

## ROYAL COLLEGE OF GENERAL PRACTITIONERS

### CLINICAL NETWORK

#### RURAL PRACTICE STANDING GROUP

Minutes of the meeting of the Rural Practice Standing Group held at the Belvedere Hotel, Bournemouth on Friday 23<sup>rd</sup> April 2004.

Present: Dr Iain Mungall  
Dr Gordon Baird  
Dr Derek Browne  
Dr Laura Marshall  
Dr Catti Moss  
Dr Russell Walshaw  
Dr Anna Wilson

In attendance: Fiona van Zwanenberg

#### **1. Apologies for Absence**

Apologies were received from Drs David Johnston, Walter Boyd, John Wynn-Jones and Malcolm Ward. The chairman welcomed Dr Anna Wilson who was attending the meeting as an observer, on this occasion, with a view to becoming a Standing Group member

#### **2. Minutes of the Previous Meeting**

The minutes of the 11<sup>th</sup> November 2003 were approved as a true record, subject to two small amendments:

Item 4, line 5, Dr Marshall had not “been at” a similar meeting, but had “been told of” the meeting.

Item 8, paragraph 6, line 6, the island had recently lost a “full-time” doctor, not a “part-time” doctor.

#### **3. Matters Arising**

The chairman mentioned that the comment on the rural diploma in Item 11, that it might prove to be a first class project whose time had not yet come, had not produced any response from Dr Wynn-Jones. The group was still supportive of the project, but wanted a progress report

ACTION: Dr Mungall would write to Dr Wynn-Jones to ask for news of the diploma.

There was some discussion of similar initiatives and Dr Marshall was asked to contact the Glasgow-based project

ACTION: Dr Marshall to contact Glasgow group working on a rural diploma for information on progress.

Dr Baird speculated about what would happen to the RARARI funded initiatives, as it was wound down; whether the Scottish Executive would provide funding? He said that there was some likelihood that the NES might take over the educational projects. The group agreed to gather information on what was happening in the field and to look at a

range of initiatives. It was noted that they were reluctant to expend a great deal of energy, voluntarily, in supporting these initiatives, if eventual funding was not secure.

#### **4. Chairman's Report**

The paper on which he had worked for some time, *The trend towards centralisation of hospital services, and its effect upon access to care for rural and remote communities*, and which the Group had hoped would lead to a dialogue with other medical Royal Colleges, had made its way through CEC and had been presented at the Academy of Medical royal Colleges by Professor Haslam, Chairman of Council. He had reported that it was well received and members had expressed willingness to participate in a joint working party on the topic. Dr Mungall was now attempting to get the paper published in the BMJ.

Dr Mungall said that he still represented the College on the Board of the Rural Health Forum, and mentioned that he had some concerns about the continuity of funding for the Forum. He also mentioned the WONCA rural meeting, at which he had run a joint session with Professor Joyce Kenkre, head of Nursing at Glamorgan and that they had presented this as a submission to the European Journal of Rural Health.

Dr Mungall reported that he had been extremely pleased by the efficiency and quality of work shown by the new sponsors of *Country Matters*. It was agreed that the magazine should go on the College web-site.

ACTION: Kathleen to obtain pdf file from Chairman for the web pages, and also to check that all Standing Group members received the magazine. A copy of the current edition was to go to Dr Walshaw.

#### **5. Financial Report**

Fiona van Zwanenberg presented a brief financial report. During the financial year 2003-2004, the Group had spent all but £140 of its budget of £4,800. The balance of £140 was returned to General Funds and the Group had commenced the new financial year on April 1<sup>st</sup> with a slightly increased College budget of £5,300.

It was noted that while this was adequate to meet the cost of meetings, particularly when members were able to secure local sponsorship for meetings outside London, the Group would need external finding for projects if it intended to run any events etc. Various possibilities were discussed, such as an approach to Alan Michael MP, Minister of State (Rural Affairs and Urban Quality of Life) DEFRA, who had previously been supportive of the Group's work. There were also suggestions that the group look outside the pharmaceutical industry to organisations such as BT, Vodaphone, Stagecoach etc., which might have a rural focus.

It was also agreed that any search for funding would require a detailed proposal for a project, Dr Mungall agreed to work on this.

ACTION: a discussion of sponsorship/partnership possibilities to be on the agenda for the next meeting, together with a background briefing document from Dr Mungall.

#### **6. Rural Practice Information Paper**

The Chairman reminded members that the Group was behind on its self-imposed timetable for this work. This was explained by the current uncertainty surrounding the new GMS contract, which had left authors perplexed over how to present information on

the current situation; particularly in relation to the financial impact of the new contract, where so much remains unclear. The discussion provoked a lively debate on other issues where there was little clarity, including maternity care. Rural doctors may have to provide this, simply because no-one else was available, but in many cases their PCTs had not yet commissioned the service. It was suggested that doctors in this position should issue ultimatums to their PCTs; “if you haven’t commissioned the service, we won’t provide it.” And it was argued that if doctors didn’t demand that Locally Enhanced Services were provided and paid for, both the service and doctors’ income would decline.

AGREED: Dr Catti Moss would write the section on finance as a snap shot of the current situation, describing the dilemmas facing rural doctors.

Dr Mungall asked all the Group to provide outstanding text as soon as possible.

### **7. Occasional Paper**

The group re-visited the contents list for this publication, which had been generated at the previous meeting. It was felt that there were some omissions, and also some duplication in the topics, which could be dealt with by amalgamating them into a single chapter heading. NHS Direct should be added to a section on telephone consultation. There should be a discussion of the politics of rural health – either as a separate section, or by inclusion in relevant topics. The group also felt that the list appeared too much to be looking at process, and there was a risk of getting bogged down in discussion of the organisational issues. The group wanted to convey the positive side of rural practice – that country doctoring is a rewarding and satisfying way of life.

ACTION: Dr Mungall would condense the topic list into a chapter outline and contact individuals to ask them to write appropriate sections. As soon as the chapter outline existed, it would be forwarded to the College’s Publishing Management Group.

### **8. Country Matters**

The Group had discussed its newsletter under the Chairman’s Report. Under this topic, members talked about communications generally. It was decided that the Group wished to extend its pages on the College website. This should carry the approved minutes of each meeting, as well as the current issue of *Country Matters*. It was also decided that brief biographical details about each member should be added to the site.

ACTION: Kathleen Dyer would liaise with members about their details to be displayed on the site and discuss with Dr Baird other proposed extensions of the content of the site.

### **9. The next Chair of the Standing Group**

Dr Gordon Baird was proposed as the next chair of the group and unanimously appointed. He accepted the position and agreed to take over the chairmanship at the next meeting of the group. He proposed that the Group minute its opinion that Dr Mungall had been an excellent chair and that his leadership had been effective and successful.

It was also noted that Dr Derek Browne was retiring from the group and he was thanked for his service. The group plans to remain in contact with him as a “consultant,” but his place will be taken by Dr Anna Wilson, who was welcomed.

The group went on to discuss wider issues around its membership. These covered terms of office, a rolling retirement programme, so that new members could be brought in, recruiting young doctors, and whether the faculties could help provide a regional spread.

Dr Baird explained an idea for holding group meetings in faculties, to coincide with Board meetings, in order to develop new contacts with rural and remote practices.

ACTION: An item on the structure of the group should be on the next agenda. Dr Baird will make preliminary contacts with the faculties.

### **10. Reports from the Regions**

Dr Laura Marshall gave an update on the work of mapping competencies which had been completed during the final months of RARARI. The data was now in the hands of the Scottish Executive and will provide details of the basic competencies required to run a rural service. In relation to the new contract, she said that she and her colleagues had signed without a budget and do not know what they will eventually be paid.

Dr Baird reported that it was not yet known what would replace RARARI. It is likely the Scottish executive is moving slowly because of concerns about cost. As regards the contract, he said that he had signed and would continue as before. Dr Baird mentioned Rural Fellowships, which he thought was an attractive option for young doctors looking for practical experience of rural medicine. He was critical, however, of the lack of rigour around these posts – that they did not have measurable outcomes to deliver and while their value to the individual was clear, their worth to the community was less so. Despite this he felt that the posts were successful and valuable to the communities.

Dr Russell Walshaw reported on the joint GPC rural meeting, which had discussed the new GMS contract. He re-iterated his earlier comments that doctors should be negotiating via their LMCs and saying that if a service has not been commissioned, they would not provide it.

He said that issues of staffing and community hospitals were on the agenda for negotiation, and that while big promises had been made about salaries, trusts had not commissioned out of hours services for these hospitals, giving rise to the suspicion that this was a deliberate plan to close the community hospitals.

Speaking of the situation in regard to Out of Hours services, Dr Walshaw said that PCTs had, on the whole, commissioned Out of Hours services in England. He reported that PCTs were, on the whole, shocked to discover the cost of providing these.

On the question of protected learning time in rural areas, he said that this was proving impossible in remote areas without cover. It was an issue which needed to be addressed and he asked for it to be on the agenda for the next meeting

ACTION: Kathleen Dyer

On premises, Dr Walshaw said that the regulations say that they may be funded by the Primary Care Organisations. But since the Strategic Health Authorities have only a total of £15 million for the whole of England, this seems unlikely. He said that the funding situation for premises was very disappointing.

Dispensing was, he said, a much more optimistic situation. There was an increase in the dispensing fee in England and Wales. Scotland had its own regulations and dispensing was practically at an end in Northern Ireland, so the issue was an English one. He explained changes in the “claw back” system, whereby the money which had previously

been put into a pool and paid to all doctors, was now reverting to the Treasury. Finally, Dr Walshaw mentioned that the Office of Fair Trading report on the dispensing regulations had been rejected by Wales, Scotland and Northern Ireland but accepted in England and would be forthcoming in the summer. There was a move to copy the Scottish stock-ordering system.

Commenting on Dr Walshaw's report, Dr Marshall mentioned that protected study time was being secured in the Highlands and Islands by identifying one Wednesday afternoon per month during which NHS Direct provided cover for all the surgeries in the area. It was agreed that it was important to share information on local solutions and difficulties, preferably via LMCs. This was agreed by everyone and an example was provided in which a PCT was funding Saturday morning emergency clinics, to allow practices to close. The impact was not as foreseen, however. A system of triaged telephone application to attend the clinic was resulting in only a small number of patients being seen, with the majority referred to their GPs for attendance on the following Monday morning.

Dr Derek Browne reported on a meeting with a local MP, Dr Andrew Murrison, Shadow Minister for Public Services, Health and Education. They had discussed rural practice and Dr Murrison is interested in taking up issues including Out of Hours and community hospitals. Dr Browne had passed on the contact to the Officers of the College.

Dr Catti Moss reported that her own PCT was quietly succeeding in implementing smooth changes. Their co-operative had been in place for two years and the responsibility for its continuing now rested with the PCT. Doctors were being employed to provide cover from 11 p.m. to 8 a.m., at the rate of £700 per night, and so far these posts had been filled readily.

There appeared to be an issue about training GPs for this sort of service and so far the PCT had not got to grips with this. Dr Moss concurred with what Dr Marshall had said about protected learning time being made to work where there was genuine commitment, even in remote areas. She felt that it was successful in her area.

#### **11. Date and Time of Next Meeting**

Dr Baird proposed to contact faculties in the near future, to get information on possible venues for a meeting linked to a faculty meeting. He would circulate information on dates as soon as possible.

The meeting closed with a vote of thanks to Dr Mungall and Dr Browne for their hard work for the group.

#### **Summary of Action Points**

- Dr Mungall would write to Dr Wynn-Jones to ask for news of the diploma.

- Dr Marshall to contact Glasgow group working on a rural diploma for information on progress
- Kathleen to obtain PDF file from Chairman for the web pages, and also to check that all Standing Group members received the magazine. A copy of the current edition was to go to Dr Walshaw
- a discussion of sponsorship/partnership possibilities to be on the agenda for the next meeting, together with a background briefing document from Dr Mungall.
- Dr Catti Moss would write the section on finance in the Information Paper as a snap shot of the current situation, describing the dilemmas facing rural doctors.
- Dr Mungall asked all the Group members to provide outstanding text for the paper, as soon as possible.
- An item on the structure of the group should be on the next agenda. Dr Baird will make preliminary contacts with the faculties.
- Kathleen to add protected learning time to the agenda for discussion at the next meeting.