

# Health Services and Disadvantage

## Access and attitudes to health service provision in rural and urban areas of Scotland and the effects of disadvantage

Mags Currie and Alana Gilbert

The James Hutton Institute, Craigiebuckler, Aberdeen AB15 8QH

Email: margaret.currie@hutton.ac.uk; alana.gilbert@hutton.ac.uk



The James  
**Hutton**  
Institute



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### Introduction

The majority of people live in urban areas in close proximity to the services they require. In rural areas service provision is more disparate due to sparsity of populations, distances required to travel etc. Difficulties in accessing services, particularly health services, is a major concern of rural populations and there is an assumption that there should be equivalent access to health service provision in different places. Despite this there are few studies examining health service provision across different types of rural settlement and between disadvantaged groups. People seem to expect equality in the ability to access health services between different areas. If we suggest that this access is not equal, we can therefore imply that some areas are more disadvantaged than others.



### Aims

To consider accessibility of and attitudes towards health services between rural and urban areas and between different rural areas.

To examine how effectively we can use national datasets to understand different levels of disadvantage in rural and urban areas and between different rural areas.



### Methods

- We use descriptive and statistical analysis to look at use of and attitudes towards health services, and to see if there are significant differences between rural and urban areas of Scotland.
- Three datasets are used: the Scottish Household Survey, the Scottish Health Survey and the Scottish Social Attitudes Survey. The UK Data Service variable and question bank was used to identify data sets and questions of interest, and the surveys used in the analysis were the most recent available in each series from The UK Data Service.
- The Scottish Government's 6 fold Urban Rural Classification was used (defining areas as Large Urban, Other Urban, Accessible Rural, Accessible Small Towns, Remote Rural and Remote Small Towns). This meant that it was possible to see the differences between rural and urban areas as well as within rural areas.
- The Scottish Index of Multiple Deprivation (SIMD) was used as a proxy for disadvantage.



### Results

**Attitudes:** Early findings indicate that urban people are more likely than rural people to feel that the standard of health service provision has increased, are happier with the way the NHS is run and they are more likely to attribute this to the Scottish Government. Sample sizes were too small to do reliable statistical tests on the SIMD data.

**Access:**

- We found differences between rural and urban areas as well as within rural areas.
- Preliminary results suggest that remoteness of an area may be more important than whether it is rural.
- People living in accessible rural areas tend to have better access to some local health services (e.g. GPs).
- Rural people were more likely than urban people to say that services were more convenient, but they were also more likely to travel by a private car.
- Some results were not what might be expected e.g. high proportions of remote rural people stating it was 'very easy' to access a hospital outpatients department.
- Sample sizes were too small to do reliable statistical tests on the SIMD data.

These initial findings raises questions about rural and urban people having different levels of expectations and attitudes of what is acceptable or not depending on the area in which they live.



### Conclusions

Preliminary results suggest:

- National datasets are not using a measure of disadvantage which is sufficient for highlighting differences between rural and urban and within rural areas. Therefore when considering differences in health service provision and this perspective of disadvantage.
- Alternative approaches to understanding how disadvantage affects use of health services in rural areas are required and should be used in policy design. We hope to be able to suggest how this problem can be overcome.