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POSTER ABSTRACT

Building Rural-Urban healthCare Equity for Scotland (BRUCES): results from a scoping review within a multi-methods study

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Background: Rural-dwellers may receive less or different care from those living in urban areas, resulting in poorer health outcomes compared to urban counterparts. In a Scottish context, research gaps remain regarding availability of care in different geographical areas, and on patient impact. There is limited evidence on how healthcare services could better serve rural and island (RI) populations. Cancer, rheumatic and musculoskeletal conditions, and frailty are common in RI Scottish communities.

Approach: The BRUCES programme aims to understand how and why health and care for people in different types of RI communities in Scotland differ from those living in urban areas, and how health and care access and outcomes can be improved. Cancer, musculoskeletal conditions and frailty are adopted as exemplars to provide insights into acute care, long-term care and ageing in place.

Four inter-linked work packages build on one another:

1) A scoping review informed by Joanna Briggs Institute guidance will identify international evidence on existing models of care (MoC) adopted in RI communities for management of established chronic, long-term conditions and their reported quantitative health outcomes. Thirteen databases will be searched using relevant subject headings and keywords. Furthermore, we will integrate analyses of administrative healthcare datasets for individuals living with cancer, musculoskeletal conditions, and frailty in rural and island communities across Scotland. This will allow us to identify common patterns and methodological insights to better understand the current context and inform subsequent work packages. Findings on key components of promising practice will guide the focus of the case studies and help shape the design of the discrete choice experiment.

2) Three case studies (using interviews and ethnography), in three distinct geographical Scottish areas illustrative of different rural contexts (remote and accessible mainland areas and island areas), to understand lived experience of rural-dwellers and healthcare professionals.

3) A discrete choice experiment (survey on care preferences), drawing on findings from the case studies will investigate trade-offs people make regarding their care.

4) Finally, policy workshops with patients, carers, health and social care staff, health managers, policymakers and academic experts will draw together findings to define and prioritise actions. The BRUCES programme is guided by a patient partner group and an advisory group of providers, patients, and decision makers. Work packages 1 and 2 are ongoing, and this abstract focuses on reporting scoping review results.

Results: Database searches identified 10,214 references after de-duplication and full-text screening will be finalised in late 2025 and results will be presented at the Conference, including MoC characteristics, population, intervention components, reported outcomes, and barriers and facilitators to implementation.

Implications: Synthesis of finding across the BRUCES programme, will contribute to developing policy briefs and action plans to support local and national implementation of new MoC, that may ultimately improve care outcomes for rural dwellers. This Scottish-based work can act as a map for researchers, healthcare providers and governments to inform the design and delivery of evidence-based person-centred care.