

Project Brief

Project	Scottish Rural Medicine Collaborative (SRMC)		
Project Contact		Version	0.1
Project Chair	Ralph Roberts, Chief Executive NHS Shetland	Date	6 th October 2016

INTRODUCTION

Background & Reasons

Recruitment and retention are the key challenges facing rural primary care. In June 2016 a number of innovative projects to improve GP recruitment and retention were funded by the Scottish Government. Overall £2 million was allocated to projects across the country, as part of the Government's £85 million Primary Care Fund. SRMC was one of the fund's recipients.

There is a need to improve access to ongoing education, rural placements, knowledge exchange, peer-support and peer-referencing activities to support recruitment to, and retention in rural practice, and to decrease professional isolation for practitioners. All of this needs to be underpinned with appropriate use of new technology.

Benefits

The first two require input to agree a suitable measurable target:

- X% increase on recruitment of GPs within the SRMC area by 2020.
- An overall GP increase of X% (wte) in the SRMC area by 2020.

The following will require further work to agree how their success will be measured:

- Provide support and stability for the GP workforce currently based in these parts of Scotland.
- Help primary care clinicians in these areas update their knowledge and improve effectiveness.
- Improve the digital presence and use of technology to assist recruitment to these areas.
- Understand the uptake of student placements in these areas and the associated effects.

Additional consideration to be given to:

- Something about the metrics from the new website? Particular hits on particular pages? Something about patient and clinician surveys? National Primary Care survey opportunities?

PROJECT AIMS

Outcomes

Further work will be required to refine what changes will arise as a result of using, maintaining or being impacted by the project's deliverables:

- A unified recruitment strategy for the participating boards.
- Establish a community of Scottish Rural General Practitioners, Organisations and Health Boards.
- Mutual support through educational and professional networking.
- Promote and showcase career and educational opportunities for GPs.
- Promote positive aspects of general practice in rural, remote and island areas.

Deliverables

Further work will identify more deliverables that can be agreed as specified outputs for the programme:

1. Develop a collaborative recruitment and marketing strategy.
2. Develop innovative roles: report, including recommendations, on the benefits of new approaches to recruitment and retention in other areas. Implement solutions for retention and recruitment that have

- already been tried and tested.
3. Relocation support officer trial.
 4. Innovative retention educational support programme.
 5. Gather data from across Scotland relating to educational capacity in settings beyond current accredited training environments. Develop a 'One-stop Shop' with information on training and educational programmes in these areas.
 6. Design and implement peer support model for rural, remote and island settings including the use of technology.
 7. Design and implement educational support model for rural, remote and island settings including the use of technology.
 8. Design and implement professional support model for rural, remote and island settings including the use of technology.
 9. School outreach activities encouraging careers in medicine in a rural environment.
 10. Co-ordinate applications of students' placements and electives to rural, remote and island areas.
 11. Develop and maintain a 'Talent Pool' of GPs who are able to undertake salaried and sessional (locum) work in rural, remote and island areas.
 12. Collate and apply existing resources to develop support structures for Scottish Rural General Practice.

PROJECT DEFINITION

Costs

Year 1 costs are £325,000 and Year 2 is £275,000. The finances to support the programme have been sourced through the Scottish Government's Primary Care Fund. The funding will be hosted by NHS Tayside as the corporate support for the North of Scotland Planning Group. The Director of Regional planning for the north has agreed to act as signatory for this funding and so emerging Governance processes will need to reflect this accountability.

Timescales

The programme team will be funded for two years. Benefits and outcomes may arise beyond this period.

Scope & Exclusions

- The project will provide solutions for seven territorial Health Boards with remote and rural populations: Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries and Galloway, and Ayrshire & Arran.
- The programme is directed at recruitment and retention within its area but clarity will be required on from where the group is looking to recruit? A website and marketing campaign to move within Scotland is very different in scale to one looking to the UK, Europe and the rest of the world.
- Will board HR policies need to be changed or should these be excluded?

Potential Disadvantages

- Boards within the SRMC - which are currently relatively effective at recruitment - may see a reduction in their recruited GP numbers as other locations become more "attractive".
- Placing of potential candidates in areas of most need may disadvantage other SRMC Boards.

Quality Expectations

- There must be a measurable improvement in actual GPs recruited and retained by 2020.
- The advertising and marketing campaign must have a demonstrable effect on the targeted areas.
- The website must be capable of providing multiple levels of access so the "advertising" elements can be publically accessible whilst "educational" resources are protected.

Major Risks

- Funding for ongoing resources required e.g. website maintenance, educational resource updates etc. will not be secured and the website and content will quickly become dated.
- The seven territorial boards may request more localisation than the intended “one-stop shop” style solution.
- Educational sessions may be more expensive than anticipated.
- Maintaining and recruiting a “Talent Pool” may require more than budgeted costs and have further revenue spend requirements.

PLANNING

Pre-requisites & Dependencies

A fully staffed programme team can be recruited.

Suitably qualified and engaged executive leads can be found from all participating Boards and partners for active contribution to the Project Board.

The project will be required to provide updates and assurance to all participating boards.

Constraints & Assumptions

Appointment of any marketing consultant or website creative may be required to follow Procurement policy and this could delay their appointment if not already accounted for.

Is it assumed all participating boards and partners will remain committed to engaging with the project outcomes and benefits regardless of the impact of any public service reforms that may occur during the two year duration.

ORGANISATION

Project Team

To be conclusively determined, but Clinical Leadership, full time project management, project support and some admin support have been identified as the core team currently. Additional specialist support may be required as the deliverables are more fully defined.

Resources Required

Marketing and website development skills have already been identified as required but not recruited.

Offices space and IT equipment may be required for the project team.

Support for development of Educational resources is essential and NHS Education for Scotland are already committed to support and provide their skills.

Other Stakeholders

- In addition to the territorial boards named in the scope section (Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries and Galloway, and Ayrshire & Arran) NHS Education for Scotland (including RRHEAL) and the Scottish Ambulance Service (including ScotSTAR) are NHS partners in this collaborative.
- Royal College of General Practitioners; RCGP Scotland and the Rural Forum; Rural GP Association of Scotland (RGPAS); BASICS Scotland; North of Scotland Planning Group (NoSPG); Northern Periphery and Arctic Programme (2014-2020).
- Scottish University medical departments.

- Health and Social Care Partnerships; Local Authorities, Scottish School of Rural Health & Wellbeing and local schools and education centres.
- Local GP practices in the area.

Governance

It is envisaged the project will be directed by a Project Board chaired by Ralph Roberts (Chief Executive of NHS Shetland). There is a potential for a steering or advisory group to be formed of wider stakeholders with responsibilities for guiding the Board's decision making.

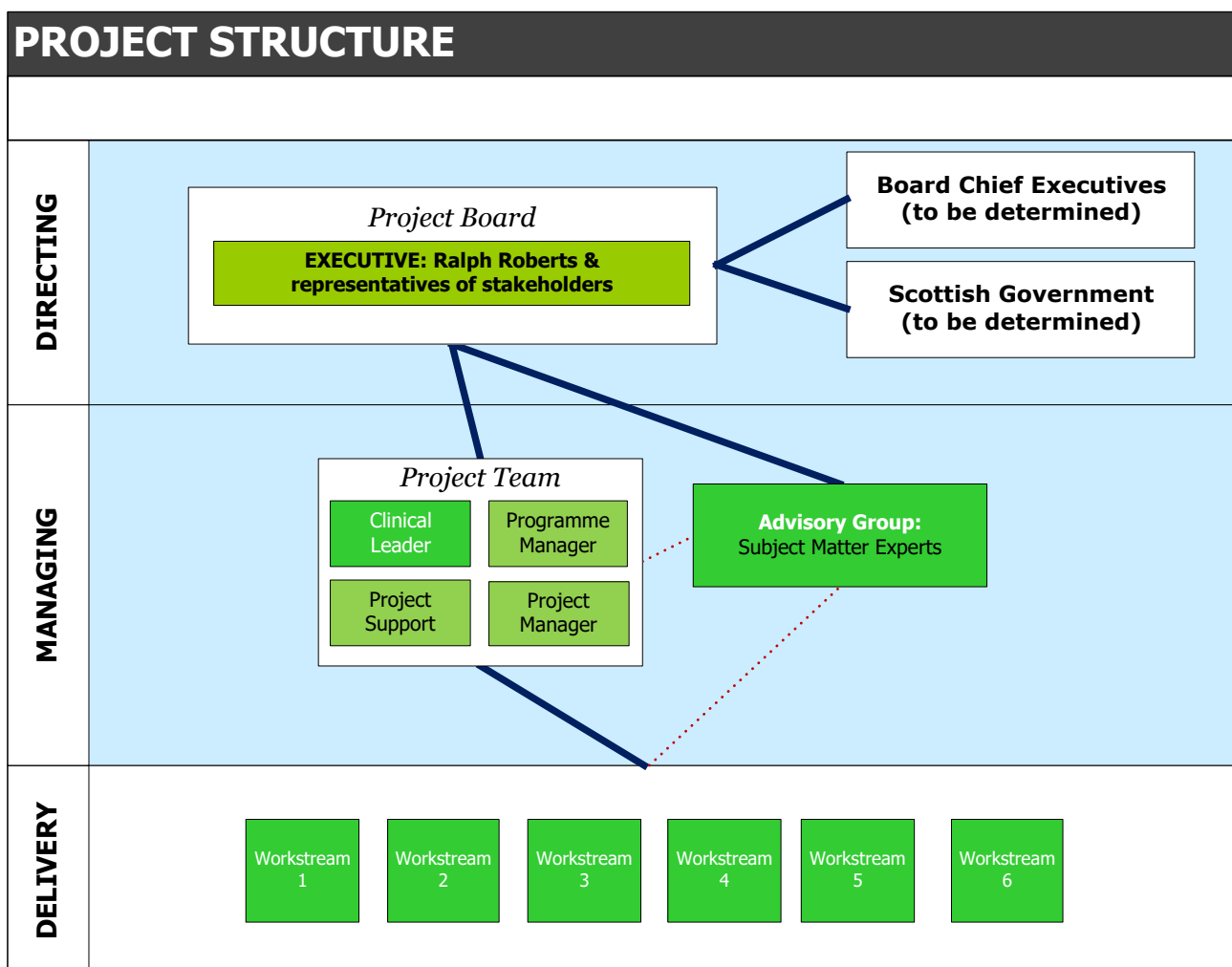
The board will be supported by a full-time project manager who will apply agreed project controls for day-to-day working. A Risk Register and Issues Register will be implemented to support the board's senior management of the project. A Communication Plan will incorporate agreed timings for Project Status reporting and stakeholder management.

Smaller working groups or task and finish groups may be formed around specific deliverables.

Each level of the project will retain specified delegated authority for time, costs, risks and issues. Precise roles and responsibilities will be created for each member of the project board and any advisory group members. Members of the project team will also have precise roles and responsibilities provided with any relevant authority levels that apply.

Escalation routes will be defined as the organisational structure and governance is agreed.

An example organisational and governance chart could look like:



DOCUMENT CONTROL

Revision Date	Summary of Changes	New Version
06-10-16	First draft created based on Bid Documents. No consultation so shared as discussion and scene-setting document.	0.1

Approval (This document requires the following approvals):

Name, Title	Date of Issue	Date of Approval	Version
Ralph Roberts, Chief Executive NHS Shetland & SRMC Chair	06-10-16		0.1

Distribution (This document has been distributed to):

Name, Title	Date of Issue	Version