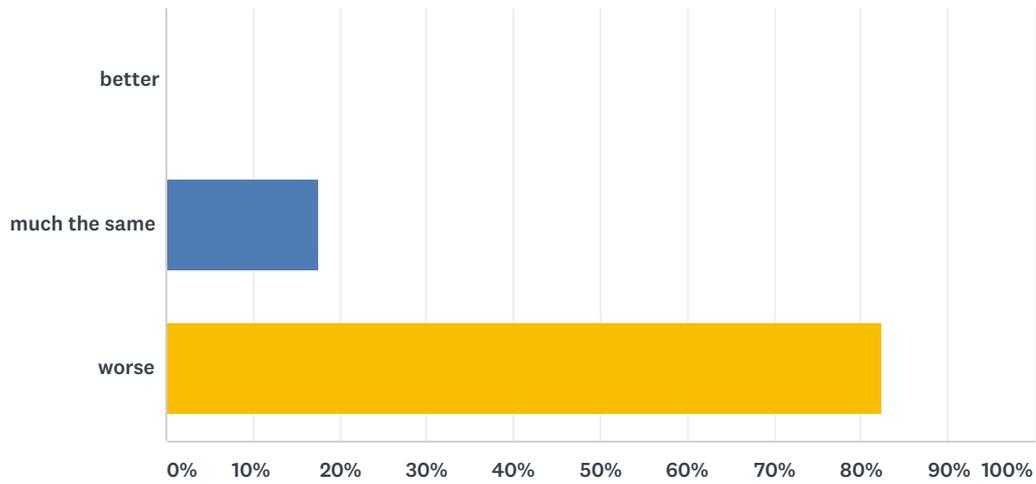


Q1 What is your outlook for healthcare in your rural community as a result of the new contract?

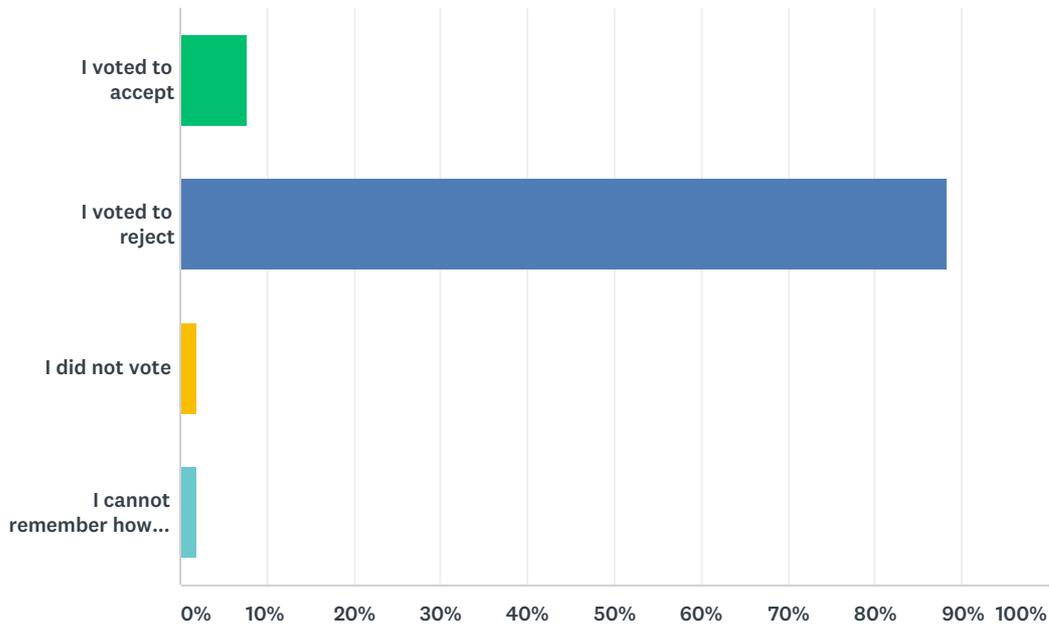
Answered: 51 Skipped: 0



ANSWER CHOICES	RESPONSES	
better	0.00%	0
much the same	17.65%	9
worse	82.35%	42
TOTAL		51

Q2 How did you vote on the new contract?

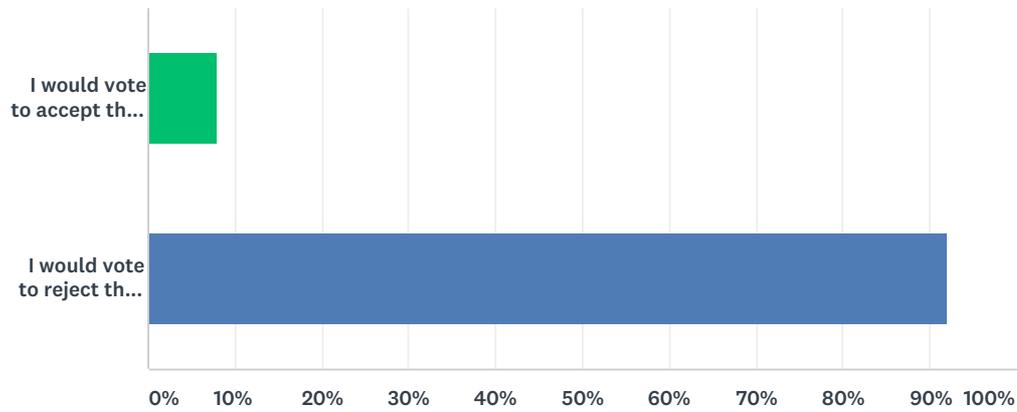
Answered: 51 Skipped: 0



ANSWER CHOICES	RESPONSES	
I voted to accept	7.84%	4
I voted to reject	88.24%	45
I did not vote	1.96%	1
I cannot remember how I voted	1.96%	1
TOTAL		51

Q3 How would you vote now for the new contract, given your experience and outlook now.

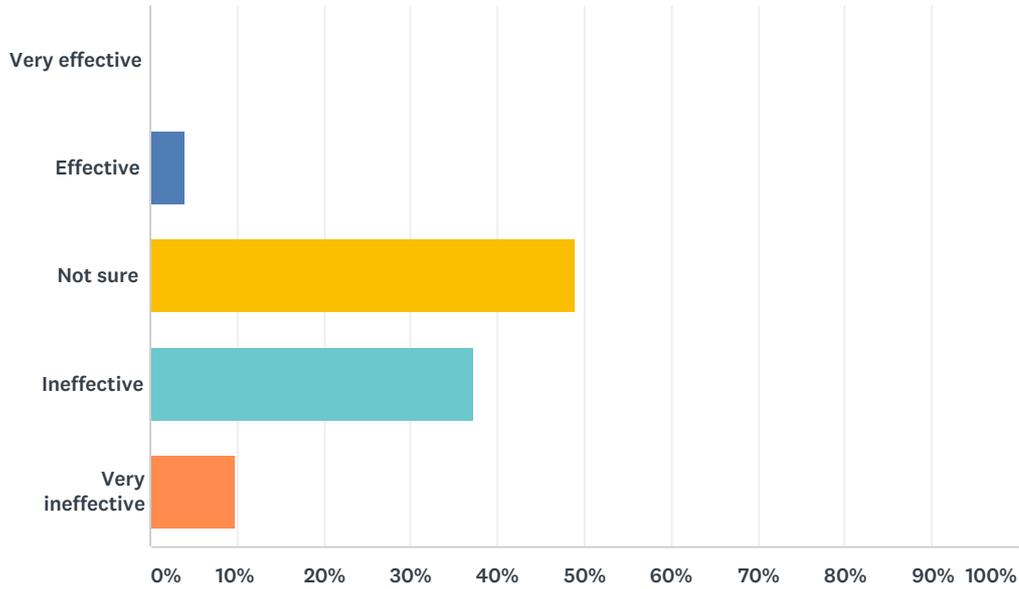
Answered: 50 Skipped: 1



ANSWER CHOICES	RESPONSES	
I would vote to accept the new contract	8.00%	4
I would vote to reject the new contract	92.00%	46
TOTAL		50

Q4 From your perspective, how effective has the rural Short Life Working Group been so far in understanding and addressing the concerns about the new contract?

Answered: 51 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very effective	0.00%	0
Effective	3.92%	2
Not sure	49.02%	25
Ineffective	37.25%	19
Very ineffective	9.80%	5
TOTAL		51

Q5 Has the new contract had any impact on GP recruitment/retention in your practice or area?

Answered: 48 Skipped: 3

#	RESPONSES	DATE
1	No too early to know	2/22/2019 2:23 PM
2	Not as yet	2/22/2019 9:33 AM
3	don't think so	2/21/2019 8:44 PM
4	worsening	2/21/2019 6:58 PM
5	Unsure	2/21/2019 4:02 PM
6	no	2/20/2019 1:50 PM
7	R&R was an issue anyway - I now anticipate that we will have the same problem with HCA/nursing staff and possibly admin as functions taken over by health boards.	2/20/2019 1:15 PM
8	Yes	2/20/2019 12:03 PM
9	There is no attraction to work in this rural setting with no support. Therefore it will now be impossible to recruit.	2/20/2019 12:02 PM
10	not sure	2/20/2019 11:59 AM
11	No.	2/20/2019 11:47 AM
12	None so far	2/20/2019 11:43 AM
13	yes	2/20/2019 11:31 AM
14	Practice: not needing to recruit currently. Area: aware of shortage of GPs	2/20/2019 11:12 AM
15	yes	2/20/2019 11:11 AM
16	Too early to say but I suspect will have a detrimental impact.	2/20/2019 10:59 AM
17	negative	2/19/2019 10:48 AM
18	not that I am aware of	2/19/2019 10:38 AM
19	Has made recruitment harder. One candidate ended her application process to our practice citing the uncertainty brought about by the new contract as her reason	2/19/2019 8:58 AM
20	Can't say but I'm likely to leave	2/18/2019 12:01 PM
21	Not yet	2/18/2019 11:07 AM
22	not in my own practice - but may certainly have affected other practices in Lochaber	2/18/2019 11:00 AM
23	still terrible, locum makign lots of moeny and 2C practices have a bottomless pit of money but just provide a low quality expensive service	2/18/2019 10:29 AM
24	can't tell yet	2/18/2019 9:49 AM
25	no	2/18/2019 8:55 AM
26	no	2/18/2019 8:00 AM
27	It was difficult prior to the new contract and there has been no improvement since	2/18/2019 7:53 AM
28	Negative so far, but I think that is mostly due to negative comments online, rather than any news of changes.	2/17/2019 9:59 PM
29	Probably-I think there is a lot of insecurity as to how things will pan out over the next year or two in rural practice and this is making young and/or new GPs think twice about taking on rural practices, especially GMS practices.I am a salaried associate working in two practices in two different health boards. There are now only two non-Board run practices in Shetland .Many became salaried when principals left and could not be replaced.	2/17/2019 5:55 PM
30	No improvement, just continuing implosion, and further reduction in GP numbers. Failure in retention.	2/17/2019 5:25 PM
31	Negligible either way	2/17/2019 5:21 PM

RGPAS Survey on new contract implementation - February 2019

32	Yes, negative	2/17/2019 2:59 PM
33	No	2/17/2019 2:53 PM
34	None yet	2/17/2019 2:32 PM
35	No. We have been very fortunate.	2/16/2019 10:51 PM
36	Its not improved it	2/16/2019 9:17 PM
37	I personally consider moving and I know of others. There are several local GP positions empty	2/16/2019 8:04 PM
38	I'm leaving rural practice. It has made the landscape of rural GP more challenging, and more difficult to be positive about the job with students, trainees and potential recruits when things are so uncertain and when our services have been devalued to such a considerable extent.	2/16/2019 6:29 PM
39	Negative impact	2/16/2019 5:37 PM
40	not tested yet but the 50% cut in "valuation" will not help attract a new partner when we need one	2/16/2019 4:57 PM
41	Not yet as far as I'm aware	2/16/2019 3:34 PM
42	I'm not sure . but the situation here is pretty desperate from the recruitment point of view. Most of the practices are now 2c because of failure to recruit as the main reason, and these practices survive on locums.	2/16/2019 3:15 PM
43	Not as far as I am aware. It still remains pretty grim.	2/16/2019 3:15 PM
44	Renegotiated OOH contract has led to withdrawal of Associate GP funding, threatening the long term survival of my Practice	2/16/2019 2:44 PM
45	negative as £ rewards now less than other areas	2/16/2019 2:28 PM
46	The contract has had a negative impact on rural practice and therefore a negative impact on retention and recruitment. It has made me consider retirement much more seriously	2/16/2019 2:13 PM
47	No	2/16/2019 1:31 PM
48	Worsened recruitment	2/16/2019 1:28 PM

Q6 Has the new contract had any impact on MDT service delivery in your practice or area (including pharmacotherapy and MSK services)?

Answered: 46 Skipped: 5

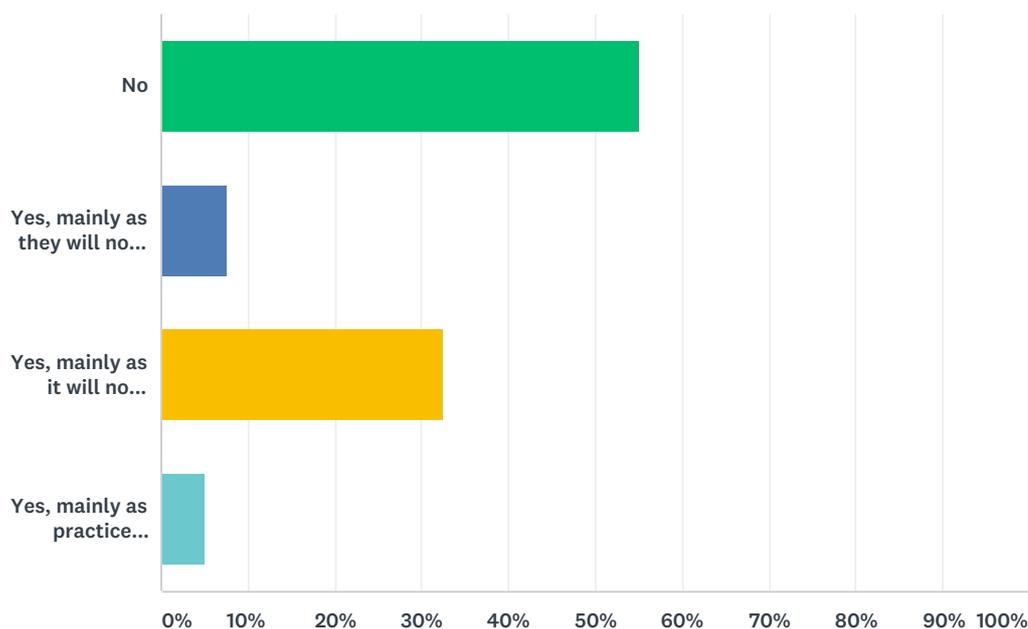
#	RESPONSES	DATE
1	Not yet	2/22/2019 2:23 PM
2	Long waiting lists and not enough service provision	2/22/2019 9:33 AM
3	Nothing at all in place as yet but hoping pharmacist will start in a couple of months, plans around other services are developing	2/21/2019 8:44 PM
4	early days and some development but limited	2/21/2019 6:58 PM
5	Not a lot yet	2/21/2019 4:02 PM
6	no we have nothing new in place	2/20/2019 1:50 PM
7	Fragmentation of service currently - though everything very uncertain and board timescales for implementation overly ambitious, so likely to be some time before a clear picture of the issues will emerge.	2/20/2019 1:15 PM
8	No difference. No support. Our patients have not seen a physiotherapist since August 2018.	2/20/2019 12:02 PM
9	no	2/20/2019 11:59 AM
10	Yes - Pharmacotherapy & mental health service delivery have deteriorated in the last 12 months locally	2/20/2019 11:43 AM
11	no	2/20/2019 11:31 AM
12	I have seen absolutely no benefit. No new services provided. Those being discussed won't be of use due to our location (talk of a treatment room service, however this would be 40 minutes travel by public transport each way for our patients).	2/20/2019 11:12 AM
13	no	2/20/2019 11:11 AM
14	So far non-existent. I would anticipate I will not get allocated the same and fair proportional resource that inner city GP practices benefit from.	2/20/2019 10:59 AM
15	NIL evidence of any change so far in any aspect of new contract in Foyers (a small R&R practice)	2/20/2019 10:53 AM
16	no	2/19/2019 10:48 AM
17	no	2/19/2019 10:38 AM
18	no	2/19/2019 8:58 AM
19	Pharmacy has been reduced	2/18/2019 12:01 PM
20	Not yet	2/18/2019 11:07 AM
21	no	2/18/2019 11:00 AM
22	2C has pharmacy and physio, I have nothing, 2C 2 week wait for physio my patients wait 22 weeks, it is not ethical or fair	2/18/2019 10:29 AM
23	Not yet	2/18/2019 9:49 AM
24	no	2/18/2019 8:55 AM
25	None, all are absent	2/18/2019 8:00 AM
26	No - the services are being centred in health centres with bigger patient populations and more rural practices are being offered remote support. It is difficult to allocate MSK professionals as they don't exist and also not seen as economical where they do to allocate for one session to small rural population.	2/18/2019 7:53 AM
27	We have increased access to pharmacotherapy, with more to come. We also have managed to reduce some of our responsibility for vaccines.	2/17/2019 9:59 PM

RGPAS Survey on new contract implementation - February 2019

28	1) In Shetland the new contract has been used as the main reason why district/practice nursing needs to be meddled with and centralised .PHCTs are being disrupted .District nurses and (in Health Board run practices) practice nurses are being moved around a lot.A lot of local knowledge is being lost, and a lot of our most experienced community nurses are leaving in disgust. The smaller Health Board run practices with dispensaries are having their repeat prescribing stopped and it is being out-sourced from other pharmacies.Only acute prescribing is being retained. This can be extremely inconvenient for patients.(In fairness it's hard to say how much of this is connected to the new contract and how much would have happened anyway.)It will of course now be extremely difficult to attract anybody to take on a new practice in Shetland and run it as GMS.Without dispensing payments these practices would be non-viable. 2) I also work in a GMS practice in Highland.Frankly I'm not aware of anything changing as yet.	2/17/2019 5:55 PM
29	None	2/17/2019 5:25 PM
30	Yes, we now have a CBT worker, and some funding towards our pharmacist	2/17/2019 5:21 PM
31	No	2/17/2019 2:59 PM
32	Plans for various services, none as yet implemented.	2/17/2019 2:53 PM
33	No	2/17/2019 2:32 PM
34	No, but it is happening at a time of constant cuts and loss of visiting services.	2/16/2019 10:51 PM
35	No	2/16/2019 9:17 PM
36	Nothing of that has happened so far	2/16/2019 8:04 PM
37	Pharmacotherapy services in discussion but we might get a few days a week at most. This, with other service development, looks like it will lead to fragmentation of patient care and unrealistic assistance for rural practice workload.	2/16/2019 6:29 PM
38	Our pharmacist has left and has not been replaced	2/16/2019 4:57 PM
39	No	2/16/2019 3:34 PM
40	Not obviously	2/16/2019 3:15 PM
41	Not so far.	2/16/2019 3:15 PM
42	No	2/16/2019 2:44 PM
43	Now have MSK service, Pharmacotherapy still undefined and unrealised as a useful addition	2/16/2019 2:28 PM
44	We have not had any additional MDT support provided or discussed with us.	2/16/2019 2:13 PM
45	Still no concrete plans been given to us but aware that existing physio posts unfilled so cant see how they will find people for these new posts	2/16/2019 1:31 PM
46	No difference yet but we expect pharmacists and physios soon	2/16/2019 1:28 PM

Q7 Are there services that you are intending to curtail as a practice as a result of the new contract?

Answered: 40 Skipped: 11



ANSWER CHOICES	RESPONSES
No	55.00% 22
Yes, mainly as they will now be able to be offered effectively by MDT colleagues	7.50% 3
Yes, mainly as it will no longer be possible to sustain services under the new contract but there isn't an acceptable alternative being provided	32.50% 13
Yes, mainly as practice capacity can no longer meet the demand	5.00% 2
TOTAL	40

#	OTHER (PLEASE SPECIFY)	DATE
1	Yes - we offer certain services such as venesection, infusions. These are available within secondary care services but will mean less choice and flexibility for our patients, and likely longer waits for these. Also anticipate less community based minor ops, joint injections, family planning as will not have the capacity to continue offering this.	2/20/2019 1:15 PM
2	OOH	2/20/2019 12:02 PM
3	Don't know.	2/20/2019 11:47 AM
4	Not sure	2/20/2019 11:43 AM
5	We currently cover OOH week nights but this will be in doubt if we are unable to recruit another GP	2/19/2019 8:58 AM
6	We will still need to offer services that MDT teams provide elsewhere for no increase in money	2/18/2019 11:00 AM
7	stoppign bloods, help with miscarriages, assiiitng 999 when no ambulances	2/18/2019 10:29 AM
8	No sign yet of any increase MDT, and DN cover remains as restricted as before	2/18/2019 9:49 AM
9	In the Highland Health Board I am salaried. The principal here is planning to refuse to do imms if there is no extra remuneration. The Health Board plans are uncertain, but I think patients will be expected to travel a considerable distance.I personally feel that is unacceptable	2/17/2019 5:55 PM
10	Sessional, so no practice	2/17/2019 2:59 PM

RGPAS Survey on new contract implementation - February 2019

11	Very unsure about how vaccination services will be delivered - haven't even seen any draft proposals locally as yet	2/17/2019 2:32 PM
12	because there isn't an acceptable alternative in place or being proposed	2/16/2019 9:17 PM
13	We will be reviewing what we currently do that is unfunded and unsustainable. SGPC gave the clear message that we should be saying no to unfunded work, but particularly in rural practice, this often cuts against realistic, effective and patient-centred care. Yet, with the other cuts and uncertainties, it will be more challenging to continue this level of effective service provision.	2/16/2019 6:29 PM
14	Wee fighting to retain immunisations.	2/16/2019 3:15 PM
15	Phlebotomy, dressings, and some chronic disease monitoring	2/16/2019 3:15 PM
16	We have reduced our commitment to hosting students. Our workload has increase year on year and burnout is a significant risk.	2/16/2019 2:13 PM
17	Still don't know enough details eg about community phlebotomy to make any plans	2/16/2019 1:31 PM

Q8 Are there services that you are intending to develop or innovate as a result of the new contract?

Answered: 42 Skipped: 9

#	RESPONSES	DATE
1	Not yet	2/22/2019 2:23 PM
2	No	2/22/2019 9:33 AM
3	Not in the practice as such but we are involved in the planning of implementation locally	2/21/2019 8:44 PM
4	no	2/20/2019 1:50 PM
5	Uncertain at present.	2/20/2019 1:15 PM
6	No	2/20/2019 12:02 PM
7	Unsure.	2/20/2019 11:47 AM
8	No	2/20/2019 11:43 AM
9	no	2/20/2019 11:31 AM
10	No	2/20/2019 11:12 AM
11	no	2/20/2019 11:11 AM
12	no	2/20/2019 10:53 AM
13	need clarification of opting in to OOH provision	2/19/2019 10:38 AM
14	none new : will continue services as already exist albeit it seems without funding	2/19/2019 8:58 AM
15	No. Survival	2/18/2019 12:01 PM
16	no	2/18/2019 11:00 AM
17	may look to locum	2/18/2019 10:29 AM
18	Pharmacy if possible but no detail yet	2/18/2019 9:49 AM
19	don't know yet	2/18/2019 8:55 AM
20	no	2/18/2019 8:00 AM
21	No	2/18/2019 7:53 AM
22	We are going to retrain some of our nursing staff as ANPs as they are released from vaccines.	2/17/2019 9:59 PM
23	No	2/17/2019 5:55 PM
24	No	2/17/2019 5:25 PM
25	No	2/17/2019 5:21 PM
26	Sessional, so no practice	2/17/2019 2:59 PM
27	No	2/17/2019 2:53 PM
28	No	2/17/2019 2:32 PM
29	No	2/16/2019 10:51 PM
30	No	2/16/2019 9:17 PM
31	None	2/16/2019 8:04 PM
32	Hopefully, but there is so much uncertainty at present that it is proving difficult to plan.	2/16/2019 6:29 PM
33	No	2/16/2019 5:37 PM
34	no	2/16/2019 4:57 PM
35	No	2/16/2019 3:34 PM
36	no	2/16/2019 3:15 PM
37	No	2/16/2019 3:15 PM

RGPAS Survey on new contract implementation - February 2019

38	No	2/16/2019 2:44 PM
39	No	2/16/2019 2:28 PM
40	There is no scope within the new contract to encourage innovation. It is a very negative document	2/16/2019 2:13 PM
41	No	2/16/2019 1:31 PM
42	MSK first point of contact and pharmacotherapy	2/16/2019 1:28 PM

Q9 Are there particular treatments or patient groups that you are worried about having less effective care under the new contract (e.g. mental health, MSK, vaccinations etc.)

Answered: 46 Skipped: 5

#	RESPONSES	DATE
1	Children esp vaccination	2/22/2019 2:23 PM
2	Mental health-community link workers may deplete current staffing in local citizen's advice bureau and impact on service provision if staff recruited from this service. Reduced flu immunisation update and coverage rates- needs to be monitored and info r/e uptake needs to be published.	2/22/2019 9:33 AM
3	not yet	2/21/2019 8:44 PM
4	mental health. antenatal patients	2/21/2019 6:58 PM
5	Most patients currently getting support/assessment/treatment under Enhanced Service contracts	2/21/2019 4:02 PM
6	mental health, msk, vaccinations	2/20/2019 1:50 PM
7	Vaccinations - anticipate as less flexibility for patients and need to travel further rates of vaccination will decline. Concerned that we will miss the "soft knowledge" that our regular staff have and use to good effect to identify problems and refer patients to GP/NP review - non practice employed staff will be more time constrained and not know the patient groups as well.	2/20/2019 1:15 PM
8	As a single handed GP I continue to provide childhood vaccinations as the parents are not able to travel to the mainland for 3 days to have a vaccination appointment at the clinic. Patients are paying for private physiotherapy.	2/20/2019 12:02 PM
9	mental health, vaccination, OOH care	2/20/2019 11:59 AM
10	Vaccinations, pharmacotherapy if it is delivered remotely, MSK service if it is centralised instead of being locally delivered, treatment room services due to the poor quality of the likely available staff	2/20/2019 11:43 AM
11	yes	2/20/2019 11:31 AM
12	If/when vaccination teams start I can predict a drop in vaccination rates for my patients.	2/20/2019 11:12 AM
13	Vaccinations!	2/20/2019 10:59 AM
14	vaccines, monitoring for chronic disease, urgent care	2/20/2019 10:53 AM
15	vaccination especially	2/19/2019 10:48 AM
16	no	2/19/2019 10:38 AM
17	I would be very worried about vaccinations should this service be delivered from outside the practice	2/19/2019 8:58 AM
18	Mental health	2/18/2019 12:01 PM
19	Immunisations	2/18/2019 11:07 AM
20	not really	2/18/2019 11:00 AM
21	mentla helath MSK vaccinations hoem visits	2/18/2019 10:29 AM
22	CPN services seem to be less but probs not due to contract, but reminds me how much we are the mercy of third parties contracting services on our behalf	2/18/2019 9:49 AM
23	childhood vaccinations	2/18/2019 8:55 AM
24	vaccinations	2/18/2019 8:00 AM
25	MSK and mental health as our patients will have less access to services in due course I think - waiting times for physio already 22 weeks	2/18/2019 7:53 AM
26	I'm a little concerned that patients do not really access the pharmacotherapy services as anticipated - not much in the way of information going out to patients.	2/17/2019 9:59 PM

RGPAS Survey on new contract implementation - February 2019

27	Immunisations are my main worry in both rural areas where I work Some practice nurses in Shetland, in smaller Health Board practices, have been told they may no longer be allowed to do cervical smears. Patients may have to travel to larger surgeries to have them done by a particular "suitably trained" nurse. I think Imm and cervical smear uptakes will plummet if patients have to travel long distances. Practice nurses were recently stopped from giving travel advice as they were "not adequately trained". This included practice nurses with decades of experience. A centralised clinic was set up, involving travelling large distances for many, but it could not meet the demand and many folk got no advice prior to leaving the UK. Some even had to travel to Aberdeen travel clinics. This does not bode well for the future!	2/17/2019 5:55 PM
28	Vaccinations, immediate care.	2/17/2019 5:25 PM
29	Immunisation take up, physiotherapy resource being allocated elsewhere	2/17/2019 5:21 PM
30	Vaccinations, Travel advice, DVLA medicals for work, insurance reports for mortgages etc, elderly, poor.	2/17/2019 2:59 PM
31	No	2/17/2019 2:53 PM
32	Definitely vaccinations	2/17/2019 2:32 PM
33	Uncertainty around all visiting services.	2/16/2019 10:51 PM
34	all the above	2/16/2019 9:17 PM
35	vaccinations probably mostly	2/16/2019 8:04 PM
36	Children, particularly around mental health and vaccinations. It all feels like it will be fragmented, and especially when proposed services are to be delivered from the mainland with travelling professionals, we know from experience that this won't work effectively, will cost far more, and lead to more GP input to patch over the gaps and problems.	2/16/2019 6:29 PM
37	Vaccinations Mental health	2/16/2019 5:37 PM
38	vaccinations, but I doubt anything will actually change here	2/16/2019 4:57 PM
39	Elderly/IT illiterate	2/16/2019 3:34 PM
40	vaccinations in the rest of Shetland, fragmentation of services, dissociation of practice nurse services and practices, but that is more to do with 2C	2/16/2019 3:15 PM
41	Vaccinations - you bet!	2/16/2019 3:15 PM
42	Vaccinations are unlikely to be provided as conveniently to my population under the new arrangements	2/16/2019 2:44 PM
43	Effect on patients in most adverse social circumstances and with greatest multimorbidity as care will be fragmented and losing continuity	2/16/2019 2:28 PM
44	We see no prospect of services improving as a result of this contact	2/16/2019 2:13 PM
45	Vaccinations , msk	2/16/2019 1:31 PM
46	I fear for herd immunity	2/16/2019 1:28 PM

Q10 Are there particular treatments or patient groups that you think will have more effective care under the new contract (e.g. mental health, MSK, vaccinations etc.)

Answered: 42 Skipped: 9

#	RESPONSES	DATE
1	No	2/22/2019 2:23 PM
2	possibly MSK if accessible service for patients in reasonable time-scale	2/22/2019 9:33 AM
3	I think pharmacy input should be positive to those on meds	2/21/2019 8:44 PM
4	yeah urban ones	2/21/2019 6:58 PM
5	no	2/20/2019 1:50 PM
6	Unsure.	2/20/2019 1:15 PM
7	No	2/20/2019 12:02 PM
8	no	2/20/2019 11:59 AM
9	None	2/20/2019 11:43 AM
10	no	2/20/2019 11:31 AM
11	No	2/20/2019 11:12 AM
12	no	2/20/2019 11:11 AM
13	no	2/20/2019 10:53 AM
14	not sure yet	2/19/2019 10:38 AM
15	none	2/19/2019 8:58 AM
16	No	2/18/2019 11:07 AM
17	none it will all be worse	2/18/2019 10:29 AM
18	Don't know yet	2/18/2019 9:49 AM
19	no	2/18/2019 8:55 AM
20	no	2/18/2019 8:00 AM
21	No	2/18/2019 7:53 AM
22	If it works, we are hoping for better access to mental health, MSK. Our vaccines data already show improved uptake of maternity vaccines.	2/17/2019 9:59 PM
23	No. I can't think of any advantages I do however think in many areas more could be done to share out skills between groups of practices.eg coils, minor surgery, joint injections	2/17/2019 5:55 PM
24	Much talk, no action	2/17/2019 5:25 PM
25	CBT worker will help	2/17/2019 5:21 PM
26	No.	2/17/2019 2:59 PM
27	No	2/17/2019 2:53 PM
28	MSK if local proposals work out but there is a serious local problem in recruiting physios. Pharmacotherapy and meds reconciliation could possibly improve but again we have no local proposals as yet as to how this will be implemented	2/17/2019 2:32 PM
29	No	2/16/2019 10:51 PM
30	no	2/16/2019 9:17 PM
31	none	2/16/2019 8:04 PM
32	Difficult to tell. Minor ailments might be more easily addressed.	2/16/2019 6:29 PM
33	No	2/16/2019 5:37 PM

RGPAS Survey on new contract implementation - February 2019

34	no	2/16/2019 4:57 PM
35	Young working ie worried well	2/16/2019 3:34 PM
36	no	2/16/2019 3:15 PM
37	Chronic disease - they could see the phlebotomist first, then the existing Practice Nurse would see them the following week with blood results to hand (this doesn't happen at present in our Practice).	2/16/2019 3:15 PM
38	No	2/16/2019 2:44 PM
39	Patients with minor self limiting conditions	2/16/2019 2:28 PM
40	No	2/16/2019 2:13 PM
41	No as don't think there will be enough staff to fill posts	2/16/2019 1:31 PM
42	MSK	2/16/2019 1:28 PM

Q11 Are you confident about the contents of the Memorandum of Understanding in safeguarding current services?

Answered: 46 Skipped: 5

#	RESPONSES	DATE
1	No	2/22/2019 2:23 PM
2	Not sure r/e timescales	2/22/2019 9:33 AM
3	unsure	2/21/2019 8:44 PM
4	n/a	2/21/2019 6:58 PM
5	No	2/21/2019 4:02 PM
6	no	2/20/2019 1:50 PM
7	Unsure.	2/20/2019 1:15 PM
8	No	2/20/2019 12:03 PM
9	No	2/20/2019 12:02 PM
10	no	2/20/2019 11:59 AM
11	Definitely not	2/20/2019 11:43 AM
12	no	2/20/2019 11:31 AM
13	No. Particularly not in NHS Highland.	2/20/2019 11:12 AM
14	no	2/20/2019 11:11 AM
15	no	2/20/2019 10:53 AM
16	No	2/19/2019 8:58 AM
17	No	2/18/2019 12:01 PM
18	No	2/18/2019 11:07 AM
19	do not really understand this	2/18/2019 11:00 AM
20	No	2/18/2019 10:29 AM
21	No	2/18/2019 9:49 AM
22	no	2/18/2019 8:55 AM
23	no	2/18/2019 8:00 AM
24	No	2/18/2019 7:53 AM
25	Yes	2/17/2019 9:59 PM
26	No not at all.	2/17/2019 5:55 PM
27	I understand the intent.	2/17/2019 5:25 PM
28	No	2/17/2019 5:21 PM
29	no	2/17/2019 3:28 PM
30	No.	2/17/2019 2:59 PM
31	I am not sure what this is.	2/17/2019 2:53 PM
32	No	2/17/2019 2:32 PM
33	Not in the slightest.	2/16/2019 10:51 PM
34	no	2/16/2019 9:17 PM
35	no	2/16/2019 8:04 PM
36	No. Plus there seems to be considerable expectation on the rural SLWG to direct IJBs on rural service provision.	2/16/2019 6:29 PM

RGPAS Survey on new contract implementation - February 2019

37	No	2/16/2019 5:37 PM
38	no	2/16/2019 4:57 PM
39	No	2/16/2019 3:34 PM
40	no	2/16/2019 3:15 PM
41	I am concerned about the income guarantee, come Phase 2, or in the case of a new government.	2/16/2019 3:15 PM
42	No	2/16/2019 2:44 PM
43	No	2/16/2019 2:28 PM
44	I am very disappointed that the MOU prohibits the direct employment of additional MDT colleagues by the practice as this limits the ability of practices to respond to changes in patient need.	2/16/2019 2:13 PM
45	No	2/16/2019 1:31 PM
46	No	2/16/2019 1:28 PM

Q12 We continue to ask the Scottish Government to provide a clearer framework for the continuation of services that are better-delivered by rural GPs and their teams. Do you have any views on what this framework would include or consist of?

Answered: 33 Skipped: 18

#	RESPONSES	DATE
1	Better understanding of what plans in place to tackle falling immunisation rates if that happens. Due to distances between practices in rural cluster- pharmacy teams would benefit from remote access to individual practice systems. Need to ensure urgent care providers are adequately trained and don't deplete current (eg district nurse) teams.	2/22/2019 9:33 AM
2	There appears to be a vacuum of realistic ideas and it seems likely suggestions will have to come from rural areas. I think a 'basket of services' framework might be possible, in partnership with HSCPs	2/21/2019 8:44 PM
3	Constitutional principles (built in to design) of service design by/with the people at the frontline of delivery (at community level, not board or national level)- ie services fit for purpose at point of use, not one-size fits all.	2/21/2019 4:02 PM
4	I feel the views of rural GPs have been stated clearly time and again but those in authority seem disinclined to listen and intent on enforcing a contract developed for large urban areas on small rural communities without considering the negative impact this will have.	2/20/2019 1:15 PM
5	It would be only practical to ask the frontline healthcare professionals who actually deliver the services for their input. We continue in an information vacuum.	2/20/2019 12:02 PM
6	Local flexibility. Deep End practices are now receiving extra help because of flaws in the new contract, so rural practices should also be helped. We should receive extra funding eg for vaccinations if the HB is unable to deliver an equitable service	2/20/2019 11:43 AM
7	vaccinations, treatment room	2/20/2019 11:11 AM
8	Current services with funding to cover costs	2/19/2019 8:58 AM
9	I think this simply needs a basic recognition that in rural areas the team will have an extended role because of geography. there are some "hands-on" services that can't be delivered remotely or by occasional visiting services	2/18/2019 11:07 AM
10	minimum payment for delivery of immunisation services -to allow for admin of fridges, vaccine etc even when small numbers involved Increase in community nursing time to support this as we are too far from town MDT teams for their support to be helpful	2/18/2019 11:00 AM
11	We need more funding to do all this extra work and to try and keep up with better paid colleagues in central belt	2/18/2019 10:29 AM
12	GP contracting	2/18/2019 9:49 AM
13	no	2/18/2019 8:55 AM
14	enhanced service for vaccinations	2/18/2019 8:00 AM
15	We are good at what we do and at the ways in which we deliver patient centred services - remuneration for work done would be a good start	2/18/2019 7:53 AM
16	No - I think it is up to us to innovate and provide effective examples.	2/17/2019 9:59 PM
17	Immunisations are the main worry	2/17/2019 5:55 PM
18	Direct investment in GP services would be more effective than delivering parallel services.	2/17/2019 5:25 PM
19	Everything currently provided in NHS primary care, including out of hours services, should be available for practices to bid for.	2/17/2019 3:28 PM
20	More money, administrative support, control of pointless paperwork.	2/17/2019 2:59 PM
21	No.	2/17/2019 2:53 PM
22	The option for individual practices to be funded to (continue to) provide these services themselves	2/17/2019 2:32 PM

RGPAS Survey on new contract implementation - February 2019

23	Detailed statements of minimum availability of visiting services. A clear indication of financial packages available to surgeries who will Brito continue to provide their own phlebotomist, immunisations etc due to true rurality	2/16/2019 10:51 PM
24	Personally I have given up and look for a way out. Whatever comes now comes too late	2/16/2019 8:04 PM
25	A clear commitment to providing effective funding for services that GP teams can and already are offering. The funding needs to be realistic and recurring.	2/16/2019 6:29 PM
26	Vaccinations OOHs	2/16/2019 5:37 PM
27	SLA to smaller practices to continue to provide phlebotomy and TR services	2/16/2019 3:34 PM
28	Continuation of practice based services. no replacement of GPs by ANPs. We need the most trained people in the furthest flung communities. Suport for general practice	2/16/2019 3:15 PM
29	Continue to do vaccinations - we are good at it.	2/16/2019 3:15 PM
30	I would like the option to retain provision of services I feel I provide most effectively	2/16/2019 2:44 PM
31	This must happen now before more practices are destabilised and close. Equivalent £ should have been made available to practices to deliver all these services	2/16/2019 2:28 PM
32	Enhanced service opportunities for services in the six workstreans to be directly provided by practices in exchange for resources.	2/16/2019 2:13 PM
33	Vaccines mainly and please don't let them restrict it to just rural - some urban practices want to continue immunisations	2/16/2019 1:28 PM

Q13 Any general or other comments about the new contract and how it will affect you and your community?

Answered: 31 Skipped: 20

#	RESPONSES	DATE
1	No	2/22/2019 9:33 AM
2	The lack of progress in defining how to meet the challenges of delivering for rural areas is increasing uncertainty, and anxiety about what phase 2 might bring. Worried that it will be too hard to implement in some rural areas , or take a very long time, and that this will make recruitment and retention a lot worse	2/21/2019 8:44 PM
3	See above.	2/20/2019 1:15 PM
4	Work as a locum so questions that are practice specific are difficult to answer	2/20/2019 12:03 PM
5	It has had an adverse effect on our community and patients are considering leaving the island due to the fragility of services including dental services.	2/20/2019 12:02 PM
6	As a GP locum I'm providing a useful element of service delivery in my immediate locality (and elsewhere). My own contractual position is as secure as I require. I'm not uninterested but I'm relatively uninformed about the new contract, unfortunately.	2/20/2019 11:47 AM
7	If services are centralised in regional hubs as seems likely, this will be detrimental to patient care.	2/20/2019 11:43 AM
8	Concerns re recruitment and retention. We will be less free to develop services to meet the needs of our community and be dictated to by areas which and different to our own.	2/20/2019 11:31 AM
9	negatively	2/20/2019 10:53 AM
10	For remote and rural areas it will prove very logistically difficult and expensive to implement It will likely come round full circle and revert to local GP practices providing full range of service. The best thing GPs could do is to pre-empt this, embrace responsibility for 24hr care at practice level co-opt into OOH care and take control of service provision again, yet still collaborate and work along with what ancillary servies can be realistically be provided in their area. Job satisfaction (and patient) would be much higher	2/19/2019 10:38 AM
11	Further damage to sustainability of our fragile rural economy.	2/19/2019 8:58 AM
12	I think it will mean the health board will take over the practice	2/18/2019 12:01 PM
13	I'm afraid services will continue to contract and patients will have to travel more often and further to access them	2/18/2019 11:07 AM
14	Stagnation/reduction in funding	2/18/2019 11:00 AM
15	It is a disaster for Rural GP, there are not enough support staff and even if they fidn them they cant do as good a job as me	2/18/2019 10:29 AM
16	Nothing that hasn't been said	2/18/2019 9:49 AM
17	Ineffective so far, no personnel to deliver. Stuck between rock and hard place as do not wish to see patients compromised. Management seem to have no idea. I plan to retire as soon as is possible, I fear for who will look after me in the future.	2/18/2019 8:00 AM
18	I am concerned that rural practices will become unsustainable and patients will lose out	2/18/2019 7:53 AM
19	No	2/17/2019 9:59 PM
20	It is not just the effects of the contract itself that concern me. I feel in some areas it is being used as an excuse to centralise and actually reduce services,and hence reduce costs.Especially in areas such as Shetland where there is a large number of "salaried" health board practices. In fairness to the health board, this is probably because they feel their extra responsibilities are unaffordable, as a direct result of the new contract	2/17/2019 5:55 PM
21	The new contract has not made my job easier, or more attractive to new GPs. There is no financial incentive to work rurally, to balance the economic disincentives.	2/17/2019 5:25 PM
22	Disastrous.	2/17/2019 2:59 PM
23	It would be nice to have an increase in income comparative to urban practices.	2/17/2019 2:53 PM

RGPAS Survey on new contract implementation - February 2019

24	Its discriminatory, unjust, short sighted and will cause long term damage. The contract lacks an evidence base, had no consultation and does not meet any of the local health priorities	2/17/2019 2:32 PM
25	Desolation	2/16/2019 8:04 PM
26	The contract (and associated discussions/defences from SGPC and Scottish Government) has significantly devalued the work that I and my colleagues do. I've had enough, and it's one reason I've decided to move to an area that my professional skills will be more sustainably matched to the future of general practice being proposed in Scotland.	2/16/2019 6:29 PM
27	Cost significantly more for less	2/16/2019 3:34 PM
28	If it was imposed here I couldn't survive financially. I would be gone. Luckily I still have 17C. but most of the rest of the practices are 2C	2/16/2019 3:15 PM
29	The idea of new staff coming in and their integration is good in principle. However, who manages them, and who directs them and trains them in the way that we do things?	2/16/2019 3:15 PM
30	This far it has been destabilizing and anxiety provoking. The absence of realistic implementation plans continue to cause uncertainty about the future	2/16/2019 2:13 PM
31	Highland GPs were ignored and very badly damaged by the BMA. We won't forget that.	2/16/2019 1:28 PM

Q14 What one thing or action would make you feel more valued in your role as a rural GP?

Answered: 34 Skipped: 17

#	RESPONSES	DATE
1	Recognition that our role is different	2/22/2019 2:23 PM
2	Better understanding of what hard working GPs are doing to maintain current service provision in remote communities- better understanding of what services are needed for rural practices to function well- why change what already works well in many areas!	2/22/2019 9:33 AM
3	A clear plan for how the contract will be implemented rurally and some recognition that lack of economy of scale, etc will mean increased costs and that those having to implement it can access increased funds to do it	2/21/2019 8:44 PM
4	Being listened to!	2/20/2019 1:15 PM
5	I would expect the locality manager to visit the island, understand the Doctor and the community's concerns and work together to achieve healthcare solutions. We have invited the locality manager to meet with us over the past 6 months but as this has not yet come to fruition this has left us with a lack of confidence that the delivery of healthcare is valued.	2/20/2019 12:02 PM
6	Recognition of the need to rural proof the new contract	2/20/2019 11:43 AM
7	designing a new rural contract, separate from the planned nationwide contract	2/20/2019 11:11 AM
8	investing in rural GP specifically with rurality considered.	2/20/2019 10:53 AM
9	Recognition that we do a different job to our urban colleagues	2/19/2019 10:48 AM
10	nothing, I feel valued already	2/19/2019 10:38 AM
11	A contract that meets the particular needs of remote and rural General Practice	2/19/2019 8:58 AM
12	Be listened to	2/18/2019 12:01 PM
13	As above, recognition of and support for the multi-faceted role of the Team	2/18/2019 11:07 AM
14	Double the income for GMS GPs	2/18/2019 10:29 AM
15	Respect	2/18/2019 8:00 AM
16	Thankfully patients still value our role	2/18/2019 7:53 AM
17	More praise and publicity for what we are doing really well.	2/17/2019 9:59 PM
18	No idea. I'm now nearing the end of my career and I'm semi-retired. It seems to me that many of things that attracted me to rural general practice(variety, holistic care etc) are being eroded away, and I find that profoundly sad. Also the implication in the contract (intended or otherwise I'm not sure)that the rural option is an easier one.In other words I've been lazy all these years despite being on call 24/7 for 15years (when I worked as a principal on an island)Certainly no recognition of all the extra stuff we do as rural GPs	2/17/2019 5:55 PM
19	People listening carefully to my opinion	2/17/2019 5:25 PM
20	A continuing emphasis on the subtle benefits of continuity	2/17/2019 5:21 PM
21	Actual support by healthboard.	2/17/2019 2:59 PM
22	It would be nice to have an increase in income comparative to urban practices.	2/17/2019 2:53 PM
23	1/ A rural faculty of RCGP. 2/ An honest admission from officialdom that they bolloxed up the contract for rural areas and an apology 3/ A guaranteed rural GP member as part of SGPC negotiating committee. 4/ A rurality weighting to funding, at the very least in future. 5/ Priority given to rural training before urban training at all levels of placements 6/ Increased funding and expansion of the rural training fellowship	2/17/2019 2:32 PM
24	A rural GPs college. A more flexible approach to introducing registrar level trainees into remote rural practice. A More certain financial future.	2/16/2019 10:51 PM
25	A rural contract acknowledging and funding teh work we do.	2/16/2019 8:04 PM

RGPAS Survey on new contract implementation - February 2019

26	Better access to health services for me as a rural GP. Also a clearer commitment to taking rural needs and challenges into account by services (SAS, secondary care and others) across Scotland.	2/16/2019 6:29 PM
27	proper guarantee of sustained funding long term.	2/16/2019 4:57 PM
28	To allow recognition of different styles of practice in different areas as long as the service is satisfactory and effective	2/16/2019 3:34 PM
29	Better support when we are ill.	2/16/2019 3:15 PM
30	Scrap the Scottish Workforce Survey, as it doesn't work with rural practice, where we do a lot more than urban GPs, due to the remote nature of the job. Get a civil servant to follow a rural GP on an average day.	2/16/2019 3:15 PM
31	Not being told repeatedly by my Board colleagues that the services I provide are too expensive	2/16/2019 2:44 PM
32	I would like the BMA to represent al of its membership not just a segment based in the central belt the BMA should work for and represent its membership not toady to political whims.	2/16/2019 2:13 PM
33	More understanding of how rural Gp is different	2/16/2019 1:31 PM
34	Pay us to continue vaccinating .	2/16/2019 1:28 PM

Q15 Is there anything specific that you would like RGPAS to do about the current state of contract implementation?

Answered: 27 Skipped: 24

#	RESPONSES	DATE
1	Continue what you're doing!	2/22/2019 9:33 AM
2	Continue to press for concessions in rural areas.	2/20/2019 1:15 PM
3	Keep up the high profile that we are managing to highlight the issues but aware it has personal costs. Continue to inform us as members what is happening and have the forum for discussion (being careful not to have folk leaving as has sadly happened) Thank you for everything the committee is doing.	2/20/2019 12:03 PM
4	Unsure	2/20/2019 12:02 PM
5	Continue to evaluate the effectiveness of articpation in the SLWG, and withdraw if no grogree is achieved in the next 3-6 months	2/20/2019 11:43 AM
6	keep fighting!	2/20/2019 11:11 AM
7	Doing a good job : keep going!	2/19/2019 8:58 AM
8	Keep plugging away...	2/18/2019 11:07 AM
9	Sadly RGPAs will be ignored	2/18/2019 10:29 AM
10	Keep us up to date- you are good at this already	2/18/2019 8:00 AM
11	Keep chipping away and putting the rural viewpoint - thanks for all the hard work	2/18/2019 7:53 AM
12	I think RGPAS should be identifying and highlighting any examples of how we have managed to innovate in order to deliver aspects of the new contract. This could be by combining roles, adding remote access, etcetera	2/17/2019 9:59 PM
13	No. I think you are doing a great job re raising awareness etc and fighting the rural GPs' corner There are obviously many more GMS/17c practices in Highland than there are in some other areas.I hope I've outlined some of the concerns I have as to how the contract could adversely affect Board practices	2/17/2019 5:55 PM
14	Keep representing us. Use data to back up opinion. Keep track of GP numbers, which in our area have fallen dramatically.	2/17/2019 5:25 PM
15	Keep up the pressure for scrapping the MoU in rural areas.	2/17/2019 3:28 PM
16	Withdraw publicly form SLWG	2/17/2019 2:59 PM
17	Continue to point out discrepancy between rural and urban practices.	2/17/2019 2:53 PM
18	Gerry and Phil's idea of mapping which practices are getting premises funding is a good one as so many rural practices are already health board owned, I strongly suspect this is funding going mainly to urban areas	2/17/2019 2:32 PM
19	You are already doing it.	2/16/2019 10:51 PM
20	Become a trade union for us and and ensure creation of a Rural college	2/16/2019 8:04 PM
21	Continue current representation. A media project or some other means of improving understanding of the challenges and threats to current rural GPing would be good.	2/16/2019 6:29 PM
22	Continue to push for an alternative for non urban practices	2/16/2019 3:34 PM
23	Feed back to the Scot govt. Go to press about the direness of the situation and the behaviour of the Scottish govt towards us.	2/16/2019 3:15 PM
24	Guarantee our income.	2/16/2019 3:15 PM
25	No	2/16/2019 2:44 PM
26	It is hard to know what else RGPAS could do and disappointing that rural concerns appear to have fallen on deaf ears	2/16/2019 2:13 PM
27	Allow practices to be directly funded to employ their own staff	2/16/2019 1:28 PM

Q16 Any ideas or requests for our RGPAS annual conference in November?

Answered: 13 Skipped: 38

#	RESPONSES	DATE
1	None	2/20/2019 1:15 PM
2	No	2/20/2019 12:02 PM
3	maintain a political arm but do not let it dominate RGPAS conference should revert to being much more clinically and educationally focussed	2/19/2019 10:38 AM
4	Make a strong plea for common sense to prevail over loss of political face and ideology	2/19/2019 8:58 AM
5	Mental health - emergencies - safe sedation etcetera Mental health - psychotherapies, what is available Mental health - what is a personality disorder and how should we manage Mental health - how to cope with stress, how to support staff who are feeling stressed.	2/17/2019 9:59 PM
6	Something to cheer us all up!! BASICS update is always good Hearing about folk's travel scholarships Lots of wine But obviously we need to discuss the new contract too.	2/17/2019 5:55 PM
7	Good examples of how colleagues are winning through the new contract may be helpful to morale. Chat line is always focussing on negatives. There must be some opportunities which the entrepreneurs are identifying before the majority of us have cottoned on? I don't like the new contract, but I would value some coaching in turning the new contract to my advantage, and I mean by that, my patients advantage.	2/17/2019 5:25 PM
8	A wake for the end of rural practice?	2/17/2019 2:59 PM
9	Scottish health minister if you can manage it	2/17/2019 2:32 PM
10	My question on training. How can little practices like ours become part of the GP training programme.	2/16/2019 10:51 PM
11	none	2/16/2019 8:04 PM
12	Realistic medicine Focus on quality medicine. Maybe share some service improvement ideas (NPT CRP for example)	2/16/2019 2:13 PM
13	Invite GPs from other countries who are rural eg wales, England and norm irr	2/16/2019 1:28 PM