

RCGP Scotland's response to the consultation on the Proposed Wheelchairs (Shortterm access) (Scotland) Bill

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. RCGP's objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College's interests within the Scottish National Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

RCGP Scotland welcomes the opportunity to respond to this consultation. Many of the points covered by the extensive consultation document are not pertinent to a full organisation response from RCGP Scotland. As such, below is detailed RCGP Scotland's feedback regarding the elements of the consultation that apply to the work of our members.

RCGP Scotland broadly welcomes the underlying aims of the proposals and has the view that the proposals should build upon and augment existing structures. External organisations, for example the Red Cross as mentioned in the consultation's foreword, seem well placed to deliver this, avoiding the potentially costly implementation of a new service from the ground up. This would still, however, require adequate resourcing to enable a service that delivered what patients need.

RCGP Scotland believes that need for this provision will arise primarily within secondary care hospital departments, e.g. fractures, accident and emergency, or post-operation. There may be an occasional need within general practice, but GPs will have no capacity to store wheelchairs within their practice premises, or to do a detailed assessment of need.

For a GP, the referral process should be quick and easy, but a detailed assessment that looks at chair sizing or type would be better left to another health care professional. An occupational therapist is the health care professional best trained to assess a person's house to establish if it is safe for wheelchair use.

On the topic of targets, three days is the most realistic and achievable of the options given, and health boards should take on the statutory role to ensure that the service is implemented equally and without variation.

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