

# ROYAL COLLEGE OF GENERAL PRACTITIONERS

## CLINICAL NETWORK

### RURAL PRACTICE STANDING GROUP

Minutes of the meeting of the Rural Practice Standing Group held at the RCGP on 11<sup>th</sup> May 2005.

**Present:** Dr Gordon Baird  
Dr David Johnston  
Dr Russel Walshaw  
Dr Catti Moss  
Dr Malcolm Ward  
Ms Jane Randall-Smith  
Dr Laura Marshall (by telephone)

**In attendance:** Fiona van Zwanenberg

1. **Apologies for Absence**

There were apologies from Dr Iain Mungall and Dr John Wyn-Jones. Dr Baird announced that Dr Anna Wilson had resigned from the group and it was agreed that he would write to her expressing its thanks for her contribution. It was also suggested that a replacement should be recruited from rural England, and that the Tamar and East Anglia Faculties could be approached for their ideas about a rural member

**ACTION:** Gordon Baird and Fiona van Zwanenberg

2. **Minutes of the Previous Meeting**

The minutes of the meeting of Wednesday 19<sup>th</sup> January were approved as a true record, with the exception that a paragraph from Dr Ward's report had been written somewhat ambiguously. Dr Ward agreed to rephrase this section and send a clearer sentence to the secretariat. Once this was incorporated, the minutes would be placed on the website.

**ACTION:** Malcolm Ward and Kathleen Dyer

3. **Matters Arising**

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

4. **Chair's Report**

Dr Baird mentioned his report of the three meetings with Faculty Boards, which would go to Council Executive Committee and to Council. He mentioned that there was to be one further meeting, with Thames Valley Faculty at which Catti Moss hoped to be present.

**ACTION:** Visit to Thames Valley to be co-ordinated, Kathleen Dyer.

Dr Baird mentioned that the Rural Practice Group had made a presentation at the Spring Meeting. The audience had been largely an urban one, but there had been considerable common ground identified in the discussion over access issues. He also described the contribution which he and Professor Godden of Aberdeen had made at the Health Inequalities Conference in March and reported that he and Professor Godden were at the stage of a second draft of a paper based on their contribution which looked at rurality and access using the concept of “clinical periferality” by which, for example, Stranraer was more remote than Stornoway, when measured in terms of the time occupied in travel by a patient going to the nearest hospital for an out-patient appointment.

He reported that the relationship with the GPC Rural Sub-committee continued to be successful and that subscribers to the yahoo-based listserver now numbered 120. He said that the membership was still predominantly Scottish and that he would like to see a wider UK membership.

He thought that the challenges for the rural group in the years ahead continued to be:

- Reaching out to rural members
- Publishing their Occasional Paper
- Engaging with the Faculties
- Developing a political strategy

and that these issues should all feature in their plans for the coming year.

## **5. Financial report**

The financial report was presented and the Clinical officer gave an update on the budget changes for 2005-6, in the light of a letter from Dr Archard explaining that there had been a 20% cut overall in the Clinical Network funding. She said that specific proposals relating to the Group would be sent in a few weeks, but that it was already clear that all groups would be encouraged to find external support for their projects, preferably including an allowance for staff costs. The issue should be on the agenda for the next meeting.

There was a brief discussion of approaches to statutory bodies such as the Rural Health Forum and it was agreed that an approach which introduced the groups and its plans and suggested working together was the best way forward. Members were asked to send ideas of agencies with whom the group might collaborate, with financial support, to the secretariat and a “hit list” would be generated to receive an approach.

**ACTION:** Kathleen Dyer

## **6. Membership**

Following on from the suggestion of seeking a faculty-nominated successor to Anna Wilson, it was agreed to postpone this discussion until the next meeting, at which the group could brainstorm ideas as to how to make the group more inclusive. Dr Kettle’s application would be brought forward to this meeting.

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

In his report, Dr Baird had already raised the issue of the need for national funding for rural health and the group discussed progress and tactics in helping to bring this about. The issue had been raised with Scottish Council of the RCGP and a similar initiative for the UK as a whole was discussed. It was suggested that any College initiative should be in parallel with approaches through the LMCs and the GPC Rural Sub-committee.

**ACTION:** Members will agree a draft motion, which could be presented by members of the group to their local LMCs, and could also be taken to the Rural Sub-committee. Once a draft motion was agreed, it should be forwarded to the Honorary Secretary, so that it could be added to the agenda for the next RCGP-GPC Liaison meeting.

**ACTION:** Kathleen Dyer

There was general agreement that it would not be easy to raise the profile of rural health on a UK basis. There were things happening at national level, such as the Welsh Rural Observatory, but this looked at all aspects of rural life and not just health.

In terms of presenting this issue to the Department of Health and to Defra, the group felt that it needed advice on process. There was an agreement that it might be helpful to present the need for rural funding in terms of the Choice Agenda

**ACTION:** Malcolm Ward and Catti Moss would collaborate on some key points, for which there was evidence of the lack of choice for patients in remote areas.

Dr Baird had written an initial letter to David Colin-Thome who had spoken of co-working between the DH and Defra. The group knew of projects within Defra – The rural stress action plan and an angioplasty study based in Nottingham - and felt that there was a possibility of inter-department collaboration.

**ACTION:** a small group from the Rural Standing Group and associated organisations to meet with officials at the DH to make the case for ring-fenced rural funding. Fiona would seek advice on individuals to contact at the DH and would involve the Director of the College's Professional Development and Quality Division.

It was noted that separate approaches to Wales and Northern Ireland would be necessary and David Johnston agreed to suggest contacts in Belfast. The Institute of Rural Health already has a relationship with the Welsh Executive as well as UK contacts and could facilitate communications.

## **8. How should good standards for rural patients be delivered?**

This topic was deferred to a subsequent meeting, and it was noted that it should be a chapter heading in the forthcoming publication, putting forward the group's view that care can be provided as well or better, with sensitive management.

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

This had been discussed under the heading of Chair's report.

## **10. Dual registration**

The group was informed that dual registration was not being treated as an urgent issue by the GPC and there was a possibility that the question might be quietly dropped. However, the group considered that it was useful to develop some thoughts on the matter and to identify the pros and cons from a rural perspective. There might be some positive results, such as allowing children who were normally at boarding school to be registered with a doctor near their homes.

**ACTION:** James Moore to be invited to draw up a list of pros and cons and post this on the listserv to elicit a broader rural view.

## **11. Occasional Paper**

In order to move this forward, Dr Baird wanted a firm list of contributors and topics within two weeks

**ACTION:** Individuals to contact Gordon to agree what they would do. Once this is established, staff to ensure that the Publishing Management Group was aware of the work and had sight of the chapter headings and possible delivery date.

## **12. Country Matters**

The latest edition had gone to print and would shortly be available.

## **13. Reports from Group Members**

**Jane Randall-Smith** mentioned a local concern that older GPs on retirement were no longer willing to do occasional locum cover, because they did not wish to be involved in appraisals. This was leading to a loss of valuable skills and experience.

She also reported on the situation of CPD in Wales – that this was centralised and restricted to core topics – there was no funding for specific rural topics, since these were viewed as non-core. She asked if there was any advice available on getting money for locally tailored CPD. She also noted that there was no statutory requirement for “rural proofing” in Wales, despite the national government regulations.

**David Johnston** reported on a recent report on health care in Northern Ireland. Amongst the conclusions it was noted that

- There were the worst hospital waiting lists in Europe
- GPS scored very highly in QOF targets
- OOHs was described as bureaucratic and centralised, although nurses were taking a real role in this.

He also mentioned that in Northern Ireland change was taking place in the pharmacy area. Large chains were buying up small shops and a situation was approaching in which there would only be two or three providers in the whole country. They were providing services for a fee, which in some cases could be readily performed by practice nurses. One negative impact was that in many small communities there was no pharmacy presence after 5 p.m., whereas pharmacists who lived in the local communities could previously have been contacted out of hours in emergency.

**Malcolm Ward** from the DDA reported that dispensing practices would have some reduction in income with the new tariff changes, but this has been acknowledged and there will be some legitimate reimbursement for dispensing practices.

He said that the new pension regulations were now in force and that a summary of their implications was available to DDA members and could be obtained from him.

He also spoke very despondently about the expected outcomes from Shipman, in terms of expansion of bureaucracy and inspection of GP records, and that this would discourage doctors from both prescribing and dispensing opiates, with resulting impact on patient care.

**Laura Marshall** reported on a new Department of Rural Medicine at the University of the Highlands and Island, jointly funded with the Research Unit at the University of Aberdeen.

She described NHS Direct in the Highland Hub as “brilliant” offering a friendly interface with staff who knew the area and the people.

**Russell Walshaw**, reporting from the GPC, said that there had been little recent medico-political activity because of the election. He said that the pensions issues were not settled, and that the government had agreed to think again.

**Catti Moss** reported that the new community matrons were now operating in her patch. She said that the local PCTs were looking at locality planning, and that in her view this was both an opportunity and a threat for rural practices. The threat was that rural interests could be marginalised, in that small rural areas could be lost within largely urban communities and their interests overlooked. The opportunity lay in rural practices joining together to raise the profile of planning for rural needs. The text on rural-proofing could be brought to wider attention and the process commended to PCTs.

#### **14. Any Other Business**

The chairman tabled a letter on Resuscitation Guidelines, which the College had declined to support because of their perceived irrelevance to primary care. It was felt that they were highly relevant to practice in remote and rural areas.

**ACTION:** Dr Baird to communicate with the Honorary Secretary on this issue.

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

It was agreed that the next meeting would take place on Wednesday 14<sup>th</sup> September, starting at 10 a.m.