Summary Report on the work of the Rural Health Implementation Group

2010 - 2013

Improving access, integration and community cohesion in rural communities across Wales
Introduction
The Rural Health Plan was published in December 2009, http://wales.gov.uk/docs/dhss/publications/100118ruralhealthplanen.pdf following the work of a Steering Group chaired by Lord Elystan Morgan which identified three key themes; access, integration and community cohesion. The aim of the Rural Health Plan was to focus on the health of people living in rural communities, their well-being, their healthcare and health and social care needs, to enable them to live happy and fulfilled lives as independently as possible.

The Rural Health Implementation Group (RHIG), chaired by Professor Marc Clement was set up in February 2010 to support Health Boards in the delivery of the Plan through a national programme of innovation to test new models of care for the period 2010 to 2013.

The purpose of this report is to bring together a summary of the work of the Group to act as a resource for Health Boards and to set out suggested next steps to build on this work.

Rural Health Innovation Fund

Between March 2010 and March 2013, the RHIG advised on the use of £1.4m central funding through its Rural Health Innovation Fund. The purpose behind the funding, as outlined in the Rural Health Plan, was to support local and national innovation.

Phase 1: 2010 to 2012

In Phase 1, funding was used to support the appointment of a researcher to drive forward the evaluation and adoption of new innovations. Fifteen wide ranging local innovation projects were supported, as well as the establishment of two Rural Health Development Sites in Powys and Hywel Dda to pilot new integrated service models for rural communities.

The Rural Health Innovation Fund has provided an opportunity to initiate innovative health and social care practice for rural communities in Wales. The local innovation projects were launched in August 2010 in response to the key issues identified in the Rural Health Plan - access, integration and community cohesion. The projects were wide ranging and delivered to a broad cross section of client groups. They also engaged volunteers and professionals across primary, secondary care and the third sector.

A key theme within the projects has been the use of Information and Communication Technology (ICT). The Information Technology Paramedics project has enabled specialist practitioners to see and treat a wider range of clinical presentations in situ. This has further potential to reduce transfer to hospital and so reduce travel for patients. The Tele-rehabilitation project aims to use videoconferencing in a wide range of clinical specialities from speech and language therapy to audiology. These projects bring services closer to
patients, reducing travel time for service users and clinical staff and improving access for remote communities.

The Third Sector plays a key role in service provision, ranging from non emergency transport provision, advocacy services and Investors in Carers. The Palliative Care project has restructured its service provision engaging with the Third Sector to enable hospice at home care. Designed for competence has developed three new roles to improve care for patients which has released clinical time for senior staff to attend to complex cases. These projects have driven integrated working which has improved care for patients and also reduced duplication of work.

Several projects demonstrated the benefit of extending or redesigning the roles of health professionals. The Community Pharmacy projects demonstrated this, for example, through the heart failure management work. The nurse-led minor injuries unit extended the practitioner’s role bringing emergency care closer to patients. These models have particular potential for accessing specialised services for people in rural communities to avoid travelling long distances.

These differing approaches have offered opportunities to improve health and social care provision against the three key themes of the Rural Health Plan. Sharing the learning will enable the projects to be embedded locally as part of mainstream services, as well as supporting the expansion across different clinical specialties and/or geographical areas. This will help continue to improve the health and wellbeing of the rural communities in Wales. To share the learning, the RHIG facilitated a one day Sharing and Adopting the Learning conference in September 2011.

The Rural Health Local Innovation Projects have provided an opportunity to identify and implement innovative health and social care practice across Rural Wales. The timeframes have been challenging but the project teams have shown what is possible to achieve and some projects have still to realise their full potential.

Whether or not a project has had limited impact or demonstrated measurably improved outcomes, they have all produced learning points. Some are specific to the individual programme and for others it is transferable. This now needs to be disseminated as the projects embed in their community, extend their practice locally or spread more widely across rural Wales.

It is important that focus is retained on what is possible to achieve, with ongoing attention to improving the health and wellbeing for rural communities in Wales.

The RHIG’s formal report on these projects is accessible at: [http://wales.gov.uk/docs/dhss/publications/111223ruralen.pdf](http://wales.gov.uk/docs/dhss/publications/111223ruralen.pdf).
Phase 2: 2012 to 2013

Phase 2 projects built on the initial areas of activity in phase 1 and included a home support service, a neuro rehabilitation project, a project on pharmaceutical care in rural communities and the roll out of TeleRehab equipment across North Wales. Final evaluations of these projects will be published in Autumn 2013.

Using Technology

The use of technology in the NHS has the potential to improve the quality, delivery and efficiency of healthcare services. This includes the provision of healthcare to patients at a distance using a range of technologies, such as mobile phones, internet services, digital televisions, video-conferencing and self-monitoring equipment. It can involve consultation between a patient and a clinician at different locations using video-conferencing; a clinician diagnosing a patient’s condition remotely using images transmitted electronically, such as a scan or a digital photograph; and using technology to monitor patients with long term conditions at home.

Telemedicine

Telemedicine can be defined as the practice of medical care using interactive audio, visual and data communications. This includes the delivery of medical care, diagnosis, consultation and treatment, as well as health education and the transfer of medical data.

The RHIG established a telemedicine sub group to explore the potential for greater use of telemedicine across rural Wales. A telemedicine project manager for rural health was appointed to take forward this work and a telemedicine work stream was established to scope how ICT services could be used effectively to support improved local access to healthcare for patients in rural areas.

The telemedicine workstream focused on eight areas - teleneurology, teledermatology, paediatric cardiology, teleophthalmology, teleradiology, telepathology, rehabilitation services and palliative care.

The overall aim of the telemedicine work stream has been to encourage increased use of existing technology across a range of clinical areas, demonstrating the potential for improved care closer to home, whilst avoiding the need to travel, reducing travelling time and costs for both health service staff and patients.

The RHIG’s report on its work to develop telemedicine is accessible at: http://wales.gov.uk/topics/health/publications/health/reports/telemedicine1/?la ng=en

Lessons learned:
Where telemedicine has been implemented, positive benefits and outcomes to both patients and staff have been evidenced eg:

- Teleneurology and Dermatology reduced consultant travel time and was able to retain a local service at Aberystwyth which would otherwise have been centralised at Swansea or Carmarthen. It reduced travel times and inconvenience for patient and carers, reduced waiting list from 24 weeks to no waiting lists as a consequence of the saving in consultant travelling time, allowing additional clinics to be held more regularly.
- Paediatric Cardiac Telemedicine using videoconferencing to transmit echocardiography ultrasound to specialist centres, reduced the need for unnecessary urgent transfer by providing specialist tertiary care at a local level.

All telemedicine projects supported, proved successful, although in some areas there was evidence that staff were resistant to change – both at operational and managerial level.

When planning or commissioning services, Health Boards should consider the use of technology to provide improved support for patients and deliver more efficient services. There is good evidence where Health Boards have a telemedicine lead (or enthusiast), innovative projects are more likely to succeed. The learning from the work of the RHIG is that Telemedicine project management support in each Health Board is needed, if telemedicine is to be effectively implemented across Wales.

It is recommended that a national all-Wales approach be developed in relation to telehealth/telemedicine. This would help avoid the pitfalls of piecemeal development and inconsistency across Health Boards, i.e. ensuring compatibility of equipment, ethics, governance and avoiding duplication of work.

**The Workforce**

The Rural Health Implementation Group report *Delivering Rural Health Care Services in Wales*, was published in 2011, accessible at: (http://www.wales.nhs.uk/sitesplus/829/opendoc/174343) to inform the development of new service models and professional roles to meet the needs of people in rural communities.

This should inform and underpin the work of Health Boards, as part of their three year integrated business plans and support the introduction of new primary and community based service models, including those developed for local communities in rural Wales.

Many of the projects involved working across professional boundaries. Key to the success of this was joint ownership and responsibility for the running and outcome of the project. This was enhanced where the professional network was already developed.
New ways of working and new models of delivery are essential if we are to meet the increasing challenges on services. It is recognised that national work is underway to look at the workforce implications and these need to take account of the specific requirements in relation to rural Wales. The Rural Health Implementation Group considers that it is timely and appropriate that “Rural Health” is given the attention and focus that reflects the needs of Wales.

Conclusions and Next Steps

The RHIG has led and overseen, at a national level, a programme of work designed to test and evaluate new ways of delivering care to address the specific healthcare issues facing people in rural communities.

The RHIG has produced a series of papers, referenced in this summary report, designed to share the learning to inform and support Health Boards and their partners to address the needs of rural communities. With the drive to deliver much more care at, or closer to home, the learning from the RHIG’s work can be used more widely by Health Boards and partners, to develop new and improved ways of working in urban, as well as rural areas.


Although the three year term of the RHIG concluded in March 2013, it recommends Health Boards collaborate to ensure a continued national focus to oversee the sharing and learning from new service models and workforce roles. The RHIG suggests this national focus could take various forms, such as a strategic partnership between the NHS, academia, third sector, industry and service users through a centre of excellence to research, develop and pilot solutions to delivering health care at or close to home.

The RHIG is aware the Welsh Government is developing a planning framework for Health Boards. The RHIG recommends the planning framework draws Health Boards and partners’ attention to this Report and to the Rural Proofing Toolkit ([www.ruralhealthgoodpractice.org.uk/index.php?page_name=toolkit](http://www.ruralhealthgoodpractice.org.uk/index.php?page_name=toolkit)) developed by the Institute of Rural Health for the Department for Environment, Food and Rural Affairs (Defra), the principles of which can easily be adapted and applied in Wales.