



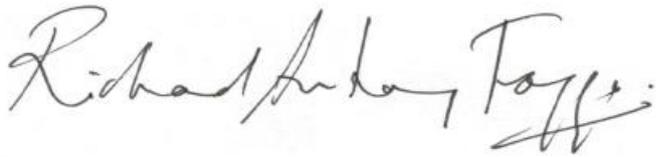
Dear Colleague,

1. We are writing to you as a General Practice which has not opted out of providing Out of Hours Services to your patients. We recognise the valuable service you provide to your community and wish to provide stability to allow you to continue.
2. As you will be aware Out of Hours has been removed from the GMS Contract with effect from 1st April as set out in The 2018 GMS Contract in Scotland. The 2018 GMS Contract in Scotland stated:

“Out of Hours - There will be changes to arrangements for out of hours services. Instead of the current opt-out arrangement a new opt-in Enhanced Service will be developed for those practices that choose to provide out of hours services”
3. **National OOH Funding** - Health Boards will be directed to offer the new arrangements to all practices which did not permanently opt out of Out of Hours as an Additional Service before 1 April 2018. These practices must be paid at a rate at least equivalent to 6.38% of their Global Sum Equivalent (or guaranteed practice income) minus their historic Core Standard Payments and Correction Factors under the 2017/18 Statement of Financial Entitlements. This will ensure that practices are paid at a rate equivalent to 6% of their global sum under the old formula.
4. **Local OOH funding** - Scottish Government has established from each Health Board which has practices which did not opt out of providing Out of Hours services that they do not intend to reduce their local funding arrangements in response to the new national regulations and directions. Your Health Board will agree with you the funding and support, for example Associate funding that is included in this agreement.
5. To ensure a smooth transition from the old arrangements to the new, the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 contain transitional arrangements for those practices that have not opted out of Out of Hours Services (See Annex A). **These are transitional arrangements which will allow your current Out of Hours agreement to continue until such time as you either opt out of providing Out of Hours or come to a new arrangement with your Health Board to provide out of hours.**
6. A short life working group is currently developing the details of the new Out of Hours service arrangements.

Handwritten signature of Alan McDevitt in black ink.

Alan McDevitt
Chair, SGPC

Handwritten signature of Richard Foggo in black ink.

Richard Foggo
Deputy Director and Head of Primary Care Division

1.—(1) Where on 31 March 2018 a contract included a requirement to provide out of hours services pursuant to regulation 32 of the 2004 Regulations, the contract must continue to require the contractor to provide out of hours services until one of the end dates specified in paragraph (3) occurs, and accordingly the provisions of the 2004 Regulations referred to in paragraph (2) will continue to have effect in relation to that contract on and after 1 April as they had effect immediately before that date until one of the dates in paragraph (3) occurs.

(2) The provisions of the 2004 Regulations are—

- (a) regulation 2, only in so far as that regulation relates to the definitions for “out of hours period” and “out of hours services”;
- (b) regulation 30, 31 and 32;
 - a) paragraphs 10, 11(1), 12(c), 13(c), 63, 64 and 65 of Schedule 5;
 - (c) Schedule 6; and
 - (d) paragraph 17 of Schedule 8.

(3) The end dates referred to in paragraph (1) are—

- (a) where a contractor—
 - (i) has served an out of hours opt out notice under paragraph 4(2) of Schedule 2 of the 2004 Regulations in the period from 12th November 2017 to 31st March 2018, or
 - (ii) serves on the Health Board a written notice stating that the contractor wishes to terminate its obligation to provide out of hours services under its contract,
the end date is the date 9 months after the date of service of the notice or such earlier date as the Health Board and the contractor agree; and
- (b) where on or after 1 April 2018 the contractor enters into an arrangement with the Health Board to provide out of hours services, the end date is the date the contractor commences providing out of hours services under the arrangement, or such other date as the Health Board and the contractor agree.

(4) The contractor’s duty to provide out of hours services under the contract will terminate with effect from 8am on the end date referred to in paragraph (3) unless the Health Board and the contractor agree a different day or time.

(5) Nothing in sub-paragraphs (1) to (4) above prevents the contractor and the Health Board from agreeing a different date for the termination of the contractor’s duty under the contract to provide out of hours services and accordingly varying the contract in accordance with paragraph 94(1) of Schedule 6.

(6) Prior to the contractor’s duty to provide out of hours services under the contract ceasing, the Health Board and the contractor must discuss how to inform patients of any change to the out of hours service which the contractor provides.

(7) The contractor must if requested by the Health Board inform the contractor’s registered patients of the change in service by the contractor and the arrangements made for them to receive out of hours services by—

- (a) placing a notice in the practice’s waiting room; and
- (b) including the information in the practice leaflet.

(1) Paragraph 11 of schedule 5 of the 2004 Regulations was amended by S.S.I. 2011/211.