Gloucestershire Health Overview and Scrutiny Committee

Transport to NHS Services Inquiry

November 2004

Mike Lawlor, Chairman of the Transport to NHS Service Inquiry
and
Tony Hicks, Chairman of the Health Overview and Scrutiny Committee
EXECUTIVE SUMMARY

1. REASON FOR THE PROJECT
1.1 The new power of health scrutiny allows local authorities with social services responsibilities to create overview and scrutiny committees (OSC) to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority area.
1.2 When prioritising its initial work plan the OSC agreed that it would need to consider the problems associated with Transport to NHS service.
1.3 After some initial research the OSC agreed to conduct a public inquiry examining transport to a broad spectrum of NHS services. A sub-group was set up to conduct the inquiry on the OSC’s behalf.

2. MEMBERSHIP OF THE SUB-GROUP
2.1 The sub-group consisted of Councillor Lawlor (Chair), Councillor Dunrossil, Councillor Forbes, Councillor McMillan and Councillor Nolder.

3. OBJECTIVE
3.1 The agreed overall objective for the inquiry was to examine the extent to which transport is a barrier that prevents people across Gloucestershire from accessing NHS services, in order to identify current problems and make recommendations about how to improve the situation. The inquiry would consider the following range of NHS services:
- Acute Services and Clinical Treatment Services
- Accident and Emergency
- Minor Injury and Illness Units
- General Practitioners
- Mental Health Services

4. TERMS OF REFERENCE
4.1 The terms of reference for the project were as follows:
- To examine the extent to which transport is a barrier that prevents people across Gloucestershire from accessing NHS services
- To gather written evidence from the variety of organisations involved with the issue of transport to NHS services
- To question key witnesses in a public setting about the issue of transport to NHS services
- To gather the views of local people about their practical experience of travelling to local NHS services.
- To identify examples of good practice and current problems with transport provision
- To produce a final report with the sub-group’s findings and recommendations on how to improve the current situation

5. FINDINGS AND RECOMMENDATIONS
5.1 The sub-group’s findings, and where appropriate recommendations, can be divided into 12 themes that arose during the inquiry process, although there is some overlap between some of these themes. The themes that the sub-group has identified are as follows:
Life-threatening emergency response times
Access to Minor Injury and Illness Units
Non-Emergency Patient Transport Services
Car parking at the General Hospital sites
Bus Routes to the General Hospital sites
Hospital Travel Cost Scheme
The CCVS pilot Hospital Transport Scheme
Access to GP surgeries
Service location and re-location
One-stop-shop for transport information
Partnership working
Choice at the point of referral scheme

5.2 Recommendation to the Health Overview and Scrutiny Committee
i. That the Ambulance Trust be asked to provide an update at a suitable date in the next financial year setting out the level of improvement that has actually been achieved towards reaching the category A standard, and the Trust’s continued plans for improving the service.

ii. That the committee gives further consideration to the potential impact of the introduction of patient choice on voluntary transport provision.

5.3 Recommendations to Cheltenham and Tewkesbury Primary Care Trust
i. That Cheltenham and Tewkesbury PCT should develop common acceptance criteria for all minor injury and illness units within their PCT area as has been done at Cotswold and Vale PCT.

ii. That effort should be made to ensure that GP surgeries continue to book non-emergency PTS for their patients under the new GP contract.

iii. That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

iv. That they ensure that accessibility is given a higher priority in decisions about future service developments.

5.4 Recommendations to Cotswold and Vale Primary Care Trust
i. That effort should be made to ensure that GP surgeries continue to book non-emergency PTS for their patients under the new GP contract.

ii. That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

iii. That they ensure that accessibility is given a higher priority in decisions about future service developments.

5.5 Recommendations to West Gloucestershire Primary Care Trust
i. That West Gloucestershire PCT should develop common acceptance criteria for all minor injury and illness units within their PCT area as has been done at Cotswold and Vale PCT.
ii. That effort should be made to ensure that GP surgeries continue to book non-emergency PTS for their patients under the new GP contract.

iii. That they ensure that accessibility is given a higher priority in decisions about future service developments.

iv. That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

5.6 Recommendations to Gloucestershire Ambulance Service NHS Trust

i. That the new at-a-glance guide to non-emergency PTS eligibility be rolled out to GP surgeries across the county.

ii. That the Trust should pay the voluntary sector a minimum of 20%, and ideally 25% on top of the mileage rate charged to the patient under the pilot Hospital Transport Scheme, rather than the 15% that is currently paid.

iii. That they ensure that there is full consultation with the voluntary transport sector before any future changes to the non-emergency PTS eligibility criteria.

5.7 Recommendations to Gloucestershire Hospitals NHS Foundation Trust

i. That the Trust should consider increasing the level of staff car parking charges at the hospital sites.

ii. That the Hospitals Trust, Integrated Transport Unit and bus service providers should continue negotiations to develop a viable park and ride service that includes both general hospitals.

iii. That the Trust should consider the creation of a suitable park and ride service a priority when considering how to spend the funds it has available for the Green Transport Plan.

iv. That the Trust works together with the Integrated Transport Unit and the Voluntary Transport sector on the future development of the Hospitals Trust’s Green Transport Plan.

v. That they work together with the Integrated Transport Unit to investigate the potential benefits and cost implications of introducing a regular shuttle bus service for staff and patients between the Cheltenham General Hospital and Gloucestershire Royal Hospital sites.

5.8 Recommendations to the Gloucestershire Health Community

i. That they aim to provide services locally whenever possible and only consider centralisation of services when there is a genuine and demonstrable clinical need.

ii. That there should be increased partnership working between the health service and the local authority on transport issues.

5.9 Recommendations to the Integrated Transport Unit

i. That the Hospitals Trust, Integrated Transport Unit and bus service providers should continue negotiations to develop a viable park and ride service that includes both general hospitals.

ii. That in the long-term a not-for-profit organisation should be created, that has transport as its core capability, to organise transport in the county.

iii. That there should be increased partnership working between the health service and the local authority on transport issues.
iv. That the Integrated Transport Unit works together with Gloucestershire Hospitals NHS Foundation Trust on the future development of the Hospitals Trust’s Green Transport Plan.

v. That they work together with Gloucestershire Hospitals NHS Foundation Trust to investigate the potential benefits and cost implications of introducing a regular shuttle bus service for staff and patients between the Cheltenham General Hospital and Gloucestershire Royal Hospital sites.

5.10 Recommendations to Gloucestershire County Council

i. That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

5.11 Recommendations to the District Councils

i. That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

5.12 Recommendations to the Planning Authority

i. That it should recognise that Gloucestershire Royal Hospital has legitimate need for enhanced car parking facilities and that planning consent for car park spaces should adequately reflect this need.

5.13 Recommendations to the Voluntary Sector transport providers

i. That they support the Integrated Transport Units plans to develop a central telephone number capable of making bookings for all voluntary transport providers in the county.

ii. That they work through Community Transport Gloucestershire to develop a common county standard for record keeping.

5.14 Recommendations to bus service providers

i. That the Hospitals Trust, Integrated Transport Unit and bus service providers should continue negotiations to develop a viable park and ride service that includes both general hospitals.
INTRODUCTION

1. REASON FOR THE PROJECT

1.1 The Health and Social Care Act 2001 and the associated regulations granted local authorities with social services responsibilities the power to scrutinise the work of local NHS bodies. The regulations came into force on 1st January 2003, and apply to strategic health authorities, primary care trusts and NHS trusts of all kinds. The new power of health scrutiny allows local authorities to create overview and scrutiny committees to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority area.

1.2 In response to this, Gloucestershire County Council set up a strategic Health Overview and Scrutiny Committee (OSC) made up of 7 County Councillors and 6 District Councillors, representing each of the 6 districts in the county.

1.3 When considering items for its initial work plan the OSC agreed that it would need to consider the issue of access to NHS services, and that as part of this it should consider the problems associated with the availability of transport to NHS service.

1.4 The OSC created a sub-group to carry out some initial research into this topic and put together a proposal for how the OSC should tackle this issue. The sub-group concluded that the OSC would need to conduct a wide-ranging investigation examining transport to a broad spectrum of NHS services, and that the investigation should be carried out using the public inquiry methodology. The OSC accepted these proposals in May 2004 and tasked the sub-group with carrying out the inquiry on the OSC’s behalf.

2. MEMBERSHIP OF THE SUB-GROUP

2.1 The sub-group consisted of 5 members and all three major political parties were represented. The membership of the sub-group was as follows:

- Councillor Lawlor – Gloucester City Council
- Councillor Dunrossil – Gloucestershire County Council
- Councillor Forbes – Cheltenham Borough Council
- Councillor McMillan – Forest of Dean District Council
- Councillor Nolder – Gloucestershire County Council

2.2 Although the sub-group was given full responsibility for conducting this investigation it was expected to provide regular updates on its progress to the full committee, which could be fully discussed allowing every member to be involved in the process.

2.3 Gloucester City Councillor, Mike Lawlor, was elected as Chair of the sub-group
3. OBJECTIVE

3.1 The agreed overall objective for the inquiry was to examine the extent to which transport is a barrier that prevents people across Gloucestershire from accessing NHS services, in order to identify current problems and make recommendations about how to improve the situation. The inquiry would consider the following range of NHS services:

- Acute Services and Clinical Treatment Services
- Accident and Emergency
- Minor Injury and Illness Units
- General Practitioners
- Mental Health Services

4. TERMS OF REFERENCE

4.2 The terms of reference for the project were as follows:

- To examine the extent to which transport is a barrier that prevents people across Gloucestershire from accessing NHS services
- To gather written evidence from the variety of organisations involved with the issue of transport to NHS services
- To question key witnesses in a public setting about the issue of transport to NHS services
- To gather the views of local people about their practical experience of travelling to local NHS services.
- To identify examples of good practice and current problems with transport provision
- To produce a final report with the sub-group’s findings and recommendations on how to improve the current situation.

5. MEETINGS OF THE SUB-GROUP

5.1 The sub-group held three meetings on 22\textsuperscript{nd} April 2004, 3\textsuperscript{rd} of June 2004 and 19\textsuperscript{th} August 2004 to plan how to conduct the inquiry. A separate planning meeting with the Chairman of the sub-group was also held on 25\textsuperscript{th} August 2004.

5.2 The sub-group also held 3 public inquiry meetings to question key witnesses about the issue of transport to NHS services. The first of these public inquiry meetings was held on 11\textsuperscript{th} October 2004, in the Civic Suite at Gloucester City Council. The second public inquiry meeting was held on 12\textsuperscript{th} October 2004, in the Council Chamber at Cotswold District Council. The final public inquiry meeting was held on 2\textsuperscript{nd} November 2004, in the Council Chamber at Forest of Dean District Council.

5.3 A final meeting was held on 19\textsuperscript{th} November 2004 to agree the final draft of the report for presentation to the OSC at its meeting on 24\textsuperscript{th} November 2004.
5.4 The sub-group presented 3 interim reports to the OSC for consideration and discussion on 5th May 2004, 6th July 2004 and 24th September 2004. The first of these reports set out the sub-groups initial proposals for how to approach the issue of transport to NHS services, the second outlined the sub-groups project plan for the inquiry and the third provided information about which organisations would be invited to give evidence at the public inquiry meetings. These reports can be found at annex 1.

6. METHODOLOGY

6.1 The inquiry process lasted 6 months from the initial planning stages to the publication of the final report.

6.2 During the initial planning phase of the investigation the sub-group wrote to the following organisations requesting that they provide a written submission for the inquiry:

- Cheltenham and Tewkesbury Primary Care Trust
- Cotswold and Vale Primary Care Trust
- West Gloucestershire Primary Care Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire Partnership NHS Trust
- Gloucestershire Ambulance Service NHS Trust
- Gloucestershire County Council Integrated Transport Unit
- Cheltenham Borough Council
- Cotswold District Council
- Forest of Dean District Council
- Gloucester City Council
- Stroud District Council
- Tewkesbury Borough Council
- Cheltenham and Tewkesbury Patient and Public Involvement Forum
- Cotswold and Vale Patient and Public Involvement Forum
- West Gloucestershire Patient and Public Involvement Forum
- Gloucestershire Hospitals Patient and Public Involvement Forum
- Gloucestershire Partnership Patient and Public Involvement Forum
- Gloucestershire Ambulance Patient and Public Involvement Forum
- All voluntary transport organisations in the county
- All Parish Councils
- Stagecoach and other local bus companies
- Gloucestershire Rural Community Council
- Gloucestershire Rural Transport Partnership
- Carers Gloucestershire
- Gloucestershire Disability Forum
- Bream Health Forum
- Forest Voluntary Action Forum

6.3 The response rate to this request for information was pleasing, with a large number of the organisations contacted providing some sort of written
response. These responses varied in length from short emailed responses to detailed reports. All of the written statements were greatly appreciated and were taken into account during the inquiry process.

6.4 During the initial phase of planning the sub-group also agreed that it wanted to try to gather information about local people’s experience of travelling to NHS services. A simple questionnaire was therefore designed to try to identify any problems that local people were experiencing when trying to access NHS services. The sub-group hoped to make this questionnaire available at GP surgeries across the county, but was informed that this would require the approval of the NHS Ethics Committee, which would have caused an unacceptable delay to the inquiry process. Therefore the sub-group decided to make the questionnaire available in Libraries and the district councils were asked to make the questionnaire available in any other public spaces that they had easy access to. In addition to this the questionnaire was posted on the Scrutiny section of the County Council website, and was made available to all County Council staff. A decision was also made to include the questionnaire in the September round of questions to the Gloucestershire 2000 Citizen’s Panel.

6.5 The questionnaire was ongoing throughout the inquiry process. The sub-group received a reasonable number of responses as a result of making the questionnaire available in Libraries and other public places, and had a very good response rate from County Council staff. However, no responses were received from the questionnaire on the website. In total there were 234 responses to these parts of the questionnaire. The response rate from the questionnaire sent to the Gloucestershire 2000 Citizens Panel was much higher, with a total of 924 responses received from this part of the questionnaire, making a total of 1158 responses.

6.6 A second planning stage took place after the sub-group had received all of the written statements. During this stage the sub-group considered the information in the written statements and summary information from the following key national reports on transport to NHS services:

- Going Places: Taking People to and from Education, Social Services and Healthcare (Audit Commission 2001)
- Improving Non-Emergency Patient Transport Services (Audit Commission 2001)

The sub-group used the information in the written statements and summaries of these national reports to decide which organisations to invite to the public inquiry sessions for further questioning.

6.7 The sub-group agreed to hold three public inquiry meetings. The following organisations were invited to answer questions at the meetings:
• **Gloucestershire Hospitals NHS Foundation Trust** – The Trust was invited to the first public inquiry meeting on 11th October 2004 to answer questions related to car parking facilities at Gloucestershire Royal and Cheltenham General Hospitals, the Trust’s Green Transport Plan and the Hospital Travel Cost Scheme.

• **Gloucestershire Ambulance Service NHS Trust** – The Trust was invited to the first public inquiry meeting on 11th October 2004 to answer questions related to emergency service response times, the pilot Hospital Transport Scheme being operated between the Trust and the Cotswold Council for Voluntary Service, the non-emergency patient transport service and access to minor injury and illness units.

• **Cotswold Council for Voluntary Service (CCVS)** – The CCVS was invited to the second public inquiry session on 12th October 2004 to answer questions related to funding of the pilot Hospital Transport Scheme, the possibility of rolling the scheme out across the county, and a number of other miscellaneous issues arising from their written statement.

• **Gloucestershire Integrated Transport Unit (ITU)** – The ITU was invited to the third public inquiry session on 2nd November 2004 to answer questions related to the relationship between the NHS and the Local Authority, public transport to NHS service and the community voluntary transport sector.

• **Bream Voluntary Car Service and Lydbrook Community Care** – Both of these organisations were invited to the third public inquiry session on 2nd November 2004 to provide some further information about transport problems in the Forest of Dean and to answer questions related to rolling the pilot Hospital Transport Service in the Forest.

• **Paul Beecham Associates** – This organisation was brought in to help set up the pilot Hospital Transport Scheme. Therefore Paul Beecham was invited to the third public inquiry session on 2nd November 2004 to provide further information about the scheme and to answer questions about its success.

• **Cheltenham and District Volunteer Bureau** – This group was invited to the third public inquiry session on 2nd November 2004 to provide further information about the transport problems in the Cheltenham area and to answer questions about the pilot Hospital Transport Scheme.

• **Community Transport Gloucestershire** – This organisation was invited to the third public inquiry session on 2nd November 2004 to provide further information about its role in as a forum for bringing the different voluntary transport providers together.

6.8 In addition to this the inquiry team wrote to all three Primary Care Trusts and requested a second written response covering a small number of additional questions.

6.9 The sub-group recognised that Gloucestershire Partnership NHS Trust faced certain transport difficulties that were unique to that service as a provider of mental health services. Given the larger scope of the inquiry and the time
constraints that the sub-group was working within the decision was made not to pursue the problems specific to the Partnership Trust any further as part of this inquiry. However, the sub-group felt that some of the general transport issues that were part of the inquiry would still be of some relevance to the Partnership Trust.

6.10 The sub-group agreed that the witnesses would be provided with written copies of the main areas of questioning at least 10 days prior to the inquiry meeting that they were to attend to give them time to properly research their answers. Members also had the opportunity to ask additional supplementary questions at the inquiry sessions.

6.11 The sub-group agreed the main areas of questioning for each witness and devised a questioning strategy whereby each member of the sub-group would take the lead for questioning each witness on certain issues.

6.12 The public inquiry meetings were held at three different venues around the county, in an attempt to make it easier for people from different areas of the county to take part in the process. The first meeting was held in Gloucester, the second in Cirencester and the third in Coleford.

6.13 All of the inquiry meetings were open to the public and the press, although the part of the third meeting where Paul Beecham was questioned was treated as confidential as he provided some information from the final report about the pilot Hospital Transport Service, which is not due for publication until the end on November.

6.14 All written statements referred to in the questioning were reproduced with the agenda for each inquiry meeting so that everyone taking part in the meeting had access to all of the relevant information.

7. THE WITNESSES

7.1 The sub-group put questions to Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Ambulance Service NHS Trust at the first inquiry meeting. The witnesses for each organisation were as follows:

- Graham Lloyd – Director of Corporate Governance and Facilities, Gloucestershire Hospitals NHS Foundation Trust
- Paul Richardson – Director of Corporate Development, Gloucestershire Hospitals NHS Foundation Trust
- Alison Griffin – Patient and Public Involvement Manager, Gloucestershire Hospitals NHS Foundation Trust
- Anthony Gerrard – Acting Patient Transport Manager, Gloucestershire Ambulance Service NHS Trust
- Alan O’Beirne – Acting Director of Operations, Gloucestershire Ambulance Service NHS Trust
- Martin Whatmore – Patient and Public Involvement Manager, Gloucestershire Ambulance Service NHS Trust
7.2 The sub-group put questions to the Cotswold Council for Voluntary Service at the second inquiry meeting. The witnesses for this organisation were:

- Ian Donaldson

7.3 The sub-group put questions to the Integrated Transport Unit, Bream Voluntary Car Service, Lydbrook Community Care, Cheltenham and District Volunteer Bureau, Community Transport Gloucestershire and Paul Beecham Associates at the third inquiry meeting. The witnesses for these organisations were as follows:

- Peter Sutherland – Integrated Transport Unit Business Manager
- Derek Lucas – Transport Procurement and Operations Manager, Integrated Transport Unit
- Gareth Blackett – Voluntary Community Transport Manager, Integrated Transport Unit
- Lorraine Hedley – Chair of Bream Voluntary Car Service
- Rosie Skivington – Project Manager, Lydbrook Community Care
- Hazel Lonsdale – Director of Cheltenham and District Volunteer Bureau
- Mr Denham – Chair of Community Transport Gloucestershire
- Paul Beecham – Paul Beecham Associates

7.4 At the start of each new questioning session the Chair provided an introduction to the inquiry process for any new witnesses. Witnesses were also given the opportunity to make an opening statement.

BACKGROUND

8. TRANSPORT TO NHS SERVICES – THE NATIONAL PERSPECTIVE

8.1 Public services in the UK are becoming increasingly user and patient focused. However, this has not been the case with patient transport, which has remained strongly finance driven.¹

8.2 Too often transport tends to be seen as a secondary activity that divert resources away from frontline patient care, rather than part of the overall care package. As a result budgeting tends to be top down, not bottom up, which creates a finance driven, not patient driven service.²

8.3 Poor access to health services because of lack of, or infrequent, public transport, or high transport costs, is a major factor in social exclusion and rural isolation. Problems with the location of health services disproportionately affect already excluded groups. For example, 89% of visits

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¹ Going Places: Taking People to and from Education, Social Services and Healthcare (Audit Commission, 2001)
² Improving Non-Emergency Patient Transport Services (Audit Commission, 2001)
to hospital are made by car from the least deprived areas compared to 56% of journeys from the most deprived areas.³

8.4 The Social Exclusion Unit reported that nationally 31% of people without a car have difficulty travelling to their local hospital, compared with 17% of people with a car. Over 3% of the people surveyed nationally, or 1.4 million if extrapolated, say they have missed, turned down or chosen not to seek medical help over the last 12 months because of transport problems. This rises to 7% of people without access to a car.⁴

8.5 The free non-emergency patient transport service helps to overcome part of this problem. However, although there are many examples of good practice in non-emergency PTS provision across the country, there is room for some improvement. Too often, commissioners do not view non-emergency PTS as part of their overall healthcare package and within ambulance services, non-emergency PTS is often the poor relation to the emergency services.⁵

8.6 The problems that people on low incomes have in making the journey from their homes to health services have now been recognised as an important area of cross-government policy to tackle deprivation and inequalities. The importance of improving accessibility was emphasised in Tackling Health Inequalities: a Programme for Action.⁶

8.7 It is expected that accessibility planning, involving the local transport authorities working in partnership with the NHS to identify and tackle the problems that people face in accessing health services, be incorporated into the second round of Local Transport Plans (LTPs).⁷

9. TRANSPORT TO NHS SERVICES – LOCAL COMMENTS

9.1 The sub-group undertook a questionnaire to try to discover more about local people’s experiences of travelling to NHS services. A total of 1158 people from across the county responded to this questionnaire. The majority of people, 74% said that they travel to their appointments by car, either driving themselves or getting a lift from a member of their family. A further 10% indicated that services were in walking distance, with the remaining 16% reliant on public transport, taxis or the voluntary service.

9.2 The results of the questionnaire revealed that 36% of people surveyed found it very easy to get to NHS services, and a further 45% found it fairly easy. In contrast 12% said that they found it difficult and 7% said they found it very difficult.

⁴ Improving Patient Access to Health Services: A National Review and Case Studies of Current Approaches
⁵ Improving Non-Emergency Patient Transport Services (Audit Commission, 2001)
⁶ Improving Patient Access to Health Services: A National Review and Case Studies of Current Approaches
⁷ Improving Patient Access to Health Services: A National Review and Case Studies of Current Approaches
9.3 Unsurprisingly, the questionnaire revealed that very few people with access to their own car felt that access to NHS services was a problem, and those that did were mainly concerned with car parking problems at the general hospitals. People reliant on public transport, taxis and the voluntary sector, however, found access to NHS services considerably more difficult.

9.4 There are particular problems for people who are reliant on public transport. Several respondents indicated that they needed to catch several buses and then walk a considerable distance in order to get to appointments, particularly hospital appointments. Another respondent, who is completely reliant on the number 51 bus (Swindon to Cheltenham) has also pointed out that they experience additional difficulties on Sundays and Bank Holidays as the bus service does not operate. Those reliant on the bus service also often struggle to attend evening appointments.

9.5 The voluntary sector does offer an alternative to public transport for some people without access to a car, indeed several people indicated that without the work of the volunteers it would be impossible for them to reach NHS services. However, the voluntary transport organisations were initially set up to deal with social journeys rather than medical journeys, and so have limited capacity for medical journeys.

9.6 The survey asked people if they had ever missed an appointment as a result of lack of transport. Only 4% of the people surveyed said that they had missed an appointment due to lack of transport and the vast majority of these had only ever missed one or two appointments. But it is likely that transport problems make it more difficult for some people to book appointments in the first place.

FINDINGS AND RECOMMENDATIONS

10. INTRODUCTION

10.1 The sub-group would like to thank all of the organisations that took the time to provide information for the inquiry process. The group would particularly like to thank the witnesses for taking part in the inquiry meetings and sharing their knowledge and expertise.

10.2 During the course of this inquiry the sub-group has been overwhelmed by the extent of the work done by volunteers, often with little recognition, to try to make it easier for the people to access NHS services. The sub-group would like to thank them for their efforts, which often make such a big difference to people’s lives.

10.3 The sub-group would also like to acknowledge the effort that is already being made to try to improve the transport situation within the county. The sub-group has been informed of numerous initiatives that are under way to try to improve services that have the potential to have a positive impact, notably the ambulance service’s efforts to improve its emergency response times, the work being done between the ambulance service and the CCVS on its pilot
hospital transport scheme, the work of the Integrated Transport Unit, and the Hospital Trust’s continued efforts to develop a meaningful Green Transport Plan.

10.4 The sub-group’s findings, and where appropriate recommendations can be divided into 12 themes that arose during the inquiry process, although there is obviously considerable overlap between some of these themes. The themes that the sub-group has identified are as follows:

- Life-threatening emergency response times
- Access to Minor Injury and Illness Units
- Non-Emergency Patient Transport Services
- Car parking at the General Hospital sites
- Bus Routes to the General Hospital sites
- Hospital Travel Cost Scheme
- The CCVS pilot Hospital Transport Scheme
- Access to GP surgeries
- Service location and re-location
- One-stop-shop for transport information
- Partnership working
- Choice at the point of referral scheme

11. **URGENT LIFE-THREATENING EMERGENCY RESPONSE TIMES**

11.1 All ambulance service uses a 999-call prioritisation system, known as criteria based despatch. This system involves the caller being asked a series of scripted questions. Based on the responses to these questions the call taker will grade the calls in order of urgency. There are three grades of call:

- **Category A** – These are determined as immediate life threatening situations. The Ambulance Service is expected to reach 75% of these calls with 8 minutes.
- **Category B** – These are deemed as serious but not life-threatening. The Ambulance Service is required to respond to 95% of these calls within 19 minutes.
- **Category C** – These are generally minor injuries and illnesses. The Ambulance Service is required to respond to 95% of these calls within 19 minutes.

11.2 The Gloucestershire Ambulance Service is able to meet the targets for Category B and C calls, but generally fails to meet the Category A standard, although in some individual months the target is met.

11.3 On average the Trust is currently able to meet between 72% and 73% of Category A calls within 8 minutes. In real terms this means that the Trust is probably only failing to reach about 1 call per day within the 8-minute target, and so the service is very close to meeting the standard. In addition to this the majority of calls that are not reached within 8 minutes will be reached shortly afterwards.
11.4 The Trust has agreed an action plan, which it believes will enable it to reach the Category A standard by the end of the current financial year. The action plan includes the recent introduction of a new matrix of cover, with new strategic stand-by points for ambulances, which will allow it to reach calls, particularly in more remote areas in a shorter period of time. The Trust has also identified some additional problems related to replenishing ambulance supplies and the start and finish time of ambulance crews, which will need to be addressed. In addition to the Trust has purchased new software to aid control staff to move ambulance trust vehicles more effectively, which was expected to go live on 1\textsuperscript{st} November 2004. Over the next 3 to 4 months the Trust will also be looking at ways to improve the control room itself. Some thought is also being given to the introduction of community-based paramedics, which could help the Trust meet the standard. However, no action will be taken on this issue until after the new Out of Hours scheme is fully established.

11.5 The Trust believes that each of the main elements of the action plan will deliver a 2 to 3 percentage point increase towards the Category A standard. The Trust, along with the Strategic Health Authority, has therefore set itself a target of reaching 77% of Category A calls within 8 minutes by the end of this financial year. Therefore, if these plans deliver the expected results the Trust will not only reach the standard but will actually be exceeding the government target.

11.6 The sub-group welcomes these improvements and suggests that it would be useful if the OSC could receive an update from the Ambulance Trust in the new financial year, setting out the level of improvement that has actually been achieved as a result of the action plan, and the Trust’s future plans to continue to improve the service.

Recommendation to the Overview and Scrutiny Committee

That the Ambulance Trust be asked to provide an update at a suitable date in the next financial year setting out the level of improvement that has actually been achieved towards reaching the category A standard, and the Trust’s continued plans for improving the service.

11.7 The Ambulance Trust continues to face a year-on-year increase in demand for its 999 service, some years by as much as 9%. In order to ensure that any gains made towards achieving the Category A standard as a result of the action plan are sustained in the long-term it is essential to ensure that future funding allocation reflects the increasing level of demand on the service.

12. ACCESS TO MINOR INJURY AND ILLNESS UNITS

12.1 Gloucestershire has 11 minor injury and illness units spread throughout the county. Historically ambulance crews have faced varying standards in
This has resulted in ambulance crews bypassing minor injury and illness units and proceeding directly to one of the district general hospitals with patients, even though on some of these occasions the patient could have been treated in a more local minor injury and illness unit.

12.2 This indicates that the Ambulance Trust’s resources could be used more effectively. If the Ambulance Trust was able to use these minor injury and illness units more effectively it could have a positive impact on response times, as some unnecessary long journeys to the general hospitals would be avoided. It would also be beneficial to the patient who could be treated closer to their home, which in turn could also make transport home after treatment less problematic.

12.3 An example of good practice in this area is the collaborative work between the Ambulance Trust and Cotswold and Vale Primary Care Trust to develop common acceptance criteria for all of the minor injury and illness units in the Cotswold and Vale PCT area. The Ambulance Trust has been monitoring the success of this scheme over the last year. The Ambulance Trust is taking approximately 120 patients per month to the minor injury and illness units in the PCT area, and they are getting very few onward transport cases. This indicates that the common criteria are working and that people are being taken to the appropriate facilities.

12.4 The Ambulance Trust has been in talks with the other two PCTs about developing common acceptance criteria at the minor injury and illness units in their area. The Ambulance Trust has reported that these talks are well underway in West Gloucestershire PCT, and that common criteria should be agreed there in the near future, but that talks with Cheltenham and Tewkesbury PCT are further behind.

12.5 The sub-group believes that the common acceptance criteria will have the added benefit of saving money, as it will reduce the length of some journeys. The Ambulance Trust is currently doing some research into possible savings from the scheme, but as yet no clear figures are available.

12.6 The sub-group believes that both West Gloucestershire PCT and Cheltenham and Tewkesbury PCT should give greater priority to developing similar common acceptance criteria within their PCT areas.

### Recommendation to West Gloucestershire PCT and Cheltenham and Tewkesbury PCT

That both Cheltenham and Tewkesbury PCT and West Gloucestershire PCT should develop common acceptance criteria for all minor injury and illness units within their PCT area as has been done at Cotswold and Vale PCT.

13. NON-EMERGENCY PATIENT TRANSPORT SERVICE
13.1 Non-Emergency patient transport services (PTS) to and from hospital is provided free of charge when patients have a medical need. Health Service guidance states that a non emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does require an immediate or urgent response. A clinical need for treatment does not imply a medical need for transport. Medical need for non-emergency patient transport must be determined by a Doctor, Dentist or Midwife and will depend upon the medical need of the individual patient, the availability of private or public transport and the distance to be travelled. The principle, which should apply, is that each patient should be able to reach hospital in a reasonable time and in reasonable comfort, without detriment to their medical condition.

13.2 Ambulance services across the England provide over 15 million non-emergency patient journeys a year, which is the equivalent of taking an average of over 30,000 people to and from hospital each working day.\(^8\)

13.3 Ambulance Services in England spend about £150 million on non-emergency PTS per year. Expenditure on PTS has changed little, in real terms, since the early 1990’s despite the rise in total costs. Consequently PTS now accounts for about 20% of ambulance service expenditure compared with 25% in the early 1990’s.\(^9\)

13.4 Non-emergency PTS helps to increase the efficiency with which the NHS uses resources by helping to ensure that people attend appointments, and it can prevent delays in patient discharge thus helping to release beds more quickly for use by other patients. In 1999 a National Audit Office Survey showed that 24% of trusts identified availability of patient transport as a prime cause of delayed discharge.\(^10\)

13.5 The Gloucestershire Health Community reviewed the criteria for access to non-emergency PTS five years ago. There are now new guidelines for practices on the types of patient need that qualify for free non-emergency PTS.

13.6 The new guidelines for non-emergency PTS were brought into operation in April 1999. These new guidelines restricted the eligibility criteria still further. As a direct result of this the Voluntary Community Transport sector experienced a surge in demand for transport to hospital. In the first 5 months after this new criteria was introduced the Voluntary sector made over 4,000 additional health related journeys, and an additional £3,350 in funding was provided by the County Council.

13.7 A number of the voluntary organisations that responded to the inquiry process have indicated that these changes to the PTS criteria were agreed without any consultation with the voluntary transport sector, and were

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\(^8\) Going Places: Taking People to and from Education, Social Services and Healthcare (Audit Commission, 2003)
\(^9\) Improving Non-Emergency Patient Transport Services (Audit Commission, 2001)
\(^10\) Improving Non-Emergency Patient Transport Services (Audit Commission 2001)
implemented with minimal notice. These changes put considerable additional pressure on the voluntary sector organisations, most of which were set up to provide transport for social journeys rather than medical journeys, and this lack of communication by the NHS has caused some anger within the voluntary sector. It is clear that in future the NHS should keep the voluntary sector fully informed of potential changes of this nature as they can have a tremendous impact on the service provided by volunteers.

**Recommendation to Gloucestershire Ambulance Service NHS Trust**

That they ensure that there is full consultation with the voluntary transport sector before any future changes to the non-emergency PTS eligibility criteria.

13.8 Gloucestershire Ambulance Patient and Public Involvement forum has suggested that the criteria for determining if a patient is eligible for non-emergency PTS are not well understood within GP surgeries, resulting in patient confusion and frustration.

13.9 Gloucestershire Ambulance Service agree that in their experience it does appear that the criteria is not well understood and that it is difficult to ensure that people are kept up-to-date with what is a very complex issue. The Trust is currently trying to develop an at-a-glance guide that explains what services are available, and who is eligible, which should be easier to use and will help people understand the criteria better. The process of developing a new ethos within the NHS that encourages staff to call the ambulance service if they are unsure about eligibility is also being fostered.

13.10 The sub-group was shown a draft version of the at-a-glance guide and felt that it would be a useful tool to help improve understanding and that it should be rolled out as soon as possible.

**Recommendation to Gloucestershire Ambulance Service NHS Trust**

That the new at-a-glance guide to non-emergency PTS eligibility be rolled out to GP surgeries across the county.

13.11 A number of voluntary organisations have also suggested that the Ambulance Trust operates the eligibility criteria for non-emergency PTS too rigidly. The Ambulance Trust does acknowledge that there has been some criticism of the criteria and how they are operated. However, the Trust believes that if it were to relax the criteria at all then the PTS service would require additional resources. As the trust does not expect any additional funding this could only be achieved by taking resources away from the emergency service. The Trust also believes that it would be inappropriate to relax the criteria, as it would mean they would end up transporting people who did not have an obvious medical need for transport.
13.12 The sub-group has been informed by the Ambulance Trust that, under the new GP contract, doctors may no longer prepared to book non-emergency PTS for their patients, unless they are paid to do so. The PCTs are currently trying to organise an alternative method for booking non-emergency PTS if it does turn out that the GPs wish to opt out of providing this service. This is a very concerning issue, which has potential to make a system that has already been acknowledged as complex and confusing, causing even more difficult for patients to use.

13.13 The sub-group believes that this service should continue to be provided from the GP surgeries and that the PCTs should make every effort to reach an agreement with the GPs.

**Recommendation to the Primary Care Trusts**

That effort should be made to ensure that GP surgeries continue to book non-emergency PTS for their patients under the new GP contract.

14 **CAR PARKING AT THE GENERAL HOSPITALS**

14.1 The recent Gloucestershire Royal Hospital travel survey indicates that 82.7% of patients and visitors to the hospital travel by car. Although the Trust does not keep a count of the number of people using its car parks, it has estimated that in real terms this means approximately 700 to 740 people use the car park on weekdays and 300-350 people use it at weekends.

14.2 Clearly as the majority of people travel to hospital by private car there will be high demand for car parking facilities at the hospital sites.

14.3 The availability of car parking spaces at the general hospitals is a common cause for complaint. The Gloucestershire Royal Hospital travel survey indicates that 51.3% of patients and visitors say that they have experienced difficulty finding a parking space at the hospital, and car parking is also one of the most common causes of complaint at Cheltenham General Hospital. The majority of comments made on the sub-group’s questionnaires were also related to either problems with finding a car parking space, or the cost of car parking.

14.4 The Trust has developed a Green Transport Plan, which aims to reduce reliance on the motorcar for patients and staff. This plan includes efforts to improve public transport access to the hospital sites, efforts to encourage cycling and walking, and efforts to reduce the amount of spaces taken up unnecessarily by staff, through introducing car-sharing and ‘ineligible for permit’ zones whereby staff living within 1.5 miles of the sites are ineligible for a parking permit. Controlling the level of staff parking is an important issue as staff use approximately 600 spaces at Gloucestershire Royal and 400 spaces at Cheltenham General hospital each day.
14.5 As part of the Green Transport Plan car parking charges at the two general hospital sites have been raised in line with the car parking charges in the two town centres to ensure that there is no incentive for the Trust's car parks to be used as an alternative for shoppers and business users. The Trust has indicated that since these charges were introduced it has become significantly easier to find a car parking space in the hospital car parks.

14.6 Despite the aim of the Green Transport Plan to reduce reliance on the motorcar it is inevitable that expected future demand for services will require additional car parking facilities, particularly in view of the Trust's policy to divide specialist facilities between the two hospitals. The Trust has held informal discussions with the planning authorities about expanding car-parking facilities at Gloucestershire Royal Hospital, including the possibility of introducing multi-decked car parking, but formal discussions are yet to begin.

14.7 Car parking expansion cannot be done on an ad hoc basis, and therefore the Trust will need to continue to carry out careful modelling of future demand in order to develop a clear and balanced plan for expansion.

14.8 The sub-group recognises the need for enhanced car parking facilities at the general hospitals and believes that the OSC should offer its support to the Trust in its efforts to gain planning consent for expanding car-parking facilities at Gloucestershire Royal Hospital.

Recommendation to the Planning Authority

That it should recognise that Gloucestershire Royal Hospital has legitimate need for enhanced car parking facilities and that planning consent for car park spaces should adequately reflect this need.

14.9 The situation at Cheltenham General Hospital is more difficult as there is less space available for any expansion, although some initial discussions have been held with the planning authorities about some small increases in car parking facilities.

14.10 Although the increases in car parking charges may have deterred some shoppers from using the Trust's car parks as a cheap alternative to parking in town centre car parks, they have also prompted a considerable amount of criticism from patients and visitors to the hospitals. The Patient Advice and Liaison Service has received numerous complaints about the high cost of parking at the hospital sites, and the Trust has received adverse comments in its patient surveys. In addition to this there has been a considerable amount of criticism of the charges in the local press. Perhaps unsurprisingly, the most common complaints in the responses to the sub-group's questionnaire also related to the high cost of car parking at the hospital sites. Gloucestershire Ambulance Patient and Public Involvement Forum describes the charges as at best a penalty for going to the hospital and at worst a money making scheme.
14.11 Last year the Trust received £612,000 income from car parking charges. It has never run a profit and loss account on car parking, but it estimates that the cost of running the car park was £371,000. This left a surplus of £241,000. This surplus was retained by the Trust and used to offset the cost of providing clinical treatment services.

14.12 At its Board meeting in July 2004 the Trust agreed to a further increase in patient and visitor car parking charges, again in line with increases in the town centres. The new car parking charges are as follows:

- Up to 1 hour – charge remains at £1
- 1 to 2 hours – charge increased from £1.80 to £2.00
- 2 to 4 hours – charge increased from £3.00 to £3.30
- 4 to 6 hours – charge increased from £4.00 to £4.50
- Up to 24 hours – charge remains at £6.00

Therefore the income from car parking charges will be considerably greater in the next financial year, estimated at an additional £100,000.

14.13 Although the sub-group recognises the difficulties that these car parking charges can cause for service users it accepts the need to prevent the Trust’s car parks from being used as a cheap parking alternative for shoppers. Therefore the sub-group does not believe that it would be sensible for the OSC to recommend any reduction in car parking charges at this time.

14.14 The sub-group was concerned about the car parking charges being used to subsidise clinical treatment services. The group felt that it would be more appropriate for this money to be used some of the Trust’s ideas for improving transport to the hospitals, such as developing a park and ride service, as set out in the Green Transport Plan. However, the sub-group does accept the Trust’s argument that if this money was used in this way it would leave a hole in the Trust’s resources, which ultimately could lead to a reduction in services. However, the sub-group was pleased to be informed that all additional income from the recent increase in car parking charges will now be ring-fenced and used solely for issues related to the Green Transport Plan.

14.15 The Trust does operate a system of car parking charge exemptions and reduced rates for specific categories of patients and visitors. The Trust has attempted to identify all of the major groups that are likely to visit the hospital regularly or for long periods of time and will make exemptions and reduced rates available to people in these groups.

14.16 The sub-group received a number of comments from different organisations suggesting that the exemption system needed to be reviewed to include patients and visitors to more key services. The Trust is currently considering a review the appeals it has received and has informed us that the Gloucestershire Hospitals Patient and Public Involvement Forum could be involved in that process.
14.17 Hospital Trust staff are also charged for using the car parking facilities at the hospital sites. The charges for staff were also increased in July 2004 and are now as follows:

- Staff earning up to £25,000 per year will pay £15 per year
- Staff earning between £25,000 and £35,000 per year will pay £35 per year
- Staff earning over £35,000 per year would pay £65 per year.

All of the money from staff car-parking charges, an estimated £40,000 per year at these rates, will be ring-fenced and used to fund the Green Transport Plan.

14.18 The sub-group believes that these charges for staff car parking are very low, particularly considering the Trust’s aim of encouraging staff to use other forms of transport. Therefore the sub-group suggests that the Trust increases these charges, which would then provide additional revenue for the Green Transport Plan.

**Recommendation to Gloucestershire Hospitals NHS Trust**

That the trust should consider increasing the level of staff car parking charges at the hospital sites.

15. **BUS ROUTES TO THE GENERAL HOSPITALS**

15.1 Based on the figures from the Gloucestershire Royal Hospital patient survey it is estimated that the second most common way of travelling to hospital appointments is by bus, however this only represents 6.1% of total journeys.

15.2 The Trust’s Green Transport Plan aims to encourage more people to use public transport to get to hospital appointments in order to reduce reliance on the motorcar. However, as pointed out in a number of responses to the sub-group’s questionnaire, current bus services to the hospitals sites are inadequate.

15.3 As part of the Green Transport Plan the Trust has made some efforts to convince the bus companies to re-route some of their services so that they go onto, or near, the hospital sites. The Trust has successfully managed to negotiate changes to route number 6 from Gloucester City to Longlevens, route number 9 from Gloucester City to Dursely and route 51 and route F in Cheltenham. Although these are positive changes they will only make a difference to a small number of people. The Trust acknowledges this fact but attempts to negotiate major bus route changes have been unsuccessful. The bus companies have indicated that their services are running to very tight timetables and that therefore it would be very difficult to make any major route changes without adding to the length of the journeys, which would make the services less popular. As buses are run as a commercial system
they are free to decide which routes they operate, and need to ensure that the routes are commercially viable. Stagecoach has informed the Trust that any major changes to services would result in routes that required a subsidy from the health service in order to ensure their commercial viability.

15.4 The Trust has also been in negotiations with the bus service providers about the possibility of extending existing park and ride routes to the hospitals. Again the indication is that this would cause major timetable problems, possibly adding as much as 10 minutes to journeys. However, the Trust is meeting with the Integrated Transport Unit on 10th December 2004 to discuss the possibility of extending the Waterwells Park and Ride to Gloucestershire Royal Hospital. The Integrated Transport Unit has indicted to the inquiry that it does believe there is some potential for improving the park and ride service despite the worries of the bus company.

15.6 The Trust is considering the option of putting some of the ring-fenced money that it has for Green Transport Plan initiatives towards providing a park and ride service that goes to the hospitals. The Trust would need to consider whether to provide a service that was just for staff, therefore freeing up space in the car park for patients and visitors, or whether to provide a service for staff, patients and visitors. A service for staff would only need to run in the morning and in the evening, whereas a service that included patients would have to run all day. Before making any decisions the Trust will need to look into the details of these two options to see if it was actually possible within the money available and to assess if this is the best way to spend the limited funds that they have available.

15.7 The sub-group believes that improving park and ride services would be an important step towards improving access to the general hospital sites. The sub-group would therefore encourage the Hospitals Trust, Integrated Transport Unit and bus service providers to continue negotiations to try to find a way to create a viable park and ride service that includes the hospitals. Ultimately there needs to be a park and ride service to both Gloucestershire Royal and Cheltenham General Hospitals.

Recommendation to Gloucestershire Hospitals NHS Trust, the Integrated Transport Unit and bus service providers

That the Hospitals Trust, Integrated Transport Unit and bus service providers should continue negotiations to develop a viable park and ride service that includes both general hospitals.

15.8 The sub-group believes that the Hospitals Trust should consider the creation of a suitable park and ride service a priority when considering how to spend the funds it has available for the Green Transport Plan.
16. **The Hospital Travel Cost Scheme**

16.1 Under the National Hospital Travel Cost Scheme the Hospital’s trust is required to assist some patients with their travelling expenses when they are attending hospital services. Patients can claim a refund for bus or train fares, private mileage (at 13p per mile), voluntary car service charges and in some cases taxi fares if they:
- Are receiving Income Support
- Are receiving Income based Job Seekers Allowance
- Are receiving Working Tax Credit
- Hold a HC2 or HC3 low income form
- Are receiving Pension Credit

16.2 A number of voluntary organisations informed the inquiry that their users have experienced problems accessing refunds under the Hospital Travel Cost Scheme, and that in a number of instances they have forgone their refund as a result.

16.3 In order to claim a refund of travel costs the patient must visit the hospitals general office in person. The Trust does admit that the office is not the easiest part of the hospital for patients to get to, which can be off putting to some patients. However, the Trust does believe that the rules are quite straightforward and has stated that people should not have to wait more than 5 minutes to claim their refund.

16.4 A number of local organisations have also indicted that many patients are not aware that they may be entitled to a refund of their travel costs. The Trust does try to ensure that all front line staff are fully aware of the scheme so that they can provide advice to patients. In addition to this information about the scheme is displayed on notices at the hospitals and is included in the patient handbook. Some concerns have been raised with the Patient Advice and Liaison Service about this scheme, most notably Oncology patients at Cheltenham General Hospital did not appear to be well informed about the scheme, but now that the problem had been identified by PALS, steps have been taken to rectify the problem. Overall, only a small number of concerns have been raised about this scheme with PALS, and increasingly patients are beginning to see PALS as a first point of contact for queries, which is also helping to increase people’s awareness of the scheme.

17. **THE CCVS PILOT HOSPITAL TRANSPORT SCHEME**

17.1 In July 2003 the Cotswold Council for Voluntary Service, previously known as South Cotswold Voluntary Service, has been operating a pilot hospital transport service with Gloucestershire Ambulance Service. Before this pilot
scheme was introduced the CCVS was running a voluntary car service that took patients to hospital and the ambulance trust was operating a voluntary car scheme in addition to their non-emergency PTS vehicles. This system appeared to be inefficient as vehicles were often travelling to the same location with one passenger in each. Under the pilot scheme all bookings are made through the ambulance service who fill up their PTS vehicles and then allocate the rest of the bookings to the CCVS. The ambulance service voluntary drivers transferred to the CCVS at the start of the scheme. An IT system has been installed at the CCVS to handle transport requests and telephone links have been established between the CCVS offices and the ambulance trust.

17.2 Initial funding of £65,000 was provided by the Department of Transport to set up the pilot scheme. About £17,000 of this went directly to the CCVS and was used to purchase the new software and set up the telephone links, and the rest went to Paul Beecham Associates, who were brought in to develop the scheme.

17.3 Paul Beecham Associates are currently in the process of writing their final report on the scheme for the Department of Transport and the Department of Health, and figures are only just becoming available to show the extent to which this scheme is being successful in improving access to services. However, from the information that the inquiry has been given it seems clear that the pilot scheme is making a very positive contribution. The Ambulance Trust, the CCVS and Paul Beecham associates all agree that the scheme has been successful in increasing the efficiency of the service by significantly reducing the number of miles travelled per patient, possibly by as much as 11%. The CCVS also claims that the service has reduced the level of dead mileage (the distance travelled with no patients on board) by as much as 40%, whilst Cotswold and Vale PCT suggests this figure is closer to 30%. The CCVS also suggests that the pilot scheme is saving the Ambulance Trust about 50% of its original cost of running its own voluntary car scheme. The Ambulance Trust does acknowledge that a financial saving is being made, but as yet no definite figures are available and so the amount of savings is not actually clear.

17.4 Despite the lack of clear figures about the success of the pilot scheme, support for the scheme is such that the Department of Transport would like to see it rolled out across the county. Gloucestershire Ambulance Service and the CCVS fully support this idea and discussions have taken place with voluntary car services in other areas of the county. The scheme will be rolled out to the Forest of Dean on 1\textsuperscript{st} December 2004, and will be operated by Lydbrook Community Care. Gloucestershire County Council has provided £4,500 to cover the capital costs of setting up the service in the Forest. It is likely that Tewkesbury would be the next area to introduce the scheme after it has been rolled out in the Forest.

17.4 The CCVS estimates the annual cost of the scheme at £36,000, this is split between the cost of running the cars and the cost of the co-ordinator who works between the CCVS and the ambulance service to administer the
The approximate cost of running the cars is £20,000 per year, with the remaining £16,000 being the cost of the co-ordinator. The service receives about £14,000 per year in transport charges, and so the current scheme is running at a £6,000 deficit, plus the cost of the co-ordinator. Currently this deficit is covered through the use of grant money that the CCVS receives from the County Council to support the CCVS’s dial-a-ride scheme. The co-ordinators post was funded by the Department of Transport until September 2004, but this funding has now expired. Currently the CCVS is able to cover the costs of the co-ordinator role, but this is not sustainable in the longer term.

17.5 In order for the scheme to be sustainable in the longer term the voluntary sector will need to ensure that it receives enough income from transport charges to cover the costs of running the cars, and a separate sources of funding will need to be established to cover the cost of the co-ordinator.

17.6 Under the scheme the CCVS currently receives an additional 15% of the mileage rate charged to the patient from the ambulance trust. The CCVS believes that in order to cover its costs the ambulance trust will need to be charged 20-25% rather than 15%. Discussions with the voluntary sector in Tewkesbury, the Forest of Dean and Stroud have indicated that all of the organisations believe that in order to cover their costs they would need the ambulance trust to be charged at this higher rate. However, thus far negotiations with the ambulance service on this issue have failed to make any progress.

17.7 The sub-group believes that this scheme has resulted in savings for the ambulance trust, and that the cost per mile for the ambulance service to provide this type of service without the aid of the voluntary sector would be much higher than the rate 15% rate they are currently paying. Therefore, the sub-group believes that the ambulance trust should be paying the voluntary sector a minimum of 20%, but ideally 25% on top of the mileage rate charged to the patient.

**Recommendation to Gloucestershire Ambulance Service NHS Trust**

That the trust should pay the voluntary sector a minimum of 20%, and ideally 25% on top of the mileage rate charged to the patient under the pilot Hospital Transport Scheme, rather than the 15% that is currently paid.

17.8 Even if the ambulance trust does agree to pay this higher rate the voluntary sector will still need to find an alternative source of funding to cover the cost of the co-ordinator’s post. The CCVS has suggested that once the scheme is fully rolled out across the county the voluntary sector would require one full time co-ordinator to run the system. It has been suggested that this may require a salary in the region of £25,000 per annum. In the long-term the CCVS believes that the voluntary sector should consider creating a Social Enterprise Company to run the service, which could then negotiate contracts
with the Primary Care Trusts and eventually move on into other areas of transport provision.

17.9 The sub-group believes that this is a sensible suggestion as it is clear that there is a need for some sort of co-ordinating body to deal with all the different transport issues facing the county. The group therefore believes that a single not-for-profit organisation that has transport as its core capability should be the long-term aim of the county.

Recommendation to the Integrated Transport Unit

That in the long-term a not-for-profit organisation should be created, that has transport as its core capability, to organise transport in the county.

17.10 Although in the long-term a Social Enterprise Company may be able to fund the co-ordinators role, there is still a need to establish a source of funding to ensure that the co-ordinators role can be continued in the immediate future. The sub-group believes that the County Council, District Councils and Primary Care Trusts all have an interest in promoting social inclusion and health, and that therefore they all should support this scheme. The sub-group therefore suggests that all of these organisations should be encouraged to contribute towards the cost of funding the co-ordinators post.

Recommendation to Gloucestershire County Council, the District Councils and all three Primary Care Trusts.

That they consider providing funding to contribute to the cost of funding the co-ordinators post for the Hospital Transport Scheme.

17.11 As part of the Hospital Travel Cost Scheme the CCVS has agreed a system with the Hospitals Trust that makes it easier for eligible patients travelling via the voluntary sector to make use of the refunds offered under the Hospital Travel Cost Scheme. Under this system the GP confirms the eligibility of the patient when booking the transport with the ambulance trust, and this information is then passed on to the CCVS who are then able to invoice the Hospitals Trust directly for the cost of the journey. As a result the patient does not need to worry about paying the CCVS the mileage charge and then reclaiming it from the Hospital, as the CCVS does this automatically.

17.12 The sub-group supports this scheme. However, should GPs decide to stop booking non-emergency PTS as discussed previously this would make it difficult for this part of the scheme to continue to operate, making it all the more vital that the PCTs continue their efforts to ensure that GPs continue to book non-emergency PTS for their patients.

18. **ACCESS TO GP SURGERIES**

18.1 Transport to GP surgeries can be a serious difficulty for many people in the county if they do not have access to a car. The voluntary sector has indicated
how reliant many people are on their services in order to reach GP surgeries. However, the majority of adverse comments that the sub-group received from its questionnaire and from the voluntary sector all tended to focus of access to acute services rather than GP services, and so the inquiry did not focus on this issue in as much depth.

18.2 It is clear that there are a number of areas across the county where transport to GP surgeries is a major issue, West Gloucestershire PCT for example has highlighted the problems experiences by people in many areas of the Forest of Dean. Public transport is inadequate in many areas, for example the Village of Drybrook in the Forest of Dean is serviced by one bus route, which runs every two hours. Even when bus routes are available the running times are often not suitable for surgery opening hours. As a result patients often face a considerable wait after arrival by bus before the surgery opens. This can be particularly problematic for elderly people, especially in bad weather, as there are often no bus shelters available.

18.3 The inquiry was informed of a scheme in Newent, where GPs had set aside a dedicated morning to offer appointments for patients from Taynton and Tibberton who are brought to the surgery by Dial-a-ride. This scheme appeared to have potential to improve the situation in these villages, but based on further investigation it appears that the reserved appointment slots are not being as well utilised as they could be.

18.4 The sub-group did try to gather some information from the PCTs about the number of GP patients who experiences problems travelling to GP appointments. However, although PCTs are required to undertake an annual survey of patient’s views about GP surgeries, the section on access does not include any questions about transport issues, so no evidence was available.

19. SERVICE LOCATION AND RE-LOCATION

19.1 Throughout the inquiry most of the emphasis has been on the need to find suitable ways of getting patients to existing NHS services. However, there is another side to this issue, which is the need to ensure that the NHS makes physical access to healthcare services a higher priority in decisions about the future location of services.

19.2 The Primary Care Trusts have access to geographical mapping services to look at transport networks linked to service location. Using this service the PCTs are able to map the distribution of registered patients as they address particular planning issues. These are relatively new tools for the PCTs and they are still learning more about how best to use them.

19.3 It is critical that future service developments take transport links into account and the PCTS, working alongside the County Council, must ensure that accessibility is factored into future NHS service developments.
19.4 Each PCT’s vision commits them to providing more services locally as close to patients homes as possible. The PCTs have already redesigned a number of services to provide more local access, usually involving the development of multi-agency teams and the development of more specialist GPs, nurses and therapists working in the community. Some examples of this include:

- GP practice based phlebotomy (blood taking) services rather than patients having to attend Cheltenham General Hospital of Gloucestershire Royal Hospital.
- Access to minor surgery procedures within GP surgeries, such as dermatology skin surgery at St Pauls and Leckhampton surgeries in Cheltenham.
- Development of Falls Clinics in Tewkesbury and Cheltenham
- Locally based substance misuse services

19.5 In addition to this some new technologies and advances in medicine have made it possible to bring some services back into Gloucestershire that were previously only provided from specialist centres outside the county. This includes renal dialysis, neurology and aspects of ophthalmology services.

19.6 Clearly efforts to provide services at a more local level will help to reduce the problems associated with access to NHS services, although some patients will still experience difficulties unless adequate public transport is available to these new sites. However, alongside these efforts to deliver more services locally there is also a move towards increased specialisation in some services, leading to some services being provided at fewer locations making transport more difficult for patients. An example of this is the current review of neo-natal intensive care and children’s inpatient services in Gloucestershire, which may result in these services being provided from just one site in Gloucestershire. Such changes will make it more difficult for some patients to access NHS services, and in addition it will place a further strain on the voluntary sector who will be asked to provide longer journeys. Cheltenham and District Volunteer Bureau has already indicated that they do not believe that they will be able to provide transport all the way to Gloucester on a regular basis within their existing capacity.

19.7 Gloucestershire Hospitals NHS Foundation Trust has given some consideration to the possibility of providing a shuttle bus service for staff between the Cheltenham General Hospital and Gloucestershire Royal Hospital sites. It is possible that such a service, if extended to include the transport of patients and visitors, could help to alleviate some of the problems caused by increased centralisation. The sub-group therefore suggests that the Hospitals Trust, in partnership with the Integrated Transport Unit, should

**Recommendation to the Primary Care Trusts**

That they ensure that accessibility is given a higher priority in decisions about future service developments.
investigate the benefits and cost implications of introducing a regular shuttle service for both staff and patients.

**Recommendation to Gloucestershire Hospitals NHS Foundation Trust and the Integrated Transport Unit**

That they work together to investigate the potential benefits and cost implications of introducing a regular shuttle bus service for staff and patients between the Cheltenham General Hospital and Gloucestershire Royal Hospital sites.

19.8 The sub-group recognises that some decisions to centralise services need to be made due to issues of providing suitable clinical expertise and safety. However, it is important to ensure that centralisation only occurs when there is a genuine and demonstrable clinical need, and that the aim should be to provide services locally, whenever possible.

**Recommendation to Gloucestershire Health Community**

That they aim to provide services locally whenever possible and only consider centralisation of services when there is a genuine and demonstrable clinical need.

20. **ONE-STOP-SHOP FOR TRANSPORT INFORMATION**

20.1 The Audit Commissions report *Going Places: Taking People to and from Education, Social Services and Healthcare* states:

*The users groups for different transport services overlap, for example, some older people use social service transport to visit day centres and non-emergency PTS to attend hospital. These people also need to be able to get to their GPs, Dentists and Opticians, which are not usually covered by non-emergency PTS. A range of schemes try to help with such travel including concessionary fares on public transport, dial-a-ride schemes, Taxicards, community bus schemes and other voluntary car schemes. Availability of these services varies across the country and even when there is good support for travel, people often have to deal with a number of different agencies to go about their everyday business. Typical users of the service are likely to find it difficult to negotiate these complex and fragmented arrangements.*

In some areas of the country efforts are being made to address this situation, for example Cornwall's Transport Action for Patients scheme aims to facilitate information about, and access to, voluntary car schemes that provide health related trips throughout the county. It provides one telephone number for all voluntary car schemes and is coordinated by one operator (age concern). Similarly in Devon the Community Transport Association acts as a booking agent for a number of community transport services and a one-stop-shop for transport information.
20.2 Based on various responses to the inquiry it appears clear that people in Gloucestershire are not fully aware of the different transport options available to them and how to access these services. Therefore the sub-group felt that the creation of a one-stop-shop for all patient transport, similar to the schemes in Devon and Cornwall would be a positive step forward. The Gloucestershire Ambulance Patient and Public Involvement Forum are also currently advocating a one-stop-shop approach.

20.3 The sub-group discussed this issue with the Integrated Transport Unit and was informed that the development of this type of system was already underway. The county now has one telephone number that people can call for information about all voluntary sector transport providers. This service is not currently able to make bookings for the voluntary sector, but it can provide the appropriate contact details. However, the ITU does plan to develop the system so that it is able to make bookings, and hopes that this will be completed by March/April 2005.

20.4 There is some resistance within the voluntary sector to developing a central number that is capable of taking patient bookings. In general these concerns appear to be based around the fear of a loss of interaction between the service and local residents, which is a key element of the localised service that the voluntary sector provides. The sub-group understands these concerns but believes that there is a need for the voluntary sector to think about this issue at a more strategic level in order to see the benefits of such a system. The sub-group hopes that further discussions between Community Transport Gloucestershire and the Integrated Transport Unit will be able to resolve this issue.

### Recommendation to Voluntary Transport Providers in Gloucestershire

That they support the Integrated Transport Units plans to develop a central telephone number capable of making bookings for all voluntary transport providers in the county.

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**21. PARTNERSHIP WORKING**

21.1 One issue that arose on numerous occasions during the inquiry meetings was the need for greater partnership working between the health service and local government. This is an issue that has been recognised at a national level. The Health Development Agency’s report *Improving Patient Access to Health Services* and the Audit Commission’s report *Improving Non-Emergency Patient Transport Services* both highlight the historic lack of partnership working between the health service and local authorities on transport issues, and the need for more partnership working in the future in order to tackle transport problems and increase social inclusion.

21.2 The Health Development Agency’s report *Improving Patient Access to Health Services* also suggests that some areas of the country have Transport
Partnerships between local government, the NHS and other stakeholders to try to tackle the range of local transport problems. These partnerships are seen as beneficial as transport to NHS services must be treated as a shared agenda and needs an integrated approach. However, the sub-group was informed by the ITU that this type of transport partnership does not exist in Gloucestershire.

21.3 The information gathered at the inquiry meetings suggests that there is a clear need for greater partnership working between the NHS and local government on transport issues. The Integrated Transport Unit and Gloucestershire Hospitals NHS Foundation Trust both indicated during the inquiry meetings that they were aware of the need for greater co-operation, but the ITU has informed us that little progress has been made towards increasing the level of partnership working.

Recommendation to the Gloucestershire Health Community and the Integrated Transport Unit

That there should be increased partnership working between the health service and the local authority on transport issues.

21.4 An example of the lack of partnership working can be seen in the Hospital Trust’s Green Transport Plan. The overall impression that the sub-group was given is that this plan is struggling to make a real impact, and although the Trust has some ideas to develop the plan it has acknowledged that it will be difficult for the plan to make a real difference without other organisations, such as the local authority, recognising the need for such a plan. However, the Integrated Transport Unit has informed the sub-group that it was not even aware of the Trust’s Green Transport Plan prior to receiving a copy of the Trust’s Board papers on the issue as part the paperwork for the transport inquiry meeting they were asked to attend. Clearly this demonstrates a need for greater communication across agencies.

21.5 The Integrated Transport Unit has indicated that it would be willing to assist the Hospitals Trust with future developments to the Green Transport Plan. The ITU has recently been working with GCHQ on its staff travel plan, with positive results, and the sub-group believes that the Trust could benefit from the ITU’s transport expertise.

Recommendation to Gloucestershire Hospitals NHS Trust and the Integrated Transport Unit

That the organisations work together on the future development of the Hospitals Trust’s Green Transport Plan.

21.6 There are some positive signs that this situation is beginning to change and that the NHS and local government are slowly beginning to come together to address common themes. Accessibility planning, involving local transport
authorities working in partnership with the local NHS to identify and tackle problems that people encounter when accessing health services, is now expected to be included in the second round of Local Transport Plans. In addition to this Gloucestershire Hospitals NHS Foundation Trust and the Integrated Transport Unit have already begun discussions over the issue of improving park and ride services within Gloucestershire. The two organisations have a meeting planned on 1st December 2004 to discuss the issue of extending the Waterwells park and ride to Gloucestershire Royal Hospital, and it is hoped that this opportunity can also be used to open up a wider dialogue on transport issues.

21.7 The various voluntary transport providers in the county are also being encouraged to work together more closely and to share examples of good practice through the Community Transport Gloucestershire Forum. This organisation is currently collecting data about the number of patients that the voluntary sector transports to NHS services in order to get an accurate picture of countywide voluntary activity. However, these efforts have been hindered by a lack of accurate record keeping amongst some voluntary sector providers.

21.8 The sub-group believes that it is important for the voluntary sector to keep accurate records and that through Community Transport Gloucestershire they should agree a common county standard for record keeping. This would help ensure that the efforts of the voluntary sector are given full recognition in future.

Recommendation to the voluntary sector transport providers

That they work through Community Transport Gloucestershire to develop a common county standard for record keeping.

22. CHOICE AT THE POINT OF REFERRAL SCHEME

22.1 This is one issue that has been flagged up as a possible future concern by Community Transport Gloucestershire. The introduction of the scheme will provide patients with a more explicit choice of provider for hospital services. Under this scheme local choices will continue to be promoted, but patients may also be able to choose providers that are based outside of the county.

22.2 This scheme will be implemented from December 2005. Community Transport Gloucestershire is concerned that this scheme will put extra pressure on the voluntary sector, as they will be asked to provide transport to more hospitals outside of the county, and believes that some serious thought needs to be given to the transport implications of the scheme in the near future.

22.3 West Gloucestershire PCT has informed the sub-group that they expect that the majority of patients will wish to continue to access services locally, and so this change may not have as great an impact as the voluntary sector fears.
22.4 The sub-group believes that the OSC could examine the potential impact of the choice agenda on transport provision as part of its future examination of the issue of patient choice.

Recommendation to the Health Overview and Scrutiny Committee

That the committee gives further consideration to the potential impact of the introduction of patient choice on voluntary transport provision.

23. LESSONS LEARNT

23.1 This project was the first project to be carried out by the OSC using the public inquiry methodology, and therefore it is useful to consider what the committee has learnt about the scrutiny process whilst carrying the project out. This section highlights some key points about the method, the scope of the project and the costs involved in carrying it out.

23.2 In general terms the inquiry process appeared to run smoothly. A large number of organisations responded to the sub-groups initial request for information, and the response rate from the voluntary sector was particularly pleasing. All of the organisations that were invited to attend the public inquiry meetings to answer questions also agreed to take part. The project could not have been carried out without this co-operation.

23.3 Although each of the inquiry meetings were open to the public the inquiry failed to attract the interest of the press or the public. During this inquiry the press were kept informed of the project and were sent information about each meeting, and the meetings were advertised on the appropriate district councils schedule of public meetings, but little more was done to encourage their participation. In future other methods of communicating with the public would need to be considered in order to encourage greater involvement, possibly including greater advertising in the local media and the use of posters and notices to advertise the meetings. In addition to this it will be important for the OSC to determine if the subject matter of future projects is likely to attract the interest of the public. For many people the issue of transport was probably not the most appealing, which may also in part explain the lack of interest in the public meetings. For future issues that are not expected to generate high levels of public interest the OSC may wish to consider using a different method of investigation.

23.4 It was useful for the inquiry to agree the main questions for the witnesses in advance and for each member of the team to take the lead on certain areas of questioning. This gave the witnesses a clear idea of what to expect from the meetings in advance, to ensure they were able to answer the questions put to them. However, one potential downside to this approach was that it made the structure of the meetings rather rigid leaving less scope for additional questions. This problem was most obvious at the first inquiry.
meeting, with the process appearing more relaxed at the second and third meetings. Future inquiries will need to carefully consider the balance between initial scripted questions and additional questions raised on the day of the meeting.

23.5 The whole inquiry process took place within a fairly tight timescale. As a result of this the sub-group was forced to make decisions about how much it could actually achieve. As a result of the time constraints issues such as transport to mental health services could not be considered in detail. The biggest problem with the timescale of the project was the amount of time available for producing the final report. The final inquiry meeting was held on 2nd November, only leaving two weeks to produce the final report. It will be important for future groups to ensure that adequate time is allocated at the end of the project for producing the group’s final report. On this occasion it may also have been useful if the sub-group had been given more time to question the ambulance service at the inquiry meeting.

23.6 The sub-group initially wanted to make its questionnaire available in GP surgeries, but was informed that this would require the approval of the Ethics Committee, which would have delayed the process. The OSC will need to keep this in mind when planning future investigations, and if it wishes to make any future surveys available in GP surgeries it will need to ensure that adequate time is set aside in the project plan for gaining the Ethics Committee’s approval.

23.7 The sub-group received quite a large number of responses to its questionnaire, and it took a considerable amount of time to collate the results. On this occasion the vast majority of the responses came through the use of the Gloucestershire 2000 Citizens Panel, and the organisers collated the responses for the sub-group. However, future projects may not be able to use the citizens panel, as questions are only sent to the group on a limited number of occasions each year, or they may decide that they do not want to use this method for their questionnaire. In these circumstances the group will need to give consideration to who would be responsible for collating the information.