

**REMOTE & RURAL GENERAL PRACTICE WORKING GROUP  
MINUTE OF MEETING  
11 December 2018 14.00 – 16.00**

**SHSC Conference Centre, Crewe Rd South, Edinburgh EH4 2LF**

**Chair**

Professor Sir Lewis Ritchie (LR) – Chair, Scottish Government

**Present**

Colin Angus (CA), Chair, P3 Group RCGP  
Hugh Brown (HB), GP, Ayrshire & Arran  
Andrew Buist (AB), Chair, SGPC, BMA  
Andrew Cowie (AC), SGPC, Deputy Chair  
Fiona Duff (FD), Senior Rural Advisor, Scottish Government  
Richard Foggo (RF), Head of Primary Care Division, Scottish Government  
Joanne Jenkins (JJ) Senior Nurse, NHS Lanarkshire  
Miles Mack (MM) GP, Highland (deputising for Jonathan Ball)  
Patricia Moultrie (PM) Deputy Chair, SGPC  
David Prince (DP), SGPC, BMA  
Joyce Robinson (JR), Argyll and Bute Primary Care Lead  
Kirsty Robinson (KB), GP, Borders  
Charlie Siderfin (CS), Medical Advisor, Scottish Government  
Michael Taylor (MT), Contract Policy Officer, Scottish Government  
Liam Kearney (LK), Implementation Team Leader, Scottish Government (secretariat)

**By Videolink**

Charles Dunnett (CD), GP, Dumfries & Galloway  
Pam Gowans (PG), CO, Moray HSCP  
David Hogg (DH), Vice - Chair, RGPAS  
Denise McFarlane (DM), GP, Grampian  
Joan Pollard (JP) Associate Director of Allied Health Professions, NHS Dumfries & Galloway  
Ralph Roberts (RR), Chief Executive, NHS Shetland, & Chair Scottish Rural Medicine Collaborative  
Tony Wilkinson (TW), GP, Orkney

**Apologies**

Paul Davidson (PD), AMD, NHS Highland  
Jonathan Ball (JB), GP, Highland  
Kath Jones (KJ), Associate Medical Director, North Highland HSCP, NHS Highland  
Emma Watson (EW), Senior Medical Advisor, Health Workforce, Scottish Government  
Chris Williams, RCGP Scotland  
Brian Michie (BM), GP, Western Isles  
Joseph McKeown (JM), Policy Manager, Primary Care Team, Scottish Government

## **Welcome and introductions**

1. The Chair welcomed everyone to the meeting, particularly JJ and JP who have joined the Group to represent nursing and AHP professionals respectively.

## **Note of previous meeting (RRGPWG(18)03 – 02)**

2. The minute of the last meeting (12 September 2018) was approved, following comments from DH were incorporated.

## **Action Tracker (RRGPWG(18)03 – 03)**

3. LK went through the action log, advising of closed and carry forward actions.

## **Risk Register (RRGPWG(18)03 – 04)**

LK presented the Group Risk Register, highlighting a risk whose score had decreased due to new members joining the Group. RF recommended that a new action be included around the June 2019 deadline to produce a Year One report, and whether that date can be met. DH queried capacity within the Scottish Government team to deliver the work of the Group, RF extended the opportunity to discuss any help Group members felt they could provide, RR also extended support from Scottish Rural Medicine Collaborative

## **Terms of Reference (RRGPWG(18)03 – 05)**

The Group Terms of Reference was agreed and signed off.

## **Communications Plan sign-off (RRGPWG(18)03 – 06)**

The Group's Communications Plan was agreed and signed off.

## **Engagement Tracker (RRGPWG(18)03 – 07)**

FD provided an update on the engagement work undertaken by the Scottish Government team. The main points were:

- LR, FD and CS alongside other Scottish Government colleagues have attended a number of Health Boards, including Borders, Highland, Shetland and Western Isles
- FD, CA and LK attended the Rural Parliament in November and ran a workshop on the impact of the new contract on rural communities which went well
- Further engagement is being planned in 2019

The discussion then moved onto how engagement is carried out with both service providers and users. The main points were:

- There needs to be some engagement with the public that they might not see a GP in the future but another member of the MDT. It was recognised this was not just a rural issue. RF advised Ministers acknowledge this, but are thoughtful about the approach as a national advertising campaign may not be the best way. Further discussions on this issue planned in the new year.
- DH advised that discussion should be around GP retention, rather than recruitment. The Group agreed with this as good retention will make general practice an attractive profession
- Flexibility was required to deliver the contract and Memorandum of Understanding and this should be recognised. It was stressed that it was important that fragmentation of care did not happen.

### **Integration Authorities and Patient Engagement (RRGPWG(18)03 – 08)**

CA presented this paper on the requirements of Integration Authorities to engage with the public on any changes to primary care services. The main points of discussion were:

- There is statutory guidance for Integration Authorities to ensure that the public is engaged as they commission services. PG agreed with this, and offered to check with Chief Officer colleagues whether they had done this through the development of Primary Care Improvement Plans
- The Group agreed that engagement was required around the proposed changes to primary care services, rather than the GP contract as this has now been agreed by the profession

LR thanked CA for his paper and on-going support to ensure public engagement was at the forefront of the Group's mind.

### **ACTION:**

### **Rural Group Case Studies discussion (RRGPWG(18)03 – 09)**

CS presented a template and associated guidance which would be provided to Health Board and Integration Authority colleagues to pull together case studies highlighting best practice of implementing primary care reform in rural areas. The main points of discussion were:

- The Group was supportive of the template.
- It was commented though that quality was more important than quantity, and that case studies which demonstrate excellent best practice, or issues facing rural primary care, should be developed, rather than a large number. The Group agreed with this
- It was commented these case studies could form guidance to the Cabinet Secretary to support the integration framework which is currently being developed.

LR thanked the Group for their comments. CS and FD will now share with health colleagues to begin developing examples to share with the Group. The group was

also asked to flag up to CS and FD any areas or topics that they thought would be good cast studies.

**Rural Fund discussion (RRGPWG(18)03 – 10)**

FD and CS provided overview of projects that have been funded to support rural primary care, including support for dispensing practices, funding for Scottish Rural Medicine Collaborative and funding for golden hellos and relocation packages.

The Group welcomed the update. It was agreed that CS and FD would contact Group members to discuss issues and potential solutions, with a view to approaching RF in future to ask for funding to support these solutions

**ACTION: CS and FD to speak to Group members around potential solutions, and present at next meeting**

**AOB**

There were a couple of matters arising raised:

- RF asked whether the Cabinet Secretary should attend the next meeting to hear the work of the Group
- The Group agreed for future meetings to take place in Edinburgh, with video-conferencing capabilities as this was easiest for most

**ACTION: Secretariat to approach Cabinet Secretary about attending next meeting**

**Date of next meeting – 7<sup>th</sup> March 2019, Edinburgh. Venue TBC.**