



## **RURAL AND REMOTE PRIORITY ACTIONS REMOTE AND RURAL STRATEGIC PRIORITIES**

### **Policy Influence:**

- Promoting remote and rural issues at policy level.
- Influencing the centre to support broader remote and rural sustainability by encouraging a joined up public sector approach to creating community resilience; and influencing workforce policies.

### **Obligate Networks:**

- Ensuring that the importance of the Obligate Network approach is reinforced to all Boards.
- Supporting the notion that the Obligate Network approach is the way to do business in the future.
- Remind Boards of the Obligate Networks required as necessary by Delivering for Remote and Rural Healthcare. These are defined as required to support the core services of surgery, medicine and anaesthesia within the RGHS; and to support radiology, laboratory services, Child Health and Mental Health services in remote and rural areas.
- Building a database of Obligate Networks.
- Stimulating a CEL.

### **Service Models and Care Pathways:**

- Working more closely with JIT to integrate teams and services to sustain local care.
- Encourage integration with Local Authorities, particularly in the area of out of hours health and social care service.
- Ensuring that models of care are integrated across traditional primary and secondary care boundaries and across community care.
- Finalising High Level Care Pathways.
- Encouraging the development of local protocols, and coordinating the development of protocols through the creation of an electronic Directory of the Pathways and protocols which is accessible by all.

### **Emergency Response and Transport:**

- Supporting the implementation of the outcomes from the Evaluation of EMRS.
- Encouraging the building of community resilience.
- Ensure the SOF is signed off.
- Influence the formalisation of the SOF.
- Clarify the performance management arrangements for the implementation of SOF.

### **Workforce and Education:**

- Encouraging robust workforce planning based on competences not posts.
- Hosting a Workforce Summit to establish core models.
- Using outcomes of Summit to influence national policy.
- Ensuring sustainable remote and rural medical training programmes are in place which reflect the needs of service
- Ensuring educational solutions are developed to support the outcomes of the workforce summit.
- Ensuring that proleptic funding continues to be available to ensure sustainability of services in remote and rural areas.
- Addressing the revalidation issue for GPs who are working over and above their GMS contracts.
- NES/RRHEAL to continue to pursue the accreditation of Level 2 in Acute Medicine and GP Intermediate Care competencies.
- Creating of a single NES 'Distributed learning Platform.
- RRHEAL to work more closely with Higher Education Providers to ensure connect with National Health Service policy.

### **eHealth and Infrastructure:**

- Evidencing the issue in relation to the IT infrastructure and it's limitations on practice.
- Lobbying the case for enhancing the IT infrastructure.
- Influencing the centre to support joint working with other aspects of the public sector and others to explore possible funding solutions for enhancing the IT infrastructure.
- Ensuring that Scottish Government develop an integrated transport strategy.

### **Remote and Rural Network:**

- Creating a 'virtual' remote and rural network which is accessible by all involved across the continuum of care. Existing resources such as the Association of Community Hospitals should be pulled on and a single electronic point of access developed to a Directory/information portal. This could be achieved using the methodology approach to the Patient Safety Programme Model.

# REMOTE AND RURAL SERVICE DELIVERY KEY ISSUES

## Definition of Rural and Remote

The shape of care services, especially supported housing, residential and home care, may be determined by some very specific features of population distribution and geography that the working definitions of remote rural do not adequately capture.

## Change and Decision Making in Rural and Remote Areas

In many cases the basis upon which services are designed or developed is not principally driven by current national policy and strategic agendas around outcomes, shifting the balance of care and service modernisation. Some developments may have unintended consequences and many will lead to some disruption for the interests of others. The influence that is able to be exerted by those who are affected across local communities, by virtue of their community networks and perceived authority, exerts substantial and widespread influence over the key stakeholders who shape local service development.

## Access to services

The trade-off between local, very accessible services and those services that require specialist knowledge and expertise and therefore are more centralised, is a complicated balance but one that has a general level of public acceptance. Non-local services may also play a part where confidentiality is of special importance.

Expectations of what services should be available are often based upon a complex mix of what has historically been provided in that locality, what local residents have experienced elsewhere (and that is influenced by the number of 'incomers'), and a growing awareness of what a 'reasonable' level of service means. Transport is increasingly recognised as having a unique importance in determining the quality of access to and required service delivery capabilities in remote and rural areas.

## Critical Mass and Service Viability

Care centres and other service hub models help develop critical mass, whilst the criteria by which the viability of routine and responsive mobile care services, are assessed needs clearer analysis.

'Viability' may sometimes be judged on additional current revenue costs, rather than longer-term cost benefit analysis. So, supported housing developments can be viable where residential care could not, but they need to fulfil a flexible role to meet changing local needs.

## **Community Resilience**

The voluntary sector appears to have an expanded role in many rural areas, filling a gap that is not as readily taken up by private sector agencies. It appears able to provide services that are better able to operate flexibly and respond more quickly to changes in user needs, possibly because they are less constrained by bureaucratic structures.

Some elements of community resilience create ambivalent feelings in the community. A 'First Responder' system is used as an example of positive community resilience, supporting fragile local communities; it is in some cases however cast in a less positive light because of the absence of adequate statutory provision that it implies, and the disincentive that it represents for authorities to deliver that provision.

Locally informed budget setting processes are an emerging as an example of innovative community engagement which can significantly enhance local engagement and empowerment.