

Citizen Participation and Public Petitions Committee

7th Meeting, 2022 (Session 6), Wednesday 4
May 2022

PE1890: Find solutions to recruitment and
training challenges for rural healthcare in
Scotland

Note by the Clerk

Lodged on	16 September 2021
Petitioner	Maria Aitken on behalf of Caithness Health Action Team
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to find ways for localised training, recruiting and retaining healthcare staff in difficult to recruit positions in Scotland.
Webpage	https://petitions.parliament.scot/petitions/PE1890

Introduction

1. The Committee last considered this petition at its meeting on [3 November 2021](#). At that meeting, the Committee agreed to write to NHS Highland and consider the petition alongside PE1845 at a future meeting.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received a new response from NHS Highland which is set out in **Annexe C**.
4. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).

5. Further background information about this petition can be found in the [SPICe briefing](#) for this petition.
6. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).

Action

The Committee is invited to consider what action it wishes to take.

Clerk to the Committee

Annexe A

PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland

Petitioner

Maria Aitken on behalf of Caithness Health Action Team

Date lodged

16/09/2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to find ways for localised training, recruiting and retaining healthcare staff in difficult to recruit positions in Scotland.

Previous action

We have contacted and communicated with MSPs Rhoda Grant and Edward Mountain about issues with mental health provision, orthodontics and maternity services for Caithness. They are both very concerned and supportive of additional measures to support healthcare training and recruitment and retention in difficult to recruit areas in Scotland. We have all met with NHS Highland management to discuss ways forward. CHAT have also contacted Universities and spoke to healthcare professionals.

Background information

There has been a continued centralisation of primary health services and centralised training for professional healthcare qualifications in specific urban areas. This is having a severe detrimental impact on recruitment to rural areas in Scotland in roles such as midwifery, orthodontics, paediatrics, allied health professionals, psychiatry and mental health services.

An example of this centralised practice is Midwifery. Midwifery training is currently centrally based in three central areas of Scotland. The fast track to midwifery training with Highlands and Islands University has not been financed this year.

Rural challenges have been addressed historically. For example, teaching positions in Scotland used to be difficult to recruit to, but local Universities produced the Child and Youth Studies on-line degree course and PGDE Distance Learning teaching qualification.

The healthcare challenge could be addressed by creating training opportunities locally with clear qualification pathways, allocating affordable housing in hard to recruit areas and enhancing payments for recruitment

Annexe B

Extract from Official Report of last consideration of PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland on 3 November 2021

The Convener: PE1890 is on finding solutions to recruitment and training challenges for rural healthcare in Scotland. The petition, which has been lodged by Maria Aitken on behalf of Caithness Health Action Team, calls on the Scottish Parliament to urge the Scottish Government to find ways of providing localised training, recruitment and retention of healthcare staff in difficult-to-recruit positions in Scotland. Members will have received a late submission on the petition from our colleague Edward Mountain MSP, which was circulated yesterday.

The committee is currently considering PE1845, which is on an agency to advocate for the healthcare needs of rural Scotland and explores similar issues in relation to rural healthcare. The committee agreed to write to the Scottish Government, the remote and rural general practice short-life working group and rural health boards. We have already received some submissions, and we are expecting the remainder later this week.

In its submission, the Scottish Government states that it recognises the training, recruitment and retention issues that are faced by health boards that operate in rural areas across Scotland. The submission details a number of training and recruitment initiatives for doctors in difficult-to-recruit areas, including remote and rural settings. Wider initiatives are also highlighted as contributing to the improvement of rural healthcare or tackling employment challenges that are specific to rural areas. NHS Highland funding is highlighted, including recovery and renewal investment, which allocated £2.2 million to NHS Highland in 2021-22, and funding of £54,625 for the recruitment of a full-time director of psychology.

The petitioner's view is that the Caithness community does not appear to benefit from funding that is provided to NHS Highland, and the petitioner believes that health services are centralised to Raigmore hospital.

Mr Mountain has written in support of the petition. I am sure that he would have wished to be with us today and that he would have asked us to pursue the issues that are raised in the petition.

Do colleagues have comments to make on the petition?

David Torrance: As PE1845 is near enough exactly the same as PE1890, we should consider them together and wait for the evidence on that petition. I would like

us to take evidence on the issue. We should wait until all the evidence is in and consider both petitions together.

The Convener: I notice that Mr Mountain has strongly encouraged us to take evidence after we have received submissions on both petitions.

Alexander Stewart: It is vital that we have the opportunity to take evidence on the petition. The initiatives and the training that are in place work, but maybe we will find in taking evidence that there are still some loopholes. Taking evidence would guide us on how we might banish those. I am very supportive of the committee's taking evidence on the petition and of my colleague Edward Mountain.

The Convener: We would formally agree to take evidence when we have received the written submissions that we are seeking to receive in the first instance. Are members content to proceed on that basis and to keep the petition open? I think that that was David Torrance's proposal. We will write to NHS Highland to seek its views on the petition. We can then combine that representation with any representations that we have received on PE1845. Having done that, we will probably formally agree to take oral evidence on the petition.

Are members content with that approach?

Members *indicated agreement.*

Annexe C

NHS Highland submission of 15 February 2022

PE1890/D - Find solutions to recruitment and training challenges for rural healthcare in Scotland

National shortages of qualified staff

It is well reported that there is a shortage of qualified nurses, doctors, allied health professionals and specialist consultants in many fields across Scotland and the UK. NHS Highland with its remote and rural geography has the additional challenge that working for us is not commutable from the central belt of Scotland, and so relocation is required.

We have been successful in attracting a number of experienced candidates for specialist and leadership roles from across the UK and beyond, especially following Covid when many people wish to find a better work life balance and spend more time outdoors. However, this has tended to be more successful in the higher paid roles such as senior managers and consultants, than our core nursing, AHP and other roles, due to accommodation shortages and cost of living, both in large population centres like Inverness, Fort William and Oban, but also in areas such as Skye and the North West coast with huge demand for tourist accommodation.

We also struggle to attract people into social care roles across the board area, which is a critical part of our health and care infrastructure, but there is a national challenge around pay, status and in our geography, people can earn more working in the tourism sector. In rural areas, the geography covered is also a challenge and access to a car or at least a driving licence is critical.

Accommodation

NHS Highland are currently part of a working group that includes Highland Council and Scottish Government to look at opportunities for future development of affordable housing needs in our most challenging areas. This is a key priority as there is a long term lack of affordable properties available for long term letting and purchase across the board area, which needs to be addressed in order that plans for wider access to careers are successful.

International Recruitment

NHS Highland are working with Scottish Government and boards across Scotland to develop our international recruitment pipeline to specialist roles. This is a key part of our sustainable service delivery model, as the timescales to increase the numbers in training across Scotland are much longer term. However, we work only with countries which are approved by the World Health Organisation as having sufficient staff for their own requirements.

Attracting the Young Workforce

We are working with Skills Development Scotland and other agencies to develop wider access to careers across the NHS. We have new programmes underway, including foundation apprenticeships and are working with local education providers to establish additional pathways to our core roles through modern apprenticeship programmes, of which we already have many in place, including business and administration, engineering, finance, IT and digital marketing and digital applications.

Retaining our older workforce

We have an aging workforce across Scotland and the demands of roles in the NHS especially since Covid has made more people consider retiring at 55, we are developing more flexible approaches to make it easier for colleagues to retire from full time, front line working but to return on a part time basis and to retain their skills and experience.

Workforce Board – Attraction, Recruitment and Retention Strategy

Our workforce board is attended by colleagues across the organisation, covering a wide sector of our geography and professions and is overseeing our long term strategy and plan to improve all aspects of attraction, recruitment and retention across the Board.

Job Design and Planning

We are working on integrated service based workforce plans, rather than traditional profession based plans, to ensure that we design our workforce of the future around what is available and think creatively about how our teams work together, making enhanced use of both advanced practice roles and of support roles. This will help inform our conversations with the university and higher education sector about demand and future course design.

Integrated Staff Bank

The Integrated Staff Bank is our internal temporary staffing process, which along with agencies we use to fill gaps in our rotas. We advertise and recruits Nursing, Midwifery and Allied Health professional Undergraduate Students from UHI and Scottish Universities, in September of each year as well as ongoing wider recruitment drives. Bank interviews are now held on Teams, and this has increased access for relocating applicants.

There has been a significant increase in interest and applications from Registered Nurses relocating or returning to the Highlands. Issues experienced with recruitment include the transport network to remote and rural locations for example the flights to Wick airport have stopped completely - this has impacted also on Agency staff willing to travel to cover shifts, travel and accommodation for temporary staff especially in peak season is often prohibitively expensive or just not available.

Working with Schools, Colleges and Universities

We work closely with our local schools and are active participants in the Developing the Young Workforce programme.

The University of the Highlands and Islands has a seat on our board and work in partnership with us to develop and design courses that will fill our talent pipeline. This included a highly successful shortened midwifery programme, which led to a significant number of recruits but was not continued, which was a big loss to us. We have students on the Midwifery conversion course which is running for the first time this year, training registered nurses to become midwives.

We also work with the Open University and the University of the West of Scotland on many programmes. All nursing and midwifery students who complete their training successfully at UHI are guaranteed a position at NHS Highland, should they wish to take it. In 2021, this was 70 nurses plus a number of midwives, and over 50 in 2020.

Scottish Rural Medicines Collaborative

NHS Highland is a major participant and supporter of the work of the SRMC, and our Chief Executive Pam Dudek is the current chair and heavily involved in promoting and supporting recruitment and retention.

This year's Rethinking Remote conference being held in Aviemore and will be looking at sustainable pipelines for remote and rural healthcare, including attracting GPs, which is a major area of challenge in our board and others.

Highland Public Sector leaders' forum

Our Chief Executive is also part of this forum which meets fortnightly bringing together leaders across the public sector in Highland, working to develop collaborative working and joint initiatives in areas of most need.