

Date 7 October 2026
Your Ref
Our Ref 11882

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – WALK IN CLINIC

I write in response to your request for information in relation to Walk In Clinic.

Question:

1. Any criteria, scoring framework, assessment methodology or other guidance used by NHS Lothian when identifying, assessing or recommending locations for GP-led walk-in services.

Answer:

When determining the location for the initial Walk In Clinic in NHS Lothian, a collective team of staff from NHS Lothian and Edinburgh HSCP determined Wester Hailes an appropriate location due to availability of appropriate clinical space, demographic of local population and proximity to public transport.

For future walk in clinics, NHS Lothian asked HSCPs to identify suitable sites in line with availability and local requirements.

Question:

2. Any assessments, option appraisals, briefing papers, reports or submissions produced since 1 October 2025 which considered Midlothian as a potential location for a GP-led walk-in service.

Answer:

The NHS Lothian proposal for walk in clinics dated July 2026 includes Midlothian and is enclosed.

Question:

3. Details of any locations within Midlothian which have been considered for such a service, including the outcome or current status of that consideration.

Answer:

A number of options have been discussed but not in depth. Further work is required to fully appraise possible venues and locations across the region including but not limited to, available space and transport links

Question:

4. The registered patient population of each GP practice within the Midlothian Health and Social Care Partnership area for each year from 2021 to 2026, where held.

Answer:

The official published practice list sizes are available on the PHS website at <https://publichealthscotland.scot/publications/general-practice-list-sizes-and-demographics/>

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

As all Midlothian GP practices are independent contractors, they should be contacted directly if more information is required.

Question:

5. The whole-time-equivalent GP workforce associated with each Midlothian GP practice for each year from 2021 to 2026, where held.

Answer:

This information is not held by NHS Lothian. As independent contractors, practices should be contacted directly if this information is required. As per Section 17 of the Freedom of Information (Scotland) Act 2002 formally I must advise that we do not hold this information.

Question:

6. The number of contacts with NHS Lothian GP Out of Hours services involving patients resident within Midlothian for each of the financial years 2021/22 to 2025/26, where this information can be provided without identifying individual patients.

Answer:

Year	Patient Contacts
2021/22	17,644
2022/23	15,713
2023/24	19,469
2024/25	17,821
2025/26	17,507

Question:

7. Any analysis undertaken by NHS Lothian of current or future primary-care capacity requirements arising from population growth, demographic change or housing development within Midlothian.

Answer:

Midlothian HSCP has well established links with Midlothian council planners. They contribute regularly on the potential impact on healthcare provision within primary care for all planning applications in the region over 10 units (houses). They have provided a detailed analysis on the projected impact of all housebuilding within the Housing Land Audit for planned builds. As part of this work, Midlothian HSCP have calculated - as far as is possible - the potential impact of population growth and staffing requirements to meet potential future demand, (for example, they know most of the housebuilding is for family-sized properties, so may lead to increased demand for Health visiting and midwifery services), as well as increase in GP list growth across the region. They can estimate, to a point, what this will mean for GP colleagues, however, many housing developments overlap the boundaries for several practices, so list growth may be disproportionate depending on where new residents to the areas choose to register.

Furthermore, they have engaged closely with council colleagues on the Draft Midlothian Local Development Plan (2027-2037), providing comment on the added impact of shortlisted sites and discussing opportunities for developer contributions to invest in and plan for future healthcare infrastructure.

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. 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.

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
Enc.

Paper Title: Proposal for Establishing four additional Walk In Centres across NHS Lothian

Author(s):

Nic McCloskey-Sellar, Strategic Programme Manager, Primary Care

Tracey McKigen Director of Primary Care

Amegad Abdelgawad, Head of Service, Edinburgh Primary Care, Edinburgh Health and Social Care Partnership

Denyse Aitken, Primary Care Service Manager, Midlothian Health and Social Care Partnership

Neil Ferguson, General Manager Primary Care Services, West Lothian Health and Social Care Partnership

Jamie Megaw, General Manager for Primary Care Services, East Lothian Health and Social Care Partnership

Date: 22 July 2026

Submitted to: Scottish Government Primary Care Directorate



NHS Lothian Walk-in Clinical Proposal

1. Introduction

NHS Lothian seeks funding to build on the success of Scotland's first Walk In Centre (WIC) pilot. This proposal aims to establish a sustainable network of integrated WICs across NHS Lothian, providing equitable, accessible, and person-centred care for local communities. This proposal outlines NHS Lothian's request for funding to deliver an expansion of provision, to deliver a further four WICs in Lothian. This is a direct response to the Scottish Government's request for proposals to expand the number of GP WICs in June 2026.

This proposal aims to take an NHS Lothian wide approach to the further expansion of existing service to ensure local need is met and access for patients is widened. This outlines four additional models of delivery one in each of the Health and Social Care Partnerships. This approach aims to deliver varied methodologies to test various approaches, all of which will be evaluated to measure effectiveness. NHS Lothian preference would be to test all four models. However, it is possible to deliver each in isolation if funding is not available for all four.

The total request for funding is £8.022 million (see Appendix 2, paragraph 5)

Current pilot

For background context, the existing NHS Lothian WIC is delivered in Wester Hailes Healthy Living Centre, available to patients from eight practices within the CANAL Cluster in Edinburgh. The service is GP led and delivered in partnership with ANPs and MSK Physiotherapists. The 12-month pilot began operating in February 2026 and can provide same day unscheduled appointments for those presenting with low risk conditions. A full evaluation is under way and will be reported on at the end of year 1.

NHS Lothian proposal

This paper combines four distinct models of a Walk in Centre to be offered across the 4 HSCPs in NHS Lothian. This co-ordinated, whole system approach aims to provide:

- Seven-day walk-in access.
- Same-day urgent primary care.
- Advanced multidisciplinary delivery.
- Reduced pressure on General Practice.
- Increased, new capacity within primary care.
- Improved access for communities experiencing barriers to traditional primary care provision.
- Evaluation and quality improvement processes.

- Opportunity to test different models of WICs

The proposal directly supports the Scottish Government commitment to expand walk-in primary care provision and improve access to urgent same-day healthcare. Testing four service delivery models through pilot projects will enable a robust comparison of effectiveness, patient outcomes, operational feasibility, workforce requirements and cost-effectiveness. The pilots will generate evidence to inform the selection of the optimal model for wider implementation, while minimising risk and ensuring that future investment is based on proven approaches rather than assumptions.

2. Strategic Alignment

The proposal aligns directly with the Scottish Government ambition for pilot sites that:

- Improve access to urgent primary care.
- Address health inequalities.
- Complement existing services.
- Integrate with existing care pathways.
- Utilise sustainable workforce models.
- Support preventative and holistic care.
- Deliver measurable system-wide benefits.

The models detailed in this proposal are developed to ensure there is no requirement for patients to advance book an appointment. Each proposed model reduces the risk that patients have poor or limited digital access as they can attend in person without the need to have booked online or via telephone triage. Importantly, registration with a local practice is not essential which ensures non-registered patients can access urgent, same day primary care.

Scotland's Population Health Framework identifies prevention, early intervention, equitable access and reducing health inequalities as core priorities for improving population health outcomes over the next decade. The Health and Social Care Service Renewal Framework further promotes a further shift of care from hospital settings into communities through integrated multidisciplinary services, whilst the Scottish Government's Public Service Reform Strategy emphasises prevention, partnership and person-centred service redesign.

3. Integration with Existing Services

The proposal is designed to complement rather than duplicate existing provision. Integration will include regular communication with relevant providers including GP Practices, Pharmacy First, local Community Treatment and Care Services, Urgent Care Services, Mental Health Services and Third Sector partners. NHS Lothian's

Primary Care Programme Board will have oversight of the delivery of Walk-in Centres and operational effectiveness will be reported through the current Primary Care Joint Management Group chaired by the Director of Primary Care and representing all four partnerships and Lothian Unscheduled Care Service. This will allow for shared learning and evaluation of the pilot without the need to create new structures. The individual proposed models are detailed below. Each has a designated HSCP lead.

5 HSCP Models of Delivery

5.1 EAST Lothian Health and Social Care Partnership

East Lothian Health and Social Care Partnership (HSCP) propose to establish a dedicated Urgent Primary Care Service within Musselburgh Primary Care Centre (MPCC) providing a walk-in service for all patients registered to an East Lothian General Practice.

This service will be open seven-days a week. Patients will access the service via walk-in, using a Digital Asynchronous Consultation System or by telephone triage.

The Urgent Primary Care service will be developed using the HSCP's established CWIC service as a foundation, moving from a five-day service available by telephone for four General Practice populations to a seven-day service with walk-in capacity available to all East Lothian residents.

The CWIC service is multidisciplinary team comprising Advanced Nurse Practitioners, Nurse Practitioners, Physician Associates and General Practitioners. It provides same-day primary care access. A key benefit of using the CWIC platform is that the HSCP can offer a more comprehensive urgent care model because the CWIC service operates on the VISION clinical system, allowing clinicians to order investigations, make referrals directly to secondary care, and manage test results safely within established governance pathways. This helps to ensure that patients receive complete episodes of care rather than partial or fragmented support.

The proposed Urgent Primary Care Service will build upon this established foundation, expanding access for all East Lothian residents to urgent same-day HSCP primary care through walk-in, telephone and digital routes while maintaining close integration with General Practice and community services. By utilising existing workforce, infrastructure, digital systems and clinical pathways, East Lothian HSCP can implement the model significantly faster and with lower risk than would be possible through the development of a wholly new service.

Located within East Lothian's largest population centre and close to communities experiencing some of the greatest levels of deprivation and health inequality, Musselburgh Primary Care Centre provides an ideal location for the service. The

proposal aligns strongly with the Scottish Government's objectives to improve equitable access to primary care, reduce health inequalities, strengthen unscheduled care pathways and evaluate sustainable multidisciplinary models of urgent same-day care.

Project Plan

The HSCP will develop the seven-day urgent care service in two phases.

Phase 1 (before April 2027):

A seven-day a week Urgent Primary Care service will be established for the four practice populations currently accessing the CWIC service. During this phase the existing telephone triage pathway will be augmented by a new walk-in pathway, and a DACS (Digital Asynchronous Consultation System) pathway.

This will allow the HSCP to develop and refine the new model across seven days before expanding the service across East Lothian.

This service will provide patient appointments between 8:30am and 430pm, aligning to expected patient demand and with other primary care providers specifically Community Pharmacy with Pharmacy First.

Phase 2: April 2027 – October 2027

The seven-day a week service would be expanded to all patients registered to a General Practice in East Lothian. A further pathway from ED to the service will be established to enable ED to redirect suitable patients.

Financial Proposal

The HSCP will realign the recurring CWIC service funding into the Urgent Primary Care service set out in this proposal. In total the recurring cost of the new service is £3.357M per annum with recurring funding required from Scottish Government of £2,562M and non-recurring funding of £80k for two years.

	Notes	Total recurring costs (£'000)
Phase 1	Incorporates walk-in and DACS and seven-day service for the four practices currently supported by CWIC	£772K
Phase 2	Additional cost of East Lothian wide seven-day service	£1,789
Total Recurring costs required:		£2,562
Non-recurring costs	Project Lead for two years	£80

This will allow the HSCP to establish a 7-day service covering all East Lothian residents with 1,164 appointments per week. The current CWIC service, which will be incorporated into the new service, is providing 450 appointments per week on average.

Strategic Case for East Lothian and Musselburgh

Population Growth, Health Inequalities and Demand for Services

East Lothian has experienced significant population growth over the past two decades and continues to be one of the fastest-growing local authority areas in Scotland. This growth, combined with an ageing population and increasing levels of multimorbidity, is creating sustained increasing demand for primary care, community services and unscheduled care.

Whilst East Lothian is often perceived as an affluent area, there are significant pockets of deprivation and health inequality across the county, particularly within Musselburgh, Wallyford, Prestonpans, Cockenzie, and Tranent. Several communities are amongst the most deprived in Scotland according to the Scottish Index of Multiple Deprivation (SIMD), with residents experiencing poorer health outcomes, lower healthy life expectancy and greater demand for healthcare services.

There are approximately 47,000 people living within SIMD 1 and SIMD 2 communities in East Lothian. Around 75% of this population live within the western part of the county and are registered with one of five General Practices located in and around Musselburgh. As a result, the majority of East Lothian's most deprived population is concentrated within an area that is readily accessible from Musselburgh Primary Care Centre.

People living in deprived communities are more likely to experience long-term health conditions, mental health problems and barriers to accessing healthcare. They are also more likely to require urgent and unscheduled care services. Improving access to timely same-day primary care for these populations therefore represents an important opportunity to reduce health inequalities and improve healthcare outcomes.

Patient Experience and Access to Primary Care

Results from the 2026 Health and Care Experience Survey (HACE) demonstrate that, at an East Lothian level, patient experience of contacting General Practice is broadly comparable to both NHS Lothian and Scotland. When asked, "*How easy is it for you to contact your GP practice in the way you want?*", 79% of respondents in East Lothian gave a positive response, matching the NHS Lothian average and slightly exceeding the national average.

However, county-wide figures mask significant variation between practices and communities. Some of the larger practices serving more deprived populations reported substantially lower levels of patient satisfaction, with positive responses ranging between 36% and 41%. These findings suggest that while overall access levels are

comparable to national averages, some communities continue to experience significant challenges in obtaining timely access to primary care services.

The proposed Musselburgh Walk-In Centre provides an opportunity to target additional urgent primary care capacity towards communities experiencing the greatest barriers to access. By providing walk-in, telephone and digital access routes through an established multidisciplinary service, the model will improve access to same-day care, support health equity and help ensure patients receive care from the right professional at the right time.

HSCP Experience in Delivering Same-Day Primary Care

East Lothian HSCP has extensive experience in designing, implementing and operating multidisciplinary same-day primary care services through its Care When It Counts (CWIC) model. Established in 2017, CWIC was developed in response to local General Medical Services (GMS) sustainability challenges and has subsequently evolved into a well-established and effective urgent primary care service serving communities in the western part of East Lothian.

Over the past eight years, the service has expanded and now provides urgent same-day primary care for patients registered with four East Lothian General Practices, covering approximately 46% of the county's registered population. Based within Musselburgh Primary Care Centre, CWIC operates alongside General Practice and provides patients with an additional route to access urgent primary care assessment and treatment.

The service is delivered through a multidisciplinary team comprising Advanced Nurse Practitioners (ANPs), Nurse Practitioners (NPs), Physician Associates (PAs) and General Practitioners (GPs). This workforce provides same-day assessment, diagnosis and treatment for a wide range of acute conditions commonly presenting within primary care. Through access to primary care records and established clinical governance arrangements, CWIC clinicians can assess, investigate and manage patients safely while ensuring continuity of care with the patient's registered practice.

In 2025, CWIC transitioned from a practice-referral service to a direct-access model in response to growing patient demand and changing expectations regarding access to care. Patients can now contact the service directly by telephone and are clinically triaged to ensure they receive care from the most appropriate professional or service. When appropriate, patients are directed to alternative pathways including Pharmacy First, Musculoskeletal Physiotherapy, Mental Health Services and other community-based services.

CWIC currently delivers an average of approximately 450 same-day appointments each week, alongside significant volumes of clinical triage, advice and signposting activity. The service has demonstrated its ability to improve access to urgent primary care, support patients to receive care from the most appropriate professional and reduce pressure on General Practice and wider unscheduled care services.

A key strength of this proposal is that it builds upon an established and proven HSCP model rather than creating a new service from the outset. CWIC already has experienced staff, established governance arrangements, integrated digital systems and strong links with Primary Care, Community Services and Unscheduled Care pathways. As a result, East Lothian HSCP is uniquely positioned to implement an expanded Walk-In service model rapidly, safely and with significantly lower implementation risk than would be associated with developing a new service.

Strategic Location, Population Need and Deliverability

Musselburgh is uniquely positioned to support the development of the Urgent Primary Care Centre due to its population size, accessibility, concentration of health need and existing healthcare infrastructure. As East Lothian's largest town and principal population centre, Musselburgh serves a substantial proportion of the county's residents and provides a natural hub for the delivery of urgent primary care services.

The two General Practices within Musselburgh serve approximately 28% of the East Lothian population. When combined with the three General Practices located within four miles of Musselburgh, these practices account for approximately 54% of the county's registered population. Importantly, these same practices serve 90% of East Lothian residents living within SIMD 1 communities and 74% of those living within SIMD 1 and 2 communities.

As a result, locating the Urgent Primary Care Service within Musselburgh would maximise access for the populations most likely to experience poorer health outcomes, higher levels of multimorbidity and greater barriers to accessing healthcare. The proposed location therefore aligns strongly with the Scottish Government's ambition to improve equitable access to primary care and reduce health inequalities.

Musselburgh Primary Care Centre

Musselburgh Primary Care Centre provides an ideal setting for the development of an Urgent Primary Care Service. The facility is a modern, purpose-built healthcare facility which already accommodates a wide range of health and care services, including General Practice, Community Nursing, CTACS, Vaccination Services, Allied Health Professionals, Mental Health Services, Midwifery, Health Visiting and a range of specialist outpatient and community services. This concentration of services supports multidisciplinary working and enables patients to access a broad range of healthcare support from a single location.

The centre also hosts the established Care When It Counts (CWIC) service and therefore already possesses the workforce, operational infrastructure, governance arrangements and digital systems required to support rapid implementation of the proposed model.

Accessibility and Population Benefit

Musselburgh Primary Care Centre is accessible by public transport and road networks. The site is located adjacent to a large Tesco and public transport interchange, providing direct transport links to communities across East Lothian as well as neighbouring areas of Edinburgh. This accessibility is particularly important for patients experiencing deprivation, limited access to private transport or difficulties attending services located further east within the county.

The combination of population density, health need, transport accessibility and existing NHS infrastructure means that Musselburgh offers the greatest opportunity to maximise population benefit from the proposed investment. The location provides convenient access for the largest concentration of residents in East Lothian while ensuring that communities experiencing the highest levels of deprivation and health inequality can access timely urgent primary care services.

Established foundation for delivery

Musselburgh offers the opportunity to expand an existing and successful same-day primary care service rather than establish a new model. The presence of CWIC, an experienced multidisciplinary workforce, established clinical pathways and suitable NHS estate means that East Lothian HSCP can implement the proposed Walk-In service rapidly and with a high degree of confidence in its deliverability and sustainability. This provides a strong platform for national evaluation and supports the Scottish Government's objective of testing scalable models of urgent same-day primary care.

Vision for the East Lothian Urgent Primary Care Service

The aim of the Musselburgh Urgent Primary Care Service is to improve equitable access to urgent same-day primary care by providing a sustainable, multidisciplinary service that delivers timely assessment, diagnosis and treatment for patients with acute health needs, while reducing health inequalities and supporting wider primary care and unscheduled care system flow.

The service will:

- Provide access to same-day urgent primary care services seven days per week between 830am and 430pm. The service will provide 1,164 appointments per week through 164 appointments over each weekend and an average of 200 appointments per weekday.
- Provide a walk-in service available to East Lothian residents and provide a digital pathway and telephony access.
- Reduce barriers to healthcare access for communities experiencing deprivation and poorer health outcomes.
- Ensure patients are assessed by the most appropriate healthcare professional through a multidisciplinary team approach.

- Support the sustainability of general practice by managing urgent same-day demand that does not require continuity of care.
- Provide an alternative to emergency department attendance for patients with conditions that can be managed safely within primary care.
- Strengthen integration between primary care, community services, pharmacy, mental health and unscheduled care services.
- Contribute to the national evaluation of walk-in centres and provide evidence to inform future models of urgent primary care delivery in Scotland.

Service Description

The new East Lothian Urgent Primary Care service will be founded on the established Care When It Counts (CWIC) model to provide a multidisciplinary, urgent same-day primary care service for patients requiring assessment, diagnosis and treatment of acute health conditions.

The service will operate from Musselburgh Primary Care Centre and will offer accessible, timely and person-centred care through a combination of walk-in, telephone and digital access routes. The service will be designed to complement existing general practice, community and unscheduled care services whilst improving access to care for patients who are unable to access timely support through traditional primary care pathways.

The service will provide same-day assessment and treatment for a wide range of acute and minor illness presentations that can be safely managed within primary care.

Patients will access the service through a walk-in pathway during the core clinical hours (7-days per week, between 830am and 430pm).

Patients will be able to access the service directly without requiring referral from their registered general practice.

Individuals will be able to access the service via walk-in to MPCC, via DACS or via telephone. In all pathways patients will be clinically triaged to ensure they are directed to the most appropriate clinician or service based on their presenting need. Where appropriate, patients will be offered a face-to-face consultation, telephone consultation, digital consultation or be signposted to another NHS or community-based service better suited to meet their needs.

The service will be delivered through a multidisciplinary team comprising General Practitioners, Advanced Nurse Practitioners, Nurse Practitioners and Physician Associates working within agreed scopes of practice and supported by robust clinical governance arrangements. This approach ensures that patients are treated by the most appropriate healthcare professional while maximising workforce sustainability and clinical capacity. The model aligns with Scottish Government expectations that

walk-in services explore multidisciplinary and Advanced Nurse Practitioner-led approaches where clinically appropriate.

The Urgent Primary Care Service will have access to the patient's primary care record through the existing VISION clinical system, allowing clinicians to access relevant medical history, record consultations directly within the patient record and communicate outcomes with the patient's usual provider of care. This will support continuity of care, improve patient safety and reduce duplication across the healthcare system.

The service will be fully integrated with existing primary care and community pathways, including Pharmacy First, Musculoskeletal Physiotherapy, Mental Health Services, Community Nursing and wider NHS services. Patients assessed as requiring ongoing management of chronic or complex conditions will be signposted to their registered general practice, while those requiring specialist or emergency care will be directed to the most appropriate service.

The development of the Musselburgh Urgent Primary Care Service represents the expansion of the established and successful CWIC service. Building on an existing workforce, clinical governance framework, digital infrastructure and operational model will support rapid implementation while maintaining quality, safety and sustainability.

Service Operating Hours

While the national framework identifies operating hours of 12:00–20:00, it also allows Boards to propose alternative models providing equivalent extended access. East Lothian HSCP believes that an 08:30–16:30 operating model will deliver greater system benefit by targeting periods of peak demand within General Practice.

Operating the urgent primary care service between 08:30 and 16:30 ensures that it is more closely aligned with the wider system of same-day primary care, particularly Pharmacy First, which delivers the bulk of its activity during standard daytime hours. By opening when community pharmacies are available, the Urgent Primary Care Service can triage, redirect and collaborate in real time, ensuring patients are seamlessly supported by the most appropriate professional. This alignment strengthens clinical pathways, reduces duplication, and maximises the impact of multidisciplinary urgent-care provision.

The proposed operating hours also align with the established CWIC model, which has successfully delivered same-day urgent primary care services across East Lothian since 2017. Maintaining these hours allows the service to build upon an existing and familiar model of care, utilise workforce capacity efficiently and maximise accessibility for patients seeking urgent care during the period when demand is highest.

Clinical Systems and Access to Patient Records

The proposed Urgent Primary Care Service will utilise VISION, the clinical system currently used by the Care When It Counts (CWIC) service and the majority of

participating General Practices across East Lothian. By continuing to operate within the VISION environment, the service can be implemented rapidly without the need for significant investment in new clinical systems, interfaces or information-sharing arrangements although there will need to be agreement with additional General Practices not supported by CWIC and with current practices benefiting from CWIC.

A key advantage of using VISION is that clinicians have direct access to the patient's primary care record at the point of care. This enables healthcare professionals to review important clinical information, including past medical history, current medications, allergies, test results and previous consultations, supporting safe and informed clinical decision-making. Access to the full primary care record reduces clinical risk, improves continuity of care and allows clinicians to provide more personalised and effective treatment.

The use of VISION also enables consultations undertaken within the Urgent Primary Care Service to be recorded directly within the patient's electronic health record. This removes the need for separate communication processes and ensures that the patient's usual General Practice has immediate visibility of any assessment, treatment, investigations or follow-up arrangements provided by the service. This integrated approach supports continuity of care, reduces duplication and helps ensure patients experience a seamless healthcare journey.

Operating within the same clinical system as participating General Practices further strengthens integration between the Urgent Primary Care Service and existing primary care services. Clinicians can access relevant information in real time, arrange investigations where clinically appropriate and manage results through established processes already utilised by the CWIC service. This level of integration is a significant advantage compared to standalone urgent care services that rely solely on access to summary records or post-consultation communication.

The use of VISION therefore provides a strong foundation for the proposed service, supporting patient safety, continuity of care, integration with General Practice and rapid implementation of the Urgent Primary Care Service. As the proposal builds upon an existing service already operating successfully within the VISION environment, there is minimal implementation risk and a clear opportunity to expand access to urgent same-day primary care while maintaining high standards of clinical quality and governance. It will also support the collection of activity, outcome and utilisation data required for local and national evaluation of the walk-in centre pilot programme.

Service Capacity

When fully staffed and operational with a 7-day service across East Lothian the Urgent Primary Care service will have a weekly appointment capacity of 1164. This is made up of 164 weekend appointments and the remainder in the Monday to Friday service (200 appointments per weekday).

The CWIC service is currently providing 450 appointments per week.

Population Coverage

In Phase 1 the Urgent Care Service will provide 7-day access for patients registered with Riverside Medical Practice, Inveresk Medical Practice, Tranent Medical Practice and The Harbours Medical Practice, reflecting the current CWIC operating model and existing clinical system connectivity. These practices serve approximately 46% of the East Lothian population and include many of the communities experiencing the highest levels of deprivation and health inequality. This would be established before April 2027.

During Phase 2, which would commence after April 2027 the seven-day service will be expanded to patients registered to all General Practices in East Lothian. At the end of this phase the East Lothian Urgent Primary Care service will have capacity to provide 1164 appointments per week - 164 per weekend and 200 on average per weekday.

This phased approach provides a safe and deliverable foundation for implementation, building upon existing workforce, clinical pathways, governance arrangements and access to patient records. By focusing initially on established general practice populations supported by CWIC, the new model can be mobilised rapidly while minimising operational and clinical risk.

Workforce Model

The proposed Musselburgh Urgent Primary Care Service will build upon the established Care When It Counts (CWIC) multidisciplinary model. The workforce has been designed to ensure that patients are assessed by the most appropriate clinician based on their presenting condition while making best use of available clinical expertise and supporting the long-term sustainability of primary care services. The model recognises that most same-day urgent primary care activity can be delivered safely and effectively through a multidisciplinary team approach, supported by appropriate clinical governance arrangements.

The service will utilise a blended workforce of General Practitioners (GPs), Advanced Nurse Practitioners (ANPs), Nurse Practitioners (NPs) and Physician Associates (PAs). This approach maximises clinical capacity, supports workforce sustainability and aligns with national ambitions to develop multidisciplinary models of urgent primary care.

Clinical Governance and Supervision

The service will continue to utilise existing CWIC governance structures, incident reporting processes, clinical audit arrangements and multidisciplinary team working practices. Access to the patient's primary care record through the VISION system will support continuity of care, informed clinical decision-making and effective communication with the patient's registered practice

All staff working within the service will operate within agreed professional competencies, national regulatory standards and local clinical governance arrangements. Appropriate clinical supervision will be available throughout service operating hours to support safe decision-making, escalation of complex cases and ongoing professional development.

Workforce Sustainability

A key strength of the proposal is that it builds upon an established and experienced multidisciplinary workforce rather than creating a new service from the outset. The CWIC model has demonstrated over eight years that urgent same-day primary care can be delivered safely and effectively through a multidisciplinary team approach. By utilising ANPs, NPs, PAs and GPs, the service maximises clinical capacity, improves staff utilisation and reduces reliance on traditional GP-only models of care. This approach supports both workforce sustainability and service resilience while maintaining high standards of patient care and clinical safety

Financial Proposal

The Musselburgh Urgent Primary Care Service will be founded on the established Care When It Counts (CWIC) service. This approach represents a cost-effective and deliverable model for expanding access to urgent primary care by building upon an existing service with an established workforce, governance framework, digital infrastructure and clinical pathways. By utilising existing NHS estate and an operational service model, the proposal minimises implementation costs and reduces the risks associated with establishing a new service.

The HSCP will utilise recurring funding into the current CWIC service into the new Urgent Primary Care Service.

The total recurring funding required from Scottish Government for this proposal is £2.562M (£772K from Phase 1 and £1,789K from Phase 2).

Phase 1 Funding - Incorporate Walk-In and Expand to 7-day service for current CWIC General Practice populations:

	WTE	£'000
General Practitioner	0.52	148
Physicians Associate	0.58	67
ANP	3.87	369
Nurse Practitioner	0.58	56
Admin	0.50	33
Total Pays	6.05	672

DACS		50
Non-Pays		50
Total Recurring Costs	6.05	772
Non-Recurring Costs	WTE	£'000
Project Lead	1.00	80

Phase 2 – Full Cost of East Lothian wide Urgent Primary Care Service

This table includes the full cost of the East Lothian-wide service including the developments in Phase One.

	WTE	£'000
General Practitioner	1.81	352
Physicians Associate	4.88	409
ANP	21.66	1,805
Nurse Practitioner	6.88	493
Management	1.00	91
Admin	1.77	82
Total Pays	38.00	3,232
DACS		50
Non Pays		75
Total Recurring Costs	38.00	3,357
Less: Funding from Phase 1 (HSCP CWIC funding & SG Phase 1 Funding)		-1,568
Additional Phase 2 Funding		1,789

Non Recurring Costs	wte	£'000
Project Lead	1.00	80

Project Phasing

The HSCP will develop the seven-day urgent care service in two phases to ensure safe and sustainable expansion of the service.

Phase 1 (before April 2027):

A seven-day a week urgent primary care service will be established for the four practice populations currently accessing the CWIC service. During this phase the existing telephone triage pathway will be augmented by a new walk-in pathway, and a DACS (Digital Asynchronous Consultation System) pathway.

This will allow the HSCP to develop the new service across seven days before expanding the service across East Lothian.

This service would provide patient appointments between 830am and 430pm, aligning to expected patient demand and with other primary care providers specifically Community Pharmacy with Pharmacy First.

Stage 2 (April 2027 to October 2027)

The seven-day a week service will then be expanded to all patients registered to a General Practice in East Lothian. A further pathway from ED to the service will be established to enable ED to redirect suitable patients.

Appendix 1:

Evaluation Framework

The Musselburgh Walk-In Centre will participate fully in local and national evaluation arrangements.

Access Measures

- Number of patient contacts
- Walk-in attendances
- Telephone consultations
- DACS submissions
- Same-day appointment utilisation

Patient Experience

- Friends and Family feedback
- Complaints and compliments
- Patient survey results

Inequalities Measures

- Activity by SIMD
- Utilisation by geography
- Access patterns

System Impact Measures

- Emergency Department attendance
- General Practice same-day demand (requires agreement with General Practices)
- NHS24 referrals
- Community service referrals

Workforce Measures

- Clinical productivity
- Workforce utilisation
- Staff experience

Appendix 2: Expected Benefits

Patients

- Increased same-day access
- Walk-in access
- Telephone access
- Digital access

Communities

- Improved access for deprived populations
- Reduced barriers to care

General Practice

- Reduced pressure on same-day demand
- More efficient use of GP appointments

Wider System

- Alternative to ED attendance
- Improved patient flow
- Reduced pressure on unscheduled care services

5.2 EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

It is proposed that the new centre, based within Leith Community Treatment Centre, will improve access to same-day urgent primary care, reduce health inequalities, strengthen community-based care pathways and support wider system sustainability through a multidisciplinary model operating seven days per week.

The following outlines a brief overview of this proposal.

Purpose: to improve access to same-day urgent primary care and community services.

Key features:

- Seven-day walk-in service
- Digital triage and self-referral
- GP-led multidisciplinary model
- Pharmacy First Plus integration

Staffing model: multidisciplinary staffing (including General Practitioners, Community Pharmacists and MSK Physiotherapists tbc).

Anticipated outcomes:

- Improved access
- Reduced health inequalities
- Reduced pressure on GP and urgent care services
- Enhanced patient experience

Background and Rationale

Edinburgh HSCP 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 expansion proposals in June 2026. This proposal seeks approval to establish a GP led Walk-In Centre within Edinburgh Health and Social Care Partnership as part of the Scottish Government's expansion of the national walk-in pilot programme. Edinburgh's population is increasing and ageing, with growing levels of complexity, multimorbidity and demand for urgent primary care services. This creates significant challenges for the delivery of healthcare services which includes:

- The "8am rush" for GP appointments in some practices.
- Health inequalities across the 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 Emergency Departments (ED) and in out-of-hours services that have the potential to be managed in a primary care setting.

Objectives

The proposed pilot service aims to provide accessible, same-day primary and community care to people without appointments, supporting Edinburgh Integration Joint Board's Strategic Plan on unscheduled care and improved equity of access to health and social care. In order to determine demand and to test the model, this will

be offered to people registered to practices in North Edinburgh (or for unregistered patients residing in this area).

If this proposal is approved, Edinburgh HSCP will work to deliver this pilot from April 2027. Stage 1 of the pilot will be delivered over a 12-month period which will be monitored and evaluated. Evaluation findings will inform future decisions regarding service scope, access criteria and potential expansion.

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

- Improve access to same-day urgent primary care.
- Reduce health inequalities within deprived communities.
- Increase primary care capacity through a seven-day service model.
- Improve continuity of care through integrated referral pathways.
- Evaluate the effectiveness, sustainability and scalability of the model.

The Pilot

The North-East Leith Cluster provides a compelling location for pilot expansion due to its larger population base, higher concentration of deprivation and established community healthcare infrastructure. These factors create an opportunity to evaluate the walk-in model within a larger population experiencing substantial healthcare need.

Indicator	North East Leith Cluster	South West Canal Cluster	Difference
Registered population	82,323	75,328	+6,995 (+9.3%)
SIMD 1 population	26.6%	29.5%	-2.9%
SIMD 2 population	31.3%	22.7%	+8.6%
Combined SIMD 1+2	57.9%	52.2%	+5.7%
GP Practices	10	8	+2

Source: NHS Lothian Primary Care Demographic Profiles, December 2025.

North-East Leith has a registered population almost 7,000 larger than Southwest Canal and contains a greater proportion of residents living within SIMD Quintiles 1 and 2 (57.9% versus 52.2%).

Location

Leith Community Treatment Centre, Edinburgh. Leith contains several data zones within the 20% most deprived areas in Scotland, with communities experiencing significant socioeconomic deprivation, poorer health outcomes and increased demand for healthcare services. The area also has a large and growing population, making it a suitable location to test a GP led Walk-In Centre model aimed at improving access, reducing health inequalities and supporting delivery of care closer to home.

Premises are co-located with existing Health and Social Care services. 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 from 10 practices in Leith Cluster in North Edinburgh in the first instance. The site is accessible by public transport and already used by local communities accessing NHS services.

The pilot has been intentionally targeted at an area with significant population health need and established community infrastructure. This provides an opportunity to evaluate whether the positive outcomes observed within Wester Hailes can be replicated at greater scale whilst maintaining quality, safety and equitable access.

Leith represents one of the strongest locations in Edinburgh for further testing of the walk-in model. The area combines a large, registered population, significant levels of deprivation, established community infrastructure and co-location with existing NHS services. Importantly, the demographic profile is closely aligned to the area served by the Wester Hailes pilot, where early evidence has demonstrated strong utilisation amongst deprived populations.

Existing Services at Leith Community Treatment Centre:

- Physiotherapy
- CAMHS
- Radiology
- Dental
- Victoria Medical Practice
- Dietetics
- Sexual Health
- Midwifery
- Older Peoples Rehabilitation

The proposed model offers immediate opportunities for integrated multidisciplinary working, rapid onward referral pathways and co-ordinated community-based care which directly aligns with Scottish Government preferences for integrated service models.

Health inequalities

Reducing health inequalities is a principal objective of this proposal. Evidence from the Wester Hailes pilot demonstrates that the model is particularly effective at reaching deprived populations, with 72% of consultations delivered to residents living within SIMD Quintiles 1 and 2. The Leith Cluster has an even greater concentration of deprivation than the Southwest Canal Cluster, with 57.9% of residents living within SIMD Quintiles 1 and 2 compared with 52.2%. The demographic profile therefore suggests that Leith is well placed to realise similar benefits through improved access to urgent primary care.

Evidence from the Scottish Burden of Disease Study demonstrates that people living within Scotland's most deprived communities experience significantly higher levels of

premature mortality, chronic disease burden and years lived in poor health. Public Health Scotland's Scottish Index of Multiple Deprivation continues to identify a strong relationship between deprivation and poorer health outcomes. The concentration of SIMD 1 and 2 populations within Leith therefore provides a strong rationale for targeted service development.

Operating Hours

The proposed weekdays 12:00-20:00 and weekend operating hours 10:00-17:00 have been informed by activity data from the Wester Hailes Walk-In Centre pilot. Analysis of 3,809 consultations demonstrates peak activity between midday and early evening, with very limited activity recorded prior to noon. Weekend demand accounted for 15% of all consultations (Saturday 9%; Sunday 6%), Operational hours have therefore been designed around observed demand patterns while maintaining compliance with Scottish Government requirements regarding extended access.

Staffing Model

Role	Core Function
GP	Clinical oversight, complex presentations, escalation support
Community Pharmacist	Pharmacy First Plus consultations and prescribing support
MSK Physiotherapist tbc	Assessment and management of musculoskeletal presentations
Administrative Team	Registration, flow management and patient support
Clinical Lead	Governance, safety and quality oversight

Clinical Brief

The proposed clinical model will provide safe, effective and accessible same-day assessment and treatment for urgent primary care presentations that can be managed within a community setting. 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.

The proposed multidisciplinary model aligns with the principles outlined within Scotland's Health and Social Care Service Renewal Framework, particularly the Community Principle, Prevention Principle and Population Principle, supporting delivery of care closer to home within integrated community settings.

The proposed model has been informed by the "NHS Lothian/Edinburgh HSCP Proposed Walk-in Centres (WIC): Wave II North WIC Conceptual & Clinical Safety Considerations" paper (July 2026), which assessed the clinical, operational, workforce and governance implications of a second Edinburgh Walk-in Centre. The service model outlined within this proposal reflects the recommendations and risk considerations identified through that review, including the use of digital triage,

Pharmacy First Plus integration, multidisciplinary working and a phased implementation approach.

Clinical Governance

Clinical governance for this proposed pilot will sit with Edinburgh HSCP through their Primary Care lead.

A clinical lead will be appointed to ensure the pilot is well managed, offering a safe, quality and effective service for people (either a GP, Community Pharmacist or MSK physiotherapist). With safety being paramount, a project risk register will be maintained and reviewed regularly throughout the pilot. A steering group has been set up to govern the 12-month pilot project. Edinburgh HSCP will commit to required compliance with Scottish Government health standards and reporting requirements.

Implementation Plan

- **Phase 1:** Site preparation and stakeholder engagement
- **Phase 2:** Final proposal development, costing and submission to the Scottish Government. Development of operational policies, procedures and governance arrangements.
- **Phase 3:** Proposal approved. Recruitment and training of multidisciplinary team. Clinical standing operating procedures (SOPs) and governance to be confirmed. Launch and community awareness campaign. Communications plan launch.
- **Phase 4:** Pilot initiation FY27/28 (or earlier). Ongoing Steering group, Monitoring and evaluation.

Clinical model

The service will operate through a multidisciplinary model comprising General Practitioners (GPs), Musculoskeletal (MSK) Physiotherapists (TBC), and Community Pharmacies delivering the Pharmacy First Plus model as the first point of triage. This integrated approach, supported by an effective triage system and appropriate administrative and managerial infrastructure, will ensure that people are directed to the most appropriate clinician at the earliest opportunity. This will improve access to timely care, optimise the use of primary care resources, and support better outcomes. Workforce arrangements have been designed to align with anticipated demand, case mix, and clinical risk, ensuring the service has the capacity and capability to deliver safe, efficient, and high-quality care.

It is critical that people's (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.

The proposed clinical scope has been informed by evidence from the Wester Hailes Walk-In Centre pilot. Analysis of activity demonstrated that demand was primarily generated by minor illness and urgent same-day presentations, with the most common conditions including skin infections, urinary tract infections, respiratory infections, abdominal pain and musculoskeletal conditions. These findings are closely aligned to the proposed Leith model and provide evidence that a community-based multidisciplinary service can safely and appropriately manage a substantial proportion of same-day urgent primary care demand.

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:

- Emergency conditions requiring 999/A&E
- Pregnancy-related presentations
- Routine chronic disease management
- Minor injuries/major trauma
- Conditions requiring continuity of care with the registered GP
- Routine prescribing requests

‘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, people will be signposted to an appropriate service. These pathways will be worked up prior to going live.

Self-triage options will be available for people prior to coming into the walk-in service. People that can use digital tools will use a digital triage model. The idea allows people to be directed to the appropriate healthcare professional, be it GP, pharmacist, nurse or MSK physiotherapist. This process aims to enable 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 that open later into the evening.

Pharmacy services

NHS Pharmacy First Scotland enables community pharmacies to provide assessment, advice, treatment and onward referral for a wide range of common conditions, supporting access to urgent care without requiring a GP appointment.

Edinburgh Primary Care lead will communicate with local Pharmacies about the walk-in service in the area and digitally triage people to access Pharmacy First Plus and prescribing requirements through Community Pharmacy as required.

Analysis of activity from the Wester Hailes pilot suggests that around 60% of presentations may have been suitable for Pharmacy First pathways. However, this is based on presenting condition code only and needs further evaluation. Integration of Pharmacy First Plus will therefore support delivery of care by the most appropriate clinician while preserving GP capacity for more complex presentations.

Anticipated System Benefits

Early evidence from the Wester Hailes pilot suggests that the majority of urgent same-day presentations can be managed safely within a community setting. Only 1.6% of attendances required escalation to emergency care and only 0.6% required Minor Injury Unit referral, suggesting that most of the urgent primary care demand can be safely managed in a community-based walk-in setting.

Budget and Resource Requirements

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

- Staffing – GPs, Community Pharmacists, MSK (tbc), Administration, Security.
- Digital Triage system
- Equipment, diagnostics, medicines.
- IT systems for integration with NHS records
- Facilities and utilities

Funding is requested for an initial 12-month pilot period, with ongoing investment subject to formal evaluation and demonstration of benefit. Please see below for the full estimate breakdown of costs for the requested amount from Edinburgh HSCP in order to successfully initiate and deliver this pilot, with a total of c£1.41m requested.

NE Edinburgh Proposed walk in Centre		
		£k
WTE	Post	Cost
3	GPs	£525
4	Reception & Porter Security	£191
0.5	Project Manager	£36
1.5	MSK APP tbc	£128

	Community Pharmacy	£400
	Digital Triage Software	£70
0.1	Clinical Leadership/ Oversight	£20
	Site Running Costs	£40
Total Cost		£1,410

Partnerships

Edinburgh Primary Care Lead will work collaboratively with key stakeholders, including local GP practices and community pharmacies who will support the pilot directly, 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, Edinburgh Primary Care aims to create an integrated model of care that improves access, enhances patient experience, and supports sustainable workforce development.

Opportunities and challenges

Strategic opportunities

The proposed pilot presents a significant opportunity to improve urgent primary care access for a population of 82,323 residents, 57.9% of whom reside within SIMD Quintiles 1 and 2. Evidence from the Wester Hailes pilot demonstrates strong utilisation by deprived communities, suggesting the model has potential to reduce health inequalities, improve access and reduce demand on urgent care pathways. Co-location with existing NHS services further supports integrated, community-based delivery and provides an ideal environment to evaluate the scalability of the model.

Strategic challenges

Whilst the proposed model presents significant opportunities, several challenges will require ongoing management throughout the pilot period. These will be mitigated through robust governance, workforce planning, activity monitoring and formal evaluation arrangements.

- Recruitment and retention of appropriately skilled staff.
- Local GP practices and community pharmacy workforce
- Demand exceeding planned service capacity.
- Potential fragmentation of care if communication with registered practices is not timely.
- Long-term sustainability dependent on demonstrated benefits and future funding arrangements.

Risk Assessment

Given this is a pilot project, several risks have been identified and will be monitored through the Project Risk Register and Steering Group governance arrangements.

Risk	Mitigation
Workforce recruitment	Early recruitment and MDT model
Demand exceeding capacity	Activity monitoring and phased rollout
Fragmentation of care	ECS/KIS access and GP communication
Public misunderstanding	Communications plan
Sustainability	Formal evaluation programme

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 Medicine¹, which includes accessibility, safety, effectiveness, equity, efficiency and person-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.

Evaluation will additionally align with Healthcare Improvement Scotland's Person-Centred Care Framework and Scotland's Realistic Medicine principles, ensuring that care is evidence-based, proportionate, person-centred and focused on delivering value.

To ensure that the pilot delivers measurable value for patients, primary care services and the wider health and social care system, a benefits realisation framework will be adopted. This will enable regular monitoring of outcomes, inform continuous quality improvement and support evaluation of the model's effectiveness, sustainability and scalability.

Benefits Realisation and Evaluation

The pilot will operate under a formal Benefits Realisation Framework to ensure that outcomes, impacts and lessons learned are systematically measured throughout the pilot period. The framework will support local governance, continuous improvement and contribution to the national Walk-In Centre evaluation programme.

The evaluation will assess the extent to which the service:

- Releases GP capacity by reducing same-day minor illness demand and allowing General Practitioners to focus on patients with more complex needs.
- Reduces reliance on Lothian Unscheduled Care Services (LUCS) for conditions that can be safely managed within community-based pathways.

- Achieves equitable uptake across the population, including analysis by age, sex and deprivation (SIMD) to assess whether the service is successfully reaching those with the greatest health needs.
- Supports digital inclusion through the availability of assisted triage and alternative access routes for individuals who may be unable or unwilling to use digital services independently.
- Improves patient experience through timely access, ease of navigation and high levels of satisfaction with care received.
- Improves staff experience and workforce sustainability across participating GP practices, pharmacies and pilot service teams.

To ensure a balanced evaluation, the pilot will also monitor potential unintended consequences, including:

- Increased or induced demand.
- Fragmentation or duplication of care.
- Digital exclusion.
- Displacement of workload to GP practices or LUCS.
- Public misunderstanding of service scope and access criteria.

Performance, safety, activity and benefits measures will be reviewed through quarterly Benefits Realisation Reviews and reported through the Pilot Steering Group governance structure. Findings will be shared with Edinburgh Health and Social Care Partnership and Scottish Government as part of the national evaluation programme..

The pilot will contribute to the development of the evidence base for walk-in services by generating robust data on access, demand management, workforce utilisation, patient outcomes, equity of access and system impact within a digitally enabled, community-based model of care.

Benefits realisation table

Objective	Measure	Target
Improve access	Same-day appointments delivered	To be monitored
Reduce inequalities	% attendances from SIMD 1 & 2	Utilisation reflective of local population need or ≥57.9%
Reduce demand on urgent care	ED/OOH referrals avoided	To be monitored
Patient experience	Positive feedback	>90%
Clinical safety	7-day reattendance rate	Comparable to Wester Hailes

Key performance indicators will be reviewed quarterly through the Pilot Steering Group, with interim and final evaluation reports shared with Edinburgh Health and

Social Care Partnership and the Scottish Government. Findings from the Wester Hailes pilot, outlined in Section 5.2, will be used as a comparator for evaluation of the Leith pilot.

The possible benefits of this pilot:

For Patients

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

For Primary Care services

- Increased capacity on traditional GP appointment systems, support for practices with high list sizes or workforce shortages, empowering community pharmacies and enhance local GP practices.

For Edinburgh Primary Care

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

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

The proposed Leith GP Walk-In Centre represents a logical and evidence-based expansion of the model successfully piloted within Wester Hailes. The proposal responds directly to identified health inequalities, increasing demand for urgent primary care and the need to deliver care closer to home. Subject to approval, Edinburgh Health and Social Care Partnership is well placed to mobilise and evaluate the service in line with Scottish Government objectives and national learning requirements.

5.3 MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

Executive Summary

Midlothian HSCP has developed this proposal as its contribution to the Lothian-wide submission. This proposal has drawn on available evidence on walk-in services, as well as local knowledge of demand, capacity and unmet need.

Introduction and Overview

The rate of growth in Midlothian is ongoing and sustained. The population grew by an estimated 18% between 2011 and 2022, faster than any other local authority and considerably higher than the 3% growth seen at the Scottish level.

The Midlothian GP cluster comprises eleven practices serving 106,698 patients (December 2025). The population is significantly more deprived than the Scottish

average: 50.5% live in the two most deprived SIMD quintiles, compared to a Scottish figure of approximately 40%.

Population growth is rapid; activity in early 2026 was 5.3% above the same period in 2025, and as the population ages, clinical complexity and demand will rise further.

This creates significant challenges for the delivery of healthcare services which includes:

- The “8am rush” for GP appointments in some practices.
- Health inequalities across the Midlothian population affecting health outcomes for patients.
- Attendances at EDs and in out of hours services that have the potential to be managed in a primary care setting
- The cluster faces acute workforce recruitment challenges.

Options Appraisal

Several options were considered locally but the preferred model put forward in this proposal is to:

Establish two walk-in services in Midlothian (located in East and West of region) – potentially in Dalkeith and Penicuik. Key stakeholders will define and agree on the best model(s) of delivery to reflect the population and unmet community-based care. This model would also align well with the current development of a Community Front Door (CFD) model in Midlothian HSCP, which aims to transform how individuals, families and carers access prevention, early intervention and statutory services.

Rationale

Geography and accessibility

The ‘East -West’ geography of Midlothian has a mix of urban and rural communities and public transport links vary throughout the region. A single centre location cannot easily serve the population in an equitable way. Delivering a walk-in service across two locations serves to increase accessibility for Midlothian residents, providing a more equitable service, closer to home. Areas of deprivation are more concentrated in Gorebridge, Dalkeith, and Newbattle.

Dalkeith is identified as one of the preferred locations for a walk-in model as it sits in an area of high deprivation, along with Newbattle, (less than a kilometre away) and Gorebridge, (25-30 minutes away by direct bus). Those are the three populations where need is greatest, and they're all well-served from Dalkeith. Dalkeith has multiple bus routes (51, 29, 31, 39, 48) plus the railway link at Eskbank. With multiple routes and modes of travel, if one route goes down, patients still have options.

Penicuik is identified as the second preferred site for a walk-in service. It has a central location in the town with good bus links and accessibility. Three of the practices in this area have moderate burden of disease comorbidities and Penicuik has a significant

population of very elderly patients. This area would be a cluster for neighbouring practices – Eastfield, Roslin and Loanhead.

However, we are aware that even with 2 walk-in services, some areas will face longer commutes to reach either site. Pathhead residents for example, as one of the most remote and rural towns in the region, face a 90-minute direct bus journey time to Dalkeith. The Roswell and South Bonnyrigg areas are somewhat disconnected from main transport links, for example, Roswell residents would need 2 buses (40 minutes) to reach Dalkeith.

It is important to note, that whilst our proposal cannot provide absolute equity in access to all residents - the proposal does not disadvantage any group from access. Furthermore, journey times to either of these settings across Midlothian is shorter and more direct than travel time by public transport to one of our acute Edinburgh sites.

We know that some of the population accessing a walk-in service will be medically well and able to utilise other means to travel. There is an extensive 'active travel' route across Midlothian made up of shared off-road paths and cycle ways which makes up part of the Sustrans 196 route, linking Penicuik, Auchendinny, Rosewell, Bonnyrigg and Dalkeith.

Practice-led model of delivery

This approach to delivering a walk-in service presents a real opportunity to draw from practice experience and engage GP colleagues to create a service model of community-based urgent care provision that improves patient access and preserves continuity of care.

Why General Practice?

General practice already provides:

- Clinical teams.
- Premises.
- Governance.
- Clinical systems.
- Prescribing.
- Administrative support.
- Strong relationships across the wider NHS.

These existing foundations offer a practical, cost-effective starting point, avoiding unnecessary duplication while allowing services to develop more quickly.

Best access with best continuity of care.

- Improve access without unnecessarily sacrificing continuity of care.
- Ensure the right patient reaches the right service first time.
- Build on existing NHS infrastructure wherever possible.

- Learn from existing walk-in services across Scotland.
- Develop through evidence rather than assumption.
- Be designed and evaluated in partnership

What Still Needs to be Developed/ Considered

- Patient demand and activity.
- Clinical scope/ service criteria (scope to increase with global access to pt records)
- Workforce model.
- Opening hours (pilot would be initially delivered in existing practice hours – with a view to extending times -based on what the data tells us over an agreed period of time)
- Patient access routes.
- Shared patient records and digital systems.
- Governance and prescribing arrangements.
- Integration with NHS 24, SAS and existing urgent care services.
- Arrangements with neighbouring practices.
- Cross-border working with NHS Borders (to learn from and inform design)
- Funding model, duration and exit arrangements.
- Evaluation framework.

Early Financial Modelling

The figures below are illustrative, planning assumptions only. Should we be successful, further robust analysis and modelling would be required to fully cost and agree a model for delivery, in partnership between HSCP and GP practice (s) through a Service Level Agreement. This will be based, in part on demographics and further analysis on unmet demand across practices.

A top-end bid for development of 2 x GP-Led walk- in models to service the population of Midlothian Is costed at **£1,926,000.**

Assumptions on catchment based on East and West walk-in service provision:

Dalkeith Walk-in Model, practices covered - Dalkeith, Newbattle, Newbyres and Pathhead with combined list size of **49,780.**

Penicuik Walk-In Model, practices covered: Penicuik, Loanhead, Roslin and Eastfield, with a combined list size of **34,007.**

Remaining 3 practices based in Bonnyrigg have the option to travel to either of the walk-ins. Some of this will be based on transport links, and place of work for example. Combined list size of Dalhousie, Quarryfoot and Strathesk practices: **23,395.**

List sizes based in latest published figures from PHS – April 2026.

Potential breakdown of funding for a practice-led model per walk-in clinic:

Option 1: 5-day service

Mon-Fri 12-6pm at cost of £420k

Management & Governance £87k

Subtotal £507k

Option 2 – extended hours

Extend to Mon-Sun 12-8pm additional £456k

Total cost of £963k

(Plus One-off 6 months Pathfinder set-up cost of £52.5k)

HSCP-led Model staffing costs for 1 site

Costings below indicate approximate costs for an alternative HSCP-led model of walk-in service for **one site**, as an alternative staffing model. This is based on 7-day service 12.00- 20:00hrs

**Option 1a -
Pharmacist**

	WTE	£
General Practitioner	1.70	329,471
Pharmacist	1.89	192,224
ANP	0.00	0
Practice Nurse	1.89	142,360
Admin	1.89	88,178
Total	5.50	752,233

Option 1b - ANP

	WTE	£
General Practitioner	1.70	329,471
Pharmacist	0.00	0
ANP	1.89	169,610
Practice Nurse	1.89	142,360
Admin	1.89	88,178
Total	5.50	729,619

These costs would vary slightly if we had agreement for an integrated service model, with escalation / oversight by practice GP and HSCP Management time factored in. Cost for 1 HSCP- led walk-in model covering 4 practice cluster based in Dalkeith. Costs would approximately double should the HSCP-led service be replicated to 2 sites in the region.

This finance proposal is based on an ANP **or** Pharmacist model, while recognising the need for a pragmatic approach. Service delivery should reflect local population needs, including factors such as deprivation and health inequalities, and will also be dependent on successful recruitment to key roles.

Additional information re Midlothian submission:

GP-Led modelling

Below are some basic planning assumptions to illustrate the costings associated with the bid.

Assumption	Indicative Figure
Additional activity	100 patient contacts/week*
Annual activity	Approximately 5,200 contacts
Operating cost	Approximately £80/contact
Annual operating cost	Approximately <u>£420,000</u>

*Based on % of missed demand in Penicuik

Pathfinder Phase

We believe a Pathfinder should include a six-month implementation allowance recognising the additional work required to:

Pathfinder Year

Annual operating cost	£420,000
Six-month Pathfinder uplift (25%)	£52,500
Indicative Year 1 Cost	<u>£472,500</u>

Planning Assumptions

The figures within this paper are intended to support discussion and will require more robust scrutiny as part of the business case development.

Current assumptions include:

- Existing general practice infrastructure is utilised. New premises or capital investment are excluded.
- Shared access to patient records and agreed information-sharing arrangements can be achieved.
- Funding is sufficiently secure to support recruitment and service development.
- If external funding ended, the additional service would also cease unless alternative funding was identified.
- The proposal provides additional capacity and does not reduce existing General Medical Services.

Actual costs will depend on utilisation, staffing model and the final agreed service specification.

Summary – Midlothian WIC

Midlothian HSCP is proposing delivery of 2 x GP-led walk-in services to serve a population of circa 106,698 patients. This proposal, if successful, would require further analysis and scrutiny of data around unmet demand to inform the model of service delivery, including staffing, criteria and initial hours of service. We strongly believe that this approach presents a new opportunity to design a walk-in service with GP colleagues -arguably best placed to understand urgent, unmet community demand - to draw from their experience and co-produce a model that serves the Midlothian population in an equitable and needs-led way.

The timing is key; the population of Midlothian is growing at exponential rate, and is projected to further increase, with National Records of Scotland (NRS) projections estimating a substantial growth of 31% between 2018 and 2043 – the highest figure of any local authority in Scotland. Engaging our GP colleagues in addressing the challenges around capacity and demand is key to shaping the future of community-based healthcare.

5.4 WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

Following the introduction of 16 pilot Walk-in centre (WIC) sites across Scotland, one of which is in Edinburgh currently operationally aligned to Lothian Out of Hours Service, the Scottish Government wrote to Territorial Board Chief Executives to reinforce their commitment to expand the pilot from 16 sites to at least 30 within 100 days of formation of the Government.

The correspondence identified 15 sites for expansion, noting a Livingston site within West Lothian. The proposal has been developed via engagement with local GP Practices, NHS Lothian's LUCS team (who oversee the existing Edinburgh WIC) and with NHS Lothian's Primary Care Directorate, with a view to promoting equity of service across individual HSCP boundaries.

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, Monday to Sunday, open 12:00–20:00, no appointment required, walk-in option with additional and immediate GP, Nursing and Physio provision for patients requiring this. Additionally, Pharmacotherapy and Link worker roles will be considered as part of this proposal.
- Staffing model: multidisciplinary staffing model (including General Practitioners, Advanced Nurse Practitioners, GP Practice Advance Practice Physiotherapists (GPAPP's), Pharmacists and Link workers).
- Expected outcomes: this model could increase patient access, enhance community health equity, improve patient outcomes and reduce pressure on in hours GP services.

Background and Rationale

NHS Lothian had originally 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 was implemented in January 2026 and has been operational for over 6 months, with some early learning used to inform and develop West Lothian's local proposal. As with NHS Lothian's original bid, this proposal will also align to the "Right Care, Right Place, Right Time" principle.

West Lothian has an increasing and ageing population with excessive growth in the over 65 years population. Significant numbers of patients suffer from complex, long-term conditions, and local communities experience higher levels of deprivation and poverty generally when compared to other HSCP's within Lothian. This creates significant challenges for the delivery of healthcare services which includes:

- The "8am rush" for GP appointments in some practices.
- Health inequalities across West Lothian's population affecting health outcomes for patients.
- Significant pressures in acute services including at emergency front doors and bed pressures across hospital sites.
- Presentations to EDs and 'Out of Hours' services that could have potentially been managed more appropriately in a primary care setting, but for challenged availability.

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.

Objectives

The proposed pilot service aims to provide accessible, same-day primary and community care to patients without appointments, supporting West Lothian HSCP's

strategic goals around unscheduled care, Home First principles and improved health equity. In order to determine demand and to test the model, this will be offered to patients registered within the 5 Livingston-based GP Practices the first instance (or for unregistered patients residing in this area).

If this proposal is approved, West Lothian HSCP will work in partnership with NHS Lothian to deliver this pilot from April 2027. 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.
- ❖ Increase capacity for Primary Care in West Lothian by complementing, not replacing, existing GP services.
- ❖ Improve health equity by delivering this pilot based in the community and improving ease of access, which can be beneficial especially for those people within SIMD1 and 2 catchments.
- ❖ Enhance patient experience through improved access and choice.
- ❖ Support continuity of care through appropriate follow-up and referrals with local GP Practices.
- ❖ Provide same-day assessments, simple diagnostic tests, and treatment options for appropriate conditions, when clinically safe to do so.

The Pilot

- **Location:** A number of locations across Livingston will be scoped and considered as part of the planning process. This will include consideration of GP Practices, Partnership or Council sites, or Retail outlets. If a Retail Outlet is required, rental and set up will incur significant additional cost, not currently included in this proposal.
- **Cluster information:** The Livingston area within West Lothian has a population of approximately 62,000 patients and includes the following 6 practices: Barclay's Medical Practice Livingston, Howden Health Centre, Dedridge Medical Group, Carmondean Medical Group, The Craigshill Partnership and Murieston Medical Practice. This population group represents approximately 30% of West Lothian's entire population.

- **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. 55% of the proposed pilot population comprises patients living within SIMD 1 and 2 catchments. Alternative geographic locations within West Lothian experience higher levels of poverty and could be considered as an alternative to the Livingston area, with a view to more appropriately targeting West Lothian's most deprived communities.
- **Operating Hours:** 12:00–20:00, 7 days a week.
- **Staffing Model:** Multidisciplinary team including GPs, ANPs, GPAPP Physiotherapy, Pharmacy, Administrative staff, Link Workers, Soft and Hard FM, Clinical Leadership and Managerial oversight.

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.

Clinical Governance

Clinical governance for this proposed pilot will sit with West Lothian's Health and Social Care Partnership, however specific General Practitioner input will be commissioned from independent GP contractors and follow their clinical governance arrangements. Usual oversight or support arrangements between West Lothian Practices and WLHSCP's Clinical Director and Lead GP will remain.

These governance arrangements will ensure that patients experience a safe and effective service as part of Livingston's Walk-in centre. A project risk register and Project Initiation Document will be documented and updated monthly. A steering group will be set up to govern the 12-month pilot project. West Lothian will commit to any required compliance with Scottish Government health standards and reporting requirements.

Implementation Plan

- **Phase 1:** Initial engagement with local GP Practices, LUCS, and NHS Lothian Primary Care Directorate. Submission of high-level draft proposal to SG. (July 2026)

- **Phase 2:** SLWG initiation. Identification of Accommodation, Refinement of staffing model and GP cover arrangements and Refinement of operational practicalities. Consolidate final costings.
- **Phase 3:** Recruitment and training of MDT team. Development of SOP's. Clinical governance arrangements to be confirmed. Launch community awareness and Communications campaign.
- **Phase 4:** Pilot initiation April 2027. Ongoing Steering group, Monitoring and evaluation.

Clinical model

The proposed clinical model has been informed in part, by the existing Edinburgh Walk in Centre, in partnership with HSCP and local GP Practice Colleagues, but will be refined during the planning phases prior to implementation April 2027. Where Edinburgh have utilised a central management model overseen by the LUCS service, West Lothian's local model will differ slightly. Overall governance will sit with West Lothian HSCP, with staffing resource added to existing PCIP or Community services to ensure resilience and flexibility within the model as well as to maintain the existing clinical governance standards of service delivery. It is intended GP cover will be commissioned from existing Livingston practices via SLA to maximise continuity of care and ensure clear operational guidelines are in place.

This model presents an opportunity to scale up the model in the future. By integrating resources into existing PCIP or community teams, the services can reach a greater breadth of local communities in a sustainable way, and deliver a greater, targeted impact to West Lothian's most vulnerable communities. It also allows specific alignment to West Lothian's existing strategic plan and primary care strategy, especially in relation to facilitating joint working, promoting a Home First ethos and prioritising service delivery within local communities.

Following the identification of an appropriate pilot site, it is intended that there will be dedicated reception and triage areas, with 4-5 consultation rooms available offering primary care provision from:

- General Practitioner
- ANP
- General Practice Advanced Practice Physiotherapist (GPAPP)
- Pharmacist
- Link worker (operating from reception or triage areas)
- Receptionist

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 and replicates the criterion used in the existing Edinburgh Walk in Centre.

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

‘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 developed and formalised prior to go live in April 2027. Patients will be encouraged to consider self-triage wherever possible and the use of digital solutions will be employed where able.

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, likely by taking a Lothian-wide view from learning across the various Walk in centres.

Pharmacotherapy services

In addition to the clinical work delivered by the Pharmacist, medications will be available for patients who require immediate emergency drugs and the urgent provision of antibiotics. West 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.

Budget and Resource Requirements

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

- Staffing – General Practitioners (GP's), GPAPP Physiotherapy, Admin, ANP, Link worker, Operational Management
- 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 West Lothian HSCP in order to successfully initiate and deliver this pilot, with a total cost of £1,911,000 requested.

Additional cost would be required if an externally delivered, independent service review was desired.

Stakeholder Engagement

West Lothian will work collaboratively with key stakeholders, including local GP practices, NHS Lothian, 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 stakeholders across organisations. 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, West Lothian aims to create an integrated model of care that improves access, enhances patient experience, and supports sustainable workforce development.

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 temporary nature of this work in the first instance. Additionally, successful recruitment may impact adversely on existing services by 'pulling from the same pool'.
- Variability in support from local, independently-contracted General Practices may challenge the ability to provide a safe and robust medical model.
- Potential for fragmented care due to limited integration of IT systems or shared patient records. Walk in Centres will not have access to full patient records and robust communications back to practices will need to be developed and implemented.
- Financial sustainability.
- Patients attending with conditions that are out of scope, mitigated by signposting and referral appropriately elsewhere within healthcare system.
- Intended reduction in GP Practice workload may not eventuate, and may simply introduce new demand across the system.

Monitoring and Evaluation

A monitoring and evaluation process will be adopted from the outset of this pilot. The Walk in Centre pilot will be evaluated against the six dimensions of healthcare quality set out by the Institute of Medicineⁱⁱ, which includes accessibility, safety, effectiveness, equity, efficiency and patient centred care. Quantitative and qualitative measures will be gathered, using data capture, and 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 and improved availability within traditional GP appointment systems, support for practices with high list sizes or workforce shortages.

For West 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 2 with further details of our monitoring and evaluation plan.

Summary of West Lothian proposed model

A walk-in service could offer a scalable, patient centred solution to access and capacity challenges in West 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 key stakeholders, 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 – West Lothian proposal

Breakdown of Costs

West Lothian			
Proposed walk in Centre			
Cost of Opening for 7 days a week - 12 Noon to 8pm			
WT E	Post	Cost	Note
1.7	GP (w/e uses OOH Rates)	£345	1 member of staff at all times
1.0	Clinical Service Manager – Band 8B	£113	
2.76	ANP - Band 8A	£344	1.5 member of staff at all times
1.84	Physio - Band 8 A	£229	1 member of staff at all times
1.84	Pharmacist – Band 7	£174	1 member of staff at all times
3.68	Link Worker (Band 5)	£272	2 members of staff at all times
3.68	Admin/Receptionist (Band 3)	£214	2 members of staff at all times
	Digital Triage	£70	
	Security	£55	
	Rent/ Rates / Waste	£25	
	Utilities HLP	£10	
	Cleaning	£10	
	Drugs	£30	
	Equipment	£20	
	Total Cost	£1,911	
Assume 7 days a week - Premiums apply for weekends			
Not open on Public Holidays – Business as Usual Out of Hours services, including LUCS, already in place			
GP – 40-hour contract @ 10 sessions, AfC staff – 36-hour contract			
Sick leave and holiday cover adjustment applied at 21%			
Possible extra non- recurring conversion works / kitting out			
Rental of Retail Outlet would incur significant additional cost.			

Appendix 2

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 Medicineⁱⁱⁱ, 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.

5 Overall NHS Lothian Funding Request

Funding is sought to support:

- Establishment and infrastructure costs for additional Walk-In Centre sites in four new areas across Lothian.
- Workforce recruitment, training, and development to ensure high quality provision of care for patients.
- Digital and technological solutions to support integration and data-driven service improvement.
- Programme management, evaluation, and continuous quality improvement activities.

The total funding request is £8.022 million

WIC Funding Requirement Summary by Partnership							
Partnership	Phase	Recurring Pay £000	Recurring Non- Pay £000	Total Recurring £000	Non- Recurring £000	Total Funding Ask £000	Key Assumptions
Edinburgh	New Model	1,060	350	1,410	0	1,410	Includes Community Pharmacy (£400k), Digital Triage (£70k), MSK Advanced Practice Physiotherapist (APP), clinical oversight, and site running costs.
Midlothian	New Model - 2 Walk in clinic			1,926	53	1,979	Preferred GP-led model for two walk-in centres serving approximately 106,700 patients. Includes a six-month Pathfinder implementation allowance. Subject to further modelling and business case development.
West Lothian	New Model	1,691	220	1,841	70	1,911	Full multidisciplinary team (MDT) model including GP, ANP, Physiotherapist, Pharmacist, Link Worker, and Administrative support. Includes premises, security, and operational costs.
East Lothian	Phase 1	673	100	773	80	853	Expansion of the existing service model. Includes GP, Physician Associate, ANP, Nurse Practitioner, Administrative support, DACS, and associated non-pay costs. Project Lead costs are treated as non-recurring.
East Lothian	Phase 2	1,664	125	1,789	80	1,869	Further expansion of the Phase 1 model, including additional workforce capacity, DACS, non-pay costs, and project leadership support.
Total East Lothian		2,337	225	2,562	160	2,722	
Total		5,088	795	7,739	283	8,022	

The four proposals demonstrate different approaches to expanding access to urgent primary care services, resulting in varying workforce models, operating costs and implementation approaches.

The combined proposals represent a total funding requirement of £8.022 million, comprising £7.739 million of recurring funding and £0.283 million of non-recurring funding. Workforce costs remain the principal expenditure across all proposals, with the majority of recurring funding supporting the recruitment of General Practitioners and multidisciplinary clinical teams.

The Edinburgh proposal requires recurrent funding of £1.410 million, comprising £1.060 million of pay costs and £0.350 million of non-pay costs. The model combines GP capacity, reception and operational support, musculoskeletal services, digital triage and community pharmacy provision. Compared with the other proposals, Edinburgh has a higher proportion of non-pay expenditure, reflecting pharmacy consultation fees, pharmacy operational costs and site running costs.

The Midlothian proposal seeks funding of £1.979 million, comprising £1.926 million of recurrent funding and £53k of non-recurring Pathfinder implementation costs. The preferred model is based on the development of two GP-led walk-in centres serving approximately 106,700 patients. The proposal is supported by indicative financial modelling and acknowledges that further analysis of unmet demand, activity levels and workforce requirements would be required to develop a detailed business case and final service specification.

The West Lothian proposal requires recurrent funding of £1.841 million, with a further £70k of non-recurring funding. Approximately 92% of the recurrent funding relates to workforce costs. The model is based on a comprehensive multidisciplinary team, including GPs, Advanced Nurse Practitioners, Physiotherapists, Pharmacists, Link Workers and Administrative support, supplemented by premises and operational costs.

The East Lothian proposal adopts a phased approach to expanding an existing service model. Phase 1 requires £0.853 million, including £80k of non-recurring project costs, while Phase 2 requires £1.869 million, including a further £80k of non-recurring project support. The phased approach allows implementation and evaluation of the initial service before progressing to a larger-scale workforce model.

Across all four partnerships, the proposals demonstrate that workforce expenditure remains the principal cost driver, reflecting the staffing-intensive nature of the proposed service models. The variation in overall cost is primarily attributable to differences in workforce composition, service scope, delivery model and the extent to which non-pay costs—such as pharmacy services, digital infrastructure, premises and operational support—have been incorporated into individual submissions. In addition, Midlothian and East Lothian include phased implementation arrangements, with non-recurring funding requested to support project mobilisation and Pathfinder activity.

At this stage, the financial modelling does not include an assessment of the potential impact on prescribing costs associated with addressing unmet need

6 Conclusion

Building on the proven success of Scotland's first pilot Walk-In Centre, NHS Lothian is uniquely positioned to lead the next phase of service transformation. Investment in this programme will deliver tangible benefits for patients, staff, and the wider healthcare system, supporting a sustainable model of urgent care that aligns with national priorities for access, integration, prevention, and population health improvement.

This funding opportunity represents a significant step towards creating a modern, responsive, and resilient primary care system for the people of Lothian and providing a range of models allows us to test various for wider adoption across Scotland. This proposal offers a collaborative approach bringing together NHS Lothian and the 4 Health and Social Care Partnerships. By presenting different models, this will provide Lothian with the opportunity to test the effectiveness, equity and sustainability of varying models and report on their success.

This proposal aligns with Scottish Government priorities for prevention, early intervention, health equity and community-based care delivery. Through careful planning, robust evaluation and collaboration with local partners, this initiative has the potential to deliver measurable benefits for patients, clinicians and the wider health and social care system. This is supported by NHS Lothian, East Lothian Health and Social Care Partnership, West Lothian Health and Social Care Partnership, Midlothian Health and Social Care Partnership and Edinburgh Health and Social Care Partnership.

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

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

iii Crossing the Quality Chasm: A New Health System for the 21st Century, Institute of Medicine (IOM), 2001