

Health, Social Care and Sport Committee

Remote and Rural Healthcare Inquiry

30 January - Online Engagement

Patient Campaign Groups

Collated Notes

Introductory speech

- The Convener welcomed Members, Parliament staff and the campaign groups to the meeting. The Convener invited one of the participants to give a brief introductory speech outlining the groups' collective concerns, as requested.
- The nominated participant outlined that all three groups unanimously supported the petition PE1845 – which was published on 23 November 2020 and calls for the Scottish Government to create an agency to ensure that health boards offer 'fair' and 'reasonable' management of rural and remote healthcare issues.
- The participant expanded on this by stating that boards "often confuse hearing with listening". They stated that Boards investigate reports, which they then often misinterpret or ignore. They also highlighted issues regarding oversight of executives by non-executives, with the relationship between integrated boards and politicians being ineffective and disjointed.
- They stated that the establishment of a rural advocacy agency would create a national based, independent system of accountability for failures, or failure to act, on issues relevant to healthcare in remote and rural areas. This would, according to the campaign groups, be effective in improving healthcare in remote and rural areas in 3 ways –
 1. Ensuring consistent narrative reports and any supporting data is listened to and help to collate national experiences and solutions.
 2. Ensure evaluation of reports is accurate and relevant to create effective responses.
 3. Helps challenge the "silo mentality", meaning issues cannot be dismissed as "local" and unique to one specific area.

Factors impacting service delivery

- Participants discussed factors impacting service delivery in their areas. They noted that most remote and rural areas are all talking about the same problems.
- Participants highlighted problems gaining access to healthcare in rural areas, with key issues being transport, travel time, and costs incurred to access district and centralised services.
- Participants noted that when discussing access issues, they realised they were all discussing the same problems, which was the impetus for starting an advocacy group.

- One participant highlighted that in Caithness and Wigtownshire specifically, they have experienced a loss of local services, particularly with regards to maternity services. Many patients are now having to travel to Raigmore, with 70% of women who travel needing to arrange their own transport.
- There has also been a reduction in dental and mental health services locally. Many now have to travel to Inverness, which in some cases is 110 miles away. Patients highlighted that this is the equivalent of travelling from Edinburgh to Newcastle for mental health services.

Centralisation of services

- Participants highlighted that many women's health services which were previously delivered locally are now centralised to Inverness. Kidney services have also been centralised.
- They noted that this means people are having to make tough decisions on whether they can afford the cost of travel and accommodation for day-to-day treatments.
- One participant highlighted what they noted as a more fundamental issue – that many areas are assigned to the East of Scotland cancer network, which requires travel to Edinburgh, when Glasgow would be a more appropriate area for many. Wigtownshire, for example, is seen as “the Borders” but, it is a 2-hour drive to the borders. This alters the travel time from 4 hours to over 6 hours in some cases.
- Participants stated that when they have discussed issues with health boards, they have been very resistant to change. They believed that centralisation can be a good thing but needs to be managed properly in order to be effective.

National Centre for Remote and Rural Health and Care

- Participants were asked how they the National Centre could help improve services in their areas.
- They noted that, as the petition asks, a point of contact who can work with advocacy groups to bring change would be welcomed. In particular, the changing of cancer pathways would involve the work of health boards, Government, and Parliamentary support.
- Many participants highlighted the need to break down silos – having an organisation that can be contacted and effective at getting various groups together would be beneficial to this aim.

Silos

- Members queried further regarding the points made about silos – particularly what is meant by the term and examples of where they have been broken down.

- Health board silos, Scottish Government silos, Ministerial silos were all mentioned; with participants noting that issues often get passed around these silos without anyone taking onus to act.
- It was the view of participants that there needs to be an independent point of contact who can temper these silos “with common sense, compassion and caring.”
- A common theme amongst participants was that they felt NHS Boards were not listening and that accountability of executives and non-executives is non-existent. Highlighted that many local councillors feel they do not have the power to do anything to bring services back locally or change centralised pathways.

Travel reimbursement

- Participants highlighted that there are often no travel expenses given unless the patient is in receipt of benefits. This poses difficulties for individuals who can't afford the initial outlay for travel and accommodation costs.
- One participant highlighted that the Dewar Report for the NHS (published in 1912), discusses people having to choose between food and heating or accessing healthcare. They stated that over 100 years later, many seem to be in this position, with some travel policies they see as being discriminatory against the working poor.
- Participants stated there needs to be a Scotland-wide scheme for travel reimbursement.

Mental health support

- Participants noted people are now expected to travel several hours for mental health support. It was highlighted that this can be very difficult for someone with anxiety or depression. It is therefore important for people to be able to access more localised support, perhaps through consultant visits or expanded online appointments if necessary.

Public messaging and “up north/out west” stigma

- Participants noted that there is a stigma surrounding services “up north” and “out west”.
- They highlighted strategies for remote and rural areas, particularly in the North of Scotland, fail to recognise the intricate nature of different areas. This leads to a stigma surrounding what is needed, as one size fits all approach does not work in many cases.

Other points raised

- Equality impact assessments were highlighted by participants. There is a fear that these often fail when decisions are made. The example was given of GP contracts, vaccination programmes, and maternity services. There needs to be more effort to look at the impact of people in rural areas when these decisions are made.
- The impact of Hospital at Home also needs to be looked at in terms of its impact on rural communities.

- Comment was also made regarding the shape the “advocacy” process would take, with one participant stating that it would require further work and consideration with campaign groups.