

Health, Social Care and Sport Committee

38th Meeting, 2023 (Session 6), Tuesday, 12 December 2023

Healthcare in Remote and Rural Areas Inquiry: Evidence session

Note by the clerk

Background

1. This is the fourth oral evidence session of the Committee's inquiry into remote and rural healthcare.
2. The Committee has agreed that the aim of the inquiry should be to consider the views of remote, rural and island communities, and the workforce, with a view to informing future Scottish Government policy in this area, including the Scottish Government's [Remote and Rural Workforce Strategy](#) and the development of the [National Centre for Remote and Rural Health and Care](#).
3. The Committee has already undertaken two consultation exercises for this inquiry – one using the [Your Priorities](#) platform and a more targeted call for views using [Citizen Space](#). World clouds which describe the main themes highlighted through these consultation exercises are provided at **Annexe A**.
4. Researchers from the Scottish Parliament Information Centre have produced a summary analysis of responses to the Committee's call for views which can be viewed at **Annexe B**.
5. The Scottish Ambulance Service has submitted written evidence to the Committee which can be viewed at **Annexe C**.
6. In October 2023, the Scottish Government and NHS Education for Scotland (NES) launched the [National Centre for Remote and Rural Health and Care](#). NES states that the goal of the Centre is to:
 - support the delivery of improved care for remote, rural and island communities across Scotland
 - reduce remote, rural and island health and wellbeing inequalities
 - achieve this through focused work on improving the sustainability, capacity, and capability of remote, rural and island primary care and community-based workforce and service delivery

NES is leading work to establish the Centre and has said that the initial focus of the Centre will be on the provision of primary care and community services.

7. The Scottish Government published a [Health and social care: national workforce strategy](#) in March 2022. It sets out the vision for the Health and Social Care Workforce as follows:

“A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do”

This included a commitment to developing a Remote and Rural workforce recruitment strategy by the end of 2024. It is intended that this will provide a framework which will support employers to ensure that the Health and Social Care needs of people who live in remote and rural communities are met.

Today’s meeting

8. At the meeting Members will hear from representatives of the health workforce.
9. The following representatives will be giving evidence:

- **Nicola Gordon – Senior Public Affairs Officer - Royal College of Nursing**

The RCN is the world’s largest nursing union and professional body – representing close to half a million nurses, student nurses, midwives and nursing support workers in the UK and Internationally. RCN Scotland has engaged already with the inquiry by submitting a [response on 13 October](#) to the Committee’s call for evidence.

- **Jaki Lambert – Director - Royal College of Midwives**

Ms Lambert is an Argyll and Bute midwife with a Master’s degree in public health. She has worked across many areas of midwifery including senior positions in education, research and management and spent time standing in for Scotland’s chief midwife. She was also the professional adviser for midwifery and perinatal care in the Scottish Chief Nursing Office’s Directorate and has worked. She has also worked in training programmes in southern Africa to improve maternal and neonatal outcomes.

- **Michael Dickson OBE – Chief Executive - Scottish Ambulance Service**

Mr Dickson was previously Chief Executive of NHS Shetland and NHS Orkney, and took over as Chief Executive of the SAS in March 2023. He joined NHS Shetland in January 2020 and also took on interim Chief Executive of NHS Orkney later that same year. He was awarded an OBE in the 2023 New Year Honours List in recognition of his services to healthcare in his role as Chief Executive during the Covid-19 pandemic.

He is also a qualified nurse and has worked in both the NHS and independent sectors, holding Director of Nursing positions in both. Before joining NHS Shetland, he worked as a Director at the NHS England improvement programme “Getting it Right First Time” leading the support to clinicians addressing unwarranted variation in care.

- **Dawn MacDonald – Highland Branch Secretary – UNISON**

UNISON is the trade union representing, nurses and student nurses, midwives, health visitors, healthcare assistants, paramedics, cleaners, porters and clerical staff. [UNISON Highland Branch](#) represents Highland Council Staff, Highlife Highland, Bear Scotland and various community and voluntary organisations around the Highlands and Islands.

**Clerks to the Committee
7 December 2023**

ANNEXE A: Infographics showing main themes raised in the call for views

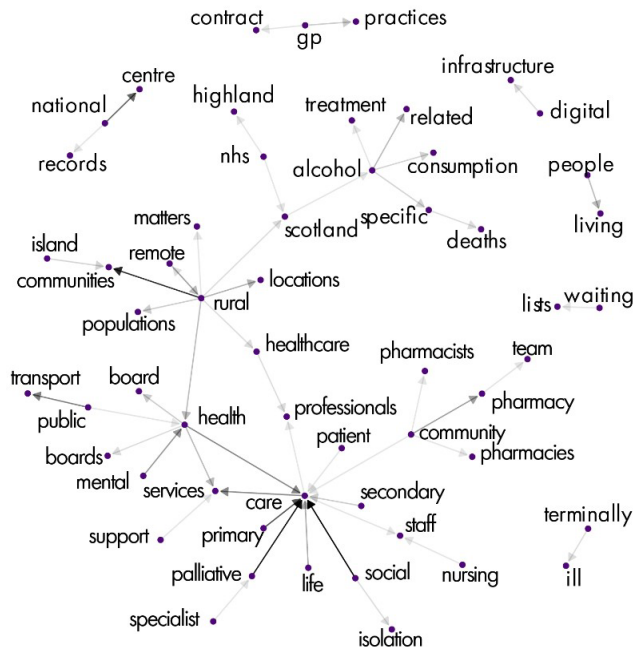
Are there any immediate issues unique to remote and rural communities which the National Centre will need to focus on to improve primary and community care in these areas?

Twenty five most common words



Excluding: scotland, remote, rural, health, care

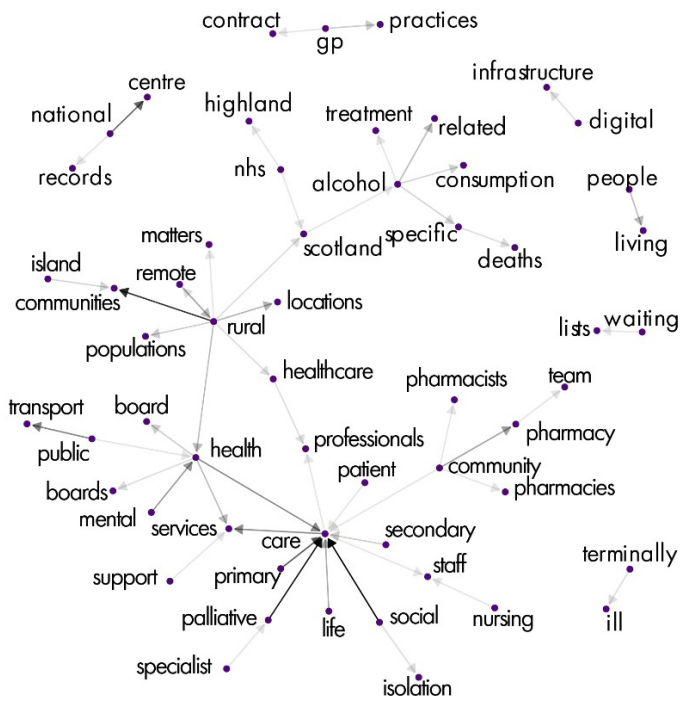
This network map shows the connections between words.



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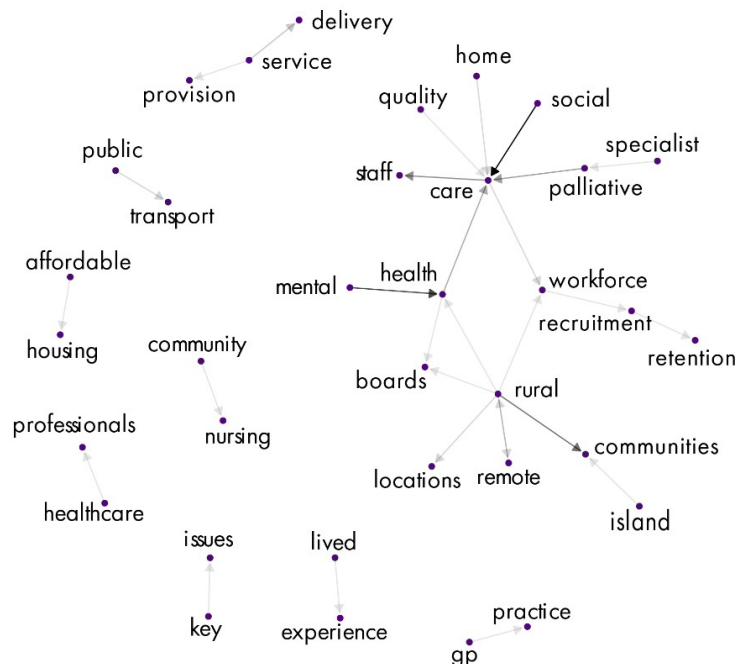


Excluding: scotland, remote, rural, health, care

What specific workforce related issues should the strategy look to resolve?

Twenty five most common words

This network map shows the connections between words.



Excluding: scotland, remote, rural, health, care



The Information Centre
An t-Ionad Fiosrachaidh

Health, Social Care, and Sport Committee

Healthcare in Remote and Rural Areas Inquiry – Summary of Evidence



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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 Independent 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 exists 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, Beaully 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:

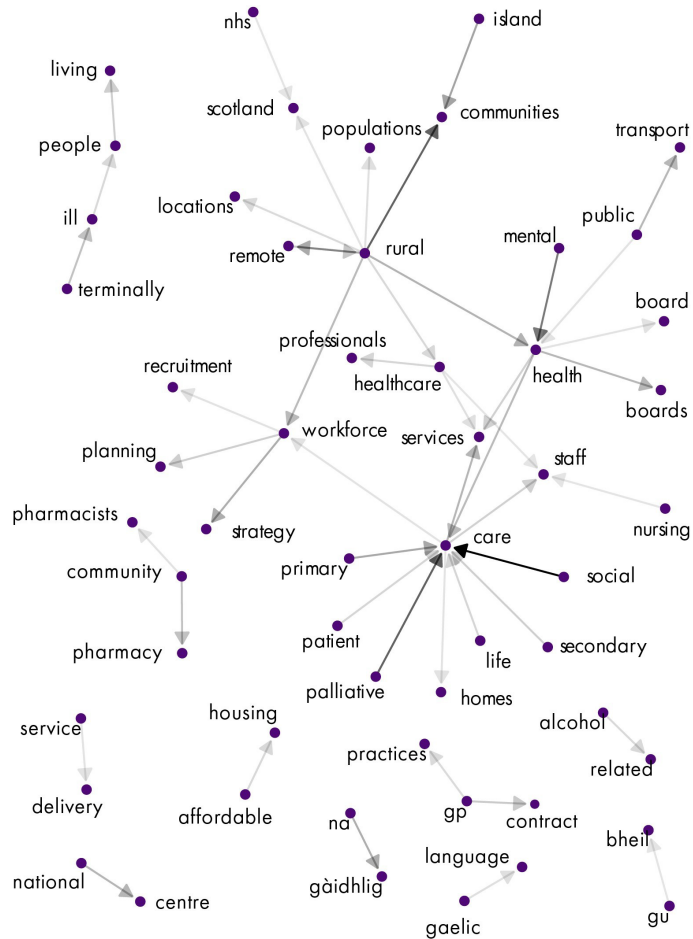
“To support people in remote and rural communities, the National Centre should consider improving primary and community care related to alcohol use. This includes understanding the level and trajectory of alcohol-related problems in these areas and the specific treatment and support needs people face.”

Reponses from organisations.

Twenty five most common words



This network map shows the connections between words.



Excluding: rural, care, healthcare, remote, Scotland

**David Collins, Health and Social Care Team, SPICe Research 29
November 2023**

Note: Committee briefing papers are provided by SPICe for the use of Scottish Parliament committees and clerking staff. They provide focused information or respond to specific questions or areas of interest to committees and are not intended to offer comprehensive coverage of a subject area.

The Scottish Parliament, Edinburgh, EH99 1SP www.parliament.scot

ANNEXE C

Scottish Ambulance Service Remote and Rural Briefing Paper

Health, Social Care and Sport Committee: 12 December 2023

Introduction

The Scottish Ambulance Service is on the front line of the NHS, answering over 1.5 million calls for help per year, dispatching immediate medical assistance or providing critical clinical advice to citizens of Scotland.

For patients that do not require immediate dispatch of an ambulance, our multi-disciplinary team of GPs, Advanced Practitioners and Paramedics provide enhanced clinical assessments to ensure patients across Scotland are provided with the right care, which could be self-care advice, onward referral to an alternative appropriate pathway of care or an ambulance response.

For patients that require an ambulance, we currently provide an Emergency and Urgent ambulance response to patients presenting with immediately life threatening or serious symptoms and to patients that require urgent care and transfer to and from specialist treatment centres.

Our role has developed over the last 5 years to include the provision of Paramedics and Advanced Paramedics in Primary and Urgent Care, in and out of hours and we continue to enhance our provision and contribution to shifting the balance of care into people's homes.

The provision of a national Air Ambulance Service has also been a core function of the Service for over 30 years and is a vital lifeline for remote and rural communities across Scotland, 24 hours a day, 365 days a year. It provides a critical clinical service, enabling emergency and urgent care to be provided to patients as they are being taken to tertiary care. There are two fixed wing aircrafts based in Aberdeen and Glasgow and two air ambulance helicopters based in Inverness and Glasgow serving remote and rural communities. The Service can also request specialist support from HM Coastguard who have Helicopters based in Sumburgh, Stornoway and Prestwick. SCAA also has 2 charity air ambulance helicopters based in Perth and Aberdeen.

ScotSTAR (Specialist Transport and Retrieval) provides safe and effective transport and retrieval of adult, paediatrics and neonatal patients across Scotland. The Scottish Neonatal Transport Service is part of ScotSTAR, providing a specialist service dedicated to the safe transport of unwell new-born infants.

Scotland's Emergency Medical Retrieval Service (EMRS) is also part of ScotSTAR, saving lives by providing critical care and safe transfer to definitive treatment for patients involved in accidents and from remote healthcare locations.

As a category 1 emergency responder, we also have a statutory obligation under the Civil

Contingencies Act, to deliver immediate patient care in the event of an operationally challenging event or major incident in order to protect and save lives.

We also provide non-emergency ambulance care to patients who need support to reach healthcare appointments, or for their admission to and discharge from hospital due their medical or clinical needs.

The recent launch of the new National Centre for Remote and Rural Health and Social Care and the commitment to developing a remote and rural workforce strategy is welcomed. The Service will have representation on the Programme Board of the National Centre for Remote and Rural Health and Social Care and will be working collaboratively with our partners and communities to develop and deliver sustainable plans.

The Scottish Ambulance Service is unique by nature having a visible presence in remote and rural communities across Scotland including Island communities and have a critical role to play in the future development and delivery of more integrated and sustainable models of care in the future

Key Challenges and Opportunities

The co-ordination and delivery of health and social care in remote and rural areas can present challenges. This includes workforce challenges such as recruitment and retention, generalist versus specialist roles, availability of clinical skills, clinical skills atrophy and distances to acute hospital care which can result in longer travel times for ambulances.

- Rural populations continue to grow at a faster rate than the rest of Scotland and have higher levels of older people, which increases demand for core services.
- There is need to develop safer, sustainable, and affordable models of care in remote and rural areas.
- Changes to Pathways of Care with specific examples of Maternity, Children's Services, Orthopaedics, Surgical and Medical specialties, In Hours and Out of Hours care. These changes, whilst clinically appropriate, may result in longer travel times for ambulances.
- Increasing demand for inter-hospital transfers (IHTs) as rural hospitals transfer patients requiring specialist care to larger hospitals which may be some distance away.
- On-Call Ambulance crews in remote and rural areas being disturbed during the on-call period to attend incidents that may require an extended journey to a hospital some distance away. Whilst good progress has been made by the Scottish Ambulance Service in reducing on call hours and on call locations in remote and rural areas, additional investment is required to continue this work. There remains 33 on call locations in Scotland with 10 in the West Region and 23 on call locations in the North Region.
- The transfer of acutely unwell patients to specialist centres that have access to level 3 ICU care. This may require local hospitals to be by-passed to access definitive

care. Scotland's Emergency Medical Retrieval Service (EMRS) provides critical care and safe transfer to definitive treatment for patients in remote healthcare locations and at accident scenes.

- Increased time out of area undertaking patient transfers.
- **Recruitment and retention** can be a challenge for the Scottish Ambulance Service like other parts of the health and care system in remote and rural areas. However, Recruitment to ambulance care assistant and ambulance technician posts has been successful in recent years with different strategies have been adopted to attract new and already qualified staff into remote and rural areas including local recruitment campaigns and national recruitment adverts. Newly qualified Ambulance Paramedics now come directly from university. It can be challenging to attract newly qualified paramedics into remote and rural. Practice Placements for student paramedics in remote and rural areas do take place and can attract newly qualified paramedics into areas they may otherwise not have considered. Further work including targeted recruitment will be required to address potential skills gaps in the future. The Scottish Ambulance Service is continuing to explore how ambulance technicians can also undertake an access course to study and qualify as an ambulance paramedic whilst working with the Service. This, alongside the direct access route through university and attracting already qualified Paramedics will help to build a sustainable workforce in remote and rural areas.
- **Workforce.** The Scottish Ambulance Service is working with the wider health and care system in remote and rural areas to look at future workforce needs. This will require flexible job plans and the opportunity to develop skills and competencies across different organisations as part of an integrated multiprofessional multidisciplinary team. The Service has been expanding its multidisciplinary workforce in response to wider system pressures and the need to support sustainable futures services. This work is continuing to evolve. For example, the national Scottish ambulance service clinical hub works remotely to triage 999 calls and to provide specialist advice and guidance to patients and clinicians around pathways of care and professional to professional support. This is allowing more patients to be directed to the right place at the right time with the right team and helping to reduce unnecessary admissions to hospital. The Service has also been increasing the number of advanced practitioners who are working remotely in the national clinical hub to hear and treat patients, responding to ambulance calls in cars to see and treat patients at home or in a community setting (see and treat) and working in primary care in hours and out of hours as part of the wider multidisciplinary team. Rotational job plans are allowing clinicians to work more flexibly across the health care system. Road Ambulance crews are continuing to extend their skills and competencies to see and treat patients at home or in a homely setting.
- There are further opportunities to harness the pace and scale of innovation and use of future digital technology to help to deliver health and care in remote and rural areas.
- There are huge opportunities to redesign Unscheduled and Urgent Care in Remote and Rural Areas - Right Care, Right Place, Right Time, First Time. This includes delivering care as close to home as possible. Delivering a whole-system, multi-

agency, multi-disciplinary, person-centred approach that ensures right care, right, place, right time, first time. Maximise and build upon digital solutions such as NHS near me, and virtual wards.

- There are further opportunities to use the national Scottish ambulance service's clinical hub to hear and treat patients who call 999, using call before conveyance by ambulance crews to direct patients to the most appropriate pathways of care, using enhanced skills and competencies of ambulance crews and advanced practitioners to see and treat patients at home or in a homely setting.

Education and Training

The Scottish Ambulance Services welcomes the work that the National Centre for Remote and Rural Health and Social Care will be undertaking around education and training which will include establishing an annual rolling programme of remote and rural specific education and training for the primary care and multi-professional community care team. There will be a benefit for Ambulance staff in remote and rural areas participating in this training as members of the multi-professional community care team, building confidence, reducing professional isolation, and making posts in remote and rural areas more attractive to recruit to.