

Rural Services APPG

Notes of the All-Party Parliamentary Group on Rural Services

Tuesday 22nd November 2011, 8:30am-10:00am
Dining Room C – HoC

In attendance:

Members:

Graham Stuart MP – Chairman
The Baroness Byford DBE
The Baroness Gibson of Market Rasen OBE
His Grace the Duke of Montrose
Dan Rogerson MP
The Lord Dear QPM
Philip Dunne MP

Rural Services Network (RSN) (Secretariat):

David Inman - Director
Wendy Cooper – Administrator

Speakers:

Institute of Rural Health
Jane Randall-Smith, Chief Executive

Nottinghamshire Healthcare NHS Trust
Nick Daibell, General Manager

1. Notes of the Previous Meeting – 25th October 2011

Agreed with no matters arising.

2. Introduction

The Chairman, Graham Stuart MP, welcomes everyone to the meeting and thanked the speakers for their attendance.

He advised of his recent attendance at the Rural Services Network's Annual Meeting and gave a report on some of the issues discussed. The Group were moving forward with the Fairer Funding Campaign to achieve a fairer share of government grant for rural areas and it was clear that more work was needed to get the rural voice heard. Members noted that the chairman had written to Rural MP's highlighting the inequitable funding and a number of MP's had asked to be included on the APPG circulation list.

It was noted that some practical points had arisen from the last APPG on rural Housing and it was hoped that Members would take up the issues raised with Ministers.

3. Rural Health

(i) Institute of Rural Health

Presentation by Jane Randall-Smith, Chief Executive

The Institute of Rural Health was an independent charity working across the UK to inform, develop and promote the health and wellbeing of rural people and their communities. Their three academic programme areas were Research and Project, Education and Training and Policy Analysis. They were funded through government grants and charitable donations for specific research projects together with income from training events.

Jane made a presentation which concentrated on the impact of service drift, this being the drive to locate services into central areas and taking them away from rural communities. Access to services was a key issue in rural areas and centralisation needed to consider the tension between clinical governance and access to services, looking at issues such as cultural, poor public transport, isolated and remote communities, longer ambulance journey times and visitor access to aid recovery. In parallel to centralisation was the ethos of care in the community. The implications for service providers would include the need to up skill, GP's would need to be clinicians and there would need to be devolution of responsibilities. The move however could open up opportunities for rural clinicians with a wider range of services being available locally, improved career choice and development, improved telematics, mobile services and the potential to improve recruitment and retention.

In conclusion it was noted that "doing nothing" was not an option but it should be recognised that if health was allowed to deteriorate morbidity would cost more in the longer term. The long view needed to be taken and there needed to be investment in education and training with detailed consideration to the integration of services.

The Key Message from the Institute was to enhance primary care and community services before reconfiguring acute, specialist and emergency services.

(ii) Nottinghamshire Healthcare NHS Trust

Presentation by Nick Daibell, General Manager

Nick had worked with the Trust for 36 years and presented the current situation within the Nottinghamshire Healthcare NHS Trust particularly with respect to reduced budgets. It was noted that the Trust was to see a budget efficiency saving of £460m over the next 5 years with recurrent contribution required in 2011/12.

The Trust was positive about providing integrated healthcare services including mental health, learning disability and community health services, however there would be an inevitable impact on older people, mental health, learning disability and physical health.

There was a strong need to keep people in their communities and close to families to help integrate them back into the community quicker. In Nottinghamshire most patients were under 50 years old but this was likely to increase as the average population age increased. It was important that with the centralisation of services that a balance was struck between the safety of services versus local provision.

(iii) General Discussion

Members confirmed that it would be useful for the Institute to provide rural proofing evidence so that individual areas could provide a champion to get sufficient provision written into their strategies.

It was noted that Commissioning Groups were currently at different stages of the process but there was a need to make ensure consideration was given to best practice and rural proofing. In this respect engagement was needed with Royal Colleges.

Virtual outreach was an area that could prove useful in the future with the younger population making use of video conferencing and tele working.

It was noted that some service sharing was already taking place between ambulance/paramedic services. However services could be more joined up and integrated e.g. community teams providing local support, voluntary sectors and housing.

4. Next Meeting

Schedule for 2012 to be arranged