Healthcare Improvement Scotland

GP-led walk-in services

Guiding principles – phase 1 key learning

October 2026

NHS SCOTLAND

Microsoft Copilot was used to assist in generating parts of this content. As AI-generated text may contain inaccuracies, all information has been checked and validated by Healthcare Improvement Scotland GP-led walk-in centres programme team prior to inclusion in the guiding principles.

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Key points

- GP-led walk-in services are being developed in Scotland to improve access to urgent primary care, and provide greater flexibility for patients, whilst supporting a reduction in pressure on GP practices and acute hospital services.
- These services provide same day care for urgent health conditions that are not emergencies, without the need for a pre-booked appointment. They are delivered by multidisciplinary teams and are intended to complement existing GP practices, NHS 24, community pharmacy, and acute hospital services.
- 16 pilot sites were selected across Scotland to test different delivery models and inform future national rollout. **As of October 2026, 12 GP-led walk-in services are open**.
- There is **no single model of delivery** among the pilot sites. Services have been designed to meet local population needs, geography, workforce capacity and existing healthcare infrastructure. While this flexibility is important, common themes have emerged across sites.
- **Key enablers** include: strong leadership, collaborative working and relationship building with existing services, robust communication pathways and clear information for patients.
- **Key challenges** include: workforce recruitment and sustainability, effective integration with existing primary care services, variable demand patterns, and public and professional understanding of service purpose and eligibility.
- There are opportunities to develop consistency in data collection and some operational processes through shared learning across Scotland.
- Patient feedback is routinely collected across sites and is generally positive, despite variable response rates.
- The pilot is due to expand to a total of 40 walk-in services by April 2029. Ongoing evaluation by Healthcare Improvement Scotland to ensure that the improvement and implementation support provided to all walk-in services is relevant and evidence based through learning from teams will inform future iterations of this document.

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Purpose and scope

Purpose of this document

This document contains information for NHS boards, Health and Social Care Partnerships (HSCPs), primary care professionals and support staff involved in the development of GP-led walk-in services in Scotland. It is intended to assist in the local and regional planning of services which help improve urgent access to unscheduled primary care. This version documents key learning from the improvement and implementation support provided by Healthcare Improvement Scotland to all GP-led walk-in services, and by the end of the programme will be developed into guiding principles for service development.

- introduces the concept of GP-led walk-in services
- provides an overview of the evidence and current policy context in Scotland
- offers information on delivery models, pathways, interventions and capturing learning, and
- explores emerging learning from the pilot sites that will inform the guiding principles in future iterations.

Intended audience

NHS boards, HSCPs, primary care professionals and support staff involved in the development of GP-led walk-in services in Scotland.

Purpose of the pilot programme

The First Minister announced plans to establish a new nationwide network of walk-in GP services, open seven days a week between noon and 8pm. 16 pilot sites were selected, with the first GP-led walk-in service opening in February 2026.

There is limited evidence in the literature regarding the impact of GP-led walk-in services. This is a new service delivery model in Scotland designed to provide access to urgent care closer to home. It is important that learning from these pilot sites is considered to inform the planning and ongoing delivery of future GP-led walk-in services.

Future iterations

Healthcare Improvement Scotland will update and expand this document based on learning from the GP-led walk-in services that opened during 2026. Updates will be developed by drawing on the experiences of these GP-led walk-in services, sharing their learning around what works well and any challenges they have experienced.

What is a GP-led walk-in service?

Definition

There is no standard definition of a GP-led walk-in service. Monitor's review of walk-in services in England (2014) states that a walk-in service is "a site that provides routine and urgent primary care for minor ailments and injuries with no requirement for patients to pre-book an appointment or to be registered at the service or with any GP practice".[1]

GP-led walk-in services in Scotland are intended to improve access to primary care and alleviate pressure on existing GP and acute hospital services. They aim to provide greater flexibility, allowing people to be seen by a clinician at a time that works for them.[2] They also aim to improve equity of access, by giving an option for people to attend a GP at a different time or different location than their regular GP practice, and in some areas to provide access for those without a registered GP.

Key features

- Offer same day urgent care without the need to book an appointment.
- Opening times of each walk-in service currently vary. However, all pilot sites are expected to be open seven days a week by the end of 2026.
- Walk-in services participating in the pilot (*figure 2*) are GP-led and delivered by a multidisciplinary team (MDT). The MDT may include GPs, advanced nurse practitioners or other healthcare professionals such as physiotherapists and pharmacists.
- Healthcare professionals deliver one-off consultations and treatment for urgent health conditions that are not emergencies (*figure 1*).
- Walk-in services do not cover long-term or ongoing health problems (*figure 1*).
- Consultations are mainly conducted in person, with some services offering remote consultations via NHS near me or telephone.
- GP-led walk-in services complement existing GP practices, NHS 24, community pharmacy, and acute hospital services.

Figure 1: Criteria for attending a GP-led walk-in service (NHS inform, 2026)[3]

Inclusion criteria	Exclusion criteria
• minor illness or infection • recent health concern that needs same day care • mild to moderate symptoms • health problems that can be treated with one visit, or • minor concerns that don't need hospital tests, scans or specialist care.	• serious injuries like broken bones, burns or severe wounds • health emergencies • long-term or ongoing health problems • dressing or wound checks • dental conditions • repeat prescriptions or medication reviews • sick notes, forms or paperwork, or • drug dependency prescribing.

Scope and limitations

Within the 16 pilot sites there is no single GP-led walk-in service delivery model. Arrangements vary according to local population, geography, existing services and workforce. Whilst similarities and differences can be reviewed, it will be difficult to draw finite conclusions about how to set up and deliver GP-led walk-in services. These guiding principles are designed to provide a common framework for service development, whilst allowing flexibility to tailor to local context and population need.

Evidence and policy context

Key findings from evidence review

Healthcare Improvement Scotland undertook a review of the evidence around GP-led walk-in services in 2026. The full evidence summary, including methodology, will soon be available on Healthcare Improvement Scotland's website. There is limited current evidence on the effectiveness of primary care walk-in services, however key messages include:

- For patients, primary care walk-in services offer improved convenience and satisfaction and may increase healthcare access for some population groups.
- The evidence regarding the impact of primary care walk-in services on demand for other healthcare services is limited, dated or uncertain.
- The cost effectiveness evidence on primary care walk-in services is limited by the scarcity of cost analyses and the absence of data on attributable health outcomes.
- Key enablers of successful implementation of walk-in services are local needs assessments, strong relationships with existing healthcare providers, accessible locations, effective triage and data recording systems, and targeted marketing.
- Robust service evaluations are needed to inform policy decisions and optimise the implementation of GP walk-in services within NHS Scotland.

Relevant policy drivers

General practice and primary care are most people's first point of contact with the healthcare system in Scotland, with 90% of healthcare encounters taking place in primary care.[4] In October 2025 the First Minister announced plans to establish a new nationwide network of walk-in GP services, open seven days a week between noon and 8pm in addition to existing primary care services.[5] Health boards have been asked to design services that work best for their local needs, and test a range of models as part of a nationwide pilot to help make it easier for people to get same day care for minor illnesses.[4]

16 pilot sites were selected, with the first GP-led walk-in service opening in February 2026 (*figure 2*). As of October 2026, 12 GP-led walk-in services are open.

A number of recent publications have outlined Scottish Government's ambitions to improve access to primary care, with a focus on prevention and providing more care in the community. Scottish Government's Health and Social Care Service Renewal Framework (2025) sets out a community principle which aims to improve access to services and a wider range of treatments in the community, moving away from a hospital focused model.[6]

This message is further strengthened in Scottish Government's Improving Flow Plan (2026)[7], which aims to shift more care to homes and communities, improving access to and navigation through the health and care system. Scottish Government's Programme for Government 2026-31 (2026)[8] states that providing easier access to urgent same day care can reduce pressures in hospital emergency departments. The document highlights that GP-led walk-in services have expanded the number of people cared for closer to home, with ambitions to scale this programme up over the next three years.

Taking a preventative approach to health and wellbeing in Scotland is a shared responsibility of the whole system. This is reflected in the connection between the Health and Social Care Service Renewal Framework's 'prevention' principle and the Scottish Government's Population Health Framework's driver 4: Equitable Health and Care (2025).[6,9]

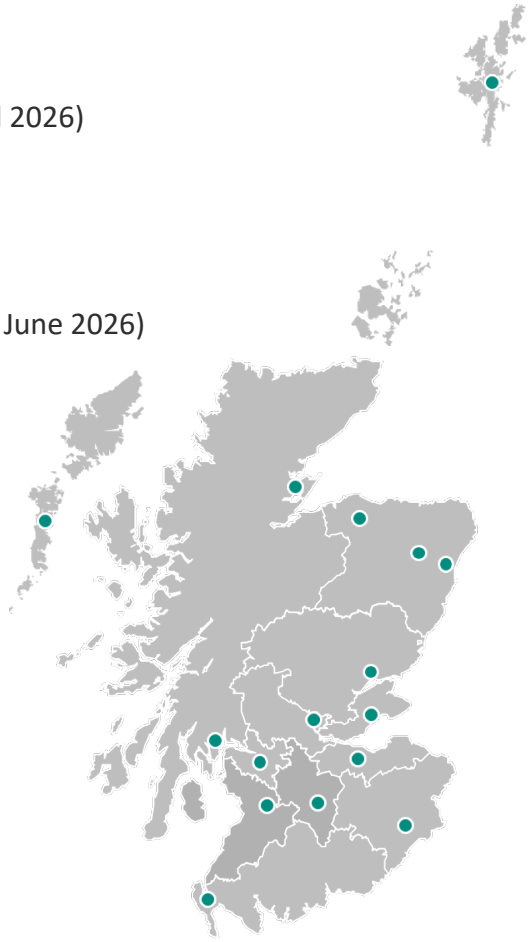
The GP-led walk-in service model is being tested in Scotland to push forward the Scottish Government's policy aims of improving access to primary care and alleviate pressure on existing GP and acute hospital services. The First Minister stated that the walk-in services aim to provide greater flexibility and allow people to be seen by a clinician at a time that works for them.[2]

Current situation

Pilot sites

The location and opening dates for the 16 pilot sites can be seen in figure 2 below.

Figure 2: Location of the 16 pilot GP-led walk-in services



- NHS Borders, Hawick (open 28 April 2026)
- NHS Dumfries and Galloway, Stranraer (open 14 April 2026)
- NHS Fife, Buckhaven (open 24 August 2026)
- NHS Forth Valley, Sauchie (open 28 September 2026)
- NHS Grampian, Aberdeen city (open 23 June 2026)
- NHS Greater Glasgow and Clyde, Cardonald (open 29 June 2026)
- NHS Highland, Dunoon (open 26 June 2026)
- NHS Highland, Invergordon (open 13 July 2026)
- NHS Lothian, Wester Hailes (open 10 February 2026)
- NHS Shetland, Lerwick (open 02 May 2026)
- NHS Tayside, Lochee (open 21 March 2026)
- NHS Western Isles, Benbecula (open 10 April 2026)
- NHS Ayrshire and Arran, East Ayrshire (date TBC)
- NHS Grampian, Aberdeenshire (date TBC)
- NHS Grampian, Moray (date TBC)
- NHS Lanarkshire, Lanark (date TBC)

Access models

The governance of GP-led walk-in services varies and are operationally managed in different ways. Some are hosted within a GP practice via a service level agreement. Others operate through the NHS board's existing GP out-of-hours / unscheduled care or primary care structures.

Patient access to the services also differs and falls into the following categories:

Cluster based

Open to patients within a specific geographical area, often co-located in buildings housing several practices.



Sites

- NHS Dumfries & Galloway, Stranraer
- NHS Fife, Buckhaven
- NHS Forth Valley, Sauchie
- NHS Greater Glasgow and Clyde, Cardonald
- NHS Highland, Invergordon
- NHS Lothian, Wester Hailes

Wider access

Mostly located in community hospital-like location, and often with a bigger team, more ANP-led.



Sites

- NHS Borders, Hawick
- NHS Grampian, Aberdeen City
- NHS Highland, Dunoon
- NHS Shetland, Lerwick

Core GP practice

Open only to patients already registered at the practice, clinicians have access to records and continuity.



Sites

- NHS Tayside, Lochee

Bespoke

Western Isles is offering the service only for temporary residents, to ease pressure on access for core General Practice for residents. This service is not specific to a particular location, as temporary residents across the Uists can access clinical support virtually, via the GP/clinician running the service.



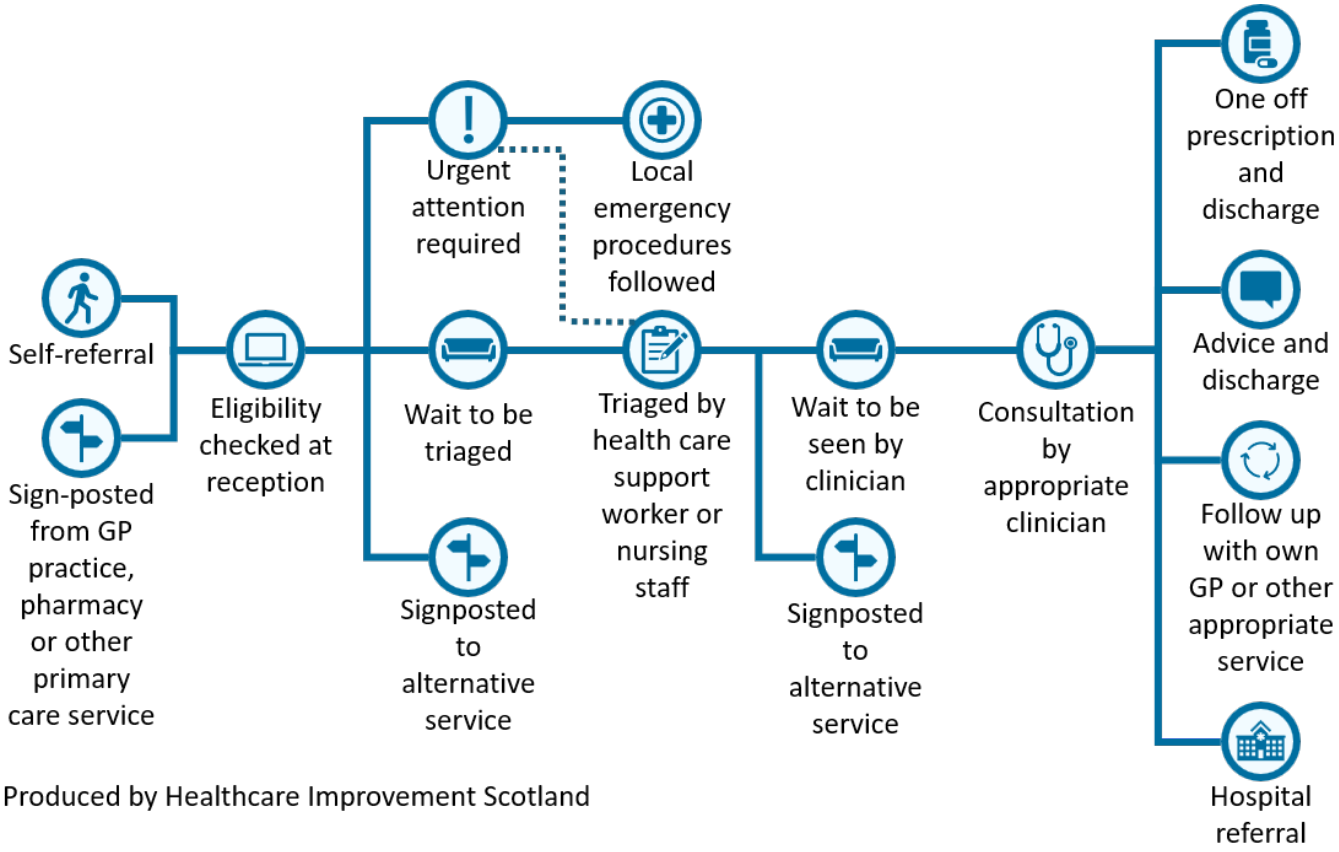
Sites

- NHS Western Isles, Benbecula

Patient pathway

Figure 3 provides an overview of the patient pathway for both cluster based and wider access models. There will be local variation at each of the steps indicated.

Figure 3: High level patient pathway for GP-led walk-in services



Produced by Healthcare Improvement Scotland

Image description.

Interventions and point of care support provided within GP-led walk-in services

Initial assessment and triage

- Clinical history and symptom assessment.
- Vital signs as clinically required or indicated (e.g. BP, pulse, oxygen saturation, temperature, and heart rate and rhythm if ECG available).
- Clinical risk assessment and identification of red flags.
- Escalation to acute or emergency care if required.



Clinical assessment and management

- Consultation with a GP, nurse practitioner or other healthcare professional.
- Diagnosis, advice and reassurance.
- Self-care management and guidance.
- Safety-netting advice.
- Escalation to acute or emergency care if required.



Medicines and prescriptions

- Same-day prescribing for acute conditions.
- Advice on appropriate over-the-counter medication.
- Limited supply of medication for immediate treatment, depending on local arrangements.



Care navigation

- Self-care support.
- Signposting to GP practice, community pharmacy and other appropriate health and care services.
- Escalation to acute or emergency care if required.



Early learning from Scottish pilots

Capturing learning

Data

There is variation in how data is currently captured and reported across services. Most services use the Adastra system to record activity data while a small number use Vision. Services are currently working with Healthcare Improvement Scotland, NHS24 and Public Health Scotland to develop and agree a consistent national approach for data collection and reporting.

Public Health Scotland (PHS) present statistics relating to the number of monthly cases at pilot GP-led walk-in services.[10] At the end of August, eleven services had opened, of which ten had been operational for the full month of August. The full publication and associated data files for the month ending 31 August 2026 can be found on Public Health Scotland's website. Key points include:

- For the ten walk-in services that had been open for the full month of August, 4,745 cases were reported.
- A total of 15,475 cases were reported across all GP-led walk-in services between the opening of the first service on 10 February 2026 and the end of August 2026.

Snapshot: Cardonald GP-led walk-in service, NHS Greater Glasgow and Clyde
Phase one: first 14 weeks (29 June – 04 October 2026)

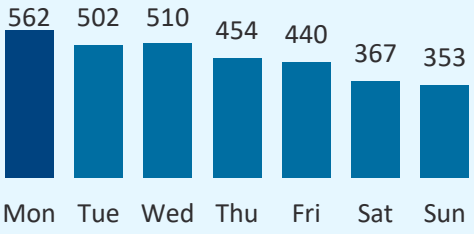
- Opened on 29 June 2026.
- Operates seven days a week from 12-8pm.
- Phase one was open to Cluster 7 practices and eligible unregistered patients with a population of approximately 45,000.
- Located at Cardonald Medical Centre and delivered under the umbrella of GP out-of-hours (there is no GP out-of-hours service based at Cardonald).
- Clinical workforce: three clinicians on weekdays on average, two at weekends.
- Supported by nursing, health care support staff, administrative staff, security and management.

- During the first 14 weeks:

Total attendance

3,188 attendances in the first 14 weeks

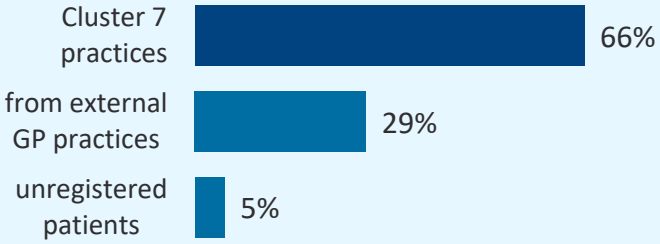
228 attendances per week on average



Highest attendance on **Mondays**, with lowest attendance at the weekend

Peak demand time is during the **first hour** after opening

Who attended?*

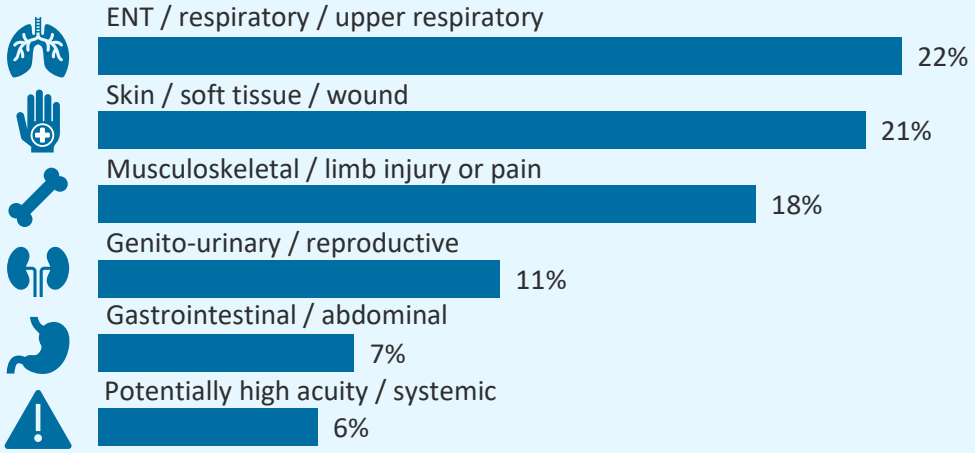


*Includes all attendances in phase one

Age groups

Highest attendance among the **35-44** and **55-64** age groups

Conditions seen (only top categories displayed)



Clinical outcomes and reattendance

70% no follow-up

18% daytime GP follow-up*

5% hospital referral

1.4% reattended within 72 hours

*daytime GP follow-up was sometimes selected as a default outcome.

Snapshot: Cardonald GP-led walk-in service, NHS Greater Glasgow and Clyde
Phase one: first 14 weeks (29 June – 04 October 2026)

Next steps:

- Emergency Department redirections commenced on 02 October 2026, during Week 14.
- From 05 October 2026 (Week 15), the eligible catchment expanded to approximately 70,000 people, marking the start of Phase two.

Patient experience

Engaging with people about their health is important. It leads to high quality, safe services that are person-centred. It also improves the health and wellbeing of communities.[11] There are several methods for planning, delivering and evaluating patient engagement, some of which are outlined in Healthcare Improvement Scotland's engaging communities participation toolkit (2026). An example of a patient experience questionnaire can be found in appendix A.

Patient feedback is routinely collected across sites and is generally positive, despite variable response rates. Feedback is captured through surveys sent by SMS, email or via paper forms, with requests sent immediately after consultation or up to three days later.

Staff experience

Staff experience is not routinely or formally captured. Most services gather informal feedback through huddles, discussions and local lessons learned. A small number of sites are using anonymous staff experience surveys to gather feedback on service delivery. Learning from pilot sites will be included in future versions of this document.

Emerging themes

Although services are only part way through the pilot phase, the following themes have presented as important elements for service delivery. Further learning from the pilot sites will inform the development of guiding principles in future iterations of this document.

Workforce and recruitment

- All services are currently led by a GP or advanced nurse practitioner, supported by different mixes of nursing, healthcare support, physiotherapy and administration staff.
- Recruitment, availability and workforce sustainability are common challenges.
- Reliance on bank and temporary staff may be compounded by fixed-term funding and long-standing recruitment pressures.

System integration and relationships

- Services need to work effectively with GP practices and wider urgent and primary care system.
- Information sharing between walk-in services and GP practices has emerged as an important part of system integration, particularly around how consultation information, outcomes and onward care are communicated across services.
- There is a high level of political and media pressure to establish services in the face of some opposition. This is contributing to strained relationships in some areas.
- Senior leadership support and an open, inclusive and collaborative culture are associated with stronger staff morale and enhanced service quality.
- Local clarity is needed on appropriate use, GP access expectations and business-continuity arrangements.

Key message: Sustainable staffing, supportive leadership and strong system relationships are essential to successful delivery.

Demand and opening hours

- Demand varies, with lower activity reported at weekends and out-of-hour periods.
- Patterns may reflect public awareness, established healthcare seeking behaviours and service location.
- Opening models range from two days each week to daily provision, with different hours across sites.

Where and how care is delivered

- Current walk-in services operate from GP practices, health centres and community hospitals. All services have a seated waiting area for patients.
- Care is mainly face-to-face, with some services also using telephone, Near Me or eConsult.
- Most services have a triage system which typically involves a healthcare support worker or nurse assessing patient eligibility. Patients are signposted to alternative services if they are not deemed appropriate.
- Most sites have a prescribing model with a small store of non-controlled drugs and emergency grab bags on site.

Key message: Delivery models vary, highlighting opportunities to strengthen consistency, data collection and shared learning.

Eligibility and patient pathways

- Eligibility criteria are broadly similar, but age limits, pregnancy-related presentations, catchment rules and late-arrival arrangements vary.
- Access routes include self-referral, GP redirection and signposting from pharmacy or other primary care services.
- Some services have links with local pharmacies for fulfilling prescriptions.
- Local procedures and pathways support safe triage, same day discharge, onward referral and emergency escalation as required.

Public awareness and understanding

- Awareness of the service purpose, eligibility and access arrangements is a common challenge.
- Some services report inappropriate presentations and referrals from GP practices, pharmacies and other providers.
- Sites use different language to describe the GP-led walk-in centre / clinic / service locally. This may affect how clearly patients and other services understand what it is for.
- Public engagement and targeted communication can clarify what the service offers, who can attend and when it is open.

Key message: Clear eligibility criteria and communication are essential to helping patients access the service at the right time and for the right reason.

Data and evaluation

- Many services have local evaluation plans in place.
- There is variation in how data is currently captured and reported across services. Most services use the Adastra system to record activity data while a small number use Vision.
- Services are working with Healthcare Improvement Scotland, NHS24 and PHS to develop and agree a consistent national approach for data collection and reporting.
- Greater standardisation will support service evaluation, improvement work and shared learning across Scotland.

Patient and staff experience

- Patient feedback is routinely collected across sites and is generally positive, despite variable response rates.
- Feedback is captured through surveys sent by SMS, email or via paper forms, with requests sent immediately after consultation or up to three days later.
- Staff experience is not routinely or formally captured. Most services gather informal feedback through huddles, discussions and local lessons learned.

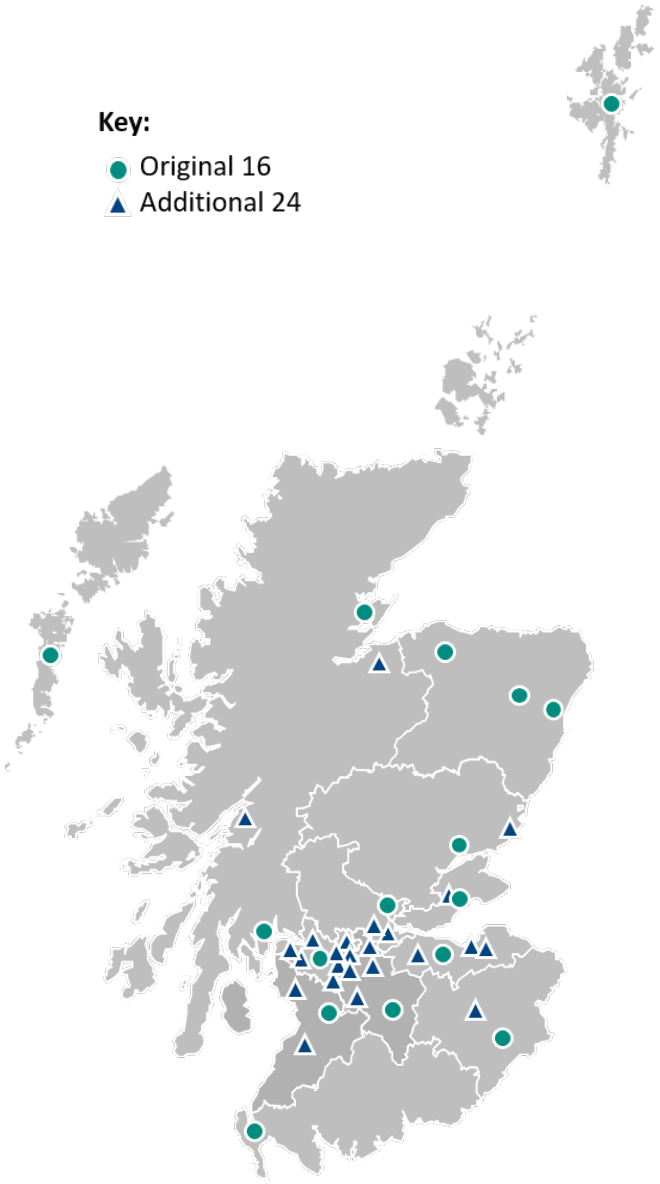
Key message: Consistent measurement and experience data are needed to demonstrate impact, identify improvement opportunities and support future service development.

Next steps

In August 2026, the First Minister announced plans to increase the number of GP-led walk-in services by a further 24, with an extension of the pilot programme to April 2029.[12] This was further set out in the Scottish Government's Programme for Government 2026-31 (2026).[8] The models for these additional walk-in services will vary and some locations are still to be confirmed (*figure 3*).

Figure 3: Additional 24 pilot GP-led walk-in services

- NHS Ayrshire and Arran, Ayr
- NHS Ayrshire and Arran, Irvine
- NHS Borders, Tweedale
- NHS Fife, Glenrothes
- NHS Forth Valley, Falkirk
- NHS Forth Valley, Grangemouth / Bo'ness
- NHS Greater Glasgow and Clyde, Dumbarton
- NHS Greater Glasgow and Clyde, East Dumbartonshire TBC
- NHS Greater Glasgow and Clyde, East Renfrewshire TBC
- NHS Greater Glasgow and Clyde, Glasgow City TBC
- NHS Greater Glasgow and Clyde, Glasgow North-East TBC
- NHS Greater Glasgow and Clyde, Glasgow North-West TBC
- NHS Greater Glasgow and Clyde, Glasgow Southside TBC
- NHS Greater Glasgow and Clyde, Inverclyde TBC
- NHS Greater Glasgow and Clyde, Paisley
- NHS Highland, Inverness
- NHS Highland, Oban
- NHS Lanarkshire, East Kilbride
- NHS Lanarkshire, North Lanarkshire TBC
- NHS Lanarkshire, Shotts
- NHS Lothian, Leith
- NHS Lothian, Livingston
- NHS Lothian, Musselburgh
- NHS Tayside, Arbroath



National evaluation of the pilot sites is being undertaken by Healthcare Improvement Scotland and supported by PHS and NHS 24. Learning from the pilot sites will inform future iterations of this document.

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Appendix A: Example patient experience questionnaire

GP-led walk-in service

Patient experience questionnaire

How are we doing?

This information will help us understand the experiences of people attending the GP-led walk-in service. It will help us to improve our service and plan for the future. The information you provide will be treated as confidential and will not affect the care you receive.

The survey consists of six questions, please fill in as much information as you are able. You do not have to complete this survey.

The overall results of the survey may be discussed at team meetings and included in reports. Your responses will be kept anonymous. **We ask that you do not include any personal information in your answers.** Any information that would be identifiable will be deleted. If you wish to discuss any specific aspects of your care, please ask a member of staff.

Your data will be processed in line with the NHS board Privacy Notice, available at:
web address

Completed by: Patient ☐ Relative or Carer ☐

1. Before coming to the GP-led walk-in service, did you contact any other healthcare service about the issue that you attended for today? (please tick all that apply)

   ☐ No
   ☐ Yes - own GP
   ☐ Yes – pharmacy
   ☐ Yes – NHS 24 / 111
   ☐ Yes – GP out-of-hours service
   ☐ Yes – hospital (including Emergency Department)
   ☐ Yes – other (please specify below)

2. What was your main reason for choosing the GP-led walk-in service over other health services today? (please tick one answer)

   ☐ More convenient location
   ☐ More convenient opening hours
   ☐ My own GP had no appointments available today
   ☐ I am not registered with a GP
   ☐ I was advised to attend by a healthcare professional
   ☐ Unsure
   ☐ Other (please specify below)

3. Thinking about your reason for coming to the GP-led walk-in service today, do you feel your needs were met? (please tick one answer)

   ☐ Completely
   ☐ Mostly
   ☐ Partly
   ☐ Not at all
   ☐ Not sure
   ☐ Prefer not to say

4. What would you have done today if the GP-led walk-in service was not available? (please tick one answer)

   ☐ Managed the problem myself or waited to see if it improved
   ☐ Asked a pharmacist for advice
   ☐ Contacted my own GP practice
   ☐ Waited for a routine GP appointment
   ☐ Contacted NHS 24/111
   ☐ Contacted the GP out-of-hours service
   ☐ Attended an Emergency Department or hospital
   ☐ I would not have sought healthcare today
   ☐ Not sure
   ☐ Other (please specify below)

5. Overall how would you rate your experience with the GP-led walk-in service today? (please tick one answer)

   ☐ Very good
   ☐ Good
   ☐ Fair
   ☐ Poor
   ☐ Very poor
   ☐ Prefer not to say

5. Is there anything you would like to tell us about your experience today, including anything that worked well or could be improved?

Thank you for taking the time to complete this form.

Additional questions collecting demographic information can be added here if desirable for your service.

Image descriptions

i. Figure 3 - patient pathway image description

Figure 3 provides an overview of the patient pathway for both cluster based and wider access models. There will be local variation at each of the steps indicated.

The image is of a patient pathway from left to right.

Patients attend the walk-in service via two routes: self-referral or signposted from another service. Patients are seen at reception where an eligibilty check is performed. Depending on the need identified, patients are either signposted to another service, escalated and provided with emergency support following local procedures, or sent to a waiting area to be triaged. Patients who follow the triage route will be seen by a healthcare support worker or nurse. Following triage, patients are either: signposted to another service, escalated and provided with emergency support following local procedures, or sent to a waiting area to wait for a consultation by a clinician. Following consultation, the clinician will either: provide a one-off prescription, provide advice, recommend follow up with their own GP or appropriate service, or refer to hospital.

Back to figure 3 – patient pathway.

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