



Prof Gregor Smith
 Deputy Chief Medical Officer
 The Scottish Government
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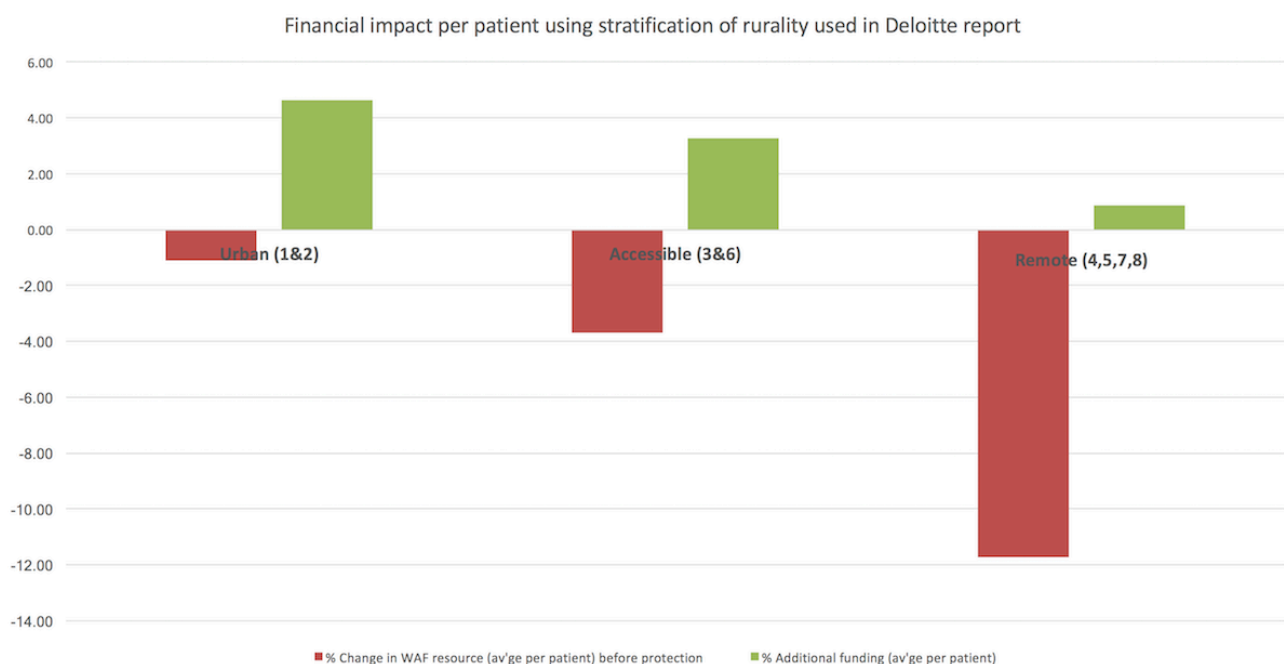
Dear Gregor,

Realistic Rural Medicine and the Proposed New GP Contract

We've had a significant amount of discussion on our RGPAS members' email group over the last few weeks regarding the proposed GP contract. Anxieties have been aired, reassurances shared, collaboration kindled and innovation stimulated.

We're aware of the negative press last week around the implementation of the new GP contract in rural practices. We hope to move on from that, as soon as we can, and as soon as the clarifications required can be provided. Frankly, we feel that rural medicine - rural GP in particular - has been neglected in the contract proposal, and we have particularly significant concerns around the workload allocation formula and its skewing against rural practice.

Here's a graph from the financial impact data which I think illustrates our concern:



Chair Dr David Hogg (Isle of Arran)
 Vice Chair Dr Alida MacGregor (Tighnabruaich)
 Secretary Dr Susan Bowie (Shetland)
 Vice Secretary Dr Kate Dawson (Benbecula)
 Treasurer Dr Malcolm Elder (Carradale, Kintyre)

Dr Jim Finlayson (Inverness) Undergraduates Lead
 Prof Phil Wilson (Inverness) Research Lead
 Dr Richard Weekes (Ullapool) Additional Member
 Dr Angus MacTaggart (Islay) Additional Member
 Dr Douglas Deans (Inverness) Co-opted Member

Much has been said about the fact that during Phase One, practice income will be protected. There is still clarity required on this and I'm hoping that the Primary Care Division - along with SGPC if they can - are able to provide our members with the detail required to understand their current position with regards to this.

However, we are also keen to realise and move quickly on the collaborative efforts required to represent rural medicine adequately in ongoing discussion, particularly around the workload allocation formula and its deficiencies. It has – anecdotally so far – been highlighted that much Realistic Medicine is provided in rural areas of Scotland. From practice teams 'going the extra mile' (and certainly outwith the standard GMS contract) to keep patients at home, providing patient-centred but unfunded services locally, delivering emergency medical care in a BASICS capacity, to very advanced shared decision-making in GP-led community hospitals. Unfortunately, very little of this workload appears to be reflected in the proposed contract.

Our members are feeling a real sense of being undervalued by the proposals, and the above graph is just one reason for that. Our members' have been advised of drops of up to 85% between 2017 income and that which they could expect from the proposed workload allocation formula. Despite this drop being protected, it has had an unfortunate effect of making many of our members despondent about how the new contract will sustain rural general practice, and more particularly, the delivery of Realistic Medicine to Scotland's rural communities.

We remain positive. We hope that the Scottish Government will recognise the negative effects of the proposals on the current morale of rural GPs. The RGPAS committee – along with our growing membership – is keen to work with the Scottish Government to reverse this negative direction of travel. Specifically, we are keen to identify the opportunities of refining the allocation formula to better reflect rural healthcare demand, and ensure the sustainability of Realistic Medicine that our communities deserve.

I wonder if you would be willing to meet for a discussion on how we might achieve this? I am in Edinburgh several times over the next few weeks, and our committee is dedicated to finding some time if that would be possible. We also have the facility to organise a videoconference with our committee, if that would be preferable as a starting point.

I look forward to your reply.

With kind regards,



Dr David Hogg
Chair - chair@ruralgp.scot

Cc **Dr Andrew Buist, SGPC**
 Richard Foggo, Scottish Government
 Fiona Duff, Scottish Government
 RGPAS Members