



Royal College  
of Nursing  
Scotland

**RCN Scotland's response to the Scottish Parliament's  
Health, Social Care and Sport Committee inquiry on**

# **Healthcare in remote and rural areas**

**This response was originally submitted  
using a Scottish Parliament online form**

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## Background

The Health, Social Care and Sport Committee is undertaking an inquiry into remote and rural healthcare in Scotland. People in remote and rural areas face unique challenges when it comes to accessing health and social care. As such, the Scottish Government has made a number of policy commitments to meet the health and social care needs of people living in remote and rural areas.

The Scottish Government has committed to developing a [Remote and Rural Workforce Strategy by the end of 2024](#). The government say this will provide a framework to support employers and also ensure the health and social care needs are met of people who live in remote and rural communities. The government has also committed to establishing a [National Centre for Remote and Rural Health and Social Care](#) to improve primary and community services. This is expected to launch in October 2023.

## Consultation questions and RCN Scotland responses

### **Question 1 - Are there any immediate issues unique to remote and rural communities which the National Centre will need to focus on to improve primary and community care in these areas?**

#### **RCN Scotland response:**

It is important to acknowledge that remote and rural areas are diverse, however rural populations can face common challenges in accessing timely and appropriate health and care services and there are some common issues affecting service delivery in these areas:

**Demographics** – Rural areas typically have higher populations of older people which is an important factor when considering how health and care services will be delivered. Older people are more likely to be living with multiple, complex health conditions, yet simultaneously, access to appropriate health and care services can be more limited. Ageing populations mean that the number of people who are frail, immobile and living with multiple conditions is likely to increase and demand for care could rise significantly. The challenges of the ageing population will be felt acutely in remote and rural Scotland, especially considering that the geography of some remote and rural areas make services difficult to get to. Increases in temporary residents, including tourists and second homeowners, can also add pressure to local health services.

The National Centre will therefore need to ensure long-term investment in community health and social care services to meet current and future need, recognising that complex health care needs are increasingly being met in community settings. It is also crucial to capture data which accurately reflects the disparities and health inequalities within rural populations, in order to determine effective rural health and care strategies.

**Workforce** – While severe nursing shortages and persistent high vacancy rates are a challenge across Scotland, these can have a serious impact on access to healthcare and social care in remote and rural areas, where even a small number of vacancies or staff absences can cause huge challenges in terms of running services safely.

Recruitment and retention challenges across community nursing, general practice and in social care are having a real impact in remote and rural communities and unfilled posts mean that the remaining workforce need to work to fill these gaps and ensure a consistent level of care.

The reasons for such recruitment and retention issues are varied and complex. For some it may be related to unattractive pay and conditions or, if staff don't live within the community, meeting the costs of travel to and from work could make it an unattractive job choice. For others it can be the perception that a role in a remote and rural setting will present difficulties in keeping skills up to date, developing new skills and facilitating career progression. Some may also be lone-workers which can create a sense of professional isolation.

As we discuss further in response to question 2, there are unique challenges around ensuring a sustainable nursing workforce in remote and rural health and care services. Lack of adequate or affordable housing, childcare, schooling, transport options and digital infrastructure are all challenges that need concerted action to achieve a sustainable nursing workforce across Scotland's remote and rural communities. This is why a whole system approach is needed to address recruitment and retention challenges.

In recognition of the fact that a one size fits all approach does not work, the National Centre also needs to ensure a robust understanding of the needs of remote and rural populations if it is to successfully design innovative delivery models that drive reform and lead to better results for patients. For example, the difficulties being experienced around the Vaccine Transformation Programme in NHS Highland illustrate the importance of tailoring delivery models to the needs of remote communities.

**Access to services** - Significant distances between health services and facilities in remote and rural areas can increase the time and cost of journeys for patients, their families and staff. This can be compounded by a lack of adequate, affordable or available public transport and can be a particular challenge for older people or disabled people. Failure to attend general hospital appointments can be a real issue, for example where early or late appointments are unachievable due to poor transport links, and the late start or early finish of bus services.

For nursing staff, the distance between patients and services can increase travel time and transport costs. Greater distances between specialist and emergency services can also contribute to feelings of professional isolation, increased clinical responsibility and a broader work profile, while distance and remoteness can also serve as barriers to

accessing training and development opportunities.

***Loneliness and isolation*** - Loneliness and social isolation can have significant impacts on physical and mental health and wellbeing. In rural and remote areas, a range of factors can exacerbate loneliness and/or social isolation, such as the dispersed nature of populations and a lack of or limited availability of transport. Tackling the risk of social isolation will be a challenge faced by all parts of Scotland. However, considering the share of older single person households, difficulties in accessing services and poor transport links, it is a particularly significant challenge in remote and rural Scotland. Community and asset-based approaches can support problems like loneliness, and supporting people to attend activities in the community can also help. These types of approaches need additional funding.

***Digital infrastructure*** - Advances in technology mean we have the opportunity to develop a more mobile workforce than ever before with the ability to make connections with people and services at the click of a button. Telehealth and telecare have had a positive impact for some patients in promoting self-management of long-term conditions, accessing prompt medications and avoiding hospital admissions.

However the need for this continues to expand and the need for investment and poor digital infrastructure in remote and rural areas is holding back progress. The need for remote and rural areas to be involved in research and tests of change are paramount moving forward; if more technology can be developed and rolled out, staff may be more attracted to posts.

Nursing staff working in rural and remote areas have highlighted the challenge posed by poor-quality broadband and mobile network coverage. This hinders access to online referral services, records and other information systems, and can also prevent staff from accessing essential training and professional development. Furthermore, lack of broadband and mobile network access can be a barrier for health and care staff to disseminate important health information to individuals and communities.

## **Question 2 - Are there any issues which the National Centre will be unable to address, which may require further policy action from the Government?**

### **RCN Scotland response:**

We don't have enough information about the role and remit of the National Centre for Remote and Rural Health and Care to comment in detail about the issues that it will be unable to address.

However as touched on in response to question 1, there are a range of issues contributing to recruitment and retention challenges in remote and rural areas. These include a lack of available and affordable housing; high fuel costs and a lack of public transport; the availability and cost of ferry and air transport to the islands; poor broadband and mobile coverage; and provision of education and childcare sufficiently locally so that working parents and other carers of children can manage their childcare and their work

responsibilities to ensure an appropriate work life balance. These all require concerted action across the relevant government portfolios to ensure remote and rural communities have the infrastructure they need and to improve staff recruitment and retention.

### **Question 3 - What would you like to see included in the Scottish Government's forthcoming Remote and Rural Workforce Strategy?**

#### **RCN Scotland response:**

Caring for people in remote and rural communities is challenging. Delivering services to a population that is spread across a vast and sometimes unforgiving landscape is not easy. As the population ages, the care needs that are spread across that geography will become more complex. The Scottish Government's continued ambition to bring care closer to people's homes and focus on prevention is positive, but in the remote and rural context it means that chronic workforce shortages need to be addressed as well as the workforce in the community needing to be more accessible to patients. To make that ambition a reality, remote and rural professionals and the communities they serve need the right support and the right infrastructure to be in place.

The Remote and Rural Workforce strategy must take a whole system approach and cover the health and care workforce across the NHS, primary care and social care.

The forthcoming strategy must also link with the work of the Scottish government's Nursing and Midwifery Taskforce, established earlier this year to tackle the workforce crisis in nursing and midwifery. The Taskforce is working to improve retention of experienced staff, attract new nurses and expand routes into nursing, improve workplace culture and environments, increase staff wellbeing and access to education and development. The forthcoming Remote and Rural Workforce Strategy must link in with this work and incorporate the relevant actions recommended by the Taskforce. As part of its work, RCN Scotland is calling for the Taskforce to develop and implement a detailed nursing retention strategy. With high numbers of nursing staff leaving the profession, retention must be a key focus of the forthcoming Remote and Rural Workforce Strategy.

The forthcoming strategy also needs to be congruent with other relevant activity including the implementation of the Health and Care (Staffing) (Scotland) Act 2019, the forthcoming Mental Health Strategy Workforce Action Plan and the National Islands Plan. It needs to recognise the links between unemployment and health outcomes in rural areas and promote social prescribing benefits.

RCN Scotland would like to see the following covered in the forthcoming Remote and Rural Workforce strategy:

***Investment and resources to allow health and care employers to meet their safe staffing duties*** – Scotland's safe staffing legislation, the Health and Care (Staffing) (Scotland) Act, comes into force in April 2024 and will require all health and care services to ensure that, at all times, there are enough suitably qualified and competent staff working in the right

numbers to ensure safe and effective care. However, its success relies on action to tackle persistently high nursing vacancies and improve recruitment and retention.

In particular, there needs to be further recognition of, and investment in, the registered nurse role across community, social care and primary care services to ensure the workforce reflects increasing clinical need, changing models of care and the needs of local populations. Community nursing teams were under resourced before COVID-19 struck and the pandemic has significantly increased pressure on these services. Our members tell us that patient care is being compromised daily because of staffing levels, they are having to make difficult decisions about which patients to prioritise and they are finishing their shifts feeling like they have not been able to provide the quality of care that they want to. The system is in crisis and severe workforce shortages must be addressed if community services are to have the capacity to meet increasingly complex healthcare needs and also focus on prevention and early intervention.

***Long term workforce planning and improved data*** – The data being used to inform workforce planning must be improved. This includes addressing the gaps in the workforce data for NHS, social care and general practice, as well as making health and care activity data publicly available to ensure this informs workforce planning. The strategy should establish an accurate and transparent workforce baseline in order to enable long-term workforce planning and review progress.

Health and care services workforce planning should be undertaken alongside, and integrated with, service planning. This integrated planning should be based on a detailed understanding of the needs of local populations, rather than financial considerations. Data is needed which accurately reflects the disparities and health inequalities within rural populations, in order to determine effective rural health and care strategies. There needs to be a commitment to creating and sustaining a skill and staff mix that reflects the needs of the community.

The specific recruitment, retention and staff development challenges facing rural areas must be considered when planning, budgeting and designing services in rural areas.

***Support for independent and active lives*** - Supporting older people to live independent and active lives cannot be seen as separate from efforts to improve access to community health and social care in remote and rural areas. Supporting wellbeing, as well as addressing loneliness and isolation, can prevent the development of more complex conditions, and therefore reduce future demand for health services in the community. To achieve this, there must be proper recognition of the role community nurses play in this and safe staffing to ensure community nursing teams are properly resourced. Nurses must have the time to learn and develop strong collaborative relationships and engage fully with the local community.

***Improved access to training and development*** - There needs to be an understanding that nursing staff may feel professionally isolated and there needs to be a focus on their continuous learning and development. The availability of virtual learning did increase during the pandemic, however, there needs to be more of a focus on providing learning that will meet the needs of the community and develop health and social care staff.



It should also be recognised that many services provided within remote and rural areas are nurse led which results in a need for increased clinical responsibility. However, this is often not supported by sufficient professional development or training opportunities and the strategy should seek to improve this.

All nursing staff working in remote and rural areas should be adequately supported to provide the best possible patient care. This must include access to appropriate training and development, guidance, support and career development opportunities.

***Development of the Advanced Nurse Practitioner (ANP) role*** - ANPs are nurses who have acquired the expert knowledge base, complex decision-making skills and clinical competencies required to work at an advanced level of nursing practice. ANPs play a key role in delivering high quality services, both in and out of hours, in remote and rural communities, ensuring that timely clinical decisions are taken closer to home and when patients need it. Developing ANP roles for the long-term in the remote and rural areas will need to be a fundamental part of workforce planning. Increasing the number of ANPs, and deploying them effectively to improve access to care, needs to be at the heart of a long-term workforce strategy in remote and rural areas. A key part of this will be ensuring that nurses have the time and support to undergo the significant training process required to become an ANP.

***Steps to grow the domestic nursing workforce*** - Scottish government must take steps to grow the domestic nursing workforce by continuing to increase the number of nursing student places based on geography and demand in the four fields of nursing. It must also expand the routes in nursing, including implementation of the recommendations that come from the Nursing and Midwifery taskforce.

***Improved support for student nurses*** – Scottish government must also ensure that nursing students have adequate financial support to allow them to prioritise their education, cope with the rising cost of living and complete their studies without falling into financial hardship. Earlier this year, RCN Scotland surveyed our student members and published ‘Nursing Student Finance, the true cost of becoming a nurse.’ This report found that nursing students across Scotland are facing serious financial pressures that are having a significant impact on their education, financial security and physical and mental wellbeing.

66% have considered dropping out of their course due to financial concerns and 57% of students who considered dropping out reported this was due to the cost of getting to placements. While this is an issue across Scotland, in rural areas students can be expected to travel considerable distances, and therefore incur considerable costs, to get to their clinical placements. Depending on the distance, some may be required to find suitable accommodation for the duration of their placement and travel home intermittently. The following quotes from student nurses illustrate the difficulties faced by those undertaking clinical placements in rural areas:

**Third year mental health nursing student:**

*“For our geographical area like the Highlands where public transport is virtually non-existent and up to 50 (and more...) miles round trip per day for placement. Due to the tourism in the Highlands, it is virtually impossible to secure accommodation within the SAAS budget with*

*some accommodation being up to £100 a night in areas such as Skye, Lochaber or Badenoch and Strathspey.”*

### **Second year mental health nursing student:**

*“SAAS also do not pay these expenses until after you have stayed in the accommodation which is impossible because places book up so fast and require full payment upon booking which can sometimes be in the thousands, and even if it is not, I don’t even have an extra £100 lying around. We can get a crisis loan of up to £400 from the university to help pay for accommodation before SAAS pay out, however, often this doesn’t even cover what we need to pay and I am having to borrow from multiple family members to cover accommodation costs until reimbursed by SAAS. Some people are not fortunate enough to be able to do this. [...] I also feel that the current payout per mile [for car travel] is quite low and should be raised ... there is not any public transport available to get us to and from placement on time due to the rural nature of our area.”*

We are calling for the Scottish government to improve the financial support package for students and for the Student Awards Agency Scotland (SAAS) and the universities to agree a new clinical placement expenses process that enables students to claim during placements, improves access to advance payments, ensures prompt reimbursement and removes current barriers that may result in students falling into financial hardship.

**Increased access to technology** - The strategy must recognize that mobile technologies are increasingly important tools for community nursing teams, including district nurses and health visitors. Progress has clearly been made in harnessing the power of technology to deliver more accessible care in remote and rural areas, but there is still a long way to go to make the most of what telehealth and telecare can offer. Nurses and other professionals must be confident users of technology and making time to learn new skills is the key to success in this area. Backfill, training and support needs to be properly planned for community nurses in remote and rural areas to be able to develop the skills necessary to use technology and promote telehealth and telecare in the community. In addition to ensuring digital resources and training for NHS staff, the strategy should also consider how access to these tools can be increased for staff working in independent health and social care services.

Better broadband infrastructure is also needed to connect with patients and support a mobile workforce. While this is out with the scope of this strategy, its importance should be highlighted given the significant barriers poor infrastructure plays currently.

## **Question 4 - What specific workforce related issues should the strategy look to resolve?**

### **RCN Scotland response:**

As discussed above, the strategy needs to take a whole system approach to tackling nursing workforce shortages and ensure remote and rural professionals, and the communities they serve, have the right support and the right infrastructure in place. In



addition to persistent vacancies, the community nursing workforce in a number of remote and rural areas is ageing. At the same time recruitment and retention of staff is a serious challenge which means that without concerted action services are storing up further problems for the future.

The following quotes from RCN Scotland members illustrate the issues that the strategy should look to resolve:

**RCN member, Orkney:**

*“The jobs out here are unique and quite often expected to be broader than equivalent roles south. This isn't recognised well anywhere; pay, management understanding of full responsibility, time/job description; It's also not supported by any robust educational or continuing professional development programs and education for staff is often really poor and down to individuals to seek.”*

**RCN member, Shetland:**

*“Training through the Open University (OU) should be used more widely to support recruitment of staff locally. A significant barrier at present is the poor staffing of the departments of those enthusiastic to train. To allow Health Care Assistants (HCAs) to undertake the OU degree in nursing managers should be provided with the funds to cover the extensive time their HCAs are off the ward on placement or study leave. If one person per year from a department wishes to begin their journey with the OU, the department could be reduced by almost four HCAs for a year. This creates difficulties in encouraging HCAs to begin training, as the department may be left insufficiently staffed. To then ask that HCA to wait for a year or two may result in them wishing to relocate to a department which may have more capacity, creating yet another vacancy for a HCA in the original department.”*

**RCN member, Orkney:**

*“The biggest issue facing nursing in the islands is workforce. Recruitment is very hard and quite often even successfully recruited people can't find any housing.”*

**RCN member, Shetland:**

*“Housing is a huge problem in Shetland. It's a struggle to get and keep nursing staff due to the limited housing available. It seems that the houses owned by NHS Shetland are largely used for agency and medical staff. Perhaps an offer of six months accommodation for nurses new to the islands would provide a starting point for them and enable them to decide if island life is for them, and to house hunt from a secure position.”*

**RCN member, Shetland:**

*“Delayed discharges from hospital wards continue to cause a shortage of beds in acute care. This is due to the lack of available beds in care homes, and the lack of staffing to cover care at home. The problem of poor staffing in social care is seen as ‘everlasting.’”*

**RCN member, Highland:**

*“Trying to support burnt out staff with an impossible workload burden and provide patients with safe, appropriate care. Staffing for a community nursing team which is never greater than 60%, over 200 registered nurse hours short per week. Relentless and highly complex caseloads, compounded by exhausted and stressed out staff. Where the only thing keeping us*

*going is each other and our patients.”*

**RCN member, Western Isles:**

*“Nowhere near enough staff. Expected to look after patient groups you have no training to care for.... Adult nurses told they have to look after paediatric patients.”*

**RCN member, Highland:**

*“Due to staff shortages within GP practice, I now work as a bank Practice Nurse since taking my retirement package at 55 last year (the post I left is still vacant) as I could not afford to continue part time without retirement package but required to reduce hours due to caring commitments of elderly parents. I now work 2 days a week but feel as though I am expected to do same amount of work as did in 5 days prior to retiral. Doing the role in five days was already becoming challenging. I continue to do the role in a bank capacity as I loved my old role and feel a sense of duty to the patients and staff within the Practice. I am based in a small GP practice remote and rural and cover 3 surgeries as only nurse.”*

**Case study of nurse led innovation:** The Remote and Rural Workforce strategy should also recognise that the views of health and care staff themselves should be central to efforts to tackle recruitment and retention, as well as service delivery, challenges in remote and rural areas. Across Scotland staff are coming up with innovative solutions to ensure the delivery of high-quality care and this innovation must be recognised and supported. The “Capella Team,” the Children’s Community Nursing Team in NHS Dumfries & Galloway, are a great example of this. The team were finalists in RCN Scotland’s Nurse of the Year awards and are described by their colleagues as a team that makes a positive difference during the worst time of a child and parent’s life. The Capella Team ensures that children and their families living within a remote and rural area receive the most appropriate and peaceful end of life care in the absence of a specialist palliative care team. The team run the service out with their day job at the Crichton Royal Hospital and, with management support, they are able to backfill roles to release them to run the Capella service when it is needed. The team thrive on being able to make one small difference that can have such a positive impact and hope to share this learning across Scotland’s rural community teams.

**Question 5 - Are there any workforce-related issues which the creation of a Remote and Rural Workforce Strategy alone will not address. If so, what are these issues and what additional action may be required to address them?**

**RCN Scotland response:**

The Scottish government and employers must ensure that registered nurses and nursing support workers, wherever they work, have fair pay, good employment terms and safe working conditions that reflect their safety critical role. Future pay awards should be restorative, recognising that for over a decade, nursing pay as failed to keep pace with the cost of inflation. Scottish government must also deliver on its commitment to review Agenda for Change to support recruitment, retention and workforce sustainability. Nurses need to be rewarded for the job they do, and there is a need to review job roles and job

descriptions for nursing staff working in remote and rural areas.

As discussed above, concerted action is required across government to tackle the housing, childcare, schooling, transport and digital infrastructure challenges facing remote and rural communities.



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