

BUSINESS AND REGULATORY IMPACT ASSESSMENT

The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021

1. Purpose and Intended Effect of amendments to the National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021

Objectives

- 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.
- To ensure that GPs’ contracts will require GPs to provide vaccinations generally only in exceptional circumstances

Background

- 1.1. In 2018 the Scottish Government and the Scottish GP Committee of the BMA (SGPC) agreed that as part of a new GP contract GP practices would no longer routinely provide vaccinations. Vaccinations would instead be 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.
- 1.2. 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.
- 1.3. 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 between the Scottish Government, SGPC, Health Boards and Integration Authorities was published in 2018 and set out the principles for setting up this and other new services.
- 1.4. The programme of setting up the new services, the Vaccination Transformation Programme, 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 practices¹ 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 programme² and the new COVID immunisation programme³ with support from GP practices by local agreement.

1

https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_corona_virus.pdf

² [https://www.sehd.scot.nhs.uk/pca/PCA2020\(M\)17.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(M)17.pdf)

³ [https://www.sehd.scot.nhs.uk/pca/PCA2020\(M\)14.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(M)14.pdf)

1.5. Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC⁴ which committed us to revising the Memorandum of Understanding and completing the programme. The Scottish Government, SGPC, Health Boards and Integration Authorities have agreed a revised Memorandum of Understanding 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. Scottish Government and SGPC will negotiate terms for GP practices which need to continue providing vaccinations on a temporary or permanent basis.

Rationale for Government Intervention

1.6. Direct Health Board delivery of vaccinations is intended to be a permanent feature of Primary Care services. Leaving the standard requirement in GPs' contracts will create uncertainty among the GP profession about whether direct Health Board delivery will be permanent and confusion in Health Boards about whether they will be involved in delivery in the long term. Uncertainty and confusion may respectively deter new entrants to the GP profession and lead to less sustainable services.

⁴ [https://www.sehd.scot.nhs.uk/pca/PCA2021\(M\)07.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2021(M)07.pdf)

2. Consultation

2.1. Extensive consultation was undertaken before the new contract was adopted in 2018. The following sections are an excerpt from the Business Regulatory Impact Assessment published in 2018 to support the National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2018.

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 SGPC 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.

2.2. The Scottish Government has continued to engage with healthcare professionals, NHS Boards, Integration Authorities and the public as the new services have been developed and has developed these regulations collaboratively through negotiation with SGPC.

3. Options

- 3.1. Over the three-year period to date of primary care service transformation, additional staff have been introduced to work alongside and support GPs and practice staff, in order to reduce GP workload and improve patient care. They have, *inter alia*, taken over responsibility for vaccination and immunisations services.
- 3.2. The regulations reflect the transfer of responsibility of these services from GP practices to Health Boards within the definitions of the 2018 contract.

Option 0 – do nothing

- 3.3. 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 – Reflect progress made setting up the new vaccination services and confirm their continuance by removing the standard requirement to provide certain vaccinations from GPs' contracts whilst ensuring that GPs' contracts can require GPs to provide vaccinations generally in exceptional circumstances.

- 3.4. Option 1 is recommended.

Sectors and groups affected

- 3.5. Almost all practices will be affected by the plans for service redesign. Practices, or their representatives, have been and will continue to be involved in local discussions across Scotland to decide how best to redesign services in their local areas.
- 3.6. Patients will not be affected as services are not being transferred to Health Board management until it is clear that is safe to do so. Some GP practices reacted to the announcement of the Vaccination Transformation Programme by stopping or reducing their delivery of certain vaccinations and others may decide to stop unilaterally at the end of the financial year. The regulations will ensure that GPs' contracts will require GPs to provide vaccinations generally in exceptional circumstances thus reducing any risks from such reactions. There are some practices, chiefly very small and remote ones, where vaccination services may never be transferred. The regulations will provide clarity for GPs as to whether their practice will be required to continue providing vaccinations generally.
- 3.7. Delivering transferred vaccination services is an additional responsibility for Health Boards.

- 3.8. Scottish Government is committed to rebalancing the workload of all practices so that GPs can focus on treating the patients who need their care the most, and where GPs are best placed to play that role.

Costs and Benefits

- 3.9. Our aim in expanding the multidisciplinary team in general practice to provide these vaccination services is that patients are more able to access the right person at the right place at the right time and GPs are allowed to refocus on what they have trained to do.
- 3.10. The Scottish Government has funded 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.
- 3.11. Costs and benefits should not differ between practices with GMS contracts and PMS agreements.

Small/Micro firms impact test

- 3.12. 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 GP contracts remain open to all suppliers who are qualified GPs and will provide Essential Services.
- 3.13. The Vaccination Transformation Programme could lead to some Health Boards providing travel vaccinations which are currently supplied on the private market. However Health Boards and GP practices already do this in some areas of Scotland.

Legal Aid Impact Test

- 3.14. 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

- 3.15. The original Memorandum of Understanding was published on 10 November 2017.
- 3.16. A National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards was 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.

3.17. Scottish Government meets with the Vaccination Transformation Programme Business Change Managers steering group regularly (group reconvened end May 2021) to discuss progress, share learning, inform national supporting resources and clarify policy objectives.

3.18. The revised Memorandum of Understanding was published on 30 July 2021 and will inform the continued work of the National Oversight Group.

Post implementation review

3.19. The Scottish Government will continue to 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

3.20. Option One is recommended to support the refocus of 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.

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: **Humza Yousaf**

Date: 03/09/21

Scottish Government Contact Point:
Michael.Taylor@gov.scot