

PE1698/O

Rural GP Association of Scotland submission of 18 March 2019

I write on instruction and behalf of the committee of the Rural GP Association of Scotland. The committee would like to make you aware that the Rural GP Association has now withdrawn from the above Short Lived Working Group. This may be of relevance in respect of petition PE01698: 'Medical Care in Rural Areas'.

The reasons for our withdrawal are outlined in the attached letter of resignation from Dr David Hogg, Vice Chair, who until recently was the RGPAS representative on this working group. The committee of RGPAS has fully and unanimously ratified the contents of this resignation letter and ratified the opinion that RGPAS cannot remain a member of the SLWG at present time for the reasons outlined.

Rural GP Association of Scotland
Resignation letter from Dr David Hogg, Rural Short Life Working Group
dated 12 March 2019

It is with disappointment that I wish to advise you of my resignation from the rural Short Life Working Group.

This is a pivotal time for the future of rural practice in Scotland. The concerns of the RGPAS Committee and our members have been well documented since the new GP contract was first proposed. The promise of an effective SLWG to address these concerns, and specifically, to find ways to ensure that the contract could be implemented successfully to rural communities, seems to have fallen by the wayside.

I am obviously constrained in this letter to maintain confidentiality about the nature of recent conversations at the SLWG, and so I have refrained from citing specific recent discussions and topics covered. I would of course be willing to discuss this in more detail if that would be helpful. However, I am concerned that SLWG work is being distracted from urgent issues raised by implementation of the contract, to wider aspects of rural health in general that are outwith the remit and capacity of the SLWG.

I have valued your discussion to date on the practicalities and realistic potential of the SLWG to implement effective measures that have been so clearly lacking from the outset of contract implementation. It is incumbent of me to represent the views of our committee and members, and I feel it is no longer sustainable to do this with the present direction of the SLWG.

We recently carried out a survey of our members to hear their current experiences of contract implementation. This was offered to the SLWG for distribution and consideration by its members, and I understand that that is still being considered by the team.

I summarise some of the results below as I think they are important in highlighting the current perspective of Scotland's rural GPs.

- 80 survey invitations gathered a 63% response rate within seven days.
- 82% of our members believe that the outlook for rural healthcare is worse under the contract (18% believe it is much the same, none believe it is better).
- In the vote to accept or reject the new contract, 88% of our members voted to reject the new contract. 92% report that they would reject the contract if given an opportunity to vote now, based on their experience so far.
- 50% are not sure how effective the rural SLWG has been in addressing the concerns raised to date. 47% believe that the rural SLWG has been ineffective or very ineffective so far. I think this offers important feedback about the need for better engagement and feedback with rural GPs in Scotland.
- 31% of our members are anticipating that services will need to be curtailed as a result of the current contract making for unsustainable conditions.

- Our members are particularly concerned about vaccination programmes (including to children), appropriate contingencies for when the promised MDT-provision is not provided in rural areas, and losing the economies of generalist service provision – both in terms of financial value-for-money and in the provision of effective, joined-up primary care services.

At the last meeting, I was asked again what RGPAS members wish to see improved as part of the roll-out of the new GP contract to rural areas. Again, I am disappointed that despite providing Scottish Government in November 2017 with very detailed and fair concerns ('Looking at the Right Map?'), along with specific proposed solutions to these challenges, there has still been no effective response to these, and there remains an ongoing reliance on rural GPs to fix the problems caused by lack of appropriate rural-proofing in our national contract.

98% of Scotland's land mass is considered rural. 20% of the Scottish population live in a rural area. I have become increasingly despondent about us seeing any pragmatic, realistic proposals to reverse the damaging effects of the new GP contract in rural Scotland. Integrated Joint Boards and Health & Social Care Partnerships across Scotland seem to be increasingly expectant of the rural SLWG to guide them on how to implement the new contract successfully, however this guidance seems a long way off. The SLWG terms are also constrained in being unable to tackle some core challenges relating to the new contract: particularly the disparity of resource allocation via the new SWAF. Much detail has been provided to the SLWG, Scottish Government officers and the Cabinet Secretaries already in relation to this particular point. In addition, there seems to have been no attempt so far to define a framework of additional services that are already provided by rural GPs, but which are being threatened by the new contract. Again, this is one of the key solutions proposed by our 'Right Map' document submitted in 2017

I have discussed the present situation with our RGPAS committee, and it is a committee decision that I should resign from the SLWG, and for RGPAS to withdraw from further SLWG work. There is no capacity from any others to take on the role of SLWG meetings, mainly as most of my colleagues have found themselves increasingly occupied trying to safeguard local services from the threats created by the new contract. We also need to see more tangible and convincing commitment to addressing the issues affecting our members and our rural communities in Scotland before we can consider the rural SLWG as an effective mechanism to address our members' concerns.

For these reasons, I cannot nominate any other representative of RGPAS to take my place.

Thank you for the opportunity to serve on the rural SLWG. I sincerely hope that a successful direction can be found to safeguard the future of rural practice.