

Dear colleagues

Update on 2018 GMS contract and transitional services

I am contacting you to update you on where things currently stand with implementation of the 2018 GMS contract and the implications it will have for your practice and patients.

One of the central commitments of the 2018 GMS contract was for Health Boards to deliver certain services to GP practice patients. This included Health Boards being contractually responsible for providing Pharmacotherapy and Community Treatment and Care services¹.

Establishment of Health Board responsibility for these services was largely implemented in changes to the GMS regulations that took effect on 28 May 2022. However, as Boards were not yet ready to fully provide these services to patients, practices were funded via transitional services to fill the gaps in Health Board provision of these services until 1 April 2023.

These [transitional services](#) were established following the agreement between the BMA and Scottish Government set out in [our joint letter of December 2020](#) confirming that practices would receive payments from 2022/23 for providing Pharmacotherapy and CTAC services 'until such time as the service is provided [by the Board]'

This intention to provide transitional services was further confirmed in the joint [Memorandum of Understanding 2](#), signed by the BMA, Scottish Government, Health Boards and HSCPs in July 2021.

On 17 March 2023 (only 17 days ago), Scottish Government informed us that they would not establish or fund transitional services to cover the ongoing gaps in Health Board provision of Pharmacotherapy and CTACs from 1 April 2023. Combined with an earlier decision by Scottish Government not to issue directions to Health Boards on the extent and manner of the Pharmacotherapy and CTACs services they must provide, this has created a contractual gap in responsibility for the provision of these services to patients.

¹ Health Board Pharmacotherapy services were to cover the management of acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing, while CTACs services were to cover phlebotomy, chronic disease monitoring, the collection of biometric information, attending to minor injuries, changing dressings, suture removal and ear syringing, as set out in the contract regulations – <https://www.legislation.gov.uk/ssi/2018/66/regulation/3>

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For the avoidance of any doubt, this situation is completely unacceptable. The nature of the Scottish Government's agreements with the BMA on behalf of General Practice could not be clearer and were negotiated in good faith through enormous collaborative effort. **These agreements have been unilaterally broken by the Scottish Government.**

At a time when the planned expansion of the GP workforce is failing to be realised and more practices are returning their contracts due to exceptionally high workload pressures, the failure to deliver on agreements that were intended to reduce practice workload is deeply disappointing.

This will of course be a considerable blow to GP practices who fully expected to receive either the services promised to them under the GMS contract five years ago or adequate transitional arrangements to fill the gap in Health Board provision. It will also put patients at risk of harm because of service gaps in primary care.

In response to these decisions by Scottish Government, the BMA is urgently developing guidance which we will issue in the next few days, providing practical advice for practices on how to navigate this situation. That guidance will need to strike an extremely difficult balance between advising practices on what work they are no longer being commissioned to provide and ensuring patients do not come to harm.

We fully expect that our guidance for practices will go too far for some practices to feel comfortable implementing and not far enough for many others. Each practice will need to consider that guidance in the context of their own individual circumstances when looking at how to apply it.

We are sorry that this guidance will not be with you sooner, but the late notice of Scottish Government's decision and the shifting landscape leading up to it has made this unavoidable.

We are working, as best we can on your behalf, to try and find an amicable solution to this intolerable situation. We have been very clear to Government that we are open to negotiating transitional services to cover gaps in service provision and that remains our position. With a new Cabinet Secretary for Health now in post, we will make the strongest possible representations to them urging immediate action to resolve this situation before great harm is done to general practice and to patient wellbeing.

Ultimately what we want and what the profession has a right to expect is sufficient resourcing of the Primary Care Improvement Fund to complete delivery of the services that have been promised and removal of this workload from General Practice. While Scottish Government has committed to doing more work to further establish the cost of this, there is not yet any commitment to provide the resources necessary to achieve this.

Yours sincerely



Dr Andrew Buist
Chair, BMA Scottish GP Committee