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Your ref: Inquiry to Rural Healthcare Provision

18 November 2024

Dear Claire

Thank you for publishing your report on Rural Healthcare Provision on 07 October 2024, the findings of which my officials and I will take full cognisance of. I would like to take this opportunity to respond to the recommendations within your report by providing the information below.

Education and Training

Intrinsic to the strategic approach to recruitment in rural and island areas, officials are already working closely within the Scottish Government to understand where the earn as you learn (EAYL) programmes which are currently in use within NHS Scotland could potentially be expanded, particularly in terms of rural location.

The Scottish Government already works collaboratively with professional bodies and higher education institutions (HEI) on the delivery of education programs that can meet the needs of the NHS workforce. In terms of part time distance learning opportunities which we know would benefit rural and island areas, work is being explored via the Allied Health Professional (AHP) and Healthcare Science (HCS) education reviews recommendations and the Nursing and Midwifery Taskforce (NMT) on how best to diversify the delivery of education programmes. The Open University already provides distance learning nursing degree education, which is accessed by Healthcare Support Workers, enabling them to train in their local area whilst continuing to work.

In respect of timeframes to complete training, most pre-registration training is regulated by the professional bodies and delivered by HEIs who already deliver elements of their programmes online. Some aspects of education, however, must be face to face or, as mandatory clinical placements. Post-registration education for staff is the responsibility of

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NES and NHS Boards and forms part of the NMT recommendations. The NMT is also considering attraction and retention across Scotland.

Work is already underway with the Scottish Qualifications Authority to develop the Next Generation HNC in Healthcare Practice which aims to create a national approach to direct articulation into Year 2 of a nursing degree as well as work to create ready practitioners. It is hoped to pilot the Next Generation HNC in Academic year 2025/2026. This may encourage more people to apply for this course at their local Further Education College as they gain access to a nursing degree a year earlier.

Supporting the development of alternative delivery models of education such as EAYL apprenticeship style and distance learning models of education is emerging from the work of the NMT and AHP education review. Early work is underway to provide flexibility in how part-time tuition funding is made available for some health-related subjects – once complete it is hoped that this work will facilitate the development of alternative models of education delivery by HEIs.

In respect to the medical workforce, ScotGEM is Scotland's first graduate entry medical degree programme. The course launched in September 2018 and is delivered in partnership between the Universities of Dundee and St. Andrews, with an additional 15 places added for 2022/2023 academic year onwards.

We recognise that credentialling provides Health Boards a quicker route to upskill doctors to meet new demands, rather than waiting for doctors to complete lengthy training pathways. The credential in Rural and Remote Health will help address the training needs of doctors working in rural and island Scotland to extend and enhance their skills, as well as addressing service needs and contributing to patient safety.

Issues around Recruitment and Retention

Housing

The provision of housing for key workers can assist in the employment and retention of people vital to the delivery of and improving essential local services. It is the responsibility of local authorities (LA) through their Local Development Plan and Local Housing Strategy (LHS) to determine the appropriate housing required in their area, informed by their Housing Need and Demand Assessment (HNDA). A HNDA is undertaken every 5 years and estimates current and future housing requirements. The Local Housing Strategy sets out the local authority's priorities and plans for the delivery of housing and housing related services. A local authority should consider the number, location, type, size and tenure of housing required to address the need in their communities. Where evidence suggests that there is a requirement for action to provide suitable housing for key workers, the LHS should include a policy on this.

A central component in preparing a LHS is consultation and engagement. LAs are expected to engage with a wide range of people and communities to help inform priorities and outcomes. This should include engagement with key agencies including NHS Scotland Boards. Refreshed LHS guidance will be published in 2025 and will include a strong focus on key worker housing encouraging collaboration between LA housing officials and a range of organisations including NHS Scotland officials.

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The Scottish Government is making up to £25 million available from our affordable housing supply programme budget over the period 2023-2028 in the form of the Affordable Homes for Key Workers Fund. The funding is available to support LAs and registered social landlords to purchase existing suitable properties in rural and island areas including empty houses, for key workers and others who need affordable housing where there is identified need.

The Rural Affordable Homes for Key Workers Fund forms part of the broader Affordable Housing Supply Programme to be accessed by LAs and registered social landlords. Where a local authority's Local Housing Strategy identifies a strategic requirement for a particular type of home, including key worker housing, projects to support delivery of these homes are expected to be included in the local authority's Strategic Housing Investment Plan for delivery through the Affordable Housing Supply Programme.

Digital

Our digital infrastructure programmes have delivered broadband services access for over one million additional homes or businesses to date. Reflecting the Scottish Government's view that investment should be focused where it is needed most, over 70% of the premises to be connected through the (over £600m) Reaching 100% (R100) programme are located in rural Scotland. Our R100 is ensuring that every home and business across Scotland can access a superfast broadband connection and the R100 Scottish Broadband Voucher Scheme remains available to those who are beyond the reach of commercial or R100 contract build plans, offering up to £5,000 with which to secure an improved broadband connection.

We recognise that access to mobile services is particularly vital for our rural and island communities, both socially and economically. Our £28.75m Scottish 4G Infill (S4GI) programme invested in future-proofed infrastructure to improve our 4G mobile coverage and our investment has built and activated 55 masts in mobile "notspots" in rural and island Scotland. Furthermore, we continue to work collaboratively with the UK Government's Shared Rural Network (SRN) programme to ensure maximum impact for Scotland.

We recognise that connectivity can still be a barrier to supporting high quality digital services despite these significant recent improvements in digital connectivity and our Digital Health and Care and Data Strategies set out our aims and ambitions to improve service provision across Scotland and align closely to the aims of the national Digital Strategy. Particularly vital to our rural and island communities, this includes enhancing care and support at home using technology and improved access to people's own health and care data.

Key infrastructure commitments aimed at bringing benefit to health and care services include the implementation of the SWAN2 network being led by NHS Scotland with BT. Further developments to improve widespread availability of mobile data services and superfast broadband will support adoption of services at population scale.

The Scottish Government continues to use devolved levers to incentivise and stimulate the commercial telecoms market. Where powers are available, we have taken action to facilitate improved investment in digital infrastructure - such as through 100% non-domestic rates relief for laid and lit fibre, which has now been extended to March 2034, and continuing to offer the most extended periods of rates relief in the UK. Furthermore, from 01 January 2025

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new build developers will be required to provide gigabit capable broadband subject to a cost cap of £2,000 per premises.

Service Design and Delivery

To support sustainability of acute health services within rural and island communities, a Task and Finish Group has been convened which is considering ways to improve delivery of safe, quality services for this population and ensure equity of outcomes. Representatives from rural and island territorial Health Boards, National Boards and the Scottish Government sit on this group.

The group will determine a framework for the delivery of sustainable care for our rural and island communities from which specific local plans can be developed. This will support sustainability by planning on a population basis and provide an effective decision-making arrangement for NHS Scotland within these communities, whilst allowing service design and delivery to be adapted to place-specific needs and circumstances.

Delivery of Primary Care within rural settings is being considered throughout the development of the Primary Care Route Map. The Route Map will set out key aspects of both how the primary care system operates currently, including across rural areas, and how it will operate in the context of wider reforms – particularly reform of Acute NHS Services through the National Clinical Framework, the development of the National Care Service, and development of a Population Health Framework.

The Route Map covers key enablers to realise our collective vision for Primary Care such as: workforce, finance, governance, infrastructure, data and digital, policy and improvement with cross-cutting themes are being considered throughout including the remote and rural perspective, alongside health inequalities and person-centredness.

In terms of capturing good practice the Scottish Government provides a grant to SPPC and SNAP-C and other networks which includes the Specialist Palliative Care Group; the National Charities Group; and the Community of Practice Care Group. Their evaluation report highlights that through the meetings, staff from all setting can keep abreast of the latest national developments and share with each other best practice and local developments.

Primary Care and Multi-Disciplinary Teams (MDTs)

Our strategic priorities for primary care reform focus on shifting the balance of care closer to people's homes and driving a proactive approach of early intervention and prevention, promoting value for money across the health system

Primary Care reform over the medium and long term is being considered through the development of the Primary Care Route Map which is supported by the Primary and Community Health Steering Group, bringing together a range of stakeholders and delivery partners from both rural and urban areas, with interests in the strategic reform of Primary Care and Community Health services in Scotland.

More broadly, the Route Map will be informed by evidence of what people want from Primary Care services, including evidence from rural communities, as we continue to develop and deliver reform.

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Primary Care Improvement Fund / Multidisciplinary Teams (MDTs)

The 2018 GP contract included a programme of service redesign to ensure that arrangements for GP services better met the needs of the whole system and the needs of communities. Its key aims are to refocus the role of General Practitioner (GP) as expert medical generalist, enabling GPs to do the job they train to do and deliver better care for patients, and to realise a vision of general practice at the heart of the healthcare system, where multidisciplinary teams (MDTs) come together to inform, empower and deliver services in communities for those people in need of care.

To support these aims, working in collaboration with GP representatives, Health and Social Care Partnerships (HSCP) and NHS Boards are placing additional primary care professionals in GP practices and the community, to work alongside GPs and practice teams, to release capacity in general practice and to improve patient care and outcomes.

Since 2018, we have significantly expanded the primary care multi-disciplinary team workforce, with over 4,900 staff working across six key service areas at March 2024. We are supporting development of these teams through investment of over £190 million in the Primary Care Improvement Fund in 2024-25.

We are also supporting change management in relation to the implementation of the multi-disciplinary team in rural and island communities, through additional funding of £123,000 in 2024/25, building on the recommendations of the Shaping the Future together report and recognising the challenges of providing project management and quality improvement support in smaller rural areas.

In addition, in remote and rural areas, the rural options appraisal process has also been developed to determine whether it is necessary for a small number of local GP practices to continue delivering services due to their specific remote/rural circumstances.

Areas can develop options appraisals as part of the PCIP process and submit these to the National GMS Oversight Group for review.

While we have made good progress in implementation, we know that implementation gaps remain and a number of barriers persist. We also recognise some of these barriers can be exacerbated in rural and remote settings and certain delivery models that might make sense in an urban setting might not translate into rural areas. That is why we have introduced the [Primary Care Phased Investment Programme](#) (PCPIP), working with four demonstrator sites, covering a diverse range of settings, to understand what a model MDT looks like in practice: NHS Ayrshire and Arran, Edinburgh City HSCP, NHS Scottish Borders, NHS Shetland.

Through this programme, Healthcare Improvement Scotland is providing bespoke quality improvement (QI) and monitoring and evaluation support to the demonstrator sites to more fully implement two priority service areas within the 2018 GP contract – Community Treatment & Care (CTAC) and Pharmacotherapy – and to collect data to understand the impact for people, the workforce and the wider system.

Ultimately, the programme will strengthen the evidence base on the national context for the implementation of multidisciplinary teams and inform future long term Scottish Government investment for all areas.

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Through the PCPIP, HIS has also established the national 'Primary Care Improvement Collaborative'. This offers support for local teams out with the demonstrator sites to implement quality improvement approaches in Pharmacotherapy and CTAC services and in access to primary care services.

Dispensing Practices

GPs in areas which cannot support a community pharmacy can be required by their health boards to dispense as well as prescribe medications. Lewis Ritchie's "Shaping the future together Remote and Rural General Practice Working Group," report recommended the development of a package of support for dispensing practices which the Scottish Government has been taking forward through the Dispensing Group.

Funding and Investment

The Scottish Government has committed to a review of the NRAC funding formula and work is underway. This supports vital work to reduce health inequalities; ensuring that we continue to allocate funding according to the relative need for healthcare in each Board area. The review will take time as funding formulas are inherently complex.

We recognise that the third sector needs clarity and stability to secure its resilience and to grow its capacity. That is why we are committed to developing a Fairer Funding approach for the sector and our Fairer Funding principles build upon the long-standing issues relating to single year grants, lack of uplifts, late notification of grants and inflexible grant conditions. A cornerstone of those principles is multi-year funding arrangements with this offering as the default being part of our long-term ambition to not only embed systemic change, but also to create conditions for the third sector to thrive as part of a mixed economy.

It is however important to recognise that multi-year funding is very challenging to deliver in the current context as any commitments will inevitably reduce flexibility in future year budgets. We, therefore, where possible, aim to increase the number of multi-year grant offers to third sector organisations.

I welcome the UK Government's commitment to holding regular multiyear spending reviews and hope this provides greater clarity and certainty over the Scottish Government's funding position, helping support a multi-year approach to budgeting. I will consider the timing of a Spending Review in Scotland and look to establish a regular rhythm of reviews.

Access to Services and Service Provision

Palliative Care

You will be aware that the draft Palliative Care Strategy - Palliative Care Matters for All - was published for public consultation on 02 October 2024. One of the key aims of the strategy is that, by 2030, adults and children in Scotland will have more equitable access to well-coordinated, timely and high-quality palliative care, care around dying and bereavement support based on what matters to them, including support for families and carers.

The development of the strategy was informed by evidence gathering, guided by a Strategy Steering Group and a number of expert working groups. This included carrying out surveys

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mapping palliative care delivery across Scotland, including in rural and island communities. The outputs of this work, which are summarised at [Palliative care strategy - service mapping survey: main findings report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/palliative-care-strategy-service-mapping-survey-main-findings-report-gov.scot), have given us a clearer picture of the delivery and accessibility of palliative care across Scotland, which has helped inform the actions set out in the draft strategy.

The consultation will close on 10 January 2025 and the responses will inform the development of the final strategy, which the Scottish Government aim to publish in early 2025.

Mental Health

The Scottish Government is committed to improving the mental health and wellbeing of Scotland's population and to ensuring everyone receives the best possible care and support from our health and care services. Where clinically appropriate and available we continue to encourage a mix of in person, telephone and video appointments where that is suitable for the person and their individual circumstances.

Staff wellbeing is paramount to providing top quality and safe care for patients and service users and it is therefore critical that staff are able to take rest breaks, the leave they are entitled to, and given the time at work to access wellbeing resources where required. Wellbeing support helps ensure staff's ongoing health, quality of delivery of services and helps avoid burnout.

The Scottish Government provides access to a range of national wellbeing resources to complement the support available at a local level. This includes a 24/7 compassionate listening service through the National Wellbeing Helpline; the National Wellbeing Hub, which offers a range of self-service resources; confidential mental health treatment through the Workforce Specialist Service; and access to psychological therapies and interventions through the Workforce Development Programme.

These wellbeing interventions provide staff suffering poor mental health with support to safely return to or remain in work longer term and improves the quality of care they are able to provide. Over £2.5 million has been committed to support the wellbeing of health and care staff in 2024/2025.

Patient Travel Expenses

You will be aware, that whilst the Scottish Government provides the overarching guidance/framework for the reimbursement of patient travel expenses, Boards are responsible for developing local policy to best meet the needs of their populations, and for assessing eligibility for financial support. The cost of reimbursement however is met from Boards' budgets and all Boards must balance value for money with patient need, ensuring that patients are supported in identifying and accessing available support and that patient care is at the centre of all decisions.

The Scottish Government has committed to a review of the overarching patient travel expenses guidance and a commencement date is yet to be established as it is important that the review is undertaken in the context of wider reform of access to health care, rather than as a standalone exercise to consider and address the wider and underlying issues relating to the travel itself.

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Work to bring travel/transport and health planning closer together is in progress and will inform how and when the review is taken forward. The work will include bringing local bodies together at a regional level to consider the options for transport to health. Work has commenced in the Highlands and Islands with Hi Trans and building on existing work in the Grampian area (Health and Transport Action plan).

Opportunities

Digital

Cost-benefit is already considered throughout the development and implementation of national developments including the roll out of Near Me, Connect Me and Digital Mental Health Services have shown significant benefits.

The £5m Moray Growth Deal is supporting the development of the Digital Health and Care Rural Centre of Excellence which aims to create the conditions for the development of key technology solutions for scale up in rural areas across Scotland. This is being led by the Digital Health and Care Innovation Centre (DHI) with a continued need for interest across rural areas in ensuring this realises its potential and can attract investment and economic growth for the future.

The [2024-25 Programme for Government](#) (PfG) committed to a personalised digital health and care service. Over time this will provide digital notifications, access to personal health information, and options for interacting with health and social care services which supports wellbeing and improves the productivity of our workforce and service.

The new service draws together three major programmes – the Digital Front Door, the National Digital Platform, and the Integrated Social Care and Health Record, which are set out in Scotland's Digital Health and Care Strategy and its supporting Delivery Plan 2024-25 and will consider cost-benefit throughout the development of new services.

Terms and Conditions

In terms of structural challenges on pay the Scottish Government recognises the challenges of the higher cost of living when working in rural and island areas. To mitigate the additional costs, we have the Scottish Distant Island Allowance which is payable to staff who work on the Orkneys, Shetlands, Outer Hebrides, Islay, Tiree and Jura, and do not have a free travel pass to the Scottish mainland. This is in addition to Recruitment and Retention Premiums that can be applied to hard to fill roles to make them more attractive to candidates.

Changes to the terms and conditions of NHS staff is the remit of the Scottish Terms and Conditions Committee (STAC), a partnership organisation which exists to collectively negotiate terms and conditions for NHS Scotland staff. Membership of STAC includes NHS employers, trade unions and professional representatives.

Rural and Islands Workforce Recruitment Strategy

The Scottish Government recognises that the challenges to recruitment in rural and island areas - such as housing, transport and infrastructure, remain broadly the same as those outlined in the Dewar report published in 1912. Furthermore, we are aware that numerous

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attempts, including the 2018 international collaborative framework for remote and rural workforce stability – for which NHS Scotland and NES provided input - have been published to address challenges faced to rural & island recruitment but have had no discernible impact.

The broader challenges to recruitment have been echoed consistently over the last 18 months by stakeholders across health, social care, social work and children's services who have repeatedly iterated that a strategy for recruitment does not go far enough to overcome the challenges faced in attracting staff.

Indeed, this view is further supported by feedback on the Committee's consultation exercise which noted that a recruitment strategy is not specific nor targeted enough to make the impact required. Furthermore, the report concluded the need for the strategy to adopt a whole system approach and identify actions to address all potential barriers to recruitment – such as transport, accommodation, digital connectivity & childcare.

A number of these barriers are being addressed by wider cross-government work and consideration also needs to be given to the Remote, Rural and Islands Task and Finish Group which is developing a framework and sustainable operating model to deliver care for those communities, impacting the make-up of staff that will need to be recruited to services.

Furthermore, we know that each rural area and community is unique, oftentimes with each job role differing between areas, therefore, a static one-size-fits-all strategy is unlikely to be impactful nor have any success. Additionally, there are currently no mechanisms in place for rural employers across health and social care to share challenges and barriers to recruitment, share best practice, or escalate known issues.

The Scottish Government has concluded that the Rural & Island Workforce Recruitment Strategy will focus therefore on a sustained model of direct support, cognisant of the broader cross-Government work underway, providing the long-term, dynamic, adaptive and connective methods that will enable the whole-system approach which is necessary to provide rural and island employers the help they need to recruit successfully.

This model would be delivered in partnership with the Centre for Workforce Supply (CWS) and the National Centre for Remote and Rural Health and Care (NCRRH), both of which are based within NES. This new model will also be underpinned by a robust governance structure which is currently being developed.

The direct support model, currently under development, will consist of a Rural & Island Employer forum, a 'living library' and a toolkit. The Scottish Government will publish a short strategy paper in January 2025 which will outline the direct support model in more detail.

National Centre for Remote and Rural Health and Care

As set out in the Programme for Government 2023-24, the Scottish Government has committed £3.03m in 2023-26 to progressing the National Centre for Remote and Rural Health and Care, which launched in October 2023. We recognise that the National Centre was in its early stages during the evidence gathering stage.

Officials have worked closely with NHS Education for Scotland (NES) to develop a delivery plan which has included engaging external stakeholders and internally across Government. The delivery plan focuses on addressing rural issues, particularly challenges faced to deliver

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Primary Care in remote and rural areas and to co-ordinate engagement with a diverse range of remote and rural stakeholders.

The scope of the National Centre has been defined by the deliverables agreed:

- **Improved rural workforce retention and recruitment** by delivering collaborative recruitment and retention improvement programmes, sharing knowledge of innovative models to deliver better results, increasing the number of academic opportunities, research opportunities and professional development opportunities in remote and rural areas (people who study or develop careers in rural areas are more likely to take up posts there, or remain there)
- **A more highly skilled rural workforce** by supporting new rural specific recognised qualifications, delivering rural focused training and developing new learning resources to address skills gaps and drive innovation.
- **More highly skilled leaders to drive rural improvement and innovation** by delivering improvement projects and sharing evidence-based learning of innovative delivery models that deliver better results.

The role of the National Centre is to work with Health Boards and Health and Social Care partnerships to drive improvements in sustainability, and the capability of remote, rural and island primary and community care services, rather than set any national policy.

The National Centre aims to improve care and reduce health inequalities in remote, rural, and island communities by enhancing workforce sustainability, capacity, and capability, initially by focusing on Primary Care and community care. The need to focus on developing a preventative approach to alcohol related problems in remote and rural areas is noted and will be investigated by the Centre in to determine what work can be undertaken in this area within the resources of phase 1 of the Centre.

Scoping and progressing the Centre to other areas of Health and Social Care will be dependent on evidence of impact, needs of the wider system, and available funding. KPIs and evaluation activities will be developed, feeding into review points at the end of years 1 and 2. These will be decision points for continued funding, future deliverables and scope.

Regarding data and research on healthcare provision in remote and rural areas, there is a range of data currently available around population health, and healthcare services for rural areas. For example, a summary of key statistics is available on the [Rural Scotland Data Dashboard – Infogram](#). Nationally commissioned research reports also regularly include consideration of issues through the lens of rural communities.

The activities of the National Centre support the evidence base for monitoring and evaluating Primary Care, through gathering of specific evidence of how project activities are delivering intended outcomes and for whom, where and in what way they are supporting local service redesign and improvement.

At the national level, Scottish Government committed to publish a plan setting out how all parts of the Scottish Government are delivering for Scotland's rural mainland communities, by the end of the current Parliament. The Plan will cover a range of key areas, such as agriculture, marine, land reform, transport, housing, social justice, population, skills, digital connectivity, economic development, and health and social care. We are currently

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developing indicators to monitor the 9 strategic objectives of the (Mainland) Rural Delivery Plan, which includes a set of indicators to monitor Health and Social Care.

Regarding island communities, Scotland's first National Islands Plan was published in December 2019 and as required by the Islands Act 2018, the Plan was fully reviewed last year. We are learning and building on the first plan and development of a new Plan is now underway for publication in 2025.

Awareness Raising

The Centre now has around 1300 participants and NES continues to engage, grow and develop their stakeholders within the agreed engagement and communications plan.

The Centre has recently established Stakeholder Engagement Networks for each workstream, with members included from key stakeholder groups and organisations and representatives from across remote and rural primary care and community services, NHS Boards, HSCPs, communities, and partnership agencies to provide insight, and feedback to ensure programme deliverables are effectively achieved.

Scottish Government will keep the HSCS Committee informed of the future scope of the National Centre and will share updates on the National Centre as the work progresses.

Yours sincerely



NEIL GRAY

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