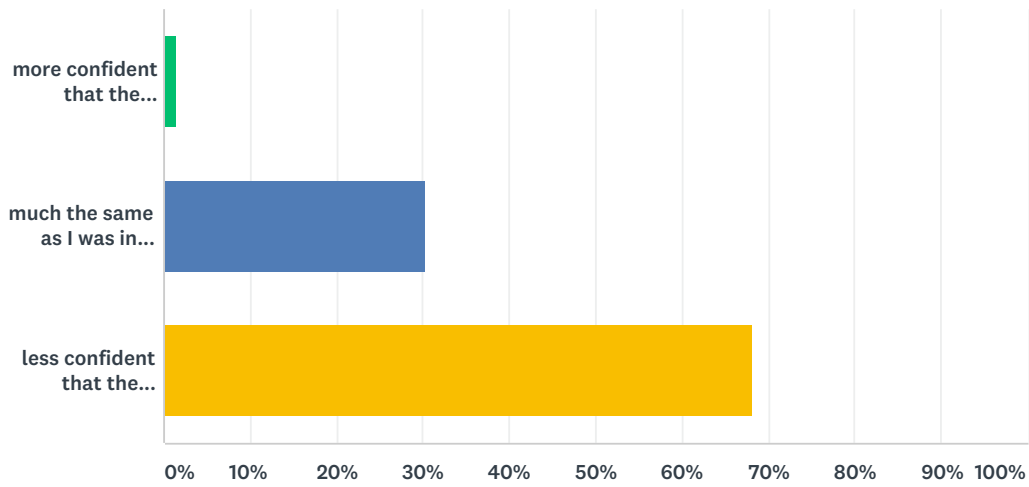


## Q1 Since the last RGPAS survey, and the decision to go ahead with the new contract, are you...

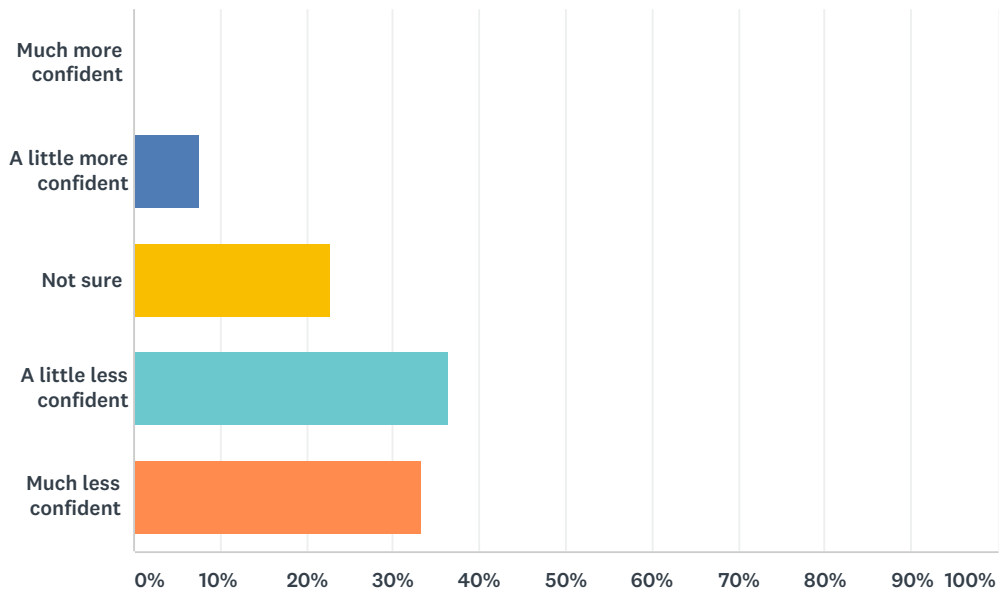
Answered: 66 Skipped: 0



ANSWER CHOICES	RESPONSES	
more confident that the contract changes will be beneficial to Scottish rural practice in general	1.52%	1
much the same as I was in November 2017	30.30%	20
less confident that the contract changes will be beneficial to Scottish rural practice in general	68.18%	45
<b>TOTAL</b>		<b>66</b>

## Q2 Are you more or less confident about your GP practice's sustainability knowing what you now know about the new contract?

Answered: 66 Skipped: 0



ANSWER CHOICES	RESPONSES	
Much more confident	0.00%	0
A little more confident	7.58%	5
Not sure	22.73%	15
A little less confident	36.36%	24
Much less confident	33.33%	22
<b>TOTAL</b>		<b>66</b>

### Q3 Do you have any examples or evidence of how new contract planning has stimulated or improved local services already?

Answered: 44 Skipped: 22

#	RESPONSES	DATE
1	not yet any way	3/21/2018 7:42 PM
2	None	3/21/2018 7:35 PM
3	No	3/21/2018 3:50 PM
4	No	3/21/2018 3:01 PM
5	Indirectly - through a fear of local and wider ramifications of the proposed changes - we have developed some closer ties with neighbouring practices and are talking openly about potential options for closer working arrangements, cross-cover potential and sustainability.	3/21/2018 1:45 PM
6	No	3/21/2018 9:04 AM
7	We have access to a pharmacist, and we are looking at dropping our childhood imms,	3/20/2018 11:02 PM
8	No, no change has been progressed to the point of being noticeable.	3/20/2018 3:55 PM
9	No improvement of any sort so far.	3/20/2018 12:22 PM
10	No, am out of full time practice now and doing FME and some weekend Rural cover.	3/20/2018 11:07 AM
11	None yet	3/20/2018 10:24 AM
12	none	3/20/2018 9:43 AM
13	No sorry.	3/20/2018 8:59 AM
14	What worries me is that I have not heard very much. I did try to videoconference a meeting but the technology did not work!	3/19/2018 8:49 PM
15	No	3/19/2018 8:07 PM
16	come on , you're having a laugh !	3/19/2018 7:04 PM
17	No	3/19/2018 5:14 PM
18	No, things have just been unclear and uncertain	3/19/2018 12:45 PM
19	no	3/19/2018 12:28 PM
20	no	3/19/2018 11:02 AM
21	None, we have a pharmacist and a pharmacy technician who need lots of support and more concerned with cost saving rather easing the pressure on the practice to provide quality and safe prescribing	3/18/2018 11:16 PM
22	No	3/18/2018 9:14 PM
23	No	3/18/2018 8:28 PM
24	No	3/18/2018 8:16 PM
25	No	3/18/2018 5:59 PM
26	No	3/17/2018 6:22 PM
27	No. It hasn't	3/17/2018 5:09 PM
28	We can remain 17c and ignore pretty much which is why	3/16/2018 3:02 PM
29	There is a continuation of the move to MDT working, we cannot pretend that this has not been happening for years.	3/16/2018 2:56 PM
30	not yet , but plans are forming	3/16/2018 2:47 PM
31	There has been no movement to develop any services that will benefit my practice/patients.	3/16/2018 2:25 PM
32	no	3/16/2018 1:57 PM
33	No	3/16/2018 1:47 PM

## RGPAS Survey on the new contract - March 2018

34	No	3/16/2018 1:04 PM
35	no	3/16/2018 12:48 PM
36	no	3/16/2018 12:29 PM
37	None so far that I have heard of	3/16/2018 12:09 PM
38	None I know about	3/16/2018 11:55 AM
39	NO improvement	3/16/2018 11:51 AM
40	We have had discussions at cluster level and with senior people at HB level about our aspirations and communication is always helpful	3/16/2018 11:46 AM
41	no	3/16/2018 11:45 AM
42	Yes, stimulating discussions to move to 17C contract.	3/16/2018 11:45 AM
43	No. However it has increased workload in meetings to consider how to implement the impossible.	3/16/2018 11:44 AM
44	No	3/16/2018 11:41 AM

## Q4 Do you have any examples or evidence of how new contract planning has negatively impacted on local services already?

Answered: 43 Skipped: 23

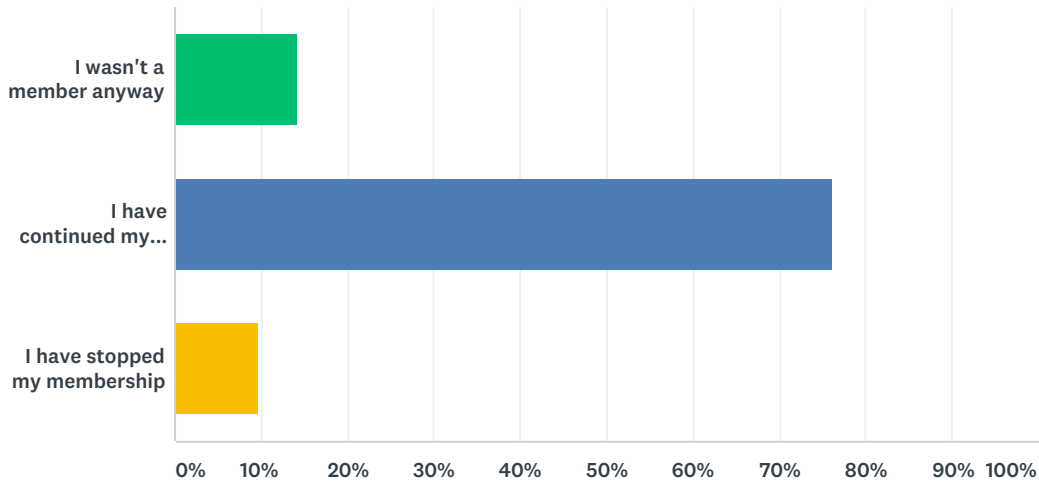
#	RESPONSES	DATE
1	I'm not sure there really is a plan in NHS highland yet. The associate medical director apparently said to my partner colleague who is cluster lead something like 'we will really be looking to practices to continue many of the extras, but there won't be much (or maybe any) money for it'	3/21/2018 7:42 PM
2	None	3/21/2018 7:35 PM
3	There is uncertainty about the future of local services, making planning difficult.	3/21/2018 3:50 PM
4	Not sure. New contract documents sent but at this stage lacking detail for locality and somewhat generic	3/21/2018 3:01 PM
5	There is frank recognition that the allied healthcare professionals that we work with (physiotherapy, OT, SW, community nursing, pharmacy, midwifery etc) have very little understanding of how their roles and management and responsibilities may be affected and feel very much disempowered by the way that this has been negotiated "by GPs for GPs" (while recognising that most rural GPs have not negotiated for what is on offer. This appears to cast shadows across the whole primary care landscape with much wider discontent and loss of confidence in recruitment and retention across all sectors than just that raised by R&R GPs	3/21/2018 1:45 PM
6	Increasing concern amongst both staff and patients regarding the future	3/21/2018 9:04 AM
7	Difficulty in recruiting, lots of plans on hold 'for the new contract'	3/20/2018 11:02 PM
8	None	3/20/2018 12:22 PM
9	FME rota is a mess. OOH cover is continually being squeezed, but not sure if that's down to contract	3/20/2018 11:07 AM
10	None yet - little news yet on contract planning.	3/20/2018 10:24 AM
11	none	3/20/2018 9:43 AM
12	Not yet	3/20/2018 8:59 AM
13	No	3/19/2018 8:49 PM
14	Not yet	3/19/2018 8:07 PM
15	No , and precious little sign of much planning going on apart form the Public health people thinking that things will just carry on as before!	3/19/2018 7:04 PM
16	Not yet	3/19/2018 5:14 PM
17	The uncertainty about ongoing provision of out of hours cover has been most unwelcome. It has not helped that the BMA seem very confused about the situation too, and because it only affects 20 Practices in Scotland, not particularly interested either	3/19/2018 12:45 PM
18	poor recruitment of GPs, unable to get candidates. probably result of uncertainty and low morale. We may have to partly shut one of our sites as a result	3/19/2018 11:02 AM
19	Our cluster lead has essentially hoovered up all our services to the central area where he and the other big practice are based. We no longer have physios and they tried to remove our health visitor. They are currently attempting to remove our vaccine service. The contract and the health board are a disgrace	3/19/2018 8:28 AM
20	There is an overall sense of planning blight making it difficult to prepare for the upcoming retrial of 4 out of 10 partners by 2021 , after 3 years of waiting for a new contract to see no additional investment is having a negative impact on the practice.	3/18/2018 11:16 PM
21	Still lot of confusion and little planning locally	3/18/2018 9:14 PM
22	No	3/18/2018 8:28 PM
23	No	3/18/2018 8:16 PM
24	Detrimental changes to the OOHs cover.	3/18/2018 6:54 PM

## RGPAS Survey on the new contract - March 2018

25	Mar cluster (in Grampian) is investigating all possible options to mitigate the expected adverse effects	3/18/2018 5:59 PM
26	Just the sense that the future is uncertain. Our practice nurse who runs an asthma clinic for us was really worried that some mainland based service would render her redundant.	3/17/2018 6:22 PM
27	No	3/17/2018 5:09 PM
28	The nursing heirarchy having 'ytake over ' the practice nurses in the 2c practices ( you work for us now) would do the same if we took on the new contract.. They have already decidd to put services in certain places, so the women in Unst having to travel 4 ferries there and back to get a smear in Brae. This was only one example. Tere were others.	3/16/2018 3:02 PM
29	No	3/16/2018 2:56 PM
30	no	3/16/2018 2:47 PM
31	Local Practice staff are concerned regarding rumours of them being employed by the Health Board.	3/16/2018 2:13 PM
32	ongoing uncertainty about what is happening- no decisions being made	3/16/2018 1:57 PM
33	No	3/16/2018 1:04 PM
34	no	3/16/2018 12:48 PM
35	no	3/16/2018 12:29 PM
36	No	3/16/2018 12:09 PM
37	None I know about	3/16/2018 11:55 AM
38	It has indirectly contributed to my decision to leave my current role as a Salaried Rural GP	3/16/2018 11:51 AM
39	We have been very uncertain about whether to go ahead and recruit a replacement GP in view of the uncertainly	3/16/2018 11:46 AM
40	no	3/16/2018 11:45 AM
41	Yes, practices feeling unsettled, people thinking about retiring, Health Board getting even more anxious about resources, and threatening non core contracts	3/16/2018 11:45 AM
42	Lack of confidence in sustainability.	3/16/2018 11:44 AM
43	No	3/16/2018 11:41 AM

## Q5 Have you changed your membership with the BMA as a result of the handling of the contract?

Answered: 63 Skipped: 3



ANSWER CHOICES	RESPONSES	
I wasn't a member anyway	14.29%	9
I have continued my membership	76.19%	48
I have stopped my membership	9.52%	6
<b>TOTAL</b>		<b>63</b>

#	ANY OTHER COMMENTS?	DATE
1	tempting to cancel but think we need to be in it to influence.	3/21/2018 7:42 PM
2	Thinking about stopping	3/21/2018 7:35 PM
3	I still may resign my mebership yet	3/21/2018 1:45 PM
4	For now	3/21/2018 9:04 AM
5	I wish you could resign twice	3/20/2018 9:03 AM
6	I do not feel that the big change came from the BMA, but rather thee government.	3/19/2018 8:49 PM
7	I have to say I have used them several times in my career for advice especially re employment issues, and I do not feel stopping my membership is going to improve matters re the new contract. Also I may need them again!	3/19/2018 8:07 PM
8	retiring soon and might need them before I go, so couldn't resign , otherwise would have	3/19/2018 7:04 PM
9	May yet leave	3/19/2018 5:14 PM
10	I feel it is better to fight from within at the moment but will reconsider my membership if no progress.	3/18/2018 11:16 PM
11	But not sure why	3/18/2018 5:59 PM
12	I still plan to resign at renewal.	3/17/2018 6:22 PM
13	I have joined Unite and I am going to cease my membership with the BMA when I get around to it	3/16/2018 3:02 PM
14	Still considering resignation	3/16/2018 1:52 PM
15	Haven't even had any confirmation of this or any enquiry about why. Pretty poor after 37 years membership).	3/16/2018 1:04 PM
16	No influence at all by resigning	3/16/2018 1:03 PM
17	better to be in pissing out...	3/16/2018 12:09 PM

## RGPAS Survey on the new contract - March 2018

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18	have continued membership but remain very unhappy with BMA representation of rural members	3/16/2018 11:46 AM
19	But I can understand why many GPs have left.	3/16/2018 11:45 AM
20	As a union I was never under any impression that they were self serving [REDACTED]. However the journal and best practice are what I rate highly.	3/16/2018 11:44 AM

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## Q6 Have you had any experiences of where local services have been cut or developed, including any enhanced services that your practice provides, as a result of your health board's reaction to the new contract?

Answered: 43 Skipped: 23

#	RESPONSES	DATE
1	no though NHH say reviewing enhanced services for coming year.	3/21/2018 7:42 PM
2	Not yet!	3/21/2018 7:35 PM
3	No	3/21/2018 3:50 PM
4	Board currently working on new service model	3/21/2018 3:01 PM
5	I am already aware that at least one IJB with a significant rural component has openly come out and stated that it feels that it will be unable financially to support/enact the changes proposed by the new contract. Although there is recognition that the stated goals of shifting work to the rest of the MDT to enable the GP to deal with complex generalism are unlikely to happen in the same way in rural practices as in suburban and urban practices there is still no clear communication about how funding for any work that is retained by such rural GPs (by necessity) may be obtained. There is no confidence that existing or proposed future enhanced services will be supported or financed.	3/21/2018 1:45 PM
6	Imms program - HB still wants GPs to do it, not all GPs want to do it.	3/20/2018 11:02 PM
7	not yet	3/20/2018 12:22 PM
8	non so far (17c)	3/20/2018 10:24 AM
9	not yet	3/20/2018 9:43 AM
10	I am not confident that NHH will be able to put in place all the extar servcies they need to liek vaccines, even if they do I am not sure this will help much.	3/20/2018 9:03 AM
11	No	3/20/2018 8:59 AM
12	No	3/19/2018 8:49 PM
13	No. But the Health Board is very worried, as most of the practices in this area are slaried and it still seems unclear how that will affect Health Boards	3/19/2018 8:07 PM
14	not yet	3/19/2018 7:04 PM
15	No	3/19/2018 5:14 PM
16	No	3/19/2018 12:45 PM
17	Not so far but significant concerns, Currently rolling over enhanced services, OOH contracts but this gives no opportunity for future planning	3/19/2018 11:02 AM
18	Our cluster lead has essentially hoovered up all our services to the central area where he and the other big practice are based. We no longer have physios and they tried to remove our health visitor. They are currently attempting to remove our vaccine service. The contract and the health board are a disgrace	3/19/2018 8:28 AM
19	Argyll and Bute have a £10 million savings plan to put in place for 2018/19 The new GP contract is not a priority and the absence of any new money is a concern for them. I think they are trying to engage with GPs as best as they can but realise recruiting will be a real challenge and is probably unrealistic	3/18/2018 11:16 PM
20	Lack of clarity and information- no change at present	3/18/2018 9:14 PM
21	No	3/18/2018 8:28 PM
22	No	3/18/2018 8:16 PM
23	OOHs changed to ANP cover and from further away.	3/18/2018 6:54 PM
24	Not yet	3/18/2018 5:59 PM

## RGPAS Survey on the new contract - March 2018

25	No. In fact despite the future promises of that HB will provide all these new services, they are busy slashing things like smoking cessation.	3/17/2018 6:22 PM
26	So far not had a chance to fully review	3/17/2018 5:09 PM
27	The board intention to localize smear tests and other nursing services.	3/16/2018 3:02 PM
28	No cuts, no tangible new developments yet	3/16/2018 2:56 PM
29	no	3/16/2018 2:47 PM
30	No.	3/16/2018 2:25 PM
31	no	3/16/2018 1:57 PM
32	No	3/16/2018 1:47 PM
33	Nothing yet	3/16/2018 1:04 PM
34	none that I am aware of yet	3/16/2018 12:48 PM
35	no	3/16/2018 12:29 PM
36	No changes at all thus far	3/16/2018 12:09 PM
37	None I know about - one enhanced service (alcohol) was stopped anyway without explanation or replacement (prob to save money) but this was prior to the new contract	3/16/2018 11:55 AM
38	No further cuts to date but cuts to our practice have already taken place over the last 3 years	3/16/2018 11:51 AM
39	No, enhanced services have been agreed to continue unchanged for at least 1 year pending HB/LMC consultation	3/16/2018 11:46 AM
40	not yet	3/16/2018 11:45 AM
41	Yes, at least one GP practice has stopped doing travel vaccines	3/16/2018 11:45 AM
42	Too early to tell.	3/16/2018 11:44 AM
43	No	3/16/2018 11:41 AM

## Q7 The rural Short Life Working Group is being cited as the place to progress specific rural concerns. What are the 3 highest priority areas that you think should be addressed in the context of implementing the new contract in rural areas?

Answered: 52 Skipped: 14

ANSWER CHOICES	RESPONSES	
Priority 1	100.00%	52
Priority 2	88.46%	46
Priority 3	82.69%	43

#	PRIORITY 1	DATE
1	workflow allocation formula	3/21/2018 7:42 PM
2	Financial security	3/21/2018 7:35 PM
3	Funding to enable practices that wish to continue with services elsewhere being centralised, like childhood immunisation	3/21/2018 4:23 PM
4	To preserve existing quality of local services if it is clear they are providing good outcomes for patients.	3/21/2018 3:50 PM
5	Variations to SAF to allow for rural (& inner city) needs	3/21/2018 3:01 PM
6	An altered formula to more accurately recognise rural workload - in particular the lack of availability of a comprehensive and upscalable wider AHP team means that work that in the new contract would not be recognised as GP work will remain GP work and needs to be recognised. Very importantly a subset of this 'hidden work' is the fact that due to a lack of local A&E or SAS resilience remote and rural GPs are 'on call' throughout their working day in a way that suburban and urban GPs never are as they remain the only local resource for any emergency care requirements.	3/21/2018 1:45 PM
7	Rgpas being part of the SLWG	3/21/2018 9:04 AM
8	Mechanism for funding services provided outside GMS	3/20/2018 11:02 PM
9	renumeration that recognises the unique responsibilities, e.g. OOH	3/20/2018 1:07 PM
10	Equity of funding	3/20/2018 12:22 PM
11	Retention	3/20/2018 11:50 AM
12	SAS response is getting worse	3/20/2018 11:07 AM
13	Sustainability of the current allied health care professional provision	3/20/2018 10:24 AM
14	sustainability	3/20/2018 9:43 AM
15	the flawed formula	3/20/2018 9:03 AM
16	Keeping practices viable	3/20/2018 8:59 AM
17	Maintaining local medical units / small practices	3/19/2018 8:49 PM
18	Recruitment	3/19/2018 8:07 PM
19	GP pay	3/19/2018 7:04 PM
20	Sustainability payments	3/19/2018 5:14 PM
21	Sustainably funding out of hours cover	3/19/2018 12:45 PM
22	negotiate payments for extra services provided in rural areas nationally	3/19/2018 12:28 PM
23	Addressing out of hours	3/19/2018 8:28 AM
24	Additional funding for rural and remote practices	3/18/2018 11:16 PM
25	Allied health professionals ? where will the come from	3/18/2018 10:02 PM

## RGPAS Survey on the new contract - March 2018

26	Template for rural proofing HB implementation strategies	3/18/2018 8:28 PM
27	Retention of GPs	3/18/2018 8:16 PM
28	Separate contract or provisions for remote/rural practices	3/18/2018 6:54 PM
29	Employing own staff	3/18/2018 5:59 PM
30	Specific funding for rural practices in lieu of these new services we will never receive	3/17/2018 6:22 PM
31	Autonomy and flexibility to manage services (AHPs, etc) within practices, not remotely by HBs/clusters/HSCPs	3/17/2018 5:09 PM
32	ensuring the viability of small rural practices	3/16/2018 3:02 PM
33	GP Recruitment and Retention	3/16/2018 2:56 PM
34	how pahse 1 priorities will be funded and delivered in rural areas	3/16/2018 2:47 PM
35	Recognition of income/expenses discrepancy with non-rural	3/16/2018 2:25 PM
36	Recruitment of rural GPs - developing robust targets	3/16/2018 2:14 PM
37	The funding gap raised by the Workload Formula	3/16/2018 2:13 PM
38	sustainability of rural practices	3/16/2018 1:57 PM
39	Correct the formula	3/16/2018 1:52 PM
40	Allocation formula	3/16/2018 1:04 PM
41	Organisation of rural practice. Need to accept this will be multi-disciplinary How will that work?	3/16/2018 1:03 PM
42	how OOHs will be affected by the new contract	3/16/2018 12:48 PM
43	funding rise to match other practices	3/16/2018 12:29 PM
44	Retention of existing personnel	3/16/2018 12:09 PM
45	Funding for existing work that due to rurality cannot be dropped hi	3/16/2018 11:56 AM
46	Equity of resource funding	3/16/2018 11:55 AM
47	Maintain individual practice viability/stability	3/16/2018 11:51 AM
48	Practice staff	3/16/2018 11:50 AM
49	Equity of funding of rural practices with central belt practices	3/16/2018 11:46 AM
50	Guaranteeing existing Sustainability/Ex Inducement/Locum Payments £s	3/16/2018 11:45 AM
51	Funding formula	3/16/2018 11:44 AM
52	Recruitment	3/16/2018 11:41 AM
<b>#</b>	<b>PRIORITY 2</b>	<b>DATE</b>
1	ensuring arrangements for suitable remuneration of practices if continue to provide the service	3/21/2018 7:42 PM
2	Recruitment	3/21/2018 7:35 PM
3	Initiatives to provide funding to practices who wish to take on new work eg pre op screening	3/21/2018 4:23 PM
4	To avoid centralisation of services increasing travel and cost for patients and decreasing responsiveness of the service	3/21/2018 3:50 PM
5	Equity not equality	3/21/2018 3:01 PM
6	I genuinely wonder whether it is time that a new overseeing faculty or college should be one of the potential endpoints of this process as it has become clear that the differences between the culture, expectations and professional roles of rural GPs and 'mainstream' GPs in urban and suburban practices have become unmanageably wide, such that mutually beneficial negotiation seems difficult to achieve.	3/21/2018 1:45 PM
7	Separate or changed formula to account for rural workload	3/21/2018 9:04 AM
8	Clarity around pay-rises	3/20/2018 11:02 PM
9	Remuneration to counter recruitment issues	3/20/2018 1:07 PM
10	Equity of access to MDT support	3/20/2018 12:22 PM
11	Recruitment	3/20/2018 11:50 AM

## RGPAS Survey on the new contract - March 2018

12	Locum and Out of Hours, could merge both and get better cover and continuity if some forethought	3/20/2018 11:07 AM
13	the discrepancy between hb run and GMS practices in funding	3/20/2018 9:03 AM
14	Allowing practices to prioritise the work they do	3/20/2018 8:59 AM
15	Retention	3/19/2018 8:07 PM
16	GP hours	3/19/2018 7:04 PM
17	Ability to compete for doctors	3/19/2018 5:14 PM
18	Ensuring stability of rural Practices	3/19/2018 12:45 PM
19	recruitment of all staff needs to be a priority- look at pay and conditions of all medical/nursing / ahp staff	3/19/2018 12:28 PM
20	Ensuring clusters listen to the smaller practices	3/19/2018 8:28 AM
21	A rural workforce plan considering the age profile of many rural GPs	3/18/2018 11:16 PM
22	Recruitment & Retention	3/18/2018 10:02 PM
23	Sustainability payments secured	3/18/2018 8:28 PM
24	Recruitment of GPs	3/18/2018 8:16 PM
25	Providing services locally	3/18/2018 5:59 PM
26	A clear undertaking as to where our lost funding under the new allocation formula will come from after transitional arrangements end	3/17/2018 6:22 PM
27	Review of 'Core GP services' in rural/remote areas, especially unscheduled care	3/17/2018 5:09 PM
28	ensuring the continuity of small rural practices ( and helping recruitment)	3/16/2018 3:02 PM
29	Developing MDT working for rural areas	3/16/2018 2:56 PM
30	address the pressure on retention & recruitment as result of funding formula and rural practices on 'benefits'	3/16/2018 2:47 PM
31	Option to deliver rural services in practice	3/16/2018 2:25 PM
32	Retention of rural GPs - developing robust targets	3/16/2018 2:14 PM
33	Vaccinations in remote areas which can't be served by teams from the Health Board.	3/16/2018 2:13 PM
34	lack of access to eg physio ,pharmacist	3/16/2018 1:57 PM
35	Payment where promised extra services/support are not forthcoming	3/16/2018 1:04 PM
36	Making rural practice more attractive to young docs.	3/16/2018 1:03 PM
37	long term funding guarantee vs subsidisation	3/16/2018 12:48 PM
38	locum support and a centralised forum for advertising/recruiting	3/16/2018 12:29 PM
39	Local definition of exactly what services will be taken on by HB and what will still have to be done by practices (and therefore funded)	3/16/2018 12:09 PM
40	Equity of access for patients to specialist services	3/16/2018 11:55 AM
41	Maintenance of "Enhanced services" with appropriate pay	3/16/2018 11:51 AM
42	Leave and relief cover	3/16/2018 11:50 AM
43	Mechanism for rural practices to retain work e.g. vaccinations and treatment room services with appropriate remuneration.	3/16/2018 11:46 AM
44	Paying GPs to continue doing Immunisations	3/16/2018 11:45 AM
45	Funding formula	3/16/2018 11:44 AM
46	Retention	3/16/2018 11:41 AM
<b>#</b>	<b>PRIORITY 3</b>	<b>DATE</b>
1	how clusters / quality improvement for rural practices can work and feed in to advise board priorities	3/21/2018 7:42 PM
2	Review of workload as pertains rural practice	3/21/2018 7:35 PM
3	Retention and recruitment	3/21/2018 4:23 PM

## RGPAS Survey on the new contract - March 2018

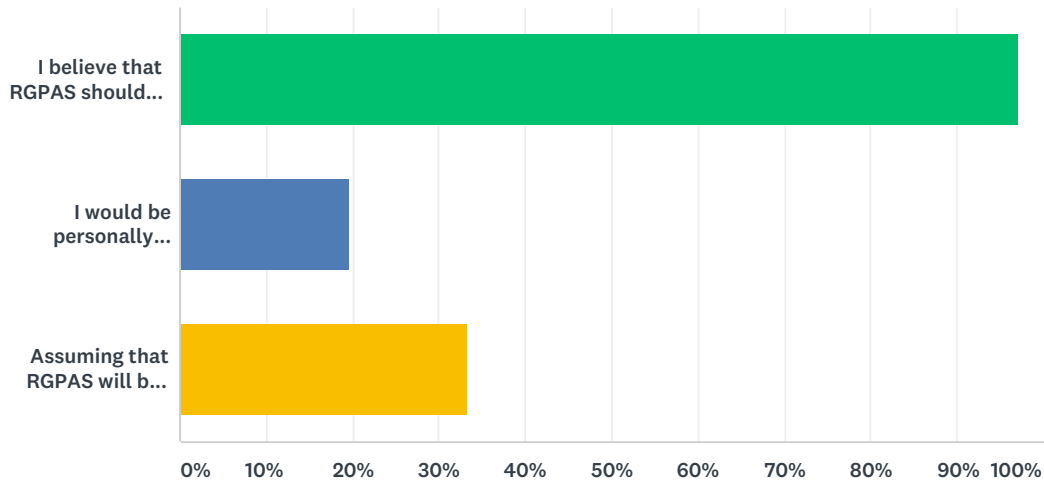
4	To make an effort to effectively ruralproof the contract such that it doesn't damage rural recruitment and retention any more than it has already.	3/21/2018 3:50 PM
5	Dispensing	3/21/2018 3:01 PM
6	That OOH provision is included as part of the overall discussion with a goal of ensuring that, where rural GPs have no alternative but to fulfil their own OOH requirements or where it is felt by the local GPs in an area that taking ownership of their local OOH is the best option that there are appropriate and sustainable resources and provisions made for this	3/21/2018 1:45 PM
7	Ability to continue services already provided with sufficient funding	3/21/2018 9:04 AM
8	Participation in design of phase 2	3/20/2018 11:02 PM
9	Remuneration that recognises the sacrifices families sometimes have to make to provide this type of service, e.g. inferior education	3/20/2018 1:07 PM
10	Equity of services - vaccination services for example. Travel advice.	3/20/2018 12:22 PM
11	Funding	3/20/2018 11:50 AM
12	Cross practice cover	3/20/2018 11:07 AM
13	staff costs eg locum costs for single handers	3/20/2018 9:03 AM
14	Support for rural GPs and staff	3/20/2018 8:59 AM
15	Funding	3/19/2018 8:07 PM
16	GP workload	3/19/2018 7:04 PM
17	National planned training for Nurse practitioners, at levels required to support GP	3/19/2018 5:14 PM
18	Actually understanding what rural Practice do! :)	3/19/2018 12:45 PM
19	Acceptance that this contract is not suitable for rural areas where swathes of work cannot be farmed out-this needs to be recognised centrally	3/19/2018 12:28 PM
20	Allowing non geographic clustering	3/19/2018 8:28 AM
21	more training places for GPSTs in rural settings	3/18/2018 11:16 PM
22	escro/extra services eg immunisations	3/18/2018 10:02 PM
23	WAF	3/18/2018 8:28 PM
24	Integration of new health Care Professionals into existing team	3/18/2018 8:16 PM
25	Being properly resourced for the above	3/18/2018 5:59 PM
26	The ability for rural practise to negotiate either individually or en block contract provision which has any meaning in our situation	3/17/2018 6:22 PM
27	Review of management and decision-making structures affecting Remote an Rural healthcare planning, funding, etc (current HB structures and priorities biased towards larger urban populations	3/17/2018 5:09 PM
28	Ensuring small rural practice teams continue doing what they are doing and that the teams are not fractured.	3/16/2018 3:02 PM
29	Understanding rural concerns and issues	3/16/2018 2:56 PM
30	direct HSCPs in how they should be ensuring services in rural areas benefit equally to urban areas	3/16/2018 2:47 PM
31	Recognition of wider services delivered by rural practices	3/16/2018 2:25 PM
32	Developing a sound resource allocation model	3/16/2018 2:14 PM
33	inequity of funding	3/16/2018 1:57 PM
34	OOH	3/16/2018 1:04 PM
35	how treatment room work will be commissioned in rural areas	3/16/2018 12:48 PM
36	Clear pathways to help practices if local recruitment fails - e.g. if practice pharmacist cant be recruited practice should get the money.	3/16/2018 12:29 PM
37	Recruitmetn and retention of GPs	3/16/2018 11:55 AM
38	Improve recruitment and retention in Rural GP	3/16/2018 11:51 AM
39	GP training	3/16/2018 11:50 AM

## RGPAS Survey on the new contract - March 2018

40	Compensation for practices unable to have MDT support (pharmacy etc)	3/16/2018 11:46 AM
41	Ensuring that GPs can DIRECTLY EMPLOY ANPs & Pharmacists	3/16/2018 11:45 AM
42	Funding formula	3/16/2018 11:44 AM
43	Financial disadvantages of being rural	3/16/2018 11:41 AM

## Q8 ?The success of the rural SLWG is going to require effective representation of rural practices. Please tick where you agree with the following statements...

Answered: 66 Skipped: 0



ANSWER CHOICES	RESPONSES
I believe that RGPAS should be represented at the SLWG	96.97% 64
I would be personally interested in representing RGPAS and/or rural practice in Scotland	19.70% 13
Assuming that RGPAS will be invited to contribute, I think that RGPAS members should vote for who represents RGPAS at the SLWG	33.33% 22
Total Respondents: 66	

#	DO YOU THINK THERE SHOULD BE ANY OTHER CONSIDERATIONS FOR ENSURING EFFECTIVE REPRESENTATION OF RURAL PRACTICES AT THE SLWG	DATE
1	absolutely vital grass roots rural GPs involved	3/21/2018 7:42 PM
2	Contacting Clusters in rural areas	3/21/2018 4:23 PM
3	Experience of dispensing issues	3/21/2018 3:01 PM
4	balance of skills (knowledge, negotiation) and viewpoints	3/20/2018 11:02 PM
5	whoever does it must remember not to say [REDACTED] as it can cause offence	3/19/2018 7:04 PM
6	Ability to report openly	3/19/2018 5:14 PM
7	Need to be careful the role and remit is sufficient to produce genuine change in direction or else our participation could be seen to be agreeing to the status quo	3/18/2018 11:16 PM
8	Both Highland GPs and also representation from the smaller/very remote practices.	3/18/2018 6:54 PM
9	Limit BMA Influence on it	3/18/2018 5:59 PM
10	We should be organising ourselves and evolving into a fully fledged trades union.	3/17/2018 6:22 PM
11	Experience (as Rural GP), politically aware and astute, ability to see possibilities in novel solutions (not just tweaking the old)	3/17/2018 5:09 PM
12	I thin David should represent us if he can	3/16/2018 3:02 PM
13	Rural Boards must be included as they have operational role in implementation. Pointless otherwise.	3/16/2018 2:56 PM
14	I could be available to help but think best done by more clinically active members (unfortunately the ones who will find it hardest to spare the time). Have experience and would be happy to act as a sounding board.	3/16/2018 1:52 PM

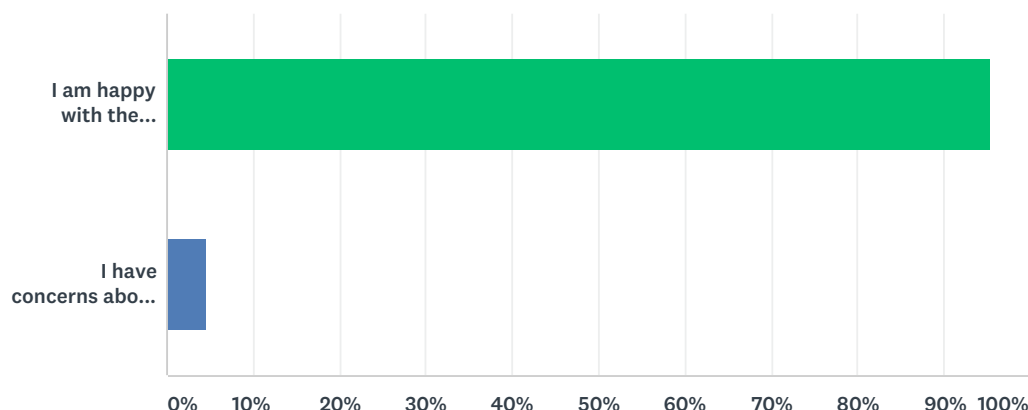


## RGPAS Survey on the new contract - March 2018

15	Make sure can access meetings remotely and that there is more than one rural representative	3/16/2018 1:03 PM
16	Every HB must be represented	3/16/2018 12:09 PM
17	More than one rural GP on teh SLWG, close working alongside the SLWG on dispensing	3/16/2018 11:55 AM
18	SLWG should seek direct communication with rural practices	3/16/2018 11:51 AM
19	Lobbying LMC and MSPs	3/16/2018 11:46 AM
20	Yes, Highland LMC should have special representation as the majority of rural GPs come from Higland and Highland did the WORST financially out of NEW CONTRACT of any Health Board region	3/16/2018 11:45 AM
21	Needs more than one given the variety - single handed, group, very remote, dispensing, etc.	3/16/2018 11:41 AM

## Q9 In terms of RGPAS representation during the last 4 months...

Answered: 64 Skipped: 2



ANSWER CHOICES	RESPONSES	
I am happy with the strategy used for this	95.31%	61
I have concerns about the strategy used for this	4.69%	3
<b>TOTAL</b>		<b>64</b>

#	DO YOU THINK WE COULD HAVE DONE ANYTHING DIFFERENTLY OR BETTER?	DATE
1	excellent leadership and engagement from chair and co	3/21/2018 7:42 PM
2	The response has been measured and dignified As such it has been respected by the public.	3/21/2018 3:50 PM
3	Has polarised views and to some extent created divisions	3/21/2018 3:01 PM
4	I think you've been incredibly professional and absolutely hit the right level with reactions, statements and publicity. Well done. Your hard work is very much appreciated.	3/21/2018 9:04 AM
5	Mostly OK, but I think the combative, negative, campaigning stance is distancing us from the chance of getting onto the SLWG	3/20/2018 11:02 PM
6	No. I think you have done really well and I admire your enthusiasm and tenacity	3/19/2018 8:07 PM
7	I am actually surprised how effective the campaign has been considering our geographic dispersal and lack of political agitation prior to the contract being announced	3/18/2018 11:16 PM
8	Avoid political comments	3/17/2018 9:57 PM
9	The email threads have become a bit of a niche and rather tiresome. We need to speak amongst ourselves in a more effective way.	3/17/2018 6:22 PM
10	In the early stages there was a lot of motivation and engagement. When the dismissive approaches of SGPC and SG started showing (before the roadshows and definitely during and after) I think there was a period of inertia and uncertainty, and a reluctance to 'rock the boat' politically for fear of the contract issues becoming a political football and getting out of control. However, it was inevitable that there would be political manoeuvring at some point. I think there were a few important steps missed there at a point when it could have had far more impact on the whole process (and even the possibility of halting the vote, temporarily at least, until key unexpected consequences could be reviewed and addressed. We missed any chance of this, and instead waited until after the horse had bolted from the stable. There was no chance of really changing the SGPC vote once the GP vote was started, as the decision was made within days of the votes opening in December. I'm always very conscious of the 'first impressions stick' reality of human psychology- Rural GPs were clear very early about the dangers of the contract, but the delays in getting it out there in media and politics made our job much harder to 'change' minds, rather than influencing decisions from the start. May have made no difference, but I think the early approaches were too conservative.	3/17/2018 5:09 PM
11	Negativity must be avoided. We need to promote rural practice and its attractions as a career. There has been a lot of shroud waving when in reality we still do not know the true impact of the new contract.	3/16/2018 2:56 PM

## RGPAS Survey on the new contract - March 2018

12	no , I think the issues were highlighted professionally	3/16/2018 2:47 PM
13	It has been done exceedingly well.	3/16/2018 2:13 PM
14	you have done an excellent job thus far	3/16/2018 12:48 PM
15	Delighted and v impressed with your work - keep it up!	3/16/2018 11:55 AM
16	I think that Dr Hogg has done a remarkable job	3/16/2018 11:44 AM
17	I don't think we have asked the public to target the BMA enough. To my mind they are 100% responsible for the contract mess but have yet to be called to account in any real meaningful way. I am concerned that by focusing on politicians, particularly those in opposition (who, of course, have not brought forward a single alternative vision or model themselves) we create a situation where opposition politicians don't actually care about us or about rural practice but rather they have a means with which to beat the Government for purely partisan reasons. How will that help us? I think we influence governments and decision makers more by being "critical friends"	3/16/2018 11:41 AM

**Q10 RGPAS is run by and for practising rural GPs. There is a real challenge in freeing up time and travel capacity for participation of RGPAS in central-belt meetings as every one of the committee has significant clinical or other commitments. Do you have any suggestions on how you would like RGPAS to function to alleviate these challenges to achieve effective representations?**

Answered: 25 Skipped: 41

#	RESPONSES	DATE
1	would be willing to pay more membership levy	3/21/2018 7:42 PM
2	No solutions, sorry.	3/21/2018 7:35 PM
3	Happy to pay higher membership fee. Push for meetings to be attended virtually via VC etc	3/21/2018 4:23 PM
4	Fee could be increased, VC from practice. Spread commitment between multiple GPS	3/21/2018 3:50 PM
5	as it does, email communications & occasions video link meetings	3/21/2018 3:01 PM
6	Backfill and travel/accom needs to be provided either in kind or funded - happy to pay higher subs for this.	3/20/2018 11:02 PM
7	See previous suggestion of locums for a block of time in an area, dare I say a bit like old Associate but covering a variable number of practices	3/20/2018 11:07 AM
8	Technology / video conferencing. Not as good as face to face, but saves so much time.	3/19/2018 8:49 PM
9	? Increase subscriptions for a year or two? ? An extra fund to which members could voluntarily contribute which may help locum cover? (if any locums are available!) How available is Skype or similar? If it is not available it should be.	3/19/2018 8:07 PM
10	take on a couple of recently retired members to do a lot of the legwork	3/19/2018 7:04 PM
11	Contract subgroup , push for VC/remote access into the SLWG	3/18/2018 8:28 PM
12	I would consider resigning from the BMA and donating a similar sum to RGPAS to provide resources	3/18/2018 8:16 PM
13	I'd be happy if the members contributed funding e.g. For locums etc, if this would help (and if locums could be found...)	3/18/2018 5:59 PM
14	As above trade union with paid positions for representatives. If we can make it work I'll give RGPAS £500 per year and I know I'm not alone.	3/17/2018 6:22 PM
15	More video conferencing, including ordinary committee meetings. The more used people get to the technologies the more options there are for member engagement.	3/17/2018 5:09 PM
16	Government should provide backfill and travel/accommodation costs plus a VC option for meetings. RGPAS should utilise the wide range of experience in its membership to find appropriate positive contribution.	3/16/2018 2:56 PM
17	I would be happy to contribute more money to allow officers time to achieve this	3/16/2018 2:47 PM
18	Happy to look at increasing subs to cover expenses and time	3/16/2018 2:25 PM
19	Needs to use VC or better web-based technologies for meetings	3/16/2018 2:14 PM
20	no	3/16/2018 12:29 PM
21	All SLWG members must be funded for travel, accommodation and backfill (I know that's often difficult to get). meeting in person is essential - much nuance and negotiation is lost over VC.	3/16/2018 12:09 PM
22	Share out roles, have a deputy to stand in for some meetings, video conference	3/16/2018 11:55 AM
23	SG should resource backfill and travel/accommodation payments to ensure proper rural representation on SLWG	3/16/2018 11:46 AM
24	the BMA should backfill RGPAS members who attend SLWG meetings	3/16/2018 11:45 AM
25	In this day and age video linking is imperative and doable	3/16/2018 11:41 AM

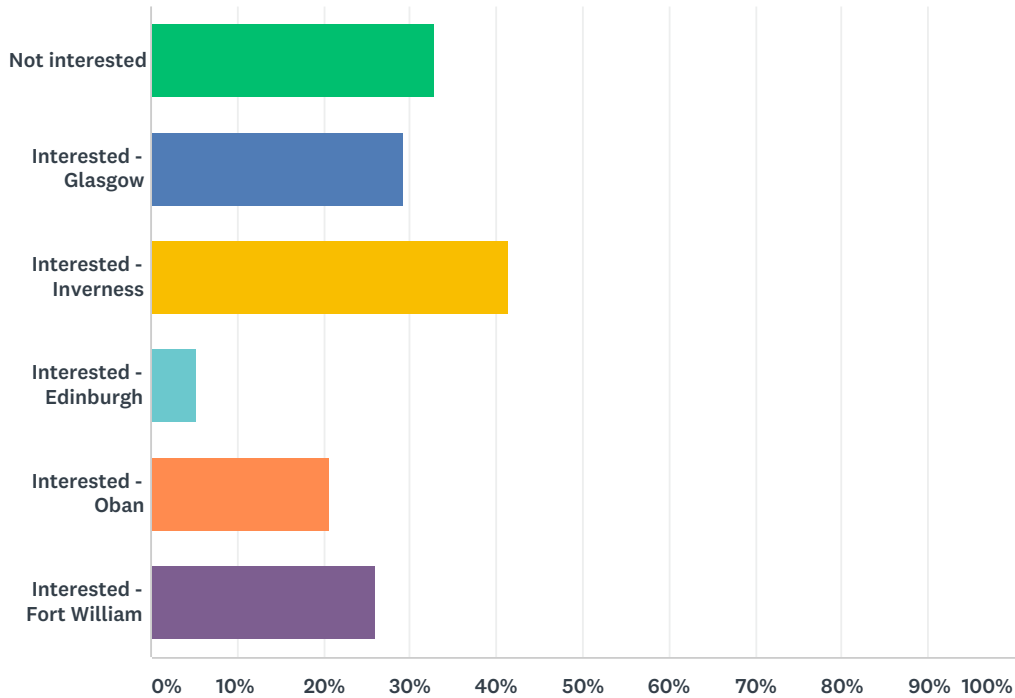
**Q11 Our annual conference #RGPAS18 is scheduled for 8-10 November at the Craigmonie Hotel in Inverness. Do you have any requests on any contract or non-contract activities or presentations that you would like to see take place at this event?**

Answered: 18 Skipped: 48

#	RESPONSES	DATE
1	is it worth inviting the health minister?	3/21/2018 3:50 PM
2	Gregor Smith?	3/20/2018 11:02 PM
3	OOH?	3/20/2018 11:07 AM
4	No	3/19/2018 8:07 PM
5	an arts and crafts fair by/for members, would let the students see what kind of life a lot of us have been aiming for . Short talks on alternative medicine - pros and cons , science versus witchcraft.	3/19/2018 7:04 PM
6	I would like the conference to be webcast so I can attend virtually	3/19/2018 12:45 PM
7	How to encourage more Gp practices to join the Rural Track GP training scheme	3/18/2018 11:16 PM
8	EMRS skills session, great opportunity to do a project similar to the rural GP photobook, maybe the medical students could interview rural GP's with the aim of publishing on rgpas- good opportunity for medical students to chat to GPs?	3/18/2018 8:28 PM
9	No	3/18/2018 8:16 PM
10	Difficult to know what the situation will be then. Maybe an update or maybe a look at what the fall out and coping mechanisms have been in different areas.	3/18/2018 5:59 PM
11	Rural GP educational network . Like the ECHO programme run by Highland Hospice.	3/17/2018 6:22 PM
12	Practice management- the stuff nobody told you about before you became a partner. Patient Safety in Rural Practice- Culture and Quality Improvement	3/17/2018 5:09 PM
13	Basics. Palliative session.	3/16/2018 3:02 PM
14	Ask the boards to present on progress on the new contract.	3/16/2018 2:56 PM
15	no	3/16/2018 12:29 PM
16	Report from the SLWG on progress!	3/16/2018 12:09 PM
17	Someone from SGPC and/or BMA negotiator - they are meant to represent us so they can bloody well come along and hear what we have to say	3/16/2018 11:55 AM
18	YES, maybe invite Colin Hunter or Martin McCrone (Grampian GPs) to do a presentation on 17C	3/16/2018 11:45 AM

Q12 Would you be interested in an additional RGPAS event - perhaps on a Friday or Saturday at 11am-3pm in May - to address specific new contract issues for rural practice and bring together rural GPs and decision-makers? If so, which location would be best suited for you? (Please tick all that apply)

Answered: 58 Skipped: 8



ANSWER CHOICES	RESPONSES	
Not interested	32.76%	19
Interested - Glasgow	29.31%	17
Interested - Inverness	41.38%	24
Interested - Edinburgh	5.17%	3
Interested - Oban	20.69%	12
Interested - Fort William	25.86%	15
Total Respondents: 58		

## Q13 Any other comments about the contract or RGPAS activity in general?

Answered: 26 Skipped: 40

#	RESPONSES	DATE
1	NHS highland implementation group seems to have little representation from rural practice and no representation from clusters which is concerning. Also NHH has publicised various high profile quality improvement projects involving community pharmacy / pharmacy review of care home patients etc - all with no reference at all to clusters as to what our priorities are. Concerning that does not seem yet to be strategy for GP voice to be heard in local QI priorities etc.	3/21/2018 7:42 PM
2	Thank you for all your hard work	3/21/2018 4:23 PM
3	Overall doing a great job. i haven't agreed with the tone / message every step of the way - but on balance i think it has been well handled. Thank you.	3/20/2018 12:22 PM
4	keep it going guys	3/20/2018 9:43 AM
5	Fearful this contract will be the end of rural primary care.	3/19/2018 8:49 PM
6	Not able to attend any meetings in May.	3/19/2018 8:07 PM
7	Re: question 12 - by definition being remote and rural (and single handed) means that suggesting meetings in mainland cities is unhelpful. Current technologies should be utilised to encourage 'virtual' attendances to promote greater participation by geographically remote colleagues	3/19/2018 12:45 PM
8	Good that GPs are saying what they think and then to have a coherent, consistent approach to the issues is best.	3/19/2018 11:02 AM
9	Keep up the good work I do realise how much time the committee must be giving this on top of their day job	3/18/2018 11:16 PM
10	The debate is interesting, even for non contributors	3/18/2018 8:16 PM
11	Aberdeenshire also has rural practice	3/17/2018 9:57 PM
12	Like many, I am guilty of forgetting that this challenge is upon us. Keep up the good work in reminding us.	3/17/2018 6:22 PM
13	I think David does a sterling job. Where would we be at this minute without RGPAS?	3/16/2018 3:02 PM
14	Excellent efforts for a voluntary organisation. Remain positive.	3/16/2018 2:56 PM
15	Building on good foundations the profile and professionalism of representation has come forward impressively under recent committee and chairman. I think this will be increasingly important	3/16/2018 2:47 PM
16	Thank you for all the hard work. Should we consider a petition to seek the contracts discussion at Petitions committee, or write to H&S Committee requesting their involvement?	3/16/2018 2:25 PM
17	keep it up you are doing great job	3/16/2018 1:57 PM
18	All good with RGPAS. Think we need to accept that face-to-face meetings could bring too much of a burden	3/16/2018 1:03 PM
19	Thanks to RGPAS for huge amount of work done so far	3/16/2018 12:09 PM
20	Excellent work to date!	3/16/2018 11:51 AM
21	I'm confident rural practice will be supported despite early indications of our specific issues being ignored.	3/16/2018 11:50 AM
22	The new contract should really take into account the hardwork that rural GPs do and rural practices should not be disadvantaged	3/16/2018 11:46 AM
23	Well done for fighting the rural corner so effectively. Thank you	3/16/2018 11:46 AM
24	Keep up the good work	3/16/2018 11:45 AM
25	The contract! With 60% funding cut how can a doctor with a young family commit to the job?	3/16/2018 11:44 AM

RGPAS Survey on the new contract - March 2018

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26	Just gotta keep the pressure on I guess. Happy to use my many years experience in medical politics to help	3/16/2018 11:41 AM
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