Key Messages: Shaping Primary Care for the Next Generation in Rural Scotland

19th February 2020

Introduction

These Key Messages are a summary of an hour-long workshop delivered to 80 people on 19th February at The Gathering in Glasgow. The workshop was organised by VHS in collaboration with the Scottish Rural Health Partnership.

Rural Scotland is affected by some very specific challenges to the effective and sustainable delivery of Primary Care. These challenges include a growing elderly population, increasing demand for treatment and care, a dispersed population and issues associated with the supply of the health and social care workforce – all combining to have an impact on Primary Care services. The reform of Primary Care and the new GP Contract aim to mitigate some of these challenges and issues. However, the transformational change that is required in Primary Care cannot be achieved without the third sector playing an active role.

Our workshop aimed to explore the role of the third sector in helping shape the design and delivery of Primary Care and the importance of working in partnership to deliver change. Questions we set out to explore included:

- How to put general practice and Primary Care at the heart of the healthcare system in rural Scotland
- How to ensure people needing care are more informed and empowered, have access to the right person at the right time, and can remain living at home where possible.

We had four speakers and the workshop was chaired by Allyson McCollam, Chair of VHS. Speakers were:

- Dan Shaw, Chief Executive at Aberdeenshire Voluntary Action
- Dr Sarah Ann Munoz, Reader in Rural Health and Wellbeing – Division of Rural Health and Wellbeing, University of the Highlands and Islands
- Martine Scott, Programme Manager – Scottish Rural Medicine Collaborative (recruitment and retention of rural healthcare workers)
- Ailsa Villegas, Senior Health Development Officer- Green Health, NHS Highland

Dan Shaw, Chief Executive, Aberdeenshire Voluntary Action
Dan provided an overview of how Aberdeenshire Voluntary Action (AVA) has developed effective local partnerships to achieve better outcomes for the voluntary sector they represent as well as the people of Aberdeenshire.

As a Third Sector Interface (TSI) AVA has a core remit from the Scottish Government and also develops local partnerships. When AVA began working with the local Health and Social Care Partnership (HSCP), they provided small pots of money to the third sector and AVA to deliver a range of projects with very short term outcomes. This also meant that there were more TSI staff delivering HSCP projects than working on TSI core functions. One such project was Community Health in Partnership, which aimed to connect communities with third sector and statutory partners, and was delivered by individuals who would share local information. The short term focus of the project lead to a transient workforce which meant that local knowledge and information was lost and the core purpose of the project could not be achieved.

AVA have since been able to embed themselves within the HSCP and are working to secure three year funding cycles for third sector organisations and shift the focus of funded projects towards delivery of long term outcomes. AVA have also conducted a mapping exercise of third sector organisations in their constituency which means that they represent third sector organisations at the HSCP meetings, can use third sector to fill in gaps in the workforce and support innovative partnerships between the third sector and statutory sector, social enterprises and universities.

Dr Sarah Ann Munoz, Reader in Rural Health and Wellbeing – Division of Rural Health and Wellbeing, University of the Highlands and Islands
UHI Division of Rural Health and Wellbeing have been conducting research into Primary Care provision and perceptions for over 10 years.

Sarah Ann presented some emerging themes from her research. In rural areas without their own local Primary Care service people are generally satisfied with mobile GP practices or the ‘fly in, fly out’ services that are offered on a scheduled basis. Likewise, people are happy with the concept of multidisciplinary teams but are less satisfied with the idea of GP mergers where one practice is shut down altogether. People would prefer reduced hours over the complete loss of a local service. There is also a willingness to use digital technology such as video conferencing for GP appointments but there are concerns about the lack of availability of technology. People are also concerned about the lack of access to mental health services, especially for children and young people.

A key finding is that dissatisfaction stems from the engagement process rather than the nature of the service change. The ways in which communities are engaged in decision making helps determine how satisfied they are with the results.

The importance of social prescribing in reducing the strain on Primary Care was also discussed and while there is a lack of evaluation, people are self-reporting improvements in mental health, loneliness and isolation. Some reductions in primary care service use have been seen. However, there are issues such as a lack of

transport to take people to the activity they have been prescribed. There is a need for link worker roles that not only signpost but help to build capacity to enable positive outcomes. Currently, resources rarely follows referrals and the cost savings incurred by the NHS are not passed on to the third sector or community services that face increased demands as referrals go up.

Martine Scott, Programme Manager – Scottish Rural Medicine Collaborative (recruitment and retention of rural healthcare workers)
The Scottish Rural Medicine Collaborative (SRMC) recognises the recruitment and retention challenges faced by Primary Care services in rural communities and is working in supp0ort of the Scottish Government goal of recruiting an extra 800 GPs. The Collaborative aims to do this by boosting the number of GPs in rural areas. The SRMC has representation in ten out of the fourteen Health Boards and has built a profile of GP service provision in rural areas. There are around 900 practices in Scotland with over 140 in rural areas, there are more female GPs serving rural areas, and the average age of retirement for rural GPs is around 50.

In order to tackle the issues of recruitment and retention of rural GPs the SRMC has piloted a project called 'Rediscovering the Joy or General Practice' which aims to recruit new GPs to work in rural areas for up to 18 weeks in a supported environment with training opportunities. This provides cover for existing GPs who would otherwise be at risk of burning out or leving. It helps ensure that new GPs are well trained and supported. They have already had 36 GPs sign up in the last 12 months and there are 42 notes of interest. The project will be fully rolled out early this year.

Ailsa Villegas, Senior Health Development Officer- Green Health, NHS Highland
The importance of greenspace for people's health and wellbeing is well documented. However, less than half of adults in Scotland visit the outdoors on a regular or weekly basis and around 14% do not visit at all. Rural areas are very close to natural greenspace but it is very under-used and there is a lack of motivation to access it.

The Highland Green Health Partnership is one of four pilot partnerships funded in Scotland by Our Natural Health Service (ONHS) over a three year period. The Highland partnership's GP Referral Scheme is being piloted in Kyle of Lochalsh, with other partnerships in Dundee, Lanarkshire and North Ayrshire. The main objective of the partnerships is to connect people to nature for their improved health and wellbeing.

Kyle of Lochalsh has a population of around 640 people and is within the 15% most deprived areas in Scotland. Before the pilot there were no green health activities underway and there was very poor availability and accessibility of greenspace. The pilot project has worked to assist community groups with large scale funding bids and they have gone from having no services to having health walks training, befriender gardening services, a local ranger service, mindfulness schemes, and e-bikes schemes. All of these are led and run by the voluntary sector. There was also work around supporting a culture change within the community to use greenspace through an information and awareness campaign, face to face discussion, and using local media as there is no link worker programme to support and encourage referrals.

This has also meant that the pilot had to develop relationships with Primary Care in order to drive referrals and signposting; this has not been without its challenges. There is buy-in from health practitioners in principle but in practice there have been concerns around liability and risk incurred due to signposting, and there were fears around the sustainability of these local projects, and issues around transport to get to the activities. To overcome this they have worked to develop community led activities and information campaigns with advice and support from medical practices in order to reach more people.

Discussion

Discussion focussed around the importance of information resources to let people know about the services (including mental health services of which there is limited availability in local areas), support and activities taking place in rural areas. It was acknowledged that GPs have limited time and cannot always signpost people or know everything that is happening.

There was also discussion around the sustainability of volunteering in rural areas, where small and ageing populations restrict the supply of volunteers and lead to volunteer fatigue. The importance of community training and development to help support local communities to take on roles themselves and develop services and activities was noted. The role of corporate responsibility in enabling staff to become volunteers was also seen as a driver for increasing volunteering.

The issue of one or three year funding cycles and the detrimental impact short-term funding has on the sustainability of vital and innovative third sector and community organisations was also raised. Participants highlighted that HSCPs have five year work plans and strategies yet only fund third sector to work for one or three years.

Concluding Remarks

The Chair Allyson McCollam concluded the event commenting on how the challenges faced by people living in rural Scotland coupled with changes in demographics mean that a collaborative and holistic approach to people's health and wellbeing is required. She highlighted the essential role that third sector play in supporting the work of the statutory sector, for the effective delivery of Primary Care.

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