Health, Social Care and Sport Committee

5th Meeting, 2021 (Session 6), Tuesday 21 September 2021

Subordinate legislation

Note by the clerk

Purpose

1. This paper invites the Committee to consider the following negative instrument:

   The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021 (SSI 2021/302)

Procedure for negative instruments

2. Negative instruments are instruments that are "subject to annulment" by resolution of the Parliament for a period of 40 days after they are laid. This means they become law unless they are annulled by the Parliament. All negative instruments are considered by the Delegated Powers and Law Reform Committee (on various technical grounds) and by the relevant lead committee (on policy grounds).

3. Under Rule 10.4, any member (whether or not a member of the lead committee) may, within the 40-day period, lodge a motion for consideration by the lead committee recommending annulment of the instrument.

4. If the motion is agreed to by the lead committee, the Parliamentary Bureau must then lodge a motion to annul the instrument to be considered by the Parliament as a whole. If that motion is also agreed to, the Scottish Ministers must revoke the instrument.

5. If the Parliament resolves to annul an SSI then what has been done under authority of the instrument remains valid but it can have no further legal effect. Following a resolution to annul an SSI the Scottish Ministers (or other responsible authority) must revoke the SSI (make another SSI which removes the original SSI from the statute book.) Ministers are not prevented from making another instrument in the same

terms and seeking to persuade the Parliament that the second instrument should not be annulled.

6. Each negative instrument appears on the Health, Social Care and Sport Committee's agenda at the first opportunity after the Delegated Powers and Law Reform Committee has reported on it. This means that, if questions are asked or concerns raised, consideration of the instrument can usually be continued to a later meeting to allow the Committee to gather more information or to invite a Minister to give evidence on the instrument. Members should however note that, for scheduling reasons, it is not *always* possible to continue an instrument to the following week. For this reason, if any Member has significant concerns about a negative instrument, they are encouraged to make this known to the clerks in advance of the meeting.

7. In many cases, the Committee may be content simply to note the instrument and agree to make no recommendations on it.

Guidance on subordinate legislation

8. Further guidance on subordinate legislation is available on the Delegated Powers and Law Reform Committee's web page at: http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/delegated-powers-committee.aspx

Recommendation

9. The Committee is invited to consider any issues which it wishes to raise on this instrument.

Clerks to the Committee
16 September 2021

SSI 2021/302

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

Type of Instrument: Negative

Laid Date: 7 September 2021

Meeting Date: 21 September 2021

Minister to attend meeting: No

Motion for annulment lodged: No

Drawn to the Parliament's attention by the Delegated Powers and Law Reform Committee? No.

10. The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 14 September 2021 and determined that it did not need to draw the attention of the Parliament to the instrument on any grounds within its remit.

Reporting deadline: 25 October 2021

Purpose

11. The regulations specifically amend both the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 and the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018. The 2018 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.

12. The purpose of these new regulations is intended to fulfil a commitment to general practitioners to remove the general requirement to provide certain vaccinations from their GMS contracts and PMS agreements with Health Boards and to ensure that GPs' contracts will only require GPs to provide vaccinations generally in exceptional circumstances.

13. A copy of the Scottish Government's Policy Note is included in **Annexe A**. The Business and Regulatory Impact Assessment, Data Protection Impact Assessment (DPIA) and Equalities Impact Assessment are attached at **Annexe B, C and D** respectively.

POLICY NOTE

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

SSI 2021/302

14. 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

15. 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

16. 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.

17. 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.

18. 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

19. 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.

20. The vaccination services delivered by the programme formed part of the Primary Care Improvement Plan in each area.

21. 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.

22. 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.

23. 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).

24. 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.

25. 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.

26. 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.

27. 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

28. 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.

29. 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]

30. 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.

31. 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[3]. 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.

[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

On 18 January 2018 SGPC formally decided to proceed to implement the 2018 general medical services contract.

32. The programme of setting up the new services, the Vaccination Transformation Programme[4], was suspended at the onset of the pandemic, but formally resumed in December 2020.

33. Notwithstanding the suspension of the programme, Health Boards were first directed by the Scottish Government to support GP practices[5] 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[6] and the new COVID immunisation programme[7] with support from GP practices by local agreement.

34. Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC[8] 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[9] 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.

35. 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

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

Impact Assessments

37. 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.

38. 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

[4]https://www.parliament.scot/chamber-and-committees/debates-and-questions/questions/2020/03/26/s5w28118?qry=S5W-28118
[5]https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_coronavirus.pdf
[6] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)14.pdf
[7] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)17.pdf
[8] https://www.sehd.scot.nhs.uk/pca/PCA2021(M)07.pdf
[9]https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%202-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf

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

39. 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")

40. 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 2021 Amendment Regulations implement that wider policy, no further assessment has been required.

Scottish Government
Primary Care Directorate

September 2021

BRIA **ANNEXE B**

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 by 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 practices[10] to deliver vaccination programmes and the vaccinations provided for by the Additional Services where necessary and later to directly deliver the expanded

[10] https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_coronavirus.pdf

seasonal influenza immunisation programme[11] and the new COVID immunisation programme[12] with support from GP practices by local agreement.

1.5. Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC[13] 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.

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.

[11] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)17.pdf
[12] https://www.sehd.scot.nhs.uk/pca/PCA2020(M)14.pdf
[13] https://www.sehd.scot.nhs.uk/pca/PCA2021(M)07.pdf

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

Data Protection Impact Assessment (DPIA)

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

1. Introduction

The purpose of this document is to report on and assess against any potential Data Protection Impacts as a result of the implementation of the National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021. (the "regulations").

2. Document metadata

3.

3.1 Name of Project: The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021

3.2 Author of report: Michael Taylor – Primary Care Directorate – GMS Contract Team.

3.3 Date of report: 3 September 2021

3.4 Name of Information Asset Owner (IAO) of relevant business unit: Naureen Ahmad, Deputy Director.

3.5 Date for review of DPIA: 03/09/2024

Review date	Details of update	Completion date	Approval Date

4. Description of the project

4.1 Description of the work:

General Practice is critical to sustaining high quality universal healthcare and to realising Scotland's ambition to improve our population's health and reduce health inequalities.

The regulations reflect the implementation of the removal of certain vaccination services from GP contracts.

The regulations are intended to improve patient access to GP Services, better contribute to improving population health, including mental health, and help to mitigate health inequalities by removing certain vaccinations from GP contracts and thereby allowing GPs to focus on what they do best, such as the management of the needs of patients with complex comorbidities. This will also enhance the GP role to make the profession a more attractive career choice for new and existing GPs.
Health Boards will require appropriate data from GP practices to identify patients for the different vaccination programmes. The 2018 Contract Regulations provided for a legal framework authorising GPs, on request of the Health Board, to allow access or be provided with data, (contained in patient records or practice data relating to a GP's practice) or any other information which is reasonably required in connection with the contract.

The Health Board may only make such a request where:

- if the relevant information could be provided in compliance with relevant legislation (Data Protection Act 2018 (DPA) and General Data Protection Regulation (GDPR) ("legislation");

- if the request is made in accordance with Directions issued by the Scottish Government; and

- it is for the limited purposes of medical diagnosis of, or provision of health care to, patients; planning (including workforce planning and management of health and social care services); or where information is reasonably required (in connection with the contract).

It is intended that the provision/access to data contained in patient records and other related information will be primarily used for medical diagnosis and health care provision, and to increase the numbers of primary care professionals (including pharmacists, mental health workers, community based allied health professionals and nurses) accessing patient information for the purpose of direct patient care. Accordingly, access to patient data for the purposes of direct care may be made available by way of data sharing agreements to appropriate members of the extended primary care team where it is authorised, safe and necessary to do so. It is intended that patient information may also be made available to other health professionals who are providing care to one of a GP contractor's registered patients – for example, in a vaccination clinic.

4.2 Personal data to be processed.

Variable	Data Source
Medical information of patients.	GP Contractors

4.3 Describe how this data will be processed:

Patient information for the purposes of direct care will be made available to appropriate members of the extended primary care team and to other health professionals, as detailed in section 3.1 of this DPIA, either by direct access to the GP IT system or through an NHS board system. The exact details of how this is done may vary from area to area according to their local information governance arrangements.

Within Scotland data will be transmitted, stored, processed, disposed of, owned and managed in line with current data protection best practice and as specified in Directions.

Any data collected or extracted will only contain the minimum data items required for the purpose, after which it will be destroyed in accordance with data sharing agreements.

4.4 Explain the legal basis for the sharing with internal or external partners:

The 2018 Contract Regulations, and Directions referred to within the 2018 Contract Regulations and any associated data sharing agreement(s) provide the legal framework for processing (and sharing) data. The detail of how data will be collected and shared in practice is contained within Directions.

PCA(M)(2019)15 - Joint Controller and Information Sharing Agreement between NHS Scotland Health Boards and GP Contractors was designed to assist Health Boards and GP contractors to determine in a transparent manner their respective responsibilities for complying with data protection legislation.

5. Stakeholder analysis and consultation

5.1 List all the groups involved in the project, and state their interest.

Group	Interest
Scottish Government	Responsible for negotiating the GMS Contract.
BMA	Responsible for negotiating the GMS Contract.
NHS Boards / Integration Authorities	Responsible for commissioning GP Services and workforce planning.
Patients	Service users requiring better coordinated healthcare services.
NHS National Services Scotland	Operation of national systems, central storage of demographic and other data and payments of GP contractors.

5.2 Method used to consult with these groups when making the DPIA.

A series of meetings have been held between Scottish Government officials and the BMA.

Meetings have been held in each Health Board area to discuss the new contract offer with local GPs, and representatives of the NHS Boards and Integration Authorities.

A series of public engagement meetings were being held across Scotland to discuss the new contract offer and plans to transform Primary Care.

Project management of system development and operations involves appropriate stakeholders.

A series of meetings have been held throughout contract negotiations with a reference group comprising of representatives of stakeholders.

5.3 Method used to communicate the outcomes of the DPIA .

The DPIA was copied to appropriate stakeholder groups as part of the submission of the regulations.

6. Questions to identify privacy issues

6.1 Involvement of multiple organisations

The collection, interpretation and use of data will involve Scottish Government, GP contractors, NHS Boards, NHS National Services Scotland and Health and Social Care Partnerships.

6.2 Anonymity and pseudonymity

Where appropriate any person-identifiable data will be pseudonymised at source (in line with SPIRE information governance where this is used). The purpose of the data will define whether it is possible for pseudonymisation to occur as it would normally be the rule: Health Boards will need to identify patients who needed vaccinated.

6.3 Technology

There are no new or additional information technologies that have substantial potential for privacy intrusion. Where collection of information involves the use of the SPIRE system or increasing the range of health professionals who may access SPIRE, this has separately been the subject of a DPIA.

6.4 Identification methods

Existing unique identifiers will be re-used.

There will be no new or substantially changed identity authentication requirements that may be intrusive or onerous.

6.5 Sensitive/Special Category personal data

Where appropriate, personal data may be shared with Scottish Government, GP contractors, NHS Boards and Health and Social Care Partnerships as set out below.

In relation to patient information for the purposes of direct care, this will be available only to those appropriate professionals providing that care according to data protection arrangements.

This may involve the linkage of personal data with health and social care data in other collections in order to, for example, identify gaps in vaccine take up but does not engender any significant change to existing data links or holdings. If any development resulted in a significant change a separate DPIA would be required.

6.6 Changes to data handling procedures

The regulations make no changes to the medium of disclosure for publicly available information in such a way that the data becomes more readily accessible than before.

6.7 Statutory exemptions/protection

The regulations do not provide for systematic disclosure of personal data to or access by third parties that are not subject to comparable privacy regulation.

The 2018 Contract Regulations authorised that data/information is to be provided upon request by the Health Board which must be made in compliance with relevant legislation, in accordance with Directions and for the limited purposes set out in the 2018 Contract Regulations. Additional protective obligations are set out in the 2018 contract regulations, which obligate:

<u>The GP</u>
To comply with the Health Board's policies concerning data security, personal data or IT security notified by it;
To maintain a record of all its processing activities carried out in the contract;
To nominate a data protection officer (if a jointly designated data protection officer has not been appointed) in matters relating to personal data;
To ensure that any person under its direction who has access to patient records has undergone adequate data protection training; and
To nominate a person with responsibility for practices/procedures relating to confidentiality of personal data held by it and also data protection generally.

<u>The Health Board</u>
To provide guidance, templates and privacy notices relating to the provider's processing of personal data and the contractor's maintenance of a record;
To notify the provider timeously of its current policies regarding data security, personal data security and IT security processes;
To maintain a record of its processing activities carried out in relation to a provider's patient records;
To appoint a jointly designated data protection officer;
To ensure that any of its employees who have access to the patient record and practice data has undergone adequate training; and

To make available appropriate data protection training to the GP provider and its employees.

6.8 +Justification

The project allows information to be shared amongst healthcare providers for the benefit of patients.

6.9 Other risks

There are no risks to privacy not covered by the above questions.

7. General Data Protection Regulation (GDPR) Principles

The 2018 regulations enable the collection, sharing and use of data held by GP contractors. The sharing and use of data is supported by Data Sharing Agreements between Health Boards and practices. This ensures that all involved will be clear about their roles, rights and responsibilities.

SPIRE has already been the subject of a DPIA. Any other systems or mechanisms established for the collection, sharing and use of data will be privacy impact assessed as appropriate – once the precise detail of their operation becomes known.

Principle	**Compliant – Yes/No**	**Description of how you have complied**
.1 Principle 1 – fair and lawful, and meeting the conditions for processing	Yes	The Data Agreement between Health Boards and practices ensures that personal data is processed lawfully, fairly and in a transparent manner in relation to the data subject.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.2 Principle 2 – purpose limitation	Yes	The Data Agreement between Health Boards and practices ensures that personal data is collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.3 Principle 3 – adequacy, relevance and data minimisation	Yes	The Data Agreement between Health Boards and practices ensures that personal data is adequate, relevant and limited to what is necessary in relation to

		the purposes for which they are processed.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.4 Principle 4 – accurate, kept up to date, deletion	Yes	The Data Agreement between Health Boards and practices ensures that personal data is accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate are erased or rectified without delay.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.5 Principle 5 – kept for no longer than necessary, anonymization	Yes	The Data Agreement between Health Boards and practices ensures that personal data is kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.6 GDPR Articles 12-22 – data subject rights	Yes	The Data Agreement between Health Boards and practices ensures appropriate protections and processes are in place for data subject rights. Privacy notices will likely be used to explain the processing of patient data and their rights in this regard.
Principle	**Compliant – Yes/No**	**Description of how you have complied**
6.7 Principle 6 - security	Yes	The Data Agreement between Health Boards and practices ensures that personal data is processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures (“integrity and confidentiality”)
Principle	**Compliant – Yes/No**	**Description of how you have complied**

6.8 GDPR Article 44 - Personal data shall not be transferred to a country or territory outside the European Economic Area.	Yes	Data will not be transferred to a country or territory outside the European Economic Area.

8. Risks identified and appropriate solutions or mitigation actions proposed

Is the risk eliminated, reduced or accepted?

Risk	Ref	Solution or mitigation	Result
Regulations do not provide specific detail around the collection, sharing and use of data held by GP contractors.	1.	The Data Agreement between Health Boards and practices obliges and incentivises that data protection requirements are properly complied with.	reduced
			Eliminate/reduce/accept
			Eliminate/reduce/accept

9. Incorporating Privacy Risks into planning

Explain how the risks and solutions or mitigation actions will be incorporated into the project/business plan, and how they will be monitored. There must be a named official responsible for addressing and monitoring each risk.

Risk	Ref	How risk will be incorporated into planning	Owner
Regulations are enabling powers and do not provide specific detail around the collection, sharing and use of data	1.	Health Boards should be aware of their Data Agreements with practices.	Naureen Ahmad, General Practice Policy

held by GP contractors.			

10. Data Protection Officer (DPO)

The DPO may give additional advice, please indicate how this has been actioned.

Advice from DPO	Action

11. Authorisation and publication

The DPIA report should be signed by your Information Asset Owner (IAO). The IAO will be the Deputy Director or Head of Division.

Before signing the DPIA report, an IAO should ensure that she/he is satisfied that the impact assessment is robust, has addressed all the relevant issues and that appropriate actions have been taken.

By signing the DPIA report, the IAO is confirming that the impact of applying the policy has been sufficiently assessed against the individuals' right to privacy.

The results of the impact assessment must be published in the eRDM with the phrase "DPIA report" and the name of the project or initiative in the title.

Details of any relevant information asset must be added to the Information Asset Register, with a note that a DPIA has been conducted.

I confirm that the impact of implementing these regulations has been sufficiently assessed against the needs of the privacy duty:

Name and job title of a IAO or equivalent	**Date each version authorised**
Naureen Ahmad, Deputy Director, General Practice Policy	**03/09/21**

EQIA **ANNEXE D**

EQUALITIES IMPACT ASSESSMENT

Title of Policy	The National Health Service (General Medical Services and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2021
Summary of aims and desired outcomes of Policy	The policy is intended 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 and to ensure that GPs' contracts will only require GPs to provide vaccinations generally in exceptional circumstances
Directors: Division: Team	Directorate for Primary Care Division, General Practice Policy, GP Contract Operations Team.

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1. Introduction

IMPACT ASSESSMENT MODEL

The public sector equality duty requires the Scottish Government to assess the impact of applying a proposed new or revised policy or practice. It is a legislative requirement under the Equality Act 2010. More importantly, however, most policies impact on people. People are not all the same and policies should reflect that different people have different needs. The Equality Act 2010 covers protected characteristics that are relevant to the public sector equality duty including: age, disability, gender reassignment, sex, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 and The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 (hereafter referred to collectively as "the 2018 regulations") introduced terms into the respective model contracts which for the purposes of this document are referred to as the Scottish GP Contract (2018 contract). The contractual terms introduced into the 2018 contract were developed to re-invigorate general practice and re-energise its core values.

The 2018 regulations[14] underpinned the wider policy outlined in *The 2018 General Medical Services Contract in Scotland*[15] policy statement published on 13 November 2017. Not all features of the 2018 contract required regulatory provision but the regulations remain a critical part of the reform of Primary Care Services in Scotland to improve patient care. The regulations were accompanied by several sets of directions to Health Boards and guidance for GP Contractors. An Equalities Impact Assessment[16] made at the time encompassed the impact of the regulations themselves and the wider policy changes associated with the 2018 contract.

As part of the new GP contract GP practices would no longer routinely provide vaccinations. Vaccinations would instead by 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.

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.

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[17] between the Scottish Government, the Scottish GP Committee of the

[14] https://www.legislation.gov.uk/ssi/2018/66/contents
[15] http://www.gov.scot/Resource/0052/00527530.pdf
[16] https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf
[17] https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-

BMA (SGPC), Health Boards and Integration Authorities was published in 2018 and set out the principles for setting up this and other new services.

The programme of setting up the new services, the Vaccination Transformation Programme[18], 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 practices[19] 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[20] and the new COVID immunisation programme[21] with support from GP practices by local agreement.

Formal resumption of the Vaccination Transformation Programme was marked by a Joint Letter between Scottish Government and SGPC[22] 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[23] 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.

This Equality Impact Assessment (EQIA) has considered the potential impact of removing certain vaccinations from core GP contracts on each of the protected characteristics. The regulations will come into force on 18 October 2021 subject to Parliamentary procedure.

Given their relevance to health care in Scotland, we have also determined that it is necessary and proper to include a Health Inequalities Impact Assessment (HIIA) as part of this review.

The HIIA considers the social determinants of health, impacts on human rights, and the potential impacts of a policy on population groups who are vulnerable to unfair differences in health outcomes and health inequality.

These population groups include people who are:

- Carers
- People affected by homelessness

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understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf

[18] https://www.parliament.scot/chamber-and-committees/debates-and-questions/questions/2020/03/26/s5w28118?qry=S5W-28118

[19] https://www.sehd.scot.nhs.uk/publications/DC20200407Delivery_vaccinations_immunisations_coronavirus.pdf

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

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

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

[23] https://www.sehd.scot.nhs.uk/publications/Memorandum_of_Understanding%202-GMS_Contract_Implementation_for_PC_Improvement%2030_July_2021.pdf

- People involved in the Criminal Justice System
- People affected by addictions and substance misuse
- NHS Primary Care staff
- People on low incomes
- People with low levels of literacy
- People living in deprived areas
- People living in remote, rural and isolated areas
- People affected by discrimination / stigma
- Looked after and accommodated children and young people
- Refugees & Asylum Seekers

This list is non-exhaustive, and where relevant will include regard to Human Rights and Child Welfare.

Further work on the impact of the new 2018 contractual terms on equalities has continued as it has been implemented and will continue. Health & Social Care Partnerships are required to prepare Primary Care Improvement Plans, drafted with the collaboration of GPs, Local Medical Committees, Health Boards and Integration Authorities, which must have due regard to equality impact assessment where appropriate.

Removing certain vaccinations from GP's contract terms will affect GP contractors, practice staff, the wider primary care multidisciplinary team and patients. For this reason, this report will separately examine impacts on GP contractors, the multidisciplinary team, and patients.

Background to the Policy

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realizing Scotland's ambition to improve our population's health and reduce health inequalities.

The regulations are required in order to accelerate the refocusing of the GP Role and to support the implementation of the new 2018 contract agreed between the Scottish Government and the SGPC.

Introducing these regulations will help meet the Scottish Government's vision for the future of primary care services: a vision of general practice and primary care at the heart of the healthcare system, where people who need care will be more informed and empowered, with access to the right professional at the right time, remaining at or near home whenever possible. Our vision is for an expansion of multi-disciplinary teams, made up of a variety of healthcare professionals, to work together to support people in the community, allowing GPs to spend more time with patients in specific need of their expertise. These regulations facilitate the expansion of the multi-disciplinary team into delivering certain vaccinations.

This policy aims to support our national outcomes, including:

- We live longer, healthier lives;

- Our children have the best start in life and are ready to succeed,
- Our people are able to maintain their independence as they get older,
- Our public services are high quality, continually improving, efficient and responsive.

Negotiations between the Scottish Government and SGPC concluded in November 2017 and the full contract offer was published on 13 November 2017[24]. To inform SGPC's decision on whether to implement the proposed new 2018 contract in Scotland, a poll of the profession was held between 7 December 2017 and 4 January 2018. The poll was open to all GPs working in Scotland, including trainees and locums.

On 18 January the SGPC announced that the contract offer had been accepted. Its decision was informed by a poll of their members which showed 71.5% supported the offer.

Key features of the regulations and new 2018 contractual terms were designed to support a refocusing of the GP role as the expert medical generalist. 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. This will enable GPs to do the job they trained to do and enable patients to have better care.

A refocusing of the GP role required future measures brought about by wider changes to primary care services. Some tasks currently carried out by GPs would be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, SGPC, NHS Boards and the Scottish Government agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period.

These priorities included, among other things, vaccination services.

Engagement with patients, and other professionals delivering primary care, is key part of the development and delivery of this service redesign. A Memorandum of Understanding[25] between Integration Authorities, SGPC, NHS Boards and the Scottish Government, sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen, new national and local oversight arrangements and agreed priorities. The proposal to transfer services over the next three years will be set out in Health and Social Care Partnership Primary Care Improvement Plans.

Once the service redesign has taken place these services will not revert to being a practice responsibility without the agreement of GPs.

[24] http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract
[25] http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract/Memorandum-of-Understanding

The following section describes the research and engagement carried out to inform the development of those aspects of the contract pertinent to the removal of certain vaccinations from GP contracts and this impact assessment.

RESEARCH

Social Research

Patient Health and Care Experience Survey

The Scottish Health & Care Experience Survey (successor to the GP and Local NHS Services Patient Experience Survey) asks about people's experiences of:

- accessing and using their GP practice and Out of Hours services;
- aspects of care and support provided by local authorities and other organisations; and
- caring responsibilities and related support.

The survey has been run every two years since 2009. The survey and sampling approach have been developed by the Scottish Government in consultation with a range of stakeholders including Health Boards, Integration Authorities, NHS National Services Scotland and patients.

In the latest survey over 130,000 individuals registered with a GP practice in Scotland responded to the 2017/18 Health and Care Experience Survey. The survey asked about people's experiences of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and caring responsibilities.

Some of the core findings from the Scottish Health and Social Care Experience 2017/18 Survey include:

a) Eighty three per cent of people rated the overall care provided by their GP practice positively, this was down two percentage points from the last survey.

b) Eighty seven per cent of people found it easy to contact their GP practice in the way that they want to and around three quarters were happy with their GP practice opening hours.

c) Sixty seven per cent of people rated the arrangements for getting to see a doctor positively and seventy per cent of people rated the arrangements for getting to see another medical professional positively.

Creating a Healthier Scotland National Conversation

In August 2015 the Scottish Government began a National Conversation on what a Healthier Scotland would look like. People from all corners of the country and from a wide variety of backgrounds took part. They talked about lifestyles, diet, mental health, ageing, exercise and lots of other aspects of health and wellbeing - good and bad - that affect them and their families. They talked about caring for relatives and supporting people to live independent lives. They discussed their views and experiences of health and social care, and what they would like to see happen in the future.

Over 9,000 people took part in the Conversation at 240 events over a six month period. In addition, many people provided their views and comments directly by postcard, email or through our social media channels. Twitter, Facebook and blog activity reached over 360,000 people and registered thousands of visits, 'likes' and re-tweets.

Whilst some people could see their GPs on the day they asked, many were unhappy with the length of time it took to get an appointment, particularly if they wanted to see a specific doctor. Long waiting lists to see specialists was another issue, with many comments about delays in accessing mental health support. While there was usually recognition of increasing demand for services and the impact that has on waiting lists, people also reported a lack of communication about how long they would need to wait and what other support was available in the meantime.

Patients said they wanted more flexible services, with appointments that fit in with their lives, including work and caring commitments. Extended opening hours, including evening and weekends, would prevent them having to take time off work for their own appointments or for the people they look after. Other suggestions included booking appointments or ordering repeat prescriptions online, emailing staff, drop-in sessions allowing them to see a health professional other than their doctors, using computers or smart phones for online services such as Skype consultations. These were highlighted as ways to take the pressure off primary care, reduce physical access issues and support self-management.

The findings from the Conversation have been used to inform a number of published reviews and policy documents such as the National Clinical Strategy, the Government's response to the Out of Hours Review and the Public Health Review.

In 2015 the Scottish Government, in partnership with a number of representative organisations including the Scottish Health Council, the Health and Social Care Alliance Scotland, Health Improvement Scotland and COSLA formed the group Our Voice to carry out a national survey taking views of the health services in Scotland.

The Our Voice Citizens' Panel was established to be nationally representative and has been developed at a size that will allow statistically robust analysis of the views of the Panel members at a Scotland-wide level. In 2018 there were 1,216 Panel members from across all 32 local authority areas. Panel members were randomly selected from the general population and invited to join the Panel. Some targeted recruitment also took place in order to ensure that a representative Panel was recruited.

Some of the core findings from the Our Voice Citizens' Panel surveys included:

a) 60% of Panel members agreed that they would take an appointment with another healthcare professional if they were offered this when phoning their GP practice for an appointment with a doctor. Panel members indicated that some services such as pharmacist and physiotherapy services were not currently available at their practice. The expansion of these services is a core element of the new contractual package.

b) 78% of panel members said they would consider going directly to other healthcare professionals if they had been happy with the treatment they received.

c) 63% of panel members said they would feel comfortable with sharing some basic information with their GP Practice receptionist about why they need an appointment. The future of primary care services will require GP practice receptionists to perform an important role in assisting patients and carers to access the most appropriate source of help, advice or information.

d) 83% of panel members believed that professionals should – with the appropriate safeguards – be able to share your medical information with other health and social care professionals who are involved in your care, in order to support your on-going healthcare. This supports the expansion of the multidisciplinary team.

STAKEHOLDER ENGAGEMENT

Contract Negotiations

The regulations and 2018 contractual terms were the result of significant constructive engagement, over an extended period, between the SGPC and the Scottish Government, as the parties authorised to negotiate the Scottish GP Contract. All the commitments made and the ambitions for future change set out in the contract offer and policy statement document of 13 November 2017 were shared and agreed.

The policy positions around which the SGPC have negotiated the 2018 contract were informed by regular and wide-spread engagement with their membership at all levels. The SGPC is a committee within the BMA recognised as the body which negotiates the GP contract in Scotland with the Scottish Government.
The SGPC is made up of 40 GP representatives from all parts of Scotland (elected by Local Medical Committees). The SGPC is kept up to date as negotiations progress and it gives the negotiating team a mandate to pursue specific negotiating aims. The committee's actions are also guided by the policy created at the annual Scottish Local Medical Committee (SLMC) conference.
As the representative Union, the BMA led consultation with the profession on the new contract. This included holding roadshows in all 14 Health Board areas from January to June of 2015. Further roadshows 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*[26] on 3 November 2016. This was updated by a further publication on 11 May 2017.[27]

The policy statement which underpins the new contract 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 2018 SGPC announced that the profession had accepted the offer.

Engagement with the profession, the public, NHS Boards and Integration Authorities has continued throughout the implementation of the new 2018 GP contract. Integration Authorities have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local Health and Social Care services on a collective basis based on dialogue with the local communities and service users.

Working and Advisory Groups

The Scottish Government created a number of working groups to develop policy and provide advice on the plans for the 2018 GP contract. Membership of the groups included representation from relevant stakeholders across the Health Service. Groups pertinent to the removal of certain vaccinations from GP contracts are covered below.

- Vaccination Transformation Programme Business Change Managers: To provide operational and clinical advice from Boards on issues relating to the programme.

  Membership: Health Boards and key partner agencies such as Public Health Scotland.

- National General Medical Services Oversight Group: To oversee implementation by NHS Boards of the GMS and PMS 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.

  Membership: Scottish Government, the SGPC, Integration Authorities and NHS Boards

- National Primary Care Leads Group: To provide operational and clinical advice from Boards on issues relating to Primary Care.

[26] http://www.gov.scot/Publications/2016/11/7258/downloads#res-1
[27] http://www.gov.scot/Publications/2017/05/2382

Membership: Health Boards and key partner agencies such as PSD and NHS 24.

Results - Impacts on GP Contractors, Salaried and Trainee GPs.

Background

The majority of GPs working to provide primary medical services in Scotland are independent contractors either self-employed or operating partnerships running their own GP practices.

As of 1 October 2020, there are 928 GP practices[28] in Scotland and 84% use the independent contractor national GMS contract. GPs operating under the independent contractor Primary Medical Services (Section 17C) or Health Board-run 2C arrangements provide services based on local agreements with the Health Board.

As of 1 October 2020:

- 776 practices operated under a GMS Contract;
- 94 practices operated under a 17C agreement; and
- 58 practices operated under the 2C arrangement[29].

The Primary Care Workforce Survey Scotland 2017 estimated that 81% of GPs were Independent Contractors[30]. It estimated that there were around 749 salaried GPs (17%) and 81 GP retainers (2%).

The survey also found that salaried GPs are more likely to work fewer sessions per week than GP Partners – with a third working up to 4 sessions per week, compared with 8% of partners.

There is still an important, continuing role for salaried GPs. The regulations and 2018 contractual terms will continue to specify that salaried GP Contracts should be on terms no less favourable than the BMA Model Contract.

The survey found that more than a third of GPs working in general practice were over 50 years old, and that 58% of GPs are female.

Summary of results – Impact on GPs

Population Category	Impact (Positive, Negative, None)
Age	None
Sex	None
Race	None
Disability	None
Religion or belief	None
Sexual orientation	None
Gender reassignment	None

[28] General Practice (publichealthscotland.scot)

[29] Health Boards operate other 2C practices to provide various services however only 58 have patient lists, as at 1 October 2020.

[30] 2018-03-06-PCWS2017-Report.pdf (isdscotland.org),

Pregnancy and maternity	None
Marriage and civil partnership.	None
Carers	None
People affected by homelessness	N/A
People involved in the Criminal Justice System	N/A
People affected by addictions and substance misuse	N/A
People with low incomes	N/A
People with low literacy.	N/A
People living in deprived areas.	None
People living in remote, rural and isolated Areas	Positive
People affected by discrimination / stigma	None
Looked after and accommodated children and young people	N/A
Refugees & Asylum Seekers	None

Impacts

The new contractual terms are designed to treat all GPs equally, and therefore appear to have no detrimental effect on the basis of the protected characteristics.

While a small number of GP practices, chiefly very small remote and rural practices will need to continue delivering vaccinations because there is no safe alternative to general practice delivery, Scottish Government and SGPC will negotiate terms for these practices which recognises the special position of remote and rural GP practices.

Impact on the Primary Care Multidisciplinary Team

Background

Under the new contractual terms we expect GPs to be less involved in more routine tasks, with these tasks being delivered by other health professions in the wider primary care multi-disciplinary team.

This transformational service redesign is supported by a Memorandum of Understanding (MOU) between the Scottish Government, SGPC, Integration Authorities and Health Boards. This MOU represents a statement of intent from all of the parties to deliver the wider support and change to primary care services required to underpin the contract. The MOU was recently revised to reflect progress made since 2018 and the changed situation.

In line with the MOU, Integration Authorities and Health Boards will place additional primary care staff in GP practices and the community, who will work alongside GPs and practice staff to reduce GP workload. The focus areas for service redesign are:

a) Vaccinations Services;

b) Pharmacotherapy Services;
c) Community Treatment and Care Services;
d) Urgent Care Services; and
e) Additional professional and non-clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

The MOU is clear that service redesign will be agreed locally, in consultation with patients and the general practice workforce.

The estimated number (headcount) of registered nurses employed by general practices in Scotland at 31 August 2017 was 2,297. This is a slight increase from 2,175 registered nurses in 2015. A quarter of these (543) were Nurse Practitioners or Advanced Nurse Practitioners, 1,289 of these were General Practice / Treatment Room Nurses.

An estimated WTE 1940 registered nurses and healthcare support workers were employed by Scottish general practices in 2017, an increase of 6% (from 1,455 to 1541) and 9% (from 365 to 399) respectively. The figures from this survey do not represent the entire registered nurse workforce working in Scottish general practices. They exclude nurses who are employed by Health Boards but who work in independent contractor practices.

Summary of Results – Impact on Primary Care Multidisciplinary Team

Population Category	Impact (Positive, Negative, None)
Age	None
Sex	None
Race	None
Disability	None
Religion or belief	None
Sexual orientation	None
Gender reassignment	None
Pregnancy and maternity	Positive
Marriage and civil partnership.	None
People who are carers	Positive
People affected by homelessness	None
People involved in the Criminal Justice System	None
People affected by addictions and substance misuse	None
NHS Primary Care Staff	None
People on low incomes	None
People with low literacy	None
People living in deprived areas	None
People living in remote, rural and isolated areas	None
People affected by discrimination / stigma	None

Looked after and accommodated children and young people	None
Refugees & Asylum Seekers	None

Impacts

The new contractual terms are designed to treat all members of the multidisciplinary team equally, and therefore appear to have no detrimental effect on the basis of the protected characteristics.

In order to refocus the GP role to spend more time with the patients who need their care the most, the new 2018 contract will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

Integration Authorities, the SGPC, NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services in their capacity as expert medical generalists.

This transformative service redesign will mean that there will be significant expansion of the primary care team. Consequently there will be increased employment opportunities in all areas of Scotland across these professions as well as increased opportunities for staff to develop.

We expect that the refocusing of the multi-disciplinary team towards Board employed staff providing services previously delivered by GPs should allow for better resilience including cover for maternity leave and unplanned absences to care for young children and other dependents. This should mean a positive impact. This wider resilience and connection to workforce planning could well have wider positive impacts.

Impact on Patients

Background

The objectives of the new 2018 contractual terms include enhancing the experience of primary care for patients, improving patient access to services and reducing health inequalities.

The refocused role of the GP introduced by the new 2018 contractual terms is intended to allow GPs more time to treat patients most in need of their skills, and to have a more significant role in influencing how local Primary Care service provision is designed.

The expansion of the multidisciplinary team will allow patients to access the right healthcare professional at the right time, and free up GPs to have longer consultations with patients where needed.

The average (or mean) size of a Scottish GP practice in terms of numbers of registered patients was 6,200 in 2020[31], however there was considerable variation, ranging from under 200 patients for practices in remote locations or practices which addressed specific health needs of patients (e.g. those with challenging behaviours or homelessness), to practices of over 20,000 patients in densely populated urban areas.

The Scottish Health and Social Care Experience survey is carried out every two years, the last survey before the 2018 contract was negotiated was the 2015-16 survey published in June 2016[32].

We have used these results, as well as other stakeholder information, to inform the development of the contract in the context of impact on patients.

Over 100,000 individuals registered with a GP practice in Scotland responded to the 2015/16 Health and Care Experience Survey. The survey asked respondents to feedback their experiences of their GP practices and out of hours care. The survey also asked about experiences of social care services and asked specific questions of those with caring responsibilities.

The 2015/16 Survey indicated, as in the previous survey, that patients were generally positive about the actual care and treatment they received at GP practices, with practice nurses getting particularly positive results. Medication was another area where responses were notably positive. The four most positively answered questions relating to GP care were all in relation to medicines

On the whole, the majority (87%) of patients and care users report a positive experience of their GP care. However, an overarching finding across a number of aspects of the survey was that patients across Scotland were slightly less positive about their experiences than in the previous survey in 2012/13. There continued to be considerable variation in scores between individual GP practices, suggesting that patients' experiences may be very different depending on which GP practice they attend.

Summary of Results

Population Category	Impact (Positive, Negative, None)
Age	Positive
Sex	Positive
Race	Positive
Disability	Positive
Religion or belief	Positive
Sexual orientation	Positive
Gender reassignment	Positive
Pregnancy and maternity	Positive
Marriage and civil partnership.	Positive
Carers	Positive
Homelessness	Positive

[31] General Practice (publichealthscotland.scot)

[32] http://www.gov.scot/Resource/0050/00500340.pdf

Involvement in Criminal Justice System	Positive
Addictions and substance misuse	Positive
Staff	Positive
Low Income	Positive
Low Literacy	Positive
Living in Deprived Areas	Positive
Living in Remote, Rural and Isolated Areas	Positive
Discrimination / Stigma	Positive
Looked after and accommodated children and young people	Positive
Refugees & Asylum Seekers	Positive

Impacts

These regulations will have a positive effect on the basis of the protected characteristics for patients, as they are intended to apply equally to all those affected by its provisions. All patients should benefit from GPs practices being better able to focus on what only they can do following the transfer of certain vaccination services to Health Board delivery.

The 2018 contractual terms, as described in the contract framework document published in November 2017, outlines a refocused role of the GP intended to allow GPs more time to treat patients most in need of their skills. Such patients are described as those with undifferentiated presentations, and with complex care needs. Undifferentiated presentations require the skills of a doctor trained in risk management and holistic care with broad medical knowledge to make initial assessments on the most appropriate care. Patient with complex care needs can include the elderly, who have general frailty conditions associated with age, and children or adults with multiple conditions including mental health problems or significant disabilities.

All patients are anticipated to see positive impacts through the proposed service redesign that will be instigated as part of the wider changes to Primary Care Services which will be instigated along with the 2018 contractual terms. These changes include:

Expanding the multidisciplinary team so that patients can access the right healthcare professional at the right time. This will include community link workers, which can be particularly useful in deprived communities, and vaccinations services for all patients including vaccinations and immunisations delivery for babies and young children.

These changes will contribute towards improving population health, reducing health inequalities and improving patient access to general practice services.

Conclusion

Based on the currently available evidence, the Scottish Government has concluded that no changes to the provisions of the regulations are necessary as a result of this EQIA, as the regulations are intended to apply equally to all those affected by its provisions and appear to have no detrimental effect on the basis of the protected characteristics. The regulations and other future measures which will be instigated once the contract is implemented are intended to make a meaningful difference to improve patient care, and improve the GP and practice team roles.

There are gaps in the evidence base on certain protected characteristics such as the age and gender of the different primary care workforce groups. The new regulations will help to address this issue for future workforce planning by requiring practices to provide workforce data.

There are also gaps in the evidence base around protected characteristics such as religion, sexual orientation and gender. We will continue to apply a systematic approach to identifying and addressing gaps in our evidence at a national level, in a manner which compliments and supports local planning. This will include engagement with equalities organisations representing those population groups.

Next Steps

The new regulations are due to come into force on 18 October 2021.

A National Oversight Group with representatives from the Scottish Government, the SGPC, Integration Authorities and NHS Boards oversees implementation by NHS Boards of the GMS and PMS 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.

Further engagement with patients, equalities groups and the primary care workforce is crucial to the successful implementation of the contract and transformational service redesign.