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[1] 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 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.

[1] https://www.gov.scot/publications/gms-contract-scotland/documents/

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