



University of Aberdeen and the University of the Highlands & Islands working in partnership

Centre for Rural Health Newsletter

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NEW PROJECTS

[Design of hospital greenspace](#) 2

[New KTP project](#) 2

CURRENT PROJECTS

[Dot.rural](#) 3

[Evaluation of Highland Hub Redesign](#) 3

[Community First Responders](#) 4

COMPLETED PROJECTS

[Competitive health services](#) 5

[O4O](#) 5

[E-health boundaries](#) 6

[Pulmonary rehabilitation](#) 6

[Dementia services knowledge exchange](#) 7

PUBLICATIONS / REPORTS

[Community resilience](#) 8

[CRH Co-Director to retire](#) 9

[UHI UNIVERSITY STATUS](#) 10

STAFF NEWS

[Visiting Academic](#) 11

Click on link above

CRH was founded as the **Highlands and Islands Health Research Institute** in February 2000. The institute vision originated from **Professor Alasdair Munro**, supported by the **NHS, HIE** and **Aberdeen University**. UHI became a partner in CRH in 2005. I have had the privilege of being involved from day one and will be leaving shortly.

Our original research encompassed epidemiology of rural health, together with studies of access and delivery of services, considering issues such as rurality, remoteness and peripherality, and evaluating a wide range of rural health initiatives.

More recently, we have become interested in how new technologies can contribute to future rural health, and in innovative ways of

involving communities in planning and delivery of rural services.

I believe that the work of CRH has been instrumental in raising the profile of rural health issues.

Scotland now has a rural training track for Aberdeen University medical students based in Inverness, a Remote and Rural Healthcare Educational Alliance (RRHEAL) as part of NES to promote education and training for rural health professionals, a cohesive research agenda, and an international profile in rural health research.

In the future, further collaborative work between social scientists, technology experts, geographers and clinicians at CRH and beyond will inform a revolution in how rural people care for themselves and their

communities, using information and telecommunications technologies while maintaining the human comfort that all of us need when we are faced with injury or illness.

So watch this space....

Finally, I wish to specifically acknowledge the contribution to rural healthcare in Scotland of **Dr Jim Douglas**, Project Director for the Remote and Rural Areas Resource Initiative, which supported the early development of CRH. Many of Jim's ideas have been taken forward and developed to form the basis of rural health policy today. CRH owes much to Jim and to RARARI.

In the following pages, you will find further evidence of how that legacy is growing.

Professor David Godden, Co-Director

NEW PROJECTS...

Involving staff and patients in the design of hospital greenspace

“The project is led by researchers from CRH, as well as partners in the Forestry Commission, NHS Tayside and NHS Highland”

A new **Arts and Humanities Research Council** funded knowledge-exchange project looking at involving staff and patients in the design, development and management of hospital greenspace will commence this month.

The project will start by looking at how several hospitals in Scotland currently involve staff and patients in using the adjacent greenspace. This will

inform the development of a series of engagement workshops at the new Forth Valley Hospital in Larbert that will involve staff and patients in the creation of new led activities to take place in the hospital’s greenspace.

In addition to creating new activities, researchers will also be looking at quantifying the Social Return On Investment (SROI) that these activities

create. The health benefits of using greenspace are well documented, but there is less evidence about how to best involve or engage hospital staff and patients in creating led activities to maximise the benefits of these outdoor spaces.

Contact: [Sarah-Anne Muñoz](#) or [Amy Nimegeer](#)

For more on this project click [here](#)



Arts & Humanities Research Council

New Models of Sustainable Staffing

This **Knowledge Transfer Partnership** project commenced in January 2011. **Robert Sullivan** KTP associate is working in partnership with **NHS Highland** and the **Centre for Rural Health**.

Funded by **NHS Highland**, the **Economic and Social Research Council** and **Scottish Government**, the project will research,

develop and implement new models of sustainable staffing for the service profile of Rural General Hospitals in the Highland area.

The project aims to:

- > reduce locum dependence, through the use of different types of health professionals such as nurse practitioners, physician assistants, hybrid GPs,

hybrid practitioners, and/or extended scope paramedics.

- > enhance use of existing assets.
- > build more satisfied teams of health professionals with positive impacts on staff attraction and retention.

Contact: [Robert Sullivan](#)

[Knowledge Transfer Partnerships \(KTP\)](#) is Europe's leading programme helping businesses to improve their competitiveness and productivity through the better use of knowledge, technology and skills that reside within the UK knowledge base.

Evaluation of Community First Responders



Funded by the **Chief Scientist Office**, the project researching the role of community first responders across Scotland is ongoing, and will be reporting in September 2011.

The project team are currently collecting data in the form of interviews with key stakeholders, focus groups with first

responders and community questionnaires from six case study sites. The sites selected incorporate schemes in a variety of geographical settings across Scotland, and schemes with differing organisational features.

Contact: [David Heaney](#)

For more on this project click [here](#)

In a separate piece of work funded by **NHS Tayside**, CRH evaluated the introduction of a community first responder scheme in **Rannoch and Tummel**.

This report is available [here](#)

Association of American Geographers Annual Meeting - Seattle, USA

[Sarah-Anne Muñoz](#) attended the Association of American Geographers Annual Meeting in Seattle (USA) from 10th – 17th April. This is one of the largest gatherings of Geographers in the world, with around 4,000 presenters taking part. Sarah-Anne was invited to chair a session on **Geographies of Health Care Services**, which included

presentations by Health Geographers from around the United States and the University of Seville (Spain). Sarah-Anne also presented a paper which discussed the implications of taking a post-structuralist geographical approach to rural health services research. As well as attending other sessions on Health and Rural Geogra-

phies, Sarah-Anne took part in two field trips to visit rural communities in Washington State. The trip proved a fantastic opportunity to learn about on-going innovative Health Geography projects in the USA and explore rural Washington which had many differences from (and some similarities to) rural Scotland.



COMPLETED PROJECTS...



Competitive Health Services in sparsely populated areas



Project part funded by the European Union

The **Competitive Health Services** project exchanged innovative eHealth applications between the northern regions of **Finland, Sweden, Norway** and **Scotland** in 2008-2011.

Five existing eHealth applications were selected to run as transnational pilots. CRH led the 2 Scottish pilots;

these services were **teledialysis**, introduced from Norway, and **remote speech therapy**, from Sweden.

Project funding enabled key renal and speech therapy staff to visit the model services in Norway and Sweden and learn from their colleagues.

This element of knowledge exchange between Scandinavia and Scotland has contributed to the successful implementation of both pilots.

> The project is now complete and **final reports** can be viewed [here](#)

>To view the **project video** click [here](#)



Older People for Older People (O4O)



Project part funded by the European Union

O4O succeeded in making a positive difference to the lives of older people and to the resilience of rural communities. As an antidote to the doom and gloom scenarios which are often presented with projected demographic changes, the project has challenged perceptions of older people as being a burden on society and presented them, instead, as a rich resource and the lifeblood of rural communities.

The project was successful in engen-

dering life-long learning in older people, helping them to flourish as assets within their local communities. It empowered older people to identify their needs and supported them to develop a variety of social organisations to meet those needs in order that they, and other older people, might continue to live healthily and happily in their own homes and communities for longer.

Learning from the project was used to

shape a future agenda for older people's service provision through social enterprise and formulate practical recommendations on what needs to change in local, national and international policy to develop community co-production.

Details of **policy recommendations** and other project publications, including the **final report**, can be viewed [here](#)

This study is now complete and the final report can be found [here](#)

COMPLETED PROJECTS...

E-health Boundaries case study

Funded by the **Chief Scientist Office**, the Centre for Rural health worked with the **University of Glasgow** to investigate the role of boundaries in the implementation of e-health.

We examined two e-health projects which are relevant across Scotland - the **Single Shared Assessment** (NHS Highland & NHS Tayside) and the **Community Nursing**

Information System (NHS Greater Glasgow & Clyde). These case studies allowed us to explore the boundaries that promoted or hindered the integration of two different types of e-health system, both designed to facilitate work across the health and social care boundary and to further our understanding of why a system (in this case Single Shared Assessment)

is integrated to different levels in different settings.

Future planned dissemination includes: **Academic journals**, **conference presentations** and a **Policy Day** which is planned for June 2011 involving Scottish Government advisers, service providers and academics.

Contact: [Gerry King](#)
For more on this project click [here](#)

Group-based pulmonary rehabilitation delivered to the home

This project, undertaken by **Centre for Rural Health** and **Distance Lab**, and funded by **Chest Heart and Stroke Scotland**, was designed to develop and test feasibility of a system for delivering group based Pulmonary Rehabilitation to people in their homes, using internet based video-conferencing.

Development of the system, involving development of customised software, was followed by two small scale clinical trials to test feasibility, acceptability and safety.

Clinical outcomes were measured to test equivalence to a conventional programme.

Conclusions:

- Group-based pulmonary rehabilitation can be delivered to the home via internet-based video-conferencing
- Clinical outcomes are similar to a conventional programme
- Could open up access for remote patients
- Larger studies are warranted

For more on this project click [here](#)



Knowledge Exchange to Inform Practice in Dementia Services

CRH and its partners are now assessing the impact of a year long knowledge exchange project to build capacity for evidence informed practice in the provision of **dementia care at home** services in rural and remote areas and carers. The local relevance of the evidence gathered was explored at two multi-agency seminars attended by managers and practitioners. Finally, using all of the relevant

evidence gathered, improvement plans for dementia care at home were drawn up by local authority staff and approved a number of evaluation activities including self assessment questionnaires, interviews and documentary analysis. However evidence has already changed practice in relation to methods of engaging with people with dementia and their carers. Evidence has also influenced the improvement plans for de-

mentia services at home in OIC and SBC. Evidence gathering activities included a search of published literature, 7 small scale practitioner research projects and engagement with service users and carers. A range of outputs from the project including the **research synthesis, presentations to seminars** and information on methods of engagement are available [here](#)

Reports (for full listing of CRH reports and publications click [here](#))

[Identifying and understanding the role of Boundaries in e-health implementation in health and social care: A case study approach.](#) Professor FS Mair, Ms G King, Mr D Heaney, Professor K O'Donnell, Ms F Smith & Mr D Boddy

[Utilization of the eHIT-tool eHealth Implementation Toolkit - Identification of Pilot Services in Finland, Scotland, Sweden and Norway.](#) Ilkka Winblad, Jarmo Reponen, Sinikka Salo, **Mary Wakeling, Anne Roberts**, Eva Lindh Waterworth, Ulla-Maija Pesola, Frank Larsen, Bente Christensen, Minna Mäkiniemi and Anne MacFarlane

[A Roadmap to Transnational Exchange of eHealth Innovation](#) Ilkka Winblad, Jarmo Reponen, Sinikka Salo, **David Heaney, Mary Wakeling, Anne Roberts, Lee Dowie**, Eva Lindh Waterworth, Ulla-Maija Pesola, P-O Söderström, Karl-Erik Renhorn, Bente Christensen, Frank Larsen

[Evaluation of the introduction of a Community First Responder scheme in Rannoch & Tummel](#) (final report) **David Heaney, Prof. Jane Farmer, Anne Roberts, Amy Nimegeer.**

Publications

Muñoz, S., Steinerowski, A., Farmer, J., Stephen, K., (in press) 'Social Enterprise as a Response to the Needs of the Ageing Population', *Journal of Social Management*

Muñoz, S., (2011) 'Health service provision through social enterprise: opportunities and barriers identified by social entrepreneurs and procurement professionals in the UK', *International Journal of Entrepreneurship and Innovation*, 12 (1), pp. 39 – 53

Taylor, A., Aitken, A., **Godden, D.**, Colligan, J. *Group Pulmonary Rehabilitation Delivered to the Home via the Internet: Feasibility and Patient Perception* 2011. Proc. CHI 2011, ACM Press

Community Resilience and Co-Production: Enhancing Evidence & Practice



When applied to communities in the research literature, ‘resilience’ has generally implied the ability of communities to take action to re-

spond to and positively influence change. Boyle and Harris (2009) define co-production as *“delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.”*

The concepts are distinct but closely related, in that the processes of co-production are claimed to generate the social networks and structures which are a crucial factor in building community resilience. Both are also argued to be linked to health status.

Participation in activities such as volunteering and social enterprises are thought to bring health, wellbeing and social benefits which contribute to the overall resilience of a community. They are also increasingly part of current policy debates

around future frameworks for the delivery of public services. For example, ‘community resilience’ is seen as a key building block of primary care health services in rural and remote communities (Scottish Government 2008). Arguably they have become ‘elastic’ terms with varying definitions, some of which may diverge significantly from the research and theorizing from which the concepts originated.



Community resilience and co-production offer policy makers a more positive development model, in that they have much in common with ‘asset’ based approaches to developing healthy people and communities. With their emphasis on the need for communities to develop a consensus about action in response to change they echo some of the lessons of CRH’s existing research projects about the value of

deliberative and anticipatory approaches to service redesign. However CRH is concerned that these ideas are being enthusiastically and uncritically adopted by policy makers while there are many unanswered questions about the processes which underpin them.

CRH is keen to collaborate on projects to address a research agenda including unanswered questions such as **how participation in co-production processes generates wellbeing benefits and whether involvement in service delivery enhances community resilience.**

Different perspectives on resilience will be explored at a **UHI research seminar on 27th June** when we hope to hear from **Professor A Hart**, a leading academic on the resilience of children and families.

For further details on the seminar click [here](#) or contact [Ann Clark](#)





Prof. David Godden, CRH Co-Director is retiring on 31st July 2011

Dave qualified in medicine from Edinburgh University in 1977 and undertook postgraduate clinical and research training

in Edinburgh, Aberdeen, Inverness, Cambridge and Vancouver, Canada. He has a long held interest in medicine in rural and remote areas, and retains a clinical commitment in respiratory medicine at Raigmore Hospital in Inverness.

Dave is Co-Director of the **Centre for Rural Health (CRH)**, working for the University of Aberdeen. CRH was founded in February 2000 as the Highlands and Islands Health Research Institute, with initial funding from Scottish Government (RARARI), NHS Highland and HIE. An external academic review in 2003 led to a name change, and joint operation with UHI commenced in 2005. CRH moved from the Green House to the **Centre for Health Science** building in 2008, and last year celebrated **10 years leading the rural health agenda**.

Dave has been Director from day one, and along with Kay Lackie as Administrator was instrumental in developing CRH from scratch.

Over 70 individuals have been employed over its lifespan, many part time and a number living remotely. Currently there are 19 core staff plus honorary staff. CRH has been awarded £6.2 million of external grants, published over 150 peer reviewed papers, and has an established international reputation. Until last year he was **Research and Development Director** for NHS Highland.

His current research interests are in the epidemiology of diseases in rural areas and in the use of technology to support health care in rural communities. He is an author of two textbooks, several book chapters and over 90 academic journal papers. Dave's research has impacted on **aortic aneurysm screening**, and **sleep apnoea** services in Scotland. His work on **clinical peripherality** was cited in Scottish Government policy for remote and rural health. Dave has worked with a number of other academic and service organisations throughout the lifetime of CRH, and established links with relevant institutions in Europe, North America, Australia, and New Zealand.

The process of developing an academic centre from a standing start, sustaining it for 11 years, and establishing it with the presence it has today, was one which required continued effort, flexibility, determination and no small amount of

innovation. Dave has always been up for this challenge, and has led the Centre through its teething problems, through difficult times with a steady hand, attention to detail, and an eye on the horizon.

The development of CRH is one which has acted as a model for the development of other potential research centres in the area. Dave has impacted on health science in the Highlands by developing and sustaining an academic centre with a track record in terms of grant income, publication, and reputation. CRH has provided high quality employment in the sector, and provided an excellent return on the core funds invested in it.

Dave also loves his music, and if you haven't seen him lead a ceilidh dance then you have missed the sense of fun he always brings to what he does. You may yet have a chance to see him in action!

He will be sorely missed at the Centre for Rural Health, and beyond, for his assured leadership, his sense of perspective, his commitment to the centre, and his wisdom. And for *always* having a good story to tell about almost anything you care to mention!

Goodbye from all at CRH



UHI achieves University status

“This is a landmark day for the Highlands and Islands; especially for our young people who no longer have to leave the region if they want to go to university. They now have a choice. UHI has been providing university-level education for many years and it is the most fantastic news that we now have full university status.”

Nathan Shields,
University of the
Highlands & Islands
Students’ Association
President

On 2 February 2011 the UHI Millennium Institute became the University of the Highlands and Islands (UHI).

UHI comprises thirteen colleges, specialist institutions and research centres spread across the Highlands and Islands of Scotland; an area twice the size of Wales. It uses information technologies to link together students and staff to bring access to higher education to dispersed communities. The achievement of university title by UHI is the realisation of a long-time ambition for the region to have its own university to support economic development and to help sustain rural and island communities.

Announcing the achievement, **Professor Matthew Maclver CBE, Chair of the UHI Court**, said: “This is a defining moment in the history of the Highlands and Islands. For centuries we have been exporting intellectual talent to all corners of the globe. We are now at a point where that flow can be reversed.

The new University of the Highlands and Islands will be a powerhouse for the economic, social and cultural development of the region.”

Michael Russell, Cabinet Secretary for Education and Lifelong Learning, said: “Today marks a fantastic achievement not only for all staff, students, and supporters but also for the Highlands and Islands. However, university title does not mark the end of the road for UHI. Rather it heralds the start of a process which will see this innovative model for delivering higher education developing further. I look forward to seeing all stakeholders working with the new university and playing their fullest part in taking UHI to the next level, so that it may serve the people and the economy of the Highlands and Islands.”

Principal and Vice-Chancellor, James Fraser, added: “I must pay tribute to all of our students, staff and supporters who have contributed to this marvellous achieve-

ment. Granting university status is an irrevocable act and therefore not done lightly and hastily. A great debt is owed to those who had the vision to set off on this journey and to our many supporters who have stayed the distance with us.

UHI is a leading institution in widening access to higher education and in lifelong learning. Our new status as a university will assist us also in attracting more young people to UHI and in recruiting students from beyond the region.

In research, too, the Highlands and Islands provides a unique physical and cultural laboratory that is helping us to carve a distinctive national and international niche.

By building the new university on the bedrock of the college and research infrastructure in region, UHI is helping to enhance and sustain this existing provision whilst making sure that the benefits of the new university reach all parts of the Highlands and Islands.”

Staff News



[Dr Gaener Rodger](#) has been appointed the new head of the University of the

Highlands and Islands team within CRH. She leads a team of nine UHI researchers and two support staff looking at rural health policy and management, currently focussed on the ways to provide services to remote and rural areas, working with communities, new roles in service delivery, and measuring and modelling the impacts of change.

Gaener gained her PhD at the University of Cambridge and went on to hold postdoctoral positions at the University of Oxford, Imperial College and the University of Glasgow. Originally from Argyll, she moved back to the Highlands to manage the development of the Life Science and Business R&D sectors with Highlands and Islands Enterprise.

David Campbell, Senior Economist at the [Centre for Remote Health](#) in Alice Springs, Australia, gave a lecture at the Centre for Health Science on Wednesday 30th March, organised by CRH through the [CfHS Company](#). His lecture included information about the meas-

“This is a fantastic opportunity and personal achievement for me to take on this role and I am privileged to be working alongside a dedicated and dynamic team of early career researchers”

Dr Rodger takes over from Professor Jane Farmer, now head of the La Trobe Rural Health School at La Trobe University in Australia.

As well as leading the UHI team, she will continue her own research interests in rural health economics.

Congratulations to:

Anne Roberts, Research Assistant, on the birth of her second baby boy *Ostin*. Anne will return to CRH in January 2012.

Amy Nimegeer, Research Fellow, who got married in January.

Visiting Academic

urement of potential savings in chronic disease management associated with Aboriginal people who work on the land. Not only were there significant savings to health services, there were economic benefits to society through

Welcome to:

Robert Sullivan joined in January 2011 as a KTP Associate.

Susan Hall, Research Assistant, joined in February to work on the Community First Responder project.

Lorraine Cameron joined the team in November 2010 as UHI's part-time Administrator.

Farewell to:

Mary Wakeling, Competitive Health Project Co-ordinator

Artur Steinerowski, PhD Student and Research Fellow

Kate Stephen, O4O Project Manager, who is embarking on her PhD entitled *'Development of an e-health tool for management of urinary incontinence for women in rural areas of Moray'*

Fiona Ryan UHI Administrator

prevention of uncontrolled bush fires. While his work relates to **Aboriginal communities**, there are similarities with the Scottish Highlands and these were discussed after the lecture. There is potential for **collaborative work** in the future.



This newsletter is produced by:

[Return to contents page](#)

Centre for Rural Health, The Centre for Health Science, Old Perth Road, Inverness, IV2 3JH
Tel: 01463-255893 (UHI staff) Tel: 01463-255892 (University of Aberdeen staff)