

## **Appendix 7**

**The following are tables of the free text answers, in full, from the organisational consultation questionnaire returns.**

**The free text response to question 4, which was “Would the proposed reduction in service frequency be acceptable if it helped secure the future of the service?”**

Needs a more flexible approach also by RUH to times of appointments and keeping to those times. When Wiltshire was proposing to demand an Acute Hospital in West Wiltshire, RUH objected, offering instead to help with transport , improve parking & consider more service provision in Wiltshire. They have failed to fulfil many of those promises. They even muted moving to the East of Bath to meet Wiltshire's concerns about the location of RUH.

We would still like to see a more comprehensive service maintained, especially as cuts are anticipated next year to other bus routes, which will compound travel problems to health appointments. Its our view that older and vulnerable people, as most reliant on public transport, will be most affected.

Clients already complaining at long waits involved in using the service; more would seek to use LINK, we do not have the capacity to cope with an increase in work load

**The free text response to question 5, which was “Would the proposed increase in fares be acceptable if it helped secure the future of the service?”**

Yes, as long as the publicity given to means of obtaining financial help to those on benefit is improved. In addition, perhaps the Forces welfare funds can assist ex-service people and families.

Already suffer financial hardship. They should not have to pay for being ill. 50% increase in the costs of travel is well in the excess of inflation. They have no choice as they have to travel to get essential treatment. There is no other venue choice near to where they live.

The rate of increase proposed is too large for those living on basic state pensions and welfare benefits, particularly for people traveling to the RUH several times in a month.

For some service users this may make travelling on the service prohibitive. For many older people, this service may be the only way they can access hospital appointments.

Yes, however the suggested increase of fares at +50% is a significant increase and could adversely affect persons on lower incomes and those that require frequent travel to appointments. It is appreciated that some individuals will be eligible for a refund of Healthcare Travel Costs but for individuals needing to access a high

frequency of treatments increased costs will be disproportionately detrimental.

**The free text response to question 6, which was “What impact would the change of frequency and or increase in fares or the withdraw of the service have on the people you represent?”**

A lot of elderly people in particular rely on the Hopper service to get to the RUH for appointments, because they are unable to drive.

RUH are not very good at identify transport requirements for older people when making appointments, nor keeping those appointments to within a reasonable time frame.

Stretched to capacity. Link certainly does not have the staff or enough drivers to pick all extra people who would be affected by a complete cut. It already subsidises those it helps. PS "Affect" (next paragraph) is a verb not a noun. It should be "effect"

It would mean that more people would use the local Link Scheme. Over the past two years we have carried-out more than 600 patient journeys to the RUH. We do not have the volunteer capacity - despite our best efforts - to undertake additional journeys,

As above, many vulnerable people and carers would not be able to access their hospital appointments. It would place a bigger strain on services such as the link scheme too.

We have concerns that any change of frequency or withdrawal of the Hopper service has the potential to adversely affect demand for LINK scheme services. In 2014 Wiltshire LINK schemes completed 5,001 journeys (typically return trips) to Bath RUH, 15% of the total health related journeys LINK schemes undertake across the county. A large proportion of these journeys are from Western and Northern areas of Wiltshire e.g. Chippenham alone undertake over 1,000 journeys a year and significant journeys are made by LINK schemes from Melksham, Corsham, Bradford on Avon, Trowbridge, Westbury and Devizes - all falling within the existing catchment of the 'Hopper'. Further complications in accessing public transport for older and vulnerable people is likely to increase stress and anxiety and has the potential to perpetuate demand to health services. Reliance on non-regular transport options plus extra demand on parking has the potential to increase missed appointments. There is the potential that LINK schemes who receive increased demand for health trips may have to reduce their offer for social trips to day centres, etc... These trips can help reduce social isolation and loneliness which goes a long way in preventing the requirement for acute care.

The obvious alternative is for clients to use LINK; however, we are already operating at full capacity, despite repeated attempts to attract volunteers to maintain service level.

**The free text response to question 8, which was “Would any of the changes proposed have an affect on your own organisation, for example your ability to provide a service or meet your objectives?”**

Although some LINK schemes may be able to take-up some increased demand the

potential need could be overwhelming. LINK schemes operate on the good faith of volunteers and large scale changes would create huge capacity problems; especially in the critical catchment areas. Recruitment of volunteers is increasingly challenging and services can only be provided where volunteers are available. The LINK project is launching a recruitment drive early in Jan 2016 as a response to immediate volunteer recruitment problems in some areas, so fulfilling even more demand could be very difficult. The LINK project is there to support individual schemes to meet demand and will continue to do so, however increasing capacity within volunteer led organisations takes time and a complete withdrawal of the RUH service would, in our opinion, have a devastating effect. Changes in frequency would mitigate some of the anticipated extra demand for LINK services but any increases in demand at this stage would still over-stretch schemes. Equally a higher cost 'Hopper' service could increase demand for LINK schemes.

**Do you have any other ideas or potential solutions that you would like to see explored to allow the service to continue?**

Encourage people to use the Bath park and ride facility and then use the regular RUH bus link service. I use this service myself for appointments in the hospital and although this involves driving to the park and ride it can equally be accessed by public service buses.

Could the Hopper service be linked to Local community transport to obtain lottery funding for vehicles and upkeep.

Arrange more outpatient appointments at local community hospitals so that only one person (the specialist) has to make the journey. Bring back beds in local community hospitals for less poorly people, so that beds in RUH are kept for the seriously ill only. Subsidise bus passes for use on ordinary buses, for those who are using the service for work. Raise fares by 10% only.

Through shared funding for the next three years - plus a small increase in fares. Funding should be shared by the RUH (or else they will simply have to invest more in non-emergency hospital transport) the CCG (whose patients are being carried to the RUH) and possibly by other funders such as Community First (their current community transport grant from Wiltshire Council could be reduced by 50% without detriment - this spend does not represent value for money) and the Wiltshire Community Foundation.

It is not detailed in the proposal documents but it is our understanding that RUH staff pay a discounted rate of £6.60 for a return trip. It's assumed in the figures that up-to 22% of trips are made by staff. Does RUH subsidise these trips to a standard rate? If not then by either increasing the rates staff pay or ensuring RUH fulfil any shortfall in subsidised staff fares; its assumed further savings could be made which could support continuation of the service even if at reduced frequency. Ensure that users eligible for Non-Emergency Patient Transport are referred accordingly. And those qualifying for Healthcare Travel Costs can recover costs.

De-centralise some medical provision to local surgeries and cottage hospitals. Provide specific park-and-ride sites for RUH, with some form of minibus service and managed timing with rural bus services.