

also be more difficult to access in rural areas. Within the rural environment the 'Patient Choice' agenda is only viable if the patient, and their family, have the capacity (financially, physically and emotionally) to travel to services. Access difficulties may be further compounded if individuals are older, or have co-morbidities which prevent ease of travel.

There is also evidence that those living in rural areas are less satisfied with the primary health care services that they have access to; due in part to a shortage of GPs and perceived shortness of time available with their GP.⁷ The same study also found that individuals had to travel long distances for surgery and a lack of public transport made this difficult for those without a car. Further to this, Jack et al. found inequality in the treatment given to lung cancer patients and postulated that this could be a consequence of variations in access to oncology services.⁸

Next steps

Scotland and Wales both have higher percentages of their population living in rural areas and, because of this, services have been developed in ways which seek to meet this group's needs.¹ There may also be methods of service provision, in other countries, which are effective at meeting the health needs of rural communities. Such examples of good practice should be explored, and implemented, in England if found to be effective at improving access to cancer services among rural populations.

Giving patients a choice in the provision of their healthcare is currently high on the political agenda. The needs of those in rural areas must be considered within the development and implementation of choice programmes to ensure that inequalities in access to cancer services between (rural and urban) population groups are not increased.

Further information

There is also evidence of significant pockets of deprivation within rural areas that have been given less attention than that found in urban areas. Deprivation often manifests itself differently in the two areas (urban deprivation tends to be found among a whole community compared to rural deprivation which is more likely to be at the scale of family or individual often in close proximity to economic wealth) with the result that some measures of deprivation do not accurately measure the scale of the problem in rural areas. Social exclusion is also a problem within rural areas with widespread closure of local amenities, due to a lack of economies of scale, meaning that there are fewer opportunities to develop social networks.

The following quote is from the chairman of the Commission for Rural Communities (whose tagline is 'Tackling rural disadvantage') and spells out an ongoing commitment to 'rural proofing' policy that is also being taken forward by DEFRA.

¹ Scotland currently operates 110 units which deliver breast screening in remote areas. The units provide the same service as the static centres and their allotted routes ensure that screening round lengths are

"Building a rural dimension into policy and practice remains as important as ever. I have seen at first hand the impact on individuals and communities of the acute shortage of affordable rural housing and how vulnerable people in rural areas miss out on vital support simply because of where they live. Rural issues must be addressed if all people, communities and businesses are to share the benefits of public policy and delivery"
(Taken from: Challenging government to meet rural needs)

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References

- ¹ Rural Evidence Research Centre (2005) Rural England: Demographic Change and Projections 199-2028: a source document
http://www.rerc.ac.uk/findings/documents_demography/D9RuralEng_Ch_Projns1991_2028.pdf
- ² Rural Statistics Unit (2002) Population Trends in Rural Areas of England: 1991-2001 London: DEFRA
- ³ Cancer Research UK (2002) Press release: Rural patients shying away from best cancer care 17th July 2002
- ⁴ Campbell et al. (2001) Rural and urban differences in stage at diagnosis of colorectal and lung cancers *British Journal of Cancer* 2001 84(7); 910-914
- ⁵ Campbell et al. (2000) Rural factors and survival from cancer: analysis of Scottish cancer registration *British Journal of Cancer* 2000 82(11); 1863-1866
- ⁶ Social Exclusion Unit (2003) Making the Connections: Final Report on Transport and Social Exclusion London: ODPM
- ⁷ Sheldon, H. (2004) Meeting the needs of those living in socio-economically deprived areas in relation to Choice of Hospital London: CEMVO/ College of Health
- ⁸ Jack et al. (2003) Geographical inequalities in lung cancer management and survival in South East England: evidence in variation in access to oncology services *British Journal of Cancer*; 88: 1023-1031