



**Community
Transport
Association**

Response to the Scottish Ambulance Service

Consultation on Our Future Strategy

**Closing Date: 14 August 2009
The Community Transport Association**

The CTA is a rapidly growing national charity giving voice and providing leadership, learning and enterprise support to member organisations, which are delivering innovative transport solutions to achieve social change. CTA UK promotes excellence through providing training, publications, advice and information on voluntary, accessible and community transport.

Voluntary and community transport exists to meet the travel and social needs of people to whom these would otherwise be denied, providing accessible and affordable transport to achieve social inclusion.

The CTA is the representative body for third sector passenger transport operators in the UK. CTA Member organisations are involved in the provision of transport, especially accessible services.

The CTA is the UK's largest provider of training, advice and information on accessible, voluntary and community transport provision. The CTA is part-funded by the Department for Transport, the Welsh Assembly Government and the Department for Regional Development (Northern Ireland).

CTA's Response to Consultation

The CTA welcomes the opportunity to contribute to Department for Transport's consultation process. After reading through the consultation we have decided to respond on those specific areas that we believe would have a marked effect on our sector.

Contact details

Any queries regarding this response should be directed to:

John MacDonald
Director for Scotland
Community Transport Association
46a Channel Street
Galashiels
TD1 1BA

Tel: 01896 668855
E-mail: johnm@ctauk.org

Introduction

CTA welcomes the opportunity to respond to this consultation as transport to medical appointments and treatments is a major issue for our members who undertake a wide range of transport provision in both rural and urban settings.

We are keen to see better integration of local services focused on the needs of the individual. We support developments towards easing processes for people with transport needs and which save them from having to prove entitlement to transport provided by different agencies. Our response proposes a holistic approach, perhaps with the pooling of budgets and transport responsibilities, enabling a truly integrated transport system for those who need extra help when travelling.

Provision of Emergency Transport services

It is unlikely that many of our members would be able to provide an emergency service as few, if any, have the 24 hour coverage required to undertake such a service. Our response therefore does not provide answers to questions 1 to 3 on page 8 or questions 1 and 2 on page 10. Similarly, as questions 1 to 7 on page 14 are associated with the skills of SAS staff rather than with provision of transport, CTA is not in a position to comment on these matters and so no response has been given to these points.

Provision of Non-emergency patient transport

Response to questions 3 to 5 on page 10

Question 3 - How can we share resources to deliver integrated non-emergency care?

Over the past 5 years the projects which have arisen from the "Transport with Care" initiative and the support of the Health Department Joint Improvement team have made a useful start in the delivery of integrated non-emergency transport. Both local government and the voluntary sector have a potentially major role in working with the Scottish Ambulance Service in the provision of non-emergency transport. The work which has taken place so far to integrate services in a number of Scottish locations has been a valuable exercise but it has also shown that it is unlikely that a "one size fits all" solution could be progressed across the country.

Access to healthcare is only one of the purposes for which transport is needed by users of community and voluntary sector services. People also need access to shopping, day care centres, lunch clubs, social outings and other purposes. It should also be borne in mind that health related transport within the context of the voluntary sector means appointments with dentists, chiropodists and others in addition to hospital and GP surgery appointments. Thus in order to achieve an integrated approach with voluntary and community transport providers the Scottish Ambulance Service should recognise that vehicles are used for a variety of purposes and not just healthcare. A truly integrated approach would work best where strict eligibility criteria are not applied to the purpose for which vehicles are used. What is required is effective management of the booking and scheduling system and also a holistic approach to transport provision by the various parties involved.

The example of the Island Ambulance used in the consultation document touches on some important issues which would need to be addressed before a truly integrated approach could be implemented. At the outset this particular project was a pilot scheme in which a community vehicle was provided by the Scottish Ambulance Service that could undertake virtually all the transport requirements for people on Stronsay and Eday who had transport problems. However it would appear from the text that the service has been restricted to transporting patients in need of medical care and for those attending community health projects. It is likely that the people using transport for medical purposes also have problems getting to the shop, to the local lunch club or to social activities all of which enable them to stay active and in their own home for longer. If community vehicles in small communities are to be used exclusively for non-emergency healthcare then other community vehicles will be needed for the other activities taking place locally. In this scenario neither vehicle will be used to their full potential which it could be argued is not the best use of resources.

In summary, an integrated approach has a greater chance of success if the various parties involved have an open approach to the use to which vehicles are put. Whilst access to health services is undoubtedly one of the main purposes to which, for example, voluntary and community transport services are used there are a range of other purposes which are also important.

A further hindrance to establishing a truly integrated transport service has been establishing who should be responsible for funding an individual's transport. In this regard there has been a tendency to buck-pass responsibility between the NHS and local authorities with the individual left stuck without adequate transport in non-emergency situations. The voluntary and community transport sector has to "pick up the pieces" arising from this unsatisfactory approach but funding is often not forthcoming from the public sector agencies to cover the costs which voluntary agencies are bearing. This scenario is not sustainable, particularly in an environment where voluntary sector grant aid is rapidly diminishing and where government is pushing hard the social enterprise model (essentially a more businesslike approach to voluntary sector services with a growth in contractual arrangements). Whilst there are a few good examples of properly funded health-related transport arrangements, this is not the norm. Realistic mileage rates need to be set. One simple step which could help, is for the free bus concessionary fare scheme to be extended to community transport services - effectively the Scottish Government would be covering some of the costs of non-emergency transport costs for users of community and voluntary transport providers.

Question 4 - How do we involve communities better in the planning and delivery of services?

As stated on page 10 of the consultation document "what works with one community will not automatically work in another". It cannot be assumed that involvement in finding a local solution in one community is necessarily going to work across all communities.

Theoretically, community planning should help towards better planning and delivery of services. However, community planning has not worked well in most Scottish communities thus far partly because community planning discussions have tended to take place between powerful statutory agencies without true community involvement. Voluntary organisations are usually better connected to the grass roots but are often

ignored in community planning. This may change with the Scottish Government's renewed current attempts to make community planning work better. Involving communities is not necessarily difficult but requires an open approach from participants where people come out of their "silos" and actively engage with local communities.

Many communities are already involved in providing transport to fill the gaps in local public transport provision. For the most part these services are funded through grants and service level agreements along with the local fund raising initiatives by the local community. The Government is now encouraging the voluntary sector to move away from reliance on grants and to become more enterprising creating sustainable solutions.

In order to achieve sustainability full cost recovery has got to be achieved in all activities. Therefore fares and charges would have to be set at a level that ensures the service covers its overhead costs.

Reimbursement of travel costs has been suggested by SAS as a solution, and when refusing transport to those not deemed eligible for PTS, awareness has been raised that patients could be entitled to travel cost reimbursement. However, the current system does not automatically allow the patient to travel by community transport and in the case of people travelling by car (which would include those using community car schemes) only the fuel element of the travel cost is reimbursed. Details of travel cost reimbursement are not well publicised and many people find the whole NHS approach to travel cost reimbursement unclear.

In general community transport is not recognised by NHS Boards as an alternative to public transport. Patients are often denied permission to claim travel costs by these means. A mileage allowance is available for those using their own car but they are reimbursed only the fuel element of cost of travel by car rather than the HMRC "not for profit" rate of 40p per mile which covers wear and tear and the other real costs of running a car. This can cause severe problems for those relying on community car schemes as the patient has to fund the shortfall in the cost of the trip. For those living in rural areas this can be a substantial amount of money and as many of these people are living on the basic state pension they may have to choose whether or not they can attend an appointment.

Therefore, in order for the reimbursement of travel costs to be established as a meaningful alternative, the national guidance on the travel cost scheme and interpretation by local NHS Boards will have to be changed.

Question 5 - What additional skills and infrastructure would we need?

If communities are to become more involved in the provision of non-emergency transport in their local area and the needs of those requiring transport to medical appointments and treatments then a more holistic and integrated provision has to be considered. We do not consider that the SAS would necessarily need to increase its skills or expand its infrastructure. What may be required is simply clear information disseminated amongst SAS and NHS staff of the alternatives for non-emergency transport so that patients can be accurately advised. In the Perth and Kinross area one of the stumbling blocks to attempting to provide an integrated service has been that

NHS staff have not been giving patients full information on transport options and it has proven difficult to get staff to change from the advice which they have traditionally given.

Response to questions 1 to 4 on page 12:

Question 1 - How do we work with local and regional Transport Co-ordinators to take forward an integrated transport strategy?

As mentioned above a truly integrated transport system would include all the needs of people who do not have their own transport and have difficulty in using public transport either due to mobility problems or because of their remoteness to a service. This would mean the integration of all the needs currently provided for by community transport providers, demand responsive transport providers, local authorities and the SAS.

The easiest solution would be for financial resources to be pooled and for one agency to take on the role of planning and implementation. As local authority public transport units already have expertise in filling gaps in the public transport network through tendering they may be the ideal delivery agent for this. Alternatively, as many NHS Board areas extend across local authority boundaries and some journeys to medical appointments necessitate cross boundary travel, it may be deemed appropriate for Regional Transport Partnerships (RTPs) to assume this role. This would mirror the responsibility placed on RTPs in the National Transport Strategy.

The role of SAS, in this scenario, would be as tenderer for local services set by the local authority.

Question 2 - The current eligibility criteria are not adhered to across the NHS - how do we ensure it is correctly applied?

Over the last 5 years there has been a great deal of debate about the eligibility criteria and a move by SAS to go back to the principles set out in 1947. This has caused difficulty among elderly and disabled people who previously received a service on the grounds of social and geographic need.

The main problem has been that the tighter eligibility criteria were re-introduced without a transfer of resources to fill the gaps left behind. No other local, regional or national government agency has been funded, has the resources or has taken on the responsibility to provide the required service.

If the tighter eligibility criteria are universally applied then SAS have to be willing to transfer some financial resource to other agencies who will step in to fill gaps in service provision. This will result in more duplication rather than integration as services will have to be introduced for those deemed as ineligible which are likely to run in tandem with SAS services carrying eligible patients.

Question 3 - How can we support NHS Boards in:

- *Meeting hospital transfer targets?*
- *Meeting the 4 hour target?*

These transport functions are emergency services and difficult to fulfil by community or demand responsive transport services. These would best be achieved through specific contracts between the NHS Board and the transport provider.

- *Meeting the 18 week target?*
- *Managing the patient discharge process?*

Both of these functions could be achieved using community and demand responsive transport services and could be catered for in the holistic approach described previously.

Question 4 - What functions should the PTS deliver?

This review has provided a valuable opportunity to look at PTS and discuss its role. There is a problem with eligibility and the problem of duplication of services if the eligibility criteria is strictly adhered to.

PTS services are not operated by paramedics and therefore could be provided by other agencies.

Conclusion

In the current financial climate there is a need for the Scottish Government to achieve value for money. As things currently stand there are a number of different agencies providing transport for those who require additional care while travelling. The needs are not simply medical, they include social needs which ensure a person is able to live in their own home for a longer period. Without transport some people would be so isolated that they would probably end up in residential care.

The Scottish Government are keen to encourage social enterprise in the third sector. Unless services are opened up to tendering there are few opportunities for the third sector to do this.

There is a further opportunity to look at fares and charges being made for all types of demand responsive transport. If changes were made to the national concessionary fares scheme to include non-registered DRT services then those who are entitled to free travel could use their entitlement on non-emergency health related transport.

Before proposing wider use of the scheme reimbursing travel costs a review has to be undertaken to ensure that CT is included and that the full cost and not just the fuel element of the transport cost is reimbursed.