

Signposts Multi Agency Resource Centre 58 Regent Road, Morecambe, Lancashire, LA3 1TE

Document outlining the Farming and Rural Health Project

Signposts Multi Agency Resource Centre took over responsibility for this project from Morecambe Bay PCT in October 2005.

The project history is outlined below:

Phase One - Improving Access to Healthcare for Farming Communities

The original idea to develop the Farmers' Health Project sprang from research by Dr. Cath Gerrard (1998), which found that farmers were a high risk group whose health needs were not being met. It was recognised that farmers had become isolated, marginalised and often felt misunderstood. Serious concerns had been identified about the lack of pathways for the appropriate health care of farmers and farming communities.

A multi-disciplinary Rural Mental Health Working Group was formed to explore ways of addressing these problems. This group strongly believed that the problems of physical and mental health among farmers are particularly, and perhaps uniquely, interrelated in the rural/farm context.

The following is an extract from: Improving Access to Healthcare for Farming Communities - *'The Farmers' Health Project'*

**Report to NHS Executive (North West) of Project RDF/LSC/99/0037
Dr Tim Burnett and Dr Maggie Mort
November 2001**

SUMMARY

Nature of the Problem - farming communities are by their nature isolated from mainstream services, and have developed a culture of self-sufficiency and stoicism. Evidence suggests their health needs are actually greater than in many other sectors of society; yet increased demands on services have undermined accessibility for rural inhabitants.

Plan of Action - the 2-year Farmers' Health Project aimed to bridge this gap between health care need and service provision in the farming communities of South Lakeland and North Lancashire, through a Nurse Practitioner-led mobile outreach initiative, which involved visiting auction marts, agricultural shows, other gatherings and making farm visits.

Research Objectives - a) to use action research to examine the particular health needs of the farming communities in both study areas and to address inequalities in the provision of health care to these communities; b) to pilot the role of the Nurse Practitioner in creating new care pathways which cross the

boundaries of primary/secondary care; physical/mental health; and between health and social/welfare provision.

Research Outcomes & Findings - Significant progress was demonstrated towards achieving these objectives. The ***particular health needs of farmers have been documented*** in depth, encompassing acute and chronic clinical conditions, mental health problems, and occupational hazards such as accidents and pesticide poisoning. **Significant unmet need has been demonstrated and addressed.** The relationship between clinical and non-clinical conditions and between health and social needs, has been extensively explored. Farmers' usage of the project increased steadily until the advent of the foot and mouth disease epidemic. There is strong evidence that the Project has ***reached those targeted as most needing but under-using mainstream health care – men in the age-range 30 to 65 years.***

Nurse Practitioner skills in a mobile outreach setting have been greatly developed, contributing to the national debate around this role. Such skills include the management of newly presenting undifferentiated clinical problems likely to occur in the target group, which formed a substantial part of the Nurse Practitioner's workload. It was recognised that time was needed to establish networks and communicate with other agencies in solving problems which presented initially as clinical. The location of the project at the intersection of primary, community and secondary care, coupled with the current (much criticised) medico-legal framework unfortunately prevented the nurse practitioner from using existing prescribing skills and experience. (See *Recommendations*)

The action research evidence shows that this new model of providing health care to farmers, farmworkers and their families is ***effective, complementary to that of the general practitioner, and demonstrates a multi-agency approach to addressing the complex problems found in this community.***

Keywords: Rural Health; Outreach Service; Action Research; Nurse Practitioner; Access to Healthcare

Project Outcomes

*Outcomes are a feature of action research, whereas 'Results' are a feature of traditional research. 'Outcomes' is here defined broadly as the **effect of the project** or that which was **created by the project**. The outcomes listed below have been agreed by the project team and the applicants:*

- *Establishment of trust and rapport with the farming community*
- *New pathways to healthcare created – accessibility improved*
- *Evidence base for unmet needs in mental health*
- *Evidence base for unmet needs in physical health*
- *Expertise in outreach working gained – provides a future training resource for the Trust*
- *Expertise in recognition and management of pesticide poisoning*
- *Development of the Nurse Practitioner role*
- *Development of the role of Primary Care Support Worker*

- Establishment of problem solving routes for complex health/social conditions
- Established national profile and the ability to advise on similar schemes
- Research capability extended
- Media expertise
- Experience of balancing autonomy (isolation) and professional development/ networks
- A strong endorsement from Project users.

Conclusions

The Project's clinical findings established a base for the unmet needs of the farming community in both mental and physical health.

A mobile outreach clinic is an effective way of addressing the unmet health needs of an isolated community.

A service must be accessible culturally as well as geographically.

It must provide expertise, through comprehensive clinical skills and multi-agency support, delivered in a co-ordinated way convenient to the recipient.

Its place is in primary care because of a) its function as a 'gateway' and b) in providing access to continuing professional development for its staff.

Recommendations

The principle of outreach should be established in rural health provision, as recommended in Section 4 of the 2000 Rural White Paper. The increased central support for outreach working in rural areas promised in policy documents must be implemented to enable such schemes, when successful, to move from pilot projects into mainstream services.

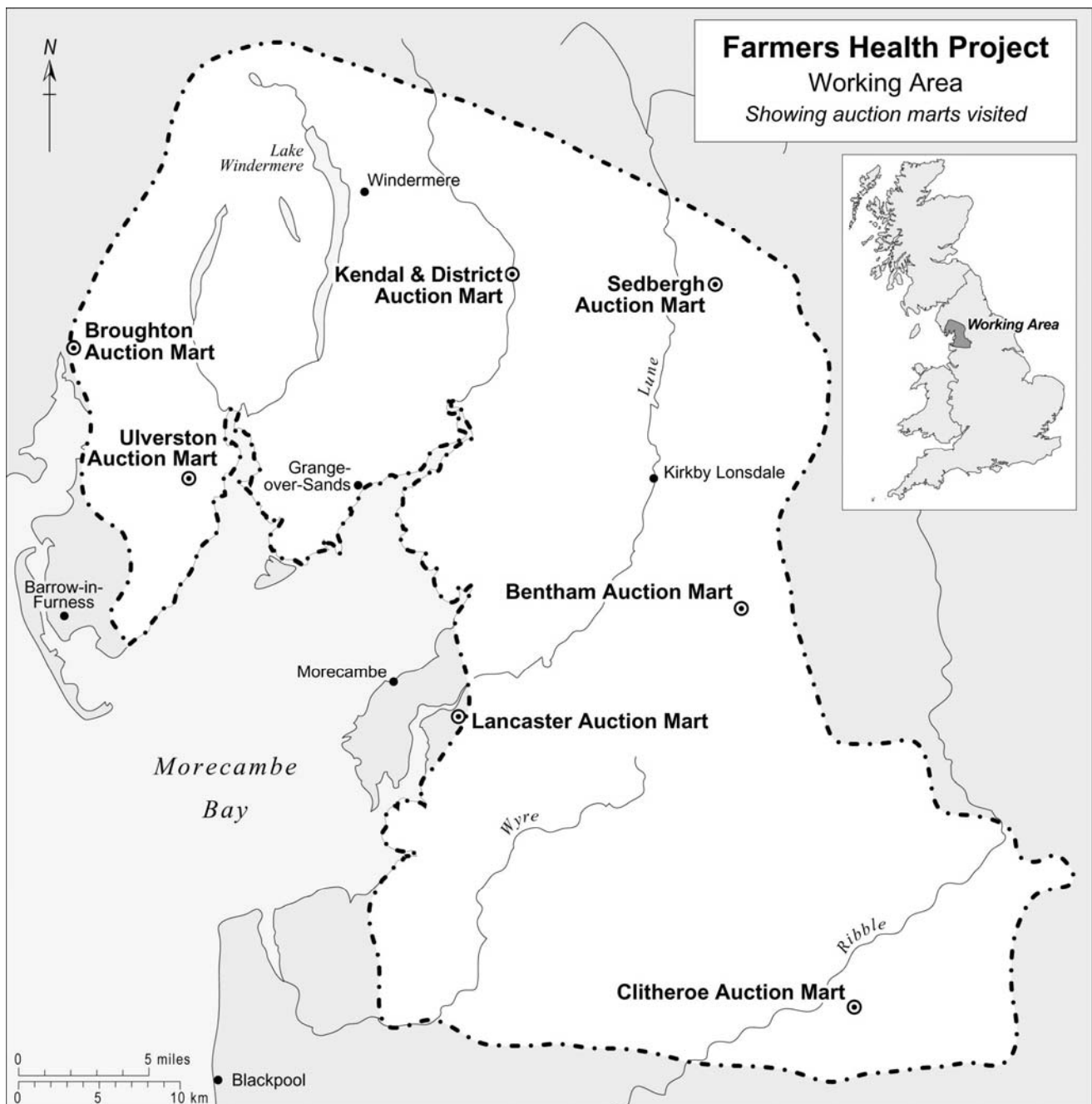
The role of the generalist in rural practice should be recognised as a nursing issue as well as a medical one. Nurse Practitioners have skills in identifying complex needs that include physical, mental and social problems, and rural health inequalities can be addressed by establishing NP led schemes.

Nurse prescribing is integral to an outreach health service for a marginalised community. Urgent attention should be given to the legal framework currently inhibiting practice and undermining the effectiveness of initiatives that seek to re-dress inequalities of health service provision.

The role of Primary Care Support Worker is currently under-developed. In the rural context, this role often demands a level of expertise well beyond the current definition and career progression of this new form of health worker, and there should be ways of recognising such expertise.

Mental health problems/needs in the farming community need addressing in ways which are more culturally acceptable. Often, especially in isolated rural areas, problems are not identified until too late, or until the symptoms are severe enough for the Mental Health Act to be invoked. Such situations, with all their destructive potential, can be prevented by providing easier access to mental health workers who are familiar with the culture and problems of such communities.

Figure 1 Map of area covered by Project



The project became a Nurse Practitioner-led initiative based at clinics in Carnforth. The clinic takes health expertise and resources out to farms, supermarkets, church halls, agricultural shows and auction marts in North Lancashire and Cumbria. The nurses operate at the interface of primary and secondary care and are equipped to intervene in the field, work autonomously and offer practical clinical care.

They possess a good knowledge and understanding of the circumstances of farmers, and care is delivered in a non-judgemental way. Follow up research has confirmed the importance of the nurses themselves having a farming background and knowledge of the pressures and work patterns involved in farming.

The original project had use of a specially adapted high roof Transit van, which acted as a mobile surgery, equipped to carry out medical examinations and health screening. The project nurses staff the 'drop-in' vehicle and offer confidential consultations without an appointment and free of charge. If referral to GP or specialist services is indicated, necessary follow-up will be arranged. The drop in service generates farm visits, which can be made at a later date using a less recognisable vehicle, which patients generally prefer. The groundwork of the project involves informal conversations with people as part of the process of informing the target group about our aims and the potential value for them, as well as building trust and breaking down barriers.

The project when handed over to Morecambe Bay PCT change its delivery mechanism to being based within buildings within farmers markets rather than using the vehicle and developed a process of wider awareness raising.

When Signposts contacted the project it became clear that the project was entering a period of change, which saw both of the staff members leave.

The Steering group managing the project has a vision for the work which is still relevant.

Background

Signposts has been successful in attracting funding to work in Carnforth as part of the regeneration proposals within the Market Town Initiative working in partnership with Carnforth Action Regeneration Partnership.

It was the intention to extend the model of working to the rural hinterland of Carnforth and a proposal was being developed to prepare a bid to the Rural Stress Action Fund. Contact was made with Community Futures and through them to the Farming and Rural Health Partnership to see if the work that Signposts was proposing would add value to existing work that was being undertaken. These discussions led to the possibility that Signposts might be a route to continue and extend the work already being undertaken within the Farming and Rural Health Partnership which is currently funded/hosted by MBPCT and The Hadfield Trust.

Signposts is a Multi Agency Resource Centre that geographically covers Cumbria and Lancashire as its area of benefit. It delivers work in a variety of ways with a particular emphasis on enabling people to access services that they need in order to

empower them to achieve stability and an increase in health and well-being (www.signposts.org.uk).

It works with all ages and all sections of the community.

The project is delivered via:

- Prevention, effective signposting to other services, and the reduction of inappropriate referrals to other agencies
- Intervention at a low level to identify the correct route into services
- Partnership work with others around casework and ongoing support and intervention
- Empowerment of people beyond crisis
- Empowerment of communities to meet their own needs
- Provision of intervention and support work at a level appropriate to need, providing services below the threshold criteria, and on behalf of, local statutory service providers

In terms of the link to the work of the Farming and Rural Health Partnership’s Aim and Objectives there would appear to be synergy in the following areas:

Aim: working with others to improve awareness, increase capacity and promote collaboration in order to address the health issues identified by the Farmers’ Health project and other research. To break down physical and socio-cultural barriers to access and by inference its effectiveness in tackling the targets of the HSC as outlined in the Evaluation Report by the Institute of Rural Health.

Objectives:

Farming and Rural Health	Signposts Multi Agency Resource Centre
To facilitate the farming community’s access to primary health care services	Information and Advice within a range of venues within the Farming and Rural Community – building on the existing model and linking into Signposts’s Systems to “signpost” to services To offer “drop-in” contact points in partnership with primary health care providers (specialist nurse) To provide a Directory of Services available at times, and in ways that are accessible to the Farming and Rural Community
To develop the knowledge and skills of primary health care professionals to engage with the farming community and provide appropriate assistance/treatment to improve their health and social well-being	To continue to develop links with MBPCT and the Voluntary and Community Sector to raise awareness of the potential to deliver services differently
To increase the access of the farming	To utilise the links that Signposts has

community to medical and non-medical problem solvers through the primary health care system	with: Morecambe Bay PCT Lancashire and Cumbria CCs Community Futures Connexions Services To identify how services could be delivered more appropriately – particularly within a partnership model
To develop better connections between existing medical and non-medical problem solving services to meet the health and social needs of the farming community	To develop partnership working to deliver services to all sections of the Rural Community to include: Housing Support Work Family Support Work Work with Young People Activities for All Crisis Support Work
To instil a change in values and beliefs of the farming community towards healthcare and the prevention of ill-health	To develop relationships with the farming community and to work with others to gain confidence and trust – providing continuity for the work which has already been done in this area
To improve the farming community's awareness of sources of occupational ill health and how their impact can be reduced through prevention, early diagnosis and remedial treatment including changes to working practices	To provide information and advice in partnership with MBPCT and others

In order to progress the partnership work with Signposts the Steering Group would need to:

- Confirm that it sees this as the way forward
- Confirm the resources currently available for the work
- Identify priorities for continuation initiatives
- Identify how it would wish to see the project achieve sustainability
- Negotiate a suitable SLA for delivery via Signposts

Depending on the outcome Signposts would:

- Identify match resources that it could bring to the project
- Identify new areas of funding it could apply to
- Begin to develop a delivery mechanism to continue the work

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