

# Briefing for the Citizen Participation and Public Petitions Committee on petition PE2210: Improve access to local healthcare in rural communities, lodged by Nora Fry.

[This petition](#) calls on the Scottish Parliament to urge the Scottish Government to improve access to local healthcare in rural communities by:

- ensuring that GP practices resume inclusive emergency care pathways at all hours
- ensuring on-call doctors are available in GP practices and emergency clinics, including after hours
- removing telephone triaging, telephone appointments and remote diagnosing
- prohibiting GP receptionists from requesting private health information or redirecting patients to other disciplines

## Brief overview of issues raised by the petition

### Rural health and care

In 2021, [seventeen percent of Scotland's population was estimated to live in rural locations – six percent in remote rural and 11 percent in accessible rural](#). Rural areas tend to have a lower proportion of people aged 16 to 44 but a higher proportion of people aged 45 and over. This is particularly true for the age range of 65 and over in remote rural areas. There are some health and social care issues that can impact on rural areas more markedly. These include:

- access to services
- recruitment and retention of staff
- training for staff
- health outcomes.

These issues are explored in the [SPICe blog rural health and care in Scotland](#). The Scottish Human Rights Commission also looked at the Right to Health as part of its report [Economic, Social and Cultural Rights in the Highlands and Islands](#).

Key statistics on healthcare provision in remote and rural areas are available on the [Rural Scotland Data Dashboard](#). This shows that life expectancy and healthy life expectancy are higher in rural areas than in urban areas of Scotland. It also reports that, overall, satisfaction with local health services is relatively high across rural and remote Scotland. In relation to general

practice, it reports that there are fewer patients per GP practice in rural areas and the GP to patient ratio is higher in rural Scotland.

## **Out-of-hours care, the multi-disciplinary team and digital consultations**

In 2015, the [Main Report of the National Review of Primary Care Out of Hours Services](#) (also known as the Ritchie Report) made a number of recommendations for the future of primary care services in Scotland, many of which [are still in the process of being implemented in remote and rural areas](#). [The Ritchie Review made further recommendations in 2018](#) with a particular focus on addressing urgent care provision in North Skye.

The 2015 report had a national focus for redesigning primary care services in Scotland. It suggested various guiding principles in Health and Care Design and Delivery which would underpin service delivery in the future. It also stated such services should be desirable, sustainable, equitable and affordable.

The report concluded that, for this new approach to urgent care to be successful, multi-disciplinary teams (MDTs) must be effectively trained and supported, with the right conditions created in workspaces for people to be valued, to facilitate effective communication and to encourage continuous professional development. The report also states that, in order for these conditions to be met, there would be a need for technologically enabled and innovative working environments which are fit for purpose for both service delivery and training.

Building on this the [2018 Scottish General Medical Services Contract Offer](#), supported by a [Memorandum of Understanding](#), focused on GPs working as an expert medical generalist and senior clinical decision maker within multi-disciplinary community teams.

In relation to the 2018 contract, [Professor Sir Lewis Ritchie, Chair, Remote and Rural General Practice Working Group](#) said:

“The GP Contract is not just about GPs (their terms and conditions and more), it’s also about nurturing and sustaining primary care services into the future to meet the needs of the people of Scotland and all care providers”.

Under the 2018 GP contract, GPs were expected to become "less involved in more routine tasks, with these tasks being delivered by other health professions in the wider primary care multi-disciplinary team" (MDT). There were also changes to the arrangements for out of hours services. Instead of the [opt-out arrangement, a new opt-in Enhanced Service](#) was developed for those practices that choose to provide out of hours services.

The contract also highlighted opportunities to develop the skills of practice receptionists to support patients with information on the range of primary care multi-disciplinary team services available. NHS Education for Scotland (NES)

and the Scottish Government have developed a [General Practice Managers and Administrative Staff Core Competency Framework 2023](#), which takes forward this work.

## Recent Parliamentary Consideration

In 2024, the Health, Social Care and Sport Committee undertook an [inquiry into remote and rural healthcare in Scotland](#). The [Committee published its report on 7 October 2024](#) and [the Scottish Government published its response](#) in November 2024. This focused on education and training, issues around recruitment and retention, service design and delivery, primary care and multi-disciplinary teams, funding and investment, mental health, patient travel, digital, terms and conditions for staff, rural and island workforce recruitment strategy and the National Centre for Remote and Rural Health and Care. A [Committee debate](#) was held on 12 December 2024.

A number of petitions relating to rural health and care have also been considered this session. These include:

- [PE1845](#): Agency to advocate for the healthcare needs of rural Scotland
- [PE1890](#): Find solutions to recruitment and training challenges for rural healthcare in Scotland
- [PE1915](#): Reinstate Caithness County Council and Caithness NHS Board
- [PE1924](#): Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland

A Members' Business Motion (S6M-19548) on [The Growing Tide of Ongoing Challenges Facing Rural Communities](#), was debated on 19 November 2025.

The Equalities, Human Rights and Civil Justice Committee is currently undertaking an [inquiry into rurality](#). This intends to explore the impact of rurality on healthcare, housing, food, fuel poverty and poor transport.

## Recent Scottish Government Policy

In October 2023, the Scottish Government published [General Practice Access Principles](#). These are:

1. Access to General Practice is inclusive and equitable for people, based on the principles of Realistic Medicine and Value Based Health & Care. Care will be person-centred and based on what matters to the individual.
2. People should have a reasonable choice about how they access services.
3. Services should be approachable, sensitive, compassionate, and considerate to need.

4. General Practices should help people to get the right care from the best and most appropriate person or team to care for them (Right Care, Right Place, Right Time).

There are a number of supplementary principles these include:

- People should be enabled and supported to maximise their own health and wellbeing through:
  - Self-management of their condition
  - Using online resources such as NHS Inform
  - Accessing other primary care services where these are suitable such as their local Community Pharmacy, Optometry (Opticians) or Dentists
- General Practices will use digital resources (Information Technology), where appropriate and when people choose, to meet people's needs. The needs of people who struggle with digital technology will also be considered and addressed by General Practices.

The [National Centre for Remote and Rural Health and Care](#) was commissioned by the Scottish Government in 2022. The Centre aims to support the delivery of improved healthcare for remote, rural and island communities across Scotland to reduce remote, rural and island health and wellbeing inequalities. The [Centre is being developed in a phased approach](#). The Phase 1 programme of work addresses priority areas across primary care and community-based services. The programme of activity being delivered by the Centre is focused on improving workforce and service sustainability and building a robust evidence base to inform future policy and service development.

The Scottish Government also established a [Remote, Rural and Islands Task and Finish Group](#) to develop an approach to deliver sustainable care for remote, rural and island communities, through the development of a single plan and sustainable operating model.

The Scottish Government and COSLA published the refreshed [Digital Health and Care Strategy](#), in 2021. The vision of this strategy is

“To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. This supports delivery of the right care, in the right place, at the right time, providing whole of life support; active, independent living; and care that is proactive and personalised”.

An [update to the delivery plan](#) was published in August 2025.

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14 January 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public.

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