

## **POLICY NOTE**

### **THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES AND PRIMARY MEDICAL SERVICES SECTION 17C AGREEMENTS) (SCOTLAND) AMENDMENT REGULATIONS 2021**

#### **SSI 2021/302**

1. The above instrument was made in exercise of the powers conferred by sections 9(6), 17E, 17N, and 105(7) of the National Health Service (Scotland) Act 1978 and all other powers enabling them to do so. The instrument is subject to negative procedure.

#### **Background**

2. The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (the “2018 Contract Regulations”) and the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 (the “2018 Agreement Regulations”) set out the framework for the provision of primary medical services under a general medical services contract or a primary medical services agreement respectively between Health Boards and contractors or providers. The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021 (“the 2021 Amendment Regulations”) amend both the 2018 Contract Regulations and the 2018 Agreement Regulations to remove certain vaccinations from these contracts and agreements, whilst ensuring that GP practices can be required to continue to vaccinate in exceptional circumstances.

#### **Policy Objectives – general background**

3. The Scottish Government is committed to general practice and to supporting Scotland’s GPs to allow them to provide essential generalist care in their role as expert medical generalists in our communities.
4. Proposed changes to the general medical services contract and primary medical services agreements (“the GP contract”) were detailed in a contract offer which was put to a poll of the GP profession in Scotland in December 2017. The contract offer, supported by associated wider contractual changes, proposes a refocusing of the GP role as expert medical generalists. 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. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable the wider needs of patients to be met by the most appropriate members of the multidisciplinary team.
5. Most GP practices provide relevant services safely and appropriately through teams including, but not limited to, general practice nurses, health care assistants and pharmacists. A key aspect of the new GP contract will see more tasks carried out in more GP practices by members of a wider primary care multi-disciplinary team - where it is safe and appropriate to do so, and improves patient care. This will free up GPs time to allow them to concentrate on those patients that need to see them most.

## Policy Objectives – Vaccinations

6. In 2017, as part of the commitment to reduce GP workload, the Scottish Government and the Scottish GP Committee of the BMA (SGPC) agreed vaccinations would progressively move away from a model based on GP delivery to one based on NHS Board delivery through dedicated teams. The Vaccinations Transformation Programme (VTP) was established to review and transform how we delivered vaccinations in Scotland. Delivery would move away from the current position of GP practices being the preferred provider of vaccinations on the basis of national agreements.
7. The vaccination services delivered by the programme formed part of the Primary Care Improvement Plan in each area.
8. The aim of the programme was to reduce workload for GPs and their staff. This meant that other parts of the primary care system, through multi-disciplinary teams, would deliver vaccination services instead of GPs. This would enable GPs to focus their time on expert medical generalism, whilst ensuring that patients' needs are met through the reconfiguration of services which will make the best use of the mix of skills in primary care. How this programme is delivered would vary regionally, depending on local circumstances and factors.
9. The funding that was historically associated with the delivery of vaccinations will remain within general practice. An additional £5 million was invested in 2017 to start the VTP ahead of the delivery of the proposed new contract.
10. The VTP was intended to draw in expertise from across the NHS and to take three years to complete. Transition to the new model was planned to ensure that it can operate safely and sustainably, and changes would be made only in line with an agreed process (detailed in the Primary Care Improvement Plans).
11. The programme was formally stalled during the first wave of COVID-19. However the exigencies of the pandemic have meant that Health Boards were, nonetheless, continuing to develop their capacity to vaccinate and knowledge of how best to do so, as they have had to deliver the expanded flu and the new COVID-19 programmes with a degree of support from general practice. Scottish Government and SGPC agreed in December 2020 that the programme would resume and that those vaccinations which were a core part of GP contracts would be formally removed in October 2021.
12. The 2018 Contract Regulations and 2018 Agreement Regulations currently provide two vaccinations services, Vaccinations and Immunisations and Childhood Vaccinations and Immunisations, as default parts of the GP contract. Once the VTP has completed GPs will no longer be carrying out much of the existing Vaccines & Immunisations or any of the Childhood Immunisations Additional Services. As such there will be no longer any requirement for these services to be regulated.
13. A minority of GP practices will need to continue doing not just the vaccinations Additional Services but those vaccinations currently provided as Directed Enhanced Services. These will need to become obligatory for some practices where Health Boards and practices have concluded that vaccinations cannot be safely delivered by other means either where the

Vaccination Transformation Programme has been delayed or due to exceptional circumstances, such as remoteness.

14. Scottish Government and SGPC now consider that it is safe and appropriate to remove the default requirement to provide certain vaccinations from the GP contract.

## Consultation

15. The 2018 Scottish general medical services contract (which the 2018 Contract Regulations and 2018 Agreement Regulations underpin by setting out required contractual terms) was developed collaboratively through negotiation between the Scottish Government and SGPC, as the parties authorised to negotiate the general medical services contract and primary medical services agreement in Scotland.
16. The SGPC as the representative Union, led consultation with the profession on the 2018 general medical services contract. This included holding roadshows in every Health Board area during 2015, which 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*<sup>1</sup> on 3 November 2016. This was updated by a further publication on 11 May 2017.<sup>2</sup>
17. 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 general medical services contract, including 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.
18. The contract offer document which informed the changes contained within the 2018 Contract Regulations and 2018 Agreement Regulations was published jointly by the Scottish Government and SGPC on 13 November 2017<sup>3</sup>. 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 formally decided to proceed to implement the 2018 general medical services contract.
19. The programme of setting up the new services, the Vaccination Transformation Programme<sup>4</sup>, was suspended at the onset of the pandemic, but formally resumed in December 2020.

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<sup>1</sup> <http://www.gov.scot/Publications/2016/11/7258/downloads#res-1>

<sup>2</sup> <http://www.gov.scot/Publications/2017/05/2382>

<sup>3</sup> <http://www.gov.scot/Resource/0052/00527530.pdf>

<sup>4</sup> <https://www.parliament.scot/chamber-and-committees/debates-and-questions/questions/2020/03/26/s5w28118?qry=S5W-28118>

20. Notwithstanding the suspension of the programme, Health Boards were first directed by the Scottish Government to support GP practices<sup>5</sup> 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<sup>6</sup> and the new COVID immunisation programme<sup>7</sup> with support from GP practices by local agreement.
21. Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC<sup>8</sup> 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<sup>9</sup> 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.
22. Engagement with the profession, the public, NHS Boards and Integration Authorities will continue throughout the implementation of the new contract subject to parliamentary approval.

### **Timing**

23. Subject to parliamentary procedure the instrument comes into force on 18 October 2021.

### **Impact Assessments**

24. A Data Protection Impact Assessment was completed and is attached. It has found that the new 2021 Amendment Regulations are compliant with the principles of the Data Protection Act 2018.
25. An Equality Impact Assessment, encompassing health equalities, and child rights and welfare has been completed on the policy and is attached. It has found that as the 2021 Amendment Regulations are intended to apply equally to all those affected by its provisions: the policy will not have a detrimental effect on people with protected characteristics or people within other assessed populations, such as those living in rural areas or areas of deprivation, on the basis of that characteristic.

### **Financial Effects**

26. A Business and Regulatory Impact Assessment has been completed and is attached. The impact of the 2021 Amendment Regulations on business is beneficial.

### **Strategic Environmental Assessment (“SEA”)**

27. In terms of SEA and the Scottish Government’s statutory obligations under the Environmental Assessment (Scotland) Act 2005 (“the 2005 Act”), it is considered that the

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<sup>5</sup>[https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery\\_vaccinations\\_immunisations\\_coronavirus.pdf](https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_coronavirus.pdf)

<sup>6</sup> [https://www.sehd.scot.nhs.uk/pca/PCA2020\(M\)14.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(M)14.pdf)

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

<sup>8</sup> [https://www.sehd.scot.nhs.uk/pca/PCA2021\(M\)07.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2021(M)07.pdf)

<sup>9</sup> [https://www.sehd.scot.nhs.uk/publications/Memorandum\\_of\\_Understanding%20-GMS\\_Contract\\_Implementation\\_for\\_PC\\_Improvement%2030\\_July\\_2021.pdf](https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%20-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf)

2018 Contract Regulations and wider policy are likely to have no or minimal effects on the environment and can be exempted under Section 7 of the 2005 Act. A pre-screening notification was therefore submitted to the Consultation Authorities (SNH, SEPA and Historic Environment Scotland), and added to the SEA Database. As the 2021 Amendment Regulations implement that wider policy, no further assessment has been required.

Scottish Government  
Primary Care Directorate

September 2021