



IECHYD A GOFAL GWLEDIG CYMRU  
RURAL HEALTH AND CARE WALES

# Rural Health and Care Conference

*When Challenges lead to Change  
- improvements and innovation  
in Rural Health and Care*

9<sup>th</sup> November 2021

## BREAK-OUT Sessions ABSTRACTS

12:00 Break-out Presentations 1 – *select from 3 options*

*i. Montgomery Pavilion (virtual: [main Conference link](#))*

### **Location, Location, Location.... Aberystwyth University's experience of establishing nurse education in rural Mid Wales**

*Angharad Jones, Lecturer in Healthcare Education; Sally Hore, Principal Lead for Healthcare Education; Amanda Jones, Scheme Co-ordinator & Senior Lecturer in Healthcare Education; Bleddyn Lewis, Senior Lecturer Healthcare Education, Aberystwyth University*

Maintaining a rural nursing workforce has long been a global concern, with endeavours focusing on research to explore the issues involved (see World Health Organisation, 2010). One emphasis has been the important role that education, training and development opportunities play in supporting the rural workforce in terms of boosting nursing numbers, and the acquisition and maintenance of knowledge and skills. Limited rural-based training highlighted a twofold concern, namely:

- those interested in undertaking nurse training being unable to relocate or commute long distances from their rural home areas to access training programmes
- qualified rural nurses facing challenges accessing CPD programmes, as courses are mainly provided out of area

Professional educational difficulties were identified by Jones, Rahman and O (2019) in their meta-analysis, as undertaking training outside of rural home locations proved challenging for both registered nurses working in those areas and for interested potential recruits living there. Significant additional travelling, extra accommodation costs and increased time away from families were factors that provided additional hardships, which ultimately negatively influenced decisions to pursue nurse education and further training opportunities.

Given the challenges faced by healthcare organisations in the local rural area in recruiting and retaining their nursing workforce, this presentation will provide an overview of the efforts of members from the newly established Healthcare Education Centre at Aberystwyth University, as they strive to create brand new professional schemes to deliver pre-registration adult and mental health nursing programmes in rural Mid Wales. These are new and exciting additions to the suite of courses already on offer at the University, as it strives to meet its civic mission of finding ways of supporting the healthcare workforce and community needs of rural Mid-Wales by increasing opportunities for individuals to be educated and work in healthcare within their local area.

## **ii. International, Ground Floor (virtual: Teams Room 1)**

### **Facilitating practice learning for University Health Care students in rural community hospitals**

*Anne Thomas, Staff Nurse, BCUHB; Edward Keith Jones, Lecturer in Health Studies, Bangor University*

The NHS is under increasing pressures from a growing and ageing population and as a Government response the numbers of University health care students are increasing rapidly. These students require placements in a variety of health care settings throughout their training to gain experience. Traditionally hospital placements have been found in the larger hospitals but there is now a problem with capacity to accommodate the additional students. There is also a need for students to experience health care in rural areas to encourage them to consider careers in these settings.

Dolgellau Hospital is taking increasing numbers of nursing students and they have led the changes we have made to develop the Education Hub. They wanted a private place of their own to belong, a base to study, to reflect, to meet, to access computers and with a screen for remote University based lectures. We followed their suggestions and students of all disciplines now have their own bright and welcoming Education Hub that we hope replicates the University student learning experience, encourages interprofessional learning and makes rural placements more attractive.

Community hospitals are an ideal setting for the Hub and Spoke model of education and in the OPD, as a spoke, we are able to give a wide variety of experiences, including short sessions with specialities such as audiology and xray that may not be possible in larger hospitals. They also have community health teaching sessions and participate in the new Charity Champion initiative that encourages links with the Third Sector.

Our model of rural health education is replicable in any community hospital throughout the UK and increases placement capacity in previously under-utilised health settings. Exposure to these health care settings has the potential to significantly increase the uptake and retention of professional healthcare workers in rural areas.

## **iii. International, First Floor (virtual: Teams Room 2)**

### **Covid-19 Vaccine: Access for adults with Learning Disabilities in Powys**

*Deborah O'Shea, Community Learning Disability Nurse; Clair Jasper, Community Learning Disability Nurse, Powys Teaching Health Board*

Proactive identification of patients with a learning disability who could not access vaccination services through usual channels, led to individuals receiving the Covid-Vaccine through our Community Learning Disabilities Nursing Team.

The Learning Disability Service recognised the likelihood of significant inequality in vaccine uptake in this population & the need for "Reasonable Adjustments" to be made. One of the key areas was Desensitisation support.

An example of this work was with a lady who I will call Sarah for the purpose of confidentiality. Sarah lives in a shared tenancy & has a history of needle phobia. She has a diagnosis of moderate learning disabilities & limited verbal communication. Several sessions were required before the actual vaccination could take place. These sessions involved building trust & support to understand the vaccination process. I wore my scrubs each visit so Sarah had time to get used to my uniform.

First of all, we looked at a series of pictures showing the different stages of having the vaccine. Some pictures were more difficult than others to illustrate for example how the vaccine worked. This photo was eventually changed to an animated character.

We introduced a photo of myself and the needle. Sarah was asked if she agreed to me administering the vaccine. Sarah agreed. This was witnessed by additional staff and repeated over several sessions. Sarah also chose a motivator for having the vaccine this was done using pictures. I then introduced an imitation needle. The session then involved using a timer which Sarah started, needle applied to my arm for 5 seconds until alarm sounded. I then tried this process with Sarah. We then increased the time up to 10 seconds with lots of praise and cheering.

We then arranged for the following session for me to come and attempt to administer the actual vaccine.

## 14:30 **Break-out Presentations 2 – select from 3 options**

### **i. *Montgomery Pavilion* (virtual: [main Conference link](#))**

#### **How rural communities are impacted by a cancer diagnostic – lessons being learnt by improving the Cancer Journey (ICJ) in Powys Programme**

*Meinir Morgan, ICT in Powys Programme Lead, PTHB; Sue Ling, ICJ Communications and Engagement Lead, Powys County Council; Fiona Evans, Macmillan Engagement Lead, Macmillan*

The Improving the Cancer Journey in Powys Programme is a three-year programme funded by Macmillan in partnership with Powys Teaching Health Board and Powys County Council.

Launched in late 2019, people living with cancer were invited to share their experiences of living with cancer in a rural county. The aim was to listen so as to better understand and support the programme's vision: "That everyone living with cancer in Powys gets the right help and support to achieve what matters to them" and our mission: "To improve the experience and the quality of life for people living with cancer in Powys by enabling access to, and coordination of personalised physical, practical, emotional, spiritual and social support."

Over 40 engaged and a detailed thematic analysis<sup>1</sup> (Braun & Clarke, 2006) led to ten key themes being identified. Thus, giving comprehensive insights into the cancer journeys that Powys patients take and how and what might improve these.

Further conversations, workshops and discussions have ensued through the ICJ Boards and patient forum to unpick these themes further and explore how the experiences can help to shape a future model of care to improve the journey. A Theory of Change exercise completed further confirmed that the ten key themes identified via the thematic analysis are key to all parties and partners.

A patient log detailing examples of where a Powys resident experienced a specific issue that may be within the county's partners gift to improve have already led to some initial changes in practices.

The ten key themes have created a checklist against which the programme can measure itself and take account of patient input and experience thus ensuring patient voice is central to all our thinking as a model of care is developed.

<sup>1</sup> Braun, V. & Clarke, V. (2006). *Using Thematic Analysis in Psychology. Qualitative Research in Psychology. 3: 77 – 101.*

### **ii. *International, Ground Floor* (virtual: [Teams Room 1](#))**

#### **North Powys Wellbeing Programme**

*Carys Williams, Clinical Change Manager, Powys Regional Partnership Board; Emma Peace, Wellbeing Change Manager, Powys Regional Partnership Board*

The North Powys wellbeing Programme is taking forward a once in a generation opportunity to transform health & care services in north Powys. We have a high level of ambition to improve health and wellbeing services through a new integrated model of care and wellbeing and the aim of

creating a multi-agency wellbeing campus in Newtown to bring together partner organisations to transform and enhance the way we deliver services to the local population.

The rural nature of Powys faces a number of challenges now and in the future such as poverty, jobs, transport and access to health and wellbeing services alongside a significant demographic shift meaning that we will have fewer young people in Powys in the future and more old people to care for, presenting a serious workforce challenge. The increasing demands and new challenges facing the NHS and social care (such as ageing population, lifestyle changes, public expectations, emerging medical technologies and the as yet unknown effects of the Covid-19 pandemic). means that current service delivery models are unsustainable.

Our presentation will:

- Inform the audience of the ambition and background to the programme, the case for change and how the programme objectives will benefit the rural population of north Powys and their local communities by offering a wider range of services closer to home.
- How the programme has responded to the pandemic?
- Share how we are starting to work in a more collaborative and integrated way across multiple sectors to improve wellbeing with some examples of our short-term projects funded by Welsh Government Transformation funding.

### **iii. International, First Floor (virtual: Teams Room 2)**

#### **Waiting List Support Service (WLSS) – creating a point of contact, alongside enhancing the support & wellbeing of our rural population whilst awaiting elective surgery**

*Anna Llewellyn, Service Delivery Manager, WLSS; Mandy Davies, Assistant Director of Nursing / Quality Improvement; Sian Hopkins, Head of Quality Improvement & Practice & Professional Development; Sharon Jones, Quality Improvement & Service Transformation Practitioner, Hywel Dda University Health Board*

The Covid-19 pandemic presented significant pressures in our healthcare system. This unfortunately resulted in the cessation of many elective care procedures and left us with numerous patients facing delays in treatment.

The Health board now faces a recovery challenge to ensure these patients are considered.

The objective of the Waiting list support Service is to review the most effective mechanism to communicate with specific cohorts of patients by specialty/condition.

Through each phase the experience of the patient and clinician will be evaluated. Main phases for each speciality will be:

- Agree process with responsible clinicians
- Establishment clinical response process in the communication hub
  - Call handler script
  - Clinical escalation process
- Development and identification of
  - online resources
  - 3rd sector support services
  - Expert patient programmes etc.
- Evaluation of outcomes and response
- Review and implementation of referral criteria and processes starting with initial GP referral

We will establish a sustainable staffing structure and contact all identified eligible patients across all specialities awaiting elective care. The evaluation of the service will inform pathway redesign around alternative treatment options and justification for the development of a waiting list support service for all patients joining elective care waiting lists.

Eligible patients on elective care waiting lists will receive enhanced support and guidance to support optimisation of health and well-being whilst waiting for elective care. A mechanism to monitor harm

will be developed to inform waiting list prioritisation by working with clinicians and stakeholder and using information provided by patients through PROMS and PREMs.

Ultimately the service will deliver accessible, kind and compassionate care that promotes patient self-management of condition and symptoms while waiting for services, aligned to the use of alternative resources specifically developed for condition and harm reduction for those on elective care waiting lists.

## 15:00 Break-out Presentations 3 – *select from 2 options*

### *i. Montgomery Pavilion (virtual: main Conference link)*

#### **ASSIST: Assuring Safe Artificial Intelligence in Ambulance Service 999 Triaging**

*Dr Nigel Rees, Head of Research & Innovation; Edward Harry, Advanced Paramedic Practitioner; Welsh Ambulance Services NHS Trust (WAST)*

##### **Background**

Artificial Intelligence (AI) provides opportunities to improve quality and efficiency of healthcare in rural areas. AI in Out of Hospital Cardiac Arrest (OHCA) detection in ambulance control centres can significantly identified more OHCA episodes, than human operators, but results in more false positives. However, knowledge gaps exist.

The ASSIST investigators includes experienced researchers in computing, AI and pre hospital care, University of York, Welsh Ambulance Service NHST Trust (WAST) and industry partner CORTI. We have secured funding from the Assuring Autonomy International Programme to investigate assurance requirements for AI systems in ambulance services.

##### **Objectives**

- To understand and specify the operating environment for the Corti AI system within WAST and determine safety assurance requirements at the clinical system level.
- To develop a self-contained safety case argument that logically, traceably, and coherently brings together diverse evidence from the sociotechnical context, the user-interface and the detailed software engineering of the system.
- To collaborate with stakeholders to drive standardisation and best practice for the safety assurance and regulation of AI products into UK ambulance services and critical sectors.

##### **Methods**

ASSIST employs the following three work packages (WPs):

- Embedding in the real world (WP 1)  
Through stakeholder engagement we are developing and presenting the real world applications of AI, within UK ambulance services.
- What exactly is the real world? (WP 2)  
We are conducting a qualitative enquiry exploring what are assurance requirements for adopting AI in a UK ambulance service?
- Safety assurance (WP 3)  
Our team is working with WAST, Corti and the University of York's Critical Systems Group to build a self-contained safety assurance case, to build the body of knowledge.

##### **Conclusions**

AI presents many opportunities for Ambulance services, but safety assurance requirements need to be understood. The ASSIST project continues to explore and build the body of knowledge this area.

## *ii. International, Ground Floor (virtual: Teams Room 1)*

### **Breaking Down Barriers – supporting people accessing virtual consultations in rural Powys**

*Catherine Quarrell, Service Development Manager; Timothy Smith, Lead Digital Facilitator, Powys Teaching Health Board*

Covering nearly 2,000 sq. miles, Powys is the largest county in Wales, yet is home to only 5% of Wales' population. Needing an average round-trip of 37 miles to reach health care settings, our service understands the need to use technology to help deliver timely healthcare.

The past year has seen a huge increase in the use of video conferencing for clinical contacts, but there are still service areas where uptake of the digital offer is low. Often this is due to a lack of confidence amongst staff or service users in using the digital tools, sometimes it can be due to the lack of appropriate devices or safe spaces in which to use them.

Building on the success of providing dedicated Digital Facilitators to support staff and service users within Pain and Fatigue Management Service, we are working with a range of partners across Powys to provide a comprehensive and inclusive digital support service.

The Digital Facilitators work closely with clinical teams across Powys, supporting staff and service users to connect to Microsoft Teams and Attend Anywhere sessions to deliver remote care. Working with Powys Association of Voluntary Organisations (**PAVO**), we are piloting a scheme to provide a safe space and in-person support to individuals to access clinical appointments from the north of the County. We are also working with Powys County Councils Library Service piloting a loan scheme enabling individuals to borrow devices (including data connections) for extended periods to improve access to online programmes across the county, and helping to collect feedback from in-patients about their experiences of health services.

We are actively reducing the need for travel, reducing missed appointments, helping to improve outcomes and empowering people to access timely healthcare in ways that give them more flexibility and control over their care.