

## The GP Contract and Remote and Rural General Practice: Our Shared Principles and Approach



Scotland's first stand-alone General Medical Services Contract is an instrumental part of realising our ambition to improve Scotland's population health and reduce health inequalities.

The new Contract began in April 2018, and since that time we have both been listening carefully to concerns raised by remote and rural general practice over what the future holds. We both deeply value remote and rural general practice - you and your teams are core to the fabric of the communities you serve. Your concerns, and how we address them, are extremely important to us.

The Scottish Government and the BMA's Scottish GP Committee (SGPC) has throughout understood that an inflexible approach to general practice would never be appropriate. It has always been the case that the contract and the associated Primary Care Improvement Plans must allow flexibility to suit local circumstances "*based on population healthcare needs, taking account of existing service delivery, available workforce and available resources*", as set out in the Memorandum of Understanding agreed by the Scottish Government, SGPC, Health and Social Care Partnerships and Health Boards<sup>1</sup>. In regard to the transfer of services, we would like to reinforce, as stated in the 2017 document setting out our vision for this Contract, that "*it may be appropriate for GP practices, such as small remote and rural practices, to agree to continue delivering ... services through locally agreed contract options*"<sup>2</sup>.

We have listened to the views expressed at the Rural General Practice Working Group on 4 June 2019 and in particular the view that further guidance is required around implementing the flexibilities contained in the contract. We will therefore develop options appraisal guidance on how these principles can be operationalised. The expertise of the Rural Working Group will assist in developing this guidance.

This options appraisal guidance is only one aspect of ensuring the contract works effectively in remote and rural general areas. In Autumn 2019, we expect Sir Lewis Ritchie to publish a report of the Working Group, of progress made and issues to be addressed. We anticipate that a number of recommendations will be made to support and strengthen rural general practice. We are very grateful to Sir Lewis and the Working Group for their ongoing input. It is vital that our response to these recommendations is developed collaboratively with the Working Group, and remote and rural GPs and their teams more widely.

On this basis, we both agree that the Working Group should no longer be considered 'short-life', and that its Terms of Reference should be revised to enable the Group to suggest innovative solutions that will enhance remote and rural general practice as

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<sup>1</sup> [Memorandum of Understanding](#) (2017), Section F, page 9

<sup>2</sup> [The 2018 General Medical Services Contract in Scotland](#) (2017), page 17

international exemplars of service delivery. We believe that it is only by listening to each other and seeking to understand each other's perspectives that we will get things done. In this vein, we look forward to continuing to work with you, and others, to improve the health and health services of our remote and rural communities.



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The Scottish Government



Dr Andrew Buist

The Scottish GP Committee (SGPC)