

# PRESS RELEASE

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For immediate release



## Rural general practice in Scotland facing extinction

GPs in Scotland are set to vote on a new contract which aims to make general practice more attractive to new GPs. The new contract was announced last week in a joint exercise between the British Medical Association (BMA) Scottish GP's Committee and the Scottish Government. It has now emerged that the effect of the contract will be to give a significant boost to urban primary care at the expense of rural services. The new funding formula will see cuts to rural NHS primary care services and around 90% of practices in the North of Scotland will see their allocated funding reduced by up to two-thirds. Although there is a promise of short term funding protection in the contract, the detail of this has not been provided, and this uncertainty looks set to destabilize rural healthcare across Scotland.

The Rural GP Association of Scotland (RGPAS) has expressed great concern to Scottish Government health officials and BMA representatives in the negotiating team. Dr David Hogg, Chair of RGPAS said "while we are delighted that some of our city-based GP colleagues are going to see a much-needed boost to their resources, it is very wrong that this should be at the expense of rural general practice. Rural patients, particularly those who are elderly, vulnerable or on low wages, rely more on local GP health services in order to access appropriate care. Rural GP teams provide a much wider range of services as we offer many treatments that would normally be provided in hospital. Much of this work remains unfunded. In addition, our members are called upon to administer life-saving care in remote areas, often for long periods before the ambulance arrives. Furthermore, recruiting GPs to rural practices is extremely challenging and the concerns of our younger members about the proposed contract indicate that this will become very much worse".

In an ongoing poll, almost all RGPAS members report a reduction in estimated funding allocation, with over a third reporting losses to their practices of 40-69%. 52% of RGPAS members said that without the offered short-term funding protection, the cuts would make their practice 'critically unviable'.

The reason for the proposed massive funding cut for rural practice is a new 'workload allocation formula' created by economists from Deloitte which does not take into account the fundamental differences between remote/rural and urban practices. Professor Philip Wilson, professor of primary care and rural health at the University of Aberdeen and a GP in Inverness, said: "The Deloitte team have taken a simplistic approach which assumes that health need is proportionate to the number of appointments available. They based their calculation on an old dataset derived from a small group of practices which does not represent the Scottish population. They did not make the effort to look at the complexity or



time required for GP consultations. They made some very simplistic assumptions about rurality and found it did not affect their ‘workload’ model and took no account of the fact that under-doctored areas would appear to have low workload because relatively few appointments are available. If a student of mine had produced a piece of work like this, I would have expressed grave concern about the quality. The fact that both Scottish Government and the BMA negotiators appear to have fallen for this flawed economic model is utterly bewildering.”

Dr Douglas Deans, a GP with wide experience in Highland and Island practice, and a former Orkney Health Board member, said “Although Deloitte have a reputation in the business community, this report shows that they have little experience of the rural environment. A reality check with those experienced in work and research in the rural environment would have quickly shown how far out this formula is.”

Dr David Hogg, GP and Chair of RGPAS, said: “This is really worrying. It shows that the workload allocation formula grossly under-values the workload and fails to acknowledge inequalities in rural Scotland. For a country where a fifth of the population lives rurally, it is extremely disappointing that our health leaders are proposing a system that has not been adequately rural-proofed.’

He added: “Whilst the proposal includes measures to protect practice income in the short-term, it is uncertain how long this will last. Furthermore, the cuts for health boards will mean that other primary care services for rural patients, such as district nursing, will lose funding. It is unclear why a formula has been selected that short-changes rural communities where there is so much dependence on the local GP team to deliver necessary healthcare services.”

#### **Notes for editors:**

The Rural General Practice Association of Scotland represents Scotland’s rural GPs.  
[www.ruralgp.scot](http://www.ruralgp.scot)

The proposed new contract for general practice in Scotland can be accessed at:

<http://www.gov.scot/Publications/2017/11/1343>

The economic analysis by Deloitte can be accessed at:

<http://www.gov.scot/Resource/0052/00527541.pdf>

**Dr David Hogg (Chair, Isle of Arran), Dr Alida MacGregor (Vice Chair, Tighnabruaich), Professor Philip Wilson (Inverness), Dr Steve McCabe (Skye) and Dr Donal Murray (Kilcreggan) are available for interview.**

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