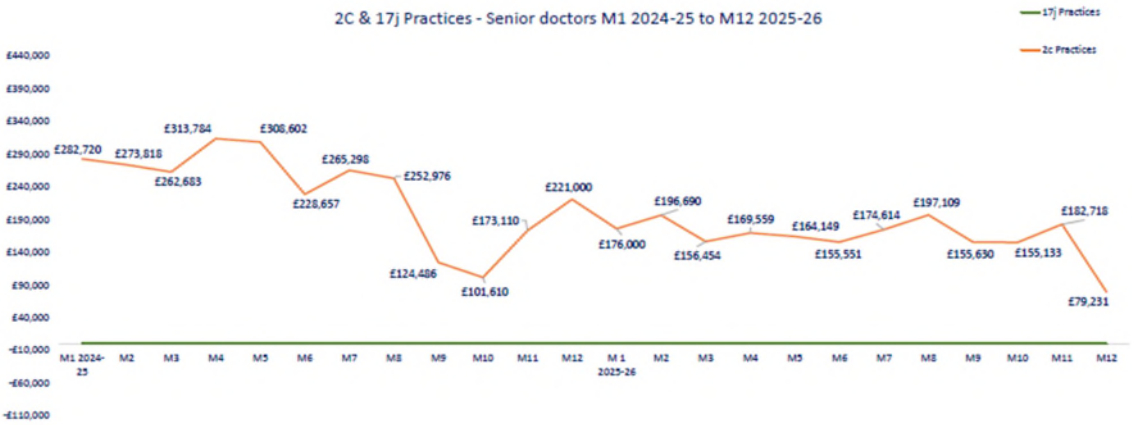
There are 47 General Medical Service contracts in place with independent contractors. There remains 15 GP Practices under direct Health Board management under a 2C contractual arrangement.

4.5.2 GP Locum Usage (Board-managed 2C Practices)

As at February 2026, the budgeted GP staff complement across Board-managed practices is 35.77 WTE. There are currently 24.93WTE (38 headcount) currently in post. Vacant posts total 10.84WTE. There are adverts live for GP positions so this position is forecast to improve pending successful recruitment.

	2023	2024	2025
Budget WTE	36.02	35.77	35.77
Contracted WTE	22.41	25.185	24.696
Vacancy %	37.78%	29.59%	30.96%

With the continued vacancy, clinical demands and some single-handed practices, there is an on-going requirement for locum backfill and cover. Despite this, there has been a significant reduction in locum spend as outlined below.



4.6 Primary Care Strategy

NHS Highland has commissioned the development of a Primary Care Strategy to articulate the collective contribution of primary care services to improving population health and wellbeing over the next five years.

A Health Needs Assessment was completed in late 2025, drawing on additional insight from the emerging Pharmacy Strategy. The findings were considered at a multi-professional stakeholder workshop held in August 2025, with representation from Community Pharmacy, General Practice, Dental Services, Ophthalmic Contractors / Community Optometry, and Primary Care Management.

Arrangements are in place to establish a Primary Care Programme Board, providing a single, coherent framework for strategic oversight, assurance, and coordinated delivery across all primary care services. The Board will also oversee the development and delivery of the annual delivery plan.

In parallel, a set of high level guiding principles has been developed to support future decision making and inform implementation.