

Guidance on Practice responsibilities and Pharmacotherapy & CTAC services

Last updated April 2023



Pharmacotherapy and CTAC guidance for GP practices in Scotland

This guidance provides advice to GP practices on their General Medical Services contract obligations regarding Pharmacotherapy and Community Treatment and Care (CTAC) services from 1 April 2023¹.

The BMA continues to support the transformation of general practice as envisaged in the 2018 GMS contract. Significant work has gone into delivering on the contract in local systems across Scotland by Health and Social Care Partnerships (HSCPs) and GP Subcommittees and we continue to believe that it is essential that work towards full delivery of the contract continues.

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¹ This advice is specifically for GP practices operating under the national General Medical Services contract. It should also be applicable to practices with a PMS/Section 17C contract, except that those contracts are negotiated locally between a practice and health board which will contain specific contract variations. Practices with a PMS/Section 17C contract will want to carefully check their contracts before following BMA advice.

Advice for GP practices – principles

The 2018 GMS contract does not include specific requirements for practices to provide Pharmacotherapy and CTAC services. However, practices have broader responsibilities to provide services to patients as part of 'essential services'.

Under the GMS contract, practices must provide essential services required for the management of its registered patients (and temporary residents) who are, or believe themselves to be, ill (from which recovery is generally expected), terminally ill, or suffering from chronic disease. These services are to be delivered in a manner determined by the practice in discussion with the patient. Management of patients includes offering consultation, and where appropriate, physical examination, and making available treatment or further investigation as is necessary and appropriate, including referral to other health services.

Both Pharmacotherapy and CTAC Health Board services were to include service provision that went substantially beyond what had previously been provided by GP practices under the GMS contract. GP practices are under no obligation to provide any aspect of Pharmacotherapy or CTAC services beyond what they were providing to patients before the new contract in 2018.

Practices should expect that Health Board provision of Pharmacotherapy and CTAC services is improving with time and becoming more comprehensive. Practices should direct patients to these services (or Health Board staff providing these services) as far as possible given the level of provision. Pharmacotherapy and CTAC services became the responsibility of Health Boards and not GP practices from 28 May 2022 (although practices received payment for covering inadequate Health Board provision to 31 March 2023). As with other health services provided by Health Boards, the adequacy or available capacity in these services does not create an obligation for practices to step in to fill any gaps without a contractual agreement to do so unless your individual contract with the Health Board has been varied to provide otherwise².

Until then 'essential services' will continue to define the extent of GP practices' obligations towards their patients which may include aspects of Pharmacotherapy and CTAC services that the Health Board should have been providing if Scottish Government Directions were in place. GPs can discharge their obligations under essential services by directing patients to Health Board provided CTAC and Pharmacotherapy services to be seen as those services' capacity allows. There is practical advice below on what practices should do if the Health Board is unable to provide reasonable access to CTACs and Pharmacotherapy services.

GP practice capacity is finite. If patient demand exceeds capacity, then practices can prioritise care for patients with the greatest need. Unfortunately, not every patient can be seen when they wish. Practices should ensure appointment length is adequate to safely deal with patient issues, and it is therefore reasonable where workload is unmanageable to limit the number of appointments offered. Practices may also direct emergency and urgent problems to other Health Board services including NHS 24, secondary care, and the Scottish Ambulance Service. If safe capacity is reached on the day, patients can be placed on a practice waiting list. BMA Scotland has previously published detailed [safe workload guidance](#) for practices that provides more detail.

2 It is not known if any Health Boards will move to amend individual contracts on the 'extent and manner' of P&CTAC services in the absence of Directions from Scottish Government. Health Boards could amend practice contracts by serving notice in writing to practices. The BMA Scottish GP Committee will provide additional advice to practices (via LMCs) should Health Boards move to amend contracts in any area. Where contracts are amended Health Boards will be responsible for provision of P&CTAC services as they define them in individual contracts. If Health Boards fail to deliver the service as defined practices would be able to raise contract disputes. Additionally, defining the 'extent and manner' of these services in individual contracts will also define the extent that practices will need to provide cover for patients requiring the services immediately to prevent injury or worsening of their clinical condition where Health Board provision is not immediately available. So, if a Health Board chooses to define P&CTAC services that are more limited – the GP practice responsibility to cover them (where immediately required) is also more limited.

If Health Board provision of these services is inadequate Health Boards/HSCPs should consider subcontracting their responsibility for these services to GP contractors. Practices can enter locally funded agreements (LES) with the Health Board/HSCP to provide Pharmacotherapy and CTACs services. Practices will be under no obligation to agree to provide these services – but it may be the least-worst option locally, especially if the Primary Care Improvement Fund (PCIF) is underspent. BMA recommends that efforts are made locally to ensure as much of the PCIF is spent as possible, otherwise underspends will be clawed back by Scottish Government each year.

Advice for GP practices – practical advice

GP practices are not required to book patients into the practice for routine Pharmacotherapy or CTAC services as would have been expected of Health Boards under the Directions. Practices should direct patients to Health Board services as far as possible.

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.

Despite these circumstances, it is important that as far as possible practices continue to build positive relationships with practice-attached staff to benefit patient care in the long-term.

CTACs

GP practices should not routinely be responsible for providing **phlebotomy** or **chronic disease monitoring** and/or the collection of biometrics for patients. Practices should direct patients, in the first instance, either to the Health Board CTAC service or any other Health Board service that can provide patients with this care.

If the Health Board refuses to provide CTAC services to a patient, the practice can advise the patient that the Health Board is responsible for this service but is not able to see them.

Practices should only undertake phlebotomy or chronic disease monitoring that is urgent – either during patient appointments and/or where the patient requires the services immediately to prevent injury or worsening of their clinical condition because the Health Board provision is inadequate. The provision of this care will depend on normal clinical prioritisation decisions the practice makes given available capacity.

GP practices will not normally be expected to provide other CTACs services, which can be directed to the Health Board CTAC service (or other Health Board services like minor injuries or A&E). These include attending to **minor injuries, changing dressings, suture removal, or ear wax management**.

Pharmacotherapy

Practices should increasingly expect Health Boards to provide Pharmacotherapy services to patients as set out in the [2018 contract framework](#) (Figure 2 – page 31).

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	Pharmacy Technicians
Level one (core)	<ul style="list-style-type: none"> – Authorising/actioning all acute prescribing requests – Authorising/actioning all repeat prescribing requests – Authorising/actioning hospital Immediate Discharge Letters – Medicines reconciliation – Medicine safety reviews/recalls – Monitoring high risk medicines – Non-clinical medication review <p>Acute and repeat prescribing requests includes/authorising/actioning:</p> <ul style="list-style-type: none"> – hospital outpatient requests – non-medicine prescriptions – installment requests – serial prescriptions – Pharmaceutical queries – Medicine shortages – Review of use of 'specials' and 'off-licence' requests 	<ul style="list-style-type: none"> – Monitoring clinics – Medication compliance reviews (patient's own home) – Medication management advice and reviews (care homes) – Formulary adherence – Prescribing
Level two (additional – advanced)	<ul style="list-style-type: none"> – Medication review (more than 5 medicines) – Resolving high risk medicine problems 	<ul style="list-style-type: none"> – Non-clinical medication review – Medicines shortages – Pharmaceutical queries
Level three (additional – specialist)	<ul style="list-style-type: none"> – Polypharmacy reviews: pharmacy contribution to complex care – Specialist clinics (e.g. chronic pain, heart failure) 	<ul style="list-style-type: none"> – Medicines reconciliation – Telephone triage

GPs should continue to undertake prescribing decisions made as part of providing care directly to patients. This will include acute and repeat prescribing for patients. Where the Health Board Pharmacotherapy service is inadequate, practices will also need to continue a reasonable degree of medicines reconciliation after discharge from hospital (or outpatient acute prescribing).

If the Health Board is unable to provide other aspects of Pharmacotherapy services required to meet the reasonable needs of a practice patient, the practice should treat the patient where it becomes necessary to prevent injury or worsening of their clinical condition. The provision of this care will depend on normal clinical prioritisation decisions the practice makes given available capacity.

Recording information

Where practices have the capacity to do so, they may wish to consider keeping a record of the frequency with which they are still having to provide CTAC services to patients and whether they have done so to meet a patient's immediate needs or to fill a gap in Health Board provision. This could then be shared with the Health Board to demonstrate the extent to which Board services are insufficient.

Informing patients

To assist with informing patients who have been directly affected by the gap in contractual responsibility for Pharmacotherapy and CTACs services, we have prepared two template letters which practices may wish to adapt for their own use which you can find in the appendixes of this guidance.

The first letter covers situations where a patient is being directed to instead seek a Health Board provided service and may therefore face longer delays than would have previously been the case due to a lack of Health Board capacity.

The second letter covers situations where a practice is satisfied that they have no requirement to provide the service being sought by the patient and no viable Health Board service exists that the patient can be directed to.

Both letters should only be given to individual patients where a practice is satisfied that they do not have responsibilities to provide that service either as part of their normal care under essential services or because the patient requires such care immediately to prevent injury or the worsening of their condition. They should not be sent indiscriminately to all patients at a practice.

Background

Scottish Government policy is that Health Boards and Health and Social Care Partnerships (HSCPs) will be responsible for the provision of several services to GP practice patients, which were set out in the [2018 contract framework](#) and [Memorandum of Understanding 1](#) and [MOU 2](#) which followed. This includes three prioritised services that were to be in place from 1 April 2022: vaccinations services, pharmacotherapy services, and community treatment and care services.

[Amendment GMS Regulations](#) in force from October 2021 fully established the Health Board responsibility for providing vaccination services. Arrangements for practices that were required to continue vaccinating, including item of service fees for that work, were agreed with the BMA and in place from 1 April 2022.

[Amendment GMS Regulations of April 2022](#) established Health Board's contractual obligation to provide Pharmacotherapy and CTAC services to patients from 28 May 2022. However, the BMA and Scottish Government agreed funding for practices to cover the Health Board provision of Pharmacotherapy and CTACs from 1 April 2022 to 31 March 2023 (although Scottish Government subsequently broke this agreement by unilaterally reducing the payments to GP practices by £5m). Scottish Government had agreed that practices would receive this funding for as long as necessary and that it would agree the arrangements with the BMA. However, Scottish Government has now decided not to negotiate transitional services arrangements covering practice involvement from 1 April 2023.

The Regulations covering the Health Board provision of Pharmacotherapy and CTAC services require individual contracts between GP practices and Health Boards to be amended to establish the extent and manner of the Health Board provision. They further set out an ongoing practice responsibility to provide any aspect of Pharmacotherapy and CTAC services where the patient requires the services immediately to prevent injury or worsening of their clinical condition and Health Board provision is not immediately available.

Scottish Government and BMA Scottish GP Committee previously agreed that Health Boards would be directed nationally on what would be inserted into individual contracts covering the 'extent and manner' of Health Board Pharmacotherapy and CTAC service provision to GP practice patients. This was to be detailed through Directions, which were meant to have been in place well before 1 April 2023.

By November 2022 – Scottish Government and the BMA had progressed negotiations on Directions that were near final. These Directions would have established:

- That Health Boards were required to provide CTACs and Pharmacotherapy services to the patients of GP practices and adequately resource, plan, and deliver services to minimise the need for GP practices to provide immediate care to prevent injury of a patient or the worsening of a patient's clinical condition.
- In providing these services, the Health Board would be required to make available adequate staff to ensure that an acceptable service continues to be available during annual leave, sickness absence, or parental leave taken by the staff who routinely provided the service. The Health Board would not be allowed to redirect staff providing the routine provision of these services – without making available other staff to ensure the service continued as planned.

The Health Board was to be required to establish the ability for practices to allocate patients an appointment with the Pharmacotherapy and CTAC service, or for patient to book with these services directly. Where subsequent appointments or follow up for a patient was necessary the Health Board was to make all reasonable efforts to arrange those appointments.

In early 2023 Scottish Government informed the BMA that they were not intending to issue Directions to Health Boards despite our agreement and clear policy to do so. The BMA immediately sought to change Scottish Government's position through extensive engagement and negotiation but ultimately Scottish Government unilaterally decided to proceed without issuing Directions. Scottish Government's view is that issuing Directions would create unacceptable gaps in service provision given that Health Board Pharmacotherapy and CTAC services were not sufficiently established.

We have taken legal advice on the potential impact of Directions not being issued. While Scottish Government wished to avoid service provision gaps – their decision not to issue Directions means that Health Boards' contractual requirement to provide Pharmacotherapy or CTACs services is not fully established. In addition, GP practices are not obliged to provide Pharmacotherapy or CTAC services under the GMS contract. This means the actions of Scottish Government have created a considerable contractual gap in the provision of Pharmacotherapy and CTAC services for patients.

Appendix 1 – Template letter for patients directed to Board services with limited capacity

Dear patient

We have given you this letter to explain why you may now need to wait longer to receive some of the services you may previously have received at our practice.

The 2018 GP contract began a process of reform that would see Health Boards centrally provide some services that were previously the responsibility of GP practices. These services included phlebotomy (taking bloods), chronic disease monitoring, treating minor injuries, removing sutures, dressing wounds and ear wax management. Additionally, various activities related to prescribing also moved to provision by the Health Board along with vaccinations which are now largely provided by Health Boards. The intention behind this reform was to reduce GP practice workload to stabilise general practice and to allow GPs and their teams increased time to provide care to complex and frail elderly patients.

Transfer of contractual responsibility for these services took place in May 2022, but as the Health Board services were inadequate, GP practices were commissioned to continue filling gaps in what the Board could provide until 1 April 2023.

As our previous arrangement with the Health Board has now expired and Scottish Government has chosen not to commission General Practice to continue filling these gaps, it is now largely up to the Health Board to provide you with access to these services centrally.

Unfortunately, this is likely to mean longer waits to access services than you may have been used to, until such time as the Board is able to increase its capacity.

Our practice will continue to provide the services listed above to patients where they need treated immediately to prevent injury or the worsening of their condition, but this is a limited safety net to avoid harm to patients.

We are sure that these changes are likely to be frustrating and everyone at our practice shares this frustration with you. We would have done our best in difficult circumstances to continue to meet the shortfall in Health Board services to ensure you receive an appropriate service, but this requires resources that the Scottish Government was unwilling to provide this year.

You may wish to contact your local MSPs to point out the effect of Scottish Government's decision and the impact it will have on you and patients like you. You can find out how to contact them by entering your postcode at <https://www.parliament.scot/msps>

Yours sincerely

The practice team

Appendix 2 – Template letter for patients where no appropriate Board service exists

Dear patient

We have given you this letter to explain why you may no longer be able to access some of the services you may previously have received at our practice.

The 2018 GP contract began a process of reform that would see Health Boards centrally provide some services that were previously the responsibility of GP practices. These services included phlebotomy (taking bloods), chronic disease monitoring, treating minor injuries, removing sutures, dressing wounds and ear wax management. Additionally, various activities related to prescribing also moved to provision by the Health Board along with vaccinations which are now largely provided by Health Boards. The intention behind this reform was to reduce GP practice workload to stabilise general practice and to allow GPs and their teams increased time to provide care to complex and frail elderly patients.

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Yours sincerely

The practice team

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