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Clare Haughey
Convener
Health, Social Care & Sport Committee
Scottish Parliament
Edinburgh, EH99 1SP

19 December 2023

Dear Convener,

Inquiry on Healthcare in Remote and Rural Areas

Thank you for the opportunity to give evidence to the Committee on 21 November 2023, in relation to your inquiry on healthcare in remote and rural areas. We undertook to provide some follow up information to the Committee and that information is set out below.

The majority of health boards across Scotland have all, or some of their constituent population in a rural area. Health Boards and Health and Social Care Partnerships are required to take account of the diverse needs of their populations and to plan their service provision according to that need.

We are aware of a number of the specific issues facing rural and island health and social care service provision, alongside the variety of stakeholder perspectives, that have been raised as part of the Committee's published consultation on Healthcare in Remote and Rural Areas. We will consider the evidence the Committee has published in taking forward the National Centre for Remote and Rural Health and Social Care, and in anticipation of publishing a Remote and Rural Recruitment Strategy next year. We are determined to take an inclusive approach to health and social care service reform.

General Practice

The 2018 GP Contract was negotiated with the Scottish GP Committee of the BMA (SGPC), and accepted following a poll of the whole profession in Scotland. The 2018 GP Contract is intended to make general practice a more attractive profession by reducing risk and, by transferring workload from GP practices, allow GPs to focus on what only they can do.

We considered the views of rural GPs in the development of the 2018 Contract. We did not discount those concerns: much of the implementation of the 2018 GP Contract is based upon local agreement with GPs working with their Health Boards and Health & Social Care Partnerships to ensure that services would be transferred in a way that suited local circumstances while still achieving the national goal of allowing the whole profession to do what they train to do.



Also in response to feedback from rural GPs following the implementation of the 2018 Contract, we established the Remote & Rural Working Group chaired by Professor Sir Lewis Ritchie to support rural areas to deliver the first phase of the contract, the group produced the Shaping the Future Together report in January 2020 and various actions were undertaken as a result.

In terms of the transfer of responsibility for vaccinations from GPs to health boards, while this was an agreement within the contract, we recognise that there may be some specific challenges with Health Board provided services, including journey times for vaccines in rural areas. We maintain that services should only be transferred if it is safe to do so.

The rural options appraisal process was developed to determine whether it is necessary for a small number of remote and rural GP practices to continue delivering vaccination and other services due to their specific circumstances.

This process allows the Boards to set out the options for delivery of services and agree as a Board the preferred option which is then agreed with the National General Medical Services Oversight Group. For example, Argyll & Bute HSCP has secured vaccine delivery by some of its island GP practices by this means.

We also remain committed to Phase Two (paused in 2020 due to the pandemic) of the 2018 GP Contract and ensuring the stability and sustainability of general practice within our rural and Island based communities.

Discussions with the BMA on Phase Two have resumed, and we are developing a refreshed delivery plan and timeline for this work. In progressing this we are committed to ensuring that we engage and consult with a broad range of stakeholders, including those representing rural general practice, as the work progresses.

Rural Practice Closures

In the past 10 years (2012 – 2022) the number of practices in rural areas has reduced from 178 in 2012 to 153 in 2022. Rural practices are defined as those practices located in areas 4, 5, 7, 8 on the [Scottish Government Urban Rural Classification](#).

Since 2012, the number of practices in Scotland decreased from 997 to 911, reflecting a trend towards fewer practices overall, and instead having larger practices which can provide greater access to a broader range of primary healthcare services.

It is for Health Boards and Health and Social Care Partnerships to determine how General Practice services are best delivered and to ensure that there is appropriate access to General Practice services. Our priority is to make general practice more sustainable and to ensure that patients continue to get the services they need.

Nursing placements expenses

A short life working group comprising representatives from the Scottish Government, Student Awards Agency Scotland and higher education institutions, is currently undertaking a review of the nursing and midwifery student placement expenses guidance. This review was instigated as a result of the feedback received at the roundtable meeting with RCN students which committee members referred to during the evidence session.

We cannot pre-empt the outcome of this work but the group is proactively exploring what more can be done to support students and enable greater flexibility on placement expenses such as accommodation and travel.

Key Worker Housing Activity

The Rural and Islands Housing Action Plan was published on 13 October 2023 and has been developed through strong engagement with our rural and island stakeholders. The Action Plan will support the delivery of our commitment to deliver 110,000 affordable homes by 2032, 10% of which will be in rural and island areas, to help retain and attract people to these communities.

In evidence we referred tentatively, noting the need to double-check, to the Scottish Government committing to around £30 million worth of investment for housing for key workers, as part of our broader housing strategy commitments. For clarity, as part of the housing strategy, we are committed to investing up to £25 million in key worker housing in rural and island areas. In addition to this, there has been discrete investment in supporting health workers with housing costs in remote and rural areas, as I referred to in evidence, including support with defraying initial accommodation costs for new international recruits, and with investment in infrastructure in NHS Shetland to house visiting staff.

The actions in the plan will require strong collaborative working and joint action across sectors to enable the delivery of more homes for our rural and island communities to thrive. The £25 million funding will support local authorities, in their role as statutory housing authority, to have a strategic focus in making available affordable homes for key workers to meet the needs of their communities.

The funding is available to support local authorities and registered social landlords to purchase existing suitable properties in rural areas which can be rented directly or leased to employers to provide affordable homes for key workers. This can include bringing empty properties back into use or acquiring properties on the open market to increase the available supply of affordable homes for key workers.

We recognise that it is not a one size fits all approach in relation to key worker policies and it is for local authorities to set their own policies. 'Key workers' can include doctors, nurses, teachers and police officers but also extends to private sector businesses, both permanent and seasonal staff.

International recruitment of registered nurses, midwives and allied health professionals

In evidence we referred to the Scottish Government's investment of £18m to support international recruitment for around 1,250 Nurses Midwives and AHPs. Those figures were correct, however we would wish to clarify that recruitment is ongoing and the monies made available in 2023/24 to support board recruitment will be available until the end of the financial year. We are still collating management information with regards to final recruitment position for the financial year 2023/24. However, at this point well over a 1,000 overseas nurses, midwives and allied health professionals have been recruited. Our annual

target of 200 set in October 2021 for the remainder of the financial year 2021/22 and 750 for the financial year 2022/23, were met, with actual recruitment being 802 in the 2021/22 financial year. The target for 2023/24 is 250.

Alcohol services

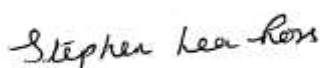
Alcohol treatment is delivered in all parts of Scotland by local alcohol and drug partnerships (ADPs). We recognise that there are workforce challenges across health and social care, some areas rely heavily on 'medical' models of care and we know that rural areas face particular challenges – these have to be overcome. We are working to support local areas to share best practice and solutions by meeting with all ADPs on a quarterly basis, as well as smaller groups of ADPs with similar profiles including one of predominantly rural areas.

We are working with Public Health Scotland to review the evidence on the current delivery of alcohol brief interventions (ABIs) to ensure they are being carried out effectively and are as impactful as they can be in reducing the harm from alcohol. The initial recommendations are currently being revised and edited by the authors and will be published shortly. Collection of ABI data was paused as staff were redirected to the COVID-19 response, and data collection has not resumed. However, evaluation of the ABI programme is being considered as part of the review, and as such will address data collection. The latest available data (2019/20) can be viewed at: [Alcohol brief interventions - 2019/20 - Alcohol brief interventions - Publications - Public Health Scotland.](#)

A Workforce Expert Delivery Group has been established, chaired by Mark Kelly, Interim Nurse Director for NHS Dumfries and Galloway. Members come from a range of delivery partners and a diverse range of sectors, including those with lived experience. The group have been tasked with embedding actions to improve service delivery, supported by the Scottish Government.

In addition we are supporting the UK Government in the development of the UK-wide clinical guidelines for alcohol treatment. The guidelines, which were published for public consultation on 16 October 2023 will look to introduce new approaches to treatment and will apply to a broad range of settings including primary care, hospital and justice settings. They are also expected to set a baseline for our work around introducing treatment standards. We are encouraging our partners and all those with interest in alcohol treatment to share their views by responding to the consultation.

We hope that this information is helpful and look forward to reading the Committee's inquiry report in due course.



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