



Addresses

For Action

Primary Care Leads NHS Boards

For information

Scottish General Practitioners Committee

Policy Enquiries to:

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Dear colleague

TRANSFERRED SERVICES RESIDUALS

1. In 2017, as part of the commitment to reduce GP workload, the Scottish Government and SGPC agreed vaccinations would progressively move away from a model based on GP delivery to one based on NHS Board delivery through dedicated teams. This transfer of immunisation services is consistent with the 2018 GP contract agreement that certain services will transfer from GP practice responsibility to IA/NHS board responsibility by 1 April 2021.
2. The Vaccinations Transformation Programme (VTP) is reviewing and transforming how we deliver vaccinations in Scotland. Delivery is moving away from GP practices being the preferred provider of vaccinations on the basis of national agreements.
3. Scottish Government and SGPC have agreed that practice income will be kept stable as Enhanced Services are transferred from the GMS contract during Phase One and while vaccinations Directed Enhanced Services (DES) are on-going on a national basis. This refers to gross income. However when services are transferred we would expect practices to retain the nursing and other staff paid for by these services and to support the development of their roles so that GPs can refocus on Expert Medical Generalism.
4. Every Integration Authority now has a Primary Care Improvement Plan that includes the transfer of vaccination services and some services have already been transferred. In some of these cases practices are being paid under the extant DES as if they were directly carrying out the service (e.g. if Health Board staff vaccinate 100 over 65 year olds against flu then the practice is paid the fees for 100 patients).

This exposes practices to a risk that their incomes will fluctuate while the VTP is ongoing.

5. To mitigate the risk of practice incomes fluctuating as services are transferred, a mechanism based on historic payment levels has been created for locally transferred Enhanced Services for the duration of Phase One and while the related DES are on-going on a national basis. Following the example of Core Standard Payments this will be on the basis of a three year average of income from a particular DES.
6. Where Integration Authorities and practices are agreed that a particular vaccination DES has successfully been transferred from delivery by the practice, this should be reported by the relevant Health Board to Practitioner Services Division. Practitioner Services Division will cease paying the practice any income it would have been entitled to under that DES and begin paying by monthly instalment a three year average of income.
7. The initial three year period for establishing average payments is currently 1 April 2015 to 1 April 2018. This will be updated as the VTP continues and can be adjusted to suit local agreements. The essential principle is that payments should be based upon the last three years that a practice had full control of its individual immunisation programmes.
8. Where the average of the last three years reflect circumstances that were beyond a practice's control (for example a national shortage of a vaccine or local supply difficulties), practices and Health Boards should agree to discount particular years from the calculation. This would apply individually to each immunisation scheme e.g. a practice could have the financial year 2015/16 discounted from the pertussis element of its payment due to a local supply problem but still include 2015/16 in the average for the shingles element.

Meningitis B exception

9. The Meningitis B Vaccination Programme began on 1 September 2015. As such only a two year average will be used for now for Meningitis B payments. The years will be 2016/17 and 2017/18.

Dispute resolution

10. Where Health Boards and practices are finding agreement difficult to reach the GP Sub Committee of the Area Medical Committee should be consulted.
11. These payments, as matters arising in connexion with a GMS contract or PMS agreement, can be raised by contractors as disputes for national resolution.

The programmes

12. The Directed Enhanced Services for transfer are:
 - Childhood Immunisation Scheme
 - Influenza and Pneumococcal Immunisation Scheme

- Pertussis Immunisation Scheme
- Shingles (Herpes Zoster) Immunisation Scheme
- Meningitis B Vaccination Programme

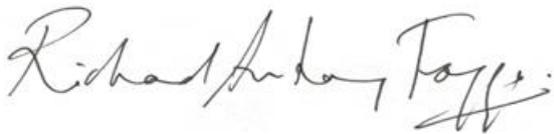
Action

13. NHS Boards are requested to bring this circular to the attention of all GP contractors.

Enquiries

14. In the instance of any enquiries on this circular please contact Michael Taylor.

Yours sincerely

A handwritten signature in black ink, appearing to read "Richard Foggo". The signature is written in a cursive style with a prominent flourish at the end.

Richard Foggo

Deputy Director and Head of Primary Care Division