PE1845/P
Tom Mitchell submission of 16 March 2021

The current Petition submissions lack any personal account of the effects of rurality. The effect of rurality, even for those who are relatively fit and without socio-economic issues, is an important component of any such debate. For the sake of clarity, I have no complaint about the way I have been medically treated by Edinburgh.

I am a retired business banking manager living and working in a rural area for over 30 years, and with experience in the voluntary sector with 17 years as a Children's Panel member, a past President of Stranraer Rotary Club and past Secretary of Wigtownshire Rugby Club. I used to be a voluntary driver transporting cancer patients and witnessed much unnecessary suffering. I have first hand experience of the effect rurality has on health and socioeconomic outcomes.

For Galloway cancer is managed through the South *East* of Scotland cancer network (SCAN) meaning treatment in Edinburgh. Stranraer is 40 miles *west* of Glasgow, our nearest cancer centre. West Galloway is within sight of the Irish coast (making Belfast even closer) yet the idea seems to persist in some minds that we are in the *east* of Scotland! This unnecessary travel burden is imposed without rationale and, I believe, without evidence of clinical benefit.

Virtually all suspected cancer cases from Wigtownshire are subjected to unnecessary travel to Edinburgh for cancer treatment (round trip 260 miles) rather than Glasgow (round trip 170 miles). ***The route to Edinburgh passes within 1 mile of the Beatson in Glasgow***. Over the last 30 years Dumfries and Galloway Health Board refused or failed to rationalise this. A trip to Edinburgh from Stranraer is the equivalent of Edinburgh to Aberdeen! No reasonable person would consider it fair for seriously ill patients to be subjected to additional travel without benefit.

My cancer diagnosis in 2013 meant several visits to my ‘local’ District General hospital in Dumfries (round trip 144 miles) and a trip to Carlisle for a scan (round trip 214 miles), to Edinburgh (round trip 260 miles). Finally, 4 weeks in Edinburgh for radiotherapy, returning each weekend (round trip 260 X 4 = 1,040 miles.) There were several more visits to Edinburgh before being discharged in 2017. My cancer returned in January 2019 being diagnosed at Dumfries (round trip 144 miles). A request to be treated at Glasgow was refused as I was already “in the system” as an Edinburgh referral. I have since had a trip to Carlisle (round trip 214 miles) and several visits to Edinburgh (round trip 260 miles each visit) and an overnight stay in a hotel in Edinburgh prior to being admitted at 7am for an operation.

Dumfries and Galloway Health Board *chooses* not to reimburse expenses except where compelled to in hardship cases despite there being a ‘Highland’ scheme which would allow such payments.

However great my problems, those who have to rely on public or voluntary sector transport especially the frail, elderly or poor fare much worse.

Hardship and worse is experienced by many people throughout Scotland but Galloway seems unique in the inappropriateness of the referral pathway and the refusal of the Board to resolve it.

I was impressed with the submission relating to the Sturrock report, and now recognise that there is a national systemic failure selectively affecting all rural and remote communities.

Years ago, I was personally promised by Dumfries & Galloway Health Board that patients will have choice and referral pathways will be changed to the nearest hospital - what Sturrock refers to as “promises made and not kept”. I also recognise his description of a “silo mentality” where Board decisions have been ignored by the executive.

It appears that there is no overview of the treatment and needs of those in rural areas, particularly when any attempts to get change are strongly resisted.

A systemic national failure requires a broad national approach, as this cancer pathway issue is not unique by the extent and duration of the problem, rather its indifference to geographical facts. It too is a symptom of a more systemic underlying problem.

I note Scotland already has a commissioner role for children and young persons, and the Rural Health commissioner role in Australia has been extended from a trial phase. ***There is at present no agency that appears to understand these issues, far less able to persuade Boards of the benefits of change.***