



Health care in peripheral and remote rural areas

This fact sheet deals with the many challenges for health care practitioners and policy makers working in peripheral rural areas. These problems require innovative solutions where teamwork, flexibility and multi-professional collaboration are all essential.

Peripherality defined

Peripherality refers to rural areas that are remote or at a distance from urban centres. The Kerr Report (Scotland) refers to 'clinical peripherality' which is used as an index to measure rural access to medical care¹. Aspects of clinical peripherality include the amount of travel time to secondary care and educational facilities, the local infrastructure and sparsity of population².

Practitioners working in peripheral areas tend to adopt a wide spectrum of roles in order to meet their workload^{2,3} with a limited amount of staff².

Six key issues are important when considering peripherality.

Travel

Peripherality leads to increased travel by both health professionals and patients. Nurses have reported that they see a lower number of patients in a day than their urban counterparts because of the travel distances involved⁴. GPs found that they did more home visits in rural areas because they knew that many of their patients had no transport and could not travel to the surgery⁴.

For patients, the distance to major medical centres for treatment is frequently an important consideration in accessing services. Those on low incomes, without private transport, the elderly and disabled are especially vulnerable⁵. There are also concerns about taking time off from work, financial implications and making provision for dependents⁶. Older people worry about travel sickness and parking^{7,8}. The result is that rural residents frequently fail to attend after care clinics and can miss essential treatment.

Staff recruitment and retention

In remote rural communities staffing levels of health services tend to be static with a low turnover⁴. However, because there is a need for more senior, experienced staff who can work autonomously in a range of roles, salary bills are often high⁴. In other areas where complex or specialist needs exist, for example people with dementia^{9,10} and mental health problems⁴, there can be problems in recruiting specialist staff. This can result in poorer levels of care and patients needs not being adequately met.



Access to continuing professional development

Health practitioners frequently find it difficult to access continuing professional education (CPD), because of the distance involved in travelling to higher education facilities⁴, and lone workers and single handed GP services finding it difficult to obtain locum cover. Furthermore CPD may not necessarily focus on rural issues¹, which can mean that practitioners are not appropriately updated on those issues important for working in rural areas.

Equipment and resources

For allied health professionals it can be difficult to obtain and transport equipment for use in out-lying areas. This can result in practitioners having to use their own cars for transportation limiting the amount of equipment delivered. Additionally, demand often outweighs supply and patients often have to wait a long time for certain equipment⁴.

Delivering care at a distance

Emergency services have difficulties meeting response times in rural areas and this can have serious health consequences, for example delays in administering thrombolysis^{11 12}, defibrillation^{13 14} and treating abdominal aortic aneurysm^{15 17}. Consequently, prognosis can be poor, resulting in mortality or poor health outcomes.

Cross border issues or the 'edge effect'

On the English/Welsh border it is often easier to access services 'cross border' than within the country of residence. A recent study in mid Wales showed that patients were accessing cancer genetic services in England rather than the specialist cancer service in Cardiff because travel across the border is easier and local GPs had far greater knowledge about the facilities across border. This 'edge effect' is an important issue for future research.



Possible solutions to address clinical peripherality

A range of proposals have been developed to address peripherality issues. These include:

Care delivery

- Research indicates that it can be beneficial to extend primary healthcare so that all team members have an extended role and specialism, and are supported through clinical supervision, CPD¹ and support from a visiting consultant¹⁷. For example in the Orkneys a consultant visits GPs who are caring for patients with acute illnesses and 'undertakes' ward rounds and 'class room seminars'¹⁷.
- Community hospitals have been developed so that they have a supporting role for extended primary healthcare teams. They have facilities to undertake diagnostic tests and use communication technology, specialist clinics, convalescence, rehabilitation^{1 18} and palliative care¹⁹. Where community hospitals have developed this extended role, users benefit from more locally accessible services and reduced waiting times²⁰. There is also a case for Rural General Hospitals, which would provide more emergency care, triage, resuscitation and stabilise traumatised patients^{1 18 23} with the capacity to care for chronic conditions such as, renal care and diabetes²³.
- Early screening can prevent emergency care. In Scotland, GP surgeries have set up abdominal aortic aneurysm screening clinics with the intention of lessening incidence of aortic rupture in the longer term. Uptake has been high^{15 17}.

Recruitment and education

- Recruitment to key posts in rural areas could be helped if students have placements in rural areas. One study has shown that medical students have an improved positive outlook to working in a rural areas following a clinical attachment within rural general practice²¹.
- Rural general practitioners can increase their skills through modules which are tailored to rural practice and include networking, communication and flexibility²². Additionally, it has been shown that if these skills are taught in a multi-professional arena, insights into collaborative working and networking are increased¹⁷.
- The creation of the role of rural support worker crossing social service and health boundaries and offering a career structure within health and social care²². These individuals would work within a strong multidisciplinary team with a high degree of flexibility and changing roles as needs arrived²³. For patients with chronic illness this 'multidisciplinary flexible' approach within an integrated care programme has been developed in rural areas and it has shown to have positive effects on the quality of care²³.



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