



Commission for Rural Communities

Tackling rural disadvantage

Public health issues:
preventive health
services in rural areas

Introduction

This paper is based on the work and experience of the Director of Public Health in Cambridgeshire – a Primary Care Trust which includes one urban district, three Districts classed as rural accessible, and one area (Fenland), classed as rural inaccessible. Fenland has historically had higher levels of socio-economic deprivation than other parts of Cambridgeshire, issues of access to health services, and poorer health outcomes.

The Rural Advocate visited Fenland earlier this year to talk to local people and service providers about health needs and health services in the area.

Rural populations – specific issues

Preventive health interventions are particularly important for disadvantaged individuals and communities who are more likely to experience unhealthy lifestyles and poor health outcomes:

- Within rural areas those in poverty and at risk of health outcomes may be dispersed across a community and living side by side with affluent neighbours, so that needs are hidden.
- Some rural communities have high numbers of manual and low-waged workers, such as those involved in farming and food packing industries. Manual workers have higher rates of adverse lifestyle factors such as smoking / lower consumption of fruit and vegetables – so provision of good preventive health services is important.
- Transport issues play a much stronger role in social exclusion in rural areas than in more urban environments – people on low incomes or with disabilities who do not have access to their own transport are much more likely to find it difficult to access services.
- Whilst death rates from road traffic accidents in the UK are generally good, this masks significantly higher rates for residents of rural areas and this is an area of preventive work which requires more public health focus in rural than in urban areas.
- Other rural health issues, which are less marked in Cambridgeshire than in some other rural areas, include a higher suicide risk for farmers, and accidents involving farm machinery.

Marginalised groups in rural areas:

There are specific marginalised groups in rural environments, whose needs do not become apparent from routine ethnic monitoring within the NHS. In Cambridgeshire, Gypsies and Travellers and Migrant Workers are two rural marginalised groups of concern. On average, across its whole population, South Cambridgeshire District has some of the best life expectancy and health outcomes nationally. However, a Cambridgeshire Traveller Census carried out in 2005 showed that there were approximately 1300 Travellers in South Cambridgeshire, who would be expected to have a life expectancy of 10-12 years less than average, and infant mortality 3-10 times higher than the national rate.

NHS Preventive Services

NHS preventive services include:

- The Child Health Promotion Programme as outlined in the Children's National Service Framework, delivered by community midwifery and health visiting teams.
- Preventive programmes in local schools delivered by school nurses.
- Immunisations – generally delivered in GP surgeries.
- Screening programmes – delivered through different routes depending on the programme.
- Smoking cessation and tobacco control.
- Promotion of healthy eating, with input from community dietitians.
- Promotion of physical activity.
- Provision of sexual health and family planning services, often with a focus on young people.
- Identification of people at higher risk of heart disease and active treatment of risk factors – this is generally done through GP surgeries.
- Health promotion for older people, e.g. Falls Prevention services.

Universal preventive programmes work well in rural areas

In general where NHS preventive programmes are made universal, so that all GP practices or other community health services participate and are appropriately supported and reimbursed, this works well in rural areas. Examples are childhood immunisations - which tend to have good uptake rates in rural areas, and aspects of risk factor management for people with heart disease, covered by the General Practice Quality and Outcomes Framework. Universal services ensure that preventive initiatives are carried out on a sufficiently large scale to make a difference to population health in both rural and urban areas.

Preventive programmes which are not structured as a universal service may disadvantage rural areas

For many preventive programmes, such as smoking cessation and sexual health / contraception services, there is local discretion as to how Primary Care Trusts provide or commission the service. Whilst people in all areas – rural or urban, will try hard to access health services in the event of a medical crisis, people are much less likely to access preventive services unless they are reasonably easy to get to. Unless rural accessibility at a very local level is factored into the planning, commissioning and monitoring of preventive services, such services may end up concentrated in a small number of locations (often urban) with unrealistic expectations that rural patients will travel to them.

Examples of local preventive services in Fenland

In Fenland, examples of preventive services which showed high levels of uptake by local people once they were made available were:

- Smoking cessation services provided on site in every GP practice in the area, with local publicity about the easy accessibility of the service.
- A weekly sexual health evening clinic at a community hospital sited close to public transport routes in a local market town.
- An outreach contraceptive clinic at a large migrant workers camp.

- Health initiatives using library services, such as 'books on prescription' and speech and language work with a rural Sure Start.

Making services sustainable – using existing infrastructure

In rural areas the health service infrastructure often consists of a GP practice or branch surgery with attached health visitors and district nurses, serving the village in which it sits and surrounding villages / hamlets. In some cases villages may have a pharmacy, in others the GP practice may function as a dispensing practice. At market town level, the infrastructure is likely to include GP practices, pharmacists, optometrists, dentists and in some cases a community hospital or a health centre providing a wider range of health services than a GP practice.

In order for NHS preventive services to be sustainable and cost effective in communities with smaller and more dispersed populations, they need to link closely with existing NHS infrastructure and staff. This may be through training local GP practice / community nurse teams in preventive interventions, and ensuring that they have sufficient time and capacity to carry these out. Alternatively preventive services may be provided through outreach of more centralised staff teams, such as smoking cessation counsellors, dietitians, and health trainers, into local venues.

In either model, local NHS staff need training, support and supervision in delivery of preventive interventions. This requires a thought-through 'hub and spoke' model, where rural outreach is built in as a core part of service planning. Contracts and SLAs need to ensure that NHS staff in rural locations have good access to the support and expertise that they need. Recruitment and retention of NHS staff can often be a problem in rural areas - good support and training systems which reduce isolation and enable staff to keep up with the latest evidence and participate in innovative work can help to avoid this.

Preventive work in partnership with other agencies

At present there is a growing emphasis within the NHS on partnership working with other agencies through Local Area Agreements. Considerable development of partnerships is going on at strategic level, currently but this may not be engaging the majority of front line health professionals in rural areas. Conversely, excellent partnership work 'on the ground' – such as community car volunteer schemes to take patients to a specific GP surgery, or organisation of village events with a health focus – may be going on in specific local areas led by motivated individuals, but this is not systematised or likely to extend beyond the area.

There is a need for strategic partnership infrastructure to be replicated and resourced at local operational level. To work in partnership effectively in rural areas requires a good level of very local knowledge. This will require NHS or joint NHS / local authority posts with a focus on co-ordinating partnership work for health across rural areas, and evaluating the reach and effectiveness of preventive initiatives.

Working with local schools

As with GP surgeries, local primary schools provide a local universal service, as do secondary schools at the 'market town' level. In rural areas, partnership work for health with local schools is likely to be a particularly effective way of reaching local young people, who may have difficulty accessing other services outside the area due to lack of

transport. Teenagers may be more prepared to address health issues in a school setting than to make an appointment at the local GP surgery.

Provision of information on health and lifestyle:

Provision of appropriate information about preventive services and lifestyle change is an integral part of preventive programmes. A strong health promotion resource service, which links into the routes by which local people gain information about services in their area (e.g. parish magazines, mobile library, community access points, village shops, GP surgeries) is another part of the required infrastructure. Social marketing approaches, and telephone health coaching for people with long term conditions, may also be useful for rural residents who are isolated.

Vulnerable groups less likely to access universal services in rural areas

Specific programmes are likely to be needed for marginalised rural populations who for reasons of culture, language, knowledge or concerns about discrimination are less likely to access primary care and other universal services. Rural groups in Cambridgeshire identified as needing specific programme interventions with a community development focus, and tailored information about health and health services include Gypsies and Travellers and Migrant Workers.

Focus for investment

Suggested priorities for investment to ensure provision of effective preventive services to improve health in rural communities are:

At national level:

- Building preventive programmes into national contracts for primary care (e.g. the GP contract). This route ensure clear standards, monitoring mechanisms and remuneration, and supports implementation across both urban and rural areas.

At local level:

- Requiring Primary Care Trust (PCT) with rural populations to plan and commission preventive services which include clear requirements for rural outreach and accessibility, accepting that funding will be needed from the start of the programme.
- Ensuring that infrastructure for training, support and supervision of NHS staff who provide preventive interventions is accessible to all staff within the PCT area – including those in more remote rural locations.
- Providing funding for partnership infrastructure to take forward preventive initiatives at a local level e.g. joint health improvement posts between NHS and District Councils; and supporting local voluntary sector programmes such as community visiting.
- Investment in specific programmes to support the most marginalised rural communities such as Gypsies and Travellers and Migrant Workers, including a community development approach and links with the voluntary sector.

**Commission for
Rural Communities**

Head Office

John Dower House Crescent Place
Cheltenham Glos. GL50 3RA

Telephone 01242 521381

Facsimile 01242 584270

London Office

55 Whitehall, London
SW1H 2EY

Telephone 0207 270 3324

Facsimile 0207 932 5811

Email info@ruralcommunities.gov.uk

www ruralcommunities.gov.uk