

ROYAL COLLEGE OF GENERAL PRACTITIONERS
CLINICALNETWORK

RURAL PRACTICE STANDING GROUP

Minutes of the meeting of the Standing Group, held in the John Hunt Room, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU on Friday, 24 November 2006 at 10:30 am

Present: Dr Gordon Baird – Chair

Dr Richard West - DDA
Dr Davis Johnston
Dr John Wynn-Jones
Jane Randall-Smith – IRH
Dr James Moore
Dr Iain Mungall
Dr John Elder
Dr Martin Green
Dr Malcolm Ward

In attendance: Fiona van Zwanenberg
Mike Whelan
Kathleen Dyer

1. Apologies

Received from Professor Sheena Asthana, Dr Paul Kettle, Dr Walter Boyd, Dr Russell Walshaw and Dr Catti Moss.

2. Minutes,

The minutes of Thursday, 27 April were approved as a true and accurate record of proceedings subject to 2 changes: Item 5 (b) paragraph 2, second last sentence, Insert “Institute of” before Rural health. Items 8, first sentence, delete “disseminated” and insert “decimated” in its place.

3. Matters Arising

Item 5 (a) With reference to the paper circulated by Dr Malcolm Ward, there had been no comments received from members regarding the email version of this document.

ACTION: Kathleen Dyer was asked to re-circulate the paper, to see if there were any additions or comments to be included.

4. Chair's report

Dr Baird began by congratulating Dr Johnson for his election as Chairman Elect of the Northern Ireland Council. Other members added their congratulations.

The Chair introduced the Council paper which established the CIRC and explained that the Group would now be administered by Corporate Affairs. There would be a period of transition while the Board and leadership of the new Clinical Innovation and Research Centre were established.

The concept of the CIRC was discussed and it was suggested that it was too academic, leaving out the grass roots GPs and not sitting comfortably with what most doctors are in general practice to achieve. This was not a general view, and it was agreed that the Centre might work well, if the leadership was strong and those in charge kept "their feet on the ground." There was a view that the College had to identify local leadership – a structure which could change the nature of the College – but there was the potential for the College to successfully redefine itself, and this should be welcomed.

ACTION: the Group agreed to convey that it welcomed the development, particularly its aspiration to be a "bottom-up" change. The Rural practice Group had much to contribute, through identification of clinical champions, assistance with rural-proofing College policy and a willingness to work collaboratively with the Board once it is established.

5. Mike Whelan from Corporate Affairs gave a brief exposition of the role of Corporate Affairs within the College, which was to administer UK Council, CEC and various committees of Council. He explained that the move to Corporate Affairs should be a seamless one, from the point of view of the Group, whose budget would remain the same. There was a view taken that the move should prove positive for the group, as it was moving closer to the political heart of the College and should improve its communications with College leadership and provide the opportunity for closer involvement with policy

6. Financial report

A financial report was circulated and approved. There was some discussion of the on-going need to identify external funding for projects and the group was assured that the Development section would still be able to provide support for this.

ACTION: Once new staff was in post in Development, contact should be made with the Rural Chair.

7. Establishing a rural and remote faculty

Dr Baird updated the Group on discussions about strengthening the representation of rural membership within the College which had been carried forward through a teleconference with the Chairs of Councils and Chairs Elect. There was agreement that there should be some kind of UK wide Rural Forum, but there was no agreement that this should be in the form of a Rural Faculty. The group discussed the tactics to pursue this representation and whether a Forum should be welcomed with the

understanding that it might develop eventually into a Rural Faculty or whether energies should be devoted to securing a Faculty, from the outset.

While the issues of equity and representation would need to be worked on, there appeared to be no constitutional barriers to the establishment of a non-geographical College Faculty. Worries included “opening the flood gates” i.e. a concern that many special interest groups would wish to have their own faculties and the concern that members of a rural faculty would lose their local voice.

However, it was argued that rural members were already disenfranchised within their own local faculties through their remoteness from meetings, events etc., and the lack of priority given to rural issues. Members believed that the existence of a rural faculty would have a benefit on membership numbers and that the new structure would fit well with the forthcoming situation in which everyone had to take the MRCGP as part of qualification for practise.

It was suggested that the current Corporate Governance Review, which was due to report early next year might also provide an appropriate occasion to raise this issue.

On the issue of national representation, it was agreed that, rather than seeking rural faculties in each Council, the proposal should be for a UK wide Faculty, informed and supported by national rural groups

ACTION: the Group agreed unanimously to support the Chairman in negotiating for the establishment of one UK Rural Faculty, the Board of which would contain nominated members from each nation. Once this was secured, the current Rural Practice Standing Group would disband and be replaced by the Rural Faculty Board. The Faculty would send representatives to all four national Councils.

ACTION: It was agreed that a questionnaire should be sent out to a sample of faculties with high rural membership, to assess the interest in a Rural faculty and to ask what such a faculty could do to help rural members

ACTION: Mike Whelan agreed to set up a meeting with Professor Lakhani, as soon as possible.

8. Report from Iain Mungall on the Academy Paper.

Dr Mungall explained that there had been a difficult and frustrating period following the presentation of the access paper to the Academy and the welcome it had received the previous October. It had been sent out to the individual Colleges for ratification and had on the whole been welcomed and supported. However, the Academy of Scottish Royal Colleges had rejected it. Carol Black, the new Academy President had asked for the views of the Scottish Academy to be incorporated in a new draft.

In order to achieve this, Dr Mungall met Professor Graham Teasdale, who had made 65 separate criticisms of the content. Dr Mungall said that many of these were based on misinterpretation and had been successfully set aside. A revised version of the Paper had now been sent to Professor Black. It was noted that the Scottish Colleges

were still resistant to the thrust of the paper, being more in tune with the views of the Executive.

The Rural health Forum had supported the paper all along and, while he hoped that the Academy would accept the paper this time, Dr Mungall felt that the group should be prepared to publish it, via the Rural health forum, if this did not happen.

The Chair thanked Dr Mungall, on behalf of the whole group, for all his work on this document.

9. Meeting with task group chairs

Dr Baird said that the discussion at this meeting on the West Lothian Question had helped to clarify the issues about representation of Scottish rural doctors and had made him more convinced of the need for a Rural faculty.

It was agreed that the Rural group should participate in the October meeting in Edinburgh on 4th-6th. It was suggested that this should take the form of an educational panel discussion on “re-accreditation issues for rural practice.” There should be a link to Gregynog, where another meeting would be taking place at the same time.

ACTION: Gordon Baird to take this forward via Dr Archard

The joint book which had been proposed at the meeting also received support and it was agreed that the rural group could contribute a section on the evidence for distance decay

ACTION: Gordon Baird and Malcolm West to take this forward, after discussion with Dr Nat Wright

10. The Electronic Prescription Service - (an additional item from Dr Richard West)

Dr West said that 68,000 prescriptions were now going through the Service, and that the software did not include a dispensing module. He was forced to the conclusion that the developers had not considered rural patients. In most areas the prescriptions could be routed in several directions, but if the ‘phone line broke down in a rural area, there was no way of diverting the request and major power outages were not uncommon in remote areas.

Other areas with particular rural impact were the Opt In or Opt Out discussions. In remote areas everyone knew everyone else; in which case additional care needed to be taken over confidentiality and a default position for Opting In would be unacceptable.

Dr West said that he had had personal communication with Dr Gillian Braunold about a dispensing module and was seeking support from the College members of the JGPITC on this and other issues.

ACTION: Fiona van Zwanenberg to put Dr West in touch with Paul Robinson (DONE)

11. Correspondence

Rural Services Partnership

There was some concern expressed the use SPARSE might make of the affiliation, having examined the list of affiliates and non-affiliates and the Group reconsidered whether affiliation could be with the Group without the involvement of the College. It was agreed not to pay an affiliation fee, but to write saying that the Group wished to be kept in touch with SPARSE's work through its affiliation with the IRH.

ACTION: Dr Baird

Remote and Rural Training Pathways

The group expressed regret that Rural GPs were not represented on this working party, but it was hoped that, in future, a rural faculty might be able to influence such decisions.

Organising a joint event with Rural Practice Standing and the Rural Health Forum in Wales

An event in November had previously been discussed, but was now being planned for next spring, with funding being sought from DEFRA. Jane Randall-Smith undertook to keep the Group informed on the programme.

Paper for submission to RCGP College Officers

As previously noted, Dr Ward would re-circulate his paper and would also adapt it to take on board the Rural faculty concept.

Editor for Country Matters

A new editor for Country Matters was being sought, so far unsuccessfully.

ACTION: In lieu of volunteers, each member of the Group undertook to send some copy for a new edition to Dr Mungall within the next six weeks

12. Reports from regions

David Johnston mentioned the new Road to Fellowship which had been developed in Northern Ireland and publicised on the web-site.

Malcolm Ward issued members with copies of the new 2006 Dispensing Guidelines

James Moore reported that there was a crisis in the local cottage hospitals, since the PCTs were trying to sever the GP link, which in practice meant that the consultant links were lost. He reported that there had been fairly large scale lobbying in the local area. There was discussion that this crisis is being replicated in many rural areas and the group took the view that as rural hospitals are slowly closing down border issues will increase and this will lead to distance decay becoming a bigger lobbying issue across the UK.

Martin Green said that in Powys, his local community hospital was closing, meaning that people were receiving terminal care in a district hospital 40 miles from their homes. He also reported that there were major cross-border issues, due to variations in waiting times. For some operations patients in England only waited a third of the time they had to wait in Wales. Welsh people were seeking an English GP and being told by English hospitals that “we don’t take Welsh patients”.

It was suggested that these problems were part of the fall-out from devolution and represented a significant inequalities issue.

John Wynn-Jones talked about the efforts the Institute was making to liaise better with European GPs. He thought that the cross border issue might be helped by the experience of linking medical schools in Europe, so that students could have cross-border experience.

ACTION: He agreed to write this up as an article for Country Matters

David Johnson said that in Northern Ireland, patients experienced some of the worst waiting times in Europe. There were major problems about referrals across the border. He said that a new Health department working party on rural issues was being set up and that he would report on its activities. There was also a new CMO in Northern Ireland.

Gordon Baird concluded the meeting by thanking everyone for their participation in a very positive meeting. He said that he owed thanks to everyone, past and present, in the group who had helped bring it to a position from where he believed it could become a major force for change. He also thanked Fiona, on behalf of the Group, for her support and help over the years.

13. Date of next meeting

The next meeting would be 7th, 8th or 9th March, depending on when there was accommodation available in the College

ACTION: Room booking and date to be circulated as soon as possible.