

Access to Healthcare Action Plan Summary

“A Catalyst for Change”

The Regional Transport Strategy for the west
of Scotland 2007-2021

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Purpose

This Access to Healthcare Action is one of a series of action plans developed as part of the Regional Transport Strategy, which was approved by Scottish Ministers. This Action Plan sets out the key issues, objectives and recommendations for transport access to healthcare in the SPT area. It summarises work undertaken in analysing the issues and challenges for accessing healthcare, and is intended to set out a clear programme of action to take forward improvements to transport access to healthcare.

Issues, Constraints and Opportunities

The following issues, constraints and opportunities were identified following analysis by SPT and consultation with SPT member councils and stakeholders as part of the RTS development process.

- **Shift to local care**
The need to take account of the shift in emphasis towards more local, community-based care services and more preventative and self-care measures. Transport solutions need to adapt and correspond to changes in the healthcare infrastructure.
- **Range of transport providers**
There is a wide range of transport providers ranging from conventional public transport, through various types of demand responsive transport, to the contribution of the voluntary sector through community transport and taxis.
- **Diversity of the region**
The SPT region covers a mix of rural and urban areas, with different needs and opportunities for accessing healthcare. The Isle of Arran, Argyll and the Lomond area and much of rural Ayrshire present unique challenges for the SPT RTS and the centralisation of services will only compound existing problems in these areas for access to acute care.
- **Variety of users**
Different levels of personal physical ability and mobility, capacity to travel independently, opportunity to use private transport and preference for different modes varies widely among users.
- **Social exclusion**
Poverty and social exclusion are major contributors to poor health. The SPT area has some of Scotland's most deprived communities. The Scottish Executive's long term programme of action for the NHS, Delivering for Health, promises general increases in health care services and primary care teams, with dedicated resources to work with people in areas of deprivation

and at higher risk of ill-health, as well as co-ordinated local care for older people with long-term conditions, for whom travel choices are restricted.

- **Growth in older population**

Predictions are that Scotland faces an increase in its older population. Levels of physical activity are lower among this group, while levels of limiting long-term illness and disability are higher. Improved transport therefore has the potential to have a beneficial effect not only on health, but also other issues such as congestion and the environment.

- **Cross boundary requirements**

Issues are geographically wider than the SPT area and require adequate infrastructure, information and co-ordination between regions.

- **Environment**

Improved transport access needs to be balanced with the environmental impacts of more travel.

- **Lack of data for local healthcare**

Despite assumptions of easier access to local healthcare facilities, access to dentists and GPs' surgeries is also an issue. In recent years, emerging difficulties in registering with NHS service providers (dentists in particular) has seen many people having to register with practitioners outwith their immediate community, resulting in increased travel distances, and a greater reliance on less sustainable modes to access these services. Available data suggests there are localities across the region for which access is problematic.

- **Future changes in provision of health services**

The Action Plan needs to be flexible, and take account of future changes in healthcare provision

- **Availability and quality of bus services and facilities**

The frequency and capacity of local bus services is an issue, as well as transport infrastructure within healthcare facilities. Perceptions exist that bus shelters are unsafe, uncomfortable, poorly lit and ill-protected from the elements, and coupled with poor signage for some services, this may discourage public transport use.

- **Staff travel**

The working hours of healthcare staff and the lack of public transport services at these times results in a higher tendency for private car use by staff.

- **Car parking and ambulance access**

Limited car parking space is common across health facilities, especially for disabled users, and there is often poor access for ambulances transferring patients between hospitals and local health centres/GPs. Much of the space available for parking at main hospital sites is used by staff, leaving insufficient

space for patients and visitors. Charging for car parking is a contentious issue.

- **Quality of public transport interchanges**

Difficult interchange between public transport services and lack of information on how or where to change services can act as a significant barrier to the use of public transport.

- **Access for people with mobility and disability issues**

Pick up and drop off points can be inconveniently located both at origin and destination for people experiencing mobility and disability issues. Some entry/exit points for public transport services require use of stairs or escalators and not all public transport vehicles are fitted with lifts or ramps for disabled users. This results in a heavy reliance on taxis and private transport with family/friends bearing a large burden of responsibility (especially where carers need to accompany). Some public transport vehicles do not provide adequate space for wheelchair users, a problem also experienced by those with buggies.

- **Partnership working**

While effective partnership working is already in evidence or is planned in the short term, there is a need for the action plan to support and endorse a long-term commitment to collaborative working and to identify efficiencies through joint working.

- **Transport information**

There is a need to consider the way in which transport information is currently communicated. Evidence suggests that even where information is available; it is not reaching its target audience. This raises the issue of how such information is branded and marketed. Services such as SPT's JESS and the national Traveline service provide up-to-date information on public transport, but awareness, use and scope of these services could be increased. Linking travel information to the hospital appointments system would improve travel awareness. In addition, gaps continue to exist in the provision of information in alternative formats (for disabled, sensory impaired and non-English speaking service users).

- **Transport infrastructure**

Concerns about safety and cleanliness on services and infrastructure can discourage use of public transport. People need to feel safe when using public transport to encourage modal shift.

- **Demand Responsive Transport / Community Transport**

There is some confusion over eligibility and use of these services for accessing healthcare and concerns that existing services are not used to optimal effect. Provision of bus services to hospitals are often not seen as attractive by commercial operators.

- **Taxis**
Taxis provide a significant proportion of the transport of patients, visitors and goods to and from healthcare sites. Taxi bookings are made by staff to transport patients between sites, are used by staff themselves transferring between facilities and are used for the transfer of specimens, notes, etc. The actual spend on taxis and the distribution of this cost between the public and private purse is not currently known and by better understanding current usage, potential cost savings may be identified.
- **Travel planning and behaviour change**
Reducing car use among staff working at healthcare sites is likely to be challenging due to working hours of many jobs. However, increased availability of smarter choices measures such as car sharing and cycling should be made available in order to contribute to environmental objectives as well as reduce the amount of car parking space used by staff. There are also a variety of social obstacles to increased public transport use in accessing healthcare, for example, fear of crime and concerns about exposure to anti-social behaviour on public transport.
- **Integration of transport and land use planning**
There is a need to better integrate transport and land-use planning. The importance of this in the location of future healthcare sites would reduce dependency on the private car.

Objectives

The vision for the Access to Healthcare Action Plan is to:

- Improve access to healthcare facilities by sustainable transport for people of all ages and abilities

The objectives are to:

- enhance accessibility for people from rural and remote areas
- ensure best use of the range of transport resources serving healthcare facilities to improve the quality and efficiency of transport provision
- promote improvements to transport (public and private) infrastructure and services
- promote awareness of travel choices
- provide accessible, accurate and timely transport information
- promote travel plans and active travel
- take account of the inter-relationship between land-use planning strategies and access to healthcare facilities.

Recommendations

The following recommendations will be developed in partnership with member councils and key stakeholders. These recommendations were approved by the Strategy and Programmes committee on 25 January 2008.

Partnership Working

- Establish a Steering Group, including representatives of Health Boards and member councils to oversee the implementation of the Action Plan.

Transport Services

- Achieve a better understanding of the way in which existing public transport information services are currently used and identify and implement measures to improve information provision.
- Participate in national Improving Transport with Care (and similar) activities through partnership working with Health Boards and Community Health (and Care) Partnerships.
- Review current bus services to hospitals with a view to changing/introducing new branded services and promotional material.
- Explore ways of meeting the transport needs of service users through better integration of the commercial and social remits of transport providers.
- Address the issue of social barriers to public transport use.
- Gain a better understanding of the Demand Responsive Transport and Community Transport services available in the region.
- Increase public awareness of Demand Responsive Transport and Community Transport services.
- Continue to work with public and community transport operators, especially drivers and others who interact with service users, to provide additional customer care training.
- Improve vehicle access to transport services for people with children in buggies.
- Review how vehicles can easily and safely provide a service that takes people to the main entrances of facilities. Take steps to encourage the use of vehicles that comply with the Disability Discrimination Act (DDA) for transporting people to major healthcare sites.
- Review the use of taxis for transport of goods and people to/from main hospitals.

Transport Infrastructure

- Assess the signage that is in place on routes to key healthcare facilities and ensure that this is adequate for walkers, cyclists and car users.
- Identify the main barriers to greater public transport use involving interchange so that appropriate solutions can be developed.
- Ensure that transport projects take account of opportunities to improve access to healthcare facilities.
- Assess the need for improved bus infrastructure at and to healthcare sites, e.g. bus stations, dedicated bus lanes/track.

- Improve walking and cycling routes to healthcare facilities

Accessibility Planning

- Undertake an accessibility planning audit of existing service locations and current travel patterns at both the local and regional level, including consideration of socio-demographic factors that may contribute to these travel patterns (for example, health needs of different groups within the population).
- Develop an index of communities experiencing isolation and carry out an analysis of community profiles and alternatives for improving access to healthcare facilities.

Travel planning

- Implement effective Travel Plans at all major healthcare facilities.

Target

To develop a programme for the implementation of the Access to Healthcare Action Plan through SPT's Business Plan.

Monitoring

Monitoring of the agreed programme will be incorporated within SPT's Business Plan monitoring process.

Further Information

Related reports are available on our website www.spt.co.uk and further information is available from rts@spt.co.uk or by contacting:

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