DELIVERING FOR REMOTE AND RURAL HEALTHCARE
WHAT IT MEANS FOR YOU
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Foreword

The Remote and Rural Steering Group was asked to establish a framework for sustainable healthcare in remote and rural Scotland. The group delivered that framework to me in late 2007 and I am pleased to endorse the recommendations of the Delivering for Remote and Rural Healthcare report and to commit to acting on them.

The report recognises the changing nature and increasing complexity of healthcare in Scotland and seeks to enhance the accessibility of a wide range of services in order to deliver further improvements to the health of people living in remote and rural areas.

Delivering for Remote and Rural Healthcare sits alongside the Better Health, Better Care: Action Plan I launched last year. This is not another strategy, but the outline of a complementary approach, one that recognises the distinct challenges inherent in delivering first-class health services to the 1 in 5 Scots who live in our remote and rural areas.
The NHS belongs to us all – we all use the service and we are all part-owners of it. It makes sense therefore, that everyone in Scotland should enjoy equal access to the NHS and that means that access should be as local as possible, no matter where you live.

Nicola Sturgeon, MSP
Deputy First Minister and
Cabinet Secretary for Health and Well-being
Introduction

Access to healthcare should be as local as possible, for everybody in Scotland, regardless of where they live. However, whilst the healthcare needs of rural and urban communities might be very similar, there are substantial differences in the way that such care can be delivered. In remote and rural areas patients may have to travel long distances to reach the services they need and recruiting the right kind of health professionals can be more difficult than in our major towns and cities. Of course, there are also huge differences between remote and rural communities themselves with life on Scotland’s islands providing the NHS with different challenges to those in some rural parts of the mainland.

The Scottish Government asked a project team to consider ways of designing and maintaining services that can meet the needs of remote and rural communities. The group listened to views from people living in these communities and to the views of staff working in both the NHS and other organisations that provide care.

The project group has produced a series of proposals designed to provide good access to healthcare services and ensure that such services can continue to be delivered in the future. Their proposals rely on sharing skills and expertise across communities and on improving the links between different types of healthcare. In particular, they recommend that Community and Rural General hospitals should work closer with specialists in larger centres and that greater use should be made of new technologies that help practitioners to share their knowledge.

NHSScotland is now working to implement the proposals of the project team. The following sections take a look at what these changes are likely to mean to you.
Better Community Care

Local communities already play a key role in ensuring that people receive the care they need. ‘Good neighbouring’ schemes involve people keeping an eye on those who are known to be frail and vulnerable and taking action to alert health services if there is a problem. First Responder schemes have proved invaluable in responding to emergency calls and supporting patients until the ambulance service is able to arrive.

The concept of ‘extended community care’ will look to build upon these successes. Health and social care professionals in both the NHS and other organisations working in local communities will support people to look after their own health and get access to appropriate professional care and advice when this required. By working together in what are known as Extended Community Care Teams, they will aim to spot potential health problems and step in before things get worse. This might take many forms but could, for example, see home visits by professionals working for the Scottish Ambulance Service to ensure that people are managing to support themselves in their homes.

Where people have already been diagnosed with a long-term condition such as diabetes or heart disease, the aim will be to support and help them to manage their condition at home rather than in hospital. This requires patients to be given the right information on how to manage their conditions and how to seek additional help where it is needed. It might also involve the introduction of new technology to enable simple tests to be carried out without patients needing to leave their own home or community.

Teams of doctors and nurses, working in partnership with NHS 24, will provide advice and treatment for patients outside normal working hours. When emergencies occur, patients will be assessed to decide where they will receive the best and most appropriate care.

The emphasis on prevention wherever possible also applies to mental health and new ways of managing mental health problems will be
encouraged. A good example of this is the work of guided self-help workers in NHS Highland, who identify people in the early stages of depression and help prevent the condition getting worse. Members of the Extended Community Care Team will also be responsible for supporting people experiencing mental health emergencies before they are admitted to hospital.
Better Hospital Care

Local or Community hospitals will play a particularly important role in this approach to remote and rural healthcare. Services offered locally may vary but will usually include a range of outpatient clinics, day case treatment, midwifery services, palliative care and support for people experiencing mental health problems. Emergencies and minor injuries will be treated locally, except where a patient’s condition is more serious, when they will be transferred to a larger hospital.

Larger, Rural General Hospitals will be staffed by doctors, nurses and other healthcare professionals with both general and special skills appropriate to the needs of the community. They will have more specialist diagnostic facilities than Community Hospitals and provide a range of outpatient, day case inpatient and rehabilitation services. As a minimum they will provide:

- nurse-led care for urgent cases, managing minor injury and minor illness, with the advice of doctors and other specialists, where this is required
- initial management of broken bones
- routine and emergency surgery
- management of acute medical conditions
- management of patients who have suffered a stroke
- management of long-term conditions
- a wide range of out-patient services
- maternity care, led by midwives
- management of patients with more complicated problems before they are transferred.
Most operations that take place in Rural General Hospitals will be planned – gall bladder surgery, or endoscopy, for example. Certain procedures, such as orthopaedics and gynaecology are likely to be carried out by visiting surgeons, some of whom may come from other Rural General Hospitals.

The Rural General Hospital has a key role to play in emergency care and will be equipped to resuscitate, stabilise and prepare patients for emergency surgery. Some emergency surgery – to remove an appendix or resolve an abdominal problem for example – may be carried out in the Rural General Hospital, whilst other cases may require the patient to be stabilised and transferred to a more specialist centre. Island Rural General Hospitals will also be equipped to carry out caesarean sections in order to reduce the need to transfer patients and to eliminate the stress associated with travel.

In most cases children under five will not be operated on at a Rural General Hospital. Similarly, it is likely that patients who require complex operations on the neck, chest, stomach or liver will be transferred to larger hospitals which have the specialists required to provide the best level of care for patients.

There are six Rural General Hospitals in Scotland at the present time:

- Gilbert Bain Hospital, Lerwick
- Balfour Hospital, Kirkwall
- Western Isles Hospital, Stornoway
- Caithness General Hospital, Wick
- Belford Hospital, Fort William
- Lorn and the Isles Hospital, Oban

The staff in Rural General Hospitals will link with Extended Community Care Teams, helping them to manage patients with more complicated conditions who cannot be cared for at home or in a community hospital. They will also work closely with staff in larger
hospitals and other specialist centres, so that patients can be treated locally wherever possible. This will, for example, see visiting specialists holding regular or occasional clinics within the hospital or the use of teleconferencing so that a specialist from another area can be consulted on a particular issue without the need to make an inconvenient or unnecessary journey.
Better Healthcare Teams

The Extended Community Care Team will include GPs, community nurses, midwives and social workers. They will work in partnership with other specialists such as community mental health nurses, cancer care nurses and physiotherapists. These teams will usually be based in GP practices or community hospitals. However, they will be able to call in expertise from other agencies – for example, from housing, education or voluntary organisations.

Team working is also crucially important within Rural General Hospitals. Here, the teams will include doctors, nurses, therapists and other clinical support staff, with multi-skilled professionals being able to provide a majority of care within the local area. The medical team in Rural General Hospitals will include surgeons, physicians and anaesthetists and in some hospitals may be assisted by GPs with specialist knowledge. A pilot project has been agreed which will train a new type of doctor who combines the skills of a General Practitioner with specialist training in acute medicine. These doctors would be able to split their time between a GP surgery and the Rural General Hospital.

Support workers will also be trained to offer assistance to patients in hospital and at home. Among other things, they will help people being discharged from hospital, they will give support to young families and they will visit older people to make sure they are safe living at home.

For these new ways of working to be effective, it is vital that staff receive training that is designed to meet the needs of those who work in remote and rural areas. A new learning network, called the Remote and Rural Healthcare Alliance, has been set up to help people working in remote and rural areas to get access to the training they require. A number of new courses are likely to be offered which will extend the skills of healthcare professionals in remote and rural areas, including the possibility of a new degree level course. In addition,
further actions will be taken to encourage doctors in training to specialise in remote and rural healthcare. For example, we are keen to ensure that working in rural areas is an attractive option and so we will make sure that those who choose to do so have access to similar training opportunities as those in larger towns and cities. Sometimes this will mean making sure that there are enough staff to cover the time away from the surgery and sometimes this will mean providing online learning opportunities.
**Better Use of Technology**

Information technology can make a huge difference to the way remote and rural healthcare is provided. Indeed, email, the internet and other modern means of communication are essential in good quality care. Known as ‘e-health’, this technology should be an integral part of all remote and rural healthcare. For example:

- some patient conditions can be monitored in the home using remote technology. In the case of rheumatoid arthritis for example, patients can use voicemail to report their reactions to medications rather than visit hospital. If necessary, a follow-up visit can be planned over the phone.
- advice to patients can be provided from a distance by email or telephone
- videoconferencing means that a patient can consult a specialist from a local GP practice, RGH or, in some circumstances, the patient’s home
- the results of diagnostic tests, such as blood tests, ultrasounds and ECGs can be analysed by a specialist in a different location.

At the moment, although this technology exists, it is not widely used or always available. For instance, some remote and rural practitioners still rely on dial-up modems to access the internet, rather than faster broadband connections, whilst NHS Boards often use different technology systems, which means that sharing information between them can be difficult.

A new, robust infrastructure needs to be developed so that the quality of e-health is the same across Scotland. People in remote and rural communities should expect nothing less than first-class information technology systems designed to improve communication and reduce their need to travel.
Better Buildings

Where possible, community care teams should work from purpose-built premises with broadband connection to the internet, and access to both health and social care computer systems. Videoconferencing should be available to improve communication with other teams, to help professionals learn from others and to minimise travel for staff.

Various diagnostic tests should be available in the buildings where these teams are based, so that patients do not have to travel far. Digital image transfer should be provided as a minimum in all remote and rural hospitals, whilst it is proposed that more advanced imaging, such as CT scanning should be available in every Rural General Hospital. Such services will be supplemented by a variety of mobile diagnostic facilities, such as breast screening and screening for osteoporosis, which can be delivered closer to home.

As part of the changes proposed by the group, NHS Boards are being asked to review their premises and identify those hospitals where some modernisation might be required.
Better Emergency Response

The Scottish Ambulance Service operates nationwide. Scotland’s geography and the dispersed populations in our remote and rural areas can present a particular challenge in responding to emergencies and transporting patients to and from routine appointments. There are particular problems in some of the outer islands of Shetland and Orkney where there are no emergency land ambulances and residents must rely on local GPs and nurses to get them to hospital.

The Scottish Ambulance Service is working hard to overcome these problems. It has introduced new air ambulances and installed tracking systems that show the exact location of all their vehicles and enable them to respond more quickly to emergency situations. However, more needs to be done and the Scottish Ambulance Service will be working with a range of organisations that currently provide transport for patients, whether by land, air or sea, to provide a more co-ordinated transport system in remote and rural areas.

One example of the work that’s already underway is the trial of the Emergency Medical Retrieval Service. The service will fly out specialist consultants to provide on-site resuscitation and safe transfer for patients with life threatening injuries or illness in remote and rural hospitals. Consultants will also provide 24/7 online and telephone advice to any health care professional within the trial area regarding any critically ill or injured patient and their potential transfer or retrieval.

Whilst the main focus of the Scottish Ambulance Service is on responding to emergency situations, they also take patients to planned appointments at hospitals and clinics. Here they work alongside a number of different providers including volunteer drivers working for voluntary organisations and specialists skilled in transporting babies and children. Again, the challenge is to improve the coordination between these different forms of transport and the Scottish Ambulance Service will take a lead in making this happen.
Conclusion

We have already achieved significant improvements in the healthcare services provided in our remote and rural areas. This document has been concerned with ensuring that we build on our successes with further progress.

Public expectations of the health service continue to rise as we become better educated as to the options available, more involved in our own care and more aware of the technologies available to improve our experience. It is right that those living in the 80% of Scotland classified as remote and rural can access the same quality of care as their urban neighbours.

Having read this summary of the Remote and Rural Steering Group report, we hope you’ll agree that the actions we’re undertaking will lead to better health and better care for all.
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