

REMOTE AND RURAL GENERAL PRACTICE WORKING GROUP



Scottish Government
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This bulletin provides an update on our progress drafting the first Report of the Rural General Practice Working Group. As we noted in our last [bulletin](#) (4 November 2019), we've been working towards releasing our Report by the end of November. We have now decided to extend our publication date into **mid-December 2019** for two important reasons:

- We've been working with the Scottish Government to inform our analysis of implementation of the new Contract in rural areas. We've done this by considering Health and Social Care Partnership (HSCP) Primary Care Improvement Plans (PCIPs) and trackers provided by them of progress to date. We are informed that some of the data we want to refer to in our Report cannot be used while we're in the pre-election 'purdah' period before the UK General Election on 12 December. Our preference is therefore for the Report to include as comprehensive a discussion as possible about this important matter.
- We've also recently received all three pieces of academic research we commissioned earlier in the year as part of our work plan. Our thanks to our colleagues in [Health Improvement Scotland](#), the [Scottish School of Primary Care](#), and [Rossal Consultancy](#), for their hard work. We wish to integrate their important and timely work into the final version of our Report and require additional time to do so.

Our original timeline for publication was intended to inform two events:

- To contribute to the development of guidance around flexible implementation of the contract in rural areas to inform the next iterations of PCIPs; and
- To encourage discussions on rural general practice at the upcoming Scottish LMC Conference of the BMA on 29 November 2019.

So that we can still support those aims, we're publishing a summary of our progress to date and recommendations alongside this update. We discussed in detail the draft recommendations at the last Rural Group meeting on 26 September. The wording of our recommendations may differ slightly in the final Report but the intent and substance of each is clear.

We hope this contributes to richer discussions of the challenges, opportunities and way forward to best promote and support general practice and primary care in remote and rural areas. We thank Rural Group members, including public representation from RCGP's Patient Partnership in Practice (P³) Group, and those we have commissioned, interviewed or visited, for their support. We look forward to publication of the final Report.

Report of the Remote and Rural General Practice Working Group: Progress to Date

The new GP Contract, launched in April 2018, introduced a series of ambitious policies supported by Scottish Government investment. The Contract seeks to transform general practice and primary care services in Scotland. The Remote and Rural Group was formed to support the implementation of that vision in remote, rural and island communities.

The Group's membership is drawn from a diverse field of expertise across rural primary care. To inform our work, we embarked on a wide-ranging programme of front-line engagement to understand how service redesign is progressing. We've visited rural communities across Scotland to listen to experiences within rural general practice and to witness service redesign first-hand. This included visiting members of the Rural GP Association for Scotland (RGPAS) and attendance at their annual conferences in 2018 and 2019. We've also considered the progress of Health and Social Care Partnership (HSCP) Primary Care Improvement Plans (PCIPs), and commissioned bespoke qualitative analyses drawing from national and international sources. Our final Report will describe this engagement programme in detail.

The overall picture shows that implementation of the GP Contract is making progress throughout Scotland, but the pace of change needs to be accelerated. In the early days of implementation, we heard consistently from colleagues that the new Contract did not do enough to address the needs of remote and rural general practice. A common theme was that sustainability and recruitment of GPs and other multi-disciplinary team members (an ongoing workforce challenge to general practice throughout Scotland and across the whole of the UK) are exacerbated by the specific circumstances of delivering general practice in remote and rural areas. These preliminary findings are summarised in a published [presentation](#) given earlier in 2019 by Sir Lewis Ritchie.

We've also seen and heard of encouraging progress and success. We found heartening examples of innovative work taking place, helping to overcome barriers to make best use of new technology, collaborative working, and new models of care. GPs and colleagues championing these developments need these to be fostered and further supported. Where an innovative approach has been successful, there should be more opportunities to share, promote, transfer and scale up what works into other areas.

In order to help address initial perceptions and criticisms that the vision for service redesign does not tackle rural challenges, GPs and other clinicians, HSCPs, Health Boards, patients and communities must continue to work together to plan and deliver services. In our assessment of PCIPs we've seen considerable collaborative efforts to make service redesign successful. Identifying barriers to implementation will help to address training and workforce capacity and capability issues. The Rural Fund (presently £2 million per annum) was specifically established to support projects and programmes that tackle some of the barriers to implementation in rural areas. Our full Report will describe those projects in greater detail and offers recommendations for the Scottish Government, Scottish General Practitioners Committee of the BMA (SGPC), HSCPs and Boards to help support rural GPs, multi-disciplinary teams and support colleagues working in remote and rural areas throughout Scotland.

We found a need for flexibility to support locality-based decision making, safe and sustainable delivery models, and building service redesign around equitable service provision. We found that there is considerable variation in understanding the vision set out in the [Contract Offer](#) and [Memorandum of Understanding](#) and the emphasis both documents place on supporting flexible, and sustainable models of care. The Rural Group has contributed to recognition of the need for flexibility through its input into PCIP advice and into a [joint statement](#) by the Scottish Government and BMA. We intend to continue to do so as part of our refreshed role as a forum for dialogue with rural GPs, colleagues and other stakeholders, going forward.

We found particular concerns about the future delivery of, and access to, vaccinations services in remote and rural areas but this may also apply to some community treatment and care, and urgent care services. Our full Report describes how our recommendations to the Scottish Government and BMA, if taken up, will help to inform future funding models and adequately address the needs of rural general practice in future negotiated arrangements.

The GP Contract is not just about GPs (their terms and conditions and more), it's also about nurturing and sustaining primary care services into the future to meet the needs of the people of Scotland and all care providers. Throughout our visits, we witnessed at first hand, high quality compassionate professional care, delivered by dedicated GPs, colleagues and teams committed to excellence in sometimes very difficult, isolated and challenging circumstances in remote and rural communities.

Moving forward, we need to support our colleagues in a number of ways: promoting a sustainable GP and multidisciplinary workforce of sufficient capacity and capability, getting income and expenses right (informed by data being collected in 2019/20), ensure manageable workloads, improve premises and information technology infrastructure and much more. We should look anew at how best to reduce risk, better care for patients, to go upstream and promote greater health for all communities in Scotland. We need to seek out and help to implement better sustainable remote and rural solutions for the benefit of the public we serve and for those who serve them.

In order to secure further progress and to help increase the pace of service reform, we offer 11 recommendations (listed below) to the Scottish Government, the BMA and the service at national, regional and local levels. While significant progress has been made, much more needs to be done – this is a pressing matter. The recommendations are grouped under two headings that represent common themes emerging from our work. *Refining Rural Enablers* sets out recommendations that support the ongoing process of implementing service redesign. *Preparing for the Future* considers what will follow and is intended to help to underpin and inform remote and rural general practice imperatives in the next phase of nationally negotiated arrangements by the Scottish Government and the BMA.

We look forward to publishing our full Report in mid-December 2019 and emphasise again our appreciation and debt to all those who have supported our ongoing work.

Summary of Recommendations

Preparing for the Future

1. That the Scottish Government and the British Medical Association must continue to state their unequivocal commitment to maintaining the income and expenses guarantee, under current contractual and funding arrangements.
2. To consider how any new pay arrangement developed as part of Phase 2 or any further iteration of the GP Contract will recognise the diversity of rural general practice and provide a long-term sustainable footing for rural practices and their communities. A comprehensive plan for consulting with remote and rural stakeholders (including patients) on any wider contract changes should be agreed as part of this process.
3. To develop a set of criteria for the use of the Rural Fund recognising and supporting the distinct role of rural GPs and multidisciplinary teams (MDTs).
4. To continue to develop a package of support for dispensing practices, through the Dispensing Working Group, that will protect and enhance the sustainability of Scotland's dispensing practices.
5. To establish a National Centre for Remote and Rural Health and Social Care to cultivate and promote innovation and excellence in Scotland and internationally.

Refining Rural Enablers

6. [The Scottish Government] should renew efforts to make maximum use of information technology and communications in the provision of remote and rural primary care.
7. Should continue to improve pressing physical infrastructure issues across remote, rural and island general practice to better support multidisciplinary working, training and education.
8. Should work closely with HSCPs and territorial and national (Special) Health Boards and Bodies to establish change management support and capacity for remote, rural and island communities.
9. Should work together with the Scottish Rural Medicine Collaborative to develop innovative solutions to support retention and recruitment of remote and rural GPs and the wider multi-disciplinary team workforce at all career stages.
10. Should further promote the recruitment of medical students, student nurses, pharmacy students and allied health professional (AHP) students from rural areas, encourage more opportunities for student rural placements and support the expansion of training practices in rural areas.
11. Should review the method of funding allocations to territorial Boards with significant remote and rural areas, including Island Boards, in the light of changing demographics, care needs and evolving models of care provision.