

**PE1845/I**

Dr. Angela Armstrong submission of 3 February 2021

For the first thirty years of my medical career I practiced in urban areas of South East England. I then moved to rural South West Scotland (an area I thought I knew having spent many holidays there for many years) for the final five years of my career.

I was immediately struck by the resilience and non-complaining natures of my patients. They accepted that their local doctor's surgery and hospital were often more than a couple of miles from their homes. I was appalled by the frequent inability of outpatient departments to understand the difficulties of patients required to travel about 70 miles to an appointment first thing in the morning, often using public transport. NHS management appeared unable to grasp the geography of the area for which they had responsibility as far as issues of health provision were concerned.

This was brought into focus on reading of the plight of cancer patients who are required to travel from Scotland's most south westerly area to Edinburgh for treatment, by-passing excellent treatment centres in Glasgow en route thus adding four hours onto an already arduous return journey. Despite over twenty years of repeated discussions with the "powers that be" the issue continues un-resolved.

Having been in touch with residents of other areas such as Caithness it is obvious that there are many similarities in the unresolved problems encountered such as sparse maternity services locally requiring patients to travel many miles for investigations and treatment then returning home only to have to leave again within days or hours.

Frequent consultations between patient groups and NHS management frequently prove fruitless as there appears to be little or no understanding of conditions in a rural area which can be 70 or 100 miles from the administrative centre.

The appointment of a Rural and Remote Health Commissioner for Scotland would enable more equitable treatment for all rural patients.