EQUALITIES IMPACT ASSESSMENT

Title of Policy	The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021
Summary of aims and desired outcomes of Policy	The policy is intended to fulfil a commitment to general practitioners to remove the general requirement to provide certain vaccinations from their GMS contracts and PMS agreements ("contracts") with Health Boards and to ensure that GPs' contracts will only require GPs to provide vaccinations generally in exceptional circumstances
Directors: Division: Team	Directorate for Primary Care Division, General Practice Policy, GP Contract Operations Team.

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1. Introduction

IMPACT ASSESSMENT MODEL

The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. It is a legislative requirement under the Equality Act 2010. More importantly, however, most policies impact on people. People are not all the same and policies should reflect that different people have different needs. The Equality Act 2010 covers protected characteristics that are relevant to the public sector equality duty including: age, disability, gender reassignment, sex, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

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 collectively as "the 2018 regulations") introduced terms into the respective model contracts which for the purposes of this document are referred to as the Scottish GP Contract (2018 contract). The contractual terms introduced into the 2018 contract were developed to re-invigorate general practice and re-energise its core values.

The 2018 regulations[1] underpinned the wider policy outlined in *The 2018 General Medical Services Contract in Scotland*[2] policy statement published on 13 November 2017. Not all features of the 2018 contract required regulatory provision but the regulations remain a critical part of the reform of Primary Care Services in Scotland to improve patient care. The regulations were accompanied by several sets of directions to Health Boards and guidance for GP Contractors. An Equalities Impact Assessment[3] made at the time encompassed the impact of the regulations themselves and the wider policy changes associated with the 2018 contract.

As part of the new GP contract GP practices would no longer routinely provide vaccinations. Vaccinations would instead by delivered directly by Health Boards and GP practices would concentrate on the work that only GPs could do. This would improve services for patients and make general practice a more attractive profession.

While most vaccinations provided by GP practices are additional to their contracts, the provision of certain vaccinations in the childhood schedule, or required for travel and specific situations is a requirement of GPs' contracts.

This requirement was not immediately removed in 2018 because Health Boards needed time to set up the new services in a safe and sustainable manner. A Memorandum of Understanding[4] between the Scottish Government, the Scottish GP

[1] https://www.legislation.gov.uk/ssi/2018/66/contents
[2] http://www.gov.scot/Resource/0052/00527530.pdf
[3] https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf
[4] https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-

Committee of the BMA (SGPC), Health Boards and Integration Authorities was published in 2018 and set out the principles for setting up this and other new services.

The programme of setting up the new services, the Vaccination Transformation Programme[5], was suspended at the onset of the pandemic, but formally resumed in December 2020. Notwithstanding the suspension of the programme, Health Boards were first directed by the Scottish Government to support GP practices[6] to deliver vaccination programmes and the vaccinations provided for by the Additional Services where necessary and later to directly deliver the expanded seasonal influenza immunisation programme[7] and the new COVID immunisation programme[8] with support from GP practices by local agreement.

Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC[9] which committed us to revising the Memorandum of Understanding and completing the programme. The Scottish Government, SGPC, Health Boards and Integration Authorities have since agreed a revised Memorandum of Understanding[10] which, inter alia, sets out a new timetable for setting up the new services: the planning of the new services should be complete by 17 October, and the new services in place, where they have not already been created, by April 2022. This allows us to remove the standard requirement from GP practices' contracts although there will be provisions for continued provision in exceptional circumstances.

This Equality Impact Assessment (EQIA) has considered the potential impact of removing certain vaccinations from core GP contracts on each of the protected characteristics. The regulations will come into force on 18 October 2021 subject to Parliamentary procedure.

Given their relevance to health care in Scotland, we have also determined that it is necessary and proper to include a Health Inequalities Impact Assessment (HIIA) as part of this review.

The HIIA considers the social determinants of health, impacts on human rights, and the potential impacts of a policy on population groups who are vulnerable to unfair differences in health outcomes and health inequality.

These population groups include people who are:

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understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf

[5] https://www.parliament.scot/chamber-and-committees/debates-and-questions/questions/2020/03/26/s5w28118?qry=S5W-28118

[6] https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_coronavirus.pdf

[7] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)17.pdf

[8] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)14.pdf

[9] https://www.sehd.scot.nhs.uk/pca/PCA2021(M)07.pdf

[10] https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%202-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf

- Carers
- People affected by homelessness
- People involved in the Criminal Justice System
- People affected by addictions and substance misuse
- NHS Primary Care staff
- People on low incomes
- People with low levels of literacy
- People living in deprived areas
- People living in remote, rural and isolated areas
- People affected by discrimination / stigma
- Looked after and accommodated children and young people
- Refugees & Asylum Seekers

This list is non-exhaustive, and where relevant will include regard to Human Rights and Child Welfare.

Further work on the impact of the new 2018 contractual terms on equalities has continued as it has been implemented and will continue. Health & Social Care Partnerships are required to prepare Primary Care Improvement Plans, drafted with the collaboration of GPs, Local Medical Committees, Health Boards and Integration Authorities, which must have due regard to equality impact assessment where appropriate.

Removing certain vaccinations from GP's contract terms will affect GP contractors, practice staff, the wider primary care multidisciplinary team and patients. For this reason, this report will separately examine impacts on GP contractors, the multidisciplinary team, and patients.

Background to the Policy

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realizing Scotland's ambition to improve our population's health and reduce health inequalities.

The regulations are required in order to accelerate the refocusing of the GP Role and to support the implementation of the new 2018 contract agreed between the Scottish Government and the SGPC.

Introducing these 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 for an expansion of multi-disciplinary teams, made up of 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. These regulations facilitate the expansion of the multi-disciplinary team into delivering certain vaccinations.

This policy aims 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.

Negotiations between the Scottish Government and SGPC concluded in November 2017 and the full contract offer was published on 13 November 2017[11]. To inform SGPC's decision on whether to implement the proposed new 2018 contract in Scotland, a poll of the profession was held between 7 December 2017 and 4 January 2018. The poll was open to all GPs working in Scotland, including trainees and locums.

On 18 January the SGPC announced that the contract offer had been accepted. Its decision was informed by a poll of their members which showed 71.5% supported the offer.

Key features of the regulations and new 2018 contractual terms were designed to support a refocusing of the GP role as the expert medical generalist. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care and whole system quality improvement and leadership. This will enable GPs to do the job they trained to do and enable patients to have better care.

A refocusing of the GP role required future measures brought about by wider changes to primary care services. Some tasks currently carried out by GPs would 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 agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period.

These priorities included, among other things, vaccination services.

Engagement with patients, and other professionals delivering primary care, is key part of the development and delivery of this service redesign. A Memorandum of Understanding[12] between Integration Authorities, SGPC, NHS Boards and the Scottish Government, sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to

[11] http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract
[12] http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding

happen, new national and local oversight arrangements and agreed priorities. The proposal to transfer services over the next three years will be set out in Health and Social Care Partnership Primary Care Improvement Plans.

Once the service redesign has taken place these services will not revert to being a practice responsibility without the agreement of GPs.

Research and Stakeholder Engagement

The following section describes the research and engagement carried out to inform the development of those aspects of the contract pertinent to the removal of certain vaccinations from GP contracts and this impact assessment.

RESEARCH

Social Research

Patient Health and Care Experience Survey

The Scottish Health & Care Experience Survey (successor to the GP and Local NHS Services Patient Experience Survey) asks about people's experiences of:

- accessing and using their GP practice and Out of Hours services;
- aspects of care and support provided by local authorities and other organisations; and
- caring responsibilities and related support.

The survey has been run every two years since 2009. The survey and sampling approach have been developed by the Scottish Government in consultation with a range of stakeholders including Health Boards, Integration Authorities, NHS National Services Scotland and patients.

In the latest survey over 130,000 individuals registered with a GP practice in Scotland responded to the 2017/18 Health and Care Experience Survey. The survey asked about people's experiences of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities.

Some of the core findings from the Scottish Health and Social Care Experience 2017/18 Survey include:

a) Eighty three per cent of people rated the overall care provided by their GP practice positively, this was down two percentage points from the last survey.

b) Eighty seven per cent of people found it easy to contact their GP practice in the way that they want to and around three quarters were happy with their GP practice opening hours.

c) Sixty seven per cent of people rated the arrangements for getting to see a doctor positively and seventy per cent of people rated the arrangements for getting to see another medical professional positively.

Creating a Healthier Scotland National Conversation

In August 2015 the Scottish Government began a National Conversation on what a Healthier Scotland would look like. People from all corners of the country and from a wide variety of backgrounds took part. They talked about lifestyles, diet, mental health, ageing, exercise and lots of other aspects of health and wellbeing - good and bad - that affect them and their families. They talked about caring for relatives and supporting people to live independent lives. They discussed their views and experiences of health and social care, and what they would like to see happen in the future.

Over 9,000 people took part in the Conversation at 240 events over a six month period. In addition, many people provided their views and comments directly by postcard, email or through our social media channels. Twitter, Facebook and blog activity reached over 360,000 people and registered thousands of visits, 'likes' and re-tweets.

Whilst some people could see their GPs on the day they asked, many were unhappy with the length of time it took to get an appointment, particularly if they wanted to see a specific doctor. Long waiting lists to see specialists was another issue, with many comments about delays in accessing mental health support. While there was usually recognition of increasing demand for services and the impact that has on waiting lists, people also reported a lack of communication about how long they would need to wait and what other support was available in the meantime.

Patients said they wanted more flexible services, with appointments that fit in with their lives, including work and caring commitments. Extended opening hours, including evening and weekends, would prevent them having to take time off work for their own appointments or for the people they look after. Other suggestions included booking appointments or ordering repeat prescriptions online, emailing staff, drop-in sessions allowing them to see a health professional other than their doctors, using computers or smart phones for online services such as Skype consultations. These were highlighted as ways to take the pressure off primary care, reduce physical access issues and support self-management.

The findings from the Conversation have been used to inform a number of published reviews and policy documents such as the National Clinical Strategy, the Government's response to the Out of Hours Review and the Public Health Review.

In 2015 the Scottish Government, in partnership with a number of representative organisations including the Scottish Health Council, the Health and Social Care

Alliance Scotland, Health Improvement Scotland and COSLA formed the group Our Voice to carry out a national survey taking views of the health services in Scotland.

The Our Voice Citizens' Panel was established to be nationally representative and has been developed at a size that will allow statistically robust analysis of the views of the Panel members at a Scotland-wide level. In 2018 there were 1,216 Panel members from across all 32 local authority areas. Panel members were randomly selected from the general population and invited to join the Panel. Some targeted recruitment also took place in order to ensure that a representative Panel was recruited.

Some of the core findings from the Our Voice Citizens' Panel surveys included:

a) 60% of Panel members agreed that they would take an appointment with another healthcare professional if they were offered this when phoning their GP practice for an appointment with a doctor. Panel members indicated that some services such as pharmacist and physiotherapy services were not currently available at their practice. The expansion of these services is a core element of the new contractual package.

b) 78% of panel members said they would consider going directly to other healthcare professionals if they had been happy with the treatment they received.

c) 63% of panel members said they would feel comfortable with sharing some basic information with their GP Practice receptionist about why they need an appointment. The future of primary care services will require GP practice receptionists to perform an important role in assisting patients and carers to access the most appropriate source of help, advice or information.

d) 83% of panel members believed that professionals should – with the appropriate safeguards – be able to share your medical information with other health and social care professionals who are involved in your care, in order to support your on-going healthcare. This supports the expansion of the multidisciplinary team.

STAKEHOLDER ENGAGEMENT

Contract Negotiations

The regulations and 2018 contractual terms were the result of significant constructive engagement, over an extended period, between the SGPC and the Scottish Government, as the parties authorised to negotiate the Scottish GP Contract. All the

commitments made and the ambitions for future change set out in the contract offer and policy statement document of 13 November 2017 were shared and agreed.

The policy positions around which the SGPC have negotiated the 2018 contract were informed by regular and wide-spread engagement with their membership at all levels. The SGPC is a committee within the BMA recognised as the body which negotiates the GP contract in Scotland with the Scottish Government.

The SGPC is made up of 40 GP representatives from all parts of Scotland (elected by Local Medical Committees). The SGPC is kept up to date as negotiations progress and it gives the negotiating team a mandate to pursue specific negotiating aims. The committee's actions are also guided by the policy created at the annual Scottish Local Medical Committee (SLMC) conference.

As the representative Union, the BMA led consultation with the profession on the new contract. This included holding roadshows in all 14 Health Board areas from January to June of 2015. Further roadshows 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*[13] on 3 November 2016. This was updated by a further publication on 11 May 2017.[14]

The policy statement which underpins the new contract 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 2018 SGPC announced that the profession had accepted the offer.

Engagement with the profession, the public, NHS Boards and Integration Authorities has continued throughout the implementation of the new 2018 GP contract. Integration Authorities have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local Health and Social Care services on a collective basis based on dialogue with the local communities and service users.

Working and Advisory Groups

[13] http://www.gov.scot/Publications/2016/11/7258/downloads#res-1
[14] http://www.gov.scot/Publications/2017/05/2382

The Scottish Government created a number of working groups to develop policy and provide advice on the plans for the 2018 GP contract. Membership of the groups included representation from relevant stakeholders across the Health Service. Groups pertinent to the removal of certain vaccinations from GP contracts are covered below.

- Vaccination Transformation Programme Business Change Managers: To provide operational and clinical advice from Boards on issues relating to the programme.

  Membership: Health Boards and key partner agencies such as Public Health Scotland.

- National General Medical Services Oversight Group: 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.

  Membership: Scottish Government, the SGPC, Integration Authorities and NHS Boards

- National Primary Care Leads Group: To provide operational and clinical advice from Boards on issues relating to Primary Care.

  Membership: Health Boards and key partner agencies such as PSD and NHS 24.

Results - Impacts on GP Contractors, Salaried and Trainee GPs.

Background

The majority of GPs working to provide primary medical services in Scotland are independent contractors either self-employed or operating partnerships running their own GP practices.

As of 1 October 2020, there are 928 GP practices[15] in Scotland and 84% use the independent contractor national GMS contract. GPs operating under the independent contractor Primary Medical Services (Section 17C) or Health Board-run 2C arrangements provide services based on local agreements with the Health Board.

As of 1 October 2020:

- 776 practices operated under a GMS Contract;
- 94 practices operated under a 17C agreement; and
- 58 practices operated under the 2C arrangement[16].

The Primary Care Workforce Survey Scotland 2017 estimated that 81% of GPs were Independent Contractors[17]. It estimated that there were around 749 salaried GPs (17%) and 81 GP retainers (2%).

The survey also found that salaried GPs are more likely to work fewer sessions per week than GP Partners – with a third working up to 4 sessions per week, compared with 8% of partners.

There is still an important, continuing role for salaried GPs. The regulations and 2018 contractual terms will continue to specify that salaried GP Contracts should be on terms no less favourable than the BMA Model Contract.

The survey found that more than a third of GPs working in general practice were over 50 years old, and that 58% of GPs are female.

Summary of results – Impact on GPs

Population Category	Impact (Positive, Negative, None)
Age	None
Sex	None

[15] General Practice (publichealthscotland.scot)

[16] Health Boards operate other 2C practices to provide various services however only 58 have patient lists, as at 1 October 2020.

[17] 2018-03-06-PCWS2017-Report.pdf (isdscotland.org),

Race	None
Disability	None
Religion or belief	None
Sexual orientation	None
Gender reassignment	None
Pregnancy and maternity	None
Marriage and civil partnership.	None
Carers	None
People affected by homelessness	N/A
People involved in the Criminal Justice System	N/A
People affected by addictions and substance misuse	N/A
People with low incomes	N/A
People with low literacy.	N/A
People living in deprived areas.	None
People living in remote, rural and isolated Areas	Positive
People affected by discrimination / stigma	None
Looked after and accommodated children and young people	N/A
Refugees & Asylum Seekers	None

Impacts

The new contractual terms are designed to treat all GPs equally, and therefore appear to have no detrimental effect on the basis of the protected characteristics.

While a small number of GP practices, chiefly very small remote and rural practices will need to continue delivering vaccinations because there is no safe alternative to general practice delivery, Scottish Government and SGPC will negotiate terms for these practices which recognises the special position of remote and rural GP practices.

Impact on the Primary Care Multidisciplinary Team

Background

Under the new contractual terms we expect GPs to be less involved in more routine tasks, with these tasks being delivered by other health professions in the wider primary care multi-disciplinary team.

This transformational service redesign is supported by a Memorandum of Understanding (MOU) between the Scottish Government, SGPC, Integration Authorities and Health Boards. This MOU represents a statement of intent from all of the parties to deliver the wider support and change to primary care services required to underpin the contract. The MOU was recently revised to reflect progress made since 2018 and the changed situation.

In line with the MOU, Integration Authorities and Health Boards will place additional primary care staff in GP practices and the community, who will work alongside GPs and practice staff to reduce GP workload. The focus areas for service redesign are:

a) Vaccinations Services;
b) Pharmacotherapy Services;
c) Community Treatment and Care Services;
d) Urgent Care Services; and
e) Additional professional and non-clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

The MOU is clear that service redesign will be agreed locally, in consultation with patients and the general practice workforce.

The estimated number (headcount) of registered nurses employed by general practices in Scotland at 31 August 2017 was 2,297. This is a slight increase from 2,175 registered nurses in 2015. A quarter of these (543) were Nurse Practitioners or Advanced Nurse Practitioners, 1,289 of these were General Practice / Treatment Room Nurses.

An estimated WTE 1940 registered nurses and healthcare support workers were employed by Scottish general practices in 2017, an increase of 6% (from 1,455 to 1541) and 9% (from 365 to 399) respectively. The figures from this survey do not represent the entire registered nurse workforce working in Scottish general practices. They exclude nurses who are employed by Health Boards but who work in independent contractor practices.

Summary of Results – Impact on Primary Care Multidisciplinary Team

Population Category	Impact (Positive, Negative, None)
Age	None
Sex	None
Race	None
Disability	None
Religion or belief	None
Sexual orientation	None
Gender reassignment	None
Pregnancy and maternity	Positive
Marriage and civil partnership.	None
People who are carers	Positive
People affected by homelessness	None
People involved in the Criminal Justice System	None
People affected by addictions and substance misuse	None
NHS Primary Care Staff	None
People on low incomes	None
People with low literacy	None
People living in deprived areas	None
People living in remote, rural and isolated areas	None
People affected by discrimination / stigma	None
Looked after and accommodated children and young people	None
Refugees & Asylum Seekers	None

Impacts

The new contractual terms are designed to treat all members of the multidisciplinary team equally, and therefore appear to have no detrimental effect on the basis of the protected characteristics.

In order to refocus the GP role to spend more time with the patients who need their care the most, the new 2018 contract 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, the SGPC, NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland. 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.

This transformative service redesign will mean that there will be significant expansion of the primary care team. Consequently there will be increased employment opportunities in all areas of Scotland across these professions as well as increased opportunities for staff to develop.

We expect that the refocusing of the multi-disciplinary team towards Board employed staff providing services previously delivered by GPs should allow for better resilience including cover for maternity leave and unplanned absences to care for young children and other dependents. This should mean a positive impact. This wider resilience and connection to workforce planning could well have wider positive impacts.

Impact on Patients

Background

The objectives of the new 2018 contractual terms include enhancing the experience of primary care for patients, improving patient access to services and reducing health inequalities.

The refocused role of the GP introduced by the new 2018 contractual terms is intended to allow GPs more time to treat patients most in need of their skills, and to have a more significant role in influencing how local Primary Care service provision is designed.

The expansion of the multidisciplinary team will allow patients to access the right healthcare professional at the right time, and free up GPs to have longer consultations with patients where needed.

The average (or mean) size of a Scottish GP practice in terms of numbers of registered patients was 6,200 in 2020[18], however there was considerable variation, ranging from under 200 patients for practices in remote locations or practices which addressed specific health needs of patients (e.g. those with challenging behaviours or homelessness), to practices of over 20,000 patients in densely populated urban areas.

The Scottish Health and Social Care Experience survey is carried out every two years, the last survey before the 2018 contract was negotiated was the 2015-16 survey published in June 2016[19].

We have used these results, as well as other stakeholder information, to inform the development of the contract in the context of impact on patients.

Over 100,000 individuals registered with a GP practice in Scotland responded to the 2015/16 Health and Care Experience Survey. The survey asked respondents to feedback their experiences of their GP practices and out of hours care. The survey also asked about experiences of social care services and asked specific questions of those with caring responsibilities.

The 2015/16 Survey indicated, as in the previous survey, that patients were generally positive about the actual care and treatment they received at GP practices, with practice nurses getting particularly positive results. Medication was another area where responses were notably positive. The four most positively answered questions relating to GP care were all in relation to medicines

[18] General Practice (publichealthscotland.scot)
[19] http://www.gov.scot/Resource/0050/00500340.pdf

On the whole, the majority (87%) of patients and care users report a positive experience of their GP care. However, an overarching finding across a number of aspects of the survey was that patients across Scotland were slightly less positive about their experiences than in the previous survey in 2012/13. There continued to be considerable variation in scores between individual GP practices, suggesting that patients' experiences may be very different depending on which GP practice they attend.

Summary of Results

Population Category	Impact (Positive, Negative, None)
Age	Positive
Sex	Positive
Race	Positive
Disability	Positive
Religion or belief	Positive
Sexual orientation	Positive
Gender reassignment	Positive
Pregnancy and maternity	Positive
Marriage and civil partnership.	Positive
Carers	Positive
Homelessness	Positive
Involvement in Criminal Justice System	Positive
Addictions and substance misuse	Positive
Staff	Positive
Low Income	Positive
Low Literacy	Positive
Living in Deprived Areas	Positive
Living in Remote, Rural and Isolated Areas	Positive
Discrimination / Stigma	Positive
Looked after and accommodated children and young people	Positive
Refugees & Asylum Seekers	Positive

Impacts

These regulations will have a positive effect on the basis of the protected characteristics for patients, as they are intended to apply equally to all those affected by its provisions. All patients should benefit from GPs practices being better able to focus on what only they can do following the transfer of certain vaccination services to Health Board delivery.

The 2018 contractual terms, as described in the contract framework document published in November 2017, outlines a refocused role of the GP intended to allow GPs more time to treat patients most in need of their skills. Such patients are described

as those with undifferentiated presentations, and with complex care needs. Undifferentiated presentations require the skills of a doctor trained in risk management and holistic care with broad medical knowledge to make initial assessments on the most appropriate care. Patient with complex care needs can include the elderly, who have general frailty conditions associated with age, and children or adults with multiple conditions including mental health problems or significant disabilities.

All patients are anticipated to see positive impacts through the proposed service redesign that will be instigated as part of the wider changes to Primary Care Services which will be instigated along with the 2018 contractual terms. These changes include:

Expanding the multidisciplinary team so that patients can access the right healthcare professional at the right time. This will include community link workers, which can be particularly useful in deprived communities, and vaccinations services for all patients including vaccinations and immunisations delivery for babies and young children.

These changes will contribute towards improving population health, reducing health inequalities and improving patient access to general practice services.

Conclusion

Based on the currently available evidence, the Scottish Government has concluded that no changes to the provisions of the regulations are necessary as a result of this EQIA, as the regulations are intended to apply equally to all those affected by its provisions and appear to have no detrimental effect on the basis of the protected characteristics. The regulations and other future measures which will be instigated once the contract is implemented are intended to make a meaningful difference to improve patient care, and improve the GP and practice team roles.

There are gaps in the evidence base on certain protected characteristics such as the age and gender of the different primary care workforce groups. The new regulations will help to address this issue for future workforce planning by requiring practices to provide workforce data.

There are also gaps in the evidence base around protected characteristics such as religion, sexual orientation and gender. We will continue to apply a systematic approach to identifying and addressing gaps in our evidence at a national level, in a manner which compliments and supports local planning. This will include engagement with equalities organisations representing those population groups.

Next Steps

The new regulations are due to come into force on 18 October 2021.

A National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards oversees 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.

Further engagement with patients, equalities groups and the primary care workforce is crucial to the successful implementation of the contract and transformational service redesign.