

Impact report – Transport for health and social care

Purpose

This paper provides information about the impact made by the joint Auditor General and Accounts Commission report *Transport for health and social care*, published on 4 August 2011.

Background

Key messages

Key messages from the report were:

- Transport services for health and social care are fragmented and there is a lack of leadership, ownership and monitoring of the services provided. The Scottish Government, Regional Transport Partnerships (RTPs), councils, NHS boards and the ambulance service are not working together effectively to deliver transport for health and social care or making best use of available resources.
- From the limited information available we have identified that over £93 million was spent in 2009/10 on providing transport to health and social care services. This is a considerable underestimate as data on costs, activity and quality is poor. The public sector will find it difficult to make efficient and effective use of available resources without this basic information.
- Joint working across the public sector and with voluntary and private providers is crucial for the successful and sustainable development of transport for health and social care. Improved joint planning could lead to more efficient services. There is scope to save money by better planning and management of transport for health and social care without affecting quality. Pilot projects show scope for efficiencies but these lessons have not been applied across Scotland.
- Reducing or removing funding from transport services can have a significant impact on people on low incomes, older people and people with ongoing health and social care needs. But the potential effect of changes to services is not often assessed or monitored and alternative provision is not always put in place. The public sector needs better information on individual needs and on the quality of the transport services they provide.

Key recommendations

The key recommendations in the report were:

- The short-life working group (SLWG) on healthcare transport led by the **Scottish Government** should take account of the findings and recommendations of this report in its work.
- The **Scottish Government and partners** should work together to clarify responsibilities for planning and delivering transport for health and social care and how these link together.
- **Partners (councils, NHS boards, RTPs and the ambulance service)** should:
 - collect routine and accurate data on the activity, cost (including unit costs) and quality of services they provide and routinely benchmark performance and costs to ensure resources are used efficiently
 - assess the impact of proposed service changes on users and other providers of transport
 - ensure that staff have up-to-date information about all transport options in their area and provide better information to the public about available transport options, eligibility criteria and charges
 - integrate or share services where this represents more efficient use of resources and better services for users, including considering an integrated scheduling system
 - ensure that transport for health and social care services is based on an assessment of need and that it is regularly monitored and evaluated to ensure value for money
 - use the Audit Scotland checklist detailed in Appendix 3 of the full report to help improve planning, delivery and impact of transport for health and social care through a joined-up, consistent approach.

Raising awareness and communication of key messages

At one month after publication there were 20 media items, which is low, particularly as we anticipated that the nature of the report would generate interest. There were, however, a lot of major news items to compete with at the time. In contrast, within the first month of publication there had been 1,219 downloads of the main report, key messages and podcast, which is twice the average for performance audit and best value reports. The number of downloads by 12 months after publication had increased to almost 5,000, which is also higher than average. A breakdown is provided in the table below.

	Number of items:
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	1 month	12 months
Local press	2	2
National press	4	4
Local radio	3	3
National radio	1	1
Specialist press	1	1
Television	1	1
Internet	8	8
Total media items	20	20
Main report downloads	1,020	4,221
Key messages downloads	156	428
Podcast downloads	43	324
Total downloads	1,219	4,973

The main messages in the report were largely reflected in the media coverage. The **Scottish Government** welcomed the report and agreed with all our recommendations. The **Royal College of Nursing** also responded to the publication of the report saying that the Scottish Government's plans for integrating health and social care must take account of the need to improve transport services.

Parliamentary scrutiny

Public Audit Committee

The Auditor General briefed the Scottish Parliament's Public Audit Committee on 7 September 2011.¹ The Committee discussed the benefits of having central departments within organisations for managing transport for health and social care; the lack of available information on how much some services cost to run; and the apparent wide discrepancy in costs across the country. The Committee was interested in the potential for the integration of health and social care to better join up transport for health and social care among the relevant partners. The Committee also discussed current and future pressures on services which will result in fewer resources and increased demand and emphasised the need for strong leadership. The Committee agreed to note the report and write to the Scottish Government and the Convention of Scottish Local Authorities (COSLA) on matters raised during discussion. The Committee considered correspondence from the Scottish Government and COSLA at its meeting on 26 October 2011 and agreed to refer the correspondence to the Parliament's Health and Sport Committee.

¹ http://www.scottish.parliament.uk/S4_PublicAuditCommittee/Minutes/2011_09_07_PAC_Minutes.pdf

Public Petitions Committee

On 8 March 2012, a petition was introduced calling on the Scottish Parliament to urge the Scottish Government to (a) work with local authorities, NHS boards, RTPs and the ambulance service to improve provision of transport for older people in remote and rural areas in order to improve their access to health, social care and wellbeing facilities and (b) to take forward the key recommendations of our *Transport for health and social care* report. The MSP for Glasgow Kelvin highlighted our finding that some NHS boards had failed to complete plans.² Following its introduction, the Committee has considered the petition and taken evidence on it. It is waiting for the publication of the Scottish Government report on healthcare transport, but this has been delayed (see below: *Impact on Scottish Government policy*, second bullet point). On 2 October 2012, the Committee agreed to write to the Scottish Government.

Health and Sport Committee

In May 2013, the Health and Sport Committee took evidence on community transport to feed into the Infrastructure and Capital Investment Committee's inquiry on the subject. The Committee heard from The Scottish Ambulance Service and representatives from NHS boards and the voluntary sector. The witnesses highlighted progress since our report was published and ongoing partnership work to implement the recommendations set out in the report.

Impact on Scottish Government policy

There has been no direct change in policy following our report but the Scottish Government has taken forward some actions.

- Following publication of our report, the Scottish Government announced that it would regularly review progress made by NHS boards towards meeting the requirements of a transport for health toolkit. The toolkit includes our self-assessment checklist (see **Appendix 3** of our main report). In addition, the Scottish Government will commission and part-fund two pilot sites for integrated transport hubs (highlighted as good practice in our report)..
- Following the publication of the Healthcare Transport Framework in November 2009, the Scottish Government established a short-life working group on healthcare transport in January 2011. The group's remit was to lead a review of the delivery of effective patient transport to healthcare services, to consider a range of issues including the need for better integrated services, improving the national planning

² Our findings were that by 2011 eight of the fourteen NHS Boards had completed transport action plans.

framework, addressing inequity in the provision of transport to hospitals and reviewing the Healthcare Transport Framework (see **Exhibit 7** in the main report). The group published a report in May 2013, highlighting the issues raised in the Audit Scotland report. The working group report also includes a number of recommendations to improve approaches to transport healthcare services, to provide appropriate advice to NHS boards, councils and other relevant bodies, to update the Healthcare Transport Framework and reinforces the need to consider our audit findings and implement our recommendations.

Local impact

Local auditors provided feedback on actions taken by NHS boards, councils, the Scottish Government, the ambulance service and RTPs in response to the report seven to eight months after the report's publication:

- 34 bodies discussed the report at a committee (usually at senior management or audit committee level) and 19 had noted it
- 23 had created a self-assessment from the checklist in the report and six had created an action plan from the self-assessment
- 32 bodies said that the report had assisted them to seek constructive improvements to aspects of their work, although the final impact was uncertain at the time or significant changes were unlikely.

Conclusion

The media coverage of the report was lower than anticipated but downloads were above average. There has been a lot of interest amongst Scottish Parliament Committees. The report of the Scottish Government's short-life working group on healthcare transport (published May 2013) reinforced our audit findings and recommendations. The Scottish Government is also commissioning and part-funding two pilot sites for integrated transport hubs.

Appendix 1 summarises the recommendations in the report against Audit Scotland's impact framework.

Appendix 1. Summary of report impact against Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Media interest generated by the report’s publication.	●			
Action planned by the SLWG on healthcare transport.	●			
Impact of report’s recommendations				
The SLWG on healthcare transport led by the Scottish Government should take account of the findings and recommendations of this report in its work.	●	●	●	●
The Scottish Government and partners should work together to clarify responsibilities for planning and delivering transport for health and social care and how these link together.	●	●	●	●
Partners (councils, NHS boards, Regional Transport Partnerships and the ambulance service) should collect routine and accurate data on the activity, cost (including unit costs) and quality of services they provide and routinely benchmark performance and costs to ensure resources are used efficiently.	●	●	●	●
Partners (councils, NHS boards, Regional Transport Partnerships and the ambulance service) should assess the impact of proposed service changes on users and other providers of transport.	●	●	●	●
Partners (councils, NHS boards, Regional Transport Partnerships and the ambulance service) should ensure that staff have up-to-date information about all transport options in their area and provide better information to the public about available transport options, eligibility criteria and charges.	●	●		●

HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
<p>Partners (councils, NHS boards, Regional Transport Partnerships and the ambulance service) should integrate or share services where this represents more efficient use of resources and better services for users, including considering and integrated scheduling system.</p>	●	●	●	●
<p>Partners (councils, NHS boards, Regional Transport Partnerships and the ambulance service) should ensure that transport for health and social care services is based on an assessment of need and that it is regularly monitored and evaluated to ensure value for money.</p>	●	●	●	●
<p>The Scottish Government should review the Highlands and Islands Travel Scheme and issue updated guidance, and consider whether there is a more efficient way to use this funding in relation to transport for health and social care.</p>		●	●	●
<p>Partners should work with the voluntary sector to reduce the impact of short-term funding on the provision of transport for health and social care.</p>		●	●	●
<p>Partners should improve how they arrange transport services within their own organisation and in partnership with other organisations and consider the need for a central team or coordinated approach.</p>	●	●	●	●
<p>Partners should review the timing of appointments and care services to make sure that transport provision is considered.</p>	●	●	●	●
<p>Partners should review the use of taxis and scope for efficiencies in their own organisation and in partnership with others.</p>		●	●	●
<p>Partners should put systems in place to routinely engage with service users to ensure that their views inform the development of transport for health and social care services.</p>	●	●		●

HOLDING TO ACCOUNT AND HELPING TO IMPROVE

	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
Partners should collect information on the personal characteristics of people who need transport for health and social care to allow monitoring of equality and diversity and to develop services to meet their needs.	●	●		●
Councils and NHS boards should involve the voluntary sector in planning and delivering transport for health and social care to meet the needs of the local population.		●	●	●