

Isles of Scilly travel warrant criteria and administration

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Title: Report to Alison Roberts-Davies
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Report of: Healthwatch Isles of Scilly

The purpose of this report is to outline known issues arising from the current travel warrant system, and to request oversight and guidance from NHS Kernow.

Recommendations are highlighted.

1. Administration and decision making

- The IOS travel warrant system is covered by the Health Care Travel Costs Scheme and Help with Health Costs guidance (<http://www.nhs.uk/NHSEngland/Healthcosts/Documents/2015/HC11-march-2015.pdf>). It is administered by two NHS Trusts in accordance with DOH criteria for patient transport and guidance from NHS Kernow. It is likely that all administration will be undertaken by RCHT from April 2016.
- In practice, since 2012, criteria for all IOS routine patient transport have been developed by a single Trust, RCHT, which holds and administers the major part of the travel budget. Administration and decisions regarding eligibility criteria, (appointments, escorts, time limits), have been closely linked to fund holding and have become concentrated in one department in a provider Trust.
- We recommend that travel warrant criteria and administration have clearer separation, and greater oversight from NHS Kernow. This could be achieved by NHS Kernow taking responsibility for developing overarching guidance, which addresses all the points below.

2. Access to primary care

- The Health Care Travel Costs Scheme and thus the IOS travel warrant system are taken to support access to secondary care only.
- Access to some primary care services has at times been limited in IOS. Access to an on-island optometry service was very limited for a number of years and, currently, access to some routine primary dental care (check-up, hygienist and orthodontic treatment) is restricted due to interim arrangements in place from October 2015 to April 2016. Residents must therefore pay significant travel costs to access routine or elective care or wait a long time for an appointment on Scilly.
- We recommend that consideration is given to allowing travel warrants for primary care appointments at times when on-island access is severely restricted. This would involve examination of the original and existing legislation covering the Health Care Travel Costs Scheme and Help with Health Costs Scheme, for guidance. This task may need to be undertaken alongside current work regarding off-island travel costs to St Marys, including access to primary care (see additional patient costs, item 5, below).

3. Choice

a) Limited choice of practitioner or service

- People have occasionally told us that they would prefer to see an alternative practitioner/service to that provided on-island. Examples are: access to a female GP; sexual health service; choice of midwife.

- Although there are no concerns about the quality and professional delivery of any of these services on-island, we think there is a risk that some individuals will delay or avoid treatment due to the familiarity of relationships in the community; or because of a breakdown in relationship between patient and clinician.
We are not aware that this is consistently addressed in existing guidance.
- We recommend that supporting choice is addressed in the development of travel warrant guidance recommended in point 1.

b) Limited access to non-PAS services

- Some NHS funded care is provided by non-NHS services, e.g. Outlook South West. Appointments on the mainland cannot be verified via NHS patient administration systems in order to issue a travel warrant.
- As an example, some OSW services are delivered on IOS while some may be offered via telephone, and some will be sited at mainland locations. While there is a need for providers to address how they deliver services to IOS residents, part of this will involve patient travel to services as well as services travelling, or being 'virtually' provided, to the patient.

Healthwatch IOS has been asked in the past to provide examples of services which islanders can't access; however, we don't know what we don't get, because clinicians may not refer patients due to perceived barriers to access.

- We recommend that:
 - all NHS funded services are made accessible through the travel warrant system, where services do not offer alternative provision for islanders (see funding and recharging, point 4, below);
 - a mechanism is needed for verifying appointments;
 - commissioners and providers must improve information about 3rd sector treatment options (see reducing the need to travel, point 6, below).

c) Funding and recharging

- We have been given to understand that the bulk of the NHS budget for IOS routine patient transport is held by RCHT as part of their overall funding. We do not know how PCH-administered travel, or RCHT-administered travel to non-RCHT appointments is recharged.
- We think that systems for recharging might be a barrier to NHS funded 3rd sector provision, because appointments cannot be verified and/or 3rd sector providers cannot meet IOS travel costs.
- We recommend that NHS Kernow investigates an apparent anomaly in funding and recharging which may constitute a barrier to NHS commissioned 3rd sector provision.

4. Escort criteria

a) Parity

- RCHT have developed guidelines (Transfer and Discharge of Patients to the Isles of Scilly including Escorts) in line with DOH guidance. These include some IOS-specific scenarios which automatically authorise an escort; other requests will be considered on a case by case basis.
The first draft of this guidance has been subject to scrutiny by Healthwatch IOS and IOS Health Overview Scrutiny Committee.
A tandem travel warrant system is currently operated by PCH for non -RCHT/CFT appointments and PCH follows RCHT guidelines in the interest of parity.
- The Health Care Travel Costs Scheme seeks to provide parity with patients in Cornwall by addressing the high travel costs from IOS. It has generally been accepted that this places us on the

same footing as anyone starting their journey from Penzance, although Help with Health Costs guidance clearly states that total travel costs will be no more than £5.

DOH guidance appears to relate only to carriage of escorts on PTS funded transport. This could result in decisions being based on a patient's need for assistance on a single leg of the journey, i.e. the flight. CAA regulations require that passengers on the Islander and Twin Otter aircraft must be able to board and disembark without assistance.

The RCHT PTS Manager has indicated verbally that he would offer PTS transport for the mainland leg of the journey in order to provide assistance to unescorted patients. It is not clear if and how this would extend to support during the hospital visit.

Parity for IOS patients who need assistance and support onwards from Penzance, including while at the hospital, is compromised if they must pay escorts' high flight costs. Feedback indicates that this is what many people are doing when an escort travel warrant has been refused; people tell us they are concerned that the additional cost will become prohibitive.

b) 16-18 year olds

- 16 year olds are presumed to have the capacity to make decisions about their care, and they have the right to privacy. Some young people may however desire a parent or carer to accompany them to an appointment or when attending for treatment, but escort warrants are not authorised for PTS transport.

Up until a few years ago, parents were allowed a warrant to accompany their island-based under 18's on medical trips. Link4Scilly raised an anomaly regarding parents travelling from Scilly to accompany their 16-18 year olds who are on the mainland while receiving further education or training. The C&IOS Primary Care Trust agreed that in these cases, parents would be granted an escort warrant for travel to the mainland.

Healthwatch IOS requested clarification regarding this agreement in 2013 and it was confirmed (see copy of email attached).

The first draft of the RCHT guidelines contained a reference to escort warrants for 16-18 year olds at college on the mainland (para 7.1.5). The RCHT PTS Manager confirmed at a meeting of IOS HOSC on 15/10/15 that, on advice from NHS Kernow, no over-16 year olds would be eligible for an escort warrant, and this clause would be removed.

- This is another example where parity for residents of IOS may be compromised by application of criteria relating to PTS transport rather than for the duration of the hospital visit. However we recognise that a young person's right to privacy is overriding and that assessing whether the escort request comes from the young person or their parent may be difficult.

c) Assessment and authorisation

- The RCHT guidelines suggest general parameters regarding a need for an escort (para 7.1.4) and address some specific scenarios (para 7.2). Decisions are made on a case by case basis.

Para 7.1.4 refers to provision of patient transport to an escort or carer where needed and gives examples including physical or mental capacity and dementia.

- These are broad parameters and difficult to assess. There is also the unaddressed question of whether the need relates to assistance on patient transport or for the duration of the journey and hospital visit. We suggest that clearer guidance would be helpful to PTS staff and clinicians in making decisions about the need for an escort.

d) Recommendation

- That NHS Kernow prioritises IOS-specific guidance on criteria for an escort, which takes into account:
 - the need for assistance for the duration of the whole journey and hospital visit;

- whether this assistance is best provided by the use of PTS transport on the mainland leg of the journey, or by the patients' own carer;
 - considerations of parity with residents of Cornwall who need assistance and who self-fund transport to hospital from home, 'home' for IOS residents being Newquay or Penzance;
 - Considerations of parity with 16-18 year olds in Cornwall who may want a parent or carer to accompany them to hospital.
- We also recommend that further work is needed on an assessment tool to aid PTS staff and clinicians in making decisions about IOS patients' need for an escort. This should ascertain an individuals' capacity to manage the whole journey with or without assistance, taking into account a series of transport connections, a hospital visit, and a likely round trip time of 7+ hours, possibly extending to overnight.
This could be achieved with input from all stakeholders.

5. Additional patient costs

a) General

- As noted, the IOS travel warrant system is generally accepted to support transport to Penzance and provide parity with residents of Cornwall.
- In practice, it can be said to provide parity with residents of Cornwall who are under a 7 hour curfew, do not have private transport, know no-one, and have been locked out of their house. Islanders acknowledge that this is a consequence of their place of residence and bear the additional cost and inconvenience. However, feedback indicates a growing concern about the level of costs incurred, mainly for accommodation and escort expenses, and people have said that this may become a consideration in their decisions about treatment.
- See reducing the need to travel, point 6, below.

b) Off-islanders

- There are limited inter-island boat schedules, especially in winter, and off-islanders needing to travel outside scheduled times can book a 'special'. The cost differs between providers, but is about £45+ one way, shared between passengers - this might be only one person.
- Off-islanders will generally need to book a special in order to get to St Marys airport for their mainland medical trip. The cost is therefore considerably greater than the £5 paid by all islanders for a travel warrant.
- We made a recommendation via the IOS Medical Travel and Transport Group and a business case was initiated within NHS Kernow in 2014. We are disappointed that this needed to be restarted at the end of 2015 and are currently awaiting the outcome. We are pleased to note that the current piece of work also includes off-islanders travel costs to St Marys for primary and secondary care.

6. Reducing the need to travel

- Some measures to reduce the need to travel are in place or planned, and progress is monitored through the IOS Medical Travel and Transport Group. Measures include improved local diagnostics, some teleconsultation, and delivery of some acute treatments on-island.
- Feedback indicates a growing desire to avoid medical travel where possible, and people sometimes query why their appointment had to be face to face on the mainland and couldn't be conducted by telephone or teleconsultation; or why treatments couldn't be administered by local clinicians. People are acutely aware of the patient travel costs to the NHS, as well as the cost and inconvenience to the patient.
While improved local diagnostics will reduce the cost of urgent and emergency patient transport, too little thought has been given to the circumstances of islanders in the area of routine care, and

cost implications to the NHS do not appear to be considered in patient pathways and 'by rote' arrangements.

- We recommend that aspects of travel are always considered alongside clinical and safety considerations, and patient choice, in how and where treatment is arranged; and that the financial implications for patients are considered alongside financial implications for services.
 - This could be achieved in large part by RCHT including this as a strand in their outpatient improvement programme.
 - In addition, consideration of these issues would be enhanced by a requirement in every NHS service agreement and contract to demonstrate how provision will be made for islanders. This might necessarily be a rolled out task over a period of time.

7. Oversight and partnership working

- The IOS travel warrant scheme is historical and has been overseen by a number of different NHS organisations over time. Guidance has changed and historical agreements (some reached only within the last 6 years) have been lost or changed.
- The RCHT guidelines are intended to provide guidance to RCHT staff on a number of aspects of IOS patients care with the Trust. It is evident that a wider piece of work needs to be undertaken to address all aspects of the IOS travel warrant system.
There are many stakeholders involved in IOS patient travel and each are autonomous organisations with differing responsibilities, obligations and accountability; some have contractual relationships. All will need to be engaged in the process.
- We suggest that NHS Kernow is the most appropriate organisation to lead this work, reporting into, and working with, the IOS Medical Travel and Transport Group.
It is also necessary that consistency and continuity regarding guidance and oversight is maintained, and that responsibility for this is clearly established within the NHS.