

Rural Bid Meeting summary following meeting 18 March 2016

This draft of notes issued on 21 March 2016, send any comments to chris.williams9@nhs.net

background

On 25 February 2016, primary care leads and managers had been informed by email that the Scottish Government were inviting applications towards a fund to support the recruitment, retention and return of GPs to the NHS in Scotland. Over the next two years (2016-17 and 2017-18), a total of £1 million is available in each year, which all boards can bid for. The instructions made clear that bids from partnerships of organisations such as health boards or integrated joint boards. Following this announcement, there had been a flurry of email correspondence between people with rural interests.

videoconference meeting 18 March 2016

A meeting was arranged at short notice. Stakeholders working in six NHS board areas and other organisations participated and considered the possibility of a combined bid. Specific current problems were identified, along with what it might be possible to address by taking a collaborative approach.

summary of position at 18 March 2016

There is sufficient enthusiasm from clinicians, managers and educators across remote and rural areas to submit a combined bid. The rural areas are to some extent competitors in their aim of recruiting a healthcare workforce for their own area. By working together at a national level, rural organisations could share learning to bring mutual benefit. There is a limited fund, so prioritisation will be important. There is some agreement that visible high-quality programmes of education could support recruitment to these areas.

There are some longstanding issues that rural areas face that this bid will not be able to address directly. A combined bid should show cohesion and a project board would be needed for this scale of work.

The bid will describe short, medium and long-term aims. Short term aims could include a NHS website or microsite. A relocation officer and videoconference network may provide some appropriate support for GPs who are “mid-career”. Long term aims will be to have an educational infrastructure that enables sustainable workforce development.

next steps

The immediate priority is to produce a bid to submit to Scottish Government. The deadline for this is 23 March 2016, although an enquiry will be made to see if a few days extension to this deadline can be secured, given the large number of stakeholders involved.

To pull together the current workstreams, the discussions will be taken off email with other technology platforms being considered for project communications. On 19 March 2016 an electronic messaging area was opened at <https://coinnich.slack.com> and invitations sent to stakeholders from across the boards and other organisations that have participated so far.

Workforce

NHS Western Isles

The Western Isles GP subcommittee, had surveyed the GPs in the health board area. Most of NHSWI's GPs are now in their fifties, some in their sixties.

NHS Orkney

Six years ago Orkney could fill enough of its full-time medical posts but not part-time posts. Now it appears that interest is centred around part-time working. Orkney has had some success recruiting GPs in their early fifties, anticipating an individuals might provide clinical service for a period of around 5-6 years. These were GPs who had experience as educators- five having previously been accredited as GP trainers, two as undergraduate tutors. Two years ago Orkney appointed a consultant physician for the first time, to work in the Balfour hospital, a rural general hospital.

Orkneys's experience suggests there are potential employees who were looking for something that is possible through standard posts. In 2010 there were 9 singlehanded GPs on Orkney. Since then an initiative led to an "Isles network of care". The islands are still staffed with a single- four are now covered by a nurse practitioners. Six practices have amalgamated into one virtual practice, with an improvement in governance arrangements.

NHS Highland

The "Being Here" project has involved some action research. It was a project that had been possible with Scottish Government funding. This project has looked at sustainability of services, with recruitment and retention as one of its key work streams. A formal evaluation of the project is currently being done by research staff at the Centre for Health Sciences, Inverness.

Scotland's rural medical pipeline

The "pipeline" is a term that has been used when considering the impact of exposure to certain environments at various stages of education and career. There has recently been work done to illustrate how career flow can affect the GP workforce in Scotland.

One third of Orkney's current GPs had some of their postgraduate training based in Orkney, with 21% of Orkney's current GPs originally born on the Islands.

Accommodation

Finding suitable accommodation is difficult in rural areas. The idea of a relocation officer came out of that Northern Periphery project. That led to some funding and the appointment of a project manager as part of the "Being Here" project. A relocation officer could have an important role in providing assistance to incoming students and professionals. Orkney's IJB may be able to consider accommodation that could cater for NHS and council-employed professionals.

For rural training, GP specialty trainees needed to travel around several locations to get appropriate experience.

Outreach to schools

There are efforts that occur to support people in rural areas in applying for medical school places.

NHS Orkney

Orkney worked with an admissions tutor at Aberdeen, allowing school pupils to undertake a suitable work observation. An Orkney GP now goes into school a year before pupils would apply and also talks to pupils about nursing and AHP roles. Pupils are invited to observe NHSO staff attending ALS training courses, etc.

NHS Western Isles

In Benbecula, if a student that had shown maturity at school and also displayed an interest in going to medical school then the community were generally supportive of some work observation locally. The Western Isles has however recently streamlined their careers advice programme and GPs have felt less involved since.

NHS Highland

The North of Scotland faculty of RCGP has run the Highland Schools Medical Mentor Scheme, with a resource produced in 2008 to help work observation occur in GP practices. Although some anecdotal evidence of pupils who have been on this returning to work as GPs, there is little data. For the past few years NHS Highland has run a programme offering pupils a week long experience of healthcare. This had a capacity of 48 pupils a year, rising to 60 pupils from 2016.

Highland Council/ UHI

Highland have a project intended to enthuse school pupils and to give them further experience of science. It is likely that Highland could see science academies develop in Lochaber and at a site in the North.

Undergraduate medical education

The University of Aberdeen has a rural track programme. University of Glasgow have been approached to see if they could develop a rural track programme.

The University of Dundee are piloting the Longitudinal Integrated Clerkship in remote and rural locations. Fourth year students will spend a year in a general practice setting. From August 2016 NHS Highland will accommodate five students, NHS Dumfries and Galloway will host four.

There are current difficulties in accommodating the interest from medical students. For example, Arran have a medical practice that have recently been very successful at getting themselves noticed through the use of social media, etc. They had not recruited to the GP position that they were advertised for. They did, however, subsequently see lots of interest from medical students, resulting in them turning down 82 applications for electives in the past year.

Travel expenses for medical students are funded, but the teaching for student electives is not. Many practices are not able to accommodate all the medical students that apply for electives due to recruitment and workload pressures.

Recent innovations around Postgraduate Training

Dumfries and Galloway had recently undertaken work with the Falkland Islands, to looking at new locations for GP Specialty Training placements and might focus on treating severely ill patients.

NHS Highland have run a clinical development fellow project, employing junior doctors in posts which are not recognised for training but do offer some defined educational support.

Continuing Postgraduate Development: Videoconference network

North Ontario has a videoconferencing model that makes it easier for people to understand what educational activity exists. A network of clinicians also makes it easier to access clinical advice across disciplines.

In Scotland, a rural GP VC education project has been running as a test for change. Subjectively there has been a feeling of “connectedness” among the VC education participants. The VC project follows the innovations and progress made by BASICS Scotland.

There are still significant issues around infrastructure and capacity. For example, the Western Isles GP subcommittee meetings depend upon the use of a wireless connection at the main site, meaning that there is not enough bandwidth for a stable connection, with frequent crashes that affect all participants.

Rural emergency care network

Rural areas face a challenge of updating clinicians’ knowledge of emergency care. It may help to have a unified approach to protocols and equipment.

Scotland had developed acute care competencies, around which an educational programme could be based. Such a programme should be delivered by people with expertise.

A rural website

Scotland does not yet have a central NHS website that showcases rural areas in Scotland.

Such a website could:

- be a space that can offer a one-stop-shop approach
- host information for people to access over the internet
- be a corporate rural presence
- be hosted on a NHS Scotland website, e.g. NHS NSS

Promotion

Rural GPs have not always promoted the initiatives and work they are doing. A collaborative approach could help this group “publish and prosper”, that by appearing in the literature we would make some “noise”.

Appendix 1: Participants in stakeholder meeting 18 March 2016

participating by videoconference:

Dr Angus McKellar, GP, Medical Director NHS Western Isles
Deanne Gilbert, workforce planning officer, NHS Western Isles
Stephan Smit, Primary Care manager, NHS Western Isles
Dr Keith Burns, GP, clinical lead for primary care, NHS Western Isles
Dr Charlie Siderfin, GP, clinical lead for NHS Orkney
Lisa Watt, Primary Care manager, NHS Shetland
Dr Angus Cameron, Medical Director, Dumfries and Galloway
Dr Jean Robson, Director of Medical Education, Dumfries and Galloway
Dr David Hogg, GP, postgraduate tutor, NHS Ayrshire and Arran
Dr Kate Dawson, GP, chair GP subcommittee Western Isles
Dr Emma Watson, Director of Medical Education, NHS Highland
Fiona Fraser, project lead for remote and rural VC education initiative, RRHEAL
Fiona Watt, Primary Care manager North and West Highland, NHS Highland
Dr Chris Williams, GP, NHS project lead for Longitudinal Integrated Clerkship
Dr Ronald MacVicar, Postgraduate Dean of North region, NHS Education for Scotland
Mr Bill McKerrow, Associate Postgraduate Dean, NES
Alasdair Munro, University of the Highlands and Islands

by telephone:

Gill McVicar, Director of Operations North and West Highland, NHS Highland

apologies

Several people had intended to join but were called away on clinical duties, including Miles Mack, chair of RCGP and two GPs in Shetland. Liz Barr, was at an educator's meeting. Dr Colville Laird, Director of Education, BASICS Scotland hoped to join by telephone but was unable to. Dr Fiona Mair, BASICS Scotland was on leave.

videoconference limitation

A NHS videoconference bridge was used to allow participants to connect from multiple sites. Participants dialled in using videoconference units, Jabber software and by telephone. Participants were at sites that included Arran, Benbecula, Dumfries, Inverness, Lerwick, Kirkwall and Stornoway. The start of the meeting was delayed slightly as those at Inverness site relocated to a different room after difficulties connecting to a university videoconference unit. The connection paused or dropped at several times during the meeting, with interruptions during contributions from sites in Western Isles, D&G and Arran. The meeting began at 1.30pm and concluded at 3.30pm.