

PE1845/JJ Petitioner submission of 14 February 2023

I am very grateful for the committee giving time to consider our petition further.

I hope that the committee will take further evidence from the petitioners and academic representatives of Rural Healthcare who have helped us prepare our case. During your meeting with the Secretary of State, at least one fundamental misunderstanding of our motion was expressed. The support of Sir Lewis Ritchie for advocacy enhancing the work already commissioned for the proposed centre for excellence was again expressed. The other petitioners have confirmed that an independent agency would aid resolution of their issues. Thus, even if only to clarify the facts, a hearing by the committee is requested.

Our petition has raised widespread interest from rural lay and groups from Galloway, Caithness and Skye alongside professional support through the Rural GP Association of Scotland. NHS England formally acknowledged the crisis of health in coastal communities in their 2021 annual report. The new National Centre of Excellence for Remote and Rural Health and Social Care is welcome and, supporting the petition in his written submission, Sir Lewis Ritchie stated “there are potential synergies in relation to the planned National Centre of Excellence for Remote and Rural Health and Social Care, including consideration of the potential role of a Rural Health Commissioner.” Those most engaged and informed are therefore in support.

At your previous meeting a committee member seemed to consider that such an agency would deal with individual cases. This is incorrect. Indeed, the current complaint arrangements, including the Ombudsman, seem to be a good example of equitable provision for rural individual issues. Our submission has shown that the current system systemically fails rural populations and that academic centres, which have an essential role as providers, lack the ability to engage at local levels. This is well documented in all our submissions.

The provision of an agency (such as a Rural Health commissioner) is an essential and proven adjunct to the other excellent efforts of central organisations. Other rural countries, in particular Australia find this devolved responsibility efficient and cost effective through reducing expensive and inefficient centralisation.

For example, in Galloway, we are currently in the process of an external review into the absence of an out of hours local maternity service, taking up the time of senior medical and midwifery management staff from another board. History predicts limited success. Experience of commissioners is of a more consensual nature with a greater likelihood of good clinical outcomes and cost efficiencies, without depriving other boards of clinical management during a critical period.

I hope that the committee will take further time to take evidence from me as a retired clinician and clinical lead, supported by the opinion of a senior academic, to help create a more efficient approach through a long-term, cost-effective and sustainable solution.