PE1845/A
Petitioner submission of 23 November 2020

Below is an outline of an example which of a situation which, I believe, would not have occurred had there been an agency to ensure that health boards offer 'fair' and 'reasonable' management of rural and remote healthcare issues.

Poor strategic data. For deprivation this remains an issue. Distance decay for Scottish cancer admissions was clearly described in 2008[1] with an almost 3-fold discrepancy in admission rates between <1hr and >3hrs travel. Galloway accounted for 50-75% of this latter group. NHS Dumfries & Galloway now rejects this data as being out of date, however, this peer reviewed data has been cited in the international literature 45 times, and 19 times since 2015.

Common sense & compassion. In 2002 Dumfries and Galloway Health Board (DGHB) aligned cancer services for the region with the South East of Scotland managed clinical network (SCAN). As a result, extrapolating from 2 years ISD figures for 2013-14, patients from Galloway have had 3,240 journeys to Edinburgh. That is a conservative total of 972,000 miles, of which 324,000 miles or 6,500 hours is unnecessary. In 2016 the board's own report described no patient benefit to the pathway. The reason for extra travel was the preferences of clinicians in 2002. In 2004, a study of 79 Wigtownshire cancer patients showed 884 journeys, 251 over 3 hours with 128 (14.5%) being to Edinburgh. 85 negative comments related to travel. Common sense dictates that Galloway is not in the East and supported the objective findings of this 2-year study. Once again, the board states this is out of date but the MacMillan report, The Big Cancer Conversation Engagement Report, challenged the out of date defence with transport in the top 2 of 10 "over reaching themes".

Poor local data. A board public health report in 2016 stated a high Glasgow referral rate for breast cancer attributed to patient preference or GP request. In fact, neither if these is a plausible explanation (patient requests were routinely refused and GPs are now limited in referral choices). The reason is that breast screening refers to a Glasgow pathway; perversely the more advanced presentations are required to travel further. At a meeting with the Director of Strategic Planning Manager/Commissioner for Cancer, Palliative Care for NHS Dumfries & Galloway during a MacMillan review in 2019 was apparently still unaware of this pathway.

Lack of agency. Requests from 2004 onwards for a formal review were firmly rejected until 2016, when a new chair was appointed, declaring that it was "the right thing to do". A review in 2016 instructed the executive to perform an option appraisal. This was not done, and we find no record of the pathway appearing on the board agenda until 2019 when a new chair (responding to concerns) raised the issue and the board decided to transfer all referrals to Glasgow. This suggests that new chairs identify the problem but as time passes it slips from the agenda.

The situation in 2020: Glasgow now refuses all referrals and Edinburgh has raised concerns about the changes. Covid has stalled any process and resolution has been postponed.

[1] https://www.rrh.org.au/journal/article/1003

Conclusion

Galloway is not in the East of Scotland and, I believe, this baseless policy has caused untold misery and expense in a vulnerable group over decades. If an option appraisal had suggested Dumfries patients went to Dundee (shorter than Stranraer to Edinburgh) then it would have been rejected as “unreasonable” and “unfair”. Unlike Galloway no other arguments would be required to reject the proposal. Rather than follow the evidence, blinded by the certainty that the centre is always right (for whatever motivation), the structure defends the indefensible, leading to frustration and confrontation, the latter easily attributed to bullying. This is a symptom of a national problem and requires a national solution. The need to tell an emperor he has no clothes can only be satisfied if we employ a weaver who can tell him the truth.