

PE1845/H

Cabinet Secretary for Health and Sport submission of 28 January 2021

Thank you for your letter dated the 15th of January seeking the Scottish Government's comments on petition PE1845 which calls on the Scottish Parliament to urge the Scottish Government to create an agency to ensure that health boards offer 'fair' and 'reasonable' management of rural and remote healthcare issues. I welcome the opportunity to set out the Scottish Government's views on the issue of remote and rural healthcare issues.

Firstly I would like to apologise that the Committee has not had a response on this petition before now. As you rightly acknowledge in your letter, Ministers and officials remain under considerable pressure due to the ongoing impact of the COVID-19 pandemic. In these circumstances, coupled with the recent festive period and the need to coordinate a number strands of our work into the response, has led to the delay in replying. However, I hope that the Committee find the following details helpful.

The Scottish Government aims to ensure that high quality health services, with a focus on prevention, early intervention and supported self-management, are available to all of Scotland, including those living in remote and rural locations.

Our aim is that the people of Scotland live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

To realise these aims, we are continuing to evolve our health and care services to meet new patterns of care, demand, and opportunities from new treatments and technologies. This is especially important as the NHS in Scotland continues to respond to the demands of the current COVID-19 pandemic.

To meet the needs of our citizens, NHS Boards are responsible for determining and delivering the services required by their local populations. For NHS Boards that cover remote and rural settings, local planning is expected to take account of the particular needs of these populations, and decisions on the provision of services will be based on ensuring fair and equitable access to services wherever this is possible. As I am sure the Committee will recognise, this is not without challenges although NHS Boards retain a responsibility to provide safe and effective services to all of their population.

To support NHS Boards to fulfil their functions, Integration Authorities have a range of duties conferred upon them through the Public Bodies (Joint Working) (Scotland) Act 2014, as they plan and commission health and social care services across Scotland. Integration Authorities engage and consult with a range of stakeholders, and work with local communities and professionals to improve outcomes and sustainability of provision through service redesign. These duties are further reinforced and augmented in statutory guidance, particularly relating to the preparation of strategic commissioning plans.

The strategic commissioning plans set out how partnerships will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of the integration of health and social care.

In addition, the National Planning Board was created in 2018 to support NHS Boards and their partners by providing dedicated expertise in planning, public health and data intelligence for national planning of NHSScotland services. The national planning agenda centres around any NHS clinical services that can only be dealt with nationally. Generally, these will be population based and planning should focus on benefits to the population with consideration given to reducing inequalities- including the impact of geography on access.

The Scottish Government is committed to patients being treated as close to home as clinically appropriate. As treatments for serious conditions, including cancer, become more complex and expensive, it becomes impossible to deliver them in every location. In these circumstances, local Health Boards are expected to have arrangements in place to allow people to receive treatment elsewhere. However, this would be dependent on the patient's particular circumstances. Financial and other support is available for such patients to reduce the burden of travelling for treatment.

In addition to the Scotland-wide Patient Travelling Expenses Scheme (PTES), the Highlands and Islands Travel Scheme (HITS) recognises the difficulties and expense involved in travelling to and from hospital for those who live in remote communities. Under this scheme, reasonable patient travel costs are funded or refunded for the additional costs of travel incurred as a direct consequence of a specific trip to hospital. This Scheme reimburses the travel costs of everyone in the Highlands and Islands area required to travel more than 30 miles to a hospital, less the first £10. Patients in receipt of certain Department of Work and Pension (DWP) benefits do not have to pay the first £10.

We have significantly enhanced recruitment incentives from the 2004 GP contract in 2020/21 by investing £400,000 in recruitment incentives for rural GP posts across Scotland, and £200,000 for relocation costs for GPs moving to rural posts. We have also increased GP relocation packages from £2,000 to £5,000 and widened eligibility to all remote and rural practices. To make General Practice a more attractive career option, we have also funded a £20,000 bursaries for GP Specialty Trainees (GPST) who take up post in remote and rural areas or hard-to-fill areas of Scotland. There is evidence that the bursary incentive has helped distribute GPSTs more evenly across Scotland i.e. away from the central belt and into areas which had been typically harder to fill.

Since 2016 we have supported the Scottish Rural Medical Collaborative to develop recruitment and sustainability measures. In 2020/21 this included £72,050 to NHS Shetland to support the Rediscover the Joy in General Practice Project. The project has so far seen 33 doctors recruited from other areas to work up to 18 weeks a year in practices that previously found it difficult to attract a GP. Scotland's first Graduate Entry Medicine programme (ScotGEM) has a focus on careers in general practice and remote and rural working.

In addition, a working group chaired by Sir Lewis Ritchie has been established to consider how rural GP practices can best be supported to deliver the new contract. Sir Lewis published his first report of the work of the group in January 2020.

Since 2007 we have ensured that NHS funding has not only been protected but has increased to record levels, supporting substantial increases in NHS frontline staffing.

The majority of NHS Territorial Boards' budgets are allocated using the NHS Scotland Resource Allocation Committee (NRAC) formula. The output of this formula is a target share of the total NHS budget which reflects the relative need for healthcare services within each territorial Board's local population by taking explicit account of the variation in need for healthcare due to age and sex profile, the morbidity and life circumstances of local populations, and the costs of delivering services across different geographies such as remote and rural. The formula ensures that target shares and resulting funding allocations promote equitable access to healthcare across Scotland. At the moment all Boards are within 0.8% of parity (target share). In addition, since 2012-13, the Scottish Government has committed an additional £1.5 billion to those Boards below parity levels.

The Committee may also be interested to know that NHS Education for Scotland (NES) host the Remote and Rural Healthcare Educational Alliance (RRHEAL) which was developed by NES in consultation with NHS Boards, frontline staff and partnership agencies and endorsed by the Scottish Government in 2008. It coordinates healthcare education, development and training for all the remote, rural and island areas of Scotland. It supports increased access to education and training for multi-disciplinary rural teams using a blend of 'at distance' technology, enhanced learning and in-person approaches.

The RRHEAL Turas learn platform (hosted by NES) is the sole point of access for all RRHEAL educational resources, supporting inclusive and 'at distance' education for rural teams. The attributes are:

- Ongoing access to all RRHEAL educational resources
- Improving the user experience with enhanced search function
- Wide range of learning resources available to multidisciplinary staff
- Accessible education sessions via video conferencing.

The RRHEAL Turas Learn website gives detail of the Scottish Centre of Excellence (SCoE) which is to support a new remote, rural and island health and care multi-agency working group. The development of a SCoE was recommended within Sir Lewis Ritchie's Independent External review of Skye, Lochalsh and South West Ross Report (SLSWR) 2018. Group members include the University of Highlands and Islands, NHS Highland, NHS 24, University of Glasgow, Scottish Ambulance Service, Highlands and Islands Enterprise and rural community leads. The working group has worked to co-produce a draft proposal for a Scottish Centre of Excellence in remote and rural models of care, digital innovation and multidisciplinary education and training for health and care professionals.

In conclusion, while the fair and reasonable management of remote and rural healthcare issues is an outcome that the Scottish Government continues to support and promote, the establishment of a separate agency for this purpose is not considered the most efficient way of delivering that outcome. We will, of course, continue to work with the communities in remote and rural areas of Scotland, and with our other partners and stakeholders across the system to ensure that the needs of these communities are appropriately reflected in the delivery of health and social care

I trust the Committee finds these details helpful.

JEANE FREEMAN