SCRUTINY OF RURAL ACCESS TO HEALTH

Introduction

The ability to easily access healthcare and services when they are needed should be a fundamental right for all residents across England. However, for those living in rural areas, this can be more difficult as services are centralised and public transport options are limited. This research was carried out to explore the current situation and challenges facing rural areas in relation to accessing health services.

The aim was to invite local authorities to take part in a process, where they used their scrutiny powers to call in their local CCG to ask a set of standard questions, with the option to ask additional local questions too, to provide some standard responses about the current situation across Rural England.

This process has taken place over the summer and Autumn of 2016. Some CCG attended the Scrutiny meetings and some responded to the questions in writing. There were also a few local authorities that didn't take part but instead provided recent similar studies or relevant research into rural access to health.

We have received responses from 5 authorities that asked the set questions of their CCG. 4 further authorities provided information about relevant studies they had undertaken. We appreciate we need to allow further lead in time in future studies as authorities plan their scrutiny programme for the year ahead and it is difficult to include areas at relatively short notice.

Main Findings

<u>Accessing services</u>

The first couple of questions asked about the % of Local Authority residents that have to travel over 5 or 10 miles to access their local GP. Responses ranged from 0.47% to over 5%. Certain local authorities were unable to provide the information without significantly more detailed work. It is difficult to get an accurate understanding of the overall picture for this work as patients have choice over where they register with a practice, and this may not be the closest option.

The Index of Multiple Deprivation includes figures on Barriers to Housing and Services. One of the subdomains for this includes Geographical Barriers which is calculated using:

- Road Distance to Post Office
- Road Distance to Primary School
- Road Distance to General Store or Supermarket
- Road Distance to a GP

This is a wider assessment than just the access to a GP but provides a good measure of the difficulties that may be experienced by rural communities. The figures are split into Lower Super Output Areas of which there are over 30,000 in England. 75% of the top 5% most deprived LSOA for Geographical barriers belong to Sparse Member Authorities.

<u>Attending Appointments</u>

When considering non-emergency appointments, overall responses indicated that patient transport can be made available if patients meet the specified criteria. For those that don't meet the criteria, there are some community transport schemes available depending on the local area and these can be available for free or a set rate per mile. Patients have the 'right to choose' where they may attend medical appointments however this can be limited by the availability of particular services at relevant locations. Specialised services may only be available at large town hospitals some distance from the rural communities. The very real possibility that Sustainability and Transformation Plans may centralise more services could also add further difficulties for rural communities in accessing services. There are a number of areas currently consulting on the closure of smaller community hospitals as part of these plans which mean further distances for rural residents to travel to access healthcare. In addition, these distances may make it harder for friends and family to visit patients, adding to a sense of isolation in hospital settings.

One CCG stated: 'Rural residents are given the same support to access specialised healthcare as those living in non-rural locations'. This of course sounds very fair and equitable. They are aiming to treat both rural and urban residents in the same way with the same criteria. However, for rural residents who may not have access to a car, public transport options can be very limited with no or very little services available and in order to provide both sets of residents with the same access to health services, there may need to be additional help for rural areas to enable this to happen.

Ambulance Response Times

Questions were asked about the response times for ambulances in rural areas compared to urban. All of the authorities that responded stated that targets were set at trust level and were nationally consistent across all ambulance services. The targets vary depending on the type of call which are classified according to the type of incident. It was reported that whilst response rates were available at CCG level, these were not split down into Rural and Urban areas.

One Ambulance Service however did report that 'The quicker response times tend to be in urban areas and the slower response times tend to be in rural areas.' The nationally set targets are less likely to be met in the more rural areas of their patch.

Cheshire East provided details of their comprehensive Ambulance Services Review which was carried out in April 2016.

This research highlighted the difficulty in assessing rural and urban differences in services due to the way that targets were set and information collated at a much larger regional level rather than specifying rural and urban areas.

The report made several recommendations including two specific to rural areas:

"North West Ambulance Services NHS Trust ensures equality of access to emergency ambulance services for Cheshire East residents in comparison with other areas of the North West by ensuring sufficient provision of Rapid Response

Vehicles and/or Community First Responders to aid improved access to life saving treatment, particularly in rural areas."

"North West Ambulance Services NHS Trust process and report paramedic emergency service response time data at smaller geographical levels to provide greater detail in relation to the performance to better identify communities/areas where efforts to improve performance can be targeted. "[1]

It will be interesting to follow up on these recommendations to see if any of the improvements have been implemented. This report clearly recognises that in order to improve services you need to understand how those services are performing in the first instance and that you need the right measures in place, and secondly that rural areas may need different approaches to deliver the same access to healthcare. So the answer may not be more ambulances available due to the cost implications but different options more appropriate to rural areas so that those residents are not missing out.

Recruitment of Staff

There were mixed responses to questions about difficulties experienced in the recruitment of staff. It was felt for some CCG that problems in recruiting were a national problem, not specific to rural areas and that while they didn't hold all of the information about vacancies, any existing ones were within normal limits. However certain areas were experiencing specific problems recruiting and were having to take action to try to remedy the issue. For example, *"The CCG and York Foundation Trust hospital are actively working with Coventry University, Scarborough Campus, to develop a local school of nursing as the hospital at Scarborough is facing similar issues with recruiting Doctors and nurses."* Some areas were offering different options for roles such as changing the number of sessions advertised for GP's or considering multidisciplinary teams to share skills. 2 CCG's noted that securing long term locum cover was becoming more difficult.

West Norfolk was taking a proactive approach to recruitment issues by considering how they developed the skills mix of their staff. *"This also includes developing the role of the Health Care Assistant, so that staff are upskilled, which in turn frees up GP time for patients who need to see a doctor. West Norfolk CCG is supporting this by facilitating the formation of a Community Education Provider Network (CEPN) which will co-ordinate collaborative staff development and the availability of training programmes for all. For example, GP Fellowships will be offered which enable newly qualified doctors to work part of the week as a salaried GP, but also to develop a special interest and continue with their training on other days, an opportunity which can attract enthusiastic new doctors."*

[1] Cheshire East, Health and Adult Social Care Overview and Scrutiny Committee, Ambulance Services Review, April 2016

When considering the issue of the recruitment of Clinical Pharmacists within GP practices, one CCG responded, *"One practice out of four practices have had difficulty in recruiting clinical pharmacists. Significant challenges are faced due to rural settings. It is felt that to mitigate risk recruitment and retention premiums may be required to attract and keep candidates."*

It is accepted that there is a national issue with the recruitment of GP's. A survey by the BMA in 2015 stated that over a third of GP's were considering retiring from the profession in the next 5 years.[2] The problem for rural areas may well be in attracting replacement GP's from the small pool that is available. As specialist services are centralised in larger hospitals in more urban areas, it could get progressively difficult to attract GP's to smaller more generic rural GP surgeries.

Conclusions

It is difficult to draw definitive conclusions from the information provided, whilst a larger number of authorities expressed an interest in the exercise, due to changes in priorities at the local authority, there was a small overall response rate to the exercise.

There are commonalities between the CCG around the types of patient transport provided to access hospital services, with more rural residents often relying on Community and voluntary transport services. As Local Authority funding which is often a key grant contributor to these kind of organisations reducing, these kind of services may however be at risk in the future.

In order to tackle the difficulties in ambulance services reaching emergencies in the most rural areas promptly, various alternative options are being delivered in different areas however there is a distinct lack of information about how well the ambulance service is performing in this area and more data collection needs to be done.

GP surgeries in rural areas will need to consider innovative solutions to the GP crisis in the coming years, not only for GP's but also other medical professionals such as nurses that work in the surgeries.

Overall the issues in accessing healthcare are not wildly different between rural and urban areas currently. However, when considering future developments for rural health and there are worrying concerns about to hit, the aging population which will potentially require greater health and social care, the reduction in Local Authority funding for preventative healthcare approaches and less funding available for community transport to get people to appointments, the implementation of the Sustainability and Transformation Plans which will result in some specialist services being centralised to make them more efficient and sustainable, and suddenly the future for rural healthcare starts to look bleak.

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[2] http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/over-one-third-of-gps-may-retire-within-five-years-warns-bma/20009707.fullarticle