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A response to the Welsh Assembly Government Rural Health Plan – Improving Delivery Across Wales

About us

Consumer Focus Wales is the new statutory organisation campaigning for a fair deal for consumers.

Consumer Focus Wales is the voice of the consumer and works to secure a fair deal on their behalf. It was created through the merger of three consumer organisations – Energywatch, Postwatch and the Welsh Consumer Council. This new approach allows for more joined-up consumer advocacy, with a single organisation speaking with a powerful voice and able to more readily bring cross-sector expertise to issues of concern.

In campaigning on behalf of consumers we aim to influence change and shape policy to better reflect the needs of consumers. We do this in an informed way owing to the evidence we gather through research and our unique knowledge of consumer issues. We have a particular focus on the most vulnerable consumers in our society and aim to ensure that their needs are fully represented.

Consumer Focus Wales welcomes the opportunity to respond to this consultation on rural health planning in Wales.

Overview

Access to services is a fundamental right of all citizens and it is evident from the Rural Health Plan that the Assembly Government acknowledges there are gaps in rural service provision and that this can directly impact on the quality of life of those living in rural communities.

Many rural authorities, including Powys, Ceredigion and Pembrokeshire, still rank below the median for access to services according to the Index of Multiple Deprivation¹ and there is a very real need to continue to improve the current situation for rural consumers. Our response tackles some of the specific areas highlighted in the Rural Health Plan, and we look forward to being able to comment on the more detailed actions that will be developed following the consultation.

Questions

Are you satisfied with the scope and vision of the Rural Health Planning – improving service delivery across Wales?

It is reassuring that the Rural Health Plan acknowledges the important issues of social isolation and access to services. The 2002 Welsh Consumer Council (WCC) report *Rural Isolation* highlighted the dangers of social exclusion in rural areas and the lack of facilities for healthcare services, issues that still appear to need resolution.

We also welcome the emphasis on community cohesion and engagement and would like to see this across all aspects of the health service in Wales. In accordance with our response to the recent consultations on the restructuring of the Local Health Boards and Community Health Councils, we believe the citizen should be at the heart of the service. This not only means the voice of the citizen being heard, but that the services received form one continuous experience for the individual concerned, without barriers or breaks in service provision. The new health structure, including all provision in rural areas, should allow for a more seamless approach to service delivery, as long as it is developed with the service user as much in mind as the service providers. To achieve this, there needs to be a common cross-organisational template when developing citizen

¹ Welsh Index of Multiple Deprivation 2008

engagement strategies, including other service areas such as social service and education.

Do you agree that the document is helpful in setting out the actions needed to help modernise and improve health and social care services for people living in rural areas?

The Welsh Assembly Government has rightly recognised the potential of new technologies through telemedicine and telecare. Our work with the Palliative Care Planning Group² highlighted the potential benefits of using ICT for more inaccessible areas, such as through video conferencing for discussions and diagnosis, as well as for staff training. However, our discussions with service providers also highlighted the need for a unified health record system that can be accessed by all providers. While this may not be an issues that is exclusive to rural areas, it is one that can limit information sharing between different health service providers across the whole of Wales. The Rural Health Plan may want to consider how fit for purpose health records and IT systems are in any given regional area.

In addition, the document briefly mentions the use of multi-outlets, or multiple purpose buildings. IDeA (Improvement and Development Agency), as part of their Front Office Shared Services project, have produced a report on a best practice example of this. *People's Place – the For All Healthy Living Centre*³ examines how a number of community services can be effectively housed in one building to improve access to services for people in the area, and improve the sharing of information between providers.

The Assembly Government should consider how such examples of good practise could be shared across Wales (either through the final plan or subsequent actions) and how support could be provided to replicate such good practise examples in other areas. Such examples would include the collaboration between Powys County Council and Powys Local Health Board (Builth Wells Health and Social Care project) which will establish a health and social care facility and the recently developed health centre in Bargoed, a collaboration between United Welsh, Caerphilly County Borough Council and the Gwent

² Report to the Minister for Health and Social Services of the Palliative Care Planning Group – June 2008

³ IDeA – Front Office Shared Services *Peoples Place – the For all Healthy Living Centre* (May 2007)

Healthcare NHS. Both offer a broad range of services and provide a 'one stop shop' for the public, ensuring that people's needs, whether health or social care, are met in a seamless way.

Is the document comprehensive, accurate, and applicable to the key issues that face people living in rural areas?

The document recognises the long standing issue of transport in rural areas and how it can impact on access to services. To resolve the issues of accessibility, Wales needs to develop an accessible, reliable and established transport network.

According to the 2008 National Assembly's Rural Development Committee report, vulnerable consumers are let down by the lack of an integrated transport network, which directly affects their access to vital services, such as health services. The report suggests developing community transport schemes as a solution, something Consumer Focus Wales would encourage the Assembly Government does in a much more detailed and formalised way. The WCC report on *Rural Isolation*⁴ recommended greater investment in community transport schemes, and whilst the Welsh Assembly Rural Development Plan is committed to making it happen, people are still not seeing these changes at a local level. There needs to be good working relationships with transport policy makers and providers and the Rural Health Plan can be the platform from which discussions become actions.

In addition, transfers to and from health settings for disabled patients or those with complex health needs must be considered separately. Ambulance services should consider the very specific needs of this group of patients who may be unable to travel by any other means between health settings, for example hospitals to hospices, to ensure there is no discomfort or unnecessary delays.

Many rural areas are reliant on cross border services, and the report of the Welsh Affairs Committee⁵ should be considered alongside the Rural Health Plan, specifically in relation to the co-ordination of these services and links to specialist services. The Palliative Care

⁴ WCC *Rural Isolation – Consumer Access to Goods and Services* (2002)

⁵ Welsh Affairs Committee *Fifth Report: The Provision of Cross-border Health Services for Wales* (March 2009)

Planning Group work found there was a lack of monitoring and information on the sharing of services cross border, despite the excellent links with facilities. This may be applicable to other more general cross border services and, where identified, usage should be examined in order to inform service planning and funding.

Do you have any further comments to make on the document?

Although the document lists future actions and responsibilities in Section 5, it would be useful to have more detail on timescales for delivery, as well as further detail on implementation. We also feel that further clarity needs to be given as to how the vision for rural health services in Wales will be translated into action.

We hope that the action plan following this document will have some metrics in place, with explicitly defined service standards to ensure there are measures of accountability. For example, how long can rural consumers expect to wait for an ambulance or what would the proximity be to the nearest maternity unit? In order to demonstrate how the plan will make a difference, actual actions and timescales need to be set out in order that people have documentation of what level of service they can expect as a result of the Rural Health Plan.

Summary and conclusions

The Rural Health Plan consultation has identified a number of key areas to be tackled and its themes of access, social isolation and community cohesion and engagement are excellent working principles. However, the sheer complexity of the way in which we organise health and public services requires a need to be clear about structures and how the vision for change will translate into improvements that will better serve the people of Wales. There are a number of interesting ideas in relation to innovative technologies, service planning and inter-related services such as transport. We are very interested to see how these ideas develop into specific actions and timescales.

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