Contents

	Page
Foreword from the Chairman	2
Review Approach	3
Findings	4
Transport	4
Accident & Emergency	8
Maternity Services	8
Remote Care	10
Community Hospitals	10
Discharge Planning and Delayed Transfers of Care	12
The Way Ahead	12
Conclusion	15
Summary of Recommendations	15
Acknowledgements	16

Foreword from the Chairman

On behalf of Devon County Council's Health & Adults' Services Scrutiny Committee I am delighted to publish this report. It follows an in-depth investigation into how living in a rural area affects people's abilities to access health services. I would like to thank all those who participated in the process, for their time and effort and continued commitment to helping to shape this review and recommendations for improvement. I would also particularly like to thank our expert contributors for the detailed evidence they gave to the task group.

In Devon, 52 percent of the population live in rural areas. Healthier, safer, calmer lifestyles, close-knit and supportive social networks, clean air and green spaces, peace and tranquillity describe the idyll of country living. But limited transport options and employment opportunities as well as less immediately available services present some people with sometimes insuperable challenges. This task group has focused its investigation on how people living in rural areas can overcome obstacles in accessing health care and has looked at a number of areas, including transport and outreach services, medical workforce supply, appropriate training and so on.

Conducting this piece of work has been very worthwhile and has engaged a large number of people. We have been able to look at issues like transport, maternity services and community hospitals in detail and it has been wonderful to see such a high level of dedication and enthusiasm from everyone involved. If we continue to work together and develop even stronger partnerships, we will be able to make significant improvements to access to health services in rural areas in Devon.

Cllr Debo Sellis
Chairman, Rural Access to Health Task Group
Vice-Chairman, Health & Adults' Services Scrutiny Committee

Review Approach

Devon County Council's Health & Adults' Services Scrutiny Committee established a task group on rural access to health services in July 2009 and the group started its work in September 2009. County Councillors Andy Boyd, Caroline Chugg, Polly Colthorpe, Debo Sellis (Chairman) and Mid Devon District Councillor Margaret Squires served on this group. At the first meeting the group agreed to conduct work under the following headings:

a) Transport
b) Remote Care
c) Accident & Emergency (A&E)
d) Community Hospitals
e) Maternity Services
f) Discharge Planning and Delayed Transfers of Care

During the investigation, the task group considered information from national and regional sources, most notably the Department of Health's publications *Communities for Health: Unlocking the Energy within Communities to Improve Health* and *Delivering High Quality Midwifery Care* as well as *The Way Ahead*, the five year joint strategic framework for health and social care of NHS Devon and the County Council. The group also collected evidence from a wide range of contributors from across the statutory and voluntary sectors:

NHS Devon
Royal Devon & Exeter NHS Foundation Trust
Northern Devon Healthcare NHS Trust
South Western Ambulance Service NHS Trust
Devon County Council's directorates of Adult & Community Services, Children & Young People Services and Environment, Economy & Culture

Devon Local Involvement Network
Campaign for Better Transport Devon Group
Commission for Rural Communities
Community Council of Devon
Community Hospitals Association
Dimensions for Living
Diptford Car Scheme
Exmouth and District Community Transport Group
First Devon & Cornwall
Institute of Rural Health
National Childbirth Trust
North Devon Voluntary Services
Ottery St Mary & District Help Scheme

Private Community Car Scheme (Harepie, North Devon)
Residents and carers in rural areas
Royal College of Midwives
Senior Council for Devon, including Senior Council for Devon Transport Group
South Hams Community & Voluntary Services
Torridge Community Transport Association
West Devon Community and Voluntary Services

Findings

In recognition of the challenges people living in rural areas face with regard to access to services, NHS Devon is completing its first Rural Health & Wellbeing Strategy to promote and support more rural models of service delivery. NHS Devon and Devon County Council have also this year included a specific focus in the Joint Strategic Needs Assessment which is due to be circulated early in 2010. This work provides detail on access and drive times around the county as well as on rural deprivation which will contribute to the planning for health services in rural areas.

Transport

Securing appropriate modes of transport is the decisive criterion when accessing health services in rural areas. Some individuals who are unable to organise private transport can choose between public transport, NHS organised patient transport for eligible individuals and voluntary transport providers; others have no choice if these services are not available in their area. 14% of Devon's rural population have no transport of their own – thereby suffering a double disadvantage of being remote from services and unable to access them by private transport.

Public Transport

Travelling by public transport can be distressing for patients due to unsuitable timetables, restricted accessibility of some vehicles and comfort.

Because journeys made to health institutions can be sporadic and irregular, it is challenging to plan and offer bespoke bus services to particular establishments. If conventional bus services are extended, additional vehicles would have to be allocated to a route and providers anticipate that the costs would outweigh the revenue generated: operators of commercial bus services will inevitably work to ensure that their services are commercially sustainable. Where appropriate, a "fare car" or "demand responsive" service can link into a main public transport route but any additional services will need to be funded. The County Council spends over £7m on supported bus services and fare cars in order to fill gaps in the commercial network.

The sparsity of the public transport network also contributes to the problems associated with obtaining health care in rural areas. Public transport operators' routes and fare structures also differ.

Some GP surgeries and hospitals in some areas in Devon cannot be reached directly by public transport, e.g. Derriford hospital cannot be accessed directly from Kingsbridge, the Coleridge Medical Centre at Ottery St Mary cannot be reached directly from Newton Poppleford and some larger settlements such as Winkleigh have neither a GP surgery nor a regular bus service to the nearest one. Contributing to the problem, the bigger towns function as focal points for public transport and organising day return journeys in an opposite direction can be difficult.

Recommendation 1: To achieve partnership working between the NHS, Devon County Council and commercial transport providers to ensure that health facilities become more accessible via public transport from communal focal points wherever practicable, including through collaboration in the new Local Transport Plan from April 2011.

Non-Emergency Patient Transport

The NHS funds non-urgent and planned transport for patients whose medical condition requires the skills or support of clinically trained staff on or after their journeys. Other journeys are only funded if the patient's health would suffer if travelling by other means. While national NHS guidance calls for NHS transport for patients where the nature of the journey by other means may have an adverse effect on their condition, NHS Devon does not provide this.

Savings could potentially be realised if existing transport resources were audited, research was undertaken into usage patterns of different transport modes and a more efficient and coordinated use of resources established between the County Council and health trusts. For example, the use of private ambulances at acute trusts could potentially be reduced; the use of some County Council vehicles for school transport or other purposes could be increased or coordinated with regular NHS non-emergency ambulance transport. Surpluses achieved could be reinvested into the non-emergency transport infrastructure, including voluntary transport providers.

However, due to the different working methods of local authorities and NHS trusts, different funding streams, the varying commitment of officers in decision-making positions and changing structures within organisations, progress toward achieving a more coordinated approach to transport provision and commissioning has been slow.

In recognition of this, NHS Devon has identified a strategic commissioning lead and contracting lead for transport who will work with NHS providers, the County Council and voluntary sector organisations during the first half of 2010-11 to review and plan patient transport and the NHS use of voluntary transport.

Recommendation 2: To identify existing post holders as rural health champions in each NHS trust in Devon in order to represent concerns and issues relating to the provision of rural health services in Devon, with strategic support within each trust.

Recommendation 3: To develop as a matter of urgency a coordinated approach between the County Council and all NHS trusts in Devon in the provision of patient transport.

Recommendation 4: To identify existing post holders in each NHS trust in Devon as lead officers to champion this piece of work within clear deadlines and to free resources through integrated use of County Council and NHS vehicles.

Voluntary Transport

Approximately half of all journeys provided by voluntary transport organisations across Devon are health related. The County Council funds many voluntary transport organisations and develops networking between organisations for peer support and opportunities to share best practice, with the aim of building the sector's capacity. The NHS does not officially fund voluntary patient transport services direct but a small number of voluntary organisations have been receiving grants from different NHS trusts. Match-funding between NHS Devon and the County Council is also used to support the development of single points of contact (SPoCs) in different areas in Devon which provide a transport booking and information service.

Passengers usually contribute £0.40 per mile to the cost of journeys provided by voluntary organisations but administrative costs have to be met by the organisations themselves. Arranging each single journey costs between £5 and £12.

Voluntary transport organisations usually operate at capacity and demands on them increase when statutory services are withdrawn, e.g. the introduction of the eligibility criteria by the Department of Health in 2007 and the withdrawal of funding for non-medically eligible patients who were previously able to use the Voluntary Ambulance Car Service (VACS) provided by the South Western Ambulance Service NHS Trust. Since then, journeys in the Torridge Community Transport Association area have increased by 500%, from 8 to 40 a week. This increase has been seen across all providers of voluntary transport and one reason for this increase has been due to the increase in renal/oncology sites.

South Western Ambulance Service NHS Trust can no longer afford to provide the service with current commissioner funding, hence the need for discontinuation. The sharing and/or transfer of voluntary drivers has been offered for the North Devon Voluntary Services but without a contribution to the core costs from commissioning trusts.

Recommendation 5: NHS Devon to consider the consequences of the withdrawal of NHS funding from non-medically eligible patients and the increasing numbers of patients requiring transport who do not meet the eligibility criteria.

Voluntary transport services can be provided at a fraction of the cost of commercial transport but representatives of voluntary organisations highlighted that there seemed to be little recognition of the voluntary sector's funding needs and an expectation within the statutory sector that voluntary providers would fill service provision gaps with little support. In some cases, pressure on voluntary organisations is further increased by statutory bodies using them as a cost effective alternative to their own staff while failing to make any contribution to the organisation's core costs.

Recommendation 6: NHS Devon to stop using the voluntary sector to support budget cuts and cover gaps in transport provision without contributing to the core costs of voluntary providers where their services are used to replace services cut by the NHS.

Recommendation 7: NHS Devon and Devon County Council to recognise the invaluable and indispensable services provided by voluntary transport schemes and commit to productive partnership working between all NHS trusts in Devon, the County Council and community and voluntary transport providers in Devon.
Recommendation 8: NHS Devon to establish and clarify what levels of consistent support voluntary transport providers can rely on in the future for providing travel to health appointments, in conjunction with current and ongoing funding support from Devon County Council.

Representatives of voluntary transport organisations also highlighted cases where individual patients did not attend routine appointments, such as follow ups and checks, as travel costs could equal half or two thirds of their weekly pensions or allowances. The costs and challenges of arranging transport increased the further passengers had to travel and so more opportunities should be explored to provide routine services and clinics more locally.

There were also training and legal responsibilities when carrying certain passengers, e.g. those with additional needs. Some patients had to be refused transport as volunteer drivers were not trained to be able to handle their medical conditions in emergencies but mostly those passengers did not meet the NHS patient transport services criteria either.

Voluntary drivers offered not only transportation but also assistance to access premises, help with travel cost claims and liaison with ward staff to arrange discharge times. Information provided by the hospitals about transport was found to be improving but inconsistent, both among NHS staff and in providing information to patients. Cases were reported to the task group where patients in hospital advised ward staff who to approach to arrange a discharge for another patient.

Recommendation 9: NHS Devon and all acute trusts within Devon to develop hospital access strategies and to provide up-to-date information about patient transport at hospitals and in primary care settings and to ensure that front-line NHS staff are familiar with single points of contact (SPoCs) and patient transport options and can provide patients with contact details for individual transport providers.

Smaller voluntary transport schemes often provide services to a significant proportion of the populations they serve and are tailored to local needs. Some such schemes operate with no public funding and some even with no fares charged to the passengers.

The ageing population and the lack of support from statutory bodies present threats to the voluntary sector. Organisations risk being forced out of existence whilst the need for voluntary car journeys increases due to demographics and changing health service delivery locations. Regular funding to cover core costs and recognition of the services provided by voluntary transport schemes are essential in maintaining their roles and the scale of their activities.

The pressure on voluntary organisations increases if NHS bodies reduce their support arrangements and it must be recognised that this increased pressure and bureaucracy can lead to shortages of volunteer drivers. Unless this is addressed, the move towards specialising health care further in regional centres of excellence will inhibit access to healthcare and worsen the patients' future ability to travel to receive it.

Accident & Emergency

Four accident and emergency (A&E) facilities are available in the geographical County of Devon in Barnstaple, Exeter, Plymouth and Torquay. Access to A&E departments is mainly organised by the South Western Ambulance Service NHS Trust, covering Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

When responding to calls, the trust employs software which identifies the best locations from which to deploy its resources by using historic data and moving vehicles as required. The plan changes each hour to reflect where the calls are most likely to arise in order to position vehicles for response. The trust is working towards foundation status and is looking to reduce the call cycle, i.e. from the time of the call arriving at the control centre to the time the vehicle is ready for the next call. This will include improving the speed of dispatch, mobilisation, IT infrastructure to improve mobile data, time spent on-scene and turnaround times at hospitals.

The task group also recognises the invaluable work the Devon Air Ambulance Trust undertakes in cooperation with the ambulance trust and is satisfied that access to A&E facilities in Devon is guaranteed to a high standard.

Maternity Services

Maternity services in the Devon local authority area are commissioned by NHS Devon. Main providers are the Royal Devon & Exeter NHS Foundation Trust (RD&E), the Northern Devon Healthcare NHS Trust (NDHT) and Devon Provider Services, the NHS Devon provider arm. The trusts aim to provide individually tailored care and to apply resources flexibly to give additional support to women who need it.

Services provided at the birthing units in Okehampton, Tiverton and Honiton (all Devon Provider Services) are currently being integrated with the services at the RD&E until April 2010 to keep local services and achieve a better infrastructure in the rural areas. As part of this exercise, the care model is being reviewed and measures such as a general decrease in the length of stay are envisaged.

Recommendation 10: To endorse proposals to integrate maternity services provided at the birthing units in Okehampton, Tiverton and Honiton with those provided by Royal Devon & Exeter NHS Foundation Trust.

Recommendation 11: To endorse the proposed changes to the maternity care model, including the decrease in the length of stay and same-day discharge in the birthing units at Okehampton, Tiverton and Honiton.

Another maternity unit was recently opened in the Newton Abbott hospital. The establishment of birthing units in North Devon is not currently envisaged as it would not be financially viable although this means that women who wish to give birth in a midwife-led facility have to travel long distances which potentially compromises patient choice.

While both staff recruitment and retention were unproblematic at the RD&E, the NDHT reported that it faces challenges recruiting staff due to the problems associated with its large rural area – such as the lack of affordable housing and the lack of employment opportunities for partners – but has nevertheless established a workforce able to deliver the services safely. Currently, however, the trust cannot develop its maternity and midwifery services innovatively without an increase in funding and improved staff/women ratios.

Following a review of maternity and midwifery services in 2008, NHS Devon identified a number of areas for future development, including perinatal mental health, workforce development, pre-conceptual care, integration with Children's Centres, teenage pregnancies and reduction in caesarean sections. The review also found that further work was required in areas such as support for isolated and/or vulnerable mothers in rural areas and commissioners seeking direct feedback from patients.

Recommendation 12: To recommend the Health & Adults' Services Scrutiny Committee to review the support available for isolated and/or vulnerable mothers in rural areas at an appropriate time in the future.

The commissioners were planning to establish a number of consistent core services at Children's Centres across Devon with the possibility of establishing outreach services where appropriate. Access to the centres could be facilitated by public health nurses (previously known as health visitors), buddy schemes and similar arrangements.

The task group also received evidence from Devon branches of the National Childbirth Trust (NCT) and the Royal College of Midwives. The NCT highlighted insufficient provision of antenatal classes in some rural areas, resulting in mothers being referred to classes in other localities which meant travelling further and fewer fellow class participants in the same area to provide postnatal peer support. Mothers were also sometimes referred to classes inappropriate to their due date: in these instances private providers of antenatal classes were sometimes able to bridge the gap.

Recommendation 13: To review the provision of antenatal classes in rural areas in order to avoid mothers being referred to classes in other localities and at inappropriate referral times.

The Royal College of Midwives emphasised that training for midwives should be more specific and responsive to rural needs and many midwives in rural areas find that secondment opportunities to larger hospitals do not meet their training needs. Attending training is also difficult for these midwives due to the distance to training centres and the difficulties in arranging staff cover. In-house training or arranging

external training at appropriate venues and possibly in coordination with other trusts could provide solutions.

Recommendation 14: To improve professional development opportunities for midwives in rural areas.

The task group is also aware of the recent and current reviews Plymouth City Council's Health and Adult Social Care Overview and Scrutiny Panel has been undertaking with regard to maternity services provided at Plymouth Hospitals NHS Trust as that Trust's catchment area covers large parts of Devon.

Remote Care

Remote care involves the use of technologies in non-clinical settings such as the home to improve patient care, often focusing on patients with chronic conditions or who are exposed to certain risks, e.g. falls. The use of remote care helps people with long term health conditions to remain in their own homes safely, improves their quality of life, assists in preventing avoidable hospital admissions and helps to obviate the need for more costly health and social care services.

The most commonly known forms of remote care are telecare and telehealth. Telecare is the term used to describe equipment and sensors installed in the home to alert a control centre to a personal event, such as a fall, an episode of epilepsy or an increase in temperature. Telecare services are available to all eligible ACS clients throughout Devon and up to ten packages are provided per week. It is anticipated that the service will grow to support over 300 clients by March 2010 and more than 500 in 2010-11. Telecare access is still inconsistent across Devon for individuals who are not eligible for support provided by ACS. A typical package costs approximately £250 and is not easily available but improved availability is being pursued with alarm providers.

Recommendation 15: To support the development of telecare services in partnership with alarm providers across Devon in order to increase availability for people who can self manage and fund telecare services.

Telehealth monitors a person's vital signs remotely through the use of equipment and the results are reviewed by a health professional. The use of telehealth is very patchy throughout England and limited to a range of pilots to develop best practice, none of them currently in Devon. Individuals can benefit from telehealth as the effects of certain behaviours on health parameters become immediately clear and a pilot in Cornwall is currently being monitored.

A "virtual ward" is currently being developed by a GP in South Molton where patients are cared for by professional staff at home. This is in line with some developments in other parts of the country and the South Molton project is now involved in a national pilot scheme.

Community Hospitals

NHS Devon commissions services in 26 community hospitals across the county, five of which are provided by the Northern Devon Healthcare NHS Trust and 21 by Devon Provider Services, the provider arm of NHS Devon. The use and remit of community hospitals are currently undergoing profound changes due to the greater emphasis on prevention and care closer to home, the rising number of people with long term conditions, the development of new technologies, innovations in care and treatment approaches, clinical and safety guidelines, new partnerships with social services, GPs, housing, leisure, education and other associated services and so on.

Services provided at community hospitals are currently being remodelled in order to respond to these changes and make the most efficient use of resources. Recent developments include the opening of a new community hospital in Newton Abbot in January 2009 which offers maternity services, a paediatric therapy unit, x-ray, minor injuries and a wide range of outpatient facilities. Apart from that, 23 community based teams have been established across Devon, integrated with social care, to support people with complex needs in their own homes wherever possible. These teams aim to reduce admissions to acute and community hospitals, freeing capacity for other services. NHS Devon stated how much it values local services including community hospitals and its approach is to achieve the right mix of services through the Transforming Community Services programme.

The provision of minor injury services is also currently being reviewed and NHS Devon is developing a single specification for 2010-11 to achieve a Devon-wide standard and access. The Trust is also looking at how a higher level of service can be achieved in a small number of strategically located sites as an alternative to travelling to acute hospitals. This matter was scrutinised by the parent committee in March 2009 (minute number 131) and will be reviewed in the future as appropriate.

From personal experience, the task group was concerned about the maintenance of some of the older community hospitals.

The group also received evidence from representatives of the Community Hospitals Association who highlighted that nationally 50 community hospital developments were planned or in progress in 2008, funded by the Community Hospital Fund, Local Improvement Finance Trust (LIFT) or other capital sources. So far, only 28 schemes using £250m of the £750m of the Community Hospitals Fund had been funded.

The Association's representatives stated that in their experience across the country, community hospitals generally operated at capacity and that beds in such hospitals in Devon had previously been closed for a number of reasons, something which had been the subject of scrutiny in the past.

The Association highlighted that in 2006, the primary care trust in Cumbria had intended to close eight of its nine hospitals to save £2.4m. After a n investigation showed that community hospitals represented excellent value for money and use of resources, all of them remained in operation and plans were drawn up for another four. After floods in Cumbria in November 2009, two GP practices were rendered unusable and the community hospital functioned as the substitute health centre. Through the previous establishment of an integrated care pilot, relief services were readily available, including an integrated clinical data server common to all users. A "virtual ward", similar to the pilot in South Molton, had also been set up looking after patients in

their own homes who might have qualified for hospital care. As a result, the cost per admission at community hospitals in Cumbria fell from £6,500 to £2,900.

Recommendation 16: To recognise the benefits community hospitals offer to health and social care services in their locality.

Recommendation 17: To urge providers to identify and implement successful best practice developments in England in order to maintain and enhance the bed and service provision in community hospitals in Devon.

The Community Hospitals Association also stressed that research studies have demonstrated the effectiveness of community hospital care particularly in rehabilitation and palliative care. In relation to the End of Life Care Strategy 2009, the Community Hospital Association represented the view that community hospitals provided care closer to home in a more trusted, familiar, friendly, less hurried atmosphere which many patients and relatives chose as the place for end of life care.

The task group recognises that in this period of transition the use and remit of community hospitals would provide a future element of the work programme of the Health & Adults' Services Scrutiny Committee.

Discharge Planning and Delayed Transfers of Care

Delayed transfers of care occur when patients could have been safely transferred from acute care but are still occupying beds. NHS Devon is exploring several possibilities to reduce the number of delayed transfers, including piloting within complex care teams and GPs playing a more active part in accelerating the discharge of patients.

Delayed transfers of care are often the result of a lack of discharge planning, and on occasion shortfalls within the system, e.g. domiciliary care not being readily available. The implementation of Care Direct Plus and the complex care teams also means that the number of social care staff working directly on acute or community wards has been reduced.

Recommendation 18: To review discharge procedures and to report to the Health & Adults' Services Scrutiny Committee on the findings and improvement plans, including delayed discharges over weekends, joined-up admission and discharge planning as well as securing access to appropriate transport.

The Way Ahead

The Way Ahead is the five-year joint strategic framework for health and social care of NHS Devon and the County Council. Its overall aim is to balance care being delivered closer to people's homes, providing clinically safe services and centralised care where appropriate. Recent developments affecting improved access to health services in rural areas include:

- opening of first community hub in Cullompton
- improved carer breaks
- falls prevention
- new renal dialysis units in Honiton and South Molton
- extended scope physiotherapists
- GPs in emergency departments
- establishing complex care teams
- improved dental provision
- improved Parkinson nursing
- productive community hospitals programme
- improved locality arrangements through the appointment of locality directors

Further work is scheduled in a number of areas, including the development of the provider market, e.g. scoping the possibilities for social enterprises, as well as providing support to residents to lead on their own health-related projects. A decrease in acute hospital admissions through e.g. the establishment of “virtual wards” or the establishment of alternative patient pathways is also being pursued. Through various measures, in one pilot scheme acute admissions had already decreased by 4.5 per day but the demand on the acute trusts was increasing in some areas, such as trauma and orthopaedic treatment.

If community nurses and matrons provided 24-hour cover, the number of acute admissions could be reduced and the task group cannot emphasise too strongly the need for consistent service provision on 365 days a year. Evidence was presented to the group that being in need of care at more “inconvenient” times, such as weekends and bank holidays, may not only result in inappropriate admissions but may dangerously delay a patient’s access to treatment.

Recommendation 19: To press for the provision of core community health services on 365 days a year.

Resources cannot be safely withdrawn from the acute sector for reinvestment in community services until these can cope with the increased demand, so a balanced and gradual shift must be realised within existing resources. The potential need to attract more people to the community workforce in order to achieve all the objectives of *The Way Ahead* will also have to be carefully considered.

The task group received evidence from the voluntary organisation Dimensions for Living which provides support and outreach services for people with autism. The organisation highlighted that many people with autism living in rural areas of Devon lack accessible support services as they mainly rely on public transport which some patients find difficult to use due to problems associated with their conditions, e.g. sensory difficulties. Therefore, many people with autism tend to use services only at the point of crisis when they require medication or hospitalisation – an inefficient use of both financial and human resources.

People with complex needs are isolated not only by their conditions but also by living in rural areas, with very little physical contact with the outside world and underdeveloped social skills. Dimensions for Living also reported a lack of meeting venues where peer support can be provided. The organisation runs groups for sufferers from Asperger’s syndrome in Exeter, Newton Abbot and Plymouth but the volunteers spend most of

their time meeting people in rural areas one-to-one. Often the volunteers are the only people outside patients' families to whom the patients speak.

Recommendation 20: To recognise and to have regard to the particular isolation of people with complex needs in rural areas.

The task group also received evidence from carers who highlighted significant service gaps in rural areas in domiciliary care as well as community mental health provision which had not occurred in urban areas. Some service providers suggested by Care Direct did not actually provide services in particular rural areas. This inadequacy and inequality in service provision left individuals struggling to cope with their carers' roles and, consequently had an adverse effect on patient care.

The task group is concerned about the effectiveness of the amount of strategic work on patient care. While members recognise the positive objectives of *The Way Ahead*, recognise achievements to date and the work in progress, they remain to be convinced that tangible practical outturns and improvements in patient care will be achieved in the lifetime of the strategic framework.

The group also received evidence from the Community Council of Devon who emphasised that Gloucestershire Rural Community Council has established Village Agents who support people aged 50 and over as well as disadvantaged and isolated individuals living in rural areas of Gloucestershire, bridging the gap between the communities and the statutory or voluntary organisations able to offer help or support. A team of 28 part-time Village Agents:

- signpost and put people in direct contact with an appropriate agency
- help individuals make informed choices about their needs
- identify unmet need in the communities
- cover 160 of the most rurally isolated parishes of Gloucestershire; this has grown from 96 since October 2006
- are recruited locally and receive ongoing training

From June 2008, Gloucestershire Village Agents has become a mainstream service with three year funding from Gloucestershire PCT and Gloucestershire County Council. The Community Council of Devon is keen to pursue similar arrangements.

The Community Council also stressed that the development of community buildings, such as village halls, could be further developed as "health hubs" to support both preventative and outreach provision.

Since January 2007, West Devon Borough Council has been developing "outreach surgeries" which increase access to all services, including partner organisations such as the fire service, NHS and Citizens Advice bureaux. Under the branding of West Devon Connect, the team now runs these regular surgeries in seven different towns. Trained advisors can deal with any council-related enquiry but also have links with many of the pubic service providers operating in the Borough. In the first year, more than 2,500 enquiries were made through the surgeries and feedback suggests the majority would not have come through had these not been held. Seventeen organisations join regularly and the Council and its partners are working towards developing the surgeries further.

Recommendation 21: To develop similar outreach facilities across all Devon districts.

Conclusion

Living in rural areas has many sought-after advantages but it can also entail many difficulties in accessing health care as this report tries to show. Challenges include increased costs for patients, long journey times, inconsistent outreach services and, in some cases, the patient not being able to access services at all or discontinuing necessary treatment.

The task group hopes by presenting this report and its recommendations to contribute constructively to the improvement of health care and how to access them in rural areas in Devon.

Recommendation 22: To recommend to the Health & Adults' Services Scrutiny Committee that a report be requested on the implementation of the recommendations of the rural access to health task group in November 2010 and in 2011 and to keep the implementation of *The Way Ahead* under review.

Summary of Recommendations

1	To achieve partnership working between the NHS, Devon County Council and commercial transport providers to ensure that health facilities become more accessible via public transport from communal focal points wherever practicable, including through collaboration in the new Local Transport Plan from April 2011.
2	To identify existing post holders as rural health champions in each NHS trust in Devon in order to represent concerns and issues relating to the provision of rural health services in Devon, with strategic support within each trust.
3	To develop as a matter of urgency a coordinated approach between the County Council and all NHS trusts in Devon in the provision of patient transport.
4	To identify existing post holders in each NHS trust in Devon as lead officers to champion this piece of work within clear deadlines and to free resources through integrated use of County Council and NHS vehicles.
5	NHS Devon to consider the consequences of the withdrawal of NHS funding from non-medically eligible patients and the increasing numbers of patients

	requiring transport who do not meet the eligibility criteria.
6	NHS Devon to stop using the voluntary sector to support budget cuts and cover gaps in transport provision without contributing to the core costs of voluntary providers where their services are used to replace services cut by the NHS.
7	NHS Devon and Devon County Council to recognise the invaluable and indispensable services provided by voluntary transport schemes and commit to productive partnership working between all NHS trusts in Devon, the County Council and community and voluntary transport providers in Devon.
8	NHS Devon to establish and clarify what levels of consistent support voluntary transport providers can rely on in the future for providing travel to health appointments, in conjunction with current and ongoing funding support from Devon County Council.
9	NHS Devon and all acute trusts within Devon to develop hospital access strategies and to provide up-to-date information about patient transport at hospitals and in primary care settings and to ensure that front-line NHS staff are familiar with single points of contact (SPoCs) and patient transport options and can provide patients with contact details for individual transport providers.
10	To endorse proposals to integrate maternity services provided at the birthing units in Okehampton, Tiverton and Honiton with those provided by Royal Devon & Exeter NHS Foundation Trust.
11	To endorse the proposed changes to the maternity care model, including the decrease in the length of stay and same-day discharge in the birthing units at Okehampton, Tiverton and Honiton.
12	To recommend the Health & Adults' Services Scrutiny Committee to review the support available for isolated and/or vulnerable mothers in rural areas at an appropriate time in the future.
13	To review the provision of antenatal classes in rural areas in order to avoid mothers being referred to classes in other localities and at inappropriate referral times.
14	To improve professional development opportunities for midwives in rural areas.
15	To support the development of telecare services in partnership with alarm providers across Devon in order to increase availability for people who can self manage and fund telecare services.
16	To recognise the benefits community hospitals offer to health and social care services in a locality.
17	To urge providers to identify and implement successful best practice developments in England in order to maintain and enhance the bed and service provision in community hospitals in Devon.
18	To review discharge procedures and to report to the Health & Adults' Services Scrutiny Committee on the findings and improvement plans, including delayed discharges over weekends, joined-up admission and discharge planning as well as securing access to appropriate transport.
19	To press for the provision of core health services on 365 days a year.
20	To recognise and to have regard to the particular isolation of people with complex needs in rural areas.
21	To develop similar outreach facilities across all Devon districts.
22	To recommend to the Health & Adults' Services Scrutiny Committee that a report be requested on the implementation of the recommendations of the rural access to health task group in November 2010 and in 2011 and to keep the implementation of *The Way Ahead* under review.

Acknowledgements

The members of the rural access to health task group would like to thank all contributors who gave their time to speak with the group, for their hard work to help to shape the focus of this review, for commenting on draft recommendations and for sharing their expertise.