

Lothian LMC 2026 AGM – Chair’s Report

Welcome everyone to this year’s AGM.

I’d like to begin by reflecting on the past year — a year that has been hugely demanding both for General Practice in Lothian and across Scotland.

Locally, we have faced familiar and persistent pressures: rising workload, workforce shortages, and the ongoing challenge of unfunded work. Many practices continue to feel the impact of the Lothian SLA — not only financially, but through the burden of sustained uncertainty and instability.

These same themes have been echoed nationally and through months of difficult negotiation and formal dispute General Practice stood firm. The BMA workforce and business guidance has provided a clear and principled framework — helping us understand our limits, protect our core function, and navigate a period of sustained austerity.

None of this has just happened. We made it happen.

Individual GPs have walked a difficult line — balancing a clear and justified call for investment with an unwavering commitment to patient care.

Our LMC representatives have provided tireless local leadership — advocating, holding the line, and ensuring that Lothian’s voice has been heard clearly at every level.

And at a national level, the BMA Scottish General Practitioners Committee has demonstrated outstanding leadership — securing a historic outcome: a three-year investment package delivering an additional £249 million in recurring funding by 2028/29.

This is a significant achievement. It brings a formal dispute to a close and opens a new chapter for general practice. We owe all involved a sincere and substantial debt of gratitude.

But as we look to the year ahead, we must be clear:

This is not the finish line. It is the start.

The coming year will be pivotal. The first tranche of investment — £98 million in 2026/27 — is now confirmed and will begin to flow. Our responsibility is to ensure that this investment delivers tangible benefit to General Practice: expanding our workforce, stabilising practice finances, modernising infrastructure, and improving the care we provide to patients.

However, we must also be equally clear about what cannot continue.

We cannot — and will not — allow this investment to be diluted by the continued transfer of work from secondary care without resource. We have seen this pattern repeatedly: workload shifting into General Practice without the capacity to absorb it. As Boards face increasing financial pressure, that risk will only grow — but it must be resisted.

Our priorities must remain disciplined and consistent: building a sustainable workforce, restoring continuity of care, and rediscovering the professional satisfaction that underpins high-quality general practice.

Alongside this, we have a critical local priority: improving our working relationship with NHS Lothian.

We share the same fundamental goal — delivering the best possible care for the people of Lothian. But achieving that requires a relationship built on honesty, mutual respect, and sustainability.

In recent years, the BMA business guidance has, out of necessity, provided a framework for saying no — a way of protecting general practice from unsafe and unfunded expansion of workload.

That guidance however is equally a framework that allows us to say yes.

The difference between “no” and “yes” lies not with practices — but with the system around us. It lies in whether work is properly resourced, appropriately designed, and collaboratively agreed.

There are signs of what is possible. Forums like LIG demonstrate the potential for constructive collaboration. But to realise that potential, we need a Board that brings clarity of vision, a genuine understanding of General Practice, and a commitment to sustainable partnership.

Lothian is capable of this. But at present, we remain too often in a cycle of friction rather than progress.

We must help Lothian move beyond that position — and, crucially, the Board must take active steps to rebuild trust with General Practice.

That means addressing the issues that continue to undermine that trust, such as;

- The ongoing challenges around the SLA
- Unresourced shared care arrangements
- Unfunded workload transfer
- The removal of LES funding without removal of associated responsibilities

These are not abstract concerns — they are real, operational pressures that disproportionately benefit the system at the expense of General Practice. Trust cannot be built in that environment.

And yet, despite all of this, for the first time in several years, there is a sense of cautious optimism.

We are beginning to see investment that is aligned with the needs of General Practice. We have demonstrated — clearly — that when the profession speaks with one voice, it can achieve meaningful change.

The opportunity now is to build on that.

To protect the core of what we do.

To invest wisely and sustainably.

To work collaboratively where it is possible — and to be clear where it is not.

And to rebuild a service that is fit for the future — for the next generation of GPs, and for the patients we serve.

If we do that, then the progress of the past year will not be an isolated success — but the foundation for something far more enduring.

Together, we can turn cautious optimism into lasting reality.

Thank you.

Dr Andrew Forder

March 2026