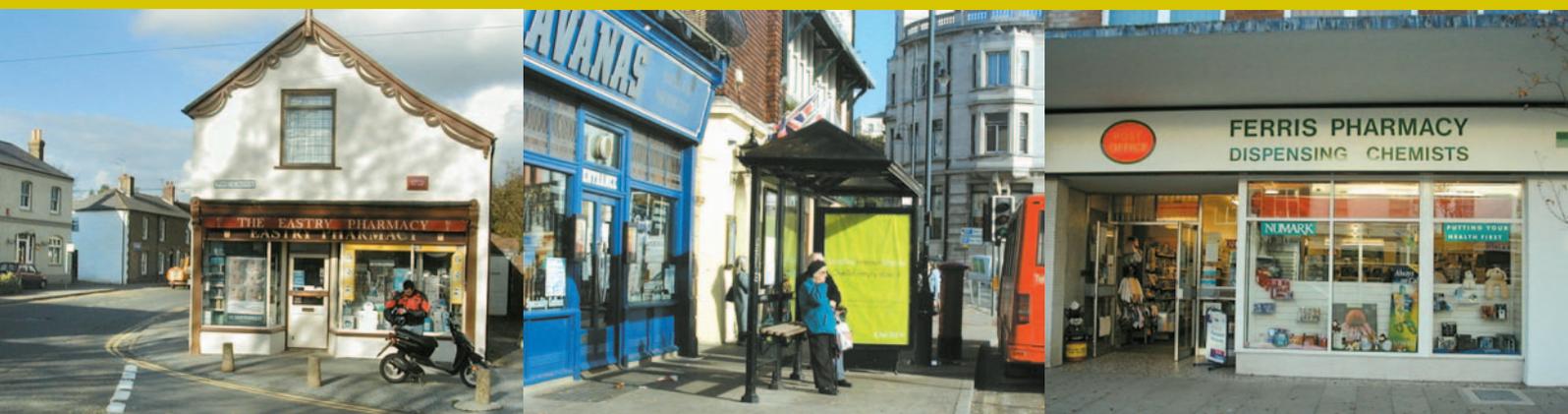


Rural links to health

Transport to health facilities for
patients and visitors living in rural East Kent

Consultation Seminar
Thursday 8th May 2003



East Kent Health Partnership Transport Board



East Kent Health Partnership Transport Board commissioned the Rural Transport to Health Study in Autumn 2002...

With Countryside Agency support, Transport Consultants were asked to examine how people get to health appointments in East Kent and what measures could be taken to improve access to health facilities.

Site audits have been conducted, looking at public transport links, car parking, walking and cycling routes, and travel information provision. Many sites were visited:

- East Kent's five main hospitals
- A sample of rural healthcare facilities:
 - GP Surgeries - Clinics
 - Dentists - Opticians
 - Chiropodists - Pharmacies.

A survey of 19 GP Practice Managers gave a clear picture of current provision of health clinics and specialist healthcare services in rural East Kent.

Consultation sessions about transport issues were held face-to-face with health service providers, patient representatives, and voluntary transport operators.

Current private and public sector passenger transport provision to East Kent hospitals, including Patient Transport Services, has been analysed and mapped.



Patient Travel Survey results

A snapshot survey of patients attending GP surgeries produced over 1,100 questionnaire returns, providing useful information about patients' current travel arrangements to health facilities, including hospitals and clinics.

Access to GP surgeries

A high proportion of patients at the GP surgeries were older people, 40% being over 60. Most patients lived within a reasonable distance of the GP surgery (47% travelled less than one mile), but 6% were living between 5 and 10 miles from the surgery. Most patients travelled to their GP by car (73%), with 23% arriving on foot.

For most patients (73%) public transport was not suitable for this journey. The main reasons were mobility problems (195 patients), infrequent services (119), and no bus or rail service within walking distance (99).

Access to other primary healthcare

The further away the healthcare service, the more likely a car will be used for the journey. Car use varies from 55% of those accessing the chemists, to 75% for those attending dental and optician appointments. Walking rates vary from 13% travelling to the opticians, to 38% using the chemists. Public transport is most likely to be used by patients (12%) attending the opticians or chiropodists.

Travel to hospitals

Almost half of patients surveyed had attended hospital as a patient during the previous year and 23% had attended as a visitor. 32 patients had travelled to hospitals in London. The largest hospitals were the most frequently attended:

- William Harvey Hospital, Ashford - 383
- Kent & Canterbury Hospital - 211
- Queen Elisabeth, Margate - 84.

Smaller local hospitals attended included Folkestone, Dover, Chaucer, Hythe, Herne Bay and Deal.

The majority of patients travelled to hospital by car (84%). 31% were car passengers. A high priority is given by patients and their supporters to health appointment attendance. About 10% of patients travelled to hospital by public transport; of these, 6% changed services at least once. Cycling and walking accounted for less than 1% of patient travel.

Where transport is provided, journeys are split between the voluntary sector and Patient Transport Services, with voluntary car schemes accounting for about one-third of assisted journeys.

Very few patients were aware of the Hospital Travel Costs Scheme, the statutory benefit for patients on low income and only 1-2% had claimed under the scheme.

Possible Transport Solutions

The study provides evidence that some patients and visitors in rural East Kent are experiencing difficulties accessing health facilities. The Consultation Seminar will be asked to consider possible transport solutions. Various ideas and suggestion are already emerging, and if you cannot attend the Seminar, comments and further suggestions would be most welcome.

Special transport to primary care

Home visits by GPs and other health professionals will always be needed. But GP surgeries are now able to offer a range of screening services and locally based clinics which support patients with chronic disease. It is generally accepted that more people can benefit, and that the service offered will be improved, if the patient can attend the clinic. It is possible that the provision of appropriate transport to local health services for patients who cannot currently get to the GP or clinic would be beneficial for all concerned.

An accessible minibus service or accessible people-mover (MPV car) could be tried out for getting people to social services day centres and local GP surgeries or clinics. The Romney Marsh would be a suitable area in which to try this out. It would need to be arranged to take people to specialist clinics at local surgeries, and also to day centres, on shopping trips, and so on.

Outpatient appointments

The Study showed that already some GPs are buying in hospital consultants' time in order that outpatient clinics can be held locally, removing the need for PTS

and car schemes to get patients to hospital appointments. This trend could be encouraged further.

Support for voluntary car schemes

The patient travel survey showed that one third of formally assisted journeys were provided by voluntary car schemes. At present they receive limited funding from the NHS. A modest level of NHS support for voluntary car schemes could reap big benefits, and might include:

- Area-wide recruitment of volunteer drivers
- Support for driver training
- Payments towards scheme coordinators' costs and volunteer driver 'dead' mileage
- Agreement on mileage rate for volunteer drivers paid through the Hospital Travel Costs Scheme
- Improved parking for accredited volunteer drivers.

Journey planning

In line with DoH and Social Exclusion Unit recommendations, the NHS could:

- Offer patients negotiated appointment times
- Provide assistance with travel information
- Review and improve the assisted travel arrangements, for instance, by NHS Direct providing a signposting service on all transport options
- Arrange a special one-day public transport ticket for travel to health facilities
- Organise shared taxi journeys
- Improving key trips to health facilities for patients not coming by car.

Rural Transport to Health

Patients in rural areas with access to a car will generally get to the healthcare facility they need. They may face a longer journey time than their urban counterparts, and they may be dependent on others to provide the car trip for them.

Those without access to a car are likely to face a longer journey time, more likely to have to use more than one method of transport to get there, and these difficulties will apply to many primary healthcare visits, as well as to hospital.

With further specialisation and concentration of healthcare provision already planned and more likely in the future, these problems will be exacerbated. This will be further compounded by an ageing population, with people currently able to drive having to give their car up for medical or financial reasons.

Access is an essential ingredient in healthcare provision. The Social Exclusion Unit's report on Transport and Social Exclusion (**Making The Connections**, February 2003) has found that poor transport contributed to social exclusion by preventing people accessing health care: *"Around 20% of people find it difficult to travel to hospital...this rises to 31% of people without access to a car...7% of people without cars say they have missed, turned down or chosen not to seek medical help over the last 12 months because of transport problems. Over a 12-month period, 3% of people or over 1.4 million miss turn down or choose not to seek medical help because of poor transport."*

The percentage of households in East Kent without a car or van in 2001 was 25%, compared with 22% for Kent as a whole. Almost 60,000 households in East Kent do not have access to a car or van.

Transport to health facilities for patients and visitors living in rural East Kent

Westgate Hall, Westgate Road, Canterbury, CT1 2BT
Thursday 8th May 2003, 10am to 3:45pm

Seminar Programme

- 10:00** Coffee and Registration
- 10:30** Chair's Introduction
Jayne Stone, Director of Service Development, Shepway PCT
- 10:40** **East Kent Rural Transport to Health Study**
Richard Armitage, Richard Armitage Transport Consultancy (RATC)
- Findings and conclusions - comments and questions
- 11:15** **Improving transport to health in East Kent**
Kath Tierney, RATC & Paul Turner, TAS Partnership Ltd.
- Proposals - questions and comments
- 12:00** Lunch
- 13:00** **Workshop Session 1:**
Current travel problems and possible solutions
- Getting to hospital
 - Access to primary healthcare
(GP surgery, dentist, clinic & other community-based facilities)
- 14:00** Coffee and networking
- 14:25** **Workshop Session 2:**
Future actions by providers of transport and healthcare
- Assisted travel: car schemes, community transport, & PTS
 - Public transport: ticketing, travel information, journey planning
- 15:25** Plenary
- 15:45** Close

To book your place, complete the form, or telephone RATC on 0161 368 6603, or email: info@ratransport.co.uk

EAST KENT NHS

Giles Bond is East Kent NHS Primary Care Trusts' Transport Strategy and Liason Officer. "My job involves developing projects that aim to improve transport to health facilities. I appreciate that people without a car and without adequate public transport may experience difficulty accessing health facilities, and as a result may miss appointments or neglect to seek treatment. I am keen to develop transport projects that enable all members of society to have reasonable access to health facilities. I welcome anyone experiencing transport difficulties; or any professional who's clients/patients experiencing transport difficulties to contact me and tell me about their experience. I can be contacted on 01304 222303 or giles.bond@ekentha.nhs.uk

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