



SUMMER UPDATE

Since our last update the BMA **Stand with your Surgery campaign** has been moving forward and it's great to see so many practices communicating key messages with patients, secondary care colleagues, and politicians. For those yet to do so please consider promoting this important work in whatever way you can using the material on the [BMA website](#).

The Scottish GP committee have released their recent survey on **GP wellbeing and funding**. It is a damning reflection on the state of General Practice that almost half of those surveyed were struggling to cope and describing their work as having a negative impact on their physical and mental wellbeing. Almost half felt the future of their practices was precarious or not sustainable and 90% were willing to consider some form of disruptive action. Read more in the [blog](#) by our SGPC Chair, Dr Iain Morrison.

The Public Audit committee met to discuss '**Progress since the 2018 GMS contract**' in light of the Audit Scotland report released earlier this year. A video of the evidence taken by committee is available [here](#). Dr Iain Morrison (Chair of SGPC), Dr Chris Provan (Chair RCGP) and Dr Chris Williams (Vice Chair RCGP) spoke to the issues we have all been highlighting for many years and finished with a stark warning about the potential for disruptive action. It is well worth a watch.



On the 26th of June SGPC announced that **General Practice is now in formal dispute** with the Government. We wrote to practices at the time but if you have not seen it here is a summary: Declaring formal dispute is the first step in a process which seeks to negotiate the funding of our contract. A negotiated settlement is the most desirable outcome but it can also be a prelude to a formal ballot and in turn disruptive action if agreement cannot be reached. This is not a decision any of us take likely but the current pressures on General Practice are unsustainable without significant direct investment in practices. Read the BMA blog on this [here](#). Please also consider [joining the BMA](#) if you have not already done so.

It is important to make a distinction between what we are doing now through the BMA workload and business guidance and any future disruptive action that may or may not follow - they are not the same. The current BMA guidance is a pragmatic way to manage workload and look at your business structures with a focus on remaining sustainable within the bounds of our current inadequate settlement.

If the government does not address our concerns and we move towards ballot and disruptive action there will be a further communication about what disruptive action will entail.

DDRB

Practices will have received communication from government about their pay uplift for 2025/26 and the DDRB recommendations that led to this. Yet again this has failed to address the inadequate uplifts of previous years, has not accounted for increased employers NI costs and is below the RPI. As such partners are highly unlikely to be receive the intended award once staff uplifts and expenses have been accounted for.

SGPC have previously expressed significant dissatisfaction with the DDRB process and has been very clear that our continued engagement in this process was at stake should this years award not been satisfactory. Given the disappointing outcome SGPC has withdrawn from the DDRB process for 2026/27.

This DDRB issue is a separate one to the calls for funding restoration. There are a lot of high level discussions ongoing and we will update you when we know more.

New section of the LMC website

We have now setup a members section of the LMC website which password protected. Once it is ready the password will be sent to practices. The page can be accessed [here](#) in the future.

At present documents like the newsletter and some LMC guidance is not published on the website as it is content not written for the public. We have, and will continue to, email these items to practices but inevitably emails and files get lost over time and we thought it might be helpful to have these more easily accessible.

ADHD referrals

At our May GP Subcommittee we had a presentation about a new Neurodevelopmental functional difficulties questionnaire that is being proposed to support ADHD referrals. The idea of this was to accompany the existing forms for patients with suspected ADHD to aid secondary care triage.

While the value of better triage by secondary care was accepted a number of concerns were raised. Of particular note was the additional administrative burden for practices and the potential to increase health inequalities. It was felt that those with the greatest need for assessment may be the very ones most likely to struggle to complete the process.

It was agreed that this form could be incorporated into the existing process but that it should not be considered a mandatory requirement. Further discussions will take place before any changes are finalised and incorporated into refhelp and it should be noted that this is one facet of a wider stream of work underway to try and address extremely long ADHD assessment waiting lists.