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Healthcare in Scotland's remote and rural areas

Introduction

1. The Royal Society of Edinburgh (RSE), Scotland's National Academy, in conjunction with the Young Academy of Scotland (YAS), welcomes the opportunity to respond to the Health, Social Care and Sport Committee of the Scottish Parliament's inquiry on healthcare in Scotland's remote and rural areas. We appreciate the importance of responding to the current challenges facing Scotland's rural communities and the National Health Service (NHS).

2. We are well placed to offer supporting evidence to this inquiry by drawing the diverse expertise within our newly established Health and Wellbeing Community of Interest, which brings together experts from academic and professional backgrounds within the RSE Fellowship and beyond, with representation from leading experts in health and social care, public policy, and economics.

3. This paper will summarise the key issues the RSE believes the Committee should prioritise during its inquiry. We have also included references to recent publications (mainly peer-reviewed research papers) which support the case for considering these issues. This is not a systematic review and is largely restricted to papers published since 2019. Many of the studies cited focus on certain localities, so they may not represent conditions across the whole of rural and remote Scotland.

What are the most important issues the Health, Social Care and Sport Committee should examine in its inquiry?

4. The RSE notes there is a need in rural areas to address issues of access to services and to enhance capacity in terms of staff, such as link workers, who play a vital role in making health and social care available to some of the more disadvantaged groups in the population. In addition, action is required to sustain and develop social capital and social support among carers and the wider population, vital to rural health and health care.

5. In rural areas, public services may not be subject to a relative lack of health and social care funding (the resource allocation formula does benefit remote and rural areas more than urban areas, relative to population size). However, there are concerns about the general adequacy of current health and social care funding at the national scale and the impacts of recent austerity programmes on health inequality, which means that rural areas may remain disadvantaged and at risk. It also may be necessary to consider how effectively available resources are used in different sectors to meet healthcare needs in rural areas.

6. The distinctive characteristics of rural areas, particularly ones remote from centres of population and hubs for the provision of services, personnel and expertise, always pose serious challenges in terms of delivering health and social care, even during times less financially challenging than those presently faced. This is a prime reason for our emphasis on smart and strategic investments in wider forms of social support and social capital.

Recruitment and training issues

7. The RSE contends that addressing issues around recruitment and training of NHS staff in rural communities is of vital importance. The Health and Social Care Committee should seek to focus on ***how to address more effectively problems of recruitment to health and social care services in rural areas due to a lack of applicants with suitable expertise***.

8. The RSE notes that there are multiple challenges facing rural communities in Scotland in terms of addressing labour shortages within the healthcare sector. Not least are the current trends in demographics. Scotland's rural populations have seen a greater increase in an ageing population compared to the rest of Scotland.[1] Factors that are likely to be exacerbating the diminishing working-age population include the increasingly limited housing stock, challenges accessing schools, and childcare provision. All of these may need to be improved to attract those of working age to rural regions.[2]

9. Examples of recent publications in this field which might inform the consideration of these issues include a report on the international experience (including in Scotland) of the application of the Framework for Remote Rural Workforce Stability, which includes nine strategic elements designed to plan, recruit, and retain workforce staffing. The authors note that *"Five conditions for success are recognition of unique issues; targeted investment; a regular cycle of activities involving key agencies; monitoring, evaluating, and adjusting; and active community participation"*.[3]

10. It is also worth noting findings from an evaluation of The Scottish Government Targeted Enhanced Recruitment Scheme (TERS), designed to draw more GPs into rural areas, which had been introduced and was known about by the majority of GPs surveyed. The authors concluded that *"The locations of family, spouse or partner, and of pre-existing geographical preferences were more influential than TERS"*.[4] This could perhaps indicate the need for the inquiry to focus on encouraging more broadly based local incentives to attract healthcare workers into rural areas.

[1] The Royal Society of Edinburgh (2022) 'Road to Recovery: Impact of The Pandemic On The Scottish Labour Market' [online] Available at: https://rse.org.uk/expert-advice/advice-paper/road-to-recovery-impact-of-the-pandemic-on-the-scottish-labour-market/ (Accessed 07/08/2023).

[2] The Royal Society of Edinburgh (2023) 'The Impact of The Cost of Living in Rural Communities in Scotland.' [Online] Available at: https://rse.org.uk/wp-content/uploads/2023/03/RSE-AP-The-cost-of-living-impact-on-rural-communities-in-Scotland-2023.pdf (Accessed 07/08/2023).

[3] Abelsen, B., R. Strasser, D. Heaney, P. Berggren, S. Sigurosson, H. Brandstorp, J. Wakegijig, N. Forsling, P. Moody-Corbett, G. H. Akearok, A. Mason, C. Savage & P. Nicoll (2020) 'Plan, recruit, retain: a framework for local healthcare organizations to achieve a stable remote rural workforce.' Human Resources for Health, 18.

[4] Lee, K. & D. E. Cunningham (2019) General practice recruitment - a survey of awareness and influence of the Scottish Targeted Enhanced Recruitment Scheme (TERS). Education for Primary Care, 30, 295-300.

Can we do more to develop the potential of training/support strategies for health and social care workers in rural areas?

11. The RSE notes that accessing training is *"one of the biggest challenges facing rural healthcare workers. Studies of the 'in service' training needs of early career GPs, show barriers "to accessibility of learning courses in terms of travel time and cost Participants appreciated collective learning and commented about the logistics and costs of learning. Learning providers need to recognise this and take these differences into account when planning and preparing learning in the future".*[5]

12. Some research in Scotland has indicated the potential to enhance the support networks that can be important to help maintain the workforce in rural areas. For example, an examination of the use of a Mobile Simulation Unit (MSU) designed to help workers to have better access to training wherever they are based (particularly for those in remote and rural Scotland) found '*the results of the analysis supported the business case for an upgraded new MSU' and that there is a 'need to explore in more depth the variation in impact across the venues visited.*'[6]

13. A study was conducted to evaluate the implementation of Advanced Nursing Practitioner (ANP) roles in Scottish primary care. The report noted "*In rural areas, ANPs undertook multiple nursing roles, were more autonomous and managed greater complexity.*" Their findings also suggest "*ANP roles can be implemented with greater success and have more potential to transform primary care when the mechanisms include leadership at all levels, ANP roles that value advanced nursing knowledge, and appropriate education programmes delivered in the context of multidisciplinary collaboration."*[7] This underlines the need to view the development of specific training and support strategies as part of the wider system, ensuring that they are well integrated with the activities of the overall health and social care network.

Can we do more to develop social capital in rural areas which helps to support health, supports Health, social care and voluntary sector workers and recognises the significance of their roles, and also has wider benefits in the community?

14. The RSE understand that some research papers underline the need to develop the levels of supportive social capital among health and social care workers in ways which will benefit recruitment and retention. One paper found that among rural midwives interviewed in their research, '*Social capital was a principal theme*'. They comment that: '*Subthemes were (a) working relationships, (b) respectful communication, (c) partnerships, (d) interface tensions, (e) gift of time facilitates relationships.*'[8]

Recognising wider determinants of health in rural areas

Should more be done to address risk factors for population health that have been reported to be relatively significant in rural, as compared with other areas in Scotland?

15. The RSE recommends that the inquiry considers whether more should be done to address risk factors for population health that have been reported to be relatively significant in rural, as compared with other areas in Scotland?

16. Attention should be given to conditions in rural settings which contribute to risks to health. More action may be needed to prevent illness, as well as responsive strategies to provide treatment for those who become ill. This would require collaboration with agencies beyond health and social care services. For example, risk factors may include conditions in

[5] Cunningham, D. E., C. Ward, J. Kyle & L. Yeoman (2021) Learning needs, preferred learning methods and learning challenges of first five general practitioners in NHS Scotland: a qualitative study. Bmj Open, 11.

[6] Baker, A., L. Hardie, S. Somerville & J. Ker (2021) Analysis of the use of a mobile simulation unit using the principles of a managed educational network. Rural and Remote Health, 21.

[7] Strachan, H., Hoskins, G., Wells, M. & Maxwell, M. (2022). A realist evaluation case study of the implementation of advanced nurse practitioner roles in primary care in Scotland. *Journal of Advanced Nursing*, 78, 2916–2932.

[8] Crowther, S., R. Deery, R. Daellenbach, L. Davies, A. Gilkison, M. Kensington & J. Rankin (2019) Joys and challenges of relationships in Scotland and New Zealand rural midwifery: A multicentre study. Women and Birth, 32, 39-49.

rural environments such as pollution, lack of access to health-protective resources and information, and alcohol consumption.

17. The RSE notes that although air pollution may be considered less significant as a health risk in rural areas, pollution due to fine particular matter and nitrogen dioxide were significantly associated with all-cause deaths in rural and urban areas in Scotland and "*the adverse effects of pollutants in rural areas seem to be more harmful to human health than those in urban areas*".[9] Furthermore, data from government statistics also show that levels of ozone tend to be higher in rural rather than urban areas, which contributes to asthma attacks, inflammation of the respiratory tract, eyes, nose, and throat.[10]

18. The RSE recommends that the Committee should also consider issues concerning sexual health in rural populations. A study of adolescents aged 13-18 across the islands of the Outer Hebrides of Scotland found that the young people surveyed perceived a lack of support relating to accessing condoms and contraception and education about relationships and sexual health. Key themes emerging related to young people's experiences of being *'alone yet visible*', perceptions of "*silence and disapproval, and safe spaces."* The authors note *"an underpinning theme of island cultures*". It was also reported that LGBTQ+ teenagers may be particularly disadvantaged.[11]

19. The RSE notes that alcohol consumption among young people may also be particularly problematic in rural areas. One report examined neighbourhood social environment and alcohol use among urban and rural Scottish adolescents. Among drinkers, those living in accessible small towns and in remote rural communities had higher odds of weekly drinking and drunkenness compared to urban areas. The authors argue that their findings "*support regional targeting of public health efforts to address inequalities. Future work is needed to develop and evaluate intervention and prevention approaches for neighbourhoods at risk."*[12]

20. The research of Parr, Philo & Burns[13] indicated the value of enhancing rural learning about mental ill-health – of developing deeper pools of social support and social capital around this challenge in remote and rural areas – as well as improving accessibility of individuals in their homes to visiting specialists whose role should be as much about intra-personal engagement as medicalised interventions. Such interventions may help to address problems of prejudice and lack of understanding among some rural residents concerning mental health problems. Careful articulation with voluntary and user-led resources is also noted here. Moreover, where in-patient treatment becomes essential, issues of reintegration back into home neighbourhoods and communities demands attention.

21. The design of in-patient facilities is a further consideration. The design of in-patient facilities needs to incorporate features sensitive to the wider health determinants. It is important not to jettison the evident therapeutic value of older forms of 'asylum' entirely – of retreat, refuge, sanctuary – that often benefitted from proximity to nature (an idea now reinvented in terms of the therapeutics of 'green space').[14] Rural areas can theoretically offer in-patients relatively easy access to restorative green environments and these should be more carefully incorporated into modern hospital design.

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[9] Huang, G. W. & F. Liu (2022) Urban/rural differences in air pollution impacts on deaths in Scotland: A comparison study on different pollution data sources. *Spatial Statistics*, 52.

[10] Department of Environment, Food and Rural Affairs (2023) 'Ozone (03)' [Online] available at: https://www.gov.uk/government/statistics/air-quality-statistics/concentrations-of-ozone (Accessed 07/08/2023).

[11] MacGilleEathain, R., T. Smith & I. Steele (2023) Sexual well-being among young people in remote rural island communities in Scotland: a mixed methods study. *Bmj Sexual & Reproductive Health*.

[12] Martin, G., J. Inchley, A. Marshall, N. Shortt & C. Currie (2019) The neighbourhood social environment and alcohol use among urban and rural Scottish adolescents. International Journal of Public Health, 64, 95-105.

[13] Parr, H., Philo, C. & N. Burns (2003) 'That awful place was home': reflections on the contested meanings of Craig Dunain Asylum, Scottish Geographical Journal, 119, 341-360. Parr, H., Philo, C. & N. Burns (2004) Social geographies of rural mental health: experiencing inclusions and exclusions, Transactions of the Institute of British Geographers, 29, 401-419. Parr, H., Philo, C. & N. Burns (2005) "Not a display of emotions': emotional geographies of the Scottish Highlands', in Davidson, J., Bondi, L. & M. Smith, M. (eds.), Emotional Geographies (Ashgate: London), pp.87-102.

[14] Philo, C. & H. Parr (2020), Muddying the therapeutic geographies of mental healthcare: carescapes of psychiatric transition in the Scottish Highlands', in Munoz, S.-A. & S.F. Bain, S.F. (eds), Rural Geographies of Mental Health and Well-Being (Routledge, London), pp.40-56.

Care outcomes in terms of accessibility and user satisfaction

Should more be done to enhance outcomes for rural service users in terms of accessibility and satisfaction?

22. The RSE suggests that the Committee looks at what more could be done to enhance outcomes for rural service users in terms of accessibility and satisfaction. Several recent studies have examined aspects of health service outcomes in rural areas, and some have compared user experiences in rural and urban areas. The findings seem quite variable in terms of whether rural populations in Scotland are relatively disadvantaged.

23. One aspect of service outcomes to be considered is user satisfaction. For example, a recent examination of patient satisfaction with general practice in urban and rural areas concluded: *"Individuals residing in remote and rural areas of Scotland tend to have the highest satisfaction with their general practice in terms of patient-centred care and continuity of care."*[15]

24. However, other aspects of rural services may be more problematic, including geographical accessibility. A review compared proximity to dental services for populations in small areas across Scotland, Wales, and Northern Ireland, drawing attention to the unequal distribution of dental practices between urban and rural areas. The proportion of residents in the Western Isles living more than 10km from a dental service was among the highest in these countries.[16] Also, a later paper examined access to public transport to oral health facilities and found "*In Scotland, 40.7% of rural residents did not have access to any public transport and only 4.9%, of the rural residents had access to an optimal bus stop. The authors conclude that 'There is a compelling need to address public transport integration with oral health facilities".'*[17]

25. In addition, the RSE understands the lack of local accessibility to healthcare in rural communities is having a profound impact on the quality of life of those living with chronic and terminal illnesses. For example, one survey found that people with advanced cancer living in rural areas were less likely to attend unscheduled care appointments.[18] Another survey was carried out among older people in the Scottish Highlands suffering from chronic pain to assess their experience of management of this condition, finding that about a third of those surveyed expressed a desire for more effective medicine, and there was a lack of provision of 'person centred' or non-pharmacological remedies.[19]

26. There are also concerns about the challenge of accessing healthcare at the expense of being taken away from social support networks. For example, one study reports "*Mothers in rural and remote areas face unique challenges accessing services, and these need to be well understood"*. The research suggests: "*Mothers in rural and remote areas face particular challenges in choosing where to have their babies. In addition to clinical decisions about 'place of birth' agreed with healthcare professionals, they have to mentally juggle the implications of giving birth when at a distance from family support and away from familiar surroundings*". The authors also note: "*many women from rural communities have a strong sense of 'place' and that giving birth in a geographical location, community and culture that feels familiar is important to many of them*." The authors conclude "*Health care staff need to appreciate the impact of non-clinical factors that are important to mothers in remote and rural areas and acknowledge these, even when they cannot be accommodated. Local and national policy also needs to reflect and respond to the practical challenges faced by rurality"*.[20]

27. It is important to consider peer-reviewed research alongside that of non-governmental organisations who work with a range of providers and experts-by-experience to produce clear messages that

[15] Iqbal, I., L. Thompson & P. Wilson (2021) Patient satisfaction with general practice in urban and rural areas of Scotland. Rural and Remote Health, 21.

[16] Jo, O., E. Kruger & M. Tennant (2020) Geospatial analysis of the urban and rural/remote distribution of dental services in Scotland, Wales and Northern Ireland. International Dental Journal, 70, 444-454.

[17] Jo, O., E. Kruger & M. Tennant (2021) Public transport access to NHS dental care in Great Britain. British Dental Journal.

[18] Mills, S., D. Buchanan, B. Guthrie, P. Donnan & B. Smith (2019) Factors affecting use of unscheduled care for people with advanced cancer: a retrospective cohort study in Scotland. British Journal of General Practice, 69, E860-E868.

[19] Stewart, D., G. Rushworth, N. Bailey, S. Pfleger, T. Jebara, K. Munro, E. Youngson, M. Wilson, J. MacLeod & S. Cunningham (2020) A cross-sectional survey of the perspectives of older people in the Scottish Highlands on the management of their chronic pain. Age and Ageing, 49, 432-438.

[20] Watson, V., H. Bryers, N. Krucien, S. Erdem, M. Burnside & H. C. van Woerden (2023) The Perception of Women in Rural and Remote Scotland About Intrapartum Care: A Qualitative Study. Patient-Patient Centered Outcomes Research, 16, 117-125.

continually echo the issues identified in prior academic research: a report[21] presented to the National Rural Mental Health Forum (https://changemh.org/forum/) headlines messages on rural mental ill-health in ways *"make a clear case for the continued investment into and focus on tackling stigma and discrimination in Scotland, with particular emphasis on how they impact on experiences and outcomes of people living with mental illness".*

28. Munoz & Bradley (2021)[22] conducted qualitative work with community members and healthcare professionals within five different remote and rural areas in Scotland. They report "*a key theme to emerge from our thematic analysis of the qualitative data is experiences of community engagement*." The authors highlight the following key themes emerging from their study: "*discourses of inclusion and exclusion; the role of the General Practitioner (GP); conceptualisations of the organisational role of the NHS; discourses of fear and, finally, community members' understandings of what it means to be active "agents of change" (or not) within health services redesign*." These findings suggest ways to address the points raised above concerning the challenges of making engagement activities inclusive and helping members of the community to contribute non-medical action to support illness prevention and care for those who are unwell. There are also suggestions about how to make GP services accessible while also organising other ways for rural populations to access services in order to avoid placing too much pressure on GPs. They also argue *"context is as important as method when it comes to facilitating a positive community engagement experience for citizens*", which may underline that community engagement methods need to be well adapted to the conditions in the community where they are to be applied and specific engagement methods may not work in all settings.

29. However, it appears that problems of access are not equal across NHS services in rural areas, at least for some population groups. For example, one report found "*children in more rural areas are not disadvantaged in accessing NHS spectacles.*"[23]

30. These issues of access to health care are part of a wider problem of access to services and employment in remote areas, which can be important for quality of life and wellbeing in rural settings. The Committee should look at practical ways these challenges can be addressed.

Providing health care via non-NHS facilities such as pharmacies, social care enterprises, or home-based care.

The RSE recommends assessing whether there is scope to extend collaboration across NHS and other sectors to increase the provision of access to health care in remote rural areas via facilities which are based outside NHS facilities.

31. We note that there is some evidence from research in rural settings that there is scope for developing a more integrated network of health care spanning non-NHS as well as NHS services which may offer increased access to care for patients and help to reduce the pressures on NHS staff coping with large and complex workloads in rural areas.

32. For example, an evaluation of a pilot scheme in two general practices in remote rural areas, which involved general practitioners referring patients to pharmacists as independent prescribers, showed "*specialist mental health pharmacist independent prescribers delivered quality care to patients with diagnoses of moderate to severe depression and/or anxiety*".[24]

33. Another study carried out in Scotland looked at a rural social enterprise initiative and a nearby comparator public sector organisation, which both aimed to increase the physical activity levels of people with chronic health conditions. It concluded "*the social enterprise was better able to flexibly deliver a bespoke programme designed around the needs of service*

[21] Ewens, D., Finlay, J., Hunter, S. C., Simpson, L., Graham, A., Sharp, A., Allan, K., Christie, I., Jenkins, P., (2022). The Scottish Mental Illness Stigma Study: Final Report. The Mental Health Foundation and See Me.

[22] Munoz, S.A and Bradley, S. (2021)We've got what the NHS ultimately intended for us: Experiences of community S.engagement in rural primary care services change. Social Science and Medicine, Vol 280.

[23] Kearney, S., N. C. Strang, J. Lewsey, A. Azuara-Blanco & S. Jonuscheit (2022) Socio-economic differences in accessing NHS spectacles amongst children with differing refractive errors living in Scotland. Eye, 36, 773-780.

[24] Buist, E., R. McLelland, G. F. Rushworth, D. Stewart, K. Gibson-Smith, A. MacLure, S. Cunningham & K. MacLure (2019) An evaluation of mental health clinical pharmacist independent prescribers within general practice in remote and rural Scotland. International Journal of Clinical Pharmacy, 41, 1138-1142.

users; and … their role as a community 'boundary spanner' helped facilitate strong ties and feelings of connectedness between beneficiaries, organisational staff, and community stakeholders. However, these advantages were significantly compromised when funding was constrained."[25]

Potential and delivery methods for social prescribing

34. The RSE also recommends that the Committee considers **whether social prescribing can effectively improve health among rural populations**. A report commissioned by the RSE found that social prescribing helps alleviate the pressure on local health and social care provisions. However, there are still gaps in resources, accessibility, and awareness, with rural communities at times, facing a disadvantage (particularly in terms of resources).[26] And, it is important that any further implementation of such schemes is carefully planned and not used as a substitute for acute mental healthcare.

35. The RSE notes concerns in a study of three social prescribing schemes in rural areas, which identified significant challenges and changes in social prescribing in response to the Covid-19 pandemic. The authors comment: "*The use of multiple digital technologies has assumed a central role in social prescribing, and this situation seems likely to remain*." They also noted: "*With GP time and services stretched to limits, GP practice-attached 'Link Workers' had taken on counselling and advocacy roles, sometimes for serious mental health cases*." They warn "*With statutory and non-statutory services stretched to their limits, there is a danger of SPCs assuming new tasks without adequate training or support."*[27] The authors also draw attention to factors such as inequalities of education and environmental arrangements which often combine to impact on health and wellbeing of disadvantaged groups, suggesting that probably social prescribing cannot resolve all of these health determinants.[28]

36. However, there is still a place for social prescribing. In research conducted among participants in 'Our Outdoors' citizen science projects based in rural Scotland, factors which motivated engagement with projects such as Our Outdoors were found to include: "*enhancing social connectedness; personal learning development; making a difference in the community; gaining health and well-being benefits,"* while demotivating factors included *"time constraints and the term 'citizen science'*." They suggest that the findings may inform the way that the projects are promoted in order to encourage participation.[29]

37. The RSE suggests that the Committee further explore social prescribing opportunities by engaging with local communities, rural health and social care providers and those involved in social prescribing schemes.

The significance of social cohesion for health and wellbeing

38. The RSE advise the Committee to look at whether more attention should be paid to the importance of social cohesion for health and wellbeing in rural Scotland and how to promote social cohesion, especially given the significance of loneliness as a risk for health in remote areas.

39. The RSE understands that initiatives to support local cohesion can help tackle loneliness in rural communities. A study on social enterprises in the Highlands and Islands of Scotland concluded: *"social enterprises are successfully providing activities that counteract factors contributing to social isolation and feelings of loneliness, leading to wider health and wellbeing benefits for individuals."* However, the sustainability and continuity of social enterprises are questionable due to the burden on smaller

[25] Calo, F., M. J. Roy, C. Donaldson, S. Teasdale & S. Baglioni (2019) Exploring the contribution of social enterprise to health and social care: A realist evaluation. Social Science & Medicine, 222, 154-161.

[26] Support in Mind Scotland (2021) 'A Desk Review of Social Prescribing: from origins to opportunities' [online] Available at: A-Desk-Review-of-Social-Prescribing-from-origins-to-opportunities.pdf (rsecovidcommission.org.uk)

[27] Fixsen, A., S. Barrett & M. Shimonovich (2021) Weathering the storm: A qualitative study of social prescribing in urban and rural Scotland during the Covid-19 pandemic. *Sage Open Medicine*, 9.

[28] Fixsen, D. A., D. S. Barrett & M. Shimonovich (2022) Supporting Vulnerable Populations During the Pandemic: Stakeholders' Experiences and Perceptions of Social Prescribing in Scotland During Covid-19. Qualitative Health Research, 32, 670-682.

[29] Lehman, E., R. Jepson, J. McAteer & D. Archibald (2020) What Motivates Volunteers to Engage in Health-Related Citizen Science Initiatives? A Case Study of Our Outdoors. *International Journal of Environmental Research and Public Health*, 17.

populations, limited expertise, and knowledge of running social enterprises, and effects on the personal lives of social enterprise volunteers and staff.[30]

40. In addition, another study based on a very large and representative sample of the population in Scotland analysed factors associated with individual mental illness (measured by self-report and use of NHS prescriptions). The findings showed that controlling for individual characteristics, those living in more remote areas, especially Island communities, were less likely to have mental illnesses, as measured by the two health indicators used. Proxy indicators of local social cohesion included in the analysis seemed to account for a significant part of this geographical difference in the prevalence of mental. This study, therefore, emphasises the likely significance of social cohesion as part of the social structures which help to prevent mental illness.[31]

41. Furthermore, the RSE notes that the point above probably reflects a long-standing significance of social cohesion. Earlier research undertaken in the Scottish Highlands during the early- to mid-2000s found: (a) strong social cohesion within remote rural localities can indeed provide informal tolerance and support for people with mental health problems; but (b) regional cultures of reserve and resilience could militate against open, compassionate talk about emotionally challenging issues and poor mental health; meaning (c) people enduring the latter could feel extremely lonely and isolated, fearful of disclosing their problems and maybe turning to behaviours such as self-medication through alcohol and drugs; and also (d) people who did seek/receive formal mental health services (maybe through in-patient stays) could find themselves stigmatised and highly visible – or at least feel themselves so – in their close-knit home neighbourhoods. Particularly apparent was the need for enhanced communication and education about mental health issues and, specifically, the ready availability of contact with discreet visiting specialists (then the call was for more community psychiatric nurses).[32]

42. The RSE contends that given the noted benefits of social cohesion schemes, the Committee should investigate ways in which these schemes can mitigate the challenges noted in the previous paragraph. Engagement with relevant stakeholders could perhaps help inform the future design of such schemes to include community awareness of mental health issues.

The significance of social cohesion for health and wellbeing

43. The RSE suggests the inquiry looks at how funding for healthcare services in rural areas compares with other parts of Scotland and whether available resources are being used in the most effective ways. For example, one analysis compared spending on health and social care for adults with intellectual disabilities in rural areas compared with other parts of Scotland. The authors reported *"per capita expenditure on combined health and social care was greater in rural areas"* but also noted that, although there was more spent on social care for adults with intellectual disabilities, rural expenditure on health care for this group of users was relatively low. They suggest this may generate a postcode lottery in expenditure.[33]

[30] Kelly, D., A. Steiner, M. Mazzei & R. Baker (2019) Filling a void? The role of social enterprise in addressing social isolation and loneliness in rural communities. Journal of Rural Studies, 70, 225-236.

[31] Halliday, K., Clemens, T., Dibben, C. (2022) The island effect: Spatial effects on mental wellbeing and residence on remote Scottish islands, Wellbeing Society and Space, 3, 1000098. DOI https://doi.org/10.1016/j.wss.2022.100098

[32] Parr, H., Philo, C. & N. Burns (2004) Social geographies of rural mental health: experiencing inclusions and exclusions, Transactions of the Institute of British Geographers, 29, 401-419; Parr, H., Philo, C. & N. Burns (2005) "Not a display of emotions': emotional geographies of the Scottish Highlands,' in Davidson, J., Bondi, L.; Parr, H., Philo, C. & N. Burns (2005) "Not a display of emotions': emotional geographies of the Scottish Highlands', in Davidson, J., Bondi, L. & M. Smith, M. (eds.), Emotional Geographies (Ashgate: London), pp.87-102.

[33] Okon, M., A. Henderson, D. Kinnear & S. A. Cooper (2019) Trends and variations in per capita expenditure on adult intellectual disabilities health and social care across Scotland, and by urban/rural class. Journal of Applied Research in Intellectual Disabilities, 32, 121-130.

Historical as well as current evidence to inform policy.

Should we consider past as well as current experiences of action to improve health care in rural and remote areas?

44. It may be noted that we can also learn from a historical perspective, which may show how some initiatives taken to improve access to health care in rural areas seem to have succeeded. One example of the historical perspective is a paper by Quinn, Marsden & Wilson (2021), focussing on the impact of the Highlands and Islands Medical Service (HIMS), which was introduced across the Scottish Highlands and Islands region after the publication of the Dewar Report in 1913. The authors concluded: "*Prior to the formation of HIMS, the Highlands and Islands region in Scotland struggled to provide sufficient health care to its residents. The formation of HIMS resulted in improved health care in the region while simultaneous developments in the transport and telecommunication industries occurred.*" The authors also emphasised "*the crucial role of developments in the transport and telecommunications industries in overcoming contemporaneous healthcare problems*." This research may underline the complex interactions between health service functions and wider infrastructure systems, which are probably still an important consideration for the development of rural health care in the present day. Similar claims underpin the historically-informed work of Parr, Philo & Burns mentioned above.[34]

45. Public consultation is important, but only if it results in change that is measured and experienced across vulnerable health groups in rural Scotland. Suppose the same messages are raised in consultations over services and rural health issues over a 20-year period. In that case, public consultation may not seem a useful public vehicle for health improvement, and the public may lose confidence in this mechanism. It may therefore be necessary to review the issues relating to rural health care raised in previous consultations and how (or whether) these have been addressed.

Summary statement

46. Overall, the research cited above suggests that a focus on rural and remote areas is justified in terms of health strategy and improvement due to the particular, consistent and on-going challenges facing services and communities. The inquiry should focus on future strategies that might transform and improve the situations of clients, patients and providers and health and social care managers, rather than extending an already long running debate over fundamental investment and change needed to 'level up' healthcare experience across Scotland's diverse geography.

Additional information

47. Any enquiries about this advice paper should be addressed to Stephanie Webb, Policy Advice Officer (swebb@therse.org.uk).

[34] Parr, H., Philo, C. & N. Burns (2003) 'That awful place was home': reflections on the contested meanings of Craig Dunain Asylum, Scottish Geographical Journal, 119, 341-360.

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