Passage of the Bill

The Primary Medical Services (Scotland) Bill 2004 [SP Bill 4] was introduced on 23 June 2003 and the Health Committee designated lead committee. The Committee took evidence at stage 1 on 2 September 2003. The Committee reported on the general principles on 6 October 2003, Stage 1 Report and the Stage 1 debate was held on 29 October 2003. Stage 2 amendments were considered on 25 November and 2 December. The Stage 3 debate was held on 18 December 2003 following which the Bill was passed.

Purpose and objectives of the Bill

The Bill as passed underpins the new contract for General Practitioners (GPs), which was approved in a ballot of GPs. The Bill amends the National Health Service (Scotland) Act 1978 and the National Health Service (Primary Care) Act 1997, in light of the white paper Partnership for Care.

Provisions of the Bill

The Bill makes provision for primary care services and covers the duties of Health Boards and the contract terms of general practitioners. It covers both general medical services (GMS) and personal medical services (section 17C services). It places duties on Health Boards to secure the provision of these services.

The Bill defines general medical services as ‘essential’, ‘additional’ and ‘enhanced’, to be provided according to defined rules. Contracts are intended to be sufficiently flexible in duration to be locally responsive. The Bill allows Ministers to introduce regulations defining, among other matters, who may enter into PMS contracts, what services are to be regarded as primary medical services, the circumstances in which a performer can or must accept a patient as part of the provider’s responsibility and the circumstances under which contractors may unilaterally vary the terms of the contract. Some of the draft regulations were provided prior to Stage 3, at the request of the Health Committee.
The Bill replaces the existing GMS legislation and makes provision for NHS Boards to contract with GP practices rather than individual GPs. It also provides the mechanism for allocating PMS resources to practices, and places on NHS Boards the duty to provide primary medical services, or the commissioning of care from other providers.

A National Reference Group - including stakeholders from NHSScotland, the relevant professions and the Health Department of the Scottish Executive - will develop project plans to address the following issues:

- out of hours service provision
- maintenance and monitoring of the Quality and Outcomes Framework
- organisational development work required to identify and support new Stakeholder functions and relationships
- service redesign to model arrangements for opting-in and opting-out of service provision
- modelling the financial flows in the new contract
- development and funding of practice premises

**Parliamentary consideration**

During Stage 1 (consideration of the general principles) the Committee took oral evidence at one meeting, 9 September 2003, from representatives of health councils and patients.

The Committee agreed with the general principles in its report although it expressed concerns about the provisions for regulations.

The Committee considers that the lack of Regulations is a most unsatisfactory state of affairs and a cause of great concern. It is the Committee's role to scrutinise legislation and the probable impact of such legislation. Without sight of the Regulations this Committee's role has been severely compromised and we are unable to fulfil our scrutiny function (para 104)

In response to Committee concerns the Minister agreed to provide draft regulations prior to Stage 2.