



**Community
Transport
Association**

Response to The Scottish Government

Consultation on Better Health, Better Care

Closing Date: 12 November 2007

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 Scottish Government, 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 the Scottish Government'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
Selkirkshire
Scotland TD1 1BA
Tel: 0870 774 3591
Fax: 0870 774 3584
E-mail: johnm@ctauk.org

Better Health, Better Care

The Community Transport Association (CTA) welcomes the Scottish Government's desire to help people sustain and improve their health and recognises the benefits of streamlining the Cabinet and broadening the remit of portfolios to embrace this.

The particular focus for CTA in this consultation is the intention to improve the way in which our transport infrastructure supports health services, as across Scotland our members are involved in providing services which fill gaps in the existing transport network. In our opinion there is a major gap between the public transport network and services provided to those assessed as eligible to transport by Scottish Ambulance Service and social work services in local authorities. However, our members are involved in providing a wide range of services including the provision of nursery school transport, access to sporting activities, transport for shopping purposes, access to health appointments, befriending isolated individuals and encouraging and enabling them to remain active and continue to live in their own homes.

Although recognised as a valuable asset, funding for the Community Transport (CT) sector has been patchy with groups often depending on results of short term grant applications, negotiating service level agreements or competing for contracts. Being funded in this piecemeal fashion has resulted in groups having to fulfil restrictive criteria while potential users have often misunderstood these restrictions. In some cases this has meant turning away people looking for transport for certain needs because funders have suggested that they cannot be carried without financial contributions from certain budget holders. An example of this has been the Rural Community Transport Initiative where funding applications have been turned down because it was felt the services were statutory responsibilities and should be funded by either the applicant organisation's local authority or health board.

We feel this consultation allows the opportunity to have a full review of all aspects of transport provision but, to allow this to be successful, all current stakeholders must be willing to accept that there should be no barriers to change and that the ultimate goal is to find a properly funded inclusive and integrated solution.

Chapter 1 Improving your Experience of Care

What this will mean for you:

"Your rights as a patient will be defined and guaranteed."

"Locally delivered services wherever possible, linked by new technology to specialist centres to provide additional support and information where this is required."

"A transport system that supports you if you need to travel far from home in order to receive the kind of care that is only available at specialist centres."

"The opportunity to become involved in the key decisions that affect your care and the services provided locally by NHSScotland."

Issues to Consider

How could the approach described above be developed further in order to improve the experience of our patients and their carers?

Defined and guaranteed patients' rights are welcomed by CTA. We feel this should include clear guidelines on eligibility to non-emergency patient transport and an independent assessment of this eligibility.

The proposal to deliver services locally wherever possible is welcomed by the CTA, however this must include discussion with local authorities as they have a duty to try to ensure that socially necessary public transport services are available. This process requires planning and may also require funding to introduce additional services.

Although the CTA welcomes the Scottish Government aim of providing "a transport system that supports you if you need to travel far from home in order to receive the kind of care that is only available in a specialist centre", we are concerned by the focus only on journeys over long distances to specialist care.

In a recent survey carried out by CTA in Scotland community transport groups indicated that a high proportion of the journeys they provided in the previous year were for medical purposes. Community transport groups predominantly work in local areas and these journeys would include attendance at hospital appointments, doctor's surgeries, opticians, dentists, physiotherapy and other remedial medical therapies.

Which aspects of this agenda would you prioritise?

Easier access to services should be the top priority. CTA welcome the new model of sustainable health services for remote and rural areas with the proviso that planning is undertaken to ensure that transport systems are in place before the new model is introduced.

What specific actions should NHS Scotland take at a national, regional and local level to improve the experience of care?

In streamlining the Cabinet and broadening the remit of portfolios the Scottish Government has taken the first step in removing the "silo mentality" that has previously existed with regard to budgets. If this new regime can be filtered down from national to regional and ultimately local level, CTA feel that a more holistic approach can be taken in service provision. The main barrier to integrating and maximising transport provision is departmental budgetary control.

What further opportunities do you see for improving patient experience through co-operation and collaboration between NHS Scotland and its partners?

Many of the problems reported to us by our members result from lack of information and misunderstanding. It is important that NHS Scotland is aware of the barriers patients have to accessing their services and do not just assume that if they create a demand for transport that a system will be introduced to meet this demand. This is especially important when allocating appointments.

Have you had any recent personal experiences that might help shape and inform future actions?

CTA staff and CT groups have been involved in local discussion across Scotland on how services can be integrated. The main problem for our members has been a lack of

understanding of how community transport services have evolved to provide quite diverse types of services to fulfil specific local needs. Furthermore there has been misunderstanding of how CT services are funded in particular where restrictions have been placed by grant funders, e.g. Transport Dept of Scottish Government who have been unwilling to support projects that they feel should be funded by NHS Scotland or local authorities.

Problems encountered have included allocation of appointments too early or late in the day without checking that the patient has transport, cancellation of booked non-emergency ambulances because the crews have been involved in emergency services and have overrun their working hours.

Which key performance targets would best focus NHS Scotland on improving the patient and carer experience?

We are aware that there is a high level of missed appointments throughout the NHS but understand that very little work has been done on following up the reasons for non-attendance. Many of the groups we work with feel this could be related to appointments being made for times that the patient cannot access, very often because their transport needs have not been taken into account. Perhaps a reduction in the volume of DNAs should be used as a measure of success.

Chapter 2 Best Value

What this means for you:

“Confidence that your money is being used efficiently and effectively by NHS Scotland”

“Services that can be sustained over the longer term”

Added value, looking at local provision to stimulate the local economy and reduce the carbon footprint.

“Pursue an investment strategy that builds public sector services, supported by the use of the voluntary sector and social economy.”

Issues to consider:

How could the approach described above be developed further in order to ensure the long term sustainability of services?

The CTA feel that the most sustainable solutions come from involving local communities in the design and implementation of services. Using this approach fulfils NHS Scotland’s aim of stimulating the local economy and reducing the carbon footprint. NHS Scotland must also be aware that in using the voluntary sector and social economy they should comply with the principle of full cost recovery.

Our members are working in a climate where social enterprise is being promoted as a way to wean them off grant support. However this can only happen if there is recognition of the added value our members provide. To ensure that this is achieved evaluation of tenders should not be purely on the lowest price but should include weightings to recognise added value.

Which aspect of this agenda would you prioritise?

It is almost impossible to prioritise one aspect of this part of the agenda over another as they are interlinking, however the priority should be on giving the best possible service to the patient.

What specific actions should NHS Scotland take at a national, regional or local level to deliver best value?

NHS Scotland should encourage and embrace the principle of full cost recovery for the voluntary sector and the introduction at all levels of recognition of added value in the provision of contracts.

What further opportunities do you see for ensuring best value through co-operation and collaboration between NHS Scotland and its partners?

It is extremely important that the measures mentioned in the previous question are embraced throughout the public sector, therefore NHS Scotland should ensure that these principles are being applied when co-operating and collaborating with others.

Have you had any recent personal experiences that might help us shape and inform future actions?

The hospital visiting service which is co-ordinated by Glasgow Community Transport is a good example of collaboration between the public and voluntary sectors.

Which key performance targets would best focus NHS Scotland on delivering best value for patients?

The CTA welcome all of the statements made in this chapter. We feel that local provision can ensure efficient and effective services.

We are also pleased that the Scottish Government is keen to encourage use of the voluntary sector and social economy but we must stress that there must be a fair and transparent system to ensure full cost recovery to the voluntary sector and that all procurement officers are educated to recognise and properly weight added value when considering tenders.

Chapter 3 Taking Responsibility

What this will mean for you:

“Support and encouragement to take greater responsibility for your own health and wellbeing.”

“An NHS which promotes health and wellbeing in everything it does and every time you come in contact with it”

“Services that are designed around you and draw expertise from beyond the NHS in providing the support you need.”

Issues to consider:

How could the approach described above be developed further in order to enable people of all ages and in all communities to take more responsibility for their own health and wellbeing?

The CTA fully support the Scottish Government's proposals on responsibility and would add that the value of support mechanisms in the voluntary and community sector should be properly recognised in fulfilling these aims.

Many CT groups provide services that take the burden off local and national statutory service providers by helping individuals remain happier and healthier in their own homes for a longer period. These services include assisted shopping, befriending, helping people access social and cultural events and encouraging them to remain active in their communities. It is probable that many of the people who use community transport would live isolated lives in their own homes without such services. The reason they use CT is the quality of the service offered, the care which CT staff and volunteers exercise, the trust they have in the staff and volunteers and because often the services are designed around the users' needs.

Which aspects of this agenda would you prioritise?

No strong views on this matter.

What specific actions should NHSScotland take at a national, regional or local level to promote health and sustain a culture of health improvement?

No strong views on this matter.

What further opportunities do you see for supporting and promoting health through co-operation and collaboration between NHSScotland and its partners?

No strong views on this matter.

Have you had any recent personal experiences that might help us shape and inform future actions?

No.

Which key performance targets would best focus NHSScotland on creating the environments in which good health can flourish?

No strong views on this matter.

Chapter 4 Tackling Health Inequalities

“Greater targeting of resources on service that support disadvantaged people and communities, particularly those with the most complex needs.”

“A stronger focus on identifying and addressing the wider health needs of those with physical disabilities and mental health problems.”

“NHS Scotland putting health inequalities at the heart of its agenda.”

Issues to consider:

How could the approach described above be developed further to make a sustained impact on health inequalities?

Most of our members work with disadvantaged people and communities and are already providing services that tackle health inequalities. These examples could be used as good practice for implementation of schemes across Scotland.

Which aspects of the suggested approach would you prioritise?

No strong views on this matter.

What specific actions should NHS Scotland take at a national, regional and local level to tackle discrimination, promote equality and diversity and reduce health inequalities in our society?

As in our response to this question in previous chapters, there has to be more collaborative working between public sector agencies and the voluntary sector to ensure that inequalities are tackled. Very often voluntary organisations are in touch with the grass roots and NHS Scotland could reach out to a wider range of groups in order to be better informed on diversity and inequality.

What further opportunities do you see for taking this agenda forward through co-operation and collaboration between the NHS and its partners?

The NHS is often viewed as being bureaucratic, insular, and difficult to engage with. For example the recently formed Regional Transport Partnerships, who have responsibility for the transport strategy in their local area for the next 15 years, had some difficulty in attracting health representatives to their boards, despite the government's desire to give a high priority to health access issues in transport planning and the obvious opportunities which this can create for NHS Scotland. The NHS's "silo" mentality hinders the service from "seeing the big picture" and is partly responsible for the transport difficulties which people have in accessing health services. By fostering a culture of wider engagement the NHS could provide a better service.

Have you had any recent experiences that might help us shape and inform future actions across Scotland?

Badenoch and Strathspey Transport Company have been involved in a number of innovative projects in this area, enabling access to outdoor activities for those in wheelchairs and providing an assisted shopping programme for a group of people previously housebound.

Which key performance targets would best focus NHSScotland on tackling health inequalities across Scotland?

No strong views on this matter.

Chapter 5 Anticipatory Care and Long Term Conditions

"An increased focus on anticipatory care for people of all ages, including greater availability of screening services and health checks."

"Individual care plans if you have a long term physical or mental condition, with better support and information to help you and your carer to better manage your condition."

“A focus on supporting the needs of families and carers of people with disabilities and long term illnesses.”

Issues to consider:

How could the approach described above be developed further to help anticipate health care problems and improve the management of long term conditions?

CTA would advocate the inclusion of transport needs as a key element in setting individual care plans, not just for the individual in need of care but also of their family and carers.

Which aspects of the suggested approach would you prioritise and which particular conditions do you think should be regarded as national clinical priorities?

No strong opinion on this matter.

What specific actions should NHS Scotland take at a national, regional and local level in order to advance this agenda?

NHS Scotland could recognise the importance of transport to accessing health services and give this a higher priority than has hitherto been the case.

What further opportunities do you see for improving our approach to long term conditions through co-operation and collaboration between the NHS and its partners?

No strong views on this matter.

Have you had any recent personal experiences that might help us shape and inform future actions across Scotland?

No.

Which key performance targets would best focus NHS Scotland on anticipating health problems and improving the care we offer to people with long term conditions?

No strong views on this matter.

Chapter 6 The Best Possible Start

CT would have little impact in relation to this topic.

Chapter 7 Continuous Improvement in Healthcare

CT would have little impact in relation to this topic.