



Dumfries and Galloway  
Integration Joint Board

24<sup>th</sup> March 2026

This Report relates to  
Item 10 on the Agenda

# General Medical Services in Dumfries and Galloway: Review Conclusions and Delivery Planning

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

*Paper presented by Linda Bunney / Lisa Kirkpatrick*

*For Approval*

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<b>List of Background Papers:</b>	<p><a href="#"><u>IJB Paper - Developing a Vision for GMS (December 2024)</u></a></p> <p><a href="#"><u>IJB Paper - Update, Refined Scope, and Next Steps (June 2025)</u></a></p> <p>A verbal update was provided at the September 2025 meeting of the IJB.</p> <p><a href="#"><u>IJB Paper – Review Findings, Emergent Vision, and Progression to Delivery Planning (December 2025)</u></a></p>
<b>Appendices:</b>	<p><b>Appendix 1</b> – Service Review Framework (SRF) Approach: GMS Review</p> <p><b>Appendix 2</b> – GMS Delivery Plan</p> <p><b>Appendix 3</b> – Consolidated Thematic Analysis</p> <p><b>Appendix 4</b> – Phase 1 Thematic Analysis</p> <p><b>Appendix 5</b> – Phase 2 Thematic Analysis</p> <p><b>Appendix 6</b> – Phase 3 Thematic Analysis</p> <p><b>Appendix 7</b> – GMS Engagement Report</p> <p><b>Appendix 8</b> – GMS Review Logic Model</p> <p><b>Appendix 9</b> - National Policy Verification and Assurance Summary Engagement Report</p> <p><b>Appendix 10</b> – EQIA</p> <p><b>Appendix 11</b> – CDFSAT</p> <p><b>Appendix 12</b> – NHS Reform</p> <p><b>Appendix 13</b> – Public Health Development &amp; Health Inequalities Assessment</p>

<b>Direction Required to Council, Health Board or Both</b>	<b>Title:</b>	
	<b>Reference Number:</b>	
	<b>Direction to:</b>	
	1. No Direction Required	<b>X</b>
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

## **1. Introduction**

- 1.1. The General Medical Services (GMS) Review in Dumfries and Galloway was approved by the Integration Joint Board in December 2024 and has progressed through a series of structured stages, with regular updates provided to the Board at key milestones. In June 2025, the Board received an update on progress, a refined scope, and the next steps for the review. In September 2025, Members were presented with emerging findings and direction arising from engagement and analysis. In December 2025, the Board considered the review findings, the emergent vision for GMS, and the progression into delivery planning.
- 1.2. This paper builds on that sequence of updates and brings the GMS Review to a conclusion. It does not revisit earlier material in detail, but draws together the conclusions from across the review, confirms the overall direction that has emerged, and sets out the approach to delivery planning now underway.
- 1.3. The purpose of this paper is therefore twofold: first, to formally conclude the GMS Review that commenced in December 2024; and second, to outline how delivery planning will be taken forward, building on the evidence, engagement, and direction already considered by the Board.

## **2. Recommendations**

### **2.1. The Integration Joint Board is asked to:**

- **Note that this paper brings the General Medical Services (GMS) Review, mandated by the Integration Joint Board in December 2024, to a conclusion, building on the updates and decisions previously considered by the Board in June 2025, September 2025 and December 2025.**
- **Note the conclusions of the GMS Review as set out in this paper, including the consolidated findings, the agreed planning framework and the overall direction for General Medical Services in Dumfries and Galloway.**
- **Approve the GMS Delivery Plan attached to this paper, recognising that this represents the culmination of the Review and provides the agreed basis for delivery from April 2026.**
- **Note that delivery of the approved GMS Delivery Plan will be taken forward through the Integration Joint Board's Primary Medical Services Direction, with the Delivery Plan forming part of the model of care and anticipated delivery arrangements within that Direction**
- **Note the governance, reporting and assurance arrangements for delivery and implementation as set out in this paper.**

## **3. Background and Main Report**

### **Background**

- 3.1. The General Medical Services Review was commissioned by the Integration Joint Board in December 2024 to consider the sustainability, resilience and future direction

of general medical services in Dumfries and Galloway. The Review has been progressed through a structured, phased approach, with regular reporting to the Board at key milestones.

- 3.2. Across its duration, the Review has combined engagement with GP practices, practice teams, partners, communities and stakeholders with analysis of system pressures, service variation and opportunities for improvement within general medical services. Evidence and insight gathered through each phase have informed the ongoing development of the Review and the progression of work to subsequent stages.
- 3.3. This paper follows the updates previously considered by the Integration Joint Board and is brought forward at a point where the Review has reached its final phase. The sections that follow set out an overview of the Review, the activity undertaken during Phase 4 Delivery Planning, and the outputs now presented for the Board's consideration.

### **Overview of the GMS Review**

- 3.4. The General Medical Services Review was commissioned by the Integration Joint Board in December 2024 to consider the sustainability, resilience and future direction of general medical services in Dumfries and Galloway. The Review has been progressed through a structured, phased approach, with regular reporting to the Board at key milestones. The Review has been undertaken using the Service Review Framework (SRF) (Appendix 1), which has provided the overarching structure for progressing from mandate through engagement, analysis, delivery planning and transition to implementation.
- 3.5. Across its duration, the Review has combined engagement with GP practices, practice teams, partners, communities and stakeholders with analysis of system pressures, service variation and opportunities for improvement within general medical services. Evidence and insight gathered through each phase have informed the ongoing development of the Review and the progression of work to subsequent stages.
- 3.6. This paper follows the updates previously considered by the Integration Joint Board and is brought forward at a point where the Review has reached its final phase. The sections that follow set out an overview of the Review, the activity undertaken during Phase 4 Delivery Planning, and the outputs now presented for the Board's consideration.
- 3.7. Detailed evidence and outputs from across the Review, including engagement and thematic analysis materials, are set out within the supporting appendices.
- 3.8. Taken together, the appendices accompanying this paper, alongside those previously considered by the Integration Joint Board, reflect the scale and depth of engagement, analysis, and assurance undertaken across the Review.

### **Phase 4 - Delivery Planning**

- 3.9. Phase 4 of the General Medical Services Review has focused on delivery planning. This phase followed the Integration Joint Board's consideration of the Review findings, emergent vision and overall direction in December 2025, and has translated that agreed direction into an implementable plan for Year One of delivery.

- 3.10. Delivery planning has drawn together the evidence, engagement and conclusions developed through the earlier phases of the Review and has focused on establishing how the agreed direction for general medical services will be taken forward in practice. This has included consideration of sequencing, interdependencies, capacity and readiness, to ensure that proposed actions are realistic and achievable within the current system context.
- 3.11. In parallel with delivery planning, Phase 4 has included structured reference group sessions with General Practitioners and practice teams to test and refine proposed Year One actions. This targeted engagement has differed in scale and scope from earlier phases, reflecting the transition from review activity in Delivery Planning. While public-facing engagement all but concluded at the end of phase 3, engagement has continued in a more focused and proportionate way, including both testing of proposed actions and providing updates to wider stakeholders to close the loop on earlier contributions and confirm how feedback has informed the Year One delivery priorities.
- 3.12. Phase 4 has resulted in the attached GMS Delivery Plan (Appendix 2), which sets out the Year One priorities for delivery and provides the agreed basis for implementation from April 2026, subject to Integration Joint Board approval through this paper.

### **Review Findings and Emergent Direction**

- 3.13. The findings of the General Medical Services Review have been brought together through a Consolidated Thematic Analysis (Appendix 3), drawing together evidence from across Phases 1 to 3 of the Review. This analysis consolidates the outputs of engagement, supporting data and system evidence to provide a coherent and consistent evidence base for the Review's conclusions. The detailed thematic analysis outputs and supporting materials are set out in Appendices 4 to 7.
- 3.14. The Consolidated Thematic Analysis confirmed a consistent set of themes and issues across the Review, reflecting pressures on service delivery, workforce sustainability, digital enablement, data and information, premises, and quality. These themes have been considered collectively, alongside the underpinning principles of equity, integration and sustainability, to ensure that the Review's conclusions respond to both immediate system pressures and longer-term service requirements.
- 3.15. The thematic analysis was supported through the use of a large language model to assist with the organisation and synthesis of a substantial volume of qualitative engagement material. This approach was used to support sense-making and consistency across the analysis, with oversight and validation applied throughout the Review process. Further detail on the analytical approach, including AI-supported synthesis and validation processes, is described within the supporting appendices.
- 3.16. Taken together, the Review findings have informed an emergent direction for general medical services in Dumfries and Galloway, including the emergent vision and associated priorities, which were approved by the Integration Joint Board in December 2025. This direction reflects the need for a coherent and connected approach to service delivery, supporting consistency in standards and access, continuity in relationships and information, collaboration across professions and sectors, and connection with communities. This emergent direction has provided the foundation for the Delivery Planning activity described above and for the GMS Delivery Plan

presented with this paper. The agreed direction and its translation into delivery priorities are set out within the GMS Review Logic Model (Appendix 8).

- 3.17. The Review has also been undertaken within the wider national context for General Medical Services, including the findings of the Audit Scotland report on Primary Care and the implementation of the 2018 GMS Contract. That report highlights the limited impact to date of the multidisciplinary team (MDT) expansion on reducing GP workload and improving sustainability and reflects concerns regarding the deployment and line management of MDT resource. These national findings mirror issues raised locally through engagement, including the need to ensure that MDT capacity is fully aligned to supporting General Practitioners and relieving workload, rather than inadvertently adding to system complexity.
- 3.18. The Review has also recognised wider concerns shared by the GP Sub-Committee regarding the relative funding position of general practice and the cumulative impact of non-core work transferring into GP practices. While national funding decisions sit outwith local control, the Delivery Plan seeks to address those elements that can be influenced locally, including clearer delineation of core work, better system alignment and stronger support to ensure that general practice remains sustainable and central to the local NHS model.

### **GMS Delivery Plan**

- 3.19. The GMS Delivery Plan attached to this paper sets out the approach to delivery following the conclusion of the Review and the completion of Phase 4 Delivery Planning. The Delivery Plan provides a structured and practical framework for taking forward the agreed direction for General Medical Services in Dumfries and Galloway, translating the findings and priorities identified through the Review into a coordinated programme of delivery activity.
- 3.20. The Delivery Plan focuses on Year 1 delivery, establishing clear priorities, sequencing and actions to support early progress while recognising the longer-term nature of service transformation. It has been developed to align with the Review findings, the emergent direction agreed by the Integration Joint Board, and the planning framework established throughout the Review process. The detailed actions, sequencing and responsibilities for delivery are set out within the attached Delivery Plan.
- 3.21. Throughout delivery planning, assurance has been applied to ensure that the full set of 60 actions identified through the Review and reflected in the Logic Model considered by the Integration Joint Board in December 2025, remain present within the GMS Delivery Plan. While actions have been refined, merged where appropriate and sequenced to support delivery, no action has been removed. The Year 1 Delivery Plan therefore represents a transparent translation of the full Review outputs into a structured and prioritised delivery framework, providing assurance that the conclusions previously presented to the Integration Joint Board remain intact and are being taken forward in full.
- 3.22. The GMS Delivery Plan (Appendix 2) is presented as a focused Year 1 delivery plan using a “what we heard / what we will do” structure, maintaining clear line-of-sight from engagement and review findings through to delivery actions. The plan draws the priority actions from the Review and Logic Model into a set of practical Year 1 workstreams designed to support coordinated implementation. While the Review itself

was structured around the six key themes - Service Delivery, Workforce, Digital, Data, Premises and Quality – the Delivery Plan groups actions into delivery-focused workstreams to support implementation while maintaining alignment with those themes.

- 3.23. Within each Year 1 workstream, the plan sets out the key actions, intended outputs and expected outcomes. These include early delivery actions relating to access and communication, interfaces and referrals, data foundations and dashboards, digital resilience and skills, stabilising multidisciplinary team capacity and coordination, premises-based planning and contingency protocols, and workforce enablers such as role clarity, data standards, development pathways and shared recruitment approaches. Taken together, these actions provide a practical and prioritised route into delivery from April 2026 while also laying the foundations for longer-term service transformation beyond Year 1.
- 3.24. The Delivery Plan is structured to support clarity and oversight, setting out the priorities for Year 1 delivery alongside the associated actions, sequencing and responsibilities required to progress implementation. It is intended to be read alongside the Review findings and emergent directions summarised within this paper and provides the operational detail required to support delivery following approval.
- 3.25. Delivery through the GMS Delivery Plan will continue to operate within the evolving national and local context for primary care and General Medical Services. The priorities and sequencing identified for Year 1 have therefore been developed with explicit regard to current national policy direction, funding priorities and reform expectations, as detailed in Appendix 9, ensuring that local delivery remains aligned with Scottish Government priorities while remaining grounded in the needs and realities of Dumfries and Galloway.
- 3.26. Approval of the Delivery Plan through this paper therefore provides the agreed basis for moving from Review activity into delivery from April 2026.

### **Transition to Delivery**

- 3.27. With the completion of Phase 4 Delivery Planning, the General Medical Services Review moves from review activity into delivery. This represents a significant transition point, marking the conclusion of a sustained period of evidence gathering, engagement, analysis and planning and the commencement of implementation activity.
- 3.28. Throughout Phase 4, delivery planning has been undertaken with a deliberate focus on readiness for implementation, ensuring that the outputs of the Review can be taken forward in a structured and manageable way. This includes clarity on priorities for Year One, sequencing of activity and the practical considerations required to support delivery within the current system context.
- 3.29. Subject to Integration Joint Board approval, the transition to delivery is enabled through the GMS Delivery Plan attached to this paper, with delivery taken forward through the Integration Joint Board's Primary Medical Services Direction. Together, these provide the agreed basis for delivery from April 2026, building on the Review findings, emergent direction and priorities described above.

- 3.30. Delivery, oversight and reporting arrangements will operate through the Integration Joint Board's existing governance and assurance framework, supporting continuity as implementation progresses.
- 3.31. As delivery moves from review into implementation, operational leadership will transfer to the Primary Care Directorate, with Senior Responsible Officer responsibility transferring from the Review Senior Responsible Officer to the Chief Officer of Dumfries and Galloway Integration Joint Board.
- 3.32. The Integration Joint Board is currently reviewing its approach to Directions as part of the wider review of the Integration Scheme. This work provides an opportunity to ensure full compliance with statutory guidance relating to Directions from Integration Authorities to Health Boards and Local Authorities. Under the revised approach, Directions will be issued on a functional basis, setting out how delegated functions are to be exercised, the associated budget and the anticipated delivery arrangements.
- 3.33. In this context, delivery of the GMS Delivery Plan will be incorporated within the proposed Primary Medical Services Direction, specifically within the model of care and anticipated delivery arrangements section of that Direction. This approach ensures that delivery of the Delivery Plan is aligned with the wider strategic and operational framework for primary medical services across Dumfries and Galloway.

#### **4. Conclusions**

- 4.1. This paper concludes the General Medical Services Review mandated by the Integration Joint Board in December 2024. Through a structured, phased approach, the Review has drawn together extensive engagement, analysis and evidence to establish a clear understanding of the challenges facing general medical services in Dumfries and Galloway and to agree an overall direction for the future.
- 4.2. The Review has resulted in consolidated findings, an agreed emergent direction and a GMS Delivery Plan presented with this paper for Integration Joint Board approval. Together, these provide a coherent and robust basis for moving from review activity into delivery.
- 4.3. Subject to Integration Joint Board approval of the GMS Delivery Plan, the Review is now complete, and delivery will proceed in line with the agreed direction and priorities, through established governance arrangements, with delivery taken forward through the IJBs Primary Medical Services Direction.

#### **5. Resource Implications**

- 5.1. The General Medical Services Review has been undertaken within existing resources, drawing on capacity across the Health and Social Care Partnership, NHS Dumfries and Galloway and partner organisations.
- 5.2. Throughout the Review, consideration of resource implications has been integral to the evidence, engagement and analysis undertaken. The Review has been developed within the context of significant financial and workforce pressures across health and social care, alongside recent national policy direction and funding allocations relating to primary care and general medical services.

- 5.3. In November 2025 Scottish Government announced a three year package of recurring funding (£249.36m) to support general practice. Whilst further detail of the funding is awaited, this will be delivered through contractual mechanisms and national governance. The funding is designed to deliver measurable growth in general practice workforce, modernised digital contact systems, and a refreshed Quality Framework with structured protected learning time. In the short-term this aims to deliver more reliable and appropriate access, improved continuity of care, and stronger management of long-term conditions. Practices will experience greater stability through direct reimbursement of expenses and more resilient workforce planning.
- 5.4. The Delivery Plan aligns with the anticipated outcomes of this funding investment and provides a sound basis for local implementation. There are elements of the funding which align directly with some actions of the Delivery Plan, and these have been noted and will be sequenced once further detail is available e.g.: digital prescribing, digital front door.
- 5.5. It is anticipated that the Year One Delivery Plan will be implemented within current budgets. Detailed implementation planning may identify additional resource requirements which have not been identified at this stage,
- 5.6. The GP Sub Committee has reflected on the national funding context. Dr Lisa Corrie, Chair of the GP Sub Committee, has stated:
- “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.”*
- 5.7. The Review findings and emergent direction do not assume new baseline funding and have been shaped by an explicit focus on affordability, sustainability and prioritisation. This includes recognition of the need to make best use of existing resources, to align activity with available national funding streams where appropriate, and to ensure that proposed actions are realistic and deliverable within the current system context.
- 5.8. The resource implications associated with delivery are reflected within the GMS Delivery Plan presented with this paper. The Delivery Plan sets out Year One priorities and actions informed by the resource considerations identified through the Review, with further detailed financial and workforce planning to be progressed through established governance and planning processes as delivery moves forward.

## **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1. The General Medical Services Review is closely aligned with the Integration Joint Board’s strategic outcomes, priorities and policy framework. The Review has been undertaken within the context of the Board’s statutory responsibilities for the planning and delivery of integrated health and social care services and has been informed by the Board’s strategic priorities throughout.

6.2. The Review findings and emergent direction support the Integration Joint Board's focus on improving outcomes for people and communities, addressing health inequalities, and ensuring the sustainability and resilience of core services. In particular, the Review's emphasis on equity, integration and sustainability aligns with the Board's policy commitments and its wider strategic approach to service planning and transformation.

6.3. The GMS Delivery Plan presented with this paper translates the agreed direction arising from the Review into Year One delivery priorities, supporting the Integration Joint Board's role in setting strategic direction while enabling delivery to be taken forward through established governance arrangements. Approval of the Delivery Plan will ensure that delivery of general medical services continues to align with the Board's outcomes, priorities and policy framework as implementation progresses.

## **7. Legal and Risk Implications**

7.1. The General Medical Services Review has been undertaken in line with the Integration Joint Board's statutory responsibilities for the planning and delivery of integrated health and social care services. The Review process has complied with relevant legislative and policy requirements, including duties relating to equality, fairness and good governance, which are addressed elsewhere in this paper.

7.2. The principal risks associated with the Review relate to the implementation of agreed actions within a challenging financial and workforce context. These risks have been recognised throughout the Review and have informed the development of the agreed direction and the GMS Delivery Plan presented with this paper.

7.3. Subject to Integration Joint Board approval of the Delivery Plan, risks associated with delivery will be managed through established governance, risk management and reporting arrangements.

## **8. Consultation**

8.1. Engagement has been central to the General Medical Services Review and has been undertaken throughout all phases of the Review. This has included engagement with GP practices, practice teams, partners, communities and other stakeholders, informing the evidence base, thematic analysis and development of the emergent direction.

8.2. While this section is titled "Consultation" in line with the Integration Joint Board reporting template, the Review did not involve formal statutory consultation. This reflects the nature of the Review, which focused on understanding system pressures, shaping future direction and informing delivery planning, rather than proposing specific service changes requiring statutory consultation.

8.3. A proportionate engagement approach was therefore taken, ensuring that relevant voices were heard and that engagement activity was meaningful, iterative and appropriate to the stage and purpose of the Review. The approach to engagement, and the outputs arising from it, are documented within the supporting appendices and reflected within the Engagement Report and Easy Read materials prepared alongside this paper. Easy Read materials are in development and will be shared separately in advance of the Integration Joint Board meeting on 24 March 2026.

- 8.4. The GP Sub-Committee considered an update on the progress of the GMS Review at its meeting on 4 March 2026, and provided the following reflection:

*Thank you for updating GP subcommittee about the progress of the GMS review. We would like to acknowledge the hard work of everyone involved in the review and in particular the Reference and Prioritisation groups as mentioned in the update. As the GMS review moves towards Stage 4, it is a good time to reflect not only on the work that has been done to date, but to look forward at putting plans and theory into action. As the GMS review acknowledges, Primary Care services are the bedrock of the NHS and so we look forward to working towards practical solutions to support the sustainability of GP services in a modern and responsive way.*

*Dr Jonathan Ward, Vice-Chair of GP sub committee*

- 8.5. No further consultation or engagement is required to support the decisions sought through this paper.

## **9. Equality Impact Assessment**

- 9.1. An Equality Impact Assessment (EQIA) (Appendix 10) has been undertaken as part of the General Medical Services Review, in line with statutory duties and the Integration Joint Board's approach to equality and fairness. Consideration of equality impacts has been embedded throughout the Review and across its phases, rather than treated as a standalone exercise.
- 9.2. Equality considerations have informed the Review's scope, engagement activity, thematic analysis and development of the emergent direction. This has included explicit consideration of how pressures on, and future changes to, general medical services may affect different population groups, particularly those who experience inequality of access or poorer health outcomes.
- 9.3. The EQIA has been maintained as a live document throughout the Review and has been updated to reflect the conclusions of the Review and the development of the GMS Delivery Plan presented with this paper. The Review findings and emergent direction have been shaped by an explicit focus on equity as an underpinning principle, alongside integration and sustainability. The detailed EQIA is provided separately and will continue to be reviewed as delivery progresses.

## **10. Consumer Duty**

- 10.1. Consideration of the Consumer Duty and Fairer Scotland Duty has been integrated into the General Medical Services Review through the use of the Consumer Duty and Fairer Scotland Impact Assessment Tool (CD&FSIAT) (Appendix 11). This has supported a structured and proportionate assessment of how the Review's findings and emergent direction may affect people and communities, particularly those who experience disadvantage or inequality.

- 10.2. The assessment has been applied throughout the Review process, informing engagement, analysis and the development of the emergent direction. This has included consideration of fairness, accessibility, and the potential for differential impacts across population groups and localities.
- 10.3. The Consumer Duty and Fairer Scotland Impact Assessment has been maintained as a live document and updated to reflect the conclusions of the Review and the development of the GMS Delivery Plan presented with this paper. The detailed assessment is provided separately and will continue to be reviewed as delivery progresses, ensuring that fairness and inequality considerations remain central as implementation moves forward.
- 10.4. In addition, the review has been informed by the NHS Reform Impact Assessment (Appendix 12) and the Public Health Development and Health Inequalities Impact Assessment (Appendix 13), both of which have been completed to support this paper.
- 10.5. These assessments considered the alignment of the GMS Review conclusions with wider reform objectives and the potential impact on population health outcomes and inequalities across Dumfries and Galloway. These will continue to inform delivery as implementation progresses.

## 11. Glossary

<b>AI</b>	<b>Artificial Intelligence</b>
<b>CD&amp;FSIAT</b>	<b>Consumer Duty &amp; Fairer Scotland Impact Assessment Tool</b>
<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>GMS</b>	<b>General Medical Services</b>
<b>GP</b>	<b>General Medical Practitioner</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>SRF</b>	<b>Service Review Framework</b>