

# Primary Care Phased Investment Programme: Final report

## Appendix 2: The General Medical Services (GMS) contract (2018) in Scotland

The GMS contract is at the core of Primary Care Phased Investment Programme (PCPIP). See below for more information about the GMS contract's aims and principles.

The Scottish General Practitioners' Committee (SGPC) of the British Medical Association and the Scottish Government negotiated the provision of general medical services as per the GMS contract in Scotland. The GMS contract in Scotland set out shared and agreed commitments and ambitions for future change.

Its key **aims** are to:

- refocus the role of general practitioner (GP) as expert medical generalist enabling GPs to do the job they trained to do
- deliver better care for patients, and to place general practice at the heart of the healthcare system, and
- establish multidisciplinary teams (MDTs) of different healthcare professionals who come together to provide a range of services in communities for those people in need of care. GPs are expected to act as senior clinical leaders within the extended MDT.

The **principles** of contact, comprehensiveness, continuity and coordination of care for patients underpinned the GMS contract, which aimed to enable and empower GPs to function as expert medical generalists. Non-expert medical generalist workload was to be redistributed to the wider MDT, ensuring that patients have the benefit of the range of expert advice needed for high quality care.

General practice nurses would function as 'expert nursing generalists' providing acute and chronic disease management (CDM), enabling people to live safely and confidently at home and in communities, supporting self-management where possible. To help ensure sufficient, visible change in the context of a new contract, a number of services were agreed as the focus for reconfiguration at scale across the country. These were: vaccinations services; pharmacotherapy services; community treatment and care services; urgent care services; additional professional role services (including musculoskeletal physiotherapy services and community mental health services); and community link worker services.

GP time was to be freed up so that GPs could focus more on complex and undifferentiated care, supported by improved access to a wider range of professionals in practices and the community. GPs would lead and be part of an extended team of primary care professionals and transfer some GP tasks (where appropriate and safe) to other staff within the MDT. This was anticipated to reduce GP and GP practice workload and support longer consultations for complex care. For example:

- pharmacy staff would deal with acute and repeat prescribing and autonomous pharmaceutical care via medication and polypharmacy reviews
- community treatment and care (CTAC) services would take on monitoring whereas CDM would remain a key role in general practice
- vaccination services would provide all vaccinations previously provided by GP practices, and

- practice managers would continue to manage the practice employed team and work more with the wider primary care system including GP clusters, NHS boards, health and social care partnerships and emerging new services.

The Scottish Government, the SGPC, Health and Social Care Integration Authorities and NHS boards were expected to agree principles of service redesign and ringfenced resources to enable change to happen. Together they agreed a [Memorandum of Understanding \(MOU\)](#) that set out the principles, guidance and roles and responsibilities for each party for this service redesign. A subsequent [MoU 2 \(2021\)](#) included commitment to focus on acceleration of the Vaccine Transformation Programme, Pharmacotherapy and CTAC services.

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