

Inverness  
IV3 8RG  
11/01/2018

Dr Jonathan Ball, Chair  
Dr Iain Kennedy, Secretary  
Dr Chris Williams, Treasurer  
Dr Lorien Cameron-Ross, Vice Chair  
Dr Miles Mack, Chairman's group member  
Highland LMC

Dear Drs Ball, Kennedy, Williams, Cameron Ross and Mack,

**Re: Impact of the Scottish Workload Allocation Formula**

I am writing as one of your constituents to express concerns about the potentially damaging effect of the Deloitte Scottish Workload Allocation Formula (SWAF) on patient care and on general practice as a whole in Scotland. I hope you will feel able to share this letter with your SGPC colleagues who may not be aware of all of the key issues.

The methodological weaknesses of the SWAF have been aired elsewhere and do not need restating except to say that the formula is based on an outdated and unrepresentative sample of practices (the PTI dataset was abandoned as worthless by SGHD in 2013), and relies simply on consultation numbers (or Read codes) per patient as the driver for allocation of funds to practices. Funding allocations are now simply calculated on the basis of patient numbers, age and SIMD scores, and the cost of supply of medical services (higher in rural areas) is now excluded from the formula for reasons that have not been made clear.

***Impact on inter-practice inequalities***

SWAF will lead to 63% of Scottish practices obtaining extra resource – amounting very roughly to £10,000 per partner on average. There is no doubt that GPs need a substantial increase in remuneration if they are to approach consultant salary levels (thus making general practice a more attractive career option for students) so this is good news. The 37% of practices who will enter the income support mechanism may however have good reason to resent their non-preferred status even though there has been a promise that basic practice income will be protected at current levels without any increase.

***Impact on rural areas***

Arguably it is patients in rural and remote areas that are most reliant on their practices to deliver health care. They have no option to register with a nearby practice or attend an A&E department if their practice collapses. Over 90% of practices in the northern Health Boards will be in the income support category. It is rural practices that have the biggest problems recruiting GPs and there are already large swathes of Caithness, Sutherland and the Isles where patients cannot access a doctor without travelling huge distances. The problem in recruitment not only relates to GP partners and salaried GPs but also to locum doctors. There are simply not enough GPs in Scotland. Urban practices with increased funding will now be able to make more generous offers to potential partners, salaried doctors and locums and consequently it will become increasingly difficult to attract any doctor to work in the remote regions. The Deloitte Earnings and Expenses report made it clear that rural doctors earn less on average than urban doctors so the allocation of more money to urban doctors will exacerbate GP income inequality between rural and urban areas.

***Impact on the poorest populations***

The primacy of age over SIMD in the SWAF formula exacerbates a problem that a new funding formula was designed to solve. Areas which have the lowest life expectancy will lose out – so the practices in the most deprived urban areas that deal with patients in the poorest health will also be placed in the income support category and will have to face the same recruitment challenges that remote practices do. This does a profound disservice to our sickest populations.

***Impact on the profession***

I have been a loyal BMA member since my medical student days and have greatly admired the skill and rectitude of its leaders. Never in my life as a GP have I heard and read such disillusionment with our professional representation, and I am concerned that there could be a large exodus of GPs from the Association should the new contract be approved without amendment. This would be catastrophic for the profession. The depth of division within the profession should not be underestimated and I would urge our representatives to consider drawing back from supporting a contract that relies on SWAF as it stands. To take such an action, and to consider actively the urgent creation and adoption of a more equitable formula would be challenging but would regain the trust of many of our colleagues. There is a general view that waiting until Phase 2 for a fair funding solution will be too late: irreversible damage would already have been done.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Philip Wilson', written in a cursive style.

Philip Wilson