

# Western Isles Transport & Health Working Group

## Findings and recommendations

# Content



<b>Introduction</b>	<b>9</b>
The Western Isles Transport & Health Working Group	9
Context to health services and transport	9
<b>Evidence summary</b>	<b>11</b>
What is working well?	11
Evidence summary	13
The scale of travel for healthcare	13
Travel to healthcare challenges	15
The impacts of transport to healthcare challenges	20
Constraints to change	21

**Prepared by: Tim Steiner**



<b>Recommendations</b>	<b>23</b>
<b>Appendix. Healthcare arrival/departure times</b>	<b>25</b>
Uist to/from Western Isles Hospital:	25
Uist to/from Raigmore	26
Barra to/from Western Isles Hospital	27
Barra to/from Raigmore	2

# Introduction

## The Western Isles Transport & Health Working Group

This report presents recommendations following discussions of the Western Isles Transport & Health Working Group.

The purpose of the group was defined at the request of the Cabinet Secretary for Health and Social Care following a meeting held in Benbecula on 21 August 2024. The remit is:

“The group will consider the immediate issues and opportunities which have been identified across the Western Isles in relation to health services and transport, making recommendations for actions. The group will foster relationships to improve integration of transport provision for health services and consider alternatives.”

The Working Group has included representation from:

- HITRANS (who also provided a coordination and secretariat function);
- Patients’ representatives from Uist, Barra & Vatersay;
- NHS Western Isles (NHSWI);
- Comhairle Nan Eilean Siar (CnES);
- Airtask;
- Loganair;
- Highlands and Islands Airport Limited;
- CalMac;
- Scottish Ambulance Service;
- Mobility and Access Committee for Scotland;
- Scottish Government Transport to Health team;
- Transport Scotland.

The group has focussed on access to healthcare for Uist and Barra (Berneray, North Uist, Baleshare, Grimsay, Benbecula, South Uist, Eriskay, Barra and Vatersay), as it is from these islands that access issues are most challenging. The purpose of this report is to summarise the work of the group and list the recommendations for implementation that the group has developed.

The positive influence of the Benbecula Patient Partnership Group is noted; they were strong advocates for increased focus on issues of access to healthcare for residents of Uist, and their efforts to raise awareness led directly to the formation of the Working Group.

## Context to health services and transport

As well as meeting an important social need, providing accessible, affordable and efficient access to healthcare helps contribute to a range of public policy priorities, including those of:

- The Outer Hebrides Local Outcome Improvement Plan;
- NHS Western Isles’ corporate objectives; and
- HITRANS’s Regional Transport Strategy; and
- Outer Hebrides Local Transport Strategy.

It is also pertinent to the recent report by the Scottish Human Rights Commission into Economic, Social and Cultural rights in the Highlands and Islands, which concluded that:

- “In certain areas, sustained cuts to critical health services have been made with significant impacts on the local population.
- There is concern over the lack of locally available health services in certain areas including sexual and reproductive health services, meaning people have to travel great distances to access health services.”

The Scottish Government has also recently published its Transport to Health Delivery Plan. This makes a number of commitments for change, of which number 18 is particularly relevant: “The Scottish Government will work with Hi Trans [sic] to facilitate a working group to assess the impacts of air services in the Western Isles and access to health services. The group will work to improve data and evidence on the issues, identify solutions through joint working and consider longer term actions required.”

For context for the remainder of this report, it is important to establish that providing access to healthcare is not the specific responsibility of any one organisation.

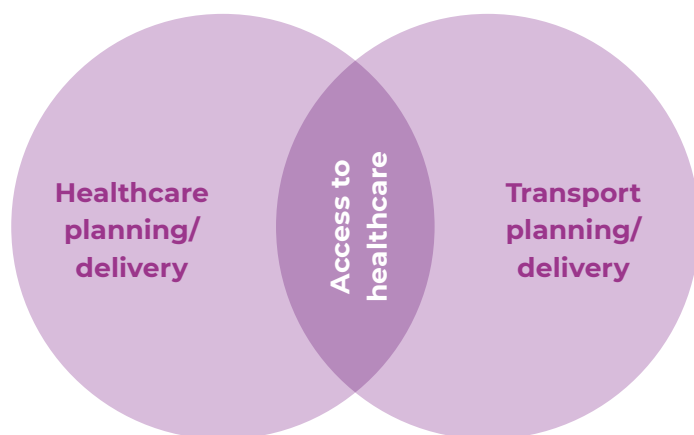
Whilst the NHS provides healthcare and usually seeks to ensure that its services are accessible to those that need them (including providing them as close to patients as is reasonably practicable), it is the responsibility of patients to get themselves to their appointments.

The NHS does support some patients through covering travel costs through the Highlands and Islands Travel Scheme, which reimburses patients resident in the Western Isles (and some other places) for their travel costs to healthcare if their journeys are longer than 30 miles (subject to an excess of £10). As a voluntary extension of this, NHS Western Isles also organises and pays for ferry/flight transport for patients that need inter-island transport for healthcare.

Most relevant public transport services (buses, ferries and air services) are provided by private operators under contract to or with financial support from CnES or Transport Scotland. And whilst enabling effective access to healthcare is an important issue, both healthcare and transport sectors are large and complex, seeking to deliver many other priorities within many other constraints (see figure). Access to healthcare cannot be a dominant issue for either. As well as significant financial constraints on all partners:

- The transport system is seeking to accommodate the movement needs of island residents for all journey purposes, including travel to work, school and access other essential services, as well as travel for visitors and for the movement of freight;
- The healthcare system seeks to balance easy access for patients with the requirements for staffing (which often necessitates mainland – Western Isles or inter-island travel for specialists), equipment and premises.

Within this context, partners recognise that providing easy access to healthcare for residents of Uist and Barra is challenging and is likely to remain so, but have come together within this Working Group to seek to identify implementable solutions that can resolve at least some of the problems that are faced.



# Evidence summary

This section summarises the evidence that the Working Group has collated. The group has sought to understand the problems that patients, their carers, and delivery organisations from both healthcare and transport sectors face in relation to access to healthcare, how widespread these problems are, and the opportunities and constraints to change.

Much of the evidence presented in this section was identified through discussions between Working Group members; many separate meetings have been held, some of the full group and others between smaller numbers of group members to explore specific issues.

A variety of data has been provided by partners, and summaries of the main points are provided.

## What is working well?

Although there are many challenges facing patients accessing healthcare, many factors are working well. The previous efforts of partners to achieve these outcomes are noted, as is the aspiration to ensure that these elements are retained.

- **All partners are willing to try to achieve better outcomes:** all members of the Working Group have displayed a willingness to support better outcomes for patients. They have made time to collate and share information, to help others understand the constraints to change where these are real, and to identify opportunities for improvement;
- **NHSWI has comparatively low waiting times:** although many residents of the Western Isles face challenging journeys to healthcare, waiting times for treatment in NHSWI hospitals are typically significantly shorter than is common for mainland Boards;
- **NHSWI do commonly seek to book patients at convenient times:** the staff involved in booking patient appointments are well aware of the travel challenges that patients face, and do what they can to schedule appointments in locations and at times that are as convenient as possible within the constraints of clinical need;
- **NHSWI patient travel bookers:** NHSWI provide dedicated staff members on Uist and Barra to help patients identify appropriate travel options for inter-island journeys to healthcare, and then organise and pay for this travel. This is a service that many patients and their carers value;
- **Enhanced Urgent Medical Protocol changes for ferry access:** following a request from Benbecula Patient Partnership Group, Transport Scotland and CalMac have recently agreed a change to the Urgent Medical Protocol for ferry access. This extends provision (by which patients travelling to/from healthcare appointments but were unable to book their vehicles onto a ferry were supported to travel as a foot passenger then continue their journeys by taxi) which was previously available only for island – mainland

journeys to island – island services, hence is now available for travel across the Sounds of Harris and Barra;

- **Uist and Barra residents don't miss more appointments than residents of Lewis and Harris:** NHSWI has provided data on the proportions of patients that did not attend (DNA) their appointments. Of appointments at Western Isles Hospital between 2019 and 2023, the proportion of DNAs by Uist residents was 4.5% and that of Barra residents 6.8%; the equivalent rate for residents of Lewis and Harris is 5.8%;
- **NHSWI are looking to create more local services:** NHSWI have supported the delivery of a wide variety of clinical specialisms at Uist and Barra Hospital, commonly with specialist clinicians travelling there regularly from Stornoway and/or the mainland. Despite recent challenges in maintaining convenient journey options to Benbecula for clinicians, NHSWI are working to expand this provision, including a proposal to provide ENT services there in 2025, and for upskilling local staff to support ophthalmology services;
- **Patient escorts:** NHSWI will, subject to certain criteria being met, help arrange and pay for journeys by an escort to travel with a patient. Uptake of this is substantial: 40% of recent patient journeys from the Western Isles to mainland hospitals were accompanied by an escort whose travel was funded by NHSWI<sup>1</sup>;
- **Near Me:** though not suitable for all healthcare appointments, nor for all people, Near Me has enabled more people to access specialist healthcare without the need to travel, and to reduce the need for specialist healthcare to travel. Partners have acknowledged that there is still scope to expand this provision and further improve how it is delivered.

---

<sup>1</sup>Though it is noted that some patients' perceptions remain that provision for escorts is poor, and that escorts are unable to get the full cost of overnight accommodation reimbursed.



# Evidence summary

## The scale of travel for healthcare

**In 2023, NHSWI organised and paid for travel for 1,952 healthcare appointments for residents of Uist and Barra which required inter-island journeys** (each would have made both outward and return trips). This is equivalent to 0.33 appointments in the year for each of the

approximately 6,000 residents of the isles, (though of course it is likely that many of the patients made more than one journey).

About 60% of the appointments were to the Western Isles Hospital in Stornoway and 16% were to Raigmore. The remainder were Barra residents attending Uist and Barra Hospital:

2023 From	To			
	Western Isles Hospital (Stornoway)	Raigmore (Inverness)	Uist & Barra Hospital (Benbecula)	Total
North Uist	321	75	N/A	396
Benbecula	541	156	N/A	697
South Uist	169	65	N/A	234
Barra	130	17	478	625
<b>Total</b>	<b>1,161</b>	<b>313</b>	<b>478</b>	<b>1,952</b>

Data supplied by NHSWI, analysed by Jacobs

Of the patient journeys booked by NHSWI in the period of May – September 2024, 26% were by air, the remainder by ferry.

**Over three quarters of the journeys made were for one of nine medical specialisms** (journeys for 45 other specialisms comprise the other journeys):

Speciality	Total journeys	Proportion of all journeys	Cumulative total of journeys	WIH	U&BH	Raigmore
Diagnostic radiography	396	20%	20%	73%	14%	14%
General Surgery	304	16%	36%	70%	12%	17%
Ophthalmology	227	12%	48%	73%	14%	13%
Trauma & Orthopaedic	179	9%	57%	48%	50%	2%
Ear, Nose & Throat	104	5%	62%	33%	30%	37%
Medical Oncology	83	4%	66%	86%	0%	14%
Obstetrics	71	4%	70%	96%	0%	4%
Urology	69	4%	73%	41%	0%	59%
Gynaecology	85	4%	78%	44%	56%	0%
<b>45 other specialisms</b>	<b>434</b>	<b>22%</b>	<b>100%</b>	<b>40%</b>	<b>43%</b>	<b>18%</b>

Data supplied by NHSWI, analysed by Jacobs



As noted on the left, around 40% of patients are accompanied by an escort during their journey.

NHSWI covers the air and ferry fares for all these passengers, plus their escorts, and additionally reimburses personal mileage or taxi fares. Total costs reimbursed will depend on specific circumstances, but return fares on the Sound of Harris ferry for a car with a driver are currently £40.80, a return Benbecula – Stornoway flight £198.40 per person.

NHSWI additionally provides an allowance of up to £60 per night for overnight accommodation for both patients and escorts when it is needed (for example if the journey must be made on the day before the appointment). There is recognition that this allowance is insufficient to cover what many people feel to be adequate quality facilities, especially when costs are inflated during summer months.

Additionally, there are significant numbers of journeys made to Uist and Barra Hospital by clinicians, largely from Stornoway but some also from Inverness and Glasgow. These enabled 2,837 patient appointments to be made in Benbecula in a four-month period in mid-2024.<sup>2</sup>

<sup>1</sup> <https://www.wihb.scot.nhs.uk/wp-content/uploads/2024/07/Item-4.1.1-24-113-Appendix-1-Detailed-PSO-Report-BM-11.07.24.pdf>

# Evidence summary

## Travel to healthcare challenges

Discussion with Working Group members has confirmed that while on-island travel to healthcare can be a challenge for some patients, it is not the primary concern for most residents as evidence suggests that family/friends provide a solution in the vast majority of cases when required for these shorter journeys. Instead, it is inter-island transport for which dominant problems arise. The issues that have been identified by the Group as being most pressing are outlined in this section.

### Many patients face long, stressful, tiring and uncomfortable journeys

All inter-island journeys require multiple journey legs (typically car/taxi, followed by flight/ferry and another car/taxi journey). Most journey legs involve some element of uncertainty/worry and discomfort, both during travel and whilst waiting for connections. Problems are typically more severe for people with restricted mobility, that have mental wellbeing issues, are in pain, or are in need of regular comfort breaks.

Journeys home are commonly more challenging than those to the appointment, as the patient may be recovering from treatment, and/or the discharge time may be outwith the patient's control and not convenient for transport choices.

Typical journey options and travel times between Uist and Barra, Western Isles Hospital and Raigmore Hospital are set out in Appendix A, but are typically a minimum of two hours (from Benbecula to Western Isles Hospital on days when flights are available) to up to nine hours (from Barra to Western Isles Hospital on days when planes don't operate).

### Some transport options are physically inaccessible for some people

People with restricted mobility, especially but not only those that are post-surgery, find it difficult to access some transport services. The BN Islander aircraft now in use on the Benbecula – Stornoway route is a particular concern, which has an arrangement of steps, relatively small doorway and seat layout that can be challenging for many people<sup>3</sup>.

### Reliability of inter-island services is patchy

Each cancelled flight or ferry is likely to result in problems for some patients accessing healthcare, or for NHS staff getting to/from clinics.

In the year to October 2024, CalMac cancelled (before relief) 11% (221 of 2,071 scheduled) of its sailings on the Sound of Harris route<sup>4</sup>, and 12% (381 of 3,147 scheduled) of its sailings on the Sound of Barra.<sup>5</sup> Ferry reliability is naturally worse in winter months.

<sup>3</sup>Napier University's Transport Research Institute is currently undertaking research to identify whether the Islander can be made more accessible.

<sup>4</sup><https://assets.calmac.co.uk/media/oYaatk1s/berneray-leverburgh.pdf>

<sup>5</sup><https://assets.calmac.co.uk/media/kwcdqg3q/ardmhor-eriskay.pdf>

## Case studies

Patient Partnership Groups collate information on some of the challenges that patients from Uist and Barra face when accessing healthcare. Comments made to them have included:

*"The journeys involved a great deal of anxiety about weather and availability of seats or space on the ferry, and about being stranded away from home over Christmas."*

*"I was scheduled to travel to Stornoway from Uist 17 times for chemotherapy. Three of the flights booked were cancelled, another five flights were delayed."*

*"It was such a relief when treatment was provided at Uist and Barra Hospital. Previously I had had to travel to Inverness."*

*"There's no access for disabled people on the small plane now running from Benbecula to Stornoway."*

*"At first I was not told about the patient accommodation at Raigmore and could only find a very expensive hotel as I was recalled at short notice over a holiday weekend."*

*"I am absolutely exhausted by my treatment and the repeated need to travel to Stornoway from Uist."*

*"Last week I had my first appointment in Stornoway on Tuesday via the awful yellow plane. That evening I flew to Inverness. I had my appointment on Wednesday and promptly caught a train to Glasgow. On Thursday I was due to fly home but due to fog I was delayed a day. I finally reached home on Friday."*

*"I have to travel without an escort as no one could take that much time away."*

*"The stress of the journeys is often compounded by transport delays and the worry of covering the costs of overnights. We have heard of patients who decide not to travel off-island for appointments."*

*"Expectant mothers have to travel away from home, sometimes for weeks, around the time of their due date. They can claim for accommodation, but only to a maximum of £60 per night, which does not cover commercial rates. And no travel or accommodation expenses are reimbursed for their partners/escorts."*

# Evidence summary

Meanwhile, reliability of the Benbecula – Stornoway air service in recent months has been:

	April 2024 <sup>6</sup>	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Total
<b>Scheduled</b>	36	52	48	56	52	52	52	52	<b>356</b>
<b>Flew</b>	33	31	34	46	36	42	33	42	<b>263</b>
<b>Cancellation rate</b>	8%	40%	29%	18%	31%	19%	37%	19%	<b>26%</b>
<b>Cancellations for poor weather</b>	<b>0</b>	<b>14</b>	<b>10</b>	<b>2</b>	<b>14</b>	<b>8</b>	<b>19</b>	<b>10</b>	<b>77</b>
<b>Cancellations for technical faults</b>	2	4	0	8	2	2	0	0	<b>18</b>
<b>Cancellations for crew sickness</b>	0	0	4	0	0	0	0	0	<b>4</b>
<b>Cancellations due to no demand</b>	1	3	0	0	0	0	0	0	<b>4</b>

Data supplied by CnES

This shows that a substantial proportion of services scheduled for both ferries and flights have not operated.

Given that the majority of cancellations are due to poor weather conditions, the proportion of flight cancellations may be expected to be higher in winter months.

In the year to April 2024, when the air service was operated by a larger aircraft, there were 41 reported cancellations of the approximately 230 scheduled departures (i.e. a cancellation rate of 18%).

Three of the 41 were because of no demand for travel. Poor weather was the cause of 22 cancellations; the remaining 16 were caused by technical faults.

## Services sometimes operate at capacity

Both air and ferry services sometimes operate at capacity, limiting ability for patients or NHS staff (particularly those needing to book at relatively short notice) to get a seat on the plane or to take a car on the ferry.

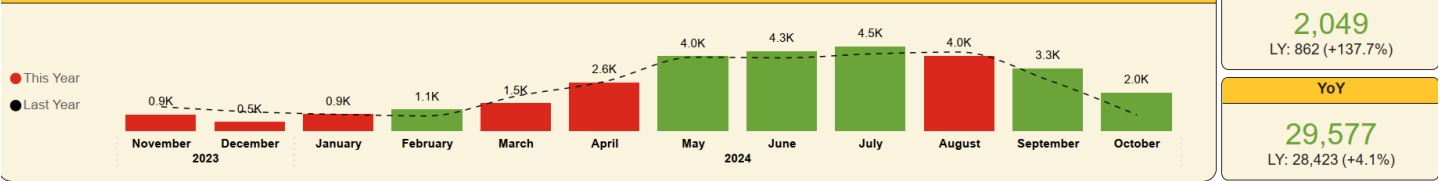
The most recent Vessel Replacement and Deployment Plan published by Transport Scotland in 2018<sup>7</sup> confirms that the Sound of Harris route operates at a higher proportion of capacity of any in the CalMac network. CalMac data shows the ferry operated effectively at capacity from May to August in 2024, albeit that there is commonly spare capacity at other times of year:

<sup>6</sup>Not full month of operation

<sup>7</sup><https://www.transport.gov.scot/media/41509/vrdp-annual-report-2016-30-january-2018.pdf>

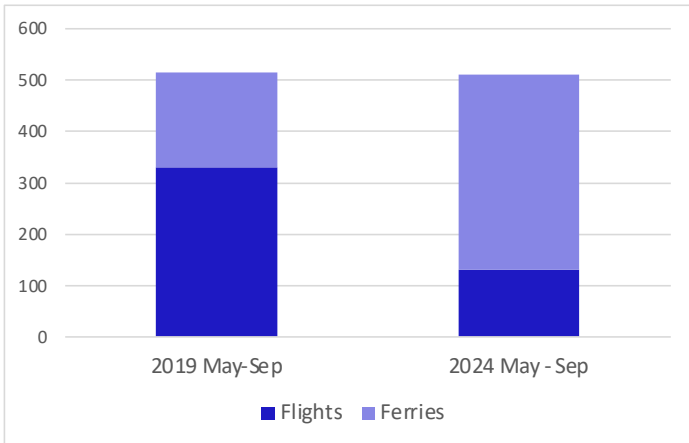
## Shipped Cars

### Berneray - Leverburgh



NHS patient travel bookers report that they are frequently unable to accommodate patients' wishes to fly between Benbecula and Stornoway because they are unable to obtain tickets through their travel agent.

The fact that there is unmet demand for travel by plane is demonstrated by comparison of mode choice of inter-island patient journeys over time. In two summer periods (2019 and 2024) the total number of patient journeys on the Uist – Lewis route was very similar (514 journeys in 2019, 511 in 2024). In 2019, when the larger plane was operating and timetables more convenient for many, nearly two-thirds of patients chose to fly. The proportion in 2024 is barely more than a quarter:



NHS patient travel bookers report that this change is largely due to them being unable to obtain tickets, albeit that some patients find it difficult/impossible to access the smaller aircraft, whilst some others are unwilling to fly in a small plane<sup>8</sup>.

CalMac have reported a 4.9% increase in passengers and 4.1% increase in the number of cars carried on the Sound of Harris route between 2023 and 2024; this could in part be because of the reduced flight capacity. Given the constraints on ferry capacity also, any changes to flight services which may increase demand for ferry use may hasten the need for a second and/or larger vessel.

### Transport timetables are sometimes poorly coordinated for people wishing to make connections

The changes to the flight timetables earlier in 2024 led to the loss of convenient interchange options in Stornoway for people wishing to travel between Benbecula and Inverness. It has made it impossible for NHS Highland staff to travel to Benbecula and back in a day in order to provide clinics at Uist and Barra Hospital. Meanwhile, the earliest arrival time at Raigmore hospital for a patient leaving Benbecula in the morning is now around 1745, following an over eight-hour wait in Stornoway. For the return journey, departure from Raigmore is needed before 0900 in order to arrive in Benbecula on the same day.

Problems are further exacerbated for patients travelling from Barra, for whom the first ferry arrival into Eriskay is a little too late to enable connection to the Stornoway flight from Benbecula. They are therefore unable to travel by plane to Stornoway if they wish to arrive in time for treatment at the Western Isles Hospital on the same day.

<sup>8</sup>Although the factors influencing the change are unknown, and could include changes to aircraft capacity, flight timetables, the smaller aircraft or differing requirements to travel, the usage of the Benbecula – Stornoway air service by CnES staff for business travel has also fallen substantially since the introduction of the new service, with usage per week since April 2024 being only around half the level seen in the last year of operation by Loganair with the larger aircraft.

# Evidence summary

These issues cause inefficiencies for NHS staff and patients, and increased requirement (and cost) for overnight accommodation.

Meanwhile, the Sound of Harris ferry's tidally-variable timetable is not followed by bus services on Harris, such that there is no consistent connection between ferry and bus arrivals/ departures at Leverburgh. The timetables of most local public bus services are primarily determined and operated around the Council's statutory requirement to provide school transport.

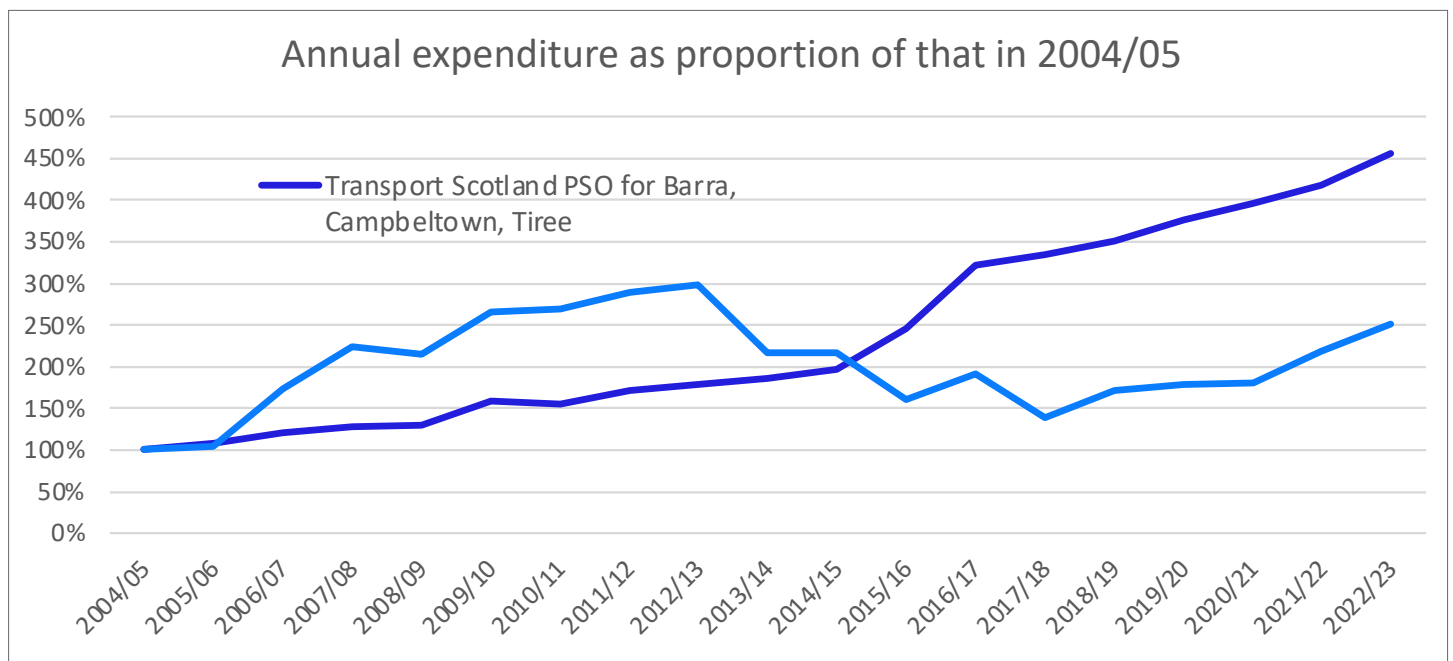
## Some patients struggle to get the care they need during their journeys

Whilst NHSWI provides transport for escorts for some patients, some other patients are ineligible or do not have people able to escort them. There are then instances of patients failing to get the care they need whilst they travel, with problems more common on journeys home following treatment.

Reported incidents include long waits at unheated ferry waiting rooms with no access to refreshments, long bus or taxi journeys with no access to refreshments or toilets, and patients needing to wait alone at Stornoway airport for very lengthy periods in the event of flight disruptions.

## Transport operating costs have been increasing, but public sector investment has not matched this

The costs of operating transport services naturally increases over time. Transport Scotland's investment in its PSO routes to provide connections to Barra, Campbeltown and Tiree has increased more than three-fold in the period 2004 to 2022. There is no directly comparable data for the PSO for Western Isles air services, but its net spend on the PSO routes and on harbours has increased by around 150% in the same period. This reflects the significant allocation of discretionary investment that CnES puts into the route, but demonstrates that much greater funding would have been required to enable service levels to be maintained (and the removal of its support for the Barra – Stornoway air service occurred during this time).



## Other parts of the transport network may not be robust

The Stornoway – Inverness air service is essential for access to healthcare for many residents of Lewis and Harris, in addition to those from Uist and Barra, as well as being important for travel for a wide variety of other journey purposes. Operated commercially by Loganair, the company stated earlier in 2024 that “low passenger numbers on

flights between Inverness and Stornoway made it a difficult route to sustain”<sup>9</sup>.

Some Working Group members have suggested that retiming Benbecula – Stornoway services to enable easier interchange in Stornoway for Benbecula – Inverness journeys may help sustain the viability of the Inverness route.

## The impacts of transport to healthcare challenges

The impacts of the problems outlined above include:

- Discomfort and stress for patients accessing healthcare;
- The costs incurred by patients and (where relevant) their escorts. These may include some direct financial costs (including loss of income), but also include significant time;
- Difficulty in enabling clinical specialist staff to provide services in Uist and Barra, increasing the need for more patients to travel to Stornoway or elsewhere for treatment;
- High and on-going costs to NHSWI to pay for patient travel;
- Some patients’ discharge following treatment being delayed until appropriate transport is available.

Problems affecting patients are typically more significant for those in poor health, as they will likely need to travel more often and have more constraints/discomfort during their journey, or with physical mobility or mental wellbeing challenges. Some patients are required to make arduous journeys very frequently (weekly or even more often for some).

Difficulties of transport to healthcare have been prevalent for residents in Uist and Barra for a long period, but some of these problems have

been exacerbated by the recent changes to flight services, as the service:

- Is now less accessible for people with restricted mobility;
- Has a smaller capacity which appears to be commonly unable to meet demand;
- Has a timetable less conducive to making connections in Stornoway for Benbecula to/from Inverness journeys (which is affecting travel to the mainland by patients and to Uist and Barra by clinicians based on the mainland);
- Operates on a Friday rather than a Thursday, which is less convenient for many healthcare purposes;
- Requires NHSWI patient travel booking staff to spend a greater proportion of their time organising transport.

NHSWI has estimated<sup>10</sup> that it faces additional financial costs for patient travel of £68,000 as a result of the changes. It is not completely clear from the analysis to what time period this cost refers, but it is assumed to be annualised. Financial and time costs of NHS staff travel are excluded. Although it forecasts a net saving on the costs of patients’ flights and associated travel (as fewer will be flying), these are more than offset by the costs of increased ferry travel and transfers.

<sup>9</sup><https://www.bbc.co.uk/news/articles/c0mz0xx9zedo>

<sup>10</sup><https://www.wihb.scot.nhs.uk/wp-content/uploads/2024/07/Item-4.1.1-24-113-Appendix-1-Detailed-PSO-Report-BM-11.07.24.pdf>



# Evidence summary

## Constraints to change

As noted above, there are constraints to change in both healthcare and transport sectors.

Lack of funding (especially for revenue funds to support ongoing costs of transport, staffing, etc) is a major constraint to all delivery partners.

Key amongst other constraints identified by the group were:

NHSWI's ability to change the location of healthcare appointments is limited. NHSWI does schedule some specialist appointments at Uist and Barra Hospital and has considered the potential to do more. However, its ability to provide a significant number of additional appointments there, at least in the short-term, is limited by constraints on equipment and staffing. Of the nine specialisms that make up the large proportion of the need for inter-island travel:

- **Diagnostic radiography:** CT and Dexa scans are available only at WIH<sup>11</sup>;
- **General surgery:** Endoscopy and theatre is undertaken only at WIH, though an endoscopy service will start at UBH<sup>12</sup> in 2025;
- **Ophthalmology:** there is no theatre at UBH, so patients must travel for cataract surgery;
- **Trauma and orthopaedic:** there is no theatre at UBH, so patients must travel for orthopaedic surgery;
- **Ear, nose and throat:** the recent loss of flight connections in Stornoway means that clinicians are unable to travel to UBH from Inverness without an overnight stay, which conflicts with their work schedules for NHSH, hence patients need to travel to WIH;
- **Medical oncology:** chemotherapy is only delivered at WIH;

- **Obstetrics:** some scans are undertaken at UBH but more complex cases need to be seen at WIH;
- **Urology:** the recent loss of flight connections in Stornoway means that clinicians are unable to travel to UBH from Inverness without an overnight stay, which conflicts with their work schedules for NHSH, so patients need to travel to WIH;
- **Gynaecology:** there is no theatre or colonoscopy service at UBH, so patients must travel for diagnostics and surgery.

### NHSWI has no control over timings of NHSH or NHSGG appointments

Although NHSWI generally seeks to ensure that its appointment times take account of patient travel needs, it has no control over appointment times for patients that are referred to NHS Highland for treatment at Raigmore. This can lead to inconvenient journeys and/or increased need for overnight stays by island residents.

### The lack of refuelling and hangarage facilities at Benbecula constrains flight operations and capacity

There is, subject to funding constraints, potential to adapt timetables for the Benbecula – Stornoway service, either to increase capacity and/or enable more effective connections to the Inverness flight at Stornoway. However, the lack of refuelling facilities at Benbecula constrains southbound capacity to be less than northbound, because the plane has a heavier fuel load travelling southbound to enable the return leg. In combination with the lack of hangarage facilities, it makes basing the service at Benbecula challenging which in turn results in later morning departures, earlier evening arrivals and less time in Stornoway than would be possible if the service was based at Benbecula.

<sup>11</sup>Western Isles Hospital, Stornoway

<sup>12</sup>Uist and Barra Hospital

### **The Sound of Harris ferry timetable is tidal and constrained to daylight hours**

The Sound of Harris ferry operation is tidal, so timings cannot be consistent to coordinate with other transport, notably of the Harris spinal bus service, the timetable of which is fixed in order to enable it to provide school transport. The ferry timetable is also constrained by daylight hours which severely restricts the operating day during winter months.

# Recommendations

In the light of the evidence outlined above, the following seventeen recommendations are made.

Action		Lead partner Supporting partners	Timescale
<b>Actions related to partnership and evidence</b>			
1	Maintain ongoing dialogue between partners to identify and seek to resolve problems of travel to healthcare in the Western Isles	<b>HITRANS</b> NHSWI, CnES, Airtask, CalMac	Ongoing
2	Collate and publish annual data on patient and NHS staff travel to/from Uist and Barra, including numbers of people travelling for what specialism, financial costs to NHS and reported problems	<b>NHSWI</b> HITRANS	Ongoing
3	Ensure that a transport impact assessment is undertaken on any significant changes to the location and/or timing of healthcare delivery and that transport delivery partners have the opportunity to engage <sup>13</sup>	<b>NHSWI, HITRANS</b> CnES, Airtask, CalMac	Ongoing
4	Ensure that an Equalities Impact Assessment is made of any significant changes to the provision of inter-island transport	<b>HITRANS, CnES</b>	Ongoing
5	Support the Scottish Government deliver its commitments made in the Transport to Health Delivery Plan	<b>HITRANS</b> NHSWI	Ongoing
<b>Actions related to flights</b>			
6	Complete the on-going consideration of whether NHSWI can be offered an account for booking Hebridean Air flights, to enable NHSWI patient travel staff to book flights directly rather than through a travel agent, in order to ease travel bookers' roles and enable them to make better use of aircraft capacity	<b>Airtask</b> NHSWI	Short
7	Increase the Benbecula – Stornoway air service to 5-day per week operation (Monday to Friday) to increase the weekly capacity on the route and enable more options for travel by patients and NHS staff	<b>HITRANS</b> CnES, Airtask	Short
7a	<i>(If action 7 cannot be delivered)</i> Consult with members of the public and identify other costs and benefits of changing the days of operation of the Benbecula – Stornoway air service from Mon, Tues, Fri to Mon, Tues, Thurs as preferred by NHSWI, then implement the change if proven beneficial and practical	<b>HITRANS</b> Airtask, CnES, NHSWI	Short
8	Seek investment to enable provision of aircraft fuel at Benbecula, and of hangarage facilities there, if this can enable the Benbecula – Stornoway air service to be based there (hence enabling earlier morning arrivals and later evening departures at Stornoway, so easier access to/from WIH and connections to/from Inverness flights) and/or flight connections to Barra	<b>HITRANS</b> CnES, Airtas	Short
9	Subject to provision of fuel at Benbecula, seek investment to enable operation of a Barra – Stornoway air service on at least a trial basis to enable patient travel, including of opportunities to schedule healthcare appointments at WIH for Barra residents to enable maximum occupancy	<b>HITRANS</b> CnES, NHSWI	Short
10	Explore options to trial the operation of the Benbecula – Stornoway air service with a larger, more accessible aircraft	<b>HITRANS</b> CnES, NHSWI	Short
11	Provide support to enable patients to access Western Isles Hospital in Stornoway by travelling via Glasgow Airport where this offers a better travel option than the overland / BNB- STY air alternative.	<b>NHSWI</b>	Short

<sup>13</sup>Following recommendation 11 of the Transport to Health Delivery Plan

Action		Lead partner Supporting partners	Timescale
<b>Other actions related to transport</b>			
12	Define and put in a place contract(s) with taxi and/or demand responsive bus operator to gain discounted rate for patient transfers between WIH and ferry services at Leverburgh	<b>NHSWI</b> CnES	Short
13	Develop and implement protocols for patient care during ferry and flight journeys which define what support should be available from whom, especially in the event of travel disruptions, and establishes which facilities are available during journeys in the event that patients need assistance or comfort breaks	<b>HITRANS</b> NHSWI, CalMac, Airtask	Short
14	Identify the costs and benefits of enabling scheduled and/or demand-responsive bus services which enable public transport travel from Stornoway to Uist with reliable bus-ferry connections at Leverburgh, then implement the change if proven beneficial and practical <sup>14</sup>	<b>CnES, HITRANS</b>	Medium
15	Identify the costs and benefits of enabling scheduled and/or demand-responsive bus services which enable direct journeys between Stornoway airport and WIH	<b>CnES, HITRANS</b>	Medium
16	Complete a comprehensive review of both the demand and vision for connectivity between Uist/Barra, Lewis and the mainland such that transport for healthcare can be assessed alongside other trip purposes and the optimal solutions for inter-island and island-mainland connectivity can be determined	<b>HITRANS</b> CnES, Transport Scotland, CalMac	Medium
<b>Actions related to healthcare delivery</b>			
17	Identify the costs and benefits of amending Service Level Agreements between NHS Boards such that, in the absence of direct transport links between Barra and Stornoway, some mainland patients could be treated at WIH in order to provide capacity in Glasgow for Barra residents to be treated there	<b>NHSWI</b> HITRANS	Medium

It is recognised that some actions may generate disbenefits as well as benefits, and that some are in potential conflict with others. These include:

- Delivery of Action 10 (operating Benbecula – Stornoway with a larger aircraft) will impact the business case and operation of reinstating any Barra – Stornoway flights (Action 9) and may be dependent on or otherwise affect fuelling/hangarage at Benbecula and the timetable for the Benbecula – Stornoway service (Action 8);
- Delivery of timetable changes for the Benbecula – Stornoway service (Action 8) may adversely affect the ability of Barra residents to access healthcare in Stornoway depending on the changes connectivity between ferry arrivals/departures at Eriskay and flights to/from Benbecula;

- Delivery of Action 7a (adjustment of the timetable for the Benbecula – Stornoway service such that it operates Mon, Tues, Thurs rather than Mon, Tues, Fri) may benefit healthcare delivery at Uist and Barra Hospital but may make access to some clinics in Stornoway more difficult, and possibly disadvantage some people travelling for other purposes.

HITRANS will seek to monitor and manage any risks arising as a result of disbenefits or conflicts between actions, and engage with stakeholders and communities that may be adversely affected.

<sup>14</sup>Supports the Onwards and Connecting Transport workstream of the Islands' Connectivity Plan

18	Complete more detailed research into patients' and clinicians' views of the opportunities and constraints of the Near Me service, and expand its use where appropriate for clinical needs (including patients' preferences) and where it can reduce the need for patient and/or clinician travel	<b>NHSWI</b>	Medium
----	--	--------------	--------

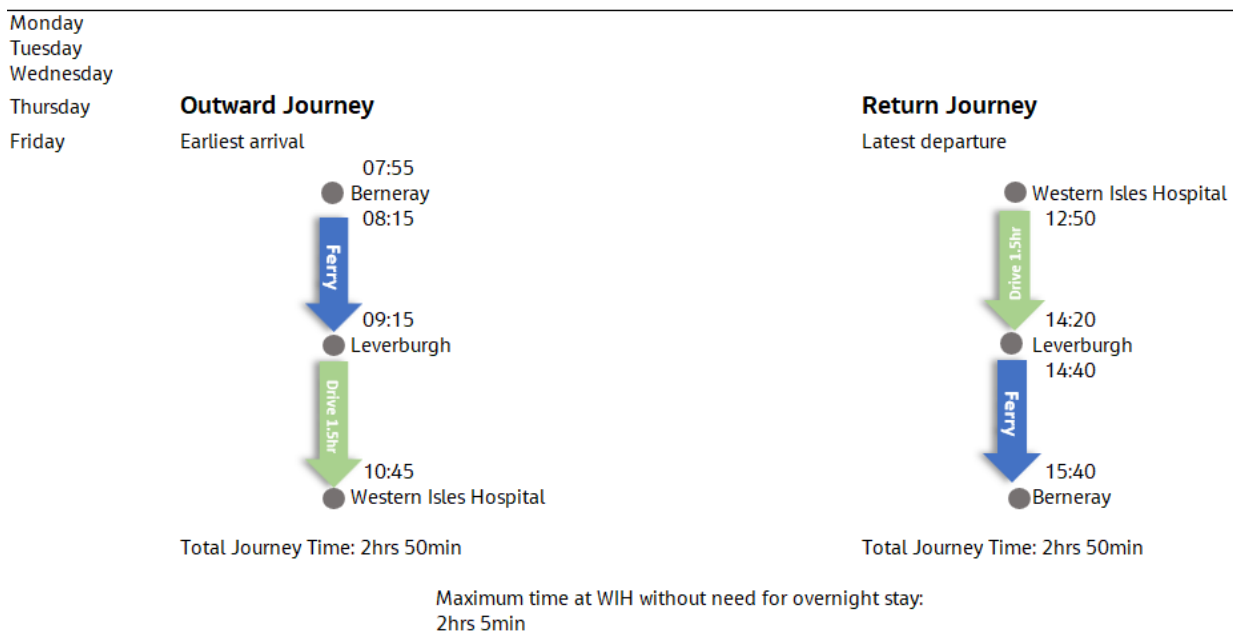
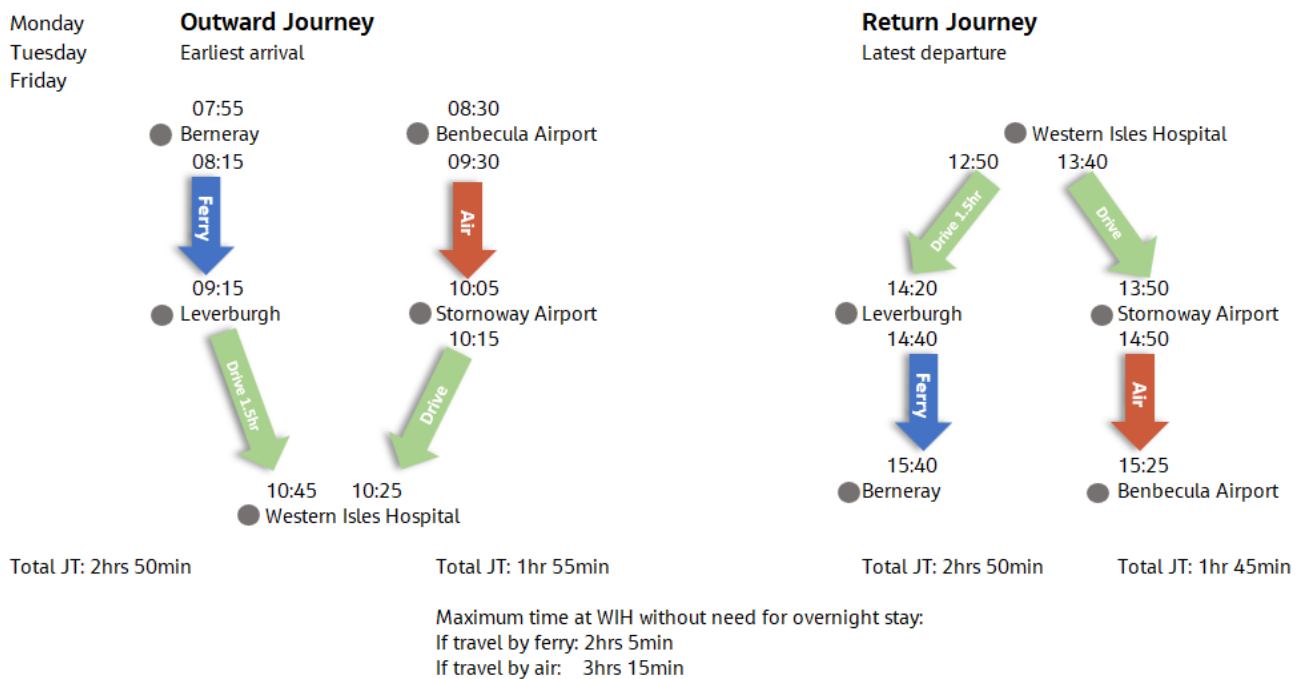
# Appendix.

## Healthcare arrival/departure times

The pages below indicate typical travel options from Uist and from Barra to the Western Isles Hospital and to Raigmore, and for equivalent return journeys.

They show the first possible arrival time based on scheduled winter ferry and air timetables, and the equivalent latest possible departure time which enables arrival at home on the same day.

### Uist to/from Western Isles Hospital: 1hr 45min – 2hrs 50min

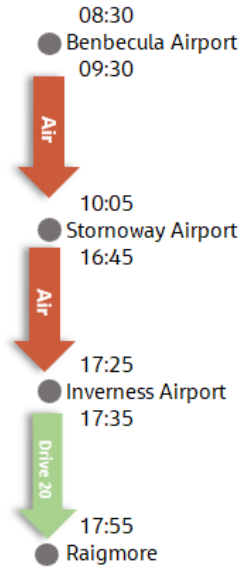


## Uist to/from Raigmore: 6hrs 35min – 10hrs

Monday  
Tuesday  
Friday

### Outward Journey

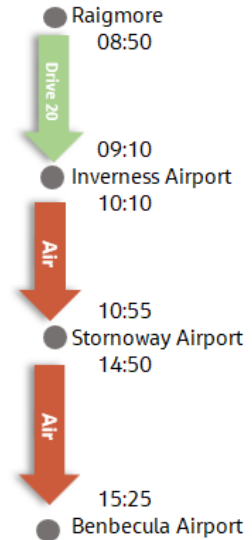
Earliest arrival



Total Journey Time: 9hrs 25min

### Return Journey

Latest departure



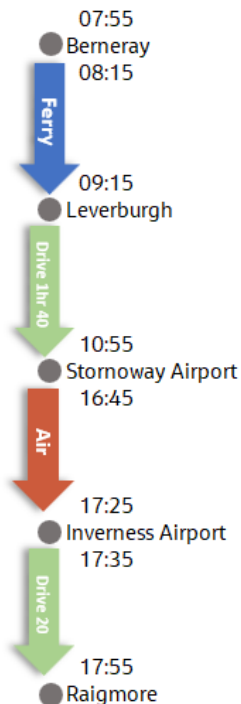
Total Journey Time: 6hrs 35mins

No available time for appointment without overnight stay

Monday  
Tuesday  
Wednesday  
Thursday  
Friday

### Outward Journey

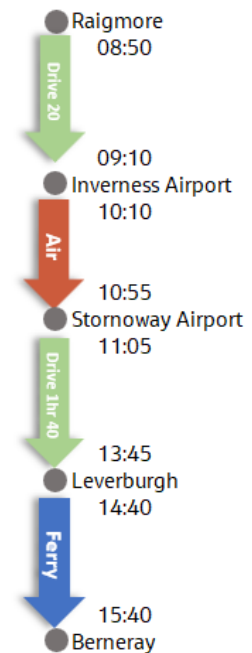
Earliest arrival



Total Journey Time: 10hrs

### Return Journey

Latest departure



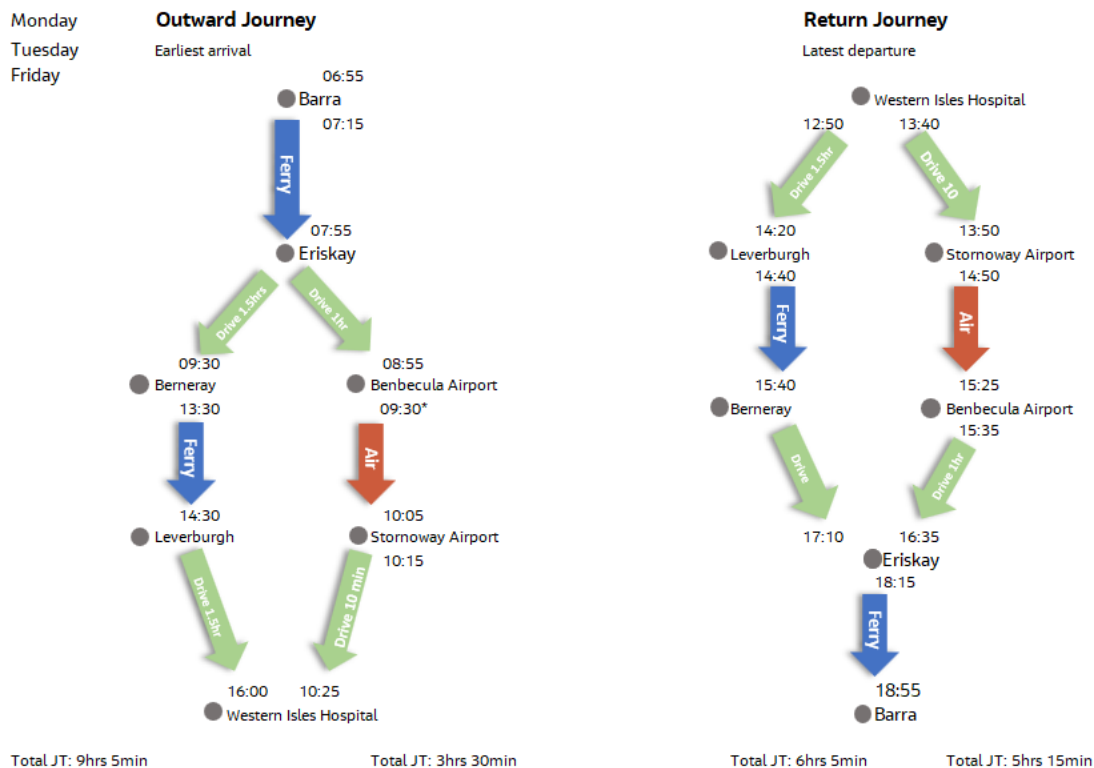
Total Journey Time: 6hrs 50mins

No available time for appointment without overnight stay



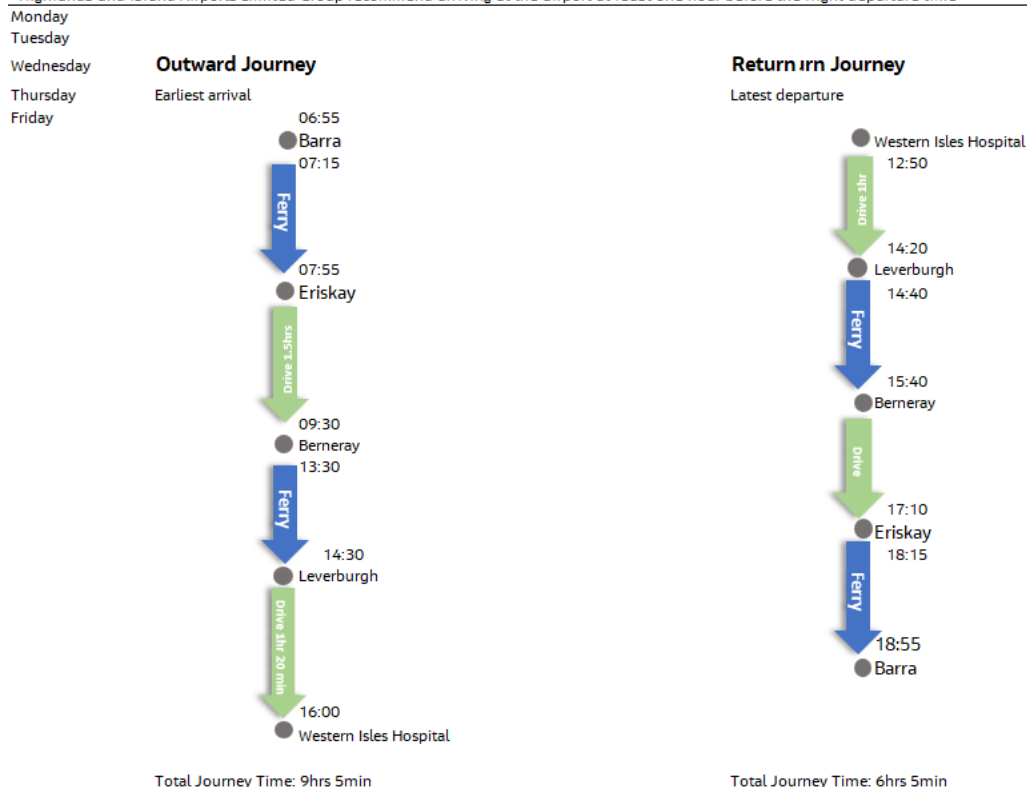
# Appendix. Healthcare arrival/departure times

## Barra to/from Western Isles Hospital: 3hrs 30min – 9hrs 5min



Maximum time at WIH without need for overnight stay:  
 If travel by ferry: appointment not possible without overnight stay  
 If travel by ferry/air: 3hrs 15min

\*Highlands and Island Airports Limited Group recommend arriving at the airport at least one hour before the flight departure time



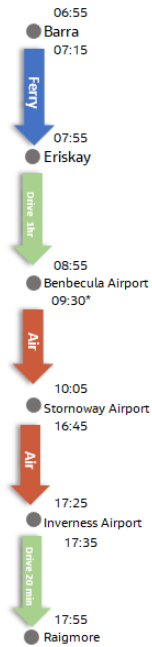
No available time for appointment without overnight stay

# Barra to/from Raigmore: 10hrs 5mins – 11hrs

Monday  
Tuesday  
Friday

## Outward Journey

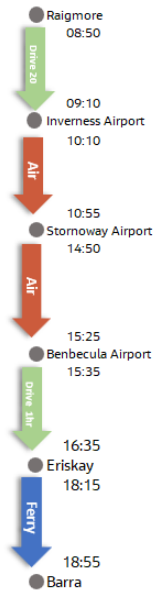
Earliest arrival



Total Journey Time: 11hrs

## Return Journey

Latest departure



Total Journey Time: 10hrs 5mins

No available time for appointment without overnight stay

\*Highlands and Island Airports Limited Group recommend arriving at the airport at least one hour before the flight departure time.

Monday  
Tuesday  
Wednesday  
Thursday  
Friday

## Outward Journey

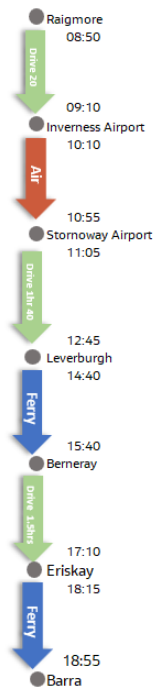
Earliest arrival



Total Journey Time: 11hrs

## Return Journey

Latest departure



Total Journey Time: 10hrs 5mins

No available time for appointment without overnight stay

\*Highlands and Island Airports Limited Group recommend arriving at the airport at least one hour before the flight departure time



The Highlands and Islands  
Transport Partnership (HITRANS)  
Inverness Town House  
Inverness IV1 1JJ