Challenges that Covid-19presents for rural health services

Data insights

Recap

- •Recruitment and retention difficulties
- Higher overall staff costs

Workforce



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

level guidelines

Size



- Higher travel costs
- Unproductive staff time when travelling

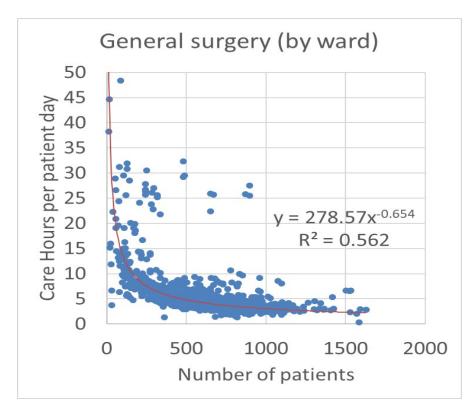
Distance



 Some resources are more expensive or difficult to access

Access to resources





The health (and health service) impact

Detail of Measure Rural Remote Other measure Age-sex standardised Covid deaths 59 n/a 124 per 100,000 (March-May 2020) per 100,000 (May 3.874 4.102 3.991 Shielded patients 2020) Patients seen within 72.4% 73.4% April 2020 2 months for first 74.5% cancer treatment A&E attendances 91.2% 90.2% 92.5% April-June 2020 < 4 hours indexed to April 47.5% 56.0% IAPT referrals n/a 2019 CHC referrals > 28 4.4% 6.1% 3.8% Jan-March 2020 days

Policy complication



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...

Public health influences

- e.g. economic measures
- environment measures

Activity

- Hospital (A&E, elective,...)
- GP

Waiting times

- Cancer
- Diagnostic
- Treatment
- A&E

Hospital capacity

- Occupancy levels
- Cancelled operations
- Overall number of nurses & doctors
- Sickness absence

General practice

Staffing numbers

Mental health

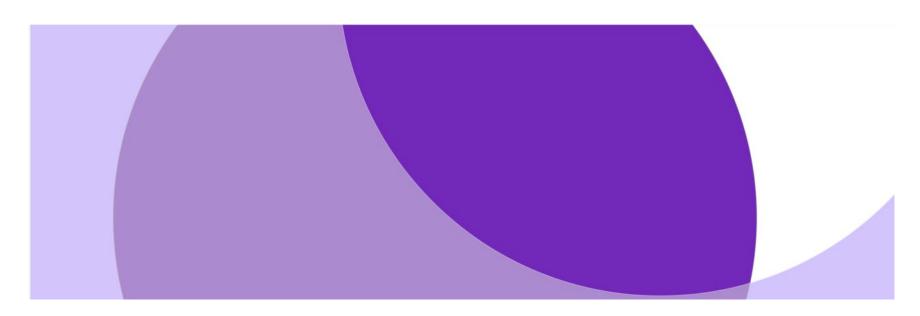
• e.g. IAPT referrals

Ambulance Waiting times

Social care

- Continuing Health Care
- Delayed Transfers of Care

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