Revitalising Rural

Realising the Vision

ACCESSIBLE HEALTH AND CARE SERVICES

Why it matters

The health and wellbeing of the nation's population is as relevant to and important for rural communities as it is to those who live elsewhere. This universality is embedded within the vision that led to the creation of our National Health Service.

Surveys of rural residents and of those who represent them consistently find that health and care services are one of their top priorities. This may, in part, reflect the older demographic residing in mostly rural areas (which is not a reason to overlook health and care issues affecting younger age groups). It is likely to be even more true following the Covid-19 pandemic.

Health services that serve rural populations need to be safe and of high quality. They also need to be geographically accessible. This can lead to a dilemma, often not well resolved, where services become more specialised and centralised, but are then more distant from rural communities. This has been exacerbated by significant cuts made to rural bus routes.

On the other hand, there is a drive to expand the range of (non-acute) services which are provided away from main hospitals sites at community hospitals or health centres. Digital adoption and telehealth also have rural potential, assuming there is fast and reliable network connectivity.

The importance of mental wellbeing is increasingly recognised across all age groups. If common mental health problems are included, they are widely experienced and have costs for society at large (including lost working days). Whilst levels of mental ill-health are not especially high in rural areas, there are concerns such as access to relevant support services and for isolated farming communities.

For many rural people receiving regular care support is vital. It allows many to continue living at home. This includes support from statutory services, voluntary organisations and (informally) from family or friends. Rural areas typically have fewer or less accessible day care centres and the like.

The national policy context

Key elements of national policy include:

- NHS Long Term Plan – the ambition of this ten-year plan, published in 2019, is to create an NHS fit for the future. It puts considerable emphasis on treating more patients outside main hospital settings, preventative action so people stay healthier, increasing local collaboration between primary and community health services, growing capacity of mental health services, and accelerating digital adoption within the NHS. It also signals a modest return to real terms growth for the NHS budget over the coming five years.

- Local Long-Term Plans – these translate and implement the national plan at a local level for the period 2019 to 2024. They are produced by Sustainability & Transformation Partnerships (STPs) or, where they exist, by Integrated Care Systems (ICSs). One notable element is the formation of Primary Care Networks, bringing together groups of GP practices with other providers in the primary, community, social care, and voluntary sectors, at a locality level.

- NHS People Plan – this plan seeks to address some notable workforce issues, matching skills to evolving service requirements, addressing workforce shortages, and building leadership capability. It acknowledges the extent of vacancies in the health sector, setting an ambitious five-year target to halve the vacancy rate for hospital nurses.

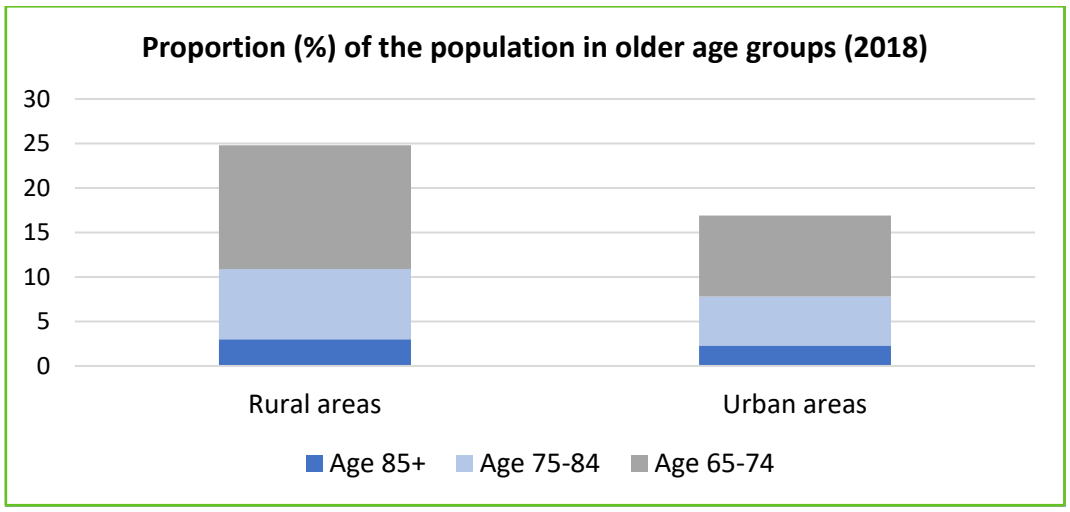
- Prevention Green Paper – this looks to shift the focus of the health system from one which simply treats illness, to one which prevents problems arising in the first place. The aim is to help people live healthier for longer. Its objective is to deliver "prevention at scale", making use of health checks, screening, predictive prevention, a vaccination strategy, genomic analysis, and initiatives that target childhood obesity and smoking amongst others.

- Forward Plan for Mental Health – this announced a growing budget for mental health services. It seeks to expand the size of the mental health workforce and improve integration with physical health services. It also looks to expand 24/7 care for those in crisis and to create more comprehensive mental health services for children and young people.

- Adult Social Care – this complex sector is the statutory responsibility of both the NHS and upper tier local authorities, the latter managing longer term care packages. On top of that are residential care homes, most run in the private sector, and support services from a wide range of voluntary or community sector organisations. However, most care is given informally by family members, friends, and neighbours. Proposals for major policy reform of the way that social care is funded are once again under discussion.

The rural dimension

Older people form a significantly larger proportion of the population in rural areas than in urban areas, a point which matters since age is the main determinant of demand for health and care services. [1] Furthermore, the proportion of older people within the overall population is increasing fastest in rural areas. This trend is very marked for those aged 85 or over whose care needs tend to be most complex.



Getting to health facilities can be more time-consuming and complex for rural residents. This is especially so for those who need to use public transport, as statistics below for the year 2017 show.[2] What these travel time figures overlook is the infrequency of most public transport services in rural areas.

Average minimum travel times by public transport and by car to reach nearest health facilities

To reach the nearest:	By public transport/walking		By car	
	Rural areas	Urban areas	Rural areas	Urban areas
GP surgery	23 minutes	11 minutes	11 minutes	8 minutes
Hospital	61 minutes	34 minutes	26 minutes	18 minutes

[1] 2018 Mid-Year Population Estimates, Office for National Statistics.
[2] Travel time statistics 2017 (revised), Department for Transport.

There are other important services to access, of course, such as community pharmacies. In rural areas where they are not present the role of dispensing GP surgeries can plug a crucial gap.

Research has identified several workforce (or recruitment and retention) issues that particularly impact rural areas, including difficulties with: [3]

- Recruiting a range of staff, including doctors and consultants, to posts in rural settings, including at smaller hospitals;
- Maintaining consultant hospital teams with all the required skills, given the trend towards sub-specialisms; and
- Ensuring that health professionals have sufficient access to training, networking, and compulsory development opportunities.

Shortages within the social care workforce may explain (at least, in part) the higher rate of delayed patient transfer from hospitals found in rural areas. Some of these will be people requiring a care package when returning home.[4]

Rates of delayed transfer of care from hospitals in 2016/17

Predominantly rural areas:	Predominantly urban areas:
Rate = **19.2** cases per 100,000 adult population	Rate = **13.0** cases per 100,000 adult population

Analysis by the Rural Services Network shows that, if compared with their predominantly urban equivalents:

- Predominantly rural local authorities receive significantly less grant funding per head to pay for services such as social care;
- Predominantly rural local authorities receive significantly less grant funding per head to pay for their public health responsibilities; and
- The more rural NHS Clinical Commissioning Group areas receive similar funding per head, which does not seem to account for their notably older demographic.

Almost 12% of all residents who live in a rural area are providing informal care to someone else on a regular basis.[5] Indeed, 24% of older people who live in a rural area are providing such informal care. Both figures are higher than the national average.

Policy solutions

The direction of policy travel, as set out by reforms in the NHS Long Term Plan, poses both some real challenges and some opportunities for rural provision. The same could certainly be said, too, for the social care sector, where future policy is currently less developed. A core requirement is that health and care plans are rural proofed at both the national (policy) level and the local (strategic and delivery) level, so that benefits reach rural communities and properly address their needs. Better use could be made of digital health and care services for rural provision, learning lessons from the experience of virtual consultations during the Covid-19 pandemic, though this requires gaps in rural connectivity to be addressed.

[3] *Acute care in remote settings: challenges and potential solutions*, Nuffield Trust (2016).
[4] *Issues Facing Providers of Social Care at Home to Older Rural Residents*, Rural England CIC (2017).
[5] 2011 Census, Office for National Statistics.

Accessible Health and Care Services

Specific policy asks

Access and travel to hospitals: local health partnerships (STPs and ICSs) and trusts should take better account of accessibility and transport availability when drawing up plans to reconfigure acute and emergency services at their main hospital sites. This should address access for patients, visitors, and staff from rural locations, including those without a car or those unable to drive. It is especially important for patients whose treatments require a regular visit. Hospital transport schemes should also be made more widely available. This and other issues would be easier to address if funding allocations to local NHS areas were better aligned with the costs rural areas typically face from serving an older aged population.

Primary and community care services: local health partnerships should seize opportunities to create locally based multi-disciplinary teams and to develop health hubs in rural town locations. Hubs should aim to make a wide range of treatments and services more accessible to nearby rural populations, thereby avoiding the need for many patients to travel to main hospitals. They should provide services such as minor procedures, diagnostic tests, baby clinics, rehabilitation, and re-enablement. Local pharmaceutical services need to be retained in rural areas, which in some cases means supporting dispensing GP surgeries.

Public and mental health services: in the light of recent experience, Government should give more prominence to public health and mental health services. Both need better resourcing to become more accessible in rural areas. Historic funding allocations for public health cannot be justified and need urgent overhaul to even out provision. Good practice in rural provision of mental health services needs active promotion and encouragement. Large disparities in numbers of mental health professionals working in rural and urban areas need resolving.

Social care provision: Government should implement the findings of its Fair Funding Review to help level-up the provision of social care services in rural areas, taking full account of their delivery cost in more sparsely populated areas. This would also enable improved or more consistent engagement with and commissioning of 'low level' support services for vulnerable rural residents, which are typically delivered locally by voluntary and community sector organisations.

Workforce and recruitment: Government and the NHS should ensure that delivery of the NHS Workforce Plan includes an explicit rural dimension. Pay bonuses should be considered to attract recruits into those rural places with the highest vacancy and turnover rates. Medical training should include a rural placement, wherever possible, to give trainees exposure to work in rural settings. Similar initiatives are needed to cope with serious rural shortages in the social care workforce.