

Briefing for the Public Petitions Committee

Petition Number: [PE01698](#)

Main Petitioners: Karen Murphy, Jane Rentoul, David Wilkie, Louisa Rogers and Jennifer Jane Lee

Subject: Medical care in rural areas

Calls on the Parliament to urge the Scottish Government to:

1. Ensure strong rural and remote GP representation on the remote and rural short life working group, recently established as part of the new GP contract for Scotland.
2. Adjust the Workload Allocation Formula (WAF) urgently in light of the new contract proposals to guarantee that both primary and ancillary services are, at least, as good as they are now in ALL areas so patients do not experience a rural and remote post code lottery in relation to the provision of health care.
3. Address remote practice and patient concerns raised in relation to the new GP contract.

Background

The 2018 Scottish General Medical Services Contract

The 2018 Scottish General Medical Services Contract is a joint agreement between the Scottish Government and the British Medical Association (BMA).

The [2018 Scottish General Medical Services Contract Offer](#) was published on 13 November 2017. On 18 January 2018, the Scottish GP Committee of the BMA agreed to proceed to implement the new contract. This decision followed a poll in which 71.5%, of those who took part, voted in favour¹. The new Regulations were laid in the Scottish Parliament on 19 February and came into force on 1 April 2018.

The contract aims to set a new direction for general practice in Scotland. It is hoped that it will improve access for patients, address health inequalities and improve population health including mental health, provide financial stability

¹ [BMA Scotland](#)

for GPs and reduce GP workload through the expansion of the primary care multidisciplinary team ².

The contract offer proposed a two-phase approach. Phase 1 was the introduction of a new GP workload based resource allocation formula (the GP Workload Formula) to replace the existing Scottish Allocation Formula (SAF). It is intended that Phase 1 will continue until there is a proposal acceptable to the profession for the introduction of Phase 2.

Phase 2 will focus on the development of an income range with pay progression for GPs (comparable to that of consultants) and direct reimbursement of expenses (staff and premises). Phase 2 will be subject to further negotiations and another poll of the profession.

In relation to rural GPs, the contract offer notes that:

“We know that rural GP practices have, on average, higher expenses per patient than urban ones. Partly, these can be explained by the diseconomies of scale of small GP practices and the costs of dispensing, or having one or more site/branch surgeries and we recognise that these differences will need to be addressed by proposals for Phase 2”.

The GP Workload Formula

The new formula was developed as part of a 2016 review of the SAF and was informed by the [2017 Review of GP Earnings and Expenses](#). The new formula aims to more accurately reflect the workload of GPs. The Scottish Government has committed to protecting GP practices from any potential funding losses following the introduction of the new formula.

The developments in the formula are intended to better address the needs of both deprived urban areas and isolated rural areas. The new formula re-estimates the number of consultations per patient based on their age, sex and the deprivation status of the neighbourhood in which they live.

A review of the rural and remote part of the unit cost component of the, previously used, SAF was provided in the [Scottish Allocation Formula – General Medical Services Unit cost formula review](#), 2016. This found that the approach used to estimate the rurality/remoteness adjustment was subject to a number of limitations³.

In response to [question S5W-16567](#), Shona Robison, then Cabinet Secretary for Health and Sport, commented that the impact of the new funding formula will be monitored during implementation.

² [Scottish Government. The GP Contract](#)

³ [Deloitte 2017: A Review of GP Earnings and Expenses](#)

Rural GPs

Following the publication of the contract offer many GPs from remote and rural areas voiced their concerns with the new contract⁴⁵. In a letter to the Cabinet Secretary for Health and Sport the [Rural GP Association of Scotland](#) (RGPAS) highlighted concerns that the workforce allocation formula “seems heavily weighted against rural communities”⁶.

Working Group

The Scottish Government has committed to setting up a Remote and Rural Short Life Working Group A [Scottish Government press release](#) noted that:

“The new remote and rural short life working group will also ensure the contract is delivered in a way that works well for rural communities and look at what more can be done to support rural general practice”.

In a letter to Scottish Rural Action in March 2018, the Scottish Government stated:

“We will ensure that its membership represents a wide range of remote and rural communities from across Scotland. As part of its role, the working group will consider matters related to implementing the contract in rural communities.”⁷

RGPAS also wrote to the Cabinet Secretary for Health and Sport in March 2018 [requesting an update](#) on membership and remit of the working group.

The Rural and Remote Incentive Scheme

The Scottish Government has introduced a Rural and Remote Incentive Scheme which aims to make GP positions in rural locations more appealing. Support will be provided to the 160 rural and remote practices, including ‘golden hello’ payments of £10,000 to GPs taking up their first post in a rural practice and relocation packages of up to £5,000⁸.

⁴ [BBC: Rural GP concerns over Scotland new contract](#)

⁵ [RGPAS: Our Scottish Government needs to recognise the potential of Scottish rural practice](#)

⁶ [RGPAS: Realistic Rural Medicine and the Proposed New GP Contract](#)

⁷ [Scottish Government letter 13 March 2018](#)

⁸ [Scottish Government: 800 more GPs for Scotland](#)

Scottish Parliament Action

The Scottish Parliament Health and Sport Committee considered the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (SSI 2018/66) at its meeting on the [20 March 2018](#).

At this meeting, the Convener said:

“The committee previously considered and agreed a draft approach to consideration of the contract and we agreed that, following publication of the primary care improvement plans, which are expected in July, we would issue a call for written views. We have also agreed to hold an oral evidence session with key stakeholders later this year, to inform us about the implementation of the contract and delivery of primary care.”

A number of parliamentary questions have also been asked on this subject, including:

[Question S5W-17485: Richard Lochhead, Moray, Scottish National Party, Date Lodged: 25/06/2018](#)

To ask the Scottish Government what progress it has made addressing reported concerns regarding the impact of the new GP contract on rural practices.

Current Status: Expected Answer date 23/07/2018

[Question S5W-14873: Alex Cole-Hamilton, Edinburgh Western, Scottish Liberal Democrats, Date Lodged: 26/02/2018](#)

To ask the Scottish Government what its response is to the GP contract proposal that was submitted by the Rural GP Association of Scotland in November 2017.

Answered by Shona Robison (07/03/2018):

The Scottish Government welcomes the commitment made by the Rural GP Association of Scotland, in their November 2017 publication, to engage with the aspirations of the proposed 2018 GP contract, and their agreement that the themes of workload, recruitment and sustainability were core elements to address through the new contract and transformation of primary care.

The Scottish Government will continue to work to promote rural general practice through the remote and rural incentive scheme and through the Short Life Working Group on Rural General Practice which will help to ensure that the contract is delivered in a way that works well for rural

areas, and will also look for additional ways in which rural general practice can be supported.

A SPICe spotlight blog on the new GP contract was published in March 2018
[The new General Medical Services \(GMS\) \(GP\) Contract: so what will be different?](#)

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SPICe
9 July 2018

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