

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

15 JANUARY 2009

Extract from Health Scrutiny Pathways for Change Task Group Final Report (March 2007)

Transport and Access

97. The analysis of feedback from the consultation shows that transport and access to services is the biggest concern for people living in Wiltshire. When faced with the prospect of changes to services many people ask “how will we get there?”
98. Eventually the PCT began to engage with a range of partners to through a working group, and finally an impact assessment was undertaken that mapped patient journeys. The impact assessment looked at how patients and visitors travelled to services, availability of different modes of transport, distance travelled and time taken to travel.
99. The PCT’s analysis found that almost 80% of people travelling to appointments went by car. The Task Group has therefore focussed its concern on the 20% who do not, although the fact that they do not travel by car does not necessarily mean they have problems with transport.
100. The Task Group is reassured that the PCT is intending to re-provide ambulatory care in the same localities as the current service centres, as this will help to minimise the increase in travelling costs to individuals. The Task Group presumes that the introduction of the neighbourhood teams will also help to keep costs down for families, friends and carers, as staff will be travelling to patients in their own homes and so visitors will not have to travel to hospitals.
101. The Task Group has sought the views of the County Council’s transport planning department, who stated that the impact assessment work carried out by the PCT broadly supports the theory that the changes to services will have a limited impact on patient journeys. However, the Task Group wishes to reiterate several key points that have already been made to the PCT:
 - Further analysis is needed on the journeys of staff and visitors. This will be crucial when development proposals come forward for as the County Council will be seeking greater use of sustainable modes of transport for patients, visitors and staff.

- Further analysis is needed to understand the impact on non-private vehicle journeys, especially in relation to public transport.
 - Further analysis is needed to understand the impact on disadvantaged groups – older and younger people, ethnic groups, mobility impaired people and low income groups, especially from deprived areas.
 - Future plans to move services out of district general hospitals could have a significant impact on patient journeys as currently the majority of outpatient and inpatient activity happens at these centres and so further detailed analysis of this impact is also needed.
102. The Task Group is aware that the County Council's transport planning team have expressed a willingness to work with the PCT to ensure that these associated investigations are carried out, and would urge the PCT to establish a framework for assessing the impact of their changes as they work through their implementation process.
103. The Task Group has given consideration to the practicalities of having fewer inpatient centres in the county, in terms of travelling to towns that may not be familiar to patients and visitors. The Task Group suggests that the PCT compiles a short leaflet that explains when events that might hinder travelling occur, such as market days and planned fairs, or community events. These leaflets could be given to families when a patient is admitted so that they can plan their visits to avoid peak pressure times and could also include information about public transport.
104. Finally, the Task Group has given some consideration to the concept of access. Clearly, it is far easier to provide accessible services in urban areas where transport links are good and where people can find themselves situated within easy distance of a range of primary and secondary care services.
105. However, in a rural county such as Wiltshire the issue of access is not so easily addressed. Some parts of the county, particularly in the east, have always had fewer health centres and people have been expected to travel further for services that those in the west of the county have historically been much closer to. The eastern area is less densely populated than the west, but there are still a number of large villages and towns that have always had further to travel to services than other similar populations elsewhere in the county.
106. The financial situation of the PCT is such that, issues of equity cannot be addressed by building more facilities in every community area. This would only further exacerbate an already unsustainable situation.

Therefore, the PCT is seeking to address some of its equity issues through the introduction of its neighbourhood teams which will provide the same service across the county regardless of whether people live near to a community hospital or PCC.

107. In the view of the Task Group a balance must be struck between the longer distances that some people will have to travel to get to community hospitals following reconfiguration, and the establishment of teams that will work much closer to, or in people's homes, and the benefits this will bring to people who have had no choice but to travel in the past.