Health and Health Policy in Rural Areas through the Urban Lens

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Introduction

- Why a presenter from Birmingham?
- Born in Brecon Hospital (in ‘intensive care’)
- Grandmother worked in rural TB hospital; Mother worked in rural local authority public health and NHS.
- Undergraduate Dissertation on Rural Settlement Policy (Moseley 1979)
- PhD in access to health services eg Medical Geography (Haynes and Bentham 1979)
- Reassuring and disappointing that little has changed
- Expert- my mother! (Hay-on Wye to Newport for five minute MRSA test before out-patient attendance)

Reports

- Dewar Report (Highlands and Islands Medical Service Committee 1912) highlighted the atrocious state of rural health and health
- Nuffield Provincial Hospitals Trust wartime surveys of 1940s highlighted problems in rural hospitals in England and Wales
- First ever rural white paper: DoE/MAFF (1995) *Rural England – a Nation Committed to a Living Countryside.* Cm 3016. London: HMSO.
- DETR/MAFF (2000) *Our Countryside the Future. A fair deal for rural England*. Cm 4909, London: TSO ('Rural Proofing')
- DEFRA (2002) *Rural services standard*. London: DEFRA.

Agencies

- For more than 100 years, rural England were represented by a succession of three quangos of the Development/Rural Development Commissions (1909-1999), the Countryside Agency (1999-2006), and the Commission for Rural Communities (2006-2013), but now aspects of its responsibilities absorbed into the civil service (Morris 2015)
- Many non statutory/ voluntary agencies
- Some units associated with Universities

What we know

- Although very broadly on average rural health is better than urban health, rural areas have higher percentages of the ‘old’ and the ‘very old’, and this will probably increase in the future
- Deprivation and poor health may be hidden and invisible
- Accessibility remains the ‘rural challenge’
- Often little choice in rural areas
- Costs more to deliver services
- Some allowance is made for sparsity in the allocation of resources for social care services in England, but not for health care- unlike Wales and Scotland

The Urban Lens as a Distorting Mirror

- Rural idyll
- ‘Dr Finlay’s Casebook’
- ‘Peak Practice’
- ‘Where the Heart is’
- Second Home in Cotswold for weekend
- Universalistic assumption: Solutions work everywhere; ‘one size fits all’
- But contextual and different types of ‘Rural’

Rural Proofing?

- NHS history of uniformity and centralisation: ‘one size fits all’
- ‘I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one.’ (Aneurin Bevan)
- Little on ‘Rural’ in NHS documents
- Policy makers should ‘think rural’ (DETR/MAFF, 2000) by:
- Considering whether their policy is likely to have a different impact in rural areas, because of particular rural circumstances or needs;
- Making a proper assessment of those impacts, if these are likely to be significant;
- Adjusting the policy, where necessary, with solutions to meet rural needs and circumstances

‘Five Year Forward View’: Talks contextual, but……

- England is too diverse … to pretend that a single new model of care should apply everywhere… What’s right for Cumbria won’t be right for Coventry; what makes sense in Manchester and in Winchester will be different. But that doesn’t mean there are an infinite number of new care models. While the answer is not one-size-fits-all, nor is it simply to let ‘a thousand flowers bloom. Cumbria and Devon and Northumberland have quite a lot in common in designing their NHS of the future (p. 17)

Five Year Forward View: ‘New care model – viable smaller hospitals’

- Some commentators have argued that smaller district general hospitals should be merged and/or closed. In fact, England already has one of the more centralised hospital models amongst advanced health systems. It is right that these hospitals should not be providing complex acute services where there is evidence that high volumes are associated with high quality. And some services and buildings will inevitably and rightly need to be re-provided in other locations -just as they have done in the past and will continue to be in every other western country (p. 22)

Five Year Forward View: Three sets of actions

- First, NHS England and Monitor will work together to consider whether any adjustments are needed to the NHS payment regime to reflect the costs of delivering safe and efficient services for smaller providers relative to larger ones.
- Second, building on the earlier work of Monitor looking at the costs of running smaller hospitals, and on the Royal College of Physicians Future Hospitals initiative, we will work with those hospitals to examine new models of medical staffing and other ways of achieving sustainable cost structures.
- Third, we will create new organisational models for smaller acute hospitals that enable them to gain the benefits of scale without necessarily having to centralise services.

Rural Healthcare Strategy? (Hansard 5 January 2016: cols 13-14)

- **Anne Marie Morris (Newton Abbot) (Con):** What plans he has to publish a rural healthcare strategy?
- **The Parliamentary Under-Secretary of State for Health (Ben Gummer):** The FYFV sets out the healthcare strategy for the whole of England, including rural areas. Rural areas have their own health needs, which should be taken into account in planning and developing healthcare systems.
- **Anne Marie Morris:** What specific research has the Minister undertaken in order to understand, and what steps has he taken to address, the very different needs and costs of rural communities in the south-west, which has disproportionately high numbers of over 85-year-olds and population distributions that make inflexible multi-speciality community providers and primary and acute care configurations unattainable?
- **Ben Gummer:** The FYFV takes particular account of rural areas, but of course not all rural areas are the same. It is down to clinical commissioning groups to judge the needs of their local areas and make sure that they are reflecting the specific circumstances in which they find themselves.

Rural Healthcare Strategy?

- The only mention of ‘rural’ in FYFV is under ‘Encouraging community volunteering’ where it is stated that:
- ‘More than 1000 community first responders have been recruited by Yorkshire Ambulance in more rural areas.’
- Does the ‘strategy’ boil down to a DIY NHS?
- Little indication of which new care models fit which area, and many models such as Integrated primary and acute care systems (PACSs) and multispecialty community providers (MCPs) appear to assume larger population sizes. For example, subsequent documents mention ‘neighbourhood population of 30,000 to 50,000’ and minimum MCP size of 100,000, and PAC of 250,000.
- ‘Jam tomorrow’? Need to ‘keep NHSE honest’ in keeping to its promised ‘three sets of actions’

Learning Lessons?

- Work in (eg) Australia, Canada or USA, but problem of context
- Scotland and Wales take rural issues more seriously? Eg NHSSRRSG (2008), NHSSRRIG (2009), WAG (2008); and associated commissioned research.

Social Justice, Minimum Standards or Second class citizens?

- ‘Equal access for equal need’ is a central objective of many health care systems, and is often seen as the founding principle of the British National Health Service (Powell and Exworthy 2003)
- ‘People in rural areas want the same opportunities as everyone else (Yet) Remoteness makes services expensive to provide and some will never reach every rural dwelling. Those who live in the country accept that as part of rural life’ (DETR/MAFF 2000)
- A ‘rural services standard’ is described for England, which suggests the importance of geographical accessibility standards but does not stipulate them. It provides response time targets, but for health care, only ambulance services are included (DEFRA 2002).

Social Justice, Minimum Standards or Second class citizens? (cont)

- The English NHS Constitution (Department of Health 2010) outlines 25 patients' and public rights, including rights to services that meet needs and involvement in planning.
- 'We have made fair access to services in rural areas a key element of the Open Public Services White Paper, placing a new health inequalities duty on CCG to have regard to the need to reduce health inequalities in outcomes and access to NHS services in rural (and other) areas with the aim of achieving equal access for equal need, as a result of the 2012 Health and Social Care Act (DEFRA 2012)

Social Justice, Minimum Standards or Second class citizens? (cont)

- The OECD (2006) notes the impracticality of states promising certain rural service accessibility levels (due to scarcity), but argues for the possibility of ‘acceptable minimum standards’ for rural areas that are related to acceptable minimum national standards
- ‘Postcode lottery’? Or not a ‘lottery’ – systematic bias?
- Tyranny of the majority?
- Honest conversations- ‘equal access’ OR different ‘minimum standards (eg ambulance response times) OR second class citizens?
- Location is not a protected characteristic?

Reasons NOT to be Cheerful

- Research by the Rural Services Network shows that, while metropolitan authorities will face a cut in Government grant of around 19% during this Parliament, rural authorities will face an average cut of 30% or more.
- ‘We would not accept it if the Government proposed to tax people more and to spend less on them because they were black or white, Christian or Muslim, a man or a woman. There would be uproar. Yet at present we presume to discriminate in this way based on the flimsiest of pretexts—the area in which someone chooses to live, to work and to raise their children….this local government settlement would tell them once again, as it has done year after year after year, that they must pay more and make do with less’ (Graham Stuart MP, Hansard 11 January 2016: cols 629-630)
- Location or Rurality not a ‘protected characteristic’- cf Equality Audit

Reasons to be Cheerful…..?

- Today!
- All-Party Parliamentary Group on Rural Services (Chair: Jo Churchill)
- APPG on Rural Health and Social Care (Chair: Anne Marie Morris)
- Hansard Debates: Local Government Funding: Rural Areas (11 January 2016)
- Pressure to follow Wales and Scotland in resource allocation allowance for rurality
- ‘Impact’ agenda for academics
- NIHR HS&DR Rurality Stakeholder Event (12 January 2018)

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