



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*

10th November 2021

BREAK-OUT Sessions ABSTRACTS

12:00 Break-out Presentations 1 – *select from 2 options*

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

GMC approved – Credential in Rural and Remote Health

Dr Pauline Wilson, Consultant Physician, Assoc. Postgraduate Dean for Remote and Rural Credential, NHS Shetland & NHS Education for Scotland

Practising medicine in rural and remote (R&R) areas is challenging. When compared with their urban counterparts, General Practitioners (GP) can be described as “extended generalists”. They provide a wider range of clinical service, and carry a higher level of clinical responsibility, in relative professional isolation. GP’s in R&R contexts can be required to provide acute care in R&R hospitals and at the interface with the community.

These challenges have led to the development a GMC-approved Credential in Rural and Remote Health. The aim is to provide a supportive training framework for GP’s and other doctors in non-training grade positions practising in R&R contexts. Upon completion of the curriculum, the doctor will be able to:

- Resuscitate, stabilise, and treat acutely unwell patients, liaising with specialist and primary care teams
- Recognise, investigate, initiate and continue the management of common acute health problems presenting to rural and remote small hospitals, drawing upon the expertise of specialists and other professions as necessary
- Provide inpatient care to an appropriate cohort of cases

The GMC-approved Credential in Rural and Remote Health will address a service and patient safety need for General Practitioners and other doctors in non-training grade positions working in R&R contexts to extend and enhance skills that are not covered in specialty training.

Participants will expect to gain an understanding of:

- The context of providing healthcare in remote and rural areas
- The purpose of the Credential in Rural and Remote Healthcare
- The scope of the Credential in Rural and remote Healthcare
- The benefits of a Credential in Rural and Remote Healthcare both to the community and practitioner

ii. Virtual only: Teams Room 1

Understanding the experiences and priorities for care for people with rheumatic and musculoskeletal diseases living in rural areas

Dr Kevin Stelfox, Research Fellow; Dr Rosemary Hollick, Senior Clinical Lecturer and Honorary Consultant Rheumatologist, University of Aberdeen; Dr Louise Bennett, Senior Project Manager, University of Glasgow

For people with rheumatic and musculoskeletal diseases (RMDs), delays in diagnosis and treatment are associated with poorer clinical and work outcomes, and many people with RMDs are older and have other complex health care needs. Living in a rural area can present additional challenges to the delivery of timely and equitable care.

The RHEUMAPs study, funded by the Nuffield Foundation and with study partners in Scotland and Wales, aims to gather information to help design services that provide equitable access to care for everyone, no matter where they live.

In order to do this, we first need to understand how many people there are with RMDs living in rural settings and their health outcomes (using routinely collected data in Wales and Scotland), the ways in which they use and access healthcare and what matters to them.

This paper will report on some initial findings from the RHEUMAPs study to identify the priorities for care for those living with RMDs;

- 1) Development of a survey designed in collaboration with our PPI group to explore how easy it is for people with RMDs living in rural and urban areas across the four nations of the UK to access care, information and support networks, and their priorities for care going forward.
- 2) Qualitative interviews with people with a range of RMDs living in rural areas across the UK.

An online survey was launched in September 2021, via local and national charities and support groups for people with RMDs.

We also conducted 15 semi-structured telephone interviews with people with a range of RMD living in rural areas across the UK. Interviews explored themes identified as important from meetings with our PPI group. They were transcribed and analysed using NVivo, drawing on a thematic analysis.

We will discuss some of the initial findings from the survey and interviews and how these will be used in conjunction with analysis of routine health care data to inform and assist future service planning and decision-making for people with RMDs.

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

i. Montgomery Pavilion (virtual: main Conference link)

Intergenerational work in rural Gwynedd

Mirain Llwyd Roberts, Bridging the Generations Co-ordinator, Gwynedd Council; Ann Pari Williams, Well-being Manager, Gwynedd Council

Gwynedd council is a rural local authority in North West Wales where we have been focusing on introducing intergenerational work since 2018.

Prior to Covid-19 we had various projects in many rural areas in Gwynedd from primary school children visiting care homes and day centres; to community art projects to an intergenerational choir. Our vision and purpose is to create new connections between children and people of every age. This will increase the respect and understanding between the generations and create stronger communities.

Over the past year and a half many individuals have lost contact and have felt isolated and lonely due to the lockdown restrictions. During a time period where we were all apart we worked hard on

various projects to bring people together from afar. Our most successful project was our pen-pals scheme where we worked with various schools across Gwynedd and linked the children with older adults across the county. We had over a 100 pairs with the project gaining national recognition on the Welsh news outlets. We also worked on projects over Christmas by linking the younger and older generations through concerts by school children available on-line in care homes.

We have also been working on friendship benches across various areas in Gwynedd where benches are being painted. People of all generations helped a local artist to come up with a design that represented their community. The aim is to reduce loneliness and create new connections. We currently have 5 finished benches and another 5 will be finished by the end of October before going on to other locations.

Our presentation will look at work we've done since 2018 in rural areas across Gwynedd and how we've continued to support individuals to create new connections during the Covid-19 pandemic. We hope to inspire more intergenerational connections across the whole of Wales.

ii. Virtual only: Teams Room 1

Advanced Paramedic Practitioners, not all blue lights and sirens

Iolo Griffiths, Advanced Paramedic Practitioner, Welsh Ambulance Services NHS Trust

Describing my role to the lay person could be difficult as it involves so many facets of health care as part of a 2 year Pacesetter project which started in April 2020. Work involves a roughly 50/50 split (rotational model) between working in Primary care and within WAST (Welsh Ambulance Service Trust).

My Primary care role involves working for 4 GP's surgeries in the Dwyfor/Meirionnydd region, making various home visits on GP's requests, often to their most frail and sick patients. Frequently these patients have complex needs and are active and regular users of primary care.

Having carried out this role for since the start of the project and initially feeling like a duck out of water, I can honestly say that the last 18 months have been the most challenging yet rewarding throughout my career.

The doctors were strangers, reception staff thought I was lost and nurses seemed sceptical of a man in a green uniform working in a surgery. Now I consider myself to be a valued member of these teams, being on a first name basis with everyone from the cleaner to the cluster lead.

I have developed great networking avenues with various allied health care professionals from District nurses, palliative services to Physiotherapists, occupational therapists and Pharmacists to name a few.

Benefits for myself have been vast, learning how to autonomously formulate patient care plans, pathways and instigate various investigations and referrals. The surgeries have benefited also, allowing GP's more time to tackle their own heavy workload. In my opinion however, the main benefactor of this project has been the patients, I am afforded more time than a busy GP, allowing me to fully address their concerns and expectations, whilst gaining trust and building rapport.

It is no coincidence that frequent caller to the surgeries are also frequent callers to the Ambulance service, here I feel that knowing these patients previously is a huge advantage.

As an APP working for WAST, I can monitor waiting calls and self-task to the ones in my area to which I feel could be of some benefit.

Knowing the patients and primary care staff within my region allows me to, provide the patients with enhanced care from WAST which has previously not been available. This may be in the form of further investigations in the community (blood test, Xray's, Social service), negating the need for hospital admission, allowing the patient to have prudent and appropriate care closer to home.

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

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

The Silver Lining of Covid 19 – has it retained its shine?

Sue Denman, Together for Change Lead; Jessie Buchanan / TFC / Solva Care, Together for Change

Together for Change (TfC) is a third sector led (Solva care , PAVS and PLANED) coproduced partnership programme that centres on the wellbeing of place based communities, building on, and sustaining, the ‘silver lining’ of the pandemic – which is an increase in volunteering and stronger and faster partnership working, with communities engaged as equal partners in the policy decisions that affect them.

TfC has been in existence for a year. This presentation will revisit the principles on which the project was founded and give an update on progress in the three coproduced workstreams, related to *Strategy- the formulation of a cross policy, cross sectoral plan based on a social and green model of wellbeing, common understandings and trust; Evidence - generating and sharing robust evidence and ensuring its use; and Support - for communities and community groups through mentorship and shared learning.*

The presentation will highlight areas of progress – the agreement of a Ten Point Plan [Together-for-Change-10-Point-Plan-ENGLISH.pdf](#) (tfcpembrookshire.org), research projects: asset map of communities, causal factors in community wellbeing, and a pilot community mentorship project.

There will be a consideration of the enabling factors and barriers in fully realising the founding principles of the programme, in particular reaching citizens and communities to ensure that they have a voice in the policies that affect them.

i. **Virtual only: Teams Room 1**

AD / ARC (Administrative Data / Agricultural Research Collection) – Enhancing the health and wellbeing of farmers and farming households

Sorcha Egan, AD / ARC Research Analyst; Matthew Kelly, AD / ARC Analyst, Welsh Government

The AD|ARC (Administrative Data | Agricultural Research Collection) project aims to better understand the demographic, health, education and economic characteristics of farmers and farm households associated with different types and sizes of farm businesses.

AD|ARC is a UK wide project funded by the ESRC which brings together ADR Wales, Public Health Wales, Scottish Government, DAERA, NISRA, ONS and DEFRA to develop research-ready datasets for academic researchers. AD|ARC will link population level records from existing agricultural statistics, census, education and health datasets to enable research of relevance to policy makers and a wider stakeholder community.

Included within the project is research which will investigate farmer and farm household’ physical health and mental wellbeing.

This research will describe the most common health issues amongst the farming community, providing a breakdown of incidence within this community and undertake comparative analysis with wider rural communities. Detailed research questions are being formulated in partnership with the project Scientific Advisory Board and Stakeholder Reference Groups.

Project outputs and findings have the potential to inform policy development and more effectively target interventions to relevant population groups. The data resource should prove an ongoing asset for rural health research in Wales and the wider UK serving as the basis for a research network.

In the case of Wales, a research-ready resource will be created and will be accessible in a de-identified format to accredited researchers undertaking approved projects through the SAIL Databank. It is anticipated that this resource will be available for applications during 2022.

iii. Virtual only: Teams Room 2

Raising awareness of challenges of healthcare delivery in rural settings in early year medical students – a theoretical and practical experience

Dr Naomi Stanton, Clinical Lecturer in Health Inequalities & SSC Lead for Community; Dr Bethan Stephens, Lead for Community Placements; Dr Frances Gerrard, Director of Community Learning, Cardiff University School of Medicine

Recruiting and retaining healthcare professionals to rural areas is a challenge globally. We describe our initiatives in Cardiff University to increase opportunities in these settings for early year medical students to target one of the three key identified factors most likely to lead to a consideration of a career in these areas: positive undergraduate clinical and educational experiences.

The C21 curriculum uses a spiral framework underpinned by teaching the biopsychosocial approach to diagnosis and management of patients, ensuring socio-environmental factors are considered throughout.

Early clinical attachments occur from Year 1 centred around Hubs when students travel out of Cardiff twice a week but are limited geographically due to travel time. In Year 4 and 5, students are sent throughout Wales for placements and in Year 3 up to 20 students can spend their whole year in community placements (CARER).

We wanted to provide a range of experiences that the students could opt for in earlier years to encourage them to reflect on the challenges and opportunities of providing healthcare in these settings from an early stage of their learning.

We provide a range of optional Student Selected Component (SSC) projects for Years 1 and 2, as well as sessions and placements in the Health Inequalities and Rural Health Intercalated BSc Population Medicine route. These provide practical experiences and allow time for discussion and reflection for the students. We hope to expand upon these going forward with help from those working in these areas.

Due to Covid restrictions we adapted the Year 2 SSC and provided them with the background and information asking them to work together to consider the challenges of setting up a mass vaccination centre in a rural setting compared to an urban setting. The students engaged well and found the exercise interesting.

These are self-selected students, and feedback is consistently very good or excellent, with many exploring the option of CARER or relishing going to other parts of Wales in later years.