



# Highlands & Islands Health & Transport Action Plan - Scoping Review

Revision: 2

HITRANS

17 September 2024



## Highlands & Islands Health & Transport Action Plan - Scoping Review

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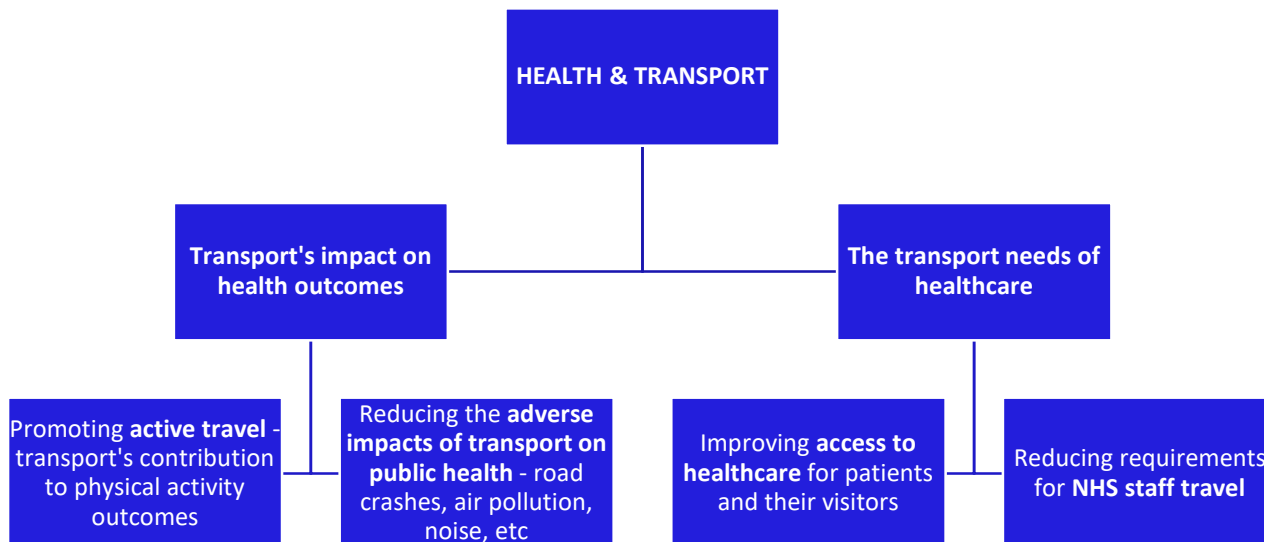
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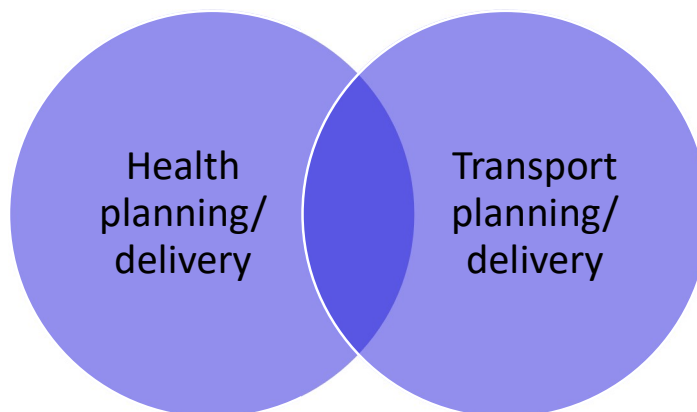
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## 1. Introduction and Purpose

The interactions between transport and health outcomes are various and complex, but can be summarised into four main topics, which fall under two themes:



Each of these is an important issue and has, with varying success, been the subject of efforts to improve outcomes. But change in many areas has proven challenging. In large part, this arises because, whilst health and transport interactions are important, both the health and transport sectors have many other competing priorities:



Providing additional barriers to change are:

- The evidence base for the problems arising from lack of coordinated planning/delivery is often weak (in many instances, there is much anecdotal evidence of problems, but limited comprehensive information);
- There are many delivery partners and other influencers in decision making, resulting in complex interactions;
- Capacity in delivery agencies is typically limited and resources scarce, so change can be hard to realise.

Within this context, HITRANS, the Regional Transport Partnership for the Highlands & Islands, has been giving consideration to developing a Health & Transport Action Plan (HTAP) for its region (which comprises Orkney, Eilean Siar, Highland and Moray council areas, plus large parts of Argyll & Bute).

ZetTrans, the Regional Transport Partnership for Shetland, has also been considering similar issues and has indicated its support for working in collaboration with HITRANS and for any proposal to include ZetTrans/ NHS Shetland.

HITRANS is considering following the model of a regional HTAP first established for north east Scotland by Nestrans/NHS Grampian, and subsequently by Tactran/NHS Tayside/NHS Forth Valley (for the Tayside and Central Scotland area).

This report presents the findings of a scoping exercise for an HTAP.

The scoping has sought to:

- Identify the key topics that regional stakeholders feel are most pertinent for an HTAP, and the priorities between them;
- Provide an overview of the potential benefits that could be realised by an effective HTAP;
- Explore the potential governance structures, key stakeholders and representatives from each organisation that should be involved;
- Gain information from key partners regarding their priorities and what they see as opportunities to collaborate through the development and implementation of an HTAP;
- Make recommendations regarding the potential development of an HTAP.

The scoping exercise has largely comprised discussions with stakeholders, but also builds on lessons learned by the author in the development and implementation of HTAPs elsewhere.

### Case study: Grampian Health & Transport Action Plan

Nestrans and NHS Grampian led the development of Scotland's first comprehensive HTAP, covering the themes of promoting active travel, reducing the adverse impacts of transport on public health, improving access to healthcare and NHS staff travel.

The plan was first adopted in 2008, and has been refreshed subsequently to ensure it remains current. Implementation of the Plan has benefitted from the availability of a full-time programme manager throughout; this has provided a dedicated resource able to assist with both programme coordination and project implementation. His work has been guided by an HTAP Steering Group and technical sub-groups.

Although many challenges related to health and transport remain in the region, the experience has demonstrated that an HTAP can lead to implementation of projects which would otherwise not have been taken forward, and also lead to significantly improved inter-organisational cooperation. Benefits have included:

- Improved networking, knowledge sharing and support between organisations;
- Improved agility and responsiveness (especially useful during the pandemic);
- Delivery of new initiatives, including the THInC transport to healthcare information service and recruitment of additional volunteer drivers.

The Grampian experience also demonstrates some of the prerequisites of success for an HTAP, including:

- Commitment and dedication of senior staff from partner organisations;
- The need for a dedicated resource to coordinate and facilitate plan development and project delivery.

## 2. Health & Transport Action Plan: Potential Scope and Benefits

### Health & Transport Action Plan experience

The primary model for a potential new HTAP is, as outlined above, that of Nestrans and NHS Grampian. Their HTAP was first developed in 2008, but it remains a valid and active document with a full-time programme manager aiding implementation. Funding for that post is provided by both Nestrans and NHS Grampian. The Grampian HTAP initially focussed on three of the four topics listed at the start of this note (NHS staff travel was not explicitly considered).

The Grampian model was subsequently followed by Tactran with NHS Tayside and NHS Forth Valley. Their Health & Transport Framework was first published in 2011 and did work with all four topics. It initially led to some significant actions being undertaken, though mostly led by Tactran and Local Authority partners with relatively little NHS engagement, and there is not understood to have been notable activity on implementation of the Framework in the last few years.

But there are many other initiatives, including many in the HITRANS and ZetTrans regions, which are working to improve outcomes in the transport and health space. These include actions by:

- Local Authorities and other public and third-sector partners to encourage and enable greater uptake of active travel;
- Third-sector organisations to provide convenient, low-cost transport to healthcare for some sections of the regions' population;
- Local Authorities' and Police Scotland's joint work to improve road safety.

All complement a wider policy context to improve partnership working between organisations where there are shared objectives. These notably include Community Planning Partnerships which are, with varying levels of success, active throughout the regions.

Experiences from other HTAPs and joint projects have led to a variety of lessons learned which are relevant to consideration of any new plan. Key amongst them are:

- A plan is unlikely to lead to action without support from key decision makers in partner organisations, at both senior management level and amongst officers whose input will be needed to take projects forward;
- It is not reasonable to expect any new plan to lead to short-term action across the whole range of potential interactions between health and transport; prioritisation of activity is required;
- The evidence base of the costs and benefits of interventions is often weak, so it should be expected to need to invest effort in developing relevant evidence before the case for any specific investment can be made;
- On-going effort will be needed to maintain progress with plan implementation if it is to be successful; policies, plans and personnel change regularly, and HTAP implementation will need to constantly evolve to remain relevant and high priority;
- Additional and dedicated resource is likely to be needed to help coordinate actions and develop projects;
- The development and implementation of the HTAP should be subject to a clear governance structure comprising, as a minimum, senior representatives of every partner organisation, and this structure should have clear terms of reference.

## The potential for change

This section summarises some of the potential benefits that an HTAP might be able to deliver, and also some aspects where it may be challenging to add value over extant activity.

### Transport and public health

Use of the transport system can have a variety of impacts on public health (in addition to effects on physical activity levels, which are addressed below). The primary ones are the adverse impacts on public health:

- On people involved in road crashes;
- Of air pollution; and
- Of transport noise.

The Highlands & Islands and Shetland are fortunate to have relatively few instances of poor air quality or high levels of transport noise. The Air Quality Management Area on a small part of Academy Street and adjoining streets in Inverness is the exception, but existing activities are focussed on resolving this. There is therefore limited scope for a regional HTAP to add value on these issues.

Road safety is a key issue in the HITRANS and ZetTrans regions, particularly on their rural routes, as these tend to have higher killed or seriously injured (KSI) rates compared to urban roads or motorways. In the HITRANS region, the number of KSIs has reduced overall over the last decade. Notwithstanding that, in 2022, there were 51 fatalities and 192 serious injuries on the region's roads (includes figures for the whole of Argyll & Bute)<sup>1</sup>.

The number of KSIs in the ZetTrans region is low, given its small population, and has reduced by more than half over the last decade. In 2022, four were seriously injured on the region's roads.

Whilst the number of people killed or injured in road crashes remains a concern, there is understood to be reasonably effective on-going partnership working between Local Authorities and Police Scotland to mitigate future risks. This suggests that there is limited potential for an HTAP to add additional value.

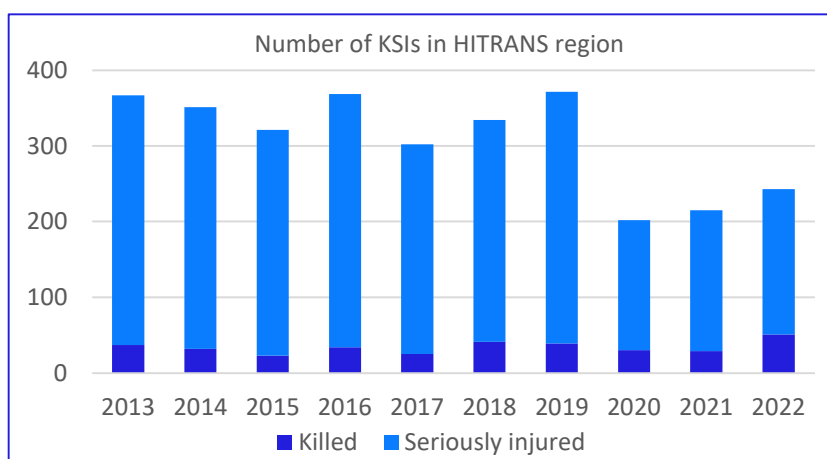


Figure 1: Number of killed or seriously injured in the HITRANS region between 2013 and 2022

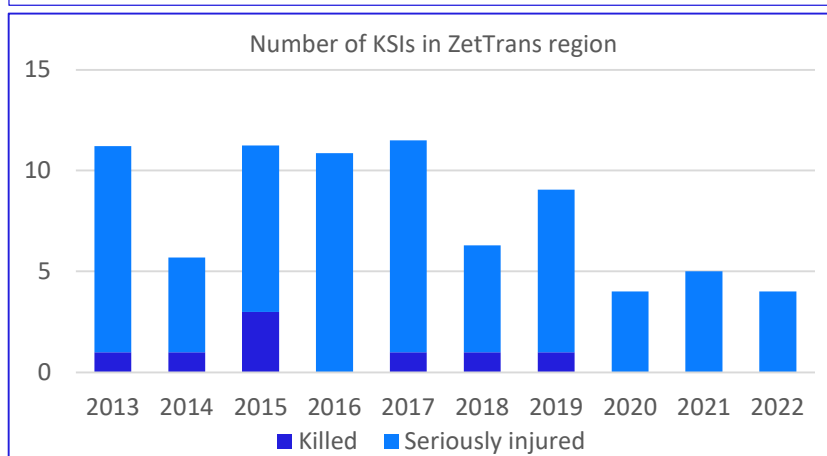


Figure 2: Number of killed or seriously injured in the ZetTrans region between 2013 and 2022

## Promoting active travel

Physical inactivity is a major contributor to the disease burden, but many people also do not get enough activity to promote good mental health. Data from a series of long-running studies shows that active travel improves mental wellbeing in several areas, such as concentration, the ability to make decisions and enjoy normal daily activities, and that it reduced the feeling of being constantly under strain<sup>ii</sup>.

*“If a medication existed which had a similar effect to physical activity, it would be regarded as a ‘wonder drug’ or ‘miracle cure’”*

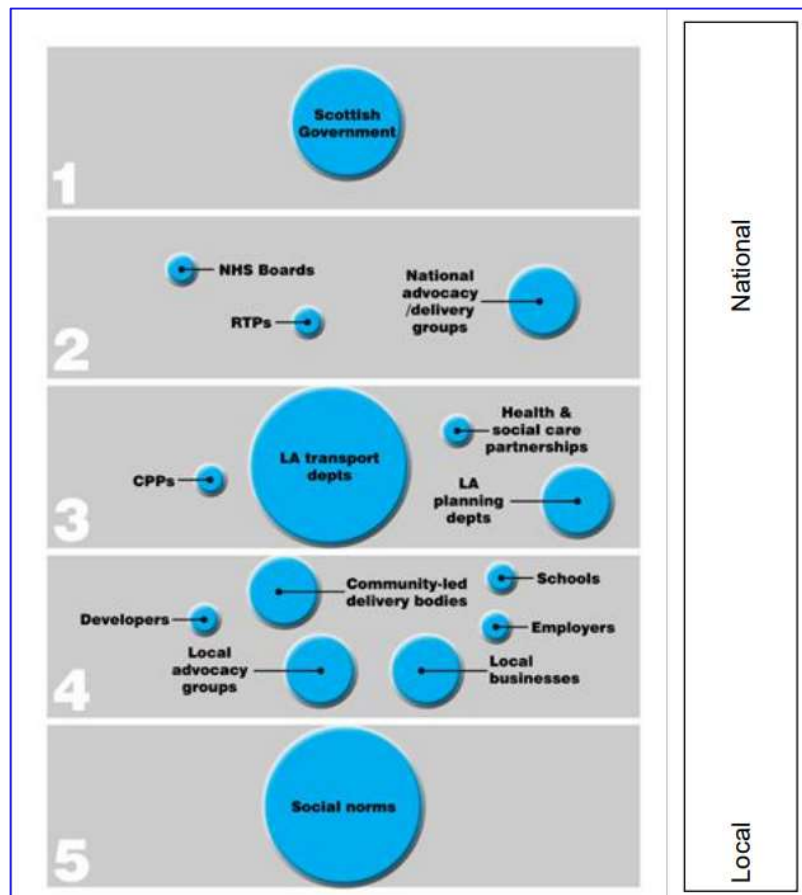
Physical activity, including walking and cycling, offers protection against over twenty diseases and conditions, including coronary heart disease (CHD), some cancers and Type II Diabetes, as well as being important for weight management. As the former chief medical officer noted: *“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.”*<sup>iii</sup>

The physical and wellbeing benefits of becoming more active are greatest for those with the least active lifestyles. Even small increases in physical activity levels for relatively inactive people can reduce the disease burden, improving the quality and length of their lives.

Effectively increasing rates of active travel relies on a range of interventions from a range of partners, as indicated in research by the Scottish Government<sup>iv</sup> (see figure):

This graphic helps demonstrate that, whilst the public health outcomes of active travel are a core contributor to NHS Boards’ objectives, the NHS is not a primary delivery agency.

The promotion of active travel has risen far up amongst transport policy makers’ priorities since the production of the Grampian and Tayside/Central HTAPs, and is now well established in local and regional transport plans. As such, it is arguable that there is now less need for additional activity in an HTAP to promote active travel than there was. However, NHS Boards can still be important advocates of change, as well as influencers of active travel rates for journeys by staff and others to their own estates, and there remains a huge amount of work to be done until active travel choices are available and embedded throughout the regions.



Resulting from this, several of the stakeholders engaged for this scoping review expressed a desire for an HTAP to include focus on promoting active travel as they identify the potential for improved joint working between organisations to lead to better outcomes.



## Access to healthcare

Patients in rural areas can face significant challenges in attending healthcare appointments due to limited transport options. Transport problems are among the most commonly reported reasons for missed GP appointments, particularly among elderly people<sup>v</sup>. Longer distances to health facilities, such as GPs, hospitals and dentists, can result in rural residents experiencing 'distance decay', where service use decreases with increasing distance<sup>vi</sup>. Access problems are often shared with others that want to accompany and/or visit the patient.

*Cancer patients in Orkney and Shetland have an 18% higher risk of dying one year on from diagnosis than those residing on the Scottish mainland*

Poor access to healthcare, especially in more rural communities, can profoundly impact health outcomes and quality of life, especially for those living with chronic and terminal illnesses. Rural patients are less likely to use A&E, more likely to be discharged early, and those with advanced cancer are less likely to attend unscheduled care appointments. Rural areas can also face stigma and confidentiality challenges, making it difficult for patients in tight-knit communities to seek support for sensitive issues<sup>vii</sup>.

Mortality rates for road traffic accidents, asthma and cancer are higher in rural areas, with cancer often being diagnosed at a later stage. Intervention rates for CHD are also lower, and rural patients are admitted to hospitals less frequently than urban patients<sup>viii</sup>. Recent Aberdeen University research found that cancer patients in Orkney and Shetland have an 18% higher risk of dying one year on from diagnosis than those residing on the Scottish mainland<sup>ix</sup>.

Access to health and social care is a growing cost of living pressure, especially for people living in remote areas who often face higher travel expenses and longer travel times. This can be particularly difficult for patients with chronic conditions who may require frequent visits to healthcare sites. For example, the cost incurred by residents in the western area of the Highlands alone (Skye, Lochalsh and South West Ross) from travelling to outpatient appointments is well over £1 million per year<sup>x</sup>.

Access challenges for people in parts of the region have been exacerbated by the centralisation of some healthcare services; whilst the efficiency benefits to the NHS are welcome, some changes appear to have been made with little consideration of the transport implications.

*The cost incurred by residents in the western area of the Highlands alone (Skye, Lochalsh and South West Ross) from travelling to outpatient appointments is well over £1 million per year*

Conversely, much effort has been put by some NHS providers into remote provision, notably by video link, which provides access to some healthcare without travel and there are also good examples of successful efforts to combine several services in one patient visit to a facility, saving the need for repeated journeys; these and other examples demonstrate the potential for positive change.

The NHS also bears significant costs through the Highlands & Islands Patient Travel Scheme, which helps cover travel expenses for patients living more than 30 miles from the hospital they are attending. NHS Highland reported that in the 2019/20 financial year, the total expenditure reimbursed to patients was £2.4 million<sup>xi</sup>.

However, despite the significant impacts that difficulties in accessing healthcare can provide to patients and the NHS, the NHS plays only a modest role in the arrangement of transport. Accessibility often plays only a small component in decisions about where healthcare facilities are provided, and about when and where individual patients' appointments are scheduled.

*In 2019/20, the total transport cost expenditure reimbursed to patients by NHS Highland was £2.4 million*

Transport services, however, are provided privately (car/taxi), commercially (some bus services), through public sector support (many bus services, flights and ferries) and by community transport organisations, as well as emergency and non-emergency Scottish Ambulance Service provision. This is a complex and often-fractured system, often not designed to cater for the needs of people accessing healthcare, who typically

need to travel to and from specific locations at specific times, and may have a variety of physical and mental health/wellbeing needs that affect their ability to travel.

The lack of coordination between transport and health for access has long been recognised (including by Audit Scotland’s critical “Transport for health and social care” report in 2011<sup>xii</sup>, the previous HTAPs and many other sources). Whilst there are many local initiatives which have sought to make improvements, access to healthcare remains poorly coordinated at a regional level and the potential for improved outcomes is significant.

### **NHS staff travel**

No up-to-date information on the costs to the Highlands & Islands’ Boards has been identified during this review. However, the cost of staff travel, as they travel to provide healthcare for patients or for other purposes, is a substantial cost to NHS Boards, and a significant contributor to their net carbon emissions.

Some projects, such as increasing use of video engagement between patients and healthcare professionals, can help manage both staff and patient travel needs, and there may be scope to increase use of such systems as well as to replan some healthcare delivery to reduce staff travel.

The opportunities and constraints for change are anticipated to largely fall within the NHS’s remit. As such, the scope for additional benefit to be realised by a cross-sectoral HTAP may be limited, but may remain worthy of more detailed consideration.

### 3. Engagement Findings

As outlined previously, engagement with regional stakeholders, especially but not exclusively Local Authorities and NHS Boards, has been a key input to this scoping review.

We have engaged, or sought to engage, with the following regional stakeholders:

Have held discussions with:	Have sought to engage with:
<ul style="list-style-type: none"> <li>▪ HITRANS</li> <li>▪ Moray Council</li> <li>▪ Comhairle nan Eilean Siar</li> <li>▪ NHS Highland</li> <li>▪ NHS Orkney</li> <li>▪ NHS Western Isles</li> <li>▪ Badenoch &amp; Strathspey Car Scheme</li> <li>▪ ZetTrans</li> <li>▪ NHS Shetland</li> <li>▪ Nestrans</li> <li>▪ NHS Grampian (scheduled)</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Highland Council</li> <li>▪ Orkney Islands Council</li> <li>▪ Argyll &amp; Bute Council</li> <li>▪ Scottish Ambulance Service</li> </ul>

Discussions were largely held individually, so no attempt to reach consensus views has been made. However, there were many common themes. The key findings are:

#### Regarding the concept of an HTAP

- There is recognition that there are gaps in the joint planning and/or delivery of transport and health services/outcomes, so the concept of an HTAP would be widely welcomed;
- However, care needs to be taken to ensure that an HTAP can add value over and above existing activity; in particular, not to replicate what’s happening (or should be happening) within Health & Social Care Partnerships and/or Community Planning Partnerships, or that other specific initiatives are working to deliver;
- ZetTrans and NHS Shetland are both interested in the opportunity to join with/support a Highlands & Islands HTAP.

#### Regarding potential topics for an HTAP

Of the four potential topics than an HTAP could seek to address, it is clear that improving access to healthcare is considered to be by far the most relevant at this time.

Specific priorities vary by location, but common themes which an HTAP may be able to address are:

- Lack of communication between key staff in transport and health sectors, meaning that healthcare facilities/appointments are commonly sited in locations/times without consideration of patient access;
- The high financial and time cost of travel to healthcare, especially but not only from the islands;
- Transport services not being designed with patients’ needs in mind.

Of the other potential topics, there is interest from NHS Boards in supporting active travel to promote public health. In some places, they are already working well with Local Authorities and other partners to achieve this, but there are instances where expanded coordination would be beneficial.

There may be some benefit that an HTAP could provide in supporting the NHS reduce the need for staff travel, though the evidence to support that is not currently strong.

There is no evidence from the discussions that reducing the adverse impacts of transport on public health is a topic that would be particularly beneficial for an HTAP to focus on.

### **Regarding potential benefits of an HTAP**

Engagement has identified potential for an HTAP to:

- Improve joint working between partners, so help implement schemes with a better shared understanding of issues and priorities;
- Help share knowledge between partners, including of the scale of problems and of the effectiveness of potential interventions;
- Raise awareness of important issues amongst local, regional and national decision makers;
- Make the case for increased investment to deliver improved outcomes.

The value of an HTAP is recognised by Scottish Government, with Neil Gray, Cabinet Secretary for NHS Recovery, Health and Social Care, stating in a letter to Cllr Uisdean Robertson, Chair of Nestrans, in April 2024 that he is "*familiar with the work of the Grampian HTAP and [would] very much welcome the plan to adopt a similar approach for the Highlands and Islands region*".

### **Challenges to the effectiveness of an HTAP**

There are many potential challenges which could undermine the effectiveness of an HTAP, most importantly:

- Capacity and resource amongst all partners is scarce, which must temper expectations what the HTAP will be able to achieve in the short-term;
- The magnitude of problems across the region, especially for access to healthcare, is large. Comprehensive solutions are complex and costly. Any HTAP must therefore be realistic about the proportion of problems that it could reasonably seek to tackle in the short-term, and expect to need to prioritise action to a modest number of high priorities;
- Evidence of the scale of potential problems is very limited and will, unless addressed, limit the potential for an HTAP to lead to value-led change.

## 4. Recommendations

Following this scoping review, Jacobs makes the following recommendations to HITRANS and partners in relation to an HTAP:

- Recommendation 1: There is, subject to certain prerequisites outlined below, potential for an HTAP to add value to shared objectives and improved outcomes in the Highlands & Islands, so it is recommended that HITRANS leads the exploration of the opportunity in more detail in conjunction with potential partners;
- Recommendation 2: As both ZetTrans and NHS Shetland are interested and there are many common issues, there is merit in expanding the scope of a Highlands & Islands HTAP to cover Shetland;
- Recommendation 3: An HTAP should take improving access to healthcare as its dominant theme, but this should take a broad-ranging view of the topic, covering access to primary, secondary and tertiary care, a full range of transport modes, and all communities across the region before determining priorities for action. It should then initially focus efforts on a realising an achievable number of specific interventions, rather than seeking to address all identified problems from the outset;
- Recommendation 4: It is also worth considering whether an HTAP could add value to efforts to promote active travel and to reduce the requirements for NHS staff travel;
- Recommendation 5: It is unlikely that an HTAP would add value to efforts to reduce the adverse impacts of transport on public health, so this should not be expected to be a core topic;
- Recommendation 6: Work to collate a stronger evidence base of the outcome problems relating to access to healthcare in the region and their root causes should be a key priority action of any HTAP;
- Recommendation 7: As it may be difficult to secure commitment to the HTAP from all potential regional partners (all Local Authorities, NHS Boards and others) in the short term, an HTAP could be developed initially just for those parts of the region where there is partner interest. However, it should be progressed only in geographic areas in which there is commitment from both the NHS and Local Authority (e.g. The Highland Council and NHS Highland, CnES and NHSWI).

It is recommended that the following are prerequisites for an HTAP, and that efforts to develop a plan are not pursued if they cannot be met:

- Prerequisite 1: Progress only with partners where there is committed senior level buy-in, an appointed internal champion that can coordinate activities, and a commitment from partners to report progress and outcomes to their respective boards;
- Prerequisite 2: Progress only if there is to be some staff resource dedicated to the HTAP in order to, as a minimum, coordinate partners' actions. It is suggested that each partner organisation should make a commitment of financial investment or of staff time to facilitate this;
- Prerequisite 3: If an HTAP is to be developed, it should have a recognised leadership team drawn from all partner organisations, which should have clearly defined responsibilities for plan development, implementation and progress monitoring.

Additionally, it is suggested that HITRANS:

- Request Scottish Government assistance with an HTAP, especially with respect to encouraging potential partners to participate and with match funding for financial input;
- Work with Nestrans to share lessons and build a wider body of evidence of the benefits of joint planning of transport and health delivery, and also determine whether other RTPs are interested in supporting joint working.

## Appendix A. Engagement Findings

The sections below provide the main points raised at the individual engagement meetings. It is noted that all contributors were asked only to provide initial views for guidance, and were not necessarily presenting statements that will be the final confirmed positions of their organisations. We thank all contributors for their valuable insights.

### A.1 NHS Orkney

Discussion with Director of Public Health and Public Health Manager 28/6/24

Issues relating to patient/staff travel:

- Problems arise from inter-isles travel for patients (including for access to dentistry and opticians) and for staff, and also for Orkney – Scotland mainland (also for patients and specialist staff)
- Key issues include:
  - Air travel – high cost (to NHSO and patients) and the need for overnight stays
  - Lack of cabin capacity on overnight ferry to/from Aberdeen
  - Travel costs to Orkney mainland, including for dentistry
  - Lack of non-emergency patient transport capacity on smaller islands
  - Lack of emergency ambulance capacity results in increased cost of treatment to NHSO and delays to patient care
  - Lack of connections between flights and buses
  - Lack of evening bus services (though daytime bus access to Balfour Hospital is good)
  - Transport poverty is a problem for many (for accessing healthcare and other services)
  - Cost of inter-isles transport impacts on staff recruitment and makes it difficult for family members to support ill patients

Issues relating to transport & public health:

- NHSO is concerned about road safety: direct impact of crashes and also that much of the islands' road network is not conducive to active travel
- NHSO has been working with partners to implement active travel improvements – including E-bike fleet
- Funding often becomes available for pilot projects, which then can't be sustained
- NHSO is working well with HITRANS, Sustrans and others through a sustainable travel group

Potential options for consideration:

- Maybe more opportunity to grow community/demand-responsive transport service options
- Remote healthcare consultations can be useful in some instances and there is scope to do more, though are often not as valuable as face-to-face interaction

Evidence of issues:

- Sustrans have recently published the findings of a travel survey <https://www.sustrans.org.uk/media/13937/orkney-travel-matters-report-2023.pdf> – Michael Harvey of Sustrans has more information
- Information may be available from Orkney Matters community engagement (led by OIC)

- NHSO may be able to collate data on unsolicited complaints, and there may be relevant data from recent community consultation on development of the new NHSO corporate strategy
- NHSO has data on spend on off-isles transport and accommodation
- Aberdeen Uni has completed research on access to cancer treatment, suggesting that peripherality is a factor

Resources/capacity:

- NHSO has limited resource to contribute to new initiatives

Issues for HTAP to consider:

- NHSO links to other organisations through the CPP – is another plan/partnership needed?
- NHSO, however, feel they have limited ability to influence transport outcomes, and an increased voice would be welcome
- HTAP scoping needs to communicate what an HTAP would enable NHSO to do that it doesn't currently
- NHSO's top priorities for an HTAP would be inter-isles and Orkney – Scottish mainland travel, and increasing use of remote consultations

## A.2 NHS Western Isles

Discussion with Director of Public Health and Director of Finance 2/7/24

Issues relating to patient/staff travel:

- Travel for healthcare represents a high proportion of inter-isles travel
- NHSWI does not have responsibility for transport services but does reimburse travel costs
- The ageing fleet of ferries and planes is an issue, alongside flight and ferry capacity, especially since new inter-isles air service has reduced capacity and accessibility of planes
- NHSWI reliant on flights for transport of some medicines and equipment (e.g. for sterilisation)
- Disruptions caused by poor weather are frequent
- More evidence at <https://www.wihb.scot.nhs.uk/wp-content/uploads/2023/12/Item-6.1.3-23-139-Appendix-3-Travel-Logistics-BM-13.12.23.pdf>
- Infrequent and reduced evening/Sunday services cause problems for patients and for staff recruitment (especially for shift work)
- Bus services often don't connect well to ferries/flights, and taxi capacity also restricted in places (e.g. Barra)
- NHSH has good data on staff/patient travel needs (including costs). There is anecdotal evidence that transport times/costs lead to reduced propensity to access healthcare
- Small ferries can operate only in daylight, restricting winter timetables

Issues relating to transport & public health:

- Limited concerns by NHSWI about transport/public health
- Good recent progress on active travel

Resources/capacity:

- NHSWI engages with CPP, but limited focus on travel/transport
- NHSWI would be willing to assist an HTAP with gathering evidence and advocating change

Issues for HTAP to consider:

- Need to identify where/how an HTAP could add value

### **A.3 NHS Highland**

Discussion with Director of Public Health and Senior Health Improvement Specialist 3/7/24

Issues relating to transport & public health:

- NHSH see links to be much more than road safety/active travel – they see that people in isolated communities without good transport links have reduced employment and other opportunities, contributing to worse health outcomes
- There is strong anecdotal evidence of this, but relatively little robust evidence

Issues relating to patient/staff travel:

- Equity of access to services is a key issue for NHSH
- There are some well-documented areas where access to healthcare is a problem – e.g. N Skye, Lochaber, maternity services in Caithness
- NHSH would welcome a holistic review of where/how healthcare services are delivered – work to date has tended to focus on piecemeal issues, often relating to access to specific sites

Resources/capacity:

- NHSH links to many other partners, but many partnership discussions have a general focus – one on transport might be welcomed, subject to benefits being realisable
- Resources are very constrained, so new initiatives can only be supported if they contribute to Board priorities. Realistically, that does not include active travel at the moment, but HTAP could be supported if it can be shown to contribute to service delivery (reduced waiting times, improved discharge times, etc)

Issues for HTAP to consider:

- HTAP could help enhance evidence base to justify investment in transport to deliver health outcomes (for public health and access to healthcare)
- HTAP could help with lobbying for investment in transport improvements (e.g. ferries, rural bus)
- Although journeys to healthcare are a small proportion of those made, they are important and high priority ones

### **A.4 Moray Council, Comhairle nan Eilean Siar**

Discussion with transport officers 3/7/24

- Kelly and Donald sit on the Grampian HTAP partnership
- They see significant further opportunities to improve access to healthcare – planning/support from NHS remains far from comprehensive and some recent NHS decisions on healthcare facilities/provision have exacerbated access problems
- HTAP can help, in part by helping transport teams understand more about NHS pressures
- Affordability of access to healthcare is a key issue
- Much recent publicity about access to healthcare in W Isles, especially because of new planes following PSO contract changes
- On-island transport for healthcare on W Isles is generally considered fit for purpose



- The lack of coordination with non-emergency ambulance is a key issue
- Currently very little interaction between NHSWI and CnES – more coordination would be welcomed by CnES
- Both LAs are short of staff time and financial resource but would be willing to support an HTAP with some staff time for project coordination, evidence building, etc

## A.5 ZetTrans

Discussion with Lead Officer 23/7/24

Would welcome the development of an HTAP

- Access to healthcare should be the biggest area of focus – known to be a significant issue but hasn't been a policy focus
- Biggest issue is likely to be primary care access, and the high time/financial cost of attending for many people
- HTAP may be an opportunity to develop joint working with NHSS to resolve issues – this joint working not currently taking place
- Important to seek to integrate non-emergency ambulance provision with other transport
- However, the staff/resource constraints are noted

## A.6 NHS Shetland

Discussion with Director of Finance 2/8/24

- NHSS would be keen to engage with an HTAP
- Access to healthcare would be a much bigger priority for an HTAP than active travel
- An HTAP should recognise existing forums which are (or should) be considering similar issues, including the LOIP and Shetland External Transport Forum

For local travel on Shetland:

- A distinction is made for travel for patients (largely travelling in the daytime when public transport is available to at least some) and staff (as very limited public transport available at work start/end times)
- There is potential for better coordination of non-emergency ambulance, dial-a-bus and taxi provision

For travel to Scottish mainland:

- There are many apparently modest barriers which are worthy of consideration, including:
  - No direct bus to Foresterhill from Aberdeen airport
  - The walk distance from Aberdeen ferry terminal to the bus station is too far for some
  - No direct bus service from Inverness airport to the new National Treatment Centre

## A.7 Badenoch & Strathspey Car Scheme

Discussion with CEO 7/8/24

- B&SCS provide valuable transport services to enable people to access healthcare, both locally and further afield (the latter especially for trips to Inverness)
- Some of their other activity (e.g. befriending service) also has a strong public health focus

- They try to work with local medical practices to get appointments scheduled at times which are convenient for patients and transport – with some successes, but there is much more that could be done, especially with appointments for more specialist care in Inverness and elsewhere. Successes rely on the cooperation of local NHS clerical staff and are not arising from systematic focus
- With help from the NHS, B&SCS could be much more efficient – taking more patients in one trip, collecting patients from other areas, doing local journeys whilst waiting in Inverness, etc
- B&SCS know that they provide significant social value, but don't feel that funding is fairly applied to those delivering this value
- They ask that any new HTAP take a role in lobbying for fairer funding and better coordination of healthcare delivery with transport/access requirements

## A.8 Nestrans

Discussion with Transport Strategy Manager 22/8/24

Lessons learned from development and delivery of the Grampian HTAP:

- The better relationships between individuals in different organisations has been a key benefit of HTAP – these have helped take forward many projects/initiatives (albeit not necessarily the ones prioritised by the HTAP)
- There is greater potential benefit to be realised in the access to healthcare agenda than promoting public health
- Recognise that there are few people within NHS for whom transport is a key responsibility
- HTAP's success is dependent on it having champions at senior levels within partner organisations. Within NHS, these may need to be different people on access to healthcare and public health agendas if both are to be progressed
- Scottish Government has supported HTAP, but not with strong commitment
- Having a dedicated resource (e.g. programme manager) is a key requisite for HTAP to be effective
- There remains significant evidence gaps on the scale of problems/potential benefits (e.g. of access to healthcare problems, or the benefits that improved transport could provide)

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<sup>i</sup> [Road Casualties 2013-2022](#), Scottish Government

<sup>ii</sup> [Commuting by walking or cycling 'can boost mental wellbeing'](#), National Institute for Health and Care Excellence

<sup>iii</sup> Department of Health (2010) Annual Report of the Chief Medical Officer, 2009

<sup>iv</sup> <https://www.transport.gov.scot/media/10302/tp-active-travel-policy-implementation-review-october-2016.pdf>

<sup>v</sup> [Causes, impacts and possible mitigation of non-attendance of appointments within the National Health Service: a literature review](#), National Library of Medicine

<sup>vi</sup> [The UK National Health Service: A Rural Versus Urban Perspective](#), Southern Medical Association

<sup>vii</sup> [APPG Rural Health & Care: Parliamentary Inquiry](#), National Centre for Rural Health and Care

<sup>viii</sup> [Poor access to care: rural health deprivation?](#), British Journal for General Practice

<sup>ix</sup> [Warning over 'travel toxicity' as study suggests islanders more likely to die from cancer](#), Press and Journal

<sup>x</sup> [Skye, Lochalsh & South West Ross Transport & Access Plan](#), HITRANS

<sup>xi</sup> [Skye, Lochalsh & South West Ross Transport & Access Plan](#), HITRANS

<sup>xii</sup> [https://audit.scot/docs/health/2011/nr\\_110804\\_transport\\_health.pdf](https://audit.scot/docs/health/2011/nr_110804_transport_health.pdf)