SPICe The Information Centre
An t-Ionad Fiosrachaidh

Health, Social Care, and Sport Committee

Healthcare in Remote and Rural Areas Inquiry – Summary of Evidence

Contents

Introduction

The call for views for the Health, Social Care and Sport Committee's inquiry into healthcare in remote and rural areas ran from 14 September 2023 to 20 October 2023. This followed a key issues consultation exercise that ran over Summer 2023.

Respondent Characteristics

70 respondents completed the Committee's detailed call for views: 36 organisations and 34 individuals.

Substantive Questions

Respondents were asked to answer five questions relating to the National Centre for Remote and Rural Healthcare and the Scottish Government's forthcoming Remote and Rural Workforce Recruitment Strategy. The questions were:

- Are there any immediate issues unique to remote and rural communities which the National Centre will need to focus on to improve primary and community care in these areas?
- Are there any issues which the National Centre will be unable to address, which may require further policy action from the Government?
- What would you like to see included in the Scottish Government's forthcoming Remote and Rural Workforce Strategy?
- What specific workforce related issues should the strategy look to resolve?
- Are there any workforce-related issues which the creation of a Remote and Rural Workforce Strategy alone will not address. If so, what are these issues and what additional action may be required to address them?

Key Issues Raised in the Responses

The responses were often interlinked, referring to the same themes across the questions. This paper has identified the key themes raised and summarised the responses – quotes are provided to highlight issues and ideas. For brevity, this paper will use the term 'rural' to refer to remote, rural and island communities.

Theme 1: Recruitment and Retention

Issues around the recruitment and retention of healthcare workers, including GPs, allied health professionals (AHPs), midwives, nurses, and pharmacy staff, was one of the most cited themes by respondents. Many noted the problem of staff shortages and the gravity of the issue in rural areas - compounded by geographical stresses and an elderly population with more complex needs.

One respondent said the large number of carer vacancies is influencing patients accessing care, causing "a huge bottleneck in the system".

A number of factors were believed to affect recruitment and retention:

Housing

Many respondents highlighted the impact lack of affordable accommodation for permanent, temporary and student staff has on recruitment and retention. The Scottish Women's Convention (SWC) stated:

> "[There] isn't enough staffing because we sometimes get supply nurses down, and some of them would like to stay on, and they might like to bring their families, but there's no housing for them."

Another individual said:

> "Airbnb and holiday homes have reduced already scant availability and health boards have sold of much of the traditional 'nurses' homes. There is no priority housing for essential workers."

Some called for additional essential worker support to address the issue.

Pay and Working Conditions

Many respondents stated the need for better pay and working conditions for rural health and social care staff. One individual highlighted the associated challenges and costs of living remotely, stating pay rates should consider these factors. Another individual said:

> "[Nursing staff] are required to use their own vehicles to travel down very rough dirt roads and if any damage occurs to their own cars they have to pay for it themselves."

Organisations, including Age Scotland and The Royal College of Nursing (RCN) Scotland, also expressed the need for increased pay conditions. The Royal College of Anaesthetists (RCoA) said the Remote and Rural Workforce Strategy should:

> "Make R&R working attractive through enhanced remuneration […] and provision for flexible working."

Waverley Care and some individuals highlighted the need to pay travel time and petrol expenses to carers and care at home staff. One individual said "staff simply can not afford not to be paid as distance between clients can be considerable", making the care at home service "undeliverable". Another individual said staff should be paid "from beginning to end of shift, not just the time spend in an individuals home - remote and rural may spend more time travelling than providing care".

Childcare Services

There was a consensus among respondents that childcare availability, that can support working parents, is an important barrier to healthcare staff working in rural areas. British Medical Association (BMA) Scotland said:

> "Childcare facilities, especially in more isolated regions, are scarce. Unlike their urban counterparts, hospitals in these areas often lack childcare services for staff. Additionally, community childcare options, such as childminders, are nearly non-existent in some areas."

Many shared that more adequate childcare services would facilitate an improvement in recruitment and retention of staff as it would enable working parents to live in, or relocate to, rural areas. The SWC calls for a focus on childcare:

> "The creation of a 'Remote and Rural Workforce Strategy' should include clear policy surrounding flexible work options, as well as improved childcare."

Public Transport

Inadequate public transport services were cited (Bòrd na Gàidhlig and RCN) as a blocker of recruitment and retention. Community Pharmacy Scotland (CPS) highlighted the need for a "reliable, affordable public transport service" for the healthcare workforce. This includes air and ferry services to island communities, and bus and railway links.

Students

Several organisations highlight that additional support (Royal College of General Practitioners [RCGP]) and financial aid (RCN and Munlochy Medical Practice) for students experiencing rural working environments may benefit recruitment and retention.

One individual and some organisations (Royal Pharmaceutical Society [RPS] Scotland and Optometry Scotland) stated the need to expose more students to working in rural healthcare through placements.

Some organisations proposed additional incentives to promote the number of students deciding to work in rural areas. SWC proposed, "a reduction in student debt for those who agree to move to remote locations for a fixed period of time". Nairn

Healthcare Group suggested that “payment of student fees might commit the graduate to working in remote and rural areas for a period post graduation.”

Theme 2: Education and Training

A common issue raised was the need for improved access to education, training, and professional development opportunities for rural healthcare staff. Respondents believed this would better equip healthcare staff and improve service delivery. NHS Education for Scotland (NES) highlighted the need to:

> “Develop and deliver unique training, education and leadership development programmes that equip remote and rural healthcare staff to innovate and lead service improvements aligned to the changing needs of their remote and rural communities.”

RCN and some individuals highlighted a need to support “locally accessible” education access routes, specifically for midwives, possibly delivered with universities to “grow your own workforce”. Meanwhile, Alcohol Focus Scotland (AFS) said:

> “The workforce strategy should ensure adequate provision of training, education and networking opportunities for service providers and healthcare professionals on trauma-informed approaches”.

One individual said that appraisals of, and professional/continuous development for, managers and administrative healthcare staff should be embedded within the service.

Theme 3: Staff Support Network

Kingussie Medical Practice and The Royal College of Physicians of Edinburgh posed the idea of a support network/conference. An annual, in-person, conference was suggested, which would allow healthcare providers to share experiences and best practice. Kingussie Medical Practice highlighted the need for “face to face contact for support”.

Theme 4: 2018 General Medical Services (GMS) Contract

Several respondents discussed the GMS contract, its perceived unsuitability for remote and rural areas and a lack of success thus far. Some organisations, including Dr A Gordon Baird on behalf of Galloway Community Action Group, Save our Services Isle of Skye and Caithness Health Action team, expressed a need to review the contract to acknowledge the unique needs of remote and rural areas.

The Highland Local Medical Committee (HLMC) stated “It is widely acknowledged that the 2018 GP contract was not designed with rural locations in mind.”

Organisations, such as Croyard Medical Practice, indicated the difficulties with implementation in rural areas. They say:

> "In rural areas there were never going to be enough pharmacists, physios, mental health worker and nursing staff to make this work."

Nairn Healthcare Group commented on the need for more GPs:

> "Increase the number of WTE GPs as committed to in the 2018 contract. The SG are woefully short of being anywhere near the target of 800 additional GPs by 2030 and must be held to account as a matter of urgency."

BMA Scotland commented on the need to revisit the contract, stating:

> "Scottish Government needs to prioritise GP contract development again – to ensure that practices across Scotland are sustainable by attracting and funding GPs and other practice employed health care workers."

Theme 5: Service Design and Delivery

Whole System Approach

Respondents highlighted that a whole-system approach to Government policy action is necessary. NES said:

> "There is a need to also invest in remote and rural social care as part of a whole system approach to fully address the identified inequities in health, wellbeing and care experienced by people living in many of our remote, rural and island communities."

The concept of a multi-disciplinary team (MDT) was highlighted by some organisations, including Hospice UK, RCGP, The British Association for Counselling and Psychotherapy (BACP) and HLMC. One individual said:

> "A multi-disciplinary team […] should consider effective and sustainable ways to improve staffing and care in rural settings in Scotland and beyond."

RCGP said that the MDT faces challenges in rural areas, partially due to issues around staffing and recruitment to alleviate the workload of GPs:

> "As one of the intended benefits of the MDT is the relief of workforce pressure on GPs, this has been a frustrating situation for these practices."

Tailored Approach

Individuals and organisations, such as RCN Scotland and BMA Scotland, suggested that a "one size fits all" approach to policy is inefficient as it does not consider the

unique needs of rural areas. BMA Scotland noted the inter-differences between rural areas:

> "a one size fits all approach across Scotland can disadvantage remote and rural areas, treating all non-urban settings as the same will not work. There needs to be an acknowledgement of the complexity of the problem and the diversity of rural and remote areas to ensure adaptable, flexible approaches are taken."

Waverley Care called for a wide-reaching Remote and Rural Workforce Strategy that is "attentive to the nuances of places and people". Comhairle nan Eilean Siar said, "Island Community Impact Assessments" and "Island Proofing" must take place to prevent issues arising.

Data Collection

Organisations including NES and RCN Scotland highlighted the need for appropriate data collection to inform policy action and workforce planning. NES stated that data collection in specific rural areas will allow prioritisation of areas most affected. They hoped that the National Centre will:

> "Increase the specific data and intelligence that is gathered and shared in relation to the particular and unique remote, rural and island population health needs in order to focus training, education and research within the priority areas that are disproportionately impacting on the health and wellbeing of people living in remote, rural and island communities."

RCN Scotland said:

> "It is also crucial to capture data which accurately reflects the disparities and health inequalities within rural populations, in order to determine effective rural health and care strategies."

Third Sector Involvement

Organisations, including Hospice UK and Marie Curie Scotland, noted the importance of third sector involvement in service design and delivery. Hospice UK highlighted the role that hospices have in "providing education and training, and clinical expertise and support, to the wider health and social care workforce." Marie Curie Scotland said:

> "The third sector plays a key role in integrated services but is not seen as an equal partner and is often not included in early conversations with existing Integration Authorities regarding the strategic planning and commissioning of palliative care services."

One individual noted the need for "joined up thinking", involving education, health, third sector and others, to enable a holistic approach and prevent "silo-working".

Theme 6: Increased Funding and Investment

The need for greater funding and investment in rural areas was commonly mentioned. This was discussed in tandem with other themes, such as recruitment and retention, centralisation of services, the GP Contract, and a whole-system approach to policy. Respondents acknowledged that funding is needed to tackle these issues.

The Nairn Healthcare Group discussed funding models and the GP Contract:

> "Current funding models disadvantage remote and rural health care provision and take too little account of the additional costs to maintain and develop services in remote and rural settings. The lack of strategic and financial investment into the Independant GP contractor model has seen many GP practices decide the business model is simply no longer financially viable and have handed back their 17J contracts back to Highland Health Board who are now forced to run services and estimated costs 2-3 times higher than before. This is hardly a model for sustainable provision of GP in remote and rural areas."

Organisations, such as BMA Scotland, The Maternal Mental Health Alliance (MMHA), Hospice UK and Optometry Scotland, touched on investment into specialist services. Hospice UK said:

> "The hospice sector's call for urgent support from Scottish Government was rejected and local statutory funding has not kept up with the significant cost increases facing hospices. This means the hospice sector has now been left with a significant deficit budget as a result of the NHS pay award."

MMHA said:

> "Sustained financial investment in specialist perinatal mental health services is needed to ensure there is equity of access for all women, families and babies living throughout Scotland."

Sustained investment to support long-term improvements in rural healthcare was mentioned by a few organisations, such as NES and RCN Scotland. NES said:

> "There will be a need to provide sufficient funding and capacity to implement, measure and support the strategy objectives and deliverables to achieve the required large scale and long-term improvements required."

NRAC Formula

The Argyll and Bute Integration Joint Board (IJB), and individuals, mention the NHS Scotland Resource Allocation Committee Formula (NRAC formula). One individual states that the NRAC formula is "inappropriate for rural communities and fails to recognise the importance of healthcare provision in making communities sustainable

and attractive place to live, work and stay in". The Argyll and Bute IJB believes the formula is unsuitable for Argyll and Bute:

> "Urban areas and the scale of their infrastructure allows for the balance of shortfalls of skilled resource. The NRAC share in respect of health funding mitigates some of the cost implications associated with small scale service delivery. With a declining population, we have a declining share and increasing cost of delivery as such any benefit is in effect removed."

Another individual said the National Centre reviewing this formula would be helpful.

Theme 7: Digital Infrastructure and Healthcare

The role of digital infrastructure and its role in delivery of rural healthcare had mixed views. Some respondents stated it requires further investment to improve service. RCN Scotland believes that advancing technology will facilitate "a more mobile workforce than ever before". The Royal College of Pathologists (RCPath) said:

> "Developing digital pathology and facilitating cross board access to digital pathology slides/systems. This would allow faster and easier access to specialists for second opinions so could help improve equity of access to experts without compromising turnaround times."

BACP said they believe that poor digital infrastructure in rural areas hinders service provision and access to training opportunities:

> "Poor-quality broadband and mobile network coverage hinders access to online referral services and limits opportunities to promote health initiatives to individuals and communities. Poor digital infrastructure also presents challenges for the existing healthcare workforce, preventing access to essential training and professional development."

Marie Curie Scotland and Age Scotland highlighted that a shift towards online service provision may be a concern. Age Scotland stated:

> "The move towards online services and provision is a cause of great concern to many older people living in rural areas. Digital/online use of services should always be a choice and not a requirement. This applies to appointments that are online, and technology, such as digital emergency personal alarms, which have been highlighted to us as not fit for purpose."

Theme 8: Centralisation of Services

Many respondents thought that the centralisation of services, often to larger, regional hospitals, had impact service delivery in rural areas. The SWC said:

> "We have heard from women across Scotland's rural communities that the centralising of statutory services is preventing them from accessing basic human rights, such as health and social care."

Diagnostics, dermatological assessments, and vaccinations were listed as effected services. Issues around the centralisation of services included inadequate public transport services; increased costs/time to travel to appointments; longer waiting times; and, in some areas the need to travel on unsafe roads.

BACP stated these are issues pertinent in elderly populations in rural areas:

> "Lack of appropriate, inexpensive, or accessible public transportation can make [distances between health services and facilities] worse, which can be especially difficult for elderly, disabled or vulnerable persons with mental health conditions."

Some individuals noted the impact of centralisation on waiting times at larger regional hospitals. One said:

> "A greater amount of care should be provided in community hospitals and GP practices. Currently, larger regional hospitals absorbed the vast majority of funding but provide little benefit and have actually caused a significant increase in waiting times. This can be seen in the withdrawal of funding for GPs to provide dermatological assessment within the community and was instead replaced by hiring an additional consultant in Raigmore Hospital. The result of which was waiting times going from one of the lowest to one of the highest in NHS Highland."

Hospice UK highlighted that these issues are pertinent in patients with complex care and palliative care needs:

> "Long distances to travel to health care, poor public transport, poor digital connectivity, difficulties accessing medication and out of hours care are all exacerbated when someone is at the end of life."

Theme 9: Remit of National Centre for Remote and Rural Healthcare and Remote and Rural Workforce Recruitment Strategy

A handful of individuals and organisations, namely RCN Scotland and BACP, noted they are unsure of the role and remit of the National Centre and Remote and Rural Workforce Strategy. This hindered them from highlighting issues and providing suggestions. One individual said the National Centre has not been well-advertised and they are "not sure it exits yet".

Theme 10: Palliative and End of Life Care

Access to palliative care is flagged to be an issue in rural areas. Hospice UK stated that the number of people requiring palliative care is predicted to rise by 13% in the next ten years, with a higher level of demand in rural areas due to their typically higher proportion of residents 65 years and over.

Organisations, such as Hospice UK and Marie Curie Scotland, highlight issues surrounding access to palliative care in rural areas. Geographical accessibility and recruitment and retention of the workforce were cited as factors affecting access.

Marie Curie Scotland state:

> "Workforce recruitment and retention continues to be the most significant issue which impacts end of life experience in rural, remote and island communities, and the strategy must seek to resolve this as a matter of urgency."

Staff and care home bed shortages were highlighted among respondents. The latter can have further implications, as noted by one RCN Scotland member:

> "Delayed discharges from hospital wards continue to cause a shortage of beds in acute care. This is due to the lack of available beds in care homes"

Dr Ross Jaffrey of the Croyard Medical Practice highlighted the need for increased care home provision in their area:

> "We have no cottage hospital or care home beds in the community to help support someone needing a bit more help, but would not be considered unwell enough to go to the acute hospital, in our case Raigmore. We have had a number of unnecessary admissions and failed discharges due to a lack of home care support. We are aware this is a chronic issue right across Scotland but is, in our mind, particularly acute in more remote areas we look after, such as Strathglass, Beauly surround and Muir of Ord."

Theme 11: Loneliness and Social Isolation

Addressing issues of loneliness and isolation in rural areas, concerning both patients and the workforce, was identified. RCN Scotland and BACP touched on the physical and mental impacts. RCN Scotland said:

> "In rural and remote areas, a range of factors can exacerbate loneliness and/or social isolation, such as the dispersed nature of populations and a lack of or limited availability of transport".

Scottish Health Action on Alcohol Problems (SHAAP) comment on the relationship between alcohol consumption and isolation in rural areas:

> “Alcohol use is disproportionate in rural communities, given the lack of alternative recreational activities and increased risk of social isolation.”

RCGP noted the importance of ensuring the Remote and Rural Workforce Recruitment Strategy considers isolation affecting the workforce:

> “In regard to the workforce itself, the strategy should look into ways to minimise or avoid professional isolation to improve satisfaction and mental health amongst clinicians”

Theme 12: Alcohol-Related Services

Organisations (AFS, BMA and SHAAP) flagged issues around alcohol consumption and access to alcohol-related services in rural areas. SHAAP highlighted “major barriers in accessing alcohol support & treatment services” – staffing, transport, and funding models. It, and another individual, said a preventative approach to alcohol-related problems should be considered by the National Centre. SHAAP said:

> “The Centre should also give consideration to prevention of alcohol-related problems in remote and rural areas. Island populations and their unique environment should also be considered as a sub-group with specific needs.”

AFS said:

> “To support people in remote and rural communities, the National Centre should consider improving primary and community care related to alcohol use. This includes understanding the level and trajectory of alcohol-related problems in these areas and the specific treatment and support needs people face.”

Data Visualisation

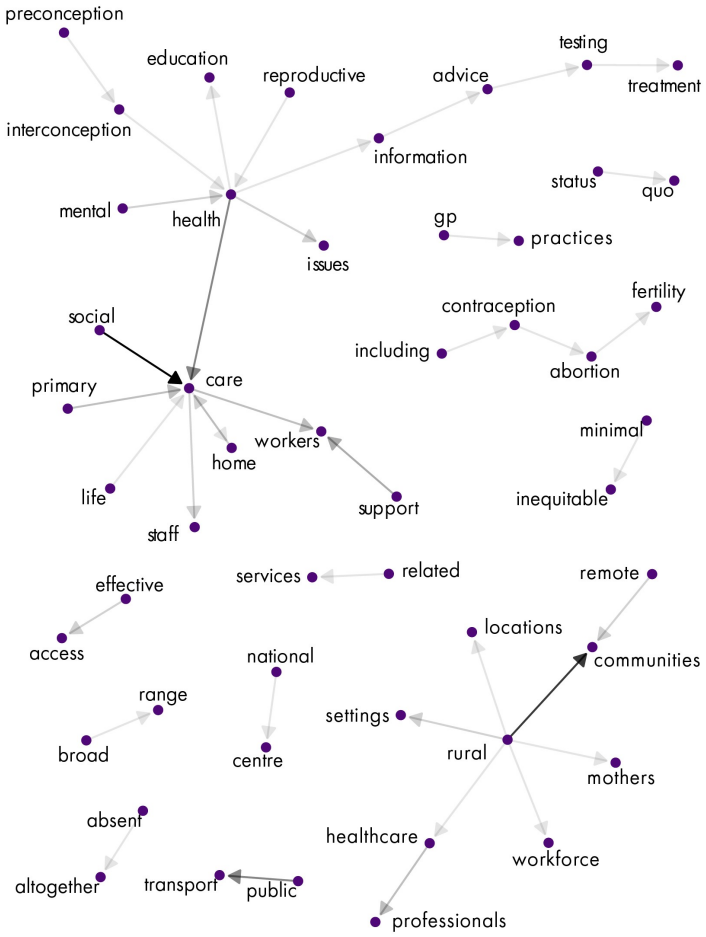
The following charts highlight the most commonly used words used by individuals and organisations and the connections between words used. A “word cloud” shows the frequency of words used in the submissions, excluding certain very regularly used words. A “network map” shows the frequency with which words are connected to each other. A darker line indicates a stronger, more regular, connection.

Reponses from individuals.

Twenty five most common words

Excluding: rural, care, healthcare, remote

This network map shows the connections between words.

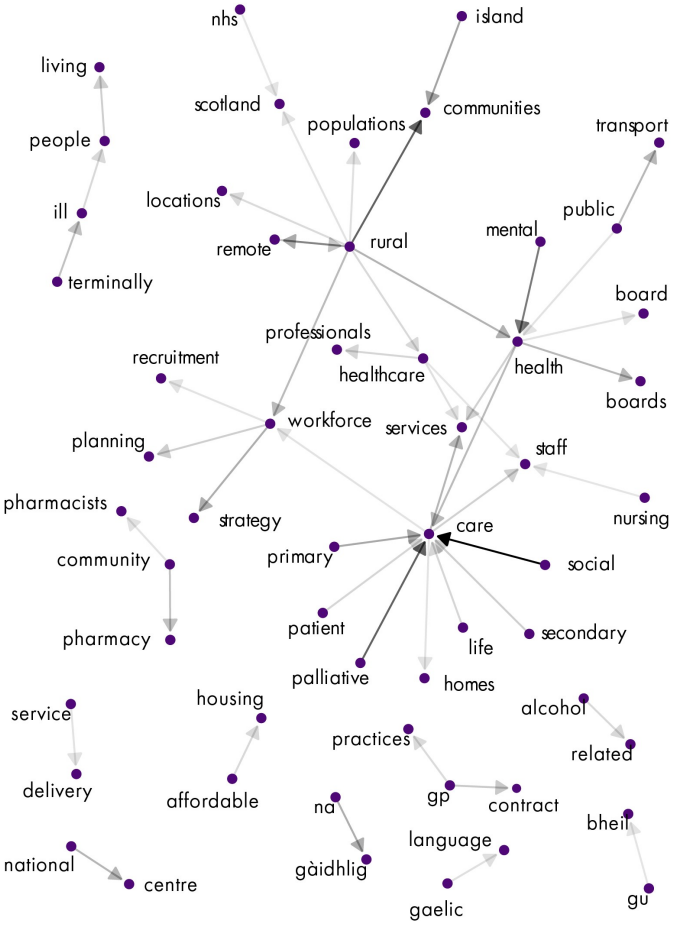


Reponses from organisations.

Twenty five most common words

Excluding: rural, care, healthcare, remote, Scotland

This network map shows the connections between words.



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