

Rural Health Delivery

OECD Conference 2008

Irish Rural Link

- Founded in 1991
- Representing Community based organisations whose aim is to promote rural sustainability.
- Has campaigned against the continued downgrading of small towns and villages and the need for better transport.
- Represents the Rural Strand on National Social Partnership

Numbers

- 41% of the Total Population are based in dispersed settlement patterns.
- 135,000 farmers applied in 2006 under the single farm payments.
- Currently the number of full time farmers is 43,300.
- This figure is projected to decline to less than 20,000 by 2010

Rural Infrastructure Challenges

- Secondary roads
- Broadband.
- Public transport provision lower than most European countries.

Rural Service challenges

- Access to rural post offices, local banks branches
- The local shop or other type service
- The local Pub
- Schools
- Health services.

Policies that seek to address these.

- The White paper on rural development 1998
- The National Spatial Strategy 2002
- The Strategic Rail Review 2002
- CLAR Programme
- The establishment of a Government department under the heading Community Rural and Gaeltacht Affairs.
- Rural Social scheme
- Rural Development plan 2007-2013

Health

- Present Policy informed by the Hanley, Brennan and Prospectus reports
- Undergoing radical re-structuring
- Moving from a regional based system to a more centralised one.
- The debate is continually influenced by increasing costs.

New initiatives

- The proposed establishment of ‘Centres of Excellence’ designed on the principle that improved services happen when there is a greater throughput of patients.
- The Proposed roll out of Primary care, which is the provision of a range of care and low grade medical treatment delivered closer to the community

Fears

- Centres of excellence may lead to closure of smaller health centres or hospitals.
- Lack of access to health services that are long distances from people. (Transport and so on)
- Emergency services inadequate for isolated rural areas.

Rural Health needs

- Easy access to emergency services
- Greater access to a range of treatment procedures, that are straightforward and do not require huge technical assistance.
- Access to a range of diagnostic services that can be done at local levels
- Access to a range of non-medical health programmes.
- The availability of community day-care centres, which are seen as the best way to bring a range of basic health care to people who cannot travel long distances.

Possible solutions

- The better use of the many local General Practitioner clinics. Some are working as a co-operative. However there seems to be little in terms of a structured approach. Clearly there is huge potential in rural areas for this type of system.
- There are the beginnings of the role out of the 'Primary Care Programme', which is essentially the provision of a range of care and low grade medical treatment made available within the local community or indeed the home.

Possible Solutions

- The establishment of specialized regional health treatment centers, which ensure that the best treatment is available at reasonable distances.
- Preventative health programmes delivered as part of general local community services. This would include early diagnosis such as cancer, diabetes and other illnesses.

Making it happen

- The need for greater dialogue between rural communities and policy makers.
- Cost should be established under the principle of 'The Money follows the Patient'
- Principles of Social inclusion must be agreed.
- Rural and community proofing principle must apply.