

Rural Health and Care Services in Wales

This briefing has been developed to provide an insight into the challenges of delivering health and care services in rural parts of Wales; consider some of the ways in which they are being addressed; and showcase good practice examples of how services are being delivered in rural communities.

Key Points

Wales has a large rural environment with around one in three people currently living in an area defined as 'rural'. This means that NHS Wales must continue to develop new ways of delivering services for its population as demand increases and patients who require care, treatment and support have increasingly complex needs.

Challenges associated with health service provision and delivery are accentuated in rural areas due to increased social isolation and population dispersal leaving rural communities having to travel longer distances to access services than those in urban areas.

Acute services are becoming increasingly specialised, leading to longer travelling times for rural patients needing specialist care, often with the added complication of arranging cross-border treatment in England. Smaller patient volumes can render some specialist services unviable, and remote locations make it more difficult to recruit the workforce required to provide and deliver services.

To address these challenges, NHS Wales is focusing on new ways of delivering services closer to home and harnessing the opportunities provided by digital technology and multi-disciplinary working. The Longley Report of 2014 focused on the provision and delivery of health services in Mid Wales and provides a useful platform, but there are further opportunities to enable healthcare to be accessible for all Welsh communities.

Strategic Context

The Welsh Government's Rural Health Plan was launched in 2009 and highlighted how the needs of people living in rural communities would be met. Following publication, an implementation group was set up to promote and spread good practice in rural health services across Wales. Examples of good practice included providing additional training for nurses in rural Minor Injuries Units so that more patients could be treated closer to home; increasing the range of services provided by rural community pharmacies; and setting up community support networks.

The Rural Health Plan required Local Authorities and Health Boards to formulate and implement a Health, Social Care and Well-being Strategy for their local area. They set out information around how health and well-being would be improved; what services would be required; how services would be planned and delivered; and what financial or other resources would be required to meet these demands. These strategies were informed by comprehensive needs assessments, carried out by the Health Boards and Local Authorities in partnership with other statutory and non-statutory stakeholders.

Phase II of the Rural Health implementation plan was rolled out in 2012, which emphasised the need to accelerate progress in telehealth services, develop a greater sense of community cohesion within rural communities, and encourage 'active ageing' in rural areas where older people feel supported to live independently and stay active.

The Longley Report (2014) supported these messages and called for the three Health Boards across the Mid Wales area (Betsi Cadwaladr University Health Board (UHB), Hywel Dda UHB and Powys Teaching Health Board) to work with local universities and other partners across Mid Wales. The plan was to develop and support a centre of excellence in rural healthcare and encourage these bodies to carry out world-leading research of domestic and international relevance. The Report also made specific

recommendations around delivering health and care services closer to peoples' homes, looking at new organisation models for general practice and highlighting the need for NHS staff to acquire and develop a broader set of skills to avoid unnecessary admissions and repeat visits to peoples' homes.

The Parliamentary Review of Health and Social Care Report, published in January 2018, makes it clear that the combined effects of an ageing population, a growing demand for complex and more specialised services and increasing workforce pressures mean that there is an urgent need to think innovatively about what the health and care system in Wales will look like in future.

The Parliamentary Review Report states that workforce shortages, a growing and changing pattern of need and a risk-averse culture within the system is limiting efficiency and effective decision making and ultimately preventing service transformation at the pace and scale that is required. Furthermore, an increasingly challenging financial backdrop and continued uncertainty around the outcome of the Brexit negotiations means that the case for change within NHS Wales is more compelling than ever.

As the Parliamentary Review Report made clear, the legislative framework in Wales is positive: the Social Services and Well-being (Wales) Act 2014 provides the framework for improving the well-being of vulnerable people who need care and support, by changing the way people's needs are assessed, the way they access services and the establishment of Regional Partnership Boards. The Well-being of Future Generations (Wales) Act 2015 is a driver for collaborative working, long-term planning and involving people and communities in the provision of local health and care services. The principle of Prudent Healthcare is equally significant, redesigning the relationship between the provider and user of services through co-production and ensures that NHS Wales delivers the highest possible standard of care to those who need it most. NHS Wales must use this legislative framework to full advantage in delivering health and care services in rural areas.

The key challenges of providing health and care services in rural areas

The challenges of delivering health and care services in rural areas fall within a number of sub-categories: achieving seamless access to services; overcoming challenges linked to small population bases; delivering services sustainably; addressing loneliness and isolation; recruiting and training the required workforce; and ensuring provision of service in a patient's preferred language. The following section will consider these challenges in turn.

Travel and access to services

Patients living in rural communities often face longer travelling times to access the services they need. For elderly people who may not have access to their own vehicle, this is an even greater problem, particularly as public transport services also face challenging workforce and financial pressures. It takes considerably more time for those in rural areas to access services due to travel distances, which can deter some patients from utilising health services as frequently as those living in urban areas and putting patients at risk of delays in diagnosis and treatment. Rural areas also have lower levels of social housing, residential care and day care, which makes access to social care more difficult than would be the case in urban areas.

Health Boards recognise the need to provide more sustainable services, and that travel distances make this difficult for rural communities. However, the majority of people expect to travel 'reasonable distances' to receive services, on the condition that they are guaranteed 'reliable, timely' service. Part of the solution to this challenge would be greater investment in local community transport and working with other sectors, which would facilitate hassle-free access to services for vulnerable people living in rural areas and relieve patients of having to ask family members or friends to transport them to receive services.

Population size and cross-border healthcare

People living in rural border areas may consider it more convenient to access health and care services in England due to geographical challenges, despite living within the boundaries of Welsh Health Boards.

A 2016 report by the National Assembly for Wales Research Service found that in April 2016, approximately 15,000 Welsh residents were registered with a GP in England, and around 21,000 English residents were registered with a GP in Wales. In secondary and tertiary (specialist) healthcare, lack of provision in the patient's locality also plays a big part. Rural areas in Wales may not have the population base necessary to support a large hospital or specialist centre, so patients from these areas are sometimes required to travel across the border for treatment. More than 56,000 Welsh residents were admitted to an NHS hospital in England in 2014-15. In the same period, around 10,500 English patients were admitted to a NHS hospital in Wales.

Cost

There are increased costs in providing health services for a large, sparsely-populated area as it is more difficult to achieve economies of scale. Some health services in rural areas need to be provided across several different sites to reduce lengthy travel times, whereas in more populated areas, the service can be provided in one location. This means that a greater number of health and care staff are needed per head of the population to deliver health and care services in rural areas.

Social interaction

Many of those who live in rural areas have limited opportunities for social interaction, particularly those who do not leave home to go to work such as farmers, elderly people, parents with young children and the unemployed. As recently highlighted in the Health, Social Care and Sport Committee inquiry into loneliness and isolation, evidence suggests that loneliness is associated with an increased risk of dying, sleep problems, abnormal stress response, high blood pressure, poor quality of life, frailty, heart attack, stroke, depression and dementia.

The Campaign to End Loneliness state that lacking social connections is a comparable risk factor for early death as smoking fifteen cigarettes per day and is more harmful than physical inactivity and obesity. Against this background, it is clear that alleviating loneliness is crucial to allowing vulnerable people to maintain their independence, health and well-being. Tackling loneliness and isolation in rural areas will reinforce the prevention agenda by reducing the likelihood of vulnerable people experiencing physical and mental health issues and supporting people to stay active and engaged members of their communities.

Recruiting and retaining the workforce

Rural populations experience the dual effect of more people needing to access services, and fewer people of working age to deliver it. Rural hospitals have found it more challenging to recruit junior doctors, who are more attracted to the training opportunities and associated lifestyles that come with training at hospitals in urban areas.

The Health, Social Care and Sport Committee, in their 2017 inquiry into medical recruitment, suggest that young people who train in Wales are considerably more likely to stay working in Wales after they have completed their qualifications. To this end, we welcome the Welsh Government's 'Train, Work, Live' campaign, which aims specifically at attracting increased numbers of medical staff to Wales.

However, there is more work to be done in designing new roles around meeting the increasingly complex needs of patients.

Analysis from the Health Foundation suggests that greater efforts need to be made to support the functioning of clinical and professional networks in rural areas. These networks matter not only to address professional isolation, but also to spread ideas and innovation about service delivery. Those who work, or who are considering working, in rural areas should feel supported to engage fully in professional engagement activities and enabled to have peer-to-peer connectivity with other professionals working in rural areas.

To address this challenge, Swansea Medical School has established the Rural and Remote Health in Medical Education (RRHIME) programme, which aims to increase the number of students and doctors practicing in rural areas of Wales. The programme also seeks to raise awareness among students and junior doctors of the benefits and realities of living in rural Wales.

Communication in patients' preferred language

Rural areas have a higher proportion of first-language Welsh speakers, particularly in North and West Wales. To ensure that patients receive services in their preferred language, there is a greater demand on Health Boards with larger rural populations to recruit and train a higher number of Welsh-speaking members of staff. This is particularly true where a patient has suffered a stroke or is living with dementia. These issues highlight the importance of providing Welsh-speaking teams within primary, secondary and social care sectors.

Tackling the challenges in rural health

The following section provides an overview of the key drivers of system redesign and service change that are being implemented to achieve effective provision of health and care services in rural areas.

Community services

Across Wales, Health Boards recognise the requirement to provide high quality services in community settings. Initiatives such as social prescribing and telehealth provide timely access to services outside traditional settings, but increased co-morbidity and the increasingly complex nature of people's illnesses mean that primary care and pharmacies still have a significant role to play in maintaining population health and well-being. Given the challenges associated with access, these issues are accentuated further in rural areas.

As we emphasised in our written response to the Finance Committee's consultation on the Welsh Government's Draft Budget Proposals 2018-19, the primary care workforce in Wales needs to be evaluated so that we can consider the extent to which the current setup is meeting the needs of Health Board populations. We also need to consider 'who can do what' to enable greater flexibility in service delivery to support the transformational change needed to ensure the appropriate skill mix of staff. Part of this solution could be greater investment in larger primary care centres that bring together clinicians, social care and allied health professionals under one roof.

NHS Wales is continuously developing and enhancing its services, as well as the means through which they are delivered, to meet the demands of patients. A primary care model is being rolled out across Wales which is steering workforce development, and resources geared towards sharing good practice continue to be developed.

A range of primary care Cluster models have emerged across Wales to suit different geographic, professional and patient populations. There are 64 Clusters, serving populations of between 30,000 and 50,000 patients. The geographical area that a Cluster covers is determined by individual Health Boards, and Clusters are used as local planning mechanisms by grouping several adjacent GP practices together to deliver services. Allowing different models to evolve while ensuring standardised outcomes and governance frameworks is an effective method of managing demand on primary care services and complying with the principles of Prudent Healthcare. Clusters networks also have a key role to play in re-shaping responses to demand through identifying training needs and opportunities at a local level and identifying gaps in service.

Other examples of service redesign that support the delivery of health services in the community include the out-of-hours (OOH) services, which provide multi-professional assessment and patient care across the in-hours/out-of-hours interface, and the NHS Wales 111. The 111 service currently operates in the Abertawe Bro Morgannwg UHB and Hywel Dda UHB (Carmarthenshire area only) areas, but the Welsh Government has recently pledged to achieve implementation across Wales by 2021.

The 'generalist' worker

There is a particular need in rural areas to support the development of the 'generalist' worker, frontline professional with the skills and capabilities to take care of patients' health and social care needs, rather than several people from separate agencies making repeat visits to a person's home (or local community centre) for the same outcome. This will require closer working relationships between health and social care services, the provision of new development and training courses as well as attractive incentives for young people to consider a career in rural parts of Wales.

Public engagement

Both the NHS and the public need to understand that not every NHS service can be provided in every hospital, this is beyond the financial and workforce capacity of the system. However, through the provision of more effective methods of delivering integrated care closer to home, high quality and accessible healthcare services for rural populations can be achieved.

Central to achieving this is the need to engage local populations in the design and delivery of their health and care services. As the Longley Report made clear, *“no Health Board can hope to improve services in the teeth of public mistrust and opposition”*. For effective service delivery therefore, rural communities must be encouraged to engage with their Health Boards and Local Authorities, ideally by attending relevant public meetings and public consultations.

Partnership working

The legislative landscape for joined up working between Health Boards and Local Authorities has been established by the Social Services and Well-being (Wales) Act 2014. This legislation provides the strategic direction to drive forward change and deliver more integrated and targeted support for citizens. However, it is at the front-line that partnership working can have the most tangible benefits, purpose and outcomes for the individual.

With deprivation and poor health closely linked, it is important to recognise that the wider determinants of health, such as employment, education and housing, affect rural areas in much the same way as urban areas. For this reason, a ‘health in all policies’ approach is required to improve the health and well-being of those living in rural communities.

Delivering integrated health and care services in rural areas means making the most of digital technology, and that means developing a workforce with the right skills to deliver those services.

This will require:

- The development of integrated public sector/multi-agency workforce planning particularly with social care services and independent care providers; and
- Shifting the focus of the system towards prevention and social prescribing. This needs to be translated into training and development plans for the new and existing workforce.

A health and care system of the future means designing around the individual – treating their needs but also helping them to self-manage their conditions and focus on what matters to them while making use of digital technologies to aid this process. This is particularly true for rural communities, where these ways of working can be used to support the delivery of services in a seamless and co-ordinated manner in accordance with the clear vision set out by the NHS Wales Core Principles. The Core Principles support good governance and help ensure the highest possible quality in all that the NHS Wales does.

Social prescribing initiatives

Social prescribing is part of a wider movement that signifies a shift from traditional top-down models of care delivered in hospitals and GP surgeries to a non-medical, more networked approach by placing the patient at the centre of their care, promoting independence and personal responsibility, and contributing to the common good. Social prescribing activities provide an excellent opportunity to make the most of Wales’ natural landscape – joining a walking group, for example, enables people to get active, make new friends, support those who would otherwise feel lonely and isolated, and encourage people to reconnect with their local community. Social prescribing activities address both physical and mental health needs, and provides space for local people, many of whom are likely to be living similar experiences, to exchange valuable knowledge and advice about local community centres and support service.

Digital technology and tele-health

The need to enhance and develop new forms of digital technology to improve patient outcomes in Wales was cited as one of the key findings of the Parliamentary Review. Improvements to Wales' IT infrastructure will enable patients to receive the services they require from home – saving time, money and the inconvenience of travelling to their nearest GP practice or community centre. Advances in digital technology will also enable greater patient participation in the design and delivery of their health and care plans, join online social networks to communicate with others in their community, and interact with primary care professionals via email, telehealth and audio-visual platforms. Digital technology can also be used to monitor and simultaneously communicate information from vulnerable peoples' homes, which can then be used to send prompts directly to patients' mobile devices to close doors, draw curtains and manage their heating and home security. These initiatives not only contribute to people's general well-being, but also support elderly and vulnerable people to maintain their independence in their place of residence.

To support the roll-out of health and care services that enable people to receive the help and advice they need at home, Wales needs hyper-fast broadband in every home, business and public facility. Without it, rural communities will continue to struggle to access modern health and social care services, demand on secondary care will not be reduced, and health and care professionals will be disenchanted to work in these areas.

We welcome the Welsh Government's new Openreach initiative, unveiled in January 2018, which aims to provide super-fast broadband access to around 88,000 properties in rural areas that were not covered under previous schemes, with Powys and West Wales singled out as priority areas. This will support the provision of services for the most vulnerable, provide greater opportunities for community engagement, and tackle loneliness and isolation.

Rural Health and Care Wales (RHCW)

RHCW, previously The Centre for Excellence in Rural Health and Social Care, was launched in March 2017 to address the twelfth and final recommendation of the Longley Report. RHCW has three key workstreams: the recruitment and retention of health and care staff in rural Wales; the education, training and continuous professional development of health and social care professionals in rural areas; and addressing nursing workforce challenges in rural areas of developed countries generally. RHCW has funded a PhD qualification for a local student to explore the third workstream. RHCW is hosted by Hywel Dda UHB, and involves joint working projects with Betsi Cadwaladr UHB, Powys Teaching Health Board (THB), Local Authorities and the Welsh Ambulance Services NHS Trust.

The Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee for Health and Social Care, previously the Mid Wales Healthcare Collaborative, was established in 2017 and brings together Health Boards and Local Authorities with the aim of delivering high quality health and care services to the people of Mid Wales. By working in a co-ordinated partnership across geographical and organisational boundaries, the Committee acts as a platform for sharing best practice and making the best possible use of existing resources, knowledge and networks.

The Welsh NHS Confederation Memorandum of Understanding with the Arts Council for Wales

The Welsh NHS Confederation has recognised the value of the arts to health and well-being by signing a Memorandum of Understanding (MOU) with the Arts Council for Wales. The three-year agreement, signed in September 2017, aims to promote and raise awareness of the benefits that the arts can bring to the population's health and well-being.

Addressing rural health challenges

The following case studies showcase some of the ways that Health Boards, NHS Trusts and other organisations are delivering service improvements through collaborative working and innovation.

'Love your Liver', The British Liver Trust

Love your Liver is a national awareness campaign, delivered on a Local Authority level, by The British Liver Trust. The British Liver Trust are raising awareness of the steps to a healthy liver and supporting GPs and healthcare professionals in spotting the early signs of liver deterioration, reducing the number of people with cirrhosis and their need for acute healthcare treatment.

Mobile screening units, which have already been piloted across rural areas in England and Scotland with noteworthy success, are set to be introduced across Wales. This will allow the British Liver Trust to use fibroscan machines, operated by qualified nurses, to quickly determine a persons' liver health so that early signs of any problems can be detected, and more serious problems are prevented.

Ageing Well in Wales

Ageing Well in Wales is the national partnership programme to improve the health and well-being of people aged over 50 in Wales. The programme is hosted by the Older People's Commissioner for Wales. The following examples demonstrate innovative approaches to delivering health and care services in rural areas:

- In Pembrokeshire, work is underway on pilot projects to tackle loneliness in rural communities. The projects are funded by the **Campaign to End Loneliness** as part of a Big Lottery bid. It is hoped that these projects will be expanded and rolled out across Wales;
- Community Transport Association Wales has secured Big Lottery funding to develop the **Transport Innovation Network** across Wales, which aims specifically to improve public transport links in rural parts of Wales;
- The Centre for Ageing and Dementia Research are working on **OPERAT** (Older Peoples' External Residential Assessment Tool). The questionnaire encourages people to assess the suitability of residential areas for older people with different physical and cognitive capacities living in rural areas;
- **Solva Care** – Solva Care is a community-based voluntary project focusing on social care. It was launched in 2015 with funds from the Welsh Government, Hywel Dda UHB and Dyfed-Powys Police in response to wishes of the local residents to support individuals and families in rural areas of South-West Wales with greater access to services. The aims of Solva Care is to maintain and improve health and well-being by enabling residents to stay in their own homes and remain part of the community. The project addresses feelings of loneliness, isolation and social disadvantage and provides extra support for those who care for relatives.

Silver Cloud, Powys Teaching Health Board

Silver Cloud is a delivery platform for cognitive behavioural therapy (CBT) which operates across Powys THB. Silver Cloud provides services, resources, information, guidance and advice via a computer, tablet or smartphone, and eliminates the need for those in rural areas to travel long distances to access support.

The computerised CBT system is the culmination of many months of work, building on the European-funded MasterMind project. As part of this process, the Health Board collated feedback from service users and staff with experience of the previous system, which supported the design and production of a new specification.

This work involved service users as well as Community Mental Health staff, local Primary Care Mental Health Teams, managers, project teams, and the information team. Tenders were sought, and providers were invited to present to a panel comprising staff and service users. The final selection was via a panel with submissions rated based on clinical suitability, IT security, cost and accessibility for service users.

Caban Sgriblio, Powys Teaching Health Board

Caban Sgriblio is an Arts Alive Wales project funded by Children in Need, led by professional writer Emma Beynon, with a team of creative writers, film-makers and artists. The project offers a tailored programme of creative writing, film-making and visual arts specifically aimed at supporting children living in rural areas with poor well-being and/or mental health. Participants are typically children who are isolated and may be exhibiting aggressive and negative behaviours. They include young carers, children who have been bereaved and some who have experienced abuse.

In a series of weekly workshops for up to twelve children, participants work individually and collaboratively in writing, drawing, filming and performance activities. The aim is to enable participants to articulate their ideas, thoughts and feelings orally and on paper, and to unlock their potential as young creators.

Current partners include schools, mental health teams, young carers and youth advocacy workers. They identify and refer children who would benefit from participation, support their weekly attendance, help tailor provision and evaluate the impact of the project on the individual.

Royal Voluntary Services (RVS) Renal Transport, Hywel Dda UHB

The RVS provides a dedicated transport service for patients dependent on the haemodialysis unit at Bronglais Hospital, Aberystwyth. In 2014 alone, 38 volunteers covered 124,409 miles supporting a total of 21 patients access their treatment three times a week. Through partnership working between RVS, Hywel Dda UHB, the Renal Network, patients and their families, the service is recognised as an example of excellent practice and feedback from patients has been extremely positive.

Meddyg Care, Betsi Cadwaladr University Health Board

In January, 2016, the Meddyg Care GP practice in Porthmadog, North West Wales became what is believed to be the first dispensing practice in Britain to install a Robotik Technology monitored dosing system (MDS) compliance aid robot. Electronically dispensing medicines in special pre-filled packs, the robot is designed to improve the pharmaceutical care of the surgery's most complex patients, including those who regularly take a variety of medicines; those taking medicines with a complex dosing schedule; and those living in rural and remote areas who find it difficult travelling to the surgery.

To ensure the practice meets the demands of its service users while maintaining safety and quality standards, the practice has adopted an innovative approach to care. Delivering services alongside three salaried GPs – and a robot - is a hardworking and efficient multi-disciplinary team comprising local pharmacists, opticians, advanced nurse practitioners, district nurses and delivery drivers who fulfil Meddyg Care's home delivery service. This is also considered a first for a North Wales GP practice.

The robot has required staff members to adopt new ways of working, but has also improved patient relationships. To ensure that every possible opportunity is taken to identify and resolve compliance issues with patients, staff at the surgery supply the first box in-person, and the finished box recycling service identifies any unused medication, which can be discussed with the patient to design future care plans. As well as improving access to, and the delivery of, health and care services for patients living in rural and remote areas of North West Wales, Meddyg Care is also an excellent example of how innovative models of service delivery can be used as incentives to attract young medical professionals to the area.

Co-ordinated Deployment of Advanced Paramedic Practitioners, Welsh Ambulance Service NHS Trust

A novel pilot in the Betsi Cadwaladr University Health Board area has brought together a team to test the co-ordinated deployment of nine Advanced Paramedic Practitioners (APPs). The rotational model operates with two APPs responding in the community who are activated by another in the Clinical Contact Centre (CCC). The APPs are tasked to predetermined codes that best use their extended scope of practice to provide safe patient-centred care and prevent unnecessary hospital admissions.

Interim analysis indicates that 70% of the incidents attended by APPs did not result in hospital conveyance, and half were closed by the APP at the scene. The remainder were referred into community services for ongoing care. Of the 30% conveyed, only a third required an emergency ambulance.

Patient feedback surveys indicate a high level of satisfaction with the care that the APPs have provided. Ongoing quality improvement and health informatics metrics allow the project team to monitor progress and make data-driven recommendations for future changes.

Co-ordinated deployment of APPs to a selected code-set has demonstrable value as patients are getting the right care from the right clinician at the right time, which fits the Clinical Response Model. Further opportunities to support the system across Betsi Cadwaladr UHB include APPs working in primary care settings.

In February 2018, a smaller team of four APPs was deployed in the Aneurin Bevan UHB area which is starting to demonstrate value in a more urban environment.

Conclusion

Due to the challenges associated with the delivery of health services in rural areas, including financial and workforce restraints, it is difficult for NHS Wales to provide every type of service in every community. However, the provision of integrated, seamless care across organisations is key to improving the general health and well-being of the people of Wales. From an operational point of view, this means thinking innovatively about service redesign, harnessing the potential benefits of digital technology and social prescribing, and doing more to encourage young people, students and junior doctors to live and work in rural areas of Wales. Against this background, local services can focus on maintaining the health and independence of local communities and 'preventing the preventable'.

How can the Welsh NHS Confederation help you?

Please get in touch if you want further details on any of the issues raised in this briefing. Please contact **Nesta Lloyd-Jones, Policy and Public Affairs Manager** at Nesta.Lloyd-Jones@welshconfed.org

The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards and three NHS Trusts.

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