

Major Inquiry highlights the urban-rural divide in accessing health and care

- **A National Inquiry into Rural Health and Care calls for an overarching, place-based rural strategy to address rural health inequalities**
- **Professor Sir Chris Whitty, England's Chief Medical Officer, will be speaking at the launch event.**

1st February 2022: Today sees the launch of a major Inquiry into rural health and care. The three-year investigation undertaken by the All-Party Parliamentary Group (APPG) for Rural Health and Care and the National Centre for Rural Health and Care is one of the most extensive of its kind.

Chaired by Anne Marie Morris, MP, the Inquiry was set up just prior to the COVID pandemic to identify and ultimately address inequalities in rural health and care. It also found that the pandemic had major negative effects, resulting in damage to the wellbeing of health and care workers, staff shortages and the financial viability of care homes. The pandemic saw an increase in the number of people migrating to rural areas and the Inquiry highlights the need for Government to take notice of the impact on health services of the growing rural population.

Almost a fifth of England's population live in rural or coastal communities. For too long they have experienced poorer access to health and social care services than their counterparts in urban areas. Rural residents are disproportionately older than average, often with complex co-morbidities. Evidence presented to the Inquiry was clear; many rural residents are comparatively disadvantaged throughout the life-course, despite the 'social duty to promote equality' embodied in the NHS Constitution.

Among the Inquiry's headline conclusions was the need for better data as this influences funding for both the NHS and Social Care, and the ability to plan services effectively. Witnesses concluded that the current system of identifying rural health inequalities is flawed because of inappropriate data collection methods. This also means that the extra costs of providing health and care in rural areas are not fully reflected in the current funding formula, resulting in rural residents receiving a lower level of care compared to their urban counterparts. In many ways, today's publication on rural health is a compliment to the CMO's 2021 Annual Report on Health in Coastal Communities.

Chief Executive of the Nuffield Trust, Nigel Edwards commented:

"The pandemic has made the fact clearer that issues faced by rural health and care organisations differ from those in busy urban areas. Historically, small and remote hospitals have faced unavoidable higher costs, not received their fair share of funding, struggled to attract and retain staff and have compared worse than their urban counterparts against key NHS performance measures. Coronavirus has exacerbated these long-standing challenges and left rural services with a steeper hill to climb in order to claw back waiting lists.

"This inquiry is welcome and has put a greater focus on a range of challenges felt acutely in remote areas. If we want to support recovery across the nation then a deeper understanding of how these different challenges manifest across the country is vital."

Whilst the cost of social care is recognised to be an issue nationally, the inquiry was told that rural local authorities spend a disproportionately higher share of their budget on these services and local council taxpayers have to fund more costs than their urban counterparts.

The discrepancy is down to multiple factors. Alongside funding, the investigation found that the availability of professionally qualified staff, limited public transport, and poor broadband and network access are all significant constraints to the delivery of accessible health and social care in rural areas.

Evidence suggests there is significant difficulty in recruiting and retaining skilled workers in rural areas. That training does not include rural experience in equipping GPs, nurses and other professionals with the skills needed for rural practice is a further disadvantage. In addition, social care jobs are overshadowed by low wages, onerous travel times and lack of locally based training, creating conditions that have led to high turn-over and a shortage of nurses and care worker in rural area, adding an additional barrier to serving rural residents.

Poor public transport was highlighted by many witnesses as a key driver of rural healthcare inequalities for both patients and staff travelling to work. With the average minimum travel time to a hospital over one hour in rural areas, compared with a little over half an hour in urban areas¹, rural residents face higher costs and greater difficulty accessing specialist and emergency services. In addition, local health services are hampered by a lack of reliable and fast digital connectivity, hindering the introduction of alternative, rurally relevant methods of assessment and care such as virtual appointments.

The report draws on evidence from 89 different witnesses spread across eight countries, including health and care professionals, associations and groups across rural England. The Inquiry Panel has made 12 recommendations for change under four broad headings, and calls on Government departments and local communities to work together to address rural inequalities in health care access in a joined-up approach. The newly created Integrated Care Systems (ICSs) should assist in the implementation of these recommendations :

- Build understanding of the distinctive health and care needs of rural areas;
- Deliver services that are suited to the specific needs of rural places;
- Develop a structural and regulatory framework that fosters adaption and innovation;
- Develop integrated services that provide holistic, person-centred care.

The National Centre for Rural Health and Care and the All-Party Parliamentary Group (APPG) on Rural Health and Social Care, argue:

“The road to better healthcare for rural communities starts with a more accurate and reliable understanding of rural circumstances and experience - and accurate data is essential to inform effective rural planning.

“Policymakers too frequently underestimate the challenges and the costs of living in rural areas. This is in part due to the way we collect data. The criteria, although relevant to more densely populated communities, are inappropriate for more sparsely populated localities and do not reflect rural needs.

¹ Department of Environment, Food and Rural Affairs. Statistical Digest of Rural England December 2021 Edition.

This distorts the situation in rural communities, with residents often appearing to be more affluent despite facing lower wages, and higher living costs.

“The consequence is that the basis for planning is flawed, impacting on the formulae for funding. Evidence received by the Inquiry confirms that current funding arrangements need to be urgently addressed to account for the true cost of rural health services.”

The report calls for a joined-up, place-based approach to measuring health and care, one that is relevant specifically to rural circumstances, where data is viewed through a rural lens.

Commenting, Anne Marie Morris MP, Chair of APPG on Rural Health & Social Care said:

“The events of the last 18 months have led to a large number of people discovering the attraction of rural living and the lifestyle that it offers. Yet for the newcomers and part-time rural residents who have become full time converts, the realities of rural health provision will have become very apparent.

“Without clear changes in policy direction and decision-making, the situation will move from urgent to critical. As we have seen, undiagnosed and unaddressed health conditions usually end up resulting in higher costs, poorer health outcomes, poorer economic opportunity and, in every sense, a poorer community.

“Therefore, policy makers need to focus on how we design, commission and deliver health care in these areas. Our rural communities deserve better health and care. This report shows how we can make this happen.”

Professor Richard Parish CBE, Executive Chair National Centre for Rural Health and Care and report author, comments:

“The health care needs of rural communities have been side-lined for far too long and the Government can no longer turn a blind eye to the needs of almost a fifth of the population.

“There is clear evidence that change is required. We must provide tailored, person-centred, community-based approaches to health and care services in rural communities. Without clear changes in policy direction, the situation will move from urgent to critical.

“The current ‘one size fits all’ model is ineffective and inefficient. If we are truly serious about ‘levelling up’, we must ensure that rural residents have the same access to timely, quality services as their urban counterparts. The solutions are there, they just need to be recognised and properly funded.”

Graham Biggs, MBE, Chief Executive of the Rural Services Network said:

“We very much support the conclusions of this report. The acknowledgement that infrastructure concerns such as those relating to transport and digital connectivity have significant impacts on rural health, social care and wellbeing and increase vulnerabilities and inequalities is very timely and very welcome. The issues here are not just for the DHSC but are cross-government, fundamental to levelling-up and need urgent attention.”

Statement from ACRE - Action with Communities in Rural England:

“We warmly welcome the Inquiry Report and especially the recommendations to develop a better understanding of the health and care needs of rural communities.

“We endorse the Report’s emphasis that nobody should be disadvantaged in their access to health and care services due to where they live. The Report rightly places great emphasis on the NHS being a truly national service, not one that is first class for urban areas but under-resourced and inaccessible to the 17% living in rural areas.”

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Notes to editors

The full report and a separate Overview document is available on request.

The National Centre for Rural Health and Care and the All-Party Parliamentary Group (APPG) on Rural Health and Social Care launched the Inquiry in 2019 to redress rural health and care inequalities. Evidence was submitted in person by 89 witnesses from 8 countries and it has been described as the most comprehensive report yet produced into rural health and care in a developed country.

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About NCRHC

The National Centre for Rural Health and Care has been established as a Community Interest Company, national in scope with a HQ in Lincolnshire.

It acts as a governance vehicle for formal collaboration amongst partners interested in the four key drivers of impact in rural health and care, as well as influencing policy and strategy

- Data – scoping and measuring the challenge and the response to it
- Research – identifying and testing what works
- Technology – shrinking distances between and adding to the human capacity in rural communities
- Workforce and Learning – making the case for rural settings as the location of choice for ambitious health and care professionals