

# Rural Resilience: a whole systems approach to support rural health services

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# How can healthcare contribute to rural resilience?

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# what we know about rural health:

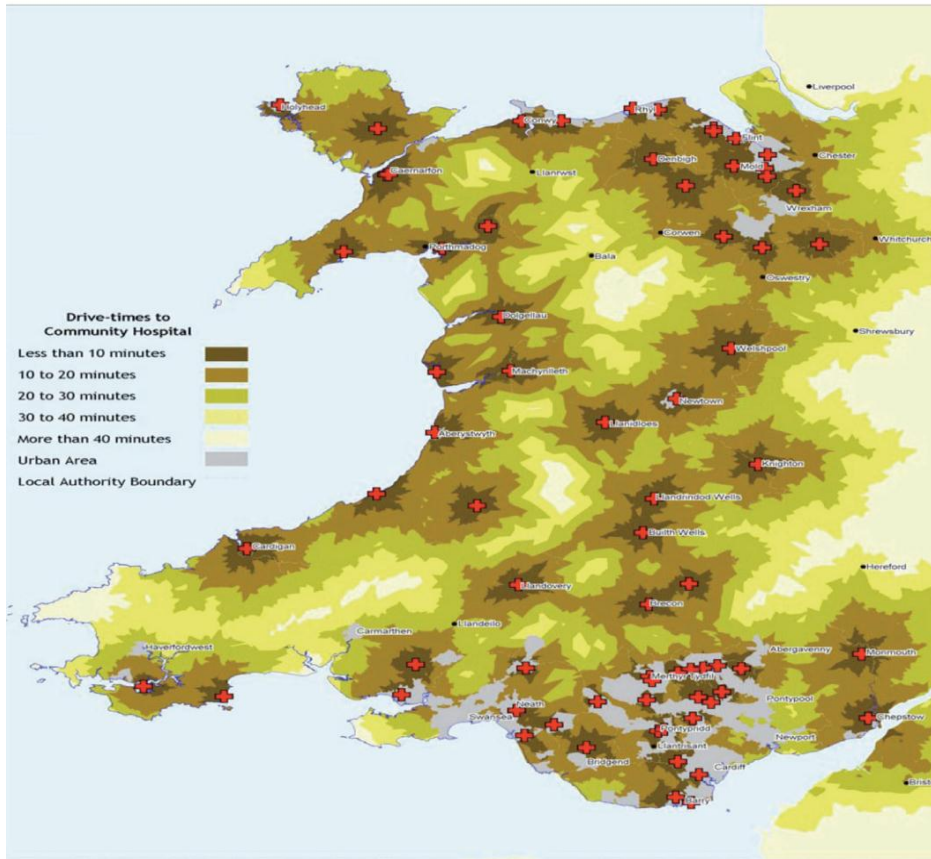
**not so different sometimes from inner city experiences?**

- Many pockets of often hidden severe deprivation
- Significant transport challenges
- Wide range of access issues affecting the uptake of healthcare
- NHS services more vulnerable to economic pressures
- Significant challenge to good mental health
- Improving social capital and a sense of community can be challenging
- Wide social and income inequalities
- Pharmacies often the most 'local' healthcare resource



Positive about integrated healthcare

### Drive-time analysis to Community Hospitals in Wales and cross border

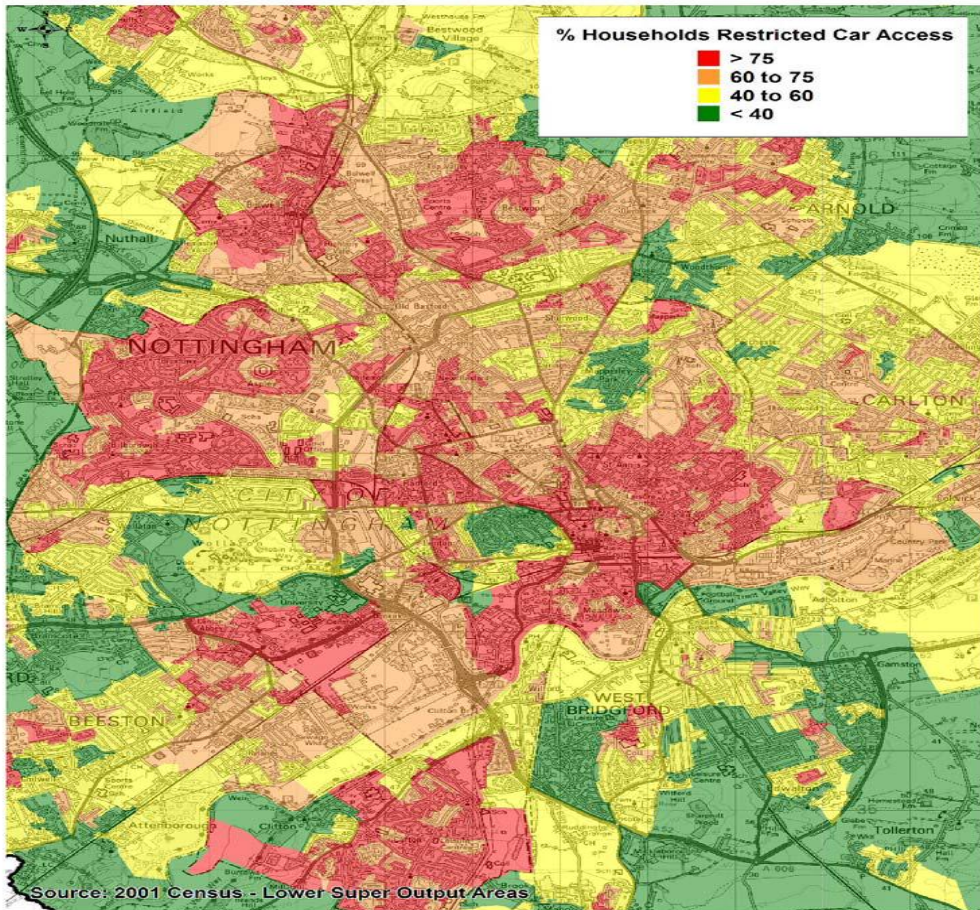


## Travel times: car



Positive about integrated healthcare

Percentage of Households with more persons of driving age than cars in the city of Nottingham

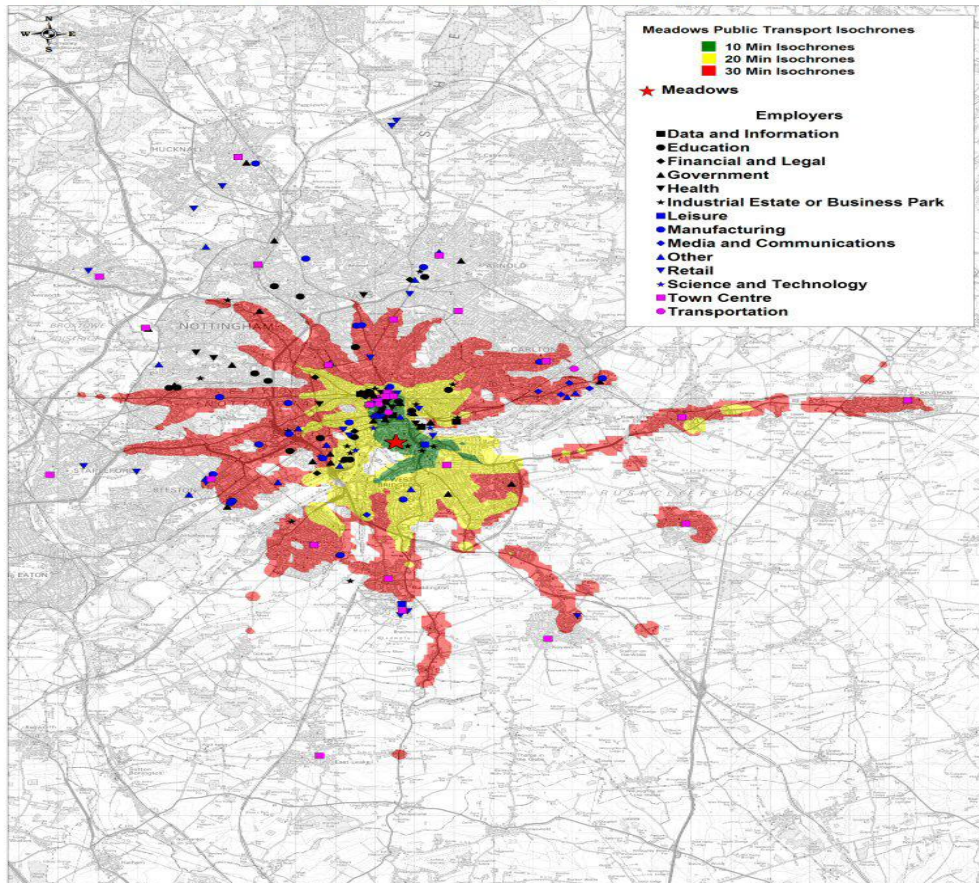


Low access to  
car transport: a  
reflection of  
poverty

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Public Transport Isochrones from Meadows during the AM Peak 7 - 9 AM



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Mott MacDonald

# Travel Times: Bus



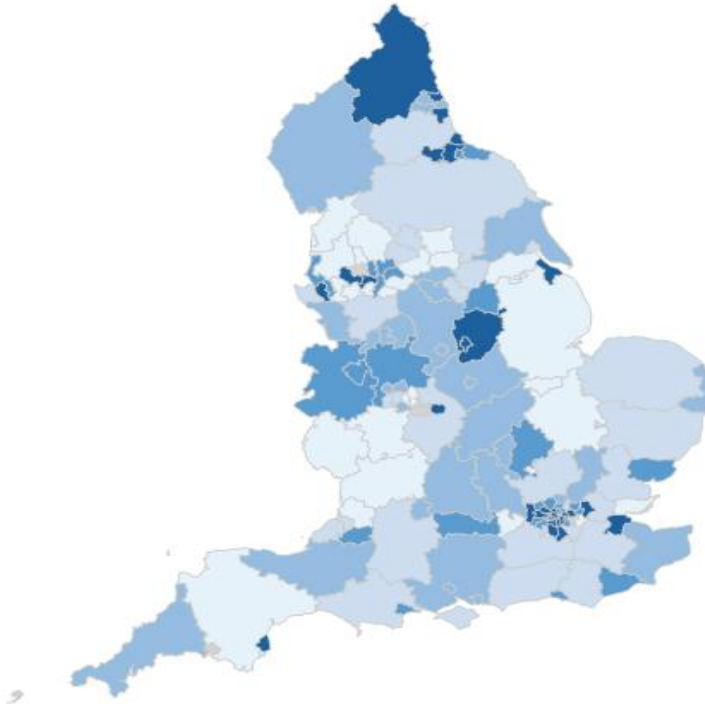
# Major healthcare inequalities

- More deprived communities in general
  - Access less preventative healthcare
    - Eg Bowel screening, breast screening
  - Present with more advanced cancers
  - Have much higher rates of severe mental illness
  - Live shorter lives
  
- Lack of good research about rural community health status and access



## Poor access in rural areas

TIAs (mini strokes) treated within 24 hours



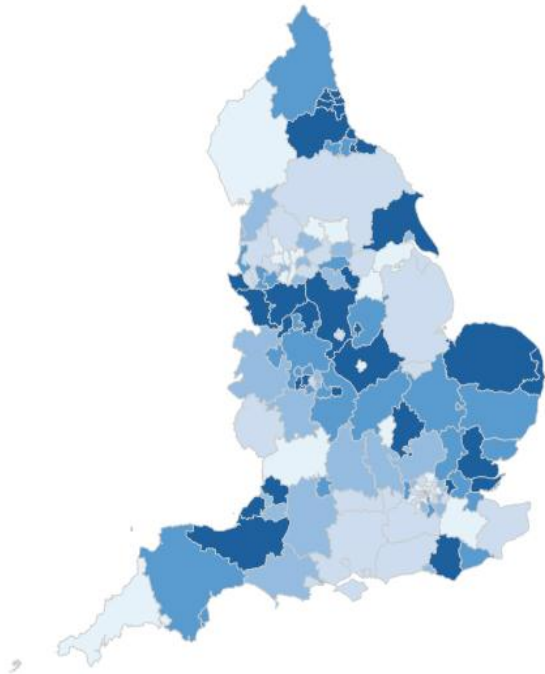
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But not always- sometimes supply  
dictates access

Access to NHS  
dentistry



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# Integration 1

- **Joining up pathways for patients**
  - District nurses doing dementia screens, HVs checking for depression, social care workers checking health needs
  - Avoid duplicate visits
  - Integrating Psychological therapies/CAMHS services
  - Addressing mental health in long term conditions care
- **Physical healthcare in patients with severe mental illness**
  - Routine health checks in all patients on CPA not seen by their GP, stop smoking care
- **Sustainability**



# Integration 2

- Prevention and well-being
  - Housing support, social exclusion work, parenting skills, 'big society' and the 'Asset' approach to communities, benefits support
- Innovation and research
  - What works, what doesn't, what research do we need to progress?
- Information technology
  - Mobile working
  - Telemedicine
  - Mapping individuals receiving health or social care between agencies
- Efficiency
  - Backroom functions, shared front-line functions. Training implications



# Integration & Partnership Working: a practical example

Trez Jordan

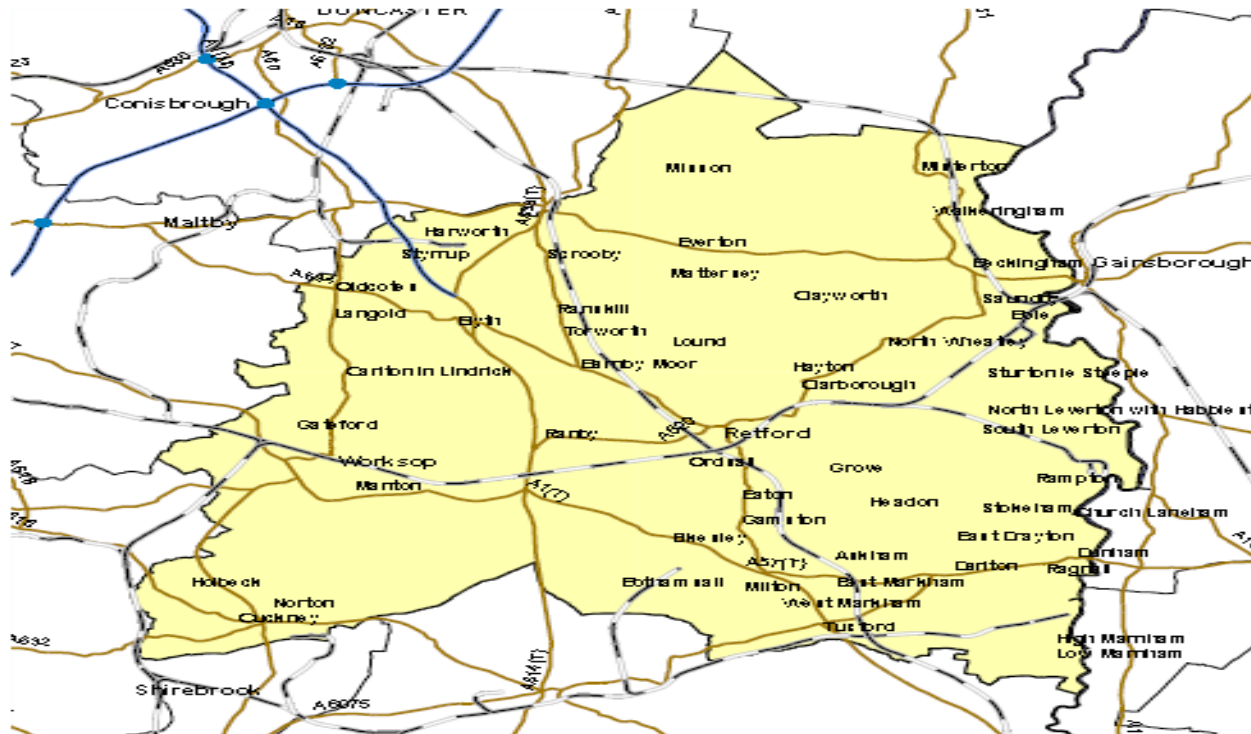
GP, Bassetlaw

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# A Profile of Bassetlaw



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# A Practical Example

## Bassetlaw Dementia Strategy

- How much money do we have?
- What do we want?
- What do we have?
- Where do we start?



# A Practical Example Cont'd

## Bassetlaw Dementia Strategy

- Dementia Outreach Nurse
- Nurse Led, Community Based, Memory Assessment Service
- Acute Liaison Nurse
- MH Intermediate Care Team



# Key Learning points

- Keep it simple!
- Engage with all Stakeholders and Listen to what they have to say
- Staff involvement is crucial
- Don't be constrained by convention
- Don't forget the 3<sup>rd</sup> Sector
- Don't forget Training and Support
- Monitor and Evaluate on an ongoing basis





## Summary

### **How can healthcare contribute to rural resilience?**

- Ensure healthcare is as efficient and holistic as possible
- Share information, resources and best practice across agencies
- Continue to ask that question of staff and patients – they will tell you