



## Dr Robert Lambourn

Rob Lambourn and his wife run a two-handed GP practice, Cheviot Medical Group, in Wooler, Northumberland - one of the largest and most sparsely populated practice areas in England. Chair of the RCGP Rural Forum, he describes rurality as being 'part of the diversity of general practice in the UK', offering practitioners the opportunity to deal with a wide spectrum of disease and ill health, build close relationships with patients, and provide true continuity of care.

I work in North Northumberland, which is one of the most rural - and isolated - parts of England. My practice is based in Wooler, which is a very small town near the border with Scotland. We have around 2,500 patients scattered across the practice area. We work from modern premises which also house paramedics, a physiotherapist, podiatrist, midwife, health visitor and community and practice nurses. I work with my wife who is also my practice partner. We are a training practice, a teaching practice and a research practice which all adds to the variety. Local people work in a variety of rural jobs – as shepherds, farmers, foresters and gamekeepers, and in engineering and tourism.

We have quite an elderly population. Older people often retire here and unfortunately there isn't the range of employment opportunities for younger people, who tend to migrate. We also have high chronic disease prevalence – we have the highest diabetic prevalence and depression prevalence in Northumberland – as well as very high rates of hypertension, ischaemic heart disease and strokes. Elderly patients often have co-morbidities.

Because of the distance from hospital, patients who might otherwise go to hospital come to us, which again adds to the variety of the work. Our Accident-and-Emergency and Minor Injury attendance rates are among the lowest in the county, because patients come to see us instead.

I used to work in a large urban practice in South East Northumberland where I was a partner for 14 years. It was a great practice and I worked with some great people, but as the practice was getting larger I felt I was losing part of the 'personal touch' – holistic care, continuity of care and community basis, seeing people with problems that I could help over a lengthy period of time, rather than patients with diseases whom I might only see once. It also encouraged me to be more holistic. I'm not the diabetic specialist or the mental health specialist or the lung specialist in the practice: I'm the everything specialist (although my wife does see much more gynaecology!)

For me, the holistic, continuous aspects of working in a small rural practice are what I enjoy most, along with having to specialise in everything, seeing things which might otherwise have gone to hospital, and working in a small team which incorporates an extended primary care team. While this might not be everyone's cup of team, it certainly is mine!

**Contact Rob and the [RCGP Rural Forum](#) with any queries:**

