

Prescription for Rural Health 2011





Foreword

Prescription for Rural Health is the Welsh NHS Confederation's contribution to the debate on health in rural Wales. This document has been published alongside Prescription for Health 2011, which looks at the challenges for the health service across Wales as a whole, and can equally be applied in a rural setting.

As the organisation that represents the seven Health Boards and three Trusts in Wales, the Welsh NHS Confederation recognises the importance of engaging with the National Assembly for Wales, the Welsh Government and the Welsh public on the challenges facing the NHS in rural parts of Wales.

On behalf of our members, the Welsh NHS Confederation commits to playing its full part in improving health and wellbeing in rural Wales, and ensuring that people living in rural areas have access to sustainable, high quality health services.

Helen Birtwhistle

Director

Welsh NHS Confederation

Prescription for Health 2011 – What we said

NHS Wales today

Significant improvements have been made in the NHS in Wales in recent years. For example:

- Surveys show that the vast majority of patients are pleased with their experience of the NHS.
- The 1000 Lives Campaign saved an additional 1199 lives between 2008 and 2010.
- Waiting times have fallen dramatically, with the majority of people treated within 26 weeks.
- Death rates from coronary heart disease continue to fall.
- Survival rates for conditions such as cancer have improved.

Why does the NHS need to change?

The resources available to the NHS are very tight for the foreseeable future. If the NHS is to continue to improve it needs to transform. The NHS in Wales faces several challenges in the coming years:

- The growing number of older people in Wales. By 2031, the number of people over 75 will have increased by 75% since 2001.
- Already a third of adults in Wales have at least one chronic condition, such as asthma, diabetes or arthritis and this is likely to grow as the population ages.
- People are living longer, which, although a success story for the NHS, will increase pressure on health services.
- The NHS needs to accelerate the move from being primarily a 'sickness' service, to a 'wellness' service that helps people stay healthy.
- We need to change the perception that the hospital is the best place to receive NHS services to a situation where primary care is seen as being as important as hospital care.
- The high and rising costs of certain medicines, especially some types of cancer treatments, mean that prescribed drugs present a continuing cost issue for the NHS.
- The focus on mental health needs to be maintained to ensure it remains a priority.
- Patients expect better and quicker access to services, and want to play a more active role in their own care.
- NHS Wales has many old buildings, which either need substantial capital investment or are not appropriate for a modern healthcare service.

Given these challenges, the need to change the way healthcare services are delivered is both necessary and unavoidable. But this need for change also offers opportunities to work differently and to provide better healthcare for the people of Wales.



Rural health – the challenges

Although the challenges described in Prescription for Health 2011 apply to all parts of Wales, there are a number of issues that have a particular impact on health in rural areas:

- The rural population is ageing at a faster rate than the urban population. Over time, this will increase the prevalence of physical and mental health problems associated with growing older. For example, the number of people with dementia in some rural parts of Wales is projected to increase by 44%, compared with 31% elsewhere.
- Health services are becoming increasingly specialised. This means longer travelling times for rural patients needing specialist care, often with the added complication of arranging cross-border treatment in English hospitals.
- Overall the evidence suggests that people in rural areas generally have healthier lifestyles and enjoy better health than in urban areas. However, people in rural areas suffer from the same diseases and conditions as people who live in more urban settings. Although rural areas are often seen as relatively affluent, there are pockets of poor health and deprivation in rural communities that statistics can mask.

- In rural areas patients often face longer travelling distances to reach their GP or local community service. Often a market town may offer a wide range of services but these may not be available in the more remote smaller villages and hamlets where public transport is limited. Rural areas also have lower levels of social housing, residential care and day care, making access to social care difficult.
- The large proportion of older people living in rural areas has the dual effect of more people needing to use the health service, and fewer people of working age to deliver it. Rural hospitals have found it particularly difficult to recruit junior doctors, who are more attracted to the training opportunities found in urban hospitals.
- There are increased costs in providing health services for a large geographically spread population as it is more difficult to achieve economies of scale. For example, some health services in rural areas must be provided across several different sites in order to reduce travelling times, whereas in more populated areas, the service can be provided in one place. This means more staff per head of the population are needed to deliver the service in rural areas.
- Some people who live in rural areas have limited opportunities for social interaction, especially those who do not leave home to go to work, such as farmers, the elderly, parents with young children and the unemployed. Social isolation can increase the risk of mental ill-health, with farmers and farm workers at higher risk of stress, depression and suicide.
- Rural areas have a higher proportion of first-language Welsh speakers. The effects of stroke or dementia can diminish people's ability to communicate in a second language, highlighting the importance of access to Welsh speaking health and social care workers.
- Often a culture of self-reliance and not wanting to ask for help means that many people in rural areas do not access services when they need them, particularly in the area of mental health.
- Many coastal and inland rural areas see their populations expand during the tourist season and this has implications for the planning of health services.

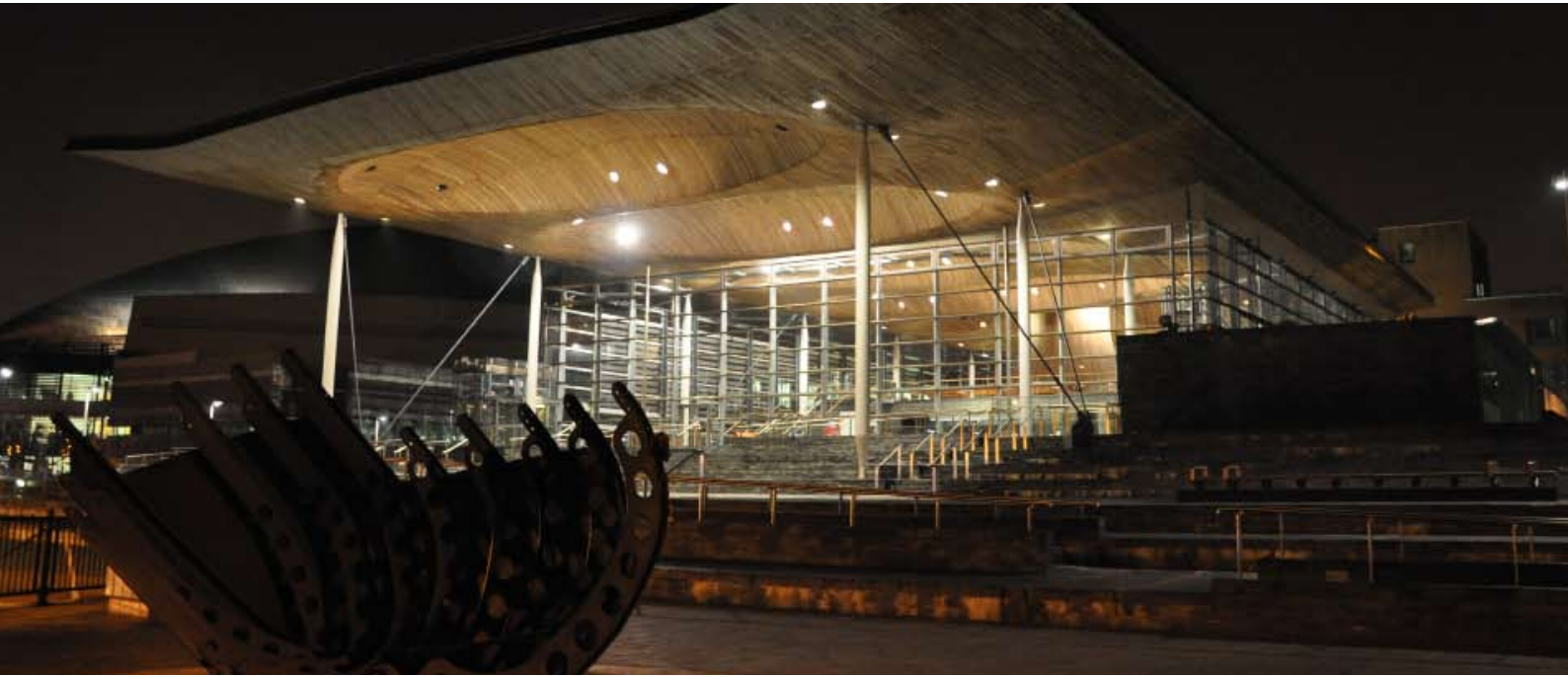


Rural Health – the story so far

There is a lot of work going on across the health service in Wales to improve the quality of care in rural areas, and access to services. Examples of good practice and innovation include:

- Following the publication of the Rural Health Plan in 2009, an implementation group was set up to promote and spread good practice in rural health services across Wales. The group is currently funding 14 innovative projects which are improving services for local communities. Examples include: providing additional training for nurses in a rural Minor Injuries Unit so that more patients can be treated closer to home; increasing the range of services provided by rural community pharmacies; and setting up community support networks to reduce suicide and self-harm.
- Technology is bringing different parts of the health service closer together, with telemedicine giving patients a direct line through to experts anywhere in the country. In rural areas, it means that specialist consultant expertise can be made available in GP surgeries.
- SKYPE technology is being used in rural Gwynedd for home dialysis patients to contact experts for help and advice.
- Computer hardware has been installed in Llandrindod Wells Minor Injuries Unit to allow X-Rays to be sent digitally to Hereford hospital for assessment, cutting out long journeys for patients.

- Mobile facilities play a vital role in providing specialist services to people in rural areas. These include screening, dialysis treatment, dental care, and a range of other diagnostic services.
- Outreach services delivered in local clinics and community hospitals increase the range of services available to patients in their local communities – for example, satellite outpatient clinics held by consultants from city hospitals.
- A new type of ‘one-stop’ medical and resource centre is bringing many different public services together under one roof. These centres deliver a range of local services in a cost-effective way through better co-ordination and the sharing of resources. Many people in Wales have more than one condition and need more than one type of service. For them, these new resource centres save multiple trips to their local hospital or GP surgery. Services include X-Ray, occupational therapy, physiotherapy, speech and language services, audiology, podiatry and minor injury as well as traditional GP surgery facilities and social care.
- Emergency and out-of-hours care is clearly important, particularly in rural Wales where people may live in isolated areas, some way from medical facilities. Research has shown that GPs and paramedics can effectively give pre-hospital thrombolysis (life-saving ‘clot-busting’) drugs, and community based staff are trained to carry out the all-important stabilisation of a patient before transfer to a fully equipped hospital. The Wales Air Ambulance has a particularly important role to play in the quick transfer of patients.
- Community hospitals are an enormous asset to rural care, supporting the delivery of telemedicine and outreach services, and providing ‘intermediate care’ to allow patients to be moved closer to home from acute centres once they no longer need specialist support. However, any increased investment in community hospitals needs to keep in mind several issues: the extent to which services are safe; whether an existing community hospital is in the right location for future development of services; and the costs of investment in outdated buildings at the expense of new and innovative services.
- Volunteer and community schemes are increasingly used to enable people to stay independent in their own home. For example, a scheme in Powys is enabling elderly patients avoid hospital admission if their GP feels they need the company and support of a volunteer to monitor them and help with basic tasks.
- Staff in some rural Health Boards are being trained to hold memory clinics in Welsh for patients with memory impairment. Clinics are supported by user-friendly Welsh language leaflets and resources.



How can our politicians help the NHS achieve change?

Politicians have an important role in helping the public to understand why health services in rural areas must change. The NHS cannot provide every type of healthcare service in every hospital – there simply aren't enough qualified health professionals or money. This is particularly the case in rural areas, where there is the additional factor of too few patients to run certain services safely or effectively.

However, the NHS can, and must, ensure that high quality, safe services are available to everyone in all parts of Wales. This will require highly specialised care and treatments to be provided in fewer, better-equipped centres of excellence, for instance. This would improve the quality of care as well as helping to attract junior doctors, who would benefit from the increased exposure to intensive and acute cases.

At the same time, people will no longer have to travel for other services such as diagnostic blood tests or follow-up appointments which could be provided through more local community-based facilities, such as health resource centres, mobile services, tele-medicine or even in a patient's own home.

With a network of well-equipped hospitals resourced to provide more complex care, local services in rural areas can focus on maintaining health and independence and "preventing the preventable". Good quality services, accessible to local communities, providing routine and follow-up care can ensure that minor issues do not develop into something more serious.

With deprivation and poor health closely linked, it is important to recognise that the wider social factors that have an impact on health, such as jobs, housing and education, affect parts of the rural population in much the same way as urban areas.

Policies to improve health and wellbeing in socially deprived areas must therefore be targeted at rural communities as well as urban. In rural areas, there are particular opportunities to promote outdoor sport and leisure activities and the use of green spaces, which would lead to a fitter and healthier population, as well as deliver financial savings.

Politicians can also help to increase the role and profile of the third sector in the delivery of rural services. Developing seamless solutions across health, the third sector and social care would help to tackle many of the problems associated with access and social isolation – for example, through community transport schemes, drop-in centres, and support groups for specific health conditions.

Closely allied to this is the continued need to support the development of the generalist worker – a frontline professional who can take care of the citizen’s health and social care needs, rather than several people from separate agencies making repeat visits to a person’s home. This will require strong leadership to bring adult health and social care services closer together and create joint ways of measuring whether combined services are working well.

How can the public help the NHS achieve change?

The NHS was founded on the principles of equality of access and freedom from payment at the point of use. As part of the right to receive treatment, each individual should be encouraged and helped to take responsibility in respect of their health and well-being.

The prevalence of lifestyle related illness in all parts of Wales provides ample evidence that many people do not take care of themselves. As much as 57% of the adult population is overweight or obese, which increases the risk of developing a whole host of diseases. These have implications for a person's quality of life as well as having a considerable financial impact on the NHS and the wider economy.

Patient responsibility is also needed in the use of prescribed medicines with an estimated 30-50% of patients failing to take their medicines correctly. This often results in unnecessary hospital admissions, which cost the NHS in Wales almost £10million a year. On top of this, prescriptions which are dispensed but never taken cost the NHS in Wales almost £50 million a year in wasted medicines.

An added dimension, particularly for people living in rural areas, is the need for understanding that the current financial climate will require new and innovative ways of service delivery and the effective use of scarce resources - staff, equipment and facilities. As more and more traditional hospital services are delivered in the community, the role and function of our local hospitals will change. The NHS is far more than the place where the service is delivered, and we need to change our view so that we concentrate on the service, rather than the building.

At the same time, vulnerable groups and individuals must be identified and services designed to ensure that they are not disadvantaged.

Conclusion

There was cross-party support for the findings of the Wanless review in 2003, which concluded that the current way of providing health services was unsustainable. We now need to see across the board support for transformational change not just in principle, but in practice.

NHS organisations in rural parts of Wales have already introduced new and innovative ways of working to meet the needs of their local populations. However, there will inevitably need to be some tough decisions taken about healthcare. And change, any change, is rarely popular. The NHS in Wales is dedicated to working with the nation's sixty Assembly Members, and with the Government, to continue the development of a modern, safe, quality health service which meets the ever-changing needs of the people we serve.

NHS Wales - An Overview

The NHS now delivers services through seven Health Boards and three NHS Trusts in Wales.

Health Boards

The seven Local Health Boards in Wales are now responsible for all of the different types of healthcare in their area. They plan, secure and deliver healthcare services, replacing the 22 LHBs and the 7 NHS Trusts which together performed these functions separately in the past.

The Local Health Boards are: -

- Aneurin Bevan Health Board
- Abertawe Bro Morgannwg University Health Board
- Cardiff & Vale University Health Board
- Hywel Dda Health Board
- Cwm Taf Health Board
- Betsi Cadwaladr University Health Board
- Powys Teaching Health Board

NHS Trusts

There are currently three NHS Trusts in Wales with an all-Wales focus. These are: -

- Welsh Ambulance Services NHS Trust. This Trust provides pre-hospital emergency care and treatment throughout Wales.
- Velindre NHS Trust. This Trust has the following divisions and hosted units: Velindre Cancer Centre; Welsh Blood Service; Cancer Services Coordinating Group; Cardiac Networks Coordinating Group of Wales; South East Wales Cancer Network; NHS Wales Informatics Service.
- Public Health Wales. Exercises the functions of the previous National Public Health Service, Wales Centre for Health, Welsh Cancer Intelligence & Surveillance Unit, Congenital Anomaly Register & Information Service for Wales, and Screening Services Wales all with a nation wide remit.

NHS Staff

NHS Wales provides public healthcare in Wales and employs some 90,000 staff, making it Wales's biggest employer. Whilst employing this number of staff it should be noted that NHS management costs account for only 3.6% of the overall health budget.

THE WELSH NHS CONFEDERATION
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Unit 3
Waterton Park
Bridgend
CF31 3PH

Tel 01656 643800
E-mail info@welshconfed.org

About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: Local Health Boards and Trusts. We act as a voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

www.welshconfed.org