

Est. in 2016

The National Centre for Rural Health and Care has a remit to address inequalities in four main areas:

**Workforce
Data and Insight
Research
Innovation**

2022 saw the completion of a groundbreaking Parliamentary Inquiry. You can read the outcomes [here](#).

80 organisations engaged

in a joint membership scheme with the Rural Services Network - the Rural Health and Care Alliance



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Parliamentary Inquiry Recommendations:

- Recommendation 1: Rurality and its infrastructure must be redefined to allow a better understanding of how it impinges on health outcomes.
- Recommendation 2: Identify and measure drivers of health inequalities at a greater level of granularity (1000 head of population)
- Recommendation 3: Include specific rural content in every first degree in medicine, nursing and social care.
- Recommendation 4: "Rural health" proof housing, transport and technology policy
- Recommendation 5: Develop a rural technology health and care strategy and platform
- Recommendation 6: Core health and care pathways for cancer, heart, stroke and emergency and mental health care must be urgently reviewed to better meet the rural need
- Recommendation 7: Enable and empower local placed based flexibility in the ICS structure
- Recommendation 8: With the Royal Colleges and Health Education England, review the match between the existing health and care professional structure and the skill needs of today
- Recommendation 9: Hard-wire generalist skills training across the medical professions, in both core and update CPD training
- Recommendation 10: Fund research into the nature, connectedness and integrated treatment of complex comorbidities across primary, secondary health and social care
- Recommendation 11: Integrate health and social care budget setting in rural areas as a test pilot of the Health and Care Bills ambition #
- Recommendation 12: Empower the community and voluntary sector to own prevention and wellbeing

Rural Proofing for Health and Care Toolkit enhanced- you can read it [here](#). Great practice transferred across the UK with the launch of a follow up version in Northern Ireland. Unveiled virtually in Stormont.



Original Research into:

Original Research into the applicability of the University of East Anglia Rural Deprivation Index and its value in the future mapping of health and care issues



Research Collaboration Network Established involving:

- Anglia Ruskin University
- Bishop Grosseteste University
- Nuffield Trust
- Public Health England
- University of Birmingham
- University of Chester
- University of East Anglia
- University of Exeter
- University of Keele
- University of Lincoln
- University of Plymouth



Networking Seminars Organised on:

Facilitated major policy roundtable delivered at the Institute of Rural Health - University Lincoln, led by Professor Roger Strasser, University of Waikato - you can access the lecture here: [Prof Roger Strasser - Grow Your Own Workforce through Immersive Community Engaged Education.mp4](#)



Detailed Partnership and Policy Briefings with Defra focusing on:

1. A greater focus on the workforce challenges facing health and care from a rural perspective the biggest single issue accounting for rural health inequalities.
2. The need for a better and more balanced approach to the use of the IMD
3. The need to look more closely at the ongoing unfairness within the funding formula for rural health and care resourcing.

Formal Partnership Arrangements with:

- Lincoln International Institute for rural health
- NHS Confederation
- Rural Services Network
- Rural Coalition
- Rural England
- Plus, in development - National Rural Health Association (USA)



Press Coverage:

Major exposure for Parliamentary Inquiry Report including on Radio 4 Farming Today



Upcoming Agenda for 2023

- 1) Piloting of the National Centre for Rural Health and Care Toolkit
- 2) Develop a curated network for innovative primary care centres which are community focused
- 3) Create a knowledge exchange of good practice and problem solving focused on the rural challenges associated with the interface between health and care
- 4) Create a rural mental health network



In partnership with:



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