

Shaping primary care for the next generation in rural Scotland

19 February 2020



@VHSComms



@scotruralhealth

#SCVOGathering



Health & Social Care Partnership Working in Aberdeenshire

Daniel Shaw
Chief Executive Officer

Our 10 minute journey...

- Where we have been
- Where we are now
- Where we are going...



Where we have been

- Short- to medium-term projects that deliver discreet outcomes
- Transient workforce with absolute loyalties to the intended outcomes
- Unintended Third Sector Interface mission drift



Where we are now

- Leading and shaping work that is embedded within Aberdeenshire's HSCP Strategy
- Medium-term funding that facilitates a more sustainable TSI operating environment
- Staying true to our TSI role and function



Where we are going...

- Linking Third Sector to locality planning
- Identifying gaps in community provision
- Building opportunities for TSOs
- Supporting innovation within TSOs
- Facilitating HSCP funding decisions based on TSO expertise, knowledge and capabilities





Health & Social Care Partnership Working in Aberdeenshire

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Primary Care in Rural Scotland: Reflections on Research Themes

DR. SARAH-ANNE MUNOZ, READER IN RURAL HEALTH AND WELLBEING
UNIVERSITY OF THE HIGHLANDS AND ISLANDS

UHI Division of Rural Health and Wellbeing



To carry out research that helps support health and wellbeing in remote and rural communities.



To facilitate access to statutory health and care services within remote and rural areas.



To facilitate access to health and wellbeing promoting services and activities within remote and rural areas.



Qualitative/mixed method; participatory; evaluation.

Stories of Change

- ▶ Instigation of fly-in and fly-out GP services (1)
 - ▶ New rural multi-disciplinary teams (1)
 - ▶ Merger of GP practices – physical surgeries (2)
 - ▶ New initiatives to fill GP posts (2)
 - ▶ Merger of GP practices – surgeries closed (3)
-
- ▶ How you got about engagement/ participation influences satisfaction



Rural Community Stories...

- ▶ People are generally satisfied with the safety, breadth and standard of rural primary care
- ▶ They highly value service proximity, continuity of care and a personal relationship with a GP
- ▶ Fears of losing continuity underlie concerns about change
- ▶ Retention of a local surgery space is fundamental to reassuring communities that a local service is being maintained and their needs are being considered
- ▶ Information on training and responsibilities reduces fear of new service models.



Rural Community Concerns...

- ▶ Lack of access to mental health services is a particular concern
- ▶ People also worry about long-term NHS budget reductions, staff turnover and lack of availability of technology
- ▶ But would be willing to use vc to reduce length, stressful and expensive journeys
- ▶ Dissatisfaction stemming from engagement process rather than the nature of service change, e.g. decisions are made before the engagement
- ▶ Frustration and disillusionment harden negative feelings and attitudes



New Roles...

- ▶ First Responders and Health and Social Care Workers – largely positive reception
- ▶ Issues about lack of capacity, adequate training and permission to give pain relief – affects morale
- ▶ Treating people near and dear to you
- ▶ Service models encompassing new roles (particularly voluntary) require tangible, visible, reliable support structures, training and programmes and communication channels.
- ▶ Erosion of service
- ▶ Concerns over equivalence of service



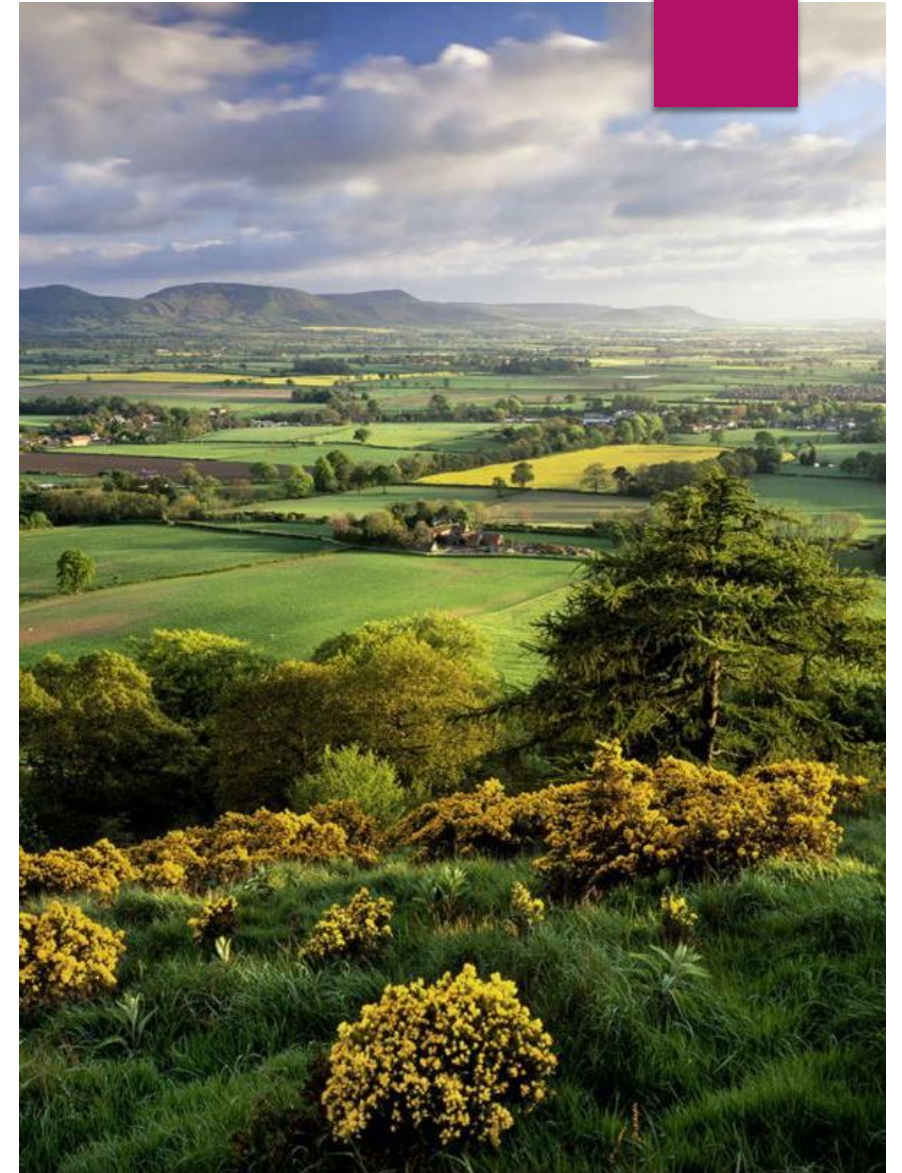
Alleviating strain... through social prescribing

- ▶ Primary care is under strain... could we reduce 'inappropriate use' ?
- ▶ A way of linking patients in primary care with sources of support within the community to help improve their health and wellbeing (Bickerdike et. al., 2017).
- ▶ Stakeholders...perceive that social prescribing increased patients' mental wellbeing and decreases health service use (Kilgarriff-Foster, 2015).



Alleviating strain... through social prescribing

- ▶ Social prescribing in rural areas (Munoz, Terje and Bailey, 2020):
 - ▶ Decrease in loneliness and social isolation, increase in confidence and empowerment
 - ▶ Low-level digital literacy interventions can be beneficial
 - ▶ There is more scope to use digital mechanisms to alleviate social isolation
 - ▶ Transport is a key barrier
 - ▶ The role of the community navigator is key to enabling positive outcomes
 - ▶ Also, that community navigators are well embedded within rural MDTs
 - ▶ Resource rarely follows referral



The future...?

- ▶ Continuity of GP/community nurse access facilitated through video conferencing
- ▶ Patient-led health monitoring
- ▶ Patient-held data
- ▶ Participatory budgeting/planning
- ▶ New, blended roles; training for rural residents; and community first responders
- ▶ Increased prominence of social prescribing and community navigation roles
- ▶ Increased need for voluntary and third sector to support both referrals and individual/community wellbeing
- ▶ Conflict (?) around funding of third sector





Thanks for listening

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Scottish Rural Medicine Collaborative

**Shaping primary care for the next
generation in rural Scotland**

Martine Scott – Programme Manager

[@NHS SRMC](#)

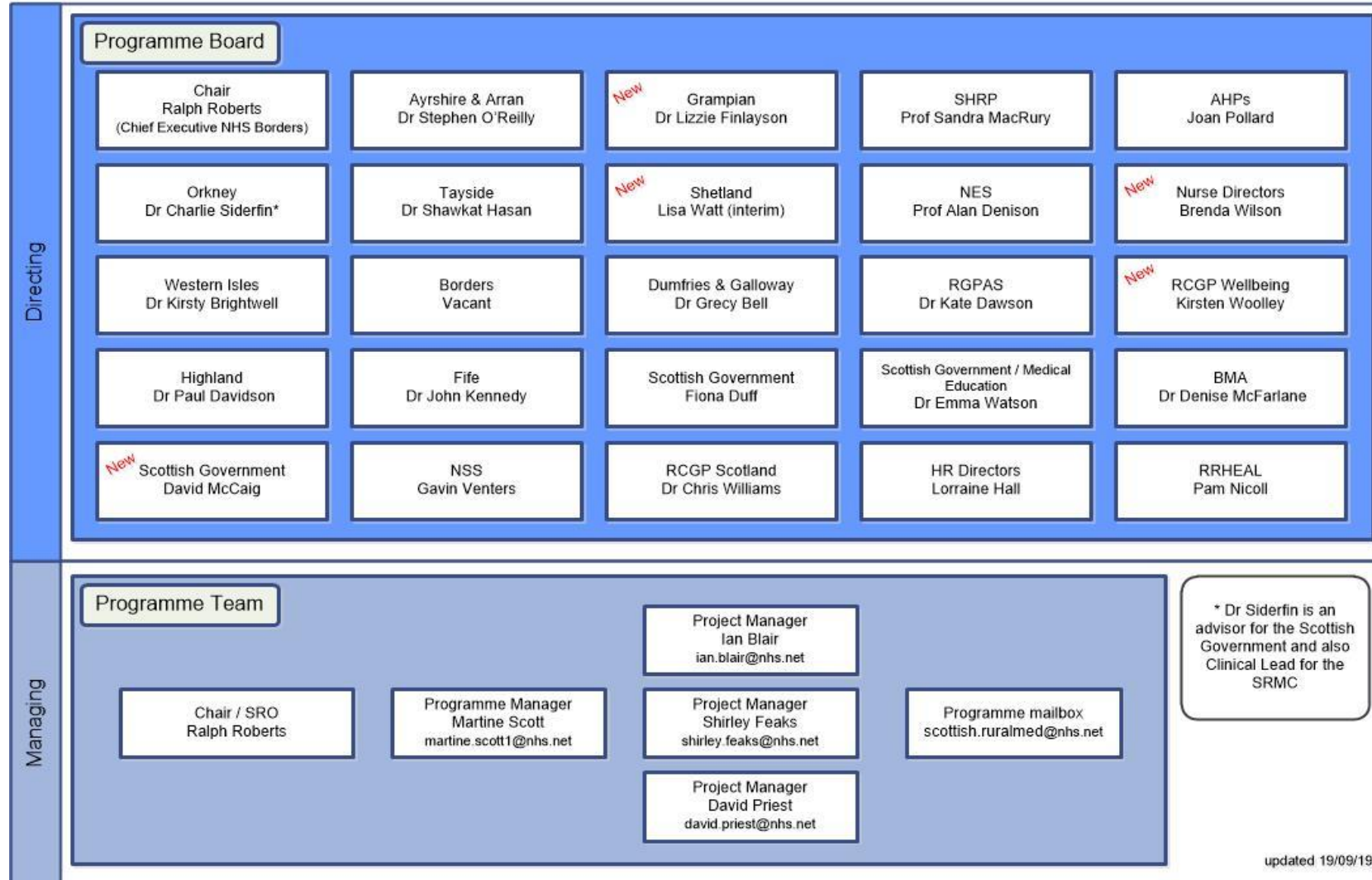
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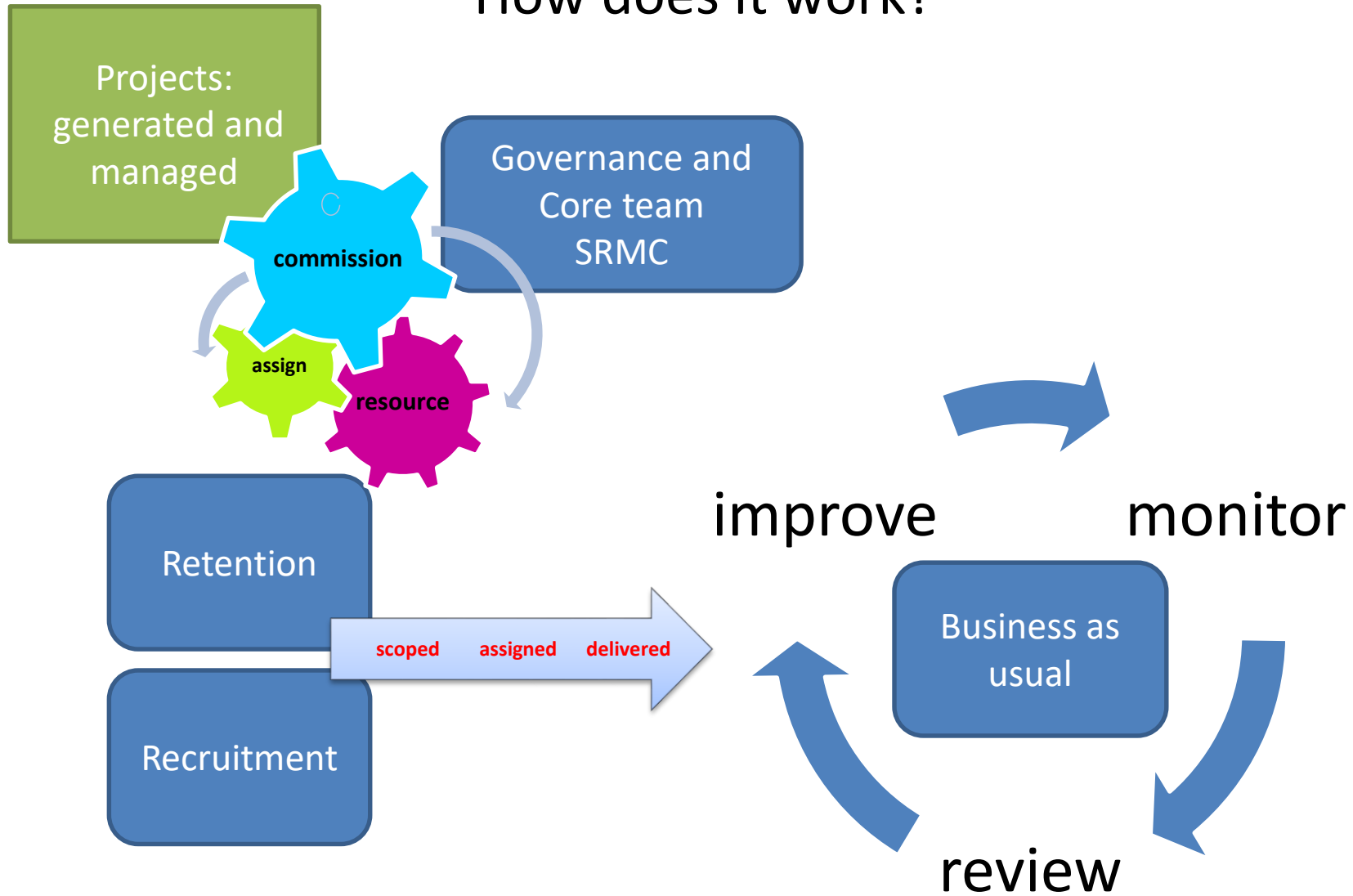
- Formed in 2017 with funding from Scottish Government
- Recognises the challenges of GP recruitment in remote and rural areas
- Driven by workforce planning and the aim to boost GP numbers by 800 'extra' by 2027
- New GP contract 2018 and true multi-disciplinary primary care teams
- Most recent recommendations from [shaping the future together](#) report January 2020

This is us

Programme Structure



How does it work?



Phase ii – “Retention” projects

*Making rural practice attractive:
Valuing those who work and live in a remote and rural setting*

Phase ii – “Recruitment” projects

Supporting rural career pathways: developing approaches to support rural training and career development for all

Phase ii – Enablers

Ensuring that the rural voice is included within any national programme of work

Scotland wide GP support team 'Joy' GPs

- 36 GPs signed up in the last 12 months
- A new way of working
- Provides cover for GPs who would otherwise burn out or leave
- Roll out all over Scotland January 2020



Rediscover the Joy of General Practice in Scotland

Are you passionate about delivering high quality care and want flexibility in how you work? We are looking for highly motivated GPs with a passion for excellence.

Following success in recruiting 33 GPs to our Highlands and Islands Rural GP Support Team, we are expanding the project across Scotland. Project Joy is an NHS Scotland collaboration focussing on the values that brought many of us into General Practice:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

We are creating flexible ways of working to suit GPs at different stages of career and family life, providing opportunities for you to work differently. It recognises that individuals have different skills and motivations, but that satisfaction comes from being empowered to improve systems and the lives of individuals.

Through collaboration, empowerment and quality improvement, General Practice can be made sustainable and we can address many of the challenges facing the NHS together. Happy GPs tend to be good GPs. By providing supportive, connected teams we believe we can help you to experience and spread joy in Primary Care.

We currently have two main opportunities:

1. Join our Scotland GP Support Team and contract to provide 6, 12, 18 (or more) weeks/year, to provide cover in GP practices across Scotland for 1-4 week periods, travel from a Scottish city and accommodation is funded. You are free to choose your attachments and may work in one practice or across several. As disparate GPs you will come together as a team through a WhatsApp group and weekly videoconference meetings, designed to provide mutual support, share learning and drive quality improvement.
2. Wanderers and Adventurers is a new, developing scheme allowing GPs to contract for up to 18 weeks/year of unpaid leave. GPs with a similar philosophy of care will be matched to form a "nuclear team." Nuclear teams will be embedded in practices with a similar outlook. The team provides a consistent service to the practice, organising themselves to take their unpaid leave at appropriate times. The practice commits to regular educational and quality improvement sessions to help ensure inclusiveness and a vehicle for development.

These posts may particularly appeal to portfolio GPs or those considering retirement. The posts also provide the opportunity to work in practices with vacancies, allowing you to find a substantive post that suits you.

The salary is £85,000 pro-rata with study and annual leave allocations built in. Indemnity cover is provided.

These posts may particularly appeal to portfolio GPs or those considering retirement. The posts also provide the opportunity to work in practices with vacancies, allowing you to find a substantive post that suits you.

experience, reaching £85,000 pro-rata with study and annual leave allocations built in. Visit: www.srmc.scot.nhs.uk/joy-project/ to find out more about the jobs and our philosophy.

HOW TO APPLY

Please feel free to call our HR Hub based in NHS Shetland on 01895 743000 ext 3467 to discuss what you are looking for, the opportunities we can provide and the ways we can support you to make a change. Alternatively you can email shet-hb.hrhub@nhs.net

Those interested in applying for these positions should forward a CV, along with a covering letter with your GMC number and outlining the type of role you are looking for marked for the attention of Sue Innie, email shet-hb.hrhub@nhs.net.

Closing date for applications midnight 16 February 2020.

Short listed applicants will be invited to a selection weekend on 21/22 March 2020 in Glasgow. This will be a series of workshops designed to allow you to contribute to the development of this evolving project and to begin bringing the team together. If you are unable to attend, videoconference interviews can be arranged at other times.





Scottish Rural Medicine Collaborative

**Shaping primary care for the next
generation in rural Scotland**

Martine Scott – Programme Manager

[@NHS SRMC](#)

srmc.scot

Developing a green health GP referral scheme in rural Highland.



Ailsa Villegas – Senior Development Officer – Green Health, NHS Highland



University of the
Highlands and Islands
Oilthigh na Gàidhealtachd
agus nan Eilean



Third Sector Interface
Supporting Our Community



Less than half of adults
in Scotland visit the outdoors
on a regular, weekly basis

49%

And 14%
don't visit
at all

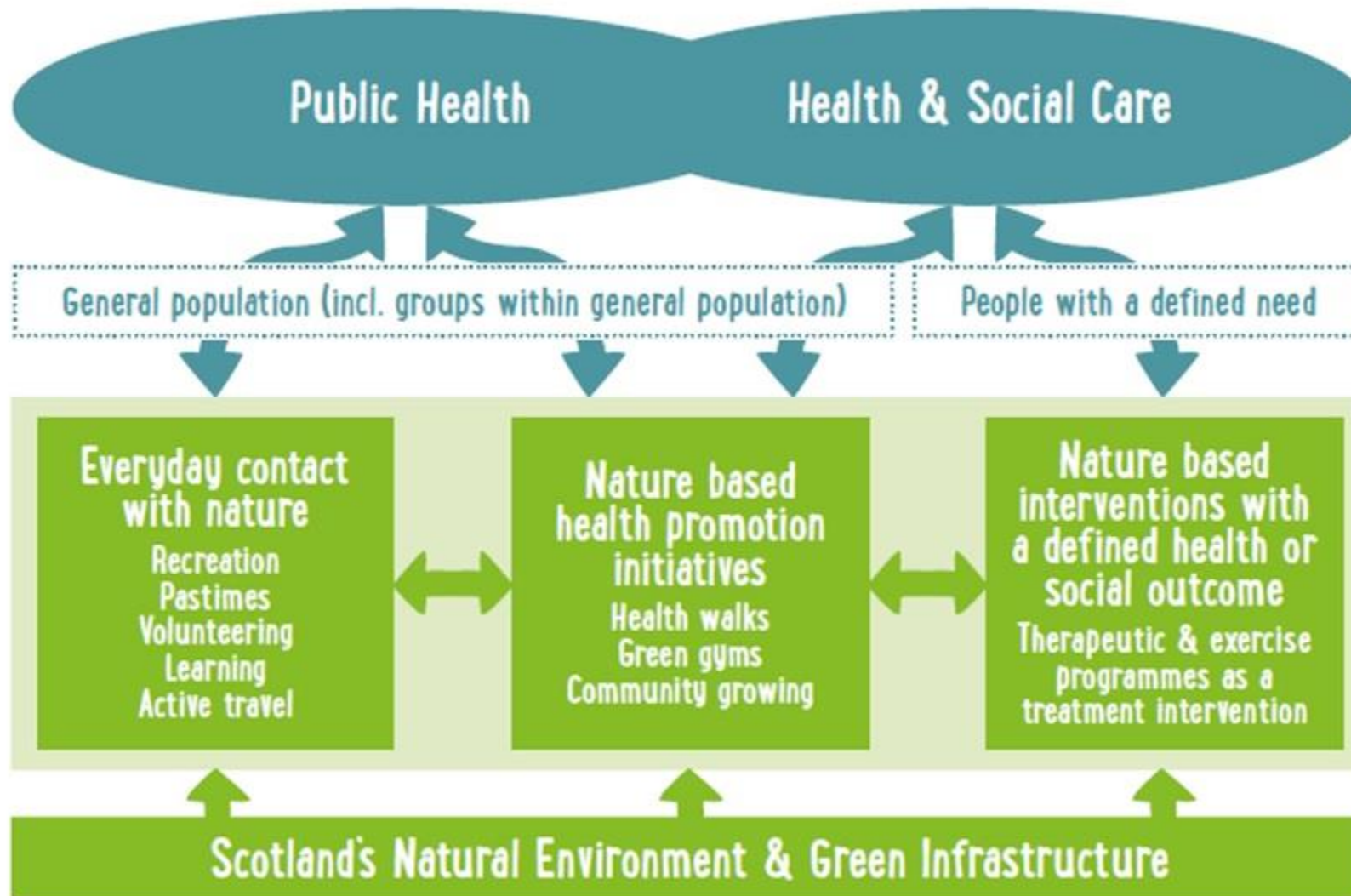
14%

Summary of benefits..

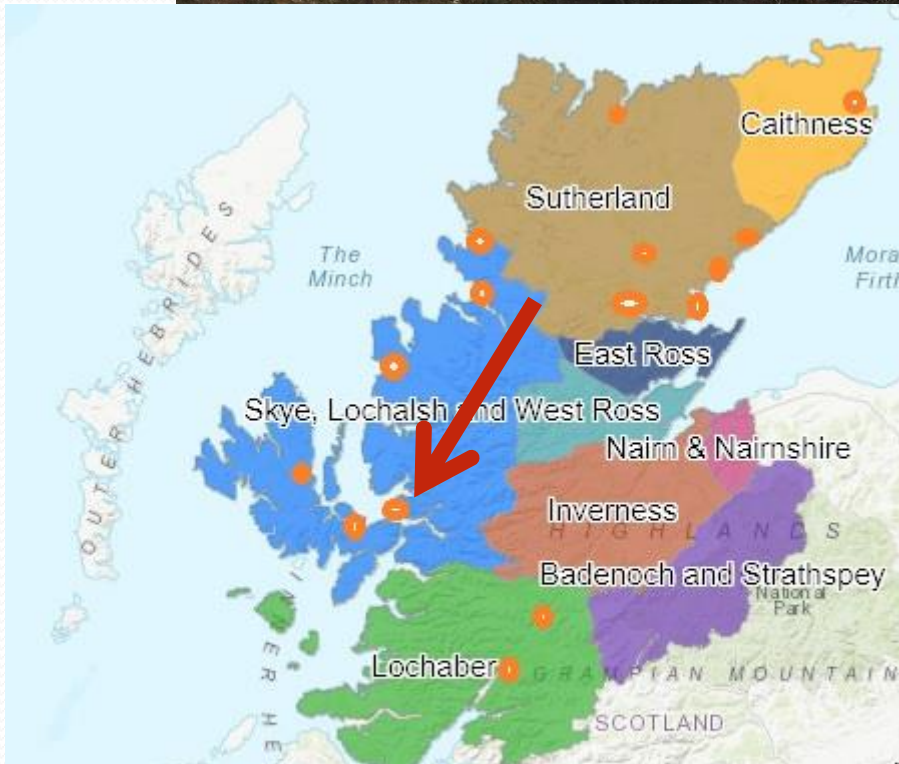
- Can reduce the experience of pain.
- Can improve immune function
- Can protect against cardiovascular disease
- Helps to lower blood pressure
- Relief from acute stress
- Improves self-esteem
- Can speed up recovery from illness or injury
- Combats fatigue
- Benefits those suffering depression/anxiety
- Helps tackle loneliness
- Reduces ADHD symptoms in children
- Can improve concentration
- Can prevent and manage diabetes
- Reduced mortality
- Promotes physical activity

[A Dose of Nature Evidence report – University of Exeter.](#)

Our Natural Health Service



Kyle of Lochalsh



The Role of the Voluntary Sector

- The provision of green health activities/services
- The provision of information, advice and signposting.
- The provision of support to service users

GP Referral Pathways

ISSUES:

- Liability and Insurance
- Continuity of services/funding
- Availability of transport
- Person centred conversations for patients – by who?
- Assessment/ability of attendees
- Training & skills of receiving groups
- **Language Matters**

Conclusions

- There is a lot of enthusiasm for the concept of green health.
- GP's support in principle but in practice it's hard in rural areas.
- The voluntary sector is key to making this a success and should be valued and supported.



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