

Well Farmers for Wiltshire Pilot. A Salisbury Neighbourhood Collaborative. Evaluation Report.

16th July 2024 – 24th September 2024.



Foreword

"...the pure nature of a farmer is that he's not going to complain about his health, that will be last thing he does and probably leaves it too long before he does see a doctor, so then if there is a real problem, the problem is compounded, they're very proud people Farmers. They would look after their stock a lot better than they look after themselves."

Farmer, 2024.

"For farming people - farmers, farm workers, contractors, and their households – their health and wellbeing are inextricably linked to the business of farming. They face challenging, isolated conditions characterised by long working hours.

Farming people work in a sector with a rate of accidents 20 times higher than the all-industry rate. In addition, farmers and farm workers can often face physical health challenges: musculoskeletal injury, for example, is over three times the rate for all industries. More than one farmer a week takes their own life. Less visible are high rates of mental ill-health and poor quality of life."

Rural Agricultural Benevolent Institution (RABI) (2021)

The Well Farmers for Wiltshire pilot would not have been possible without the brilliant engagement and enthusiasm of system partners and individuals. Together we have made a real difference to the community of people who spend time in the Livestock market and who told us just how impactful and important the pilot has been for them.

Those of us involved the pilot however would all agree that most of the credit for determination to get this 'off the ground' goes to Richard Kirlew of the Rural Chaplaincy Team. What a brilliant example of services being led by community voices.

Contents

Foreword.....	2
Contents.....	3
1. Executive Summary	4
2. Background.....	7
3 The Well Farmers for Wiltshire Pilot	10
4 Learning from the Pilot	15
5 Pilot Challenges	17
6 Engagement Evaluation	19
7 Case Studies.....	20
8 Impact of the Pilot	20
9 Professional and Partner Feedback on the Livestock Market Pilot.....	29
10 Well Farmers for Wiltshire Next Steps	30
11 Conclusion and recommendations	31
12 References.....	38
Appendices	39
Appendix A. What are Neighbourhood Collaboratives.....	39
Appendix B. A4 posters placed on café tables to provide information about the pilot program.....	40
Appendix C. Example of A5 table posters detailing visiting services.....	41
Appendix D. Visits to the Market.....	42
Appendix E. Neighbourhood Collaboratives Engagement Lead Engagement Report.....	43
Appendix F – Financial Assumptions.....	43
Appendix H – Summary of Challenges	45
Appendix I – Case Studies.....	47

1. Executive Summary

- 1.1. Part of the Wiltshire Integrated Care Alliance priorities and programme of work, the Well Farmers for Wiltshire Pilot, conducted at the Salisbury Livestock Market, aimed to address the distinct health and wellbeing challenges faced by the farming community in Wiltshire and the wider area. Bringing together 14 system partners to work collaboratively, this Neighbourhood Collaboratives initiative delivered healthcare, prevention and support services over a 12 week period directly to the market, a familiar and convenient setting for local farmers.

'I saw the pharmacist last week; he took my blood pressure, and we talked about my medication running out. I had a call from him this week, it is all sorted now...'

- 1.2. The pilot engaged traditionally hard-to-reach rural populations [part of the Wiltshire CORE20Plus5 group as manual workers], who often face barriers such as geographical isolation, time constraints, farming and livestock care needs and cultural reluctance to engage with traditional healthcare settings. It took a co-produced approach, dynamically responding to community feedback.

"I didn't carry out my blood pressure readings because of lambing season... But when my husband had his blood pressure checked at the market, I decided to do it too" – [urgent care referral for treatment for immediate risk]

- 1.3. Key outcomes of the pilot include the identification of six early cancer cases, numerous urgent and non-urgent referrals, and significant engagement in preventive health practices, including blood pressure monitoring, mental health discussions, and wellness education. The pilot successfully highlighted the importance of delivering services in familiar environments, demonstrated the value of preventive care, showed the strategic importance of multidisciplinary, integrated working between services including community and VCSE organisations and provided critical insights into the health barriers faced by the rural farming community.

"I was feeling funny, and they found my blood pressure was low... I was referred for urgent help."

- 1.4. Importantly, the pilot demonstrated the cost effectiveness of this model. The pilot was made possible through £10,000 funding from the Vaccine Accelerator programme. A total of £5,000 was spent during the 3 month pilot period (the unpaid contribution of many organisations should be noted). In relation to the six early cancer diagnoses alone, not only are the longer term outcomes for these individuals likely to be significantly more positive, the savings to the NHS system as a whole are very conservatively estimated to be in the region of £60,000 [Cancer

Research UK]. See Appendix F for more details of financial assumptions and costings.

“honestly I could cry thinking about it – I had no idea how ill I was and how lucky I’ve been that you and the guys spotted it. Now I stand a better chance of getting better”

1.5. Objectives and Key Achievements

- 1.5.1. **Deliver On-Site Health, Support and Prevention Services:** Working alongside the Rural Chaplaincy team as advocates, the pilot provided on-site physical and mental health checks, ranging from blood pressure checks, physio checks and vaccines advice (and will offer vaccines themselves in November) through to community pharmacist consultations, visits by the SFT cancer team and support from the RAB and Citizens Advice. Farmers engaged positively with the accessible services, many of whom were first-time participants in health checks and discussions about their health and wellbeing.
- 1.5.2. **Reduce Barriers to Healthcare Access:** By situating services at the market, the pilot effectively addressed logistical challenges such as time constraints and transport issues. Farmers appreciated the opportunity to receive healthcare without disrupting their work schedules. Face-to-face consultations and conversations allowed for overcoming technological barriers, and casual settings helped to mitigate cultural stigma. The ability to have in depth conversations about vaccine concerns and barriers to access means there is now significant demand for the clinics that will be offered in November within the market environment.
- 1.5.3. **Promote Preventive Care:** The pilot's focus on early detection and wellness education successfully encouraged proactive health management, with several farmers receiving timely referrals for serious conditions. Wellness education on topics like blood pressure management and lifestyle changes specifically related to the challenges people told us about, fostered self-care practices. This element in particular is the focus of ongoing work within the Collaborative in Salisbury and aims to have a long-lasting impact.
- 1.5.4. **Understand Health Challenges in the Rural Community:** The pilot shed light on the unique health challenges of the farming population, including mental health stigma, financial pressures, and untreated chronic conditions. Fear of losing driving or firearms licenses remained a significant barrier to mental health support.
- 1.5.5. Insights and feedback from the community were pivotal in developing and adapting the approach throughout the course of the pilot, so the team learned what and how people needed services to work for them – a genuine

model for co-producing services together.

1.5.6. **Test Different Engagement Methods:** The pilot demonstrated that informal, face-to-face engagement in familiar environments is the most effective way to connect with farmers (and potentially other communities). Simplifying communication materials and maintaining a consistent presence built trust over time and deepened the conversations and insights. It became obvious that 'knowing and understanding' the community and individuals there was critical to success. It was important that the team demonstrated responsiveness to feedback.

1.6. Impact and Recommendations

1.6.1. The Well Farmers for Wiltshire Pilot delivered clear evidence that targeted, community-based healthcare interventions can significantly improve engagement and health outcomes in rural populations. The approach and lessons learned are very transferrable to other communities. Key recommendations include:

1.6.2. Maintaining a Consistent Presence at the Livestock Market: Continued healthcare services at the market will sustain the engagement momentum, focusing on preventive care and routine health checks, particularly targeting high-risk groups such as older isolated farmers and working with younger people on longer term prevention strategies. Currently there is no identified funding stream for this. **The recommendation is for an options appraisal to determine possible routes to deliver this.**

1.6.3. Enhancing Clinical Infrastructure: In order to achieve the maximum impact improvements to facilities, including private consultation areas, appropriate clinical equipment, and infection prevention resources, should be considered and would expand the range of services offered to include clinical interventions which would reduce the workload on primary care and further benefit the system through delivering an early intervention / prevention approach. **The recommendation is for an assessment of options and benefits assessment to be agreed.**

1.6.4. **Broader Integration of VCSE Partners:** Strengthening collaboration with Voluntary, Community, and Social Enterprise (VCSE) organisations will provide a holistic approach to health, addressing financial, mental, and social needs. There is ongoing work in BSW to consider how working with VCSE colleagues can be strengthened. This pilot has evidenced the value of an integrated approach.

1.6.5. **Tailored Mental Health Support:** Specifically with this environment, developing a confidential, community-specific approach to mental health,

with sensitivity to cultural concerns and financial implications, will help overcome stigma and encourage engagement. It's important that the system responds to the feedback and concerns raised and works to 'myth bust' perceptions about what might happen to someone who seeks help.

- 1.6.6. **Exploring Transferability:** The success of the pilot suggests that similar models could be effectively implemented in other rural and even urban communities, with adjustments to meet the unique needs of each population. There is a case for sharing the learning from this pilot across the system.

"what do you know about feet? – 'cause I can't feel mine" - [diagnosed with diabetes and peripheral neuropathy]

1.7. Conclusion

- 1.7.1. The report concludes that the Well Farmers for Wiltshire Pilot offers a transferable, scalable, efficient and cost effective model for rural health interventions, with clear benefits for the NHS in terms of early detection, reduced emergency admissions, and long-term healthcare savings. If possible, further work to determine the scope of necessary funding for this model is recommended to consolidate the progress made and explore opportunities for expansion.

"Thanks for asking and listening, it's been so hard and it's been good to talk" – [Dad of a young family with multiple health struggles].

2. Background

2.1 Neighbourhood Collaboratives

- 2.1.1. Aligned with the vision set out in the Fuller Stocktake Report (NHS England, 2022) and integrated and explicitly outlined in the Wiltshire's Joint Local Health and Wellbeing Strategy 2023 to 2032 (Wiltshire Council, 2023), and BSW Implementation Plan - Bath and North East Somerset, Swindon and Wiltshire ICB (BSW, 2024), Neighbourhood Collaboratives are a key approach within the Integrated Care System (ICS) that aim to address health inequalities by fostering partnerships across health, social care, voluntary organisations, and community groups.
- 2.1.2. Each collaborative is typically based on a Primary Care Network (PCN) footprint and brings together local partners to co-design and deliver services tailored to the specific needs of their population.
- 2.1.3. The collaboratives focus on:
 - **Partnership working:** Engaging local organisations, services, and the community to pool resources and expertise.

- **Community-led health initiatives:** Ensuring that health interventions are co-produced with the local population, particularly those in Core20Plus5 groups, which represent the most vulnerable.
- **Integrated care:** Promoting coordination between healthcare providers and other community resources to deliver preventive care and address long-term conditions early.
- **Data-driven decision-making:** Using local population data to guide health interventions and address specific challenges in each area

2.1.4. The aim is to create a tailored, community-focused approach that improves health outcomes through prevention, early intervention, and collaboration across sectors.

2.1.5. Please refer to Appendix A – What are Neighbourhood Collaboratives (NCs).

“It’s powerful to have shared understanding across organisations of the needs of our population and aligning together to work on priorities. We have more impact together.”
Collaborative Partner (2024).

2.1 Neighbourhood Collaborative Engagement Lead

2.2.1 The Wiltshire Neighbourhood Collaborative Steering Group was successful in bidding for funding which focuses on the reduction of health inequalities related to the Core20+5 priority areas within the Wiltshire population. The funding awarded to Neighbourhood Collaboratives is to support the development of the Collaborative model, with particular focus on engagement in a Collaborative setting.

2.2.2 This Health Inequalities Funding (HIF) has supported the creation of a new fixed term role - the Neighbourhood Collaboratives Engagement Lead. This position has been designed to play a pivotal role in addressing health inequalities by fostering stronger connections between service providers and the communities they serve.

2.2.3 The primary focus of the Neighbourhood Collaboratives Engagement Lead role is to collaborate with partners involved in Neighbourhood Collaboratives (NCs) to innovate and enhance approaches to community engagement. A key component of the role is ensuring that the voices and perspectives of individuals with lived experience are integrated into the planning, decision-making, and actions of the NCs. By bringing this vital perspective into the forefront, the NCEL ensures that interventions are not only designed for communities but also with them, making these initiatives more relevant, targeted, and impactful.

2.2.4 The role will be pivotal in supporting the development of an engagement model and supporting information to enable all Collaboratives to ensure they are using best practice methods of engagement and are being led by the views of their communities.

2.1 The Salisbury Neighbourhood Collaborative

- 2.3.1 Following initial discussions with Salisbury-based partners to establish a Salisbury Collaboratives, the Salisbury Primary Care Networks (PCNs) proposed a Salisbury-wide initiative to develop a shared NC that addressed both urban and rural challenges, recognising the unique needs of each community.
- 2.3.2 Initial key areas of interest identified by partners included supporting those living with dementia and (following an approach by a VCSE organisation – the Rural Chaplains) addressing the specific needs of farming and rural communities, where access to services and resources is often limited.
- 2.3.3 The Neighbourhood Collaborative approach entails a full review of evidence-based data and information as well as establishing the views of the communities. For people living in rural / farming areas, the data availability is very poor – people living in deprivation live alongside people who are considered very affluent. The available data is distorted because of this and there is no primary care code for ‘farmer’. Triangulating information was therefore challenging and relied on sharing information between partners and using VCSE insights which provide to be invaluable. This work established that the needs of this community are often ‘hidden’ to healthcare providers and not taken into account in planning and delivering services.
- 2.3.4 After careful consideration, it was agreed that the initial focus of the Collaborative would centre on piloting an offer of support to farming and rural populations, given the increasing concerns raised about their health and wellbeing.
- 2.3.5 Research and feedback from the community and local service providers told us farming and rural communities often face distinct challenges, such as geographic isolation, reduced access to healthcare, mental health stigma, and economic pressures that contribute to health inequalities. These challenges have been further compounded by changes in agricultural policies, financial uncertainty, and the demands of an aging rural workforce.

2.4. Agriculture in Wiltshire

- 2.4.1 The Southwest region is home to a quarter of the nation's agricultural holdings, contributing twice as much to the economy and generating twice as many jobs as the average English region. Within the Southwest, Wiltshire is the most farmed county, with more than three quarters of its land being

farmed commercially (273,555 hectares of Wiltshire's total 348,500hectares) (Wiltshire Council, 2021). More than 7,000 people in Wiltshire are farmers, this population increases greatly when you consider the industries and communities associated with farming.

2.4.2 The farming community in Wiltshire are part of the Core20Plus5 Health Inequality groups (manual workers).

2.5 The Health and Wellbeing of Farmers

2.5.1 The Big Farming Survey (RABI, 2021) considered for the first time the relationship between the physical and mental health of farming people, and the health of the farm business. Key findings drawn from the survey included:

2.5.2 Low levels of mental health and wellbeing – 36% of the farming community are probably or possibly depressed

2.5.3 Concerning mental health and wellbeing picture amongst women in agriculture – over one-half of women (58%) experience mild, moderate, or severe anxiety

2.5.4 Multiple causes of stress amongst the farming community – an average of six factors cause stress. The most reported sources of stress are regulation, compliance, and inspection, Covid-19, bad/unpredictable weather, loss of subsidies/future trade deals

2.5.5 High levels of physical health issues impacting across the farming community – over half (52%) experience pain and discomfort, one in four have mobility problems and 21% have problems in undertaking usual tasks due to health issue

3 The Well Farmers for Wiltshire Pilot

3.1 The Case for Rural and Farming Focus

3.1.1 The Rural Chaplains, a voluntary, community, and social enterprise (VCSE) group based at the Salisbury Livestock Market, approached a Salisbury GP practice, who contacted the Wiltshire ICB team in relation to exploring a possible initial Collaborative project. The chart below shows that most of the 'significant' contact with the Chaplaincy team concerns health and wellbeing. This was the 'tip of the iceberg'.

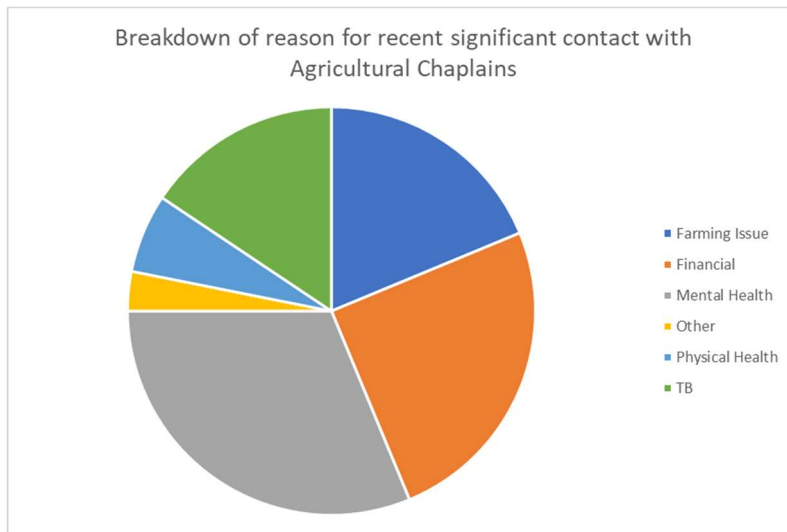


Figure 1. Breakdown of reasons for significant contacts with Rural Chaplains between 03/01/23 – 12/12/23 at the Livestock Market.

.... I have known Michael (pseudonym), age 78, a retired farming contractor, for several years. He now comes to market for social reasons, much enjoying contact with people he seems to have known for decades. During recent years he has suffered mightily with progressive hearing loss and eyesight failure. Questioning about him following up with relevant medical services always resulted in a, frankly unconvincing, response along the lines of "I have appointments booked but they keep being cancelled."

Over time, hearing aids were provided but met with constant operating difficulties. Two consecutive cataract operations resulted in one "going wrong" - causing severe discomfort - and there being some months passing before corrective action was taken.

About 18 months ago, a number of us began to be concerned about Michael's complexion - a very pale whitish yellow tinged with green might best describe it. Again, reports of imminent checks never seemed to result in actual appointments.

Today I heard that Michael was admitted two weeks ago to Salisbury District Hospital with heart problems (friends reported today that he had major bypass surgery some ten years ago). After some form of treatment, he was discharged to home last Friday. His home help visited on Sunday afternoon to find him collapsed and unconscious. He was readmitted that afternoon but has not regained consciousness.

Rural Chaplain. (August 2024).

- 3.1.2 Recognising the importance of addressing health and wellbeing issues, the chaplains, and key stakeholders (including the Livestock Market Directors), supported by the ICB Wiltshire Improvement Team, initiated a collaborative effort group to develop and pilot an offer of support to the rural farming community.

3.1.3 In partnership with various VCSE organisations, the PCNs, local community groups, and Wiltshire Council, a pilot program was developed to provide on-site health and wellbeing services at the Salisbury Livestock Market.

3.1.4 The following graphic shows the partners involved.



Figure 2 Partners involved in the Livestock Market Pilot

3.2 The Well Farmers for Wiltshire Pilot Outline

3.2.1 The project ran from July 16 to September 24, 2024, and was held weekly at Salisbury Livestock Market during its busiest hours. Farmers were engaged through a range of health and wellbeing services provided on-site, addressing issues from hypertension and diabetes to mental health.

3.2.2 The services included offered were by thirteen different service providers, and included:-

- Fully funded bank farming support
- Fully funded counselling
- Mental health advice – in market
- Physiotherapy advice and guidance
- Vaccines – advice (and vaccine clinics in November 2024)

- Nursing
- Community pharmacy
- Dental health
- Cancer – early signs and advice on screening
- Financial and other advice and support
- Health screening and checks (including high blood pressure etc..)
- Optometry
- Skin care advice and support
- Managing infections and signs of Sepsis

3.3 Aim

3.3.1 To reduce health inequalities in the rural farming community (via the Livestock Market) by offering access to crucial health and wellbeing services, ranging from physical health screenings to mental health support, financial advice, and social care resources.

3.4 Objectives

3.4.1 Within the scope of environment and resources available:-

- **Deliver and test on-site health and support services:** Provide physical and mental health screenings and services in an environment familiar to farmers.
- **Reduce barriers to healthcare access:** Address logistical and cultural challenges, such as lack of time, technological barriers, and reluctance due to stigma.
- **Promote preventive care:** Identify health issues early and provide actionable advice to prevent more serious health crises
- **Understand the health challenges** and barriers faced by farmers and rural workers, including mental health stigma, financial concerns, and physical health issues such as hypertension.
- **Test different engagement methods** to identify the most effective ways of connecting with this audience

3.5 Service Delivery

3.5.1 There were three primary areas of the market where services could be provided: the main entrance, the café, and a small storage room which was converted into a usable space. A risk assessment indicated that, for lone working purposes, two people would need to always be present if the small room were used for consultations as there was no panic alarm or signal for mobile phone use.

3.5.2 The Livestock café setting provided an ideal opportunity to engage with many community members in a relaxed and familiar environment,

maximising the reach and impact of the health and wellbeing services offered during the pilot.

3.6 Criteria for Inclusion

- 3.6.1 The pilot was designed to be inclusive, ensuring that no member of the farming community who attended the Livestock Market was excluded. The community also included hauliers, staff working at the Livestock Market, and any external visitors, such as the rural policing team, and animal welfare team.
- 3.6.2 This pilot was extended to all individuals, regardless of their place of residence, meaning even those living outside of Wiltshire were welcomed. Additionally, there were no age restrictions, allowing people of all generations, whether young farmers, families, or older, retired farmers, to benefit from the health and wellbeing services offered. This openness allowed for a broad and comprehensive understanding of the community's diverse needs and often mean whole families were talking about health and wellbeing together, particularly during school holiday periods.

3.7 Funding

- 3.7.1 A budget of £10,000 was allocated to the pilot through the Integrated Care Board (ICB) BSW Vaccines Accelerator Programme. This funding was instrumental in supporting the successful delivery of the initiative by covering several key expenses. The allocation provided:
 - 3.7.2 Backfill for services attending the market: ensuring that healthcare and wellbeing professionals could participate in the pilot without disrupting their regular responsibilities.
 - 3.7.3 Travel costs: Covering transportation for staff, service providers.
 - 3.7.4 Funding materials for outreach and engagement, including promotional materials, signage, and other communications tools aimed at informing the community about the available services and encouraging participation.

3.8 Communication with external partners

- 3.8.1 The Salisbury Walk-in Centre, PCNs, Ambulance Service and Salisbury Hospital Emergency Department were made aware of the pilot in case onward referrals were required.

3.9 Communication with visiting services

- 3.9.1 Information about Neighbourhood Collaboratives was sent to all visiting services (see Appendix A).
- 3.9.2 A Briefing Pack was sent to all visiting services prior to their attendance at the

market, providing key information pertaining to Infection Prevention and Control, Health and Safety and Safeguarding. A risk assessment accompanied the Briefing Pack.

- 3.9.3 Visiting services met with the Chaplaincy Team and ICB Improvement Team representative before every session at 9am for a pre brief prior to the market, and again at 12:30 for a debrief – risk and issue identification, reflection and shared learning.

3.10 Communication with the farming community

- 3.10.1 A4 information cards were placed on café tables to provide information about the pilot program (see Appendix B).
- 3.10.2 A5 information leaflets were developed for café tables to share details about visiting services available every Tuesday (see Appendix C).
- 3.10.3 A3 information posters were created for display around the café and near the entrance doors, highlighting information about visiting services offered each Tuesday. In this way, the community stayed up to date and aware of who was visiting and what services were on offer.

4 Learning from the Pilot

4.1 Key Insights

- 4.1.1 Key areas have been identified where valuable learning can be drawn from the experience of the visiting services and the farming community. These insights are crucial for informing considerations in supporting the farming and rural communities on a sustainable basis.
- 4.1.2 Additionally, key insights from the tested engagement approaches will inform the future success and development of the Collaborative engagement model and supporting tools.
- 4.1.3 A summary of the learning is below.
- 4.1.4 Service Commissioning: Practical and Structural Challenges
- **Space and Environment:** The livestock market lacked suitable infrastructure for healthcare delivery, including insufficient intervention space, inadequate handwashing facilities, and limited privacy for consultations. Privacy issues, in particular, prevented some people from seeking care. Nevertheless, this pilot proved that significant impact can be made in a limited environment.
 - **Service Constraints:** Many services were not fully funded for this work, and while good will from service providers helped, some services remained out of reach.

- **Access to Records:** The inability to access GP records without significant workarounds was a challenge. However, the national pharmacy system allowed pharmacists to send critical updates to primary care, which ensured timely follow-ups

4.1.5 Lessons for Engagement and Community Insights

- **Trust Building:** It takes time to build trust within this community. Farmers were initially hesitant to engage, but consistent visits from familiar personnel improved participation over time
- **Face-to-Face Interaction:** Personal engagement was more effective than formal outreach methods like surveys. Casual, conversational approaches resonated better with the farmers, particularly in the social setting of the café
- **Literacy Barriers:** Low literacy levels were a barrier to engagement, particularly with printed materials. Iconography and simplified posters helped improve information accessibility
- **Cultural sensitivity** is essential: Mental health stigma is deep-rooted in the farming community, particularly among men. Initiatives need to be carefully tailored to ensure that discussions are framed in ways that resonate with farmers' experiences, rather than using medicalized language

4.1.6 Health and Wellbeing Needs in the Community

- **Physical Health:** Many farmers struggled with untreated conditions like high blood pressure, back and joint issues from heavy labour, and poor eyesight due to limited access of eye tests. Infections from minor injuries were common but often neglected
- **Mental Health Stigma:** Concerns about losing firearms or driving licenses discouraged individuals from seeking mental health support. Fear of government intervention and misunderstanding of medical consequences were significant barriers
- **Preventive Care Gaps:** Farmers were missing routine health checks, cancer screenings, and vaccinations due to lack of understanding or access. Women, in particular, were not recognising their roles as informal carers and were not accessing the support they were entitled to

4.1.7 Community-Specific Solutions

- **Warm Transfers:** Direct, personal referrals from one service provider to another (rather than remote or formal referrals) were found to be more effective. Building trusted relationships through repeated interactions was essential
- **Empowering Through Education:** Providing farmers with accessible health information (e.g., the importance of hydration, sun protection, or minor injury care) was crucial. With proper education, they were more willing to take steps to

improve their health

4.1.8 Opportunities for Future Services

- **Market as a Community Hub:** The market served as a social hub for many in the community, offering warmth, companionship, and food. It is an ideal location to continue offering health services, especially for older and retired farmers who may face isolation. Other community hubs may serve well for similar models in different communities.
- **Defibrillator Installation:** The need for a defibrillator was raised, with the community expressing willingness to purchase one through grants – this has now happened.

"a conversation today was one they may not have had at all..."

Chaplain. (July 2024).

"The attendees have become used to seeing visitors, and happy if they can get help with a niggle while they're there."

Chaplain. (July 2024).

"I don't go to the doctors; there is nowhere to park my tractor..."

The ease of having the blood pressure taken at that time and not having to make a separate appointment and take time out of his day spoke volumes. He fainted previously and did nothing as it was "inconvenient"

'I went to the GP yesterday; he knew I had low blood pressure, and I'd had it done here...'

'I saw the pharmacist last week; he took my blood pressure, and we talked about my medication running out. I had a call from him this week, it is all sorted now....'

5 Pilot Challenges

5.1 Key areas of challenge in working in this way and in this environment were identified:-

5.1.1 1. Community Trust and Engagement

- **Mistrust of Government and NHS:** Many farmers expressed negative opinions about the government and NHS, specifically regarding access to and fairness of healthcare services. Building trust required careful, patient engagement, with a

strong emphasis on effective communication skills. It was essential to clearly explain how services could support their health without interrupting their livelihoods.

- **Vaccine Hesitancy:** A prevalent issue within the farming community was reluctance to receive vaccines. However, through thoughtful conversations, many farmers became more receptive to discussing the importance of vaccines for diseases like flu, shingles, and TB. Increasing vaccine accessibility at the market was proposed as a potential solution for future engagement.
- **Mental Health Stigma:** Discussing mental health remained challenging. The informal setting of the café helped build relationships, but the casual environment often made it difficult to address deeper issues like mental well-being. Some farmers were hesitant to seek support due to fear of losing firearms or driving licenses, which are crucial for their livelihoods. There is a pervasive attitude of “just getting on with it” regarding mental health, making these conversations sensitive and complex.

5.1.2 Service Delivery Constraints

- **Clinical Service Limitations:** Several clinical services, such as diabetic eye screening and dental care, were unable to be delivered due to a lack of clinical facilities at the market. The small consultation room did not meet Infection Prevention and Control (IPC) standards (e.g., no clinical hand wash sink or waste disposal), and essential clinical equipment like couches and lighting were missing. This limited the types of healthcare interventions that could be provided on-site.
- **Information Governance Issues:** Visiting services were unable to access patient records, which hindered the continuity of care. Without a system to share clinical information with primary care, outcomes from examinations could not be recorded effectively.
- **Equipment Shortages:** Despite the importance of blood pressure monitoring, farmers were not provided with loaned blood pressure monitors. This posed practical challenges, as some farmers lacked the resources or time to purchase their own. Without these monitors, the effectiveness of preventive care was reduced.

5.1.3 Seasonal and Logistical Challenges

- **Harvest Season Impact:** A decline in attendance during August, attributed to the harvest season, demonstrated the importance of understanding the farming calendar when planning services. While fewer farmers visited the market, those who did remained engaged, showcasing the need for flexibility in service delivery. Over the same period, there was an increase in families with children who came to the market, offering different opportunities for prevention and

health focussed discussions. The supervised tooth brushing team were particularly busy!

Sophie' – 4 years old. Told the dental team "Mum and Dad don't brush their teeth". Supervised Tooth Brushing Team taught her (and her parents) how to brush properly and gave advice on diet and tooth ache symptoms

- **Transport and Accessibility Issues:** Farmers faced logistical barriers such as long distances, lack of parking for tractors, and limited transport options. These factors further reduced their ability to access healthcare, particularly if they had to travel for routine appointments.

5.1.4 4. Cultural and Political Sensitivities

- **Political Awareness:** Discussions about national farming support services required careful navigation, as differing opinions on government policies and funding could polarize conversations. It was important to maintain a neutral, inclusive stance when addressing these sensitive topics.
- **Sensitive Conversations in Social Spaces:** While the market was an ideal location for casual health conversations, certain topics like mental health required a more private, safe environment. Farmers often avoided seeking help for deeper issues in the public café setting.

5.1.5 Broader Health and Equipment Needs

- **Unmet Health Needs:** The community faced several unaddressed health issues, such as dental problems, poor eyesight, and missed cancer screenings. Women were especially affected, often not realizing their roles as informal carers, leading to missed opportunities for preventive health checks.
- **Lack of Equipment for Self-Monitoring:** Farmers who were advised to monitor their blood pressure had no access to loaned monitors, which affected their ability to follow through on recommendations. This lack of equipment posed a barrier to engaging in long-term self-care.

6 Engagement Evaluation

6.1. Engagement achieved six key purposes during the pilot:

- **Informed the project design:** continual engagement with the farming community provided valuable insights that shape the pilot's objectives, strategies, and overall design. Their feedback helped ensure that the project addressed real needs.
- **Ensured buy-in and support:** Continuous engagement fostered a sense of ownership among the farming community e.g. *'you said, we did.'*

- **Improved adaptability of service provision:** continuous engagement allowed for real-time feedback, which helps identify challenges or unexpected issues early. This responsiveness ensured that adjustments could be made during the pilot to improve outcomes. E.g. the team changed working practices to have a blood pressure station at the back of the café, rather than clinicians approaching the tables whilst farmers were eating breakfast – whilst this was still valued, there was a shift towards clinical activity away from the tables.
- **Built trust and credibility:** Transparent communication and collaboration with the farming community which built trust in the process and credibility for the results.
- **Enhanced learning and innovation:** By engaging diverse perspectives from both the farming community and the visiting service, the pilot benefited from innovative ideas and solutions that might not have been considered.
- **Validated findings:** Engagement ensured that the pilot's results were grounded in reality, making the findings more relevant and actionable.

Please refer to the Engagement Report (Appendix C) for more information.

7 Case Studies

7.1. During the pilot, quantitative data was difficult to acquire (e.g., the number of farmers attending the market and café varied each hour and by each day – service demand was gauged by how many cows were for sale!).

7.2. Engagement through conversation (case studies) was a significant method of data collection, qualitative findings have been utilised for evaluation purposes. These conversations provided depth and contextual insights, which were essential for understanding the true impact of the pilot, identifying areas for improvement and future service need.

7.3. Please refer to Appendix I for examples of the case studies.

8 Impact of the Pilot

8.1 Summary of Outcomes

8.1.1. Given the nature of the way the teams were working; informally and without access to clinical systems, formally capturing the detail of each interaction was challenging. A mechanism of debriefing after each session, highlighting the relevant cases and case studies were important parts of the evaluation process.

8.1.2. Section 8.2 goes into more detail on each point, however, during the course of the pilot, the team were able to demonstrate:-

- Approximately **6 early cancer cases** were identified and are now receiving treatment and the care and support they need to recover well. This includes help from services that were present within the market, who are enabling the individuals to focus on getting better without fear of losing their livelihood.
- **2 to 6 urgent cases were identified in every session** – this ranged from very high blood pressures, to infected wounds, falls risks and mental health concerns.
- Additionally **per session, a further 8 to 10 onward non-urgent referrals** for services such as GP, Pharmacy, Optician, Dentist, mental health support and other VCSE services were made.
- Many people were **supported with medications advice** and setting up on postal pharmacy services each day.
- **Advice and guidance** was offered to people on a range of topics. Visiting services were valuable in having conversations that continued in following weeks – for example the cancer team’s visit was still being talked about 3 weeks later. Some regular topics included:-
 - Healthy weight and lifestyle
 - Dental hygiene
 - Vaccine hesitancy
 - Staying hydrated
 - Good skin protection and SPF application
 - Caring for injuries and wounds
 - Access to benefits and wider support
 - Carers support and advice

8.1.3. A sample of cases demonstrates the type of intervention and impact:-

- **‘Jenny’** – last saw a doctor 25 years ago, traumatic childbirth. In-market check showed Very high blood pressure, palpitations and menopause symptoms. Scared to make a GP apt. Advice given; purchased own cuff, monitor for 1 week within parameters given. Contacted GP via email (to avoid talking) and receiving support (all prep done up front and reduced anxiety).
- **‘Tom’** – Has lost 3 stone of weight in 6 weeks, did not recognise this or other symptoms as cause for concern (?cancer). Referred to GP for 2-week referral. Diagnosed with cancer – caught early!
- **‘Ben’** – Nurse assessment in market; Can’t feel his feet, or some of his fingers. Advice given and urgent appointment for GP to be made. Diabetes and peripheral neuropathy diagnosis. Receiving treatment.

- **'George'** – high blood pressure. Disclosed he's already taking medication but 'eeks it out' because he only gets 28 days supply at a time [not attending meds review] and can't get to the pharmacy. Supported by pharmacist in market for meds review and sign up to postal meds deliveries [was not aware of this option]. Subsequent check showed his BP now back to normal.
- **'Ralph'** – BP taken in market - 'feeling funny'. Covered in bruises from falls at home. Postural BP drop (100/65 sitting, standing 90/47). Unsteady. Despatched to urgent care ASAP.
- **'Jack'** – autistic 12-year-old boy, not been in school for a year. Failed knee Op. Sister diagnosed with cancer. Support given to parents and Jack. Thanks, received from parents for listening and coordinating.
- **'Sophie'** – 4 years old. Told dental team "Mum and Dad don't brush their teeth". Supervised Tooth Brushing Team taught her (and her parents) how to brush properly and gave advice on diet and tooth ache symptoms.

8.2 Evidence-Based Assessment of Outcomes from the Pilot

8.2.1. This section sets out more detail on the health and system impacts for each observed high level impact area set out in section 8.1.

8.2.2. **Six Early Cancer Diagnoses in 12 Weeks**

- Health Outcomes:
 - Early-stage cancer detection is critical in improving survival rates and reducing the intensity of treatments needed. When cancer is detected early, treatment is often less invasive and more successful. According to Cancer Research UK, early diagnosis can lead to 90% five-year survival rates for some cancers, compared to late-stage diagnosis where the survival rate drops significantly.
- System Impact:
 - Cost of Early vs. Late Cancer Treatment: Treating early-stage cancer is significantly less expensive than managing late-stage cancers. For example, early-stage breast cancer treatment can cost the NHS around £5,000 per patient, while advanced-stage treatment can exceed £15,000 per patient. With six early diagnoses, the potential savings in treatment costs as a result of the pilot alone could be substantial, preventing higher costs from later-stage care, hospital admissions, and complex treatments.

8.2.3. **Urgent Cases (2 to 6 per session)**

- Health Outcomes:

- Managing urgent cases early can prevent the escalation of health issues into emergencies, which would otherwise require hospital admissions or complex interventions. Immediate intervention, such as stabilising blood pressure or identifying life-threatening conditions like strokes, can reduce the risk of long-term disability or complications.
- System Impact:
 - Avoidance of Emergency Admissions: Each emergency hospital admission conservatively costs the NHS approximately £1,500 to £2,000 per stay. Preventing just one or two urgent cases from escalating into emergencies per session could result in significant savings over time, reducing the pressure on emergency services and hospitals.

8.2.4. Referrals to Other Services (8 to 10 per session)

- Health Outcomes:
 - Timely referrals to GPs, pharmacies, opticians, and dentists can address untreated conditions, leading to early interventions and preventive care. This helps patients manage chronic conditions more effectively, improving their quality of life and avoiding complications.
- System Impact:
 - Reduced Complications from Untreated Conditions: For example, regular GP check-ups and follow-ups for conditions like high blood pressure can prevent the development of more serious cardiovascular diseases. Each patient managed through primary care services saves the NHS money by avoiding expensive specialist care, emergency admissions, or surgeries. Treating high blood pressure early prevents strokes, which can cost the NHS between £12,000 and £30,000 per patient. The Livestock market team have been able to support GPs and other onward services making their work load quick and easier when referred patients make contact.

8.2.5. Other New Diagnoses (Dementia, Menopause, High Blood Pressure, Mental Health)

- Health Outcomes:
 - Identifying potential previously undiagnosed conditions like dementia and mental health issues allows for earlier management, improving patients' long-term outcomes. Early diagnosis of high blood pressure, for instance, reduces the risk of strokes, heart disease, and kidney problems.
- System Impact:

- Preventing Cardiovascular Events: Managing high blood pressure early can reduce the likelihood of strokes and heart attacks. The average cost of a stroke to the NHS is approximately £12,000 per patient in the first year alone. Identifying and managing high blood pressure early leads to substantial savings by avoiding these costly events.
- Dementia Management: Early detection allows families and health systems to prepare better care pathways, delaying the need for costly long-term care facilities and hospital admissions.

8.2.6. **Wellness Education and Self-Management**

- Health Outcomes:
 - Wellness education empowers individuals to manage their health more proactively, leading to better health outcomes and reducing the burden on NHS services. Patients educated on self-management techniques for conditions like diabetes, heart disease, minor wounds or mental health are more likely to comply with treatment plans and avoid complications. People who understand the importance of staying well – such as staying hydrated or applying SPF, and much less likely to develop significant health needs later.
- System Impact:
 - Cost of Preventing Hospitalisations: Effective self-management has been shown to reduce the need for hospitalisations and emergency interventions. For example, educating individuals with diabetes on managing their blood sugar levels (which occurred multiple times in the market) can prevent hospitalisations for diabetic complications, which cost the NHS approximately £3,000 per admission.

8.2.7. **Connection to VCSE Services for Wider Support (Financial and Other Support)**

- Health Outcomes:
 - Connecting individuals to Voluntary, Community, and Social Enterprise (VCSE) services can help address broader social determinants of health, such as financial stress, housing instability, and social isolation. These factors can have a profound impact on physical and mental well-being.
- System Impact:
 - Reducing Pressure on NHS Services: By providing access to wider social support systems, individuals are less likely to experience worsening health due to stress or social isolation, reducing the demand for NHS mental health

and social care services. Addressing these issues through VCSE services may result in long-term savings, as patients with better social support require fewer healthcare interventions. In the market environment, Citizens Advice were a key partner and assisted people with anything from benefits advice, accessing wider support, guidance on succession planning and advice following bereavement. They were even able to help some people complete distressing divorce paperwork.

- In summary; The outcomes of the Livestock Market Pilot have clear positive impacts on health and financial savings for the NHS. Early detection of conditions, timely referrals, and ongoing self-management contribute to improved health outcomes and cost savings across various areas of the healthcare system. Continuing this model of healthcare delivery, particularly in rural or hard-to-reach populations, can help reduce the long-term burden on NHS services while promoting better health across communities.

8.3 Achievement of Objectives

8.3.1. The following section sets out an assessment of how the pilot Well Farmers for Wiltshire has achieved its stated objectives (section 2.4)

Objective 1: Deliver and Test On-Site Health and Support Services

8.3.2. Objective: Provide physical and mental health screenings and services in an environment familiar to farmers.

Achievement:

- Physical Health Screenings: The pilot successfully delivered on-site health services, including blood pressure checks, consultations with Community Pharmacists, and urgent referrals to GPs and hospitals. Notably, as a result of the pilot, 6 early cancer diagnoses were made within the 12-week period, highlighting the effectiveness of offering preventive services in a familiar and accessible setting.

"I had a hoarse voice for over a month... I was urgently referred to the hospital by the GP [having been referred from the market], and now I'm awaiting a biopsy." – case study 5

"I went to the GP yesterday; he knew I had low blood pressure, and I'd had it done here..." – Ralph's story

- Mental Health Advice and Support: Mental health support was also provided, though engagement in this area was more challenging due to stigma (see Objective

4). Conversations around mental health stress and stigma occurred, but deeper engagement was often constrained by the public, social setting of the market.

"Having a nurse or medical professional at the market really helps. It's so hard to get a GP appointment and attend in a normal farming day." – farmer

"Being able to offer health checks right where the farmers gather made a real difference. Most of them wouldn't have attended a GP appointment otherwise." – health care professional

The Livestock Market proved to be an effective venue for delivering these services, particularly as farmers felt comfortable in their natural environment. Farmers, often reluctant to visit traditional healthcare settings, responded well to receiving care in the familiar, informal atmosphere of the market.

Objective 2: Reduce Barriers to Healthcare Access

8.3.3. Objective: Address logistical and cultural challenges, such as lack of time, technological barriers, and reluctance due to stigma.

Achievement:

- **Logistical Barriers:** The convenience of offering health services at the market helped overcome logistical challenges, particularly related to time constraints. Farmers often cited their busy schedules as a reason for avoiding health check-ups, but the pilot brought the services to them, mitigating the need to travel or schedule appointments. This was reflected in 10 to 12 referrals per session, where farmers were connected to GPs, opticians, dentists, and other services
- **Technological Barriers:** Some farmers struggled with using technology to book appointments or track their health. The pilot circumvented this by offering face-to-face interactions and simplifying processes like blood pressure monitoring. Practical advice and explanations were provided in person, helping those who might otherwise avoid or misunderstand the necessary follow-ups
- **Cultural Barriers and Stigma:** One significant challenge was overcoming the cultural reluctance of farmers to seek healthcare. While physical health services were widely accepted, mental health support faced more resistance due to fears around losing driving or firearms licenses, particularly for those managing heavy machinery or firearms. However, open discussions about "everyday stress" helped ease some of these concerns

"I didn't carry out my blood pressure readings because of lambing season... But when my husband had his blood pressure checked at the market, I decided to do it too" – case study 2

Objective 3: Promote Preventive Care

8.3.4. Objective: Identify health issues early and provide actionable advice to prevent more serious health crises.

Achievement:

- **Early Diagnoses and Referrals:** The pilot successfully promoted preventive care by identifying health issues before they became critical. Over the 12 weeks, 2 to 6 urgent cases per session were identified each session, including serious issues like high blood pressure, which could lead to strokes or heart attacks if left untreated and diabetes. Regular blood pressure checks also enabled the detection of undiagnosed conditions such as hypertension, leading to early referrals to GPs and specialists
- **Wellness Education and Self-Management:** Farmers were also provided with wellness education on topics like blood pressure monitoring, lifestyle changes, and the importance of regular check-ups. This guidance empowered them to take ownership of their health, further supporting the preventive care initiative

Example: A 50-year-old farmer with elevated blood pressure (162/92) had not attended a follow-up appointment since starting medication a year ago. The on-site screening highlighted the need for an immediate medication review.

"I hadn't had my blood pressure checked in five years, but they found it was very high at the market."

Objective 4: Understand the Health Challenges and Barriers Faced by Farmers and Rural Workers

8.3.5. Objective: Gain insight into challenges such as mental health stigma, financial concerns, and physical health issues like hypertension.

Achievement:

- **Mental Health Stigma:** One of the most significant findings of the pilot was the stigma surrounding mental health in the farming community. Several farmers expressed reluctance to seek help for fear of losing their firearms or driving licenses, which are essential for their livelihood. This was highlighted in multiple case studies, where farmers spoke about their apprehensions regarding mental health disclosures.
- **Financial Concerns:** Financial pressure was another major barrier to seeking healthcare. Many farmers, particularly those who were self-employed, feared the financial impact of taking time away from their work to attend medical appointments. In one case, a farmer delayed seeking treatment for sepsis due to the cost of hiring a contractor to cover his work.

"I left it until I felt well enough to get out of bed... There is support out there for farmers, but no one that I spoke to knew about it." Case study 8

- Physical Health: Hypertension and unmonitored blood pressure were common issues within the community. The pilot provided valuable insight into how conditions like high blood pressure are often left unmanaged due to lack of time or awareness, further reinforcing the importance of regular health checks.

"I was feeling funny, and they found my blood pressure was low... I was referred for urgent care." - Case study 10

Objective 5: Test Different Engagement Methods

8.3.6. Objective: Identify the most effective ways to connect with the farming community.

Achievement:

- Face-to-Face Engagement: The most effective engagement method was face-to-face interaction. Farmers were more likely to participate in health services when approached in a casual, familiar environment like the market café. Building trust was essential, and the consistent presence of familiar healthcare professionals week after week helped foster this trust.

Flexible and Personalised Approaches: Health professionals learned to adapt their approaches based on the individual's comfort level. For example, while some farmers preferred private conversations, others were more comfortable with casual discussions in social settings. This flexibility increased participation (HIF livestock report).

"Farmers were more likely to participate in health services when approached in a casual, familiar environment like the market café." - health professional

- Educational Posters and Icons: Early in the pilot, the use of A5 information posters was tested but was found to be less effective due to low literacy levels and overly complicated content. The information was later simplified, using iconography and larger fonts to improve understanding. This improved the accessibility of information.

"We realised that the posters needed simpler information and larger fonts to engage better, especially given the literacy levels."

Learning: Engagement was most successful when it was personal, simple, and consistent. Relying on the presence of familiar, trusted figures and accessible information was key to engaging this community effectively

9 Professional and Partner Feedback on the Livestock Market Pilot

9.1. Throughout the pilot, healthcare professionals and partner organisations provided valuable feedback on the process, outcomes, and effectiveness of delivering health services at the Livestock Market. Their insights highlighted both the strengths and challenges of the initiative, as well as opportunities for improvement in future iterations. The feedback was gathered through weekly debrief sessions and reflective discussions with service providers, including healthcare workers, community organisations, and local market representatives.

9.1.1. Accessibility and Convenience:

Healthcare Professionals: Staff from services such as community nursing, pharmacists, and GPs consistently emphasised the success of offering on-site services in an easily accessible, familiar setting. Many remarked that the convenience of receiving healthcare while already attending the market for other purposes encouraged farmers to participate.

“Being able to offer health checks right where the farmers gather made a real difference. Most of them wouldn’t have attended a GP appointment otherwise.”

Partner Organisations: Partners like the Rural Chaplaincy and VCSE organisations also noted that the familiar environment reduced barriers to healthcare. Farmers felt more at ease discussing their health concerns in a setting they trusted, compared to formal clinical settings.

9.2. Engagement with Hard-to-Reach Populations:

Healthcare Professionals: Several service providers highlighted that the pilot successfully engaged a typically hard-to-reach population. Farmers, who are known to be reluctant healthcare users due to time constraints and cultural barriers, were more open to engaging with healthcare providers in this informal setting.

“We were able to reach people who have been avoiding the healthcare system for years, and in some cases, we identified serious health concerns that might have otherwise gone undiagnosed.”

Partner Organisations: The Rural Chaplaincy emphasized how the informal conversations over a cup of tea made farmers more comfortable discussing their health concerns, which eventually led to formal assessments and referrals.

9.3. Partnership Working:

Healthcare Professionals and Partners: Many professionals commented on the strength of partnership working between healthcare providers, the market management, and community organisations. The pilot allowed for effective "**warm transfers**", where farmers were seamlessly referred from one service to another without the traditional delays and barriers of formal healthcare systems.

"Having all of the services working together in one space created a supportive network. The farmers were able to get the help they needed without having to navigate the healthcare system on their own."

9.4. Proactive Approach to Preventive Care:

Pharmacists and Nurses: Healthcare staff praised the proactive nature of the service, with early identification of conditions like high blood pressure, diabetes, and even cancer. Several professionals mentioned that without these on-site services, many of these cases would have gone unnoticed until they became emergencies.

"The preventive aspect of the pilot is perhaps its greatest success. By detecting these issues early, we've likely prevented future hospital admissions and serious health complications."

10 Well Farmers for Wiltshire Next Steps

- 10.1. The work in the Livestock Market has not yet come to an end. Partners were able to work flexibly, meaning that only half the £10,000 budget has been used. The services have been extended for another 3 months (to December 2024) whilst this evaluation is prepared.
- 10.2. Additionally, the Neighbourhood Collaborative Group in Salisbury continues to work on developing a prevention-focussed intervention which plans to further promote health and wellbeing by developing a set of resources and information for the farming community which promotes self-care actions specifically relevant to the farming and rural communities. This is being led in a co-production way which means the community themselves will develop and share the resources.
- 10.3. Further, the Collaborative has been successful in being awarded an additional £5,000 specifically to research and carry out engagement work with women in rural and farming communities. Initial plans, developed in response to what

women in the market told us, are to work with women with young families, and those at any point in their menopause journey or those in an informal caring role.

- 10.4. Lastly, this evaluation report is key to understanding both whether the pilot has identified a need for a continued presence in the market and whether the model is transferrable to other settings.

11 Conclusion and recommendations

This section outlines some key findings and recommendations drawn from the evaluation of this pilot. This report contains more detail and references have been provided to direct the reader to relevant sections for more information. It is divided into Livestock Market-Specific and Wider System Impact sections, with each recommendation grounded in the evidence and insights gathered through the pilot. The findings highlight both location-specific outcomes and broader system-level considerations for expanding or adapting this model.

11.1. Livestock Market-Specific Conclusions and Recommendations

Conclusion 1: The Livestock Market as a Familiar, Accessible Venue for Healthcare

- 11.1.1. The Livestock Market proved to be an effective setting for delivering health services to the farming community, overcoming logistical barriers like travel time and work constraints. Farmers valued the accessibility and convenience of healthcare at the market, which aligned with their schedules and daily routines.

Recommendation 1: Establish a Regular Healthcare Presence at the Livestock Market

Rationale: A consistent healthcare presence, including services such as blood pressure checks, mental health support, vaccinations, and musculoskeletal physiotherapy, would ensure ongoing engagement with this underserved population.

Actions:

- Work within the system to secure funding or delivery routes for regular service provision at the Livestock Market.
- Incorporate health education components focused on lifestyle advice and early intervention, allowing farmers to better understand and manage their health.

Report Reference: Refer to Section 3.4 and 8 for more detail on the Pilot Objectives and for further details on the successful integration of on-site healthcare services.

Conclusion 2: Engagement Learning and Tailored Communication

11.1.2. The pilot revealed that effective engagement requires understanding the cultural context and unique challenges faced by the farming community. Casual interactions and a respectful, non-clinical approach were particularly successful in fostering trust.

Recommendation 2: Implement Tailored, Culturally Sensitive Engagement Strategies

Rationale: A tailored approach to communication, including face-to-face interactions, simplified materials, and familiar, consistent personnel, fosters trust and ensures farmers feel understood and respected.

Actions:

- Develop training for healthcare staff on culturally sensitive approaches to discussing health with farmers, focusing on mental health stigma and addressing fears about livelihood impacts.
- Use engagement techniques such as simplified posters and iconography to increase accessibility, especially given low literacy levels.

Report reference: Section 7 and 8.1.3 (“Findings and Case Studies”) includes feedback on successful engagement techniques.

Conclusion 3: Preventive Health Impact and On-Site Referrals

11.1.3. The pilot’s preventive care focus led to early detection of serious health issues, with six early cancer diagnoses and multiple urgent referrals for things like high blood pressure and diabetes. Regular health checks like blood pressure monitoring demonstrated the impact of proactive healthcare on long-term health outcomes.

Recommendation 3: Expand Preventive and Routine Services to Include Comprehensive Screenings

Rationale: Expanding on preventive care will help reduce emergency healthcare needs by detecting conditions early and promoting self-care practices.

Actions:

- Offer blood pressure monitors via loan or purchase (funded through community support) to enable ongoing health monitoring.
- Schedule regular sessions for seasonal vaccinations, routine screenings, and self-care education.

Document Reference: See Section 8 (“Impact of the Pilot”) for the health outcomes achieved through preventive services.

Conclusion 4: Infrastructure Challenges and Facility Upgrades

11.1.4. The current Livestock Market facilities limit the types of healthcare services that can be provided. Issues such as inadequate privacy, lack of handwashing facilities, and insufficient equipment restricted the scope of care during the pilot.

Recommendation 4: Upgrade Market Facilities to Meet Clinical Standards

Rationale: Improving infrastructure will allow for a broader range of services and ensure compliance with infection control standards.

Actions:

- Renovate consultation spaces to include private areas, handwashing stations, and clinical-grade equipment.
- Explore options for a mobile health unit to supplement existing facilities and expand service capabilities.

Report Reference: Section 4.1.4 and 5.1.2 (Learning and Pilot Outcomes) outlines feedback from professionals regarding facility limitations.

Conclusion 5: Overcoming Mental Health Stigma in the Farming Community

11.1.5. The pilot identified a strong stigma around mental health among farmers, exacerbated by fears that mental health support could affect their livelihoods, such as losing firearms or driving licenses. The reluctance to discuss mental health points to a need for more culturally sensitive approaches.

Recommendation 5: Develop Confidential, Tailored Mental Health Support Approaches

Rationale: Confidential mental health support that respects the unique challenges and privacy concerns of farmers will encourage engagement and reduce stigma.

Actions:

- Partner with mental health organizations to develop culturally sensitive mental health outreach specifically tailored to rural populations.
- Offer private mental health consultations on-site and provide trusted points of contact for follow-up care.

Report Reference: Refer to Section 8, (review of objectives ref mental health) for a detailed account of mental health challenges and the reluctance to engage with support services.

11.2. System-Level Conclusions and Recommendations

Conclusion 6: Transferability of the Livestock Market Model

- 11.2.1. The pilot's success highlights its potential adaptability for other rural and non-farming populations, especially those facing similar healthcare access challenges, such as geographic isolation, logistical barriers, and cultural reluctance to engage with traditional healthcare settings. Engaging people in familiar community spaces could improve healthcare uptake in populations with limited access to traditional services.

Recommendation 6: Explore the Expansion of Community-Based Healthcare in Other Rural and 'Hard-to-Reach' Populations

Rationale: Applying the Livestock Market model to other rural and community settings (e.g., community centres, religious groups, and other community social groups including local cafes) could significantly enhance healthcare access for isolated populations and those facing logistical and cultural barriers.

Actions:

- Identify key locations across BSW ICS where similar community-based services can be implemented.
- Develop tailored engagement strategies, considering the cultural and linguistic needs of each community.

Report Reference: The Transferability of the Pilot Model is discussed in Section 11.2, "Transferability of the Livestock Market Pilot Model to Other Communities and Settings."

Conclusion 7: Patient Outcomes and Financial System Benefits through Early Intervention

- 11.2.2. The pilot demonstrated that early detection and preventive care can deliver better patient outcomes and produce significant cost savings for the NHS by avoiding emergency admissions and managing conditions before they worsen. For example, treating conditions like high blood pressure early can prevent costly interventions for cardiovascular events.

Recommendation 7: Embed Early Intervention Models to Reduce Long-Term System Costs

Rationale: Although well understood already, this pilot has shown regular preventive screenings and education in high-risk communities reduce hospital admissions and emergency care needs, delivering substantial cost savings and improved outcomes.

Actions:

- Potential to conduct further research to quantify the long-term financial impact of preventive healthcare models in rural communities.

- Identify opportunities across the system for early intervention initiatives that can be replicated in other settings, highlighting potential savings from reduced emergency admissions and improved outcomes.

Report Reference: Refer to Section 8 and Appendix I for calculations and evidence of cost-effectiveness.

Conclusion 8: Integrated Partnership and Cross-Sector Collaboration

- 11.2.3. The pilot demonstrated that partnerships between healthcare providers and Voluntary, Community, and Social Enterprise (VCSE) organisations were crucial in providing comprehensive support that extended beyond healthcare. These collaborations helped address not only physical health but also social and economic factors (wider determinants) affecting health outcomes.

Recommendation 8: Strengthen Multi-Sector Collaboration and VCSE Partnerships

Rationale: Collaboration with VCSE and local organizations enhances the scope of support available, addressing financial, social, and mental health needs alongside physical health

Actions:

- Share learning and engage with the ongoing VCSE Alliance discussions with the ICB on collaborative working and the outcomes from the Quality assessment tool.
- Explore funding opportunities to expand VCSE involvement and ensure sustained engagement with vulnerable populations.

Report Reference: Section 9, "Professional and Partner Feedback," illustrates the benefits of collaboration between healthcare providers and VCSE partners.

Conclusion 9: Implementation of Digital Health Solutions for Continuity of Care

- 11.2.4. The lack of access to patient records during the pilot was a limitation, restricting continuity of care. A digital solution would allow clinicians to securely access and update medical records, improving personalised care in community settings.

Recommendation 9: Embed Mobile Health Technologies for Remote Record Access

Rationale: Digital health solutions enable services to deliver integrated, informed care by accessing patient histories and updating records in real time. Allowing access to these systems in a flexible but compliant way would enable this model to be even more effective and efficient.

Actions:

- Collaborate with system partners to pilot or identify access routes to mobile health technologies for secure, remote access to patient records.
- Provide training for use of digital tools effectively in non-traditional healthcare settings.

Report Reference: Infrastructure challenges impacting continuity of care are detailed in Section 5.1.2 (“Service Delivery Constraints”).

12.3 Closing Conclusion

- 12.3.1 Through the Neighbourhood Collaborative approach, the Well Farmers for Wiltshire pilot was an ambitious attempt by a wide group of partners to test and learn over a 3 month period a variety of services and approaches that could deliver both improved health and wellbeing outcomes and support for the farming community, and focus on early intervention and prevention to reduce demand in the health and care system in the longer term.
- 12.3.2 The pilot has shown that the rural farming community frequently neglects their health and well-being due to their deep commitment to their farms and livelihoods. There is a noticeable reluctance to engage with general healthcare services, primarily because of time constraints, difficulties in finding adequate cover for their farms or businesses, a limited understanding of the importance of health screenings and well-being support, and barriers in accessing relevant information.
- 12.3.3 Uptake of services is more likely if they are offered in convenient, familiar settings, such as the Livestock Market, which align better with the farmers' schedules and work demands. This highlights the opportunity for tailored, accessible healthcare solutions that respect the unique challenges faced by the farming community.
- 12.3.4 The learning from this work is transferrable to many settings and communities and further demonstrates the important of integrated working across services, and being led by the voices and views of our communities.
- 12.3.5 This is of course not without constraints – most significantly but not exclusively funding limitations. This pilot has added to the wealth of evidence that proves the cost and outcomes benefit of personalised, integrated approaches to prevention and wellbeing. Notwithstanding this ‘return on investment’ to other parts of the NHS and social care system over time, there are multiple routes to further explore and deliver this kind of model within existing financial and service envelopes if as system partners we work together to step through traditional barriers and limitations.

END

Authors:-

Aimee Jones, Improvement Lead
Emma Higgins, Head of Combined Place

12 References

Bath and North East Somerset, Swindon, and Wiltshire (BSW) (2024) Implementation Plan Refresh (2024 -2026). Available from: [BSW Implementation Plan - Bath and North East Somerset, Swindon and Wiltshire ICB](#)

NHS England (2022) *Next Steps for integrating primary care: Fuller Stocktake Report*. Available from: [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

NHS England (2024). *Core20PLUS5 (adults) – an approach to reducing healthcare inequalities*. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

NHS Somerset (2024). *Listen: Farming Today on BBC Radio 4. Dr Jenny Capps on being a rural doctor in Somerset*. July 2024. Available from: <https://www.youtube.com/watch?v=vdKvm7DXI6M>

The Royal Agricultural Benevolent Institution (RABI) (2021) *The Big Farming Survey. The health and wellbeing of the farming community in England and Wales in the 2020s*. Available from: <https://rabi.org.uk/about/big-farming-survey/#:~:text=In%20January%202021%2C%20RABI%20launched,the%20health%20of%20farm%20businesses>

Wiltshire Council (2021) *Wiltshire Climate Strategy Discussion Document. January 2021*. Available from: <https://www.wiltshire.gov.uk/article/5090/Natural-environment-land-use-and-farming>

Wiltshire Council (2023) *Wiltshire's Joint Local Health and Wellbeing Strategy 2023 to 2032*. Available from: Wiltshire's Joint Local Health and Wellbeing Strategy 2023 to 2032 - Wiltshire Council

Appendix A. What are Neighbourhood Collaboratives.

What are Neighbourhood Collaboratives?

- Collaboration across Wiltshire**

At fully maturity, will connect health, social care, VCSE, public services and community groups across Wiltshire in broad and inclusive partnership.

Single group to learn, share, support and drive progress – learning from national examples.
- Collaboration in 'Neighbourhoods'**

Based on PCN footprints, these Collaboratives will share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities.
- Led by local approach**

Community views and needs will drive the work done in each Collaborative – requires new ways of engagement
- Prevention and Inequality Focused**

Clear aim to 'left shift' and take a prevention approach across whole pathways, promoting health and wellbeing across wider determinants of health as well as addressing unwarranted variation.
- Sustainable**

Grown from the ground up, there is no 'new' funding – it's about working differently within the same budgets and resources.
- Value existing strengths**

Avoid duplication, promote existing strengths and connect work together. Each one is / will be structured differently according to what works for them.
- Enabled by partners**

Supported by a launch programme, tools and training, partners offer advice, support and guidance

Appendix B. A4 posters placed on café tables to provide information about the pilot program.



Hi,

Exciting News!

In July we are launching the **Well Farmers for Wiltshire** pilot at your market. Every Tuesday until the end of September, you will find various health and wellbeing services available for you. **Look for us in the café or by the main entrance.**

This is your chance to:

- Speak to someone about keeping your back and joints strong
- Have your blood pressure checked
- Learn about the vaccinations you may need
- Recognise the signs of infection and SEPSIS

We also have services such as Citizens Advice, the RABI, and many more for you.

Don't miss out! Those from other counties are welcome too.

Come say hello or invite us for a chat.

See you soon,

The Well Farmers for Wiltshire Team.

Do you have any questions?

Who is part of the pilot? – We're working together as a Collaborative group of NHS, Council and Charity sector organisations.

How often will people be here? – Every Tuesday! You'll see some of the same faces, but there might be new ones along the way. We know this is your space and we'll try hard not to get in the way. Please say hello.

How long are you here for? – Each week from about 9 am to 12.30 pm but we want to find out if that's the right time, so we might change it if you tell us we need to.

We only have a small amount of money to support this pilot (test), but we'll be here throughout the summer into September. At the end of that time, hopefully you will have told us whether what we've tried was useful and what you want so we can plan out what might work after that.

Can I give you feedback? – Absolutely! We welcome your views and thoughts; we NEED you to tell us how to make this work for you. There have been lots of people visiting the market and speaking to some of you so we can plan the pilot, now we need you to tell us how to make it better and more useful as we do it. There will be more people working alongside us talking to you about all this, but please do speak to any of the team, they will take your feedback and make sure we use it.



Why are you here? – We know that people working on and around farms are super resilient, but we also know it's a struggle to juggle everything and look after your health and wellbeing. So, following an invite, we're coming along to see if we can make that easier.

What are you doing? – Over the summer, we are trialing some differing things to find out from you what you want, need and like. We're hoping to make things available to you like:

- help for joint and back pain
- dentistry
- foot care
- Vaccinations for things like flu, shingles and others
- checks for high blood pressure which can lead to heart attacks and strokes
- help and advice on looking after your skin
- how to spot early signs on cancer
- people you can talk to if you or someone you know might be struggling a bit emotionally
- Advice from groups who can give you practical support at the farm, because we know wellbeing is much more than just being healthy

How will I know what's where? – We're aiming each week to give you a schedule of what's coming and where it will be, it might change if your feedback tells us we need to do something differently.

Appendix C. Example of A5 table posters detailing visiting services.

Our team will be here to talk and advise you about:



Tuesday 23rd July

- Coping with everyday stresses
- Back and joint aches and pains
- Your eyesight
- Vaccinations you and your family may need E.g., flu (adults and children), shingles, covid, tetanus, MMR

Tuesday 30th July

- Services from Citizens Advice
- Coping with everyday stresses
- Your blood pressure and staying well – get your free blood pressure check with a nurse
- Vaccinations you and your family may need E.g., flu, shingles, covid, tetanus, MMR
- Your eyesight

Please be aware, services may be subject to change.

Appendix D. Visits to the Market.



13/08/2024. John Glenn (MP) with Aimee Jones (BSW ICB) and Richard Collinge (BSW ICB).



02/10/2024. Members of the Livestock Chaplaincy Team (green tabards) with Emma Higgins (BSW ICB), Laura Gowan (Wiltshire Health & Care), and Dr Olivia Chappell (High Sherrif for Wiltshire).

Appendix E. Neighbourhood Collaboratives Engagement Lead Engagement Report.

The report below was produced by Community First following their engagement work in the market space. This took place prior to, during and after the pilot.



HIF Livestock Report

Appendix F – Financial Assumptions

General NHS and NICE cost data has been used to establish financial assumptions. These specify approximate figures based on standard NHS economic assessments. The exact costs may vary by condition and complexity, but these estimates offer a strong foundation for illustrating the cost-saving potential of preventive care and early intervention

1. Cancer Treatment Costs:

- **National Institute for Health and Care Excellence (NICE)** and **Cancer Research UK** often provide general costs for cancer treatment. For instance, early-stage breast cancer treatment costs around **£5,000**, while advanced-

stage cancer treatment can exceed **£15,000** per patient.

- **Source:** Cancer Research UK reports on treatment costs and survival rates associated with early vs. late diagnosis.

2. **Emergency Hospital Admissions:**

- **NHS Digital** and **NHS Improvement** data estimate that each emergency hospital admission costs the NHS between **£1,500 and £2,000** on average. This figure includes acute admissions for conditions like heart attacks, strokes, and severe infections.
- **Source:** NHS Digital data on Hospital Episode Statistics (HES) and NHS Improvement analysis on the cost of emergency care.

3. **Stroke Costs:**

- The **Stroke Association** in the UK provides cost estimates, with an average stroke costing the NHS approximately **£12,000** in the first year alone, covering hospital care, rehabilitation, and other related costs.
- **Source:** Stroke Association UK reports on the economic impact of stroke and the cost of acute stroke management.

4. **Preventive Self-Management and Hospitalization Prevention:**

- Studies on self-management for chronic conditions (such as diabetes and hypertension) indicate that effective self-management can prevent hospitalizations, with estimated savings of **£3,000 per admission** for diabetes-related complications, for example.
- **Source:** NHS England reports on long-term conditions, as well as NICE guidance on cost-effectiveness of self-management for chronic illnesses.

5. **Blood Pressure Management and Cardiovascular Event Prevention:**

- According to **NICE** and public health research, the cost of managing high blood pressure early can prevent more serious events such as heart attacks or strokes. For example, the cost to the NHS of treating a heart attack ranges from **£2,500 to £6,000**, while more complex cardiovascular interventions can be much higher.
- **Source:** NICE guidelines on hypertension and cardiovascular disease prevention, as well as NHS Digital reports on the cost-effectiveness of primary care management.

Appendix H – Summary of Challenges

Key areas have been carefully identified where valuable learning can be drawn from the experience of the visiting services and the farming community. These insights are crucial for informing considerations in the development of any future service provision at the Livestock Market.

Several challenges were identified over the course of the pilot. The below highlight those that were key to demonstrating the pilot's success:

Visiting services frequently encountered farmers who voiced negative opinions about the government, the NHS, and concerns around access and fairness in health services. Building trust required time and a careful approach—listening attentively, responding thoughtfully, and clearly communicating how the services could support their health and well-being without disrupting their livelihoods. During feedback sessions, the importance of effective communication skills when engaging with the farming community was emphasised, underscoring the critical role these skills play in fostering trust and effective collaboration.

Vaccine hesitancy was a prevalent issue within the community, stemming from mistrust in healthcare systems and challenges in accessing medical services. Despite these concerns, the farming community showed a willingness to engage in discussions about the significance of vaccines for various diseases, including flu, shingles, tuberculosis (TB), and tetanus. These conversations highlighted the importance of protecting both individual health and the well-being of the wider community. Moreover, the farming community seemed receptive to the idea of improving vaccine accessibility, particularly through the potential availability of vaccinations at the Livestock Market in the future.

The summer holiday period offered an opportunity to engage with families of school age children and talk about vaccines and children's wellbeing. This yielded insights both for children's health and the views of parents, many of whom were struggling with child care, caring for others and trying to manage businesses.

“Mummy and Daddy don't brush their teeth but we will do it all together”

Sophie age 6

Issues related to mental health were often challenging to discuss in the casual, social environment of the café. The atmosphere, though perhaps open for conversation, did not lend itself easily to the deeper and more sensitive topic of mental well-being. Visiting services often softened their language, using more general terms like "everyday stresses"

which, while relatable, in hindsight may have inadvertently downplayed the complexity and significance of mental health and well-being, particularly within the farming community.

After a few questions, I broached the subject of mental health, and would he ever have any reservations in reaching out if he thought he needed support. He shared his concerns and said that he would never reach out for support because he knows that if you have any issues with your mental health and the authorities find out, they will take your [gun] licence away. He grew up with a father who suffered with his mental health and as a boy he remembers periods of time when they were not allowed to have any guns in the house, and he thinks that made his father's health worse because he used shooting as a chance to escape. This highlights a real lack of understanding and clarity around mental health and holding a firearms certificate. From talking to others, the same can be said for reaching out to doctors in case they get put on medication and their driving licence is removed. They said one of the main issues that would concern them is mental health. They both feel that farmers "gloss over mental health and have an attitude of that's the way life is, so just get on with it."

Husbands and wives / partners working together day in day out can be a joy, but it can be hard to share your thoughts and worries and this is an area that came up a few times throughout engagement.

Neighbourhood Collaboratives Engagement Lead (July 2024).

Critical issues that prevented the delivery of clinical services such as dentistry, podiatry, screening, and physiotherapy on site included:

Screening Requirements: Unable to undertake diabetic eye screening as dilation was required prior to screening, and people would not be able to drive afterwards.

Infection Prevention and Control: The small room did not meet the infection prevention and control requirements. E.g. clinical hand wash sink, and clinical waste disposal. This is crucial in clinical settings to prevent cross-contamination and ensure patient safety.

Equipment: Essential clinical equipment was required in the small room, e.g. a clinical couch, and suitable lighting.

Information Governance: no access to patient records during the pilot, therefore outcomes from clinical examinations and consultation could not be recorded and appropriately shared with primary care for continuity of care and patient safety.

In August, there was a noticeable decline in attendance from the farming community at the café, which was attributed to the harvest season. However, those who did attend remained actively engaged with the visiting services.

Political awareness was essential when discussing the national farming support services available to the community. This was necessary to navigate differing viewpoints on government policies, funding allocations, and agricultural reforms, ensuring that conversations remained neutral and inclusive.

Following the advice to undertake blood pressure monitoring, the visiting services were unable to provide farmers with blood pressure monitors for loan. This limitation may have affected the farmers' ability to engage in monitoring as they may have faced uncertainty about which type of monitor to purchase or how to use it correctly. Additionally, the lack of access to a monitor could have posed practical challenges, such as time constraints in sourcing equipment.

Appendix I – Case Studies

Case Study One

An 80-year gentleman with a 20-year history of high blood pressure was taking medication. This had not been reviewed for 5 years (reasons unknown). His blood pressure at the market was significantly high. He was advised to have an urgent review of blood pressure management with the surgery Practice Nurse or GP.

Case Study Two

A 40-year-old female had a blood pressure check one year ago which was raised. She was asked by the GP to undertake one week's blood pressure readings. This was not carried out due to farming pressures - lambing session. Also, she was unable to understand the blood pressure monitoring chart provided. The lady's husband had his blood pressure checked at the Livestock Market and asked his wife to do the same. Her blood pressure was raised, and she was feeling tired all the time. She was referred to the visiting Community Pharmacist who could make an onward referral to the GP via the Pharmaoutcomes platform. She was also given support on how to record her blood pressure twice a day for one week.

Case Study Three

A 42-year-old female become tearful when having her blood pressure taken. She disclosed she was tired all the time, had increased weight, was experiencing mood swings, and felt stressed and low. I was able to take the time to discuss this with her,

signposting her to support services and advice about perimenopause, empowering her to talk to the GP.

Case Study Four

"What do you know about feet, because I can't feel mine..."

Older gentleman complaining of "lack of feeling in feet", following discussion this gentleman is receiving treatment regarding this condition. I had speculated it may be "something called peripheral neuropathy" when I spoke with him; he was under the impression it was something that may be due to aging.

Case Study Five

An older gentleman said he was concerned he had had a hoarse voice for over a month which despite over-the-counter lozenges and linctus it had not improved. I advised him to seek a GP appointment as it had continued after simple treatment. The gentleman was urgently referred to the hospital by the GP and received investigations; he now awaiting a biopsy.

Case Study Six

An older retired farmer, born in 1932, drives 55 miles in each direction to attend the café every Tuesday for a cup of tea and chat. Despite limited mobility, he can drive, and he enjoys the routine and social contact the café offers. *"I've come this week; I might not be here next!"*

Case Study Seven

A female member of staff at the livestock market was concerned about a bruise she had sustained following a fall, she said she would like it looked at. The bruise was on her left buttock/upper thigh, so we went into her office to examine it. It was a simple but extensive bruise, about the size of a dinner plate. There was no visible break in the skin, and she did not feel unwell at all, neither was her mobility impaired. I reassured her but safety-netted her explaining should she feel unwell, experience pain/swelling/redness she should seek prompt medical advice. She was a little concerned as it felt slightly warm, but I said this was due to increased blood supply to the area which happens following an injury, but should this get noticeably worse seek medical advice. She came to see me the following week in the café and was feeling better and healing well.

Case Study 8

He was extremely ill last year and was admitted to hospital with sepsis – he explained that he did not want to go in but knew he had no choice. He said that he even had to pay for a contractor to come in and do the work he could not. He said

he left it until he felt well enough to get out of bed and then stopped the contractor because he could not afford it. There is support out there for farmers and its free but no one that I spoke to knew about it. Again, there is more clarity needed around support that is available to farmers.

Case Study 9

One of the first conversations I had was with a table of five farmers, four of whom were related. You could instantly feel they had a great relationship and were all open with each other. Only two worked on the same farm but they always came together every Tuesday for a bit of banter and a bacon sandwich (and a bit of buying and selling). We spoke quite openly about health issues and except for one, they were all of the opinion that they do not have time for the doctors and will only go if its life or death, which usually means it is a trip to A&E.

Case Study 10

Gentleman had his blood pressure taken as he was 'feeling funny.' He was covered in bruises from falls at home. His blood pressure showed a postural drop (100/65 sitting, standing 90/47) which could account for his falls; he was signposted to urgent care for a same day review.

Case Study 11

A 34-year-old lady farmer came for her blood pressure check. The check went well, and reading was within normal limits, we then discussed health and managing on the farm, she is a new mum with an 18-month-old, but managing well with family support, on a small-sized sheep farm. During pregnancy, she did suffer from gastric reflux badly, but this had recently subsided, but then mentioned within the past 3 weeks she had been woken from her sleep at night by tight chest pain. We discussed that any pain waking you from sleep needs medical review and she has been advised to contact her GP on that day, which she said she would do. We discussed panic attacks, gastric disorders, and heart concerns. She will be contacting her GP and thanked us for the service we were providing.

Case Study 12

A tractor driver knew that we were at the market and encouraged his partner (who has recently moved from London to live with him) to come and have her blood pressure checked and chat with the nurse. The lady was in her early 40's and had been checking her blood pressure once or twice a year, but with the move had not done this for a while. On checking the first time, it was slightly raised, on rechecking and talking it returned to within normal limits. On asking if she had managed to register with a new GP, she had, which she was glad about as she then disclosed

that she was on antidepressants and she was feeling low, they were not helping as much as normal. She was going to see her GP but did not want the normal response – to ‘up her medication.’ We discussed options of mental health IAP services or the equivalent mental health self-referral support, or speaking with a GP to discuss options (she was out of county, I was unsure of her local services).

We then we discussed family life. Her mum and dad who remain in London have health concerns - mum is disabled following a dog attack and her dad has recently had a massive stroke; they currently do not have any carers and no benefits. She visits mum and dad every other weekend when she is off from her full-time job as a Carer. I gave her the CAB leaflet with their national helpline number and encouraged her to call it so they could give advice on benefits and care support. She appeared relieved as she said she wants to help everyone but feels not sure where to start, and she knows that there will be a health presence at the Market until end Nov 2024.

Case Study 13

An 89-year-old farmer wanted his blood pressure checked as he was on blood pressure medication. This was slightly raised and felt that he could have better control with a review from his GP. He stated that he has not had a review of his meds for 10 years and no blood tests during this time. I encouraged him to visit his GP and make a routine appointment for a review (he was registered in Hampshire).

Case Study 14

50-year-old male farmer, who and been started on blood pressure medication 1yr ago. He had been taking them but has not had any follow up - initially or throughout the year. His blood pressure was 162/92. I asked him to contact his surgery this week to make an appointment for a review as his medication may need adjustment / changing. He was happy with the service, and he hopes that long may it continue as it is so hard to get a GP appointment and attend in a normal farming day. Having a nurse or medical professional at market really helps.

END