

POLICY NOTE

THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS AND PRIMARY MEDICAL SERVICES SECTION 17C AGREEMENTS) (SCOTLAND) AMENDMENT REGULATIONS 2022

SSI 2022/130

The above instrument was made in exercise of the powers conferred by sections 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.

Purpose of the instrument. To require Health Boards to provide various services to support GP practices and require GP practices to have a practice website and offer certain online services to patients. 20. Subject to parliamentary procedure the instrument comes into force on 28 May 2022.

Policy Objectives

In 2017, as part of the commitment to reduce GP workload, the Scottish Government and SGPC agreed Health Boards would set up pharmacotherapy and Community Treatment & Care (“CTAC”) services to support GP practices, allow GPs to focus on what they do best and to improve care for patients.

The pharmacotherapy and CTAC services formed part of the Primary Care Improvement Plans in each area.

The aim of the programme is to reduce workload for GPs and their staff. This will mean that other parts of the system, with primary care multi-disciplinary teams, will deliver these services instead of GPs. This will be a step towards enabling 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. While delivery of this programme will vary regionally, depending on local circumstances and factors, Scottish Ministers will issue directions setting out clear national specifications.

Pharmacotherapy covers managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing which should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff and a focus on high-risk medicines and high risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care are delivered principally by pharmacists.

CTAC services include, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate.

Policy Objectives – Practice Websites and Online Services

Practices are currently required to provide online appointment booking and access to repeat prescriptions if they have capacity to do so (online booking is currently suspended across most practices because the existing systems do not have capacity to steer patients with possible COVID symptoms to the correct pathways). In practice this capacity is understood as meaning the practice has a website. While most practices offer these services, around 40 practices do not have a website and do not offer these services.

National Services Scotland has developed a standard website which will be offered to all contractors and providers to enable them to meet this new requirement so the Scottish Government can now look to make offering these services obligatory. The 2022 Amendment Regulations amend the GP contract to require all contractors and providers to have a practice website, and as a consequence of this, to offer online appointment booking and online repeat prescriptions.

Consultation

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 Scottish General Practice Committee of the British Medical Association (the “SGPC”), as the parties authorised to negotiate the general medical services contract and primary medical services agreement in Scotland.

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*¹ on 3 November 2016. This was updated by a further publication on 11 May 2017.²

Negotiations were informed by engagement with healthcare professionals, Health 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.

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 2017³. 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

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

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

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

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.

Following acceptance of the contract offer by the profession, Scottish Government, SGPC, Health Boards and Integration Authorities agreed a Memorandum of Understanding outlining the principles of service transfer. An Oversight Group was set up to monitor progress.

In 2020 Scottish Government and SGPC recognised the uneven progress towards implementation and wrote a joint letter to the GP profession setting out our priorities for the next year. The joint letter contained a commitment to amend the GMS and PMS regulations (“the regulations”) so that Health Boards are responsible for providing pharmacotherapy and CTAC services by for 2022-23.

Engagement with the profession, the public, NHS Boards and Integration Authorities will continue throughout the implementation of the new contract subject to parliamentary approval.

Impact Assessments

A Data Protection Impact Assessment was completed and is attached. It has found that the new 2022 Amendment Regulations are compliant with the principles of the Data Protection Act 2018.

A Child Rights Wellbeing Impact Assessment was completed and is attached. It has found that this will have a positive contribution to the wellbeing of children and young people in Scotland.

A Fairer Scotland Duty Impact assessment was completed and is attached. The assessment showed that there have been significant considerations to improve the policy implementation throughout its development.

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 2022 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.

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 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 2022 Amendment Regulations implement that wider policy, no further assessment has been required.

Financial Effects

A Business and Regulatory Impact Assessment has been completed and is attached. The impact of the 2022 Amendment Regulations on business is beneficial.

Scottish Government
Primary Care Directorate

April 2022