

PE1698/B

Dr Hamish D Greig submission of 21 September 2018

I understand that the Public Petitions Committee was speculating whether there were wider concerns regarding Rural GP practice. There are other patient groups such as the Brechin Health Care Group which was specifically formed as a patient organisation to raise concerns regarding services to the Brechin, Edzell and Landward area of North Angus. The area extends into the Cairngorms National park.

The group was formed after a perfect storm of illness and resignations meant the local practice was under pressure and was taken into 2c management by NHS Tayside and at the same time despite advice to the contrary the local infirmary was closed. The Health Group has specifically set out to look at the locality needs and the services that might be needed to address those needs.

The Health Board has set in place various measures to help the practice to manage with a reduced GP footprint but there seems little understanding that the services to the community are terrible. The patient experience is being ignored. The new contract will bring no new resources to the practice or the community. The Workload allocation Formula seems based on urban practice and does not reflect the way rural practices need to respond to the local community.

There is a dogmatic and doctrinal approach from the Board and HSCP which says that this is the way it must be and there are no alternatives. The structures which are supposed to allow communities to input into the process do not work. The patients are leaving the practice to register elsewhere putting pressure on other practices but the alternatives are 5 miles and 12 miles away so that vulnerable groups have little alternative. Patients are having problems making appointments, having any continuity and having home visits even when appropriate eg dementia or palliative care. Patients cannot complain because they are worried it will affect the service they receive. The health board is both judge and jury about complaints which are about their employees.

The attitude towards the patient group when we comment is that we are "negative" when we provide feedback; that we obviously don't understand so we are subjected to 11/2 hrs monologue regarding what the HSCP and the Board are doing. Access to services for Rural patients (SIMD categories) is the worst level but we are told "they choose to live where they do". No OOH services; even the local Minor injury unit is now open only Mon -Fri 9-430pm. Palliative care services are disrupted and now depend on the MacMillan services which are also under staffing pressure. Local Hospital offered local hospice care but no longer there and no substitute.

The concept of the Health Board providing the additional services is one that is a challenge- the Health centre is Health board owned but is not fit for purpose. The services put in place such as physio and Health and Wellbeing nurse are dependent on there being availability- holidays or illness mean the service is dropped and patients need to back to seeing the GP. At the end of the time allocated patients not seen are told to go away because the service cannot see them today. Once the patients have been seen by these services they need to go onto the usual waiting list

for normal services provision. In order to operate this system 1 GP WTE spends all day answering the phone and phoning patients back to "triage" the calls. This is clumsy and means there is always 1 GP who could be seeing patients and who is not able to.

We have serious concerns regarding the implementation of the New contract in Rural areas of Scotland and the effects of the reduced funding in GP practices which seems likely to reduce Recruitment and retention of GPs and to make Communities less and less sustainable.