

The Scottish Rural Medicine Collaborative BULLETIN



MARCH 2021

PAGE 2: Website update

The SRMC's 'shop window', its [web-site](#), continues to improve, with a host of new features and additional information.

PAGE 3: After Covid

There's a growing recognition that the primary care recruitment landscape may well look different after the pandemic, possibly presenting the SRMC with either an opportunity or a challenge.

PAGE 4: BASICS latest

Lockdown restrictions have necessarily limited BASICS training but work is continuing on preparing for when normal service can be resumed.

PAGE 5: Rural fellowship

The scheme to give newly-qualified general practitioners a taste of life and work in remote and rural communities is set to get back up and running after a year out, and there are plans to make rural fellowships more flexible.

PAGE 7: RCGP conference

The SRMC has been following up on interest in rural practice opportunities expressed by GPs at last month's event, which was held remotely.

PAGES 9-13: 'The Joy'

There's been plenty of activity in the ground-breaking 'Rediscover the Joy of Holistic General Practice' initiative. We report on the comprehensive evaluation of the project and on latest



Don't be alarmed! The patient and GP at a recent Covid-19 immunisation session aren't covered by giant viruses. What you see are reflections of Christmas decorations that hadn't been removed from a window in the health centre on Eigg. On Pages 17-20 we look at the primary care model that was developed through the 'Being Here' project — a forerunner to the SRMC — on Eigg and the neighbouring Small Isles of Rum, Muck and Canna.

'Joy' developments, including how the scheme has been used to support practices in Ardnamurchan, Brechin and the Western Isles.

PAGE 14: Island idyll

We catch up with Colonsay's new GP. "It's a wonderful place to be and I'm very happy here," Dr Simon Willetts said.

PAGE 16: Health award

A Highland nurse is honoured in the Scottish Health Awards.

PAGE 21: Thanks, Ralph

The SRMC's programme board held its last meeting under the chairmanship of Ralph Roberts. Members united in thanking him for his work.

WEBSITE

Website gets even better!

THE Scottish Rural Medicine Collaborative's [website](#), which provides an easy-to-view shop window for primary care recruitment and retention in Scotland, continues to improve.

One of the latest additions to the site is a section providing data on Scotland's rural workforce.

Containing information culled from a range of verified sources, the [section](#) shows that the total number of GP practices in Scotland is 928, 368 of which are in rural areas. The location of these practices is shown on a colour-coded map. The site also shows that as of January 2021 there were 5,794,054 patients registered in GP practices across Scotland, with 2,057,271 in rural practices.

Martine Scott, the SRMC's programme manager, said: "The 'Rural Workforce and Statistical Data' page is

Rural Workforce and Statistical Data

The information on this page is taken from verified public information sources. We have gathered it into one place for ease of reference. In most cases, the data sets are updated annually. You will see that we have provided links to the original source data to allow for more in depth analysis.

This page was last updated on: 19 February 2021

The Scottish Government Urban Rural Classification provides a standard definition of rural areas in Scotland. It is helpful to understand the difference when considering health and social care. [Key facts](#)

What we mean by rural on this site
(Not including cities of Aberdeen or Dundee)

Ayrshire & Arran (North, East, South)	We work with 10 health boards throughout NHS Scotland these are;
Borders	• Ayrshire and Arran (North, East, South)
Dumfries & Galloway	• Borders
Fife	• Dumfries & Galloway
Grampian (Aberdeenshire & Moray)	• Fife
Highland (inc. Argyll & Bute)	• Grampian (Aberdeenshire & Moray)
Orkney	• Highland (inc. Argyll & Bute)
Shetland	• Orkney
Tayside (Angus, Perth & Kinross)	• Shetland
Western Isles	• Tayside (Angus, Perth & Kinross)
	• Western Isles.



now a very small part of our ever-improving important website.

"The pandemic has given us the opportunity to review, update and improve the website. At the time when we are all more than ever before accessing services and information online, it is of paramount importance that we have a fully functioning and comprehensive online presence."

She added: "The SRMC's earlier work was focused on the recruitment and retention of GPs in remote and

rural areas, hence the latest section giving statistical data. But much of our remote and rural general practice work is clearly transferable both to wider multi-disciplinary teams and to urban general practice, and we aim to ensure that this will be reflected in our website as we evolve."

Among the other website development the SRMC is working on is a 'yearly wheel' to provide information about recruitment events and how to be involved in them.

RRHEAL

PhD work yields evaluation tool for use of technology in education

RESearch by a member of the Scottish Rural Medicine Collaborative's programme board has shed new light on the use of technology enhanced learning (TEL) for remote and rural healthcare staff.

Pam Nicoll (pictured) serves on the board as NHS Education for Scotland's programme director of the Remote and Rural Healthcare Alliance (RRHEAL), which is committed to the development of affordable and accessible education that makes best use of digital technology for the remote, rural and island workforce.

And Pam, a graduate of the University of Glasgow, has taken her passion for good-quality, inclusive healthcare education to a new level by recently completing her PhD Doctorate from

the University of Highlands and Islands.

She said: "Undertaking my PhD studies was a brilliant opportunity to capture some of the learning gained through my healthcare roles over the years and to take a deeper dive into researching the efficacy of TEL for healthcare professionals.

"I was keen from the outset to use the opportunity to carry out research that would not only add to the body of knowledge around TEL for healthcare education but also result in being of practical use to those designing and delivering education and training."

With increasing emphasis on the use of digital technologies to support educational activities, Pam believes it is important to evaluate what works well, for whom and in what way to ensure that TEL for healthcare professional

education programmes are effective.

The title of her PhD thesis was *The design, implementation and testing of a technology enhanced learning evaluation tool for healthcare professional education programmes: A Realist Evaluation Study*, and its end product is an evaluation tool to measure and improve TEL education programmes for multi-disciplinary health and care professionals.

Pam's research and the evaluation tool are already being put to good use, given the exponential rise in the amount of education and training being delivered at distance using technology as a result of the Covid-19 pandemic.

The next stage, she says, is to refine the tool into an online application that can be shared widely with partners across a range of different sectors.



PROGRAMME BOARD

THE recruitment landscape for rural GPs may change in ways that are not yet understood after the Covid-19 pandemic, members of the Scottish Rural Medicine Collaborative's programme board have been told.

And a paper to the board's remote meeting on 3rd March highlighted some concern that post-Covid, the retirement of rural general practitioners could accelerate, and this may materially affect the current primary care model for rural areas.

However, the board was told, this could be seen as "both a threat and an opportunity for the SRMC".

The matter was highlighted in a risk register which also drew attention to the fact that, at the time of the meeting, the case for continuing the SRMC's role beyond this month (March) was being discussed with the Scottish Government. The paper pointed out that

Recruitment scene could change after Covid, board told

there was no confirmation of continued funding beyond 31st March but added that "this is often an annual phenomenon".

With the future being unclear, board members noted that a small budget underspend from 2020/21 was being rolled forward to keep two temporary posts open and to enable basic activities to continue. Three other

posts had been or were in the process of being closed as a precaution.

The risk register also pointed out that the impact of the pandemic had "slowed the programme right down" during 2020. However, the project team had been able to work from home effectively and some projects had been well progressed.

Another issue raised was website support and development services provided to the SRMC by NHS National Services Scotland (NSS), which also manages the Scotland Health on the Web (SHOW) platform and the bespoke [GP jobs](#) website. With NSS resources under pressure, in part because of Covid-related work, the SRMC has allocated a project manager time to act as an interface with NSS over development projects such as the collaborative's website.

"These services are crucial to help develop our online presence and our services, to improve recruitment and retention of GPs," the paper observed.

The programme board approved the risk register.

Outline business case approved

MEMBERS of the Scottish Rural Medicine Collaborative's programme board have unanimously approved the SRMC's outline business case for presentation to the Scottish Government.

Meeting remotely on 3rd March, the board signed off a paper which set out the collaborative's aims and objectives and listed the key drivers behind its operation.

It itemised key targets and milestones and listed the outcomes and benefits of the various projects man-

aged by the SRMC.

The outline business case also gave a breakdown of the collaborative's £350,000 annual costs for Years 5-7 of the project: ie, 2021-2024.

This sum also features in the SRMC's resource and finance statement for February 2021, which was also approved by the programme board.

The meeting was the last to be held under the chairmanship of NHS Borders chief executive Ralph Roberts (see page 21).

SURVEY

Helping to set goals for post-pandemic research

A MAJOR online survey has been held to help determine primary care research priorities after the coronavirus pandemic.

The survey is the first comprehensive, patient-centred and generalist health professional project of its type since the pandemic started. It was conducted by the Scottish School of Primary Care and was designed to strengthen future evidence for primary

care to improve health outcomes.

As was explained by the organisers in a preamble to the survey: "Our goal is to provide a clear direction for future primary care research so that it benefits the lives of individuals and families, and increases the amount of funding for the most important primary care research."

The survey could be completed by anyone in Scotland who used primary

care services, such as patients and carers, or who were healthcare professionals working in Scotland. It was led by Professor Gill Hubbard, co-deputy director of the Scottish School of Primary Care, of which the Scottish Rural Medicine Collaborative is a key partner.

The survey closed on 1st March and the results will be announced in due course.

BASICS

THE pandemic may have put the brakes on many of its activities but the team at **BASICS** (British Association of Immediate Care, Scotland) is determined to carry on with as much of its work as possible.

During the period when Covid-19 restrictions permitted, in the last quarter of 2020, BASICS was able to deliver a couple of its popular PHEC (pre-hospital emergency care) courses but to smaller-than-usual groups of people who did not have to travel too far to attend.

“We needed to provide an environment where people could feel safe while in no way compromising on the quality of the educational content,” said BASICS general manager Lorna Duff. “From the excellent feedback we received, I think we can safely say that we did that.”

However, tighter Covid restrictions this year have meant that the organisation has had to cancel the face-to-face courses it had planned for January and February, not least because the hotels that were booked as venues have had to close. Besides, the pandemic has meant that some of the candidates are otherwise engaged.

Despite the pandemic, BASICS have been working to maintain a full schedule of courses from March onwards, although Lorna accepts that it

Working to get back on course

Pandemic curtails programme



may be necessary to cancel them too.

“We have had to carry on as if things were normal, booking venues well in advance,” she added, “and we are approaching candidates individually to keep them informed of our plans.”

Meanwhile, the BASICS team of responder support clinicians have been keeping busy, offering advice and support to the organisation’s responders.

BASICS now has around 200 active responders, many of whom are rural

general practitioners, paramedics, consultants and advanced nurse practitioners.

“The voluntary efforts of this excellent, multi-disciplinary team are hugely appreciated, particularly at a time when Scottish Ambulance Service resources are under so much pressure because of Covid-19,” said Lorna. “These amazing people are now often the first port of call in very remote areas where the Scottish Ambulance Service may not be able to respond quickly.”

The BASICS responders will soon be able to take with them on calls a new tool – a bespoke drugs pouch being prepared by the Sandpiper Trust.

Lorna explained: “The responders have been using a combination one that the Scottish Ambulance Service uses but it contains quite a lot of stuff that our responders do not need, hence the new pouch. It’s one of a number of developments to strengthen the resources available to the responders.”

She added that, along with everyone else, the BASICS team had been getting used to new ways of working.

“We’ve been learning to roll with the punches,” she said, “and that’s meant a lot of remote working and online meetings. I think it’s gone relatively well and I’m sure we will be reviewing the way we work after the pandemic. It has taught us some lessons and made us question some of the things we did before Covid. For example, was all that commuting really necessary?”

○ BASICS Scotland’s programme of podcasts are seen as an important educational tool and continue to be popular. Check them out on the organisation’s [website](#).



○ **BASICS** have been working with the Sandpiper Trust on developing a new drugs pouch. It is seen as a usual addition to the kit required when responding to emergencies. Doctor, nurses and paramedics are now well used to using Sandpiper bags on call-outs.

Revived programme to offer greater flexibility

Part-time opportunities in rural communities

PLANS are in hand to revive the rural fellowship scheme, designed to give newly-qualified GPs the opportunity to sample life and work in a rural practice.

The scheme, which is promoted by NHS Education for Scotland (NES) was put on hold because of the pandemic

last year. However, its co-ordinator, Forres GP Dr Gill Clarke, has been working with the Scottish Rural Medicine Collaborative on promotional material to help get the scheme back up and running later this year.

It is hoped to advertise for potential rural fellows in March and hold

online interviews two months later, with a view to successful candidates starting work in August.

The post-CCT rural fellowships are designed for doctors who have recently completed their general practice specialty training and have an interest in experiencing remote and rural practice. The fellowship year includes 13 weeks of protected time as well as a financial allowance to support a flexible, individually-tailored learning programme based on the fellow's individual needs.

There are two types of rural fellowship – standard and acute care. The fellows gain experience by working in a remote and rural general practice (for the standard option) or hospital practice (for the acute care option), as well as in a 'base practice' in a rural area.

To widen the range of potential applicants, it is planned this year to introduce part-time fellowships. This would allow a doctor to work as a fellow for a few days each week and perhaps do locum work the rest of the time.

It is also intended that the advertising campaign being planned will mention the legal right people have to return to a fellowship if they take a break to have a child.

"We would like to ensure that the scheme is more flexible and family-friendly," said Dr Clarke. "I want to encourage people to experience rural work and gain the skill-set that's required in these practices and I'm keen to provide a set-up that allows a doctor to choose a scheme that suits them."

The scheme, which is funded jointly

Continued on next page

AN important aspect of the rural fellowship scheme is the mentorship the often-young recruits receive.

Each rural fellow has a base practice, where a GP is given the role of taking the fellow under his or her wing and offering whatever help and support may be deemed necessary.

Dr Gill Clarke, who co-ordinates the scheme, said: "The rural fellows don't need someone to hold their hand but they may occasionally need some support and advice.

"Being a mentor isn't the same as being a trainer. Instead, it is about offering a high level of pastoral support, helping fellows to settle into a rural community and making sure that they understand the difference between practising in a rural community and being in their previous learning environment.

"There's a lot of difference between being a rural GP and being one in an urban practice. Rural fellows need to understand how small rural communities work and how issues of confidentiality are particularly important. And they need to understand that when they go to a local shop and buy a packet of biscuits or some wine everyone in the shop will clock what's in their basket – and word gets round!"

One GP who knows the importance of good mentorship is Dr Aoibhinn Lawlor of the Cill Chuimein Medical Centre in Fort

Augustus – not least because she was a rural fellow herself.

Dr Lawlor, who practised as a fellow in Fort William and Ballachulish, said: "I really enjoyed the experience. I was particularly interested in rural paediatrics and was able to do that as a bolt-on to my fellowship and felt I benefited a great deal from it.

"Gill (Clarke) was tremendously supportive. I had just had a baby at the time and she tailored the fellowship to accommodate me, which was appreciated.

"And she used to stress that I was not to be used as a locum – and that is something that has stuck with me."

Since moving to work in Fort Augustus with her GP husband Dan, a partner in the practice, she has had two rural fellows working with her.

"I like the idea of having someone with me who is a GP and who shares my interest in rural medicine," she said. "I don't teach them as if they were medical students, but I absolutely don't see them as simply providing cover in the practice. They are there to gain experience of rural practice and not just to help us out.

"Hopefully, they find the experience a positive one. I know I benefit from having them around – and I would love to have another one with us."

RURAL FELLOWSHIPS ... 2



○ Being able to enjoy life in remote and rural Scotland has always been an important part of the scheme as these young doctors, who have featured as rural fellows in previous issues of the *Bulletin*, would attest

Continued from previous page

by NES and each fellow's host health board, was launched in 1998 and Dr Clarke joined as co-ordinator in 2012.

She explained: "When I was a GP on Shetland I mentored a rural fellow, a young doctor who was driven and very enthusiastic. I gained a great deal from being her mentor but when I came to work in a semi-rural practice I somehow missed some of the excitement and enjoyment I had in a rural practice and feared I was atrophying. Working on the rural fellowship scheme has been great for me and has helped me give something back to rural communities."

In 2016 a major study into the rural fellowship scheme showed that it was achieving its primary aim of persuading newly-qualified doctors that remote and rural general practice was a viable and rewarding career option.

Conducted by Dr Clarke, Professor Ronald MacVicar and Dr David Hogg, who was himself a graduate of the rural fellowship programme, the study involved questioning 66 of the 69 GPs who were recruited to the scheme between 2002 and 2012. It found that of the 63 who were at that

Introducing doctors to a rewarding career option

“Our patients see it as a positive initiative”

time working in general practice, 46 were doing so in rural areas or small towns in Scotland.

The study's authors concluded: "The results underline previously unpublished data that suggests that approximately three-quarters of graduates are retained in important roles in rural Scotland."

The study report featured a case study which highlighted an island practice's (Arran Medical Group) experiences of rural fellows.

It stated: "Fellows are able to experience true continuity of care across a variety of rural settings, and take time

out to develop new skills, from emergency care to acupuncture. Some have also implemented new services: eg, vulnerable families and integrated emergency care.

"The practice benefits greatly too. Participation in the programme ensures access to motivated and 'fresh' GPs who bring energy and innovation to the practice.

"Our patients see it as a positive initiative as they are aware of the problems in recruiting new doctors to a rural practice.

"In turn, this improves retention of existing GPs and other practice staff, who benefit from new perspectives and the enthusiasm that each fellow brings."

Dr Clarke said: "Everything we found in that study is true today: rural practices provide challenging and fulfilling careers, and the rural fellowship scheme is a great way of discovering that fact for new GPs."

RCGP CONFERENCE

THE Scottish Rural Medicine Collaborative was one of 26 organisations with 'virtual' stands at the Royal College of General Practitioners' online conference, 'Fresh Approach to General Practice', held on 11th and 12th February.

Since the conference the collaborative has been following up the 38 people who visited its stand.

The SRMC was represented at the event by project manager Ian Blair, programme board member Dr Shawkat Hasan, a GP partner in Tayside, and project manager Ian Blair, who said: "These events are a tremendous opportunity for us to spread the word about who we are and what we do, and to promote the fantastic opportunities available in general practice in Scotland, and particularly in remote and rural communities.

"Unfortunately, because of Covid-19 this event had to be held remotely, which could never be as satisfactory and rewarding as a real-life conference.

"However, the conference was still a useful opportunity to keep GPs and primary care professionals engaged and updated."

Ian said that of particular interest to the SRMC was an address by one of the plenary speakers, Dr Mark Britnell, a global healthcare expert and senior partner at the professional services firm KPMG. His talk was on new ways to tackle NHS workforce shortages – a subject obviously close to the SRMC's heart.

Ian added: "Much of what Dr Britnell said was entirely relevant to the work of the collaborative. It's fair to say that he gave us all food for thought."

The conference featured more than 30 concurrent sessions over the two days, with focuses on clinical updates, GP health and wellbeing, GP careers, medical education and various other hot topics.

Those who attended have access to conference content for six months after the event.

The conference was very much an interim event and hopes are high that the next RCGP conference on 14th-

Collaborative uses 'virtual' event to spread the word



○ Screenshots from Dr Mark Britnell's presentation

16th October will be a physical event in Liverpool. It is being promoted as "the must-attend event of the year for GPs and practice team colleagues" and will bring together an impressive range of national and international speakers –

and, all going well, the SRMC will be there.

Programme details will be published in April.

For further details visit the [conference website](#).

More forthcoming events: See next page

EVENTS

Conference organisers turn to online solutions

THE pandemic impacted on some of the major medical conferences that had been planned for last year but there is still range of events planned for the remainder of 2021.

The Primary Care and Public Health 2021 event is now planned to go ahead on 12th and 13th May in the NEC, Birmingham. This event will give delegates the opportunity to learn from examples of best practice from frontline practitioners, and to update their skills with new tools, therapies, technologies, innovations and ideas.

Now in its 30th year, the conference is also seen as a real chance to network with more than 5,500 primary care, public health and community care clinicians and managers from across the NHS and the private sector. It will feature 20 free-of-charge, content-led conference programmes, an impressive speaker line-up and more than 180 exhibitors showcasing the latest products and innovations.

More details are on the event's [website](#).

The NHS Scotland Event – “the premier meeting place for those committed to providing sustainable high quality health and social care services for the people of Scotland” – will take place online on 22nd-24th June. This year there will be a particular focus on what has been learned so far during the Covid-19 pandemic.

Another forthcoming online event is the WONCA Europe Conference, to be held from 6th to 10th July. WONCA Europe is the academic and scientific society for general practitioners in Europe. It has 47 member organisations and represents over 90,000 family doctors in Europe. This year's event is being organised by the Dutch College of General Practitioners.

Last year's planned BASICS Scotland conference had to be called off because of the pandemic but it is planned to hold a 2021 conference in Aviemore on 3rd and 4th September, Covid-19 permitting.

As we report elsewhere in this issue, the following month will see the RCGP annual conference, to be held in Liverpool from 14th-16th October. Billed as “the must-attend event of the year for GPs and practice team colleagues”, it will showcase the latest clinical and policy developments across the UK and bring together a wide range of national and international speakers.

The Best Practice Show, described as the largest event of its kind in Europe, is to take place in Birmingham on 13th and 14th October. The programme for this conference and exhibition for more than 6,000 general practice and primary care professionals has yet to be announced.

One event that has fallen victim to the pandemic is Retrieval 2021, the UK's national pre-hospital and critical care transfer conference, which was to have been held in Glasgow in April but which has been postponed due to Covid-19.

The next Retrieval conference is scheduled to take place in April 2022.

SCOTLAND'S Rural Parliament held its 2021 assembly remotely – and the Scottish Rural Medicine Collaborative was among the many organisations represented at it.

The parliament brings together people and organisations who live and work in rural and island Scotland with decision makers and influencers.

This year's event, which was tagged the 2021vSRP, took place over five days from 6th March and featured a mixture of presentations and interactive elements, including break-out rooms, café-style conversations, polls and collaborative whiteboard space. A networking facility and a virtual exhibition space, showcasing organisations, causes and culture was available throughout the event. The closing session saw a panel of decision makers reflect and respond on the recommendations that emerged from the assembly.

A member of the European-wide network of rural parliaments, the Scottish Rural Parliament meets every two years, the 2014 event having been held in Orkney, the 2016 one in Brechin and the 2018 one in Stranraer. It is coordinated by the organisation Scottish Rural Action, which this year partnered with the Scottish Islands Federation and Scottish Rural Network in the secretariat role.



○ SRMC mascot Mooney MacMooface seldom gets an outing these days, with many major events now being held online. He's pictured here at the RCGP's 2019 conference with Professor Helen Stokes-Lampard, who was chair of the royal college at the time.

'Joy' a success, says evaluation report

THE final version of a report into an in-depth evaluation of the 'Rediscover the Joy of Holistic General Practice' initiative has been completed.

And the 332-page report, researched and written by Scottish Rural Medicine Collaborative project manager David Priest as principal investigating officer, concludes that 'The Joy' programme was a success and met all its original objectives.

It adds that the programme "has been innovative, flexible and interesting, providing opportunities and satisfies the need to provide remote and rural GP cover mostly where and when it has been needed".

Among the key successes identified in the report are that:

- GPs are interested in rural and remote work and the rotational model has merit

- Over 60 GPs have been or are being recruited

- By the end of March 2020, 116 weeks of GP cover had been provided to 21 Highlands and Islands practices

- 'Joy' GPs did feel that had 'Rediscovered the Joy' and felt the experience was refreshing, different and positive for them.

However, the report was written bearing in mind that the scheme may be expanded to other geographical areas and include other primary care multi-disciplinary team professions.

It therefore makes a range of recommendations – 45 in all – on how the initiative might be developed and improved in the future.

It suggests a wider marketing approach should be considered in discussion with stakeholders, especially if the project is to be extended to MDT professions.



○ **SRMC project manager David Priest, who carried out the evaluation**

It also suggests that a system needs to be developed to discuss and review ideas that may surface, pointing out: "The programme is in a position to break the mould and operate outside the normal NHS board structures and cultures. New ideas can be developed quickly and tested. This is a key opportunity."

The report recommends that 'Joy' GP contract terms and conditions be reviewed annually between participating health boards, and that an analysis of training needs be undertaken for all health professionals recruited under the scheme.

It calls for a more formalised man-

agement structure for an expanded 'Joy' programme. However, the report recommends that even if the scheme does not continue in its current model health boards should look into better collaborative arrangements and consider the benefits of the hub model that provides HR services for the scheme in terms of more flexible, creative recruitment and contract arrangements. And on the hub, the report suggests that its capacity will have to be reconsidered if the scheme expands to additional MDT professions.

Another key recommendation is that longer-term funding arrangements would be needed to keep the programme stable and allow more confident development of strategy and planning of 'Joy' initiatives.

Finally, on the pandemic, the paper recommends that 'The Joy' management and the Scottish Rural Medicine Collaborative teams consider what they can do to provide solutions for NHS Scotland in a world having to live with Covid-19.

The report also gives a breakdown of further work necessary to fulfil some of the evaluation's recommendations.

Martine Scott, the collaborative's programme manager, described the

Continued on next page

The programme is in a position to break the mould and operate outside the normal NHS board structures and cultures

Evaluation report provides ‘platform for possible future development’ of project

Continued from previous page

evaluation report as “an excellent and comprehensive body of work”, and thanked David Priest for his assiduous work on it.

She said: “This evaluation, which involved many months of painstaking research and interviews, was absolutely necessary and provides a platform for the possible future development of ‘The Joy’.

“It goes without saying that ‘The Joy’ has been an innovative and ground-breaking project and it is heartening to note that the evaluation has given it a glowing endorsement.

“It shows that using flexible GP work placements to provide cover for practices in which continuity of cover has been difficult to achieve is a model that works for the practices and the doctors involved. Work to put primary care recruitment and retention on a

more stable and sustainable footing will continue – and I am sure this evaluation will be an important reference point for that work.”

The evaluation is a project that was approved as health research in March 2020 and sponsored by NHS Highland’s head of research and development. It is on the IRAS system (Project No. 270115), an approval system for health and social care project. It can be accessed [here](#).

Programme board members get briefing on ‘Joy’ progress

A DETAILED breakdown of how the ‘Rediscover the Joy’ initiative has been operating was presented to the Scottish Rural Medicine Collaborative’s programme board on 3rd March.

Prepared by the Shetland-based hub that provides HR services for ‘The Joy’, the paper reported on the remote working support that had been provided in the Western Isles (see next page).

“So far the GPs who have worked have been enthusiastic about this opportunity,” the paper noted.

“Up to the end of March we will have provided three remote working GPs to this service plus two further GPs who will be working on site as part of this initiative.

“So far they will have worked 44 days of cover from 1st November 2020 to the end of March 2021. However, there are plans to extend this further into 2021 if possible and funding allows.”

The paper also showed that Shetland had benefited from a high proportion of the first cohort of ‘Joy’ GPs wanting to work on the islands. Two

of them had been recruited to substantive rotational posts in Scalloway and rotational arrangements had been set up for Whalsay, one of the outer islands, where a team of ‘Joy’ GPs were covering the 24-hour on-call work rota. It was hoped that a further team could be set up for Unst.

During the first few months of the pandemic a member of ‘The Joy’ team provided vital cover in Shetland’s Covid Assessment Centre, helping to deal with the situation without impacting overly on local clinicians.

Up update was also provided on how ‘The Joy’ had provided support in Brechin (see page 12) and Acharacle (again, see page 12), where an arrangement had been put in place to provide NHS Highland time to try to identify the way forward for the practice fol-

lowing substantive recruitment difficulties.

The 18 active GPs recruited to the first ‘Joy’ cohort worked for a combined total of 175 weeks between April 2020 and March 2021, and the GP support group in the second cohort worked for a total of 93 weeks.

The paper showed that of the 30 GPs recruited to this group, 11 were currently active, seven were not yet actively working and seven more were awaiting start dates. One had been passed to primary care in Shetland for a possible substantive appointment and four had withdrawn.

The paper also featured quotations by people who have been involved in the initiative. One ‘Joy’ GP, who has been working remotely, commented: “I felt well inducted and very well supported throughout with quick responses to my messages and questions.”

Another commented: “I absolutely loved this attachment. The accommodation was well thought out and comfortable. The staff are really friendly and helpful and guided you through the day. The island is beautiful. Working in the different practices was a joy.”



REDISCOVER THE JOY OF HOLISTIC GENERAL PRACTICE ... 3

Western Isles practices helped by 'Joy' team

AN innovative project designed to help support some of the nine GP practices in the Western Isles over the often difficult winter months is nearing completion.

The team behind the Rediscover the Joy of Holistic General Practice initiative has been able to deliver locum support to the Western Isles – with the GPs working remotely.

Covid-19 restrictions and unpredictable weather can impact on the ability to travel and so it was recognised that a new way of working for some of the islands' practices was required over the winter.

And so 'The Joy' team has been placing several of its rural support team of GPs with practices on the islands, with the doctors carrying out consultations remotely.

Remote consultation has been effective on the islands for a range of healthcare professionals such as pharmacists and it was felt it would be particularly useful there for 'Joy' doctors during the winter period.

Sue Imrie, who helped to deliver HR support for 'The Joy', explained:

“One of the key features of 'The Joy' is that it was designed to give doctors the chance to work in some beautiful parts of the country. However, with this project doctors are working from their own base, wherever that may be, and it has worked well.”

One such doctor is Gerwyn Owen, one of the 17 remaining general practitioners serving in the first cohort of 'Joy' doctors.

Originally from South Wales, Dr Owen (61) was a GP in Portishead near Bristol and heard about 'The Joy' at the Royal College of General Practi-

tioners' annual conference in Glasgow in 2018.

He said: “I was very much a jaded GP at that time and was attracted to 'The Joy' for a number of reasons, including the opportunity to travel and work in Scotland.”

The initiative saw Dr Owen working for brief periods in various settings in Shetland and he says the experience lived up to all his expectations.

However, when he read that there were opportunities for 'Joy' GPs in the Western Isles over the winter he applied, and at the beginning of November he started work for The Group Practice in Stornoway – without needing to set foot on Lewis.

For Dr Owen works from the study of his home in Portishead, more than 600 miles away, doing 20-30 telephone consultations each day.

He said: “Most of my work is telephone triage and though my Welsh accent gets more and more sing-song during a consultation on only two occasions have I been asked where I was working from. I think patients are much more used to telephone consultations these days and the fact that I

am so far away from them isn't really an issue, though of course if I feel that a patient really needs a face-to-face consultation I will arrange that.”

Dr Owen concedes that working from home wasn't what he was looking

for when he was first attracted to 'The Joy', and said he was looking forward to returning to Shetland in May.

However, he added: “So many activities have been heavily curtailed by the lockdown. Given the general inability to travel, this is a good way of working – though I would love to live and work in the Western Isles some day.”



DR GERWYN OWEN

Jennifer Hepburn, who manages The Group Practice, said: “The support we've had from Gerwyn and other GPs from 'The Joy' has been tremendous. I honestly don't know how we would have coped without it over the winter months.

“Our GP and nurse workload has increased hugely in the past year and we've had one GP work off after she was injured when she slipped on some ice. Using locums isn't cheap, with travel and accommodation to pay for, and so when our primary care manager put me in touch with 'The Joy', I saw it could be a big help to us.

“I really don't understand how practices like ours are meant to be sustainable with the increased workload we now have. There's a huge demand for our services and getting the help of people like Gerwyn has helped us considerably. What's more, the doctors say they are enjoying it – and the patients don't mind that they are getting remote consultations with them. It's been great for us.”

“Getting people like Gerwyn has helped us considerably”

REDISCOVER THE JOY OF HOLISTIC GENERAL PRACTICE ... 4

Bringing 'Joy' to Brechin...



AN under-strain general practice in Angus has been getting much-needed GP support from the 'Rediscover the Joy of General Practice' team.

In 2015 NHS Tayside took over responsibility for the delivery of services at Brechin Medical Practice following the retirement of several senior GPs. Despite best efforts, it's proved difficult to recruit GPs to the practice since then, so a development project was set up by 'The Joy', working with Angus Health and Social Care Partnership, which has seen members of 'The Joy' GP support team practise there on a temporary basis.

Dr Sandy Rough (50), who practised in Banchory for 20 years before joining 'The Joy' in its second cohort of recruits, worked at Brechin Health Centre from September to February, when he was succeeded by another 'Joy' GP, Dr Jaqueline Reddington, who will work there for four months. In his time at Brechin Dr Rough was occasionally joined on an ad-hoc basis by one of three other 'Joy' doctors.

Although one of the key attractions of 'The Joy' was that it gave GPs the opportunity to work in some of the country's most beautiful remote communities, it was felt the scheme lends

itself to helping out in Brechin.

"To be honest, the location was a secondary consideration for me when I looked at working in Brechin," said Dr Rough.

"For me, the attraction of 'The Joy' was that it allowed me to be re-acquainted with the broad experience of general practice. I also recognised that it had the potential to do something that allowed me to give something back, and that was very much the case for me when I decided on the Brechin move.

"It's a bit like locum work but it's value-added locum work. The practice had been struggling for some time and it needed someone not only to practise as a GP but to help get it back on track, such as by giving what I would call soft mentorship to some of the practice team.

"It was a good experience for me, and I plan to go on working for 'The Joy' for as long as I enjoy it. It's essentially a supportive match-making agency and it works."

The Brechin practice has around 9,000 patients and 5.6 whole-time equivalent GPs would represent and a full complement. Prior to Dr Rough going there it had just 1.2 FTE GPs – two part-time salaried doctors and a

partner in another practice who helped out.

Practice development manager Wendi Lees said: "We've been using locums to fill the gaps but thankfully we have an excellent multi-disciplinary team that's risen to the challenge. It's only with that team and 'The Joy' doctors that we've been able to stay afloat."

She added: "Having doctors from 'The Joy' has been brilliant. They have all very motivated, skilled doctors who have been prepared to go the extra mile. It's clearly a vocation for them, not a job, and we've really enjoyed having Sandy with us. It felt like he was our lead GP. He willingly provided a leadership contribution and was always willing to help the rest of the team or the locums we've been using.

"However, we recognise that 'The Joy' isn't a long-term solution. We've been considering all options. We've been working to get remote working up and running and we're using eConsult with a GP from Stonehaven.

"But while would love to continue working with 'Joy' GPs, such as for holiday cover, we will continue our efforts to recruit permanent doctors to the practice. It's not easy as there just aren't enough GPs around."

... and some to Ardmamurchan too

TWO members of the 'Joy' support team of GPs have joined forces to provide cover in a rural practice that's struggled to recruit doctors.

The Acharacle Medical Practice in Ardmamurchan has only one full-time salaried general practitioner and had for some time been relying on locums.

More recently, however, it has benefited from support from GPs from 'The Joy' team.

However, that somewhat ad hoc arrangement has crystallised into something more settled, with 'Joy' doctors Philip Clayton and Peter Glennon teaming up to share some of the workload.

In an arrangement to last initially for one year, each 'Joy' doctor will work in Ardmamurchan for roughly one month on and two months off. A locum or an advanced nurse practitioner will provide cover when the two doctors aren't working.

Continued on next page

REDISCOVER THE JOY OF HOLISTIC GENERAL PRACTICE ... 5

'Joy' doctors team up in Ardnamurchan

Continued from previous page

Dr Clayton said: "This new scheme is not ideal and I am sure the ideal solution would be for the practice to have another permanent doctor. However, it hasn't been able to recruit one and so this arrangement seems to be a really good alternative – a happy medium that will provide some degree of continuity for patients.

"It brings other benefits too. Having two more doctors on a job-share basis allows for a greater skill mix for the practice, which can only be good for the practice. I might have some skills and interests that Peter doesn't have and vice-versa."

Like Dr Glennon, who was featured in the December 2019 issue of *Bulletin*, Dr Clayton (58) is a member of the first of two 'Joy' cohorts. Previously a senior partner in a practice in Herefordshire, he was looking for a

“**It is a wonderful area and I love working there**”

phased retirement and was drawn to 'The Joy' not least because it gave him the opportunity to work on a part-time basis – 12-16 weeks a year – in some of the most beautiful parts of the UK.

"What is particularly good about 'The Joy' is that we don't see ourselves as locums; we are salaried and generally very experienced GPs. Honestly, I have never worked with such a knowledgeable and experienced group of people. There is a committed group of GPs who are highly motivated to im-

prove the quality of care for patients."

A particular delight of the Ardnamurchan arrangement for Dr Clayton is that he has what he described as some "fantastic long drives" on the peninsula for as well as the Pines Medical Centre in Acharacle the practice has surgeries in Kilchoan and Strontian.

"I find it difficult to understand why it's proved so difficult to get another permanent GP for Acharacle," he said, speaking from what will remain his home in Herefordshire.

"It's a wonderful area and I love working there.

"I have been to Acharacle five or six times now and I feel comfortable there. I'm getting to know the patients and I now know systems the practice uses, which means that from the moment I start work I feel I can be productive. I go back there in April and I'm looking forward to it."

WELLBEING

Mental health service launched

A NEW mental health service specifically for health and social care professionals has been launched.

And a member of the Scottish Rural Medicine Collaborative's programme board has been instrumental in helping to get the new service up and running.

Dr Kirsten Woolley, who serves on the programme board as the clinician lead for the Royal College of General Practitioners, has been involved in several projects which address various aspects of primary care work environments that can have a detrimental impact on practitioners' health and well-being.

Now, she has seen one particular initiative on which she has been working come to fruition, with the announcement by Health Secretary Jeane Freeman on 26th February of the inau-

guration of the Workforce Specialist Service (WSS), designed to offer confidential mental health assessment and treatment to health and social care professionals.

The service will be delivered by experts experienced in treating issues such as stress, anxiety, depression or addiction, with a focus on the impact this may have on a person's work.

It is the latest in a package of resources available to the workforce, including the National Wellbeing Hub, the National Wellbeing Helpline and specific psychological services provided by health boards at local level.

The Health Secretary commented: "We know that some health and social care professionals can find it difficult to access mental health or addictions services due to concerns about receiving a confidential service or the professional implications of seeking support.

"The Workforce Specialist Service is the most comprehensive of its kind in the UK and has been established to ensure that people who access the service are afforded maximum confidentiality. We have worked closely with the professions regulators to ensure appropriate agreements are in place."

Martine Scott, the Scottish Rural Medicine Collaborative's programme manager, said: "Although this is not a specifically rural initiative it is most definitely another important tool in support of our aims of supporting the retention of general practitioners.

"The wellbeing of our health and care practitioners is of paramount importance and we wholeheartedly welcome this initiative."

More information on the WSS, which is being delivered by NHS Practitioner Health, is available [here](#).

We catch up with island's new general practitioner



'This is a wonderful place and I'm very happy here'

WORKING as a GP on an island which has just 142 residents and a justified reputation as the 'Jewel of the Hebrides' may sound like a dream job.

And that's exactly what it is, according to the "very happy" doctor who has been doing it for the past few months.

But anyone who thinks that Dr Simon Willetts has had an easy life since he settled on Colonsay at the beginning of November would be mistaken.

"It's been a great move for me," he said. "Things have been really good. I've had a big improvement in my quality of life and my work is low pressure in relation not the day-to-day sausage-machine type of medicine that I was doing before.

"However, while I may be time rich I am resource poor. I can't delegate my work to anyone, I can't put someone on an ambulance or tell someone to go to casualty or see a specialist and

the management of the practice is down to me. Where I worked before I had a management team to deal with things like the computer not working or, as can happen here, the phones going down.

"Also, I can't do what some other GPs can do and finish my work and go home, leaving my work in the practice. Only one in 10 GPs do out-of-hours work. I work 24/7 every day, including weekends. That means I'm tee-total. I can't leave my house without making sure that I can be accessed on the phone. I can't leave the island unless I have someone to replace me. I can't take the boat out fishing in case I am needed.

"But I have no complaints; quite the opposite, in fact. There's lots of amenity here. There are plenty places where I can go fishing and there's always a good chance of seeing otters, porpoises, dolphins and golden eagles. This is a wonderful place and I'm very happy here."

Bulletin reported last September that Dr Willetts had been appointed to succeed the husband-and-wife team of Drs David Binnie and Jan Brooks, who retired after 10 years as the island's GPs.

Originally from Banchory, Dr Willetts had been a partner in Greyfriars Medical Centre, Dumfries, since 2003 and, at the age of 56, felt a move to Colonsay would provide him with a much-needed fresh challenge. He moved to the island with his wife Clare, a community nurse and former Marie Curie nurse with a particular interest in palliative care; she is now Colonsay's first-ever practice nurse.

"It's been great to be able to work with Clare," said Dr Willetts. "She's been pioneering what is a new service for Colonsay and she's been great in helping me to making sure that the practice functions as I would want it to. The nursing skill set she brings

Continued on next page

COLONSAY ... 2

Couple settle into new lifestyle

Continued from previous page

gives a completely new dimension to the practice but, more than that, it's been helpful from a personal point of view to have another clinician around. Without her, I'd have no-one to bounce ideas off.

"They say that a problem shared is a problem halved and I'm certainly finding that working with Clare."

Dr Willetts explained that Covid-19 added another dimension to his work and his life on the island.

"With Covid, we have constantly to look over our shoulder," he said. "We've had no cases on the island and maybe that's why there is something of a fortress mentality here. There's a high degree of vigilance among the island's population. We get three ferries a week and planes on Thursdays. Everyone here knows where everyone

else is coming and going and there's a lot of caution around."

And while Covid has kept GP practices everywhere busy, it's had a positive knock-on effect on Colonsay.

"Probably because of social distancing, we're not seeing the numbers of patients with colds and flu that I used to see," said Dr Willetts. In fact, there hasn't been much illness here at all, full stop!"

On the flip side, Covid has meant that much of the island's social life has been curtailed.

"One of the things I picked up on was that there's usually a lot of vibrant community interaction here. There's a music festival, a book festival and at least weekly ceilidhs. With Covid, though, all that's stopped. It's meant that I have had no real social interaction with the residents; it's all been business. And I can't say that even

that's been face-to-face as everyone's been wearing a mask!"

Dr and Mrs Willetts live in a cottage a few yards from the medical centre where they work. They rent it from the health board and it was renovated just as they moved in.

The couple have left the island once since they moved – to collect furniture from their other home, in Dumfries.

"I don't really want to leave the island," said Dr Willetts. "But on Colonsay you are living in a goldfish bowl all the time and I do realise that we will feel the need to get away some time. Thankfully, there is a relief doctor on Islay who we can call on if we need a break but that's for another time.

"Living here has been everything we had hoped for – and there's plenty to do in terms of work."

RURAL ADVANCED PRACTITIONERS

Progress made on education pathway for generalist posts



WORK is nearing completion on the development of an education pathway for multi-disciplinary Rural Advanced Practitioners (RAPs).

As extended generalists, RAPs provide a wider range of services and carry out higher levels of clinical responsibility in relative professional isolation compared to their working counterparts in urban communities.

It's therefore felt that their educational requirements should be grounded in the needs of rural areas and not on professional boundaries.

The new education pathway, which details the route into rural advanced practice from pre-registration through to consultancy level, is a response to the growing awareness of the importance of offering good health and social care education in remote, rural

or island environments. This, it's felt, will in turn improve workforce retention in these areas.

With some 20 per cent of Scotland's population living in remote and rural communities, it is vital that practitioners in these places are supported to provide safe and effective care. Establishing an accessible, affordable and inclusive educational pathway that meets the changing needs of the healthcare workforce in these areas will contribute to that.

Proposals for the new capability framework for these positions have been out for review with multi-agency stakeholders, health boards covering remote and rural areas and NHS Education for Scotland (NES). Now, a launch webinar for the RAPs has been arranged for 26th May to set out for rationale for rural advanced practition-

ers and how they might support rural practices in Scotland. It will also look at the partnership work that's been taking place between the Scottish Rural Medicine Collaborative and the Remote and Rural Healthcare Education Alliance on developing the education pathway.

Claire Savage (pictured), a project officer/researcher with NHS Highland, has been seconded to work as a member of the extended SRMC team on the initiative. She can be contacted at claire.savage@nhs.scot; m. 07500 097890.

A poster abstract for the RAP development work has been submitted to the NES medical conference to be held on 27th and 28th May, and it is also planned to highlight the RAP capability framework at the NHS Scotland event to take place the following month.

SCOTTISH HEALTH AWARDS

'Fantastic role model for rural nursing'

A WOMAN described as "a fantastic role model for rural nursing" has been recognised in the Scottish Health Awards.

Cath Shaw, lead unscheduled care practitioner with NHS Highland's remote and rural support team covering the north and west coast, has taken the Leader of the Year title in the annual award scheme.

Cath won the award for the pivotal role she played in setting up and delivering the Covid-19 response for Skye and Fort William. Despite losing a member of her own family to the illness, Cath supported the Portree team during an incredibly stressful time, including when there was a Covid outbreak at the Home Farm care home on Skye.

The winners of the Scottish Health Awards were announced in a "virtual" ceremony hosted by comedian Fred MacAulay, during which he asked them about their work and congratulated them on their success.

The host asked Cath if she ever had the feeling that remote and rural areas were perhaps not getting the same attention that urban areas received.

Cath explained that she moved to work with NHS Highland from Birmingham and found that "we had to think differently".

"It was about getting our faces out there and letting the community know that we were there and wanted to provide a service for them," she said.

Asked about any challenges she and her team might face in the future, she responded: "There's always a challenge when you work in remote and rural. It's

about recruiting – we've gone from a team of two or three to a team of 15 or 16 – and it's about retention and keeping people fresh and educated and interested in doing what they are doing and not feeling isolated."

Cath was one of two people from the NHS Highland area shortlisted for the Leader of the Year award, the other being Dr Julie McIlwaine, a GP with Grantown Medical Practice. Her citation explained that she "rose to the challenge of leading her practice during the pandemic". Dr McIlwaine was made an MBE in the Queen's Birthday Honours for services to healthcare in Cairngorm during Covid-19.

The Leader of the Year award was devised to recognise leaders "who are outstanding in the work they do to make change happen and can work with others to improve and make things better". Nominations were sought for people "who lead by example for encouraging others to improve services for the future and put quality at the heart of everything that they do".

Asked how she felt about the award, Cath said it was "absolutely wonderful".

Martine Scott, programme manager for the Scottish Rural Medicine Collaborative, said: "Cath is a fantastic role model for rural nursing in Highland and this award was very well deserved."

The Scottish Health Awards recognise those who go that extra mile to improve the health and wellbeing of others.

The latest awards attracted 896 nominations, of whom 53 were selected as finalists."

RECRUITMENT

General practice fill rate hits 97%

LATEST recruitment figures show that the number of specialty medical training posts which have been filled in Scotland is at its highest level for over eight years.

The data, published by NHS Education for Scotland (NES), shows that 1,041 of the 1,099 (95.7%) places on offer have been taken, representing a 3.5% increase on the on the previous year.

General practice fill rates increased to 97%, with 336 posts filled, NES announced just before Christmas, and a large number of specialties – including anaesthetics, internal medicine training and public health medicine – are 100% full.

Health Secretary Jeane Freeman said: "These latest recruitment rates for our medical training posts are the most successful since Scotland entered UK National Recruitment in 2012, in particular for general practice and psychiatry.

"The £20,000 Scottish Government bursary for general practice specialty training posts continues to play a part in directing trainees into hard-to-fill locations across Scotland, with 82% of bursary eligible posts filled in 2020. These results not only reflect Scotland's reputation as a country with first-class medical education system and flexible training opportunities, but also the perseverance and resolution displayed in response to what has been a challenging year for us all."

Professor Rowan Parks, medical director of NES, said: "It is heartening and very encouraging to see fill rates continue to rise year on year. This reflects the hard work of consultants and GPs to redevelop training programmes and ensure the best possible training is available to all those who choose to pursue their medical career in Scotland."

INSIGHT ...1

A hard Egg to crack ... enter Being Here

Alaska's key role in solving Small Isles' dilemma

RECRUITING healthcare professionals to remote and rural communities is a challenge all over the world.

And so when in 2014 NHS Highland decided it must find some new solutions to a problem that seemed intractable in parts of the north and west of Scotland, it cast its eye far and wide.

It's hard to get more remote and rural than parts of Alaska, where NHS Highland managers found what they thought might just be the answer to a problem they had been wrestling with for some time: how to provide safe and sustainable primary care on some of its island communities.

The archipelago known as the Small Isles – Eigg, Rum, Muck and Canna – had its own resident general practitioner, based on Eigg, until 2012. However, her death left a void NHS Highland could not satisfactorily fill. A succession of locum GPs, expensive and sometimes hard to get, were used but this was an unsustainable, sticking-plaster solution that did nothing to provide continuity of care to the islands' 200 population.

Enter Being Here. In 2013, NHS Highland was awarded £1.5 million as part of the Scottish Government's Being Here programme to devise and test new ways of recruiting and retaining healthcare professionals, in particular GPs, to remote and rural areas. The brief for this three-year programme was to look at "different and innovative ways of sustaining health and care services" in such places.

The Being Here exercise saw work being carried out in four test areas –



○ Beautiful but remote, the Small Isles of Eigg, Rum, Muck and Canna provided a primary care challenge for NHS Highland that required some out-of-the-box thinking to resolve

Kintyre, Islay, West Lochaber and the Small Isles – but it was principally the latter that NHS Highland had in mind when it decided to look more closely at what was happening in Alaska.

After much research, in 2014 the health board despatched a small team to Anchorage to look more closely at the Nuka system of care developed and managed by the South Central Foundation. What they investigated was a healthcare system that was created, owned and managed by native Alaskan people, with communities and providers working together to effect change and bring about positive outcomes.

This "customer-driven" system had attracted international recognition but the interest in it shown by the NHS Highland team was rewarded by interest shown in the islands' predicament by the South Central Foundation.

As its senior medical officer for quality improvement, Dr Steven Tierney, said at the time: "We found that we have so many similarities in terms of recruitment and retention of medical professionals. One of the biggest challenges in Alaska was finding GPs to work in such isolated communities – in some cases they required a six-hour

Continued on next page

INSIGHT ...2

How island residents became part of the solution



○ A small team from NHS Highland travelled to Eigg for the opening of the new Small Isles health and well-being centre and met up with the islands' newly-appointed health and social care support workers.

Continued from previous page

flight to get to these communities. We decided to train people from within the communities to deliver basic healthcare, as they are adapted to the lifestyle of living in remote and rural Alaska and they will remain in the community.”

Fast forward to today. NHS Highland now employs Small Isles residents as health and social care support workers – a brand new role, unique to

the islands, in part replicating similar posts created by the South Central Foundation. These people carry out basic medical tasks, providing a measure of healthcare resilience in the absence of a resident GP.

The new healthcare model devised for the Small Isles went much further than that, and there's general agreement that it works. However, it's fair to say that in its planning stage the model met with a degree of scepticism. The islanders had grown accus-

tomed to having their own doctor living in the community and, as community council chair Camille Dressler observed at the time: “We couldn't imagine any other way of working than having a resident GP.”

Today, GP provision on the islands is provided by a small team of doctors based in the South Skye Practice. On Wednesdays, a doctor takes a chartered boat from Skye to Eigg, where a schedule of appointments awaits. On alternate Thursdays, a GP travels from Skye to either Muck or to both Canna and Rum.

Meanwhile, the islanders benefit from a wide range of other health and social care services, with podiatrists, physiotherapists and so on visiting as required.

South Skye doctor Geoff Boyes, who retired at the end of February, was one of the visiting GPs. He feels strongly that the islanders deserve the best healthcare that can be provided.

“I think the people of the Small Isles get an exceptional level of services,” he said. “Why shouldn't they get the same standard of care people

A video about the Being Here Small Isles work can be viewed [here](#)



○ A chartered boat takes healthcare professionals to the islands

Continued on next page

INSIGHT ...3

How island residents became part of the solution

Continued from previous page

on the mainland would expect?” Key to the islands’ new healthcare model was the appointment of four support workers – three Eigg residents and one living on Muck – with hopes that others would be recruited. They undertook comprehensive training that covered everything from nail-cutting and basic first-aid to infection control and diabetes, and were given an online training module on dispensing so that they could further support the work of the visiting doctors and the Small Isles Practice’s administrator, Sheena Kean. They also provide a level of social care to those who need it.

As one of the support workers said at the time: “It’s been a great experience and very interesting. I have looked after a number of people, doing dressings, taking blood and doing routine observations, as well as communicating with doctors and the community nurses based in Mallaig. The work has been in stops and starts, though there have been short spells when I have been out every day.”

However, the support worker role hasn’t been without its difficulties.

“I think it’s fair to say that these roles have been a challenge,” said Dr Boyes. “There has been an issue about the fact that some are Scottish Ambulance Service first responders, meaning there has been a blurring of lines between the two roles.”

Fiona MacKenzie, NHS Highland’s primary care manager for the area, accepts that this had been an issue but said she believed the support workers nevertheless fulfilled a vital role.

“The numbers have fallen off a bit, but we have advertised for more because we recognise their importance and the fact the people on the islands have come to value having support workers among them,” she said.

Other developments have also contributed to some degree of stability in primary care on the islands. The introduction of the Near Me video consulting system has enhanced the islanders’ ability to communicate remotely with GPs. Eigg also has a new health and wellbeing centre, the old



○ The islands now have a new health and wellbeing centre — the converted former doctor’s house on Eigg

doctor’s residence having been redeveloped with some advice from Dr Boyes, who had experience of such work in his previous capacity as a senior partner in a practice.

“The old centre simply was not satisfactory,” he said. “There was one room which the GP had to share with Sheena, who had to go out when a patient came to see me. It was a challenge to deliver modern, high-class medicine in a place like that. Now, there are two consulting rooms, one for the GP and one for another member of the team, such as a specialist nurse or physiotherapist.”

Of course, being dependent on a chartered boat to take healthcare professionals to the islands will never be totally reliable, given the unpredictability of the weather, and there are occasions when crossings are not possible.

Even when they are, Dr Boyes said,

some members of his team simply don’t have the sea legs – or the stomach – to make the trip.

“Some people have been extremely sick on the crossing and some don’t go at all,” he said. “It can be pretty challenging at times.”

Dr Boyes (65) may well have recently retired – he is now looking forward to doing a stint with the ‘Rediscover the Joy of Holistic General Practice’ GP support team – but he is confident that the Small Isles model will continue to run successfully, not least because of the dedication of all involved with it.

Dr Boyes, who moved to Skye to take up a fresh challenge towards the end of his career, was previously a partner in a large, semi-rural practice in Hampshire.

Continued on next page

INSIGHT ...3

Collaborative ‘a child of Being Here’ initiative

Continued from previous page

He said: “The reason I stayed is that the team I work with is top-notch. They all get on very well and are all prepared to offer over and above what might be expected of them. I am very confident in the team that’s coming behind me and that what we’ve been doing on the Small Isles will continue to be successful.”

And that success is due in no small measure to the Being Here initiative. One of those who went on the fact-finding trip to Alaska in 2014 was Martine Scott, who was working on Being Here as remote and rural programme manager. Being Here was wound up in 2016 but Martine’s work in helping to improve the recruitment and retention of GPs continues in her capacity as programme manager of the Scottish Rural Medicine Collaborative.

“The collaborative is very much a child of the Being Here initiative,” she said. “Being Here showed that, with some out-of-the-box thinking, it is possible to improve primary care provision in some of our most challenging and challenged communities.

“The collaborative has been taking that a step forward and takes heart from the experience of Being Here and the Small Isles. It took some brave thinking and a massive collective effort on the part of everyone involved – managers, clinicians and residents – to come up with a safe and sustainable solution for the islands. The SRMC has been trying hard to follow that example.”



○ Dr Geoff Boyes administers a coronavirus jab to a Small Isles resident. The GP has since retired but hopes to continue working as part of ‘The Joy’ team.



○ Small Isles residents pictured with a Ketso, community engagement toolkit used to capture people’s ideas. The word Ketso comes from Lesotho and means action.

○ Above right: Martine Scott and NHS Highland’s then director of operations for north and west, Gill McVicar, pictured at the opening of the islands’ new health centre

BOWING OUT...

THE Scottish Rural Medicine Collaborative's programme board held its most recent meeting at the beginning of March.

And while there was no shortage of serious business to discuss, the meeting also featured some lighter moments – not least when members united in thanking SRMC chair Ralph Roberts for his contribution to the collaborative.

Ralph, the chief executive of NHS Borders, has relinquished his position with the SRMC to take new responsibilities with NHS Chief Executives of Scotland, and the programme board meeting – held remotely, of course – provided an opportunity for members to express their appreciation for his work and to wish him well in the future.

A brief PowerPoint presentation, entitled Ralph's Best Bits, was shown, thanking Ralph for his professional leadership and for having a sense of humour.

It concluded with the message: "Thanks for everything you have helped the SRMC to achieve. We will miss you ... good luck!"

Martine Scott, the SRMC's programme manager, said: "Ralph has made a tremendous impact on everything we have been working to achieve and board members were unanimous in expressing their thanks to him for his unstinting efforts. He leaves us with our very best wishes."

Ralph is being succeeded as chair by Pam Dudek, the chief executive of NHS Highland.

Farewell to chair Ralph



RALPH ROBERTS

Meet the extended SRMC team



Senior responsible officer
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