

Claire Fleming submission of 27 April 2022

PE1845/V: Agency to advocate for the healthcare needs of rural Scotland

Following a request from Dumfries & Galloway Health board I have been a user of Wigtownshire maternity services and inform and support the work of Galloway Hospitals Action Group (GCHAG). While we have very personal negative experiences, engaging with local advocacy has revealed widespread and avoidable negative effects of care pathways.

We support petition PE1845 to provide a national advocacy service for rural and remote healthcare. While we appreciate the board's current engagement processes for maternity care it has come very late in a 10 year process of service deterioration from almost 100 local births annually and a 24hr local on-call local midwife to one planned local birth in the last 3 years. Out of hours contact is limited to telephone support or a 3 hour round trip of up to 180 miles. Having accepted this as service users, we now, as a result of local advocacy, understand how the service had been reduced without community engagement or national oversight even to mitigate the consequences of travel.

Frequently those unable to advocate for themselves through poverty, lack of education or poor family circumstances have suffered disproportionately. Stranraer is home to the 1% most deprived in Scotland. While we willingly bore personal expense, many women without access to personal transport or family depend on the kindness of others. This need not be the case. Maternal choice is a centrepiece of Scottish maternity policy. In our view Community Led Midwife Units (CMU) are safe, reduce interventions, the need for analgesia and for rural patients the significant risks of travel in labour. GCHAG has data that before 2010 Stranraer was the 8th biggest of 22 Scottish CMUs. GCHAG, as our patient advocate, finds it is not just us that are kept in the dark. Stranraer is still designated as effectively CMU in the website of the Scottish Paediatric Network, and even in the board's own web information. The Scottish neonatal transport service website describes "17 midwives in total, with 1 on duty with 1 auxiliary at any time, with another 2 on call." Access is now suggested to be the worst in Scotland with every woman needing to travel 150 miles to give birth. Labour induction means only 1 in 4 has normal labour. Working with GCHAG we have become aware of the accounts of unnecessary anxiety, occasionally terror, associated with a trip of over an hour and a half in labour. Not to mention roadside delivery on the A75, the second most

dangerous road in Scotland, distracted by a passenger labouring without pain relief.

Management and politicians compare a 2 hour car journey to urban patients using transport for short journeys. This is as ridiculous as comparing a fall from a chair with a fall from a building. This disconnect between patient experience, management and policy makers is what makes advocacy more important and the inequality between Stranraer and other areas of Scotland highlights the need for national oversight.

While we are grateful to GCHAG for advocating over these issues, and are happy to give our personal time, the board has expressed the view that GCHAG is not representative. Even if true, they are all we have. In our view, Petition PE1845 would consistently ensure:

- better engagement with boards;
- inform politicians;
- share experiences and best practice;
- Scottish Government policy outlined in “best start” could be applied in a fair and reasonable manner.

The investment of £10 million in Elgin, only an hour from Inverness bears no comparison with the current absence of even the most basic services for Wigtownshire and Caithness. Rural and remote issues need independent and informed advocacy. Petition PE1845 has the potential to achieve this.