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To Dr David Hogg

By email: chair@ruralgp.scot

10th January 2018

Thank you for taking the time to speak to me on 13th December to discuss the GP contract and Rural General Practice, following your letter of 12th December. It was a valuable conversation and I am keen that we continue to work closely with you in future. I wanted to take this opportunity to set out in more detail some of the issues that we discussed.

Rural general practice was discussed throughout the negotiation process. That is why, amongst other reasons, for example, the contract offer includes an income and expenses guarantee. As I confirmed at the SLMC conference on 1 December, and during our call, the income and expenses guarantee is not temporary nor short term but remains in place until a new funding approach is agreed – which itself will be subject to a further poll by the profession. The guarantee will also be updated along with wider practice funding, unlike the current situation where correction factor payments are not always annually updated. No practice or Board in Scotland will see any reduction in nationally agreed General Medical Services funding as a result of this contract.

The 2016 review of the Scottish Allocation Formula was overseen by an Expert Technical Group from the Scottish Government, National Services Scotland: Practitioner Services, Information Services Division and the British Medical Association. The new workload model is a clear methodological improvement over the workload-related elements of the old formula. Overall, it gives a relatively higher weight to older patients and to patients from deprived neighbourhoods in line with observed workload patterns. This includes older patients in rural areas and patients from deprived rural communities.

It is clear that for small remote and rural practices a largely capitation based formula is insufficient. It is for this reason, in the interest of funding stability and to prepare for a more fundamental improvement of funding, that the 2018 contract proposes to guarantee income and expenses of all practices at least at existing levels. The proposed second phase, with direct reimbursement of agreed expenses and clear core GP income, will give further significant benefits to all practices, including rural practice.

I would also like to emphasise that we are yet to negotiate pay and expenses uplift for 2018-19, following the usual DDRB process. However we are confident that it will produce an uplift that will mean every practice sees their funding increase next year.

Your letter also refers to the considerable spikes in activity that can occur in areas, for example due to tourist activity. This was also discussed in negotiations. Practices are currently paid to treat Temporary Residents under the Temporary Patient Adjustment provisions of the Statement of Financial Entitlements. All contractors receive a payment for unregistered patients as an element in their global sum allocation. The amount each contractor receives is generally based on the average amount that, historically, the contractor's practice claimed for treating such patients each year under the Red Book prior to 1 April 2003.

We recognise that this has not been updated in some time and is not reflective of the present circumstances for rural and other practices who see regular uplifts in activity through tourism and other seasonal activity. To remedy this situation, under the new contract, practices will be required to report on numbers of Temporary Residents in 2018/19 to allow the Temporary Patient Adjustment to be reformed and uplifted on the basis that funding will follow activity as soon as is practicably possible.

As discussed during our call last week, Scottish Government and Scottish GP Committee of the BMA will be considering membership of the Rural Working Group early in the new year, and note your expressed interest in taking part in this process.

*Yours sincerely,
Shona Robison*

SHONA ROBISON