

**Health, Social Care and Sport Committee**  
**Tuesday 3 March 2026**  
**10th Meeting, 2026 (Session 6)**

## **Note by the Clerk: negative instruments**

### **Overview**

1. At this meeting, the Committee will consider the following Scottish Statutory Instruments (SSIs), which are subject to the negative procedure. The Committee is invited to consider the instruments and decide what, if any, recommendations to make.
2. Further information about each instrument is provided in the Annexes to this paper:
  - Annexe A – The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Miscellaneous Amendment) (Scotland) Regulations 2026 (SSI 2026/37)
  - Annexe B – The National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2026 (SSI 2026/42)
  - Annexe C – The National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2026 (SSI 2026/43)
  - Annexe D – The National Health Service (Common Staffing Method) (Scotland) Amendment Regulations 2026 (SSI 2026/54)
  - Annexe E – The Social Care and Social Work Improvement Scotland (Cancellation of Registration) Order 2026 (SSI 2025/64)

### **Procedure**

3. Under the negative procedure, an instrument is laid after it is made, and is subject to annulment by resolution of the Parliament for a period of 40 days beginning on the day it is laid.
4. Once laid, the instrument is referred to:
  - the Delegated Powers and Law Reform (DPLR) Committee, for scrutiny on various technical grounds, and
  - a lead committee, whose remit includes the subject-matter of the instrument, for scrutiny on policy grounds.
5. Any MSP may propose, by motion, that the lead committee recommend annulment of the instrument. If such a motion is lodged, it must be debated at a meeting of the Committee, and the Committee must then report to the Parliament (by the advisory deadline referred to above).

6. If there is no motion recommending annulment, the lead committee is not required to report on the instrument.

## **Committee consideration**

7. So far, no motion recommending annulment of any of these instruments has been lodged.
8. Members are invited to consider each instrument and decide whether there are any points they wish to raise. If there are points to raise on an instrument, options include:
  - seeking further information from the Scottish Government (and/or other stakeholders) through correspondence, and/or
  - inviting the Minister (and/or other stakeholders) to attend the next meeting to give evidence on the instrument.
9. It would then be for the Committee, at its next meeting, to consider any additional information gathered and decide whether to make recommendations in relation to the instrument.
10. If members have no points to raise, the Committee should note the instrument (that is, agree that it has no recommendations to make).
11. However, should a motion recommending annulment of one of the instruments be lodged later in the 40-day period, it may be necessary for the Committee to consider the instrument again.

**Clerks to the Committee**  
**February 2026**

## **Annexe A: The National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Miscellaneous Amendment) (Scotland) Regulations 2026 (SSI 2026/37)**

**Title of Instrument:** [The National Health Service \(General Medical Services Contracts and Primary Medical Services Section 17C Agreements\) \(Miscellaneous Amendment\) \(Scotland\) Regulations 2026](#)

**Laid under:** [National Health Service \(Scotland\) Act 1978](#)

**Laid on:** 30 January 2026

**Procedure:** Negative

**Deadline for committee consideration:** 9 March 2026 (Advisory deadline for any committee report to be published)

**Deadline for Chamber consideration:** 10 March 2026 (Statutory 40-day deadline for any decision whether to annul the instrument)

**Commencement:** 14 March 2026

### **Delegated Powers and Law Reform Committee consideration**

The DPLR Committee considered the instrument on 10 February and reported on it in its [17<sup>th</sup> Report, 2026](#). The DPLR Committee made no recommendations in relation to the instrument.

### **Purpose of the instrument**

As part of the 2018 GP contract offer, it was agreed that Pharmacotherapy and Community Treatment and Care (CTAC) services would be provided by Health Board teams rather than GP Practices, and this arrangement was brought into law in 2022. The purpose of this instrument is to allow Health Boards to agree with GP Practices that those practices will deliver part or some of these services, if the Health Board is having serious difficulties in doing so and certain criteria are met.

The Policy Note accompanying the instrument is included in the annexe. It includes a summary of consultation undertaken on the instrument and the anticipated financial effects. The following impact assessments have been carried out:

- [Child Rights and Wellbeing Impact Assessment \(CRWIA\)](#)
- [Island Communities Impact Assessment](#)
- [Equality Impact Assessment \(EQIA\)](#).

## Scottish Government Policy Note

### POLICY NOTE

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

#### 2026 SSI 2026/37

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

#### Summary Box

As part of the 2018 GP contract offer, it was agreed that Pharmacotherapy and Community Treatment and Care (CTAC) services would be provided by Health Board teams rather than GP Practices, and this arrangement was brought into law in 2022.

The purpose of this instrument is to allow Health Boards to agree with GP Practices that those practices will deliver part or some of these services, if the Health Board is having serious difficulties in doing so and certain criteria are met.

#### Policy Objectives

The 2018 GP Contract offer<sup>1</sup> included a commitment to establish Health Board-employed multidisciplinary teams (MDTs). Those MDTs were to take over delivery of six service areas from General Practice, in order to improve patient care and allow GPs to focus more of their time on complex community care. Two of those six services were Pharmacotherapy and CTAC. Since the 2018 GP Contract was agreed, workload has transferred to MDTs on a phased basis, with Integration Authorities – commonly referred to as Health and Social Care Partnerships (HSCPs) – designing and delivering services at a local level.

In 2022, the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (“GMS Regulations”) and the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 (“PMS Regulations”) were amended to transfer legal responsibility for Pharmacotherapy and CTAC services from GMS contractors and PMS providers to Health Boards. However, no provision was made within those Regulations to allow GPs to deliver those services if a Health Board faces serious difficulties in doing so – although provision was included to require GP provision of those services to patients in cases of urgency where Health Board provision is not immediately available.

The policy objective of the instrument is to enable a Health Board to agree with a GP Practice that the GP Practice will provide Pharmacotherapy or CTAC services to that Practice’s patients, rather than the Health Board, if the Health Board is satisfied that

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<sup>1</sup> <https://www.gov.scot/publications/gms-contract-scotland/documents/>

it faces serious difficulties in doing so due to remote and rural location or other exceptional circumstances. Such an agreement could relate to some or all aspects of the Pharmacotherapy or CTAC service that the Health Board provides.

The intention is to support the amendment that the instrument makes to the GMS and PMS Regulations through the issuing of Ministerial directions and guidance. These will include a detailed options appraisal process that a Health Board would follow when determining whether:

- a) it faces serious difficulties with providing a Pharmacotherapy or CTAC service; and
- b) General Practice delivery is a viable and appropriate alternative delivery model.

It is expected that the options appraisal process will require engagement with local partners and stakeholders, with governance arrangements in place to review any resulting recommendations ahead of Ministerial sign off.

### **UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility**

The Scottish Ministers have made the following statement regarding children's rights. In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (the Act), the Scottish Ministers certify that, in their view, the National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Miscellaneous Amendment) (Scotland) Regulations 2026 are compatible with the UNCRC requirements as defined by section 1(2) of the Act.

### **EU Alignment Consideration**

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

### **Consultation**

A comprehensive consultation process was undertaken. The following key stakeholders were consulted between May and July 2025 – with further discussion at various forums until January 2026:

- Scottish General Practitioners Committee (SGPC)
- The General Practice Programme Board
- The General Medical Services Reference Group – which includes representatives of Health Board Chief Executives and HSCP Chief Officers
- The Pharmacotherapy Strategic Implementation Group
- Royal Pharmaceutical Society
- Directors of Pharmacy governance group
- Scottish Executive Nurse Directors
- Healthcare Improvement Scotland
- Primary Care Leads group – covering all territorial Health Boards and other key national Health Boards in Scotland

- Primary Care Improvement Plan (PCIP) Leads – covering all HSCPs in Scotland

Additional comments were received from other interested parties, such as selected GP clusters, the PCIP Executive Committee, and stakeholders at individual Integration Authorities and Health Boards.

Below are the general themes and specific points that emerged as a result of the consultation, along with a response on how each has been addressed or considered:

- The circumstances in which General Practice delivery of Pharmacotherapy and CTAC services is allowable must be clear. In response to this, clarity will be provided through Ministerial directions and guidance accompanying the instrument.
- General Practice delivery of Pharmacotherapy and CTAC should require agreement from the Practices concerned, which is reflected in the instrument.
- The impact of a move to General Practice delivery on Health Board-employed staff should be considered. The need to be cognisant of this will be noted in the guidance accompanying the instrument.
- General Practitioners should be able to receive financial payments from the Health Board as part of an agreement, given Health Boards receive funding for delivering Pharmacotherapy and CTAC services through the Primary Care Improvement Fund. In response to this, payments will be allowed with specific details agreed locally.
- It should be clear who can initiate the process of determining whether General Practice delivery of a service is appropriate. Clarity will be provided by Ministerial directions and guidance.
- It must be clear which aspects of the service a GP Practice will be responsible for delivering. This is reflected in the requirements set out in the instrument.
- There was concern that there is a risk that this amendment undermines the commitment to Health Board employed MDTs providing Pharmacotherapy and CTAC services. The instrument is clear that General Practice delivery is only allowable where it is necessary due to a Health Board facing serious difficulties in delivery. This will be supported through a robust options appraisal process for determining whether it is necessary.
- Quality of care must be ensured if services return to General Practice delivery. The options appraisal process will require demonstration that the proposed delivery model meets the principles of being safe, person-centred, equitable, outcome focused, effective, sustainable and affordable.

### **Impact Assessments**

A Child Rights and Wellbeing Impact Assessment (CRWIA), Equality Impact Assessment (EQIA) and Island Communities Impact Assessment (ICIA) were completed. The CRWIA concluded that the instrument will protect, respect and fulfil children's rights in Scotland, specifically with reference to Article 6 (the right to Life, survival and development), Article 24 (the right to Health and health services), Article 18 (Parental responsibilities and state assistance), and Article 27 (Adequate standard of living). The EQIA did not identify any impact of the instrument on the grounds of a protected characteristic and the ICIA did not identify any unique impacts on island communities.

**Financial Effects**

The Cabinet Secretary for Health and Social Care confirms that no BRIA is necessary as the instrument has no financial effects on the Scottish Government, local government or on business.

Scottish Government  
Primary Care Directorate

21 January 2026

## **Annexe B: The National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2026 (SSI 2026/42)**

**Title of Instrument:** [The National Assistance \(Assessment of Resources\) Amendment \(Scotland\) Regulations 2026](#)

**Laid under:** [National Assistance Act 1948](#)

**Laid on:** 2 February 2026

**Procedure:** Negative

**Deadline for committee consideration:** 9 March 2026 (Advisory deadline for any committee report to be published)

**Deadline for Chamber consideration:** 13 March 2026 (Statutory 40-day deadline for any decision whether to annul the instrument)

**Commencement:** 6 April 2026

### **Delegated Powers and Law Reform Committee consideration**

The DPLR Committee considered the instrument on 17 February 2026 and reported on it in its [19<sup>th</sup> Report, 2026](#). The DPLR Committee made no recommendations in relation to the instrument but noted that it would be helpful if the approach to rounding of the savings credit disregards was set out in the Policy Note, to explain the difference between the figures and the stated percentage increase, and that further background to this was set out in the [Committee's correspondence with the Scottish Government](#).

### **Purpose of the instrument**

Under section 22 of the National Assistance Act 1948 ("the 1948 Act") as applied by section 87(3) and (4) of the Social Work (Scotland) Act 1968, local authorities are required to charge residents in residential accommodation an appropriate contribution towards the cost of their residential accommodation (excluding any entitlement to free nursing and personal care under the Community Care and Health (Scotland) Act 2002 and associated regulations).

Section 22(5) of the 1948 Act provides that, in assessing a resident's ability to pay, the local authority shall apply regulations made by the Secretary of State. The applicable regulations are the National Assistance (Assessment of Resources) Regulations 1992 (S.S.I. 1992/2977) ("the 1992 Regulations"). By virtue of section 53(1) of the Scotland Act 1998, the functions of making and amending the 1992 Regulations as regards Scotland are devolved to the Scottish Ministers.

The National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2025 amended the capital limits so that anyone with capital above the upper capital limit, including property, must meet his or her remaining

accommodation costs (over and above any entitlement to free personal care and nursing care) in full. Where the capital falls between upper and lower capital limits the local authority must assist the resident in meeting the cost of the accommodation. Capital under the lower capital limit is not taken into account in assessing a contribution.

In this context, the purpose of the instrument is:

- to increase the value of savings credit disregard from £8.50 to £8.95 for a single person and from £12.60 to £13.25 for a couple in line with average earnings which is currently forecast at 4.8%; and
- to increase the lower capital limit from £22,000 to £22,750 and the upper capital limit from £35,500 to £36,750 in line with CPI forecast at 3.8%.

The Policy Note accompanying the instrument is included in the annexe. It includes a summary of consultation undertaken on the instrument and the anticipated financial effects. The following impact assessments have been carried out:

- [Child Rights and Wellbeing Impact Assessment \(CRWIA\)](#).

## **Scottish Government Policy Note**

### **POLICY NOTE**

#### **THE NATIONAL ASSISTANCE (ASSESSMENT OF RESOURCES) AMENDMENT (SCOTLAND) REGULATIONS 2026**

#### **SSI 2026/42**

The above instrument was made in exercise of the powers conferred by section 22(5) of the National Assistance Act 1948. The instrument is subject to negative procedure and will come into force on 6 April 2026 in line with changes to the Department for Work and Pensions benefit and pension rates.

### **Summary Box**

Purpose of the instrument:

To increase the value of savings credit disregard from £8.50 to £8.95 for a single person and from £12.60 to £13.25 for a couple in line with average earnings which is currently forecast at 4.8%.

To increase the lower capital limit from £22,000 to £22,750 and the upper capital limit from £35,500 to £36,750 in line with CPI forecast at 3.8%.

### **Policy Objectives**

#### *Capital Limits*

The background is that under section 22 of the National Assistance Act 1948 (“the 1948 Act”) as applied by section 87(3) and (4) of the Social Work (Scotland) Act 1968, local authorities are required to charge residents in residential accommodation an appropriate contribution towards the cost of their residential accommodation (excluding any entitlement to free nursing and personal care under the Community Care and Health (Scotland) Act 2002 and associated regulations).

Section 22(5) of the 1948 Act provides that, in assessing a resident’s ability to pay, the local authority shall apply regulations made by the Secretary of State. The applicable regulations are the National Assistance (Assessment of Resources) Regulations 1992 (S.S.I. 1992/2977) (“the 1992 Regulations”). By virtue of section 53(1) of the Scotland Act 1998, the functions of making and amending the 1992 Regulations as regards Scotland are devolved to the Scottish Ministers.

The National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2025 amended the capital limits so that anyone with capital above the upper capital limit, including property, must meet his or her remaining accommodation costs (over and above any entitlement to free personal care and nursing care) in full. Where the capital falls between upper and lower capital limits the local authority must assist the resident in meeting the cost of the accommodation. Capital under the lower capital limit is not taken into account in assessing a contribution.

Annual increases to capital limits are increased in line with the Consumer Price Index (CPI), currently estimated to be 3.8%, and rounded to the closest £250. In line with this, the National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2026 increases the upper capital limit from £35,500 to £36,750 and increases the lower capital limit from £22,000 to £22,750.

#### *Savings Credit Disregard*

The 1992 Regulations set out a number of different types of income that are to be disregarded when a local authority assesses a resident’s income for the purpose of charging. Since the introduction of the State Pension Credit Act 2002 this has included a sum where a resident is in receipt of savings credit. These Regulations increase the maximum weekly savings credit disregard from £8.50 to £8.95 for a single resident and from £12.60 to £13.25 for couples. These increases are in line with the increase in average earnings (4.8%).

#### **UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility**

The Scottish Ministers have made the following statement regarding children’s rights:

In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, the Scottish Ministers certify that, in their view, the National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2026 is compatible with the UNCRC requirements as defined by section 1(2) of the Act.

#### **EU Alignment Consideration**

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

**Consultation**

Annual rises in the rates referred to above are routine. Prior to bringing these Regulations forward, the Cabinet Secretary for Health and Social Care and COSLA have been consulted.

**Impact Assessments**

A Child Rights and Wellbeing Impact Assessment has been completed on the National Assistance (Assessment of Resources) Amendment (Scotland) Regulations 2026. This impact assessment identified no children's impact issues.

No Business and Regulatory Impact Assessment is required because the present instrument will not impose new regulatory burdens on businesses, charities or the voluntary sector compared with 2025/26.

**Financial Effects**

The Minister for Social Care, Mental Wellbeing and Sport confirms that no BRIA is necessary as the instrument has no financial effects on the Scottish Government, local government or on business.

Scottish Government  
Social Care and National Care Service Development Directorate  
January 2026

## **Annexe C: The National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2026 (SSI 2026/43)**

**Title of Instrument:** [The National Assistance \(Sums for Personal Requirements\) \(Scotland\) Regulations 2026](#)

**Laid under:** [National Assistance Act 1948](#)

**Laid on:** 2 February 2026

**Procedure:** Negative

**Deadline for committee consideration:** 9 March 2026 (Advisory deadline for any committee report to be published)

**Deadline for Chamber consideration:** 13 March 2026 (Statutory 40-day deadline for any decision whether to annul the instrument)

**Commencement:** 6 April 2026

### **Delegated Powers and Law Reform Committee consideration**

The DPLR Committee considered the instrument on 17 February 2026 and reported on it in its [19<sup>th</sup> Report, 2026](#). The DPLR Committee made no recommendations in relation to the instrument.

### **Purpose of the instrument**

Under section 22 of the National Assistance Act 1948 (“the 1948 Act”), as applied by section 87(3) and (4) of the Social Work (Scotland) Act 1968 (“the 1968 Act”), local authorities are required to charge residents in residential accommodation an appropriate contribution towards the cost of their residential accommodation (excluding any entitlement to free nursing and personal care under the Community Care and Health (Scotland) Act 2002 and associated regulations).

Section 22(5) of the 1948 Act provides that, in assessing a resident’s ability to pay, the local authority shall apply regulations made by the Secretary of State. By virtue of section 53(1) of the Scotland Act 1998, the functions of making and amending these regulations as regards Scotland are devolved to Scottish Ministers. Section 22(4) of the 1948 Act, as applied by section 87(3) and (4) of the 1968 Act, requires a local authority to assume, in assessing a person’s ability to pay for accommodation provided under the 1968 Act or section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003, that persons will require to retain a sum of money per week to cover the cost of their personal requirements, for example, clothes and toiletries.

The National Assistance (Assessment of Resources) Regulations 1992 (S.S.I. 1992/2977), made under section 22(4) of the 1948 Act, prescribe the above mentioned weekly personal expenses allowance. This allowance is usually increased each April at the same time as Social Security benefits are updated. The amount of

allowance is the same for individuals whether they are resident in local authority or independent sector homes.

In this context, the purpose of the instrument is to increase the value of personal expenses allowance in line with average earnings, an increase of 4.8%. This will increase the weekly rate of this allowance from £35.90 to £37.65 from 6 April 2026.

The Policy Note accompanying the instrument is included in the annexe. It includes a summary of consultation undertaken on the instrument and the anticipated financial effects. The following impact assessments have been carried out:

- [Child Rights and Wellbeing Impact Assessment \(CRWIA\)](#).

## **Scottish Government Policy Note**

### **POLICY NOTE**

#### **THE NATIONAL ASSISTANCE (SUMS FOR PERSONAL REQUIREMENTS) (SCOTLAND) REGULATIONS 2026**

##### **SSI 2026/43**

The above instrument was made in exercise of the powers conferred by section 22(4) of the National Assistance Act 1948. The instrument is subject to negative procedure and will come into force on 6 April 2026 in line changes to the Department for Work and Pensions benefit and pension rates. The instrument is subject to negative procedure.

### **Summary Box**

Purpose of the instrument:

To increase the value of personal expenses allowance in line with average earnings, an increase of 4.8%.

### **Policy Objectives**

The background is that under section 22 of the National Assistance Act 1948 (“the 1948 Act”), as applied by section 87(3) and (4) of the Social Work (Scotland) Act 1968 (“the 1968 Act”), local authorities are required to charge residents in residential accommodation an appropriate contribution towards the cost of their residential accommodation (excluding any entitlement to free nursing and personal care under the Community Care and Health (Scotland) Act 2002 and associated regulations).

Section 22(5) of the 1948 Act provides that, in assessing a resident’s ability to pay, the local authority shall apply regulations made by the Secretary of State. By virtue of section 53(1) of the Scotland Act 1998, the functions of making and amending these regulations as regards Scotland are devolved to Scottish Ministers. Section 22(4) of the 1948 Act, as applied by section 87(3) and (4) of the 1968 Act, requires a local authority to assume, in assessing a person’s ability to pay for accommodation provided under the 1968 Act or section 25 of the Mental Health (Care and

Treatment) (Scotland) Act 2003, that persons will require to retain a sum of money per week to cover the cost of their personal requirements, for example, clothes and toiletries.

The National Assistance (Assessment of Resources) Regulations 1992 (S.S.I. 1992/2977), made under section 22(4) of the 1948 Act, prescribe the above mentioned weekly personal expenses allowance. This allowance is usually increased each April at the same time as Social Security benefits are updated. The amount of allowance is the same for individuals whether they are resident in local authority or independent sector homes. These regulations will increase the weekly rate of this allowance in line with the increase in average earnings from £35.90 to £37.65 from 6 April 2026.

### **UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility**

The Scottish Ministers have made the following statement regarding children's rights:

In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, the Scottish Ministers certify that, in their view, the National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2026 is compatible with the UNCRC requirements as defined by section 1(2) of the Act.

### **EU Alignment Consideration**

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

### **Consultation**

Annual rises in these rates are routine. Prior to bringing these Regulations forward, the Cabinet Secretary for Health and Social Care and COSLA have been consulted.

### **Impact Assessments**

A Child Rights and Wellbeing Impact Assessment has been completed on the National Assistance (Sums for Personal Requirements) (Scotland) Regulations 2026. This impact assessment identified no children's impact issues.

No Business and Regulatory Impact Assessment is required because the present instrument will not impose new regulatory burdens on businesses, charities or the voluntary sector compared with 2025/26.

### **Financial Effects**

The Minister for Social Care, Mental Wellbeing and Sport confirms that no BRIA is necessary as the instrument has no financial effects on the Scottish Government, local government or on business.

These are routine annual increases, considered as part of the Budget process.

**HSCS/S6/26/10/4**

Scottish Government  
Social Care and National Care Service Development Directorate  
January 2026

## **Annexe D: The National Health Service (Common Staffing Method) (Scotland) Amendment Regulations 2026 (SSI 2026/54)**

**Title of Instrument:** [The National Health Service \(Common Staffing Method\) \(Scotland\) Amendment Regulations 2026](#)

**Laid under:** [National Health Service \(Scotland\) Act 1978](#)

**Laid on:** 6 February 2026

**Procedure:** Negative

**Deadline for committee consideration:** 16 March 2026 (Advisory deadline for any committee report to be published)

**Deadline for Chamber consideration:** 17 March 2026 (Statutory 40-day deadline for any decision whether to annul the instrument)

**Commencement:** 1 April 2026

### **Delegated Powers and Law Reform Committee consideration**

The DPLR Committee considered the instrument on 17 February 2026 and reported on it in its [19<sup>th</sup> Report, 2026](#). The DPLR Committee made no recommendations in relation to the instrument.

### **Purpose of the instrument**

The purpose of the instrument is to amend the National Health Service (Common Staffing Method) (Scotland) Regulations 2024 (the 2024 Regulations) which specify the staffing level and professional judgement tools that must be used as part of the common staffing method for specified kinds of health care provision.

The Policy Note accompanying the instrument is included in the annexe. It includes a summary of consultation undertaken on the instrument and the anticipated financial effects. The following impact assessments have been carried out:

- [Child Rights and Wellbeing Impact Assessment \(CRWIA\)](#).

### **Scottish Government Policy Note**

#### **POLICY NOTE**

#### **THE NATIONAL HEALTH SERVICE (COMMON STAFFING METHOD) (SCOTLAND) AMENDMENT REGULATIONS 2026**

#### **SSI 2026/54**

The above instrument was made in exercise of the powers conferred by sections 121J(3) and 105(7) of the National Health Service (Scotland) Act 1978 (the 1978 Act). The instrument is subject to negative procedure.

### **Summary Box**

This instrument amends the National Health Service (Common Staffing Method) (Scotland) Regulations 2024 (the 2024 Regulations) which specify the staffing level and professional judgement tools that must be used as part of the common staffing method for specified kinds of health care provision.

### **Policy Objectives**

Section 121J of the 1978 Act - which is inserted by section 4 of the Health and Care (Staffing) (Scotland) Act 2019 (the 2019 Act) - sets out a duty for Health Boards and the Common Services Agency for the Scottish Health Service (commonly known as NHS NSS) to follow a common staffing method when determining staffing provision for specific types of health care. The duty extends to certain Special Health Boards (NHS 24, the National Waiting Times Centre Board and the State Hospitals for Board for Scotland). The 2024 Regulations, as amended by the National Health Service (Common Staffing Method) (Scotland) Amendment Regulations 2025 and the National Health Service (Common Staffing Method) (Scotland) Amendment (No. 2) Regulations 2025, make provision in relation to the common staffing method.

The common staffing method sets out a process by which a Health Board, NHS NSS or Special Health Board determines the staffing provision required for certain types of health care. It includes the use of speciality-specific staffing level tools and a professional judgement tool, along with consideration of a range of other factors which include among others the local context, patient needs, clinical advice and the different skills and experience of employees.

The current Regulations amend the 2024 Regulations to update the staffing level and professional judgement tools to be used.

### **UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility**

In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, the Scottish Ministers certify that, in their view, the National Health Service (Common Staffing Method) (Scotland) Amendment Regulations 2026 are compatible with the UNCRC requirements as defined by section 1(2) of that Act.

### **EU Alignment Consideration**

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

### **Consultation**

Two consultations were carried out during 2017-2018 as part of proposals for the Health and Care (Staffing) (Scotland) Bill, along with a series of stakeholder

engagement events across Scotland. Following the passing of the Bill, statutory guidance to support the 2019 Act was prepared by various working groups comprising representatives from the Scottish Government and external stakeholders, including Health Boards, Special Health Boards, NHS NSS, local authorities, integration authorities, Healthcare Improvement Scotland (HIS), the Care Inspectorate, professional bodies, trade unions and professional regulatory bodies. This guidance went out to public consultation in June-September 2023 and was published on 01 April 2024, coinciding with commencement of the 2019 Act.

The Nursing and Midwifery Workload and Workforce Planning Programme (NMWWPP) was established in 2004; part of their remit being to develop workload tools and methodology. Development of each tool involved expert working groups comprising a variety of stakeholders. The staffing level and professional judgement tools specified in the 2024 Regulations were originally developed through this process, endorsed by the Scottish Executive Nurse Directors and professional bodies, and have been recommended for use since April 2013 (with updates to the tools being made since then as required), albeit on a non-statutory footing. The NMWWPP also developed a triangulation process which illustrated the other information that should be considered alongside the staffing level and professional judgement tools when making decisions about staffing. This process formed the basis of the common staffing method. HIS is now responsible for continued management and development of the tools and the common staffing method and regularly consults with stakeholders as part of this.

### **Impact Assessments**

Impact assessments were carried out as part of the Parliamentary passage of the Health and Care (Staffing) (Scotland) Bill. A CRWIA has been produced in relation to the current Regulations. Due to the technical nature of these Regulations, it was considered that no further impact assessments were necessary.

### **Financial Effects**

The Cabinet Secretary confirms that no BRIA is necessary as the instrument has no financial effects on the Scottish Government, local government or on business.

Staffing level and professional judgement tools have been recommended for use since 2013, and, along with the common staffing method, were being used regularly in many Health Boards prior to the pandemic. Following remobilisation of 2019 Act implementation, Health Boards have put plans in place to run the tools and use the common staffing method. The review process following use of the common staffing method sits within established governance processes within Health Boards. There should therefore be no significant impact as a direct consequence of mandating their continued use through legislation.

Scottish Government  
Health Workforce Directorate  
January 2026

## **Annexe E: The Social Care and Social Work Improvement Scotland (Cancellation of Registration) Order 2026 (SSI 2026/64)**

**Title of Instrument:** [The Social Care and Social Work Improvement Scotland \(Cancellation of Registration\) Order 2026](#)

**Laid under:** [Public Services Reform \(Scotland\) Act 2010](#)

**Laid on:** 9 February 2026

**Procedure:** Negative

**Deadline for committee consideration:** 16 March 2026 (Advisory deadline for any committee report to be published)

**Deadline for Chamber consideration:** 20 March 2026 (Statutory 40-day deadline for any decision whether to annul the instrument)

**Commencement:** 21 March 2026

### **Delegated Powers and Law Reform Committee consideration**

The DPLR Committee considered the instrument on 17 February 2026 and reported on it in its [19<sup>th</sup> Report, 2026](#). The DPLR Committee made no recommendations in relation to the instrument.

### **Purpose of the instrument**

The purpose of the instrument is to to prescribe the circumstances (other than following the giving of an improvement notice and the expiry of the period for improvement specified in it) in which Social Care and Social Work Improvement Scotland (commonly known as “the Care Inspectorate”) may use the power conferred by section 64(1) of the 2010 Act to propose to cancel the registration of a care service registered under Chapter 3 of Part 5 of that Act..

The Policy Note accompanying the instrument is included in the annexe. It includes a summary of consultation undertaken on the instrument and the anticipated financial effects. The following impact assessments have been carried out:

- [Child Rights and Wellbeing Impact Assessment \(CRWIA\)](#)
- [Equality Impact Assessment](#)
- [Business and Regulatory Impact Assessment](#).

### **Scottish Government Policy Note**

#### **POLICY NOTE**

**THE SOCIAL CARE AND SOCIAL WORK IMPROVEMENT SCOTLAND  
(CANCELLATION OF REGISTRATION) ORDER 2026**

**SSI 2026/64**

The above instrument was made in exercise of the powers conferred by section 64(1A)(b) of the Public Services Reform (Scotland) Act 2010 (“the 2010 Act”). The instrument is subject to negative procedure.

**Summary Box**

The purpose of this instrument is to prescribe the circumstances (other than following the giving of an improvement notice and the expiry of the period for improvement specified in it) in which Social Care and Social Work Improvement Scotland (commonly known as “the Care Inspectorate”) may use the power conferred by section 64(1) of the 2010 Act to propose to cancel the registration of a care service registered under Chapter 3 of Part 5 of that Act.

**Policy Objectives**

Under section 64(1A)(b) of the 2010 Act the Scottish Ministers have the power to prescribe by order the circumstances (other than following the giving of an improvement notice and the expiry of the period for improvement specified in it) in which the Care Inspectorate may propose to cancel the registration of a care service registered under Chapter 3 of Part 5 of that Act. Section 64(1A) was inserted by section 22 of the Care Reform (Scotland) Act 2025.

The circumstances prescribed by this Order are (first) where, at any point during the period of 12 months following confirmation by it in writing that the significant improvement required by an improvement notice has been carried out, the Care Inspectorate has reasonable grounds to believe that any aspect of that improvement has not been sustained, and (second) where the Care Inspectorate is no longer satisfied that the provider is fit to provide the care service within the meaning of regulations made under section 78 of that Act.

Regulation plays an important role in ensuring consistent and high standards of social care. A key issue with the current regulatory regime relates to providers who operate, often for lengthy periods, with inconsistent quality and levels of service. Inadequate care has a negative impact on people using the services, including adult care homes, nurseries, childcare and support services. All people experiencing care have the right to expect safe, high-quality care that meets their individual needs.

At present providers who fail to meet the required standards could be issued with an improvement notice by the Care Inspectorate. This allows the provider a set amount of time to meet the requirements as detailed in the improvement notice. A failure to do so could result in escalation and a move by the Care Inspectorate to propose cancellation of the care service’s registration.

In practice, where an improvement notice has been issued requiring significant improvement within a specified timescale, in some cases, improvements are maintained for only a very short time, i.e. during inspection. That is not the intention of the improvement notice process, which aims to bring the relevant care service

back up to the expected standard it is required to maintain throughout the lifetime of the registration.

This policy is intended to achieve that in cases where it is the professional judgement of the Care Inspectorate that the requirements of an improvement notice are not being sustained, the Care Inspectorate will have the power to forgo the issuing of a further improvement notice and instead begin the cancellation process by proceeding to give notice of the proposal to cancel the registration under section 71(3) of the 2010 Act.

This policy also aims to ensure that the Care Inspectorate can propose to cancel a provider's registration when it is no longer satisfied that the provider is fit to provide the service within the meaning of regulation 6 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (S.S.I. 2011/210). For example, this would include a person who has been convicted whether in the United Kingdom or elsewhere of any offence which is punishable by a period of imprisonment of not less than 3 months and has been sentenced to imprisonment (whether or not suspended or deferred) for any period without the option of a fine and who, in the reasonable opinion of the Care Inspectorate is unsuitable to be a provider of a care service.

Following the service of a notice under section 71(3) of the 2010 Act, a provider would have the right to make representations to the Care Inspectorate as regards any matter which the provider wishes to dispute, and then (should the Care Inspectorate proceed to implement the proposal to cancel registration) to appeal that decision to the sheriff (see sections 72 and 75 of the 2010 Act).

This instrument is necessary to allow the Scottish Ministers to exercise the power conferred on them by section 64(1A)(b) as described above.

### **UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility**

In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (the Act), the Scottish Ministers certify that, in their view, the Social Care and Social Work Improvement Scotland (Cancellation of Registration) Order 2026 is compatible with the UNCRC requirements as defined by section 1(2) of the Act.

### **EU Alignment Consideration**

This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

### **Consultation**

While there was no statutory requirement to carry out a public consultation on these regulations, a targeted one was carried out. The Scottish Government sent consultation letters to all key stakeholders, including local government, private and third sector providers of 3 social care services, inviting their views on the proposed SSI in November 2025. This took the form of a letter issued by email to COSLA and umbrella organisations, inviting views via return email, as well as online webinars. As

part of the consultation, the Scottish Government also hosted two webinars for social care providers in December 2025. A total of 36 providers attended.

Feedback was generally supportive of the proposal, however some providers shared concerns about the power being used too readily without sufficient time being given for improvements to be made. It was also raised that, if the Care Inspectorate were to close a service, continuity of care needs to be protected.

In addition, the National Care Service consultation carried out in 2021 included questions on enhancement of the Care Inspectorate's enforcement powers. There was strong support for this (88% in agreement).

The Scottish Government have been clear in communication that the Care Inspectorate would only exercise this power following all efforts to resolve with the provider.

The Care Inspectorate have procedures in place to ensure continuity of care in situations where a provider ceases operation. They have committed to publishing guidance for social care providers in relation to the implementation of this policy and related procedures, to provide reassurance. Scottish Government officials will remain in contact with them in relation to this commitment and any issues or concerns that may arise as a result of this policy.

Throughout the development of the SSI, the Scottish Government have worked closely with the Care Inspectorate.

### **Impact Assessments**

An Equality Impact Assessment and a Child Rights and Wellbeing Impact Assessment have been completed on the Order and are attached. There are no impact issues, the overall impact of this policy is positive.

### **Financial Effects**

A Business and Regulatory Impact Assessment (BRIA) has also been completed and is attached. As detailed in the BRIA, there is the possibility that, should a social care provider be in a position where they must be able to evidence that they can sustain the necessary improvements to avoid the Care Inspectorate proceeding with the proposal to cancel registration, this could have cost implications for them. It is possible that this could be either financial or resource costs, or both. However, it is considered that the policy will benefit providers as well as service users in the longer term.

It is considered that there may be benefits for businesses within the social care sector, as having a more effective and efficient regulatory environment provides a stable business environment to allow long term investments to be made.

It is considered that this policy will be cost-neutral for the Care Inspectorate to implement. In the long run it should save the Care Inspectorate money and resource, as it makes their enforcement processes more efficient and effective.

**HSCS/S6/26/10/4**

Social Care and National Care Service Development Directorate

February 2026