

# ROYAL COLLEGE OF GENERAL PRACTITIONERS

## CLINICAL NETWORK

### RURAL PRACTICE STANDING GROUP

Minutes of the meeting of the Rural Practice Standing Group held at the King's Fund Centre on Wednesday, 14 September 2005 at 10.30am.

**Present:** Dr Gordon Baird  
Dr David Johnston  
Dr Paul Kettle  
Dr Laura Marshall  
Dr Catti Moss  
Dr Iain Mungall  
Ms Jane Randall-Smith - IRH  
Dr Brian Robson – Clinical Director, NHS 24  
Dr Mike Sadler - Clinical Director, NHS Direct  
Dr Russel Walshaw - GPC  
Dr Malcolm Ward - DDA

**In attendance: Kathleen Dyer**

**1. Welcome and Apologies for Absence**

There were apologies from Dr John Wynn-Jones, Dr Walter Boyd, Dr James Moore and Fiona van Zwanenberg.

Dr Paul Kettle a new member to the Rural Group was welcomed to his first meeting and all attendees introduced themselves.

**2. Minutes of the Previous Meeting**

The minutes of the meeting of Wednesday 11<sup>th</sup> May were approved as a true and accurate record of proceedings.

**3. Matters Arising**

There were no matters arising from the minutes not dealt with elsewhere on the agenda.

**4. Chair's Report**

**Membership**

Dr Paul Kettle was elected a new member of the Rural Practice Standing Group.

Dr Laura Marshall attended her last meeting as a member of the group. The group commended her contributions and support over the years and wished her every success with her future plans.

There were no nominees put forward at this time to replace Anna Wilson. Ideas were discussed on how the group might attract new members UK wide; two suggestions were made:

- each group member could select someone who they consider appropriate to invite to become a member

**ACTION:** All Rural Standing Group Members

- Jane Randell Smith volunteered to promote the Rural Practice Standing Group at the next IRH Conference on 28<sup>th</sup>-29<sup>th</sup> September 2005. She reported that she would be delivering a talk on rural proofing and invited members of the group to attend. Kathleen agreed to liaise with Jane to collate

information for display at the conference i.e. the Rural Group's poster and any other relevant literature produced by the group. Dr Mungall indicated that he would attend depending on his schedule.

**ACTION:** Kathleen Dyer and Jane Randell-Smith

#### **Letter to Dr Maureen Baker, RCGP Honorary Secretary**

The group received copies of Dr Baker's letter entitled "White Paper – Your Health, Your Care, Your Say: Improving Health and Community Care Services" and Dr Baird's draft response to her letter. Prior to the meeting, the group had agreed Dr Baird's response letter in accordance with the deadline for submission. One further comment at this meeting was that a collaborative effort should be made, by all the agencies responsible for the delivery of medical care across England, Northern Ireland, Scotland and Wales, to achieve equitable funding across the board. There was an overall view that this is the way forward to solve the existing inequalities in the delivery of health services in remote and rural areas. The group agreed that Dr Baird write a letter to raise this issue along side the views expressed in Dr Baird's initial response letter to the White Paper.

**ACTION:** Dr Baird to write a letter for immediate comments from all members of the group for submission to Dr Baker within a few days of the meeting.

#### **Response to Dr Adam Fraser – RCGP Curriculum**

Dr Fraser had invited the group to give comment and it was agreed that Dr Baird write a letter to agree with the existence of a core curriculum and that the group would be happy to contribute. However, the group felt that in the foreseeable future there would be a need to have a specific postgraduate syllabus/curriculum for training rural doctors.

**ACTION:** Dr Baird to write a response to Dr Fraser expressing the group's views.

There was discussion relating to the work of creating a syllabus/curriculum for rural GPs and other primary healthcare professionals and the lack of funding for Dr Wynn-Jones' research work. It was suggested that Jane Randell Smith inform Dr Wynn-Jones that it would be possible for him to apply to the College for research funding.

**ACTION:** Jane Randell Smith to inform Dr Wynn-Jones and investigate the application process with the RCGP Research Network.

#### **Rural Representations**

Dr Baird agreed to write a letter to all RCGP Faculties inviting them to appoint a rural representative to their committees.

Dr Baird reported that RCGP Scotland would be holding a meeting on 15 September 2005 to discuss Remote & Rural Agenda in Scotland, which he would be attending. The papers for the meeting were circulated to all group members. Dr Baird agreed to brief the group on the discussions/outcome of this meeting via email within a couple of days.

The group received a copy of Dr Baird's letter entitled "Cardiopulmonary Resuscitation Standards for Clinical Practice and Training" to bring the group up-to-date on the matter of why the College refrained from the endorsement of these guidelines.

Dr Baird reported that the report that he and Professor Godden were writing on looking at rurality and access using the concept "clinical periferality" was in second draft and he would keep the group informed of further progress.

#### **5. Financial report**

The group received an up-to-date financial report from Fiona van Zwanenberg. The group's expenditure for budget year 2005-2006 was as expected. While an increased budget of £7, 000 was approved a cut of £22, 000 was made to the overall Clinical Network budget and the rural group was

asked to use the funding available from the previous year of £5, 300. Dr Baird was confident that with the funding from Phoenix the group's budget would be sufficient to bring it up to £7, 000. The group was asked to consider other funding options in the light of its quarterly cost of £1, 500 being insufficient to enable the group to meet 4 times per year. In her written report, Fiona suggested the group meet three times per year.

The group discussed some options and Dr Ward agreed to investigate A & H and UniChem and invite representatives from these organisations to attend a group meeting.

## **6. Investigating the possibilities for national funding to develop rural healthcare in England, Ireland and Wales.**

### **Meeting with the DH**

The group received notes of the meeting that was held on 30<sup>th</sup> August 2005 with Jo Whitehead from the DH. Besides himself, Catti Moss, Alison Baker and Fiona van Zwanenberg had attended. The meeting clarified that there is no one specifically responsible within the DH for considering rural aspects of policy. It was accepted that the advocacy role of rural GPs for individual cases was the main route of redress and that rural GPs did have difficulty in influencing largely urban PCTs. However, in the light of the discussions of that meeting a number of bullet point suggestions were in the notes to consider various routes of communication links with local agencies, evidence based research, the media and holding a major conference in association with the Faculty of Public Health Medicine that would bring together Directors of Public Health, PCT Managers and rural GPs to engage in dialogue about rural inequalities.

The group considered the avenues of communication suggested by Jo Whitehead and agreed that as a first step Dr Baird should write to the Secretary of State for Health linking his letter to the outcome of the meeting with Jo Whitehead (mainly that there was no clear strategy in place for rural doctors to inform government policy of rural issues that affect remote and rural patients and the inconsistent use of the countryside agency's rural proofing checklist by the DH). Other suggestions were to find a spokesperson in the House of Lords and consider encouraging rural doctors to take issues to the Press but the general view was to tread carefully with the media.

**ACTION:** Dr Baird to write a letter to the Secretary of State for Health (to be approved by the Chairman of Council).

### **Action via GPC Rural Sub-Committee**

Dr Walshaw agreed to float questions on the rural doctors' yahoo website to take up with the GPC. He reported that the rural GPC committee was now abolished but there was still a pathway in place to raise rural issues with the GPC.

## **7. Working with other agencies**

### **Designing Remote and Rural Secondary Healthcare around the needs of children – RCPCH**

Dr Mungall agreed to attend a conference on 31 October 2005 run by the rural units forum that has been in existence for five years. The conference will launch the forum as a special interest group within the RCPCH. The RCPCH aim to encourage other organisations to create similar groups that could network about issues applicable to everyone. The group received a draft programme and Dr Mungall will give a brief report at the next meeting.

### **National Association of Primary Care – Opportunity to discuss beneficial initiatives**

This item was referred to Jane Randall Smith at the Institute of Rural Health (IRH). Jane agreed that the IRH should be involved and the RCGP and IRH should co-ordinate it in late spring 2006. Kathleen was asked to inform Caroline Turnbull.

**ACTION:** Kathleen Dyer to inform Caroline Turnbull that NAPC invitation has been referred to the IRH, Jane Randell Smith.

### **RCGP Wales – Correspondence with Mark Boulter**

The group received a copy of email correspondence from Dr Mark Boulter from RCGP Wales discussing taking forward a plan, involving different agencies and the College, proposing how to administer funding and by whom for remote and rural areas equitably and effectively taking into account varying needs.

**ACTION:** Kathleen to invite Dr Boulter to attend a rural meeting

### **8. OOH Services/NHS Direct and NHS 24**

Dr Baird welcomed Dr Mike Sadler, NHS Direct and Dr Brian Robson, NHS 24 to the meeting. He thanked them for attending and made a formal apology to NHS Direct for the error made with previous correspondence. It was agreed that the last paragraph in minute 4 be removed and Kathleen to write an apology letter to Mike Sadler. Dr Baird anticipated that the discussions would lead the organisations involved into considering the issues arising from current OOH services for remote and rural patients. He hoped that a common strategy could be worked out for both organisations that would help to improve services. He felt that it was an opportune time to have these discussions, in the light of centralised policies, when doctors are not required to undertake OOH healthcare services.

Two short presentations were delivered followed by question time. [Subsequent note: Copies of the presentations were circulated to all group members via email.]

### **Issues that arose from group members**

- unmet target times for answering calls and waiting too long for call backs
- poor response from emergency and OOH services i.e. secondary triage and regional differences in triage and the use of doctors out of hours
- lack of co-operation with unscheduled care providers i.e. problems with ambulance services (Scotland and England)
- the lack of procedural structure and co-ordination existing between the medical care services in meeting the needs of patients living on or very near boundary lines
- improve instructions for patients to use NHS Direct and 24 services appropriately i.e. pre-triage instructions

### **Outcome of discussions**

The group was extremely grateful to Drs Sadler and Robson for their presentations. Both presentations were informative and shed a positive light on the willingness of both establishments to work closely with the group and other agencies to improve the provision of current services. It was very clear from the evidence shown that NHS Direct and 24 had unduly suffered bad press that heavily reported on data that included calls placed in a prolonged call back queue where patients had requested a longer call back time or they had not answered when a call was returned. This is a far smaller proportion than the majority that are turned over within the time frame. There had also been other media reporting on the failure of other agencies and local services that had been inaccurately associated with the services that both these agencies provide. There is a need to improve patient information/education on how to use the services appropriately and to the best advantage. There was admittance from both parties that improvements are necessary to do with operational structures and programmes of work have been set in place to transform current working structures. Both establishments are keen to consider issues that are raised by the Rural Group and other Bodies and greatly welcome the opportunity to work with others with a view to improving services.

Dr Moss (with support from Dr Mungall) agreed to write a supportive report to be included in Dr Sadler's evidence report with deadline for end October 2005. The report is to cover rural issues and suggestions for what can be done to improve and deliver better services.

## **ACTIONS:**

- Kathleen to write an apology letter to Dr Sadler
- Kathleen to circulate copies of the two presentation via email
- Dr Moss to write a supportive report to submit to Dr Sadler by end October 2005

## **9. Occasional Paper**

Since the previous meeting members had not put themselves forward as contributors and Dr Baird suggested that he circulated the ideas that the group have so far for members to consider and make contributions. Dr Walshaw agreed to contribute GMS matters and Dr Kettle agreed to contribute a (peer reviewed) piece on island life.

## **10. Country Matters**

Dr Mungall gave up his role as Editor of 'Country Matters'. The group is to select a new editor.

Dr Mungall agreed to circulate his questionnaire and collate the issues identified to send to negotiators.

Members of the group complained that they had not received a copy of the most recent issue and Kathleen was asked to look at the list.

- ACTIONS:**
- Dr Mungall to circulate his questionnaire
  - Kathleen to look at the 'Country Matters' mailing list

## **11. Reports from Group Members**

### **Dr Malcolm Ward**

Dr Ward updated the group on key dispensing issues.

### **Dr David Johnston**

Dr Johnston had no additional activities to report since the previous meeting except that the NI Council is continuing and rural issues had been mentioned but getting people involved is difficult.

### **Dr Russell Walshaw**

Dr Walshaw reported that the GPC has been reorganised and is now task orientated and rural practice has been subsumed into the Finance Committee. There are not enough committed rural doctors to continue but there is still an opportunity to take up specific rural issues for debate. He reported that he will be resigning and would need to find someone to replace him.

### **Dr Cattie Moss**

Since her report at the previous meeting her local PCTs are supporting practice based commissioning, which will be lead by a practice based commissioning group.

### **Dr Iain Mungall**

Dr Mungall reported the Access paper will be presented at the Royal Academy in November and recommendations will be taken forward to other bodies. The paper is in its final stages.

## **12. Any Other Business**

There was no other business to report.

## **13. Date of the Next Meeting**

It was agreed that the next meeting would take place on Thursday, 26 January 2006, starting at 10 a.m.