The Scottish Rural Medicine Collaborative BULLETIN

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NATIONAL CENTRE FOR REMOTE AND RURAL HEALTH AND SOCIAL CARE

Skye festival viewed as key stepping stone

A FESTIVAL of learning to be held on Skye is being seen as a significant step in the development of a National Centre for Remote and Rural Health and Social Care.

The Remote and Rural Festival of Learning, which is to be held from 19th-30th September, will bring together a range of health and social care professionals, as well as community members.

The festival of learning will be opened at a launch event at the SkyeLab, Portree, with the Cabinet Secretary for Health and Social Care, Hamza Yousaf, digitally getting the proceedings under way.

The afternoon session on launch day will feature a workshop focusing on the development of the new national centre.

A diverse programme of in-person and online events has been organised for the festival.

Subject titles include 'Making It Work: Improving Remote and Rural Recruitment and Retention', 'Innovation and Entrepreneurship for Healthcare Professionals', 'Social Care as a Right: A Vision for a National Care Service' and 'Technology Enhanced Leaning'.

The programme can be accessed here.

The Scottish Rural Medicine Collaborative is among a number of organisations that have been working with NHS Education for Scotland (NES) on plans for the new National Centre for Remote and Rural Health and Social Care.

A report on progress with the new national centre was given to the collaborative's programme board meeting on

25th August by Emma Watson, executive medical director with NES, who is leading the planning.

It was reported that SRMC programme manager Ian Blair was meeting on a weekly basis with a small group lead by Pam Nicoll, to contribute to stakeholder engagement and communications.

It was planned to work more closely with staff from NES's Remote and Rural Healthcare Education Alliance and to articulate what SRMC resources were available.

NES leading the way in planning national centre

PLANS for the National Centre for Remote and Rural Health and Social Care have been in gestation for some time.

The idea was first mooted in 2018 following an independent external review of out-of-hours services in Skye, Lochalsh and South West Ross commissioned by NHS Highland.

The report on the review by Lewis Ritchie concluded that the area had the potential to become a "centre for excellence" for multidisciplinary undergraduate and postgraduate learning and training. This would yield enduring benefits not only for the people of that area but for all remote and rural parts of Scotland and beyond.

A follow-up report, Shaping the Future Together Report of the Remote and Rural General Practice Working Group (2020), made further recommendations and agreed that the centre of excellence would be named the National Centre for Remote and Rural Health and Social Care.

And since then the Remote and Rural Healthcare Educational Alliance and the Clinical Skills Managed Education Network has been working with the University of Highlands and Islands, NHS Highland, NHS 24, the University of Glasgow and community representatives in Skye, Lochalsh and South West Ross to support with the development of the new centre.

It is envisaged that the centre will deliver a diverse range of models of health and social care, practice, education, training, and digital innovation. It will support general practice, primary care and clinical practice in community hospitals, rural general hospitals, community teams and the wider project of health and social care integration.

Trish Gray, interim head of service with NES, said: "It's great to be working with partners to establish the National Centre for Remote and Rural Health and Social Care.

"The centre will raise the profile of remote and rural practice as a career of choice and place the spotlight on Scotland for excellence in developing and delivering effective and innovative trans-agency models of remote, rural and island health and social care from a national and international perspective.

"It will design and deliver unique rural track education and training programmes making them accessible for the first time in Scotland and beyond to the existing and future health and social care workforce."

STUDY

Rural GPs happier, research concludes

RURAL general practitioners in Scotland are happier with most aspects of their work than are non-rural GPs, a major study has concluded.

However, the study also found that rural GPs were more likely to anticipate that they would work abroad or leave medical work entirely within five years. The study was unable to explain what it described as this "surprising" finding.

A paper on the findings of the Scottish School of Primary Care National GP Survey was published in July. Written by honorary professor of general practice John Gillies, professor of primary care and multimorbidity Stewart Mercer and medical student Jonathan Eaton-Hart, the paper sets out the findings of a survey to which 2,465 GPs responded. Of these, 347 practised in rural areas.

The paper explains that Scotland faces a shortage of GPs due to both recruitment and retention issues and that this was of particular concern in rural areas.

The survey therefore set out to compare the working lives and intentions of rural GPs with those working elsewhere in Scotland.

It did so because, as the authors state, there is "a crisis in the general practice workforce" caused by increased GP workload coupled with a shortage of GPs.

The paper adds that the challenges associated with rural general practice have caused many rural areas in Scotland to have the sharpest decline in full-time equivalent GP numbers.

The key finding of the survey reflects the understanding of many who have been associated with the work of the Scottish Rural Medicine Collaborative: that rural GPs are more satisfied, experience less job pressure and are happier in their work than their non-rural counterparts.

THE paper points out that poor retention of GPs is a complex problem.

Recent data in Scotland show the number of full-time equivalent GPs decreased by 160 from 3,735 in 2013 to 3,575 four years later.

The paper adds: "Although there are many reasons why GPs are leaving general practice, including the increased workload, financial issues and fears of litigation, job satisfaction is considered the main predictor of GP retention."

The survey found that this was particularly the case with rural female GPs.

As well as concluding that rural GPs in Scotland reported significantly higher job satisfaction that non-rural GPs, the study found that rural GPs were significantly more satisfied with the amount of free choice, recognition and responsibility they had in their job.

They were also significantly more satisfied than their non-rural counterparts with renumeration, variation and opportunities available in their job. They reported less pressure relating to patient demands, time, administrative tasks, hospital discharges, unreasonably high expectations by others and adverse media publicity.

The paper goes on to point out that recent research found that patients in rural areas of Scotland were more satisfied with their GP practice, particularly in relation to the amount of time they were given when seeing their GP, than patients in non-rural areas – a trend that's stayed consistent for over a decade. This higher patient satisfaction may also contribute to increased job satisfaction, the paper suggests. Alternatively, it adds, this might also suggest that rural patients are generally less demanding.

The paper's authors said they could only surmise why this higher job satisfaction was linked to a higher intention to move or quit in rural areas.

They wrote: "GPs in rural areas were significantly more satisfied with their renumeration than those in non-rural areas, and it is possible that rural GPs have higher earnings and/or the cost of living is lower than in more non-rural settings, and thus they can financially afford to retire earlier.

"According to various media reports, many rural GPs also had concerns over the new Scottish General Medical Services (GMS) contract when it was first introduced, which perhaps made them more likely to consider early retirement.

"Other possible reasons may be unrelated to work per se, such as family life and geographical isolation."

The paper points out that research in Australia found that just over 52 per cent of GPs surveyed had seriously considered leaving general practice in the previous two years.

In comparison, only 26.7 per cent of rural GPs in this latest survey reported the likelihood of them leaving medical work entirely in the next five years was either "considerable" or "high".

In conclusion, the authors state that further research should explore why rural GPs are more likely to leave despite higher job satisfaction and how the new GMS contract and Covid-19 has affected the working lives of GPs.

The paper can be read here.

NEAR ME

Video consulting can aid recruitment and retention, contests national lead

VIDEO consulting can make a contribution to easing recruitment and retention issues in primary care in Scotland, it's been suggested.

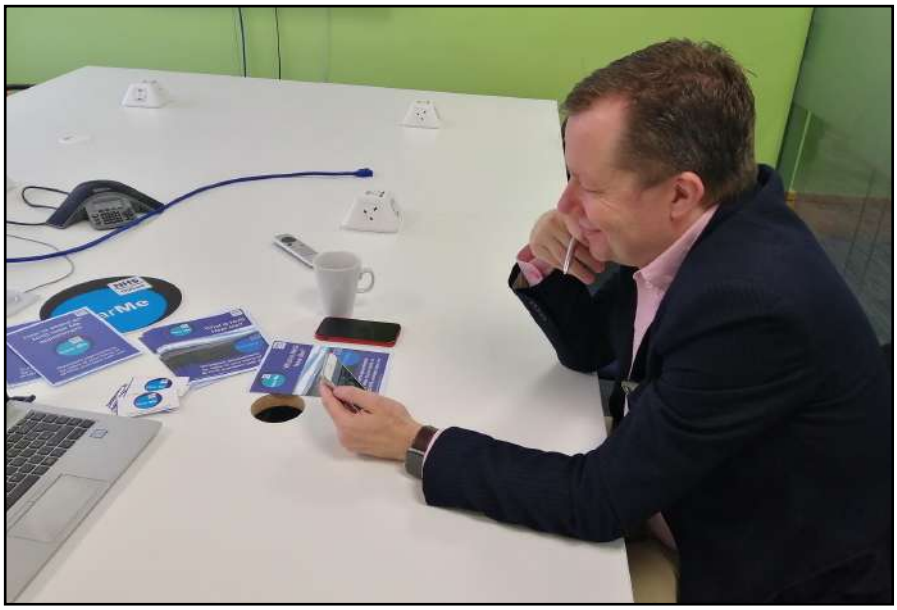
Marc Beswick, national lead for the Near Me networks, believes the ability to consult remotely allows clinicians greater flexibility in their roles, potentially making many primary care posts more attractive.

"Many clinicians want greater flexibility in their work and there's no doubt that Near Me can help towards achieving that," he said. "The ability to carry out a consultation from wherever you choose, using Near Me, is certainly something that many people find attractive. The next step, I suppose, is finding out how that is reflected in recruitment and retention."

Mr Beswick's contention backs up one raised at the Royal College of General Practitioners' 2022 annual conference held in London from 29th June to 1st July.

At the conference, during a discussion on virtual appointments, one GP called for general practice to embrace the transition to digital and do more consultations by video or over the phone. He also suggested that GPs having the ability to work from home could help to solve the staffing crisis in general practice, not least by helping to ensure doctors had a better work/life balance.

The Near Me system has contributed to NHS Scotland being regarded as a pioneer in the use of video consultations. Developed and tested in 2018 and 2019, Near Me was initially used mainly in rural and island communities in the north of Scotland, where distances can be an issue. However, since then its use has been ramped up considerably, not least because of the benefits it brought with the onset of coronavirus.



❍ *Scotland's national clinical director, Jason Leitch, checks out some Near Me promotional material*

> **"The ability to carry out a consultation from wherever you choose is certainly something that many people**

In June last year the Scottish Government's Digital Health and Care Technology Enabled Care team revealed that it had been used one million times.

The most recent figures suggest that there have been 1.5 million Near Me consultations, and Marc Beswick believes recent developments to the system will ensure that it continues to be a popular option for many clinicians.

"For example," Mr Beswisk explained, "group consultations are a relative new feature in the Near Me platform. Most of those that are happening tend to be in secondary care, for out-patient mental health, diabetes management and so on.

"However, we are doing some testing in Lanarkshire on bring people with

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How Near Me is continuing to develop...

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with a similar condition together, for example diabetes, and having a group appointment for them rather than have one consultation with each person. This means that work can be done much faster.

"The testing will help determine if that is a model that will work in other parts of Scotland. And it has potential to be helpful in many areas, such as physiotherapy or cardiac rehabilitation. There is so much that went on in groups pre-pandemic that potentially can take place digitally.

"Think about it: places like the Golden Jubilee used to run massive group sessions – but only people who could get to them went."

Another development in video consultation has been the introduction of Consult Now, which allows someone in general practice who is consulting with a patient by phone to send them a link by text or e-mail that will get them onto Near Me without having to go to a waiting area.

While such developments have been welcomed by some, Mr Beswick acknowledges that not every clinician likes using Near Me.

"Its uptake, while good, has been patchy," he said, "and that's the case even in individual practices, where one GP may be using it while the GP next door may not. I do find this variation in consistency frustrating because I can see all the benefits that Near Me can bring. For example, it has saved 50 million miles of patient travel so far, which is great for the environment.

"However, the thing we stress is that the use of Near Me is a matter of choice for the patient and the clinician. It's a useful tool – and I believe it has a role to play in recruitment and retention."

General practice aim for ScotGEM students

AS was previewed in the last issue of *Bulletin*, the first cohort of 54 students on the ScotGEM graduate entry medical programme graduated in June.

And a report to the Scottish Rural Medicine Collaborative's programme board meeting in 25th August explained that a study of career intentions of ScotGEM students found that more than a third wanted a career in general practice and almost three-quarters said that general practice was in their top three career choices.

The report to the board looked at how best to ensure that there were sufficient training practices in rural Scotland to meet the training needs of ScotGEM graduates.

The report recognised that GP recruitment had been difficult for several years and was particularly so in rural areas.

"Unprecedented national recruitment challenges in primary care require novel approaches," the report stated.

It explained that ScotGEM was set up to provide a particular focus on rural generalist careers to help support long-term, recruitment to rural areas.

And it added that, assuming those ScotGEM students who responded to the survey did not change their career intentions, there would be an additional 20 GP trainees in Scotland from 2024.

If half the students who were undecided about their career intentions chose general practice – something which, report said, was considered likely – then an additional 25-30 GP training posts would be needed each year.

Around half the respondents said they intended to practice in remote or rural areas. Some 31 students in the surveyed cohort intended to work and rural GPs in Scotland, meaning that between seven and 12 ScotGEM graduates each year would be looking to work as rural GPs.

Forty-eight GP practices, many of them rural, had engaged with ScotGEM to host medical students undertaking longitudinal integrated clerkships. ScotGEM also appointed 40 generalist clinical mentors to support the students.

The report to the programme board also looked at the Rediscover the Joy of General Practice (RtJ) programme, which had recruited 94 GPs to work in rural Scotland.

The report described these doctors as forming three cohorts of highly motivated GPs, many of whom were looking to extend their careers beyond retirement.

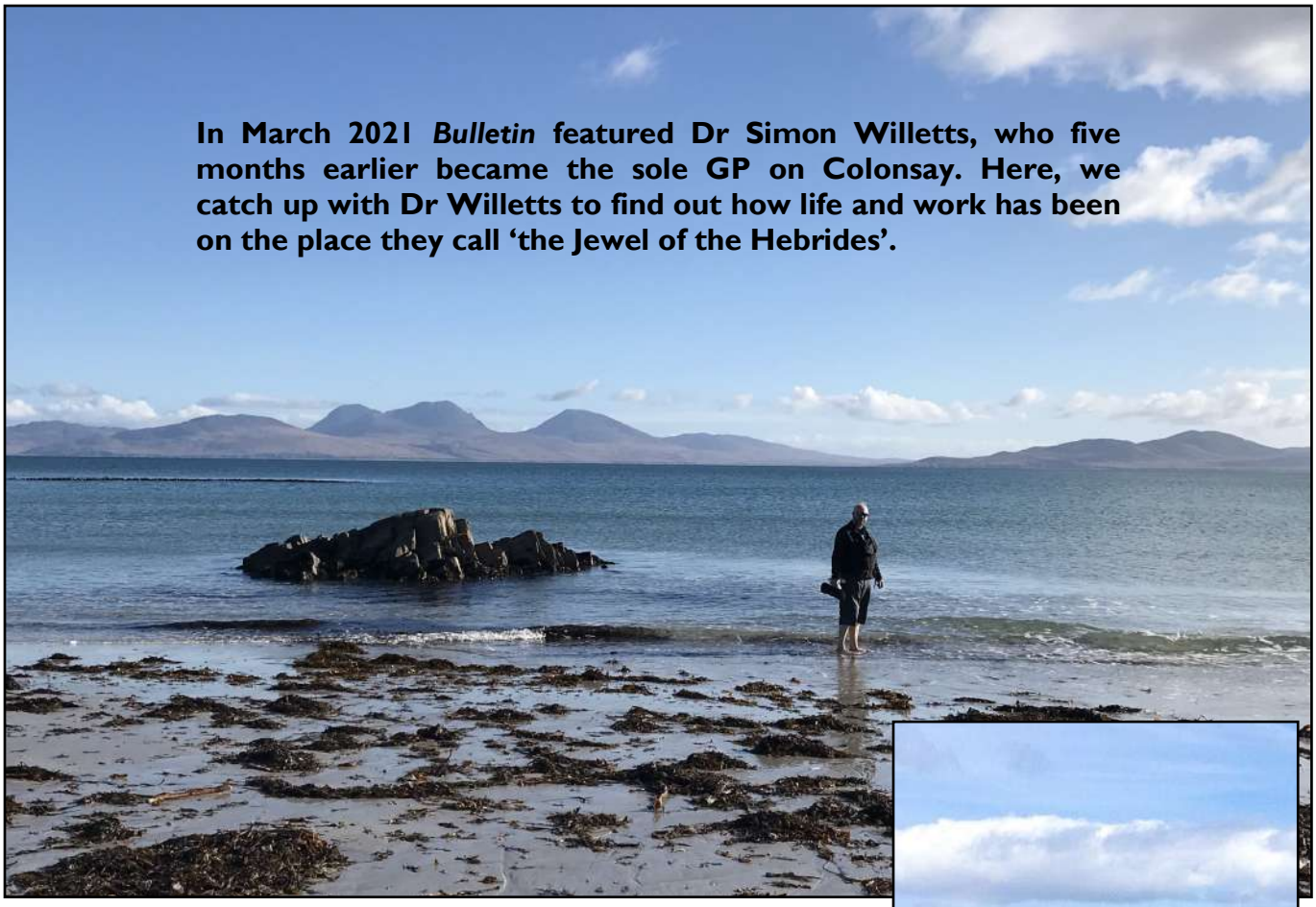
A "significant proportion" of RtJ recruits had previously been GP trainers and the report explained that RtJ GPs were interested in exploring how they could support rural practices to become training practices.

The report recommended that new ways of supporting the development of rural training practices be explored. Consideration could be given to helping GP practices accommodate a spectrum of different learners and to supporting smaller practices achieve GMC gold standards for GP training.

It also recommended that there be further discussion with RtJ GPs about how recruitment to the scheme could be enhanced by including a training element to some jobs.

❍ *See pages 10 and 11 for more on the Rediscover the Joy of General Practice initiative.*

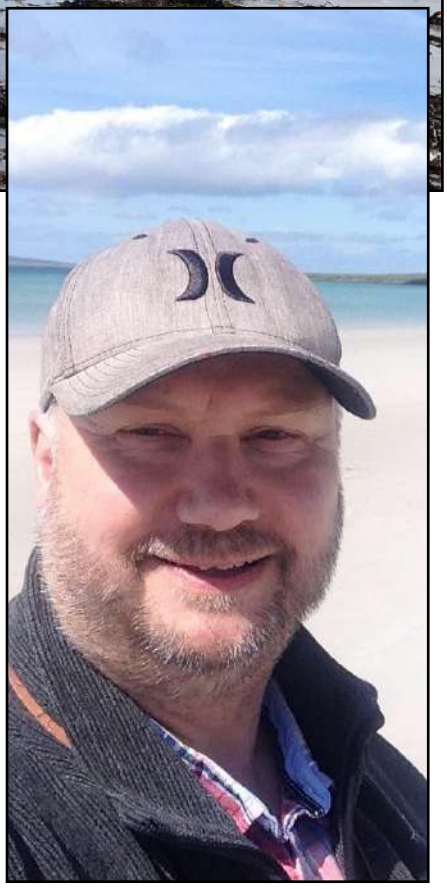
PRACTISING ON COLONSAY



In March 2021 *Bulletin* featured Dr Simon Willetts, who five months earlier became the sole GP on Colonsay. Here, we catch up with Dr Willetts to find out how life and work has been on the place they call 'the Jewel of the Hebrides'.

❍ *Experienced GP Dr Simon Willetts dips his toes into island life*

A dream that's coming true?



SO, Dr Willetts, how has it been?

He might have seen the question coming but it still stopped him in his tracks. How to sum up almost two years in which he's had to adapt, get used to new circumstances, new patients, new ways of working and, for the first time in his life, to working professionally with his wife?

"Well, it's been very absorbing and very rewarding," was his first stab at an answer.

And then, after a brief pause to take stock, came this: "It's often difficult in these communities to know quite how you're getting on because inevitably some people approve of what you do and some people disapprove.

"One of the principal differences about working in a community like this is that you are aware of community opinion in a way that you never are on the mainland, just because you are so intimately acquainted with everybody. You know everyone and you know quite a lot about everyone, not just from the medical point of view. The gossip in a place like this is just astonishing! You have a very different relationship with patients here than you do on the mainland.

"It's a very interesting position to be in and I actually feel uniquely privileged. When you leaf through the *British Medical Journal* and see the news you see the awful time they are having on the mainland. I can't even project myself into these people's lives any more. I feel so shielded here in my

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PRACTISING ON COLONSAY

Cocooned on small island

❍ ***Practice nurse Claire Willetts, the island doctor's wife and partner***

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little cocoon. I feel very much in control of my day-to-day routine and life and professional status because all those things have been so seriously eroded on the mainland. When I speak to colleagues, they're dragging themselves through the day and getting home bushed, knocked from pillar to post. It's not like that here at all."

Let's backtrack now. In the summer of 2020 the husband-and-wife team of Drs David Binnie and Jan Brooks retired after 10 years as the island's GPs. Dr Willetts, who had been a partner in Greyfriars Medical Centre, Dumfries, since 2003, took over as Colonsay's GP that October, with his wife Claire becoming the island's first-ever practice nurse. He was 56 and reckoned that this new job would probably be the last of his career.

Here's what he told *Bulletin* then: "I think I'm really looking forward to

> **"I feel very much in control of my day-to-day routine and life and professional status**

total immersion in the practice and the island. Being away from the madding crowd certainly sounds appealing. I'll do a spot of fishing and my wife will do some cycling and we'll enjoy spending time just thinking about the wind and the tide."

Sounds idyllic, Dr Willetts. A dream that might just come true? Well, perhaps not totally.

"Grumbling is very good for you, I think," he said, and went on to have a good grumble about his practice's accommodation.

"It's just not sufficient any more. There is a far from adequate administrative area. There aren't adequate facilities for storage. There is only one consulting room, which means that the premises can be used by only one patient and one practitioner at a time. So, for example, I can't consult at the same time as the practice nurse consults. We have a tiny office the size of a galley kitchen which is shared by everyone else. We have a waiting room full of PPE because there's inadequate storage. Our dispensary is bulging at the seams."

Then there's the problem with transport. Colonsay is served by one

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PRACTISING ON COLONSAY

Transport problems

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plane a week, on a Thursday, and flights are often cancelled because of the weather.

Furthermore, getting to and from the island by boat can be problematic, again not least because of the weather.

Dr Willetts said: "The plane is the only way of getting on and off the island in a day and that's very limiting. And the boat is too cumbersome. In the summer, you are committed to an overnight stay because there is no boat that actually stays here, and in the winter there are only three boats a week, so you're committed to a two-day lay-over.

"It's perfectly possible that if you come over to do something on a Wednesday you might not get off until Saturday, or even Monday, and that's a real issue."

The problem with that is that it is difficult to ensure that his patients benefit from what he called "the other bits of primary care".

He explained: "Primary care is very much a multi-disciplinary thing these days. It's not just about doctors. As the number of practitioners who are involved in primary care broadens, quite rightly, it becomes more difficult for communities like this to access them. How do we get these practitioners here and get them back home safely in a reasonable timescale?

"At the moment, the only practitioners who come here from the mainland are podiatrists. We do have OTs, who come occasionally, but that's all. So, in the context of the Memorandum of Understanding, we have no vaccinators, no CTAC, no pharmacotherapists, no MSK practitioners, no community mental health nurses and no dentists."

But, Dr Willetts, aren't such challenges that part of the price that has to be paid for living on a small island?

"Yes," he replied. "I take that point to a degree but I don't accept that it is right just to accept things as a status quo. There's a considerable amount of evolution in primary care at the moment that's being forced by several drivers, not least of which are difficulties with recruitment and retention.

❍ ***Doing the rounds on Colonsay***

> **We have to just skirt the edges of social life here**

"But as for accepting that in coming here you should expect a second-tier service, I would be most unwilling to do that."

One aspect of living on Colonsay that Dr Willetts may not have foreseen has been his "abysmal" social life.

He explained: "Because we are the only medical resource we just have to skirt round the edges of social life here. We want to minimise the possibility of us getting Covid and we have to be the most Covid-aware people on the island. We have to set an example to everybody else and remind everyone that Covid is far from gone. We have been to very few social events and, of course, we have to be tee-total while on the island."

While Colonsay is now very much their home, and a place in which they are very happy, the couple still have what he calls "Willetts HQ", their 'other' home in the village of Dunscore in the country near Dumfries. Dr Willetts employs a relief doctor who gives 16 weeks a year, allowing them the opportunity to get off the island when they want.

As for the future, how long will Dr Willetts remain Colonsay's GP?

"I've no idea," he said. "For as long as it's fun. And it is fun here."

GENERAL PRACTICE NURSING ... 1

Inequalities present recruitment and retention challenge, GP nurses suggest

GENERAL practice nursing in Scotland is facing a recruitment and retention crisis largely because of inequality in pay and conditions.

That's one the conclusions made following a consultation exercise on recruitment and retention carried out online among nurses who work in general practice throughout the country.

A closed NES/GPN Facebook page, through which general practice nurses communicate with each other, asked for views on recruitment and retention issues in general practice.

And the response, said by one GPN as "remarkable" in terms of numbers and strength of feeling, highlighted pay and conditions as being factors influencing recruitment and retention.

Most general practice nurses are paid what they are offered by the practices that employ them, and GPNs responding on the Facebook page pointed out that pay was consequently variable – often below colleagues employed by the National Health Service who have the same level of skill. This, it was pointed out, was an issue GPNs faced that was compounded by the fact that they had to negotiate pay increases individually, and their pay was often not in line with Agenda for Change (AfC) pay scales.

It was pointed out that there was similar disparity with terms and conditions, which again may not be on a par with those provided through AfC. For the most part, it was stated, GPNs got less annual leave, sick pay, maternity pay and family/carers leave than their NHS-employed colleagues. It was acknowledged that there were some practices which offered AfC terms and conditions but, it was claimed, it seemed the majority did not.

Another issued raised in the feedback was the introduction of the CTAC service. This, some respondents stated, left many of their colleagues feeling unsure about the nature of their future role.

The point was made that many felt that what attracted people to general practice nursing – such as being able to provide holistic care and the varied nature of the specialist generalist – had been eroded.

It was claimed that the upskilling to Advanced Nurse Practitioner (ANP) role and the expansion of the CTAC role created uncertainty about where general practice nursing now sat. This could deter potential new applicants unless this issue was addressed, it was claimed.

On the same issue, it was claimed that the complexity of the GPN role was not always recognised as being of equal value to that of the ANP. Furthermore, it was noted that not all general practice nurses wished to become ANPs for a variety of reasons.

Another issue raised in the consultation related to access to training opportunities. It was claimed that it could be difficult to negotiate time to undertake training courses. Having to self-fund for courses that ultimately benefited the employing practice was also seen as an issue.

It was mentioned that some practices looked to recruit experienced staff but struggled to get suitable applicants. Despite this, though, it was claimed that practices were not keen to employ less experienced staff and support them through training.

It was also observed in the feedback that remote parts of the country had particular problems with recruitment. GPNs in such communities needed high level of skills and training as access to secondary care was often limited. These areas needed additional incentives to address this, it was suggested.

It was also noted that second home ownership in some areas made it difficult to find suitable, affordable accommodation for incoming GPNs.

Summing up, many GPNs felt undervalued and that their skills and knowledge were not always appreciated or acknowledged.

There were a few suggestions as to how some of the issues raised could be tackled. It was pointed out that the NES training for general practice nurses was invaluable and the development of a specific university post-graduate GPN specialist course/qualification was suggested.

Another idea was that a recognised role for advanced practice in long-term condition management, at an equivalent pay scale to that of an ANP, would provide a career progression framework within general practice.

Better integration with the NHS and hosting student nurse placement may encourage students into the GPN role, it was suggested.

It was also suggested that either all GPNs coming under AfC pay and conditions or becoming salaried GPNs, similar to salaried general practitioners, might help the situation.

Finally, it was argued that there should be a governmental guarantee that pay rises for nurses through Agenda for Change be added to the GP budget and passed on to nurses.

Bulletin spoke to one GPN who took part in the consultation.

"We quickly had 90 'likes' on the page, which is unheard of," we were told. "This tells us something. The fact is that GPNs aren't seen as being on a par with their NHS colleagues.

"We are an ageing workforce and many fear that we are heading towards a GPN crises unless some of these issues are addressed."

NEW CHALLENGE FOR GPs

Couple go north to Rediscover the Joy

THE husband-and-wife GP team of Drs Rachel Voysey and Jeremy Gray were primed and ready to go.

They had been recruited to the 'Rediscover the Joy of General Practice' (RtJ) scheme, did a BASICS course and were looking forward to starting a new phase in their careers.

With a two-and-a-half week stint in a North West Highlands practice planned, the couple were fully prepped and ready to face whatever came their way.

As Dr Gray said: "We arrived in Kinlochbervie and we were full of ideas about what we would be facing, maybe accidents on the road or problems with Lyme disease and so on.

"And then I went off to my first surgery and saw my first patient, who was a woman just back from Singapore four days before. She complained about having a fever and vomiting. The samples we got back from Porton Down confirmed that she had Dengue fever.

"Fortunately, the patient had told us that there had been a lot of Dengue fever in Singapore, so we had a clue, but without that Dengue fever might not have been top of my hit list. Thankfully, she had fully recovered before we even got the results.

"Anyway, that was my very first case in Scotland."

Welcome to Scotland, Drs Gray and Voysey – one of three married couples in the latest cohort of Joy GPs.

Now in their late 50s, the couple live just outside a small village in Herefordshire. They had worked together all their married lives, for the last eight years as job-sharing partners in a practice covering a large rural area in and around their home county.

❍ *Drs Rachel Voysey and Jeremy Gray*

> **We wanted to do something different together**

They heard about the RtJ scheme through Dr Philip Clayton, another GP who had been recruited to the scheme. It was something that appealed to them. Not only did they like working in rural medicine; they have always enjoyed visiting Scotland on holiday and the notion of simply practising medicine without the responsibilities associated with being a partner appealed to them.

"We wanted to do something different together," said Dr Gray.

But if completely changing your life to work in remote and rural Scotland, many miles from family, friends and comfortable home – their house is set in five acres of land, with sheep, chickens and woodland – may seem a tad adventurous, well, this couple are familiar with adventure.

Not long after they completed their GP training they spent two years in Malawi, job sharing as district health officers in part of the far north west of the country where they were the only qualified doctors.

Today, they are still working in the

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Husband-and-wife couple on Joy duty

north west of a country. Having been recruited to the RtJ rural support team they signed up for three placements, the first in Kinlochbervie, which they did in June, followed by a spell in Tighnabruaich and then in Acharacle on the Ardnamurchan peninsula.

When *Bulletin* caught up with the couple they were looking forward to working in Tighnabruich for a couple of weeks, having found their time in Kinlochbervie hugely rewarding.

"We're kind of exploring at the moment, seeing how it all feels and whether it is going to work for us," said Dr Voysey. "It may be that we will opt to go back to the same place; we'll see."

Being familiar with Scotland has doubtless helped the couple but they've nevertheless been bowled over by the experience of living and working for a short spell in such a beautiful part of the country.

"We've had a great time," said Dr Voysey – "apart from the wind."

Her husband added that over the years they have enjoyed sailing round much of the west coast of Scotland, and they enjoyed sea kayaking, so they were able to take their kayaks with them.

"The landscape and the easy access to the water are really special for us," said Dr Gray, "and we love the wildlife too. The wonderful bird reserve of Handa Island is within the practice area, just a few miles from Scourie, so it's been something very special to go and see. It's almost like a working holiday."

The couple went to Kinlochbervie to work in a practice now managed by NHS Highland. Covering three sites, the practice usually has two GPs, one GP role covered by four people who work one week a month in rotation and the second GP working permanently. It's that second job that the 'Joy' scheme has been covering.

Working as part of a rural support team of RtJ GPs is something the couple have particularly enjoyed. They met the other team members when they spent three days together doing the BASICS course and they communicate with each other via a WhatsApp chat group.

Having job-shared for so long, the couple are well used to team work.

❍ ***Drs Voysey and Gray at play***

> **It's almost like a working holiday**

"Basically, we divvy out the work between us, half and half" said Dr Voysey. "It works fine. We have enjoyed chewing over cases with each other over a meal. And I think it's much less threatening going off together to do these placements. It's less lonely and isolating, I guess. I can imagine it could be quite hard if you are on your own in a remote area where you don't know anybody."

What's more, the couple have interests as GPs that they see as complementary. Dr Gray said: "Although technically we are filling a role together as one GP, I come from a background of doing more hospital medicine. I've done dermatology and minor ops so I tend to pick up more in that direction while Rachel has done a lot of family planning and gynaecology, so we work well as a team if things get busy, we can chip in and help each other out."

Like many new to the RtJ scheme, the couple have been learning to accept some of the challenges associated with practising in such a remote area.

While Dr Voysey said they were well used to working in a rural situation, her husband added that the nevertheless got a great deal from the BASICS course.

He said: "Here [in Herefordshire] it might take you three-quarters of an hour to get someone to hospital but in Kinlochbervie it takes two and a half hours to get someone down to Inverness so you essentially have to look after people for much longer. Thankfully, we did nearly three weeks in Kinlochbervie and didn't need to use our emergency kit at all."

While the couple speak positively about their 'Joy' experience, there is one negative about working in north west Scotland.

"It's a long way from home," said Dr Gray. "Maybe you could move Scotland a bit closer!"

PHARMACY

System being extended across Dumfries and Galloway

How hubs model is transforming pharmacy services

❍ *The Stranraer pharmacy hub*

AN innovative service delivery model devised in Stranraer to address recruitment challenges in general practice pharmacy is being rolled out throughout Dumfries and Galloway.

And health boards outside south west Scotland are understood to be eyeing the initiative to see if it could be adapted in their area.

Building on the successful establishment of a pharmacy hub in Stranraer, NHS Dumfries and Galloway now has a network of four pharmacy hubs, with a fifth on the way.

Each hub provides a base for a pool of pharmacists, pharmacy technicians and pharmacy support workers who work with GP practices in their area.

It's a radical transformation from the way general practice pharmacy services were previously delivered and came about in part as a result of the new contractual arrangements that GPs have with the NHS.

The consequent development of multi-disciplinary teams within general practice saw many healthcare professionals, including those in pharmacology, take on more visible roles in practices, contributing to lightening the workload of GPs and providing more specialist services to patients.

Before the new hubs were set up the NHS pharmacy team in Stranraer provided a service to the GP practices one or two days a week. However, as the new GP contract kicked in it was recognised that the Wigtownshire pharmacy team needed to recruit more staff – and that was always going to be a challenge.

As locality lead pharmacist Leanne Drummond explained: "In this area we had three pharmacists and one technician and it was clear that for our pharmacists to take on more work in practices we needed more pharmacy technicians.

"However, we have always had staffing problems with GP practices in Wigtownshire and we realised that if we wanted more technicians we would have to 'grow our own', as they say, by taking on trainee technicians.

"These technicians have to be mentored and supervised and so it made sense that we should all work together as a team" – hence the hub.

The Stranraer hub is based in a large first-floor room in the Waverley Medical Centre, a facility that's home to three of the GP practices the hub serves.

The hub is staffed by a close-knit team of eight pharmacists – not all of whom are full-time – along with three qualified and two trainee pharmacy technicians and three pharmacy support workers.

While the way they operate may have changed with the establishment of the hub, what they do hasn't. They continue to review and prescribe medication, check test results to ensure that patients have the appropriate medicines, help to manage long-term conditions and on an ongoing basis liaise with fellow healthcare professionals to ensure that patients get the best possible care.

But Leanne said that the fact that they now functioned from the same office enhanced both the work experience and their offering to practices.

"We are a great little team," she said, "and we are very much part of the wider multi-disciplinary teams that work with our GP practices. It's important that we have this collaborative approach with the whole healthcare team and so we are constantly liaising with district nurses, social workers and staff at Galloway Community Hospital, providing support and answering queries to ensure that our patients get the best possible care."

The success of the Stranraer hub prompted the establishment of a Machars hub based in Newton Stewart Health Centre, 25 miles east of Stranraer.

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PHARMACY

Dumfries and Galloway hubs being extended

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That in turn was followed by another hub even further to the east, in Castle Douglas, serving the Stewartry, and then by a fourth in Dumfries. Now, NHS Dumfries and Galloway is looking at setting up a fifth hub serving the far east of the region, covering the Annan and Lockerbie areas.

"These pharmacotherapy hubs have been a tremendous innovation for us," said NHS Dumfries and Galloway's head of pharmacy, Graeme Bryson. "They are helping us provide a robust pharmacy service to general practice in a way that's efficient and sustainable."

Mr Bryson acknowledged that some other boards did have models similar to the Dumfries and Galloway hubs, and that others may be looking to replicate them in some way. However, he pointed out that each of the four existing hubs in his patch functions in its own distinctive way.

"This isn't a model that's being imposed from on high," he said. "Each hub evolves on its own terms, responding to the particular needs and challenges of its area."

In Stranraer, for example, the management of one of the three GP practices that operate from the Waverley Medical Centre was recently taken over by NHS Dumfries and Galloway and has only one salaried GP practising three days a week.

Leanne Drummond said: "We are not GPs, we are specialists in medicine, but we have been spending a bit more time in that practice, helping out in any way we can. It's been great – we try to be as proactive as we can."

While the hubs continue to flourish, Leanne recognises that there is much more that can be done, not least in relation to developing a standardised education framework – something that, she pointed out, NES was working on.

"If we are to address recruitment and retention issues it's important that a proper career structure is developed for our student pharmacy technicians," she said.

A recent visitor to the Stranraer hub was Ewan Morrison, director of pharmacy with NHS National Services Scotland, who declared himself "very impressed" by what he saw.

Mr Morrison was particularly interesting in seeing how the new Digital Prescribing and Dispensing Programme would benefit a pharmacology hub, and he described how the development of an electronic prescribing system, doing away with the current paper-based prescriptions, would work.

As is stated on the NES website, the project will "enable a sustainable, cost-effective and person-centred system for digital prescribing and dispensing of medicines".

Hubs model can be adapted for other professions, says GP

THERE is clear scope for adapting the NHS Dumfries and Galloway pharmacy hub model for other healthcare professions, according to a general practitioner who says he has benefited hugely from it.

Dr Charlie Dunnett, of the Galloway Hills Medical Group, said the hub had been "transformational" for his practice and contended that it could well be applied to other disciplines working in practices' multidisciplinary teams.

"The hub is a great, collaborative way or working and a good way of delivering the gold standard of care that patients deserve," he said.

"I certainly think it could be applied to other professions, in some ways out of necessity because just don't have enough healthcare professionals of various kinds. We don't have enough CPNs, physios and so on, so I think a collaborative, hub way of working has got to be a way of ensuring a good standard of care.

"If you don't have enough people to have one person spending five days a week in one location or practice you have got to think of a way of working more efficiently to get the same amount of work done. The hub has done that."

Dr Dunnett, a member of the BMA's Scottish GP committee, added: "We don't have enough GPs so we have to change the model. But – and this is key to the hub – it is not about services to help GPs cope; it's about new services designed to deliver primary care with added value for patients and, at the same time, making life a little easier for GPs."

The pharmacy team's Machars hub, the second to have been established in Dumfries and Galloway, is located in Newton Stewart Health Centre, where Dr Dunnett's practice is based.

"The hub has been transformational", he said. "It really has changed how we do things. I haven't had to do a discharge letter or medicine reconciliation for two years, for example. I seldom deal with medication queries unless it's something that's outwith the sphere of competence of the pharmacists we have.

"We have professionals whose job and skill is dealing with medicine and so they do a medicine reconciliation much more thoroughly that we as GPs ever used to do it."

Dr Dunnett said that before the pharmacy hub was set up his practice, like others, had to deal with a "significant paperwork burden".

He said: "It was a workload issue but, if we are honest and hold a mirror up to ourselves, we have to ask if we were dealing with medicine issues to the best of our ability. Probably, we weren't – because we because we were so busy.

"It was the new GP contract that provided the ability and the funding to set up the model. We also had two lead pharmacists in Wigtownshire who were keen to make this work because the further west you go in our region the more you struggle with recruitment. A model had to be devised so that the pharmacy team could grow their own and promote people internally. There was a willingness to do something new."

And that "something new" is providing a possible template for other professions.

Dr Dunnett added: "We have a contract development group that is dealing with the development of the new contract. We talk at those meetings about learning from what we know that works. We see that the hub model works well for pharmacy. Could we use it for mental health services or physiotherapy? We haven't made any progress with that yet – but I'm convinced it's the way to go."

SRMC looks at wider range of events

THE Scottish Rural Medicine Collaborative is breaking with its position of attending only those events targeted solely at general practitioners.

Instead, the collaborative's programme board has been told, it will seek events for multi-disciplinary team (MDT) professions, as well as those which might help to promote the work of the SRMC.

Programme board members noted at their 25th August meeting that among the events worthy of consideration was the BASICS Scotland conference planned for 2nd and 3rd September and the Remote and Rural Scottish Centre of Excellence Festival of Learning to be held in Skye from 12th September (see page 2).

The Best Practice Show, to be held in Birmingham on 12th and 13th October, is listed as another event worthy of consideration. It offers a number of sessions delivered by healthcare leaders, service users and front-line primary care professionals. Best Practice in Nursing is part of the Best Practice Show.

The annual conference of the Rural General Practitioners Association Scotland will be held in Inverness and virtually on 12th and 13th November. The organisers promise an exciting programme of speakers covering a wide range of themes.

The world's only global conference on extreme medicine will be held in Edinburgh and virtually from 19th to 21st November. This will be the 11th year of the World Extreme Medicine Conference and the Scottish Rural Medicine Collaborative has exhibited at four previous events. The collaborative's programme board noted that the Scottish Government had committed in principle to fund a stand but this was dependent on the spending review. It is hoped that BASICS Scotland and the Scottish Ambulance Service will participate.

The board was also given a briefing on a number of interesting healthcare events held in recent months.

The Royal College of Nursing Congress took place in Glasgow in June. The SRMC was not at the event but it transpired that nine parts of NHS Scotland were – something which, the board was told, ran counter to the collaborative approach favoured by the SRMC.

Neither the collaborative not the Scottish Government took exhibition space at the eighth WONCA World Rural Conference 2022, held in Ireland in June. However, there was a strong representation from Scotland of frontline primary care professionals and medical students. Abstracts and a conference "declaration" will be published in Remote and Rural Health in the coming months. Dr Robert Scully, ScotGEM's deputy director, was on the event's organising committee.

'Pandemic Recovery and Reform for the Future' was the theme of the NHS Scotland Event held in Aberdeen in June. More information about the event, at which the SRMC was not represented, can be found here.

The collaborative was represented at the WONCA Europe Conference, held in London from 28th June to 1st July. The Scottish Government funded a team of six, which was augmented by others attending as delegates. The team spoke to many people from around the world and identified 80 people to contact further about working in Scotland.

WONCA Europe is the academic and scientific society for general practitioners in Europe and represents more than 90,000 family doctors.

The conference incorporated the 2022 Royal College of General Practitioners' annual conference, which next year will revert to being a separate event.

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