

5 October 2021

Joint Statement to General Practices from Cabinet Secretary for Health and Social Care and the British Medical Association

Firstly, thank you – you and your teams have all been working flat out for a prolonged and challenging period and your commitment to delivering care to your patients throughout this whole time is recognised and appreciated.

At the beginning of this pandemic, you were asked to change how many of you had traditionally worked and to telephone triage all patients and only see them face to face where it was clinically necessary. The two metre social distancing rules and other infection prevention control guidance significantly limited available space in waiting rooms. You and your teams rose to this challenge and adapted quickly, flexibly and remarkably well to delivering continuing high standards of care to your patients in this different way.

We both recognise that there has been considerable public attention recently regarding access to General Practice and in particular in person, face-to-face appointments and we are writing out to you to provide reassurance and clarity that we understand what is and is not possible at this time.

Any suggestion that GPs have not been seeing people face-to-face because they do not want to is false and dangerous. We absolutely reject this and condemn the increasing abuse that has been directed towards General Practice staff at what already is a difficult time for all health and social care workers. This is completely unacceptable.

Just as they have for many years now, in person face-to-face appointments form part of a hybrid model of options that you offer your patients including video consultations, telephone consultations and in person face-to-face appointments. The pandemic changed the balance between these appointment types and while we all aspire to return to a greater availability of face-to-face appointments, we are both clear that for a number of patients they will wish to continue with telephone or video consultations.. The type of appointment offered should be agreed through shared decision making, balancing patient choice and autonomy, and practice circumstances/capacity and clinical judgement.

Changes to the physical distancing guidance from 2m to 1m in healthcare settings as highlighted in the recently published General Practice Recovery Guidance and the work we are progressing collaboratively around public messaging and GP Access will help to support you to continue to provide the high quality care you always have to meet the needs of your patients.

We expect that these measures outlined will, where appropriate, allow you to offer more face to face appointments. It is ultimately up to each individual General Practice and their team to determine how care is delivered in your local community in a clinically safe way that you believe is best for your patients, and retain flexibility of access – be it in-person or remotely. This approach should also recognise the needs of your local population, and through good practice communication to help them navigate access to the right person, at the right place and at the right time for their clinical needs.

We are both clear that introducing any arbitrary targets of face-to-face appointments that may be unobtainable and may not meet the diverse needs of your patients would be totally inappropriate.

We hope this statement has clarified our position and we will continue to work jointly to do everything we can to support you through the Autumn and Winter, both in terms of direct support to meeting pressures arising from the pandemic as well as continuing to deliver to our long term GP Contract reforms to recruit primary care multi-disciplinary teams.



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Scottish Government



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