

PE1845/K

Petitioner submission of 8 February 2021

I would like to thank the following for their input into this submission and their support for the document in its entirety—

- Galloway Community Hospital Action Group,
- Remote Practitioners' Association of Scotland,
- Dr W J D Deans BSc (Hons). MB ChB DRCOG MRCPGP MBA CCFP, Vice Chair Orkney Health Board & Clinical Governance Committee Chair - October 2001 to August 2005,
- Caithness Health Action Team and
- Dispensing Doctors Association.

To meet the needs of our citizens, NHS Boards are responsible for determining and delivering the services required by their local populations. NHS Board's local planning is expected to take account of the particular needs of populations from remote and rural settings. Decisions on the provision of services will be based on ensuring fair and equitable access to services wherever this is possible. The Committee will recognise this is not without challenges.

We agree with the Cabinet Secretary that NHS Boards are indeed responsible for taking account of remote and rural needs in local planning. Some, such as Island Boards, are necessarily dominated by remote and rural thinking. For most Health Boards, however, remote and rural issues are a very minor part of their overall duty. A rural commissioner, such as exists in Australia, would act as a useful source of shared expertise and advocacy (agency).

Oversight of Health Boards is the responsibility of the Health Secretary and NHS Scotland Executive Management. Without asking the right questions of Health Boards it is impossible to ask to achieve effective oversight. The absence of expert advice and collation of these issues across Health Boards as described by other submissions demonstrates a remote and rural blind spot. As a consequence, problems persist and worsen. Resolving these matters early, before they become a festering cause celebre, would develop trust in reasoned and balanced solutions.

Informed questioning, clarifying the intentions of Health Boards would have a major positive impact without ceding local responsibility or national oversight. As is rightly observed, a large number of national bodies support government by providing health boards with planning information, recruitment and education. These are valuable structures that form pillars on which to provide rural healthcare. However, as providers, they suffer, as boards do, in having a mainly professionally led structural function, a situation which often marginalises their effectiveness as agents for the communities served, particularly when the alternative to an urban expectation of "gold standard care" is less or even minimal. The Sturrock report describes a silo mentality. The development of a small, purely advisory agency to represent reasonable community views while being able to take a neutral and informed view on

what communities see as being short-changed by boards would ensure policy makers understand the issues when formulating policy as well as ensuring boards deliver equitably for all sectors of the community.

Structure (which presently predominates) and agency are a duality rather than competing influences.¹ Agency, if used wisely, can help to deliver better services in a more cost-effective way, sharing best practice.² Agency must also be prepared to challenge community thinking and encourage a flexible approach to boards based on a knowledge of national norms. Many patients and professionals from remote and rural communities can see the value of this proposal. We urge you and the committee to listen to these voices and support taking this forward at least to an outline specification with estimated budget to facilitate a final decision.

Further information is available from those who have written in support of this petition. Committee members will also find the Remote and Rural Short Life Working Group a useful resource.

¹ [Understanding rural and remote health: A framework for analysis in Australia](#) by Lisa Bourke, John S. Humphreys, John Wakerman and Judy Taylor, published in Health & Place on 2 March 2012

² [What can rural agencies do to address the additional costs of rural services? A typology of rural service innovation](#) by Dr Sheena Asthana and Dr Joyce Halliday. Published in Health and Social Care in the Community, on 13 October 2004