



Parliamentary Inquiry into Rural Health & Care

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Background

- The Parliamentary Inquiry is a collaboration between the APPG on Rural Health & Social Care and the National Centre for Rural Health & Care
- The first session took place in October 2018
- So far, 4 sessions haven taken place



Parliament & Rural Health

- Ministers recognise that rural populations do have specific rural health and care needs
- DHSC have committed to engaging with the APPG / National Centre
- Need to move past this Urban vs Rural narrative and instead work towards a placed-based narrative
- Members of both Houses who are willing to engage on the issue



Session Themes

- **Session 1:** What are the needs of rural communities and how are they different from their urban counterparts
- **Session 2:** How are rural health and social care needs currently met?
- **Session 3:** What is not working in rural communities and why?
- **Session 4:** Workforce challenges and opportunities



Session Themes

- **Session 5:** Education and training challenges and opportunities
- **Session 6:** Structural challenges of fitting current delivery models into a rural setting with different needs and challenges
- **Session 7:** Technology opportunities and challenges
- **Session 8:** Integration opportunities and threats



Session 1: What are the needs of rural communities and how are they different from their urban counterparts

- **Defining Rural – What is it?**
 - Multiple definitions
 - “unavoidable smallness due to remoteness”
 - Differences between urban and rural
- **Lack of infrastructure**
 - Training – 75% doctors and nurses start work where they have trained – usually cities/large towns
 - Care Homes closing down
- **Costs**
 - 80% of healthcare delivery costs are fixed. How are these factored/not factored into current funding formulae



Session 2: How are rural health and social care needs currently met?

- **Rural Pathways**
 - 'Hub & Spoke' model – not all services are in the same place
 - Rural areas tend to always be at the end of the pathway
- **Transport**
 - Time constraints – it takes longer to carry out home visits because further distances to travel
- **Funding**
 - There are extra costs to providing rural health and care services
- **Public Health**
 - Higher prevalence of smoking, obesity, sexual health issues in rural areas. This links to poor health outcomes
- **Access**
 - There are rural villages where it is impossible to get an ambulance. How can local/community services be reconfigured to deal with the care needs of these rural populations?



Session 3: What is not working in rural communities and why?

- **Specialisation > Centralisation**
 - Leads to staff shortages and the withdrawal of services
 - Need 'Rural Generalists' e.g. Australia – but UK not big/rural enough to imitate
- **Data**
 - We still don't have data being stored at a meaningful level. This impacts outcomes and the provision of services
 - Still not measuring rural outcomes/impact
- **Risk**
 - We need to be changing how we view risk in medical settings. We need a “grown up” conversation about how we manage risk in terms of issues such as end of life care. Looking realistically at what technology can provide will make a difference when effectively applied



Session 4: Workforce challenges and opportunities

- **Equity of the workforce**
 - Need to invest in the adult social care workforce. Nurses need to be trained in both acute and social care nursing
- **Staffing levels**
 - Currently no minimum staffing levels in England. There are in Scotland and Wales
 - Barriers to professional registration
- **Recruitment & Retention**
 - Massive issue with r&r. Number of issues including GP pensions. Rural areas losing GP practices
 - Opportunity for NHS to look at offering medical roles that work in rural areas
 - Training bursaries – students in rural areas having to travel further/spend more
- **Community Engagement**
 - Engagement with VCS/Third Sector is crucial and full of opportunities in rural areas
 - Millom a fantastic example of a community recruiting a GP to suit their needs