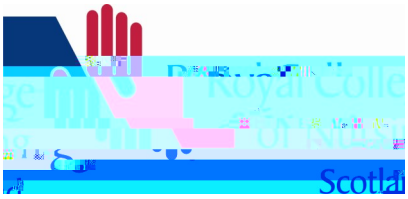
accessing training and development opportunities.

- Loneliness and social isolation can have signi f cant impacts on physical and mental health and wellbeing. In rural and remote areas, a range of factors can exacerbate loneliness and/or social isolation, such as the dispersed nature of populations and a lack of or limited availability of transport. Tackling the risk of social isolation will be a challenge faced by all parts of Scotland. However, considering the share of older single person households, dif f culties in accessing services and poor transport links, it is a particularly signi f cant challenge in remote and rural Scotland. Community and asset-based approaches can support problems like loneliness, and supporting people to attend activities in the community can also help. These types of approaches need additional funding.

- Advances in technology mean we have the opportunity to develop a more mobile workforce than ever before with the ability to make connections with people and services at the click of a button. Telehealth and telecare have had a positive impact for some patients in promoting self-management of long-term conditions, accessing prompt medications and avoiding hospital admissions.
However the need for this continues to expand and the need for investment and poor digital infrastructure in remote and rural areas is holding back progress. The need for remote and rural areas to be involved in research and tests of change are paramount moving forward; if more technology can be developed and rolled out, staff may be more attracted to posts.



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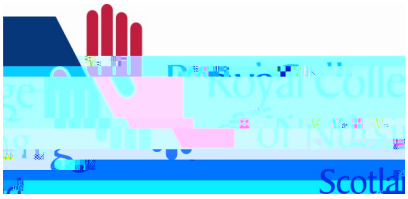
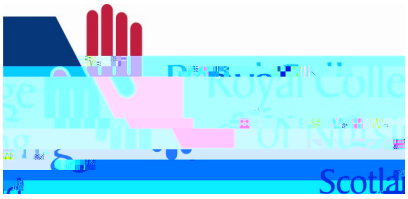
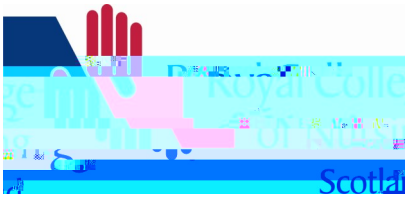
Caring for people in remote and rural communities is challenging. Delivering services to a population that is spread across a vast and sometimes unforgiving landscape is not easy.

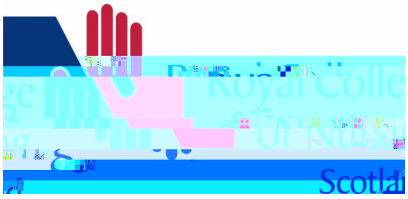


numbers to ensure safe and effective care. However, its success relies on action to tackle persistently high nursing vacancies and improve recruitment and retention.

In particular, there needs to be further recognition of, and investment in, the registered nurse role across community, social care and primary care services to ensure the workforce reflects increasing clinical need, changing models of care and the needs of local populations. Community nursing teams were under resourced before COVID-19 struck and the pandemic has significantly increased pressure on these services. Our members tell us







descriptions for nursing staff working in remote and rural areas.

As discussed above, concerted action is required across government to tackle the housing, childcare, schooling, transport and digital infrastructure challenges facing remote and rural communities.