



Challenges that Covid-19 presents for rural health services

Data insights

Recap

- Recruitment and retention difficulties
- Higher overall staff costs

Workforce



- Higher travel costs
- Unproductive staff time when travelling

Distance



- Scale of fixed costs, for example safe staffing-level guidelines
- Difficulties in realising economies of scale

Size

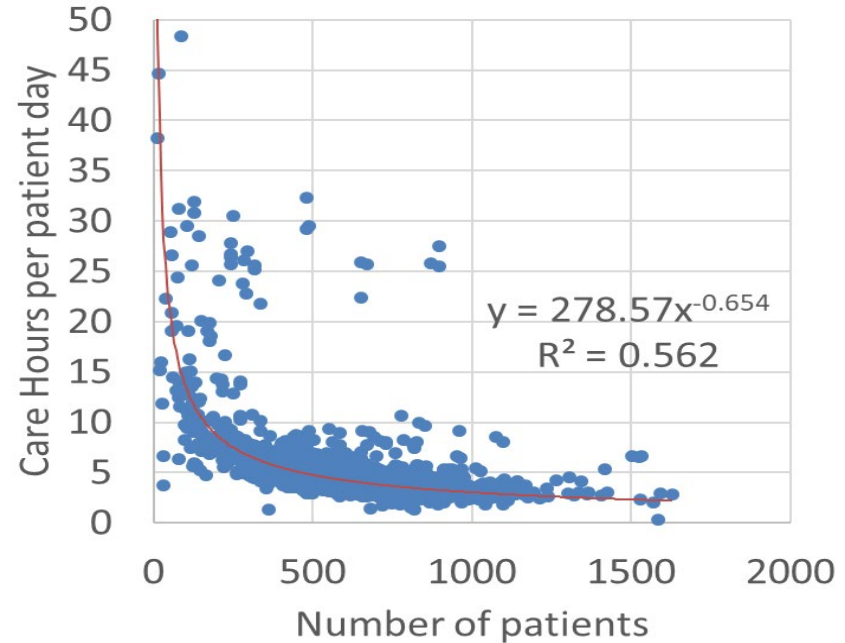


- Some resources are more expensive or difficult to access

Access to resources



General surgery (by ward)



The health (and health service) impact

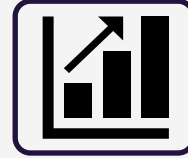
Measure	Rural	Remote	Other	Detail of measure
Covid deaths	59	n/a	124	Age-sex standardised per 100,000 (March-May 2020)
Shielded patients	3,874	4,102	3,991	per 100,000 (May 2020)
Patients seen within 2 months for first cancer treatment	72.4%	73.4%	74.5%	April 2020
A&E attendances < 4 hours	90.2%	91.2%	92.5%	April-June 2020
IAPT referrals	47.5%	n/a	56.0%	indexed to April 2019
CHC referrals > 28 days	4.4%	6.1%	3.8%	Jan-March 2020

Policy complication



Funding

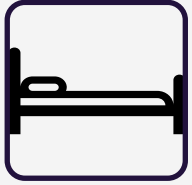
- Debt write-off
- Discretionary funding
- Underlying cost pressures



Existing pressures

- Waiting times
- Delayed discharges

Policy complication (*continued*)



Capacity

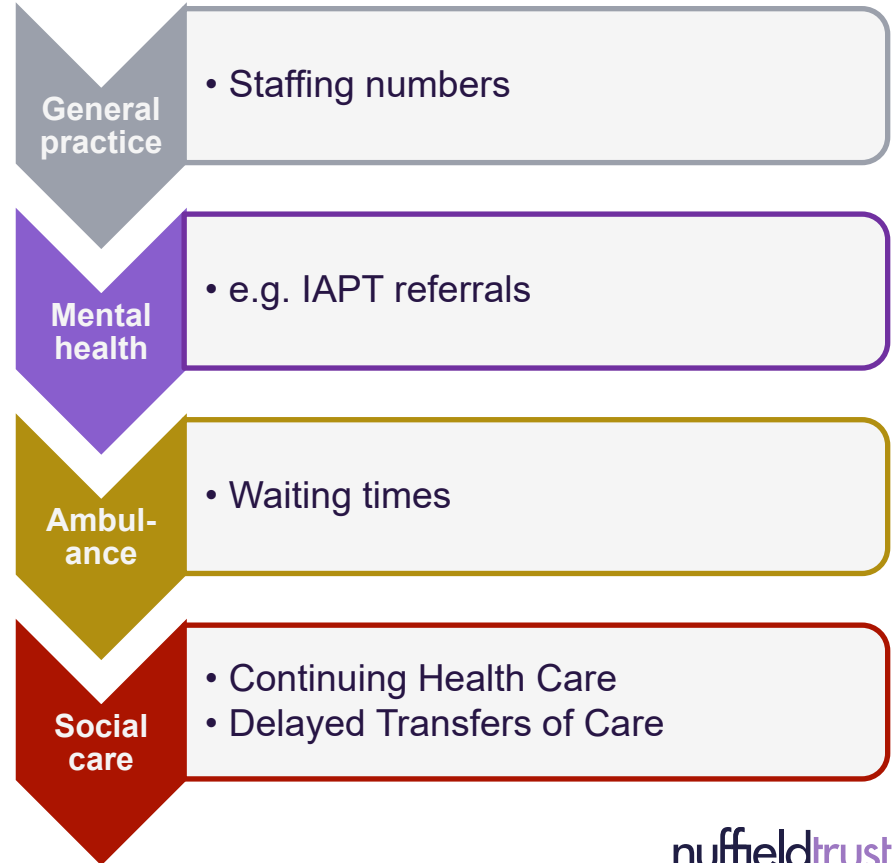
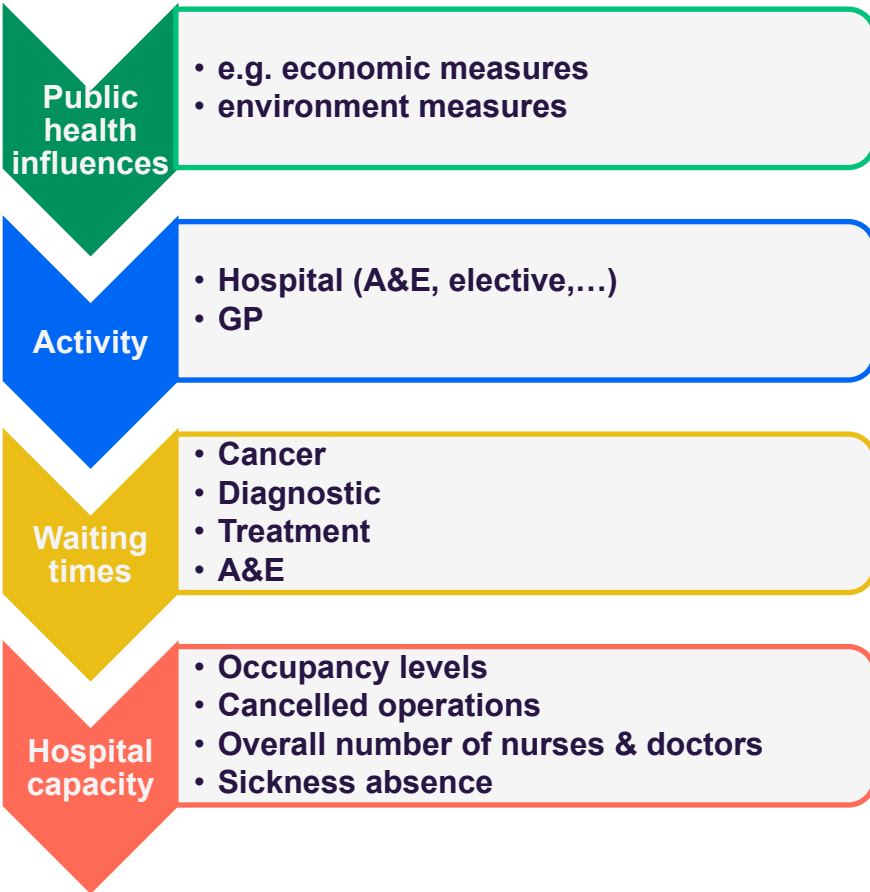
- Access to extra resources
- Estates
- Independent sector



Resilience

- Smaller teams
- Isolated ~ transfers

Something to monitor...





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