



## January Newsletter

### What does 2025 have in store?

We are desperately in need of hope and a change of direction in 2025. The tide is against us with growing workload pressures, an approaching rise in employers NI contributions, and a further incremental rise for those affected by the Lothian SLA. We are all currently looking at the impacts we face from the 25/26 Enhanced Services package.

On a positive note we will soon receive some of the £13.6 million of in year funding that was announced at last years LMC conference by the Cabinet Secretary (details to follow). There is increasing talk about potential routes to shift resource (and work) from secondary care to the community. This is an area with great potential although how this is done will be critical to get right if it is to be sustainable and beneficial to practices and patients.



Another positive that we see regularly in the office is a growing trend among practices to push back against unfair and unfunded demands that are placed upon us. These can come from all directions but practices are increasingly standing up for themselves and this is having an impact. It is of course important to do this well and we have template letters on our website which can help. We are working on expanding this area to cover more situations and provide more advice.

2025 needs to be a year where we protect the core of General Practice, support each other, and try to do this with kindness and compassion to our wider colleagues. General Practice will weather this storm but there is no point surviving if we lose sight of what we value about GP.

### Enhanced Services

The 2025/26 enhanced services have now been shared with practices and this was followed by our review document and an impact calculator (*if you have not seen this email the LMC office*). We do acknowledge and appreciate the efforts made by PCCO to protect the enhanced service budget in the face of widespread NHS Lothian cuts. There are positives, with some services seeing an uplift, however this comes with a number of significant negatives.

The loss of the Diabetes, COPD, and Alcohol brief intervention is a real concern given the significant impact these conditions have on our population. The argument that much of this is GMS work is not well received when considered in the context of our undelivered 2018 GMS contract.

We have not agreed to the 25/26 enhanced services and have numerous concerns that are detailed in our review.

One of our major concerns is around the funding which we fear will lead to significant gains for some and losses for others. Such unexpected changes risk compounding the other financial threats we face at a time when this cannot be afforded. We are very grateful to practices who have shared the outcome of the enhanced service calculator with the LMC and would welcome any further results.

The new Frailty enhanced service represents additional money into General Practice and such investment is very much welcomed in principle. We feel the funding is insufficient to realise the potential benefits that this service could provide.

**We strongly encourage you to read the review and calculate the impact on your practices.**

**The PCCO is willing to consider extensions to the deadline for signing up if needed.**

## Private Providers

The office has written some guidance for practices summarising our advice about working with private providers in general and proposing a potential approach when asked to enter into private shared care agreements (SCA).

This was driven initially by concerns about private ADHD prescriptions but we have focused instead on general principles that can be applied to all private SCA requests.

We are also aware of examples of harm and concerning practice from some providers. We provide some suggestions on how practices might approach this.

## ICD Deactivation

At our recent GP Sub-committee we received a helpful update about the process by which ICD can be deactivated in patients approaching or receiving end of life care.

This is important to prevent the small possibility of the device resuscitating a patient inappropriately and allowing them a dignified natural death.

The process is detailed on refhelp and involves a SCI referral and an email to the cardiac physiology team.

### QUICK POINTS

Lothian Estates department have a dedicated email address you can use for queries relating to the SLA contract.  
[loth.slacontracts@nhs.scot](mailto:loth.slacontracts@nhs.scot)

The rules about opting out of the pension scheme for GP's have changed allowing GP's to opt out of the scheme for individual employments. [NHS Circular](#)

**We remind practices affected by the SLA to seek legal advice about this process. There are various experts in this field but we would suggest contacting BMA law in the first case.**