

Date 26/02/2026  
Your Ref  
Our Ref 11073

Enquiries to Richard Mutch  
Extension 35687  
Direct Line 0131 465 5687  
[loth.freedomofinformation@nhs.scot](mailto:loth.freedomofinformation@nhs.scot)  
[richard.mutch@nhs.scot](mailto:richard.mutch@nhs.scot)

Dear

## FREEDOM OF INFORMATION – WALK-IN GENERAL PRACTICE

I write in response to your request for information in relation to walk-in General Practice.

### Question:

- Please can I have a copy of any form of recorded communication (such as emails or reports) between your health board and the Scottish government relating to the creating of a new network of walk-in General Practice services – as per <https://www.gov.scot/news/36-million-to-expand-walk-in-gp-services/> For example, communications where you board has indicated it is interested in hosting one of the walk-in centres where it has submitted a bid to host a centre.

### Answer:

Please see enclosed email trail and associated documents. We have removed names of staff below a senior level and Non-NHS Lothian staff. We consider this information exempt under Section 38(1)(b) of the Freedom of Information (Scotland) Act 2002 – personal information.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*



FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive

**Susan Gallacher**

Gordon James (AA Executive); Peter Moore (NHS Borders); +14 others  
Robbie Pearson (NHS Healthcare Improvement Scotland); Jim Miller (NHS 24); Karen Reid;  
+9 others

You don't often get email from [susan.gallacher@gov.scot](mailto:susan.gallacher@gov.scot). [Learn why this is important](#)

Dear Colleagues,

Further to the Call for Proposals issued this week, I am writing to confirm two additional requirements to support an efficient assessment and selection process.

**Single point of contact**

To support timely engagement following submission of proposal, each NHS Board is asked to nominate a single point of contact. Please provide the name, role and contact details of your nominated lead by Friday 28 November to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).

**Estimated appointment volumes**

To support the recommendation panel's appraisals and First Minister's commitment to the pilots delivering a million additional appointments, proposals must include an indicative estimate of the annual number of appointments each proposal would deliver. If your draft proposals do not currently include this information, please ensure this is added before submission.

As a reminder, proposals (maximum six pages per site/model) should be submitted to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) by 28 November, signed jointly by the NHS Board Chief Executive and the relevant HSCP Chief Officer.

If you have any queries in the meantime, please do reach out to [susannah.munro@gov.scot](mailto:susannah.munro@gov.scot).

Thank you for your ongoing collaboration as we progress with this work.

**Zhara Wark** | She/Her | Divisional Business Support Officer/PA | General Practice Policy | Primary Care Directorate | Scottish Government | St Andrews House  
| [✉ Zhara.Wark@gov.scot](mailto:Zhara.Wark@gov.scot)  
abcd



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\*\*\*\*\*

dghsc

Gordon James (AA Executive);  
Peter Moore (NHS Borders);+14 others

Robbie Pearson (NHS Healthcare Improvement Scotland);  
Jim Miller (NHS 24);+8 others

Good Afternoon

Please see attached a letter of correspondence from Caroline Lamb on Call for Proposals – Walk-In Services.

Many thanks

Sam

Samantha Caw



DG Health and Social Care Office  
1E:16 St Andrews House  
Scottish Government

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

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.....

dghsc

Hiscox, Caroline

Christine McLaughlin;  
Tim Mcdonnell;  
dghsc  
Afternoon,

Please find attached correspondence from Caroline Lamb, Chief Executive of NHS Scotland & Director General for Health and Social Care.



Best wishes,

Hayley McMinn

Private Secretary to Caroline Lamb | Chief Executive of NHS Scotland & Director General for Health and Social Care

Scottish Government | Email: [DGHSC@gov.scot](mailto:DGHSC@gov.scot)

SG\_master\_logo\_RGB

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.....



dghsc

Hiscox, Caroline

dghsc;  
PCImplementation@gov.scot  
Good afternoon,

Please see attached correspondence from Caroline Lamb, Chief Executive of NHS Scotland & Director General for Health and Social Care.

Kind regards,

Sally

Sally Fleming

Assistant Private Secretary to Caroline Lamb | Chief Executive of NHS Scotland & Director General for Health and Social Care

Scottish Government | Email: DGHSC@gov.scot

SG\_master\_logo\_RGB

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

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.....

Susannah Munro  
Mckigen, Tracey;  
PCImplementation@gov.scot

Hiscox, Caroline;  
Christine Laverty;  
McCloskey-Sellar, Nicola  
You don't often get email from susannah.munro@gov.scot. Learn why this is important  
Good morning,

Many thanks for sharing your walk-in centre proposal. We appreciate the time taken to pull this piece of work together.

Further to the email sent on 26th November with some additional requirements, can you please provide an indicative estimate of the annual number of appointments your proposal would deliver.

Kind regards,

Susannah Munro | Policy Officer | General Practice Policy Division | Primary Care Directorate | Scottish Government | St Andrews House |

✉ susannah.munro@gov.scot

abcd

From: Mckigen, Tracey <Tracey.Mckigen@nhs.scot>  
Sent: 28 November 2025 16:32  
To: Primary Care Implementation Mailbox <pcimplementation@gov.scot>  
Cc: Hiscox, Caroline <caroline.hiscox@nhs.scot>; Christine Lavery <christine.lavery@edinburgh.gov.uk>; McCloskey-Sellar, Nicola <Nicola.McCloskey-Sellar@nhs.scot>  
Subject: Walk in services proposal

Please see attached draft proposal from NHS Lothian & Edinburgh IJB

This work is ongoing, and we are looking to start recruiting staff and developing the pathways so we can be clear on patient benefit and also benefits to the wider system

You will see that we have a draft evaluation framework that will help shape our thinking as we go forward, and we would hope that we would be able to scale up over time once we are established and have pathways in place

Caroline ( NHS Lothian CEO) and Christine ( Chief Officer Edinburgh IJB ) have both signed off the proposal and are copied in

Please let me know if you need any additional information at this stage

Thanks

Tracey

Tracey McKigen



Director of Primary Care  
Mainpoint  
102 West Port  
Edinburgh  
EH3 9DN  
07577456712

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E: dghsc@gov.scot

To: NHS Territorial Board Chief Executives

Copy: NHS National Board Chief Executives

Via email

Date: Monday 17 November 2025

## Call for Proposals - Walk-In Services Pilots

Dear Colleagues

On 12 October, the First Minister announced plans to pilot a new network of walk-in GP services, open seven days a week, providing easier access for people to see a clinician without the need for an appointment. This has since been publicly confirmed as Scottish Government policy, reaffirming that improving access to primary care and shifting more care into community settings are key priorities for this Government.

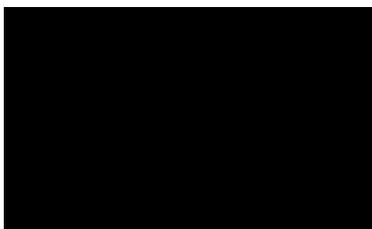
Following this clear ministerial commitment, I am writing to you to set out how this policy will now be taken forward. The Scottish Government is requesting every NHS Board area to submit costed proposals to pilot these walk-in services in their areas. Pilots should be operational by March 2026, with evaluation continuing through 2026–27.

Further details on objectives, eligibility, and assessment criteria are set out in the attached Call for Proposals. Submissions should be no more than six pages per site or model, signed by you and the relevant HSCP Chief Officer, and returned to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) by 28 November 2025 close of business.

Queries ahead of submission can be directed to [REDACTED], General Practice Policy Division ([REDACTED]@gov.scot).

Thank you for your leadership and collaboration as we take forward this new area of government policy to strengthen access to primary care across Scotland.

Yours sincerely



Chief Executive of NHS Scotland and Director General for Health & Social Care



## Annex A

### Call for Proposals

#### Purpose

The Scottish Government requests costed proposals from all NHS Boards to pilot at least one primary care 'walk-in' service in their area. This will inform the selection and development of a series of pilots to be operational by March 2026, followed by wider rollout in 2026-27, with all pilots expected to operate until the end of 2026/27 for workforce planning and evaluation purposes.

All proposals will be assessed by representatives of Scottish Ministers in line with the Scottish Public Finance Manual. Scottish Ministers will make a final decision on proposals having regard to advice from DG Health and Social Care as Accountable Officer for the Health and Social Care Portfolio.

#### Objectives

The First Minister announced plans to establish a new nationwide network of walk-in services, open seven days a week, providing easier access for people to see a clinician without the need for a prior appointment.

The pilots will test and evaluate:

- The feasibility and sustainability of the walk-in model;
- Impact on access, patient experience, and system performance, including demonstrable contribution to reducing waiting times and alleviating pressure across the wider health and social care system;
- Specifically, alignment with and effect on emergency departments, in-hours general practice, wider primary care services and out of hours services, particularly in terms of sustainability, patient flow, relative value for money and opportunity cost;
- Impact on and evidence regarding continuity of care (e.g. communication with usual provider of care), clinical safety, access and health inequalities (including public sector equalities duties);
- Cost-effectiveness and resource requirements for potential future expansion.

#### Key Characteristics

Proposals must reflect the principles of the Service Renewal Framework, ensuring that walk-in services strengthen multidisciplinary primary and community care, support early intervention, and operate as an integral part of local urgent and unscheduled care pathways.

Each proposal should demonstrate the following characteristics:

- a) Operate seven days a week, Monday to Sunday, from 12:00 to 20:00, or during alternative hours that provide equivalent extended access;
- b) Ability to 'walk-in' throughout that period;
- c) Offer urgent care primary care services in line with presentations to GP Out of Hours services. The focus will be on same-day assessment and minor illness treatment for

conditions that do not require emergency care, specialist care, or longer term, complex management;

- d) Key audience is those having issues accessing their in-hours GP for urgent care;
- e) Complement existing local service provision;
- f) Access to at least the emergency care summary and communicate actions to the usual provider of care;
- g) Preferably hosted within an existing NHS Board or GP estate to minimise setup time and cost;
- h) Location convenient for patient 'walk-ins' (e.g. good accessibility, areas of high footfall);
- i) Analysis of system flow, risk, benefit and patient experience and wider evaluation capacity built-in from outset;
- j) Where locally deliverable in terms of cost, workforce and premises and aligned with existing diagnostic strategies, Boards may propose the inclusion of community diagnostic capacity within pilot sites.

Note Boards should work collaboratively with their local independent contractors and/or localities in developing proposals. This could include proposals (where appropriate and in line with all necessary contracting arrangements) which are delivered by practices or groups of practices in partnership with the Board.

Note that proposals may either provide open access for any patient regardless of whether / where they are registered or be limited to specific localities or catchments. Boards may make proposals covering multiple sites and models.

### Eligibility and Selection Criteria

Proposals are invited from NHS Board Areas that demonstrate:

Criterion	Description
<b>Readiness</b>	Commitment and capacity to deliver a pilot site operational by March 2026.
<b>Workforce feasibility</b>	Access to, or ability to recruit, staff for extended hours operation without adversely affecting existing service provision.
<b>Anticipated Benefit to Patients</b>	Clear articulation of how the proposal will improve patient access, experience, or outcomes beyond existing provision and reduce healthcare inequalities. Submissions should set out how the service provides additional value beyond existing provision and avoids duplication or displacement of current capacity.

<b>Estate suitability</b>	Availability of suitable premises requiring minimal adaptation to enable rapid mobilisation.
<b>Integration and coherence</b>	Strong existing links across general practice, Out-of-Hours, NHS 24, and Flow Navigation Centre pathways
<b>Governance</b>	Clear local governance arrangements and senior clinical leadership for oversight.
<b>Evaluation capacity</b>	Ability, within a national framework, to collect and share KPIs and other evidence on activity, outcomes, and costs – both for the pilot site and related services which may be impacted. Evaluation is expected to start at the time of mobilisation throughout 2026/27
<b>Funding estimate</b>	Clear indication of minimum viable funding arrangements required to deliver the pilot successfully, including set-up and running costs
<b>Commitment to collaboration</b>	Willingness to work closely with national boards and professional bodies to shape national learning.

Boards should submit a proposal of no more than six pages per model/site, signed off by the Chief Executive of the NHS Board and Chief Officer of the relevant HSCP area.

Each area will be assessed against these criteria, which will inform recommendations to Ministers alongside qualitative comments on readiness, impact, and equity considerations.

Additional context on population, geography, and wider applicability may be considered but will not be assessed directly.

### **Selection and Governance**

Proposals will be reviewed by a Recommendation Panel comprising officials from across the Directorate-General for Health and Social Care and independent external representatives. The proposals will be assessed in line with the principles set out in the [Scottish Public Finance Manual - gov.scot](#). Successful proposals will ultimately be authorised by the Cabinet Secretary for Health and Social Care.

A National Governance Board will be set up to oversee and support the overall delivery of the pilot sites. Healthcare Improvement Scotland will provide national improvement support and work with Boards to ensure consistent data collection and local evaluation across all pilot sites. The terms of reference and membership, including linkage to ongoing evaluation will be drafted and shared in due course.

### **Next Steps**

Proposals should be submitted electronically to: [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) by 28 November 2025 close of business.

Queries in advance of submission can be directed to the General Practice Policy Division, Primary Care Directorate, Scottish Government to [██████████@gov.scot](mailto:██████████@gov.scot).

To: Caroline Hiscox – Chief Executive - NHS  
Lothian

Via email

Date: 23 December 2025

## Response to Proposal - Walk-In Services Pilots

Dear Caroline,

Thank you for your Board's submission in response to the Scottish Government's call for costed proposals to pilot primary care walk-in services.

A Recommendation Panel was convened by the Scottish Government to assess all NHS Board proposals against the published assessment criteria and to provide advice to the Senior Responsible Owner on those proposals best placed to contribute to the pilot programme.

Panel members reviewed and scored all submissions using the agreed scoring framework, taking account of the objectives, eligibility requirements and service characteristics set out in the call for proposals. A ranked list of proposals was produced for Ministers, which has now been endorsed by the Cabinet Secretary.

I am writing to inform you that your proposal was **recommended by the Panel** and placed within **Category One** (see **Annex A** for detailed category information). This reflects the Panel's view that the proposal demonstrates strong potential, subject to further national consideration of funding, governance, assurance and delivery arrangements.

At this stage, this correspondence is intended to notify you of the Panel's recommendation only. Decisions on funding allocation, mobilisation timelines and formal approval to proceed will be confirmed separately once national arrangements are finalised. We will be in touch as soon as possible to set out next steps.

### Panel feedback

In making its recommendation, the Panel highlighted a number of strengths in your proposal, including:

- Viewed as a clear, strong bid with a focus on tackling inequalities.

- Board-run health centre location with co-located services supports delivery and integration.

The Panel also noted that, ahead of any future mobilisation, it would be helpful to have greater clarity on the following point:

- **Cost transparency:** provide the drivers behind the higher unit cost
- **Eligibility/exclusions:** set out a simple, workable approach to exclusions (geography and patient groups), to avoid patients being excluded on one criterion but eligible on another.

The Cabinet Secretary has also been clear that the only place or setting that Ministers are prepared to locate services in this pilot phase is in the community.

### Next steps

Moving forward, we will establish a national governance to oversee the delivery of this programme. It is expected that this programme will be supported by Healthcare Improvement Scotland (HIS).

In the new year, Scottish Government will request further information from Boards in relation to the following areas, to support national assurance, evaluation and comparability across pilot sites:

- Access arrangements
- Triage approach
- Core inclusion criteria
- Service scope
- Demand and capacity assumptions
- Equality Impact Assessment (EQIA)

In parallel, Boards participating in the pilot programme should expect to work closely with Healthcare Improvement Scotland (HIS) to support learning, evaluation and improvement. This will include:

- Nominating a named lead to act as the primary point of contact with the HIS team (n.b. we will assume this is the same as the single point of contact provided to Scottish Government unless notified otherwise)
- Working with HIS to document the local delivery model and underpinning assumptions
- Sharing learning and early insights from mobilisation and delivery with other participating Boards and HIS
- Supporting demand, capacity and activity analysis, including provision of relevant local data
- Contributing to the development and implementation of a national evaluation framework, linking local delivery teams with national HIS staff
- Working towards the development of common datasets, where feasible, across relevant systems (including e.g. Aداstra for non GP practice located sites and, EMIS/Vision for services located in GP practices), and appropriate data sharing arrangements.

Points of assurance should be submitted electronically to:  
[pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) by 9 January 2026 close of business.

Queries in advance can be directed to the General Practice Policy Division, Primary Care Directorate, Scottish Government to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) .

### **Category 1 – Recommended, subject to targeted assurance**

These proposals broadly align with the policy intent and core characteristics of a walk-in primary care service.

Boards in this category are asked to engage immediately with SG officials to:

- address the specific assurance points set out below;
- confirm affordability and workforce assumptions; and
- co-develop a delivery and mobilisation plan aligned with national governance and evaluation requirements.

### **Category 2 – Strong local models, but do not meet core walk-in criteria as submitted**

The Panel recognised that some proposals offer strong local solutions and potential patient benefit, but do not currently meet the agreed core characteristics of a walk-in service (notably due to reliance on triage, restricted access, or alternative service models).

Ministers are invited to consider whether flexibility should be applied to the walk-in criteria for these proposals. If so, Boards would be asked to adapt their models to align more closely with the core requirements.

### **Category 3 – Potentially viable, but further development required before proceeding**

These proposals show merit but raise material concerns around deliverability, cost, workforce sustainability, or system impact that must be resolved before Ministers could reasonably be asked to agree progression.

Boards in this category are asked to:

- undertake further development and refinement of their proposals, informed by Panel feedback;
- address deliverability risks (particularly workforce and system impact);
- return revised proposals aligned more clearly with the piloting intent

Progression would be contingent on Ministers' consideration of revised proposals.

### **Category 4 – Do not proceed under the walk-in programme**

These proposals do not meet the core criteria of the call for proposals and are not recommended for progression as part of the walk-in pilot programme. No further action is required under this programme.

**Paper Title:** Proposal for Establishing a GP Walk-In Practice in NHS Lothian

**Author(s):** Tracey McKigen, Director of Primary Care, Nicola McCloskey-Sellar, Primary Care Strategic Programme Manager.

**Date:** Friday 28<sup>th</sup> November 2025

**Submitted to:** Scottish Government Health Directorate



## 1. Introduction

This paper will outline the case for the establishment of a Walk-In service in NHS Lothian. The proposed pilot will be designed to improve access to primary care services and reduce pressure on existing system pressures. Introducing a walk-in service is being designed to be a proactive step toward improving accessibility, reducing appointment bottlenecks, and enhancing patient satisfaction. By offering timely, face-to-face assessments, with consultations for urgent but non-emergency needs, the model supports continuity of care while alleviating pressure on existing appointment systems.

The following outlines a brief overview of this proposal:

- Purpose: to improve access to primary & community care services and support continuity of care through the introduction of same day, community led care for patients.
- Key features: seven-day service, open 12:00–20:00, no appointment required, walk-in option with additional and immediate GP, Nursing and Physio provision for patients requiring this.
- Staffing model: multidisciplinary staffing model (including General Practitioners, Advanced Nurse Practitioners and MSK Physiotherapists).
- Expected outcomes: this model could increase patient access, enhance community health equity, improve patient outcomes and reduce pressure on in hours GP services.

## 2. Background and Rationale

NHS Lothian has been asked to consider options for delivering a walk-in service following the announcement from the First Minister in October 2025 and the subsequent call for proposals in November 2025. This paper will outline NHS Lothian's proposal for a walk-in service, supporting the "Right Care, Right Place, Right Time" principle.

We know that NHS Lothian has an increasing and ageing population with patients experiencing complex, long-term conditions. This creates significant challenges for the delivery of healthcare services which includes:

- The "8am rush" for GP appointments in some practices.
- Health inequalities across Lothian population affecting health outcomes for patients.
- Significant pressures in acute services including at emergency front doors and bed pressures across hospital sites.
- Attendances at EDs and in out of hours services that have the potential to be managed in a primary care setting.

It is important to note the policy context in relation to this proposal. This includes

- Scottish Government's commitment to shifting care into communities, treating patients closer to home and improving accessibility for patients.
- Alignment with recently published policy including Scotland's Public Service Reform Strategy, Scotland's Population Health Framework and the Health and Social Care Service Renewal Framework.

## 3. Objectives

The proposed pilot service aims to provide accessible, same-day primary and community care to patients without appointments, supporting NHS Lothian's strategic goals around unscheduled care and improved health equity. In order to determine demand and to test the model, this will be offered to patients registered to a practice in the Canal Southwest Edinburgh cluster in the first instance (or for unregistered patients residing in this area).

If this proposal is approved, NHS Lothian will work in partnership with Edinburgh Health and Social Care Partnership to deliver this pilot from January 2026. Stage 1 of the pilot will be delivered over a 12-month period which will be monitored and evaluated. During this period, the service may be able to expand who can access the service and deliver additional pathways to include provision for mental health, oral health and other services.

The following aims and objectives have been developed. The proposed pilot will aim to:

- ❖ Provide accessible, same-day primary care provision for patients that have been unable to access a GP appointment at their own practice.
- ❖ Offer patients a new, safe unscheduled pathway to access a healthcare professional between 12-8pm, or be signposted with support to an appropriate service.
- ❖ Complement, not replace, existing GP services.
- ❖ Increase capacity for Primary Care in NHS Lothian through delivery of a 7 day a week service.
- ❖ Improve health equity by delivering this pilot based in the community, for patients living in the majority in SIMD1 and 2.
- ❖ Enhance patient experience through improved access and choice.
- ❖ Support continuity of care through appropriate follow-up and referrals with primary care in hours GPs.
- ❖ Provide same-day assessments, simple diagnostic tests, and treatment options for appropriate conditions, when clinically safe to do so.

#### 4. The Pilot

- **Location:** Wester Hailes Healthy Living Centre, Edinburgh. This location is an area with known high deprivation and experiences of poverty, with significant numbers in this population within SIMD1 and 2. Premises are co-located with City of Edinburgh Council colleagues, existing Health and Social Care services and third sector organisations. An agreement has been reached that ready-made clinical space can be utilised for this new pilot. Phase 1 of this pilot will offer a walk in service to patients in the Canal Southwest GP cluster in the first instance. The pilot is based within a building many of the local community will access for existing services, reachable on foot or by many public transport services.
- **Cluster information:** Canal Southwest GP Cluster has a population of approximately 75,000 patients and includes the following 8 practices: Whinpark Medical Practice, Springwell Medical Practice, Sighthill Green Medical Practice, Gilmore Medical Practice, Wester Hailes Medical Practice, Level Medical Practice and Sighthill Red Medical Practice.
- **Health inequalities:** It is widely recognised that people who live in and experience high deprivation and poverty have poorer access to healthcare services, including GP services. Patients living in these areas experience poor health outcomes and therefore, this proposed pilot aims to improve equity, prevent poor health and provide improved access to earlier interventions in a managed way.
- **Operating Hours:** 12:00–20:00, seven days a week.
- **Staffing Model:**
  - Multidisciplinary team including GPs, ANPs, MSK Physio, Administrative staff, Link Workers (potentially Thrive Welcome Team), Soft and Hard FM, Clinical Leadership and Managerial oversight..

## 5. Clinical Brief

This section of the paper outlines the clinical brief for this pilot, to clearly outline conditions which can and cannot be treated in the pilot. The multi-disciplinary team have developed this proposal with the aim to treat minor illness, provide urgent reviews for non-life-threatening conditions and offer preventive care and health advice. It will also operate on the premise of no wrong door and so pathways will be established to ensure that another service can see the person should the walk in service not be able to see and treat them.

### 5.1 Clinical Governance

Clinical governance for this proposed pilot will sit with Lothian Unscheduled Care Service, NHS Lothian's Out of Hours Service, which is hosted on behalf of the 4 Lothian IJBs by the Primary Care Directorate. A clinical lead will be appointed to ensure the pilot is well managed, offering a safe, quality and effective service for patients (either a GP or ANP). With safety in mind, a project risk register and Project Initiation Document will be documented and updated monthly. A steering group has been set up to govern the 12-month pilot project. NHS Lothian will commit any required compliance with Scottish Government health standards and reporting requirements.

### Implementation Plan

- **Phase 1:** Site preparation and stakeholder engagement (NHS Lothian, CMT, HSCPs, local GPs).
- **Phase 2:** SLWG initiation. Draft proposal to be produced and costed. Submission to SG. Updating of existing LUCS OOH Standard Operating Procedures to include new pilot service.
- **Phase 3:** Proposal approved. Recruitment and training of multidisciplinary team. Clinical SOPs and governance to be confirmed. Launch and community awareness campaign. Communications plan launch.
- **Phase 4:** Pilot initiation January 2026. Ongoing Steering group, Monitoring and evaluation.

### 5.2 Clinical model

The proposed clinical model has been designed with Clinicians from Primary & Community Care in and out of hours services, as well as with Primary Care management team. There will be 3 consultation rooms available offering primary care provision from:

- General Practitioner
- ANP
- MSK physiotherapist.
- Link worker (operating from reception area)
- Receptionist

This pilot will adopt the current NHS Lothian Out of Hours model that has been tested and works exceptionally well. This pilot will operate as an extension to this service, for the first time crossing boundaries alongside in hours general practice.

It is critical that patient and staff safety is considered and therefore the following section outlines what conditions can and critically, what cannot be treated in this proposed centre. This has been reviewed and agreed by senior Primary Care colleagues.

#### ***In Scope (urgent conditions only):***

- Undifferentiated pain/fever/rash
- Respiratory Conditions
- Urological conditions
- Gyn conditions excluding pregnancy

- Skin conditions
- Abdominal conditions
- MSK

### **Out of Scope**

- Routine or emergency conditions
- Strong communications will be required around use of 999/ED for MI chest pain stroke, collapse, severe bleeding
- Minor injuries/trauma/assault/intoxication through drugs or alcohol/overdose
- Conditions that are better managed elsewhere eg Pharmacy First, Dental, Optician
- Anything that requires continuity of care or access to usual medical notes
- Wounds ROS/dressings
- Pregnant patients
- Children under school age
- Repeat prescriptions including drug substitution scripts
- Chronic Disease Management – BP checks, asthma checks, blood checks etc
- Sick lines
- Fitness to fly, drive or travel health
- Cervical smears
- Routine sexual health
- Swabs and bloods including BBV, travel clinic issues, vaccinations
- Referrals/scan requests/expediting referrals/second opinions
- Set expectations re consultation length and scope of practice with strong comms

### **5.3 'No Wrong Door'**

To manage clinical safety and risk, it is imperative that conditions above have been categorised using an Integrated Access Hub model approach. Having said this, this pilot will adopt a 'no wrong door' approach to ensure that whatever their presenting condition, patients will be signposted to an appropriate healthcare service. Link workers will be available to signpost to an existing and more appropriate service and where possible, directly booked elsewhere. These pathways will be worked up prior to go live in January.

Self-triage options will be available for patients when at reception at the walk-in service. For patients that can use digital tools such as iPads, these will be made available with access to NHS Inform for patients use. The idea is that patients can be encouraged to self-manage minor conditions that may not require interaction with a healthcare professional in this setting. This process aims to empower people to utilise online systems with face to face support in place that they may not have access to at home and access existing service (such as Pharmacy First) when suitable. There are several local community Pharmacies and services at Boots Gyle open later into the evening.

Considerations will be made at a later stage to determine if additional conditions could be treated at a walk-in centre once the first phase of the pilot has been tested. This pilot offers a 'LUCS+1 service' with the additional offer of MSK provision.

### **5.4 Pharmacy services**

In line with LUCS x5 existing bases, medications will be available for patients who require immediate emergency drugs and the urgent provision of antibiotics. NHS Lothian will communicate with local Pharmacies about the walk-in service in the area and advise patients to access Pharmacy First and prescribing requirements through Community Pharmacy as required.

## 6. Budget and Resource Requirements

This section will outline the cost requirements to deliver this pilot. Breakdown:

- Staffing – GP, MSK Physio, Admin, ANP, Link worker
- Equipment, diagnostics, medicines.
- IT systems for integration with NHS records
- Facilities and utilities

Appendix 1 gives a full breakdown of costs the requested amount from NHS Lothian in order to successfully initiate and deliver this pilot, with a total of £1,569,000 requested.

If an independent evaluation was agreed a further £10,000 would be required.

## 7. Partnerships

NHS Lothian will work collaboratively with key stakeholders, including local GP practices, Health and Social Care Partnerships, community pharmacies, Police Scotland, Scottish Ambulance Service and third-sector organisations, to deliver this pilot. This partnership approach will ensure that the pilot is co-designed to meet local population needs, drawing on the expertise and insights of primary care clinicians from in and out of hours. Regular engagement sessions, shared governance structures, and transparent communication will underpin the project, fostering joint decision-making and accountability. By aligning resources and priorities across partners, NHS Lothian aims to create an integrated model of care that improves access, enhances patient experience, and supports sustainable workforce development.

Appendix 2 gives a full breakdown of the services within the Health Living Centre

## 8. Risk Assessment

Given this is a pilot project, there are recognised risks that will be clearly documented on the project risk register. This includes:

- Workforce recruitment challenges given the short term nature of this work in the first instance
- Potential for fragmented care with limited mitigation through integrated IT systems and shared patient records with options using KIS and ECS.
- Financial sustainability.
- Patients attending with conditions that are out of scope however model of care is designed to signpost and refer appropriately elsewhere within healthcare system.

## 9. Monitoring and Evaluation

A monitoring and evaluation process will be adopted from the outset of this pilot. We will aim to evaluate the GP Walk in Centre against the six dimensions of healthcare quality set out by the Institute of Medicine<sup>i</sup>, which includes accessibility, safety, effectiveness, equity, efficiency and patient centred care. We plan to use both quantitative and qualitative methods to evaluate these elements, using both routine data, as well as information collected from both patients and staff.

The possible benefits of this pilot are noted below:

### *For Patients*

- Faster access to care, reduced unmet need, increased convenience and choice.

### *For Primary Care services*

- Reduced demand on traditional GP appointment systems, support for practices with high list sizes or workforce shortages.

*For NHS Lothian*

- Improved patient flow across urgent care pathways, better alignment with NHS Scotland's Primary Care Improvement Programme and Realistic Medicine principles.

Please see appendix 3 with further details of our monitoring and evaluation plan.

## **10. Conclusion**

A walk-in service could offer a scalable, patient centred solution to access and capacity challenges in NHS Lothian's primary care services. This proposal supports national priorities to deliver timely, equitable care while relieving pressure on overstretched general practitioner services.

This proposal aligns with NHS priorities for person-centred care and efficient resource use, ensuring that patients receive the right care, at the right time, in the right setting. Through careful planning, robust evaluation, and collaboration with the practice team, this initiative has the potential to deliver measurable benefits for both patients and clinicians, paving the way for a more responsive and sustainable primary care service.

Appendix 1

**Breakdown of Costs**

NHS Lothian			
Proposed walk in Centre			
Cost of Opening for 7 days a week - 12 Noon to 8pm			
<b>WTE</b>	<b>Post</b>	<b>Cost</b>	<b>Note</b>
1.7	GP (w/e uses OOH Rates)	£345	1 member of staff at all times
2.8	ANP - Band 8A	£349	1.5 member of staff at all times
1.5	Physio - Band 8 A	£187	1 member of staff at all times
3.73	Link Worker (Band 5 )	£276	2 members of staff at all times
3.73	Admin/Receptionist (Band 3)	£217	2 members of staff at all times
0.76	Pharmacy Band 2	£50	
0.14	Clinical Leadership/ Oversight	£24	
	Security	£54	
	Rent/ Rates / Waste	£18	
	Utilities HLP	£4	
	Cleaning	£10	
	Drugs	£25	
	Equipment	£10	
	<b>Total Cost</b>	<b>£1,569</b>	
Assume 7 days a week - Premiums apply for weekends			
Not open on Public Holidays – LUCS already in place			
GP – 40-hour contract , AfC staff – 36-hour contract			
Sick leave and holiday cover adjustment applied at 21.5%			
Possible extra non- recurring conversion works / kitting out			

## Appendix 2

### List of services co-located at Wester Hailes Healthy Living Centre

<b>Team</b>
Lothian Primary Care Lymphoedema Service
Dental
Westerhailes GP
Podiatry
FM
Westerhailes GP
Care Grow Live South West Recovery Service
South West Substance Misuse
South West Substance Misuse
Midwives
SLT
District Nurses
Business Support for C&F
Business Support for C&F
Justice Social Work Team
Justice Social Work Team
South West CLDN Team
Health Visiting
Hub Physiotherapy Team
Hub Occupational Therapy Team
Community Paediatrics
Community Paediatrics
Community Paediatrics
Prepare
Children & Families Social Work

### **GP Walk in Centre - Evaluation plan**

We aim to evaluate the GP Walk in Centre against the six dimensions of healthcare quality set out by the Institute of Medicine<sup>ii</sup>, which includes accessibility, safety, effectiveness, equity, efficiency and patient centred care. We plan to use both quantitative and qualitative methods to evaluate these elements, using both routine data, as well as information collected from both patients and staff.

**Accessibility** - We plan to evaluate whether the service is accessible using demographic data to look at the characteristics of people attending the GP Walk in Centre, including age, sex and postcode (to identify Scottish Index of Multiple Deprivation ranking). We will consider the pattern of attendance during opening hours and specific days of the week, as well as distance travelled by people in order to attend the Walk in Centre. Support would be required to scope how this would be possible.

**Effectiveness** – We plan to look at how people use the service, such as what conditions people present with, to evaluate if these meet the conditions that the centre was set up to deal with in relation to professional skills and resources available.

**Equity** – We plan to evaluate if the service is provided in an inclusive way, such as supporting people with disabilities, language needs etc and whether there is equity of access by analysing routine demographic data and from talking to patients about their experiences. We will explore how to strengthen our routine data collection to ensure demographic data, such as ethnicity is captured robustly. Systems in place already such as DATIX and other NHS Lothian processes would be utilised.

**Safety** – Quality of care will be evaluated using clinical audit tools and continuity of care will be considered, including feedback loops to inform GP practices where the attending patients are registered.

**Efficiency** – We plan to evaluate efficiency by considering whether the level of staffing matches demand, as well as considering the impact on the workload of other local services and agencies. We will look to calculate the cost per consultation, which could then be compared to other services.

**Patient centred** – patient feedback will be essential to evaluating whether the service is patient centred. We plan to gain patient feedback through a questionnaire and will consider also structured interviews with a sample of patients to understand their experiences in more depth.

---

<sup>i</sup> Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century, Institute of Medicine (IOM), 2001

<sup>ii</sup> Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century, Institute of Medicine (IOM), 2001

Andrew Picken  
[andrew.picken@bbc.co.uk](mailto:andrew.picken@bbc.co.uk)

Date 26/02/2026  
Your Ref  
Our Ref 11073

Enquiries to Richard Mutch  
Extension 35687  
Direct Line 0131 465 5687  
[loth.freedomofinformation@nhs.scot](mailto:loth.freedomofinformation@nhs.scot)  
[richard.mutch@nhs.scot](mailto:richard.mutch@nhs.scot)

Dear Andrew Picken

## FREEDOM OF INFORMATION – WALK-IN GENERAL PRACTICE

I write in response to your request for information in relation to walk-in General Practice.

### Question:

- Please can I have a copy of any form of recorded communication (such as emails or reports) between your health board and the Scottish government relating to the creating of a new network of walk-in General Practice services – as per <https://www.gov.scot/news/36-million-to-expand-walk-in-gp-services/> For example, communications where you board has indicated it is interested in hosting one of the walk-in centres where it has submitted a bid to host a centre.

### Answer:

Please see enclosed email trail and associated documents. We have removed names of staff below a senior level and Non-NHS Lothian staff. We consider this information exempt under Section 38(1)(b) of the Freedom of Information (Scotland) Act 2002 – personal information.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*



FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive



[REDACTED] (AA Executive); [REDACTED] (NHS Borders); +14 others  
[REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS 24); [REDACTED];  
+9 others

You don't often get email from [REDACTED]@gov.scot. [Learn why this is important](#)

Dear Colleagues,

Further to the Call for Proposals issued this week, I am writing to confirm two additional requirements to support an efficient assessment and selection process.

**Single point of contact**

To support timely engagement following submission of proposal, each NHS Board is asked to nominate a single point of contact. Please provide the name, role and contact details of your nominated lead by Friday 28 November to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).

**Estimated appointment volumes**

To support the recommendation panel's appraisals and First Minister's commitment to the pilots delivering a million additional appointments, proposals must include an indicative estimate of the annual number of appointments each proposal would deliver. If your draft proposals do not currently include this information, please ensure this is added before submission.

As a reminder, proposals (maximum six pages per site/model) should be submitted to [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot) by 28 November, signed jointly by the NHS Board Chief Executive and the relevant HSCP Chief Officer.

If you have any queries in the meantime, please do reach out to [REDACTED]@gov.scot.

Thank you for your ongoing collaboration as we progress with this work.

[REDACTED] | Divisional Business Support Officer/PA | General Practice Policy |  
Primary Care Directorate | Scottish Government | St Andrews House  
| [REDACTED]@gov.scot  
abcd



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\*\*\*\*\*

dghsc

[REDACTED] (AA Executive);  
[REDACTED] (NHS Borders);+14 others

[REDACTED] (NHS Healthcare Improvement Scotland);  
[REDACTED] (NHS 24);+8 others

Good Afternoon

Please see attached a letter of correspondence from [REDACTED] on Call for Proposals – Walk-In Services.

Many thanks

[REDACTED]

[REDACTED]



DG Health and Social Care Office  
1E:16 St Andrews House  
Scottish Government

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

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dghsc

Hiscox, Caroline

[Redacted]

dghsc  
Afternoon,

Please find attached correspondence from Caroline Lamb, Chief Executive of NHS Scotland & Director General for Health and Social Care.



Best wishes,



Private Secretary to [REDACTED] | Chief Executive of NHS Scotland & Director General for Health and Social Care

Scottish Government | Email: DGHSC@gov.scot

SG\_master\_logo\_RGB

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dghsc

Hiscox, Caroline

dghsc;  
PCImplementation@gov.scot  
Good afternoon,

Please see attached correspondence from [REDACTED], Chief Executive of NHS Scotland & Director General for Health and Social Care.

Kind regards,

[REDACTED]

[REDACTED]

Assistant Private Secretary to Caroline Lamb | Chief Executive of NHS Scotland & Director General for Health and Social Care

Scottish Government | Email: DGHSC@gov.scot

SG\_master\_logo\_RGB

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[REDACTED]  
Mckigen, Tracey;  
PCImplementation@gov.scot

Hiscox, Caroline;  
[REDACTED]  
You don't often get email from [REDACTED]@gov.scot. Learn why this is important  
Good morning,

Many thanks for sharing your walk-in centre proposal. We appreciate the time taken to pull this piece of work together.

Further to the email sent on 26th November with some additional requirements, can you please provide an indicative estimate of the annual number of appointments your proposal would deliver.

Kind regards,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care Directorate | Scottish Government | St Andrews House |

✉ [REDACTED]@gov.scot

abcd

From: Mckigen, Tracey [REDACTED] >

Sent: 28 November 2025 16:32

To: Primary Care Implementation Mailbox <pcimplementation@gov.scot>

Cc: Hiscox, Caroline [REDACTED]  
[REDACTED]@edinburgh.gov.uk>; [REDACTED]  
[REDACTED]nhs.scot>

Subject: Walk in services proposal

Please see attached draft proposal from NHS Lothian & Edinburgh IJB

This work is ongoing, and we are looking to start recruiting staff and developing the pathways so we can be clear on patient benefit and also benefits to the wider system

You will see that we have a draft evaluation framework that will help shape our thinking as we go forward, and we would hope that we would be able to scale up over time once we are established and have pathways in place

Caroline ( NHS Lothian CEO) and [REDACTED] ( Chief Officer Edinburgh IJB ) have both signed off the proposal and are copied in

Please let me know if you need any additional information at this stage

Thanks

Tracey

Tracey McKigen



Director of Primary Care  
Mainpoint  
102 West Port  
Edinburgh  
EH3 9DN  
[REDACTED]

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\*\*\*\*\*



E: dghsc@gov.scot

Caroline Hiscox – Chief Executive - NHS Lothian

CC: Christine McLaughlin- Chief Operating Officer  
and Deputy Chief Executive- NHS Scotland  
Tim McDonnell- Director of Primary Care and Policy  
Sponsor

3 February 2026

## GP Walk-in Services Pilot Programme

Dear Caroline,

1. Thank you once again for your proposal to participate in the Scottish Government's General Practice Walk-In Services Pilot Programme. Further to my letter of 23<sup>rd</sup> December 2025, I am writing to formally confirm the selection of your pilot site in Wester Hailes Healthy Living Centre.
2. Subject to formal approval of the Scottish budget, a non-recurring allocation will be provided in 2026-27 to support your participation in the Pilot Programme. This letter also confirms funding required to establish and run the pilot site in 25/26.

### Pilot Requirements

3. As set-out in your proposal, all pilot sites must reflect the principles of the Service Renewal Framework, ensuring that walk-in services strengthen multidisciplinary primary and community care, support early intervention, and operate as an integral part of local urgent and unscheduled care pathways.
4. Each pilot site must demonstrate the following criteria, as set-out in the Call for Proposals:
  - a. Operate seven days a week, Monday to Sunday, from 12:00 to 20:00, or during alternative hours that provide equivalent extended access;
  - b. Ability to 'walk-in' throughout that period;
  - c. Offer urgent care primary care services in line with presentations to GP Out of Hours services. The focus will be on same-day assessment and minor illness treatment for conditions that do not require emergency care, specialist care, or longer term, complex management;
  - d. Key audience is those having issues accessing their in-hours GP for urgent care;



- e. Complement existing local service provision;
  - f. Access to at least the emergency care summary and communicate actions to the usual provider of care;
  - g. Preferably hosted within an existing NHS Board or GP estate to minimise setup time and cost;
  - h. Location convenient for patient 'walk-ins' (e.g. good accessibility, areas of high footfall);
  - i. Analysis of system flow, risk, benefit and patient experience and wider evaluation capacity built-in from outset;
  - j. Where locally deliverable in terms of cost, workforce and premises and aligned with existing diagnostic strategies, Boards may propose the inclusion of community diagnostic capacity within pilot sites.
5. In addition to the original pilot specification, Boards are expected to use the same technology solution that they use for their GP out of hours service. This is to support consistency across pilot sites, enable a robust national evaluation, and inform decisions on scalability. This will also be supported by the development of a national statement of work for configuration of the technology system used in GP out of hours. If additional licenses are required to facilitate this, please contact [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).
  6. Funding is provided on this basis, and Boards are expected to design and deliver their pilot accordingly.

## National Governance

7. Scottish Government will establish a national governance to oversee the delivery of this programme, working with sub-national planning structures. As part of your participation in the pilot programme, you are expected to work closely with Healthcare Improvement Scotland (HIS) and Public Health Scotland (PHS) to support learning, evaluation and improvement. This will include:
  - Nominating a named lead to act as the primary point of contact with the HIS team (n.b. we will assume this is the same as the single point of contact provided to Scottish Government unless notified otherwise)
  - Working with HIS to document the local delivery model and underpinning assumptions
  - Sharing learning and early insights from mobilisation and delivery with other participating Boards and HIS
  - Supporting demand, capacity and activity analysis with HIS, including provision of relevant local data
  - Contributing to the development and implementation of a national evaluation framework, linking local delivery teams with national HIS staff
  - Working with HIS and PHS towards the development of common datasets, where feasible, using common systems and appropriate data sharing arrangements.
8. As part of establishing the national governance, reporting requirements will require further information in relation to the following areas, to support national assurance, evaluation and comparability across pilot sites:

- Access arrangements
- Triage approach
- Core inclusion criteria
- Service scope
- Demand and capacity assumptions
- Equality Impact Assessment (EQIA)

9. Officials will be in touch to seek this information in due course.

## Financial Management

10. Funding to deliver the pilot will be up to the levels set out in your bid, as confirmed through subsequent correspondence (see Annex A). Please let us know if there are any outstanding funding requirements, particularly in regard to start-up and running costs for 2025/26.
11. As this is a novel pilot programme, funding will be released in tranches during 2026-27 to support appropriate financial control, assurance and effective cash management. Further information will be provided as national governance is established.
12. We look forward to working with you and taking forward this programme of work which is critical to ensuring our continued focus on improving access to primary care and shifting more care into community settings.

If you have any further queries at this stage, please contact [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).

[REDACTED]

[REDACTED]

Chief Executive of NHS Scotland & Director General for Health and Social Care

## ANNEX A – Allocation

<b>NHS Health Board</b>	<b>2025-26 Funding (£)</b>	<b>2026-27 Funding (£)</b>
Lothian	£319,00	£1,569,000

