Citizen Participation and Public Petitions Committee
Wednesday 11 February 2026
4th Meeting, 2026 (Session 6)

PE2210: Improve access to local healthcare in rural communities

Introduction

Petitioner Nora Fry

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to improve access to local healthcare in rural communities by:

- ensuring that GP practices resume inclusive emergency care pathways at all hours
- ensuring on-call doctors are available in GP practices and emergency clinics, including after hours
- removing telephone triaging, telephone appointments and remote diagnosing
- prohibiting GP receptionists from requesting private health information or redirecting patients to other disciplines

Webpage https://petitions.parliament.scot/petitions/PE2210

1. This is a new petition that was lodged on 1 December 2025.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

4. Every petition collects signatures while it remains under consideration. At the time of writing, 64 signatures have been received on this petition.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
February 2026

Annexe A: Summary of petition

PE2210: Improve access to local healthcare in rural communities

Petitioner

Nora Fry

Date Lodged

1 December 2025

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to improve access to local healthcare in rural communities by:

- ensuring that GP practices resume inclusive emergency care pathways at all hours
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Background information

I am a retired but well trained nurse in various disciplines. Sadly I witness a worrying decline in quality and accessibility of healthcare services, particularly in rural areas. Clinics have been downgraded, leaving the rural population with inferior care and without access to emergency care or face-to-face appointments. Patients are treated by short-term GPs, therefore lacking continuity, and are being treated with indifference. Patients now face long waits and travel to distant hospitals. Many are fragile or unable to drive. We are expected to accept phone consultations. This is an unsafe and impersonal approach that can increase the risk of misdiagnosis. Clerical staff began the process of triaging or often give different opinions. After hour care does not exist. Why? The Hippocratic oath no longer exists. Safety, wellbeing and confidentiality are abandoned! We ask that the Scottish Government urgently restore rural clinic services, address the need for after hour care, diagnose in a proper manner and bring back "caring".

Annexe B: SPICe briefing on PE2210

This petition calls on the Scottish Parliament to urge the Scottish Government to improve access to local healthcare in rural communities by:

- ensuring that GP practices resume inclusive emergency care pathways at all hours
- ensuring on-call doctors are available in GP practices and emergency clinics, including after hours
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Brief overview of issues raised by the petition

Rural health and care

In 2021, seventeen percent of Scotland's population was estimated to live in rural locations – six percent in remote rural and 11 percent in accessible rural. Rural areas tend to have a lower proportion of people aged 16 to 44 but a higher proportion of people aged 45 and over. This is particularly true for the age range of 65 and over in remote rural areas. There are some health and social care issues that can impact on rural areas more markedly. These include:

- access to services
- recruitment and retention of staff
- training for staff
- health outcomes.

These issues are explored in the SPICe blog rural health and care in Scotland. The Scottish Human Rights Commission also looked at the Right to Health as part of its report Economic, Social and Cultural Rights in the Highlands and Islands.

Key statistics on healthcare provision in remote and rural areas are available on the Rural Scotland Data Dashboard. This shows that life expectancy and healthy life expectancy are higher in rural areas than in urban areas of Scotland. It also reports that, overall, satisfaction with local health services is relatively high across rural and remote Scotland. In relation to general practice, it reports that there are fewer

patients per GP practice in rural areas and the GP to patient ratio is higher in rural Scotland.

Out-of-hours care, the multi-disciplinary team and digital consultations

In 2015, the Main Report of the National Review of Primary Care Out of Hours Services (also known as the Ritchie Report) made a number of recommendations for the future of primary care services in Scotland, many of which are still in the process of being implemented in remote and rural areas. The Ritchie Review made further recommendations in 2018 with a particular focus on addressing urgent care provision in North Skye.

The 2015 report had a national focus for redesigning primary care services in Scotland. It suggested various guiding principles in Health and Care Design and Delivery which would underpin service delivery in the future. It also stated such services should be desirable, sustainable, equitable and affordable.

The report concluded that, for this new approach to urgent care to be successful, multi-disciplinary teams (MDTs) must be effectively trained and supported, with the right conditions created in workspaces for people to be valued, to facilitate effective communication and to encourage continuous professional development. The report also states that, in order for these conditions to be met, there would be a need for technologically enabled and innovative working environments which are fit for purpose for both service delivery and training.

Building on this the 2018 Scottish General Medical Services Contract Offer, supported by a Memorandum of Understanding, focused on GPs working as an expert medical generalist and senior clinical decision maker within multi-disciplinary community teams.

In relation to the 2018 contract, Professor Sir Lewis Ritchie, Chair, Remote and Rural General Practice Working Group said:

> “The GP Contract is not just about GPs (their terms and conditions and more), it’s also about nurturing and sustaining primary care services into the future to meet the needs of the people of Scotland and all care providers”.

Under the 2018 GP contract, GPs were expected to become "less involved in more routine tasks, with these tasks being delivered by other health professions in the wider primary care multi-disciplinary team" (MDT). There were also changes to the arrangements for out of hours services. Instead of the opt-out arrangement, a new opt-in Enhanced Service was developed for those practices that choose to provide out of hours services.

The contract also highlighted opportunities to develop the skills of practice receptionists to support patients with information on the range of primary care multi-disciplinary team services available. NHS Education for Scotland (NES) and the Scottish Government have developed a General Practice Managers and

Administrative Staff Core Competency Framework 2023, which takes forward this work.

Recent Parliamentary Consideration

In 2024, the Health, Social Care and Sport Committee undertook an inquiry into remote and rural healthcare in Scotland. The Committee published its report on 7 October 2024 and the Scottish Government published its response in November 2024. This focused on education and training, issues around recruitment and retention, service design and delivery, primary care and multi-disciplinary teams, funding and investment, mental health, patient travel, digital, terms and conditions for staff, rural and island workforce recruitment strategy and the National Centre for Remote and Rural Health and Care. A Committee debate was held on 12 December 2024.

A number of petitions relating to rural health and care have also been considered this session. These include:

- PE1845: Agency to advocate for the healthcare needs of rural Scotland
- PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland
- PE1915: Reinstate Caithness County Council and Caithness NHS Board
- PE1924: Complete an emergency in-depth review of Women's Health services in Caithness & Sutherland

A Members' Business Motion (S6M-19548) on The Growing Tide of Ongoing Challenges Facing Rural Communities, was debated on 19 November 2025.

The Equalities, Human Rights and Civil Justice Committee is currently undertaking an inquiry into rurality. This intends to explore the impact of rurality on healthcare, housing, food, fuel poverty and poor transport.

Recent Scottish Government Policy

In October 2023, the Scottish Government published General Practice Access Principles. These are:

1. Access to General Practice is inclusive and equitable for people, based on the principles of Realistic Medicine and Value Based Health & Care. Care will be person-centred and based on what matters to the individual.

2. People should have a reasonable choice about how they access services.

3. Services should be approachable, sensitive, compassionate, and considerate to need.

4. General Practices should help people to get the right care from the best and most appropriate person or team to care for them (Right Care, Right Place, Right Time).

There are a number of supplementary principles these include:

- People should be enabled and supported to maximise their own health and wellbeing through: • Self-management of their condition • Using online resources such as NHS Inform • Accessing other primary care services where these are suitable such as their local Community Pharmacy, Optometry (Opticians) or Dentists

- General Practices will use digital resources (Information Technology), where appropriate and when people choose, to meet people's needs. The needs of people who struggle with digital technology will also be considered and addressed by General Practices.

The National Centre for Remote and Rural Health and Care was commissioned by the Scottish Government in 2022. The Centre aims to support the delivery of improved healthcare for remote, rural and island communities across Scotland to reduce remote, rural and island health and wellbeing inequalities. The Centre is being developed in a phased approach. The Phase 1 programme of work addresses priority areas across primary care and community-based services. The programme of activity being delivered by the Centre is focused on improving workforce and service sustainability and building a robust evidence base to inform future policy and service development.

The Scottish Government also established a Remote, Rural and Islands Task and Finish Group to develop an approach to deliver sustainable care for remote, rural and island communities, through the development of a single plan and sustainable operating model.

The Scottish Government and COSLA published the refreshed Digital Health and Care Strategy, in 2021. The vision of this strategy is

> "To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. This supports delivery of the right care, in the right place, at the right time, providing whole of life support; active, independent living; and care that is proactive and personalised".

An update to the delivery plan was published in August 2025.

Lizzy Burgess
Senior Researcher
14 January 2026

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Annexe C: Written submissions

Scottish Government written submission, 14 January 2026

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The Scottish Government does not consider the specific asks of the petition to be practical or achievable.

The petition calls on the Scottish Government to ensure that GP practices resume inclusive emergency care pathways at all hours, ensure on-call doctors are available in GP practices and emergency clinics, including after hours, remove telephone triaging, telephone appointments and remote diagnosing and prohibit GP receptionists from requesting private health information or redirecting patients to other disciplines.

Modern general practice is based on services provided by a range of disciplines. This means that GP receptionists need to be able to signpost patients to the right clinician which in turn means asking patients for some information. It also means making appropriate use of modern technology. The Scottish Government (or Scottish Executive as then was) removed the obligation to provide Out of Hours Services from the GP contract in 2004 for most GP practices. A revision of the contract in 2018 removed the last residual responsibilities. This was to make general practice a more attractive profession by removing the requirement that partners were responsible for providing services at all hours. Where GPs work out of hours (and they do in most health boards), this is by specific agreement. The Scottish Government does not believe the profession would support any revision to their contracts for a proportionate cost whilst any such revision would endanger our progress towards recruiting more GPs.

The Scottish Government has recently announced the largest investment in core GP services to date in Scotland - worth over half a billion pounds over the next three years. This will boost recruitment and retention, expand appointment capacity, and make it easier for people to access GP services. In addition to this, the Scottish Government has invested an additional £50 million over the last 9 years to take forward the recommendations made in Sir Lewis Ritchie's Review of Out of Hours services.

I can confirm that the Scottish Government is not taking action to return Out of Hours Services to General Practitioner delivery nor to make all GP appointments in person.

General Practice Policy Division

Petitioner written submission, 22 January 2026

PE2210/B: Improve access to local healthcare in rural communities

I note that the submission can use evidence-based information which I will present using my direct involvement but can be identified also as a community at large problem.

Triaging

GP receptionists are not qualified in medical conditions and therefore lack ability to triage or view what is an urgent matter.

Society at large is invading our privacy from all aspects but we must preserve our rights to confidentiality and therefore be able to dialogue with our GP or directly to a nurse in some cases. There may be situations whereby a patient holds back on vital information for their well-being because that person only wishes a doctor to know, trust being the factor.

Information can be misinterpreted by passing details to third parties.

An example

When a patient gives information regarding a previous severe head injury, is experiencing vague new head pain (but not a true headache), has severe dizziness and balance problems, feels unwell, has the event of double vision as well as an unusual outbreak of mouth ulcers and is directed to go to her 1) dentist 2) go to her optician when this patient requires a neurological assessment.

The patient later took matters into her own hands and paid for a neurology examination followed by a brain scan. The brain scan showed a small blood clot at the base of skull.

Do you believe that appropriate advice was disseminated to the patient?

When the initial injury occurred, the forehead hit the corner of a concrete step causing severe bruising and swelling immediately. The person was tended by strangers who were actually more caring than what followed. The person injured was actually near to the local hospital. Applying common sense, the person went to the local hospital and requested to see a doctor. The Registered Nurse in Charge advised her in a cold manner that they did not deal with emergency cases and to phone her GP. Her GP was in a different community but the patient made the call only to be advised by the receptionist to call an ambulance.

Do you believe this was appropriate advice from a qualified registered nurse and a receptionist? Was there a need for an ambulance at this point?

Why did the nurse not attempt to make an assessment of the patient? The patient then drove home a distance of 18 miles. What if she had collapsed at the wheel and had caused an accident involving someone else? Was she having a stroke? The nurse did not bother to investigate by questioning. I am not sure that I entirely blame the nurse as the rules set down were not of her doing but we must retain humanity. When an ice pack was requested from the rural hospital none were available. The information given was that none were available since COVID. In-patients would not be given an ice pack either if they fell while in hospital care! Many lacerations requiring sutures have to go to Aberdeen Infirmary for care. Why?

EMERGENCY CARE AT All TIMES.

The patient had an allergic reaction to an antibiotic at 5.45pm. She called the pharmacy for an antihistamine but was advised to go to the hospital. The doctor seated down in the hallway was informed by the patient about the reaction and was told on two occasions to have a seat. The only other person around was the nurse

practitioner who came out of a room and attended to the patient. By this time the patient's breathing and pulse were affected and her skin was the colour of a lobster! An antihistamine was given. A short time later the doctor appeared on the scene and told the patient and I quote "You had no right coming to the clinic. You should have called an ambulance. We do not deal with emergencies." Patients have died from severe reactions to antibiotics. Given the history of ambulance services, was his advice practical when he was a trained doctor who took the Hippocratic oath?

Why are those conditions of care, once in place, so readily dismissed and replaced with callousness and with no regard of human life or respect?

I ask then why these requests presented cannot be very promptly re-instated.

No wonder mental health issues are on the increase. No amount of money injected into this NHS is going to work as long as those making decisions show no responsibility and have never worked in a health system and do not understand the level of suffering and despair caused

I live in a rural area and we are greatly disadvantaged. Elderly women often suffer from gynaecological problems requiring ongoing care and the need to have pessary insertions for prolapses. These prolapses are not life threatening as I am instructed by a male gynaecologist (who will never experience this) but it has very great impact on everyday life especially with bladder incontinence. All it may need is the insertion of a pessary but sadly the nurses doing this rurally have a very limited education in this matter. There are many types of pessaries for different situations but if one is requiring a different fitment they have to go 18 miles or even further from other communities to Aberdeen Infirmary. If the patient is elderly and cannot drive and has no one to take her then the situation is impossible. This system needs attention for further training. I have approached a local GP on this matter and the retort was " My nurses are adequately trained!" No progress has been made in the years since. In fairness to the pessary nurses in Aberdeen, which are few, they are on overload and waiting times are not good.

Finally, the Elderly.

Sadly we are at the bottom of the list and perhaps "seen as past our sell by dates." Forgotten is the fact that so many of us were once good law-abiding citizens, working and financially contributing to the NHS and tax system. As we age, we cannot prevent heart attacks, strokes, falls and dementia where nothing much is being done to support etc but what can be done is to have on-call duty doctors to help when an emergency health crisis occurs! To be faced with cardiovascular problems and know there is no one out there to help and with delayed ambulance times could be insufficient to save a life is not a pleasant thought. Our lives are just as important to those who love us!

Practical changes are urgently needed and the public should not need to petition as the Government are well aware of the outstanding problems. We do not need words! We need action NOW!