



The implications for health services of the ageing rural population

This fact sheet highlights the trend towards an ageing rural population that is particularly vulnerable to isolation and loneliness, and for whom it can be costly to deliver vital services. This is especially true for those older people in scattered and remote communities who have little or no family support. The evidence that exists clearly indicates that appropriate, well designed services which are accessible even for those older people living in very rural locations can have significant benefits for both service user and provider.

Older people are the fastest growing age group in the UK¹ and proportionally there are more older people in rural areas than in urban areas^{2,3}, a phenomenon that is partly explained by the high in-migration of older people and the high out-migration of young people to the countryside⁴.

As age increases living alone becomes more common, in turn increasing social isolation and loneliness. A further isolating factor is decreasing car ownership² and whilst many older people rely on lifts from friends and family or on public transport, this can become problematic if their mobility deteriorates² thus further exacerbating isolation. Additionally increasing age can result in greater dependence on medical and social services⁵. Diet is also likely to be less nutritious⁶. The most vulnerable are those who live alone in remote areas, are over the age of 75 years old³, have no independent means of transport, deteriorating health and sensory impairment⁷, and who have migrated into rural areas with no family support locally⁸.

Access to health services by the ageing population in rural areas

There are four key issues that older people face when accessing health services in rural areas.

Accessing and using primary care – Older people are often reluctant to use healthcare services^{1,9}. One study demonstrated that older people consider that the legitimate use of primary care occurs only when they are in pain, have a swelling or when symptoms match with past experience¹.

Travel to primary health services is frequently more problematic for older people, because of declining mobility and decreasing car ownership².

Mental illness – The combination of stigmatism and a refusal to access primary care for anything other than physical problems means that those living in remote and isolated communities can suffer undetected loneliness and depression². These factors can contribute to a diminished level over-all well-being³. Access to specialist services, where they exist, is often difficult and evidence from dementia services, for example, shows that only the most acute sufferers receive specialist services i.e. psycho-geriatrician. Most contact was with a GP, followed by the community nurse and then social services¹⁰. Older people with schizophrenia are frequently isolated because of the nature of their illness and the lack of available specialist services¹¹.

Specialist care – Older people may resist referrals to specialist care and follow up clinics because of the long travel times involved in getting there, travel sickness,^{2, 12} and parking difficulties¹⁷. Research shows that older people in rural areas, and especially women, are less likely to attend cardiac rehabilitation¹⁷ for example, and other after care clinics.



Residential and sheltered homes – Entry to residential care for the rural elderly may take place at a less dependent level of care than is usually recognised because of the higher unit costs of providing domiciliary care. Older people often resist the move to long-term care out of the area since it can result in isolation from family and friends and involve long travel distances for friends and relatives².

Possible solutions to address access to health services for older people

Isolation is often the biggest threat to the well being of older people in rural areas. But since Older people are not an homogenous group¹² a range of options need to be explored before services are introduced¹³.

Some initiatives are described below:

Sure Start for older people – Extending the concept and principles of Sure Start to older people is being explored. One-stop-shops where older people can access services including, health and social care, education, family support, benefit and financial advice potentially improve access to services and reduce isolation. A project with these aspirations has been set up in Shropshire and has been successful in providing help and support¹⁴.

Northumberland's Rural Access Project – Age Concern have initiated a project in rural Northumberland to reach out to isolated and vulnerable people in scattered communities. The project arranges outings which enables older people to gather information, make friends and learn how to access a range of services¹⁵. This project could be further enhanced if systems were in place so that lonely older people could be easily identified¹².

Technology – Few older people use NHS Direct and the internet^{16,12}. One solution might be for initiatives such as one-stop-shops to provide the technology in addition to education and support to increase uptake of these services.

More local health care – Travel can be particularly difficult for older people. Local clinics for cancer care, mental illness and cardiac rehabilitation are helpful. Such services can be set up in community hospitals and outreach clinics^{17,18}.

Joint working – The National Service Framework for Older People is intended to enhance joint working between health and social services and assist in the identification of isolated older residents⁷. Joint working is a familiar concept but is particularly suitable for rural and remote areas as it has the potential to build on already existing contacts and networking between agencies^{7,19}.

Outreach work – Outreach work can provide important support for isolated elderly people in rural areas. The voluntary sector have been particularly active in setting up outreach services, for example the RNID Cymru Hear to Help project in mid Wales which focused initially on older people living in isolated communities and set up an outreach volunteer service to support people in their own home with new hearing aids and carrying out basic fault finding and repairs²⁰.



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