

Friday 16th February 2018

Dear Community Council

Following our recent letter informing you about the new GP contract, we have put some more information together in response to being asked what can be done to help.

We would like to signpost the following website which clearly sets out the problems and has access to relevant documentation for further readings.

<http://ruralgp.scot/rememberrural/>

We appreciate it can be hard to take on board a lot of information in a short space of time. The following is a short summary of key changes and concerns.

Whilst there is not an immediate threat to the practice, we feel the contract is destabilising and gives us concern for the future provision of services and for future recruitment and retention.

We enjoy working as rural GPs, with a fantastic team, delivering local holistic care to a varied practice population. We want a contract and funding strategy that allows rural GP practices like ours to continue delivering excellent healthcare and that will attract new GPs to continue the practice in the future.

A NEW WAY OF DELIVERING SERVICES

Under the new contract it is proposed that certain services are to become the responsibility of the health boards. All Health & Social Care Partnerships (HSPCs) in Scotland are to develop a plan to deliver the following:

- Vaccination services – this work will be transferred from GP Practice staff to Health Board dedicated teams, covering childhood, school, travel and influenza/shingles vaccination etc
- Pharmacotherapy services – this service will deliver all acute and repeat prescribing, medicines reviews, monitoring high risk medications, which is currently carried out in practices
- Community treatment and care services – Health Board employed staff will take blood samples, syringe ears, remove stitches and monitor chronic illnesses (e.g/ check BP, urines, weight etc for annual reviews)
- Urgent care services – Paramedics and specialist Paramedics covering several practices will be available to help with urgent house visits
- Additional Professional Services – Physiotherapy – patients with musculoskeletal problems will be able to see a physiotherapist embedded in practices as rapidly as they would see a GP. Similar services will exist for Community Psychiatric Nurses and Mental health Occupational Therapists.

In city practices this is more likely to be a good solution to current problems, however there is an acknowledgement that some remote practices may not benefit fully from these services. It is impractical to have that number of staff in such a small practice so the services would most probably be centralised. We do not necessarily wish to shed this work, but to continue to do it with appropriate resourcing. The contract as it is does not specifically allow for this to happen.

A NEW FUNDING FORMULA

From April 18th a new Scottish Workload Allocation Formula (SWAF) will be used to decide practice funding. This was commissioned from Deloitte by Scottish Government and has been criticised for using out of date and discredited data. Rurality is not in the new funding equation and so it doesn't

account for the extra costs of working and looking after a rural population. This is of concern and is being challenged.

Rural GPs are worried about the future implications of this contract and funding formula, and whilst we acknowledge there are positive aspects which may help our urban colleagues, we feel this should not be at the expense of rural practices or detrimental to the care of rural patients.

In Summary, the following are the key points we feel are needed to enable a rural practice such as Easdale to continue to provide the best possible service to the local population:

1. An adequate correction factor (or range of factors) that enables the SWAF to more realistically reflect rural workload.
2. A framework or mechanism where rural practices could continue to provide services such as vaccinations etc (which our urban colleagues can shed if they so wish) and are provided with appropriate resourcing to do so.
3. Involvement of RGPAS in the Short life working group for rural issues.

GP's across Argyll and the Highlands are trying to inform the public and encourage people to voice their opinions. We have written to our MSP Michael Russell with our concerns and have invited him to the upcoming meeting on Luing. The more people write to him, the more he will know the concerns are widespread. If other rural areas replicate this, he along with other MSPs will have more influence with Shona Robison.MSP

Website for MSP contact details:

<http://www.parliament.scot/mspfinder/index.html?postcode>

This is a link to a Facebook site that has been set up to advocate for increased public consultation on the issue.

<https://www.facebook.com/ruralandremotepg>

The link to Alliance Scotland was also sent out with the last letter. They have been tasked with a last-minute consultation for the public on this New Contract

<https://www.alliance-scotland.org.uk/blog/events/gp-engagement/>

With thanks,

Dr Miranda Barkham & Dr Cathy Ford