

PE2210/B: Improve access to local healthcare in rural communities

Petitioner written submission, 22 January 2026

I note that the submission can use evidence-based information which I will present using my direct involvement but can be identified also as a community at large problem.

Triaging

GP receptionists are not qualified in medical conditions and therefore lack ability to triage or view what is an urgent matter.

Society at large is invading our privacy from all aspects but we must preserve our rights to confidentiality and therefore be able to dialogue with our GP or directly to a nurse in some cases. There may be situations whereby a patient holds back on vital information for their well-being because that person only wishes a doctor to know, trust being the factor.

Information can be misinterpreted by passing details to third parties.

An example

When a patient gives information regarding a previous severe head injury, is experiencing vague new head pain (but not a true headache), has severe dizziness and balance problems, feels unwell, has the event of double vision as well as an unusual outbreak of mouth ulcers and is directed to go to her 1) dentist 2) go to her optician when this patient requires a neurological assessment.

The patient later took matters into her own hands and paid for a neurology examination followed by a brain scan. The brain scan showed a small blood clot at the base of skull.

Do you believe that appropriate advice was disseminated to the patient?

When the initial injury occurred, the forehead hit the corner of a concrete step causing severe bruising and swelling immediately. The person was tended by strangers who were actually more caring than what followed. The person injured was actually near to the local hospital. Applying common sense, the person went to the local hospital and requested to see a doctor. The Registered Nurse in Charge advised her in a cold manner that they did not deal with emergency cases and to phone her GP. Her GP was in a different community but the patient made the call only to be advised by the receptionist to call an ambulance.

Do you believe this was appropriate advice from a qualified registered nurse and a receptionist? Was there a need for an ambulance at this point?

Why did the nurse not attempt to make an assessment of the patient? The patient then drove home a distance of 18 miles. What if she had collapsed at the wheel and

had caused an accident involving someone else? Was she having a stroke? The nurse did not bother to investigate by questioning. I am not sure that I entirely blame the nurse as the rules set down were not of her doing but we must retain humanity. When an ice pack was requested from the rural hospital none were available. The information given was that none were available since COVID. In-patients would not be given an ice pack either if they fell while in hospital care! Many lacerations requiring sutures have to go to Aberdeen Infirmary for care. Why?

EMERGENCY CARE AT ALL TIMES.

The patient had an allergic reaction to an antibiotic at 5.45pm. She called the pharmacy for an antihistamine but was advised to go to the hospital. The doctor seated down in the hallway was informed by the patient about the reaction and was told on two occasions to have a seat. The only other person around was the nurse practitioner who came out of a room and attended to the patient. By this time the patient's breathing and pulse were affected and her skin was the colour of a lobster! An antihistamine was given. A short time later the doctor appeared on the scene and told the patient and I quote "You had no right coming to the clinic. You should have called an ambulance. We do not deal with emergencies." Patients have died from severe reactions to antibiotics. Given the history of ambulance services, was his advice practical when he was a trained doctor who took the Hippocratic oath?

Why are those conditions of care, once in place, so readily dismissed and replaced with callousness and with no regard of human life or respect?

I ask then why these requests presented cannot be very promptly re-instated.

No wonder mental health issues are on the increase. No amount of money injected into this NHS is going to work as long as those making decisions show no responsibility and have never worked in a health system and do not understand the level of suffering and despair caused

I live in a rural area and we are greatly disadvantaged. Elderly women often suffer from gynaecological problems requiring ongoing care and the need to have pessary insertions for prolapses. These prolapses are not life threatening as I am instructed by a male gynaecologist (who will never experience this) but it has very great impact on everyday life especially with bladder incontinence. All it may need is the insertion of a pessary but sadly the nurses doing this rurally have a very limited education in this matter. There are many types of pessaries for different situations but if one is requiring a different fitment they have to go 18 miles or even further from other communities to Aberdeen Infirmary. If the patient is elderly and cannot drive and has no one to take her then the situation is impossible. This system needs attention for further training. I have approached a local GP on this matter and the retort was " My nurses are adequately trained!" No progress has been made in the years since. In fairness to the pessary nurses in Aberdeen, which are few, they are on overload and waiting times are not good.

Finally, the Elderly.

Sadly we are at the bottom of the list and perhaps “seen as past our sell by dates.” Forgotten is the fact that so many of us were once good law-abiding citizens, working and financially contributing to the NHS and tax system. As we age, we cannot prevent heart attacks, strokes, falls and dementia where nothing much is being done to support etc but what can be done is to have on-call duty doctors to help when an emergency health crisis occurs! To be faced with cardiovascular problems and know there is no one out there to help and with delayed ambulance times could be insufficient to save a life is not a pleasant thought. Our lives are just as important to those who love us!

Practical changes are urgently needed and the public should not need to petition as the Government are well aware of the outstanding problems. We do not need words! We need action NOW!