Briefing for the Public Petitions Committee

Petition Number: PE 1845 Agency to advocate for the healthcare needs of rural Scotland

Main Petitioner: Gordon Baird on behalf of Galloway Community Hospital Action Group

Subject: Calls on the Scottish Parliament to urge the Scottish Government to create an agency to ensure that health boards offer 'fair' and 'reasonable' management of rural and remote healthcare issues.

Background

The petitioners are seeking to address the gap in access to healthcare services that people in rural areas of Scotland experience. This includes the distances people have to travel for treatment or consultations. To highlight and resolve issues affecting rural populations, the petitioners propose the creation of an agency to oversee, advise and present evidence to policy makers and board management, to ensure that health policy is equitable across all the geographies of Scotland.

They argue that the centralisation of specialist services, in, or close to cities, while inevitable, also introduces 'structural inequalities' into the system that affect rural populations disproportionately, partly because of the distances to travel, and the local availability of visiting specialist consultants for example.

They also say that communications between health boards and communities about the issues can sometimes be 'confrontational' and not constructive and that an independent agency could, in a sense, mediate and could:

> "be advisory whereby the facts of a policy and its possible impact are established, to ensure that parties understand the nature of the compromise and have clarity about the consequences."

The petitioners also argue that advocacy and understanding of the rural perspective on healthcare is less evident, because many of the professional associations and Royal Colleges do not have rural representatives on their committees.

The Royal College of General Practitioners (RCGP) does have a Rural Forum that considers the particular challenges and nature of rural general practice, but GPs are not part of the NHS board management structure, so cannot act on behalf of their patients by this means. They contract their services to the local health board to run general medical services.

The Royal College of Surgeons of Edinburgh (RCSED) has a Faculty of remote, rural and humanitarian healthcare. Their work is not limited to rural healthcare in Scotland, but about improving health outcomes globally. The Royal College of Physicians of Edinburgh (RCPE) does have a Scotland-focused committee on rural medicine. However, the petitioners appear to be seeking a forum where the voices of patient representatives (and their GPs as their agents) and communities can be heard, and not only clinical (or health management) views and perspectives.

They argue that the issue of distance travelled for treatment is sometimes not well contextualised: there is a considerable difference between simply driving a long way for an appointment, and having to travel a long distance on patient transport in order to receive chemo or radiotherapy, for example. The petitioners say that even in rural boards, 'the primacy of managing for population centres is widespread'.

Overall, the petitioners believe that the needs and experiences of remote and rural citizens and communities are overlooked or not critically examined, because, by definition, they are small, spread out groups of people facing specific and individual challenges which cannot all be addressed by board-wide policy and management decisions.

The lead petitioner provided a submission on 23 November, covering a specific example: cancer pathways and the data on distances travelled and assumptions used. He illustrates inconsistency by pointing out that it is a shorter distance for a patient travelling from Dumfries to Dundee for treatment, than it is for a patient in Galloway to travel to Edinburgh. The first scenario would be rejected as a reasonable pathway by the board, yet the second is the referral pathway that is in place.

Scottish Government Action

The petitioners do not detail the type of public body the agency would be, and there are a range of types of public bodies in Scotland, as outlined here. Health bodies are a particular type of public body and these together make up the NHS (The Mental Welfare Commission is also a health body, but not part of the NHS). Non-departmental public bodies (NDPBs) cover a range of bodies, and one type of NDPB that appears to fit what the petitioners are seeking is:

> **Advisory NDPBs** which provide independent expert advice to Ministers and others or input into the policy-making process in relation to particular subject. They are normally established by Ministers on a non-statutory basis; do not normally employ staff (administrative support is usually provided by the SG); and are not normally

responsible for budgets or expenditure other than remuneration for Board members. They are accountable to a board whose members are normally appointed by Ministers.

There are a number of ways that the Scottish Government recognises the challenges of rural healthcare, but these are predominantly about recruiting and retaining clinical staff in rural areas.

The Scottish Government funds the Scottish Rural Medicine Collaborative (SRMC). This is primarily focused on improving recruitment and retention of rural clinicians, specifically GPs.

ScotGEM is a graduate-entry level medical scheme to improve recruitment by incentivising rural general practice.

NHS Dumfries and Galloway also seek to encourage clinicians to work in the health board area.

Under the Scottish Clinicians Collaborative, developed by the Scottish Government and the Royal College of Surgeons of Edinburgh, clinicians who have recently retired or are working part-time can take on short-term work to support rural general hospitals where recruitment can be challenging.

Patient transport

The petitioners highlight that the distance that rural patients have to travel for specialist services is one of the main manifestations of how rural healthcare needs are not fully acknowledged or addressed.

The Scottish Ambulance Service (SAS) provides transport for those requiring medical support to enable them to get to appointments, and this is assessed by the SAS to see if someone is eligible.

People are expected to make their own way to appointments unless they need clinical assistance, such as a requirement for oxygen while travelling, or a condition that requires support from ambulance staff. There is a national NHS Travel Scheme, operated by all health boards, that patients on a low income or certain benefits can use. Some patients, not entitled to help via the scheme can also apply for an ‘ex gratia’ payment, allowing the board discretion in reimbursing travelling expenses. NHS Dumfries and Galloway say that they do this where the frequency of travel is causing hardship, or where the referral might be outside the normal routes.

Regional planning

The NHS boards in Scotland carry out planning on a regional basis, by grouping boards together. This has been in place since at least 2002. One reason for this was to increase specialisation of some acute services, meaning that not every general hospital would be delivering the same care for every condition or illness, for example. This is why patients have to travel for

certain treatments, sometimes for long distances if they live in remote locations.

NHS Dumfries and Galloway is in a planning grouping for the West of Scotland, along with NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Ayrshire and Arran and NHS Forth Valley. This document explains the planning structure and the associated groups and workstreams. Rural healthcare is not one of the groups or workstreams. The West of Scotland Cancer Network Regional Delivery Plan for 2020-21 does not make any reference to consideration of pathways for those from rural areas.

However, in relation to cancer services, there are three regional cancer networks (Managed Clinical Networks) across Scotland. The South East Scotland Cancer Network (SCAN) brings together clinicians and other professionals from four health boards: NHS Borders, NHS Fife, NHS Lothian and NHS Dumfries and Galloway. So, for planning of cancer services, Dumfries and Galloway is not grouped with western health boards (NHS GGC, NHS Ayrshire and Arran etc). Regional planning and cancer planning do not map onto each other. The other two cancer networks are WoSCAN and NOSCAN, covering the other western health boards and northern health boards. It is not clear what, if any, formal structures there are between the managed clinical cancer networks and the regional planning groups.

This guidance from 2002 explains and provides context for regional NHS planning in Scotland.

Health and social care partnerships

Legislation in 2016 created 31 integration authorities, to bring health and social care into a single integrated system at a local level. These authorities are required to work with their local communities and providers to ensure that services are responsive to peoples; needs. High level health and wellbeing outcomes were devised, and accompany the statutory guidance. The overarching statement accompanying the outcomes framework is that

> "Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.
>
> Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live."

Integration authorities are not separate from health boards or local authorities, but exist to provide the governance structure to direct health and care related budgets and to commission services. However, the aspects of healthcare that are not delegated to integration authorities are the scheduled care services – the outpatients and specialist services that are the main concern of the petitioners.

Impact assessments

The petitioners aren't specific about how health boards should consider equity in their policies and practices, and one existing mechanism or resource is the health inequality impact assessment.

Public Health Scotland host the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) which has been running since 2001 and supports and promotes a Health in All Policies approach in Scotland as well as increasing the use and quality of Health Impact Assessments (HIAs). While this initiative is far broader than health policy and how boards manage access and equality for all their populations, it does provide support knowledge exchange and practice in decision making.

Public Health Scotland also has resources for conducting Health Inequality Impact Assessments, along with details of various case studies. These can be carried out when services are considering changes to services.

> "Health Inequalities Impact Assessment (HIIA) is a tool to assess the impact on people of applying a proposed, new or revised policy or practice. HIIA goes beyond the public sector's legal duty of the Equality Act 2010 to assess impact (EQIA) by assessing the impact on
>
> - health inequalities
> - people with protected characteristics
> - human rights
> - socioeconomic circumstances.
>
> In April 2018 legislation came into force called the Fairer Scotland Duty. It asks public bodies to 'pay due regard' to how they can reduce inequalities of outcome caused by socioeconomic disadvantage."

Scottish Parliament Action

The Health and Sport Committee has conducted inquiries that have heard from rural GPs and clinicians. In 2016 an inquiry looked into Recruitment and retention, with a focus on the challenges of rural medicine.

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21 December 2020

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