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THE HIGHLANDS AND ISLANDS TRANSPORT PARTNERSHIP

Skye, Lochalsh & South West Ross Transport & Access Plan

Assessment and Planning Review

3 December 2020 v4

dHc

Summary

This project recognises that each sector and organisation functions within different constraints and incentives, and by developing a shared understanding of problems and opportunities, the prospects for better joint working can be improved.

In recent years residents of the SLSWR area have been travelling further to reach outpatient appointments as the increasing demand for services has been catered for largely in centres remote from the residence location of patients. The cost of travelling to outpatient appointments alone borne by residents of the SLSWR area is well over £1m per year.

There is substantial scope to reduce the costs for patients, and for NHS Highland, with more local delivery of health services. These opportunities are already being rapidly exploited as part of the response to the Covid pandemic.

Video consultations such as the NHS Near Me system have proven to be highly successful and could usefully be expanded to improve access for all through local health centres.

More shared transport provision would help to improve transport efficiency, including between the healthcare delivery locations within SLSWR. In particular new arrangements are needed to improve co-ordination of transport services assisting with non-emergency patient transport. There is a need for more community-based transport delivery to close the gaps between public transport, non-emergency ambulance transport, and individual private transport.

Better coordination of emergency transport provision has started with a protocol for managing emergency evacuations from Raasay. A broader framework for co-operation is needed covering a wider geography and with more transparent and better use of available resources.

Based on the review of current provision possible improvements are grouped in three categories: locating health and social care provision to make it more accessible, improving transport and connections, and helping people to access health and social care. Outline briefs to take forward priority projects are shown in Appendix A.

Much more work will be needed through the appraisal, consultation and co-design to develop each of these projects into supportable, fundable and workable plans. This report seeks to provide a framework within which the dialogue to support the community co-production process can be developed. Additional data on current provision will also be needed from all providers to support the appraisal of each delivery option.

Contents

1.0 Introduction

1.1 This project is being undertaken to develop an evidence base for transport and access to health and social care services, with a draft implementation plan for improvements, including clear allocation of resources, timescales and accountabilities.

1.2 The work recognises that each sector and organisation functions within different constraints and incentives, and each group of people has different capabilities. By developing a shared understanding of problems and opportunities, and identifying how solutions can be organised socially within the community, the work seeks to develop, plan and manage joint working solutions through a new transport and access plan.

Approach to the project

1.3 The work is being approached through six work packages as follows:

- WP1 Inception – agree the approach to the work and prepare inception report
- WP2 Review and analysis - Develop a 2013 baseline for how people access health and social care and review the impact of recent changes in the period from 2013 to 2018/19.
- WP3 Consultation – Discuss experiences, opportunities and threats with stakeholders and community representatives
- WP4 Evaluation framework - Develop a framework for appraising transport and access impacts of health and social care provision
- WP5 Option appraisal – Evaluate recent and proposed changes using the evaluation framework
- WP6 Planning and reporting – Prepare a draft transport and access plan and present a draft to the community on Skye.

1.4 This interim paper has been prepared for a meeting of the Transport and Access to Healthcare working group on 21st October 2020 to inform discussions on plan development and consultation.

- Chapter 2 reviews the available evidence of accessibility needs and challenges.
- Chapter 3 identifies the scope of potential improvements that could be brought forward to tackle these problems.
- Chapter 4 discusses how the delivery of each option might be co-designed between the community and the public agencies.

2.0 Transport and Access to Health and Social Care – Needs and Challenges

2.1 Local needs and opportunities have been considered through review of literature, analysis of data, and interviews with local people. Key issues are summarised below under three themes:

- Population, economic and social trends
- Health and social care changes and trends
- Transport network coverage

Population, economic and social trends

2.2 The NHS Highland Public Health Intelligence and Epidemiology (PHIE) teams have undertaken detailed reviews to assist with a population needs assessment in relation to adult health and social care services for Skye, Lochalsh and South West Ross as part of the 'Ritchie Report' project implementation. The detailed analysis is reported in five main papers[1]. Key points from these papers, particularly relevant to the transport and access needs are:

- The estimated resident population of SLSWR in 2017 was 14,608 with 10,462 living on Skye. This population is projected to continue to increase over the next 25 years by about 12 percent for all people, 150% for those over age 75 and over 250% for people aged over 90. This means that the population aged over 75 years will become over 1 in 5 of the total population.
- Much of Skye is in the most deprived category of the Scottish Index of Multiple Deprivation (SIMD) access to local services domain which includes access to GPs. Though not measured in the SIMD, access to specialist health services is also known to be a challenge with people being required to travel long distances regularly, widening health inequalities with particular challenges for those with complex support needs.
- Outpatient video appointments are increasingly possible in more rural areas of NHS Highland through the 'Near Me' programme that allow patients to 'attend anywhere'. To overcome digital exclusion problems the NHS Near Me programme offers services in appropriately equipped clinic rooms, where people cannot connect from home.
- Precise numbers of tourists to Skye vary between tourist industry data, Visit Scotland and Highland Council estimates, and calculations based on the growth in the number of road vehicles travelling to Skye[2]. Where precise data is available such as the nearly 500k visitors to Urquhart Castle this suggests that the Highland Council estimates of over 650k visitors are more accurate than the lower Visit Scotland estimates at about half this level. Also, the number of tourists has approximately doubled since 2003 but GP contracts currently reimburse GP practices based average visitor numbers prior to 2003. From 2020/21 the Temporary Patient Adjustment will reflect visitor numbers, potentially releasing additional resources to local medical practices.

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[1] Paper 1- Population and demography, Paper 2 - Deprivation and rural service need, Paper 3 - Seasonal population and its impact on primary and unscheduled care services, Paper 4 – Mortality Paper 5 - Population health status
[2] The doubling of traffic flow occurred largely between 2004 and 2006 shortly after the removal of tolls from the Skye bridge. These traffic flows include travel by both residents and tourists.

2.3   Since this research was published a refresh of the SIMD has slightly changed the SIMD scores. Figure 2.1 shows the SLSWR datazones and Figure 2.3 shows some of the more notable changes in deprivation scores.

Figure 2.1 – SLSWR Datazones
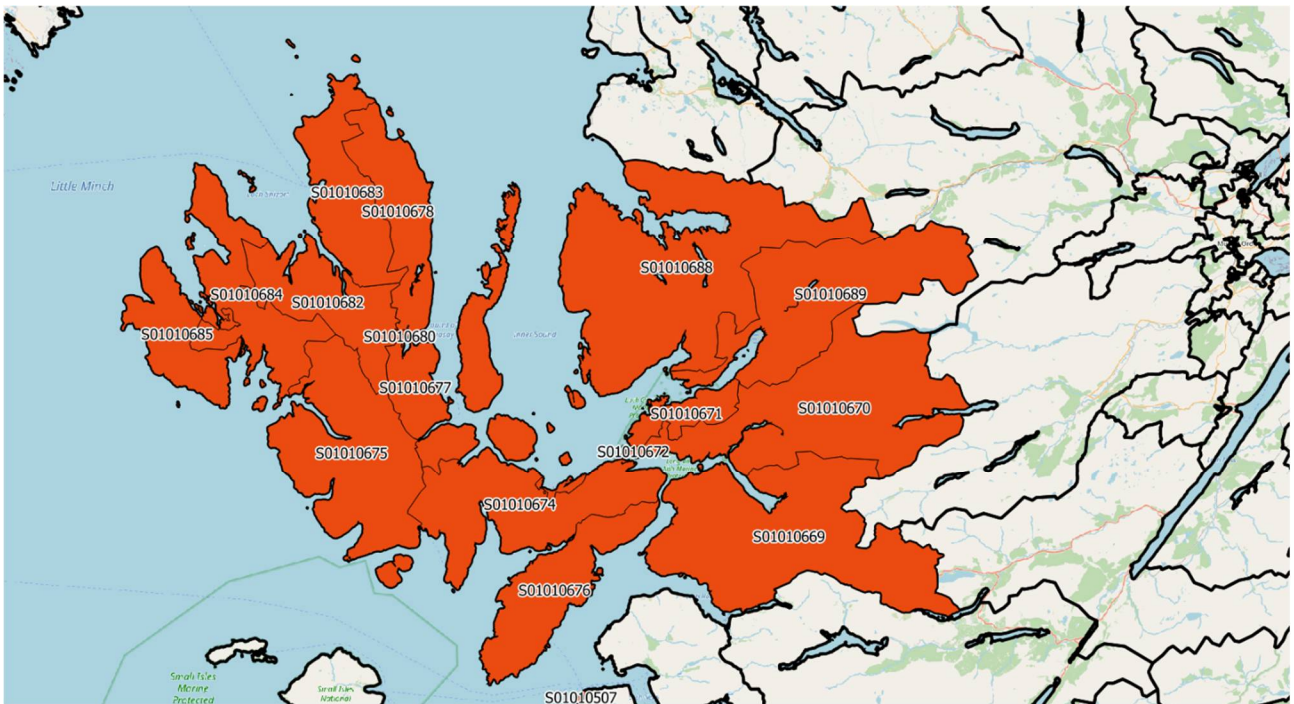
Figure 2.2 – % change by Datazone from 2016 to 2020 SIMD Measure
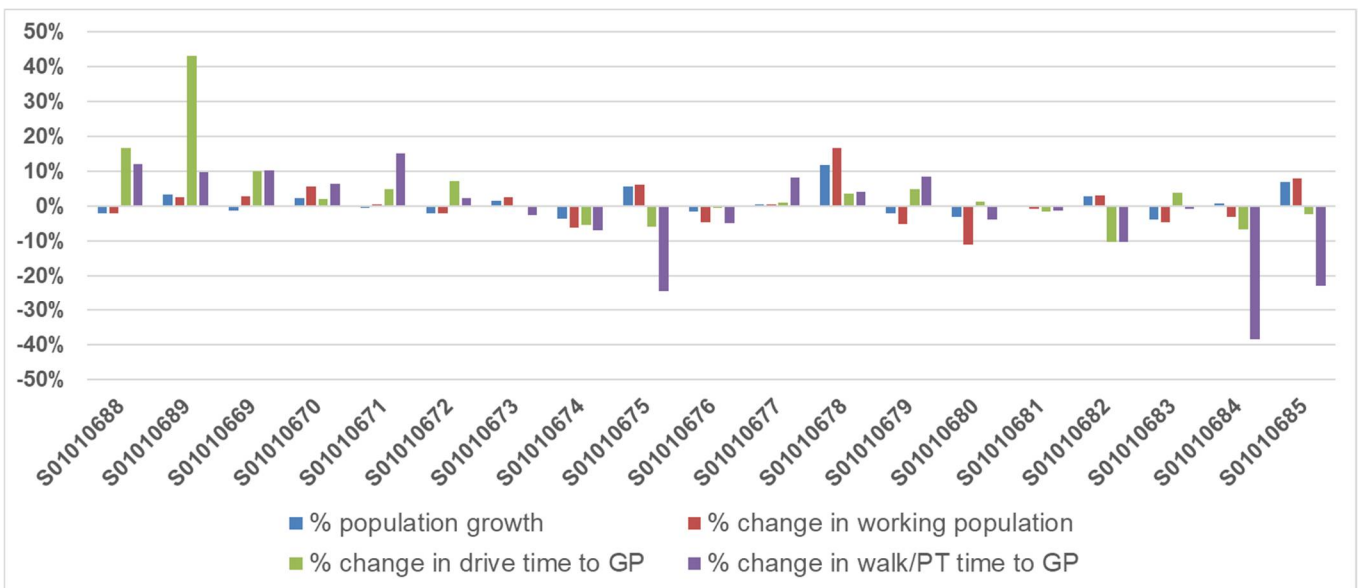
2.4   In large rural datazones the travel time calculations are only broad approximations due to the method used by Scottish Government for estimating these travel times. However, a rise in travel time indicates that something has changed such as the location of the GP services, the location of new housing relative to the GP services, or changes in transport provision such as bus route changes. Whilst the drive time savings look like large percentages, they are only a few minutes in relatively short journey times for rural areas. The increase in over 40% in the drive time in Wester Ross was on a 2016 drive time of 11 minutes. Wester Ross Datazone S0101067

had a walk/public transport travel time to GP of 32 minutes in 2016 and this has risen by 14% equivalent to nearly 5 minutes.

2.5   Other changes of note are the 17% increase in the working age population in Datazone S01010678 - North East Skye and a 16% fall in the working age population in Datazones S01010679 and S01010680 – Portree. Younger working age people appear to be less likely to live within the town of Portree although overall population numbers have increased by less than 1%.

2.6   The proportion of the population being prescribed drugs for anxiety, depression or psychosis has increased by over 40% in Datazones S01010676 – South Skye, and S01010684 and S01010685 – North Skye. This compares with an average increase for the SLSWR area of 14% and for Scotland of 18%.

2.7   Growing tourism has been a major feature of the Skye economy and recent work[3] identified that a third of tourists would like to see better bus services and nearly a half of tourists would like better toilet facilities. Given the importance of both of these factors for transport and access to health and social care there will be merit in ensuring that improvements to buses and public toilets reflect the needs of all travellers.

Health and social care changes and trends

2.8   Providing care close to where people live improves accessibility, but in recent years residents of the SLSWR area have been travelling further to reach outpatient appointments. In recent months due to the Covid pandemic health services have started to be delivered more locally but the numbers of appointments have been substantially reduced. This analysis covers the data prior to the pandemic period but the planning must be for a future where the lessons learned during the pandemic restrictions have been fully accounted for.

2.9   Looking first at the services provided locally, the absolute levels have been fairly stable at a time when overall healthcare demands have been increasing. There were 27346 outpatient attendances by residents of the SLSWR area at heath centres in the NHS Highland area in 2019[4]. Of these, there were typically between 800 and 1300 new and return attendances per month at the local centres in the SLSWR area. Figure 2.3 shows how these attendances varied month by month from 2017 to 2019.

2.10   In 2015 calendar year there were 36 appointments by 'Near Me' or video but by 2019 this had risen to 404. Phone attendances had also increased from 222 to 1337. The remainder of the attendances were face to face with 17528 attendances in 2015 rising to 25625 in 2019. At the start of the period all appointments were face to face but by 2019/20 1.2% of the appointments we delivered virtually using Near Me, Near Me at Home, Phone and other Video appointments.

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[3] Skye Connect 2020 - Isle of Skye and Isle of Raasay Tourism Economic Impact – Final report by Moffat Centre
[4] Locations included are: Portree Hospital, Mackinnon Memorial Hospital, Kyle Surgery, Ferguson Medical Centre, Broadford Medical Centre, Dunvegan Health Centre, Staffin Nurses Base, Sleat Medical Practice, The Surgery, Applecross, Carbost Surgery, Glenelg Heath Centre, Nurses Cottage, Raasay, Howard Doris, Portree Medical Centre, NHS Near Me at Home

Figure 2.3 – Outpatient Appointments in SLSWR[5]

New/Return Outpatient Appointments in SLWR Locations
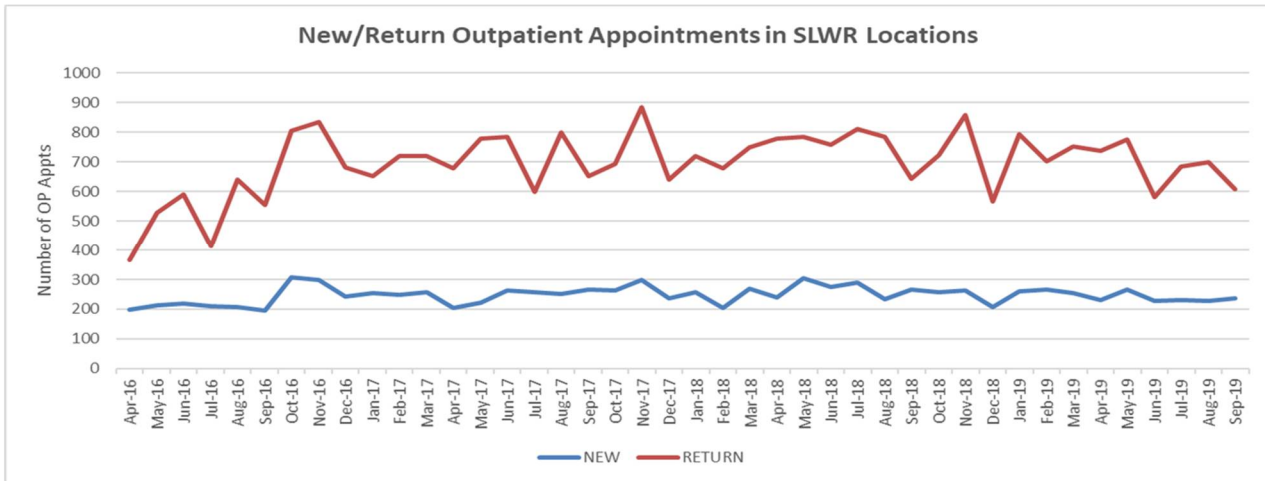
2.11 Figure 2.4 shows the growth in outpatient attendances between 2015 and 2019 for the six NHS Highland healthcare settings attracting more than 1000 attendances per year.

Figure 2.4 – Outpatient Appointments by Calendar Year at Centres with more than 1k Attendances per Year
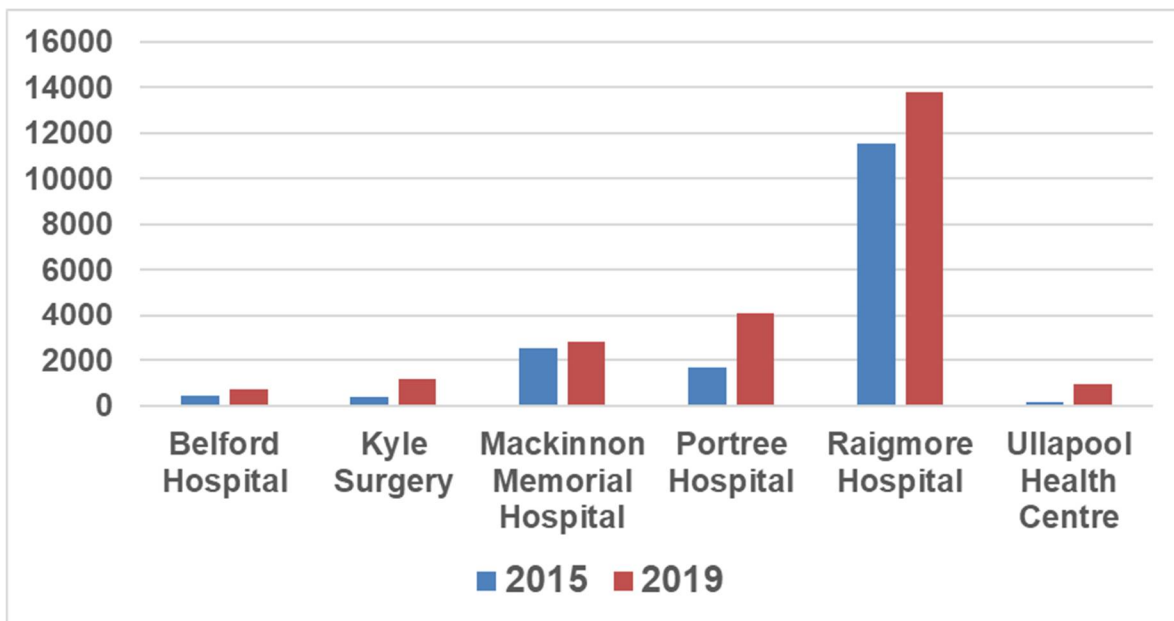
2.12 The travel associated with access to the local centres for treatment cannot be estimated accurately, since the precise home locations of the patients are not identified in the data. However, if the SIMD average travel times to GPs are used to estimate the travel requirement associated with this level of healthcare delivery then the travel distance associated with these appointments is well over 60k miles each calendar year[6]. Most of these appointments are within 30 miles of the healthcare

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[5] NHS Highland Graph prepared using Outpatient Appointment View in Local TrakCare Data

[6] The average travel distance to GPs in Scotland is less than a third of average for the SLSWR area but large SIMD areas estimate the distance from the population weighted centroid of the datazone area to the nearest GP. In practice

setting so patients will generally not be eligible for reimbursement of the travel cost[7]. The cost of travel will therefore be largely borne by the patients. It should be noted that there will be many more journeys to GPs for GP consultations, but these are not included in the outpatient data. Growing the capability of local GP practices to be able to offer more of the provision closer to where people live has potential for benefits beyond outpatient appointments, but these are not measured in these figures.

2.13   Travel associated with journeys to Raigmore Hospital in Inverness accounts for more than 50% of all outpatient attendances. The cost incurred by patients making these longer journeys can be reclaimed by residents of the SLSWR area.

2.14   Looking in more detail at the trips to Raigmore Hospital, trip records are held for the patient postcodes. If individual postcodes are aggregated up to postcode areas then the large postcode areas give an approximate indication of the location of the residence location of the patients, but without any risk of individual patients being identified. Postcode area boundaries do not match precisely with the SLSWR area boundary, but Table 2.1 shows the postcode areas used to calculate the distances people are travelling.

Table 2.1 Postcode Areas in the SLSWR Area

Postcode Area	Settlements
IV40	Kyle of Lochalsh and Raasay
IV41	Kyleakin
IV42	Breakish
IV43	Isle Ornsay
IV44	Teangue
IV45	Armadale and Upper Breakish
IV46	Tarskavaig
IV47	Carbost
IV48	Sconser
IV49	Broadford
IV51	Portree and Uig
IV52	Plockton
IV53	Strome Ferry
IV54	Applecross and Strathcarron
IV55	Dunvegan
IV56	Struan

2.15   Several other postcode areas overlap with parts of Wester Ross, however these generally have larger populations east of the SLSWR area so cannot easily be used to estimate the demand from the SLSWR area. Using the postcode areas in Table 2.1 therefore results in an underestimate of the total number of trips. Also,

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people will not always be registered with their nearest GP or will be travelling to other centres such as Portree hospital so the actual travel associated with these trips will be much greater

[7] Estimating at least 60k miles per year at the NHS reimbursement rate for travel cost reimbursement of 14p per mile as the fuel cost rate set by HMRC as required by NHS Highland policy
https://www.nhshighland.scot.nhs.uk/Services/Pages/PatientTravel.aspx

attendance data for postcode areas IV48 and IV49 are missing from the data. Overall, the total number of trips in the postcode area data for 2019 is 9382 which is 68% of the total number of attendances of 13791. Near Me, phone and video appointments are not identified separately in the 9382 figure so the postcode data may overestimate the number of physical journeys by just over 1%.

2.16   Despite being less than 70% of the total attendances, the postcode data gives an indication of the locations generating the largest travel demand as shown in Figure 2.5. The Portree, Dunvegan, Carbost and Strathcarron areas generated more than 500 trips a year in 2019 calendar year. Given that the Kyle of Lochalsh and Raasay (IV40) and Broadford (IV48) postode areas are omitted it is likely that mich of the missing 30% of the data will come from these areas.

Figure 2.5 – Attendance at Raigmore Hospital by Postcode Area of Patient Residence for 2017, 2018 and 2019
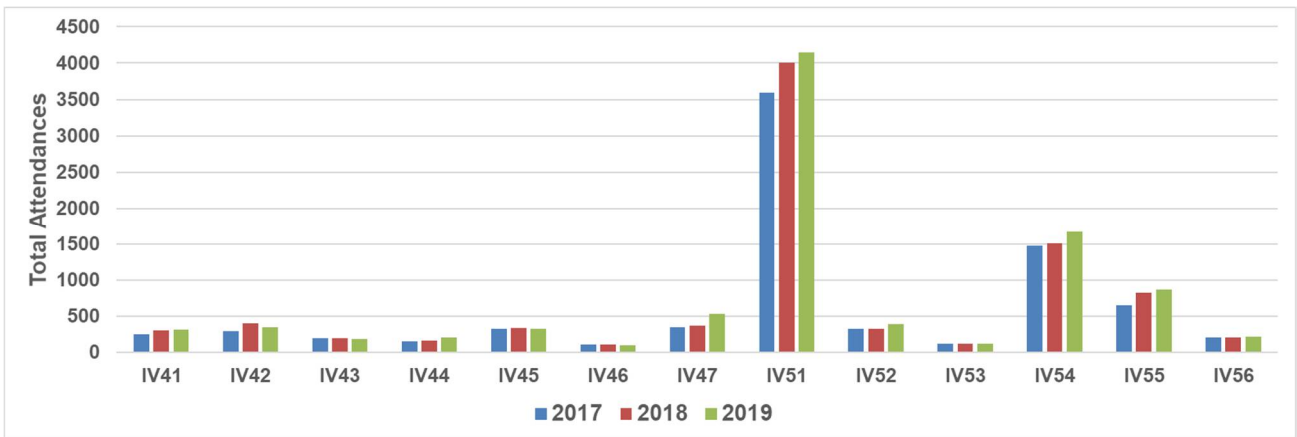
2.17   The travel from north Skye to Inverness is very much further than from Wester Ross, so when these trip numbers are converted to road miles, Figure 2.6 shows that distance travelled by Wester Ross residents becomes a lower proportion of the total travel distances.

Figure 2.6 – Distance Travelled to Attend Appointments at Raigmore Hospital by Postcode Area of Patient Residence for 2017, 2017 and 2019
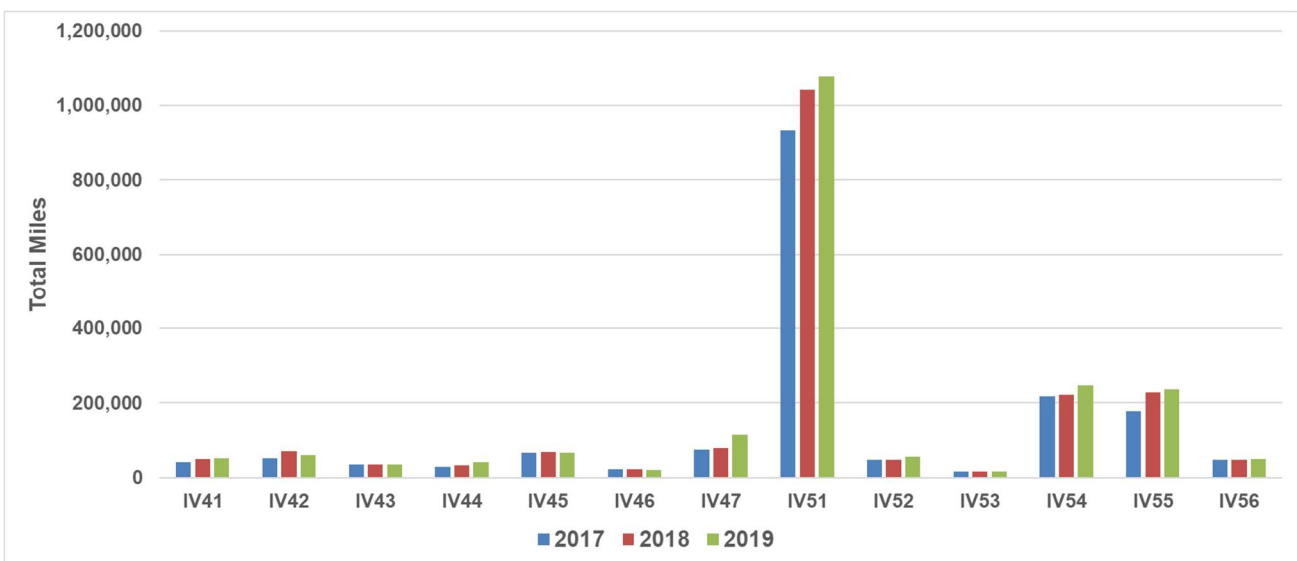
2.18   The total miles travelled in 2019 were 2,075,546. If it is assumed that the missing 30% of trips in the data (largely from mid Skye and Wester Ross) have roughly similar distances of travel associated with them as the overall averages, then it is estimated that there are approximately 3 million road miles associated with passenger journeys from the SLSWR area to Raigmore Hospital.

2.19   Most of this travel will be made by car/taxi, a small number may be made by bus or train, and patient transport will be involved for a small number of trips where patients have specific medical needs. If it were to be assumed that all of the trips were made by car to give a broad indication of the value of these journeys to healthcare, the costs are allocated in society as shown in Table 2.2.

Table 2.2 – Approximate Costs of Car Travel to Raigmore Hospital from SLSWR in 2019

Item	NHS Highland Cost	Cost to Patients
Car fuel cost @ £0.14 per mile	Fuel costs of patients reimbursed less £10 per patient attendance - £300k	£10 per claim £120k
Car operating costs based on HMRC £0.45 per mile less the fuel cost above		£915k

2.20   The postcode area data also includes travel to Portree Hospital. Figure 2.7 shows that the bulk of the attendances are from residents of North East Skye including Portree, and the Dunvegan and Struan areas. Whilst attendances have been growing steadily for attendance at Raigmore the attendances in Portree fell in 2019, although this was from a higher level than in 2015 as shown in Figure 2.4.

Figure 2.7 – Attendances at Portree Hospital by Postcode Area of Patient Residence for 2017, 2018 and 2019
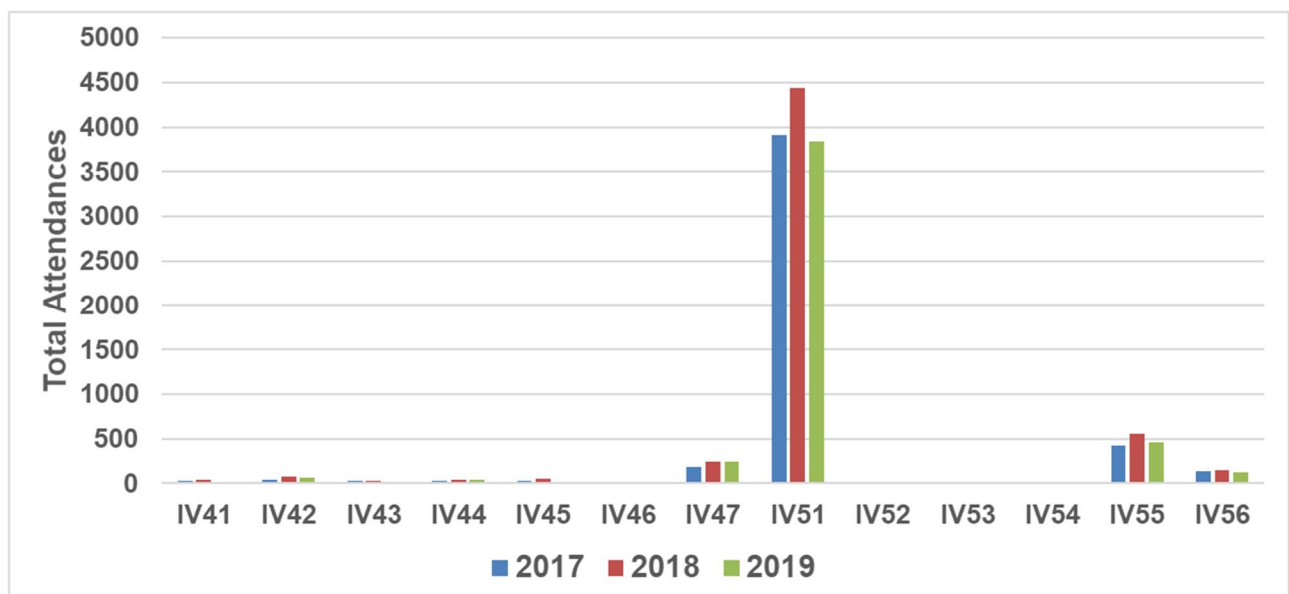
2.21   The total travel distance associated with these trips is 174k miles. The absence of the IV48 data means that attendances from central Skye would add to this total, but

the absence of the IV49 data is probably less important as they patients would be more likely to attend hospital in Broadford. Overall, there are likely to be around 200k miles travelled to Portree hospital by patients. Surveys of patients arriving at Portree hospital in the first two weeks of March 2020 showed that: 95% of people arrived in a car, either as a driver or passenger and for 75% the car used was a family car. The remainder walked in, travelled by taxi or travelled by bus. Since most of these will be from IV51 with journeys of less than 30 miles the bulk of this cost will be borne by Skye residents.

2.22   NHS Highland report that in 2019/20 financial year the total expenditure reimbursed to patients was £2.4million but no data is available on the proportion of this from the SLSWR area. However a very approximate analysis of outpatient data for NHS Highland identifies that local residents would we able to claim at least £6million per year suggesting that actual claims are very approximately 40% of the eligible claims. If 40% of the eligible claims within SLSWR area were reimbursed in 2019/20 financial year this would amount to £120k.

2.23   NHS Highland Operation Plan is currently under review. The 2019/20 Plan included several programmes of work to improve access and reduce the need for travel:

- To deliver a Digital Programme for Outpatients during 2019/20 and beyond, including the introduction of Clinical Dialogue, the continued roll out of electronic triage, NHS Near Me, Phone Consultations and use of established VC Clinics and specialty pathway changes such as the establishment of virtual fracture liaison clinics in Argyll and Bute
- To deliver improved access times for patients for Cancer, Outpatients, TTG and Diagnostic pathways
- In 2019/20 redesign pathways for post-surgery patients by introducing Patient Initiated Return Appointments and implement Patient Focussed Booking for Return Patients.
- To develop the workforce to allow activity to transfer to AHP roles, Audiologists, Neuropsychologist, Optometrists and Clinical Nurse Specialists
- Transfer of Work to the Community Setting including the purchase of ECG recorders for GP Practices to reduce the number of referrals to Cardiology
- Enhancing the use of technology to support psychological interventions/treatment, increasing our CBT take-up, utilising "Near Me" remote consultations and access to psychological therapies group work over 2019
- Utilise GP Near Me to avoid patient travel and enhance practice resilience by enabling distal working

2.24   The forthcoming three year plan is expected to build on these programmes with a further increase in digital appointments helping to improve access. Developing the local workforce in the SLSWR area could also help with aims to deliver more appointments closer to where people live.

2.25   The outpatient data identifies the trips where access to healthcare could most easily be improved at low cost but similar analysis would be possible for the in-patient journeys, if data on these attendances could be made available.

2.26   Access to local health services can sometimes be improved more easily in conjunction with additional provision for social care transport. The short distance trips to GP and social care services have not been the focus of the above analysis but further work could explore the potential for new local transport to improve access

to each local facility. This may best be achieved as part of the development of improved local transport coverage.

Covid Connections

2.27   As noted above the Covid pandemic is permanently changing how health services are delivered in the area. The NHS Highland and Highland Health & Social Care Partnership Re-mobilisation plan sets out a number of actions to strongly focus on enhancing the provision of care closer to people's homes and within local communities, which should help to substantially reduce the demand for transport for patients but which could increase transport needs for specialist healthcare staff travelling to remoter communities.

2.28   Under the new approaches increased use of technology is reducing the need to travel with many consultations now undertake with patients in their homes.

2.29   All primary care locations are now equipped with equipment for video consultations and all out-patient departments at Raigmore Hospital have been set up for video consultations. For in-patients hospitals are now also set up with Near Me equipment to facilitate visiting. Alongside the expansion of remote consultations tele-healthcare is also being expanded to allow remote health monitoring and offer a wider range of telecare solutions of patients in their own homes.

Transport network coverage

2.30   The 917 bus service from Portree to Inverness provides the fastest existing public transport route to Raigmore Hospital. People able to leave on a morning bus from Portree, or at points within SLSWR on route, to arrive in Inverness in time for an early afternoon health appointment. The 917 service then allows return journeys on the early evening bus from Inverness. However, seven hours on a bus to reach hospital will not be possible for many patients who will require a higher level of care.

2.31   Higher level care trips are provided by the Scottish Ambulance Service (SAS). Table 2.3 summarises the available SAS data on service delivery. There were a total of 929 completed non-emergency patient transport journeys. Of these journeys 417 were to or from Raigmore Hospital. Some of the SAS journeys will serve in-patient appointments, so only some of the 417 trips assist with out-patient transport needs. The SAS provision is therefore known to be less than 5% of the demand for outpatient travel.

Figure 2.8 – SAS Non-Emergency Patient Transport Journeys in 2019
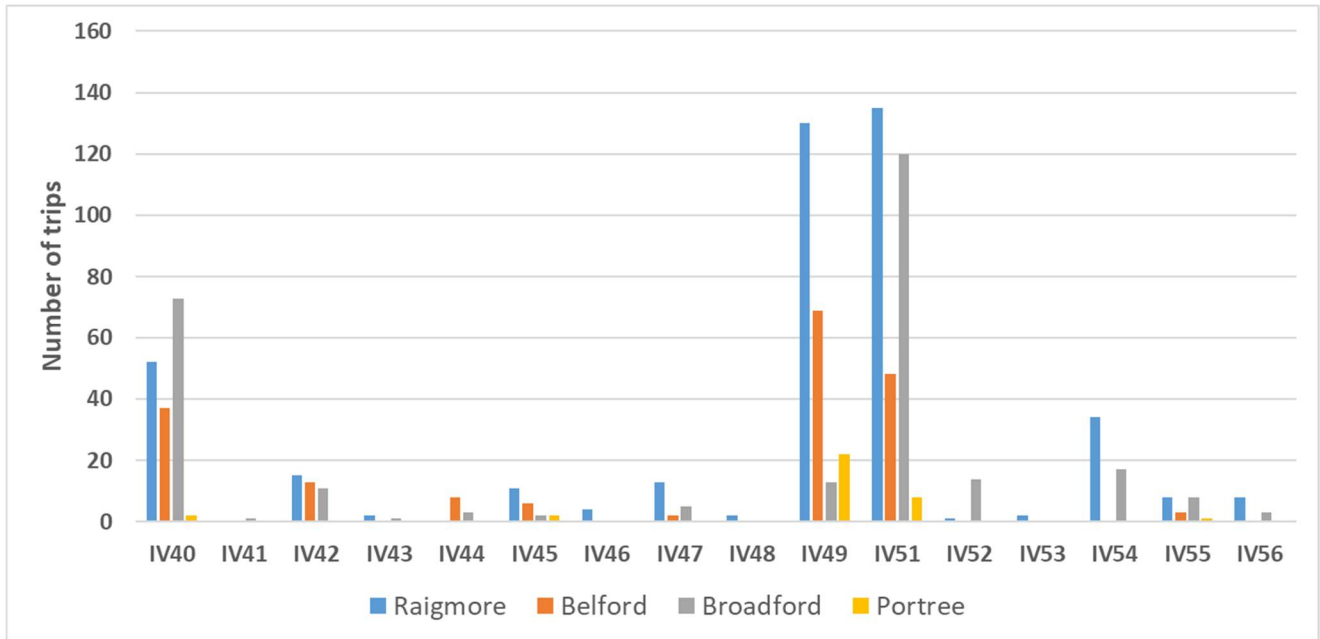
2.32 Patients can telephone the SAS to request transport and their needs are assessed using national needs assessment criteria. However medical, social and geographical needs are closely related. The SAS highlight that the medical needs assessment is more appropriate for people in urban areas where kerbed streets have different mobility characteristics from rural roads, sometimes with poor surfacing. Also people in the SLSWR area are much more likely to be eligible for reimbursement of the costs of their travel but the SAS assessment process does not recognise the different factors affecting the cost effectiveness of medical transport interventions in remote areas relative to urban situations.

2.33 Despite 95% of the out-patient travel not being made using SAS services the SAS control room telephone services are the first port of call for many people seeking help with their patient transport journeys. The SAS report that their control room staff will give other patients advice if they can, but it is not clear what that advice comprises or what briefing control room staff have been given to enable them to offer useful assistance.

2.34 Until about 2017 the Red Cross administered a community car scheme for travel to health services. Across Scotland the Red Cross has progressively withdrawn support from community transport in recent years, often transferring functions to local community groups. In the SLSWR area, the Red Cross withdrawal largely led to the ending of much of the community transport to health services. A community car scheme still operates in Sleat but currently hospital travel is not identified as a major focus of the provision. There would appear to be scope to plan and organise new community organised transport to help patients access health services more easily. The Skye and Lochalsh Council for Voluntary Organisations could potentially assist with additional external resourcing, and Skye Community Response already recruits and managed volunteer drivers for food deliveries. As the access needs of people in the SLSWR area evolve in late 2020 as the Covid restrictions change there could be opportunities to refresh the blend of community services to help underpin better access to healthcare in the new normal.

2.35   Overall, transport provision is limited and there appears to be scope for substantial improvements, whilst offering substantial savings to both users and NHS Highland through improved provision. These solutions are best co-designed by the local community and the existing service providers and the remainder of this report sets out potential ways to tackle the identified problems.

3.0   Potential Improvements

3.1   The surveys and literature review have generated many recommendations for how to make improvements in transport and access. Much more work will be needed through the appraisal, consultation and co-design to develop these into supportable, fundable and workable plans. However, to illustrate how the plan of action can be developed this Chapter discusses potential approaches to delivery on some of the suggestions which would be input to the appraisal process.

3.2   Chapter 4 then illustrates how the management and organisation of these actions can best be achieved to secure the outcomes being sought with measurable benefits.

3.3   The improvements are grouped in three categories:

- Locating health and social care provision to make it more accessible (L)
- Improving transport and connections (T)
- Helping people to access health and social care (P)

Location improvements for health and social care

3.4   Healthcare planning balances the need to develop specialist skilled care in central locations with the benefits of locate healthcare delivery as close as possible to where people live. The Ritchie[8] report identified the need to ensure that future service development and delivery was planned in partnership with the people of the area. Accessibility planning approaches such as this have been growing across the UK since the start of the century, building on the new legislative provision for community planning which seeks to foster more collaborative approaches to governance.

3.5   Improvements in the location of health and social care services which have been discussed already as part of this review are:

- **L1 Local health centres as support and communication hubs** for patients enabling less travel to Inverness. Many people have highlighted that people travel for hours to have a sample taken and perhaps see a consultant for a few minutes when these activities could far more efficiently be managed locally. The suggestion would be to offer appointments with local nursing support for taking samples with video links to consultants in Inverness for dialogue about treatment pathways.

- **L2 Booked appointment times** - The availability of transport such as a lift from a friend or relative if highly time dependent. Offering patients resident in selected postcodes of the NHS Highland area the opportunity to phone in to book their appointment times on days and times when they are able to travel can be a highly effective way to improve accessibility as has been found across the UK. Much of the NHS across the UK now offers booked appointments and the benefits of broadening the availability of these services to SLSWR residents could be particularly beneficial.

- **L3 Factor in patient transport costs when expanding the scope of the services provided locally** – There are already many clinics provided locally with specialists from elsewhere travelling to the SLSWR area. The Ritchie report identified apparent anomalies in the decisions being made about what services

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[8] https://www.ritchiereport.net/

to provide locally and when to require patients to travel. Patient transport costs need to be factored into these decisions as sometimes the travel costs are the largest single element of the delivery cost. The transparency of this whole life costing needs to be clearer given that the bulk of the travel cost is carried by patients who need to know that their needs are being considered.

- **L4 Physical access to health and social care premises** – Users of facilities report a variety of problems using current facilities. Detailed access audit reviews are planned, but improvements in access are not a one off event but a continual process of improvement responding dynamically to problems and needs as they are identified. In the short term all facilities management providers should make a clear statement about which facilities are intended to be suitable for use by which people. This information should start with what is already known about the constraints on access experienced by people: moving, seeing, hearing, understanding, and other critical elements of access at each location. Each time users find a barrier to access that the facilities managers had not correctly identified the information can be updated to ensure a cycle of constant improvement. When preparing this information, if facilities managers find they do not know some things that helps to define initial audit priorities. Also, if the information identifies gaps in provision then that helps to initiate a clear, transparent and prioritised programme of improvement. This helps to build audit and improvement into the ongoing investment and management programmes of NHS Highland.

Improving transport and connections

3.6 The Ritchie review recognised the inter-agency challenges of developing and improving transport. Transport costs are growing rapidly across the NHS and there is substantial scope to reduce these by better cross agency planning. Although the increasing costs of providing parking at health premises often attracts the greatest public attention the common problem is that both the NHS and patients are paying more for their travel and getting worse transport for the increased cost.

3.7 Improvements in transport which have been discussed already as part of this review are:

- **T1 Create a single point of contact for booking journeys to healthcare** – When patients are informed about their appointments they often need support with planning journeys and booking of suitable transport. There is currently no hub through which to manage these communications supporting residents of the SLSWR area. Some parts of the country which already have good health transport schemes have also boosted their services to plan and deliver journeys consistent with covid guidance and personal preferences. A strong community capability to organise such schemes has been demonstrated in the SLSWR area during the covid pandemic, but instead of organising food deliveries could expand into patient transport. People are committing significant resources, often planning 300 mile journeys with limited support. Managing this planning process through a hub would be a highly efficient way to help people identify opportunities to share vehicles, use public transport and filter eligibility for patient transport for those with specific needs.
- **T2 – Create a clear cross agency protocol for emergency air and sea evacuations** – A memorandum of understanding was signed in 2019 covering emergency evacuations from Raasay. This covers largely communication and

management protocols for existing resources and would benefit from expansion to ensure that new resources can be developed to improve provision. The RNLI has been regularly helping people from Raasay with sea evacuations for health emergencies[9] suggesting that the RNLI is now assumed by the SAS to be the default provider for some evacuations. Resource allocation could be managed more optimally by a patient centric organisation able to allocate resources to the organisations best able to secure operational improvements. The Raasay protocols could be a starting point for other parts of the area with the SAS acting as the booking and commissioning hub. Expanding the MOU to cover more geographical areas and explaining the arrangements for partners to manage and review resource allocation collectively should enable the partners best able to make improvements to secure the necessary resources.

- **T3 Develop community transport capability** - Community transport in the SLSWR area is currently relatively weak compared to many parts of Scotland. People need to attend health appointments in a wide range of locations: not only within Skye and Lochalsh, but across the NHS Highland area and beyond. Community based health transport support would ensure that there is always assistance available to help people plan and organise trips from a journey to a local GP to a trip to a specialist clinic in London. When people face health problems they are often making trips that they have never made before and community support can provide information about similar previous journeys. Where there are gaps in the transport supply, including for people with specific mobility problems, the community transport capability can help to close that gap in supply. Sometimes GP surgeries group together to fund a booking line for hospital car schemes and in other locations more formalised third party hubs such as Skye Community Response work well. Sometimes the motivation for community action is carbon reduction goals and helping more people to travel in shared electric cars more of the time is a key goal of the existing car scheme on Sleat. Most people think that community transport solutions could be successful, but leadership appears to be needed to translate this into a working scheme. The first step must be to identify where the community leadership might come from.

- **T4 Expanded scheduled bus services between Portree and Broadford** – The demand for patient travel is sufficient for shared transport options to be able to offer patients and providers better cheaper journeys. Sometimes health services are more easily provided at Portree and sometimes at Broadford so regular transport between these centres would enable patients able to reach their local centre to get a shuttle bus to other centres. One option worth considering would be a shuttle bus between Kyle of Lochalsh and Portree registered as a public bus service which could be made available to tourists connecting via Kyle of Lochalsh rail station. The recent work by Skye Connect has identified that existing bus operators are more focused on falling demand for their current services than the untapped potential for new ones. Yet the surveys of tourists identify a high level of untapped demand if suitable services can be provided. Based on the health and tourist needs combined viable service designs could be practical.

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[9] https://www.facebook.com/128620097202052/posts/2877428062321228/

- **T5 – A Portree to Raigmore health transport service** – The patient appointment data shows a daily demand for patient transport to Raigmore hospital which could potentially justify a new patient transport service. This would give SLSWR residents the opportunity to travel to local pick up points in Portee, Broadford, Kyle and other locations on route arranged in advance to connect with the service. There appears to be potential to save money for NHS Highland relative to reimbursing every patient separately and benefits for patients and the people who drive them to appointments from a more convenient approach.

- **T6 – Improve the Hospital Travel Cost Scheme** – NHS Highland has not made available the data to demonstrate if they are successfully reimbursing travel costs for all patients in line with the current entitlement. All patients who have a permanent address in the NHS Highland area and their escorts are entitled to be reimbursed for certain expenses less the first £10 of each claim. Patients on certain benefits can also claim for certain other costs under national hospital travel cost scheme criteria. Local people have reported many difficulties making claims and a quick way to resolve this would be to add a claim form to the NHS Highland website[10] with details of the address where claims forms should be sent so that it becomes clear that it is easy to submit claims. The claims procedure also needs to be made more transparent and accountable with patients able to submit evidence of journey distances based on public road maps[11]. Some people need to travel in adapted vehicles which may result in higher journey costs so clearer rules for such claims are needed. Public transport can be used much more widely if more overnight stays are reimbursed and greater clarity is needed on how such trade-offs are managed. Advance approval is needed is taxis are to be used, including specially adapted taxis for people with mobility difficulties, but it is not clear who is able to give such approval. The available evidence about the scheme demonstrates that a thorough refresh of the scheme for reimbursing patient travel costs is much needed.

- **T7 Booked parking provision at health facilities** – Portree and Raigmore Hospital both face significant problems with patients missing appointments because they cannot get parked. People travelling from remote areas of SLSWR need to be certain that they will get a parking space, and many patients are only able to walk limited distances. Improvements are needed to ensure that a good supply of accessible parking is available for SLSWR residents. Online booking of designated parking spaces suitable for the mobility capabilities of the patient could potentially be managed through the hub in T1 for people unable to use technology personally. Parking space management should also recognise that some patients will need to charge their electric vehicles when parked for their appointments so the booking systems should enable people to book a space with access to charging facilities (including for people with mobility difficulties).

- **T8 – Parking for wheelchair accessible vehicles** - Perhaps as part of the accessibility audits of healthcare premises there should be clarity on which

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[10] https://www.nhshighland.scot.nhs.uk/services/pages/patienttravel.aspx
[11] It is reported that NHS Highland sometimes use look up tables which do not reflect the actual distances to people's houses

vehicles can be used to transport patients to each location. Wheelchair accessible vehicles each have their own loading space requirements.

- **T9 – Improve access for air ambulance services** – The SAS increasingly rely on air ambulance to improve outcomes for patients. The SLSWR area is covers a wide area and depends on access for air ambulances though a few locations. The adequacy of these locations, including resilience when parts of the transport system fail, needs to be reviewed regularly, particularly as health care provision changes to more local delivery in Portree and Broadford with rapid transfer to specialist centres.

- **T10 Patient transport improvements** – There is very little available published information about user satisfaction with the Scottish Ambulance Service for the SLSWR area[12]. Local people and SAS staff are aware of a number of issues which could be improved, particularly relating to the nature of rural roads and reaching people in remote locations. The SAS is governed nationally by a special health board so the concerns of people in more densely parts of Scotland will inevitably dominate management approaches. Accountability on service delivery to patients in remoter parts of Scotland is therefore particularly important. Improved reporting of patient satisfaction using open systems, and regular auditing of the changes made could be used to manage changes that result in ongoing improvements.

- **T11 Toilet Facilities for Travellers** - People in varying degrees of health have relatively long journeys to make to reach health and social care and good access to toilet facilities along the route can help to make the journeys much more comfortable. The Highland Comfort scheme offers grants to businesses alongside key routes if they are willing to make their facilities publicly available. Even where businesses are included in the scheme there is often no information available about access to the facilities including physical constraints that might affect some users. Currently the onus is on the businesses to come forward with proposals but many more businesses at key locations could be brought into the scheme. There are currently seven businesses in the SLSWR area participating in the scheme and others on routes to Inverness. A short term improvement would be to improve the information available about the facilities available and add this information to publicly available websites such as Google maps which are widely used by people travelling to healthcare services.

- **T12 Communication systems for travellers** – Particularly on longer distance journeys and particularly in winter things can go wrong. Better communication systems would ensure that people always have someone to call if things go wrong. For example, if people miss a patient transport pick up from hospital in Inverness someone else may be able to help. The recent Skye Connect tourism studies have suggested dynamic traveller information systems and there may well be opportunities to take forward better information for all travellers within a single project. There are many potential low cost ways to inform travellers for health and social care with more accurate and interactive systems. The information technology could also be linked to parking booking technology. For example the same systems for parking at Portree health centre could be used for parking management at the Fairy Pools helping to ensure that implementation costs are kept to a minimum.

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[12] There are only a handful of reports at https://www.careopinion.org.uk/ for the SAS services in the SLSWR area

- **T13 explore the introduction of drone transports** – Associated with less travel for patients, the development of drone transport solutions offers potential for timely delivery of essential and urgent items, including medicines and prescriptions to remoter areas. There are many potential funding opportunities for pilot projects for drone operations and a first step would be to bid for funding for a project to test the approach in the SLSWR area.

Helping improve the capability of people

3.8   Enabling people to deliver improvements in transport and access is a key benefit of the co-production approach. This section of the plan needs to be developed as community participation grows through the delivery of each part of the plan. To enable the community to engage with the plan some initial actions are as follows:

- **P1 Information** – Often the greatest barriers to access is that people do not know what options are available to them. The proposals for improved transport and location of health services need to be backed up with information services to ensure that people are able to benefit from the improved provision. Approaches to disseminating information should recognise that most people find out things from their friends as they filter out marketing such as the many leaflets and advertising they are constantly bombarded with. Information also needs to be available in formats that meet everyone's needs.
- **P2 Training** – Travel training is needed for both patients and providers. Community driver training and assistant schemes such as MIDAS and PATS have many benefits such as improved driving and care standards more generally. Training was provided by the Red Cross until about 2017 and new arrangements are needed to offer training to drivers and assistants across the area.
- **P3 Clubs and associations** – Helping people to help each other can be delivered in many ways. Car clubs help people to share each other's cars and groups with similar needs can work together with a better understanding of the improvements needed and collective ability to organise improvements. Setting up the support frameworks that ensure that the rights and responsibilities are clear for every group in in the area will ensure that community capabilities and needs are better understood and tackled.
- **P4 Social accountability** – The ongoing review of this collaborative delivery plan ensures that delivery is managed socially with each partner being open about what they can and cannot achieve. Social accountability is enabled through the public acceptability of these accountability arrangements. An up to date version of this plan should be published and maintained to achieve transparency of action and accountability for delivery is clear at all times.

4.0 Towards a Transport and Access Action Plan

4.1 There are many potential ways to co-design a fundable, achievable action plan consistent with community goals and available resources.

4.2 Table 4.1 illustrates the structure of the plan which would need to be subject to regular audit and review, which could become a core function of the Health Transport and Access Group.

Table 4.1 – Illustrative Action Plan

No	Action	Lead and resourcing	Next Step and Timetable	How Success is Measured
Location of healthcare				
L1	Local health centres as support and communication hubs	NHS Highland planning team	NHS Highland to draft plan for using video consultation rooms in Portree and Broadford with local nursing support for remote appointments with consultants	Number of appointments able to substitute for physical travel
L2	NHS Highland to offer people from certain postcode areas the ability to book appointment times	NHS Highland planning team?	NHS Highland to report back to community which appointment types and locations can be opened up for booked appointment for residents of the SLSWR area	Number of appointment times booked by patients
L3	Factor in patient transport costs when expanding the scope of the services provided locally	Transport and Access Group	Take such action as is required to require NHS Highland to supply data to allow the cost effectiveness analysis to be undertaken	Report of cost effectiveness of access arrangements
L4	Physical access to health and social care premises	NHS Highland planning team	Commission access audits and act on the findings	A clear programme of investment to improve access
Transport and Connections				
T1	Create a single point of contact for booking journeys to healthcare	Transport and access group community lead	Report to transport and access group potential delivery options	Contact centre established
T2	Create a clear cross agency protocol for emergency air and sea evacuations	SAS	Report to transport and access group with data from audit of potential resources across the SLSWR area and protocols for better management of these	New protocol being delivered and regularly reviewed
T3	Develop community transport capability	Highland Council	Set up new frameworks to manage community transport to replace the	Increased number of people in the

No	Action	Lead and resourcing	Next Step and Timetable	How Success is Measured
			Red Cross management which was withdrawn in 2018.	population covered year on year by community transport networks
T4	Expanded scheduled bus services	Transport and access group	Develop business case for new services, assemble funding and commission services	Increased number of patient travel minutes on scheduled bus services
T5	A Portree to Raigmore health transport service	Transport and access group	Perhaps linked with T3 above review options for a new community health link service	Increased number of patient travel minutes specialised high care transport
T6	Improve the Hospital Travel Cost Scheme	NHS Highland	Add claim form to NHS Highland website with instructions for submitting claims. Clarify criteria for claims to demonstrate inclusive and equitable approach.	Increased proportion of eligible journeys being reimbursed under revised scheme
T7	Booked parking provision at health facilities	Transport and access group	Audit parking supply at health facility and prepare proposals for booking of spaces including eligibility criteria for being able to book spaces	Number of parking bookings
T8	Parking for wheelchair accessible vehicles	Transport and access group	Audit parking supply for wheelchair accessible vehicles and report which facilities are able to handle patients in each type of vehicle.	Disabled parking spaces available at all key healthcare facilities at all times
T9	Improve access for air ambulance services	SAS	Report access plan to transport and access group	Clear performance criteria and policy on use and availability of air ambulance
T10	Patient transport improvements	SAS	Encourage all complaints to be made using public forums and report improvements using open systems in line with NHS Scotland best practice	Recorded number of suggestions and complaints increasing with higher positive

No	Action	Lead and resourcing	Next Step and Timetable	How Success is Measured
				than negative comments
T11	Toilet Facilities for Travellers	Transport and access group	Prepare information on available facilities and approach potential providers with a view to closing gaps	Completion of publication of information on facilities available within hospital travel guides.
T12	Communication systems for travellers	Transport and access group	In association with Skye Connect design and commission a suitable system	Number of users of operational communication systems
T13	Develop a pilot project of drone operation for a remote part of the area	Transport and access group	Submit pilot proposal to Innovate UK or other similar funding body to test drone operation	Implementation of successful pilot
Enabling People				
P1	Information	Transport and access group	Disseminate information on transport and access through NHS Highland websites and facilities and Highland Council websites and facilities	Publication and dissemination of guides
P2	Training	Highland Council	Clarify training options to ensure that the community has good access to training, setting up local training arrangements as required	Clear guidance on where residents of the SLSWR area can conveniently receive training
P3	Clubs and associations	Highland Council	Review and support the community by enabling ways for the community to co-produce transport solutions from road and footpath maintenance to support at times of emergency.	Evidence of patient participation groups, and other formal and informal groups achieving successful transport improvements
P4	Social accountability	Transport and access group	Publish plan with joint signatories from all providers and at least annual progress and monitoring reports	Opportunity for public comment on published progress reports

4.3   The community engagement process during the autumn and winter of 2020 through to 2021 can be used to develop the detail of the plan so that the co-designed solutions have the support of all parties. The plan is then best endorsed by joint signatures of the delivery partners.

4.4   To help develop priority actions within the plan Appendix A sets out draft briefs and proposals for how project teams can start to deliver the changes.

5.0   Appendix A – Project Plans

5.1   Initial prioritisation of projects within the Transport and Access group has identified projects for rapid early implementation. Draft briefs for each of these projects are shown below.

L2   NHS Highland to offer people from certain postcode areas the ability to book appointment times

Background

5.2   NHS Highland policy is that "The booking process consistently applies the principles of effective patient focused booking practice to all new and return outpatient appointments and diagnostic appointments". However, in practice, residents of the SLSWR who receive appointment times on dates or at times then they cannot easily travel find that rearranging appointments results in long delays to their treatment. Across the UK for the last 20 years patient focused booking has become increasingly common with particular benefits for patients from rural areas and the NHS Modernising Outpatient Programme is seeking to deliver equivalent benefits across the region. Patients with postcodes in the SLSWR area could benefit more significantly than their counterparts in less remote areas from improvements to the patient focused booking system to allow them to arrange, or re-arrange, appointment times without suffering penalty of significant delays to appointments. Most NHS authorities are able to manage appointment scheduling for certain categories of people, including rural residents, to ensure that patients can book or rearrange appointment times without significant delays to the date of their appointment. These processes need to be implemented in NHS Highland so that flexible booking is the experience of patients, not just the policy of the Board.

Project Team

5.3   This project must be led by NHS Highland and currently appears to be the responsibility of the Head of Planning and Performance, Donna Smith. A project team should be put in place capable of achieving early implementation of change, with clear deadlines for implementation, and referring to Neil MacRae from HITRANS and David Summers from Highland Council for specific details of which areas should be offered priority when re-booking appointment times.

Approach to the Work

5.4   The NHS Highland operational plan is currently under review for approval by Scottish Government, and the details and timescales for delivering improvements has not yet been shared with the Transport and Access group. The detailed approach to taking forward this action can be specified once the operational plan has been finalised.

Key Outputs

5.5   Report to the Transport and Access group at least annually describing how the experience of SLSWR residents has been improved when booking or rebooking appointments. The Transport and Access group will then report back to community review processes on the extent to which the co-production aims for better access through booked appointments has been achieved.

L4   Physical access to health and social care premises

Background

5.6   Detailed access audits of healthcare premises have been planned for some time and NHS Highland are currently considering how best to procure these. However even in advance of these audits there are improvements that could start now. Taking access seriously, is a continual programme of improvement, feedback and monitoring.

Project Team

5.7   Heather Cameron NHS Highland

5.8   Caroline Gould, Skye and Lochalsh Access Panel

5.9   Portree, Broadford and Raigmore facilities managers initially

5.10   Other community representatives as relevant to the local facilities

Approach to the Work

5.11   Facilities managers at all NHS and social care facilities should publish information about which facilities are intended to be suitable for use by which people. If it is known that people with: moving, seeing, hearing, understanding, and other critical capabilities can have difficulties with the use of some NHS premises then the access information for that site should explain this and the risk management procedures that are currently in place to ensure that no person is excluded from health and social care. A draft list of known problems and issues for every facility should be prepared by the facilities managers and circulated for review by the Transport and Access Group.

5.12   The Transport and Access Group can then agree what immediate action is needed and what further survey and audit activities are needed before committing to substantial expenditure programmes.

5.13   In order to prioritise more expensive improvements the detailed access audits which are being planned by NHS Highland will need to be undertaken, but lower cost improvements such as parking space management and improved access information can be implemented immediately.

Key Outputs

5.14   Project team to report annually to the Transport and Access Group their list of improvements delivered and their forward programme of improvements, surveys and audits.

T1   Create a single point of contact for booking journeys to healthcare

Background

5.15   When people are told they have a health appointment it often involves a new or unfamiliar trip. Some people can get help from friends or relatives who are able to share knowledge, help and assistance with transport, but large savings in cost for both users and providers are possible with a highly optimised shared booking and management systems. Many areas of the country already have booking centres organised by:

- GP practices where the GPs give telephone numbers of transport booking services to patients when they are being referred on to hospital so that the patient can phone for help from volunteer led schemes organised by the practice when details of their appointment are sent to them.

- Hospitals who manage transport schemes that have their own booking rules and criteria. (see the figure for a schematic of a hospital led scheme in Glasgow)

- Community transport organisations who offer transport to health premises as part of the goals of their organisations.

- Commercial transport operators who provide travel services including booking services under contract to health and social and healthcare providers.

- Ambulance service providers who provide information about other transport options in addition to organising transport for people with more complex medical needs.
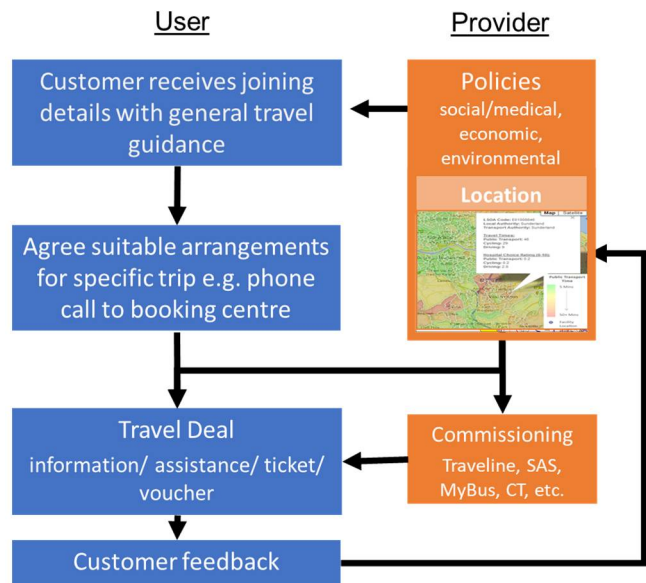
5.16 All of these above options are potentially open to the SLSWR community to organise information and bookings for transport, and a business case needs to be developed to set up the booking centre.

Project Team

5.17 Preliminary discussions have identified that Skye Community Response, Skye Voluntary Action, local GP Practices, Skye Connect, and the Scottish Ambulance Service could all potentially be involved in setting up a collaborative delivery solution by bringing together available people, money and capabilities in new ways to support the service. In addition to this group, the team should include HITRANS, Highland Council and community representatives.

Approach to the Work

5.18 HITRANS to prepare a proposal for how a booking centre might work and arrange a meeting to discuss with all potential partners to discuss options. Based on the outcome of these discussions prepare a delivery plan including the business plan to ensure the scheme is socially and financially sustainable.

Key Outputs

5.19 The main output will be the establishment of the information and booking centre with an agreed approach to the services and information to be provided to patients and their carers.

T3   Develop community transport capability

Background

5.20   The community transport sector in the SLSWR area is weaker now that it has been in the recent past there appears to be interest in developing the sector if a local leadership capability can be identified. There appears to be a good supply of people willing to volunteer to drive their own cars for health and social trips provided the costs of their car use can be reimbursed. A new organisation is needed to tap into this latent community capability to mobilise it to help improve transport for health and social care.

Project Team

5.21   David Summers, Highland Council

5.22   Neil MacRae, HITRANS

5.23   Skye Community Response

5.24   Skye Voluntary Action

5.25   Skye Connect

5.26   Sleat Community Trust

5.27   Local community representatives as required in each

Approach to the Work

5.28   An organisation able to support the development of community transport provision across SLSWR is needed so that health and social care car and minibus services can be provided to add the current mix of transport services in the area. The work needs to identify a sustainable approach to the management of driver recruitment and training, specify how journeys will be allocated through a new booking centre (see project T2), and develop a business plan to ensure that the community transport delivery can be sustained over time.

Key Outputs

5.29   Expanded community car and minibus services covering more of the SLSWR area.

T4   Expanded bus services

Background

5.30   The specialisation of healthcare services has led to an increased demand for trips between Portree and Broadford and between SLSWR and Raigmore Hospital in Inverness. Based on the volume of these additional trips there appears to be potential for better scheduled including services that run on-demand within a fixed timetable.

Project Team

5.31   David Summers, Highland Council

5.32   Neil MacRae, HITRANS

5.33   Robert Andrew, Citilink

5.34   Other bus and taxi operators?

5.35   Local community representatives

Approach to the Work

5.36   Develop protocols on travel information and travel cost reimbursement to feed into projects T1, T6, and P1. A door to door health and social care travel tariff managed with travel vouchers funded under the Hospital Travel Cost Scheme (HTCS) can be administered with vouchers which patients use when travelling. The tariff will be designed to support savings for everyone whilst seeking to maintain revenue to fund the investment associated with provision of additional bus services (e.g. a £35 voucher for travel from anywhere in SLSWR to Raigmore and a £10 voucher for Portree to Broadford).

5.37   Incrementally expand the bus service network from the spring of 2021 consistent with the growth in patronage associated with scheduling and management of hospital outpatient appointments to be suitable for bus.

5.38   Identify a viable tariff for reimbursing community based lifts and taxi trips to key pickup points to ensure that everyone can access these services with a guarantee of local connections to the bus.

5.39   Extend the 917 Portree to Inverness bus station route on to Raigmore hospital with some extended services running on demand.

Key Outputs

5.40   New bus timetable that expands the coverage of bus services, including on-demand links, to key healthcare locations.

T6   *Improve the Hospital Travel Cost Scheme*

Background

5.41   The Highlands and Islands Travel Cost Scheme was set up to recognise that people in remote areas faced substantially higher costs accessing healthcare. Under the Scheme all residents of the Highlands and Islands are eligible to claim certain travel expenses, unlike less remote parts of Scotland where only people on means tested benefits can claim travel expenses. Within the Highlands and Islands, the only means tested element is that most people pay the first £10 of their travel costs.

5.42   From the limited data available for the SLSWR area, take up of this key benefit appears to be less than 50% of eligible trips and reimbursement levels no longer limit the costs paid by the patient to only £10. Several factors have resulted in patients paying more and in particular the 2015 NHS Highland cut in the car mileage rate from 18p per mile to the notional fuel cost for a typical petrol car. The new fuel rate compares unfavourably with other parts of Scotland as shown in Table 5.1. The NHS Highland policy was set on 11 August 2016 and no date for review was specified in the policy. A review now seems to be appropriate.

5.43   There are various HMRC rates for reimbursing people who use their own vehicles. The first 10,000 miles can be reimbursed at 45p to recognise typical costs of additional miles on the depreciation of the vehicle. After that the rate is 25p per mile to cover all car operating costs other than purchase and depreciation. The actual costs for users driving more expensive and less fuel efficient cars can be much higher but HMRC use a single rate to ensure that there are no incentives to use larger or less efficient cars. The HMRC also have a fuel only mileage rate which does not cover wear and tear on tyres, costs of mileage related maintenance, and other mileage related running costs such as mileage related insurance costs. Since these

other costs currently double the current fuel costs, residents of NHS Highland are not being reimbursed for their full actual costs of the most efficient transport solution, as the national Highlands and Islands Travel Cost Scheme intends. Table 5.1 compares NHS Highland's policy with three other NHS Boards in the Highlands and Islands. Orkney and Shetland rely heavily on air transport so their policies are slightly different on several issues.

Table 5.1 – Comparison of the Application of the Highlands and Islands Hospital Travel Cost Scheme

	Ayrshire and Arran	**NHS Highland**	**NHS Western Isles**
Cost deducted from claim to be paid by patient	£10	£10	£10
Car fuel mileage rate	14p	HMRC Fuel Advisory Rate for a petrol engine 1400cc to 2000cc – currently 11p	24p
Distance calculation	Mileage rate per mile and mileage is calculated using Google maps from door to door	Mileage calculation based on schedule of distances to nearest town or village	Suitable evidence
Bus and rail fares	Travel by standard class on a recognised public transport carrier (bus or rail)	Bus and rail standard fares and ferry fares as a foot passenger (but not car ferry fares without prior approval)	Bus and rail standard fares and ferry fares as a foot passenger (but not car ferry fares without prior approval)
Use of taxis	In a few cases taxes are permissible where patients have restricted mobility or in cases where there is little or no public transport	When there is no public transport available, time restraints prevent the use of public transport or approved by the patient's clinician due to mobility issues	When there is no public transport available or time restraints prevent the use of public transport
Claim forms	Available online and from hospital cash offices	Only available at hospital cash offices	Available online and from hospital wards, clinics and patient travel offices

5.44   Journey times from SLSWR to hospital compare unfavourably with other parts of Scotland on both time and cost. A review of the scheme with a view to improving access for the SLSWR community is therefore proposed.

5.45   Journey distances are most commonly calculated by patients using Google maps so NHS Ayrshire and Arran request a Google map as evidence of the can mileage being claimed. This approach appears more transparent than the current NHS Highland practice that uses a table of mileages to key settlements which is sometimes well short of the actual distance travelled – e.g. on Sleat.

Project Team

5.46   Neil MacRae - HITRANS

5.47   Adrian Hodges - NHS Highland

5.48   Caroline Gould – Skye and Lochalsh Access Panel

Approach to the Work

5.49   The current policy has not been revised for some time so normal NHS Highland protocols should be applied for reviewing a policy. Additional review requirements in this case include to improve access by reducing travel costs for residents of remote parts of the NHS Highland area and to look for opportunities to introduce new measures similar to those used in other NHS areas:

- Travel guides with recommended routes from each part of the area
- Claim forms and information being distributed through GP practices.
- Travel voucher schemes for specific elements of the transport system such as buses that NHS Highland wishes to encourage to improve the efficiency and equity of travel opportunities to healthcare.

Key Outputs

5.50   A new more equitable hospital travel policy for the residents of the SLSWR area.

T7   Booked parking provision at health facilities

Background

5.51   Demand for parking close to health care premises increasingly exceed the supply. Patients and health care staff report that many appointments are missed because patients have difficulties finding parking spaces. Searching for parking spaces can add considerably to journey times which are already very long. Advance booking of parking spaces at commercial offices, airports and in some retail settings has been common for many years and increasingly these approaches are being offered for parking at healthcare premises.

Project Team

5.52   NHS managers responsible for facilities at Portree and Raigmore initially.

5.53   Caroline Gould, Skye and Lochalsh Access Panel

5.54   Alistair Danter at Skye Connect given his potential interest in a parking management scheme for tourist facilities which could potentially also be used for NHS facilities.

5.55   Other community representatives as relevant to the local facilities

Approach to the Work

5.56   NHS facilities managers to identify parking supply at each facility including spaces for vehicles adapted for disabled passengers. Also consider how electric vehicle charging will be provided at these spaces. For spaces on public streets, identify what, if any, traffic regulation orders are needed to establish the conditions for management of these spaces and agree with Highland Council plans to promote the necessary Orders or other arrangements for managing demand for the spaces.

5.57   Once the required spaces at the healthcare facilities are clearly allocated for booked parking set up the technology for these spaces to be booked and for ensuring that the users are linked to healthcare appointment data.

5.58   Patients without internet access will need to be able to make bookings via a call centre (see also projects T1 and P1).

5.59   Set up arrangements to ensure that booked spaces are only used by the patients who have booked them.

Key Outputs

5.60   Car park space allocation for a number of booked spaces at busy healthcare locations.

P1   Information

Background

5.61   One of the greatest barriers to access can be that people do not know the travel options available to them. A travel guide should be published and updated regularly for each healthcare location. Guides should be prominently located on websites and promoted by GP surgeries and other health and social care facilities when patients are being referred for treatment at facilities with which they may not be familiar.

5.62   Provide links to online travel planning support such as Traveline Scotland, Google maps and other commonly used guides. Link to interactive information support in project T1.

Project Team

5.63   Portree, Broadford and Raigmore facilities managers

5.64   David Summers, Highland Council

5.65   Caroline Gould, Skye and Lochalsh Access Panel

5.66   Other community representatives as relevant to the local facilities

Approach to the Work

5.67   Compile draft travel guides and disseminate through all health and social care premises.

Key Outputs

5.68   Published guides.