



The five pledges on NHS reform in England announced by health minister Lord Darzi today (Friday 9 May, 2008) are positive in principle .

Commenting on the 'Leading Local Change' document, published ahead of regional reports from Strategic Health Authorities on NHS reform, and Lord Darzi's final report, Dr Stuart Burgess, Chairman the CRC, says:

"These principles are all positive and we welcome the emphasis on local populations having a meaningful say over NHS services in their area. This is particularly important in rural areas where a one size fits all approach does not work.

In our Dossier of evidence presented to Lord Darzi in response to the NHS review CRC has emphasised the need for flexibility in the design and provision of health care services in rural areas and an avoidance of solutions that work well in an inner city/urban area but are not practicable in a rural area.

.It is clear that rural accessibility needs to be specifically factored into the planning, commissioning and delivery of services. Access to services in a rural context means physical access, including travel time, geography opening hours local provision of services, availability of public transport and regularity of service.

In our consultation events across rural England the three actions identified most frequently as most useful to delivering fair services that are equally available to everyone were:

- 1.) more locally based health services
- 2.) offering services in the most convenient settings
- 3.) delivering more accessible and convenient integrated care.

Senior health professionals in our surveys were also largely supportive of the idea of co-location of services (bringing a range of services together under one roof) seeing it as a vital element in delivering more personalised service.

We are currently exploring models for the delivery of healthcare services which would work best in rural areas and hope to share our findings with the review team in due course. For example there are examples where community hospitals have extended their role and are supporting extended primary healthcare teams. They have facilities to undertake diagnostic tests, hold specialist clinics for visiting consultants, and undertake rehabilitation and palliative care, thus making a wide range of services more accessible. They provide a model for the concept of Rural General Hospitals which in addition to the services already mentioned could provide emergency care, triage, resuscitation and stabilising of trauma patients and with the capacity to monitor and care for chronic conditions such as diabetes.

We would urge Lord Darzi to give full consideration to these findings and ensure that they are reflected in the planning and delivery of healthcare services for rural areas.