Equalities, Human Rights and Civil Justice Committee

Human rights, equalities and access to services in rural areas of Scotland

Submission from Councillor Geva Blackett

Rurality is an Inequality

Having read the Scottish Human Rights Commission (SHRC) November 2024 report on Economic, Social & Cultural Rights in the Highlands and Islands I cannot help but note the similarities to rural Aberdeenshire – particularly around Health Care in remote communities. I understand this is something the Scottish Parliament's Equalities, Human Rights & Civil Justice Committee are looking into.

I have read too the Scottish Government's NHS Grampian Diagnostic document dated August 2025, which does little to inspire confidence…

I understand the Committee is also looking into Food Poverty and Fuel Poverty. My experience tells me that the Scottish Index of Multiple Deprivation (SIMD) statistics relied on by the public sector are just not accurate in my very rural Ward - rural folk are proud, they do not want people to know they are struggling so say nothing and in some cases loneliness/depression creeps in to compound the deprivation.

I have represented Aberdeenshire Council's Ward 15, Aboyne, Upper Deeside and Donside for almost fourteen years. The Ward is some 800sq miles, the vast majority of which lies within the Cairngorms National Park. I am also Chair of Marr Area Committee which makes up some 47% of Aberdeenshire Council's area.

My husband and I have lived in Braemar, a remote, rural community in the very west of the Ward for over 32 years, we have brought our family up here and we hope to remain here for the rest of our days.

For ease of reading, my comments on Health Care are set out in Appendix 1 and my comments on Food and Fuel Poverty in Appendix 2 below and I ask that this document is submitted as part of the Committee's investigation.

Councillor Geva Blackett
Aberdeenshire Council, Ward 15 – Aboyne, Upper Deeside & Donside
Chair, Marr Area Committee

Appendix 1: Health Care

I say my husband and I *hope* to remain in our community because as we grow older our health needs will undoubtably increase. Our school rolls are falling and our demographic aging, yet the care we will need has become increasingly centralised – which I believe is detrimental to older and less abled people. The very people protected supposedly under the Age characteristic of the 2010 Equality Act we, as Elected Members, are all signed up to.

Rurality is an Inequality.

Delivering health care in rural communities such as Aberdeenshire presents a unique set of challenges. The region faces significant demographic pressures, with an ageing population driving increased demand for health and social care services. Recruitment and retention of skilled professionals remain ongoing concerns, as rural locations often struggle to attract and keep staff, with housing costs high. Accessibility is further complicated by transport barriers, making it difficult for many and impossible for some — especially those with disabilities — to reach essential services/appointments.

Financial sustainability is a constant consideration, requiring innovative approaches to service delivery, such as Virtual Community Wards and Community Hospitals, to ensure care remains both effective and efficient. Moreover, rural deprivation can be hidden, with individuals reluctant to disclose issues such as loneliness or poverty, underscoring the importance of community engagement and targeted support to address local inequalities.

Centralised funding models can have a profound impact on rural health care provision in Aberdeenshire. While national allocations aim for equity, rural areas often face unique challenges that are not fully recognised in centralised formulas. Funding streams may not reflect the higher costs associated with delivering services across large, sparsely populated regions, nor do they always account for the specific needs of ageing populations or the additional resources required for transport and accessibility.

Local leaders have highlighted that rural communities sometimes struggle to secure their fair share of funding, particularly when budgets are allocated based on population rather than need. This can result in service reductions, limited investment in community-based initiatives, and increased pressure on local authorities to find alternative sources of support. The shift towards centralised decision-making may also reduce local flexibility, making it harder to tailor services to the distinct needs of Aberdeenshire's communities.

Rurality is an inequality.

The shortage of GPs is a concern I share with the Highlands & Islands. During our time here we have watched health services in the area diminish – GP services cut back with practices amalgamating or worse being let to large companies and of course the Aboyne maternity unit closed in 2012.

Braemar has been lucky up until now because we have had a dedicated GP who foresaw how the 2018 GP contract would discriminate against people in rural areas and has dedicated his entire career to caring in the 'old fashioned way' for his community and beyond. He has saved numerous lives, including my husband's, by being readily available to the people in this remote location. But he is nearing retirement age and then what?

Furthermore, although he has nurse hours allocated to the practice they are seldom realised meaning he does the work. I understand the Committee's Inquiry is looking at health care in the Blairgowrie area – the Braemar GP also looks after patients in the Glenshee area who technically come under Blairgowrie I believe.

Braemar lost our ambulance in 2007. It is now situated eighteen miles east away towards Aberdeen in Ballater (more if you live up Glenshee or down at Mar Lodge) meaning, if it is available and fully crewed, it has to double back to reach the hospital. So far we have been 'lucky' because our GP has triaged people before 999 is dialled, only one person who has died MAY have been saved had an ambulance been available, but I and others have transported people to Aberdeen's ARI hospital because of shortages or delays – a round trip of some 120 miles.

More generally, why do MIU's operate during GP surgery hours? Surely doctors and nurses are capable of attending to injuries such as cuts and grazes, including those which may need stitches, sprains and strains, broken bones – staff can arrange X-rays if there is a community hospital in the vicinity and apply a plaster cast or sling, minor burns and scalds, insect bites or stings and other animal bites, injuries to your eyes, ears, nose and head as long as you haven't fainted or have any signs of concussion… they can remove objects from your eyes, nose or ears and rings or earrings which have got stuck or embedded. One assumes they can assess and treat recent back, shoulder or neck injuries and arrange for you to come back to a clinic if you need follow up care. And surely they can give you a tetanus injection if you need one due to an injury.

In my view funding could be saved if MIUs in rural areas operate in tandem with Out of Hours services and if GP surgeries gave all vaccinations, the travelling nursing teams could be redeployed on the wards! I just don't understand the logic of MIUs opening at the same time as surgeries – what does a GP say to a room full of patients waiting for their appointment if called to attend the person with the cut finger in the MIU?

If more clinical appointments were provided locally and rotationally, using community centres/public buildings if necessary and where appropriate, the facilities at ARI could be deployed for more urgent and critical treatment. I have a constituent who has suffered an enlarged prostate for a number of years and whose kidney stones are now so bad he passes blood, but he is unable to see specialists in a timely fashion and instead depends on prescribed drugs to kill the pain he suffers, drugs that create further issues for him – his issues will just get worse. I would suggest that there has been a significant deterioration in the right to health, across at least parts of Aberdeenshire.

Rurality is an Inequality

I have invited the Cabinet Secretary for Health to visit my Ward on more than one occasion to show him good practice such as Braemar Care as well as discuss concerns. Healthcare delivery needs to change, and Remote Rural Communities deserve easy access to the same healthcare services as those who live in a two-mile radius of urban conurbations, but the funding needs to reflect the challenges.

Human rights are universal rights of all human beings, regardless of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Universal health coverage (UHC) grounded in primary health care helps countries realize the right to health by ensuring all people have affordable, equitable

access to health services – does the 2018 GP contract support that Right? I would suggest not.

Under the Equality Act 2010, it is unlawful to discriminate against someone because of certain ‘protected characteristics’ when you are for example being provided with a public service (like social or health care). The very first of these protected characteristics is Age and the fifth is Pregnancy and Maternity. Healthcare in Scotland is not equitably accessible to those of us living in remote, rural areas.

Rurality should be classed as an INEQUALITY, and I would ask the Committee to please look into the Aberdeenshire situation as a priority with a view to encouraging the Scottish Government to fund the Northeast equitably.

Appendix 2: Food and Fuel Poverty

For many years now I have worked with the generosity of local estates to deliver venison and also frozen pheasant casserole to anyone in my Ward struggling at Christmas to juggle the eating/heating/Christmas challenge – it's a two-day exercise, carried out in complete confidence and takes me any and everywhere from up farm tracks to village houses and everywhere in between. However, in recent months, with rising costs and insecure wage packets, I have realised that doing this at Christmas is not enough and how to help develop Resilience instead of increasing Reliance is now a priority.

Working with a land-owning friend, I have been in discussion with my local Academy, in partnership with local chefs and businesses. Eighteen S3 pupils will learn to cook a different meal using venison mince, pheasant breasts etc donated by estates locally with a different local chef each week. At the end of each session, they will of course be able to enjoy what they have cooked and discuss it amongst themselves and with the chef, but more importantly they will each get a pack of the ingredients (and the costed recipe) to take home and cook for their families.

So, what are the aims of the project and how will it build resilience?

- To teach young people that cooking from scratch can very simple and they will go on to college, university with that skill
- To encourage families to sit and eat together, even occasionally, to enjoy conversation with each other and forgo the lure of the 'screen' for an hour or so
- To start breaking the three generational dependence on processed food that is proving so harmful to health, contributing to obesity and straining our beleaguered health service

We hope some may decide to go into careers in hospitality/butchery and the school already offers the Foundation Apprenticeship scheme.

So, in terms of outcomes….?

- Resilience for individuals,
- Resilience for families – those who eat together, talk together, stay together,
- Increased Resilience for our rural economy.
- Better health

Our aim is to roll this out to the other three Academies in the Marr Area - and hopefully in time run similar courses for 'grown-ups' too.

Some years ago, my husband, the Chair of Marr Area Partnership (MAP) and I helped develop the concept of a local log bank, to work on the same idea as a food bank. Logs were donated and with grant aid dried, chopped, bagged and distributed around the three Aberdeenshire Wards that make up the Marr Area under the management of MAP – and almost half of the area of Aberdeenshire. Of course this could only help those with fireplaces/log burners, leaving many with a dependence on increasing electricity prices. With grants having dried up, the project is now in its final winter as last year's wood will run out shortly.