

Dumfries and Galloway
Integration Joint Board

16th December 2025

This Report relates to
Item 10 on the Agenda

General Medical Services in Dumfries and Galloway: Review Findings, Emergent Vision, and Progression to Delivery Planning

“Building a New Future: Shaping the Future of GMS in Dumfries and Galloway”

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For Approval

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List of Background Papers:	<u>IJB Paper - Developing a Vision for GMS (December 2024)</u> <u>IJB Paper - Update, Refined Scope, and Next Steps (June 2025)</u> A verbal update was provided at the September 2025 meeting of the IJB.
Appendices:	Appendix 1 – National Policy Verification & Assurance Summary Engagement Report Appendix 2 – Phase One Thematic Analysis Appendix 3 – Phase Two Thematic Analysis Appendix 4 – Phase Three Thematic Analysis Appendix 5 – GMS Engagement report - Phases 1 - 3 Appendix 6 – Consolidated Thematic Analysis Appendix 7 – GMS Review Logic Model

Direction Required to Council, Health Board or Both	Title: General Medical Services in Dumfries and Galloway: Review Findings, Emergent Vision, and Progression to Delivery Planning.		
	Reference Number:		
	Direction to:		
	1. No Direction Required		
	2. Dumfries and Galloway Council		
	3. NHS Dumfries and Galloway		X
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

1. Introduction

- 1.1 General Medical Services (GMS) remain a critical foundation of health and care delivery across Dumfries and Galloway, with the majority of assessment and treatment taking place entirely within general practice. As in many remote and rural areas, practices continue to experience significant pressures relating to sustainability, workforce fragility, rising demand, and increasing complexity of need. These pressures, combined with longstanding variation in local delivery, prompted the Integration Joint Board (IJB) to mandate a full system-wide review in December 2024, reaffirmed through the approved scope presented in June 2025.
- 1.2 Since that point, the review has progressed through an extensive programme of engagement with practice teams, wider stakeholders, partners, and the public. The September 2025 update to the IJB provided early findings from Phase Two and confirmed strong alignment across all engagement streams with the six established themes: Service Delivery, Workforce, Digital, Data, Premises, and Quality. These themes continue to be underpinned by the core principles of Equity, Integration, and Sustainability, which have been consistently reinforced through lived experience, professional insight, and the Appreciative Inquiry approach used throughout the workshop phase.
- 1.3 The review is now moving towards the next major milestone: approval by the IJB of a clear, region-wide vision for the future of general medical practice in Dumfries and Galloway. This paper sets out the emergent direction informed by engagement, evidence, and thematic synthesis, alongside the national landscape in which this work sits - including the Scottish Government Route Map, proposed manifesto commitments, and evolving expectations around access, continuity, and multidisciplinary team-based care. In doing so, it signals the intention for the IJB to consider issuing a new Direction for 2026/27 to enable the first year of delivery activity following approval of the implementation plan in March 2026.
- 1.4 It also outlines the pathway from the current phase through to March 2026. Following IJB approval of the emergent vision and associated framework, the review will enter a transition period from December 2025 to March 2026, during which detailed implementation planning will be undertaken in partnership with practices, clusters, and system stakeholders. The culmination of this work will be a full implementation plan presented to the IJB in March 2026, marking the formal completion of the review.
- 1.5 This paper therefore provides an updated position, confirms alignment with previous Board direction, and presents the proposed strategic framing required to progress toward a shared and deliverable future model for GMS across the region

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- **Note the progress made to date in delivering the General Medical Services Review, including completion of the engagement and synthesis phase and the development of the emergent region-wide vision for the future of general medical practice.**
 - **Approve the emergent direction and strategic framing presented in this paper as the basis for finalising the implementation plan to be brought**

to the IJB in March 2026.

- **Agree to close the existing Direction issued on 17 December 2024, which mandated the development of a shared vision and scope for the review.**
- **Issue a new Direction to NHS Dumfries and Galloway instructing the development of a Year One Implementation Plan that will make demonstrable progress towards the emergent Vision and Strategic Objectives set out in this paper.**
- **Note that a further Direction will be presented to the Integration Joint Board in March 2026 seeking approval of the Implementation Plan and authorising NHS Dumfries and Galloway to commence delivery of the agreed actions.**
- **Note the planned transition period from December 2025 to March 2026, during which detailed delivery preparation will be undertaken with practices, clusters, partners, and stakeholders.**

3. Background and Main Report

Introduction and mandate

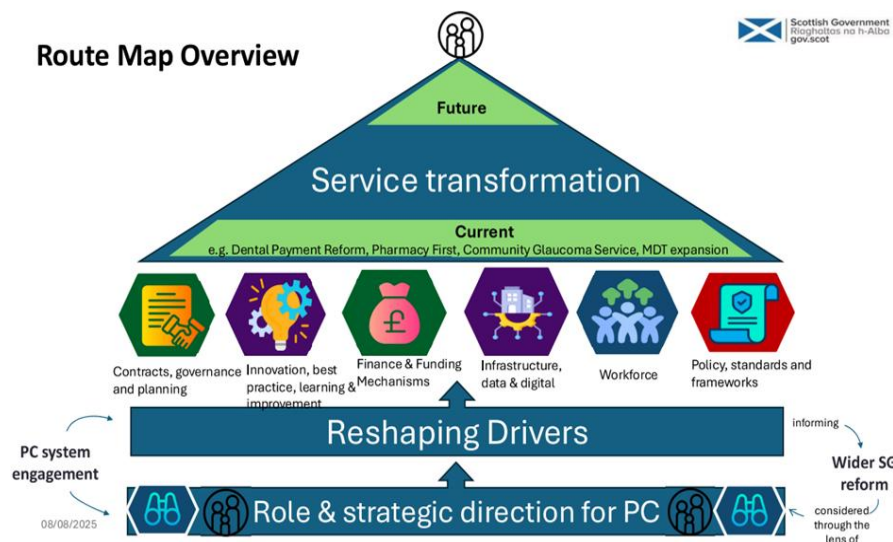
- 3.1 In December 2024, the Integration Joint Board commissioned a comprehensive review of General Medical Services in Dumfries and Galloway, recognising the significant and sustained pressures across service delivery, workforce, digital infrastructure, data, premises, and quality. The review was mandated to take a whole-system approach and to develop a clear, evidence-based route to a sustainable model of general medical practice for the region.
- 3.2 This paper sets out the current position in the Review, including the emergent vision, the consolidated findings, and the overarching framework that will guide the development of the Implementation Plan. The Board is asked to consider and endorse this direction so that the review can progress to its next phase.
- 3.3 Subject to approval, the transition period from December 2025 to March 2026 will focus on handing over operational responsibility for detailed delivery planning to Primary Care Directorate. A final proposed Implementation Plan will be brought back to the Integration Joint Board in March 2026, marking the conclusion of the Review.
- 3.4 The work continues to be grounded in the three underpinning principles established at Phase One - Equity, Integration, and Sustainability - and structured around the six key themes: Service Delivery, Workforce, Digital, Data, Premises, and Quality.

National Landscape

- 3.5 The national context for General Medical Services continues to evolve at pace, with a clear emphasis on system sustainability, improved access, and stronger integration between primary and secondary care. The NHS Scotland Reform Route Map sets out a national expectation that services must become more preventative, more digitally enabled, and more efficient, with primary care positioned as a central

component of long-term system stability.

- 3.6 The NHS Scotland Reform Route Map (reproduced below) reinforces the clear distinction between the areas influenceable at local level and the national levers that sit with Scottish Government. The Review has deliberately focused on the elements where local action can make a meaningful impact - access, continuity, Multi Disciplinary Team (MDT) development, digital and data improvement, and interface working - while recognising that funding, contracting and regulatory matters remain wholly within national leadership. This ensures that the emergent framing for Dumfries and Galloway remains aligned to national priorities but fully grounded in the areas where local partners can effect change.



- 3.7 The NHS Scotland Reform Route Map, together with the national Renewal Framework and the Population Health approach, sets out a coherent direction for system transformation. Within this framing, six national priorities are described, three of which relate primarily to scheduled care and acute hospital pathways and, while important for the wider system, sit outside the scope of this Review. The remaining three priorities – improving access to primary and community services, strengthening continuity and person-centred care, and embedding multidisciplinary team approaches supported by reliable digital and data infrastructure - align closely with what has been heard locally through the Review's engagement process. Alongside wider national strategies, including the National Workforce Strategy, the Digital Health and Care Strategy and work on improving the primary-secondary care interface, this confirms that the emerging local vision is consistent with national direction while remaining responsive to the needs and realities of Dumfries and Galloway.
- 3.8 It is also noted that the Scottish Government's forthcoming Primary Care Route Map has not yet been published; the review will ensure alignment with any confirmed national direction once issued.
- 3.9 The proposed Scottish Government manifesto commitments reinforce this direction, including a focus on enhanced access models such as community-based walk-in centres and strengthened multidisciplinary support closer to home. These commitments further highlight the pressures facing general practice and the importance of developing locally sustainable configurations that align with national intent.
- 3.10 National evidence highlights the potential benefits of practices working together

through shared functions or structured networks to improve resilience, reduce pressure, and strengthen professional support. This may be further explored with practices in the next phase of the Review, reflecting both feedback gathered throughout the engagement process and observations raised within wider senior leadership discussions.

- 3.11 National work on improving the interface between General Medical Services and secondary care also remains relevant, particularly the recent Scottish Government discussion plans for improving shared clinical responsibility, communication pathways, and demand management. Internal reflections on this work within Dumfries and Galloway highlighted similar issues locally, including the need for clearer escalation routes and more consistent processes between sectors. These themes are mirrored throughout the GMS Review and continue to inform its whole-system approach.
- 3.12 Audit Scotland has repeatedly emphasised the need for long-term workforce sustainability, better use of data, and improved consistency in service access and quality. These national findings mirror the pressures identified locally and reinforce the importance of the six key themes and the three underpinning principles guiding this Review.
- 3.13 Collectively, the national landscape underscores the need for Dumfries and Galloway to improve the resilience of general medical practice that reflects national expectations while addressing the distinct demographic, geographical, and workforce challenges of the region. The emergent vision and framework presented in this paper align directly with this direction of travel, ensuring that local planning is both future-proofed and nationally coherent.
- 3.14 A review of recent and historic national policy relating to General Medical Services has been undertaken, with the supporting evidence, verification and assurance summary provided in **Appendix 1**. This analysis confirms that the emergent Vision, strategic framing and the priority areas for further development identified through the Review are fully consistent with national direction. Taken together, the local framing proposed through this paper will directly support the delivery of Scottish Government expectations at regional level, while remaining aligned to the wider reform agenda.

Approach and Methodology

- 3.15 The Review is being delivered using the organisation's Service Review Framework (SRF), which provides the structured process, sequencing, and governance required to take the work from mandate through to the development of a deliverable Implementation Plan. The SRF has supported consistency across engagement activity, ensured that insights have been gathered and analysed in a systematic and transparent way, and provided the assurance needed for a complex, multi-phase review operating across the system.
- 3.16 The use of the SRF is also enabling the Review to remain aligned with wider organisational planning requirements, ensuring that emergent outputs are clearly linked to decision-making expectations as the work progresses into its next phases.
- 3.17 Phase One: Defining the Scope (January - May 2025)
Phase One established the scope and foundations of the Review. Through surveys, locality sessions, targeted engagement, direct facilitation with GP teams, and

discussions with wider partners and communities, the Review team gathered early insight into pressures, priorities, and expectations across all localities. This work led to the development of the six key themes and the three underpinning principles - Equity, Integration, and Sustainability - which were presented to the Integration Joint Board in June 2025 through the Defining the Scope paper and approved as the agreed structure for all subsequent engagement and analysis (**Appendix 2**).

3.18 Phase Two: Engagement and Synthesis (June – September 2025)

Phase Two has focused on deeper engagement and thematic synthesis, delivered through an Appreciative Inquiry approach. Workshops (both in-person and virtual), discussions with practices, locality-based sessions, and wider stakeholder engagement have been organised around the six themes, enabling participants to describe strengths, challenges, opportunities, and priorities in a constructive way. The outputs were then reviewed, organised, and thematically analysed by the Review Wraparound Team, with support from a large language model to assist interpretation and triangulation. The SRF Integrated Flow was used to structure this work, ensuring a clear and consistent line of sight from engagement through to the emergent vision and planning framework. This phase validated the Phase One findings and reinforced the strength of the Review's foundation, including the development of the Four Cs - Consistency, Continuity, Collaboration, and Connection - as cross-cutting considerations (**Appendix 3**).

3.19 Phase Three: Targeted Outreach and Early Testing (October to November 2025)

Building on the insights gathered through Phases One and Two, Phase Three focused on strengthening representation across the Review by engaging directly with individuals, groups, and communities whose voices were under-represented earlier in the process. This activity involved a combination of targeted outreach and early testing of the emergent vision and planning framework, enabling the Review Team to verify that the direction of travel remains aligned with the needs and expectations expressed across the system (**Appendix 4**).

3.20 The Review Team revisited GP practices, wider stakeholders, third sector organisations, community groups, and senior leadership groups to ensure that priorities identified earlier were accurately reflected, and to provide opportunities for further insight. Where individuals or groups were unable to attend scheduled engagement sessions, the Team attended existing meetings and forums, ensuring inclusive access and reducing barriers to participation.

3.21 This focused phase of engagement has strengthened the validity of the emergent vision by confirming that the key themes, underpinning principles, and cross-cutting considerations identified through the Review continue to resonate across Dumfries and Galloway. The outcomes of this phase provide additional assurance for the transition into delivery planning and ensure that any future proposals remain grounded in lived experience and locally identified priorities (**Appendix 5**).

Findings / Consolidated Engagement Summary

3.22 Alongside the individual thematic analyses attached to the Phase One, Phase Two and Phase Three methodology sections, a full overarching Consolidated Thematic Analysis has now been completed (**Appendix 6**). This brings together all engagement activity, evidence reviews and stakeholder contributions into a single interpretation of what matters most across Dumfries and Galloway. The consolidated analysis confirms the strength and consistency of the six key themes

and the underpinning principles of Equity, Integration and Sustainability, and highlights the cross-cutting considerations – particularly the Four Cs – that have become central expectations for the future system. This consolidated view anchors the findings of the Review and directly informs the emergent vision, the GMS Review Logic Model (**Appendix 7**) and the Immediate Priorities that will shape the Implementation Plan.

- 3.23 Across all three phases of engagement, stakeholders described a general practice system under sustained pressure but with a strong commitment to continuity of care, collaborative working and increased consistency across the region. Feedback highlighted clear expectations around improving access, strengthening prevention, supporting continuity, enhancing digital foundations, and reducing variation in both experience and practice. These expectations were expressed consistently by GPs, practice teams, wider partners and members of the public, regardless of geography or professional background.
- 3.24 In relation to Service Delivery, participants emphasised the need for clearer, more reliable access routes; more predictable navigation and triage systems; stronger communication about what to expect from general practice; and improved interface working across primary, community and secondary care. People described the importance of approaches that protect continuity, enable earlier intervention and support more consistent pathways across all localities.
- 3.25 Within the Workforce theme, feedback focused on fragility, sustainability and the impact of workload on staff wellbeing. Practices and MDT teams described ongoing recruitment and retention challenges, variation in available support and capacity, and a need for clearer expectations around supervision, escalation and deployment of MDT roles. Stakeholders also emphasised the importance of protected learning time, reflective practice and succession planning to support a stable and confident workforce.
- 3.26 The Digital and Data themes highlighted both opportunity and frustration. Participants supported the need to improve the reliability and usability of core digital systems, reduce duplication and strengthen digital inclusion. Across all groups, there was recognition that better, more consistent data is essential for understanding demand, supporting safe workflow and enabling proactive, preventative care. Concerns were raised about the current variability in coding practice, reporting expectations and access to meaningful data needed for planning and improvement.
- 3.27 Feedback on Premises pointed to significant variation in suitability, accessibility and the ability to support MDT working. Many practices reported estates constraints that impact service delivery, staff wellbeing and future planning. Stakeholders described the need for clearer premises standards, improved understanding of capacity and functionality, and greater coordination to support co-location and more flexible, sustainable use of space.
- 3.28 Under the Quality theme, participants identified inconsistencies in administrative processes, limited capacity for improvement work, and variable opportunities for shared learning. Feedback highlighted the importance of clearer definitions of quality, improved visibility of improvement activity and more systematic approaches to learning and continuous improvement across practices and clusters.
- 3.29 Taken together, the consolidated analysis presents a consistent and coherent picture

of what stakeholders across Dumfries and Galloway want the future system to deliver: more Consistency in approaches and standards; stronger Continuity of relationships and information; increased Collaboration across professions and sectors; and deeper Connection between people, services and communities. These expectations sit at the heart of the Review's Emergent Vision and provide the foundation for the planning and delivery work that will follow.

GP Sub Committee Position Statement

- 3.30 The GP Sub Committee, as a statutory advisory body, has provided the following statement to accompany the Review findings and to inform the Board's consideration of the next stage of work.
- 3.31 *The GP Sub-committee would firstly like to thank all that have been involved in the scoping and engagement processes. This has been a huge amount of work, especially latterly going out to actively seek public engagement in the last 3 months.*
- 3.32 *The increased investment in core General Practice announced by Scottish Government, after years of erosion has been welcomed. We look forward to more detail as it becomes available. The Scottish Service Renewal Framework is dependent on a sustainable and resilient General Practice. We are hopeful that the investment in core General Practice will achieve that resilience, however, it must be recognised that the increased funding will not create capacity for new work but simply make it possible for GPs to carry out their core work effectively again.*
- 3.33 *The GP Sub-committee looks forward to the next stage where changes and support for General Practice will be collaborative and co-produced with the Primary Care Department. There is concern that the volume of work that will be required to make a visible and impactful difference will require more investment of time from the Primary Care Department, and we would ask the IJB to take this into consideration. The statement of all the changes being made with no extra financial investment is also a concern, and with the Scottish Government strategy, we would hope that funding can move left, into the community. If work is to be moved to the community, resources must follow. The re-establishment of Protected Learning Time that has already emerged from this consultation process can empower practices to implement pragmatic changes and start to innovate and improve care.*
- 3.34 *The GP Sub-committee recognises that aspects of the paper and aspirations will not be able to be realised due to barriers, including financial or national restrictions, but would seek support and guidance to inform the public on these reasons. Wider public messaging is welcomed.*
- 3.35 *GP Sub-committee welcomes the commitment to ensure a more resilient, efficient, equitable MDT, established as part of the 2018 contract. The primary aim of this MDT resource is to reduce GP workload and for this to be effective it is essential that the GPs are able to direct their work so they are truly part of the practice team rather than a separate centrally managed team.*
- 3.36 *While the pressure across the NHS system is recognised, it is essential that unintended consequences on General Practice are explicitly considered for every change to service delivery elsewhere in the system. GP Sub-committee asks for support from wider stakeholders to take back all non core, unfunded transfers of work that have arisen due to an overstretched NHS system.*

Emergent Vision and Planning Framework

- 3.37 The collective findings from Phases One, Two and Three have now been translated into a clear forward view for the development of General Medical Services in Dumfries and Galloway. This forward view builds directly on the scope approved by the Integration Joint Board in June 2025, which required the Review to consider both short-term stabilisation and a longer-term, ten-year direction for the service. The consolidated thematic analysis provides the evidence base for describing what opportunities for change immediately and across the longer horizons, reflecting what people across Dumfries and Galloway have consistently said they need from the future system.
- 3.38 The GMS Review Logic Model provides the overarching structure for this forward view. It brings together the six themes, the underpinning principles of Equity, Integration and Sustainability and the Four Cs to describe what the future system must achieve, and the drivers required to deliver it. The Logic Model sets out three planning horizons – 18 months–3 years, 3–5 years and 5–10 years – which together outline the longer-term programme of system change that will form the basis of Delivery Planning and the Implementation Plan. These horizons demonstrate how improvements can be sequenced over time and provide a clear line of sight between the issues identified through the Review and the outcomes the system aims to achieve over the next decade.
- 3.39 The emergent vision for General Medical Services is set as follows:
The emergent vision for General Medical Services in Dumfries and Galloway is a sustainable, equitable and integrated system of general practice that provides consistent access, continuity of care, strong collaboration across teams and clear connection with partners and communities, supported by the workforce, digital tools, data and premises required to deliver high-quality care over the next decade.
- 3.40 Alongside this longer-term structure, the Immediate Priorities Summary Table (below) sets out the immediate priorities that can be progressed over the next 0–18 months. These priorities are drawn directly from the consolidated thematic analysis and reflect areas where work is already underway or can begin now without waiting for the Implementation Plan. They highlight where early progress can be made by the NHS Board, the Health and Social Care Partnership, the Primary Care Directorate and GP practices, providing a clear starting point for Delivery Planning and supporting a smooth transition from review into delivery.

Immediate Priorities Summary Table

- 3.41 The Immediate Priorities reflect the areas highlighted most consistently through the consolidated thematic analysis as requiring focused attention in the early stages of Delivery Planning. They provide a clear indication of where initial system effort should be concentrated over the next 0–18 months to support a stable and well-sequenced transition from Review into delivery.
- 3.42 To support clear visibility for Members, the immediate priorities have been summarised below by organisation.

Organisation	Team Focus of Immediate Priorities
GP Practices	Strengthening practice-level MDT working; participating in priority digital and data actions; engaging in early improvements to access and continuity and interface pathways; and contributing to workforce sustainability actions where appropriate.
Primary Care Directorate	Providing operational leadership for General Medical Services actions; coordinating digital and data improvements; supporting workforce actions relating to practice sustainability; enabling improvements to access and continuity; and overseeing practice-level MDT alignment.
Health and Social Care Partnership (HSCP)	Improving consistency of MDT deployment; strengthening MDT support to enhance practice sustainability; supporting digital and data improvements; enhancing community pathways that interface with GMS; and enabling targeted service-delivery improvements aligned to the six themes.
NHS Board	Strengthening workforce planning; improving MDT deployment and recruitment pipelines; enhancing digital systems and technical infrastructure; improving data quality processes; supporting premises compliance and development; and enabling early service-delivery improvements identified through the review.

3.43 The Scottish Government has identified six national funding priority areas that shape investment across primary and community care. Mapping the Review's Immediate Priorities against these national priority areas demonstrates strong alignment and indicates that the early focus identified through the Review is consistent with the wider national direction. This alignment provides additional assurance that Delivery Planning will be well positioned to make use of national investment opportunities where appropriate and relevant.

3.44 Within this framework, strengthening joint working arrangements between practices will be a key enabler for change, including the sharing of capacity, skills and expertise, the use of common processes and systems and the development of supportive arrangements that can enhance continuity and resilience. These approaches align with the priorities identified through engagement and the opportunities highlighted in the national evidence and will be explored in greater depth during the delivery-planning period, subject to the direction set out in this paper.

3.45 Taken together, the Logic Model and the Immediate Priorities Summary Table form a coherent and aligned planning framework. They connect the scope approved by the IJB, the consolidated findings of the Review, the longer-term horizons for system redesign and the immediate priorities that can be progressed now. The alignment of these components provides a strong and evidence-based foundation for the transition into Delivery Planning, ensuring that work undertaken between December 2025 and March 2026 is directed by clear priorities, grounded in lived experience and connected to both local need and national opportunity.

Transition period (December 2025 – March 2026)

3.46 The period from December 2025 to March 2026 will provide a structured transition

from the current phase of the GMS Review into the development of the GMS Implementation Plan, which will be presented to the Integration Joint Board in March 2026. During this stage, activity will move from analysis and synthesis toward establishing the practical arrangements required to support delivery. The focus will be on translating the Logic Model, the Priority Areas for Delivery and the wider findings of the Review into a clear, sequenced programme of work shaped around the needs, capacity and interdependencies of the system.

- 3.47 During this transition period, leadership for the development of the Implementation Plan will begin to transition from the Corporate Services Directorate to the Primary Care Directorate. This will include jointly confirming governance lines, reporting expectations and the mechanisms through which strategic, clinical, managerial and operational oversight will be maintained. Overall assurance and accountability for the Review will remain with the Senior Responsible Officer throughout this period. Work undertaken during 2025 between both directorates provides a strong foundation for this shift and ensures continuity, transparency and a shared commitment to collaborative, whole-system planning.
- 3.48 The transition period will also establish the Delivery Planning infrastructure required for the next phase. This will include confirming how the existing wraparound team will adjust its role to support Delivery Planning, defining expectations for cross-directorate involvement and setting out the processes through which practices, clusters and wider partners will be engaged. This work will identify the required enablers across the six themes - digital, data, workforce, premises, service delivery and quality - and ensure that the sequencing and interdependencies across the three planning horizons in the Logic Model (18 months–3 years, 3–5 years and 5–10 years) are fully understood.
- 3.49 This period will also consolidate the immediate 0–18-month priorities set out in the Immediate Priorities Summary Table. These priorities provide an early starting point for Delivery Planning and allow progress to begin before the full Implementation Plan is considered, ensuring that momentum is maintained between the conclusion of the Review's current phase and the commencement of delivery activity. Work undertaken during this stage will ensure that these early priorities are connected to the longer-term programme of system redesign and that appropriate leads, resources and governance arrangements are in place to support their progression.
- 3.50 This stage will also begin to incorporate the role of supported self-management and personal agency in shaping future service use, ensuring that the delivery plan recognises that the part individuals and communities play in maintaining their own health and making the best use of available services.

4. Conclusions

- 4.1 The General Medical Services Review has reached a pivotal point. Since its commissioning in December 2024, the Review has brought together an extensive and robust body of evidence, lived experience and professional insight across three phases of engagement. This work has produced a consistent picture of what people across Dumfries and Galloway need from general practice, distilled through the six key themes of Service Delivery, Workforce, Digital, Data, Premises and Quality, and anchored by the underpinning principles of Equity, Integration and Sustainability. These themes and principles provide a strong and coherent foundation for the future model of General Medical Services in the region.

- 4.2 The consolidation of findings into a single overarching thematic analysis, alongside the development of the emergent vision, the GMS Review Logic Model and the Immediate Priorities Summary Table, marks a significant transition from analysis to structured planning. Together, these components form a clear and evidence-based framework for system redesign over the short, medium and longer term. They set out what must change, why it must change, and how that change can be organised and sequenced across the three planning horizons in a way that is realistic, deliverable and fully aligned with the scope approved by the Integration Joint Board.
- 4.3 The transition period from December 2025 to March 2026 will enable this work to move into Delivery Planning, with operational leadership shifting to the Primary Care Directorate and overall assurance retained by the Senior Responsible Officer. This period will provide the necessary space to establish governance, define leads, confirm enablers across the six themes and work with practices, clusters and system partners to prepare a detailed Implementation Plan for presentation in March 2026. This approach ensures continuity, transparency and whole-system collaboration as the Review moves toward delivery.
- 4.4 As the Review enters this next stage, it will do so within a national landscape that continues to evolve, with the Scottish Government's financial position and policy priorities for 2026–29 becoming increasingly defined. The direction presented through this Review remains robust, but Delivery Planning will need to remain responsive to these developments to ensure alignment with the wider funding and policy environment while maintaining a clear focus on local need, lived experience and system priorities.
- 4.5 In summary, the findings, emergent vision and planning framework set out in this paper provide a strong, connected and evidence-driven foundation for the future of General Medical Services in Dumfries and Galloway. Subject to the Integration Joint Board's approval of the direction and next steps described, the Review will progress into Delivery Planning with clarity of purpose, shared understanding and a credible route to a sustainable, resilient and person-centred model of general practice for the region.

5. Resource Implications

- 5.1 The work undertaken to date on the GMS Review has been delivered within existing resources available to the Corporate Services Directorate and the Primary Care Directorate. The remaining work, including the transition period from December 2025 to March 2026 and the preparation of a detailed Implementation Plan for presentation to the Integration Joint Board in March 2026, will also be delivered within these existing management resources.
- 5.2 Given the prioritisation of staff time to support this work, cognisance should be taken of the potential impact of any additional requests for input from these directorates during 2025/26.
- 5.3 Recent national allocations intended to support GMS sustainability have been aligned to the Review's agreed activity framework. A detailed financial breakdown, including the application of these allocations, will be presented alongside the Implementation Plan in March 2026.

5.4	It is anticipated that this Review will contribute to the delivery of the Financial Recovery Plan by minimising the risk of future cost pressures associated with the direct provision of General Medical Services by the NHS Board.
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy
6.1	Sustained instability across several GP practices continues to present risks to the delivery of the model of care described in the IJB's Strategic Commissioning Plan, particularly in relation to prevention, early intervention, and equitable access to locality-based services. The emergent vision and associated planning framework aim to mitigate these risks by supporting the development of sustainable, community-focused models of General Medical Services that strengthen continuity, resilience, and whole-system working.
6.2	The engagement and synthesis activity undertaken through the GMS Review has highlighted challenges relating to access, communication, and continuity of care, which align with early insights emerging from the Health and Care Experience Survey. Addressing these issues remains critical to achieving the IJB's priorities around person-centred care, improved outcomes, and reducing inequalities.
6.3	Progression into the transition and delivery-planning phase from December 2025 will ensure that the work remains aligned with the IJB's strategic intent and supports the Partnership's wider ambitions for integrated, sustainable, and prevention-focused General Medical Services. Any policy implications arising from the implementation plan will be presented to the IJB for consideration in March 2026.
7.	Legal and Risk Implications
7.1	Ongoing sustainability challenges across several GP practices continue to present a significant risk to the IJB's ability to commission General Medical Services that meet assessed population need. Without a clear and deliverable plan for stabilisation and future configuration, there remains a continued likelihood of practice failure, service disruption, and increased reliance on NHS Board-provided services, with associated financial and operational consequences.
7.2	The transition to delivery planning between December 2025 and March 2026 introduces additional governance considerations, particularly around the prioritisation of actions, the local application of national funding allocations, and the requirement to ensure that any proposed changes are assessed through the appropriate equality, impact, and duty frameworks. Completion of the Implementation Plan will therefore require continued adherence to the organisation's Service Review Framework, including the Making Difficult Decisions Framework should any material service change be proposed.
7.3	The emergent vision and planning framework provide a structured and evidence-informed route towards sustainable, equitable, and resilient General Medical Services, supporting the IJB to meet its statutory obligations in relation to service continuity, equality, and public protection. Continued progression through the delivery-planning phase is therefore essential to mitigate the risks associated with ongoing practice instability and increasing pressure across wider system functions, including urgent, unscheduled, and out-of-hours care.
8.	Consultation

- 8.1 A formal statutory consultation is not required at this stage, as no material service changes are being proposed. The engagement undertaken throughout Phase One, Phase Two, and Phase Three of the Review - described within the main body of this paper - has ensured that the emergent vision and planning framework are informed by a wide range of perspectives across Dumfries and Galloway.
- 8.2 Engagement activity across all three phases has included GPs and practice teams, wider stakeholders, third sector organisations, community groups, members of the public, and senior leadership groups. Phase Three has placed particular emphasis on strengthening representation by revisiting localities, attending existing meetings and forums, and engaging directly with individuals and groups whose voices were under-represented earlier in the process.
- 8.3 This approach provides robust assurance that the direction set out in this paper reflects lived experience and system priorities, and supports the transition into delivery planning.

9. Equality Impact Assessment

- 9.1 An Equality Impact Assessment (EQIA) has been maintained throughout the GMS Review and is up to date as of the preparation of this paper. Both the EQIA and the Consumer Duty and Fairer Scotland Impact Assessment Tool (CD&FSIAT) are being treated as living documents, updated as the Review progresses, and as new insights emerge. Together, these tools have enabled due regard to be given to equality, fairness, socioeconomic impact, accessibility, and potential financial harm across all phases of the Review. As no material service changes are being proposed at this stage, a full and final EQIA is not required; however, full and final assessments for both tools will be completed and presented alongside the Implementation Plan in March 2026.
- 9.2 Additional impact assessment tools within the Service Review Framework - including the NHS Reform Alignment Assessment, the Public Health Development and Health Inequalities Impact Assessment, and the Cumulative Impact and Unintended Consequences Assessment - will be completed during the development of the Implementation Plan, ensuring that any proposed changes are considered holistically and in line with statutory duties.

10. Consumer Duty

- 10.1 This Review supports compliance with the Consumer Scotland Act 2020 by ensuring that considerations of consumer fairness, accessibility, and potential financial harm are embedded throughout evidence gathering, analysis and decision-making. The use of the Consumer Duty and Fairer Scotland Impact Assessment Tool (CD&FSIAT), alongside the EQIA, has enabled the Review to assess impacts relating to access, clarity of information, affordability of routes into care, and the potential for disproportionate disadvantage among different groups as the work progresses toward Delivery Planning.

These considerations have directly informed the emergent vision, the planning framework and the identification of Immediate Priorities, ensuring that future decisions made through the Implementation Plan reflect the statutory duties relating to fairness, transparency, accessibility and consumer protection.

- 10.2 An assessment has been completed and is being maintained as a live document through the Consumer Duty and Fairer Scotland Impact Assessment Tool (CD&FSIAT). The full and final assessment will be completed and presented alongside the GMS Implementation Plan in March 2026.

11. Glossary

AI	Artificial Intelligence
CD&FSIAT	Consumer Duty & Fairer Scotland Impact Assessment Tool
EQIA	Equalities Impact Assessment
GMS	General Medical Services
GP	General Medical Practitioner
IJB	Integration Joint Board
LLM	Large Language Model
MDT	Multi Disciplinary Team
ODL	Organisational Development and Learning
SRF	Service Review Framework

Dumfries and Galloway Integration Joint Board



EXISTING DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	Development of a Vision for Sustainable GP Practices and General Medical Services that are fit for the future and able to meet the changing needs of the populations across Dumfries and Galloway.
2.	Date Direction Issued by Integration Joint Board	17 December 2024
3.	Date from which Direction takes effect	17 December 2024
4.	Direction to	NHS Dumfries and Galloway
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	No
6.	Functions covered by Direction	General Medical Services
7.	Full text of Direction	<p>During 2025/26, engage GP Partners, Locum GP's, Salaried GP's, Practice Managers, Advanced Practitioners, Practice Nurses and wider members of the Practice Team, as well as local people and other stakeholders in developing a Vision for General Medical Services in Dumfries and Galloway that sets a clear direction for the development of these services over time, ensuring they become strong, sustainable and fit for the future, while having the capacity and capability to treat ill health, improve population health and address inequalities.</p> <p>Establish a detailed associated action plan for delivery from 2026/27 that will firstly stabilise General Medical Services by improving:</p>

		<ul style="list-style-type: none"> • The experience of existing General Practitioners and their Practice Teams; • Recruitment and retention into General Practice locally; • How the extended Practice Team operate to maximise capacity and efficiency; • Joint working between primary, secondary and community care services; • Communication with the public about how to engage with General Medical Services and what to expect from them; • Technology deployment to support service delivery; and • The refurbishment, development and replacement of facilities. <p>Before transforming the local model, ensuring:</p> <ul style="list-style-type: none"> • Strategic deployment of services where they are needed most; • Enhanced collaboration between GP Practices in the planning and delivery of care; and • Opportunities for new modes of service delivery, through both analogue and digital change are maximised. <p>Ensure the action plan for delivery is appropriately prioritised to enable informed decision-making and offer clarity of impact that can be anticipated from any change to the delegated budget.</p>
8.	Budget allocated by Integration Joint Board to carry out Direction	No additional budget is being made available by the IJB, this should be delivered within the management resources available within the Health and Social Care Partnership.
9.	Desired Outcomes	<p>Develop a scope that will support:</p> <p>Sustainability of General Medical Services in Dumfries and Galloway Improve HACE survey results from 2028 in terms of:</p> <ul style="list-style-type: none"> • How people rated the care offered by their GP Practice • How easy people found it to contact their GP Practice in the way they wanted

		<ul style="list-style-type: none"> • Access to same day appointments • Ability to book appointments in advance • Ability to speak with a Doctor at the GP Practice • Ability to see a member of the extended Practice Team • Ability to understand the information given by the GP Practice • Treated with dignity and respect by the GP Practice • Felt listened to by the GP Practice Team • Increase ability to offer early intervention and prevention to improve public health 	
10.	Is there a need for engagement with the third sector in delivery of this direction?	YES	NO
		X	
		Third Sector Organisations may have a role to play in offering alternatives to traditional General Medical Services.	
11.	Performance Monitoring Arrangements	Directions will be reported to the relevant IJB Committee on a 6 monthly basis. An annual report of all current Directions will be presented to the IJB	
12.	Date Direction will be Reviewed	December 2025	

PROPOSED NEW DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	Development of an Implementation Plan to realise the vision for sustainable GP Practices and General Medical Services that are fit for the future and able to meet the changing needs of the populations across Dumfries and Galloway.
2.	Date Direction Issued by Integration Joint Board	16 December 2025
3.	Date from which Direction takes effect	16 December 2025
4.	Direction to	NHS Dumfries and Galloway
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	Yes – IJBD2412
6.	Functions covered by Direction	General Medical Services
7.	Full text of Direction	<p>During the first quarter of 2026, work collaboratively with GP Partners, Locum GP's, Salaried GP's, Practice Managers, Advanced Practitioners, Practice Nurses and wider members of the Practice Team, as well as Directorates within the Health and Social Care Partnership and Corporate Directorates within the NHS Board to co-produce a detailed Delivery Plan that will enhance the sustainability of General Medical Services in Dumfries and Galloway.</p> <p>That plan should specify the detailed actions, the responsible officers, timescales for delivery, gateway milestones, anticipated impacts, funding required and alignment of existing and new national funding as appropriate.</p>

		<p>The plan must reflect the analysis of stakeholder views expressed during the previous engagement and involvement phases and, as a minimum, include actions against the following themes for each of the respective bodies:</p> <table><tr><th>Organisation</th><th>Team Focus of Immediate Priorities</th></tr><tr><td>GP Practices</td><td>Strengthening practice-level MDT working; participating in priority digital and data actions; engaging in early improvements to access and continuity and interface pathways; and contributing to workforce sustainability actions where appropriate.</td></tr><tr><td>Primary Care Directorate</td><td>Providing operational leadership for General Medical Services actions; coordinating digital and data improvements; supporting workforce actions relating to practice sustainability; enabling improvements to access and continuity; and overseeing practice-level MDT alignment.</td></tr><tr><td>Health and Social Care Partnership (HSCP)</td><td>Improving consistency of MDT deployment; strengthening MDT support to enhance practice sustainability; supporting digital and data improvements; enhancing community pathways that interface with GMS; and enabling targeted service-delivery improvements aligned to the six themes.</td></tr><tr><td>NHS Board</td><td>Strengthening workforce planning; improving MDT deployment and recruitment pipelines; enhancing digital systems and technical infrastructure; improving data quality processes; supporting premises compliance and development; and enabling early service-delivery improvements identified through the review.</td></tr></table>	Organisation	Team Focus of Immediate Priorities	GP Practices	Strengthening practice-level MDT working; participating in priority digital and data actions; engaging in early improvements to access and continuity and interface pathways; and contributing to workforce sustainability actions where appropriate.	Primary Care Directorate	Providing operational leadership for General Medical Services actions; coordinating digital and data improvements; supporting workforce actions relating to practice sustainability; enabling improvements to access and continuity; and overseeing practice-level MDT alignment.	Health and Social Care Partnership (HSCP)	Improving consistency of MDT deployment; strengthening MDT support to enhance practice sustainability; supporting digital and data improvements; enhancing community pathways that interface with GMS; and enabling targeted service-delivery improvements aligned to the six themes.	NHS Board	Strengthening workforce planning; improving MDT deployment and recruitment pipelines; enhancing digital systems and technical infrastructure; improving data quality processes; supporting premises compliance and development; and enabling early service-delivery improvements identified through the review.
Organisation	Team Focus of Immediate Priorities											
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NHS Board	Strengthening workforce planning; improving MDT deployment and recruitment pipelines; enhancing digital systems and technical infrastructure; improving data quality processes; supporting premises compliance and development; and enabling early service-delivery improvements identified through the review.											

		<p>The plan should be subject to a full assessment of impact in terms of EQIA, Consumer Duty, Fairer Scotland, Climate and Public Health.</p> <p>This Delivery Plan must be presented to the IJB on 24 March 2026 so that implementation can begin from 01 April 2026.</p>
8.	Budget allocated by Integration Joint Board to carry out Direction	No additional budget is being made available by the IJB, this should be delivered within the management resources available within the Health and Social Care Partnership.
9.	Desired Outcomes	<p>Develop a Delivery Plan that will improve:</p> <p>The experience of General Practitioners in Dumfries and Galloway, evidenced through improved recruitment and retention and higher levels of reported satisfaction.</p> <p>The consistency of input from Multi-Disciplinary Teams to GP Practices across Dumfries and Galloway.</p> <p>The delivery of advice and support, as well as the sharing of information, at the interface between GP and Secondary Care services.</p> <p>The experience of people accessing General Medical Services in Dumfries and Galloway, including through improved HACE survey results from 2028 in terms of:</p> <ul style="list-style-type: none"> • How people rated the care offered by their GP Practice • How easy people found it to contact their GP Practice in the way they wanted • Access to same day appointments • Ability to book appointments in advance • Ability to speak with a Doctor at the GP Practice • Ability to see a member of the extended Practice Team • Ability to understand the information given by the GP Practice • Treated with dignity and respect by the GP Practice • Felt listened to by the GP Practice Team • Increase ability to offer early intervention and prevention to

		improve public health	
10.	Is there a need for engagement with the third sector in delivery of this direction?	YES	NO
		X	
		Third Sector Organisations may have a role to play in offering alternatives to traditional General Medical Services.	
11.	Performance Monitoring Arrangements	Directions will be reported to the relevant IJB Committee on a 6 monthly basis. An annual report of all current Directions will be presented to the IJB	
12.	Date Direction will be Reviewed	March 2026	