

HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION? SUBMISSION FROM **ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH**

The Royal College of Physicians of Edinburgh is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests.

The College recognises the focus of this inquiry is the future development of primary care in Scotland. As a Royal College with Fellows and Members who largely work in secondary care, our comments are therefore focused on where there is overlap between the services. A key crossover point is the ability to discharge patients from hospital safely and effectively. ISD Scotland have stated that “it is very clear that being delayed in hospital can be harmful and debilitating – and in the case of older people, can often prevent a return to living independently at home”ⁱ.

Safe and effective discharge requires a well-resourced community structure and social services where necessary. If this is not in place, then patients remain in hospital beyond their discharge date, leading to congestion throughout the system and suboptimal patient outcomes. Fellows of the College who are based in rural locations have commented that while this situation is not unique to remote and rural areas, it is magnified in remote or rural settings, because these areas tend to be net exporters of younger people - college, job etc., and net importers of more elderly people who move to rural areas in retirement etc. Statistics show that “rural areas have a lower percentage of the population in the 16-34 age group but a higher proportion of people aged 45 and over. In 2017 the proportion of people aged 65 or over was 21% in accessible rural areas was and 25% in remote rural areas compared to 18% in the rest of Scotland”ⁱⁱ.

In urban areas and during peak seasons in rural areas, other industries such as retail or tourism can pay higher wages than it pays to work in some caring roles. Compounding this is the fact that being a carer can be very emotionally draining in comparison to roles in eg. retail or outdoor pursuits.

Caring roles based in the community and the infrastructure needed to support these roles should therefore be prioritised and funded adequately. It will be very difficult to minimise delayed discharges and ensure effective patient flow through the health and care system as a whole without this investment. As Integration Joint Boards mature, this is an area where they should be showing their impact. For the system to cope in future years, it is crucial that the integration of health and social care is effective. However, any moves to shift the balance of care from hospitals to primary and community care should not harm quality of care.

ⁱ NHS Scotland Delayed Discharges: Background information and glossary
https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed_Discharges_Background_and_Glossary.pdf (Sep 2018)

ⁱⁱ [Population Estimates by Urban Rural Classification 2011-17](#) (Last updated: August 2018)