



Kernow

Clinical Commissioning Group

Report on the public consultation regarding non-emergency patient transport services

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Introduction and context

From October 2018 NHS Kernow Clinical Commissioning Group (NHS Kernow) intends to commission one universal non-emergency patient transport service for patients in Cornwall and the Isles of Scilly. At present the service is provided through a number of contracts spread across several providers. A single universal service will make it easier to make sure the needs of patients are being met by:

- Improving the quality of services;
- Ensuring they are better value for money;
- Introducing a single point of access for all types of non-emergency patient transport, and
- Ensuring patients access the right type of transport for their needs.

At the same time NHS Kernow has reviewed the policies which underpin these services, and assessed the needs of the population that use them. The current policies and criteria for eligibility are outdated and vary in their application across Cornwall and the Isles of Scilly. This, combined with increasing year on year costs of providing NHS funded transport means NHS Kernow must ensure that it is only providing services on the grounds of health or financial need where there is a mandatory requirement to do so.

From April 2017 NHS Kernow aims to have in place a new NHS funded transport policy which will clearly outline:

- The services available to patients;
- The eligibility criteria for the different services available; and
- How to access the services.

In this consultation we asked for people's views on:

- Changes to NHS funded transport policy
- Understanding the impact on patients of changes to NHS funded transport services available
- Proposals to commission a new universal non-emergency patient transport service
- The service levels patients expect from a universal NHS funded non-emergency patient transport service;
- Changes to eligibility criteria for NHS funded non-emergency patient transport, and
- Changes to NHS funded Isles of Scilly travel, discretionary payments, frequent travellers and subsidised voluntary car services
- Five options relating to the frequent traveller service, which were:

- **Option one:** continue to provide the frequent traveller service free of charge and remove the charge to patients travelling to Plymouth Hospital NHS Trust, or
- **Option two** continue to provide the frequent traveller service free of charge but on a means tested service, or
- **Option three:** move to providing a service that requires all frequently travelling patients to contribute to costs, or
- **Option four:** move to providing a service that requires all frequently travelling patients to pay all the cost of the service, or
- **Option five:** stop funding all frequent traveller transport for all patients

It was made clear during the consultation that for people meeting either the medical eligibility criteria for non-emergency patient transport, or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.

The consultation document explained what the proposed changes meant for patients that use NHS funded transport, and is included at appendix one.

Methodology

The consultation ran from 1 December 2016 until 28 February 2017, and comprised three main elements:

- Direct engagement with people via public events;
- Direct patient engagement with people who have/have had a cancer diagnosis and people receiving renal dialysis; and
- A survey available online and in paper format.

In addition, people were welcome to make their views known to us in any way that suited them.

The consultation was widely advertised via the media and social media. In addition, direct notification of the consultation was sent to many statutory and voluntary sector partners and all Patient Participation Groups. A request was made that they in turn cascade the information about the consultation to the people/organisations in their own networks.

The staff who undertook the public and patient events are shown in appendix 13.

Direct engagement events

There were eleven direct public engagement events, principally held in outpatient departments of acute and community hospitals to ensure that we were available to people who were likely to be using patient transport. Each event was advertised in advance to enable anyone who wanted to be involved to do so, and not just the people who were having an appointment on that day.

Unfortunately Bodmin and Bude/Stratton community hospitals stated they were unable to host an engagement event, leading to these events taking place in public settings within each town. Despite advertising the events in each locality the numbers show that these events were much less successful than the hospital based sessions in terms of numbers attending, although all of the conversations proved worthwhile.

Two public events were planned for the Isles of Scilly, one during the evening and one during the following morning. Unfortunately the weather intervened meaning the engagement team could not get to St Mary's, providing a pertinent if unhelpful demonstration of the reality of living on the islands. A positive outcome was retrieved from the adversity by holding a hastily arranged engagement session at Lands' End airfield. With several island residents waiting there for the weather to clear it proved to be a useful engagement session, and we appreciate the cooperation provided by the staff at the airfield that enabled this engagement to happen. One week later a rearranged daytime public engagement session successfully took place at the Church Garden Pavilion on St Mary's.

There were three direct patient sessions, one with the RCHT Cancer Patient Group and two that took place on the wards at RCHT with patients undergoing renal therapy.

Quantitative data

In total over 790 people engaged with the consultation, either through completing a survey, talking to us at an engagement event or by writing/emailing the CCG to offer their views and opinions.

Table one: Numbers engaged with in the public sessions

Locality	Venue	Number of public engaged with
East	Liskeard Hospital	25
	Plymouth Hospital	23
	Sub-total	48
North	Bodmin Public Rooms	2
	Bude Parkhouse Centre	7
	Sub-total	9
West	Camborne and Redruth Hospital	17
	West Cornwall Hospital (1)	18
	West Cornwall Hospital (2)	20
	Helston Hospital	15
	Sub-total	70

Locality	Venue	Number of public engaged with
IOS	Lands' End Airfield	50
	IOS Church Garden Pavilion	25
	Sub-total	75
Central	Royal Cornwall Hospital OPD	34
	Sub-total	34
Total		236

Table two - Numbers engaged with in the patient sessions

Locality	Venue	Number of public engaged with
Central	Royal Cornwall Hospital	
	Renal (session 1)	27
	Renal (session 2)	27
	Cancer Patient and Carer Group	9
Total		63

The key messages from the engagement events in Cornwall (excluding Lands' End airfield) were:

- Public transport availability made it difficult to attend hospital appointments;
- The NHS should only fund patients transport if they meet the eligibility criteria; and
- Transport is difficult across Cornwall.

The key messages from the engagement on the Isles of Scilly and Lands' End airfield were:

- Even when using NHS funded transport Isles of Scilly residents don't always get back home that day. Cornwall residents expect this as a given. Adverse weather conditions regularly affect sea crossings or flights;
- Travelling by boat is not a good experience when you are well, when travelling for medical treatment this is even worse; and
- Patients would prefer not to travel and would welcome more services delivered on the Isles of Scilly or through innovative use of technology.

Survey

The survey was available online and in paper copy upon request. Paper copies were also taken to each direct engagement event. A copy of the paper survey can be found at appendix two. In total, 491 surveys were submitted although not everyone who started a survey completed it or answered every question that they were asked to. 338 surveys were undertaken online, and 153 paper copies were submitted.

In addition to questions that asked respondents to select an answer from a defined list, there was also the opportunity for people to make free text comments. This ensured that any view that someone wished to express (that was not covered within the survey) could still be made.

Of the 491 responses received, 158 respondents identified themselves as residents of the Isles of Scilly. This represents just over 32 per cent of the total responses, highlighting the understandable level of interest that residents of the islands have in patient transport. To put this into context, the population of the islands represents approximately 0.5 per cent of the total population of Cornwall and Isles of Scilly. Responses from the islands were predominantly but not exclusively from St Mary's, with Tresco, St Martin's and St Agnes all being identified as the respondent's home.

The survey results are given at appendix three, shown as total responses with the sub-totals for Cornwall responses and responses from the Isles of Scilly also given.

Appendix four shows the survey results in table form, with an additional sub-division showing responses from people who use or have used patient transport, and people who do not/have not.

Other feedback received

In addition to the public engagement sessions, the direct patient engagement sessions and the survey, other feedback was also received during the consultation:

- A letter from St Austell Town Council (appendix five);
- An email from St Just and Pendeen Good Neighbours (appendix six), which included a copy of the April 2000 Cornwall Community Health Council report 'Patient's on Wheels' (appendix seven), and a copy of the July 2010 Citizens Advice Bureau Cornwall report 'The hidden costs of free healthcare' (appendix eight);
- An email from Rame and Torpoint Patient Participation Group (appendix nine);
- A letter from two residents of the Isles of Scilly (appendix 10); and
- A request from Sheryll Murray MP (South East Cornwall), that a further public engagement event be held in the south east of the county in addition to the event held at Plymouth Hospitals NHS Trust. As a result of this request an additional public engagement event was held at Liskeard Community Hospital.

Qualitative data

The survey contained a free text facility for respondents to write any comments they wished to make, in addition to their responses to the survey questions. The number of free text responses came to 230. These have been reviewed and grouped into themes, shown in appendix 11. As themes can be relatively broad headings, further detail is given in the sub-issues column. This provides a better understanding of the more detailed reasons that people were giving in support of their views. Because

theming comments is inevitably subjective, the verbatim comments are also given in appendix 12.

The themed answers are divided between responses that relate to the mainland, and comments that relate to the Isles of Scilly. The issue that attracted the most comments related to the question asking if island residents should be provided with travel to the mainland by boat rather than by air when attending an appointment. A range of reasons identifying why this would not be desirable were put forward.

Thanks to:

The Council of the Isles of Scilly
Healthwatch Isles of Scilly
St Mary's Church Pavilion, Isles of Scilly
Lands' End airfield
Royal Cornwall Hospitals NHS Trust

- Royal Cornwall Hospital
- West Cornwall Hospital

Cornwall Partnership NHS Foundation Trust

- Camborne-Redruth Community Hospital
- Helston Community Hospital
- Liskeard Hospital

Plymouth Hospitals NHS Trust
Bodmin Public Rooms
Bude Parkhouse Centre



Kernow

Clinical Commissioning Group

Appendix 1: Consultation document

Appendix 1: About the consultation

From October 2018 NHS Kernow will commission one universal non-emergency patient transport service for patients in Cornwall and the Isles of Scilly. This will make it easier to make sure the needs of patients are being met:

- By improving the quality of services and ensuring they are better value for money;
- By introducing a single point of access for all types of non-emergency patient transport; and
- By ensuring patients access the right type of transport for their needs.

At the same time NHS Kernow is reviewing the policies which underpin these services, and assessing the needs of the population that use them. The policies and criteria for eligibility are outdated and vary in their application across Cornwall and the Isles of Scilly. This, combined with increasing year on year costs of providing NHS funded transport, means NHS Kernow must ensure that it is only providing services on the grounds of health or financial need where there is a mandatory requirement to do so.

From April 2017 NHS Kernow aims to have in place a new NHS funded transport policy which will clearly outline:

- The services available to patients;
- The eligibility criteria for the different services available; and
- How to access the services.

In this consultation we are asking for people's views on:

- Changes to NHS funded transport policy;
- Understanding the impact on patients of changes to NHS funded transport services available; and
- Proposals to commission a new universal non-emergency patient transport service

In this document we explain what these changes may mean for patients that use NHS funded transport, either now or in the future.

Why do we want to make changes?

The service contract for the main non-emergency patient transport provider comes to an end in September 2018 and this gives NHS Kernow the opportunity to make improvements.

We recognise that NHS funded transport services in Cornwall and the Isles of Scilly are fragmented with no standardised service levels. As a result patients and healthcare professionals can find it confusing to understand which services are available and how to access them.

We buy healthcare on behalf of the local population of Cornwall and Isles of Scilly. The money for this comes from a fixed budget. By law, we are required to keep

Appendix 1: About the consultation

within this budget. Demand for healthcare is greater than can be funded from this fixed budget. Unfortunately, this means that some healthcare which patients might wish to receive and which professionals might wish to offer cannot be funded. This has always been the situation since the start of the NHS.

Our approach to this situation is to prioritise what we spend, so that the local population gets access to the healthcare that is most needed. This assessment of need is made across the whole population and, wherever possible, on the basis of best evidence about what works. We also aim to do this in a way that is fair, so that different people with equal need have equal opportunity to access services. This approach is not new. It is consistent with other NHS organisations who buy healthcare for their local populations.

One result of this kind of assessment is that NHS Kernow is reviewing the provision of NHS funded transport for patients. This will ensure we are funding services only where there is a clinical need or a mandatory requirement to do so. This means that, as a result of the assessment, some patients that may have previously been in receipt of NHS funded transport would no longer receive it.

It also means that, in cases such as the off island residents of the Isles of Scilly where we are not meeting mandatory requirements to fund transport, we will be able to do so in the future.

It is anticipated that the current costs of this service will be reduced by undertaking these changes, even after taking into account of meeting our mandatory requirements in respect of the residents of the Isles of Scilly.

What is NHS funded transport?

Patients travelling to receive NHS non-emergency healthcare are normally expected to make their own way using their own transport or the range of public, community or voluntary transport available locally. However, patients may be eligible for assistance on the grounds of either health need or financial need.

NHS funded transport for health need	NHS funded transport for financial need
NHS funded non-emergency patient transport services are available to patients who are unable to travel on private or public transport due to a health need. This service mainly helps patients who are accessing healthcare services, being transferred between healthcare services or being returned back to their place of residence having received healthcare services. The healthcare must be NHS funded in order to be eligible for non-emergency patient transport. Non-emergency patient transport services are available free of charge to eligible patients.	Patients that do not have a health need but are on a low income, or in receipt of certain benefits, may be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme if they are referred to hospital or other NHS premises for NHS specialist treatment or diagnostic tests. Patients are expected to use the cheapest suitable mode of transport for their circumstances.

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Both forms of assistance allow for an escort or carer to travel with the patient, where it is deemed medically necessary for someone to travel with them.

What is not included in this consultation?

We are **not** seeking views on:

- Transport for patients requiring urgent or emergency (999) services; or
- Urgent and emergency helicopter transport.

What NHS funded transport services look like now

NHS Kernow buys non-emergency patient transport services which are used by patients to access healthcare in Cornwall and the Isles of Scilly and include:

- Non-emergency ambulances;
- Car transport;
- High dependency ambulances; and
- Specialist mental health transport.

Some of these services are bought directly by NHS Kernow and some are bought by our healthcare providers. This means that there are different contracts and standards in place depending on where a patient is travelling and the kind of service they require, rather than one universal service for all patients. It also means that services cost each of the healthcare providers a different amount of money.

In addition to the above NHS Kernow also funds a number of other services. Some of these are mandatory, which means the Department of Health or NHS England say we have to provide them, and some of them are discretionary, which means we have chosen to provide them.

Mandatory services

- Non-Emergency Patient Transport
- Healthcare Travel Costs Scheme-the refund of patients travel costs, where the patient meets qualifying benefit or low income criteria.
- Isles of Scilly travel- as part of the Healthcare Travel Costs Scheme the residents of the Isles of Scilly only have to pay £5 to travel to the mainland for their NHS treatment. We currently book and pay for patients to travel by air or sea from St Mary's to the mainland. We are not currently meeting the requirement to pay for residents of the 'off islands' to travel to St Mary's to catch their connecting transport to the mainland.

Appendix 1: About the consultation

Discretionary services

- Assistance to patients that do not meet the criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme. These are known as discretionary payments and may cover travel or accommodation costs. Many arrangements have been on-going for a number of years without review.
- Patients who have frequent travel requirements: Car transport for patients travelling three or more times a week for a sustained course of treatment, such as renal dialysis or radiotherapy.
- Patients who have no alternative transport: Subsidised voluntary car services for patients that do not meet medical or health eligibility criteria and do not have their own means of travelling to healthcare appointments. This transport is provided by TAP (Age UK). Patients currently pay a maximum of £20 each way for their travel and NHS Kernow pays the remainder of the fare.

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What would the changes mean?

NHS Kernow is seeking people’s views on:

- Changes to NHS funded transport policy;
- Understanding the impact on patients of changes to NHS funded transport services available; and
- Proposals to commission a new universal non-emergency patient transport service

Service	What are we consulting on?	What the changes could mean
<p>Non-emergency patient transport services</p> <p>NHS Kernow buys non-emergency patient transport services which are used by patients to access healthcare in Cornwall and the Isles of Scilly, these services are for patients with a health need and include:</p> <ul style="list-style-type: none">• Non-emergency ambulances;• Car transport;• High dependency ambulances; and• Specialist mental health transport. <p>From October 2018 NHS Kernow will commission one universal non-emergency patient transport service for patients in Cornwall and the Isles of Scilly. This will make it easier to make sure the needs of patients are being met:</p> <ul style="list-style-type: none">• By improving the quality of services and ensuring they are better value for money;• By introducing a single point of access for all types of non-emergency patient transport; and• By ensuring patients access the right type of transport for their needs.	<p>NHS Kernow is seeking views on proposals change eligibility criteria to:</p> <ul style="list-style-type: none">• Ensure that the eligibility criteria are universally applied to patients accessing all NHS healthcare services. Only eligible patients should be receiving free NHS transport. This means making sure that those patients who are able to travel by private or public transport for day to day living also do so when attending healthcare appointments. We are consulting on proposed eligibility criteria which will mean that:<ul style="list-style-type: none">○ Patient eligibility will always be checked, and will be the same regardless of which healthcare provider a patient is travelling to;○ Those patients whose health needs mean they are able to travel by public or private transport, do so. <p>NHS Kernow would also like to understand the public’s views on service standards:</p> <ul style="list-style-type: none">• How long patients receiving free NHS funded transport are prepared to wait at their healthcare provider if their transport gets them there early for their appointment;• How long patients receiving free NHS funded transport are prepared to wait at their healthcare provider after their appointment for their transport;• How much time patients are prepared to spend on their transport when travelling to and from their healthcare;• How patients like to be kept informed about their transport booking and when their transport is arriving to collect them; and• When and how patients should be able to make bookings for NHS funded transport. <p>Not Applicable</p>	<p>The changes to eligibility criteria will mainly affect patients in the ‘walking’ category. This means a patient whose health needs mean that they can travel in a private car (e.g. a relative, friends or neighbour’s car) or on public transport (e.g. a bus, train, volunteer car service or taxi) these patients will not qualify in the future for patient transport.</p> <p>Patients meeting the medical eligibility criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.</p> <p>Public and patients responses to the questions posed in our questionnaire will help to shape the flexibility in service delivery i.e. spending longer on transport or waiting longer for allowing us to deliver more cost effective services.</p>
<p>Healthcare Travel Costs Scheme</p> <p>Patients that do not have a health need but are on a low income, or in receipt of certain benefits, may be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme if they are referred to hospital or other NHS premises for NHS specialist treatment or diagnostic tests. Patients are expected to use the cheapest suitable mode of transport for their circumstances.</p>		<p>NHS Kernow is not proposing any changes to the Healthcare Travel Costs Scheme. This is a mandatory requirement and will continue to be available to eligible patients.</p> <p>Patients meeting the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.</p>

Appendix 1: About the consultation

Service	What are we consulting on?	What the changes could mean
<p>Isles of Scilly travel</p> <p>NHS Kernow funds transport, either by boat or aeroplane, for residents of the Isles of Scilly travelling from St Mary's to the mainland for treatment. Residents make a £5 contribution towards the cost of their travel. Transport is booked for patients by St Mary's Hospital and by Royal Cornwall Hospital NHS Trust. Patients are able to choose whether to fly or take the boat. Flights operate year round and the boat operates from April-October. The cost of a flight to the NHS is twice that of the cost of the boat.</p> <p>Many patients travelling from St Mary's to the mainland stay for more than one day to allow for travel time.</p>	<p>NHS Kernow is seeking views on proposals to:</p> <ul style="list-style-type: none"> Only fund transport by boat to the mainland for patients travelling to the mainland and back in more than one day, during the period that the boat operates. Patients choosing to fly would be expected to pay the difference between the cost of the boat and the cost of the flight. Patients travelling over to the mainland and back in one day would automatically qualify for NHS funded transport by flight, all year round. Outside of the period that the boat operates all patients would continue to qualify for flights; Only fund flights to Lands' End; patients choosing to fly to Newquay would be expected to pay the difference between the cost of the flight to Lands' End and the cost of the flight to Newquay; and Cease funding the shuttle bus service provided by Skybus for patients travelling from Lands' End to Penzance. 	<p>Residents of the Off islands would be reimbursed for the cost of their travel to and from St Mary's, when travelling onwards to the mainland for NHS funded healthcare.</p> <p>Patients travelling from the Isles of Scilly to the mainland for NHS funded healthcare will continue to receive NHS funded transport but the choice of transport and destination may be limited. Alongside this, there is work looking at reducing the need to travel to the mainland for some routine healthcare.</p> <p>Patients meeting the medical eligibility criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.</p>
<p>Discretionary payments</p> <p>NHS funded transport services should be available to patients based on health or financial need as determined by Department of Health and NHS England criteria. NHS Kernow should not fund transport where there is a social need (e.g. because a patient does not have their own car). In addition to this the Healthcare Travel Costs Scheme does not include the reimbursement of accommodation costs.</p>	<p>NHS Kernow is seeking views on proposals to:</p> <ul style="list-style-type: none"> Stop making discretionary payments for transport to patients from 1 April 2017. This will include the reimbursement of travel and accommodation expenses and the provision of NHS funded car transport (also known as TAP cars provided by Age UK) for patients that do not meet eligibility criteria for NHS funded non-emergency patient transport services or the Healthcare Travel Costs Scheme. 	<p>This means patients who have in the past received, or would currently receive, discretionary payments would cease to do so.</p> <p>These patients would have their individual cases reviewed by a clinical panel at NHS Kernow to assess the impact of these changes and identify alternative options for accessing their healthcare where appropriate.</p> <p>Patients meeting the medical eligibility criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.</p>
<p>Frequent travellers</p> <p>NHS Kernow funds transport, usually by TAP car, for patients attending hospital at least three times a week for a sustained course of treatment. The only exceptions to this are patients who travel to Plymouth Hospitals NHS Trust for frequent treatment, who have to make a contribution towards the cost of their travel. The majority of patients receiving this service are renal and cancer patients. There are no medical or financial needs assessment made to receive this transport, the only criteria is frequency of travel to receive treatment.</p>	<p>NHS Kernow is consulting on several options for the future of this service and is seeking views on proposals to:</p> <ul style="list-style-type: none"> Continue to provide the frequent traveller service free of charge and remove the charge to patients travelling to Plymouth Hospital NHS Trust; or Continue to provide the frequent traveller service free of charge but on a means tested basis; or Move to providing a service that requires all frequently travelling patients to contribute to costs; Move to providing a service that requires all frequently travelling patients to pay all the cost of the service; or Stop funding all frequent traveller transport for all patients. 	<p>This means that some or all patients who would qualify for NHS funded transport as a frequent traveller would no longer be eligible.</p> <p>These patients would have their individual cases reviewed by a clinical panel at NHS Kernow to assess the impact of these changes and identify alternative options for accessing their healthcare where appropriate.</p> <p>Frequent travellers meeting the medical eligibility criteria for NHS funded non-emergency patient transport or the Healthcare Travel Costs Scheme would not be affected by these changes.</p>
<p>Subsidised voluntary cars</p> <p>NHS Kernow funds car services for patients that do not meet medical or health eligibility criteria and do not have their own means of travelling to healthcare appointments. This transport is provided by TAP (Age UK). Patients currently pay a maximum of £20 each way for their travel and NHS Kernow pays the remainder of the fare.</p>	<p>NHS Kernow is seeking views on proposals to:</p> <ul style="list-style-type: none"> Stop subsidising voluntary car services journeys for patients attending NHS funded healthcare. 	<p>This means that patients using voluntary car services that do not meet the eligibility criteria for NHS funded non-emergency patient transport services or the Healthcare Travel Costs Scheme would be expected to meet the full cost of the transport to their NHS funded healthcare.</p>

Appendix 1: About the consultation

Service	What are we consulting on?	What the changes could mean
		Patients meeting the medical eligibility criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.

Appendix 1: About the consultation

What we are consulting and engaging on

We are running a twelve week public consultation and engagement to seek views on:

- The service levels patients expect from a universal NHS funded non-emergency patient transport service;
- Changes to eligibility criteria for NHS funded non-emergency patient transport; and
- Changes to NHS funded Isles of Scilly travel, discretionary payments, frequent travellers and subsidised voluntary car services.

We would like you to complete a questionnaire to help us understand your views. This information will enable us to review our plans and to shape them based on what you tell us. The public engagement will run from 1 December 2016 to 28 February 2017.

How to respond

You can take part in the online survey (closed weblink) or download a hard copy here (closed weblink), which you can return to us freepost.

If you would like us to send you a copy of the survey, please email kccg.engagement@nhs.net, or you can write to us at:

NHS Kernow
NEPTS
Sedgemoor Centre
Priory Road
St Austell
PL25 5AS

In addition to the questionnaire there will be a number of engagement sessions around Cornwall and the Isles of Scilly where you will be able to meet the clinicians and managers responsible for undertaking the change. You will have the opportunity to ask questions and get further clarity on the changes. These events will be publicised on our website (closed weblink).

If you are a member of a patient group, or a group with an interest in health, you can ask for someone to attend one of your meetings to talk about the engagement, provided that the meeting is taking place during the period of engagement. We cannot guarantee to meet every request, but we will do our best to accommodate any received.

Appendix 2: The survey (paper copy)

HAVE YOUR SAY

Non-emergency patient transport

From October 2018, NHS Kernow will commission one universal non-emergency patient transport service for patients in Cornwall and the Isles of Scilly. This will make it easier to make sure the needs of patients are being met:

- by improving the quality of services and ensuring they are better value for money;
- by introducing a single point of access for all types of non-emergency patient transport; and
- by ensuring patients access the right type of transport for their needs.



At the same time, NHS Kernow is reviewing the policies which underpin these services and assessing the needs of the population that use them. The policies and criteria for eligibility are outdated and vary in their application across Cornwall and the Isles of Scilly. This, combined with increasing year on year costs of providing NHS funded transport, means NHS Kernow must ensure that it is only providing services on the grounds of health or financial need where there is a mandatory requirement to do so.

You can find out more about the consultation on our website:

www.kernowccg.nhs.uk/get-involved/consultation/non-emergency-patient-transport

Non-emergency patient transport survey

About you

1. What is your age?

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> 17 or younger | <input type="checkbox"/> 18-20 | <input type="checkbox"/> 21-29 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 60 or older | | |

2. How do you describe your sex?

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Gender fluid |
| <input type="checkbox"/> Gender neutral | <input type="checkbox"/> Intersex | <input type="checkbox"/> Prefer not to say |

3. What is the name of the nearest town where you live?

Current or past usage of NHS funded transport

4. Which statement applies to you?

- ☐ I am a current user of NHS funded transport
- ☐ I have used NHS funded transport in the past
- ☐ I have never used NHS funded transport

If you have never used NHS funded transport, please go to question 8.

5. If you have used NHS funded transport now or in the past, which services have you used? Please select all options that apply.

- ☐ Non-emergency patient transport services
- ☐ Subsidised voluntary cars
- ☐ The Healthcare Travel Costs Scheme
- ☐ Specialist mental health transport
- ☐ High-dependancy ambulance transport

Non-emergency patient transport survey

6. **How have you used these services?** Please select all options that apply.

- | | |
|---|--|
| <input type="checkbox"/> As a patient | <input type="checkbox"/> As an escort or carer |
| <input type="checkbox"/> As an Isles of Scilly resident | <input type="checkbox"/> As a frequent traveller |

7. **If you are a frequent traveller, which Trust are you using?**

- ☐ Royal Cornwall Hospital NHS Trust
- ☐ Plymouth Hospital NHS Trust
- ☐ Other healthcare provider

Non-emergency patient transport services

NHS Kernow buys non-emergency patient transport services which are used by patients to access healthcare in Cornwall and the Isles of Scilly, these services are for patients with a health need and include:

- Non-emergency ambulances;
- Car transport;
- High dependency ambulances; and
- Specialist mental health transport.

NHS Kernow is seeking views on proposals change eligibility criteria to ensure that the eligibility criteria are universally applied to patients accessing all NHS healthcare services. Only eligible patients should be receiving free NHS transport. This means making sure that those patients who are able to travel by private or public transport for day to day living also do so when attending healthcare appointments. We are consulting on proposed eligibility criteria which will mean that:

- Patient eligibility will always be checked, and will be the same regardless of which healthcare provider a patient is travelling to;
- Those patients whose health needs mean they are able to travel by public or private transport, do so.

8. **Do you think patient's whose health needs mean they are able to travel in a private car (eg a relative, friends or neighbour's car) or on public transport (eg a bus, train, volunteer car service or taxi) should qualify for NHS funded transport?**

- ☐ Yes ☐ No ☐ Unsure

Non-emergency patient transport survey

NHS Kernow would also like to understand the public’s views on service standards.

9. How long would you be prepared to wait at your healthcare provider if your transport gets you there early for your appointment if this is free NHS funded transport?

- ☐ Up to 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ More than 3 hours

10. How long would you be prepared to wait at your healthcare provider for your free NHS funded transport home following your appointment?

- ☐ Up to 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ More than 3 hours

11. How much time would you be prepared to spend on your free NHS funded transport when travelling to and from your healthcare appointments?

- ☐ Up to 1 hour
- ☐ 1-2 hours
- ☐ 2-3 hours
- ☐ More than 3 hours

12. How should patients be kept informed about their transport booking and when their transport is arriving to collect them? Please select all options that apply.

- ☐ Telephone
- ☐ Text
- ☐ Email
- ☐ Other (please specify):

13. How should patients be able to make bookings for NHS funded transport? Please select all options that apply.

- ☐ Telephone
- ☐ Email
- ☐ Internet
- ☐ Other (please specify):

Non-emergency patient transport survey

Isles of Scilly travel

NHS Kernow funds transport, either by boat or aeroplane, for residents of the Isles of Scilly travelling from St Mary's to the mainland for treatment. Residents make a £5 contribution towards the cost of their travel. Transport is booked for patients by St Mary's Hospital and by Royal Cornwall Hospital NHS Trust. Patients are able to choose whether to fly or take the boat. Flights operate year round and the boat operates from April-October. The cost of a flight to the NHS is twice that of the cost of the boat.

NHS Kernow is seeking views on the following proposals:

- to only fund transport by boat to the mainland for patients travelling to the mainland and back in more than one day, during the period that the boat operates. Patients choosing to fly would be expected to pay the difference between the cost of the boat and the cost of the flight. Patients travelling over to the mainland and back in one day would automatically qualify for NHS funded transport by flight, all year round. Outside of the period that the boat operates all patients would continue to qualify for flights;
- to only fund flights to Lands' End; patients choosing to fly to Newquay would be expected to pay the difference between the cost of the flight to Lands' End and the cost of the flight to Newquay; and
- cease funding the shuttle bus service provided by SkyBus for patients travelling from Lands' End to Penzance.

14. When a patient is travelling to the mainland from the Isles of Scilly for more than one day should the NHS fund the cost of flights when cheaper boat transport is available?

☐ Yes ☐ No ☐ Unsure

15. Should patients only receive NHS funded flights from the Isles of Scilly to Lands' End?

☐ Yes ☐ No ☐ Unsure

16. Should patients travelling to the mainland from the Isles of Scilly receive NHS funding for taking the shuttle bus service provided by SkyBus for patients travelling from Lands' End to Penzance?

☐ Yes ☐ No ☐ Unsure

Non-emergency patient transport survey

Discretionary payments

NHS funded transport services should be available to patients based on health or financial need as determined by Department of Health and NHS England criteria. NHS Kernow should not fund transport where there is a social need (eg because a patient does not have their own car). In addition to this the Healthcare Travel Costs Scheme does not include the reimbursement of accommodation costs.

NHS Kernow is seeking views on proposals to stop making discretionary payments for transport to patients from 1 April 2017. This will include the reimbursement of travel and accommodation expenses and the provision of NHS funded car transport (also known as TAP cars provided by Age UK) for patients that do not meet eligibility criteria for NHS funded non-emergency patient transport services or the Healthcare Travel Costs Scheme.

17. Should NHS Kernow stop making discretionary payments for transport to patients who do not qualify for assistance on the grounds of health or financial need?

☐

Yes

☐

No

☐

Unsure

NHS Kernow funds transport, usually by TAP car, for patients attending hospital at least three times a week for a sustained course of treatment. The only exceptions to this are patients who travel to Plymouth Hospitals NHS Trust for frequent treatment, who have to make a contribution towards the cost of their travel. The majority of patients receiving this service are renal and cancer patients. There are no medical or financial needs assessment made to receive this transport, the only criteria is frequency of travel to receive treatment.

NHS Kernow is consulting on several options for the future of this service and is seeking views on proposals to:

- **Option 1:** continue to provide the frequent traveller service free of charge and remove the charge to patients travelling to Plymouth Hospital NHS Trust; or
- **Option 2:** continue to provide the frequent traveller service free of charge but on a means tested basis; or
- **Option 3:** move to providing a service that requires all frequently travelling patients to contribute to costs;
- **Option 4:** move to providing a service that requires all frequently travelling patients to pay all the cost of the service; or
- **Option 5:** stop funding all frequent traveller transport for all patients.

Patients meeting the medical eligibility criteria for non-emergency patient transport or the Healthcare Travel Costs Scheme would continue to be able to access assistance through these routes.

Non-emergency patient transport survey

18. Which option should NHS Kernow choose for the future of the frequent traveller service:

- ☐ Option 1 ☐ Option 2 ☐ Option 3
- ☐ Option 4 ☐ Option 5
- ☐ Other (please specify):

Subsidised voluntary cars

NHS Kernow funds car services for patients that do not meet medical or health eligibility criteria and do not have their own means of travelling to healthcare appointments. This transport is provided by TAP (Age UK). Patients currently pay a maximum of £20 each way for their travel and NHS Kernow pays the remainder of the fare.

19. Should NHS Kernow stop subsidising voluntary car services journeys for patients attending NHS funded healthcare?

- ☐ Yes ☐ No ☐ Unsure

20. Do you have any other comments that you wish NHS Kernow to understand or consider? Please continue on a separate sheet if necessary.

Equality and Diversity

This section is optional. The information provided will be confidential. You do not have to complete and return this form if you do not wish to.

We are concerned that there should be no unfair discrimination against any group or individual. We want to make sure we understand what our population says, to enable NHS Kernow to make informed decisions. By completing this form, you will help us to understand whether we are talking to all members of the community, and will highlight where additional work may need to take place, to enable specific groups to access the engagement process.

What is your post code?

What year were you born?

How do you describe your sex?

- ☐ Female
- ☐ Male
- ☐ Gender fluid
- ☐ Gender neutral
- ☐ Intersex
- ☐ Prefer not to say

Is your gender identify the same as the sex you were assigned at birth?

- ☐ Yes
- ☐ No

The Equality Act 2010 describes disability as:

“A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

Are you a disabled person as defined by the Equality Act?

- ☐ Yes
- ☐ No

If you answered yes, please select the definition/s from the list below that best describes your impairment:

- ☐ Physical or mobility impairment
- ☐ Mental health condition
- ☐ Sensory impairment
- ☐ Learning disability/difficulty
- ☐ Long standing illness or health condition (cancer, HIV, diabetes, chronic heart disease or epilepsy)
- ☐ Other, please specify:

Equality and Diversity

Do you give help or support to family members, friends, neighbours or others because of a long-term physical or mental health or disability, or problems related to old age? Do not count anything you do as part of paid employment?

- ☐ Yes ☐ No

What is your marital status?

- ☐ Single ☐ Married ☐ Civil partnership

Are you pregnant?

- ☐ Yes ☐ No

What do you consider your sexual orientation to be:

- ☐ Heterosexual/Straight ☐ Lesbian/Gay woman ☐ Gay man
☐ Bisexual ☐ Asexual ☐ Pansexual
☐ Decline to specify

How do you describe your religion or belief (if any)?

- ☐ Agnostic ☐ Christian ☐ Muslim ☐ Sikh
☐ Atheist ☐ Hindu ☐ Pagan ☐ None
☐ Buddhist ☐ Jewish ☐ Decline to specify

How do you describe your ethnic origin? Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

- ☐ White British ☐ White - Cornish ☐ White - Irish
☐ White & Asian ☐ White & black Caribbean ☐ White & black African
☐ Mixed Cornish ☐ Bangladeshi ☐ Indian
☐ Pakistani ☐ Asian Cornish ☐ Chinese
☐ African ☐ Caribbean ☐ Black Cornish
☐ Gypsy/Roma ☐ Traveller of Irish Heritage ☐ Other

Non-emergency patient transport survey

Please note all of your responses will be treated confidentially.

You can also submit your responses online:
www.surveymonkey.co.uk/r/NHSKNEPTS

The closing date for response is **Monday 6 March 2017**.

In addition to the survey, there will be a number of engagement sessions around Cornwall and the Isles of Scilly where you will be able to meet the clinicians and managers responsible for undertaking the change. You will have the opportunity to ask questions and get further clarity on the changes. These events will be publicised on the home page of our website.

If you are a member of a patient group, or a group with an interest in health, you can ask for someone to attend one of your meetings to talk about the engagement, provided that the meeting is taking place during the period of engagement. We cannot guarantee to meet every request, but we will do our best to accommodate any received.

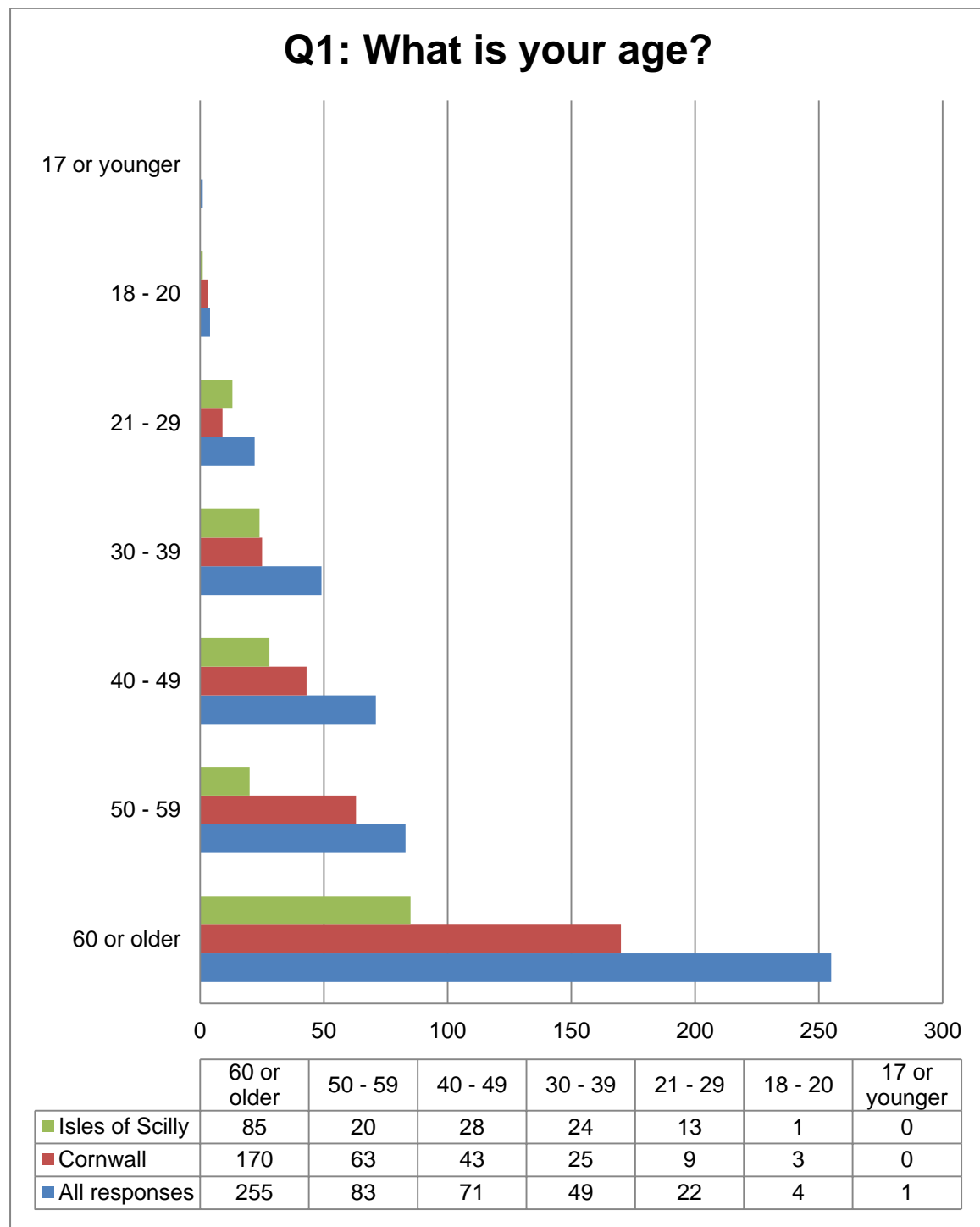
Return this survey free to:

FREEPOST RTES-UZ XK-SHBG
C/O Engagement team
NHS Kernow
Sedgemoor Centre
Priory Road
St Austell
PL25 5AS



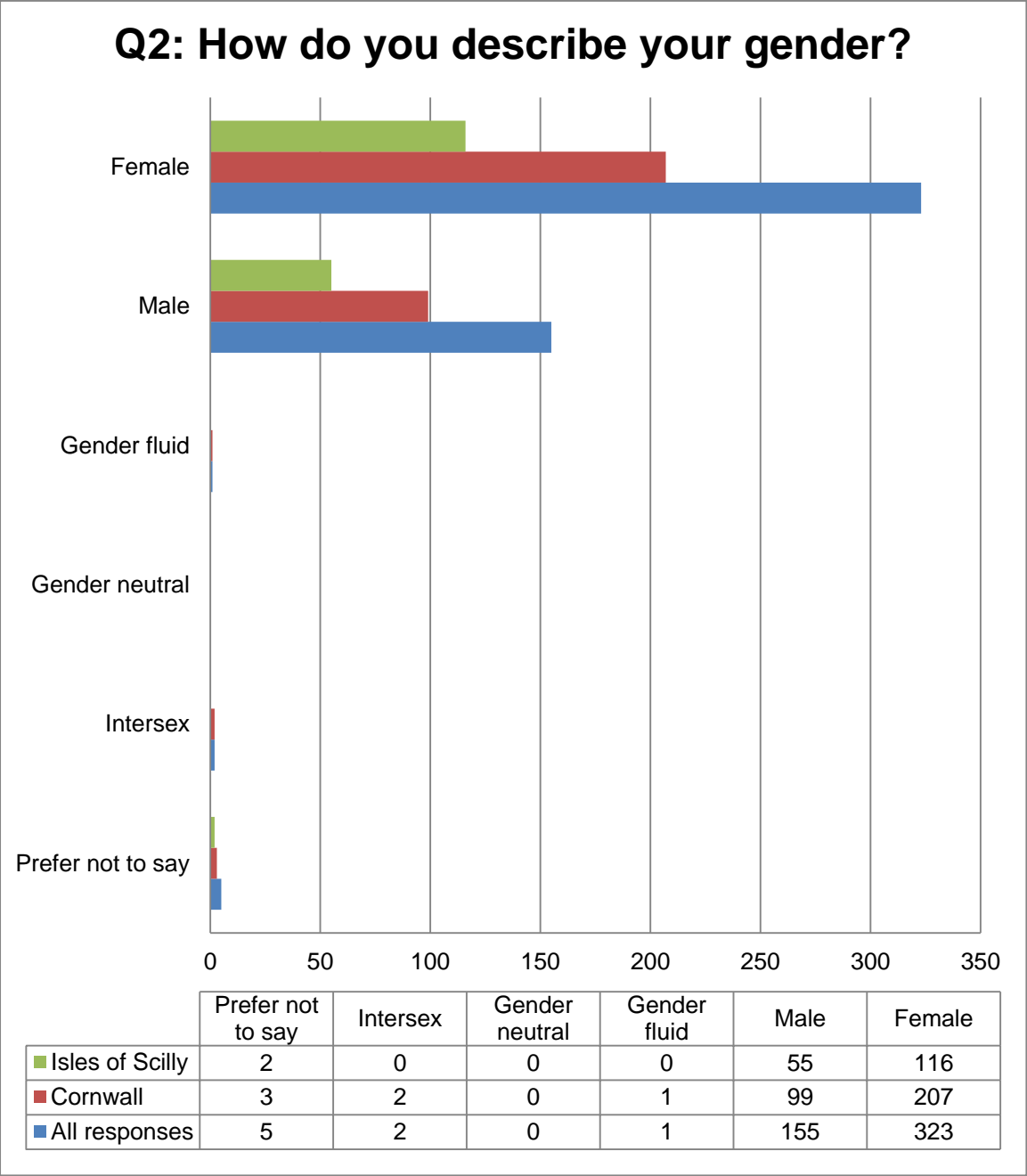
Appendix 3: Survey results one

Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column '17 or younger' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results



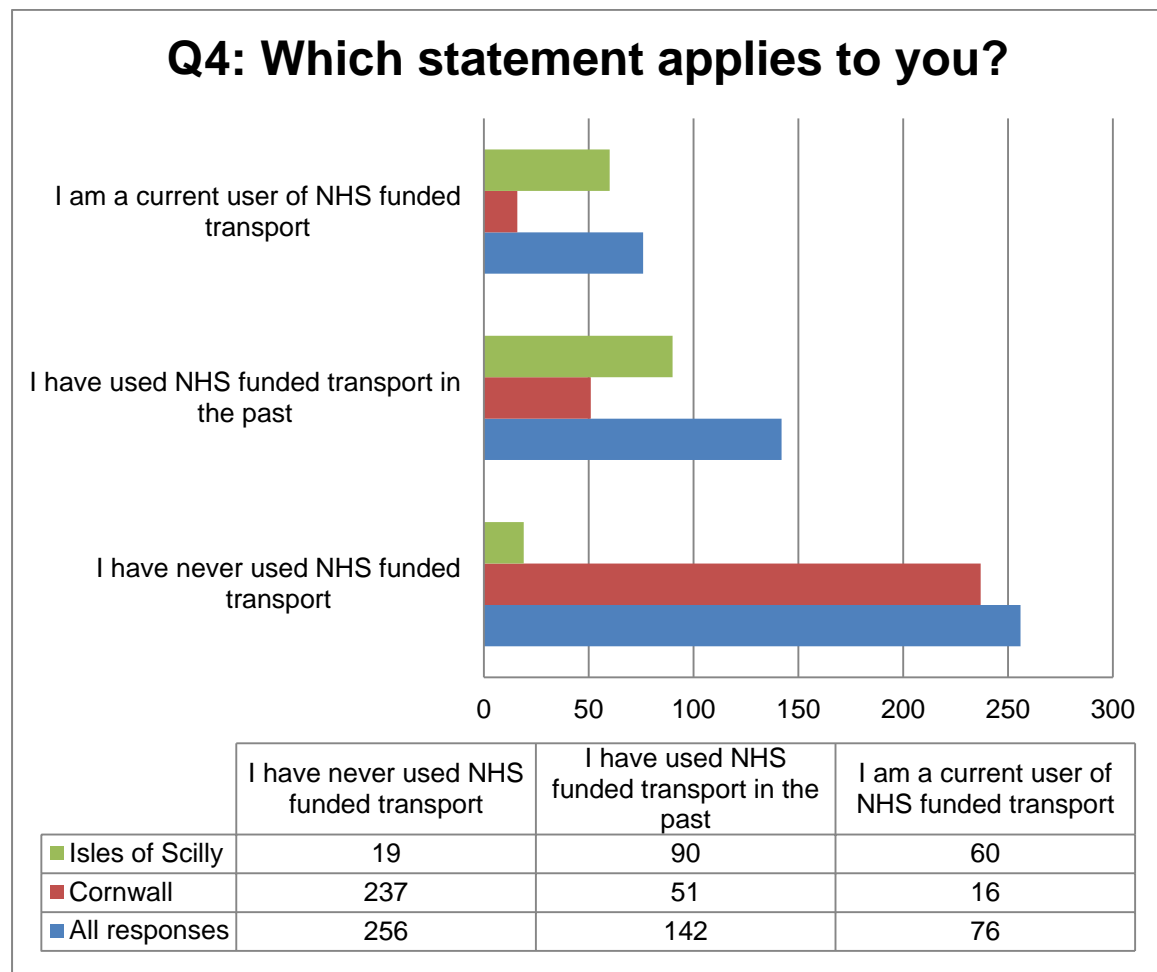
The discrepancy of 1 in the table for the column 'Male' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results

Q3: What is the name of the nearest town where you live?

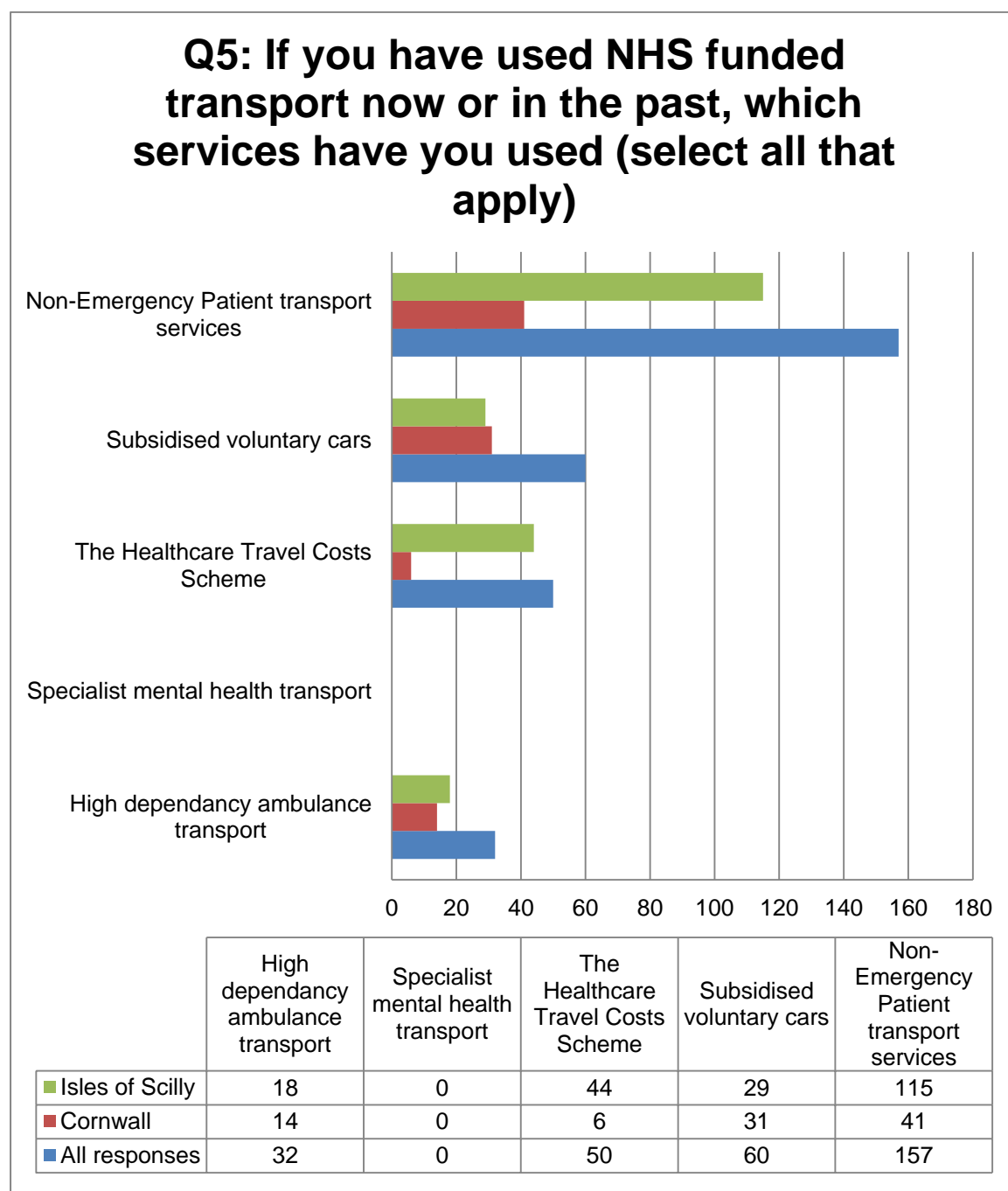
Town	No of responses
Isles of Scilly	158
Truro	35
Bude	25
Liskeard	24
Penzance	20
Redruth	19
Bodmin	18
Helston	18
Falmouth	17
St Austell	15
Camborne	13
Launceston	8
Newquay	8
Saltash	7
Hayle	6
Lostwithiel	6
Wadebridge	6
Callington	5
Torpoint	5
Looe	4
St Ives	3
St Just	3
Goldsithney	2
Calstock	1
Camelford	1
Fowey	1
Gunnislake	1
Par	1
Penryn	1
Perranporth	1
Ponsanooth	1
Porthleven	1
St Blazey	1
Total	435

Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column 'I have used NHS funded transport in the past' is due to a respondent not identifying their home area.

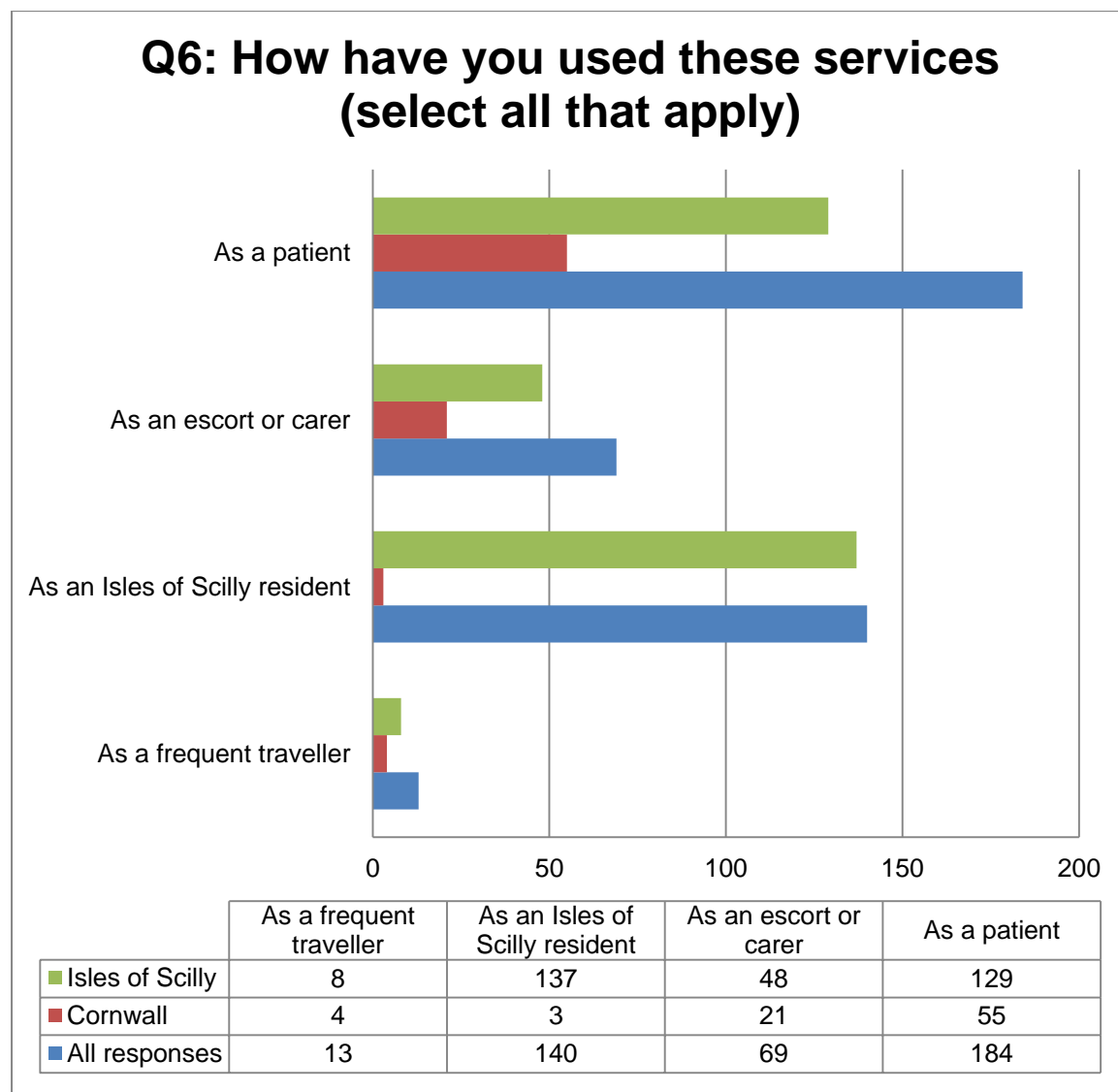
Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column 'Non-Emergency Patient transport services' is due to a respondent not identifying their home area.

216 respondents answered this question, but as respondents could identify more than one answer the total number of responses is higher than the number of people responding.

Appendix 3: NEPTS survey results

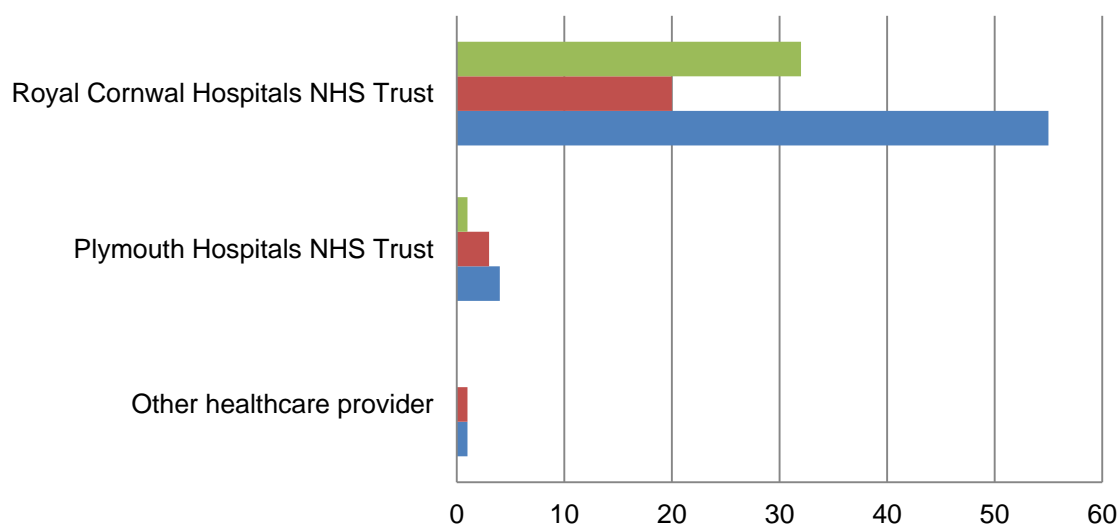


The discrepancy of 1 in the table for the column 'As a frequent traveller' is due to a respondent not identifying their home area.

3 respondents stating that they are residents of Cornwall also state they used the service as a resident of the Isles of Scilly. As historic use is included this is entirely possible.

Appendix 3: NEPTS survey results

Q7: If you are a frequent traveller, which Trust are you using?



	Other healthcare provider	Plymouth Hospitals NHS Trust	Royal Cornwall Hospitals NHS Trust
Isles of Scilly	0	1	32
Cornwall	1	3	20
All responses	1	4	55

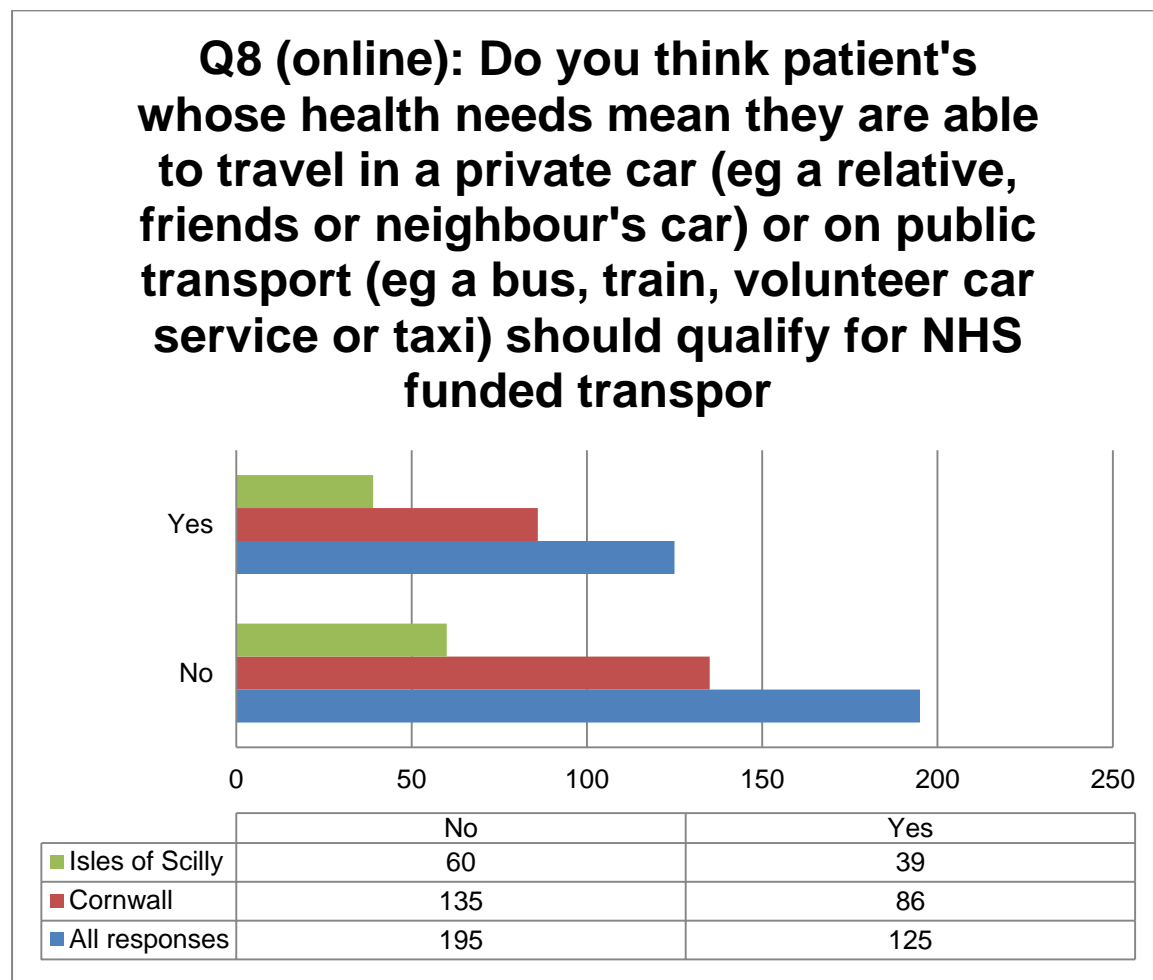
The discrepancy of 3 in the table for the column 'Royal Cornwall Hospitals NHS Trust' is due to three respondents not identifying their home area.

The online survey registered no responses for this question, so all responses came from the paper surveys received.

Appendix 3: NEPTS survey results

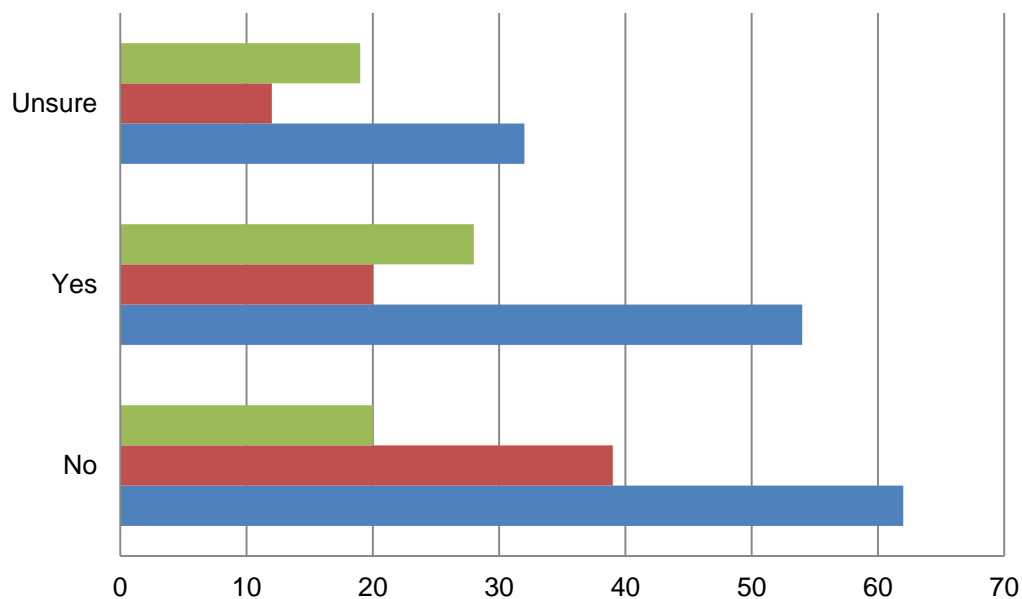
There was a discrepancy between the version of Q8 asked in the online survey compared to the version asked in the paper survey. In each case the question was identical, but the answers that respondents could select from varied. The online version offered the answers 'Yes' and 'No', while the paper version offered the answers 'Yes', 'No' and 'Unsure'.

As this prevents aggregating the online and paper copies, each one is shown separately.



Appendix 3: NEPTS survey results

Q8 (paper): Do you think patient's whose health needs mean they are able to travel in a private car (eg a relative, friend's or neighbour's car) or on public transport (eg a bus, train, volunteer car service or taxi) should qualify for NHS funded transpo



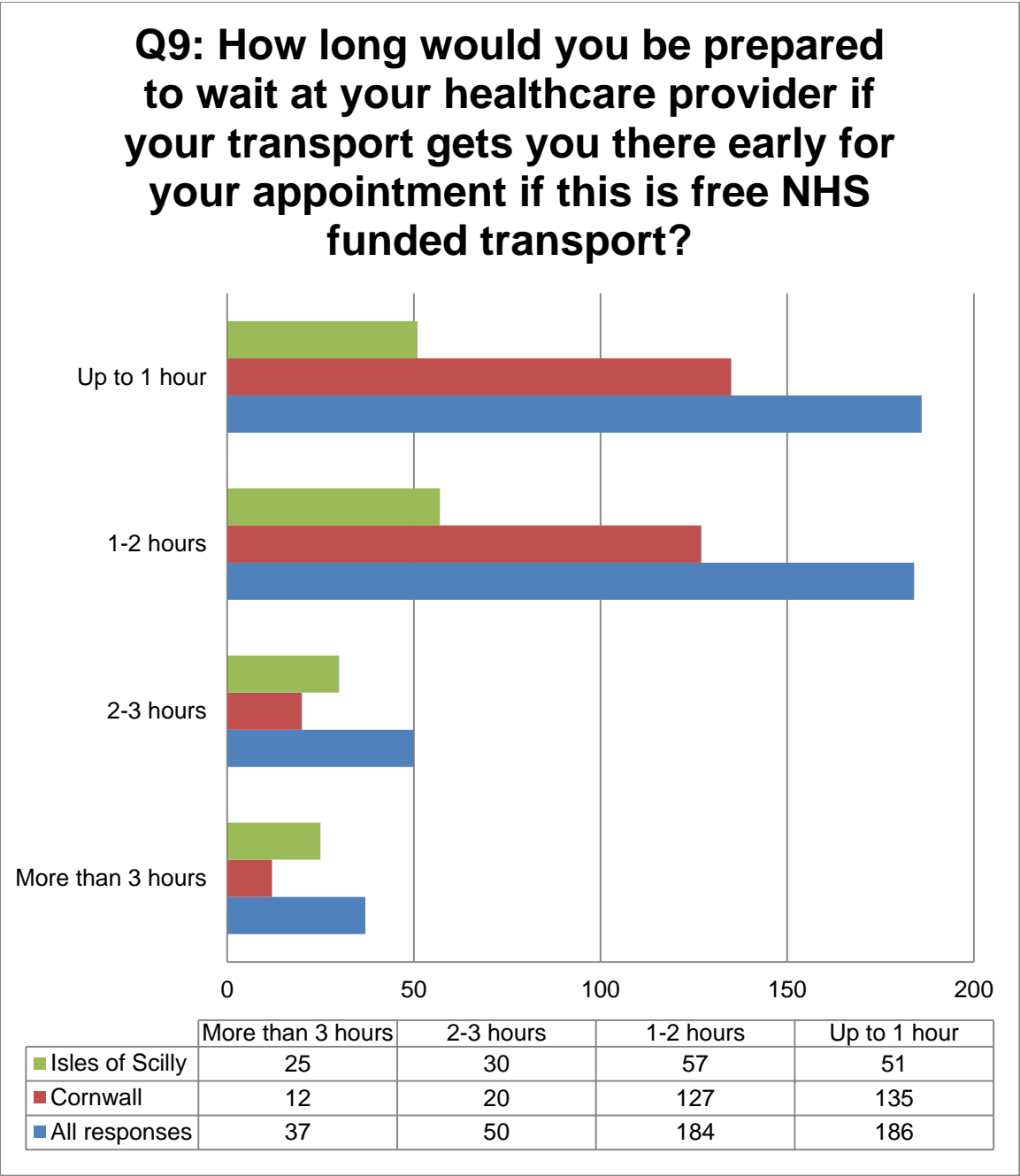
	No	Yes	Unsure
Isles of Scilly	20	28	19
Cornwall	39	20	12
All responses	62	54	32

The discrepancy of 3 in the table for the column 'No' is due to three respondents not identifying their home area.

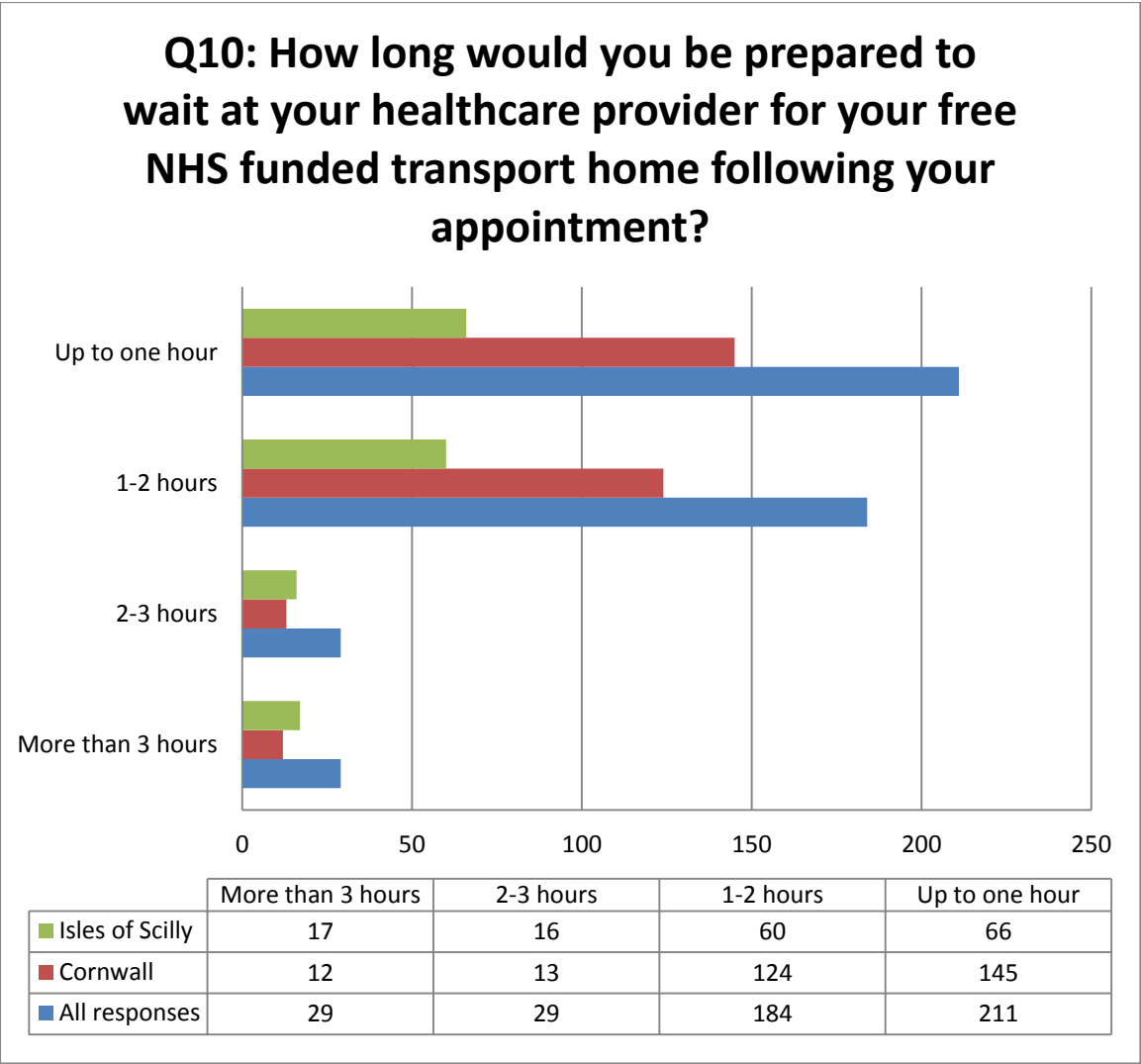
The discrepancy of 6 in the table for the column 'Yes' is due to six respondents not identifying their home area.

The discrepancy of 1 in the table for the column 'Unsure' is due to a respondent not identifying their home area.

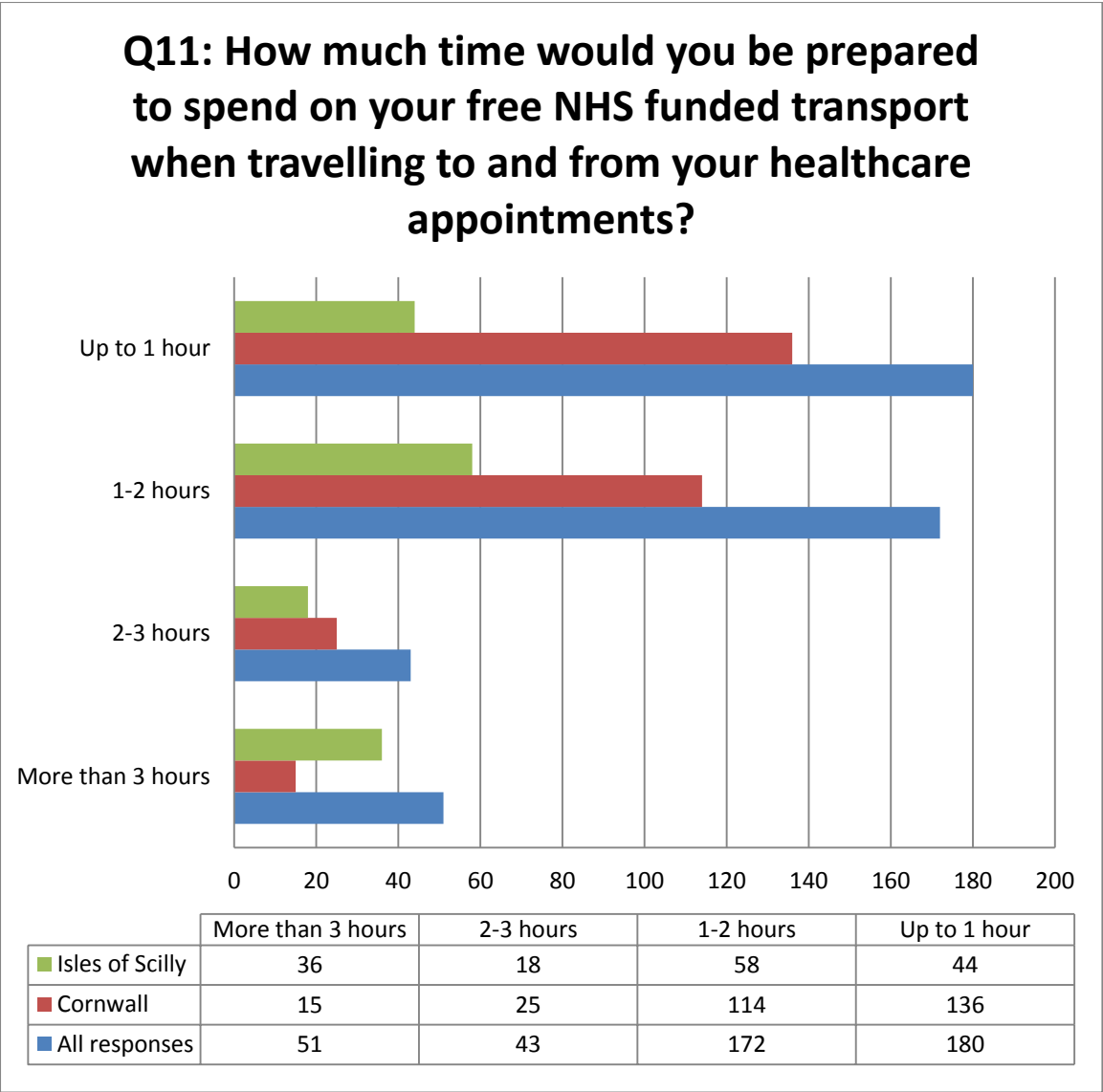
Appendix 3: NEPTS survey results



Appendix 3: NEPTS survey results

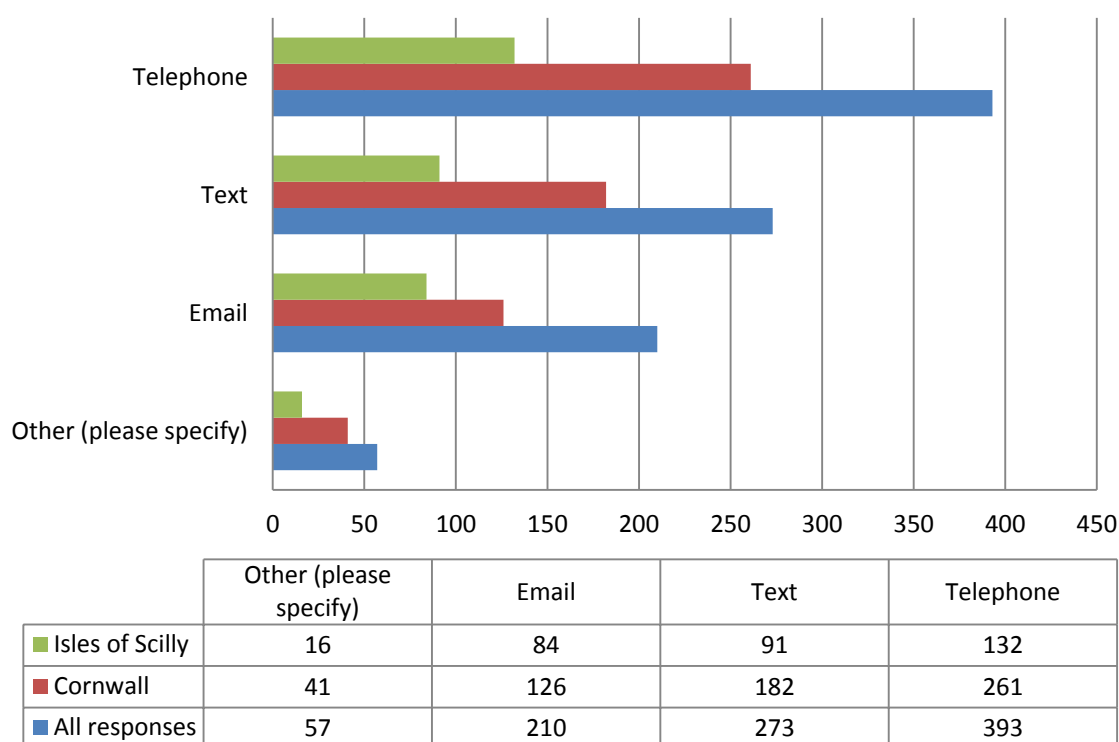


Appendix 3: NEPTS survey results



Appendix 3: NEPTS survey results

Q12: How should patients be kept informed about their transport booking and when their transport is arriving to collect them (please select all options that apply)?



Other comments:

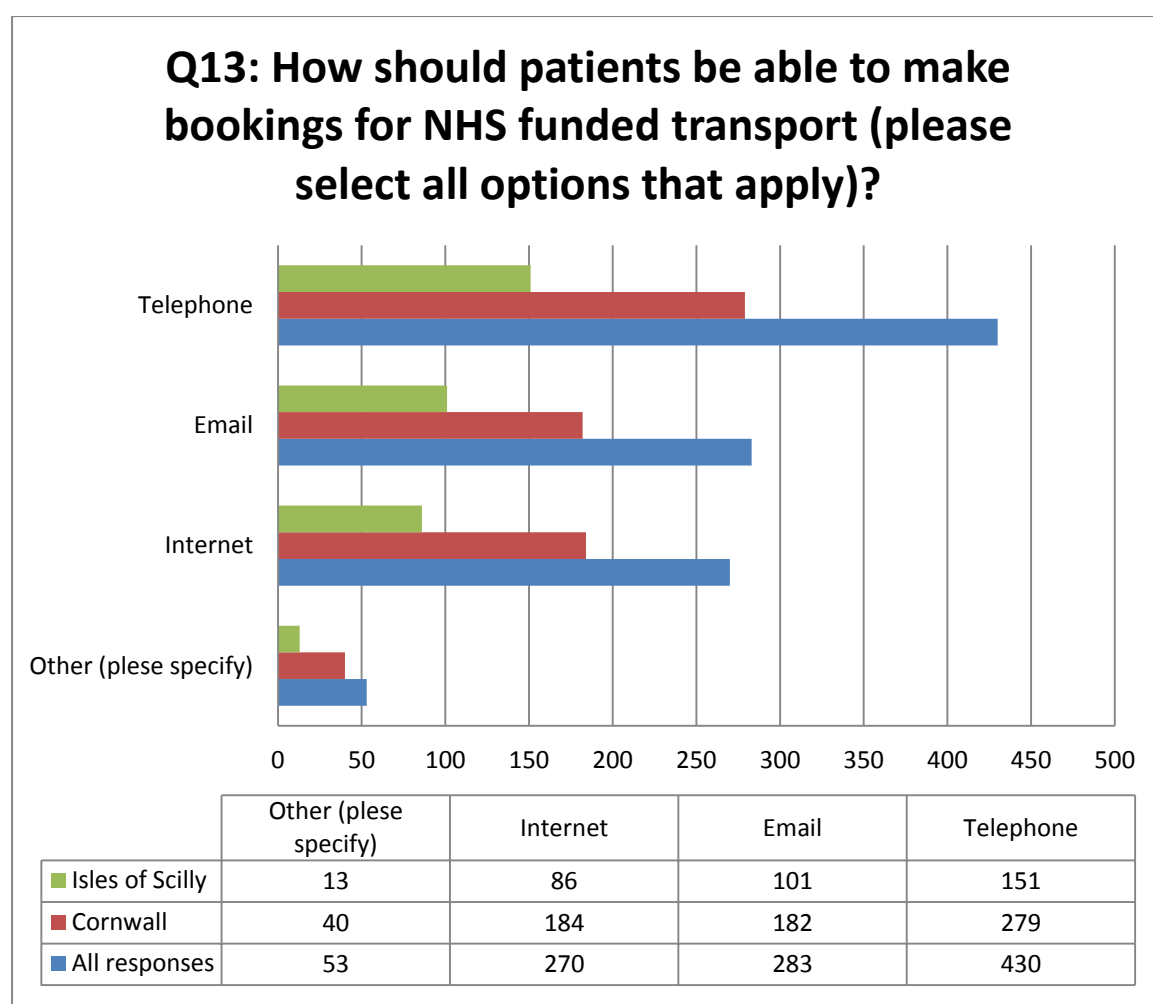
A free text option was given for respondents to make their own suggestions. 57 people did so, and their verbatim comments are listed below. Of the 57 comments received, the two most common suggestions are to notify people via the method that best suits them (19), and to notify people in writing/by post (18).

- By post if no email
- letter for those who do not have all the above
- should be the patient's choice as not everyone can use email etc
- Patients should have the option to select which method is used
- patient preference
- written
- whichever is best for the individual
- whichever method is best for the patient
- any other way patient specifies if none of the above are available to them
- By letter if required, some people do not have mobile phones/internet/computer
- in writing is always best but a call to confirm is good too
- Depends on timing! contact during travel may be difficult!?
- whichever is more convenient for the patient
- unable to book/be informed directly due to APHASIA could need to phone ?wife or friend
- whichever is suitable for the patient

Appendix 3: NEPTS survey results

- whatever is agreed and convenient with them
- This is not applicable to people living on Scilly
- mobile
- by letter
- However the patient is able to manage
- unless change at short notice - the telephone should be used
- Mobile phone, but the elderly might not have one so landline would be better
- Letter if appropriate
- Also by contacting hospital ward where patient is having treatment
- verbally by carers
- Royal Mail (if time limits allow)
- Which ever suits individual
- Whichever they choose
- any other
- by letter if other options not available
- Must be appropriate to patient, text/email not used by all, telephone may be difficult.
- This will depend on individual. One size will not fit all
- via nominated friend or neighbour
- letter
- This needs to be patient specific as not everyone feels comfortable with all the above forms of communication
- Letter
- Adhere to accessible information standards so it would depend on the needs of the individual, this should be asked when the transport is being booked.
- Letter
- Mobile Phone
- Whichever is easier for the patient
- by whatever means is convenient to the patient
- Mail
- Different individuals vary. It would be stupid for you to opt for just one forv all service users. For example, I am hard of hearing & my home has poor mobile reception. E mail is not immediate.
- It depends on the ability of the person to access work the different means of communication - for example a patient may not be able to work email
- Whichever of the 3 methods the patient chooses
- Dedicated Android app
- Whichever is best for the patient!
- Mobile phone where appropriate
- ask the person
- depends what they use
- Post
- Letter, or whatever is most appropriate for the individual
- In person by healthcare professional liasing with transport provider on patients behalf
- Letter
- Post
- Whichever suits the patient.
- By post if other options not available.

Appendix 3: NEPTS survey results



Other comments:

A free text option was given for respondents to make their own suggestions. 53 people did so, and their verbatim comments are listed below. Of the 53 comments received, the most common suggestions include making appointments via the method that best suits the person (11), in writing/by post (8), in person/face to face (5), in the GP surgery (4), and via a mobile phone app (4).

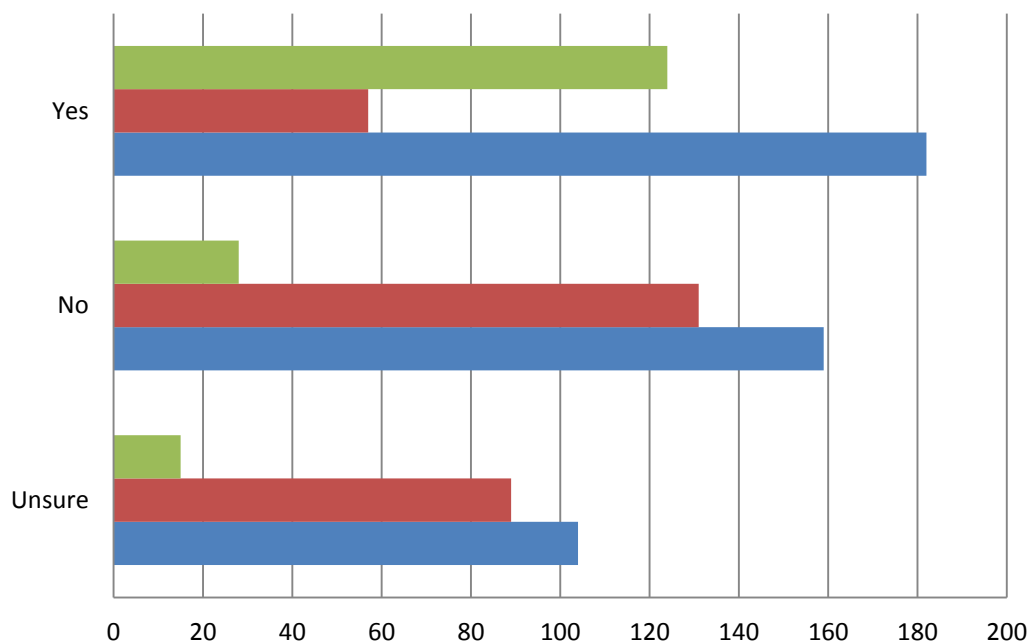
- By post
- letter
- Patients should have the option to select which method is used
- At NHS premises
- patient preference
- written
- whichever is best for the individual
- whichever method is best for the patient
- visit to booking office if located locally
- App
- any other way patient specifies if none of the above are available to them
- All options need to be available depending on circumstances at time
- whichever is more convenient for the patient
- For those who are able to use technology all would be fine but ill/elderly/disabled would find contact difficult. Please don't invest money totally in computerised contact
- Text

Appendix 3: NEPTS survey results

- if appointment is made verbally then transport arrangements should be established at the time
- Directly from a hospital or surgery
- face to face
- some people will need a letter. Email and internet - if available to client
- Mobile phone, but the elderly might not have one so landline would be better
- Letter where applicable
- Directly with driver
- At local surgery
- If booking by email I would have to get someone to do it for me
- In person where feasible
- Via Dr's Surgery
- Which ever suits supplier of transport and patients
- in person at previous appaointment
- via GP surgery
- any other
- carer or health professional should be able to make a booking on their behalf
- Text
- GP Surgery
- by letter if other options not available
- All the above depending on needs of patient, as in previous question.
- smart phone app
- Again. Need to offer options
- letter
- Any of the above
- Telephone email and Internet Everyone's needs are different
- by whatever means is convenient to the patient
- Face to face with a receptionist
- through a family member or named key worker from health/social care. In person at hospital for next visit.
- letter
- Dedicated Android app
- Which ever is best for the patient!
- Direct to the NHS Kernow website
- some elderly people do not have computers or smartphones
- Through a LOCAL single point of contact
- Text
- In person on Isles of Scilly
- In person
- Mobile app

Appendix 3: NEPTS survey results

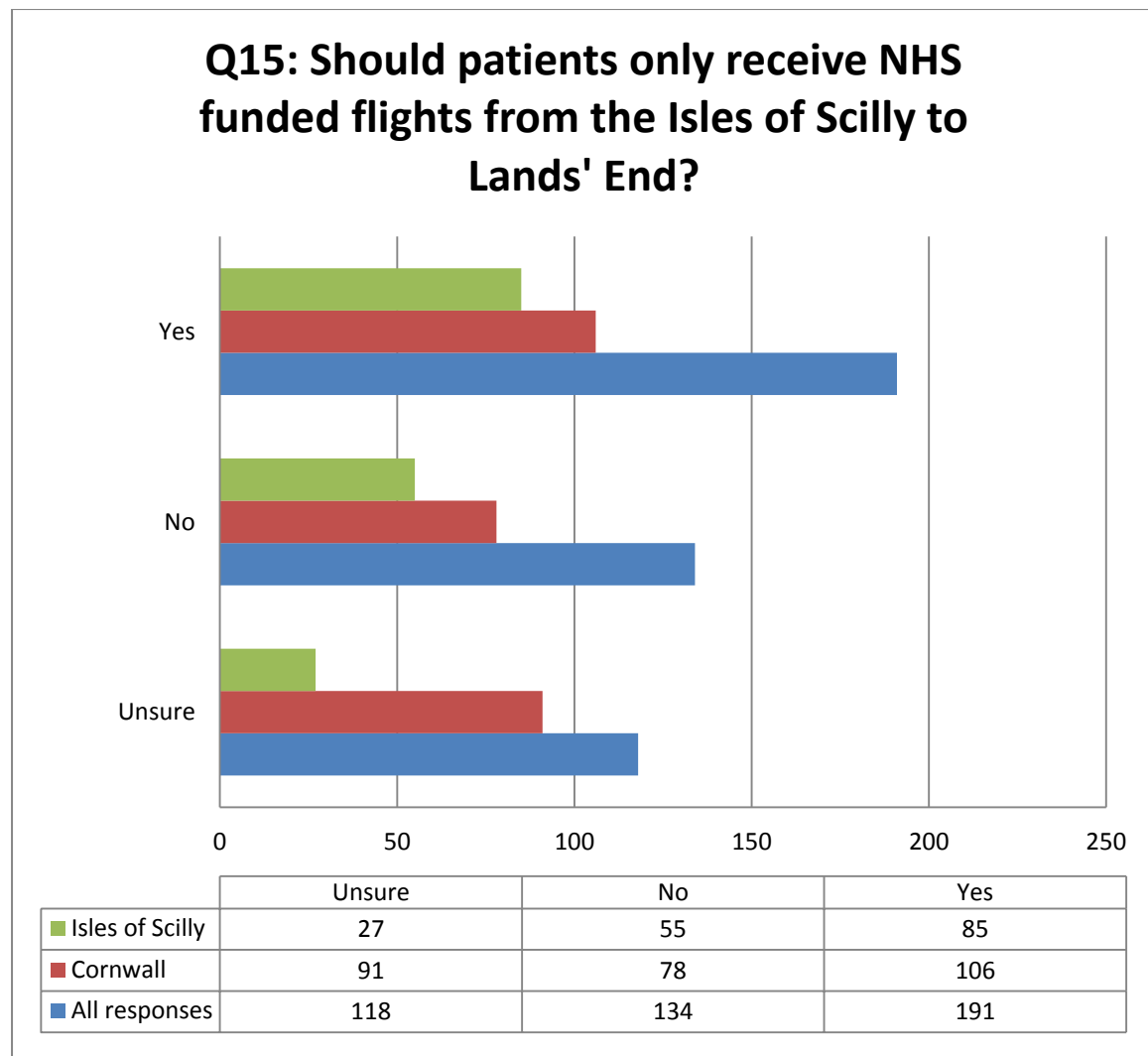
Q14: When a patient is travelling to the mainland from the Isles of Scilly for more than one day should the NHS fund the cost of flights when cheaper boat transport is available?



	Unsure	No	Yes
Isles of Scilly	15	28	124
Cornwall	89	131	57
All responses	104	159	182

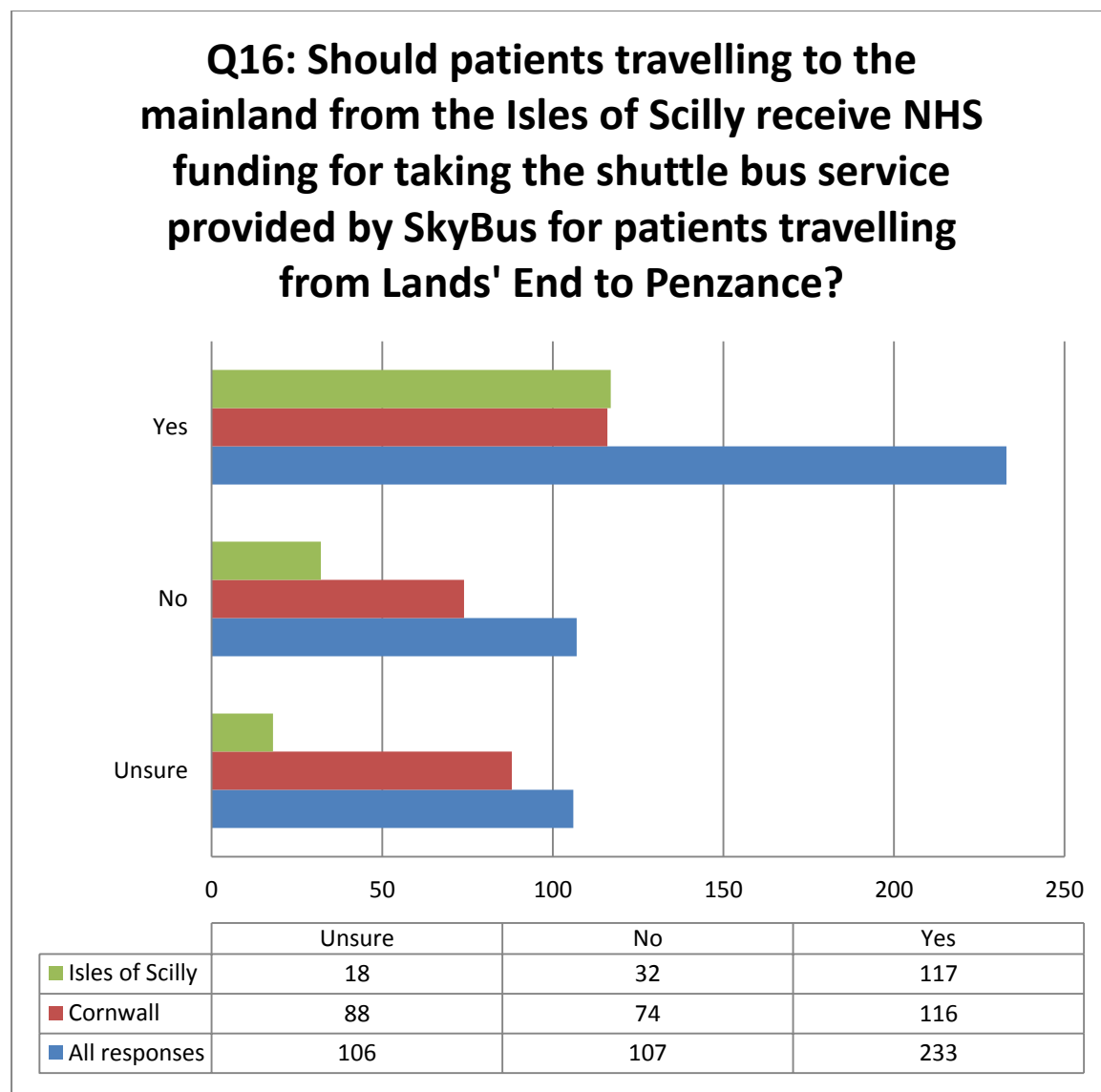
The discrepancy of 1 in the table for the column 'Yes' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results



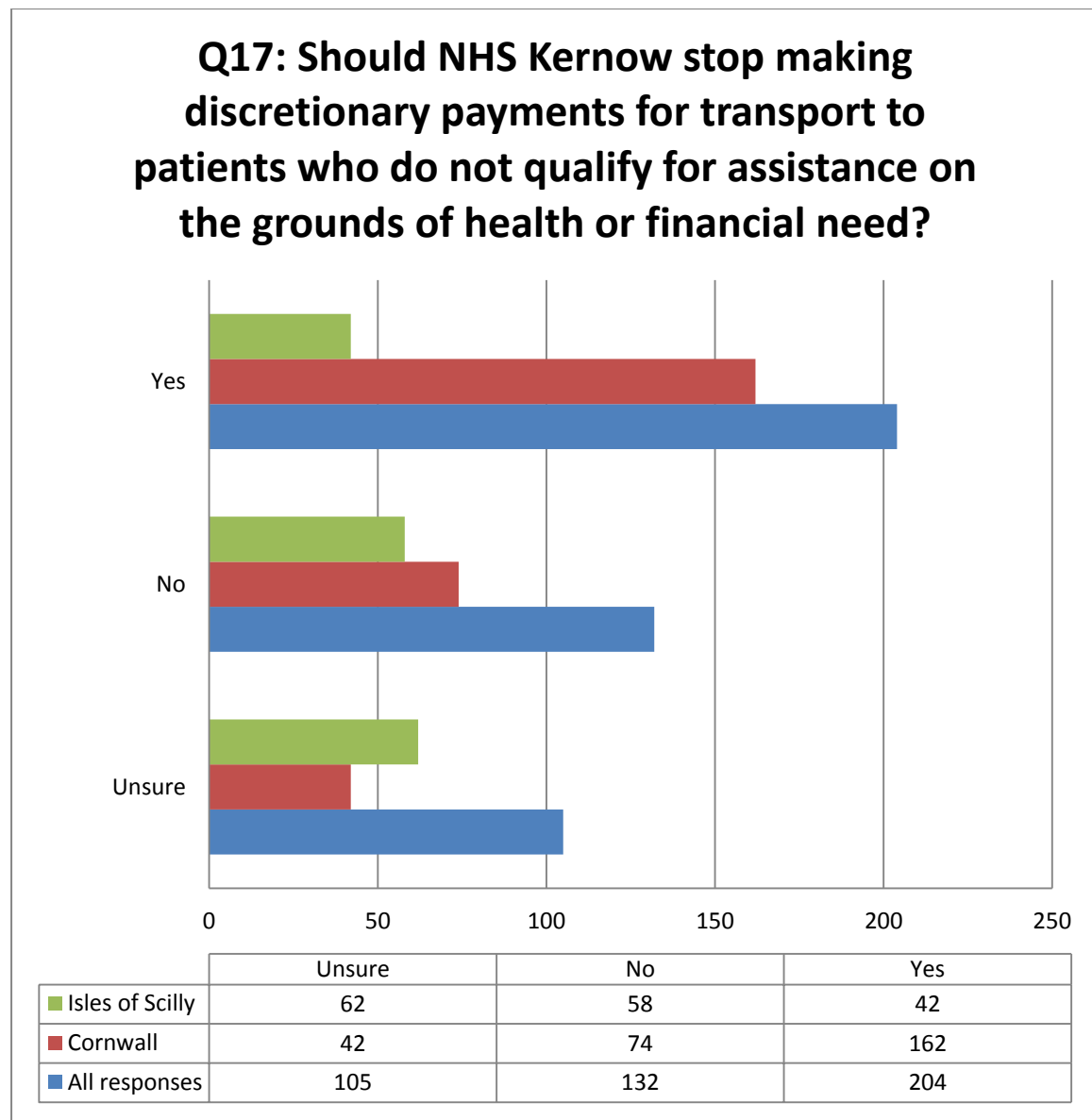
The discrepancy of 1 in the table for the column 'No' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results



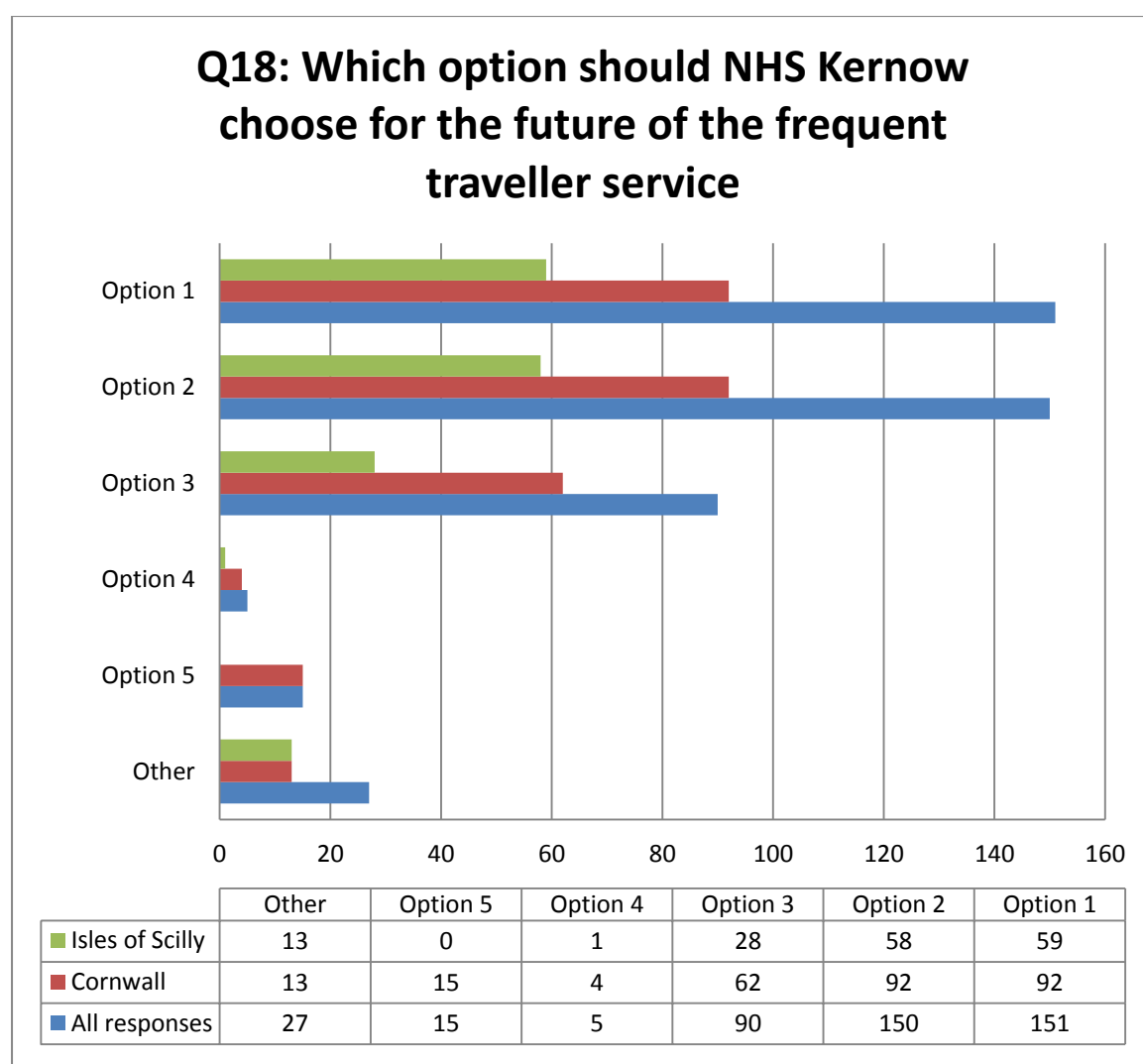
The discrepancy of 1 in the table for the column 'No' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column 'No' is due to a respondent not identifying their home area.

Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column 'Other' is due to a respondent not identifying their home area.

Other comments:

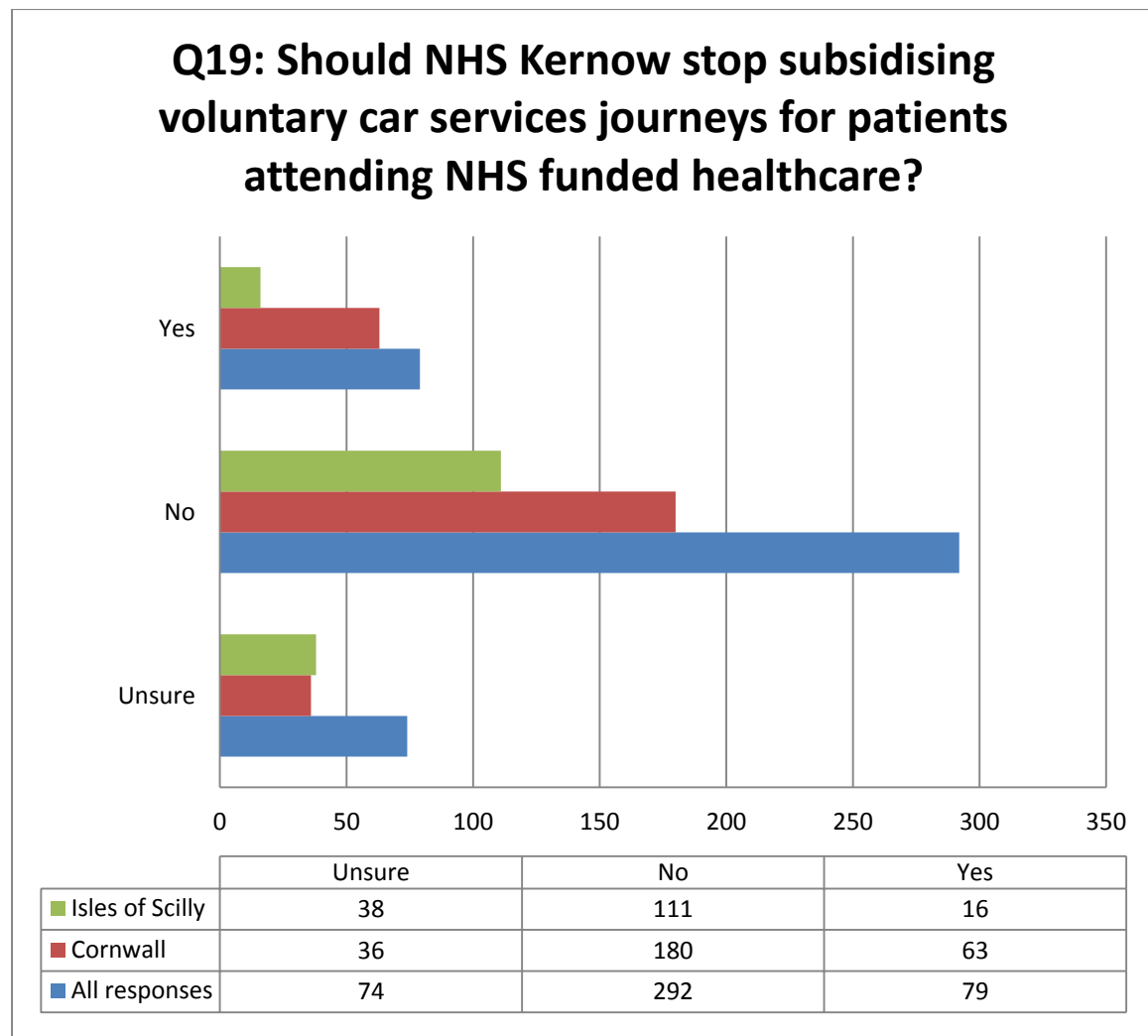
A free text option was given for respondents to make their own suggestions. 27 people did so, and their verbatim comments are listed below. There was no consistent view or views expressed.

- option 3 - we are generally so grateful for the NHS service we have received in the past we pay for much of our transport and all of our onward travel and accommodation costs. However, there are those who would not be able to afford this so should be provided for.
- option 1 - if it cannot be afforded, 3
- should fund patients going to any hospital
- ?option3 - I think most people (who are not really hard up and on benefits would be willing to give a moderate amount towards costs - assuming this does not escalate.
- option 3 - this is a hard choice! However, if people choose to live on the island I think they would expect to contribute and accept that life is more expensive than on the mainland.
- option 2 - I think that it's important that the costs of accessing health services are not excessive for anyone, but that means testing could be used to scale contributions but not remove subsidy altogether.
- Option 2 - doesn't appear to be any difference between options 4 and 5?
- option 1 - means testing appeals but the admin costs negate any savings
- option 3 - patients should pay 1/3 cost (33.3%)

Appendix 3: NEPTS survey results

- option 2 - proper means testing would be necessary if not possible or too costly option 3 would be my next choice
- option 1 - patients that are means tested are often on the edge of free travel due to their criteria ie pension credit or attendance allowance. Patients should be allowed to fly as much as possible. Elderly people need their own home environment as much as possible.
- option 3 - this would be fair if services are made more accessible and consideration of patients' costs are taken into account when designing service delivery!
- Option 3, Option 1 because this caters for cancer/renal patients
- Difficult to choose between 2 and 3 - how is means tested determined? Cancer patients and renal dialysis cannot help or control the frequency of need.
- I am unsure as to what to put because I know that Isles of Scilly patients have not benefitted from the above described service.
- Options 1 and 3
- It is very costly getting to a hospital appointment on the mainland. You have to stay overnight, you often get stranded due to weather problems, you have to invariably hire a car in order to get to your appointment on time. As trains and buses are often at odds with a day trip.
- n
- Comment removed as it contains potentially identifying information
- I am unable to answer this question there are too many variables
- Continue providing the service free of charge but keep the charge to patients travelling to Plymouth
- Invite patients to contribute to costs but do not require them to do so. Saves having to process means test and might raise a bit of revenue. I would not support any system that might result in less well off cancer sufferers not being able to afford to attend for chemotherapy.
- Only Pensioners and those getting benefits should qualify
- Add a dose of compassion
- you should keep to the national government guidelines and legislation on funded transport for NHS appointments- it should not be either -or.
- This isn't a very effective survey, the questions are too long and complicated
- Living on the Isles of Scilly. Removing the option of flights in favour of the boat is simply ridiculous. The boat arrives in Penzance at 19.15 and leaves the next morning at 09.15 so you would for a one day appointment have to stay over 2 nights. When a patient needs an escort but having to pay for the escort themselves the cost can be in the region of £500.00 for hotels food and car hire and the boat fares. Newquay airport can at times be considered an alternative option when Lands End flights are not available at the right times to get a return flight the same day. The transfer from Lands End Airport is essential for all but a very few that might have cars based at the airport

Appendix 3: NEPTS survey results



The discrepancy of 1 in the table for the column 'No' is due to a respondent not identifying their home area.

Appendix 4: Survey results two

What is your age?						
Q1	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport (IoS)
17 or younger		0	0	0	0	0
18-20		3	2	1	1	2
21-29		9	10	3	7	4
30-39		25	29	21	8	17
40-49		43	31	13	18	37
50-59		63	25	19	6	53
60 or older		170	118	68	50	127
Did not answer		1	2	2	0	0
Total	314	175	217	127	90	237
						256
						19

How do you describe your gender?						
Q2	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport (IoS)
Female	207	116	146	86	60	171
Male	99	55	67	37	30	80
Gender fluid	1	0	0	0	0	1
Gender neutral	0	0	0	0	0	0
Intersex	2	0	1	1	0	1
Prefer not to say	3	2	2	2	0	3
Did not answer	2	2	1	1	0	0
Total	314	175	217	127	90	256
						237
						19

Which statement applies to you						
Q4	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport (IoS)
I am a current user of NHS funded transport	16	60	76	76	0	0
I have used NHS funded transport in the past	51	90	141	51	90	0
I have never used NHS funded transport	237	19	0	0	0	256
Did not answer	10	6	0	0	0	0
Total	314	175	217	127	90	256
						237
						19

If you have used NHS Funded transport now or in the past, which services have you used (select all that apply):						
Q5	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport (IoS)
Non-Emergency Patient transport services	41	115	121	85	68	
Subsidised voluntary cars	31	29	47	43	13	
The Healthcare Travel Costs Scheme	6	44	38	25	24	
Specialist mental health transport	0	0	0	0	0	
High dependency ambulance transport	14	18	28	23	9	
Total	92	206	234	176	114	

How have you used these services (select all that apply)?						
Q6	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport (IoS)
As a patient	55	129	142	99	79	

As an escort or carer	21	48
As an Isles of Scilly resident	3	137
As a frequent traveller	4	8
Total	83	322

	49	35	29
	100	57	80
	10	10	2
Total	301	201	190

	0	0	0
--	---	---	---

If you are a frequent traveller, which trust are you using?

Q7	Cornwall and wider area	Isles of Scilly
Royal Cornwall Hospital NHS Trust	0	1
Plymouth Hospital NHS Trust	0	0
Other healthcare provider	0	0
Total	0	1

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
	1	1
	0	0
	0	0
Total	1	1

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
	0	0

Do you think patient's whose health needs mean they are able to travel in a private car (eg a relative, friends or neighbour's car) or on public transport (eg a bus, train, volunteer car service or taxi) should qualify for NHS funded transport?

Q8	Cornwall and wider area	Isles of Scilly
Yes	106	67
No	174	80
Total	280	147

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
	100	67
	88	44
Total	188	111

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
	69	63
	163	153
Total	232	216

How long would you be prepared to wait at your healthcare provider if your transport gets you there early for your appointment if this is free NHS funded transport?

Q9	Cornwall and wider area	Isles of Scilly
Up to 1 hour	135	51
1-2 hours	127	57
2-3 hours	20	30
More than 3 hours	12	25
Total	294	163

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
	81	54
	73	42
	30	14
	20	8
Total	204	118

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
	103	97
	107	105
	20	15
	15	9
Total	245	226

How long would you be prepared to wait at your healthcare provider for your free NHS funded transport home following your appointment?

Q10	Cornwall and wider area	Isles of Scilly
Up to 1 hour	145	66
1-2 hours	124	60
2-3 hours	13	16
More than 3 hours	12	17
Total	294	159

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
	91	56
	81	51
	16	7
	13	3
Total	201	117

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
	119	113
	100	95
	12	3
	13	9
Total	244	226

How much time would you be prepared to spend on your free NHS funded transport when travelling to and from your healthcare appointments?

Q11	Cornwall and wider area	Isles of Scilly
Up to 1 hour	136	44
1-2 hours	114	58
2-3 hours	25	18
More than 3 hours	15	36
Total	290	156

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
	72	51
	72	36
	24	16
	30	13
Total	198	116

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
	106	101
	99	94
	18	16
	19	13
Total	242	224

How should patients be kept informed about their transport booking and when their transport is arriving to collect them (please select all options that apply)?

Q12	Cornwall and wider area	Isles of Scilly
Telephone	261	132
Text	182	91
Email	126	84
Other	41	16
Total	610	323

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
178	103	75
105	58	47
92	42	50
21	11	10
396	214	182

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
207	195	12
165	149	16
118	106	12
36	35	1
526	485	41

How should patients be able to make bookings for NHS funded transport (please select all options that apply)?		
Q13	Cornwall and wider area	Isles of Scilly
Telephone	279	151
Email	182	101
Internet	184	86
Other	40	13
Total	685	351

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
193	110	83
124	65	59
100	52	48
21	14	7
438	241	197

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
229	213	16
156	145	11
169	156	13
31	29	2
585	543	42

When a patient is travelling to the mainland from the Isles of Scilly for more than one day should the NHS fund the cost of flights when cheaper boat transport is available?		
Q14	Cornwall and wider area	Isles of Scilly
Yes	57	124
No	131	28
Unsure	89	15
Total	277	167

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
128	67	61
39	21	18
32	24	8
199	112	87

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
49	38	11
120	113	7
69	68	1
238	219	19

Should patients only receive NHS funded flights from the Isles of Scilly to Lands' End?		
Q15	Cornwall and wider area	Isles of Scilly
Yes	106	85
No	78	55
Unsure	91	27
Total	275	167

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
96	52	44
62	35	27
41	25	16
199	112	87

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
92	81	11
70	62	8
73	73	0
235	216	19

Should patients travelling to the mainland from the Isles of Scilly receive NHS funding for taking the shuttle bus service provided by SkyBus for patients travelling from Lands' End to Penzance?		
Q16	Cornwall and wider area	Isles of Scilly
Yes	116	117
No	74	32
Unsure	88	18
Total	278	167

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
136	78	58
33	11	22
30	23	7
199	112	87

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
93	82	11
71	67	4
74	70	4
238	219	19

Should NHS Kernow stop making discretionary payments for transport to patients who do not qualify for assistance on the grounds of health or financial need?		
Q17	Cornwall and wider area	Isles of Scilly
Yes	162	42
No	74	58
Unsure	42	62
Total	278	162

Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)
60	39	21
76	45	31
66	31	35
202	115	87

Never used patient transport	Never used patient transport (Cornwall)	Never used patient transport (IoS)
140	135	5
55	48	7
37	30	7
232	213	19

Which option should NHS Kernow choose for the future of the frequent traveller service:							
Q18	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport	Never used patient transport (IoS)
Option 1	92	59	82	54	28	67	8
Option 2	92	58	61	32	29	89	7
Option 3	62	28	41	19	22	47	3
Option 4	4	1	1	1	0	4	0
Option 5	15	0	0	0	0	15	0
Other	13	13	14	9	5	10	1
Total	278	159	199	115	84	232	19

Should NHS Kernow stop subsidising voluntary car services journeys for patients attending NHS funded healthcare?							
Q19	Cornwall and wider area	Isles of Scilly	Who have used patient transport	Used patient transport (Cornwall)	Used patient transport (IoS)	Never used patient transport	Never used patient transport (IoS)
Yes	63	16	18	10	8	61	1
No	180	111	148	86	62	136	11
Unsure	36	38	37	20	17	36	7
Total	279	165	203	116	87	233	19

Appendix 5: Letter from St Austell Town Council

St Austell Town Council



NHS Kernow
NEPTS
Sedgemoor Centre
Priory Road
St Austell
Cornwall
PL25 5AS

17th January 2017

Dear Sir/Madam

Non Emergency Patient Transport consultation document

The Town Council's Community Committee discussed the consultation paper on proposed changes to the arrangements for non-emergency patient transport at their meeting on Monday 16th January 2017. Members were generally supportive of the proposal and felt that the measures to address disparate operating practices and the lack of recent management/challenge of historic practices were sensible. There was concern however amongst members that any new changes should be managed sensitively and protection given to the most vulnerable people in our community. Members were mindful that Cornwall is a very large county and that patient transport is really important to many people in our community.

I hope that these comments are helpful.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'D Pooley', is written over a faint, light blue circular stamp.

David Pooley
Town Clerk



Kernow

Clinical Commissioning Group

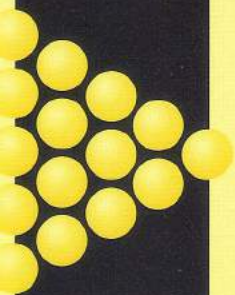
Appendix 6: Email from St Just and Pendeen Good Neighbours



Kernow

Clinical Commissioning Group

**Appendix 7: Copy of the Cornwall Community Health
Council report 'Patient's on Wheels', April 2000**



Patients on Wheels

Transport and access to health services in Cornwall

April 2000

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Abbreviations used in this report

A&E	Accident and Emergency department
CAB	Citizen's Advice Bureau
C&IoSHA	Cornwall and Isles of Scilly Health Authority
CCC	Cornwall County Council
CCfV	Cornwall Centre for Volunteers
CCHC	Cornwall Community Health Council
CHC	Community Health Council
CHIBS	Christian Helpline for Breage and Sithney
CHIN	Christian Helpline for Newlyn
CHT	Cornwall Healthcare NHS Trust
CPRE	Council for the Protection of Rural England
CRCC	Cornwall Rural Community Council
DGH	District General Hospital
DNA	Did not attend
DETR	Department of the Environment, Transport and the Regions
ECRTP	East Cornwall Rural Transport Partnership
GP	General Practitioner
HA	Health Authority
HAZ	Health Action Zone
MP	Member of Parliament
OAP	Old age pensioner
ONS	Office for National Statistics
PCG	Primary Care Group
PHT	Plymouth Hospitals NHS Trust
PTS	Patient Transport Service
RCH	Royal Cornwall Hospital (Treliske)
RCHT	Royal Cornwall Hospitals Trust
WAST	Westcountry Ambulance Services Trust
WCH	West Cornwall Hospital
WRVS	Women's Royal Voluntary Service

Please note: the information in this report is accurate to our knowledge at the time of printing, please consult the relevant organisations for full details.

Percentage figures in tables may not add exactly due to rounding.

FOREWORD

I am pleased to be able to recommend this report to you, which is an in-depth investigation, carried out by members of Cornwall Community Health Council, into transport and access to health services in Cornwall. As you read this excellent report you will quickly grasp the depth of Cornwall's transport problems and the huge effect it has on those endeavouring to access healthcare.

You, like myself, have experienced, and have heard of many anecdotal stories of individuals encountering great difficulty and even trauma in getting to appointments at outpatient clinics and the acute hospitals. The problem is made worse for the low paid and the elderly, who do not have access to their own or family transport. This, in itself, creates worrying and stressful family circumstances.

The rurality of Cornwall, as all local people know, is exacerbated by deep valleys and estuarine tidal inlets, besides the effects of sparsity and pockets of low income and poverty.

My sincere thanks are extended to the project group members (Marna Blundy, (Chair), Mary Draper, Jasmine Holmwood, Alex Bryce, John Payne of the CHC, and Dorothy Rogers of Age Concern) for their purposeful and dedicated hard work and to Mary Lunnen for facilitating and holding the whole project together. Also special thanks to all those throughout the county who have co-operated in drawing the facts and figures together.

In recommending this report, I feel there is an urgent need for society to work closely with those providing NHS services to enable patients, wherever they may live in Cornwall, to have full access to all healthcare facilities.



NEIL BURDEN
Chairman
Cornwall Community Health Council



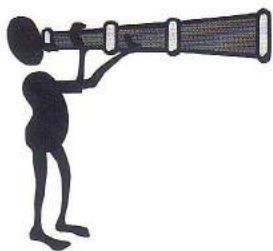
Transport project group members: left to right:
John Payne, Mary Draper, Jasmine Holmwood.



Transport project group members: left to right:
Alex Bryce, Dorothy Rogers, Marna Blundy, Mary Lunnen



Transport project group members: left to right:
Marna Blundy (Chair), Mary Lunnen
(Research Assistant)



1. An overview

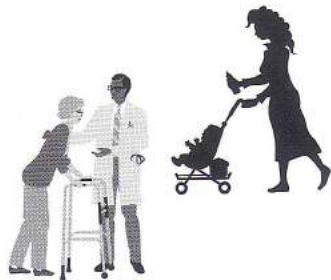
1.1. Aims of this study

At the 1999 Annual General Meeting the members of the Cornwall Community Health Council agreed that a major concern for patients within the county was the issue of access to health services. Therefore a project group was set up to study and report on this.

The original terms of reference were:

To investigate the equity of provision of health care to all the residents of Cornwall when issues of cost and availability of transport (public or private) are included.

To investigate access to health services for all with particular attention to the needs of the elderly, and families with young children.



1.2. Methods used

The project group used a range of methods to collect information, both factual and the views of organisations and individuals, on the current situation with regard to patient access to health services in Cornwall.

These methods included:

- **Surveys:** six voluntary car services (Age Concern, WRVS, CCfV, CHIN, CHIBS and the Red Cross), looking at well over 200 journeys in the week commencing 19 July and following up some individual case studies
- **Visits:** to outpatient clinics at Treliske, Bodmin, Camborne/Redruth and Stratton Hospitals, interviewing around 260 patients
- **Interviews:** with practice managers in 21 GP surgeries across the county, asking for information and opinions about transport issues
- **Journeys:** on public transport with all five Cornish MPs from their constituency bases to Treliske or Derriford hospitals
- **Consultation:** seeking the views of the general public through articles in local newspapers, and of the five Primary Care Groups
- **Discussions:** with health care providers including RCHT (Deputy Director of Nursing, Waiting List and Business Managers), CHT (Community General Manager) and WAST (PTS and ambulance liaison)
- **Research:** into work done in other areas such as Dorset, Wiltshire, Norfolk, and Cumbria and by the Rural Development Commission

1.3. Summary of findings

- Travelling to access healthcare is a small problem for the majority, but a huge problem for a minority
- The vast majority of patients travel to healthcare services by private car, but up to half of these have to ask a relative, friend or neighbour to drive them
- Access to healthcare by public transport is at best difficult, at worst impossible
- Information for patients about transport is poor and inadequately co-ordinated

- The cost of transport is a real concern, not only for those on benefits who receive only partial reimbursement for car journeys but also for those on pensions or low incomes who do not qualify for any help
- There is a tendency for all agencies, whether health, social services or county council, to assume that any responsibility for transport should lie with someone else and not with themselves
- Practices provide a wide range of services at their main bases (for example, chiropody, physiotherapy, etc), but it is not possible to provide this range of services in the outpost surgeries which are sometimes held in outlying villages.
- Little research has yet been done into the reasons why some people do not attend for appointments
- We therefore conclude that the provision of healthcare to the residents of Cornwall is not equitable, and depends upon where you live, your ability to travel and your financial circumstances

1.4. Summary of Recommendations

These can be summarised in three key headings:

Communication

- Healthcare providers should develop procedures for ascertaining the transport needs of their patients.
- Patients thus found to have transport needs should be identified in all patient records, to enable all healthcare providers to take this into consideration.
- Healthcare providers should provide clear information to all patients of any entitlement to assistance as well as details of public and voluntary transport.
- Rules for reimbursement should be clear, and uniformly applied.
- Providers should also explain to patients why they might have to travel to distant locations for treatment.
- Sign-posting schemes should be developed further, and initiatives such as a single free phone information number for all transport enquiries should be supported.
- Patients should ensure that they communicate their needs, and their preferences for locations and times of treatment.

Consideration

- Health services should be provided as close as possible to the patient
- There is a need for both healthcare and transport providers to be sensitive to the possible transport needs and problems of patients.
- It is important to consider the impact of issues such as:
 - long trying journeys
 - travelling without an escort at a traumatic time
 - the timing of appointments
 - the difficulties encountered by the elderly and infirm in using public transport (the comfort of buses, access for the infirm, the siting of bus stops, etc).

- Consideration of both patient needs and environmental factors should combine in a desire to reduce the need to travel and to provide services as close as possible to the patient's home.

Co-operation and Co-ordination

- The co-ordination of existing information held by different bodies needs to be improved, and funding for transport awareness and sign-posting projects should be further encouraged.
- Voluntary transport schemes should work to integrate their services more closely, to standardise their charges, and to publish a Community Transport Directory - such as that being prepared by Helen Renfree, CRCC.
- Partnerships should work together to explore innovative ways of improving access to health services - we have a number of suggestions in our detailed recommendations. (See Section 5)

2. Where we started from - the background

Transport is a problem in many rural areas of the country, and often those with most difficulty gaining access to transport services are those with greatest need of access to health services. When this is combined with a national policy of reducing the use of private cars, real dilemmas emerge. (Though the statement by Transport Minister Lord McDonald (November 1999) recognising that car ownership would continue to increase does appear to indicate a change in this policy).

The CPRE (Council for the Protection of Rural England) in 'Rural Services: a framework for action' (September 1999) suggest that local and national government should promote 'transport modes that steer a middle course between the economies of scale but inflexibility of conventional bus and rail services, and the flexibility and customer responsiveness of the private car.'

Suggestions in this report by the CPRE include:

- Small buses with a capacity to make detours to respond to requests phoned in to a central control centre by rural residents.
- Transport brokers which seek to match demand and supply across a variety of providers and passengers
- Incentives to car-share and car-pool where conventional public transport is unavailable.

Cornwall County Council has recently conducted a consultation procedure on the Local Transport Plan. There is very little consideration given in the document to health issues, but in the section 'Access for all', one of the key targets of the plan is stated to be:

'Reduction in the number and percentage of persons who experience difficulty in accessing essential services' (p. 93)

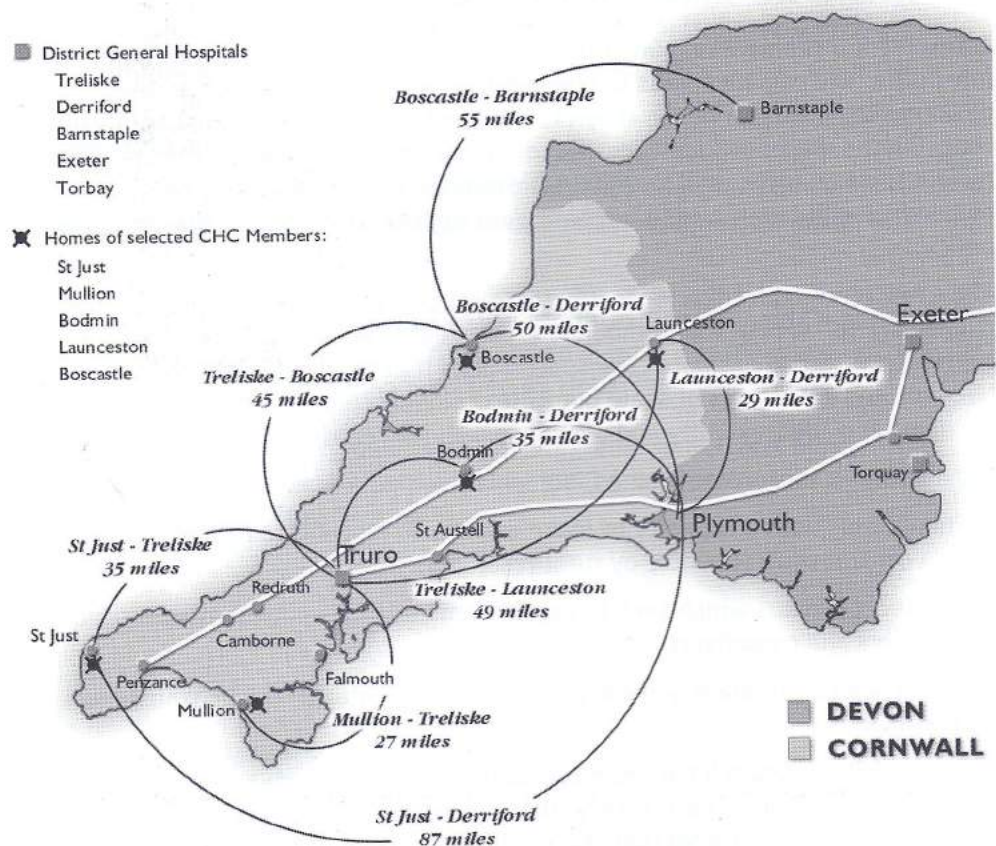
Another of the key aims is the reduction of the need for travel (p. 21), particularly by private car. This may be a laudable aim, but conflicts with the increasing centralisation of health services in the District General Hospitals (DGHs). As has been shown by this study, this centralisation has caused an increase in the number of journeys necessary, and usually residents of Cornwall who need to access health services have no alternative but to travel by private car.

2.1. Cornwall - the vital statistics

2.1.1 Geography

Cornwall is a rural and maritime county. Its population of 488,500 remains, despite improvements in transport infrastructure, relatively isolated. There are only nine towns with more than 10,000 population, and none with populations over approximately 20,000. About two thirds of the population live in smaller towns, villages and the rural areas. The county has a long coastline and only one border, with Devon. Health and other public services are therefore required to be delivered almost solely from within the county, with residents in the east of the county looking to Plymouth for their health services and a tiny proportion of residents in the far north of the county looking to North Devon for their health services.





How far Cornish patients have to travel to access hospital facilities

A patient in the far west of Cornwall has to make a round trip of 70 miles to reach the District General Hospital at Treliske in Truro, and 174 miles to access specialist services at Derriford in Plymouth.

A resident in Boscastle on the north coast has a journey of 90 miles return to Truro, and 100 miles return to Plymouth.

Residents in locations such as Mullion on the Lizard peninsula, Bodmin or Launceston have to undertake round trips of approximately 60 miles to access their nearest District General Hospital.

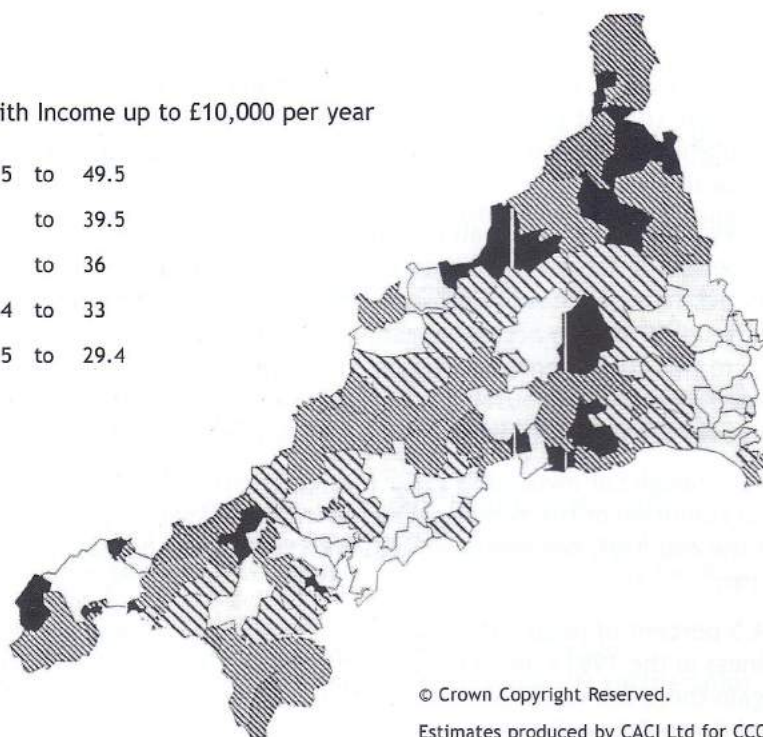
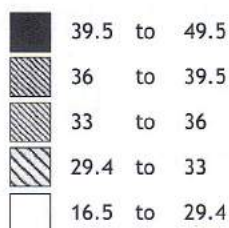
As well as access to hospital services, travel to GP surgeries is also an issue in rural areas. Practices provide a wide range of services at their main bases (for example, chiropody, physiotherapy, etc.) and even where branch surgeries are held in villages, it is not possible to provide the full range of services there.

2.1.2 Poverty and deprivation

Cornwall's Gross Domestic Product per capita is 69% of the European Union average. It has been granted Objective One funding in recognition of its relative poverty and deprivation. Carrick, Kerrier and Penwith contain nine of the ten poorest wards in Cornwall. In the four poorest wards in Cornwall more than a quarter of all households live in poverty. All are in West Cornwall.

(Details taken from the C&IoS Health Improvement Programme 1999-2002)

% of Households with Income up to £10,000 per year



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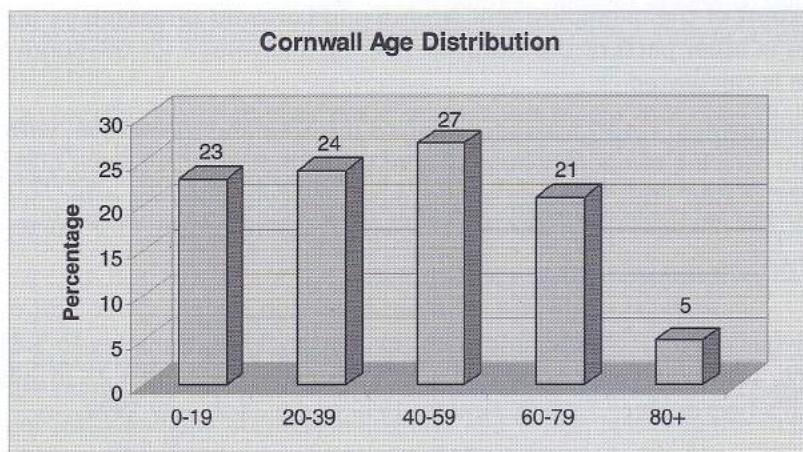
Estimates produced by CACI Ltd for CCC.

As the map above shows, even in the wealthier areas of Cornwall, over 16% of households have incomes of less than £10,000 a year, and there are pockets where the situation is much worse than this. According to many measures of deprivation, Cornwall is rated among the worst areas in the country.

The funding allocated for healthcare in Cornwall is lower than in many other areas of the country. Cornwall and the Isles of Scilly Health Authority spends £648 per head of population, in contrast to £1204 in the Western Isles, (the highest allocation) and £506 in Cambridge and Huntingdon (the lowest). (1999/2000 allocation figures from Channel 4 Television, 'The Sick List', programme website at <http://www.channel4.com/nextstep>)

2.1.3 Population

The total population of Cornwall is 488,500 (Source: ONS 1998 mid year estimate).



In mid-1998 25 percent of Cornwall's population were over 60 years of age, 23 percent were under 19. These are the two sections of the population most likely to have difficulty in accessing transport. (See also Appendix 1, Tables 1.1 & 1.2)

For comparison, the latest figures for England and Wales as a whole which were available to us at the time of writing are for mid 1997 when 15.8 percent of the population were over 65 years of age, compared with 20 percent over 65 in Cornwall.

In 1991, 24.5 percent of all households in Cornwall had no access to a car. (Appendix 1, Table 1.3). There are some differences between the different district council areas of Cornwall. For example, in Penwith the proportion of households with no access to a car was over 32 percent, whereas in Caradon this figure was 20 percent. The figure for England and Wales at the same time was over 33 percent of households having no access to a car, but of course this includes urban areas with extensive public transport services.

Even though car ownership in Cornwall is relatively high, (and this hides the age and condition of the vehicles which is much less satisfactory than in other areas of the country), between one fifth and one third of households have no access to a car.

14.5 percent of people in Cornwall were recorded as having a limiting long-term illness in the 1991 Census (compared with 13.1 percent for England and Wales). Again there are variations, with Penwith having the highest level (16 percent), and North Cornwall the lowest (13.5 percent). (Appendix 1, Table 1.4)

It is not valid to compare the two measures directly but it is interesting that the area with the highest level of long-term illness also has the lowest level of access to a car.

2.1.4 Unemployment

Cornwall has an above-average rate of unemployment. Traditional industries such as agriculture, china clay extraction, tin mining and defence, have undergone a severe decline, and farming and fishing incomes have fallen.

In January 1999 the unemployment rate in the county was 6.3%. This compares with 4.8% in the UK and 3.7% in the South West Region. However, it is important to note that

- The figures quoted relate only to people in receipt of benefits - various estimates calculate the true number of unemployed people as being much higher
- The extent of the unemployment situation in Cornwall is masked by the good figures in other parts of the South West when an average for the South West Region is calculated
- The employment rate varies according to the area and the season, with tourism offering temporary employment in the main holiday areas during the summer season - this seasonal employment however does not offer long-term security to the workforce who are thrown back onto benefits for the winter months.

Thus Newquay had 11.4% unemployment in January 1999, dropping to 5.8% in July 1999. However, Launceston had 3.5% in January 1999 and 3.2% in July 1999. Falmouth's figures were 7.1% in January 1999 and 6.7% in July 1999

Unemployment blackspots such as Penwith, Helston and Camelford all had levels over 9% in January 1999

(see Appendix 1, Table 1.5)

2.2. Transport services currently available

Services currently available to the people of Cornwall in making journeys to access health services include:

- the main railway line from Plymouth to Penzance, with the remaining branch lines offering a variable level of service,
- a network of bus routes with a number of operators
- taxis
- private cars
- voluntary (independent) car services - for a which a charge of between 25p and 30p per mile is made
- passenger transport services (both ambulances and hospital cars with volunteer drivers) provided by the Westcountry Ambulance Service Trust (WAST) - available only to certain categories of patient, assessed by medical condition
- 'Dial-a-ride' Schemes being set up in various areas, such as Gorran (Community Minibus) and Saltash (East Cornwall Rural Transport Partnership).
- air
- bicycle
- on foot

Help with transport for residents in Cornwall is only available to two groups of people:

- 1) those who are considered "unfit to travel by other means" and who have their transport arranged by the ambulance service
- 2) those in receipt of benefits such as Income Support and Family Credit, who can claim help with travelling costs by going to the General Office at the hospital and presenting their ticket or receipt proving what they have paid, plus their benefit book.

Patients who qualify in this way are reimbursed as follows:

- a) the full cost of travel by public transport
- b) the full cost of the taxi fare to the nearest point of access to public transport, if the patient does not live close to a bus stop or a railway station
- c) a contribution of 10p per mile for transport by car (but note that if the patient has no car of his own and has to use a taxi or voluntary car service, the reimbursement in no way matches the charge made - up to 30p per mile for voluntary car schemes, and even more for taxis)

Patients are advised to contact the General Office at the hospital they have to attend to find out the latest details of the rules for reimbursement.

However, every Isles of Scilly resident is apparently entitled to payment of ALL travelling expenses necessarily incurred in making the entire journey between the Isles of Scilly and any hospital in England and Wales, less only the first £5 of such expenses. The RCHT meets the cost of these journeys from its overall budget allocation. This is clearly an inequitable situation, as patients resident throughout Cornwall have to pay their full transport costs unless they are on benefits or have transport arranged by the ambulance service.



3 Where we went - our methods

As described earlier, it was decided to use a range of methods to investigate the issue of patient access to health services, full details are given below.

3.1. Voluntary car services

There are a number of voluntary (independent) car services available to patients in Cornwall. Some are very local such as CHIBS and CHIN; others cover a particular area, such as the WRVS service in Restormel; some, such as Age Concern and the Cornwall Centre for Volunteers, aim to cover the whole county.

The following volunteer car services agreed to participate in a study during the week of 19th July 1999:

- Age Concern (Bude and Truro)
- Cornwall Centre for Volunteers
- CHIN (Christian Helpline in Newlyn)
- CHIBS (Christian Helpline in Breage & Sithney)
- Red Cross
- WRVS

A questionnaire form (see Appendix 2) was distributed. This was completed by the staff and volunteers manning the phones during the week as they took calls from people booking a car for transport to hospital or GP's surgery.

208 questionnaires were completed covering people who were paying for their own transport ('cash jobs' as they are known, as distinct to contracts for the Health Authority, WAST or Social Services).

These were split between the different volunteer car services as follows;

- Age Concern - total 67
 - Bude - 51
 - Truro - 16
- Cornwall Centre for Volunteers - 36
- CHIN (Christian Helpline in Newlyn) - 17
- CHIBS (Christian Helpline in Breage & Sithney) - 2
- Red Cross - 0
- WRVS - 41

"My husband used to drive but now disabled, cannot get on bus or train. The car service is better than a taxi as the drivers help and stay with you to return."

Age Concern Bude, and the WRVS (Restormel) were particularly active in supplying transport to local health centres and surgeries, most at the minimum charge. This varies between areas and whether the driver waits with the patient, but is around £3.00 or less.

The rates charged per mile are between 28p and 30p. This is aimed at refunding the volunteer drivers for fuel costs and a contribution towards running costs. The mileage is calculated from the driver's home rather than from the home of the passenger. This can add to the difficulties experienced as shown by the case study below:

A Tintagel patient has extremely bad rheumatoid arthritis and walks with difficulty on two sticks. She travels from Tintagel to the East Cornwall hospital in Bodmin regularly and uses the Age Concern voluntary car scheme. If the driver comes from Tintagel it costs £10 return, and if she can share the car, the fare is £5 each. If the driver comes from Boscastle the fare is £11, and if the driver comes from Crackington Haven the fare is between £16-£18. When she has to go to Treliske the fare is £27. She is not on any of the benefits that qualify for a partial refund and has to pay everything herself.

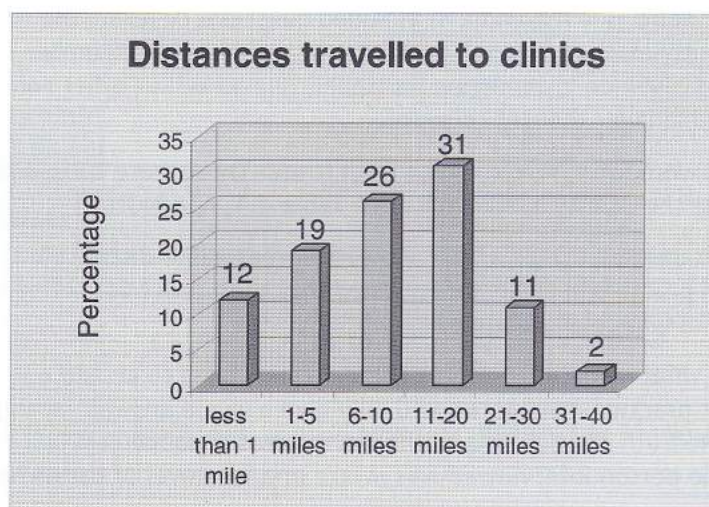
(For more detail of case studies see Appendix 2)

3.2. Survey of out-patient clinic attenders

CHC members and staff visited out-patient clinics at Royal Cornwall Hospital, (Treliske), East Cornwall Hospital (Bodmin), Camborne/Redruth Community Hospital, and Stratton Hospital. The clinics included haematology, orthopaedics, rheumatology, ophthalmology, surgical and urology.

The questionnaire (see Appendix 3) investigated the means of transport used, the distance travelled, and whether the patient was able to claim any reimbursement. The full results of the survey are included in Appendix 3.

A total of 259 patients were interviewed. 43 percent travelled more than 10 miles, 13 percent more than 20 miles.



(For comparison: in a study by West Dorset Community Health Council in 1996, 63 percent of patients had travelled more than 10 miles to a clinic, 16 percent more than 20 miles.)

Of those interviewed, 85 percent travelled to the clinic by private car. Of these, around half had to ask a relative, friend or neighbour to drive them. In many cases this was difficult, sometimes family members had to take leave from work or lose pay in order to do this. Some patients commented that they could ask neighbours for a lift occasionally but felt they were imposing too much if there was a need for regular transport or if the journey was a long one.

"I cannot get reimbursement even though an OAP as I am not on income support. I hope the new Bodmin Community Hospital will mean more access to services locally in the area."

My husband drove, but he is self-employed so it costs him money to take the time off.

We have only one car in the family. My husband had to borrow a car to go to work so I could keep my appointment.

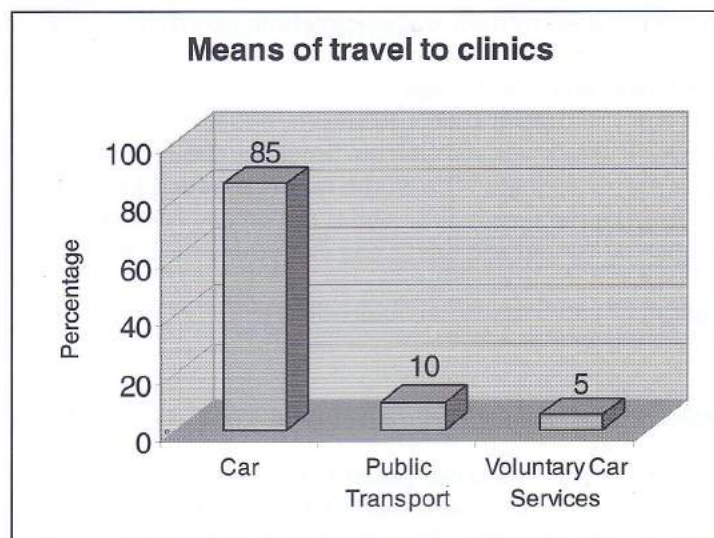
There are only two buses a day where I live.

If I did not have a car the only bus is on a Wednesday, at 10.15, back at 1.15. I could not have managed if my neighbour had not been willing to take me. I didn't know about the voluntary car services.

Crossing the dual carriageway to the bus stop is very dangerous, especially after dark, no zebra crossing.

I live in Newquay and the consultant was there last week but I couldn't get an appointment so had to travel to Treliske. Car service cost £10.00, £3.30 refund as I am on income support.

I got a lift from Penzance, will catch train home. We've got to manage somehow.



Few people were entitled to reimbursement for transport, and even amongst those who were, several did not bother to claim. One young mother mentioned it was too difficult to go to the General Office with her child when he had already been hanging around for a long time.

3.3. Survey of practice managers

The questionnaire (see Appendix 4) included questions covering the hospitals most frequently attended by patients from the practice, the number of patients who ask for assistance in arranging transport, and asked for other comments that the practice manager thought relevant.

21 practices were interviewed out of 79 in total. These were spread fairly evenly across the county as shown in (see Table 4.1, Appendix 4)

The hospitals used by the practices showed a predictable distribution, (Table 4.4), several practice managers mentioned that their practices referred patients to local clinics whenever possible.

When asked what mode of transport their patients used to attend out-patient clinics, most practice managers could only give a vague answer. In the Camborne/Redruth district, one of the worst areas of social deprivation in Cornwall, the person interviewed was aware of a low level of car ownership.

All the practices interviewed had some information available on the voluntary car services, though often only one at each practice. Sometimes details of charges were available, and patients were normally warned that they would have to pay for these services.

All practices were enthusiastic about the idea of a central contact number to book voluntary car service transport.

Open comments included:

- 'deprived area, many problems' (Redruth)
- 'many people ask for transport when they have a car or family who could drive them' (Stratton)

The free voluntary system was abused, but we do need a service for those who really cannot afford it. Perhaps a fixed price. It should be paid direct instead of the patient having to pay and collect reimbursement.

- 'The free voluntary system was abused, but we do need a service for those who really cannot afford it. Perhaps a fixed price. It should be paid direct instead of the patient having to pay and collect reimbursement.' (Bodmin)
- 'Patients should let the hospital know if they can't afford transport' (Camelford)
- 'Charges vary between the voluntary car services - some charge for a second person travelling with the patient.' (St Ives)
- 'Patients should be aware that it is their own responsibility to arrange transport.' (Illogan)
- 'Transport is a major problem for the elderly, if on benefits they have no ready cash to pay with even if they are reimbursed, and there is the discrepancy between the cost and the level of reimbursement.' (Newquay)
- 'It is difficult to get to Derriford - lack of a bus service.' (Callington)

Charges vary between the voluntary car services - some charge for a second person travelling with the patient.

3.4. Public transport journeys with Cornish MPs

All five MPs agreed to take part in the research and trips were made with CHC staff and members from a point within the constituencies to either Treliske Hospital or Derriford Hospital.

Summary of details:

Public transport journeys with Cornish MPs

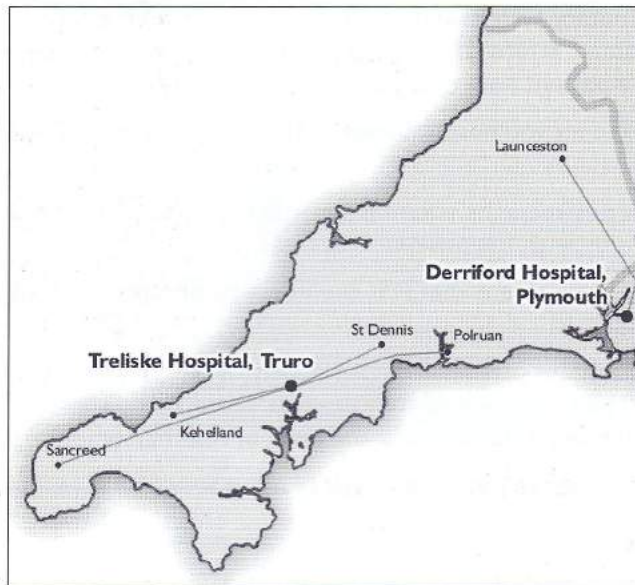
	Matthew Taylor	Colin Breed	Andrew George	Paul Tyler	Candy Atherton
From	St Dennis	Polruan	Sancreed	Launceston	Kehelland
To	RCH ¹	RCH	RCH	Derriford H.	RCH
Distance by road (one way, approx.)	19.5 miles	36 miles	30 miles	29 miles	11 miles
Cost by public transport ²	£3.90	£8.40	£10.00	£4.60	£4.45
One way travelling time	1 hr 40 mins	2 hr 30 mins	1 hr 30 mins	1 hr 35 mins	1 hr 30 mins
Total time needed for return trip and an appointment ³	4 hrs 45 mins	6 hrs 45 mins	6 hrs 10 mins	8 hrs	Not possible in one day ⁴

¹ Royal Cornwall Hospital, Treliske

² Return fares are given, in some cases fares are more if travelling before 9.00 a.m.

³ Allowing one and a half hours in the hospital.

⁴ It is not possible to get back to Kehelland by public transport on the same day with enough time to attend an appointment.



Full details of the trips are given in Appendix 5.

'The journey from St Dennis to Truro shows how a modern bus can be comfortable and pleasant, but in all it took almost two hours to reach Treliske. We missed our connection, and an elderly person would have found it hard work to negotiate steps and get across the Treliske site. This shows how centralising services in Truro carries real problems for the one in five Cornish people who do not have access to a car.'

Matthew Taylor MP



Matthew Taylor travelled from St Dennis to Treliske involving a change of buses at Lemon Quay and experienced a delay due to the St Dennis bus arriving late causing the connecting service to be missed.

Matthew Taylor MP and Mary Draper, CHC member, at St Dennis

Colin Breed travelled from Polruan, taking the ferry to Fowey, bus to Par Station, train to Truro, and bus to Treliske.

Colin Breed MP, alighting from the Polruan Ferry at Fowey



Paul Tyler travelled from Launceston to Derriford, with a change of buses at Yelverton necessary to avoid a long walk and having to cross a busy main road at Derriford roundabout.

Paul Tyler MP, and Jasmine Holmwood, CHC member, at Yelverton

Andrew George took part in an exercise illustrating the difficulty of travel from Sancreed to Treliske Hospital, travelling from Hayle to Truro by train, and from Truro Station to Treliske by bus.

Andrew George MP, and John Payne, CHC member, at the bus stop at Truro Station



'Anyone attending an appointment at Treliske from anywhere west of Penzance or south of Helston would most likely need to commit a whole day to the one event. (if travelling by public transport).'

Andrew George MP



Candy Atherton arranged to meet project group members at Treliske after they had travelled with two Labour party volunteers (Mr and Mrs Don Clarke) from Kehelland to Treliske, changing buses at Camborne and having to walk from the main road into the hospital site.

Mr and Mrs Clarke at Kehelland

The main points arising were:

- Wide variation in standard of buses in terms of:
 - accessibility for wheelchairs and those with mobility problems
 - comfort of the journey - some were very noisy and bouncy (partly due to road surfaces)
 - helpfulness of drivers
- Patients from many parts of Cornwall would be unable to reach RCH Treliske or Derriford Hospitals for an appointment before 11.00 a.m., and would have difficulty returning home the same day in some cases (e.g. Boscastle, Kehelland)
- Cost of public transport varies considerably, some routes are subsidised and have lower fares than shorter, unsubsidised routes.
- The difficulty of obtaining timetable information from the bus companies:
 - lines always engaged
 - being referred to a different office
 - enquiry offices in Cornwall not having details for a 'cross-border' journey when travelling to Derriford Hospital

3.5. Consultation and views from public

In response to publicity in local papers covering the whole of Cornwall, ten letters were received from members of the public. Details of these are included in Appendix 6. Some useful suggestions were made, for example:

- Free 'taxi-pass' (with photo-ID) for all OAPs requiring regular on-going hospital treatment who live in areas without a direct bus service to hospital

'Those sectors of the population most in need of expert-delivered or mediated health care are precisely those groups find travelling most difficult'

Lindley Owen, CE,
Restormel PCG

'I do not own a car and do not drive, my family is not close by, and I cannot expect neighbours, however willing, to take me and perhaps have a long wait before returning. Because of the timing of my appointments it was not convenient to use public transport, and in any case it is not easy to leave RCH by bus as crossing a main road is so dangerous at that point.'

(St Ives resident)

'In my opinion these costs should be fully recognised, both by you (the CHC) and also by the central government. They do, in fact, become an additional tax on the ill.'

(Penzance resident)

- Pressure to be applied to local bus companies to provide direct services to/from all hospitals within the county
- More healthcare services provided in the home to reduce the need for travel
- Drivers should be available to drive people who have their own cars but are unable to drive them.
- Each patient should be responsible for the cost of travelling to their nearest hospital and the NHS should provide free shuttle transport between the nearest hospital and any other hospital or healthcare facility in the county or beyond. (This also to be available to NHS staff thus reducing traffic congestion)

Other letters contained complaints about centralisation of healthcare in Truro ('an additional tax on the ill'), the cost of even the voluntary car services, the problems of visitors (particularly elderly spouses) paying for transport for regular visits

Each of the five Cornish Primary Care Groups (PCGs) was invited to comment. Responses were received from:

North Cornwall PCG: from Phoebe Stileman, Partnership Manager. The PCG's view that is that it favours the approach of influencing other initiatives such as the County Council Local Transport Plan and the East Cornwall Rural Transport Partnership.

Restormel PCG: a very detailed reply from Lindley Owen making a number of points, in conclusion stating:

'The need to travel is one of the prices paid by country dwellers. Those sectors of the population most in need of expert-delivered or mediated health care are precisely those groups who find travelling most difficult. It costs the NHS more to provide a local service than a centralised one. So, unless or until the funding formula is changed to reflect true costs, the NHS in Cornwall would appear to be condemned to provide either less good care where it is needed or good care in places where, for many, it is difficult to reach. For this reason it is important that we use such advantages as we have, not least the HAZ and Objective One initiatives, radically to modernise our health care delivery systems, to minimise the drawbacks of distance.'

West Cornwall PCG: reply from Ann Stone, who has done some work on transport issues for the PCG, including meetings with CHT (Sid Deeble), West Cornwall Healthwatch (Marna Blundy), and telephone interviews with practice managers. The letter says that the PCG currently has no active work on-going as it would be a duplication of effort, and also that:

'The service review currently being undertaken by the health economy will work towards more accessible health provision, wherever possible, in accordance with clinical governance and equitable affordability across the county.'

West Cornwall Healthwatch: Also a detailed letter was received from Co-ordinator Marna Blundy, with points made in response to the CCC Draft Transport Plan for Cornwall. The comments made cover three key areas:

- Reducing the need to travel: the view of West Cornwall Healthwatch is: "We

particularly support this key objective in the Cornwall County Council Draft Transport Policy. This will necessarily involve the NHS reversing its policy of centralising services, especially on the Treliske site in Truro."

- Integrating and improving public transport: a number of points are made in relation to the public transport services from West Cornwall to Treliske Hospital.
- Considering individualised transport schemes: examples given are dial-a-ride schemes, more assistance to voluntary car services, subsidies for taxis to take part in an integrated scheme.

'I really do feel that some special arrangement should be made for North Cornwall.

We are a long way away from any of the main hospitals, and we have to pay much more to get to them than in other areas.'

(Bude resident)

3.6. Discussions with health care providers

Staff concerned with transport issues in various health care organisations assisted with this study, including:

- Hilary Clarke, Deputy Director of Nursing, RCHT
- Les Slade, Group Station Officer, Westcountry Ambulance Service Trust (WAST)
- Andrée Trethewey, Transport Liaison Assistant, WAST at Treliske:
- Stella Ellis, Patient Waiting List Manager, RCHT, and Angela Davey, Assistant Patient Waiting List Manager
- Sid Deeble, Community General Manager, Kerrier/Penwith/Isles of Scilly, CHT
- Pam Rabbett, Carers' Co-ordinator, Cornwall Rural Community Council

During these discussions several key areas were highlighted:

The WAST Patient Transport Service (PTS)

- the Patient Transport Service can only take those patients entitled to free transport on medical grounds
- clear ground rules and procedures are required for eligibility criteria and ordering of transport.
- need for training of staff in application of the rules to ensure consistency and fairness.
- abuse of the system is a concern, such as people obtaining free transport when a family member was available with a car.
- patients themselves should have clear guidance as to their entitlement.
- GPs will also require training as they are responsible for evaluating entitlement for the first referral appointment and booking transport if applicable.

Management of waiting lists and booking systems

- the booking systems staff are aware of the problems of distance for patients in Cornwall.
- attempts are being made to introduce extra flexibility - for example, all appointment letters give a phone number for the patient to call if the time and day is not convenient

- appointment letters also give information on the reasons for an early morning appointment, perhaps that tests are needed before a day surgery procedure, etc.
- the transport problem is a complex issue and it is difficult to arrange public transport that can serve patients' needs. For example, a bus service from Redruth to out-patients clinics at Camborne/Redruth Community Hospital had to be withdrawn due to lack of use.
- an investigation was made into reasons for DNAs ('did-not-attend') at Launceston clinics, but transport did not feature as a factor, the majority stating they 'forgot' or 'felt better'.
- car-sharing schemes may be a possibility but there is an issue of patient confidentiality.
- there does not seem any immediate prospect of the introduction of direct booking of appointments by GPs such as has been publicised in the media recently

Visitors and carers

Although this study is concerned with access to healthcare for patients, the CHC project group is of the opinion that visits from family members have an important part to play in the recovery of patients.

- patients' recovery can be delayed by isolation when family are unable to visit regularly
- health of the carers themselves is also an important issue which can be adversely affected by transport difficulties
- currently there is only one taxi in Truro with wheelchair access (though the rules applying to new taxis have recently been changed to make this compulsory)
- those involved with patient transport are unable to offer any assistance to visitors

Reducing the need to travel

There are some initiatives underway that can play a part in reducing the need for travel and sometimes remove it altogether. These include:

- NHS Direct - phone advice service can assess patients with concerns and advise the best course of action, so possibly saving unnecessary trips to GPs or A&E departments.
- Telemedicine: (use of camera and video images relayed by computer link, either live or stored and forwarded) - can provide expert consultations quickly at very little cost. A pilot project is linking minor injuries clinics at St Austell, Launceston, Liskeard, Stratton, Newquay and Bodmin to A&E at Treliske.

3.7. Background research of work in other areas

Community Health Councils in other areas have looked at the issue of transport for patients.

West Dorset CHC published a report 'Survey of Patients' Views on Hospital Transport Services' (1996), one of the issues highlighted was that different

Trusts in Dorset had different policies in operation as to which patients should be exempt from charges for transport. Somerset and Gloucester CHCs had both had a considerable number of complaints in their areas about the criteria for eligibility for free hospital transport.

Hastings and Rother CHC has had a continuous study of transport in operation since 1994, using a locked box available for comment slips. A report as at 31st October 1998, mentions attempts to improve public transport access, some without success - a Dial-a Ride service covering five routes in Hastings was discontinued due to lack of use. The CHC produced a Transport Information Leaflet giving details of statutory and voluntary transport services and how to get help with travel costs.

Rural Development Commission

In rural areas the use of services often declines in proportion to the distance from the facility where it is offered due to difficulties of access or lower expectations. A 1993 study in Norfolk found that:

- More remote rural households without access to a car were three times less likely to visit their GP, given similar levels of need, than urban households with cars.
- Rural households generally were less inclined to visit their GP than urban dwellers
- There was an association between low use of hospital services and households in villages without a GP's surgery, suggesting that access to a GP is crucial to hospital use.

The Rural Development Commission report of 1996 which quotes the study above states that: 'increasing concern is being expressed by rural people that discretionary transport services provided by local authorities, such as free school transport for over-16s, and other statutory authorities (especially health authorities) are under pressure due to financial constraints. This can result in greater transport burdens being placed on individuals and voluntary transport schemes.'

The report goes on to say: 'Where appropriate service-providers should be encouraged to bring services closer to the people and to develop new, more flexible means of delivery.'

Countryside Agency

A more recent example of the value of improved information for patients was given in the Countryside Agency newsletter 'Countryside Focus' (December 1999/ January 2000). An article: 'Rural GPs - gateways to wellbeing', describes an arrangement in the Peak District where GPs were providing sessions with Citizen's Advice workers in areas of rural deprivation. To quote the article, at one practice: 'After the first year, the CAB had identified over £35,000 in previously unclaimed benefits for villagers.'

This success encouraged more practices to employ a CAB worker, and analysis showed that on average clients bring more than six enquiries each into the practice. Although the experiment began under GP fundholding, the High Peak and Dales PCG has made extending the service to all their practices a high priority.

Northern Fells Rural Project

Another project in the north of England, the Northern Fells Rural Project, launched on 4th November 1999, is part of the Prince of Wales' Rural Revival Initiative. The aims are given as:

- To pilot methods for the development of services in rural areas using health care as an entry point
- To identify the unmet health and social needs of rural residents
- To identify causes of social exclusion
- To map the provision of existing support services and to identify gaps.
- To prioritise and implement actions to meet unmet need.
- To evaluate the project and disseminate the findings so that solutions can be replicated in other areas

Transport is acknowledged as a key factor and the project is providing a minibus with wheelchair access: 'to be used to get people to and from doctors' surgeries, dentists, optometrists, etc., as well as to visit people in hospitals, nursing and residential homes.' This project would obviously have great relevance and practical applications in Cornwall, and the CHC project group will be following its progress with interest.

Wiltshire Wigglybus Project

This is a pilot project for a flexible bus service in the Devizes area developed with funding from DETR and local councils. The main elements are:

- Three buses work an hourly service on circular routes, directed by an in-cab screen system operated by Wiltshire Ambulance Control.
- People can join as members and then their address becomes a stop and the bus will divert ('wiggle') from its route to pick them up as close as possible to their door.
- Membership costs £20.
- Fares for members are 30p (60p return), trips have to be booked, no more than 24 hours in advance, through a call centre operated by the Wiltshire Ambulance Control.
- Non-members can also book, fare £1, pick-ups only at designated stops.
- Destinations decided by an advisory group whose meetings are open to the public.
- Some members report they no longer need to run their own car.

HAZ Eldercare Creating Better Signposting Project

Closer to home, research in Cornwall was carried out by the HAZ Eldercare Creating Better Signposting Project (based on a format developed by the earlier Cornwall Working Together for Older People initiative). This looked at a range of information needs, but, specifically in relation to transport, highlighted concerns over the cost of transport to and from hospital, and over disabled access on public transport.

This study also considered the preferred means of receiving information, most favoured was face-to-face (which links with the success of the CAB project discussed above), and many people had difficulty either using phones at all (if they had bad eyesight) or with the automated answering systems that involved the pressing of buttons to navigate through lengthy menus.

The importance of face-to-face contact, perhaps with local co-ordinators is emphasised, and also the need for these people themselves to have adequate training and up-to-date, comprehensive, accurate information.

Other information services

In Cornwall, a range of information is available through the Cornwall Advice Link Line (CALL) available on computer terminals in libraries and at the Information Link at Treliske Hospital. The Information Link are also piloting an 'In Touch with Health' touch screen system at West Cornwall Hospital. Access to the Internet is becoming more widespread and provides a wide range of health-related information.

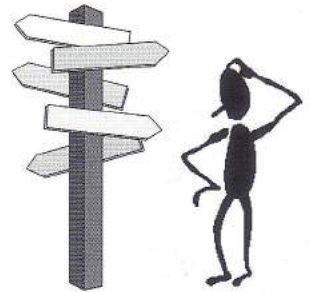
In conclusion, all these studies show that there is a lot of work being done in other areas and by bodies outside the health service which could be usefully applied to health-related transport in Cornwall. One of the main issues seems to be the importance of discussion and co-operation between different agencies in order to obtain the best use of resources for the residents of the county.



4. What we found when we got there - our findings in detail

- Travelling to access healthcare is a small problem for the majority of Cornish residents, but a huge problem for a minority
- The vast majority of patients travel to healthcare services by private car, but up to half of these have to ask a relative, friend or neighbour to drive them - these are the hidden costs of transport which are borne by relatives and friends who often have to take time off work
- Access to healthcare by public transport is at best difficult, at worst impossible
- Information for patients about transport is poor and inadequately co-ordinated
- The cost of transport is a real concern, not only for those on benefits who receive only partial reimbursement for car journeys but also for those on pensions or low incomes who do not qualify for any help
- Reimbursement policy does not appear to be equitable:
 - voluntary car service and taxi travel: even patients on benefits are only reimbursed at 10p per mile by RCHT (compared with 19p/mile for Job Centre interviews or 44p/mile for Civil Service staff), when costs of voluntary car services are up to 30p per mile.
 - public transport costs are reimbursed in full to patients on benefits, but this form of travel is not a practical option for many people.
 - every Isles of Scilly resident is apparently entitled to payment of ALL travelling expenses necessarily incurred in making the entire journey between the Isles of Scilly and any hospital in England and Wales, less only the first £5 of such expenses.
- Ambulance transport is provided for certain categories of patient on medical grounds, but there are discrepancies in referrals for immobility to Patient Transport Services provided by the ambulance service
- Patients have no right to transport home if they are taken to hospital by ambulance and then discharged
- There is no centralised system for notifying all health services in the event of a patient's death or hospitalisation - a centralised system would prevent some DNAs, wasted ambulance journeys and distress to relatives
- Little research has yet been done into the reasons for DNAs and whether some of these may be due to transport difficulties
- There is a tendency for all agencies, whether health, social services or county council, to assume that any responsibility for transport should lie with someone else and not with themselves
- We therefore conclude that the provision of healthcare to the residents of Cornwall is not equitable, and depends upon where you live, your ability to travel and your financial circumstances

5. Where do we go from here? - our recommendations in detail



Communication

- Healthcare providers should develop procedures for ascertaining the transport needs of their patients. There should be a clear procedure, beginning with the GP, and continuing with hospital staff, both clerical and clinical, to be sensitive to possible transport needs of patients whenever an appointment is made.
- Healthcare providers should provide clear information (both printed and verbal) to all patients of any entitlement to assistance with transport on health or income grounds as well as details of public and voluntary transport. This information, presented clearly and simply, should be freely available in GP surgeries, outpatient departments, and inpatient facilities.
- Rules for reimbursement should be clear and uniformly applied.
- Patients found to have transport needs (e.g. no car, living in an isolated place, as well as qualifying for help on health or income grounds) should be identified by means of a simple and universally understood note in all patient records, to enable all healthcare providers to take this into consideration.
- Providers should explain to patients why they might have to travel to distant locations for treatment.
- Sign-posting schemes should be developed further, and initiatives such as a single free phone information number for all transport enquiries should be supported.
- Patients should ensure that they communicate their needs, and their preferences for locations and times of treatment. Patients should ask for hospital appointments which are convenient to them in terms of time of day and location, being offered a choice of location wherever possible if the consultant visits more than one site, with any implications e.g. a longer waiting list, being made clear

Consideration

- Health services should be provided as close as possible to the patient
- There is a need for both healthcare and transport providers to be sensitive to the possible transport needs and problems of patients.
- It is important to consider the impact of issues such as:
 - long trying journeys when the patient is unwell
 - travelling without an escort for consultations or treatments which may be traumatic
 - the timing of appointments particularly very early or very late in the day
 - the difficulties encountered by the elderly and infirm in using public transport (the comfort of buses, access for the infirm, the siting of bus stops, etc).
- Appointment booking arrangements should be as flexible as possible, with booking clerks taking postcodes into account when making bookings

- Consideration of both patient needs and environmental factors should combine in a desire to reduce the need to travel and to provide services as close as possible to the patient.

Co-operation and Co-ordination

- The co-ordination of existing information held by different bodies needs to be improved, and funding for transport awareness and sign-posting projects should be further encouraged.
- Voluntary transport schemes should work to integrate their services more closely, offering where possible the same mileage charges and working to publish a Community Transport Directory, such as that being produced by Helen Renfree, CRCC. Consideration should also be given to the possibility of re-structuring the charges to reduce the high costs currently imposed upon those who have to travel the farthest or the most often
- Public transport providers should offer wherever possible direct services to all hospitals in the county, dropping off and collecting at locations which maximise accessibility especially for the elderly and infirm, and at times which match appointments and visiting hours
- Partnerships should work together to explore innovative ways of improving access to health services. Suggestions include:
 - 'dial-and-ride' schemes
 - extending subsidies to include community schemes and private taxi firms who are willing to provide a service to health facilities
 - car sharing schemes particularly for patients who have regular or frequent appointments
 - subsidised/free shuttle services from railway and bus stations to and between main hospitals
 - local co-ordinators to assist in finding the best solution to transport requirements for individual callers
- a pilot scheme with Health Action Zone (HAZ) &/or Objective One funding to establish a model of good practice in providing information and co-ordination of transport services that can be applied across the county - perhaps building on the HAZ Eldercare Project Creating Better Signposting.

6. Concluding remarks from the project group

The young, fit and affluent enjoy travelling and gain pleasure from back-packing around the world or driving at speed along a motorway.

The 'average' normal person copes quite comfortably with travelling for work, for shopping or for recreational activities.

But it's a different story for the person who is very elderly or infirm, suffering from chronic illness, or in considerable pain. For them, getting to hospital can be "the longest journey in the world".

It's a different story, too, for the person who struggles to make ends meet. An older person living on a pension of, say, £80, will have great difficulty in finding £20 (a quarter of their weekly income) for a trip to hospital. If they need to return the following week, or if they are visiting someone and want to travel daily - how can they possibly manage?

Behind every statistic there is a human story, and the findings of this report should prompt each one of us to strive to make transport to health services in Cornwall more possible, and access to health services more equitable, for one and all. It is, after all, the responsibility of us all.

We do not pretend to have found all the answers to the very difficult issue of patients on wheels. We hope, however, that we have at least raised some of the questions, and suggested some ideas which can now be explored and developed further. It is for the healthcare providers, the transport providers, the voluntary groups and the grant-making bodies to work together in partnerships to bring some of these ideas to reality. Only then can we be satisfied that the provision of healthcare to all the residents of Cornwall, including issues of cost and availability of transport, is truly equitable. This is our challenge and our plea.

Appendix 1 Statistics

Statistical material kindly supplied by the Research and Information Support Services of Cornwall County Council.

(Note: Percentage figures in tables may not add exactly due to rounding.)

Table 1.2 - age structure of population (percentages)

Age	Penwith	Kerrier	Carrick	Restormel	North Cornwall	Caradon	Cornwall
0-4	4.9	5.6	5.0	5.3	5.3	5.2	5.2
5-9	5.1	6.3	6.0	6.1	6.1	6.2	6.0
10-14	5.9	6.3	6.3	6.6	6.3	6.5	6.3
15-19	5.6	6.0	5.7	6.1	5.6	5.9	5.8
20-24	4.2	5.4	4.0	4.8	4.5	4.4	4.4
25-29	6.7	7.1	5.9	7.0	6.9	6.4	6.7
30-34	5.4	6.6	6.3	6.7	6.9	6.6	6.5
35-39	5.6	6.9	6.9	6.8	6.8	7.0	6.7
40-44	6.4	6.2	6.6	6.0	6.3	6.8	6.4
45-49	7.4	7.0	6.6	6.6	6.4	7.4	6.9
50-54	8.3	7.3	7.4	7.6	7.1	8.1	7.6
55-59	6.2	5.9	5.9	5.7	5.8	5.8	5.9
60-64	6.1	5.4	5.5	5.6	5.7	5.2	5.5
65-69	6.1	5.3	5.5	5.6	5.6	5.0	5.5
70-74	5.6	4.8	5.5	4.9	5.0	4.6	5.0
75-79	4.9	4.1	4.8	3.9	4.2	4.2	4.3
80-84	3.2	2.5	3.2	2.4	2.7	2.5	2.7
85+	2.9	2.4	3.2	2.3	2.5	2.3	2.6
Total	100	100	100	100	100	100	100

Table 1.1 - age structure of population (totals)

Age	Penwith	Kerrier	Carrick	Restormel	North Cornwall	Caradon	Cornwall
0-4	2900	5100	4300	4800	4300	4200	25600
5-9	3000	5700	5100	5600	4900	5000	29200
10-14	3500	5700	5400	6000	5100	5300	31000
15-19	3300	5400	4900	5600	4500	4800	28500
20-24	2500	4000	3400	4400	3600	3600	21500
25-29	4000	6400	5000	6400	5600	5200	32600
30-34	3200	6000	5400	6100	5600	5400	31700
35-39	3300	6200	5900	6200	5500	5700	32800
40-44	3800	5600	5600	5500	5100	5500	31100
45-49	4400	6300	5600	6000	5200	6000	33500
50-54	4900	6600	6300	6900	5700	6600	37000
55-59	3700	5300	5000	5200	4700	4700	28600
60-64	3600	4900	4700	5100	4600	4200	27100
65-69	3600	4800	4700	5100	4500	4100	26800
70-74	3300	4300	4700	4500	4000	3700	24500
75-79	2900	3700	4100	3600	3400	3400	21100
80-84	1900	2300	2700	2200	2200	2000	13300
85+	1700	2200	2700	2100	2000	1900	12600
Total	59300	90500	85300	91300	80700	81300	488400

Notes:

1. Data from the ONS 1998 mid year population estimates.
2. All figures, including totals are rounded to the nearest 100 (Table 1.1)
3. Due to rounding data might not add exactly. (Tables 1.1 and 1.2)
4. Data excludes the Isles of Scilly

Table 1.3 - access to car (Source: 1991 Census)

	No access to car (% households)
Penwith	32.3
Kerrier	24.4
Carrick	25.8
Restormel	24.2
Caradon	20.1
North Cornwall	21.7
<i>Cornwall average</i>	<i>24.5</i>
<i>National average</i>	<i>30.0</i>

Table 1.4 - limiting long-term illness (Source: 1991 Census)

	Limiting long term illness (% persons)
Penwith	16.0
Kerrier	14.9
Carrick	14.1
Restormel	14.5
Caradon	14.3
North Cornwall	13.5
<i>Cornwall average</i>	<i>14.5</i>
<i>National average</i>	<i>13.1</i>

Table 1.5 - unemployment rates (Source: ONS 1999)

		Unemployment	
		% January 1999	% July 1999
Penwith	Including Isles of Scilly	9.6	6.5
Kerrier	Camborne/Redruth	6.8	6.0
	Helston	8.6	6.0
Carrick	Falmouth	7.1	6.7
	Truro	5.1	5.1
Restormel	Newquay	11.4	5.8
	St Austell	5.2	4.2
Caradon	Liskeard	5.7	4.2
	(Plymouth)	5.1	4.4
North Cornwall	Wadebridge & Bodmin	4.7	3.3
	Camelford	8.5	5.7
	Bude	6.5	4.2
	Launceston	3.5	3.2
<i>Cornwall</i>	<i>(Average)</i>	<i>6.3</i>	<i>4.8</i>
<i>South West</i>		<i>3.7</i>	<i>3.0</i>
<i>Great Britain</i>		<i>4.8.</i>	<i>4.3</i>

Appendix 2 Survey of Volunteer (Independent) Car Services

Information sheet/questionnaire used in the study:

Cornwall Community Health Council Study of transport and patient access to services 1999.

When taking requests for transport, please record the following details to assist the CHC in obtaining a picture of how the current systems work, and any problems faced by patients and/or families.

Please note any other factors or comments you think relevant on the back of this sheet. All information will be totally confidential. Thank you.

Which volunteer car service? (Tick as applicable)	Cornwall Centre for Volunteers	
	Medi-Linc	
	WRVS	
	Age Concern	
	British Red Cross	
	St Johns Ambulance	
	Personal Mobility	
	Christian Helpline	
Other (please give details in space below)		
Name of person taking the call:		
Time and date of call:		
Transport required:		
From:		
To:		
Time of appointment:		
Number of people (patient plus any family or friends):		
Cost to patient:		
Do you use this service regularly?		
Would you be prepared to discuss your journey further? (in confidence) If yes, please give patient's name and telephone number.		

Case studies from telephone follow-up to survey

Age Concern - none of the people interviewed qualified for any reimbursement of travel costs.

Tintagel to North Devon District Hospital, Barnstaple

- Condition: Orthopaedics and Trauma
- Cost: £34.22
- Comment: Still waiting to have operation, several more trips likely to be needed.

Tintagel to Treliske Hospital

- Condition: Day surgery
- Cost: 100 miles by voluntary transport, cost £22
- Comment: If a general anaesthetic had been necessary and an overnight stay needed the costs would have been doubled

Tintagel to Bodmin, and to St Michael's Hospital, Hayle

- Condition: Check-ups and replacement knee joint operation.
- Cost: £118.80 (several trips, total 480 miles)

Launceston to Derriford Hospital

- Condition: Check-ups following cataract operations
- Cost: Shared transport, £10 each
- Comment: She was away from home for nearly 3 hours, but the bus would have taken all day

Gulval to Treliske Hospital.

- Condition: Check-ups for various conditions
- Cost: £50 for taxi
- Comment: At this appointment she was very annoyed as only her age, height and weight were checked and she found out later that the same clinic is held every Thursday at West Cornwall hospital. Now uses Age Concern, £20

Tintagel to East Cornwall Hospital (Bodmin)

- Condition: Regular check-ups
- Cost: Age Concern car cost depends on where driver comes from: Tintagel £10, Boscastle £11, Crackington Haven £16-£18. If has to go to Treliske the fare is £27.

Cornwall Centre for Volunteers

Devoran to Treliske Hospital

- Condition: Regular check-ups
- Cost: about £6.80 per round trip
- Comment: Drivers are wonderful and extremely helpful. Impossible for her to travel any other way.

Truro to Treliske Hospital

- Condition: Approximately every 3 months
Cost: £6 for round trip
Comment: Buses not very convenient as they go all round villages.

Bodmin to Treliske Hospital.

- Cost: £18.00 return.
Comment: Cannot get reimbursement even though an OAP as not on income support. Hopes that new Bodmin Community Hospital will mean more access to services locally in the area. Service was excellent, not only door to door, but driver went in with him to make sure OK.

CHIN (Christian Helpline in Newlyn)

Mousehole to West Cornwall Hospital.

- Condition: Check-ups, waiting for a second hip replacement.
Cost: £2.50
Comment: used to use taxi (£11) as didn't like to bother CHIN

Penzance to Treliske Hospital.

- Condition: Appointment every 3 weeks
Cost: £12.00, about £4.00 reimbursed
Comment: does not know if any free service for chemotherapy patients. Anyway would prefer to pay rather than have to wait or have long journey dropping off other people etc.

WRVS (Restormel)

- Condition: Truro to local doctor's surgery
Cost: pay minimum charge of £3.00.
Comment: Husband used to drive but now disabled, cannot get on bus or train, better than taxi as drivers help and stay with you to return.

Letters from volunteer drivers:

"Dear Sir,

I was asked to give details of any journeys which I found to be difficult to patients on Income Support or other in claiming expenses for their trip to hospitals e.g. Treliske or Derriford. My first trip of this type was when I had taken a lady of over eighty for cataracts to Treliske (Duchy) hospital as a referral. She had to go to Duchy because Falmouth didn't have a bed, so it was at the Duchy that the problem arose. It was discovered that the lady had to have both eyes done so I had to make arrangements to collect her the next day, late afternoon. I came to collect her mid-afternoon and then proceeded to claim for travelling expenses. We could not claim all as *[details of]* her treatment was on Duchy *[Hospital]* paper. I was furious as the patient who was at my side was very upset: we only received just over £4.00. I explained she was a referral from Falmouth and had to go to Duchy as the Consultant was conveniently there for this operation. We arrived at her house, then I went to her surgery and complained. The administration at the surgery phoned Social Services St. Austell and after a lot of discussion we were able to get the lady refunded.

I am appalled by the way patients are treated when they are genuine patients who have been trying to claim.

The next trip of unbelievable circumstances was when I was asked to take a patient to Bristol for an 8.30 a.m. appointment. We arrived and I had to take him for the eye clinic to see a certain consultant. I parked the car about a quarter of a mile away, and thought after half an hour I would see how he was, I phoned the extension number given and was told he had been ready for 10 minutes, so we came back to Cornwall immediately. Two days later the patient informed me the same consultant was at East Cornwall Bodmin: I could not believe it. The bill to Bristol was charged to the Sight Centre, Truro and here we are 7 miles away 2 days later after a £90 bill + travel expenses. I was disgusted that admin could not have arranged it better.

Yours Sincerely"

"Dear Sir,

I write to express my concern at the cost incurred by patients visiting Treliske Hospital, Truro when travelling to and from the hospital to receive treatment.

I drive for the CCfV car service at Truro and we charge 30p per mile. Patients who are not in receipt of Income Support or any other benefit, pay the full amount. Patients in receipt of Income Support never receive more than the equivalent in bus fare when visiting Treliske Hospital - an average amount being under £5.

I live in Wadebridge and it can cost between £15 and £18 to complete the trip, depending on which part of the catchment area I collect them from. If I take a patient to Bodmin hospital and they are in receipt of Income Support, they have been receiving the full cost of the transport.

On one occasion I took a patient from Padstow, firstly to be assessed, secondly to be admitted for an operation and thirdly for a check-up after the operation. It cost the patient around £15 per trip and he received nothing. The 'reason' being that because he was transferred from Treliske to the private Duchy Hospital he was considered a 'private' patient. It took a lot of time to convince the authorities that he should be reimbursed. The hospital said 'nothing to do with them, try social services'. Social services said 'nothing to do with them - try the doctor who referred him'. I took the matter up for the patient as he was elderly - over 80 years of age

I spent over an hour in the Doctors surgery with the lady who is in charge of the funding for the surgery. She said that it was not their responsibility and phoned Treliske who denied responsibility for the costs. You can see that we had completed the circle by now and there seemed to be no solution. However, it was finally agreed, weeks later, that the patient should be reimbursed and that the Doctors surgery at Padstow would have to pay, as they referred the patient. The patient duly received his £45, and was pleased and grateful.

I would like to point out, that at the time of this fiasco, there was only one bus service a week to Truro and that was on a Saturday. To ask a patient of over 80 years to deal with this situation was out of the question and that is why I acted on his behalf and with his blessing. There appears to be no consistency in the repayment of expenses - it varies from hospital to hospital.

Yours Sincerely"

Appendix 3 Surveys of people attending out-patients clinics

Questionnaire used in the study:

Introduction: Hello, I am from the Cornwall Community Health Council. We are talking to patients about how they travel to hospital, would you like to answer some questions about this?

1. How did you get here today?

Transport supplied:

Ambulance ☐

Car service ☐

Private transport:

Own car ☐

Brought in car of family member ☐

Brought in car of friend or neighbour ☐

Public transport

Bus ☐

Train ☐

Taxi ☐

Voluntary car service

Age Concern ☐

WRVS ☐

Cornwall Centre for Volunteers ☐

Red Cross ☐

CHIN ☐

Other ☐

please give name of car service:

If a combination of methods, please give details:

2. If by voluntary car service, did you have to pay for your trip?

Yes ☐

How much ☐

No ☐

3. Are you able to claim any money back?

Yes ☐

How much ☐

No ☐

4. Where do you live?

5. Roughly how far is that from the hospital?

6. How often do you have to attend this clinic?

7. Do you have to attend any other clinics? If so where?

8. Any other comments?

Detailed findings of the survey

Royal Cornwall Hospital Treliske 3 November 1999

141 interviews were completed:

125 (89%) travelled by car:

83 drove themselves

32 driven by family member

10 driven by a friend

7 (5%) used the voluntary car services:

1 WRVS

3 not given

2 Trans Medical

1 Carrick Council

8 (less than 6%) used public transport

1 train (no note of how reached Treliske)

4 bus

2 bus/train

1 lift in, train home

1 (less than 1%) walked

Only one person claimed any reimbursement of travel costs, they were awarded £3.30 of £10.00 cost, two others were not sure whether they were entitled to claim. One young mother knew she was entitled but found it too much trouble to go to the General Office with a small child.

Distances: 62% travelled more than 10 miles, 20% more than 20 miles.

Table 3.1 - Distances travelled to Treliske Hospital

Distance travelled	No.	%
Less than 1 mile	1	1
1-5 miles	21	15
6-10 miles	32	23
11-20 miles	61	43
21-30 miles	24	17
31-40 miles	1	1
41-50 miles	1	1
Don't know	1	1
	142	100

Camborne/Redruth Community Hospital 11 November 1999

47 interviews were completed:

- 40 (85%) travelled by car:
 - 13 drove themselves
 - 24 driven by family member
 - 3 driven by a friend
- 3 (just over 6%) used the voluntary car services:
 - 2 Medilinc
 - 1 Cornwall Centre for Volunteers
- 3 (just over 6%) used public transport
 - 1 taxi
 - 1 bus
 - 1 train/taxi
- 1 (2%) walked

Only four people knew that they qualified for reimbursement, three do not bother to claim, the other forgot benefit book on that day - could have got £1.60 of the £8 paid

Distances: 55% had travelled 1-5 miles, 27% more than 10 miles.

Table 3.2 - Distances travelled to Camborne/Redruth Community Hospital

Distance travelled	No.	%
Less than 1 mile	0	0
1-5 miles	26	55
6-10 miles	8	17
11-20 miles	9	19
21-30 miles	2	4
31-40 miles	2	4
41-50 miles	0	0
Don't know	0	0
	47	100

East Cornwall Hospital, Bodmin 11 November 1999.

Morning 18 interviews, afternoon 49: total 67

57(85%) travelled by car:

26 drove themselves

27 driven by family member

4 driven by a friend

1 (1.5%) used the voluntary car services: Age Concern (E Cornwall reimburse full cost)

1 (1.5%) came in ambulance transport from a residential home

1 (1.5%) used public transport (bus)

7 (10.5%) walked

Distances: 58% had travelled more than 10miles, 36% lived in Bodmin.

Table 3.3 - Distances travelled to East Cornwall Hospital

Distance travelled	No.	%
Less than 1 mile	24	36
1-5 miles	4	6
6-10 miles	26	39
11-20 miles	10	15
21-30 miles	2	3
31-40 miles	1	1
41-50 miles	0	0
Don't know	0	0
	67	100

Stratton Hospital

Only four questionnaires were completed at Stratton Hospital. All travelled by car, two drove themselves, two were brought by a friend or neighbour. There were comments on the lack of parking at the hospital. Two people were local, but two had travelled 18 and 20 miles respectively.

Appendix 4 Survey of Practice Managers

Questionnaire used in the study:

Cornwall Community Health Council: Study of Patient Transport 1999		
Practice:	
Date:	
Completed by:	
1. Which hospitals do patients in your area attend, and how frequently?		
	Occasionally	Regularly
Royal Cornwall Hospital (Treliske)		
West Cornwall:		
Camborne/Redruth Community Hospital		
Charles Andrew Clinic, Redruth		
Duchy Hospital		
Edward Bolitho House, Penzance		
Edward Hain Hospital, St Ives		
Falmouth Hospital		
Gwaynten Unit, Truro		
Helston Community Hospital		
Lower Cardrew House, Redruth		
Poltair Hospital, Penzance		
St Michael's, Hayle		
Trengweath, Redruth		
West Cornwall Hospital		
East Cornwall:		
East Cornwall Hospital, Bodmin		
Fowey Hospital		
Lamellion Hospital (Liskeard)		
Launceston General Hospital		
Newquay & District Hospital		
Passmore Edwards Hospital (Liskeard)		
Penrice Hospital		
St Austell & District Hospital		
St Barnabas' Hospital, Saltash		
St Lawrence's Hospital, Bodmin		
Stratton Hospital		
Devon:		
Bideford Hospital		
Derriford Hospital		
Holsworthy Hospital		
Mount Gould Hospital		
North Devon District Hospital, Barnstaple		
Royal Devon & Exeter Hospital (Heavitree)		
Royal Devon & Exeter Hospital (Wonford)		
Royal Eye Infirmary (Plymouth)		
Scott Hospital, Plymouth		
Tavistock General Hospital		
Torrington Hospital		
Please mention any other hospitals that your patients are referred to regularly, and add any comments you may wish to make. (Continue overleaf or on a separate sheet if necessary)		

Please answer the following if possible to give an idea of the number of patients requiring assistance with transport, &/or make any comments you wish:

2. Approximately what percentage of patients do not drive themselves to hospital?

Under 5% ☐ 5 - 10% ☐ 10 - 20% ☐ 20 - 30% ☐ More than 30% ☐

3. Of these, approximately how many per week do you arrange transport for (ambulance, car service, etc):

4. What information do you have available for patients who are not entitled to free transport but need help?

5. Do you consider it would be useful to have a central contact number for information on all the voluntary car services?

Yes ☐ No ☐

We are interested in all comments and case studies, please add as many details as you wish. (Continue overleaf if necessary).

Details of the sample interviewed:

All 79 practices were telephoned, the 21 interviewed were those available over that period of time. This 'opportunistic sampling' resulted in a reasonable spread across the county as follows:

Table 4.1 - Practice manager interviews

PCG	No. of practices interviewed of total
North Cornwall	4/11 (36%)
East Cornwall	3/13 (23%)
Restormel	3/13 (23%)
Carrick	3/13 (23%)
West Cornwall	8/26 (30%)

Details of answers to Practice Manager survey

Table 4.2 - Approximately what percentage of patients do not drive themselves to hospital?

	Number of practices
Under 5%	5
5 - 10%	3
10 - 20%	3
20 - 30%	1
More than 30%	0
No answer	9

Table 4.3 - Number of patients per week arrange transport for?

	Number of practices
1	3
1-2	4
2-3	2
3-4	1
5	1
6	1
8-10	2
Don't know	7

Information available: phone numbers of voluntary car services - often only one, sometimes details of charges (or at least warn patient that they will have to pay).

Central contact number: 100% yes.

Table 4.4 - Which hospitals do patients in your area attend, and how frequently?
(number of practices responding)

	Occasionally	Regularly
Royal Cornwall Hospital (Treliske)	3	16
West Cornwall:		
Camborne/Redruth Community Hospital	4	5
Charles Andrew Clinic, Redruth	1	2
Duchy Hospital	2	
Edward Bolitho House, Penzance	1	
Edward Hain Hospital, St Ives	3	
Falmouth Hospital	2	
Gwaynten Unit, Truro	1	
Helston Community Hospital	2	1
Lower Cardrew House, Redruth		
Poltair Hospital, Penzance	2	
St Michael's, Hayle	4	7
Trengweath, Redruth	3	
West Cornwall Hospital	3	5
East Cornwall:		
East Cornwall Hospital, Bodmin	4	3
Fowey Hospital		1
Lamellion Hospital (Liskeard)	1	2
Launceston General Hospital	2	2
Newquay & District Hospital	2	1
Passmore Edwards Hospital (Liskeard)	1	3
Penrice Hospital	1	3
St Austell & District Hospital	2	1
St Barnabas' Hospital, Saltash		2
St Lawrence's Hospital, Bodmin		2
Stratton Hospital	1	1
Devon:		
Bideford Hospital		1
Derriford Hospital	4	15
Holsworthy Hospital		1
Mount Gould Hospital		
North Devon District Hospital, Barnstaple	1	1
Royal Devon & Exeter Hospital (Heavitree)	2	
Royal Devon & Exeter Hospital (Wonford)		
Royal Eye Infirmary (Plymouth)		
Scott Hospital, Plymouth		
Tavistock General Hospital		2
Torrington Hospital		

Appendix 5 Public transport journeys with MPs: full reports

Summary of details:

Public transport journeys with Cornish MPs

	Matthew Taylor	Colin Breed	Andrew George	Paul Tyler	Candy Atherton
From	St Dennis	Polruan	Sancreed	Launceston	Kehelland
To	RCH ¹	RCH	RCH	Derriford H.	RCH
Distance by road (one way, approx.)	19.5 miles	36 miles	30 miles	29 miles	11 miles
Cost by public transport ²	£3.90	£8.40	£10.00	£4.60	£4.45
One way travelling time	1 hr 40 mins	2 hr 30 mins	1 hr 30 mins	1 hr 35 mins	1 hr 30 mins
Total time needed for return trip and an appointment ³	4 hrs 45 mins	6 hrs 45 mins	6 hrs 10 mins	8 hrs	Not possible in one day ⁴

¹ Royal Cornwall Hospital, Treliske

² Return fares are given, in some cases fares are more if travelling before 9.00 a.m.

³ Allowing one and a half hours in the hospital.

⁴ It is not possible to get back to Kehelland by public transport on the same day with enough time to attend an appointment.

In each case we assumed a hypothetical appointment time, usually late morning as it would be impossible to reach either of the DGHs by public transport from out-lying areas in time for an early appointment. When calculating return journeys a stay at the hospital of one and a half hours has been assumed - in many cases appointments may take less time than this, but often considerably longer.

Matthew Taylor - 5 August: From St Dennis to Treliske Hospital

Appointment time: 11.30

Outward journey:

Bus (21A) to Truro (Lemon Quay): 10.10
 Arrive Lemon Quay, Truro: 10.50
 Leave for Treliske (96): 10.53 or 11.23
 Arrive Treliske: 11.10 or 11.40

Return journey:

96 bus from Treliske Porch 13.11
 Arrive outside Littlewoods 13.23
 Lemon Quay Bus Station 14.10
 Arrive St Dennis 14.45

Facilities and ease of access: The bus stop had a shelter with a seat. The bus was due at 10.10 and arrived at 10.15, on the opposite side of the road, it could not stop immediately opposite the bus stop due to parked cars, and we had to signal the driver and cross the road quickly in order to board the bus.

The bus had a low step and low floor at the front, with other seats at the back up a step. The bus appeared almost new, and was very modern and comfortable with buttons to signal the driver to stop by every pair of seats. The service seemed to be very well used with a number of people boarding at various stops and others leaving the bus along the way.

Connections: We were due to arrive at the bus station at Lemon Quay in the centre of Truro at 10.50 a.m. to catch a connecting bus to Treliske at 10.53 (to arrive there at 11.10 in time to make our way to the Outpatients Department). However, the bus from St Dennis did not reach Lemon Quay until approx. 11.02, due to heavy traffic (and possibly the number of stops it had to make), so we had to wait for the next Treliske service at 11.23 a.m. The bus left perhaps a minute late at 11.24. This bus was older, had two steps leading in, which were more difficult to negotiate, and only a few buttons for alerting the driver.

Arrival: We arrived at Treliske at just after 11.40. We expected to be set down at the new entrance to the Trelawney Wing, but the bus carried on, we were not sure if we should have pressed the button to stop, but there did not appear to be a place for the bus to pull in. The bus stopped at the entrance to the Tower Block where we alighted. We had to walk from there back to the Trelawney Wing entrance. There is a stop nearer the Trelawney Wing entrance. On making enquiries later, we were advised to ask the driver on boarding the bus if we could alight there, and/or press the button.

Punctuality: We would have been at least fifteen minutes late for our 11.30 appointment. To allow more time to reach the hospital at 11.30 a.m. we would have had to leave St Dennis at 07.45, reaching Lemon Quay at 08.37. The next service to Treliske Hospital would be 09.23, arriving at 09.40.

♦ ♦ ♦

Colin Breed - 1 September from Polruan to Treliske Hospital

Appointment time: 11.30

Outward journey:

Foot ferry from Polruan to Fowey	09.00
Bus (24) to Par Station:	09.33
Arrive Par Station:	09.49
Train to Truro Station:	10.07 or 11.23
Arrive Truro Station:	10.33 or 11.42
Bus (96 or 40A) to Treliske:	10.57 or 11.57
Arrive Treliske:	11.10 or 11.40

Return journey:

Bus 96 to Truro Station:	13.06
Arrive Truro Station:	13.19
Train to Par Station:	14.04
Arrive Par Station:	14.31
Bus to Fowey:	14.46
Arrive Polruan Ferry:	15.02
Arrive Polruan approx:	15.30

Facilities and ease of access: The bus arrived on time, a modern (small) bus with easy access, direct journey to Par Station. Arrived on time at Par Station, bus stop was on road outside station entrance. Train to Truro Station, due to leave at 10.07, but was a few minutes late. The Wales and West service was clean and comfortable, with refreshments available (though we would not have had time for them on this short journey).

Connections: Arrived Truro Station approx. 10.33 with plenty of time to spare to wait for bus to Treliske. This was due at 10.57 but was about 10 minutes late, arrived at Treliske at about 11.20.

Arrival: We asked to be set down at the Trelawney Wing entrance, and told could do so, if we pressed the buzzer to alert the driver. The stop is a little distance up the road, (but much closer than the Tower Block stop). The stop to pick up for return buses is across the road from the Trelawney Wing in the car park.

Punctuality: We would have been just in time for our 11.30 Am. appointment, though if the department was not close to the entrance it may still have been a rush to get there.

Return: So having left the quay at Polruan at 8.45 (could have perhaps caught the next ferry, so say 9.15), the patient would arrive back at 15.30, assuming all connections made. Of course in the winter sometimes the weather is so bad that it is impossible to make the crossing by ferry!

♦ ♦ ♦

Andrew George - 3 September from Sancreed to Treliske Hospital

Appointment time: 10.00

Outward journey:

Sancreed to Penzance (CHIN car)	07.25
Penzance Station:	07.50
Arrive Truro Station:	08.28
Bus (96) to Treliske:	08.44
Arrive Treliske:	08.57

Return Journey:

Bus 96 to Truro Station	11.41
Arrive Truro Station	11.49
Train to Penzance Station	12.29
Arrive Penzance Station	13.21
Arrive Sancreed	13.40.

Use of car: The journey from Sancreed to Penzance Railway Station for the 7.50 am train would necessitate leaving home at 7.25 a.m. using the Volunteer Car Service CHIN (cost £3.00). There is no bus service in Sancreed until 8.20 a.m. (return fare £2.00). If a car not available then a return taxi journey would cost £16.25.

Facilities and ease of access: The journey by Wales and West departed and arrived on time in Truro at 8.30 a.m. There were no refreshments available en route.

Connections: We then waited for the bus to Treliske (96) - time due 8.44 am arriving 7 minutes late at 8.51 am. A double decker, the journey was very bumpy, arriving at Treliske at 9.05 am.

Punctuality: We arrived in plenty of time for our appointment at 10.00 a.m., we could have caught the 8.22 a.m. train, but this would still have required the use of a car from Sancreed.

Buses from Sancreed:

Service 10C/10D leaves Sancreed at 08.20, 09.38, 11.38 and 13.38 daily

Returns from Penzance Bus Station at: 12.00, 14.00, 16.00 and 17.00

♦ ♦ ♦

Paul Tyler - 15 September from Launceston to Derriford

Appointment time: 11.30

Outward journey

Service X5 leaves Launceston: 09.50

Arrives Yelverton Roundabout: 10.35

Service 83 leaves Yelverton Roundabout: 11.00

Arrive Derriford Hospital: 11.21

Return journey:

Service 83 to Yelverton Roundabout: 13.12 or 13.32

Arrive Yelverton: 13.30 or 13.47

Service 86 to Tavistock: 13.59 or 14.59

Arrive Tavistock: 14.04 or 15.05

Facilities and ease of access: We met at the bus stop in plenty of time, though it was only when another bus came along (X15) to Plymouth that we realised we should have been waiting on the other side of the road. The X5 service arrived 15 minutes late at 10.05. We made up a little time on the journey and arrived at Yelverton Roundabout at 10.52 (instead of 10.35). We could have changed buses at Tavistock Bus Station if we had preferred and caught the same service on to Derriford.

Connections: The 83 bus arrived at 11.07 (instead of 11.00). We arrived at the hospital about five minutes late.

Punctuality: This would have left us about five minutes to get to our appointment at 11.30 - which could have been a rush if we had some distance to go to reach the relevant department.

♦ ♦ ♦

Candy Atherton - 7 October from Kehelland to Treliske Hospital

Appointment time: 12.30

Outward journey:

Service 37 to Camborne Bus Station: 10.43

Arrive Camborne: 10.56

Service 18 from Camborne: 11.20

Arrive Treliske Lay-by: 11.58

If we had needed to get there earlier there is one other bus:

Service 37 to Camborne Bus Station:	08.50
Arrive Camborne:	09.00
Service 18 from Camborne:	09.20
Arrive Treliske Lay-by:	09.58

So - we couldn't have been sure of arriving in time for any appointment earlier than 10.30 a.m.

Return journey: by bus would have been impossible - the only buses from Camborne to Kehelland are at 10.18 a.m. and 12.48. To reach Camborne by 12.48, it would be necessary to leave Treliske lay-by at 11.48, so if the patient had a 10.30 appointment, it would be unlikely that they would be finished and have time to walk back to the main road in time.

Facilities and ease of access: At Kehelland there is no sign for the bus stop, timetable or bus shelter. It was raining quite hard and we needed raincoats and/or umbrellas while waiting. The no. 37 bus was a small one, with narrow steps and nowhere for people to put luggage such as shopping trolleys or pushchairs. It arrived about 3 minutes late.

Connections: We arrived at Camborne still a couple of minutes late, but had plenty of time before our next bus at 11.20. The bus station was dirty and unattractive, had a very small waiting room, and no seating outside, so we stood and waited until the no. 18 bus arrived. This would have left on time but was delayed by a bus company employee asking the driver to wait while he fetched some papers that had to be delivered to Truro.

This was a very modern bus with a low, wide step, room for wheelchairs and luggage, and comfortable seats. The only thing that made the journey uncomfortable was a high pitched whine, particularly when travelling downhill.

Arrival: Treliske Roundabout bus stop on time, then had to walk through the out-buildings to the main hospital. The way was not very clearly signposted, and to reach the Trelawney Wing entrance it is up a moderate slope, which would be difficult for some people.

Punctuality: It was about 12.15 when we arrived at Reception, so would just have been in time to get to the relevant department for a 12.30 appointment.

Appendix 6 Consultation - letters from public

1. West Cornwall resident gave the following suggestions:
 - Free 'taxi-pass' (with photo-ID) for all OAPs requiring regular on-going hospital treatment who live in areas without a direct bus service to hospital
 - Pressure to applied to local bus companies to provide direct services to/ from all hospitals within the county
 - Greater use of domiciliary services to reduce the need for travel
 - An annual medical check-up to improve prevention of serious illness
 - Encouraging home births
 - Provision of public listing of all A&E services with specific days and times available.
2. St Stephen Helping Hands Committee Chairman - provide drivers for local residents at 25p per mile. Very good service provided by hospital for oncology patients travelling to Derriford.
3. Torpoint resident referred to the Mermaid Centre - 112 mile return trip (queried with Centre manager, due to waiting times at Derriford)
4. West Cornwall Resident taken to hospital by ambulance, discharged at 5.15 a.m. - told to phone a friend for a lift home. Eventually a taxi supplied by West Cornwall Hospital.
5. West Cornwall resident - centralisation of healthcare in Truro puts residents outside Truro at a disadvantage, 'an additional tax on the ill'.
6. North Cornwall resident suggests that drivers should be available to drive people who have their own cars but are unable to drive them. To travel from her home to Treliske cost £25-£26 by Age Concern car service. Also highlighted difficulty of a lady in her village travelling daily to visit her husband in a nursing home in Stratton by public transport. When her husband was moved to Launceston it was impossible for her to visit unless she was able to get a lift both ways. He later died and the difficulties she had experienced had added considerably to her distress.
7. West Cornwall resident with no transport or family to drive her. Trip to RCH Treliske costs £15 by Medilinc service. She considers X-ray service at West Cornwall Hospital and physiotherapy at local GP surgery extremely helpful, and wishes centralisation of consultants clinics at RCH Treliske could be reversed.
8. Newquay resident whose husband has diabetes, with sight and mobility problems. They have to make regular visits to GP, optician, chiropodist, as well as RCH Treliske, and have to use taxis at £5.00 per trip locally or WRVS at £16 to reach Treliske. This has to be paid for by a basic pension with a small amount of supplementary benefit.
9. East Cornwall resident, concerned about possible withdrawal of the WRVS voluntary car service in the Caradon area.
10. West Cornwall resident suggesting a free shuttle service linking patient's nearest hospital with any other health facility, also to be used by NHS staff thus reducing traffic movements.

Appendix 7 References

Community and voluntary transport in rural England, Rural Development Commission, Rural Research Report 23, 1996

Cornwall Provisional Local Transport Plan, Peter Stethridge, County Surveyor, Cornwall County Council, July 1999

Countryside Focus, Countryside Agency, Issue 5, December 1999/January 2000,

Health, personal mobility and the use of health services in rural Norfolk, G Bentham and R Haynes, Journal of Rural Studies, Vol 1 No 3, 1995

Survey of patients' views on hospital transport services, West Dorset CHC, October 1996

Transport Survey - report as at 31st October 1998, Hastings and Rother CHC

Appendix 8 Acknowledgements

The members of the Cornwall Community Health Council project team were:

Marna Blundy, Mary Draper, Jasmine Holmwood, Alex Bryce and John Payne, supported by CHC Research Assistant Mary Lunnen. Regular contributors to meetings were: Dorothy Rogers, Field Development Officer, Age Concern Cornwall and Helen Renfree of the Cornwall Rural Community Council/Cornwall County Council Passenger Transport Unit.

Our thanks are due to the following people who have assisted with the study, and in addition the CHC project group would also like to extend thanks all those who have taken part in surveys, visits, interviews and meetings; and all those whose journeys, whether voluntary or necessary, have furthered our research.

Candy Atherton	MP	Falmouth & Camborne
Marna Blundy	Co-ordinator	West Cornwall Healthwatch
Colin Breed	MP	South East Cornwall
Hilary Clarke	Deputy Director of Nursing	RCHT
Angela Davey	Assistant Patient Waiting List Manager	RCHT
Sid Deeble	Community General Manager	CHT
Stella Ellis	Patient Waiting List Manager	RCHT
Stephen Fryer	Project Officer	ECRTP
Andrew George	MP	St Ives
Andy Grant	Project Manager	Creating Better Signposting
Wendy Harris	Co-ordinator	CHIBS
Frank Harsent	Chief Executive	CHT
Thelma Hope	Community Services	British Red Cross
Anne Lewis	Transport Manager	Age Concern Cornwall
Geraldine Lavery	General Services Manager	RCHT
Brian Milstead	Chief Executive	RCHT
Christine Moody	Transport Manager	CCfV
Lindley Owen	Chief Executive	Restormel PCG
Susan Pickford	Chief Executive	Age Concern Cornwall
Pam Rabbett	Carers' Co-ordinator	CRCC
Judie Read	Co-ordinator	Gloucestershire CHC
Ruth Richards	Transport Organiser	CHIN
Chris Roberts	Hon. Chairman	Age Concern Bude & District
Sue Rhys-Davies	Chief Officer	Somerset CHC
Les Slade	Group Station Officer	WAST
Phoebe Stilman	Partnership Manager	North Cornwall PCG
Ann Stone	Project Officer	West Cornwall PCG
Matthew Taylor	MP	Truro and St Austell
Andrée Trethewey	Transport Liaison Assistant	WAST at Treliske
Paul Tyler	MP	North Cornwall
Harold White	Business Manager	RCHT



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**Appendix 8: Copy of the Citizen's Advice Bureau Cornwall
report 'The hidden costs of free healthcare', July 2010**



"There is no public transport where I live. How do people cope with daily cancer treatment??"

"I struggled to go to hospital... new parking facilities & costs are horrendous"

The Hidden Costs of Free Healthcare

"(I believe) excessive parking cost is abuse of ... patients"

"I no longer claim Travel Expenses"

"There aren't any buses and if there were you cannot be sure you will get one back."

"People who have no transport cannot make early appointments."

"I visit the hospital myself 5-10 appointments per year at a parking cost of £2.00 per hour. My last appointment I was kept waiting 2 hours.... I only work part time."

"I have had to go to Treliske & St Michael's, Hayle 4 times in the last month"

My husband is in the dementia ward ... in Launceston. From where I live the return journey is 53 miles. I do this twice a week to visit There is nowhere nearer for him to go.

FORWARD

This Report resulted from a survey conducted by Cornwall Campaigning Action Group, the Social Policy group within CAB Cornwall during the early part of 2009 to study problems people living in rural areas experience getting to hospital.

In November 2009 it was sent to Chief Executives of Hospitals, Primary Care Trusts and Transport Companies involved as well as the CEO of Cornwall Council with a request for comment prior to publication. To date we have received no comments.

Publication of this report was delayed until now as it was originally planned to form one third of a larger document on rural issues in Cornwall.

"The Hidden Costs of Free Healthcare" now becomes our second report in this series after "Remote Access" a study of the problems people in rural Cornwall experience accessing services.

Since compilation there have been some changes and developments of note including

+

February 2010. National Citizens Advice response to a Government consultation request re Hospital Parking Charges – quotation of some of our findings and data.

June 2010. North Devon Hospital named in Which? Awards for the quality of its parking provision.

-

May 2010. The operators of Royal Cornwall Hospital Treliske car-park increased the parking charges.

INTRODUCTION

Clients from CAB offices across Cornwall have commented frequently on the problems they experience getting to and from hospital, both for treatment and as visitors. Concerns have been expressed about the costs and practicality of travelling. The survey was conducted to add to this anecdotal commentary with some hard information.

SUMMARY

- Travel to hospital is a problem for CAB clients across Cornwall with a significant percentage attending more than 10 times a year.
- Costs are so high as to prevent those who need treatment from attending hospital or having to go into debt in order to do so. For visits to friends and family cost is a major factor.
- Over 30% of people have to complete a round trip of over 50 miles to visit their major hospital.
- Few are using public transport to get to hospital.
- Parking is a major source of anxiety.
- The Healthcare Travel Costs (HTC) Scheme is failing to help those in need, with widespread ignorance of its existence and confusion over its operation.

BACKGROUND

The cost of accessing hospital services is an issue across the country with charges for parking a primary concern. In Cornwall a major factor is the cost of travel to and from hospital, both as a patient and visitor, because of the lack of public transport. In March-April 2009 Cornwall Campaigning Action Group carried out a questionnaire-based survey of our clients, with some returns also from Age Concern groups, to add statistics to our anecdotal evidence.

The questionnaires addressed experience over the previous 12 months. Of the 411 questionnaires filled in and returned for analysis, 373 contained information about journeys actually made. The remaining 38 were returned by people who had not made a journey to hospital but who responded 'yes' to the question: 'Has the cost of getting to hospital ever stopped you going?' In addition to direct questions, comments were requested. 96 were received and a sample included in this report (see cover).

Cornwall has no motorways and limited rail and other public transport. There are not always bus links between larger population centres. It has only one major hospital, Treliiske, at Truro, and consequently a substantial number of patients, particularly from the east, have to travel outside the county to access services.

The map on page 7 gives an indication of the geography involved.

RESULTS OF SURVEY

Why and how often do you go to hospital?

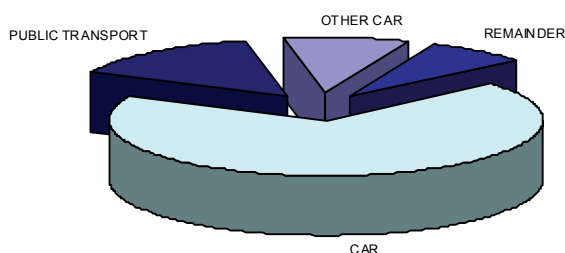
80%¹ of respondents who had travelled to a hospital attended as a patient, for treatment, 38% had gone to visit a patient and 10% accompanied patients.

For many, visiting hospital was not a one off event, having to make repeated visits in the past year. 36% of patients had travelled to hospital more than five times, with a similar figure for visitors/companions.

13% travelled for treatment more than 10 times while slightly more (17%) of visitors/companions made more than 10 journeys in the past year.

How did you travel?

Only 15% of travel to hospital was by public transport. The vast majority of journeys were by car (68%) either in the patient's own vehicle (51%), that of a friend or family member (14%) or a taxi (3%). Hospital cars or other transport schemes accounted for only 9% of journeys with the most significant of the remainder being by ambulance (6%).



Some non-drivers make good use of voluntary driver schemes and are very grateful for them, although the cost can be an issue.

When bus services are available they are appreciated, especially by people who

have a free bus pass, although several respondents reported shortcomings.

How far do you have to travel?

The location of the major hospitals – only one in Cornwall at Treliske, (Truro) the others being in Devon Derriford, (Plymouth) and North Devon (Barnstaple) - means many journeys to hospital are lengthy. More than 60% of travellers had round trips of over 20 miles. For a third of these the journey was more than 50 miles.

Scheduling of appointments frequently increases journey length and does not take into account the impact of a protracted and awkward day on the patient or their family.

Case Study

A 67 yr old man with a liver cancer diagnosis living in West Cornwall has to visit Derriford Hospital in Plymouth on a frequent basis to meet with his consultant. This is a round trip of 150 miles taking over 1hr 40mins each way by car or 3 hrs by bus/train.

How much does it cost to travel?

57% of respondents estimated their journey costs at £10 or less. 24% estimated them to be between £10 and £20. The remainder, almost 1/5th of respondents assessed their costs to be in excess of £20. (Respondents appear to underestimate these costs given the data on distances travelled.)

¹ Percentages rounded to nearest whole number

Can you afford it?

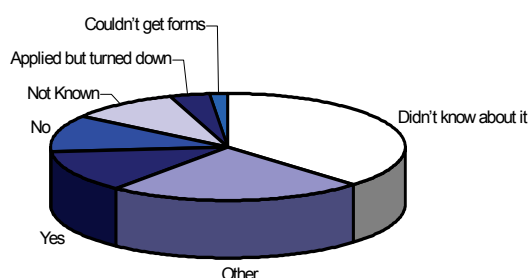
The questionnaire asked: 'Could you afford the cost of this travel?' With only 28% giving a positive response, the majority (54%) replied 'More or less' or 'With difficulty'.

While it could be contended the question begs a negative answer, 12% of respondents reported they had to use savings, borrow, use credit cards, or ask their family for help to cover transport costs.

Did you get help with the cost?

13% of respondents replied 'Yes', 11% said 'No', a further 4% had applied and been turned down, and 2% reported having been unable to get the necessary forms.

Of more significance however are the 60% of respondents who said they "didn't know that help with meeting travel costs was available" (37%), 'Not Known' (10%) or 'Other' (23%) indicating either ignorance or confusion about the HTC Scheme with many queries about eligibility rules and inconsistencies.



Some respondents have found the system for reclaiming travel costs so complex and aggravating that they no longer bother while others complained that, given the scheme was for those on very low incomes, the fact of having to pay first and

claim reimbursement later created additional difficulty.

Did you have to pay to park?

Perhaps unsurprisingly given national media attention, problems in this area elicited most comments (48² respondents).

53% of respondents stated the charge was in the range £2.50-5.00. 24% paid less than this. Some 8% paid more than £10.

The cost of parking was a concern for many respondents, with over a quarter of comments relating to difficulties finding parking spaces at the major hospitals, a source of great frustration. Actual cost of parking was the most frequent complaint, but paying for time spent waiting to be seen was a great irritation. The structure of charges varies between hospitals with some appearing more equitable than others. General comments questioned the principle of charging for hospital parking.

Not all was negative however. Where free parking was available it was appreciated, and can affect choice of hospital where this is an option. The direct linkage between hospital, town and transport nodes provided by the 'Park and Ride' at Treliiske was welcomed.

Has cost ever stopped you going to hospital?

Of our 411 respondents, 35 stated that cost had stopped them attending as a patient. 28 reported not accompanying someone because of cost, 67 said it had stopped them visiting a family member, and 48 from visiting a friend.

It is of concern that anyone should find cost a barrier to attending a hospital appointment.

² 50%

PROPOSALS

1. CAB Cornwall (CABC) offers to consult with Cornwall Council and assist with reviews of public transport provision.
2. CABC suggests to Primary Care Trusts and the Strategic Health Authority a review of the effectiveness of the Hospital Transport Costs Scheme and offers to assist in publicising and explaining the service.
3. CABC suggests Hospital Trusts exchange ideas on parking charges and access to Park and Ride facilities.
4. CABC offers to run information seminars for hospital staff about the possible impacts of a hospital appointment/stay on patients' lives.
5. CABC will continue to monitor this topic and repeat the survey at intervals.

Acknowledgements

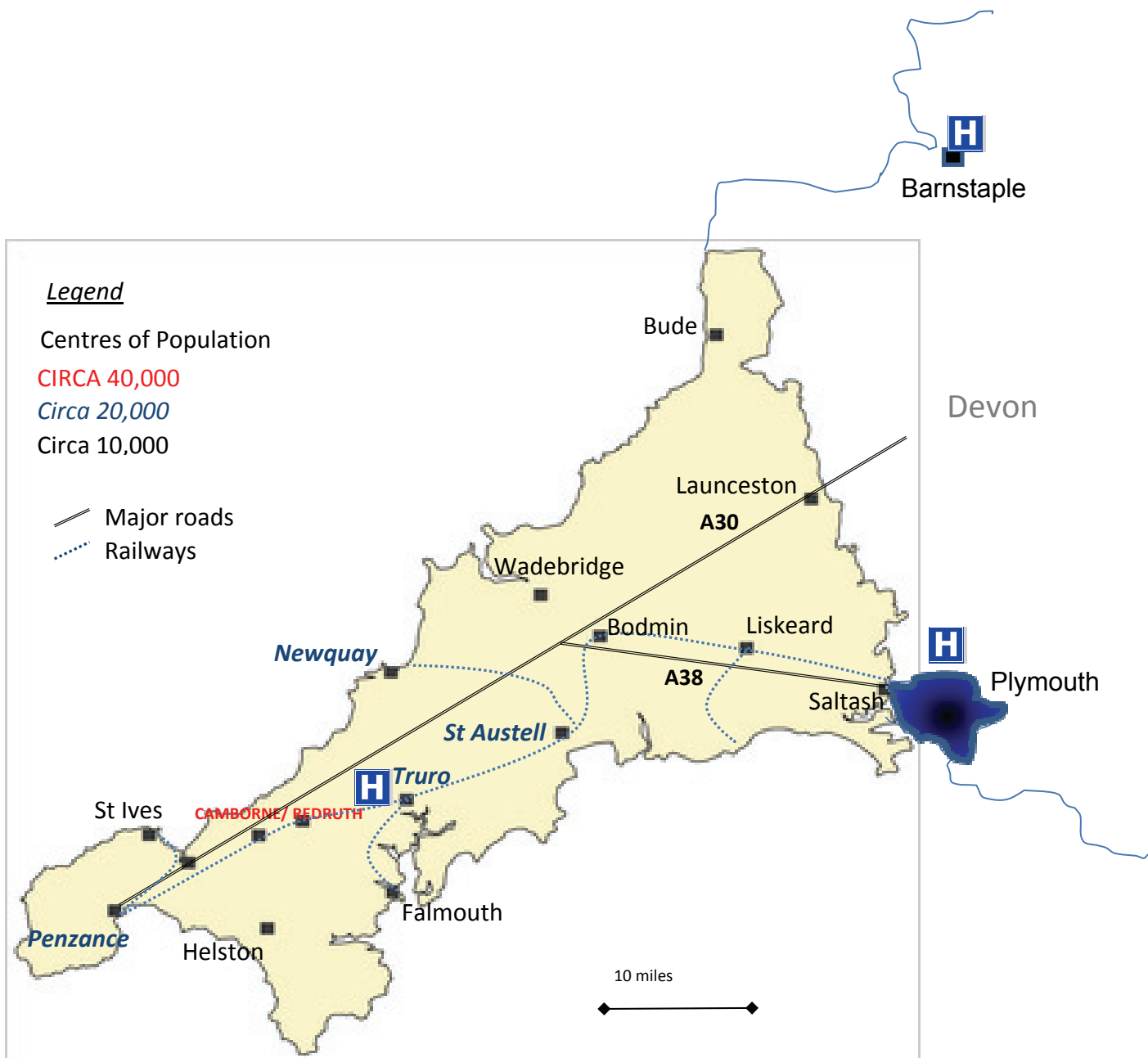
With thanks to the people of Cornwall for their participation

All volunteers for distributing and collecting the questionnaires

Particularly Chris Norbury CAB Cornwall (north Cornwall) for her work collating and analysing the results.

Enquiries

Contact: Alan Brook, Chair, CCAG. Email: campaign@northcornwall.cabnet.org.uk
Postal: CAB Cornwall, Shire Hall, Mount Folly, Bodmin, Cornwall PL31 2DQ



Outline, free source, http://en.wikipedia.org/wiki/File:Cornwall_map_small.png

"Having an Emergency hospital over 30 miles away is annoying."

"What I object to is having to pay for 4 hours when you only need 1 hour."

"Even though helped (benefits) I still have to pay in advance. The added worry does nothing to make the visit easy (i.e. parking & costs)"

"My husband is on incapacity benefit and we are ineligible for help even though his condition requires frequent hospital visits."

"If it was not for the goodwill of family members and friends I would find it very difficult to go to the hospital."

"Insufficient parking, expensive to park, being late for appointments because of inadequate parking."

"Travel costs of each journey was around £7.68 which caused hardship for that week's finances."

"Not being able to afford the £60+ of T.A.P. charges for two trips to Truro, there & back has meant that I have not been getting the support I need to manage my illness."

NB Almost a quarter of survey returns included personal comments. The statements on the cover of this report are quotations from those comments.



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Appendix 9: Email feedback from Rame and Torpoint Patient Participation Group

Message one of four

From: "CHAMBERS, Neal (NHS KERNOW CCG)" <neal.chambers@nhs.net>

Date: 20 February 2017 at 12:59:36 GMT

To:

Subject: Non-emergency patient transport

Hello again, and thank you for taking the time to call me this morning. As promised, below are the notes I made of our conversation.

Please feel free to add, delete or amend as required, and return to me.

Regards,
Neal

FEEDBACK NOTES FROM TORPOINT PPG:

- The Rame peninsula has very little public transport
- The bus service to Plymouth had to be saved 4 years ago via public protest, as it was going to be completely cut
- Running bus services beyond Torpoint is not economic, so services are poor
- A taxi firm operates out of Millbrook. A return fare to Liskeard is £60
- People are reporting that increasingly appointments at Derriford Hospital are not being offered to local residents, but they are being offered at hospitals in Liskeard, St Austell or Truro. It is very difficult to use public transport to get to any of these venues from the Milbrook area
- While the bus service to Plymouth does require a change of service to get to Derriford, it is possible to do this by public transport
- The nearest railway station at St Germans
- The most recent available figures from GWR is that St Germans railway station had an annual footfall of 59k (journeys starting or terminating at the station), yet St Germans station has no car park and no connecting bus service (actual figure for 2015/16 from GWR is 58676)

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Message two of four

From:

Sent: 20 February 2017 14:59:31

To:

Subject: Fwd: Non-emergency patient transport

Dear [REDACTED]

Neal has sent me the attached summary of our conversation this morning. I told him I would run it by you before confirming its contents for him to feed back to their investigative team. Two alterations I will suggest are a) the bus service beyond Torpoint around the Rame Peninsula is 100% financed by Cornwall Council as it is not economically commercially viable and 2) it is not difficult but IMPOSSIBLE to get to hospitals at Liskeard, Truro and St. Austell by public transport from the Rame Peninsula!

Just let me know if you approve of his summary and my two amendments please. I promised to come back to him asap. (I know you've nothing else to do with your time!)

Thank you

[REDACTED]

Message three of four

From:

Date: 21 February 2017 at 09:52:41 GMT

To:

Subject: Re: Non-emergency patient transport

Looks good [REDACTED]

We need to emphasize the difficulty for all patients on the Rame Peninsula to access health services! A bus to Liskeard from Torpoint takes about 1H 15m, longer during holiday season & they are only every 2 hrs from Torpoint. If the bus just after 2pm from Liskeard is missed there is a 3 hour wait unless you are prepared to go via Plymouth!

By bus I can get to Derriford in 50 minutes especially now that the ferry & Derriford bus services are linked!

We MUST maintain links with Derriford!

[REDACTED]

Message four of four

From:

Sent: 21 February 2017 10:32

To: CHAMBERS, Neal (NHS KERNOW CCG)

Subject: Fwd: Non-emergency patient transport

Dear Neal

I attach below (I hope) reply I have had from our PPG secretary [REDACTED] after sending him your summary of our talk. I would clarify two points: the two hourly bus service from Torpoint to Liskeard does not go via the Rame Peninsula villages and 2) our bus service which we saved is 100% financed by Cornwall Council and with council cut backs could be under threat again.

Your comment that it is difficult to get by public transport to Liskeard, Truro and St. Austell hospitals from the Rame Peninsula I would challenge.....it is actually impossible by public transport from here!

Thanks so much for your time yesterday and for taking an interest in our feed back.

Sincerely

[REDACTED]

Appendix 10: Letter from two residents of the Isles of Scilly

Appendix 11: Themed free text responses

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
Issues relating to the mainland General transport issues in Cornwall – geography/cost/time	• Remember the long distances people can have to travel in Cornwall	7	24
	• Some areas have poor or non-existent public transport	4	
	• Cornwall's geography means public transport costs can be high	2	
	• It can take more than one bus/plus a taxi to get to an appointment	2	
	• Affordable transport needs to be available to people who need it, particularly low income groups in rural areas	2	
	• Cornwall and IoS are unique due to the ageing and scattered population	2	
	• Being physically able to use public transport does not automatically mean it is a viable option for someone. It can be exhausting and expensive	2	
	• Public transport in Cornwall is due to improve from December 2018	1	
	• Travelling by your own car can be expensive	1	
	• Encourage the use of public transport where it is a viable option	1	
People's ability to pay for transport/who should get help with transport costs	• People shouldn't be denied care if they cannot afford transport	5	21
	• Frequent health travellers should get discount travel	4	
	• Patients with self-inflicted conditions eg due to	2	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	smoking, substance abuse or over eating, should contribute to their transport costs		17
	<ul style="list-style-type: none"> • Help with transport costs should be targeted at the chronically ill, seriously ill/children/those in genuine need 	2	
	<ul style="list-style-type: none"> • Make allowances for the poverty and deprivation in Cornwall 	2	
	<ul style="list-style-type: none"> • Without transport some people will miss appointments 	2	
	<ul style="list-style-type: none"> • It is not right that ill people should have to pay for transport 	1	
	<ul style="list-style-type: none"> • Children and their carers should travel free 	1	
	<ul style="list-style-type: none"> • Over 75s should get free transport 	1	
	<ul style="list-style-type: none"> • People with mental ill health need particular consideration 	1	
	<ul style="list-style-type: none"> • Provide more services in other population centres/closer to people's homes/in GP surgeries 	7	
	<ul style="list-style-type: none"> • Better coordinate where people live and where they are sent for treatment/accessibility of the treatment venue 	4	
Location of services and appointments	<ul style="list-style-type: none"> • Use technology to create virtual appointments closer to home to reduce the need to travel 	2	1
	<ul style="list-style-type: none"> • Combine more than one appointment across specialties to reduce the need for outpatient attendances 	1	
	<ul style="list-style-type: none"> • Services closer to people's homes would help take the pressure off Royal Cornwall Hospital 	1	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
People who can afford to pay/Mean testing	<ul style="list-style-type: none"> More services sited in Penzance/west Cornwall will help people on the Scillies 	1	17
	<ul style="list-style-type: none"> Centralising services increases the need for transport 	1	
	<ul style="list-style-type: none"> People who can afford to pay, should pay 	6	
	<ul style="list-style-type: none"> Help with transport costs should be means tested 	5	
	<ul style="list-style-type: none"> People able to pay can manipulate the system/abuse the service 	2	
	<ul style="list-style-type: none"> Recognise that people who only just fail to qualify for help might be put into financial difficulty 	2	
	<ul style="list-style-type: none"> People should pay for transport if the NHS has no legal duty to provide it 	2	
Using hospital arranged transport	<ul style="list-style-type: none"> Transport staff are often grumpy 	1	7
	<ul style="list-style-type: none"> Some transport staff have poor handling and movement skills 	1	
	<ul style="list-style-type: none"> Long waits to book transport 	1	
	<ul style="list-style-type: none"> Booking staff need awareness training and compassion 	1	
	<ul style="list-style-type: none"> The transport booking number is frequently changed 	1	
	<ul style="list-style-type: none"> There have been occasions when told that transport is on its way, and then told that no transport has been booked 	1	
	<ul style="list-style-type: none"> People well enough to be discharged from hospital but still feeling unwell should not have 	1	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
Voluntary car service	a long wait for transport home		
	<ul style="list-style-type: none"> Voluntary cars should come from as close as the patients home as possible to avoid the cost of 'dead' mileage 	1	6
	<ul style="list-style-type: none"> Is car sharing when using TAPs possible to reduce costs? 	1	
	<ul style="list-style-type: none"> The cost of using TAP is often more than £20 each way 	1	
	<ul style="list-style-type: none"> Better access to voluntary cars is needed due to the paucity of public transport 	1	
	<ul style="list-style-type: none"> Age Concern Cornwall provides an excellent car service 	1	
	<ul style="list-style-type: none"> Keep the service. The drivers are very helpful 	1	
Using NHS provided patient transport	<ul style="list-style-type: none"> Good communications between the patient and the transport provider is essential 	1	3
	<ul style="list-style-type: none"> Consider quality of transport options as well as cost – cheapest is not necessarily best 	1	
	<ul style="list-style-type: none"> When transport is provided it should be the most cost effective 	1	
	<ul style="list-style-type: none"> Patients in south east Cornwall are increasingly being referred to hospitals in Cornwall, yet only Plymouth Hospital is accessible by public transport 	2	
Geographically specific comments	<ul style="list-style-type: none"> The hospitals in Exeter and Barnstaple are more convenient options than Truro for people living in Bude 	1	
	<ul style="list-style-type: none"> If the NHS moves services out of Cornwall it should pay the patient transport costs 	2	3
Services provided out of county			

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
NHS funding	<ul style="list-style-type: none"> If services are not available in Cornwall patients should not be penalised 	1	
	<ul style="list-style-type: none"> Make the case for Cornwall to have increased per head funding 	2	3
	<ul style="list-style-type: none"> The NHS should be funded by taxation, not patient charges 	1	
The existing travel arrangements should not be changed		2	2
Other comments relating to transport not themed	<ul style="list-style-type: none"> NHS resources should be for care and treatment 	1	8
	<ul style="list-style-type: none"> Encourage cooperation between workforce transport and patient transport 	1	
	<ul style="list-style-type: none"> Do not privatise transport services 	1	
	<ul style="list-style-type: none"> I would be happy to contribute to transport costs 	1	
	<ul style="list-style-type: none"> The length of time people can spend actually on the transport is dependent upon their being an on-board toilet 	1	
	<ul style="list-style-type: none"> Can the special needs mini buses operating for schools be incorporated into the transport mix? They have trained staff and are wheelchair friendly 	1	
	<ul style="list-style-type: none"> A2B Taxis provides an excellent service 	1	
	<ul style="list-style-type: none"> Impact assess any proposed changes 	1	
Issues relating to the questionnaire			
Comments critical of the questionnaire		4	4
Issues relating to mainland hospital parking			
Parking charges	<ul style="list-style-type: none"> The cost of parking charges can lead people to ask for transport to be provided 	1	4

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	• Hospital parking charges are high	1	
	• Hospital parking should be free	1	
	• Parking charges penalise people who provide their own transport	1	
	• It is difficult to park at Derriford Hospital	1	
Other parking issues			1
Issues relating to the Isles of Scilly - travel by sea			
The boat is not an option for some people	• Some people cannot use the boat due to travel sickness/otherwise inappropriate/some people are too ill to travel by boat	41	114
	• Using the boat means an overnight stay of one or more nights with the resultant accommodation charges	37	
	• Some people will delay getting treatment or not leave the islands at all if the boat is the only option, due to travel sickness/ accommodation charges/other reasons	6	
	• Give people the option of using the Scillonian; it might suit some people. It should not be obligatory	6	
	• The Scillonian does not operate during the winter	5	
	• The Scillonian can be fully booked during the tourist season	3	
	• Using the boat means an overnight stay which can require getting additional time off work	2	
	• For people who are not paid when not at work using the boat is a more expensive option	3	
	• Using the boat means that children will lose	2	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	further time off school		
	<ul style="list-style-type: none"> People might feel forced to pay to use air travel if only boat travel is subsidised 	2	
	<ul style="list-style-type: none"> Boat travel can be impractical 	2	
	<ul style="list-style-type: none"> Unaccompanied secondary school age children would be a safeguarding risk 	1	
	<ul style="list-style-type: none"> NHS Kernow should lobby for a 2nd ferry or 2 crossings a day to make boat transport viable 	1	
	<ul style="list-style-type: none"> This is a cruel suggestion that affects the most needy 	1	
	<ul style="list-style-type: none"> When Scillonian IV comes into service using boat transport might be an option 	1	
Issues relating to the Isles of Scilly - travel by air			
Subsidised flights/flights to Lands End only	<ul style="list-style-type: none"> Increase the charge to islanders from the current level of £5 (highest level suggested is £20) 	5	17
	<ul style="list-style-type: none"> Subsidised flights should only be to Lands End unless there are clear reasons why another destination is required 	3	
	<ul style="list-style-type: none"> The subsidy is valued 	2	
	<ul style="list-style-type: none"> Flights to Lands End and transport should be funded, but transport beyond Penzance should be means tested 	1	
	<ul style="list-style-type: none"> Allow people to pay the difference if they chose to fly to an airfield other than Lands End 	1	
	<ul style="list-style-type: none"> Subsidised flights hides the issues of difficult journeys, associated stress and additional significant costs 	1	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	<ul style="list-style-type: none"> People could contribute a larger portion of the air fare if they choose to combine their appointment with a holiday/longer stay 	1	
	<ul style="list-style-type: none"> Restricting flights to Lands End only takes no account of the patients final destination 	1	
	<ul style="list-style-type: none"> Transport to/from the islands should be free/subsidised 	1	
	<ul style="list-style-type: none"> Cutting travel subsidies would impact on islanders 	1	
Account for possible flight delays/cancellations when booking appointments			4
Investigate the option of using the pending helicopter service (historically fewer cancellations)			3
People who cannot manage steps cannot use Skybus, but the boat doesn't operate all year. This excludes some people from care			2
Flight booking	<ul style="list-style-type: none"> Could patients be given travel vouchers and then deal with their own admin re arranging the flight? This would reduce NHS admin costs 	1	2
Air travel saves time	<ul style="list-style-type: none"> The flight booking process should be quicker 	1	
			1
Air travel is only viable if you're appointment is midday in west Cornwall			1
A 10 day open return is not required unless it is known the treatment will be over several days			1
Issues relating to the Isles of Scilly - appointment times and planning			
Some islanders choose to travel a day or two before their appointment date to allow for flight cancellations, or because they cannot get a flight on their appointment date. This adds to the cost.			12
Appointment times can be why an overnight stay is required. Plan them to avoid this where			9

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
possible Day trips	<ul style="list-style-type: none"> Even by plane a day trip is not always possible eg flight delays/cancellations, treatment spread over several days/clinics running late Being able to get home the same day is important 	8 1	9
Effective appointments	<ul style="list-style-type: none"> Avoid wasteful appointments Ensure that all appointments 'in person' are necessary Children have to make two trips for glasses as they must be fitted in person; they cannot be posted 	2 2 1	5
Appointments for islanders should be at a time that dovetails with transport times			4
When the appointment is for a child a parent has to attend as well. This can have implications for home/family life			3
Monday appointments often require people to travel during the weekend and incur accommodation costs			2
Issues relating to the Isles of Scilly - other			
Cost and availability of overnight accommodation on the mainland	<ul style="list-style-type: none"> Overnight accommodation on the mainland can be expensive, especially during the summer and for 1 night 	8	16
	<ul style="list-style-type: none"> Mainland accommodation can be hard to find, especially during the summer 	4	
	<ul style="list-style-type: none"> People have to pay for unexpected overnight accommodation when transport back to the islands is cancelled 	2	
	<ul style="list-style-type: none"> Some people cannot afford accommodation on the mainland 	1	

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
Keeping an appointment on the mainland	<ul style="list-style-type: none"> Subsidised accommodation via the hospital would be helpful 	1	15
	<ul style="list-style-type: none"> Some people might opt not to keep an appointment due to the cost of overnight accommodation or if travel costs increase 	13	
	<ul style="list-style-type: none"> The ability to keep an appointment should not be based on ability to pay 	1	
	<ul style="list-style-type: none"> Provide financial assistance with overnight accommodation costs 	1	
Travel costs once on the mainland	<ul style="list-style-type: none"> Public transport costs once on the mainland should not be paid, as people on the mainland also have to pay those 	3	12
	<ul style="list-style-type: none"> Once on the mainland, people should cover their own travel costs 	2	
	<ul style="list-style-type: none"> Islanders do not keep their own transport on the mainland 	1	
	<ul style="list-style-type: none"> Car hire on the mainland is expensive 	1	
	<ul style="list-style-type: none"> Transport costs between Land's End and Penzance should be free 	1	
	<ul style="list-style-type: none"> The shuttle from Lands' End is expensive 	1	
	<ul style="list-style-type: none"> Mainland patients can get transport via bus/sitting ambulance. This is not an option for islanders 	1	
	<ul style="list-style-type: none"> Transport from Lands' End to Penzance by voluntary car is more expensive than a taxi 	1	
	<ul style="list-style-type: none"> Residents subsidise costs by paying for inter-island transfers and transport from Lands' End 	1	
	<ul style="list-style-type: none"> Escorts travel should be funded when they are 	3	
Necessary Escorts			11

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	required for medical or safeguarding reasons		
	<ul style="list-style-type: none"> Will the transport costs of escorts also be covered? 	2	
	<ul style="list-style-type: none"> Patient transport and escort transport cannot be booked simultaneously, risking the ability of the escort to actually travel with the patient 	2	
	<ul style="list-style-type: none"> Not allowing escorts for 16yr old breaches safeguarding 	2	
	<ul style="list-style-type: none"> Escorts should be available until age 18 	1	
	<ul style="list-style-type: none"> With air links being vulnerable to cancellations, a lone 16yr old could face the prospect of having to unexpectedly arrange overnight accommodation for themselves (assuming they have the money to do so) 	1	
	<ul style="list-style-type: none"> Transport plans and appointment times are vulnerable to cancellation 	5	
	<ul style="list-style-type: none"> Living on the islands makes getting to mainland appointments difficult 	2	
	<ul style="list-style-type: none"> Living on the islands means sometimes having to travel when feeling unwell 	1	
	Increase on-island provision to reduce the need for people to travel		7
Living on the islands	<ul style="list-style-type: none"> Some people could be priced off living on the islands 	2	6
	<ul style="list-style-type: none"> Not everyone living on the islands does so by choice/can afford to leave 	2	
	<ul style="list-style-type: none"> Living on the islands is a choice 	1	
	<ul style="list-style-type: none"> It is wrong to assume islanders are wealthy 	1	
Living on the off-islands	<ul style="list-style-type: none"> The cost of getting to/from St Mary's from the 	3	4

Appendix 11 – Themed free text responses

Main theme	Sub-theme	No of comments listed under this sub-theme	Total no of comments for the main theme
	off-islands (up to £55 each way)		
	<ul style="list-style-type: none"> People living on the off-islands should pay for/contribute to the cost of travelling to/from St Mary's 	1	
The proposed changes might not comply with HC11/existing regulations			3
Use technology to create virtual appointments			3
Can NHSK negotiate a better travel rate from the IoSSC than it currently gets?			2
Effect of the STP	<ul style="list-style-type: none"> If the STP leads to longer journeys for treatment (due to closures), those on fixed incomes will be penalised 	1	2
	<ul style="list-style-type: none"> The STP must price-in travel costs 	1	
Healthcare on the islands should be as available to residents as healthcare on the mainland			1
I don't get paid for time off work which further increases my costs			1
The proposed scheme discriminates against the disabled, chronically ill and frail elderly as they need more appointments. Thus could be tested in the courts			1
Travel from Scilly is stressful enough without additional costs (transport/accommodation etc)			1
How will the difference between air fare and boat fare be calculated? Which is the baseline cost?			1
Stopping discretionary payments disproportionately affects islanders			1
The existing travel arrangements should not be changed			1

Appendix 12: Verbatim free text responses

Appendix 13: Staff engaged in the consultation

Appendix 13

Personnel engaged in the consultation

Kate Blackledge – Category Lead

Neal Chambers – Patient and Public Involvement Manager

Nicky Hughes – RMS General Manager and Elective Care Lead

Dr Shipra Rao – Clinical Lead

Anna White – Project Assistant

Dr Rob White – Clinical Lead, Elective Care