Addresses given below
3rd February 2018

Dr Alan McDevitt, Chair, Scottish General Practitioners Committee, BMA
Dr Richard Vautrey, Chair, GP Committee, BMA
Dr Chaand Nagpaul, Chair, BMA

Dear Drs McDevitt, Vautrey and Nagpaul,

We write this open letter because we consider that the BMA Scottish General Practice Committee (SGPC) and its officers have failed to represent us as Scottish GPs and have not adequately addressed the challenges through the contract that the GP profession across Scotland faces. The signatories of this letter have either already resigned from the BMA, will do so in the near future, or are seriously considering doing so because we believe there has been a serious breach of trust between the SGPC and its electorate.

The SGPC on Thursday 18th January endorsed the new contract for GPs despite only 28% of practising GPs voting for this contract. The low turnout must partly reflect a majority view among SGPC constituents that the new contract and the status quo are equally unacceptable. It is not a ringing endorsement of the contract. Despite this, SGPC issued a press release stating that there was strong backing from Scottish GPs for the contract (https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-scotland/contract-negotiations-scotland. We do not concur with that statement and argue that it is misleading and not democratically mandated. The contract was not endorsed by the majority of general practitioners who either did not vote or who voted to reject it.

Enclosed with our ballot papers was a highly biased endorsement of the contract. This unbalanced enclosure did not refer to any of the concerns expressed during the BMA/Scottish Government Roadshows conducted during November 2017. There was no information in the document about the relative impact of the Scottish Workload Allocation Formula (SWAF) on rural practices and those practices in the most deprived areas. It appears that key information about the formula was deliberately withheld from Scottish GPs: we have since discovered that important and relevant information was not shared with SGPC constituents in a timely way. The Deloitte SWAF report had been completed 15 months before the ballot and it defies belief that our negotiators knew nothing about its divisive impact long before the roadshows. Practices in the greatest need receive no additional resources while those that are already relatively well resourced (including those of the negotiators) will receive all the financial benefits. This is most starkly illustrated by the map of gainers and losers: https://fusiontables.google.com/DataSource?docid=13SLV8fjU8S5LvhiMcmbUWpK8imuntSf2f1f1r_g7#map:id=3

The new contract will have devastating effects on patients in remote rural areas who have no alternative provider of medical services: these areas already have the most difficulty recruiting GPs to substantive and locum posts and they will now no longer be able to compete with urban practices whose partners are already paid substantially more than rural GPs and have now gained substantial extra funding. Furthermore, patients living in Scotland's most deprived areas who need adequately resourced primary care in order to improve excess mortality rates, address multi-morbidity and have any chance of reaching equality of healthy life expectancy with the rest of the population will be faced with the same difficulty of gaining access to GPs. The failure to address the inverse care law in urban deprived areas will result in the same pressures of increased emergency admission rates and A&E attendances for Deep End patients. There is no mechanism within core GP funding in SWAF to address the

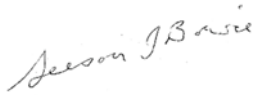
unmet need in Deep End practices that is fueling demand in secondary care. SGPC has made little or no effort to listen to rural or Deep End GP concerns other than to announce that a short life working group will inform phase 2 of the contract. We have no reason to believe that phase 2 will be implemented in the foreseeable future and this will have a direct impact in the sustainability of HSCPs.

Quite apart from our concerns about funding inequity we are very disappointed that the new contract included only a very small allocation to general practice in comparison with other primary care services – around £23 million of the £500 million promised by Scottish Government, most of which will be allocated to urban practices in wealthier areas. We do not believe that the remaining funds ostensibly allocated to non-GP primary care services will translate into any tangible patient benefit, particularly in remote and rural areas covered by Health Boards for which primary care funding is not going to increase.

We consider that the BMA, dominated by the consultant workforce for the past 14 years, has been a weak advocate for general practice in comparison with its advocacy of hospital funding: GPs have seen an inexorable decline in income both in absolute terms and relatively compared to hospital doctors since 2004 and few medical students now wish to be GPs. We are actively seeking an alternative structure to represent Scottish GPs and their patients more effectively.

Yours sincerely

Dr Susan Bowie, Hillswick Health Centre, Shetland (BMA member for 35 years)



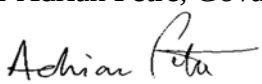
Dr Lynsay Crawford, Balmore surgery, Possilpark, Glasgow (BMA member for 15 years)

Dr Malcolm Elder, Carradale Surgery, Carradale, Argyll (BMA member for 25 years)

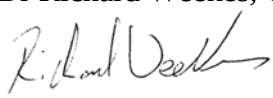
Dr David Hogg, Arran Medical Group, Chair, RGPAS (BMA member for 12 years)

Dr Brian Milmore, Govan Health Centre, Glasgow (BMA member for 5 years)

Dr Adrian Petre, Govan Health Centre, Glasgow (BMA member for 16 years)



Dr Richard Weekes, Ullapool Health Centre (BMA member for 30 years)



Dr. Catherine Jean Welch, Arran Medical Group (BMA member for 12 years)

Dr Gerry Wheeler, North Uist Medical Practice, (BMA member for 4 years).

Prof Philip Wilson, Professor of Primary Care and Rural Health, University of Aberdeen and sessional GP, Cairn Medical Practice, Inverness (BMA member for 34 years)