



GOING THE EXTRA MILE

Improving access to community
health care for older people in
remote and rural Scotland



Royal College
of Nursing
Scotland

FOREWORD



Age Scotland was pleased to collaborate with the Royal College of Nursing Scotland on this excellent report.

It is important to move past the basic demographic observation that Scotland has an ageing population and to seek to look at more nuanced ways of studying the issue, in this particular case, geographically. That rural areas have a higher proportion of over 65s is an important factor for consideration of how health and care services will be delivered over the coming years. With the integration of health and social care now being implemented to deliver on the Scottish Government's aim to shift care away from acute settings, this report has a number of recommendations that are important to note.

Firstly, the shifting of resources to the community is one that, as the report notes, is not happening at the pace and scale required. Along with a later recommendation of supporting older people to live independent and active lives, Age Scotland wholeheartedly endorses these ideas. The associated economic benefit of keeping older people out of acute care settings cannot be overstated. We know that to have your independence really can be a key factor in leading a happy and healthy lifestyle.

Secondly, whether through using local facilities with adapted and efficient technology or finding better ways to recruit and retain highly-skilled staff, Age Scotland welcomes the conversation this report engages in. We hope to add further to it with our work to combat loneliness and isolation, working in partnership with organisations like the Royal College of Nursing to ensure that Scotland is the best place to grow old and love your later life.

Brian Sloan
Chief Executive, Age Scotland

INTRODUCTION



The way we as a nation deliver care for older people in many remote and rural communities is not fit for the future.

The remote and rural population is older compared to urban areas and it is ageing. In the future, a greater number of older people are likely to be living with multiple and complex health conditions and living alone without family support at home.

Health and social care services are integrating and the Scottish Government wants to move health services closer to people's homes, focus on prevention and deliver health services seven days a week.

However, the remote and rural population is spread across a vast land mass with poor transport links. Funding is not moving quickly enough to the community, recruitment and retention issues persist and the community nursing workforce is ageing too.

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, but poor digital infrastructure in remote and rural areas is holding back progress. The current generation of older people, who are most likely to use health services, are also least likely to use the internet.

For the nurses in the community who were interviewed as part of this report, their role is challenging, but incredibly satisfying and rewarding. They are at the heart of the communities they serve, using a wide range of skills, working across professions to deliver quality care.

The central challenge for the future is to ensure that the commitment, compassion and community-focus that many nurses and other care professionals show on a daily basis are channelled to meet the changing needs of the ageing remote and rural population. To do that we need a refreshed approach to delivering community care in remote and rural areas focused on:

- Building a sustainable service that improves outcomes for patients wherever they are in remote and rural Scotland;
- Connecting services and communities.

Our 'Going the Extra Mile' report sets out some key steps towards these goals. They are:

- Shifting resources to the community;
- Taking a whole-system approach to recruitment and retention;
- Developing and supporting the advanced nurse practitioner role;
- Ensuring nurses and other professionals are confident users of technology;
- Significantly improving broadband infrastructure to connect services with patients and support a mobile workforce;
- Bringing services and communities together to change attitudes and improve digital participation, particularly among older people;
- Supporting older people to live independent and active lives.

The ambition to deliver good quality, integrated care and support in people's homes and closer to their communities needs to apply to the whole of Scotland, including those living in the most remote and rural communities. We hope that this report will help inform decision makers in making this ambition a reality across remote and rural Scotland.

Theresa Fyffe
Director, RCN Scotland



Method

A great deal of our report looks specifically at NHS Western Isles, NHS Shetland, NHS Orkney, NHS Highland, NHS Dumfries and Galloway, NHS Borders and NHS Grampian (Aberdeenshire). All are predicted to have an above average population share of over 65 year olds¹ by 2037 and have relatively high levels of access deprivation on the Scottish Index of Multiple Deprivation².

The views of older people are also an important part of this project. With the invaluable support of Age Scotland we contacted local community groups in remote and rural areas who helped distribute a survey to older people. Over 170 detailed responses were received and analysed as part of this project. This feedback has shaped our report, along with interviews with community nurses, community service providers and analysis of available statistics and documents.

We would like to thank all the older people, partner organisations and nurses who have supported the development of this work.

SUMMARY OF RECOMMENDATIONS

Shifting resources to the community

- Long-term investment in community resources is not happening at the pace and scale required. Only with long-term funding and robust, evidence-based planning can we make lasting improvements in access to care for older people in remote and rural communities.
- Plans to make changes to out-of-hours care and deliver seven day care must be clear, costed and accompanied, if necessary, with additional resources to allow integration authorities to put those plans into action.

Taking a whole-system approach to recruitment and retention

- All services across all sectors as well as the public in rural communities need to work together and contribute to recruiting and retaining health care staff in rural areas.
- The approach needs to make sure that existing and potential staff are informed about the job opportunities and benefits of building their career in rural areas; that staff are well trained and given the time to learn; that families are fully supported and that the whole community is engaged in recruiting and retaining staff for the area.
- Integration authorities will need to begin taking such a whole system approach.

Developing and supporting the advanced nurse practitioner (ANP) role

- ANPs are an asset to the future of community care for older people in remote and rural areas and evidence suggests that they make a positive contribution to providing quality care. It makes sense to build multidisciplinary teams of highly skilled professionals, playing their full part in meeting those needs both now and in the future.
- We need nationally agreed standards for training, education and career development of ANPs so that there is consistency and a clear understanding of the competencies that

nurses working in these roles need to have.

- It is important to embed education into practice. There need to be effective systems in place to make sure that nurses get the experience to put their skills into action and have access to peer-to-peer support and clinical mentorship.
- Developing ANP roles for the long term in the remote and rural areas they are needed most must be a fundamental part of workforce planning. Consideration needs to be given to measures to invest in the long-term development of ANP roles, including succession planning; ensuring nurses have the time and support to undergo the training needed; developing an effective recruitment strategy to attract ANPs and highly skilled professionals to remote and rural areas; and establishing clear professional structures, clinical supervision and support for ANPs, particularly if they are lone practitioners.

Ensuring nurses and other professionals are confident users of technology

- To truly promote the benefits of technology, staff need to feel confident in using and developing it in the care setting. 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.

Significantly improving broadband infrastructure to connect services with patients and support a mobile workforce

- Lack of broadband and other connectivity issues are constant barriers to developments in remote and rural areas. This needs to be addressed as a matter of urgency.
- Community nurses and their colleagues are already a mobile workforce, but in a number of remote and rural areas they have no mobile reception or secure wireless internet connection. We need to develop digital infrastructure to ensure that all community-based staff have access to secure, fast and reliable wireless broadband in the community.

Bringing services and communities together to change attitudes and improve digital participation, particularly among older people

- Digital skills unlock the potential to make services more convenient, supportive and help promote social inclusion. However, while the situation has improved over the last decade, older people are still the least likely to use the internet. It should be the responsibility of all local service delivery partners to work together in remote and rural areas to proactively seek out older people who could benefit from digital services and put in place measures to improve digital literacy and get them online.
- Concerted effort also needs to be made to

ensure that any devices, software or apps offered by service providers are accessible.

Supporting older people to live 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 care in remote and rural areas. We need to develop a true culture of collaboration between all sectors, and the public, to support older people. Integration provides a good legislative framework for cooperation, but integration authorities need to ensure that nurses, as well as other relevant professionals, have the time to learn and develop strong collaborative relationships and engage fully with the local community.



THE REMOTE AND RURAL ACCESS CHALLENGE

The ageing population

The population in remote and rural areas is older than urban areas and it is ageing. In general, young people tend to move to urban areas for employment and training opportunities. People are also more likely to move to remote and rural areas as they get older which then adds to the existing number of older residents³.

By 2037 almost 4 in 10 people living on the Western Isles will be aged 65 years or over¹. The proportion of the population aged 65 and over in 2037 in NHS Borders, NHS Dumfries and Galloway, NHS Highland, NHS Orkney and NHS Shetland will be higher than the Scottish average (Table 1).

This means that the number of people who are frail, immobile and living alone with multiple conditions is likely to increase. 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.

Access to services

People living in remote and rural areas find it more difficult to access services. Part of the

reason for such difficulties accessing services is poor transport links, particularly public transport.

Both the Scottish Household Survey⁵ and the RCN's survey of older people in remote and rural areas show that people in rural Scotland are reliant on cars to get around.

In our survey, when asked how they usually travel to see their GP or go to hospital, 45.6 per cent of those who responded replied "I drive my car" and 74.8 per cent stated "Friends or family give me a lift in their car". While respondents were free to select more than one mode of transport to best reflect their full journey, it is clear that a car is key to accessing health services for the older people who took part in our survey.

"My last appointment at a clinic in Aberdeen was for 8am which means I have to leave home at 6am. I tried to change the time, but was refused."

(RESPONSE TO RCN SURVEY)

Bus use is lower in remote and rural areas than urban areas. Age Scotland notes that, "In remote rural areas, over two thirds (70%) of those aged 60 or over either do not have a [National Concessionary Travel] scheme card or do not use it (65% in accessible rural areas). In contrast, in large urban areas, less than one third (31%) of those aged 60 or over either do not have a pass or do not use it."⁶

Table 1: Projected share of the total population 65 years old and over broken down by health board³

	% population aged 65 and over (2012)	% population aged 65 and over (2037)
NHS Western Isles	22.4	37.1
NHS Borders	21.9	35.2
NHS Dumfries And Galloway	22.8	34.0
NHS Highland	20.4	31.9
NHS Orkney	20.7	31.3
NHS Shetland	17.2	28.7
Scotland	17.4	25.5
NHS Grampian ⁴	16.4	22.6

One participant in our survey mentioned that their bus service is only available three days a week. Another noted that a bus service is available to take them to the GP surgery, but they use taxis because it is quicker and more convenient.

For those living on the islands, transport to appropriate healthcare facilities may also involve a boat or sometimes a short plane journey.

The risk of isolation

As can be seen in Table 2, the challenge of delivering services to an isolated population already exists in a number of rural areas where the share of older single person households is above the Scottish average. As the population ages the situation is likely to become more acute. This means that it will be less and less likely that support will be available in the home through informal care networks like a

family member. With less direct family support available, services, including community nursing, could face further demand to provide care and practical support.

The lack of access to services can compound the sense of isolation and loneliness among older people. While isolation does not automatically cause loneliness, social isolation is a major predictor of loneliness⁸. Various studies have linked loneliness with increased blood pressure, heart disease⁹, depression¹⁰, dementia¹¹ and Alzheimer’s disease¹².

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.

Table 2: Percentage of one person households aged 65 and over at 2011⁷

Council area	% of one person households aged 65 and over
Western Isles	16.6
Argyll and Bute	16.5
Dumfries and Galloway	15.7
Scottish Borders	15.2
Orkney Islands	14.9
Highland	13.5
Scotland	13.1
Shetland	11.9
Aberdeenshire	11.8



IMPROVING ACCESS TO COMMUNITY HEALTH CARE FOR OLDER PEOPLE IN REMOTE AND RURAL SCOTLAND

Community nursing in remote and rural areas is a challenging role, but one that the nurses interviewed as part of this project find satisfying and rewarding. They are at the heart of the communities they serve, using a wide range of skills, working across professions to deliver quality care and in a number of cases using technology as much as they can to improve access to care for patients.

The central challenge for the future is to ensure that nurses, along with all other professionals, are properly supported to meet the needs of an ageing population in the challenging remote and rural context described earlier in this report.

That requires a focus on achieving the following:

- A sustainable service that improves outcomes for patients wherever they are in remote and rural Scotland
- Connecting services and communities

Below we outline some of the actions that we believe should be taken to achieve these aims and improve access to good quality community

health care for older people in remote and rural Scotland.

ACTION 1: A sustainable service that improves outcomes for patients wherever they are in remote and rural Scotland

Shifting resources to the community

The Scottish Government's 2020 Vision for the future of care and the Reshaping Care for Older People programme are focused on moving care away from acute settings and closer to people's homes and communities. The integration of health and social care is a central part of achieving such a shift. Recent additions to the Scottish Government's vision for health services are the development of seven day care proposals and a review of out-of-hours primary care, which are ongoing at the time of publication.

Achieving both a move to more integrated, community focused care and the sustainable delivery of such care seven days a week, in- and out-of-hours, will require a radical shift in resources.

Long-term investment in community resources is not happening at the pace and scale required. Integrated Resource Framework data highlights that the share of spending on community health services for those aged 65 and over across

Scotland has hardly shifted since 2010/11. The report also states:

“The balance of care between Institutional Based Care, such as care within a hospital or care home, to Community Based Care such as community nursing or home care has remained steady between 2010/11 – 2013/14 at approximately 65% Institutional Based Care and 35% Community Care.”¹³

Boards are currently too focused on short-term solutions to the financial challenges they face. Audit Scotland’s recent ‘NHS in Scotland 2013/14’¹⁴ report highlighted that a number of remote and rural boards relied heavily on less sustainable one-off savings to help them break even. As can be seen in Table 3 below, 62 per cent of NHS Highland’s savings were achieved through non-recurring savings - an increase on 2012/13. There were large increases in the share of non-recurring savings in NHS Orkney (59 per cent in 2013/14 compared to 31 per cent in 2012/13) and NHS Borders (52 per cent in

2013/14 compared with 35 per cent in 2012/13). The share of such savings also doubled in NHS Shetland.

Only with long-term funding and robust, evidence-based planning can we make lasting improvements in access to care for older people in remote and rural communities.

Health and social care integration is one of the biggest changes to services in a generation and an opportunity to make that long-lasting change. Through the Public Bodies (Joint Working) (Scotland) Act 2014, health and social care services have the opportunity to work together to plan and commission services with significant input from the third and independent sectors as well as local communities.

It is a prime opportunity to be honest about the services we need and plan for the long-term rather than propose short-term solutions to immediate pressures. Joint strategic commissioning plans, market facilitation plans

Table 3: Non-recurring savings as a share of savings 2012/13 and 2013/14¹⁵

Health board	% non-recurring savings (2012/13)	% non-recurring savings (2013/14)
NHS Highland	55	62
NHS Orkney	31	59
NHS Borders	35	52
NHS Tayside	56	50
NHS Shetland	20	48
NHS Lanarkshire	9	39
NHS Ayrshire and Arran	5	33
NHS Fife	47	31
NHS Western Isles	29	27
NHS Lothian	30	15
NHS Dumfries and Galloway	4	6
NHS Grampian	13	3
NHS Forth Valley	22	0
NHS Greater Glasgow and Clyde	0	0

and locality plans will need to set out in detail, using robust data, how services are going to meet such challenges.

At the same time, the process of integrated service plans cannot be seen in isolation from the current reviews being undertaken by the Scottish Government. Plans to make changes to out-of-hours services and deliver seven day care must be clear, costed and accompanied, if necessary, with additional resources to allow integration authorities to put those plans into action.

A whole system approach to recruitment and retention

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.

Indeed, looking at Table 4 we can see that five of the seven remote and rural boards are operating with an above average proportion of their district nursing staff aged 50 or over¹⁶.

Recruitment issues in remote and rural areas are not confined to nursing. The Royal College of General Practitioners (RCGP) recently warned that GP recruitment and retention problems meant that “remote and rural healthcare in Scotland has reached a crisis”¹⁷. From our interviews with nurses it also seems that

recruitment difficulties apply to social care roles.

Unfilled nursing, GP or social care posts mean that the remaining workforce needs to work even harder to fill the gaps to 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, 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.

In some cases the reasons for staying in a post or leaving go beyond the job itself and other factors such as the community, schools, housing and other services become prime considerations.

That is why we need a whole-system approach to recruitment and retention. All services across all sectors, as well as the public in remote and rural communities, need to work together and contribute to recruiting and retaining healthcare staff in rural areas. Everyone needs to work together to ensure that:

- **Existing and potential staff are informed**
That they are fully aware of job opportunities and the benefits those job opportunities bring to their career. The provision of honest and reliable information on living and working in

Table 4: Share of the community nursing workforce aged 50 and over and caring for older people¹⁶

NHS board	% aged 50 and over
Western Isles	59.5
Shetland	54.7
Borders	52.6
Highland	50.9
Grampian	46.8
Scotland	46.6
Orkney	45.3
Dumfries and Galloway	44.6

remote and rural areas also allows people to make informed decisions as to whether a remote and rural practice role is right for them and their family.

- **Staff are well-trained** The Remote and Rural Healthcare Educational Alliance (RRHEAL)¹⁸ along with the NMAHP Directorate, NHS boards and universities are all working to support staff development. The Mobile Skills Unit, funded by NHS Education for Scotland (NES), is also an initiative that brings training and education sessions to remote and rural areas without the need for staff to travel long distances¹⁹. Online resources are also available.

Central to the success of training however is allowing nurses and other healthcare professionals time to learn. If nurses are over-stretched then the chances of them securing the time to make the most of training opportunities is reduced.

- **Families are fully supported** Recruitment and retention goes beyond the individual employee. A full suite of support needs to be in place to help families relocate and develop a life in remote and rural Scotland. Help for partners to find appropriate work, access to schools and housing, and ways to support an active social life all play an essential part in not only attracting good staff to rural areas but retaining them.
- **The whole community is engaged** A successful recruitment and retention strategy benefits the whole community so the community should be involved in shaping that strategy. They should be active partners in recruiting and retaining nurses and other healthcare professionals to their area.

For each area the solution may be different, but these principles should form the basis of a sustainable approach to recruitment and retention in remote and rural areas.

Through the integration of health and social care, local authorities, the NHS, the third and independent sector and local communities should be working closer than ever before. This would be a good place to develop a whole system recruitment and retention strategy for health and care staff and consider how the wider community is supported in the recruitment and retention process.

Developing the ANP role

Both in- and out-of-hours services can be enhanced by the skills of ANPs. Indeed they already are in parts of Scotland. These 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. The RCN launched a report on the future of advanced nursing practice in July 2015, which is a companion piece to this publication²⁰.

ANPs work creatively to deliver care that is complementary to that of other healthcare professionals. The RCN has identified the characteristics of advanced nursing practice as:

- Making professionally autonomous decisions for which they are accountable
- Receiving, assessing and diagnosing patients with undifferentiated and undiagnosed problems
- Having the authority to admit, discharge and refer patients
- Ordering investigations and providing treatment individually or as part of a team
- Supporting patients to self-care, manage and live with illness
- Working collaboratively across professions and disciplines
- Providing clinical leadership²¹.

ANPs are an asset to the future of community care for older people in remote and rural areas. For example, they are delivering intermediate care in Shetland and providing vital primary care services on non-doctor islands. They are also a key part of the Grampian Medical Emergency Department (G-MED) service that delivers out-of-hours unscheduled care across the region, assessing, diagnosing and treating patients in their own home or within an unscheduled care centre.

Evidence suggests that ANP roles improve access to services and provide quality care for patients. A Cochrane review (2005)²² found that appropriately-trained nurses can deliver the same quality primary care as doctors and achieve as good health outcomes for patients. An evaluation of advanced practice roles in two primary care trusts in England also found that the roles were

successful in improving access to primary care services in areas where GP recruitment and retention had been difficult, reduced stress amongst GPs and improved GP recruitment²³.

Both studies highlighted that ANP roles delivered improved patient satisfaction. Indeed, this appears to be backed up by feedback received from patients following the decision to use ANPs at Lerwick Health Centre in Shetland. Comments posted on the Patient Opinion website highlight that patients have managed to see a healthcare professional more quickly and were more satisfied with the service they received:

“Very good experience. Phoned and got an appointment for the following day. Got seen at exactly my appointment time by a friendly, efficient and helpful ANP. Couldn’t have been better.”²⁴

PATIENT COMMENT ON LERWICK HEALTH CENTRE ANP SERVICE

The volume and complexity of demand in the older remote and rural population is set to increase and access to services is already a significant and stubborn challenge. It makes sense to build multidisciplinary teams of highly skilled professionals, playing their full part in meeting those needs both now and in the future. ANPs can complement the work of GPs, allied health professionals (AHPs) and pharmacists to make sure that timely clinical decisions are taken closer to home and when patients need it.

Building such teams requires long-term commitment; they are not a quick fix. Scottish Government guidance²⁵ states that all ANPs should be educated to Master’s level and work at least at Band 7 on the Agenda for Change banding system²⁶. Before they become ANPs they already need significant experience in senior roles and will go through rigorous training.

In the Grampian GMED service for example, not only do ANPs have to have at least five year’s post-registration experience as a senior staff nurse or charge nurse, but also have to complete a three-year Master’s programme in advanced clinical practice which covers prescribing and examination skills. Before being able to practise autonomously, nurses also have to pass the British Association of Immediate

Care (BASICS) training, successfully completing hands-on scenarios using a simulator and Objective Structured Clinical Examinations (OSCEs).

Building and increasing the number of these roles takes significant time commitment from nurses, but also requires a commitment from all relevant decision-makers to invest in developing such roles and supporting training.

NES and the Scottish Government have been working towards developing a consistent approach to support sustainable implementation of advanced nursing practice roles. However this is not being translated consistently into practice.

We need nationally agreed standards for training, education and career development of remote and rural ANPs so that there is consistency and a clear understanding of the competencies that nurses working in these roles need to have. This would not only help decision-makers build multidisciplinary teams using the full range of ANP skills, but also help nurses get the support they need to develop their abilities.

It is important to embed education into practice. In some cases in remote and rural areas this may mean freeing up staff to maintain their clinical skills by giving them regular experience of work in hospitals. Ensuring there is peer-to-peer support and clinical mentorship from a GP or other clinician is also important, but can be difficult when the nearest GP may be a boat trip or even a plane ride away.

That is why this process cannot be seen in isolation from issues around recruitment and retention and workforce planning. If nurses are constantly being deployed to fill staffing gaps then they will not have the time or the support to develop the skills needed for the future. At the same time, focusing on short-term solutions to recruitment issues will prevent boards from putting in place measures to attract staff with the right skills to join the new teams needed for the future of care.

Developing ANP roles for the long-term in the remote and rural areas they are required will need to be a fundamental part of workforce planning. The recommendations in our ‘Nurse Innovators’ report²⁰ cover the future of this workforce more fully, but within the context of this report we note the need to:

- Invest in long-term development of ANP roles, including succession planning to ensure sustainability of ANP services in remote and rural areas
- Ensure nurses have the time and support to undergo the significant training process required to become an ANP
- Develop an effective recruitment strategy to attract ANPs and other highly skilled healthcare professionals to remote and rural practice
- Establish clear professional structures, clinical supervision and support for ANPs, particularly if they are lone practitioners.

Increasing the number of ANPs, deploying them effectively to improve access to care for patients, putting in place robust governance structures and supporting them appropriately needs to be at the heart of any long-term workforce strategy in remote and rural areas.

ACTION 2: Connecting services and communities

To successfully improve access to care for older people in remote and rural Scotland we need to make sure that services and people are connected to deliver quality support and care.

A number of these actions go beyond the nursing workforce, but are essential in supporting nurses, and other healthcare professionals in the community to improve access to quality care.

Going digital

Through advances in technology 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.

Where possible, remote and rural boards are using technology to improve access to health care and better support wellbeing. For example, community nursing staff are using digital pen technology in the Western Isles, Dumfries and Galloway²⁷ and the Borders²⁸ to improve communication between teams and free up more time to spend with patients in the community.

In Foula, an island off Shetland where the nearest GP is a two-and-a-half hour boat trip away, a computer at the nurse-led clinic allows patients to connect with their GP and other specialists via video link. With the help of technology, the clinic on the island can monitor patients' blood pressure, pulse and carry out electrocardiograms (ECGs) and send the results directly to appropriate specialists on the mainland.

The Scottish Government's refreshed e-health strategy aims to align the development of e-health with the objectives of the 2020 Vision and move towards seven day services. Technology will be increasingly used to support health professionals in providing person-centred, integrated care closer to home or in a homely setting. Technology will play a key role in prevention, anticipation and helping patients manage their own conditions.

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. Progress on this agenda largely hinges on three key actions:

1. Nurses and other professionals being confident users of technology

To truly promote the benefits of e-health, staff need to feel confident in using and developing technology in the care setting. There is a network of nursing, midwifery and AHPs in Scotland whose role it is to promote e-health at local level, share good practice and address e-health issues. There is also an NMAHP leadership programme to further develop e-health solutions at local level.

However, 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.

2. Better broadband infrastructure to connect with patients and support a mobile workforce

Lack of broadband and connectivity issues are

constant barriers to developments in remote and rural areas.

A number of remote and rural health boards have highlighted frustrations with the lack of digital infrastructure. NHS Western Isles' strategic assessment of its ability deliver the 2020 Vision for primary care states very clearly that:

“Poor quality of internet access throughout the Western Isles is a consistent barrier to many developments”²⁹

They also said that practices would be interested in electronic booking systems, digital repeat prescription request systems and patient text messaging, but the IT infrastructure in the area and particularly outside of Stornoway is “of a poor quality”³⁰.

In its assessment, NHS Orkney identified particular problems with mobile technology with intermittent signal and slow data transfer rates³¹. Videoconferencing kits are available to all GP practices, but they said that bandwidth is an issue.

With proper broadband, patients would be able to make direct contact with their care teams, friends and family from their homes through a computer, tablet or a smart TV. Without it, options become more limited.

The Scottish Government has a vision to achieve universal access to superfast broadband by 2020. It wants to establish an infrastructure that could provide broadband speeds of 40-80 Megabits per second (Mb/s) to 85-90 per cent of premises by 2016 and extend it to 95 per cent by 2017. A £412 million pound Digital Scotland Superfast Broadband Programme³² is at the heart of efforts to connect Scotland's communities³³. So far the project has connected around 150,000 homes and businesses including 30,000 in the Highlands and Islands to superfast Broadband infrastructure.

There is no doubt that this project is significant and ambitious, but we are a long way from making the vision of universal access a reality for those in hard to reach parts of Scotland.

A recent report by Audit Scotland pointed out that the broadband roll-out does not guarantee speeds of 40-80 Mb/s to all users³⁴. In fact, they suggest that around a quarter of premises “may need to rely on further technological advances or new investment to get speeds of more than 24Mb/s”³⁵. They also calculate that around 132,000 premises, 45,300 of which are in the Highlands and Islands, will not receive superfast broadband at all under the programme or will only receive it if the survey work identifies a way to provide access to the network. There is a concern that the slower speeds and indeed



the areas that will be left untouched by the programme will be some of the most remote communities in Scotland.

Audit Scotland also states that the Scottish Government “does not yet have detailed plans to achieve its vision of universal availability by 2020”³⁶.

Community Broadband Scotland (CBS) supports remote and rural communities that are unlikely to be covered by the efforts of the Digital Scotland Superfast Broadband Programme to develop their own broadband solutions. These solutions can range from small self-build projects where the network is run and maintained by volunteers in the community or larger projects bringing together a number of communities to be connected through a private provider. It is unclear whether the funding provided to CBS is enough to connect all of the hard to reach communities in Scotland. Indeed, in a number of cases small self-build projects are not reliable enough to be developed for use in health care. Their reliance on volunteers also makes the risk of volunteer fatigue a real problem for the sustainability of the local service.

At the same time, we must also look beyond the process of simply connecting premises to broadband and seek to realise the potential

of wireless connectivity. Wireless broadband opens up the opportunities for the workforce to become more mobile, more present in communities and spend less time doing paperwork back in the office.

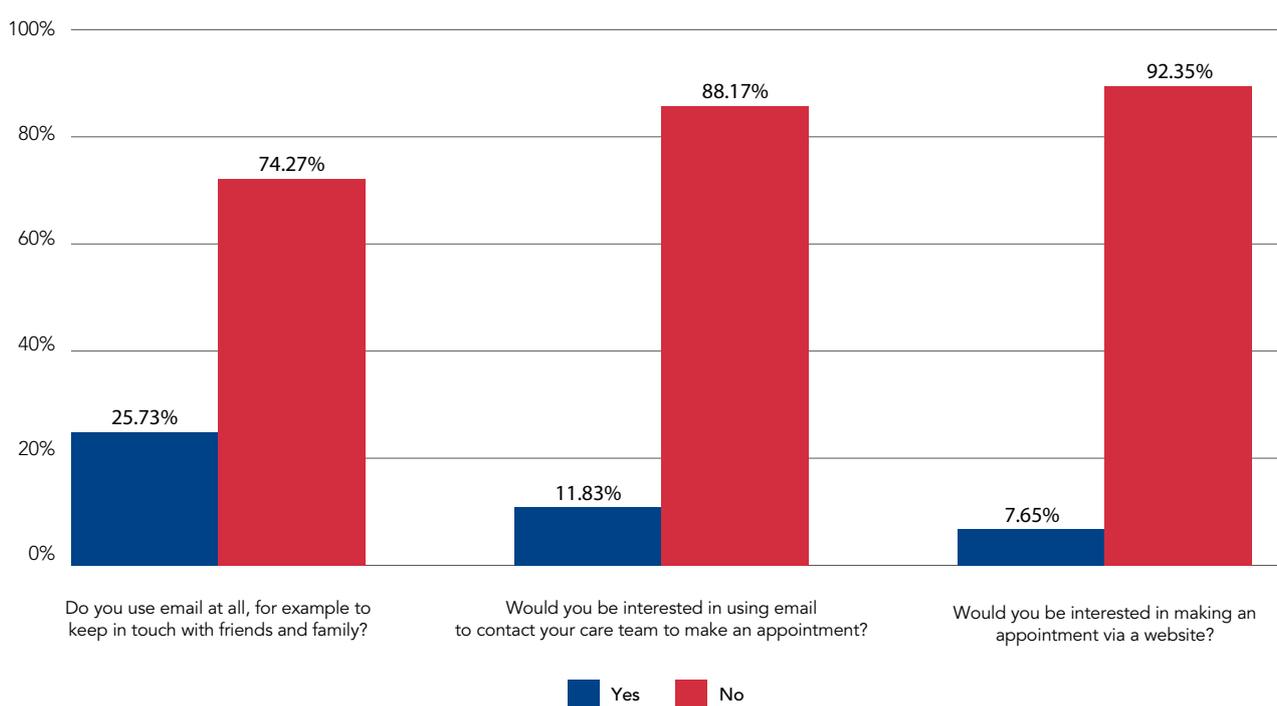
Community nurses and their colleagues are already a mobile workforce, but in a number of remote and rural areas they have no mobile reception or secure wireless internet connection. We need to develop digital infrastructure to ensure that all community-based staff have access to secure, fast and reliable wireless broadband in the community.

3. Services and communities working together to change attitudes and improve digital participation

Digital skills unlock the potential to make services more convenient, supportive and help promote social inclusion. However, while the situation has improved over the last decade, older people are the least likely to use the internet. Only one in four people over 75 reported using the internet in 2013³⁷.

Our survey of older people in remote and rural areas also found a great deal of scepticism around technology. Figure 1 shows that just over a quarter of respondents used email

Figure 1: Other possible ways to get in touch with your health team



socially. Over 88% of older people surveyed said they would not be interested in using an email to make an appointment with their health team. An even higher proportion (over 92%) were not interested in making an appointment via a website.

There also appears to be resistance to the use of video-conferencing (Figure 2). A large majority of those surveyed did not use video-link technology like Skype or FaceTime. Nine in ten respondents were not interested in using video-link technology to connect with their care team from their own home.

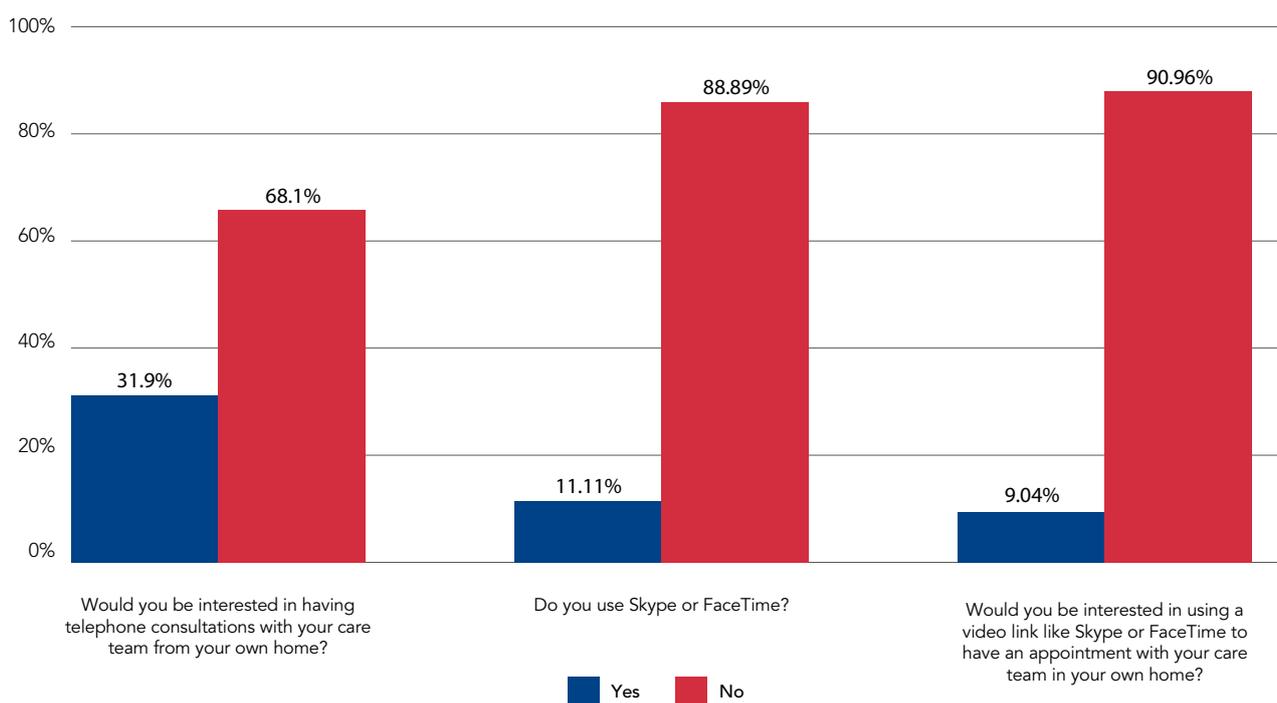
Significant work therefore needs to be undertaken to change attitudes and support older people in embracing technology as a convenient and effective way of accessing health care.

There are a number of projects aimed at assisting people to learn the skills necessary to use the internet and digital devices. Learn My Way³⁸ offers a range of free online courses to help people make the first step and the SCVO offers an online directory of local organisations offering support to develop online skills³⁹. For

older people living in some remote and rural areas, however, these courses, and the skills they unlock, will remain inaccessible. Some may require a car or a bus journey to attend a course, some may not have a computer and some may not have internet connection at all. It should be the responsibility of all local service delivery partners to work together in remote and rural areas to proactively seek out older people who could benefit from digital services and digital literacy and put in place measures to get them online.

Indeed, the solutions to improving digital literacy do not just reside with older people in improving their skills. Concerted effort also needs to be made to ensure that any device, software or apps are accessible. There is a number of programmes used across the world that simplify devices and software interfaces to ensure that older people can get the most out of technology to improve their health and wellbeing⁴⁰. The usability of technology must also be a key consideration in future development of telehealth and telecare solutions among remote and rural boards.

Figure 2: In some parts of Scotland, technology is being used which means people can receive care by speaking to a nurse, doctor or other health care professional by telephone or by using a video link



Supporting 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, services across sectors and the wider community need to work together.

A number of nurses in remote and rural areas already play a key role in identifying the signs of loneliness, signposting older people to support services and actively encouraging older people to engage in different ways with their wider community.

Voluntary organisations, a number of which assisted with this project, are also providing lifeline services to help older people feel supported as part of the community. A number of the comments we received through our survey of older people highlighted just how important befriending services, support groups and community transport providers are to supporting their daily lives. One response stated:

"I am dependent on Deveron Care's valuable help for appointment, shopping, reading mail and other small tasks that I am unable to do myself due to my loss of sight. I have no family here so other help is greatly appreciated"

And another wrote:

"At present I have a befriender who visits me a fortnight and I very much appreciate this."

Through the integration of health and social care, integration authorities will need to consider all community assets available across the public, private and third sectors in commissioning services for the local population. The locality planning process provides a structure for local engagement and decision making that, if done right, should bring the right people together to plan local services to meet local needs.

Projects like ALISS (A Local Information System for Scotland), developed by the Scottish

Government and Health and Social Care Alliance Scotland, can also assist integration authorities in mapping community assets and bringing these services together.

However it takes more than legislation, strategies and structures to help people work together; it requires concerted and constant support to develop a true culture of collaboration.

For this approach to succeed, integration authorities need to ensure that nurses, as well as other relevant professionals, have the time to learn and develop strong collaborative relationships and engage fully with the local community.

CONCLUSION

Caring for older 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 ambition to bring care closer to people's homes and focus on prevention is a positive step, but in the remote and rural context it means that the workforce in the community will need to be more flexible and more accessible to patients. To make that ambition a reality, remote and rural professionals and the communities they serve therefore need the right support and the right infrastructure to be in place.

The nurses and community projects who helped shape this report have a common purpose; to deliver quality care and support to those in need, no matter where they are. The older people who took part in the survey largely recognise and value the commitment shown by the people caring for them.

More needs to be done to build on that commitment to tackle the challenges of the future.

We hope that the recommendations made in this report will inform decision makers to take concerted action to secure a quality, safe, accessible service for older people in remote and rural communities that is truly fit for the future.

REFERENCES

- ¹ Population Projections for Scottish Areas (2012-based). <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2012-based/list-detailed-tables-2014>
- ² Scottish Index of Multiple Deprivation (2012). <http://simd.scotland.gov.uk/publication-2012/simd-2012-results/domain-results/geographic-access-domain/>
- ³ MacVicar and Nicoll, "NHS Education for Scotland: Supporting Remote and Rural Healthcare". NES Board Paper (August 2013) <http://www.rrheal.scot.nhs.uk/media/185252/remote%20and%20rural%20healthcare%20updated.pdf>
- ⁴ NHS Grampian includes the city of Aberdeen as well as Aberdeenshire.
- ⁵ Scottish Government, Scottish Household Survey 2013. <http://www.gov.scot/Topics/Statistics/16002>
- ⁶ Age Scotland, Driving Change: The case for investing in community transport (2013), P11 <http://www.ageuk.org.uk/Documents/EN-GB-SC/Still%20Waiting%20campaign/Driving%20Change.pdf?dtrk=true>
- ⁷ Scottish Census 2011 Council area profiles <http://www.scotlandscensus.gov.uk/ods-web/area.html>
- ⁸ Age UK Loneliness and Isolation Review. http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true
- ⁹ Lanaigh C and Lawlor BA (2008) Loneliness and the health of older people, *International Journal of Geriatric Psychiatry*, 23, 1213-1221
- ¹⁰ Cacioppo JT, Hughes ME and Waite LJ (2006) Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses, *Psychology and Aging*, 21(1), 140-151; Golden J, Conroy RM, Bruce I, et al (2009) Loneliness, social supports, mood and wellbeing in community-dwelling elderly, *International Journal of Geriatric Psychiatry*, 24, 694-700
- ¹¹ Fraiglioni L, Wang HX, Ericsson K et al (2000) Influence of social network on occurrence of dementia: A community-based longitudinal study, *Lancet*, 355, 1315-1319
- ¹² Wilon RS, Krueger KR, Arnold SE et al (2007) Loneliness and risk of Alzheimer Disease, *Archives of General Psychiatry*, 64, 234-240; Valtorta N and Hanratty B (2012) Loneliness, isolation and the health of older adults: Do we need a research agenda? *Journal of the Royal Society of Medicine*, 105, 518-522
- ¹³ ISD, Health and Social Care Integrated Resource Framework NHS Scotland and Local Authority Social Care Expenditure: Financial Years Ending 31 March 2011-2014. <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2015-05-26/2015-05-26-IRF-Summary.pdf>
- ¹⁴ Audit Scotland, NHS in Scotland 2013/14 (2014). http://www.audit-scotland.gov.uk/docs/health/2014/nr_141030_nhs_finances.pdf
- ¹⁵ Ibid. p17 (Exhibit 3 background data)
- ¹⁶ ISD, Note that we cannot separate out from the available data those nursing staff who care for older people exclusively, but robust figures are now available which allow us to quantify the district nursing workforce, which will focus a significant amount of its activity on older people. <http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/>
- ¹⁷ RCGP Scotland, Being Rural: exploring sustainable solutions for remote and rural healthcare. Rural Strategy Group Scotland Policy Paper, <http://www.rcgp.org.uk/rcgp-near-you/~media/Files/Policy/A-Z-policy/RCGP-Being-Rural-policy-paper-and-appendix-2014.ashx>
- ¹⁸ NES Remote and Rural Healthcare Educational Alliance (RRHEAL). <http://www.rrheal.scot.nhs.uk/media/169515/rrheal%20-about%20us%20document%202012.pdf>
- ¹⁹ Cosh, Jackie. "Skills on wheels", *Nursing Standard*; 1/25/2012, Vol. 26 Issue 21, p23
- ²⁰ RCN, Nurse Innovators: Clinical Decision-Making in Action (2015). http://www.rcn.org.uk/___data/assets/pdf_file/0005/633470/SC0511-Nurse-Innovators-Report.pdf
- ²¹ Ibid.
- ²² Laurant M, Reeves D, Hermens R, Braspenning J, Grol R and Sibbald B, Substitution of doctors by nurses in primary care (review), *Cochrane Database of Systematic Reviews* 2005, Issue 2, Art No: CD001271, Hoboken: John Wiley and Sons Ltd.
- ²³ Acton Shapiro, Rome wasn't built in a day – The Impact of Advanced Practitioners on Service Delivery and Patient Care in Greater Manchester, Final report (January 2009). <http://www.apollonursingresource.com/wp-content/uploads/2013/10/impact-of-adp-roles-on-service-delivery-and-patient-care-final-report-jan-09.pdf>
- ²⁴ Patient Opinion, Lerwick Health Centre. <https://www.patientopinion.org.uk/services/sz9>
- ²⁵ Scottish Government, Advanced nursing practice roles guidance for NHS boards (2010). <http://www.advancedpractice.scot.nhs.uk/media/614/sg-advanced-practice-guidance-mar10.pdf>
- ²⁶ Agenda for Change sets out NHS pay, terms and conditions across the UK.
- ²⁷ NHS Dumfries & Galloway, Locality Based Approaches. http://www.nhsdg.scot.nhs.uk/Departments_and_Services/Putting_You_First/Locality_Based_Approaches
- ²⁸ <http://news.scotland.gov.uk/News/NHS-use-of-mobile-technologies-893.aspx>
- ²⁹ NHS Western Isles, Local Delivery Plan 2014-15. http://www.wihb.scot.nhs.uk/publications/local-delivery-plan-1dp/documents?view_doc=sub&view=category&id=97
- ³⁰ Ibid.
- ³¹ NHS Orkney Local Delivery Plan 2014-15. <http://www.ohb.scot.nhs.uk/article.asp?page=323>
- ³² Jointly funded by Scottish Government, Highlands and Islands Enterprise, UK Government, Local Authorities and European Regional Development Fund and BT. For more see: <http://news.scotland.gov.uk/News/Fibre-broadband-reaches-150-000-homes-and-businesses-1215.aspx>
- ³³ Audit Scotland, Superfast broadband for Scotland. A progress report, (2015). http://www.audit-scotland.gov.uk/docs/central/2015/nr_150226_broadband.pdf
- ³⁴ The broadband speed received will vary on a number of factors including distance between the premises and the cabinet which is part of the broadband network; the quality of the copper wire connecting the premises and the cabinet as well as the internet package chosen by the premises.
- ³⁵ Ibid. p 5.
- ³⁶ Ibid.
- ³⁷ Scottish Household Survey 2013. <http://www.scotland.gov.uk/Resource/0045/00457570.pdf>
- ³⁸ Learn My Way Scotland. <http://scotland.learnmyway.com/>
- ³⁹ SCVO Digital Participation Programme. <http://digital.scvo.org.uk/directory/>
- ⁴⁰ Mobile World Capital, MHealth Turns Old Age in the 3.0 Age. <http://www.mobilehealthglobal.com/in-the-news/news/81/mhealth-turns-old-age-into-the-age-30>



© ROYAL COLLEGE OF NURSING AUGUST 2015

ROYAL COLLEGE OF NURSING SCOTLAND
42 SOUTH OSWALD ROAD
EDINBURGH EH9 2HH

FOR MORE INFORMATION CONTACT POLICYSCOTLAND@RCN.ORG.UK