

## **PE1698/H**

Scottish Rural Action submission of 8 February 2019

### **About Scottish Rural Action**

We are a grassroots-led, non-profit organisation. We seek to ensure that decision-makers understand the needs and strengths of rural communities in Scotland, and that policy does not disadvantage rural communities.

We work by:

- Influencing policy and services at a national, regional and local level on the 5 key priority areas in the Rural Manifesto for Scotland to ensure the needs and interest of marginalised people living in rural areas are not overlooked.
- Representing the voice of rural Scotland on key Scottish Government decision-making committees including National Transport Strategy Partnership Group, Broadband R100 Expert Group, Rural Policy Cross-Party Group.
- Connecting with rural communities through our developing active volunteer-led networks to build a grass-roots rural movement.
- Organising the Scottish Rural Parliament every two years to connect rural communities with decision-makers and to raise the profile of rural needs and strengths.
- Providing opportunities for rural communities to connect, share and learn from each other.

We are a company limited by guarantee and a registered charity formed with the dual purpose of developing and organising Scotland's Rural Parliament and supporting the development of a rural movement. We have no affiliation with any political party. Our members elect our board of directors every two years.

### **Our response**

We wish to make the following points regarding the Petition PE1698: Medical care in rural areas:

1. Scottish Rural Action believes that all citizens should have the same access to services, resources and opportunities regardless of where they live, and this includes medical care.
2. Health outcomes in rural areas can be poorer due to the difficulties in accessing centralised services. This has most likely led to the recent decline in life-expectancy in rural communities on the west coast of Scotland highlighted in the New West of Scotland: Health Needs Assessment report. The time, difficulties and cost of travel can be prohibitive, particularly for those who are more vulnerable.

3. GPs are the frontline of medical services in rural communities and often provide a more comprehensive range of services than are found in urban communities, including round-the-clock emergency care, due to the isolated nature of their location. Rural communities would like to see more healthcare provision in their local community, such as dialysis and maternity services, which would reduce travel for routine health reasons.
4. Health services in rural areas are also impacted on by the seasonal influx of migrant workers and tourists. This can add significant pressure to health services at certain times of the year.
5. There are serious GP and other health worker recruitment and retention issues in rural areas and whilst measures have been taken to address this concerning and costly issue, it is common sense that GP contracts need to be attractive.
6. The community response to the concerns expressed by rural GPs has been significant and should not be ignored. Health care is an emotive subject and perceived threats to health services need to be addressed transparently and urgently.
7. Scotland does not formally rural-proof policy at present, although island-proofing is being introduced, and decisions such as GP contracts need to be checked to ensure there is no adverse impact on rural areas. Decisions made by vote can easily be dominated by urban needs and where those decisions impact positively on urban areas, but negatively on rural areas, a different approach must be taken.
8. We have not reviewed the technicalities of the contract for bias against rural areas, but stress that other representatives of rural communities have done this and believe there is an inherent bias. In our opinion, that warrants further investigation.