

PE1698/A

Scottish Government submission of 9 October 2018

Thank you for your letter of 17 September 2018 regarding the questions from the Committee arising from their consideration of Petition PE1698. I am replying as Head of the Primary Care Division in the Scottish Government.

As the Committee requested, the information provided here corresponds to the specific actions called for in the committee and set out in the bullet list in your letter.

- *Ensure strong rural and remote G.P. representation on the remote and rural short life working group, recently established as part of the new GP contract for Scotland.*

The Remote and Rural General Practice Working Group, chaired by Sir Lewis Ritchie, met for the second time on Wednesday 12th September 2018, at the Centre for Health Sciences in Inverness, Highland. The group membership includes a number of General Practitioners from a broad variety of rural communities across Scotland. The group also has representation from the British Medical Association, the Royal College of General Practitioners (RCGP), the Rural GP Association for Scotland (RGPAS), and the Scottish Rural Medicine Collaborative. The group membership therefore includes organisations representing rural GPs nationally, but also ensures that the individual perspectives of GPs living and working in remote and rural communities is heard. A full list of the Group's membership is available [online](#).

GPs from rural areas are core to the group's composition. However it is also important to note that the membership also reflects our focus on collaboration and building trusting relationships between GPs and other Health Care stakeholders. The 2018 GP Contract, negotiated jointly with the Scottish Government and BMA, and voted for overwhelmingly in a poll of the GP profession, is an important aspect of a larger transformation of primary care. This will see GPs focus on their role as Expert Medical Generalists, supported by an expanded multidisciplinary clinical team working in practices and communities. To support this, the group also includes representation from a number of NHS Boards and Integration Authorities in remote and rural areas, and the group has agreed to expand its membership to include nursing and allied health professions at its next meeting.

The group has agreed to engage with and seek the views of stakeholders involved in delivering 'Phase One' of the new GP Contract by implementing Primary Care Improvement Plans in rural areas. This work will focus on promoting and sharing the learning from communities where the new contract is successfully being implemented by embracing collaborative working or innovative solutions. To achieve this, Sir Lewis Ritchie has commenced a wide ranging programme of engagement with GPs, and other clinicians and healthcare service planners and deliverers, working in remote and rural areas. We will publish details of this programme in due course.

- *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.

No practice has or will lose funding as a result of the new GP contract. The new Scottish Workload Formula gives greater weight to older patients and deprivation compared to the workload-related weightings of the original Scottish Allocation Formula (SAF). These characteristics are relevant in both urban and rural settings.

The new formula is a methodological improvement to the previous SAF. It is based on the best available evidence and as such it more accurately reflects the workload of GPs. Compared to the workload-related weightings of the original SAF, the new formula gives greater weight to older patients and deprivation.

The impact of deprivation on the workload of a practice is better reflected in the new workload formula than the previous SAF. Methodological improvements mean both deprivation in urban areas and isolated pockets of rural deprivation are better addressed by the new formula.

With the introduction of the new formula, GP practices will be protected from any potential funding losses. To this end, the Scottish Government has committed to invest an additional £23 million to fund the practices that receive a greater share under the new formula while protecting all other practices. This additional investment is to improve services for patients in areas where workload is highest.

The income guarantee, that no practice will lose funding, is not short term and will remain in place for as long as it is needed. The Scottish Government is committed to ensuring sustainable general practice services are available to patients in all communities in Scotland, including remote and rural communities. The General Medical Services Statement of Financial Entitlements 2018/19 provides the technical details for how this guarantee is applied. From the point of view of a practice this guarantee is similar to the Correction Factor payments or Minimum Practice Income Guarantee (MPIG) payments introduced in 2004.

The £23 million investment for the new formula is part an overall £110 million invested in 2018/19 to support the new contract and wider primary care reform. This includes £45 million for the Primary Care Improvement Fund, which is allocated across all 31 Integration Authorities in Scotland. This will support expanded multidisciplinary clinical teams, including pharmacists and pharmacy technicians, advanced nurse practitioners, specialist urgent-care paramedics, musculoskeletal physiotherapists and other allied health professionals, and Community Links Workers and community mental health professionals.

In addition, the new contract will, from 2019, introduce a minimum income guarantee for GP partners of £80,430 WTE. If accepted by the profession, Phase Two of the contract will introduce an income range that is comparable to that of consultants and directly reimburse agreed practice expenses.

The Remote and Rural General Practice Working Group has also agreed that it will not seek to renegotiate the 2018 Contract, including the funding formula, in favour of focusing on supporting implementation of Phase One of the contract in rural areas.

However, the issues the group discusses will inform ongoing discussions between the Scottish Government and the BMA, and both negotiation parties are expected to jointly seek the view of the Rural Group to inform their negotiations.

The Scottish Government and the BMA recognise that more work is needed to provide reassurance that present stability on income and expenses will continue when Phase Two is agreed. Discussions on how best to deliver that reassurance are ongoing with a view to providing that as soon as possible.

- *Address remote practice and patient concerns raised in relation to the new GP contract.*

Following overall agreement on the new GP Contract, the Scottish Government commissioned the Health and Social Care Alliance to carry out a series of engagements with patients and patient representative groups across Scotland, including a wide range of rural communities. This culminated in the publication of the Health and Social Care Alliance Scotland's "[Your GP and You](#)" report. The Scottish Government welcomed this report, and it provided valuable feedback to Health Boards, Integration Authorities, the Scottish Government and general practice on how the new GP contract might be implemented so as to best meet the needs of patients across Scotland.

In addition, the Memorandum of Understanding (MoU) agreed in November 2017 by the Scottish Government, the BMA, Health Boards, and Health and Social Care Partnerships (HSCPs) sets out the principles by which the new contract is to be delivered. Central to those principles is that services are only transferred from GPs to Board employed staff where it is safe and sustainable to do so.

The MoU also sets out the expectations on Health and Social Care Partnerships, based on their statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, to consult a wide range of local stakeholders and professional groups including patient, their families and carers. We have asked HSCPs to set out their proposals for service transformation in Primary Care Improvement Plans and our expectation is that patient engagement is a key part of their planning process going forward.

Finally, the Remote and Rural Working Group includes patient representation through the membership of Colin Angus, Chair of the RCGP P3 Committee. The Chair and Scottish Government team will also be carrying out a programme of visits to rural areas, which will include engaging with patient groups. As part of this, Sir Lewis has already met with Karen Murphy from the Rural and Remote Patients Association Group on 10 September 2018 to discuss their concerns. Sir Lewis is also planning to attend the next meeting of the Rural Parliament in November 2018.

I hope this information is helpful and assures the committee that the views of patients, their families and carers are highly valued by the Scottish Government and will continue to be sought as implementation plans progress.

I would be happy to provide further information to the committee on any of the topics mentioned here.

