

Patient and Client Council

Your voice in health and social care



The Consumer Council

Making the consumer voice heard and making it count

Transport Issues in Accessing Health and Social Care Services

A Partnership Project by the Patient and Client Council and the Consumer Council

March 2013

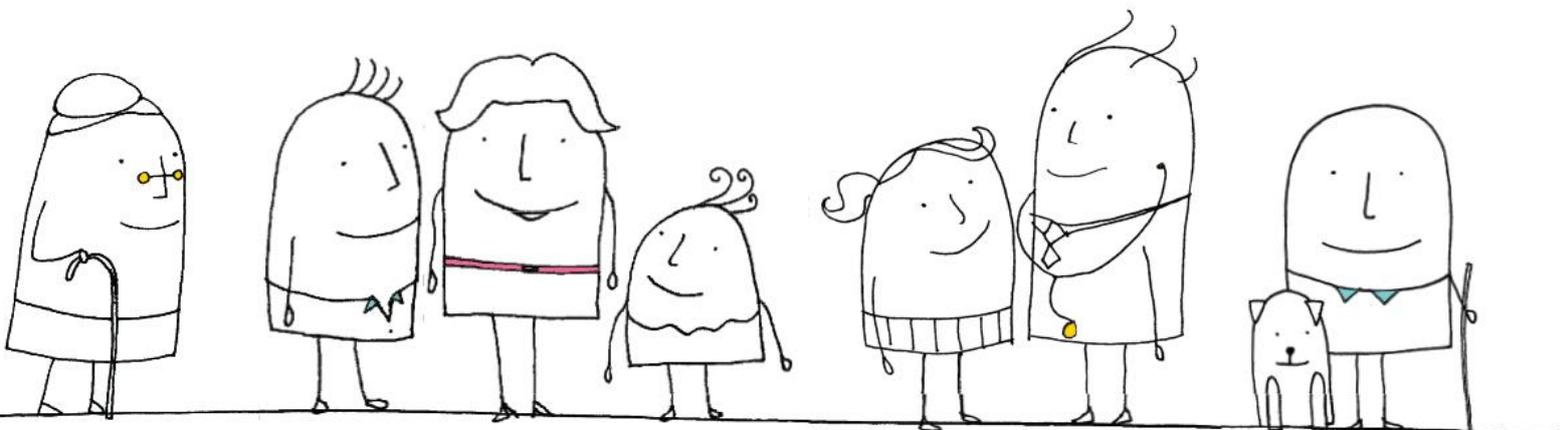


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Foreword

Dear Reader

The Patient and Client Council and the Consumer Council are pleased to present this report which captures the experiences of people travelling to and from health and social care facilities. Many people rely on public transport to access health and social care services. It is vital that service users are able to attend appointments on which their health and wellbeing depend; public transport plays a key role in ensuring this happens.

The findings of this report reflect health service users' experiences of using public transport to travel to and from health and social care facilities. It details the views of people who rely on friends and family to take them to appointments and highlights issues of parking, the cost of fuel and flexibility of appointment times. It offers a timely reminder of the importance of transport in supporting health and social care services, particularly for vulnerable groups.

The report also reflects the respective and complementary roles of the Patient and Client Council and the Consumer Council in relation to representing people's' views on health and transport, and as such illustrates the benefits of partnership working for public service users.

The findings of this report bring into sharp focus the inter-play between difficulty accessing appropriate transport and access to health and social care. For example, almost one fifth of participants said they missed a health or social care appointment in the past due to issues with transport and almost a quarter said they had cancelled an appointment due to problems with travel. Missed appointments or stressful journeys caused by transport issues have a negative impact on the health and wellbeing of people who are often already frail and vulnerable and also come at a significant financial cost to health and social care services.

The economic consequences of missed and cancelled appointments are considerable. In a time of stretched resources, time and energy invested in addressing the transport issues people experience would be beneficial not only to the people accessing the services but service providers also.

As always, this report would not have been possible without the contribution of service users; we offer our sincere thanks to everyone who took part in this work and offered their experiences and their stories. Both the Consumer Council and Patient and Client Council want to see the Department of Health, Social Services and Public Safety, the Department of Regional Development and service providers in health and transport work together to reflect and build on the findings of this work; we recognise that we all want to achieve a better transport service for people travelling to and from health and social care facilities, reducing stress for people and reducing costs for Health and Social Care.

In the interim, this report gives services users a voice; we will work with all relevant organisations in taking forward its recommendations to make that voice count.

Maeve Hully
Chief Executive
Patient and Client Council

Antoinette McKeown
Chief Executive
Consumer Council

Executive Summary

This report captures the experiences of people travelling to and from health and social care facilities. It was carried out in partnership by the Patient and Client Council and the Consumer Council (the organisations). With the proposed changes to health and social care services set out in Transforming Your Care, this report offers a timely reminder of the importance of transport in supporting access to health and social care services, particularly for vulnerable groups.

Both organisations recognised through previous research and involvement with the community that transport was an issue in accessing health and social care services. Missed appointments or stressful journeys caused by transport issues can have a negative impact on the health and well-being of the individual; in addition, the economic consequences of missed and cancelled appointments on the health service as a whole, must be considered.

A total of **496 people** took part in this project. Of these, 366 respondents completed a questionnaire, 102 people contributed to discussion groups, 21 people took part in an open floor debate at the Transport and Health Fair and 7 people participated in a Citizens' Jury. This approach, combining quantitative and qualitative methods, ensured an in-depth exploration of the topic from a range of different perspectives.

Both organisations also worked collaboratively with the main transport providers, through discussions and individual interviews, as the report seeks to encourage practical solutions and promote joint working in the short and longer term. Feedback from participants has shown that the method of transport used by people accessing health and social care very much depends on where they live and the nature of their condition or disability. The report has a number of key findings, as follows:

Key Findings

- One fifth of the 366 people who completed a questionnaire said they missed an appointment in the past due to issues with transport and almost a quarter said they had cancelled an appointment due to problems with travel;
- Based on the findings of this research, missed appointments due to transport issues could be costing the health service £2.2 million per year¹;
- While some people felt travelling by car was the cheapest and most reliable option, many identified problems associated with this mode of transport such as anxiety about parking and the cost of fuel;
- There is evidence of a high level of dependency on family and friends for lifts where travel by car was the preferred or only reasonable option;
- Limited flexibility of appointment systems was found. Some people appeared to have difficulty in co-ordinating travel by public transport with their appointment. On the whole, however, staff at health and social care facilities were seen as helpful with regard to changing appointment times;
- Limited experience of community transport. Those who had used the service felt that booking arrangements sometimes created difficulties; concerns about cost where there was no subsidised travel scheme. There was little awareness of the Hospital Travel Costs scheme;
- 77% of respondents to the survey indicated they did not receive any information about transport options to or from their appointment and 47% cited lack of information on transport options as an issue. Some people had issues with the presentation of information such as that held in timetables;

¹ Further details are provided on page 7

- The distance left to walk at the end of a journey or between connecting services often ruled out public transport for people with a physical disability or mobility impairment; and
- There appeared to be no evidence of an integrated strategic plan in relation to transport and access to health and social care services.

In October 2012 a Citizens' Jury was held to explore the findings of the project in more detail. Many of the calls for action made by the Jury reflect the issues identified in the report, including calls for greater joined-up working, for future changes in service delivery to take account of transport needs and for information about transport to be included with all health and social care appointment letters.

1.0 Background and Purpose

1.1 About the organisations

1.1.1 The Patient and Client Council provides a powerful, independent voice for people.

The Patient and Client Council has four main duties. They are to:

- Listen and act on people's views;
- Encourage people to get involved;
- Help people to make a complaint and,
- Promote advice and information.

1.1.2 The Consumer Council is an independent consumer organisation, working to bring about change to benefit Northern Ireland consumers. Our aim is to make the consumer voice heard and make it count.

The Consumer Council have a statutory remit to *promote and safeguard the interests* of consumers in Northern Ireland and we have specific functions in relation to energy, water, transport and food². These include considering consumer complaints and enquiries, carrying out research and educating and informing consumers³.

The Consumer Council is also a designated body for the purposes of super-complaints⁴, which means that we can refer any consumer affairs goods and

² The Consumer Council undertakes its specific functions in relation to food recognising the role of the Food Standards Agency (FSA). The FSA has responsibility for the development of food policy and for the provision of advice, information and assistance, in respect to food safety or other interests of consumers in relation to food. Therefore, to ensure good value and use of public money, the Consumer Council and FSA have a memorandum of understanding and the Council's strategic focus on food is primarily in relation to food prices and customer experience.

³ The General Consumer Council (Northern Ireland) Order 1984, 1984 No. 1822 (N.I. 12), <http://www.legislation.gov.uk/nisi/1984/1822/contents>

⁴ The Enterprise Act 2002 (Part 9 Restrictions on Disclosure of Information) (Amendment and Specification) <http://www.legislation.gov.uk/uksi/2003/1400/schedules/made>

services issue to the Office of Fair Trading, where we feel that the market may be harming consumers' best interests⁵.

In taking forward this broad statutory remit the organisation is informed by and representative of consumers in Northern Ireland, working to bring about change to benefit consumers by making their voice heard and making it count. To represent consumers in the best way we can, we listen to them and produce robust evidence to put their priorities at the heart of all we do.

1.2 Why is this report necessary?

Ensuring that people have access to health and social care services is fundamental to their health and wellbeing. Whilst access is about much more than transport, the availability of suitable, affordable transport is an important factor in getting the most out of health and social care services. Missed appointments or long and stressful journeys can have a negative impact on the health of the individual and add to the anxiety often associated with such occasions.

Problems with transport can lead people to miss or cancel appointments at short notice. In the last financial year, 2011/2012 the number of people who missed appointments (defined as instances where the service user did not provide warning to the hospital in advance of the day of the appointment) in Northern Ireland came to 157,781⁶, which comes at a significant cost to the health service - it is estimated that this cost the health service over £11m⁷. Based on the findings of this research, issues with transport could have accounted for approximately 31,500 of those at a cost of up to £ 2.2m as 20% of respondents indicated that they had missed an appointment due to issues with transport.

⁵ The OFT is the UK's consumer and competition authority. Its mission is to make markets work well for consumers. It is a non-ministerial government department established by statute in 1973 <http://oft.gov.uk/about-the-oft/>

⁶ DHSSPS (2012) Northern Ireland Hospital Statistics: Outpatient Activity Statistics 2011/2012. p1

⁷ Belfast Telegraph, 10 August 2012 "Hospital no-shows costing our health service millions – Almost 158,000 people did not turn up for hospital appointments across Northern Ireland as waiting times to see consultant began to soar, it has emerged. This means an average of 432 people did not bother to attend the appointment or give enough notice for someone else to use the appointment every day in 2011/12 ... It is thought that missed hospital appointments cost the health service over £11million every year".

Without access to suitable transport people can find it difficult to get to services. Budgets for transport services are held by various organisations and government departments all of which have different priorities. People trying to get to health and social care appointments, therefore, can be frustrated to find that travel arrangements do not link up or that information about how best to make their journey is difficult to find. Reaching specialist health and social care services can often involve substantial travel. This can add anxiety to an already fraught experience with worries about travelling to an unfamiliar place, being late or missing an appointment.

Both organisations have produced research which has indicated the problems of travel to health and social care services. In 2011 the Patient and Client Council report, 'Rural Voices Matter', recommended that:

"The Department should address the particular issues of rural dwellers who do not have access to a car and need to attend Health and Social Care services"

The Consumer Council report, 'Transport Matters', undertaken in partnership with Youth Action (NI) and published in January 2011, made a recommendation that Northern Ireland should:

"...develop an integrated approach from all sectors providing transport including Translink, community transport, education and health transport and taxis to ensure services meet the needs of people in rural areas"

Transport is, understandably, an important issue in rural communities. Northern Ireland has the highest rural population when compared to other regions within the UK, with Northern Ireland three times the UK average (National Statistics Census, 2001). The Department of Agriculture and Rural Development state that 40% of the population live in rural areas:

"Our rural communities, who account for 4 out of 10 people here, make a considerable contribution to the economic, social, cultural and environmental well-being of our society" (Gildernew 2011:3)

Results from the 2011 Census show that the proportion of people living in rural areas has increased further, to 45% of the population. However transport can also be

problematic for people living in urban areas as economic circumstances can impact on an individual's ability to meet travel costs.

As well as gathering the patient and client viewpoint on their journey to health and social care facilities, both organisations have worked collaboratively with the main transport providers. This has provided an opportunity to explore the complex issues around transport and health and social care.

1.3 What are the aims and objectives of this project?

Aims

The aims of this project are to identify transport issues faced by service users when accessing health and social care facilities and to develop recommendations to address or reduce the issues identified.

Objectives

The objectives of this project are:

- To build up a picture of people's journeys to and from health and social care facilities.
- To identify the transport services currently available and identify good practice and/or gaps in services;
- To explore the experiences of disadvantaged groups within the population and;
- To develop recommendations about how these objectives can be addressed.

2.0 Transport and Health and Social Care in Context

2.1 An overview of transport provision

A range of transport options exists to support the population in accessing health and social care services. This covers not just private and public transport but also transport provided by health and social care to support access to services and facilities. Access to transport may depend on a number of factors such as socio-economic position, geographical location, physical and mental health. A number of transport options available to health and social care facilities are provided in **Appendix 1**.

2.2 Transport in Northern Ireland

Health and Social Care is responsible for a significant proportion of travel in Northern Ireland. For example, the Belfast Health and Social Care Trust estimate that one third of all travel in Belfast is related to the Trust's activities, due to 20,000 employees travelling to work and over one million patient attendances per year at the Trusts acute sites.⁸

Transport policy recognises that without access to an affordable and appropriate form of transport, people from many areas are unable to access key services including health and social care facilities, employment and education.⁹

It is also recognised that there is often a strong correlation between poverty and social exclusion. In seeking to address this, the Concessionary Fares Scheme, which offers free or discounted travel on public transport to older people and those with a disability aims to:

“...promote social inclusion by improving public transport accessibility through free and concessionary fares for members of the community who are most vulnerable or liable to social exclusion”.¹⁰

⁸ 'Belfast HSC Trust Travel Plan', Belfast Health and Social Care Trust, Sept 2011.

⁹ 'Ensuring a Sustainable Transport Future: A New Approach to Regional Transportation', Department for Regional Development, 2012.

Transport issues when accessing key services such as health and social care facilities have been raised through a variety of channels including the Consumer Council, the Patient and Client Council, political representatives and groups representing older people, young people and those with a disability.

2.3 Transport provision for health and social care in Northern Ireland

The Health and Personal Social Services (Northern Ireland) Order 1972 Article 10 states that the Department of Health and Social Services and Public Safety (the Department) has a statutory duty to:

“make arrangements, to such extent as it considers necessary, for providing or securing the provision of ambulances and other means of transport for the conveyance of person suffering from illness, expectant or nursing mothers or other persons for whom transport is reasonably required in order to avail themselves of any service under this Order”.

These functions are exercised on behalf of the Department by the Health and Social Care Board and the Health and Social Care Trusts including the Northern Ireland Ambulance Service. The legislation allows the Department to set charges but currently this power is not used and, at present, all patients and clients currently receive free transport.

The Department launched, “A Transport Strategy for Health and Social Care Services in Northern Ireland” in August 2007. The Strategy relates to the provision of non-emergency transport and transport provided by the Trusts to facilitate access to social care services.

The objective of non-emergency transport is to enable patients to attend appointments safely and on time, thereby reducing missed appointments. Transport for social care services is provided for some of the most vulnerable members of society. The Department’s Transport Strategy promotes a mixed economy of provision to provide the most cost effective and efficient model of transport services.

¹⁰ ‘Equality Impact Assessment on The Northern Ireland Concessionary Fares Scheme’, Department for Regional Development, April 2004.

In addition to Trust provision this may include private ambulance, volunteer car drivers, taxi operators, Door-2-Door services providing local urban services for people with a disability and community transport schemes which provide transport on a not-for-profit basis.

2.4 Transport and health and social care across the UK

In 2011, Audit Scotland produced 'Transport for Health and Social Care' which estimated that Scotland spent over £93 million on providing transport to health and social care services in 2009/10. A key message from their report was that:

“Joint working across the public sector and with voluntary and private providers is crucial for the successful and sustainable development of transport for health and social care. Improved joint planning could lead to more efficient services” Audit Scotland (2011:5)

Audit Scotland also expressed concern that reducing or removing funding from transport services could have a significant impact on people on low incomes, older people and those with long term conditions.

In Wales transport is recognised as providing an important service to patients and clients, particularly in rural areas. Initiatives such as a single number for GP patients to call to arrange transport to appointments was seen as providing a simpler, more joined-up service. England revised its 'Eligibility Criteria for Patient Transport Services' in 2007, which addressed the issue of recouping costs of transport from the service user. It suggested that the cost of providing patient transport would vary within each Primary Care Trust and that the NHS could generate income by making a clear distinction between the clinical need for transport and the provision of transport for 'social' rather than 'medical' needs, which could be subject to a charge.

2.5 Transforming Your Care

Transforming Your Care, a review of the provision of Health and Social Care (HSC) Services in Northern Ireland, was published in December 2011. The Review was charged with providing:

“a strategic assessment across all aspects of health and social care services, examining the present quality and accessibility of services, and the extent to when the needs of patients, clients, carers and communities are being met ... (and) to bring forward recommendations for the future shapes of services and provide an implementation plan” Transforming Your Care (2011:3)

Transforming Your Care makes 99 proposals, including the following recommendation for:

“Joint working pilot projects with other Government departments that enable resource sharing and control for example in rural isolation and transport” Transforming Your Care (2011:58)

The Review identified a number of key themes that are likely to have an impact on transport. These included:

- Care to be provided as close to home as practical;
- Personalisation of care and more direct control, including financial control over care for patients and carers;
- The development of 5-7 hospital networks; and
- Shifting resource from hospitals to enable investment in community health and social care services.

A survey undertaken as part of Transforming Your Care reported that 68% of respondents agreed they would be prepared to travel a further distance for hospital services if it means they did not have to wait too long. However, it is worth noting that just over a fifth of respondents disagreed or strongly disagreed with this statement.

3.0 Our Approach

3.1 Background

The Patient and Client Council and the Consumer Council identified transport to health and social care facilities as a key issue in which both organisations had a major interest. It was decided to work together to ask the public about such services and this was done through questionnaires, focus groups, a Transport Fair and a Citizens' Jury.

The project was overseen by a steering group including representation from both organisations as well as input from the Inclusive Mobility and Transport Advisory Committee (IMTAC). IMTAC is a committee of disabled people, older people and others, including key transport professionals, and acts as an advisory group on issues that affect the mobility of older people and people with a disability.

The steering group initially explored the general issues by revisiting previous research from the organisations represented on the group, examining Northern Ireland Assembly questions relating to transport and reviewing relevant Northern Ireland policy and strategy documents. The steering group developed the following methodology for the project believing that this multi-strand approach would provide the best opportunity for gathering a range of perspectives on this complex topic.

3.2 Gathering the information

As indicated above, the information gathering part of the project involved a number of stages:

- A questionnaire was developed to understand the types of journeys people were making and experiences of transport. This was piloted and then community groups, HSC Trusts and transport providers were made aware of the questionnaire. It was also distributed through the Patient and Client Council Membership Scheme.

- A number of focus group discussions took place to explore the issues in more detail. Two different formats were used in order to gain a broad range of participants:
 - 28 people participated in 3 focus groups held by the Consumer Council, each of whom had accessed a health and social care facility in the past two years and who had limited or no access to a car. Participants were aged between 18 and 85, from a range of socioeconomic groups and included some with a physical disability or reduced mobility. The focus group meetings took place in Belfast, Omagh and Coleraine during January and February 2012.
 - 74 people took part in 8 focus groups held by the Patient and Client Council which took place across all Health and Social Care Trust areas. Each group was composed of a different section of the population, including older people, parents of children with a disability, mental health service users, rural dwellers and young people with a learning or physical disability. The focus group meetings took place from April to June 2012.

- Both organisations, in partnership with ABC Community Network, held a Transport and Health Fair in Lurgan on 8 March 2012, an event that brought together members of the public, community activists and transport providers. Providers had information stands which participants could browse and hold individual discussions. In an open floor debate, transport providers gave an overview of their activities, followed by a question and answer session and general discussion.

- Members of the steering group met with key transport providers to explore issues arising from the process so far and to offer an opportunity for providers to highlight service delivery and/or strategic constraints.

- A Citizens' Jury took place on 13 October 2012. The Jury was composed of 7 members of the public living in the Southern Health and Social Trust area who included representatives from voluntary organisations, transport providers and

policy-makers. The ‘charge question’ the Jury took evidence on was “What transport issues do people face when accessing health and social care services? What could be done to improve the journey?” The Jury considered their verdict based on evidence presented by the witnesses and made a number of recommendations¹¹.

3.3 Limitations of the study

As described above, this study used a range of methods to elicit the public’s views about transport to health and social care. While the questionnaire was widely distributed, no formal sample calculation was made. This means that the results obtained from the questionnaire cannot be tested for statistical significance. However, using a mixed methods approach enables views to be sought in a number of ways and this in turn helps reinforce what people are saying about transport issues, whatever the method used. This can be seen particularly through the different methods used in the focus groups. The Consumer Council recruited through inviting a representative sample of people from all walks of life to attend focus groups, while the Patient and Client Council set up focus groups with the requirements of Section 75 groups in mind. Views expressed from each set of focus groups were similar. The Citizen’s Jury provided further evidence although only 7 people took part. This was due to the time commitment required and the time-limited nature of the project. Finally interviews with providers gave us a picture of the issues associated with trying to meet the transport needs of people in Northern Ireland, especially in relation to health and social care.

¹¹ See **Appendix 4** for more detail on how a Citizens’ Jury works and the approach adopted for this project

4.0 Results and Findings

4.1 The Questionnaire

A total of 366 people across Northern Ireland returned a questionnaire describing their journeys to and from health and social care facilities. The questionnaire could be completed online as well as in hard copy. A copy of the questionnaire is available in **Appendix 2**.

The following section outlines the findings of this survey. Please note that the numbers of respondents answering each question will vary.

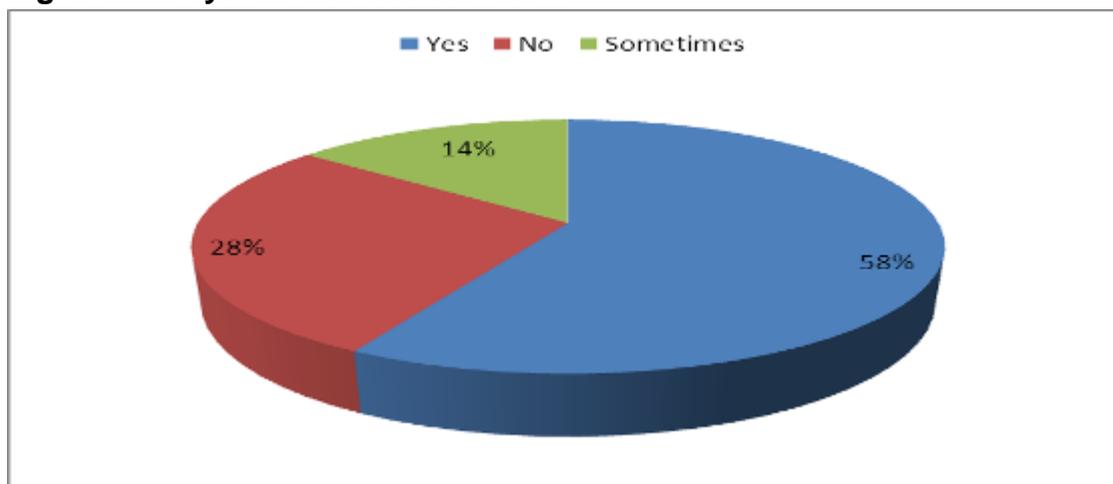
4.1.1 The Respondents

The respondents to the questionnaire composed of:

- **Gender**
 - 116 men
 - 246 women
- **Age** (note: not everyone gave their age)
 - Under 18 - 3 people
 - 18-24 years - 21 people
 - 25-45 years - 109 people
 - 46-64 years - 134 people
 - Over 65 - 96 people

Around half of those who answered this question (179 or 51%) said they lived in an urban area (town or city), while 175 (49%) were from rural areas (countryside or village). 167 (47%) respondents considered themselves to have a disability. The majority of people (257 or 72%) said they had access to or sometimes had access to a car (see Figure 1).

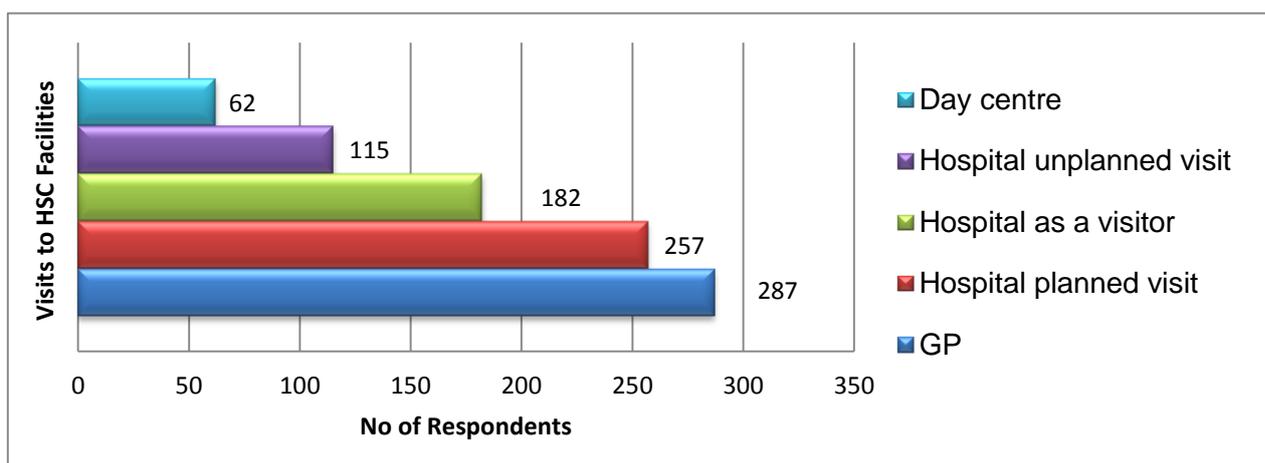
Figure 1: Do you have access to a car?



4.1.2 Your Journey to and from Health and Social Care facilities

The majority of health and social care visits were planned in advance, with 257 (74%) people making a planned visit to hospital and 115 (33%) making unplanned or out of hours visits. 182 (52%) of people were hospital visitors and 62 (18%) of respondents referred to social care journeys to day centres.

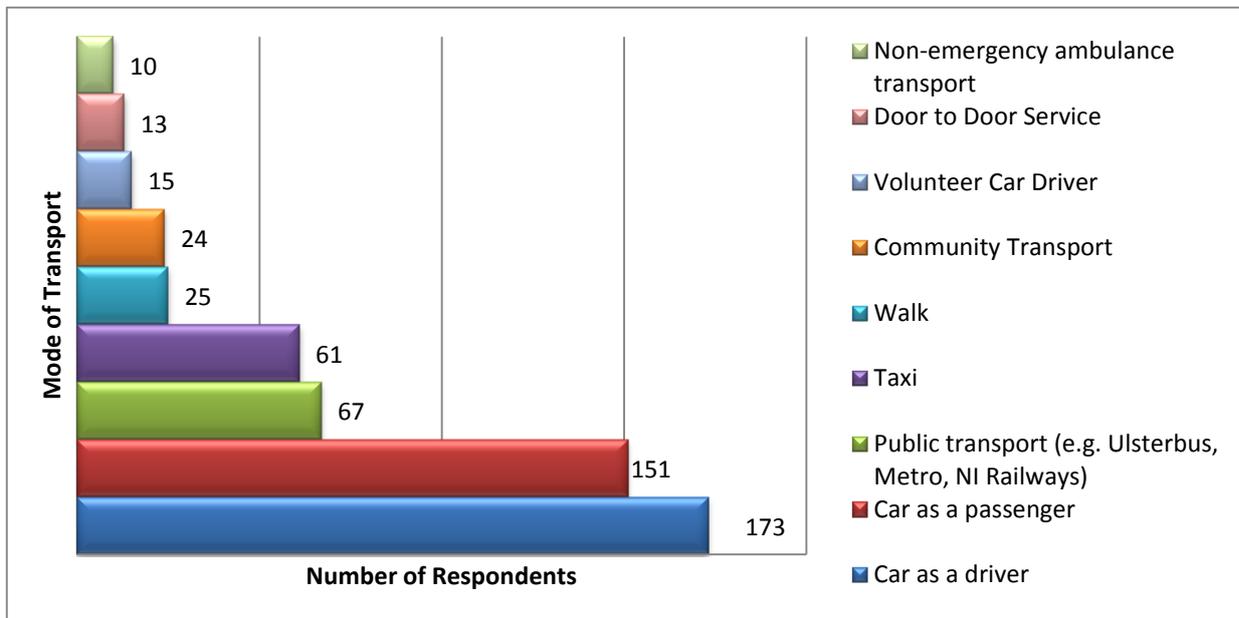
Figure 2: Have you visited any of these locations within the last two years?



People were asked how they travel to health and social care appointments. The most popular mode of travel identified by respondents was by car, both as a driver (173 or 50%) and as a passenger (151 or 43%). A significant minority of people travelled by other means. This included 67 (19%) respondents who said they used

public transport. This shows the importance of public transport services to access healthcare, as research shows that across a sample of the Northern Ireland population, only 6% of journeys are typically undertaken using public transport¹².

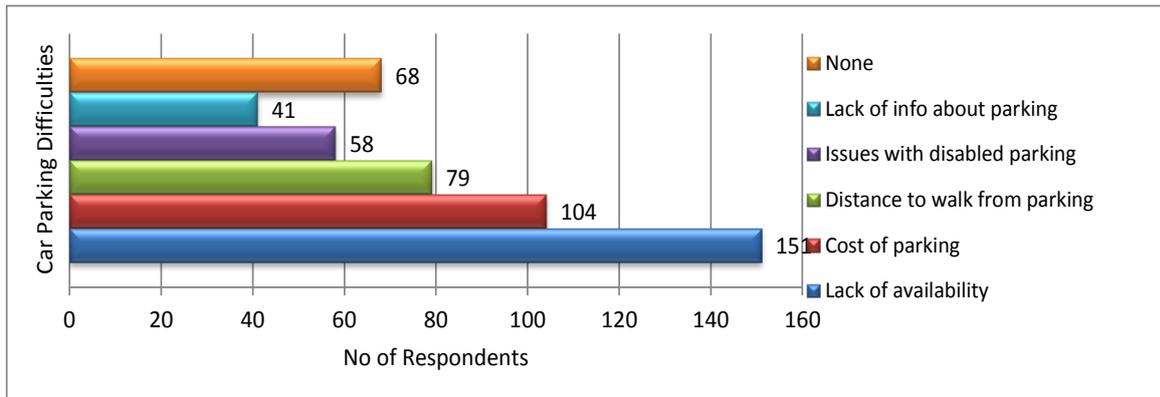
Figure 3: How do you normally travel to health and social care facilities?



Given the popularity of car travel it is perhaps not surprising that a number of difficulties related to parking were raised. Just over half of respondents (151 or 55%) identified lack of availability of parking as a concern. The distance between the car park and the facility was raised by 79 people (29%), which indicates the difficulties some client groups experience in walking these distances especially given that the majority of hospital car parks are surface rather than high rise.

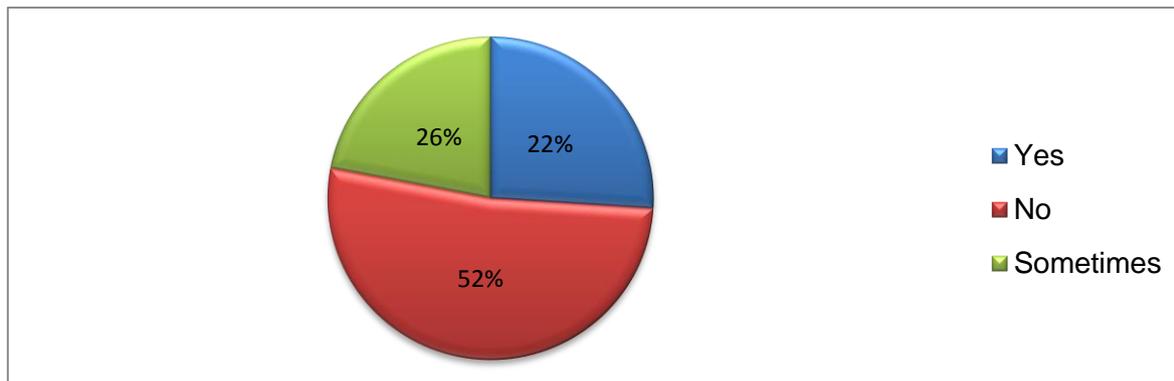
¹² *Travel Survey for Northern Ireland In-Depth Report 2009-2011*, Department for Regional Development, 2012

Figure 4: Do you ever experience any difficulties with car parking?



Despite difficulties relating to car travel and parking, the majority of car users (144 or 52%) said they would not prefer to use to use another form of transport if it were available while 61 people (22%) said that they would sometimes consider other forms of transport (see **Figure 5**). Additional comments in this section highlighted the lack of viable alternatives to car use. The importance of services which enable travel between central bus or train stations and health care facilities was also mentioned.

Figure 5: When you travel by car, would you prefer to use another form of transport if this was available?



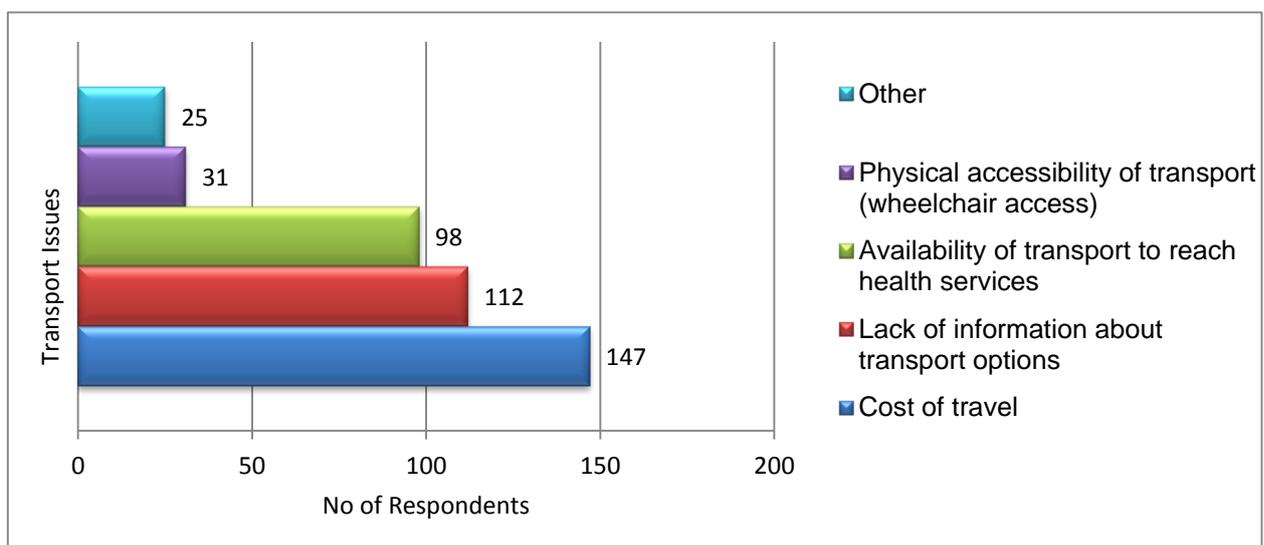
Transport options did not figure largely in the information provided by health and social care to patients attending pre-planned appointments. 266 people (77%) said they did not receive any information about transport options to and from their appointment. Of those who were given written travel information with their appointment card, most (36 out of 45 respondents) said this related to car parking arrangements. Only a small number of people (3 out of 45) received information on

other transport services. Contact details for someone who could advise on transport options were rarely provided.

When people were asked to identify issues with transport when accessing health and social care services, the most prevalent concerns that emerged were the cost of travel (147 or 62%), lack of information on transport issues (112 or 47%) and the availability of transport to access health and social care services (98 or 41%) (see **Figure 6**).

Almost a quarter of respondents (78 or 23%) said that they had cancelled appointments in the past due to problems with transport. 66 (19%) respondents said that they had actually missed appointments because they could not access suitable or timely transport.

Figure 6: Have you ever experienced any of the following issues with transport when accessing health and social care services?



Almost a third of the additional comments made in this section were related to the cost of travel to health and social care appointments.

“As a Motability driver, and perhaps needing to use hospitals more frequently than the able bodied, I find parking charges exorbitant. Especially as most disabled people are in lower income groups and have little spare cash. I think giving a 2 hour free parking period for blue badge holders should be considered”.

A similar number of comments highlighted difficulties accessing public transport. This was often related to appointments times or appointments running late and co-ordinating this with public transport. Some people also expressed difficulty getting information about travel options.

“Only my daughter is clued into transport issues in hospital, I would have great difficulty in accessing health services”

Frustration about dependence on family and friends for travel to appointments was another common theme.

“Having to attend Lagan Valley at 7.45am for a day procedure involving anaesthetic meant that I had no other option than to ask my aged father to drive me over 40 miles to get there”

4.1.3 Hospital Travel Costs Scheme

People were asked about the Hospital Travel Costs scheme (see **Appendix 3**). This scheme is available to help people who are entitled to reclaim travel costs to and from hospital for NHS treatment. Those in receipt of certain benefits or on a low income may be eligible. The majority of people (61%) had never used Hospital Travel Costs and more than a third of respondents (37%) said they had never heard of the scheme.

A third of those respondents who had used the Hospital Travel Costs scheme said they had not experienced any difficulties. However, some people did report problems with the scheme. In most cases this related to administrative issues, a frequent complaint being that the office was closed when they had attended. Other comments referred to difficulties paying for fares up-front, delays in receiving the reimbursement and a lack of information about how to use the service.

4.2 Discussion Groups

A total of 11 discussion groups were held with members of the public to discuss the issues around travel and health and social care in more detail. 102 people contributed to the discussions. Two different formats were used in order to gain a broad range of participants.

The Patient and Client Council held 8 discussion groups, each composed of a different section of the population including older people, people with a learning disability, carers of adults with learning disability, people with a physical disability, parents of children with a disability, mental health service users and rural dwellers. The aim was to ensure that Section 75 groups were given the opportunity to voice their views on transport to health and social care facilities. The groups took place across all Health and Social Care Trust areas.

The Consumer Council held 3 focus groups for the general population, aged between 18 and 65 years. These took place in Omagh, Coleraine and Belfast. All participants had used health and social care facilities in the previous two years. Despite the different make-up of the groups and the variety of participants involved, similar issues with travel to health and social care services were identified across the groups. These are discussed in the following section.

4.2.1 Travelling to health and social care services

The majority of journeys made by members of the discussion groups run by the Patient and Client Council were local in nature and for the most part referred to travel to the GP surgery or day centre. Walking, bus and lifts from family or friends were identified as the most common ways to travel to local services.

In the discussion groups held by the Consumer Council, the type of journeys made were more varied, such as trips to the local GP, unplanned visits to hospital Accident and Emergency services and planned appointments at the larger hospitals across Northern Ireland including the Royal Victoria Hospital, City Hospital, Antrim Area

Hospital and Causeway Hospital. A wide range of transport options were used to make these journeys, such as walking, taxi, in a car driven by a friend or family or public transport, including Metro, Ulsterbus and NI Railway.

Public Transport

It was clear that the method of transport used to travel to services often depends on geography. Urban and rural differences were most notable. For example, walking and taking the bus were common methods of transport for participants living in Belfast. In the Armagh area, people with learning and physical disabilities mainly relied on lifts from family and friends to travel to services, as the spread of services across the area made travel by public transport difficult. Similarly, while mental health service users in Belfast regularly travelled to the day centre by bus, mental health service users in the Newtownards area making the same journey often had to use a taxi as the rural bus service was not considered to be as good.

Many people suggested that travelling to health and social care facilities was especially difficult for people living in rural areas who did not have access to a car.

Even in Belfast, discussion group participants identified issues with public transport. Some people suggested that their use of public transport was limited to one trip journeys, as connecting between more than one transport service was considered problematic. Members of a discussion group in Coleraine agreed that, while they were sometimes able to access services using public transport, it often involved lengthy journey times and connecting between different services:

“When I went to Antrim Hospital I had to get a train, a bus and then a taxi and that was horrible because then you had to walk nearly half a mile to get into the right department at the hospital”.

The distance left to walk at the end of a journey or between connecting services often ruled out public transport for people with a physical disability. Members of two discussion groups gave examples of poor customer service from bus drivers, which they said impacted on their willingness to travel on public transport in the future.

However, members of a discussion group based in Omagh viewed the bus service they used to get to hospital appointments in Belfast and Derry quite positively:

“The bus service isn’t bad, unless you have an early appointment to some of the hospitals, then you have to get a taxi in. Other than that it’s not bad. If you’re going to Altnagelvin you have a good bus service from the depot to the hospital”

Many people highlighted local issues with public transport. For example, discussion group participants from the South Eastern Trust felt that their area was difficult to navigate by public transport because services were so widely spread. Community transport operators only providing journeys within their council boundaries was reported as being confusing and inconvenient for patients travelling across two neighbouring council areas. Finally people from the rural community of Cushendall questioned why there was no transport facility for people travelling to appointments in Antrim Hospital, Royal Victoria Hospital or Belfast City Hospital.

Travelling by Car

Over half of those who took part in the discussion groups said they travelled to appointments by car, usually as a passenger in the car of a family member or friend. Many people felt that this was the cheapest and most convenient way to travel and provided much more flexibility. In many cases, people felt that there were no practical alternatives.

Of those people who did acknowledge problems with car travel, parking was the major issue.

“Car parking can be a nightmare. The queues are massive and you need to set off much earlier in order to get to your appointment on time” Armagh participant

“It can be very difficult to get parked at the hospital – I find it easier to get a bus than getting a lift” Belfast resident

Parking issues were noted as particularly difficult for people with behavioural problems who could not get dropped off without their carer and tended to get anxious

about missing appointments. The parents of children with a disability said they usually travel to appointments by car and that the blue disability badge helped with parking. However, not all parents had been offered a disability badge.

Community Transport, Door-2-Door and NIAS Non-emergency Transport

Most discussion group participants had never used community transport or Door-2-Door and appeared to have limited knowledge of either service. A participant from the Omagh area suggested there was a lack of public awareness about these types of service:

“I don’t know if people in Omagh are aware of the Door-2-Door service if you’ve got a disability, because I’d never really heard of it. I was with my aunt from Ballymoney who is eligible as she’s over 80 and it’s only because she told me you can get it in Omagh that I know about it. I would see the bus sometimes, but I just wonder are other people aware of it?”

Only 4 participants said they had used Door-2-Door in the past, 2 of whom were very positive about the service. They referred to good accessibility for wheelchair users and friendly drivers, which was important as both participants had a disability. However, both felt that the service was of limited use because bookings could not be guaranteed, even when made weeks in advance.

“You are never guaranteed a slot; you can never rely on getting to an appointment on time. The booking service does not allow for future planning”

The Northern Ireland Ambulance Service Non-emergency Passenger Transport service had been used by 3 discussion group participants. One person said that the service, which they had been advised off at a hospital appointment, was excellent. However, the other 2 participants voiced concerns with the service, which they suggested usually involved long journeys to collect other passengers en route to the hospital or long waits at the hospital before or after the appointment.

“I was taking my father up for a 2.30pm appointment and getting an ambulance minibus at 7.15 am in the morning. So we were sitting at the hospital from 8.30 am on straight through”

Appointments

The discussion groups support the findings of the questionnaire, that some people have either missed or rescheduled appointments in the past due to issues of transport. 1 in 8 people attending the Patient and Client Council discussion groups agreed that this was the case. Members of the learning disability and physical disability discussion groups said the only reason they did not miss appointments was that family and friends took time off work to get them to services on time. Many older people also said they relied heavily on lifts from family and friends in order to make their appointment.

An even greater number of people in the Consumer Council discussion groups said they had missed or rescheduled appointments in the past as a result of transport. Regional services were highlighted as being particularly difficult to get to and several groups gave examples of having to change appointments to suit bus time tables or to fit in with lifts.

Public transport was considered by many to be unreliable. Participants from the Belfast area talked about buses arriving earlier than scheduled and leaving without passengers or getting delayed in traffic leading to missed appointments. In the Omagh group, public transport to locations other than Belfast was felt to be problematic. Some people talked about leaving appointments and services early in order to get to the bus in time.

A few discussion group participants suggested that instances of missed appointments mainly arose from the health and social care provider rescheduling appointment dates at short notice after travel arrangements for the original date were already in place.

The groups varied in their opinion on whether appointments were flexible enough to allow for transport arrangements. The majority of people felt that appointments were flexible and staff at facilities would try to accommodate any changes required. However, a significant minority felt there to be a lack of flexibility in appointments and were of the view that it was considered the parent's responsibility to fit around

appointment times. Some people gave examples of long delays with rearranged appointment dates. It was generally agreed that thought should be given to location, geography and travel times when appointments were fixed.

“I had a hospital appointment and I had to ring them up because there wasn’t any buses at that time and my parents couldn’t take a day off to take me up ... four months I was waiting for another appointment”

Cost of Travel

The majority of people felt the cost of travel to health and social care facilities to be an issue. It was felt that the cost of public transport and fuel prices were unreasonably high and in some cases prohibitive, especially when more than one public transport service was required to complete a journey. Travelling by taxi when no viable public transport service was available was also a concern due to the cost incurred. Only those participants who had a bus pass or who were eligible for reduced price travel due to a disability thought that public transport offered good value.

“With the cost of petrol going up so much, I think people are wanting to use the buses more but because of the cost of the buses, the amount that they’re charging, the difference in the prices isn’t enough for them to try to get them to use the buses”

There was little awareness amongst participants of the Hospital Travel Costs scheme for subsidising travel to appointments. Two exceptions to this were amongst a discussion group of older people living in the Western Trust area and with members of the Omagh discussion group. Opinion on the scheme was varied. While some people felt that the scheme worked well, others said it was difficult to get information regarding eligibility and then difficult to make an actual claim as it involved attending the office during opening hours.

Information

People had mixed views on the accessibility of information on transport services. Most comments about the Translink Contact Centre regarding telephone enquiries were positive, indicating that staff were helpful and usually able to provide the necessary information. However, a few people said they had experienced problems using the Translink website, particularly the 'Journey Planner' function. A lack of staff to answer enquiries in some public transport locations and problems with the presentation of timetables were also raised as issues.

“See trying to read the time table, you’d need a degree to read that”

Most people said that the only information included with their appointment letter related to car parking facilities and agreed that contact details for Translink or information on public transport options would be helpful if included.

The majority of people in the Patient and Client Council discussion groups did not think that it was easy to find information on travel options to health and social care facilities. Family and friends, the internet and local papers were suggested as commonly used sources of information; however it was clear that some people felt they just did not know where to look. Understanding the information that was provided was also an issue for some groups. For example, a learning disability group felt that timetables were often in small print and used a 24 hour clock which they found difficult to read.

“It can be very difficult to find timetable information, especially for mental health outpatient appointments at Knockbracken”

As noted previously, people had limited knowledge of community transport and the Door-2-Door service or how to access information on these services.

Participants in the Patient and Client Council discussion groups raised some specific issues about travel to health and social care facilities for people with a disability. These mostly related to the need for more reliable transport options for people with a disability including, authorities need to take account of the special difficulties

associated with transport for children with learning and physical disabilities; there should be more practical and reliable public transport options for people with a disability; and drivers should be sensitive to needs of people with a disability.

“Sometimes they rush you too much at the train station. They should have more patience, especially with people who have learning or physical disability”

Some carers for adults with a learning disability suggested that the lack of appropriate transport limits the independence of the adult in their care and increases the pressure on them as carers. They expressed concern about the future, when ageing or failing health would mean they were unable to provide transport for their relative.

There was support for the idea that appointment letters from the health and social care provider should include a map, directions and public transport timetables.

4.3 Transport and Health Fair

In order to gain a broad view of transport and how it affects access to services, a Transport and Health Fair was held in Lurgan by the Patient and Client Council and the Consumer Council in partnership with ABC Community Network. The aims of the event were to:

- Provide a wide range of information about journeying to health and social care services and
- Share views and experiences of transport providers and the public.

Nine provider and support organisations set up information displays and joined in a round table discussion with members of the public and community representatives. The main points from the discussion are detailed below.

4.3.1 Transport and Health Fair Round Table discussion

There was a sense that transport services could be more joined up. Rural community transport and the urban Door to Door service were given as examples. Instances of the 'mismatch' between public transport and health and social care facilities were recounted. It was suggested that while transport provided was duplicated on some routes, other areas had no transport at all. The potential for stakeholder engagement to ensure that in the future services better met the needs of the community was highlighted.

The public did not appear to be aware of the Northern Ireland Ambulance Service non-emergency passenger transport and were not always provided with information by their GPs. Examples were given of difficulties or expense in attending regional appointments in circumstances where it may have been appropriate for a referral to the non-emergency passenger transport.

The Hospital Travel Costs scheme was highlighted as being problematic. Some people were not aware of it at all. Others had found it difficult to use as office opening hours for reimbursement did not suit or staff attitudes had been off-putting. The difficulties experienced by people with a mobility problem/disability in reaching public transport points such as bus stops were highlighted.

The large number of operators and schemes made it difficult for the public to obtain full and accurate information about the range of services available. It also made it difficult for support organisations to 'cascade' information to service users. A role for health and social care providers in publicising information about available transport options was suggested.

Participants agreed that it was a worthwhile exercise to bring operators and service users together to explore issues ranging from very practical 'on the ground' matters to concerns about the future development of services and the need for increased stakeholder involvement in shaping future services.

4.4 Transport Service Provider Interviews

Four meetings were held with providers of transport services to explore the relationship between transport and health and social care organisations. This included a meeting with the Health and Social Care Board who commission specialist transport service from a health and social care viewpoint. Meetings took place with:

- Community Transport Association Northern Ireland;
- Health and Social Care Board;
- Northern Ireland Ambulance Service non-emergency passenger transport; and
- Translink.

Their contributions are set out **below**.

Community Transport Association Northern Ireland

Service users may be unsure who to contact when they wish to raise an issue with lack of transport to access health services. The health service is not primarily a transport provider, whilst transport providers may indicate that they are not responsible for the timing or locations of appointments and are limited in what routes they can provide by the availability of funding. This emphasises the need for consideration of the issue at the NI Executive level, above each of the Departments involved and their current remits.

An issue for the community transport sector is that the level of service they can provide to passengers is influenced by the level of funding which is available. Some service users have been given the impression that community transport providers can provide free travel to all those seeking to access healthcare services which can build an expectation which cannot be met.

Community transport currently provides flexible services to enable their members to access healthcare facilities and main public transport routes. Only the Dial-A-Lift

service can be provided at no-charge to passengers in possession of a Smartpass, for journeys outside of this they are required to charge.

A more integrated approach to planning transport can help government to achieve many of their current policy aims including increasing use of public transport, making travel more sustainable, improving public health through increased use of active travel, reducing congestion and reducing other costs associated with high car usage.

Current Translink route planning tends to focus mainly on the needs of commuters and school pupils. With an ageing population there will be an increasing need to consider all travel needs more prominently in future. It was recognised that there are off-peak Ulsterbus services in smaller towns and rural locations which aren't receiving a great uptake from passengers which could be better promoted to increase patronage.

Health and Social Care Board

There are a number of examples of health and social care services working with transport providers to improve access to services. A bus service is being piloted between the new South-west Hospital and Altnagelvin with local community transport providers helping people reach the bus route.

The review of health and social care services – “Transforming Your Care” – is likely to result in out-patient visits to hospitals being replaced by services being available from GP practices. This should reduce the need for out-patient trips.

Options around the provision of transport can often be affected by legal or contractual issues. This can result in lack of flexibility in the way in which transport is provided.

There needs to be a public and political debate about the culture of ‘entitlement’ that surrounds health and social care. For example, should patients who are being funded through Motability be eligible to use the Northern Ireland Ambulance Service non-emergency passenger care service?

Northern Ireland Ambulance Service

There is increased pressure on non-emergency passenger transport resources. Health and Social Care priorities have changed with the emphasis now being on inter-hospital transfers, discharge of patients and outpatient appointments.

Current reviews of resources and priorities may mean that there will be less emphasis on providing transport to patients attending out-patient appointments. However, there is recognition of the importance of transport to some patients and it is possible that the criteria for referral to transport to an out-patient clinic may not be solely based on clinical need but will also take into account social need.

The Ambulance Service continues to co-ordinate a volunteer car driver scheme. This is popular with some patients as it provides a comfortable journey and often a shorter journey as there is no requirement to pick up several patients along the way.

The service does not have a role in providing public information about transport availability but understands that whilst health and social care services are not transport providers, journeying to facilities is an important component of those receiving a service.

Translink

Representatives from Translink recognised that there were opportunities to improve linkages with the health service and to share information between the sectors to deliver improved passenger information and services. Translink are keen to improve the level of collaborative working in future.

Current communications between Translink and the health service tends to be on an ad-hoc basis. It was felt there would be merit in establishing more formal processes to share information on a regular basis, in particular for instances where changes are made to the location or timing of clinics which may impact on patient travel requirements.

There was recognition that access issues such as the proximity of the bus stop to main entrances and provision of bus shelters can vary between different hospitals and other locations. The main constraint to addressing some of these is the physical layout of the sites which can prove difficult to rectify, although as public transport access is now a requirement in planning applications for facilities this is less of an issue with new sites.

Translink staff provided details of a planned pilot to operate a direct service between Enniskillen and Altnagelvin hospital which was developed in response to feedback from patients and political representatives. Current Translink routes allow for this journey to be undertaken although these require passengers to change between services in Omagh which created concerns for some passengers that they may not be able to make their connection. Details of the Ulsterbus Pilot Service 294 are as follows - the pilot service will operate two days a week (Wednesday and Thursday), and started on Wednesday 5 September, 2012. Altnagelvin Hospital provided postcode data on where patients were travelling from along with information outlining the busiest days for appointments. This means that Translink can target resources on the days when there is likely to be most demand. The service will stop at all bus stops along the route. Translink are also working in collaboration with local community transport operators who will be promoting the service to their members and offering flexible transport to link in with the main Translink route from surrounding areas.

Altnagelvin Hospital will be providing an information leaflet on the pilot service with all appointment letters and booking staff will be advising patients that the service is available. During the first two weeks of the pilot Translink will have staff on-board the vehicles surveying passengers to gather their views and identify any amendments that are required to better meet passenger needs. The pilot is planned to operate for a year to assess levels of uptake. The overall evaluation will primarily look at patronage levels although Translink will also consider the demographics of those using the service and the wider social benefits.

4.5 Emerging themes from fieldwork

Several clear themes emerge from the fieldwork. Most visits to health and social care facilities are planned and travel by car is the most popular method of transport. Most car users would prefer to use their car even if another form of transport was available. Car travel is often considered the cheaper and more reliable option as compared to other forms of transport. However, there was a high level of dependency on family and friends for lifts, especially amongst participants of the Patient and Client Council groups. Furthermore, many people identified concerns with car travel, mainly in regards to parking and the cost of fuel.

Some public transport users reported having to rearrange or miss appointments due to transport schedules. One fifth of respondents of the questionnaire said that they had missed an appointment in the past due to transport and almost one-quarter said they had cancelled an appointment because of problems with travel. There was varied opinion on the flexibility of health and social care appointments to allow for transport issues, but the majority of people felt staff usually tried to accommodate changes where possible.

Everyone expressed concern about the cost of transport, especially people who did not have subsidised travel. Despite this, there seemed to be limited knowledge of the Hospital Travel Costs scheme. There also seemed to be a lack of awareness of community transport and Door-2-Door services.

People had mixed views on the accessibility of information about travel options, but it was generally agreed that more information about travelling to health and social care facilities should be included with the appointment letter. Some groups also raised issues with the way information was presented, such as using small print.

People identified cost of travel as their main concern when travelling to health and social care facilities. A lack of information and advice is also evident. Information about travel options is not routinely provided by health and social care providers. The Hospital Travel Costs scheme was not well known and over half of the respondents who had used the scheme reported difficulties with it.

5.0 Citizens' Jury

The final part of the information gathering process was the holding of a Citizen Jury to explore in more detail the findings of the project (for more details of the Citizens' Jury process see **Appendix 4**). The Patient and Client Council was keen to incorporate a Citizen Jury into the process because it provided an opportunity for a cross section of the public to examine the wider picture of transport and access to health and social care facilities in detail.

A Citizens' Jury is a short, concentrated process where a group of people without expertise come together to hear evidence from witnesses about a very particular topic. The Jury has a chance to listen to the evidence and ask questions of the witnesses. The witnesses all have direct experience of the topic and will be invited to talk about their insights.

6.0 Conclusions

This study identifies some of the challenges faced by people travelling to health and social care services. Central to these are the issues of co-ordination, cost and flexibility of transport services as well as the need for people to have appropriate information.

The method of transport people use to travel to health and social care facilities usually depends on where they live and the nature of their disability. Car travel is the most popular form of travel largely because it is considered the most convenient and reliable, despite the associated anxieties with parking and fuel costs. People who do not drive rely heavily on family and friends to provide transport when travel by car is thought to be the only practical option available.

People can sometimes find it difficult to co-ordinate transport with appointment times and there is mixed opinion on the flexibility of appointment systems to accommodate travel arrangements. Most people have concerns about the cost of travel.

These issues with travel only add to what might already be an anxious experience. What is more, there is evidence in the report that problems with travel have led people to miss or cancel appointments in the past. People would welcome more easily accessible information about transport options to health and social care facilities, from timetables for individual journeys to advice about community transport.

Transport providers were keen to work together but highlighted barriers to co-operation resulting from such issues as funding arrangements and legislation. There does not appear to be clear information about the investment currently made to support journeys to health and social care facilities or about the effectiveness of the provision. Finally, there is no evidence of an integrated strategic plan in relation to transport and access to health and social care services.

The recommendations from this research, supported by the Citizens' Jury, reflect these concerns and seek practical solutions such as greater joined-up working between the relevant bodies, the inclusion of travel information with patient appointment letters and for transport to be a central consideration in any future changes to health and social care services.

7.0 Recommendations

Based on the views given to us by respondents in this study, the Patient and Client Council and the Consumer Council have agreed on the following recommendations:

- The Department of Health, Social Services and Public Safety, the Department of Regional Development and the Department of Agriculture and Rural Development should develop a co-ordinated strategic approach to transport and health and social care.
- Translink should establish regular meetings with relevant bodies in the Health and Social Care sector to share information and ensure public transport services can meet the changing needs of service users.
- In addition to this, Health and Social Care and transport providers should work together to ensure that the information needs of the public are met. Travel information should be available at all stages of the care and treatment process through appointment letters, signposting to community providers for travel options and directing the public to user friendly journey planners.
- The Health & Social Services Board should review the operation of the Hospital Travel Costs Scheme to ensure that it meets the needs of service users.
- All Health and Social Care Trusts should develop Travel Plans which take into account the needs of patients, visitors and staff.
- Health and Social Care Trusts should ensure that there is flexibility in appointment systems in order to facilitate patients travel arrangements.
- Transforming Your Care implementation plans should take into account transport matters when re-shaping health and social care services.

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Appendix 1 An overview of transport provision

This section details some of the transport options available to access health and social care services. Other options might be available.

Car (as a driver or passenger)

Car use, either as a driver or passenger remains the most prevalent form of travel for many passengers travelling to health and social care facilities. Costs associated with this include general running costs of a car (including cost of the vehicle, insurance, road tax and maintenance), petrol / diesel costs and car parking costs for some locations. Costs, where applied can vary between different health and social care facilities. Some facilities also provide dedicated parking spaces for disabled passengers which are typically located closer to facilities than standard parking spaces.

The Consumer Council report, “The Price of Being Poor”, published in July 2011 notes that 26 per cent of households in Northern Ireland do not own a car with this figure rises to over 50 per cent in some urban areas.

Taxi

Taxis provides a flexible transport option for many passengers, particularly those who do not have a viable form of public transport on which to travel to the health or social care facilities they need to access. Taxis fares are typically dependent on the length of journey undertaken and in some cases, the day or time of travel.

Public Transport

Public transport options include bus and rail services provided by Translink (such as the Ulsterbus, Metro, Goldline and NI Railways services) and a smaller number of public transport routes operated by private bus companies.

Availability of services varies by area and time and day of travel, with services typically less prevalent in the evening and at weekend and in more rural areas. A number of public transport services operate to hospitals and her health and social care facilities.

Holders of concessionary passes can avail of free or reduced price travel on all Translink services and some services provided by private operators.

By the end of 2012, all buses in the Translink Metro fleet will be accessible vehicles. With the introduction of 20 new trains, all NI Railways trains will also be accessible by this time. Translink anticipates that all Ulsterbus services will be provided using accessible vehicles by 2015.

The Department for Regional Development provides funding to Translink and also funds the Concessionary Fare Scheme.

Community Transport

Community Transport operators provide both individual and group travel. Individual travel is provided using the 'Dial-A-Lift' service which is aimed at rural dwellers who are unable, or find it difficult to use public transport. Dial-A-Lift provides access to local services, or links in with the wider public transport network to travel beyond the local area. Services are accessible and inclusive and are matched to the individuals' requirements. Passengers must register to avail of the service. The service is available week days from 8am to 6pm and services can be booked up to 4pm on the last working day before travel. Fares are determined by the distance travelled, and holders of concessionary passes can make use of these for free or reduced cost travel on the Dial-A-Lift service. The Dial-A-Lift Service is funded through the Rural Transport Fund within the Department for Regional Development. Funding to allow the use of concessionary passes on the Dial-A-Lift service is funded through the Department for Rural Development.

Group travel is also available to local community and voluntary groups to hire on a with-driver or self-drive option subject to availability. Costs are calculated on an hourly and mileage rate basis.

Door- 2-Door Transport

Door-2-Door Transport is a local urban transport service for people with disabilities, or for those who find it difficult using conventional public transport. The service is designed to offer an alternative to local town bus services for those who may have difficulty in accessing these services. Journeys can be undertaken for any reason within the local area (defined as the Operational Area for each town or city), including access to a local hospital if it is within this area. You may be able to travel beyond this distance, depending on circumstances and subject to availability however those wishing to travel within the local area take priority in bookings. To travel, passengers must join the scheme which is free and available to those who are:

- Registered blind;
- Aged 80 or older;
- In receipt of the higher rate mobility component of Disability Living Allowance;
- In receipt of the higher rate care component of Disability Living Allowance;
- In receipt of the higher rate care component of Attendance Allowance; or
- Recommended for membership through their doctor if they believe there is a medical reason which prevents use of conventional public transport services.

As of January 2013, the current membership criteria for Door-2-Door Transport is being reviewed by the Department for Regional Development who fund the service.

The current cost is £1.50 per single journey or £3.00 per return trip within local area. Outside of the operational area journeys cost an additional 50p per mile.

Concessionary passes are not accepted on Door-2-Door Transport.

Non-emergency ambulance passenger transport

Non-Emergency Passenger Care Services are restricted to those patients who have a clear medical need that prevents them from using public or community-based transport. The service is provided by the Northern Ireland Ambulance Service and patients are not charged for use of the service.

The service covers journeys to and from hospital to a consultant led appointment and is not available for transport to your local GP. The NI Ambulance Service also provide also provide a volunteer car scheme.

Volunteer car driver

Volunteer car schemes are operated by Community Transport operators using a pool of local volunteer drivers who use their own cars to transport individuals. The service is charged at a mileage rate (approximately 40p – 50p per mile) to cover the cost of reimbursing the volunteer and services are required to be booked in advance (usually 24 – 48 hours prior to travel).

Walking

Walking can provide a free and healthy option to travel. Issues such as a service users mobility impairment or disability, the distance of travel required or a lack of footpaths may impede or prevent some service users from walking to facilities.

IMTAC (Inclusive Mobility and Transport Advisory Committee) notes that the recommended walking distance limit experienced by disabled people is estimated at between 50 and 150m depending on the individual.

Cycling

Cycling can provide a low cost form of travel, with some health and social care facilities provide facilities for the safe storage of bicycles. Barriers to cycling may include the length of journey required meaning the journey is not realistic by bicycle or any mobility impairment or disability the person may have which may prevent travel by bicycle.

The cycling charity Sustrans define 3 miles/5km as a reasonable journey distance which can be undertaken by bicycle.

Appendix 2 Questionnaire

Patient and Client Council

Your voice in health and social care



Your Journey to and from Health and Social Care Services

The Patient and Client Council is working with the Consumer Council to find out how transport availability affects access to all types of Health and Social Care. This could include outpatient appointments at the local hospital, specialist appointments at a regional centre, day care centres or a visit to the GP. The closing date for completing the questionnaire is 30th June 2012. The views and experiences gathered will be included in a report due to be published in early autumn.

Q1 What is your gender?

Male

Female

Q2 What is your age?

Under 18

18-24

25-45

46-64

65+

Q3 Do you consider yourself to have a disability?

Yes

No

Q4 Do you consider yourself to live in:

An Urban Area
(i.e. a town or city)

A Rural Area
(i.e. the countryside or a village)

Q5 Do you have access to a car?

Yes

No

Sometimes

Q6 Have you visited any of these locations within the last two years? (tick all that apply)

Hospital- Planned Visit	Hospital - Out of Hours / Unplanned Visit	Hospital- As a Visitor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP	Daycentre	
<input type="checkbox"/>	<input type="checkbox"/>	

Other (Please specify):

Q7 How do you normally travel to health facilities?

Car (As Driver)	Car (As Passenger)	Taxi	Public Transport	Community Transport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door to Door Service	Non-Emergency Ambulance	Volunteer Car Driver	Walk	Cycle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please Specify):

Q8 If you travel by car, do you ever experience any difficulties with car parking?

None	Lack of availability of parking	Lack of information about parking availability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues with disabled parking spaces	Distance required to walk from car park to reach the facility	The cost of car parking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 If you travel by car, would you prefer to use another form of transport if this was available?

Yes

No

Sometimes

If YES, please give details:

Q10 If your appointment was pre-planned, did you receive any information on transport options with your appointment?

Yes
Written information

Yes
Verbal information

No

Not applicable

If YES, what transport information was provided?

Information on car
parking

Information on public
transport routes

Information on other
transport services

Q11 Have contact details ever been provided for someone who could advise you on transport options to health care services?

Yes

No

If YES, please provide details; If NO, is this a service you would find beneficial?

Q12 Have you ever missed an appointment due to problems with transport?

Yes

No

If YES, please give details:

Q13 Have you ever had to cancel an appointment due to problems with transport?

Yes

No

Q14 Have you ever experienced any of the following issues with transport when accessing health services?

Cost of travel	Lack of information of transport options	Availability of transport to reach health services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical accessibility of transport	Other	
<input type="checkbox"/>	<input type="checkbox"/>	

If any of the above apply, please give further details:

Q15 “The Hospital Travel Costs Scheme is available to help people who are entitled to reclaim travel costs to and from hospital for NHS treatment. Those in receipt of certain benefits or on a low income may be eligible”.

Have you ever used the ‘Hospital Travel Costs’ scheme?

Yes	No	Never heard of it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, did you experience any difficulties using the scheme?

None	I was informed I was not eligible	Office was not open when I attended	Difficulties providing the required paperwork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 Are there any other issues you have experienced using transport to access health appointments?

Thank you for completing this questionnaire.

**Please return to:
Patient & Client Council
Freepost BEL454
Quaker Buildings
Lurgan
BT66 8BB**

Appendix 3 Hospital travel costs scheme

You may be able to get financial help from the Hospital Travel Costs Scheme if you're on a low income, need Health Service (HS) treatment at a hospital, other HS centre or private clinic and have been referred by an HS hospital consultant.

Who can claim?

You can claim Hospital Travel Costs Scheme if you, or those you depend on, get at least one of the following:

- Income Support
- Jobseeker's Allowance (Income Based)
- Employment and Support Allowance (Income-related)
- Guarantee Pension Credit

You may also qualify if your income is £15,276 or less and you get one of the following:

- Child Tax Credit (with or without Working Tax Credit)
- Working Tax Credit with the disability element or severe disability element

If an adult or a dependent child has to travel to your treatment with you for medical reasons, you can claim their travel costs too.

If a member of your family receives Income Support, Jobseeker's Allowance (Income Based) or Employment and Support Allowance (Income-related) you will have to claim help from the Hospital Travel Costs Scheme. For Pension Credit Guarantee Credit the entitlement is automatic regardless of who in the household receives the benefit.

If you're on a low income but don't get any of these benefits or allowances, you may still claim travel costs through the HS low income support scheme.

- Income Support
- Employment and Support Allowance
- Jobseeker's Allowance

How much do you get?

If you're on a relevant benefit(s) or allowances you get back the full travel costs by using the cheapest form of public transport available, including any concessions or promotions.

This applies to however you travel. If for example, you use a private car you can claim for petrol instead (and car parking charges where unavoidable) up to the cost of the same journey by public transport.

The hospital should tell you the mileage rate for petrol costs for private transport.

If public transport is unavailable or impractical (perhaps you can't get to your appointment on time or your mobility is restricted), you'll need to contact the hospital well ahead of your appointment. They will need to check your new travel arrangements are allowed.

If you're on the HS Low Income scheme you may get back all or some of your travel costs depending on which certificate you've been given.

How to claim

You can claim at the HS hospital or clinic at the time of your appointment. You'll be paid back immediately in cash, when you show any of the following:

- proof of a qualifying benefit (like an award notice)
- a tax credit exemption certificate (you'll get this automatically if you qualify)
- a certificate showing you qualify for the HS Low Income Support scheme

Backdated claims

You can claim help with travel costs up to three months after your appointment, as long as you can prove you were eligible to claim at the time. To do this, you'll need to fill in a refund claim form (HC5), which you can get from:

- Health Service hospitals
- Social Security / Jobs and Benefits offices
- the NHS Patient Services helpline, on 0845 850 1166 (from 8.00 am to 6.00 pm Monday to Friday - calls are charged at the local rate)

Appendix 4

Citizens' Jury

A typical Citizens Jury has three stages:

1. Setting up the jurors for a good experience
2. Gathering evidence
3. Deliberations and recommendations.

The Citizen Jury took place on Saturday 13 October 2012. The Jury was composed of 7 members of the public who were self-nominated and came from different parts of the Southern Trust area – through this process, there was also an attempt made to ensure that Section 75 groups were covered. The Jury members gave their time voluntarily and were activists in their own communities with a broad interest in health and social care matters. The event was facilitated by an independent facilitator and evidence was heard from 8 witnesses. “Witnesses” made a short introductory statement and then answered questions from the Jurors on their area of evidence.

Background to the “Charge” Question

The ‘charge question’ is the term used to describe the issue that is going to be deliberated upon by the Jury. “Witnesses” provide evidence and the Jury make recommendations based on the evidence they receive. The question that the Jury considered and took evidence on was “What transport issues do people face when accessing health and social care services? What could be done to improve the journey?”

This question reflects a context in which equality of access to health and social care services is fundamental. Whilst access is about much more than transport, the availability of suitable, affordable transport is an important factor in getting the most out of health and social care services. Transport is, understandably, an important issue in rural communities; what must not be overlooked is how important transport services are to people living in urban areas. This is particularly relevant to those who do not own a car and/or have to deal with difficult economic circumstances.

Health and social care services are provided in numerous locations across Northern Ireland. This inevitably means that access to services can sometimes involve substantial travel. The fact that planning and funding of transport services falls under the remit of a number of government departments can mean that passengers experience difficulties in undertaking journeys which may require use of a number of transport services and providers.

Against this wider background the Jury weighed up the evidence presented by the “witnesses” who brought forward a range of issues for consideration. The “witnesses” included representatives from voluntary organisations, transport providers and policy-makers.

After hearing from “witnesses” the Jury considered their “verdict” and made a number of recommendations which are set out below.

The Patient and Client Council/Consumer Council Citizen Jury calls for the following actions to be taken:

- 1) The Northern Ireland Executive should undertake a Northern Ireland wide review of all government funded transport provision with a view to creating a joined up plan for transport provision that would ensure at least one workable transport option is available to everyone at the time of need.
- 2) The Health and Social Care Board, as part of the ‘Transforming Your Care’ process, should model the impact of proposed service delivery changes in relation to transport need and provision.
- 3) The Health and Social Care Board and Health and Social Care Trusts should implement Personal and Public Involvement in a meaningful way with regard to transport as part of the ‘Transforming Your Care’ implementation process.
- 4) Health and Social Care Trusts should ensure that elective appointment planning considers transport provision in order to improve access to appointments and reduce Do Not Attends with immediate effect.

- 5) Health and Social Care Trusts should provide travel option information on appointment letters with immediate effect. In particular,
 - a. details for the Translink Contact Centre to obtain travel advice and
 - b. information about eligibility criteria for transport assistance from the Passenger Care Service where there is a medical need

Patient and Client Council

Your voice in health and social care

Remember you can contact us by

Telephone

0800 917 0222

Email

info.pcc@hscni.net

Post

FREEPOST
PATIENT CLIENT COUNCIL

Website

www.patientclientcouncil.hscni.net

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The Consumer Council

Making the consumer voice
heard and making it count

ELIZABETH HOUSE
116 HOLYWOOD ROAD
BELFAST
BT4 1NY

Complaints Line

0800 121 6022

Tele/Textphone

028 9067 2488

Fax

028 9065 7701

E-mail

info@consumercouncil.org.uk
complaints@consumercouncil.org.uk

Website

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