

PE1845/E

Karen Murphy submission of 13 January 2021

The petition asks for an Agency to advocate for Rural and Remote areas, which is an initiative which, I believe, would solve the ongoing inequalities rural and remote communities face in relation to medical care. The original petition, and subsequent submission, comprehensively set out in detail the issues and how they can be ameliorated.

It is reassuring that the petition is being considered so swiftly, and the Committee are to be commended on their attention to ongoing business in the face of the current health emergency faced by the country. However, the speed has meant that there has not been the opportunity to gather the level of support and evidence from patients that it is anticipated such a role would have.

However, I hope the Committee consider that the office of Health Commissioner will, I am sure, be thoroughly welcomed by patients in rural and remote areas who, when [PE1698: Medical care in rural areas](#) was lodged, firmly considered that their health needs were neglected in favour of urban areas, a position which has been reinforced by the Sturrock Report.

At that time, the focus of Rural and Remote Patients Group was targeted at the 'new' GP contract, but it is to be noted that there were several requests and examples given of perverse situations that patients found themselves in that they felt needed to be addressed. The role of Commissioner could go some way in exploring and potentially levelling out some of these issues as they would be able to gain experience of what works in other areas, within Health Boards, and nationally.

Our social media awareness posts demonstrate an increasing interest in this concept, and engagement is building, with increased positive support for the independent scrutiny of policy by a national rural commissioner. This is unsurprising given the difficulty rural communities face in securing medical care, which currently disproportionately disadvantages them and results in poor health outcomes. It gives a good indication that such an initiative would be well received if more time and energy were expended on consultation.

If the Committee considers, during deliberation of the petition, that formal patient consultation would be beneficial before progressing may I request that representation is sought from a cross section of patients within rural and remote communities. In the past the Patient Participation Group, P3, has been used to represent patient views, but it is embedded within an organization that, it could be argued, lacks the independence required for impartiality.