BUSINESS AND REGULATORY IMPACT ASSESSMENT

Title

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 ("GMS")

and

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 ("PMS").

Purpose and Intended Effect

Background

General Practice is critical to sustaining high quality universal healthcare and to realising Scotland's ambition to improve our population's health and reduce health inequalities.

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 and The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 (hereafter referred to as "the Regulations"), will, when they come into force on 1 April 2018, introduce terms into the respective model contracts which for the purposes of this document are referred to as the 2018 Scottish GP Contract (2018 contract). The contractual terms introduced into the 2018 contract have been developed to re-invigorate general practice and re-energise its core values.

The Regulations support and underpin the wider contractual offer and policy outlined in *The 2018 General Medical Services Contract in Scotland*[1] policy statement published on 13 November 2017. The policy aims of the Regulations and wider contractual offer are to help improve patient access to GP Services, better contribute to improving population health, including mental health, and help to mitigate health inequalities. It also aims to enhance the GP role to make the profession an increasingly attractive career choice for new and existing GPs. It is intended to reduce the risks of becoming a GP Partner, increase the stability of General Practice funding, provide increased transparency on workforce and activity data, improve practice sustainability and improve practice infrastructure.

Not all features of the 2018 contract require regulatory provision but the Regulations are a critical part of the reform of Primary Care Services in Scotland to improve

[1] http://www.gov.scot/Resource/0052/00527530.pdf

patient care. The Regulations will be accompanied by a set of directions to Health Boards and guidance for GP Contractors. This assessment will therefore encompass the impact of the Regulations themselves and of the wider policy changes associated with the 2018 contract.

Objective

The objective of the Regulations is to support the Scottish Government's vision for the transformation of Primary Care, including the provision of high quality, sustainable GP Services for the people of Scotland.

Rationale for Government Intervention

The Regulations are intended to support the refocusing of the GP Role as the expert medical generalist, specialising in complex care in the community, undifferentiated presentations and whole system quality improvement and leadership. The Regulations support the implementation of the new 2018 contractual terms agreed between the Scottish Government and the Scottish General Practitioners' Committee ("SGPC") of the British Medical Association ("BMA").

Introducing the Regulations and the future changes set out in the wider contract document, sitting outwith regulations, will help meet the Scottish Government's vision for the future of primary care services: a vision of general practice and primary care at the heart of the healthcare system, where people who need care will be more informed and empowered, with access to the right professional at the right time, remaining at or near home whenever possible. Our vision is to expand the range and scope of multi-disciplinary teams, involve a variety of healthcare professionals, to work together to support people in the community, allowing GPs to spend more time with patients in specific need of their expertise.

The policy outlined in *The 2018 General Medical Services Contract in Scotland* will also help to support our national outcomes, including:

- We live longer, healthier lives;
- Our children have the best start in life and are ready to succeed,
- Our people are able to maintain their independence as they get older,
- Our public services are high quality, continually improving, efficient and responsive.

Consultation

The Regulations have been developed collaboratively through negotiation between the Scottish Government and SGPC, as the parties authorised to negotiate the GMS Contract in Scotland.

As the representative Union, the BMA led consultation with the profession on the new contract. This included holding road shows in all 14 Health Board areas from January to June of 2015. Further road shows were held in 11 Health Board areas between 3 February and 16 March 2016 to update on progress and gather more feedback. This consultation helped to inform the Primary Care Vision and the expert medical generalist role. Updates on the development of the contract negotiations were published in General Practice: Contract and Context. Principles of the Scottish Approach on 3 November 2016. This was updated by a further publication on 11 May 2017.

Negotiations were informed by engagement with healthcare professionals, NHS Boards, Integration Authorities and the public, including seeking public views through the Scottish Health and Care Experience Survey, Healthier Scotland National Conversation and Our Voice Citizens' Panels. This engagement helped to ensure that robust, evidence based improvements could be made to the 2018 contract. The 2018 contract will accompany future measures brought about by wider changes to primary care services to meet the policy aims of refocusing the GP role as the expert medical generalist in the community, supported by an expanding multidisciplinary team, improving access for patients, and helping to mitigate health inequalities.

The contract offer and policy statement document which underpins the Regulations was published jointly by the Scottish Government and SGPC on 13 November 2017. This publication was followed by a series of stakeholder engagement events held across Scotland in every Health Board area to discuss the proposals with clinicians, Health Boards and Integration Authority officials. SGPC held a poll of the profession between 7 December 2017 and 4 January 2018 to seek their views on the new contract offer. On 18 January SGPC formally decided to proceed to implement the 2018 contract.

Engagement with the profession, the public, NHS Boards and Integration Authorities will continue throughout the implementation of the new 2018 contract.

The proposals

The following chapters outline the proposed measures as they were grouped in *The 2018 General Medical Services Contract* publication, considers the available options to achieve them, the sectors and groups affected, the costs and benefits of the proposals, carries out Small/Micro firms impact and Legal Aid Impact tests,

describes Implementation and delivery plans, Post implementation reviews and provides an overall summary of each set of measures.

1) The Role of GPs in Scotland
2) GP Pay and Expenses
3) Manageable Workload
4) Improving Infrastructure and Reducing Risk
5) Better Care for Patients
6) Better Health in Communities
7) The Role of the Practice

1) The Role of GPs in Scotland

The new 2018 contractual terms will accompany future measures brought about by wider changes to primary care services that will allow GPs to work as expert medical generalists in the community, as the senior clinical decision makers within multidisciplinary community teams. The key contribution of GPs in this role will be in undifferentiated presentations, complex care in the community and whole system quality improvement and clinical leadership.

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, SGPC, NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists.

The 2018 contractual terms will help to enable this transformation by supporting the agreed direction of travel to reduce the over specification of services in the contract wherever it is safe to do so and improves patient care. For instance:

i. Each practice will receive resources to support one session per month for Professional Time Activities;

ii. The Regulations will clarify the arrangements for Out of Hours services by removing the current opt-out arrangement for those who no longer provide Out of Hours services to facilitate the introduction of a new Enhanced Service. This will ensure that those practices already providing Out of Hours services can continue to do so, and will provide more flexibility for other practices to consider Out of Hours work. The new arrangements for Out of Hours will offer the benefit of consistency of approach to the provision of unscheduled care services outwith GP core hours across Scotland where practice-based service level agreements are currently in place.

iii. The Minor Surgery Additional Service will be removed from the 2018 Regulations . Minor surgeries formerly performed under the Additional Service should be performed where there is a clinical need. PMS practices will no longer be able to enter an agreement which includes minor surgery as an additional service. The Enhanced Services Minor Surgery Scheme will continue.

These changes will support GPs to focus on their role as expert medical generalists, facilitated by the expansion of the multidisciplinary team who will underpin a transformational service redesign over the next three years.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with SGPC to refocus the GP role as the expert medical generalist in order to improve patient care.

Option 1 – Refocus the GP Role as the expert medical generalist in the community and support transformational service redesign

References to the Out of Hours opt-out service, and Minor Surgery Additional Service are no longer required in the Regulations as they will no longer be core GP Services. Transitional provisions are required to provide stability to that minority of practices that did not permanently opt out of providing Out of Hours as an Additional Service in 2004. The new enhanced Out of Hours service will ensure stability as national specifications are introduced.

Removing the Minor Surgeries Additional Service is a first step towards service redesign.

Protected time for Professional Time Activities will be resourced so that GPs can focus on their role in quality improvement and leadership.

Option 1 is recommended.

Sectors and groups affected

All practices will be affected by the introduction of protected time for Professional Time Activities.

The removal of Out of Hours will directly affect those practices which did not permanently opt out and their Health Boards. The transitional provisions, new directions and new enhanced service aim to ensure a seamless transition. The new enhanced service will also affect those practices which wish to participate now or in future.

The removal of the Minor Surgery Additional Service will notionally affect practices on GMS contracts more than those on PMS agreements as all practices with GMS contracts are expected to perform Additional Services whereas it is possible for PMS

practices not to provide Additional Services according to their local service agreements.

Costs and Benefits

Professional Time Activities will have the benefit of leading to, over time, regular protected time for every GP. Additional funding of £2.5 million will be provided from 1 April 2018 through the Primary Care Fund to support this initiative.

The new arrangements for Out of Hours will offer the benefit of consistency of approach to the provision of unscheduled care services across Scotland where practice-based service level agreements are currently in place. The removal of the Minor Surgery Additional Service will allow GPs to refocus on what they have trained to do and reduce the over-specification of services in the contract. There should be no additional costs to removing this Additional Service.

Costs and benefits should not differ between practices with GMS and PMS contracts.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

The Out of Hours enhanced service will provide stability for practices who currently provide Out of Hours services under their GMS contract or PMS agreement but will not provide a competitive advantage in bidding for service level agreements as the guaranteed sums are relatively small compared to Out of Hours service level agreements.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

Out of Hours Directions will be published on, or soon after, 1 April 2018, which is the date the Regulations come into force. The Out of Hours enhanced service will be published alongside them or soon afterwards.

A National Oversight Group with representatives from the Scottish Government, SGPC, HSCPs and NHS Boards will be formed to oversee implementation by NHS Boards of the 2018 contract in Scotland and the Integration Authority Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective multidisciplinary team working.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option One is recommended to establish the role of the GP as an expert medical generalist, enabling them to act as the senior clinical decision makers within multidisciplinary community teams.

2) GP Pay and Expenses

The new 2018 contractual terms aim to improve practice sustainability by providing stability of practice funding. The proposed changes to the way practices are funded in Scotland are ultimately intended to re-establish the link between practice income and the provision of GPs to the community. PMS practices may agree with their Health Boards to be paid on different terms but funding made available to Health Boards will be based upon the new formula.

To support this the changes to the 2018 contract (and within the directions relating to payment for GMS contracts, the Statements of Financial Entitlements ("the SFE")) include:

i. The Scottish Allocation Formula, which allocated funding to practices will be replaced by an improved workload formula, based on up-to-date data, which gives greater weight to deprivation and older patients whilst ensuring that no practice loses funding.

ii. A Minimum income floor of £80,430 (including employer pension contributions) for each practice partner from April 2019 will be introduced to ensuring that GPs have greater income security.

iii. Correction factor payments will be consolidated into the global sum (the overall sum from which practices receive a share of based upon their adjusted patient profile) in 2018/19. Existing practice incomes will be guaranteed.

iv. Improved data collection to provide transparency on GP Earnings and Expenses.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC to provide improved income security to practices, as the current SFE does not provide for an income floor, and provides income guarantees based on 2003 income and the Scottish Allocation Formula, and do not give Health Boards the necessary powers to require transparency of expenses in GMS contracts.

Option 1 – Introduce a new workload formula and income floor to increase practice sustainability.

The Regulations do not cover financial mechanisms, however the SFE, issued annually, will be updated to set out the agreed mechanisms for paying practices for providing general medical services under a GMS contract. The new funding formula

outlined in the SFE will also apply to PMS practices unless they agree with their Health Boards to be paid on different terms.

The Regulations are the appropriate place to insert a general requirement to provide data. Directions will be published regarding what information is required and how it is to be provided.

Option 1 is recommended.

Sectors and groups affected

The Minimum Income Floor will directly affect, and raise the income, of the 20% of GP partners that the GP Earnings and Expenses Review (Deloitte) estimates are currently earning less than £80,430 (inclusive of employer pension contributions) for a whole time equivalent week (pro rata).

The revised resource allocation formula will directly affect those GPs who are partners in practices with disproportionately higher levels of deprived and older patients on their practice lists. The new Income and Expenses Guarantee will ensure that no practices will lose funding under the new formula.

Transparency of Expenses will affect all GP practices.

The Global Sum applies to all practices whether they have GMS or PMS contracts (or are run directly by a Health Board under 2C arrangements of the National Health Service (Scotland) Act 1978).

Costs and Benefits

The Minimum Income Floor will directly benefit the lowest earning 20% of GP partners with consequent benefits to recruitment and retention. The immediate benefit of collecting data will be to allow NHS National Services Scotland to assess which practices will benefit from this Income Floor.

The Minimum Income Floor will increase income for approximately 20% of GPs, this will be funded by the Scottish Government. There will be no costs to practices or to patients.

The new formula more accurately reflects GP workload and allows later transition to direct reimbursement of expenses should the profession support further change to the funding model following a subsequent poll. The Income and Expenses Guarantee has the benefit of keeping GP income stable whilst introducing a new workload formula.

The Scottish Government will invest £23 million in general medical services to ensure no practice loses income – this includes GMS, PMS and salaried practices. There will be no costs to practices or to patients.

Collecting data should not cost practices as this information should already be gathered by practices for tax purposes.

Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

Providing guaranteed practice incomes and a minimum income floor specifically will not reduce suppliers' incentives to compete vigorously as they are obliged to take on all patients when their lists are open and to treat all presenting patients.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

The SFE will be published on, or soon after, 1 April 2018, which is the date the Regulations come into force. The SFE will set out the detail of the new funding mechanisms applicable to GMS contracts.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option one is recommended to establish a new workload formula, protect the income of all practices and introduce a minimum income for all partners. This change will make general practice more sustainable by providing practice funding stability.

3) Manageable Workload

Over the three-year period of primary care service transformation, additional staff will be introduced to work alongside and support GPs and practice staff, in order to reduce GP workload and improve patient care.

Their roles will include taking over responsibility for vaccination and immunisations services, improved pharmacotherapy services, community treatment and care services, and additional professional clinical and non-clinical services including physiotherapy, mental health services and community link worker services.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC as GPs require assurance that these services will cease to be a practice responsibility and will be delivered by members of the wider multidisciplinary team wherever it is safe and appropriate to do so and improves patient care.

Option 1 – Reduce contractual complexity by introducing an expanded multidisciplinary team with responsibility to deliver specific services as soon as it is safe and appropriate to do so, supported by a Memorandum of Understanding.

Workload is one of the most challenging aspects of being a GP. Over a three year period of transformative service redesign, GP workload will be reduced so that GPs can focus their time on treating those patients who need their skills the most.

A Memorandum of Understanding between Integration Authorities, SGPC, Health Boards and the Scottish Government will set out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed priorities.

Option 1 is recommended.

Sectors and groups affected

Almost all practices will be affected by the plans for service redesign. Practices, or their representatives, will be involved in local discussions across Scotland to decide how best to redesign services in their local areas.

Patients will not be affected as services will not be transferred to Health Board management until it is clear that is safe to do so.

Delivering transferred services will be an additional responsibility for Health Boards.

GPs and other healthcare professionals will have to develop and adapt to new models of working together.

Scottish Government is committed to rebalancing the workload of all practices whether on GMS contracts or PMS agreements, so that GPs can focus on treating the patients who need their care the most.

Costs and Benefits

Expansion of the multidisciplinary team in general practice to provide these services will mean that patients are more able to access the right person at the right place at the right time and allow GPs to refocus on what they have trained to do.

The Scottish Government will fund Health Boards and Integration Authorities to realise this service redesign through the Primary Care Fund, whilst ensuring that general practice funding remains stable at a national and a local level in order to support practices.

Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 Contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

The Vaccinations Transformation Programme could lead to some Health Boards providing travel vaccinations which are currently supplied on the private market. However this is already the case in some areas of Scotland and is already an available option for other Health Boards.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

The Memorandum of Understanding will be published on, or soon after, the 1 April 2018, which is the date the Regulations come into force.

A National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards will be formed to oversee implementation by NHS Boards of the 2018 contract in Scotland and the Integration Authority Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective multidisciplinary team working.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option One is recommended to refocus GP workload by establishing new working relationships and an expanded multidisciplinary team encapsulated in a Memorandum of Understanding. These changes will reduce GP workload and improve patient care.

4) Improving Infrastructure and Reducing Risk

As independent contractors running a practice, GPs are exposed to risk in a number of ways. This can be through the ownership and maintenance of practice premises and through acting as a data controller sharing information with the wider NHS. The 2018 contractual terms introduce a number of significant new measures designed to manage and reduce these risks to GPs, to ensure that becoming a GP remains an attractive career option.

The GP Premises National Code of Practice ("the Code") was published alongside the contract offer and policy statement document and sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises. The Code sets out how the Scottish Government will achieve the benefit of a significant transfer away from GPs of the risks of providing premises in particular through introducing the GP Premises Sustainability Fund.

All GP Premises will be surveyed in 2018. This will have the benefit of supporting the implementation of the Code through providing accurate data concerning the primary care estate.

The Regulations will set out new contractual terms that relate to the roles and responsibilities of GP contractors and Health Boards in relation to information held in GP patient records. This will have the benefit of supporting adherence to the Data Protection Act 1998 and help prepare GP contractors and providers and Health Boards for the new General Data Protection Regulation (due to apply to the UK on 25 May 2018) and will reduce the risk of GPs being exposed to liabilities beyond their effective control.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC to reduce the risk of becoming a GP Partner in order to encourage more GPs to join, or remain in, the profession.

Option 1 – Improve practice infrastructure and provide clarity on data sharing arrangements.

Directions are the appropriate means to implement the Code as The National Health Service (Scotland) Act 1978 already provides sufficient powers to direct Health Board accordingly.

The Regulations need to be amended to enable consistent treatment of data and to ensure that data sharing obligations and roles are clearly set out in the 2018 contract

Option 1 is recommended.

Sectors and groups affected

The Premises Directions will affect all GPs who provide their premises. This is around two-thirds of the total number of practices. It will also affect GPs who are considering becoming partners.

The GP Sustainability Fund will be available to practices with GMS contracts and PMS agreements.

Data sharing agreements will affect all GPs, more so as the multidisciplinary team expands and data is necessarily shared with staff engaged rather than employed in a practice.

Appropriate data sharing agreements will ensure that patients receive the right treatment when they are treated by someone other than their GP.

Data sharing agreements will apply equally to practices with GMS contracts and PMS agreements.

Costs and Benefits

Implementation of the Code will remove barriers to recruitment, retention and retirement as less liabilities are associated with becoming a practice partner. Similarly data sharing requirements and data sharing agreements will also reduce liabilities.

The Scottish Government will invest £30 million in the GP Premises Sustainability Fund by 2020/21. It is likely to cost £8 million a year to offer every practice a 20% loan in each 5 year cycle. There will also be assignation costs when boards take on leases. The survey is likely to cost around £500,000.

Boards currently meet the cost of providing premises through the Premises Directions; the shift to a model where GPs are no longer expected to provide premises can be understood as a reconfiguration of provision that will reduce costs in the long run.

Costs and benefits should not differ between practices with GMS and PMS contracts.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

The measures could be argued to limit the ability of suppliers to compete as few commercial lenders will be able to compete with interest free loans. However the loans will only apply to a limited extent to a small number of potential customers who are generally looking to a future where they do not need to be customers at all.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

Revised Premises Reimbursement Directions and new Premises Loans Directions will be published on, or soon after, 1 April 2018, which is the date the Regulations come into force. GPs will then begin applying to the Scottish Government for premises loans.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option one is recommended to reduce the risks of being a partner in general practice and improve the infrastructure of the GP estate.

5) Better Care for Patients

The 2018 contract proposals focus on improving patient care in line with the principles of contact, comprehensiveness, continuity and coordination. Through the expansion of the multidisciplinary team, GP time will be freed up for longer consultations where needed, improving access of patients.

Access will also be improved by a requirement introduced in the Regulations for practices to offer online appointment booking wherever possible. We also intend to introduce improvements to the Extended Hours Direct Enhanced Service (DES), and develop a national standardised website for every practice in Scotland.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC to improve the Extended Hours DES, ensure the use of a standardised website, and extend access for patients.

Option 1 – Improve patient access to GP Services.

The Regulations need to be amended to require practices to provide such online access and information as they can.

Option 1 is recommended.

Sectors and groups affected

Improving the Extended Hours DES will make the service available to more patients as the extended multidisciplinary team are able to participate.

Practices with the capability to offer online appointments and other facilities will have to offer them. Patients with online capability will be able to access their practices more easily.

These arrangements will apply equally to practices with GMS contracts and PMS agreements.

Costs and Benefits

Improving the Extended Hours DES will ensure more patients can make use of the service. There are possible additional costs to Health Boards from the Extended Hours DES should practices not currently participating wish to begin.

Providing a standard website will have the benefit of consistently referring practice patients to reliable self-care information and to wider health and care services in the community and will have the benefit of giving patients consistent electronic access. The standardised websites will be provided to practices free of charge by NHS 24.

Requiring practices to offer such online facilities as they can will provide patients with more consistent access to general practice. Any practice which currently has a premium rate number with an 09 prefix as specified in the Regulations will have to change their telephone supplier.

Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services. In particular it should be noted GP IT costs are already met by Health Boards.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

The revised Extended Hours Direct Enhanced Service will be published shortly after 1 April 2018 as the revised Regulations come into effect. NHS 24 will continue developing the standard website.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option one is recommended to ensure patients experience the benefits of a refocused general practice.

6) Better Health in Communities

In 2016/17 Scotland took a distinctive path on quality improvement through the establishment of GP Clusters, enabling a peer-led values-driven approach to quality improvement. The cluster quality approach will introduce new contractual terms within the Regulations.

The Regulations also mandate the provision of quality, workforce and activity data. This will enable improved workforce planning and improved patient care.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC to introduce a peer-led system of quality assurance, improvement and planning, which would jeopardise patient care.

Option 1 – Revise the Regulations to require practices to participate in Cluster activities and mandate the provision of quality, workforce and activity data.

The Regulations need to be amended to require practices to appoint Practice Quality Leads and to support them, mandate quality, workforce and activity data. This provision of data will enable improved workforce planning, quality assurance and improvement activities.

Option 1 is recommended.

Sectors and groups affected

All GP practices should already be in GP Clusters with Practice Quality Leads and Cluster Quality Leads appointed.

These arrangements will apply equally to practices with GMS contracts and PMS agreements.

Costs and Benefits

These measures will have the benefit of ensuring that practices can participate in GP Clusters to support quality improvement and practice sustainability. Scottish Government and Health Boards will also be able to collect the data necessary to improve quality and sustainability.

Participation in cluster activities and collection of data will have administrative costs. Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

The Regulations will come into force on 1 April 2018.

A National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards will be formed to oversee implementation by NHS Boards of the GMS and PMS contract in Scotland and the Integration Authority Primary Care Improvement Plans, including clear milestones for the redistribution of GP workload and the development of effective multidisciplinary team working.

Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option one is recommended to enable GP Clusters to lead on quality improvement, planning and assurance.

7) The Role of the Practice

The Scottish Government's agreement with the SGPC is to increase the role of the whole practice team in patient care, including enhancing the role of practice managers and receptionists in signposting patients to the most appropriate member of the practice team, or most appropriate service.

In addition a range of amendments are being made to the Regulations to provide clarity to GP Practices and Health Boards on practice management processes, these include:

i. From 2018/19 baseline data will be gathered to allow the Temporary Patient Adjustment (the historic means of paying GMS practices for treating temporary residents) to be reformed and uplifted. PMS practices may agree with their Health Boards to be paid on different terms but funding made available to Health Boards will be based upon the new arrangements.

ii. A process to vary practice boundaries will be introduced. Practices will also be able to use digital mapping software to clearly show patients the limits of their practice boundaries.

iii. The processes which govern patient list closures will be revised to ensure boards have time to arrange support for practices under pressure from increasing lists and that practices can receive support.

iv. New Patient Registration Checks will continue with the clarification that they can be performed by members of the wider multidisciplinary team.

v. The Regulations introduces a formal local dispute resolution stage.

Option 0 – do nothing

This would not meet the terms of the Scottish Government's agreement with the SGPC to improve the functioning of various practice management processes.

Option 1 – Revise the Regulations to clarify practice management procedures.

The Regulations need to be amended to provide clarity on the practice management arrangements. It is hoped these changes will reduce the frequency of contractual disputes between practices and Health Boards, allowing practices to focus upon patient care.

Option 1 is recommended.

Sectors and groups affected

These changes affect all practices with GMS contracts and will provide better information for all patients. They will also apply to practices with PMS agreements which use Temporary Patient Adjustments.

Costs and Benefits

Updating Temporary Patient Adjustments and care home payments will have the benefit of allowing funding to follow activity as soon as practicable. This should have no additional cost as it will be funded through the Global Sum.

Formalising the process to vary practice boundaries will ensure that Health Boards, practices and patients are clear on the extent of practice boundaries. Introducing this process should have no additional costs as Health Boards and practices already discuss practice boundary variations.

Revising the process to close practice lists should ensure that practices receive support in good time and are less likely to close their lists. This should have no new costs as it introduces no new steps and is a failsafe for practices should local processes not be successful.

Allowing members of the wider multidisciplinary team to offer introductory appointments to new patients has the benefit of allowing GPs to refocus on what they have trained to do. This has no additional cost.

Introducing a formal local dispute resolution stage will ensure that practices are clear about what is happening to a dispute and when it can be raised with Scottish Ministers. The new local dispute resolution procedure will have no new cost as boards should already be attempting to resolve disputes locally.

Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

The above measures do not directly or indirectly limit the number or range of suppliers, limit the ability of suppliers to compete, limit suppliers' incentives to compete vigorously, or limit the choices and information available to consumers as the 2018 contract remains open to all suppliers who are qualified GPs and will provide Essential Services.

Legal Aid Impact Test

The above proposals will not create any new procedure or right of appeal to a court or tribunal, any change in such a procedure or right of appeal or any change which might lead people to consult a solicitor.

Implementation and delivery plan

The new SFE will set out the new financial arrangements. It will be published on, or soon after, 1 April 2018, which is the date the Regulations come into force.
Post implementation review

The Scottish Government will hold regular review meetings with Health Boards and Integration Authorities who oversee the delivery of primary medical services to monitor progress and provide support.

Summary

Option one is recommended to improve the Regulations around the role of the practice, and provide clarity for GP Practices and Health Boards.

Declaration And Publication

I have read the impact assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impacts of the policy, and (b) that the benefits justify the costs. I am satisfied that business impact has been assessed with the support of businesses in Scotland.

Signed:

Date: 15 February 2018

Aileen Campbell MSP, Minister for Public Health

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