

Item:

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Report to Partnership Meeting 23 August 2013

RESEARCH AND STRATEGY DELIVERY

Healthcare Transport Short Life Working Group Report

Purpose of Report

This report advises Members of the publication on 31 May 2013 of the Scottish Government's Short Life Working Groups (SLWG) report on transport to healthcare. This report discusses some of the issues raised in the Group's report.

Background

In November 2009, the Scottish Government published a *Healthcare Transport Framework* to assess how NHS Scotland was meeting its commitment to deliver more accessible healthcare transport services through 'joined-up' solutions between providers. Following that publication, Scotland's Regional Transport Partnerships recommended to the then Cabinet Secretary for Health, Wellbeing and Cities Strategy that a Short Life Working Group review existing health and social care transport services.

The Healthcare Transport Short Life Working Group was established and met over the course of 2011-2012. HITRANS Partnership Director was one of two RTP representatives on the SLWG. Their remit was to use the *Healthcare Transport Framework* as a basis for making recommendations to the Scottish Government on how to improve health and social care transport in Scotland, and to provide corresponding advice to the relevant delivery bodies, with a strong emphasis on partnership and collaboration.

In August 2011 Audit Scotland also published a report into transport for Health and Social Care. This has previously been reported to and considered by the Board. This report identified "*Greater coordination of transport for health and social care, which affects many people across Scotland, could lead to significant improvements and financial savings*"

The Audit Scotland report says that "*poor information about transport services and uncoordinated transport arrangements mean there is a risk people are not getting to the services they need. Badly planned transport results in unnecessary journeys, missed or late appointments, people staying in hospital longer than they need to and reliance on unplanned options such as taxis.*"

The report found "*information on costs, quality and people's needs is inadequate. Audit Scotland found that at least £93 million is spent annually on transport for health and social care, but this is likely to be a significant underestimate because it is difficult to identify what is spent in this area.*"

The report recommends "*coordinating local services, making better use of joint scheduling, sharing more resources between partners, and providing better information to the public.*"

The Audit also identified that Audit Scotland would be revisiting their audit to check on the progress that each area had made in implementing the recommendations.

Short Life Working Group Report

The Short Life Working Group undertook a review by:

- examining existing approaches to improving services;
- considering opportunities for NHS Scotland, LAs, RTPs and third sector organisations to work more collaboratively in the design and delivery of affordable and efficient services;
- considering how to overcome the obstacles to access for disadvantaged and vulnerable communities;
- examining how to tackle inequalities in access to health and social care;
- examining opportunities for a systematic approach to assessing service plans; and,
- considering effective and sustainable measures to ensure on-going mutual co-operation.

The SLWG presented eight recommendations to the Cabinet Secretary for Health and Wellbeing and the Minister for Transport and Veterans. The paper sets out those recommendations along with some narrative definition of the considerations that led to them. It also provides a comprehensive toolkit to aid partners in taking actions forward. The paper can be found at: <http://www.scotland.gov.uk/Topics/Health/Quality-Improvement-Performance/HealthcareTransport/HealthcareTransportSLWG>

The paper found:

- Structures and responsibilities should provide clarity regarding strategic planning for the future of health and social care transport. There is scope to further define health and social care transport responsibilities and bring these more sharply in line with current and future arrangements. In particular, the relationships between NHS Boards, Community Health (and Care) Partnerships (CH(C)Ps), LAs, RTPs, SAS, and the third sector should be clarified and strengthened.
- Across the UK, numerous reviews and pilots of non-emergency and cross-sector patient transport have demonstrated positive service improvement through joint working and integration. The SLWG has recommended the use of pilots and, with their partners, NHS Boards will be able to apply for SG pilot funding during the next two years.

It identified a number of key issues including:

- To ensure optimal utilisation of Patient Transport Service (PTS) resources, SAS has developed a patient needs assessment tool based on direct patient booking. This ensures a patient centred approach to the assessment of individual transport needs. To support this, it is important to provide patients with reliable and easily available information about timetables and alternative travel options.
- Given the difficulty in delivering comprehensive bus services and the focus of PTS being patients with specific needs, there is a pressing requirement to develop a safety net of alternative transport for the increasing demand for health and social care related journeys.
- Patients reliant on public transport sometimes complain that the setting and co-ordination of appointment times make it difficult, even impossible, to attend the

appointments they are offered. This is not only contrary to the aim of having a person-centred service, but potentially inefficient when it negatively impacts ‘did not attend’ (DNA) rates and, so too, waiting times.

- There are various examples of good progress being made in this area.
- To achieve integrated health and social care transport, NHS Boards and their partners should embrace collaborative working, with a view to transcending traditional organisational boundaries.
- There is considerable scope for designing a more cohesive model, consistent with SG’s wider commitment to public sector reform.
- NHS Boards and CH(C)Ps have a statutory responsibility to work with RTPs and LAs in developing strategies to provide local transport solutions. These responsibilities should offer the opportunity to enhance the role of the third sector in the design and delivery of access to health and social care. Chapter 1 of the Transport (Scotland) Act (2005)⁸ sets out the need for RTPs to explain how transport in the region should be provided, developed, improved and operated, in order that it facilitates access to hospitals, clinics, surgeries and other sites of treatment and care.
- NHS Boards and CH(C)Ps are expected to work with LAs, RTPs and the third sector through community planning structures. CPPs provide a forum where the delivery of cohesive health and social care transport can be identified as a priority. It may even be included in the development of Single Outcome Agreements.
- There are positive signs in some areas (such as Grampian, Strathclyde and Highland), that work is underway to design integrated models for transport provision. Opportunities to develop these initiatives should be further encouraged.
- A key challenge is to ensure that steps to improve existing arrangements are proportionate and maximise the effectiveness of current planning arrangements, legislation, resources and systems. They also need to cohere with existing and evolving structures for planning and delivery in the Scottish public sector more generally. Such arrangements should encourage innovation in transport provision where this adds value.

Report Recommendations

The report made the following recommendations. Beside each recommendation is a comment on the current status of the recommendation in the Highlands and Islands context:

SLWG Recommendation	Comment
<p>In the light of the Healthcare Quality Strategy, consider the opportunities to test how a patient focused integrated health and social care transport model would work in practice within the context of the wider integration of community focussed transport provision, and assess the expected benefit.</p> <p>AND</p> <p>Establish and monitor the success of separate pilots in rural and urban areas of cross sector community focussed integrated transport models aimed at delivering more effective and efficient access to health and</p>	<p>HITRANS, Highland Council, NHS Highland, Scottish Ambulance Service and Lochaber Action on Disability (LAD) have developed the Integrated Transport Provision (ITP) Project. The principal aim of the project is to work in partnership to design, implement and co-ordinate an integrated and sustainable transport system that delivers best value for the pilot project area.</p> <p>A key project output will be a Transport Target Operating Model that can be applied across Highland Council’s area and the operational areas of the Project Partners. In order to stimulate an enhanced and more efficient use of current transport resources</p>

<p>social care, and, if there is the opportunity, wider services provided within the community.</p>	<p>within the pilot project area the central project initiative is the introduction of the Lochaber Transport Advice and Bookings Service. This Service will most importantly provide a travel and transport-related information advisory service to travellers and carers. This will consider the caller's overall travel needs in order to determine how a person should most appropriately travel. HITRANS and Highland Council have confirmed our funding contributions for the project. The balance of funding is subject to a Lochaber CHP Change Fund application that has been submitted by NHS Highland.</p> <p>In addition to the ITP Project HITRANS have also (through our partner authority Moray Council) provided £5k towards set up costs of the NHS Grampian HTAP Information Service in Elgin. This is the project that has seen Nestrans take a lead role along with SAS and NHS Grampian and our contribution was a one off to reflect that the service is being trialed initially in Moray.</p>
<p>NHS Boards should identify an appropriate lead from within their management structures. This may be someone at CH(C)P level, who can focus on integrated planning at LA and CPP level, but each board should decide on an appropriate individual to meet local needs.</p>	<p>NHS Highland lead in this area is Roseanne Urquhart who sat on the SLWG and has provided strong leadership in this area.</p> <p>Gerry Donald of the Scottish Ambulance Service (SAS) has been nominated to lead activity in this area for SAS on both the ITP Project and the NHS Grampian (Moray project).</p>
<p>NHS Boards and RTPs should review guidance in respect of the Transport (Scotland) Act (2005) and work together to strengthen the links between them.</p>	<p>NHS Highland and HITRANS work closely together and HITRANS supported the development of NHS Highland's Health and Transport Framework.</p> <p>HITRANS has had initial communication with NHS Western Isles with a view to implementing this recommendation and establishing better partnership working.</p> <p>HITRANS has had ad hoc working with NHS Orkney on Air Service work over the years. We will look to improve formal engagements structures in light of this recommendation.</p>
<p>SAS and NHS Boards should continue to work together to ensure that transport for those with a medical or mobility need, PTS, responds effectively to current and future design and reconfiguration of care.</p>	

All partners should use the Health and Social Care Transport Toolkit to assess and profile current activity and expenditure in relation to non-emergency patient transport for health and social care, community and voluntary transport and DRT to develop an integrated transport model.	The ITP will help develop techniques in the use of the Health and Social Care Transport Toolkit in a real world setting.
Highland and Islands Travel Scheme (HITS) and Healthcare Travel Costs Scheme (HTCS) should be reviewed to ensure they remain fit for purpose, offer value for money, consider opportunities to maximise integrated solutions and are in-line with changes to the welfare system.	It is expected that the HITS will be devolved to NHS Highland. The ITP project is intended to inform better practice in delivering patient travel and will hopefully identify efficiency savings that can be made to ensure local control of HITS achieves better value in terms of patient travel.
Wider transport issues identified in the course of this review which affect access to health and social care (such as bus availability) but which are beyond the scope of the SLWG should be referred to appropriate existing committees or work streams such as SG's Bus Stakeholders Group.	The RTPs are represented on the Bus Stakeholder Group and will take any opportunity presented by this to highlight issues of access to healthcare by public transport.

Along with each recommendation the paper provides a rationale for the recommendation and a series of actions that the various partners should adopt. This includes:

NHS Boards and their partners will wish to ensure that they begin to align current practices with the model of integrated health and social care transport partnerships within the next 6-12 months.

Integrated health and social care transport models will provide a framework for NHS Boards to create integrated transport 'hubs'.

Each (NHS) board should identify an 'Executive Lead' to ensure that health and social care transport is given sufficient attention at board-level. That lead should seek to foster good strategic relationships with the Scottish Ambulance Service (SAS), RTPs, LAs, Community Transport and other non-emergency transport providers, and should ensure that the board and its partners take into account considerations of access to health and social care resulting from service redesign and reconfiguration.

The full scope and weight of the Transport (Scotland) Act (2005) should be used in the design of services to meet patient needs. To ensure this there is a need to have consistent and sufficiently senior NHS participation in RTPs to facilitate collaborative working, in the context of the Transport (Scotland) Act (2005), between RTP, NHS Boards, and SAS.

NHS Boards, SAS and transport providers should review the opportunities to improve connectivity between NHS and non NHS systems in the scheduling of appointments and availability and provision of transport.

The scheduling of care is increasingly dependent on communication between agencies. Patients who are reliant on public transport sometimes complain that appointments are offered at times which make it difficult or impossible for them to attend. This may be due to how clinics are organised or result from the fact that the appointment setting process does not currently have the capability to register when public transport is a feasible means for a patient. With person-centred care, the scheduling of clinic times can be crucial and must be

considered in every case. Difficulties accessing health and social care appointments may cause additional stress and fatigue, diminish overall patient experience and increase 'did-not-attend' rates. The Audit Scotland report, Transport for Health and Social Care, highlighted the need for transport providers to develop more sophisticated and consistent approaches to assessing value for money and recording of activity when reviewing the effectiveness transport provision.

The Health and Social Care Transport Toolkit should be used by NHS Boards to profile current activity and expenditure in respect of non-emergency patient transport within their areas in order to inform future plans.

The SLWG is formally recommending that Transport Scotland consider the wider transport issues identified during this piece of work and advise how they are addressing, or propose to address them. In doing so they should also consider the report 'A Road to Health' and how the wider access issues identified may be addressed by their on-going programme of work.

The paper also provides an Integrated Health and Social Care Transport Model. This includes commentary as follows:

A model for integrated health and social care transport may be implemented through building a multidisciplinary group tasked with assisting partners in reviewing, redesigning and continuously improving transport provision within a particular regional catchment. This group should comprise of an executive lead and a wider representative membership.

The wider representative membership might be established along the following lines:

- one representative from each LAs and RTP within the relevant catchment;
- one representative from SAS;
- two representatives from each relevant patient or service user group; and,
- one public transport and one community transport representative.

Working practices should provide clarity with respect to governance and responsibility, giving greater transparency and accountability, stronger leadership, and effective collective decision making. A number of documents and systems might be put in place to establish clear governance structures, which support transparent accountable working.

Given the findings in Transport for Health and Social Care, about the difficulty of establishing overall spending on transport, new approaches require financial management systems that ensure better tracking of spend. Partners should seek to establish a comprehensive understanding of current spending on health and social care transport, and develop financial strategies against which future decisions can be made.

Consideration may be given to establishing single integrated call centres and ascertaining whether IT systems could be utilised to keep a record of the cost of individual journeys against each transport provider.

Recommendations

Members are asked to:-

Note requirement/ encouragements within the Short Life Working Group's Healthcare Transport paper

1. Note the report. In particular Members should welcome the requirements and encouragement within the Healthcare Transport SLWG report on improving partnership working between key stakeholders including RTPs with NHS and SAS.

Risk	Impact	Comment
RTS delivery	√	This work supports RTS objectives.
Policy	√	
Financial	√	The cost of research to support the input from HITRANS to the ITP is included within the Business Plan.
Equality	-	No impact on Equalities issues.

Report by: Ranald Robertson
Designation: Partnership Director
Date: 7th August 2013