

MEDICAL TRAVEL

From the
ISLES OF SCILLY

Report by Link4Scilly, February 2012
Updated October 2012

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The Issue

Travel and transport restrictions fundamentally affect how islanders access and experience medical treatment and care.

Islanders accept that sea and air travel between the islands and to and from the mainland is a quirk of life here and that it can be challenging. However, those who don't experience this fact of daily life can sometimes overlook it. It is important that the people who plan and deliver health and care services understand what is involved, and equally important that the people who make decisions about transport links are aware of the vital component of medical travel.

Ever since Link4Scilly started gathering feedback and learning about people's experience of health and care we have found that the aspect of travel is a feature of nearly every issue we take up.

We also find ourselves on a well trodden path, trying to tackle problems that have been the focus of much effort by many agencies over many years. While we welcome the progress that has been made, we are aware that previous concessions, agreements and arrangements have sometimes unravelled; we wonder how many times we too will go back to the beginning and start again.

People tell us that they value the NHS and generally believe that as a small, isolated population, we are well served. It is understood that access to services must be based on value as well as need, and providing the best clinical care in the right place. They accept the need to travel but encounter hurdles that could be lessened by a little extra thought on the part of providers.

It is necessary to increase awareness of the restrictions and difficulties of the journey; to provide a broad overview as a reference, and as an aid to 'joined up' planning. Because of the current concern and uncertainty about transport links, we wish to focus attention on the matter and make sure that the perspective of medical travel is included in the debate and in efforts to secure sustainable transport services for the future.

The problems

These are the experiences people tell us about:

- ❖ An appointment is made at a time which is difficult or impossible to attend in a day trip.
- ❖ An appointment is rushed or abandoned because the clinic runs past the last possible departure time in order to catch the flight home.
- ❖ The journey is often stressful.
- ❖ The purpose of the appointment doesn't seem to require attendance in person.
- ❖ They think the procedure could have been undertaken on St Marys.
- ❖ Delays to treatment when travel disruption prevents attendance, and appointments have to be rearranged.
- ❖ Afternoon appointments, day case procedures, early admission or late discharge times mean spending an extra night or two away from home, incurring additional expense.
- ❖ Attending for a course of treatment can involve spending time alone in temporary accommodation while feeling very ill.
- ❖ Inpatients are isolated from family and friends.
- ❖ Lack of assistance, discomfort, and coping with flight cancellations and delays, on discharge from hospital or even during transfer between mainland and St Marys hospitals.

Measures taken to alleviate the problems

- ❖ The Patient Referral Management System for most first referrals arranges appointments by telephone so unmanageable time slots can be avoided as far as possible.
- ❖ Royal Cornwall Hospital Trust monitors the appointment times which are offered to islanders by letter, and aims to increase the percentage which falls within the optimum time window.
- ❖ Pre-operation assessments are carried out by telephone where possible.
- ❖ Royal Cornwall Hospital Trust and Link4Scilly have worked together to revise the guidelines for discharging and transferring patients back to the islands; however, staff awareness is sometimes poor.

Recommendations

We made these recommendations in February 2012, with additions to Section Two in August 2012. In May 2012, we established the Medical Travel-IOS joint working group with the co-operation of all NHS Trusts and the Council of the Isles of Scilly. Many issues are being addressed and we are delighted to include a progress report at the end of this section.

All agencies responded to the closure of the helicopter service and worked in partnership to find immediate and pragmatic solutions. Our recommendations S.2.1 to S.2.5 have largely been addressed, although accessibility of the aircraft is still a matter of concern to many people, see page 12.

S2. Closure of Penzance Heliport

The cessation of direct flights into Penzance could have a profound impact on patient travel. Current timetables mean that travel via Lands End means later arrival in Penzance and onward to Truro.

Recommendations:

- 2.1 We request that Skybus review their timetables to enable earlier arrival in Penzance.

Cessation of Helicopter Service

On 1st August 2012 British International Helicopters announced that they will cease operations on the IOS route on 1st November 2012. Problems identified following this decision are:

- 2.2 Skybus schedule and connection with public transport.
2.3 Routine maternity appointments for women after 36 weeks.
2.4 Accessibility of aircraft for people with impaired mobility.
We recommend the provision of wheelchair-capable ramps for people who, although they do not require a stretcher, cannot walk up the steps of the aircraft.
2.5 Transport of bio hazard goods.
See update October 2012, page 9.

S3. Accessibility of Sea/Aircraft for People with Impaired Mobility

Due to limitations on the various forms of transport, cases have occurred where residents have had difficulty in accessing the mainland, or returning home.

Recommendations:

- 3.1 For patients who cannot walk, essential arrangements must be made PRIOR to discharge. A patient should not be discharged to fly until the necessary actions have been advised and completed. This is especially important where a special flight would be necessary, e.g. stretcher cases. In both cases, the patient must have a competent escort for the flight.
3.2 Similar arrangements must be made for such patients travelling from Scilly for treatment.
3.3 Weather conditions must be taken into account when discharging patients.
3.4 We request that a working group is set up between the Primary Care Trust, South West Ambulance Trust, Transport Operators, and stakeholders, to examine ways to overcome the transport difficulties experienced by passengers with impaired mobility.

S4.1. Outpatient Appointments

These are the experiences people tell us about:

- ❖ An appointment is made at a time which is difficult or impossible to attend in a day trip.
- ❖ An appointment is rushed or abandoned because the clinic runs past the last possible departure time in order to catch the flight home.
- ❖ The journey is often stressful.
- ❖ The purpose of the appointment doesn't seem to require attendance in person.
- ❖ They think the procedure could have been undertaken on St Marys.

Recommendations:

Location:

- 4.1 Patients should be given the choice of an appointment on St Marys where this is possible, depending on their choice of consultant, and where a short delay does not adversely affect their treatment.
- 4.2 West Cornwall Hospital or clinics in Penzance are more accessible than Truro, yet the greatest number of appointments are held at RCH Treliske. With new facilities at West Cornwall, a higher number of appointments should be held there.
Being seen in Penzance means a shorter journey time, a longer window for appointments, less time away from the islands, and less stress.
- 4.3 Telephone or video conferencing should be used wherever possible (see *page 19 and 20*).
- 4.4 Improvements to equipment and training for local practitioners in order to provide more diagnostic tests locally should be pursued.

PAS arranged appointments:

- 4.5 We recognise that booking clerks' awareness of islanders' circumstances is difficult to maintain long term due to staff turnover. NHS Trusts' booking systems should be programmed to flag up a reminder when an Isles of Scilly post code is entered, prompting booking clerks to seek advice.
Information about the time slots and location of outpatient appointments arranged by Royal Cornwall Hospitals Trust is given in Appendix 2.

Clinic cancellation:

- 4.6 Occasionally a patient has arrived to find that the clinic has been cancelled. One person reported that this has happened to them more than once. We recognise that there might not have been enough notice to inform the patient before they left home. However, given the expense to the NHS (for travel costs) and considerable waste of time for the patient, clinic lists must be checked for Isles of Scilly patients and every effort made to prevent an unnecessary journey.

S4.2 Admission and Discharge

These are the experiences people tell us about:

- ❖ Delays to treatment when travel disruption prevents attendance and appointments have to be rearranged.
- ❖ Afternoon appointments, day case procedures, early admission or late discharge times mean spending an extra night or two away from home, incurring additional expense.
- ❖ Attending for a course of treatment can involve spending time alone in temporary accommodation while feeling very ill.
- ❖ Inpatients are isolated from family and friends.
- ❖ Lack of assistance, discomfort, and coping with flight cancellations and delays, on discharge from hospital or even during transfer between mainland and St Marys hospitals.

Recommendations:

- 4.2.1 Discharge planning should take into consideration if the patient is well enough to stay alone in temporary accommodation, and if not, allow them to stay overnight in hospital.
- 4.2.2 When a patient is attending for a course of treatment, consideration must be given to whether they are well enough to stay alone in temporary accommodation, and if not, suitable arrangements must be made.
- 4.2.3 Discharge planning at Royal Cornwall Hospitals Trust must follow 'Guidelines for Transfer and Discharge of Patients to the Isles of Scilly Version 1.2' as agreed with Link4Scilly.
- 4.2.4 We request discussion with RCHT key personnel to address how agreed guidelines can be consistently put into practice.
- 4.2.5 Other NHS Trusts should adopt similar guidelines for transfer and discharge of patients to the Isles of Scilly.

Progress Report October 2012

The Medical Travel Report is a 'rolling' piece of work which will continue to highlight the impact of travel and transport on access to treatment and care. The Medical Travel-IOS working group has made progress on our recommendations and we are very pleased to include some responses and solutions in this edition.

Meanwhile a number of separate initiatives have taken place.

Royal Cornwall Hospital Trust Patient Transport Office developed considerable knowledge of the issues, in the process of delivering a new travel warrant administration system, and this expertise can now be called on across many areas.

Detailed commissioning work has been required to put new arrangements and protocols in place following the announcement that the helicopter service will cease on 1/11/12.

We hope that the increased level of understanding will have a positive impact at the point of patient care.

S3. Accessibility of Sea/Aircraft for People with Impaired Mobility

Recommendations 3.1 – 3.3

Skybus can offer a CAA approved stretcher transfer service. This has been commissioned by NHS Cornwall and Isles of Scilly and protocols have been developed between RCHT Patient Transport Office and IOS Steamship Group.

Scillonian III will be fitted with a lift and wheelchair clamps.

See pages 9 and 12

S4. Outpatients Appointments

Recommendations 4.1 – 4.6

Kernow Clinical Commissioning Group aims to locate more appointments in or near Penzance.

The IOS project plan aims to deliver teleconsultations and more near patient testing.

See page 20

Appointment times - LINK has supplied timetable information and a graphic journey illustration to aid booking clerks.

The RCHT Patient Administration Manager has increased staff awareness of time restrictions on islanders attending clinics, confirmed by patient feedback to Link4Scilly.

RCHT Patient Transport Office staff take mobile numbers at the time of booking travel, in order to alert patients about a cancelled clinic before they leave the islands if possible.

S4.2 Admission and discharge

Recommendations 4.2.1 – 4.2.5

RCHT Patient Transport Office can make or help patients with travel arrangements on discharge from hospital. Patients who reach the airport and find their flight is cancelled can contact the Patient Transport Office for assistance.

RCHT and LINK are promoting awareness of the role of the Patient Transport Office to patients and ward staff.

RCHT can offer on site accommodation to people who are fit to be discharged but cannot return home. On site accommodation can also be made available to carers/escorts and people attending for daily treatment, if required, for a reasonable charge.

RCHT guidelines for discharge to IOS have been shared with other NHS Trusts.

Voluntary sector support in an emergency is being investigated.

Section Two : Transport and Timetables

'Generally, travelling for treatment requires a lot of planning and building in extra time for delays etc., requiring far more time away from home and work, and expense, than people realise'

(A, off island resident)

Transport and access are problems in Cornwall, which we acknowledge, and believe should be addressed. However, this fact should not preclude examination of the difficulties of travel from Scilly. There is an additional factor which is, in effect, a curfew. Transport schedules which are dictated by daylight hours, and operational and commercial considerations, mean that journeys may only commence after a certain hour of the morning, and must be completed by the afternoon or early evening. It should also be noted that there is pressure on seats in the summer season and that timetables are limited in winter.

Many off island residents commented on the additional planning, time, and expense involved in getting to St Marys either for an appointment, or for early departure for an appointment on the mainland. It indicates a need for better information about transport options – private, Medical Launch, and Star of Life sea ambulance – and when medical travel vouchers can be used.

'Both my husband and myself have experienced difficulty in getting a flight at short notice. With all the workmen coming back and forth and the normal cut back of the timetable in the winter, this could become a real problem.'

(P, St Marys resident, winter 2011)

Public transport timetables on the mainland also influence the journey and restrict the time window available to complete the purpose of the trip.

The majority of mainland appointments and admissions are at RCH Treliske, then Penzance and Hayle; some at Camborne/Redruth. Some people may go to Derriford in Plymouth, or further afield for specialist treatment. See *Appendix 2*

'Public transport timetables are restrictive but TAPs drivers have been brilliant'

(Regular patient)

Many people use the TAPs volunteer car driver service, although others assume it is just for people requiring assistance or unable to use public transport. People consistently praise the drivers, but say that charges vary and can be expensive. Mileage is charged on the round trip from the driver's home, and there is a cap of £20 each way. It's cheaper to book a return trip, drivers will wait at the hospital for up to 4 hours.

Update, October 2012: Following suggestions from patients, Link4Scilly and St Marys Health Centre advertised the following scheme:

Car share scheme for mainland appointments

If you are arranging non-public transport between the airport and hospital, would you be willing for other people travelling on the same day to get in touch with you so you can share costs?

Health Centre reception will hold a diary so people can volunteer to register their date of travel and destination. Two or more people travelling on the same day can be put in touch with each other to share a car, TAPs car or taxi.

This is a simple match making service and people are still responsible for making their own arrangements. TAPs and taxis are usually quite accommodating if you have already booked and want to change the number of passengers.

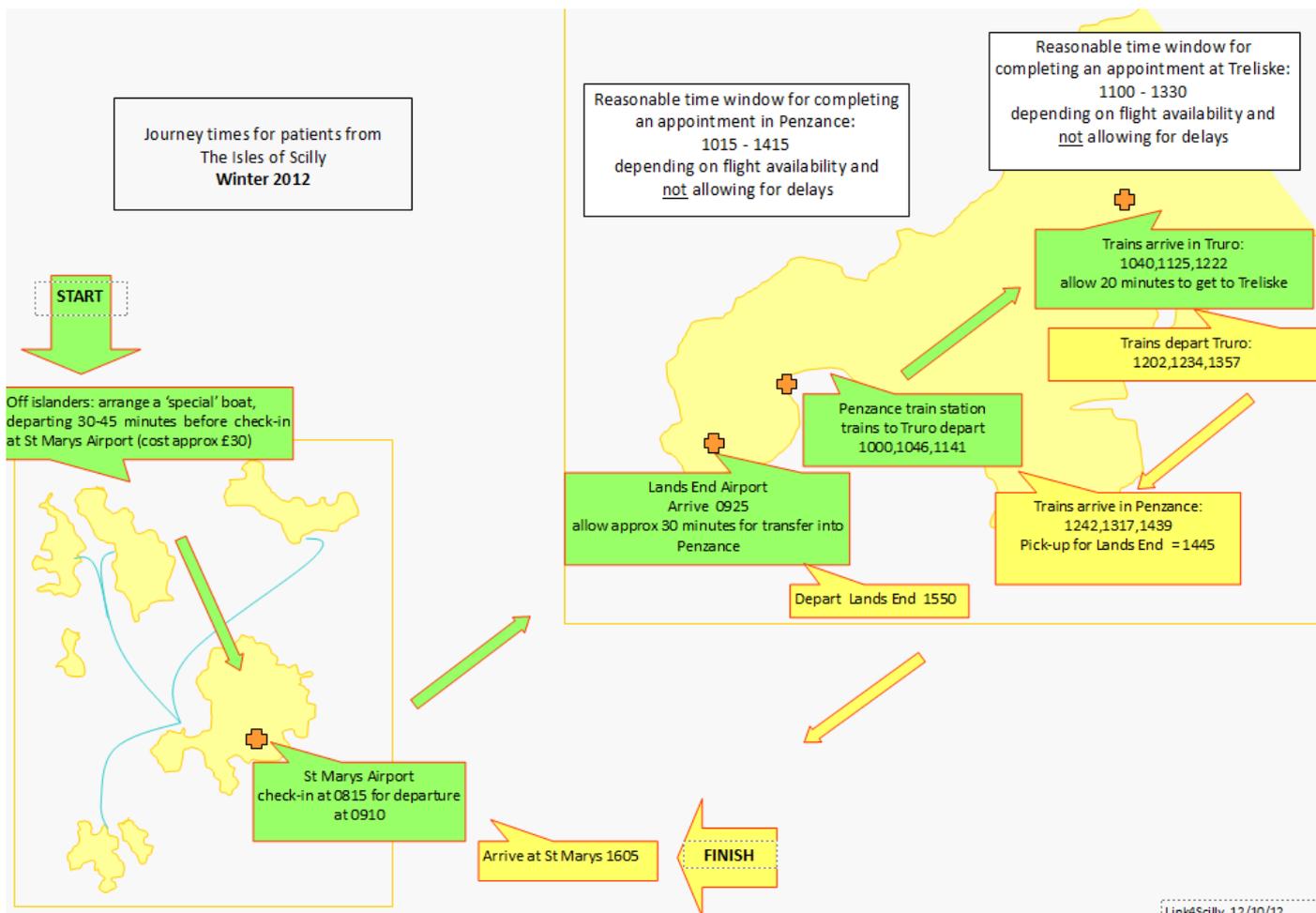
The scheme is entirely voluntary. Only Health Centre staff will have access to the diary, but by registering your journey you are giving permission for them to pass on your contact details to another person travelling on that day.

Contact Transport Access People (TAPs) on 01872 22 33 88

Link4Scilly Newsletter September 2012

Train tickets: there are no facilities on Scilly for issuing train tickets. Advance tickets must be bought online or by phone and will only be posted (standard post) over 7 days in advance of travel. Alternatively, tickets can be collected from the self service machine at Penzance station. If one's schedule is already tight, or if flights are delayed, there is no time to join the queue at the ticket office or self service machine to buy or collect tickets. Station staff will not allow anyone to board the train without a valid ticket.

The illustration below shows a typical journey in the winter. Summer schedules for 2013 are not yet available.



Transport disruption and delays

'Off islanders can pay for an expensive special boat (£34) in order to catch an early flight only for the flight to be cancelled. There is no way of checking in advance at that time of the morning.'
(H, off island resident)

All travel is subject to delays; air travel more than most. 2011 saw more cancellations and delays than usual, due to weather and technical problems.

People often arrange to travel the day before and stay overnight in order to make sure they make their appointment.

Patients who are unable to attend have their treatment delayed, and worry that having to change an appointment more than once (because the original appointment is at an unmanageable time; and/or because of travel disruption) means that they will suffer a 'three strikes rule' and will have to start again.

Royal Cornwall Hospitals Trust assured us that:

"The Trust's Access, Booking and Choice policy is quite clear and states:

There may be exceptional circumstances which prevent some patients from attending their outpatient appointment. For instance: Isles of Scilly patients where weather conditions or mechanical breakdown prevent patients from travelling to the mainland.

Patients must give prior notice however short that they are unable to attend, renegotiation of appointment date should then take place.

Appointments which are due to fog, helicopter breakdown etc. will not invoke a "three strike" rule. The general patient cancellation rules in the Access Policy are that:

When a patient changes any outpatient appointment, one further reasonable offer of appointment must be made within two weeks of the original appointment. If the patient cancels the second appointment the patient must be returned to the care of the GP."

Many people reported that flight cancellation and delays affected their return home after discharge from hospital, adding to their discomfort and anxiety, and incurring additional expense. See Section Four: Admission and Discharge.

Travel disruption in 2011 also affected clinics on St Marys. Consultants cancelled visits and regular clinics were affected – in one case on three consecutive occasions, leaving a gap of four months. St Marys Hospital staff estimate that 27% of all clinician's visits were affected last year, either foreshortened or cancelled altogether.

Flight disruption did not overly affect transport of medical supplies and specimens, due to the co-operation of both travel operators.

Closure of Penzance Heliport

*'The staff at Penzance Heliport have always been fantastic to me over the years'
(Seasoned user of hospital services)*

At the time of the first edition of this report, British International Helicopters had announced that they intended to fly between Newquay airport and the islands from 1st November 2012.

Councillor Dudley Mumford contributed an investigation into some of the access issues for those patients travelling through Newquay airport.

Transport options are included in Appendix 1.

Councillor Mumford concluded:

'It will be extremely difficult for islanders to attend medical appointments using public transport at RCH Treliske on a day return basis in the summer and probably impossible in the winter months. Newquay may still be an option for island patients who choose to travel the day before and return the day after the appointment (but may depend on future travel warrant conditions) as there would be adequate time to complete the transfer using public transport. However the RCHT proposal to increase services at West Cornwall Hospital will also make travel by helicopter to Newquay for those island patients attending Penzance appointments impracticable. Skybus medical travel warrant includes at present transfer to/from Penzance railway station on Scilly/Lands End route. Would RCHT consider reimbursing the taxi fare to/from Newquay airport to Truro?'

(17/2/12 D. Mumford, Chair, IOS Health Overview and Scrutiny Committee.)

The cessation of direct flights into Penzance will have a profound impact on patient travel. Current timetables mean that travel via Lands End means later arrival in Penzance and onward to Truro. We made a recommendation (2.1) that Skybus review their timetables to enable earlier arrival in Penzance.

Update October 2012:

The British International Helicopter Service will not transfer to Newquay. The BIH passenger service will cease on 1st November 2012.

The Isles of Scilly Steamship Group operates a Skybus service to Lands End and Newquay.

The Skybus schedule from 1/11/12 has been altered to take connection times into account.

Royal Cornwall Hospital Trust has confirmed that the cost of transfer between Lands End Airport and Penzance is covered by the travel warrant.

The cost of transport between Newquay airport and the hospital or clinic is the responsibility of patients.

Update October 2012: Cessation of Helicopter Service

On 1st August 2012 British International Helicopters announced that they will cease operations on the IOS route on 1st November 2012.

Following the announcement, we updated this report with recommendations which have largely been addressed, below.

We believe that health professionals and commissioners, the Council of the Isles of Scilly and, not least, the Isles of Scilly Steamship Group, have done everything possible within operational and logistical constraints to minimise the immediate impact on transport of patients and medical goods:

1. Skybus capacity, schedule and connection with public transport.

The Isles of Scilly Steamship Group will purchase an additional plane in order to increase capacity. The Skybus winter schedule commencing 1/11/12 departs slightly earlier from St Marys which should mean arrival in Penzance in time for the 1000 train. The afternoon pick-up from Penzance station allows travel on the 1357 train from Truro.

2. Accessibility of aircraft for people with impaired mobility.

The islander aircraft is not suitable for wheelchair users and some post-orthopedic patients. The weight restriction on the steps of the twin otter does not allow a patient to be carried or assisted.

In May 2012 Civil Aviation Authority regulations prevented Skybus from carrying stretcher cases as the planes were not fitted with an approved fixing system. The Council of the Isles of Scilly facilitated Local Action Group funding, with additional funding from the Isles of Scilly Steamship Group and the Primary Care Trust, to purchase the necessary equipment to provide stretcher transfers.

NHS Cornwall and Isles of Scilly Primary Care Trust have now commissioned the Isles of Scilly Steamship Group to carry patients needing a stretcher, for non-emergency elective cases only. It can be mobilised within an hour but booking ahead is expected. Patients who normally use a wheelchair or who otherwise could not enter the aircraft unassisted will need to be transported by stretcher. There is significant additional cost to providing and commissioning this service.

3. Routine maternity appointments for women after 36 weeks who have not hitherto been able to travel with Skybus as there is no cabin attendant to offer assistance.

An agreement has been reached that women who are over 36 weeks pregnant may travel on Skybus, either by stretcher or in a seat if they can enter the aircraft unassisted, with a letter from a clinician and an escort if required.

4. Transport of medical goods.

Blood for use in transfusions and prescribed and controlled drugs without a UN number may be transported by air.

5. Transport of bio hazard goods.

The Isles of Scilly Steamship Group is undertaking the lengthy process of applying for a license and training staff. Until this is in place, or unless the CAA grants a request for special dispensation, prescribed and controlled drugs with a UN number and specimens for testing must be carried by sea.

In winter, sea transport of medical supplies and specimens is only possible on the freight ship which runs three times a week. Departure and arrival times are tide dependant and often outside normal working hours for delivery and collection.

Work is in progress to ensure that the islands have sufficient pharmaceutical stock.

Analysis of specimens and most diagnostics take place on the mainland. Investment in equipment and training is required before more 'near patient testing' can be carried out on the islands, and a business case is being urgently progressed, alongside local delivery of urgent X rays using equipment already in place.

Section Three : Accessibility of Sea/Aircraft for People with Impaired Mobility

I have been asked to produce this section of the report due to problems affecting members of our community, regarding the type and availability of the various means of transport to the mainland. Due to limitations on the various forms of transport, cases have occurred where residents have had difficulty in accessing the mainland, or returning home, due to their medical condition.

The helicopter link to Penzance will cease in October 2012 with operations transferring to Newquay. This will be unsuitable for patients going to West Cornwall or St. Michael's hospitals. The light aircraft routes are not always suitable for patients with certain conditions. The new all year round ship proposed for the Penzance to Scilly route has failed to receive funding, so will not be provided. The current ship (Scillonian III) can only take passengers who can transfer from a wheelchair. The journey time is long, at 2¾ hours plus, for people recently discharged from hospital. The service only runs from April to October.

Problems arise when patients are flown out as an emergency and require carrying on and off the helicopter in order to return. If the helicopter is non-operational (which has occurred due to technical problems and weather, at times for periods up to a week), how do these people return home? At present the only option is a stretcher transfer on Skybus, as detailed below. The (summer only) boat is unable to carry patients in wheelchairs as noted above. The Royal Navy provides emergency cover from Culdrose but will not cover non-emergency trips (i.e. return trips home).

Examples (with permission):

- A wheelchair-bound person (flown out as an emergency) who could not transfer to the operator's wheelchair was unable to travel home for a week when fit for discharge as none of the available modes of transport could accommodate him. It was eventually arranged by removing seats from an Islander aircraft and taking him on a stretcher.
- A wheelchair-bound person who could usually transfer to the operator's wheelchair broke an arm, and had to be lifted on and off the helicopter. If there were no helicopter, would this patient have been flown out as an emergency, and if so, how would he get back?
- A disabled person with a non-emergency but essential outpatient appointment on the mainland, who requires carrying on and off the plane, could also only use the helicopter at present, and again only if they can transfer to the heliport wheelchair.
- A wheelchair-bound person who cannot transfer has to be carried on to the helicopter by a relative, who is becoming older and less able to do this. The fixed wing planes are not suitable as either the seats are not adequate for this patient or the plane access is too low to carry someone through.
- A patient who has had hip or knee replacement surgery cannot use the Islander aircraft due to restrictions on movements on the operated limb. This would also probably apply to patients with a leg in plaster.
- A patient with a leg in plaster needing to be propped up had to travel by Skybus (only twin otter suitable) as the helicopter was not operational at the time of discharge. This patient had to shuffle up the steps on his bottom as the steps cannot take people carrying a wheelchair. No help was available, as staff could not help him up, and indeed were doubtful if he should be allowed on for safety reasons. This caused the patient some anxiety and pain. In the end, his leg was propped up with cushions on the dog basket.

There are weight restrictions on people being carried on to the aircraft, due to the strength of the access steps. This means that a patient weighing more than 15 stone cannot be carried on to the helicopter or Skybus. Patients have to be capable of walking on to the Twin Otter plane as the steps are unable to accommodate two people, or the carrying of a wheelchair.

Comments from the Transport Operators:

British International Helicopters

Can take a wheelchair bound patient as long as they have an escort and can transfer out of the wheelchair, which would be carried in the hold. A patient weighing more than 15 stone cannot be carried up the steps for safety reasons.

If it is known that a patient with a serious mobility or health problem is returning to Scilly, BIH on Scilly will arrange for the ambulance to transfer them from the aircraft.

Passengers booking medical flights in advance are routinely asked if they need assistance.

Isles of Scilly Steamship Company

Wheelchairs are not permitted to be carried on the planes, and there are no fixing points for wheelchairs on Scillonian III, so a patient must be able to transfer to a seat.

A Twin Otter is scheduled to fly every day, but occasionally an Islander has to be substituted to fly in cross winds. If a patient could not access the Islander due to their medical condition, they should tell the ISSG at the time of booking so that a note is made of their needs. The patient must be able to negotiate 3 steps up to the aircraft. There is provision for a wheelchair to convey the patient to the steps. The Islander can have seats removed to take a stretcher and up to two additional passengers with sufficient advance notice. This appears to be the only way for wheelchair-bound people to travel to and from the Islands if they are unable to negotiate steps. They have confirmed that this method could be used to carry patients who are over the 15 stone weight limit to be carried up the helicopter ramp in a wheelchair.

Footnote

Since producing this report, Civil Aviation Authority regulations precluded Skybus from carrying stretcher cases as the planes are not fitted with an approved fixing system.

This means that patients with restricted mobility could not return to the islands if flown out as an emergency by air ambulance or Culdrose, neither of which organisations is able to offer non-emergency transport. A recent case involved a seriously ill patient eventually returning to the hospital in Scilly after the PCT chartered a private helicopter at considerable cost. These circumstances meant that the patient was forced to remain in hospital on the mainland, without his wife, for longer than was necessary.

In addition, it would be equally impossible for non-emergency cases involving heavier and/or wheelchair-bound patients to access essential treatment on the mainland. Another factor is the reluctance of some patients to be flown out in emergency cases due to a fear of being unable to return.

The anguish caused to patients and their families is clearly unacceptable, and LINK supported an application from Skybus for Local Action Group funding to purchase the necessary stretcher racking equipment to provide stretcher transfers. With help from the Council of the Isles of Scilly and additional funding from the Isles of Scilly Steamship Group and the Primary Care Trust this facility will soon be in place.

Jane Hurd
Vice-Chair, LINK4Scilly
August 2012

Both Operators

Both operators mentioned that they are not always given notice when a patient will need assistance. This has improved in recent years, but there is still a degree of “hit & miss” involved, often apparently caused by an individual not knowing the correct procedures.

For patients who cannot walk, both operators felt that essential arrangements must be made PRIOR to discharge, and the feeling was that a patient should not be discharged to fly until the necessary actions had been advised and completed. This is especially important where a special flight would be necessary, e.g. stretcher cases. In both cases, the patient must have a competent escort for the flight.

Weather conditions must be taken into account when discharging patients.

Recommendations:

- 3.1 For patients who cannot walk, essential arrangements must be made PRIOR to discharge. A patient should not be discharged to fly until the necessary actions have been advised and completed. This is especially important where a special flight would be necessary, e.g. stretcher cases. In both cases, the patient must have a competent escort for the flight.
- 3.2 Similar arrangements must be made for such patients travelling from Scilly for treatment.
- 3.3 Weather conditions must be taken into account when discharging patients.
- 3.4 We request that a working group is set up between the Primary Care Trust, South West Ambulance Trust, Transport Operators, and stakeholders, to examine ways to overcome the transport difficulties experienced by passengers with impaired mobility.

Jane Hurd
Vice-Chair, Steering Group, Link4Scilly

Update, October 2012

The Islander aircraft may be inaccessible to some people – those who have permanent or temporary mobility impairment. The Twin Otter aircraft cannot be boarded by anyone who is not able to manage the steps without assistance.

Skybus can adapt an Islander to carry a stretcher, and this is an option for some elderly, immobile or bariatric patients. There is significant additional cost to providing and commissioning this service.

The Isles of Scilly Steamship Group are undertaking a refit of Scillonian III to include a lift and wheelchair clamps so passengers may board and remain seated in their own non-motorised chair. The Scillonian III does not operate a winter service.

For wheelchair users and other people with impaired mobility, the only means of non-medical travel through the winter is to pay privately for the stretcher service, and this may still not be suitable, or affordable. People living in supported accommodation on the mainland cannot come home to visit their families; those who are resident on the islands cannot leave.

Some people who have previously been able to board the helicopter with assistance have told us they are now fearful that they will not be able to travel when there is no sea passenger service in winter.

An accessible winter boat service would overcome this.

We will continue to support the Council, FRIST, and all agencies involved in trying to secure a sustainable solution to wider transport issues.

Outpatient appointments

Some consultants hold quarterly clinics on St Marys, and there are regular visits by therapists and specialist nurses. Most consultations, some therapeutic treatment, and all acute treatments are carried out at mainland hospitals.

The Patient Referral Management Service for most first referrals involves contacting the patient directly to discuss the options regarding time and place for a consultation. If there is nothing available within eight weeks, the referral is passed to the hospital and the appointment will then be generated by the Patient Administration System. Waiting time targets may dictate that an appointment is offered on the mainland instead of one on St Marys if the next clinic falls too late.

As noted, the time window to attend a mainland appointment is short.

'It's not like catching a bus. There won't be another one along in a minute. If you miss that last flight you are literally stuck overnight.'

(C, St Marys resident)

Royal Cornwall Hospitals Trust is monitoring the time slots offered through its Patient Administration System (PAS) and booking clerks have been instructed to choose an appointment between 11am and 2pm where possible. In 2011 the number of appointments falling within this window was just under 50% of the total.

Unfortunately, afternoon clinics – which usually start at 1.30pm or 2pm – are unmanageable in a day trip anywhere other than Penzance during the winter months.

It is important that Isles of Scilly patients understand that they can contact the booking clerk or consultant's secretary to try and rearrange an appointment if it is at an unmanageable time. Feedback to Link4Scilly indicates that arrangements can often be made to attend earlier or later that day, or at a later date if this is acceptable. However, sometimes all alternatives are unsuitable and travel arrangements have to be made accordingly.

People report that awareness among clinic staff of the time restrictions on Isles of Scilly patients is good, and patients are very grateful for the understanding and assistance that has been offered on the day.

'I attended a 1.30 appointment, cardiology unit. On arriving early the receptionist arranged for my preliminary checks with the nurse at 1pm and I was first patient in at 1.30pm.'

(J, off island resident)

Recommendations:

Location:

- 4.1 Patients should be given the choice of an appointment on St Marys where this is possible, depending on their choice of consultant, and where a short delay does not adversely affect their treatment.
 - 4.2 West Cornwall Hospital or clinics in Penzance are more accessible than Truro, yet the greatest number of appointments is held at RCH Treliske. With new facilities at West Cornwall, a higher number of appointments should be held there. Being seen in Penzance means a shorter journey time, a longer window for appointments, less time away from the islands, and less stress.
 - 4.3 Telephone or video conferencing should be used wherever possible (see *page 15¹*).
 - 4.4 Improvements to equipment and training for local practitioners in order to provide more diagnostic tests locally should be pursued.
- PAS arranged appointments:
- 4.5 We recognise that booking clerks' awareness of islanders' circumstances is difficult to maintain long term due to staff turnover. NHS Trusts booking systems should be programmed to flag up a reminder when an Isles of Scilly post code is entered, prompting booking clerks to seek advice.

Information about the time slots and location of outpatient appointments arranged by Royal Cornwall Hospitals Trust is given in Appendix 2

Recommendations *cont.*

Clinic cancellation:

- 4.6 Occasionally a patient has arrived to find that the clinic has been cancelled. One person reported that this has happened to them more than once. We recognise that there might not have been enough notice to inform the patient before they left home. However, given the expense to the NHS (for travel costs) and considerable waste of time for the patient, clinic lists must be checked for Isles of Scilly patients and every effort made to prevent an unnecessary journey.

Day case procedures and courses of treatment

'It's a shame folk don't realise how hard it actually is. My chemotherapy every few weeks for example is a mammoth three day outing. I rely on the kindness of a friend to put me up the day before, and the day after. She is a former off islander who understands the difficulties of travel to and fro. She picks me up from the Headland Unit as I'm not allowed to leave unaccompanied. I don't know how I'd manage without that help.'
(Seasoned user of hospital services)

We hear that the major cause of discomfort is simply not being able to get home.

Arrangements for patients attending for day case procedures vary, according to the treatment. Morning admissions usually necessitate travelling the day before. Some procedures may involve an overnight stay in hospital for observation, but often patients are allowed – and expected – to leave hospital later in the day, when it's already too late to get home. It is usual therefore to spend a night in paid accommodation. Patients may be experiencing ill-effects from the procedure, or have been advised not to return to Scilly on the day of their treatment due to the risk of a bleed and immediate readmission. This is most uncomfortable and distressing, in an unfamiliar B&B.

The majority of patients do not have friends or family nearby, so are alone or with an escort. Guidelines for authorising travel warrants for an escort have been revised with the intention of reducing the number of warrants issued.

Patients who must attend hospital on consecutive days for a course of treatment usually have to find accommodation nearby (treatment will be administered in a day unit with no overnight beds). It is likely that they will be alone as it is difficult for a friend or family member to be able to stay away from home for that length of time as well. If one is very unwell, a bed may be found in the hospital on another ward, depending on availability. This might mean spending a week on a short stay 'transit' ward with no chair or locker, and other patients arriving and departing at all hours.

X's experience depends on the ward s/he is attending for treatment. Some staff have got to know X's particular circumstances and are extremely helpful. X often feels too ill to cope with accommodation and travel arrangements, but is not always given assistance. S/he describes this as a nightmare.
(Direct feedback to L4S)

Inpatient stays: admission and discharge

Early day admission always necessitates travelling the day before and staying in nearby accommodation for one night, or two if admission is on Monday (there is no transport to and from the islands on Sunday).

Patients are separated from family and friends. If the journey to and from hospital does not go smoothly, there is often no-one to help.

Recent feedback about inpatient care is full of praise for the kindness and attentiveness of ward staff. However, if insufficient attention is given to the difficulties of the journey home, patients have reported feeling very alone and abandoned once they have left hospital.

This is what they have told us about:

- The difficulty of making the journey alone on public transport and carrying luggage before one is fully recovered.
- Lack of knowledge or understanding by ward staff about journey arrangements, leading to poor travel planning.
- Being discharged too late in the day to get home.
- Elderly and infirm patients making the journey alone and/or experiencing delays and cancellations.
- Flight delays causing anxiety and discomfort.
- Flight cancellation and having to find accommodation. Not knowing who to contact if one is unwell.
- Unavailability of suitable temporary accommodation, if delayed, and adaptations and equipment are required, for instance after orthopedic surgery.
- After emergency admission, being without suitable clothing, money, or means to get home.
- Transfer between mainland and St Marys hospitals: being left unaccompanied, sometimes in a wheelchair, at the air/heliport. Experiencing delays.

Royal Cornwall Hospitals Trust has revised its guidelines on discharge and transfer to the Isles of Scilly, with input from Link4Scilly. Staff are asked to consider if the patient is well enough to cope with the journey and any delays, and if they need an escort. Information is given about travel arrangements. Patients should be given contact numbers for medical assistance.

Unfortunately, people still report difficulties which would have been avoided if the guidelines were followed.

Poor discharge planning and communication has a negative impact on people's follow on care and recovery. There needs to be a concerted effort by many agencies to address the issue, and this is getting underway in Cornwall. This report is confined to the specific aspect of travel to the Isles of Scilly, which affects relatively few people. However, the distress which can be experienced is very real and entirely unacceptable.

Recommendations:

- 4.2.1 Discharge planning should take into consideration if the patient is well enough to stay alone in temporary accommodation, and if not, allow them to stay overnight in hospital.
- 4.2.2 When a patient is attending for a course of treatment, consideration must be given to whether they are well enough to stay alone in temporary accommodation, and if not, suitable arrangements must be made.
- 4.2.3 Discharge planning at Royal Cornwall Hospitals Trust must follow 'Guidelines for Transfer and Discharge of Patients to the Isles of Scilly Version 1.2' as agreed with Link4Scilly.
- 4.2.4 We request discussion with RCHT key personnel to address how agreed guidelines can be consistently put into practice.
- 4.2.5 Other NHS Trusts should adopt similar guidelines for transfer and discharge of patients to the Isles of Scilly.

Update October 2012: people with mental health needs

Inadequacies have been identified in arrangements for the safe transfer, if necessary, of people who experience a mental health crisis. The IOS Steamship Group is willing to provide transport with appropriate support but must retain the right to refuse carriage. NHS Cornwall & IOS is leading a review of necessary protocols, co-ordinated intervention and care, and emergency transport provision.

Section Five : Subsidised Travel and Additional Costs

Air fares between Scilly and the mainland are expensive - £140 -£190 return. Islanders are eligible for a discounted fare, but wholly self-financed medical travel would be unaffordable and prevent people receiving treatment. There is provision for reimbursement of travel expenses to patients from Scilly, irrespective of their income. The Healthcare Travel Costs Scheme states that:

'Special arrangements are in place for residents of the Isles of Scilly. In addition to those who are entitled to full or partial reimbursement under HTCS, others who travel to the mainland from the Isles of Scilly for treatment are entitled to have their travel costs refunded beyond the first £5'.

Historically, islanders have understood that this applies to the first leg of the journey to the mainland. They are required to provide proof of their appointment and £5 for a warrant which is issued to the travel operator. An authorised escort is also eligible for a warrant. The NHS is invoiced by the operator for the agreed fare. The NHS organisation which originates the appointment pays the cost of travel to the mainland. The patient pays for his or her own onward travel.

A fit and able person on a day return to Truro will pay £5 towards their flight, return train travel to Truro, and return bus fare to Treliske, at an approximate total cost of £15.00. This is less than the cost of travel from some areas of Cornwall.

As noted, it is not always possible to complete the round trip in a day, especially in winter, so people must sometimes pay for overnight accommodation as well.

An elderly or infirm person will usually require an escort and will have to find overnight accommodation for patient and escort. They might also choose to use the TAPs service to avoid the difficulties of public transport. The total cost might be £120.

Someone attending hospital for a course of treatment may have to arrange accommodation for up to four nights, plus additional travel and subsistence expenses. They may have to do this regularly.

People have to arrange time off work and may lose pay, in order to attend hospital. A 20 minute appointment can take up a day or more.

The main purpose of the Healthcare Travel Costs Scheme is to provide for reimbursement of expenses to people in receipt of certain benefits, or otherwise on a low income. People have told us that they find it difficult to get information and to establish if they are eligible. There is no direct source of information and advice on the islands.

Update October 2012: Travel Warrants

Travel warrants were administered for many years by St Marys Hospital on behalf of all NHS Trusts.

In August 2011 a new system was proposed, because individual Trusts needed to manage and audit travel costs.

Local health professionals, members and officers of the Health Overview and Scrutiny Committee, and LINK members were involved in the design of the new system with Royal Cornwall Hospital Trust and Peninsula Community Health.

It was necessary for all parties to significantly increase their awareness and understanding of the complexity of the issues involved, from administrative and audit requirements to the literal patient journey and 'user requirements' of the system. Much joint effort was devoted to producing clear patient information.

In June 2012 the new system was introduced. Royal Cornwall Hospitals Trust now administers warrants for appointments at its hospitals and clinics, and for appointments originated by Cornwall Partnership Foundation Trust. Peninsula Community Health administers warrants for all other Trusts at St Marys Hospital.

Link4Scilly monitored the system through patient feedback. A joint working group review meeting was held in September 2012.

In our summary to the review, we noted that although the instructions are clear, people are now required to do the opposite of what they used to do with regard to making a flight booking, and confusion inevitably arose. Also, the system itself is complex. There are now two avenues for booking a warrant depending on who the appointment is with, and for several months there were two methods of booking transport. It was noted that high profile patient information is still required for new users. However there has also been positive feedback about ease of use, flight booking arrangements, and the assistance given by administrators. On the whole the system was judged a success.

Emergency medical evacuation

Where commercial transport is not suitable, or available (overnight and on Sundays), the Air Ambulance and RNAS Culdrose provide emergency air transport to the mainland. This is an essential lifeline service and offers much reassurance, and people recognise the very high cost to the NHS.

Section Six : Reducing the Need to Travel

'It would be more financially viable for consultants to spend a day in Scilly rather than numerous patient journeys to the mainland.'

(Survey respondent)

'There are two compelling reasons to examine if the amount of travel to the mainland, for consultations and treatment, can be reduced: patient feedback and cost.'

Response to community surveys and individual contact regarding outpatient appointments has largely been about inaccessible time slots being offered (now improving) but these comments generally include a reference to the time and effort involved. Some people asked if more scans could be held on the islands. Others expressed frustration that they have travelled to a consultation where there was no physical examination; therefore they felt that their physical presence was not required. Day case surgery nearly always involves at least one overnight stay on the mainland, which can cause discomfort and entails expense.

Patients also recognise the expense to the NHS and do not want to see money 'wasted' on trips that they do not want or need to make.

RCHT's current proposal regarding travel warrants is intended to introduce a system that requires less administration and can stand up to audit. However, the total cost of subsidised travel is high and all agree that a reduction in travel would make the most significant contribution to cutting costs.'

(Link4Scilly Interim report to Royal Cornwall Hospitals Trust, September 2011)

We ran a small straw poll survey specifically asking for people's views on whether islanders need to travel to the mainland so often.

We asked people to give examples of appointments that, in their view, could be conducted by telephone or video conferencing,¹ perhaps with a health care worker in attendance:

Many people nominated post operative consultations; and follow up after tests, scans and treatment, or at the end of a regime of treatment. One person commented that having a knowledgeable healthcare worker in attendance would be better than travelling alone to see a consultant and being too tired by the journey to really take in what had been said. A few people mentioned that counselling could be provided this way. Other suggestions included dermatology, and physiotherapy – supervision of exercises.

One person said that it should be possible for a GP to check how a wound is healing after minor surgery, rather than travel to the mainland.

'I think that a case can be made to encourage electronic communication for those with ongoing health problems, where both health worker and patient agree and have established a relationship.'

A minority of people disagreed, feeling that a 'hands on' examination is necessary.

We asked for examples of screening, treatment, therapy and care that, in their view, can only be delivered on the mainland:

Most people gave examples of assessments, screening and treatment requiring specialist skills and equipment – MRI scan, mammogram, endoscopy, some x-rays,² ultrasound,³ radiotherapy and chemotherapy. Also, procedures including angioplasty and surgery, and any procedure involving a general anesthetic or blood loss.

One person felt that patient choice of consultant is important – not all hold clinics on St Marys. Another cited mental health treatment and care.

We asked for examples of screening, treatment, therapy and care that, in their view, could be delivered on the islands, but are not:

Improvement to the x-ray facility was considered important, so it can be operated by GPs and not only once a week by a visiting radiographer. Eye testing⁴ was described as 'woefully inadequate'. More therapies, including more speech and physiotherapy. More services for the elderly, for instance assessments for Parkinsons disease or dementia.

We asked for additional comments:

'There needs to be more co-operation between GPs and consultants. There seems to be a lack of dialogue between them which is not helpful to the patient.'

'In the case of tests is it not possible to arrange to have them all on the same day whilst on the mainland. In my case, 3 separate visits had to be arranged at Treliske.'

'More continuity is needed with consultants. In the course of my diagnosis I saw 5 different consultants, this does not inspire confidence.'

'I feel it is important not to put cost savings before patient care or for that matter convenience.'

'I think we need to define what we call a 'mainland' appointment'. All first referrals to a consultant by a GP must be face to face. I get the impression that the 'general' consultants are more reluctant to travel (and may cite 'pressure of work', which is no new thing! And of course weather and breakdown delays wasting their time) and they do have a point.'

'Encourage and support regular consultant visits here.'

'Keep stressing to the providers the need to be aware of the constraints that timing and weather puts on our travel – this applies to admissions as well as appointments.'

'Make sure that the community and providers are aware of, and support, any qualified health workers who live here.'

'Encourage the school/careers department to highlight the usefulness of a qualification in health care and the possibility of remaining in work in these Fortunate Isles.'

'I would wish to see the same consultant but at the end of a videolink would be perfectly adequate in my opinion. I would definitely prefer this to seeing a different consultant, who is unfamiliar with my case, in person.'

'I can see that specialist equipment (MRI, CT etc.) would not be cost effective to install. Various types of specialist therapy would be difficult (to provide) here, but need to consider the uncertainty of travel in conjunction with this.'

'Generally I think that far more use should be made of local facilities as well as St Michaels and West Cornwall Hospital.'

¹Telephone or video conferencing

High resolution facilities have been installed at St Marys Hospital. Anita Bedford, Team Leader, suggests these potential applications:

- The potential for a range of out-patient consultant appointments – especially orthopedic follow-ups.
- Counselling services – these could range from alcohol and drug support, to more specialist psychotherapy.
- Small group work – for conditions which benefit from the interaction of group members. This could cover a broad range of disciplines from child health to chronic disease management.
- Rehabilitation – the monitoring of a person's ability to undertake their exercises, and advice.
- Midwifery support.
- Linking resident healthcare staff into the network of specialists available on the mainland, thus improving their skills and knowledge, which in turn improves client outcomes.

²X-ray

The x-ray equipment on St Marys was condemned in autumn 2011, and all patients had to travel to West Cornwall Hospital for an x-ray until spring 2012. The Primary Care Trust, Royal Cornwall Hospitals Trust, and Peninsula Community Health worked together to install new equipment which is used by the radiographer at weekly clinics. Training will be given to enable a local GP to use the equipment at other times, utilizing the facility for remote examination and diagnosis.

³Ultrasound

Our own investigation into ultrasound technology indicates that specialist scans require skills and equipment in a mainland centre like RCH Treliske. We understand that consideration is being given to the possibility of acquiring a small unit for the GP surgery for diagnostic use.

⁴Eye tests

The islands do not have a local optician. Specsavers of Penzance visit irregularly, but many people find it hard to arrange an appointment on St Marys and/or prefer to fit in a test while on the mainland. Some people have to travel especially for a test, or glasses fitting and repair, and this is expensive. Travel warrants are not available – eye testing is a primary care service and the warrant scheme only covers secondary care.

'I would much rather wait a little longer to be seen on St Marys, instead of having to go to the mainland'
(Survey respondent)

We recognise that a number of factors have led to an increase in patient travel: technical and clinical advances in medicine; greater specialisation; a reduction in waiting times; and patient choice.

People understand that in most cases they are being offered the best care in the best clinical setting, and that a wide range of services cannot be provided to such a small population.

However, our feedback indicates that where possible, people would choose not to travel, and aren't always convinced that it is necessary. We welcome any initiatives which recognise this and which offer a solution that balances choice, best care *and* best value to patients and the NHS.

There appear to be a number of ways in which telephone or video conferencing could be used and we hope this avenue will be explored further.

Improvements to equipment and training for local practitioners in order to provide more diagnostic tests locally should always be considered.

Update October 2012: Clinic location and teleconsultation

Penwith Community Services Review.

The Kernow Clinical Commissioning Group is aiming to locate more outpatient appointments in and around Penzance for patients in Penwith and the Isles of Scilly. Islanders have a greater time window to attend appointments in Penzance in a day trip.

IOS Project Plan: teleconsultation

Included in the above review is a specific project to increase and improve teleconsultation facilities, with participants including local health professionals, IOS Council and LINK.

The 'bigger' project will identify as many specialties as possible for which teleconsultation will be suitable, including what specialist or diagnostic kit will be required. There will also be uses for teleconferencing in training.

An initial pilot is being undertaken in two specialties with mobile units in the Outpatients Dept at Treliske provided by IOS Council.

St Marys Health Centre management is keen to be able to offer more near patient testing.

X rays: new equipment on St Marys allows remote diagnosis and training is required for local health professionals so this can be delivered. Meanwhile, X rays are only taken once a week by a visiting radiographer.

In conclusion, people value the NHS and do not expect provision for the whole of Cornwall and the Isles of Scilly to be arranged around the needs of islanders. The fundamental aspects of travel are a fact of island life. However, transport restrictions should be considered in wider health service planning, and knowledge about essential medical travel should feature in transport planning - especially at this critical time when much still needs to be done to address future sustainability of transport links. We hope that this report will serve as a reference, to aid decision making in the future.

What would really make a difference to how islanders access and experience health and care services is better awareness and understanding on the part of the people who arrange and administer treatment and care. We don't mean each and every one of the thousands of staff employed by NHS Trusts and other providers. Key individuals - like booking team supervisors, senior ward staff, and discharge team leaders - should be aware that there are particular circumstances affecting patients from Scilly, not least their isolation from the support of family and friends. Patient Advice and Liaison teams should fully understand the issues and be a point of contact for information for both patients and staff, alongside patient transport administrators.

We welcome comments from all parties who plan, provide, and influence both health and care, and those who plan and provide transport services. We have established opportunities for further discussion with key departments to establish how some of the difficulties experienced by patients can be overcome. We hope simple measures can be introduced and maintained in order to improve the experience and outcomes for patients now and in the future.

APPENDIX 1 TRANSPORT SCHEDULES

Isles of Scilly Skybus operate between Newquay and Lands End, and St Marys.

The earliest flight departs St Marys 0910 summer and winter.

Check in is 1 hour before departure.

The flight takes 15 minutes to Lands End and 30 minutes to Newquay.

There is a company operated minibus between Lands End airport and the station. Allow about 30 minutes from landing to arrival at the train station.

The latest flight departs Lands End 1800 in summer, and 1550 in winter.

Pick up from the train station is about 1 hour or 1 hour 15 minutes before departure.

There is no shuttle service or direct bus service between Newquay airport and Truro.

Rail travel is not practicable from Newquay to Truro

There is no taxi rank at Newquay airport- if taxi required prior reservation is advised.

£5 airport development fee is levied on all departing passengers.

Estimated **bus journey time from Newquay airport to Truro**: Western Greyhound - 1hr 15min.

arrives at Victoria Square, Truro. Further bus/taxi required to reach RCH Treliske.

- Western Greyhound hourly bus no 556 from Newquay airport Newquay bus station: 25 minutes past the hour in the daytime
- First Group bus 88a hourly service for Truro bus station
- Summercourt Travel also offer a bus service but with limited connections

Taxi journey time from Newquay to RCH Treliske: 25- 40 minutes

Taxi fare Newquay to RCH Treliske: £29 one way up to maximum of 4 passengers

TAPs cars can also be arranged from Newquay, around £30 for a day return trip.

The Scillonian III sails between Penzance and St Marys, in the summer season only.

The ship departs Penzance at 0915 and returns from St Marys at 1630.

The journey takes 2 hours 40 minutes.

THERE ARE NO FLIGHTS OR SAILINGS ON SUNDAYS

ROYAL CORNWALL HOSPITAL TRELISKE
01872 250000

Monday to Friday:

TRAIN & BUS

Train from Penzance to Truro

Dep:	0844	0940	1000	1046	1141	1251	1400	1449	1600
Arr:	0926	1019	1041	1125	1219	1332	1441	1527	1641

Bus from train station

Nos. 14 & 18	every 10 minutes
	arrives at layby on main road 6 minutes later
27	19 minutes past the hour
	arrives at main entrance
85	46 minutes past the hour
	arrives at main entrance
88	3 and 33 minutes past the hour
	arrives at main entrance

Return bus

Nos 14 & 18	every ten minutes from lay by
27	30 minutes past the hour from main entrance
85	48 minutes past the hour from main entrance
88	16 and 46 minutes past the hour from main entrance

Return train from Truro to Penzance

Dep:	0934	1040	1202	1234	1357	1425	1511	1626	1723
Arr:	1016	1123	1242	1317	1439	1511	1553	1712	1806

BUS

Express bus from Penzance bus station to Treliske layby

No. X18

Dep:		0710	1000	1300	1610
Arr:	Treliske layby	0800	1050	1350	1700
	Truro bus station	0813	1103	1403	1713

Return

Dep:	Truro bus station	0920	1120	1420	1740
	Treliske layby	0933	1133	1433	1753
Arr	Penzance	1019	1219	1519	1839

Information correct on 09/11/2012

WEST CORNWALL HOSPITAL, ST CLARE STREET, PENZANCE
01726 874000

Walk up Market Jew Street, turn right on to Causewayhead. Continue on to St Clare Street, WCH is ahead on the left.

Bus:
Monday to Friday

From Penzance bus station, takes approx 5 minutes

10 & 10A	20 and 50 minutes past the hour
11	10 minutes past the hour
509	40 minutes past the hour

Return:

10 & 10A	approx 17 and 32 minutes past the hour
11	27 minutes past the hour
509	45 minutes past the hour until 13.45. Then 15.35

ST MICHAELS HOSPITAL, HAYLE
01736 753234

Bus:

Monday to Friday

From Penzance bus station,

14	20 minutes past the hour	arrives Foundry Square, takes 30 minutes
18	20 minutes past the hour	arrives Hayle viaduct, takes 20 minutes

From Penzance bus station, takes approx 30 minutes

515	1000 1430 1630	arrives St Michaels Hospital
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Return:

14	46 minutes past the hour	from Foundry Square
18	6, 36 and 46 past the hour	from Hayle viaduct
515	0910 1210 1550	from St Michaels Hospital

Train:

Monday to Friday

Depart Penzance	0940	1046	1141	1251	1449
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Arrive Hayle	0952	1058	1153	1306	1501
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Depart Hayle	1000	1106	1228	1423	1454	1537	1655	1750
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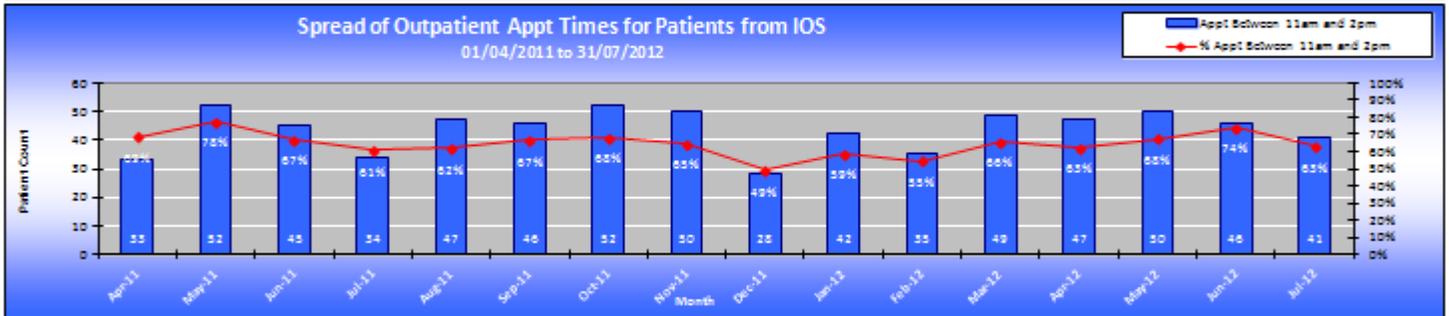
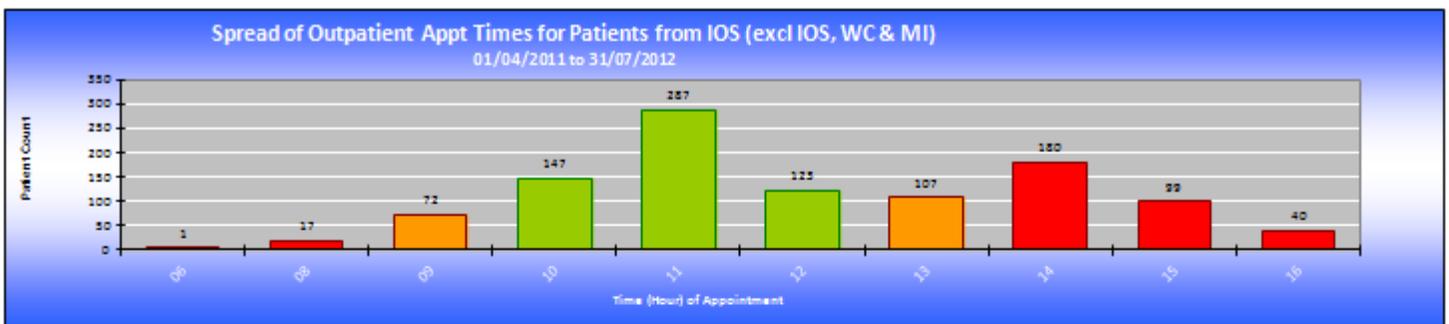
Arrive Penzance	1016	1123	1242	1439	1511	1553	1712	1807
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Information correct on 09/11/12

APPENDIX 2

**Outpatient Appointment Times for Patients from Isles of Scilly
Excluding St Marg's, St Michaels & West Cornwall hospitals
Apr-11 to Jul-12**

Business Intelligence & Assurance Unit
Royal Cornwall Hospitals Trust
Information Services Department



	Jul-11	Aug-11	Sep-11	10/11	Oct-11	Nov-11	Dec-11	11/12	Jan-12	Feb-12	Mar-12	11/12	Apr-12	May-12	Jun-12	12/13
Total Outpatient Appts	56	76	69	201	76	77	57	210	71	64	74	135	75	74	62	149
Appt Between 11am and 2pm	34	47	46	127	52	50	28	130	42	35	49	77	47	50	46	97
% Appt Between 11am and 2pm	61%	62%	67%	63%	68%	65%	49%	62%	59%	55%	66%	57%	63%	68%	74%	65%
Appts at Treリスケ	54	73	67	194	74	72	57	203	65	64	70	129	73	73	61	146
Appts at St Michaels*	15	20	12	47	19	20	3	48	12	4	20	16	13	28	13	41
Appts at West Cornwall*	22	21	22	65	14	37	27	78	22	35	28	57	30	20	33	50
Appts at St Marg's*	33	3	49	85	51	1	40	92	31	49	30	80	44	0	61	44
Appts at Cambourne Rec	1	1	1	3	2	3	0	5	3	0	3	3	2	1	1	3
Appts at Falmouth	0	1	1	2	0	2	0	2	1	0	0	1	0	0	0	0
Appts at Helston	0	1	0	1	0	0	0	0	1	0	1	1	0	0	0	0
Appts at St Austell	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Appts at Camborne Heal	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	126	120	152	398	160	135	133	428	136	152	152	288	162	122	169	284

*excluded from charts and % calculations

Location of outpatients appointments for patients from the Isles of Scilly
data supplied by Business Intelligence & Assurance Unit, RCHT

LOCATION/MONTH	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Total	approx %
Treliske	50	67	66	61	43	54	54	73	67	74	72	57	738	46 Treliske
St Michaels	17	11	11	25	14	15	15	20	12	19	20	9	188	12 St Michaels
West Cornwall	19	17	25	26	24	24	22	21	22	14	37	27	278	17 West Cornwall
St Marys	18	14	24	69	30	33	33	3	49	51	1	40	365	23 St Marys
Camborne Redruth	1	1	2	4	2	1	1	1	1	2	3	0	19	1 Camborne Redruth
Falmouth	2	0	1	0	0	0	0	1	1	0	2	0	7) (Falmouth
Helston	1	0	0	0	0	0	0	1	0	0	0	0	2) (Helston
Newquay	0	1	0	0	0	0	0	0	0	0	0	0	1) 1 (Newquay
Poltair	1	0	0	0	0	0	0	0	0	0	0	0	1) (Poltair
St Austell							0	0	0	0	0	0	0) (St Austell
Camborne Health Office							1	0	0	0	0	0	1) (Camborne Health Office
Total	109	111	129	185	113	127	126	120	152	160	135	133	1600	100

LOCATION/MONTH	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12								approx %
Treliske	65	64	71	73	73	61							407	45.5 Treliske
St Michaels	12	4	20	13	28	13							90	10 St Michaels
West Cornwall	22	35	28	30	20	33							168	19 West Cornwall
St Marys	31	49	30	44	0	61							215	24 St Marys
Camborne Redruth	3	0	3	2	1	1							10	1 Camborne Redruth
Falmouth	1	0	0	0	0	0							1) (Falmouth
Helston	1	0	1	0	0	0							2) 0.5 (Helston
St Austell	1	0	0	0	0	0							1) (St Austell
Camborne Health Office	0	0	0	0	0	0							0) (Camborne Health Office
Total	136	152	153	162	122	169							894	100

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Available from the LINK Office:
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