Lothian NHS Board

NHS Lothian Headquarters
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Date 20 October 2026
Your Ref
Our Ref 11961

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

Dear

FREEDOM OF INFORMATION – GP WALK IN CENTRE

I write in response to your request for information in relation to the GP walk-in centre

Question:
- What is the staffing composition of the GP walk-in centre.

Answer:
Staffing - 1xGP, 1x Lead ANP, 1x MSK Physiotherapist, 1 or 2x triage nurses, 1 or 2 receptionists on a daily basis

Question:
- What funding was allocated to deliver the GP walk-in centre's operation in financial year 2026-27.

Answer:
Total 2026/27 funding £1.57m (In July the Board received £1.098m, which represented 70% of the allocation).

Question:
- A copy of the final funding bid submitted to Scottish Government by the health board.

Answer:
See enclosed.

Question:
- What is the maximum weekly appointment capacity at GP walk-in centre.

Answer:
Weekly appointment capacity is 350.

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.

Primary Care Directorate
General Practice Policy Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

Caroline Hiscox
Chief Executive
Via email
NHS Lothian

Enquiries to:
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Primary Medical Services
1 Rear
St Andrew's House
Edinburgh
EH1 3DG

rosie.walters@gov.scot

Your ref:
Our ref:

3 July 2026

Dear Caroline,

GP walk-in pilot programme

I am writing to confirm, further to our letter of 3 February 2026, the first tranche of the 2026-27 Board allocation for NHS Lothian which should be used for the GP walk-in pilot programme.

I am pleased to be able to tell you that you will receive 70% of your allocation as part of June allocation funding (£1,098,300).

As part of our usual governance and reporting processes, finance returns are required. The first return should capture expenditure incurred up to 30 June 2026, and returns should be submitted quarterly thereafter.

Please ensure that costs are broken down into staff costs, itemised by role, and non-staff costs.

We would be grateful if the completed return could be submitted by 3 August 2026.

Thank you for your continued support of this pilot.

Yours sincerely

Rosie Walters
Policy Lead, GP walk-ins

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

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

Date: Friday 28th November 2025

Submitted to: Scottish Government Health Directorate



1. Introduction

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

The following outlines a brief overview of this proposal:

- Purpose: to improve access to primary & community care services and support continuity of care through the introduction of same day, community led care for patients.

- Key features: seven-day service, open 12:00–20:00, no appointment required, walk-in option with additional and immediate GP, Nursing and Physio provision for patients requiring this.

- Staffing model: multidisciplinary staffing model (including General Practitioners, Advanced Nurse Practitioners and MSK Physiotherapists).

- Expected outcomes: this model could increase patient access, enhance community health equity, improve patient outcomes and reduce pressure on in hours GP services.

2. Background and Rationale

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

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

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

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

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

3. Objectives

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

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

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

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

4. The Pilot

- **Location:** Wester Hailes Healthy Living Centre, Edinburgh. This location is an area with known high deprivation and experiences of poverty, with significant numbers in this population within SIMD1 and 2. Premises are co-located with City of Edinburgh Council colleagues, existing Health and Social Care services and third sector organisations. An agreement has been reached that ready-made clinical space can be utilised for this new pilot. Phase 1 of this pilot will offer a walk in service to patients in the Canal Southwest GP cluster in the first instance. The pilot is based within a building many of the local community will access for existing services, reachable on foot or by many public transport services.

- **Cluster information:** Canal Southwest GP Cluster has a population of approximately 75,000 patients and includes the following 8 practices: Whinpark Medical Practice, Springwell Medical Practice, Sighthill Green Medical Practice, Gilmore Medical Practice, Wester Hailes Medical Practice, Level Medical Practice and Sighthill Red Medical Practice.

- **Health inequalities:** It is widely recognised that people who live in and experience high deprivation and poverty have poorer access to healthcare services, including GP services. Patients living in these areas experience poor health outcomes and therefore, this proposed pilot aims to improve equity, prevent poor health and provide improved access to earlier interventions in a managed way.

- **Operating Hours:** 12:00–20:00, seven days a week.

- **Staffing Model:**

    - Multidisciplinary team including GPs, ANPs, MSK Physio, Administrative staff, Link Workers (potentially Thrive Welcome Team), Soft and Hard FM, Clinical Leadership and Managerial oversight..

5. Clinical Brief

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

5.1 Clinical Governance

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

Implementation Plan

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

5.2 Clinical model

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

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

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

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

In Scope (urgent conditions only):

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

- Skin conditions
- Abdominal conditions
- MSK

Out of Scope

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

5.3 'No Wrong Door'

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

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

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

5.4 Pharmacy services

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

6. Budget and Resource Requirements

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

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

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

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

7. Partnerships

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

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

8. Risk Assessment

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

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

9. Monitoring and Evaluation

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

The possible benefits of this pilot are noted below:

For Patients
• Faster access to care, reduced unmet need, increased convenience and choice.

For Primary Care services
• Reduced demand on traditional GP appointment systems, support for practices with high list sizes or workforce shortages.

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

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

10. Conclusion

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

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

Appendix 1

Breakdown of Costs

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

Appendix 2

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

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

Appendix 3

GP Walk in Centre - Evaluation plan

We aim to evaluate the GP Walk in Centre against the six dimensions of healthcare quality set out by the Institute of Medicine[ii], 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 though a questionnaire and will consider also structured interviews with a sample of patients to understand their experiences in more depth.

[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