

# ROYAL COLLEGE OF GENERAL PRACTICE

## Clinical Network

### Rural Practice Standing Group

Minutes of the meeting of the Group held on 26<sup>th</sup> January 2006 At the King's Fund Centre, Cavendish Square, London

**Present:** Dr Gordon Baird  
Dr Iain Mungall  
Dr Malcolm Ward  
Dr David Johnston  
Dr John Elder  
Professor Sheena Asthana

**In attendance:** Fiona van Zwanenberg

#### 1. Welcome and Apologies for Absence

Dr Baird welcomed Dr Elder and Professor Asthana, who were attending their first meeting of the group. They both gave brief details of themselves. Dr Elder is a GP in Lincolnshire who has been involved in rural health issues for some time. He is a member of the Rural Health Forum and has a keen interest in dispensing. Professor Asthana is Professor of Health Policy at Plymouth University and is a member of the Board of the Countryside Agency.

Apologies had been received from Catti Moss, Walter Boyd, James Moore, Russell Walshaw, Paul Kettle, Jane Randall-Smith and John Wynn Jones

#### 2. Minutes of the Previous Meeting

The minutes of 14<sup>th</sup> September 2005 were approved as a true and accurate record of proceedings.

#### 3. Matters Arising from the Minutes

Dr Baird reported that the work Professor Godden was doing on clinical periferality was continuing and was not yet due to be published.

Concern was expressed over the delay in circulating these minutes and quicker turn round was requested in future. Action Points should be circulated immediately after the meeting.

#### 4. Report from the Chairman

Dr Baird reported on the Clinical Chairs' Meeting with Dr Colin Hunter, RCGP Honorary Treasurer and the Clinical Chair, Dr Graham Archard. He said that the had been of some use, in terms of highlighting common issues for the Groups, but that there had been concern that it was not long enough or sufficiently focused. A further meeting was planned for May 11<sup>th</sup>.

Dr Baird also commented on progress in the attempt to establish a rural reference group for Scotland. It looked as if there would be a Scottish group which could influence rural policy within Scotland, filling the gap which had been left by the demise of RaRaRi. A picture was suggested in which there were four national groups with the Rural Practice Group acting as a co-ordinating body.

There was a discussion as to whether to wait to see how things developed in Scotland or to go ahead with trying to establish groups in England, Wales and Northern Ireland. It was felt that, as all these developments would take time, it was best to make a start in all areas concurrently. There was a need to explore ways of influencing people towards changes in attitudes, for instance by lobbying rural MPs.

**ACTION:** Malcolm Ward and John Elder should begin work on a draft paper setting out the overall plan, which would be presented in the first instance to College Officers.

Another concern raised was the potential for a vacuum developing within England, if the other nation groups found it easy to access government, while the English administration appeared to have no obvious interest in rural health.

Following receipt of a letter from Lord Warner, referring the issue to the Advisory Committee on Resource Allocation, the Countryside agency was reforming and would not continue in its present form. The Rural Health Forum had highlighted existing problems with the resource allocation process, which had tended to discriminate against rural areas. This was because the process was based on utilisation rates and where these were suppressed in rural areas by access issues, which lowered the take-up by patients in rural areas, rural areas would do badly in the resource allocation process.

**ACTION:** Inquiry would be made as to the Chair of the Advisory Committee on resource Allocation, to whom the Group would write raising this issue.

As a final issue, Dr Baird mentioned the termination of the GPC Rural Practice Committee.

**ACTION:** Dr Baird to write, via Dr Lakhani, expressing regret at its demise and asking what structures are now in place for representing rural health issues.

## **5. Budget report**

A financial report was presented and it was noted that sponsorship from Phoenix Distribution had allowed the group to meet the costs of its meetings. However, there was unlikely to be any increase in 2006-7 and the Group's expenditure on locum fees remained high, because of additional travel time to London. There was a brief discussion about replacing some meetings with telephone conference calls and utilising video conferencing if possible, but face to face meetings were important and the way forward appeared to be to supplement the College budget with sponsorship

**ACTION:** The Development officer would be asked to follow-up on the contact with Pfizer which Gordon had made.

## 6. **Membership**

The discussion on membership related strongly to the previous discussion about liaison and influence with the national governments. It was agreed that the College in Wales was the appropriate channel to the Welsh Assembly and that the group ought to try and build its relationship with the College in Wales. It was agreed to invite Dr Helen Herbert and Dr Mark Boulter, both members of Welsh Council, to join the group, which would provide the link with the College in Wales, which had been somewhat lacking.

Malcolm Ward reported that he was coming to the end of his term of Office with the DDA, but that he would like to remain a member of the Group. He was unanimously urged to stay on in a personal capacity.

**Agreed:** That Malcolm Ward is appointed as a member of the Group.

The issue of non-GP members of the Group was raised, with apologies to Professor Asthana, who was attending the meeting. It was agreed that non-GPs could help the Group to develop useful links with stakeholders such as the Commission for Rural Communities, of which she was a Board member.

**ACTION:** Professor Asthana was invited to become a member and all members would return to the issue of non-GP members at the next meeting.

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

Various suggestions were put forward for improving links with other agencies: Malcolm ward said that the DDA was also looking at contacts with other groups and suggested that these could be shared.

Sheena Asthana was asked to help make a contact with the CRC (Commission for Rural Communities) and Iain Mungall offered to facilitate contact with Patient Voice.

Dr Elder mentioned that Defra regularly held an annual Rural Affairs Forum which consisted of representatives from local forums. It would be helpful for members to contact the Rural Affairs Forum in their own areas, since the chairs met regularly with Ministers and provided a channel to raise health concerns.

It was also noted that Jill Morgan of the NHS Confederation had regular meetings with the Defra Minister, in the form of a Q&A session. She would be a useful contact to get issues considered.

## 8. **Response from RCGP Faculties**

Dr Baird noted that there had been only two responses from faculties which had agreed to identify a rural representative on their Boards.

**ACTION:** a letter should go to relevant faculty Hon-Secs, highlighting the poor response and asking for the invitation to be forwarded to appropriate Board members.

**ACTION:** The two faculty representatives should be sent copies of the minutes of Meetings and should be invited to suggest items for the agendas of the Group

**9. Publications: Occasional Paper/Country Matters**

As there was little current enthusiasm to undertake a rewrite this item will no longer appear on the agenda.

It was agreed that the group should respond to the White Paper, which had massive impact on rural practice.

**ACTION:** Dr Baird would lead on this.

Dr Mungall said that the new edition of Country matters was ready to print. It contained a survey of rural responses to the new contract. The group asked for its appreciation of Phoenix's help in producing this journal to be minuted and for their thanks to be conveyed to the company

**ACTION:** Dr Mungall

It was noted that a new editor was needed and that this should be on the agenda for the next meeting.

Professor Sheena Asthana noted that in her professional life she was involved in Research on rural health inequalities, demonstrating the under-resourcing of rural care. The most significant area where this could be demonstrated was in the variations of response times in the ambulance service. She asked the group to provide evidence from their own experience to support this. She was looking for case studies which could be used as illustrations of the problems.

**10. Reports from group members**

**Iain Mungall** reported that he had presented the paper on access issues to the Academy and that it was agreed that it would go out for consultation as an Academy position paper. Unanimity had been achieved on access and centralisation issues and the paper was sent out for consultation accompanied by a set of recommendations.

Iain also mentioned that he had been to a meeting at the College of paediatricians and Child Health at which there was a participant from Orkney taking part by telephone. He said that the RCPCH was attempting to establish a rural group.

**David Johnston** said that Northern Ireland was in the midst of a review of public administration and that there was a new CMO and Permanent Secretary for health. There was as yet no clarity about the impact of these changes.

**Malcolm Ward** mentioned that in his view Wales would almost certainly mirror what had been established in the new English contract in terms of prescribing, but that Scotland was pursuing a separate path. He said that the DH appeared keen to deal with anomalous prescribing. It was possible that a very small number of GPs had attempted to recoup pharmacy contract losses by changing their prescribing behaviour, but that the vast majority still followed generic prescribing norms. He said that this situation might be used to enable PCTs to take over-prescribing doctors to task. New guidance should be sent to all prescribers, including nurses

pharmacists. Consistent guidance could provide a tool to deal with practices which were out of step.

VAT issues remained a major problem for dispensing doctors, but they were assured that the new system would be in place by April 1<sup>st</sup>.

Finally, he said that the money generated by Dispensing Enhanced Services would be put back into the system and would go to dispensing practices which signed up to a quality agenda, which included appropriate staffing hours and performance management.

**11. Any other Business**

There were no additional items of business.

**12. Next meeting, date time & venue**

It was agreed that the next meeting would take place on Thursday 27<sup>th</sup> April **2006**.