

**Medical Travel
from the
Isles of Scilly
Winter 2012-13**

Report by Healthwatch Isles of Scilly
May 2013

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Medical Travel Winter 2012-13

Healthwatch Isles of Scilly/Link4Scilly Survey Report

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Background

Travel and transport to and from the mainland in the winter of 2012-13 was challenging. There was a higher than usual incidence of cancelled or disrupted flights due to adverse weather conditions. The helicopter service between Scilly and Penzance ceased on 1st November. The Skybus fixed wing service operated by Isles of Scilly Steamship Group was unable to use Lands End airport for prolonged periods due to water logging of the runways, and flights were booked or diverted to Newquay airport. The passenger boat does not operate in winter and the freight ship runs three times a week.

Regarding medical transport, a multi agency working group, including NHS, Isles of Scilly Council, and Isles of Scilly Steamship Group personnel, was established after the announcement in August about the cessation of the helicopter service. This group held a fortnightly telephone conference to plan and arrange the continued transfer of patients, clinicians, and medical goods. Link4Scilly contributed patient feedback and concerns.

This report will not refer in detail to the work undertaken, but we wish to acknowledge that it addressed a number of urgent matters, including arrangements for particular categories or needs of passengers, urgent and emergency transfer, and transport of specimens, goods and supplies.

This report is mainly concerned with reported patient experience of medical travel.

The majority of patient travel is booked through the Royal Cornwall Hospital Trust Patient Transport Service, the remainder is administered by St Marys Hospital.

Passengers are routinely booked via Lands End due to the fare which has been agreed between Skybus and RCHT.

We know that most mainland appointments are held in Truro or Penzance. We also know that flight and transfer times and onward public transport schedules from Penzance to Truro leave a short window to complete an appointment at Treliske when everything is running smoothly and on time (*Link4Scilly Medical Travel Report*).

Skybus was unable to use Lands End airport for prolonged periods and passengers were routed via Newquay airport. A re-routed flight would often depart later, take longer, and the courtesy bus transfer back to Penzance also added time to the journey.

Re-routed passengers heading for Truro could be dropped at an agreed point 4 miles from Truro, and make their own way from there.

During periods when Skybus stopped taking bookings for Lands End, passengers could make their travel plans via Newquay, but were responsible for their own onward transport. Public transport links from Newquay airport are poor.

Link4Scilly logged 86 comments throughout the winter about islanders' experience of arranging travel and attending for mainland appointments. People described a level of difficulty and delays to treatment which is very concerning.

We ran a patient questionnaire throughout January, February and March, and requested feedback and additional data from health providers for the same period. The patient questionnaire was designed to test if what we were hearing was representative or wide spread, if the amount of advance notice or journey planning made a difference, and if there was additional difficulty for people with limited or impaired mobility.

Findings and Conclusions

Comments received indicate that:

- Seats on required flights were not available;
- People were sometimes unable to get through to the RCHT Patient Transport Office to book warrants and flights;
- Co-ordination of appointments and available flights was difficult and time consuming;
- It was necessary to incorporate additional nights away into journey planning;
- The journey itself was complicated to plan and/or required complicated re-arrangements on the day. This caused worry and stress;
- Flight delays and cancellations caused a delay to treatment;
- Flight disruption and diversion could mean cancellation of the appointment and consequent delay to treatment;
- The requirement to board and disembark the aircraft without assistance was a worry or deterrent to people with limited or impaired mobility.

We believe that the responses to the **patient questionnaire** support other feedback in a number of areas.

11% of all those who travelled on a medical warrant during January, February and March returned a questionnaire.

Arranging travel and journey planning

- The majority of respondents received notice of an appointment and made their travel arrangements between one and four weeks in advance.
- 25% of all respondents were unable to arrange travel for their first offered appointment or admission; all of these had received notice of their appointment between one and four weeks in advance.
- 56% of respondents attending an outpatient appointment planned an overnight stay, due to the time of their appointment and/or flight availability.
- 80% of respondents attending for treatment or admission incorporated additional nights away into their travel plans due to the time of their appointment or admission.
- When rating the ease of arranging travel on a scale of 1 to five, where 1 is difficult and 5 is easy: 41% gave a 1 or 2; 18% gave a 3; 41% gave a 4 or 5.

We conclude that a significant proportion of patients could not secure a seat, although they tried to book their flights as soon as they received notice of their appointment.

Responses to the question about the ease of arranging travel were equally divided between relatively difficult and relatively easy.

The majority of all respondents planned their journey taking flight schedules and the likelihood of delays into account. The time of the appointment or admission is only relevant in how it fits in with transport schedules.

The number of respondents who had needed to travel for an urgent referral or admission was too small to indicate if their experience was representative of all patients in this situation; however, we note that most respondents in this category were able to arrange travel to attend at short notice.

Inability to attend and subsequent delay to treatment

- 25% of all respondents were unable to arrange travel for their first offered appointment or admission;
- 82% of these had their treatment delayed by up to a month; for others it was longer.
- 20% of all respondents were unable to attend due to flight delay or cancellation on the day;
- 45% of these had their treatment delayed by up to 1 month; 45% by up to 2 months; for 10% it was longer.

We conclude that a significant proportion of patients had their treatment delayed due to air transport operational issues.
See Additional Information, p13, for figures relating to 'Did Not Attend' and patient cancelled appointments.

The journey

- 52% of respondents experienced delays on the outbound leg. The majority of these were able to attend for their appointment or admission, because they had allowed for delays or because the clinic was accommodating to a late arrival.
- 40% of respondents experienced delays on the return leg. The majority of these said it was due to flight delay or cancellation. Nearly half had needed to stay on the mainland overnight.
- When rating the ease of the journey on a scale of 1 to five, where 1 is difficult and 5 is easy: 41% gave a 1 or 2, 13% gave a 3, 46% gave a 4 or 5.

We conclude that the incidence of delays and disruption experienced by medical travellers was very high. However, the number of people who rated the journey as relatively easy is slightly higher than those who rated it as relatively difficult. We suggest that this relates to the practice, commonly reported, of planning an overnight stay, to take flight schedules and the likelihood of delays into account.

Ease of using air and public transport

22% of respondents said that they had limited or impaired mobility and the majority of these rated the ease of boarding the aircraft between 1 and 3, where 1 is difficult and 5 is easy. Those who said they were unimpaired found it relatively easy.

When asked to rate their own physical ability to travel on scheduled flights and public transport, respondents who said they had an impairment placed themselves across the middle of the scale, and those who said they were unimpaired again found it relatively easy.

However, responses to the question about the ease of using public transport were more mixed, with the majority of those who said they had an impairment giving a 3 or 5. Of those who said they were unimpaired, more said 1 and 3 in response to this question than to the other questions, although the majority still gave a 4 or 5.

Summary and Recommendations

As the winter progressed and adverse weather continued to disrupt air travel, Skybus and NHS booking and clinic staff responded to the situation by making adjustments to procedures and providing additional assistance. Newquay Airport managers held a public meeting on St Marys and heard people's experiences and concerns.

Passengers also altered their plans where they could, to take the likelihood of disruption into account. We know that patients routinely bear some inconvenience and in some cases considerable cost when attending for treatment on the mainland, and it is notable that many people incorporated a night or nights away into their journey, involving extra expense.

Despite islanders' natural pragmatism regarding the challenge of travel, the experience this winter often involved a high degree of difficulty and frustration. Individuals used words like 'nightmare', 'appalling' and 'a shambles' to describe their experience. This was often in relation to systems which, for them, did not work well, i.e. arranging a warrant and flight, surface transport arrangements, or travelling via Newquay airport.

Many people spoke of worry and stress. This generally involved a last minute change of plan leading to problems in coordinating flights and surface transport with a timed appointment.

There may be further adjustments to procedures which all agencies could make to ease these difficulties in the future.

What must be addressed are the systems and arrangements which prevented many people from being able to arrange travel to their first offered appointment/admission, and many people from being able to attend on the day. We believe that the high incidence of delays to treatment is unacceptable and must not happen again.

Everyone understands that air, and sea, transport is subject to weather conditions and some travel disruption is unavoidable. Last winter a number of factors contributed to an unprecedented level of disruption and we know that planning is underway to mitigate these factors in future, including improvements to the runways at Lands End. We wish the following recommendations to be taken into account.

Our recommendations

- That flight operators review the time of the first flight out of St Marys and last pick up from Penzance to enable passengers to connect with onward/return public transport.
- That flight operators review their systems for monitoring and meeting demand for particular flight times, and include a facility for RCHT Patient Transport Office to alert them to a demand for seats on certain flights.
- That RCHT Patient Transport Office reviews its answering and call back rates.
- That medical passengers are offered the choice of advance booking to Newquay.
- That surface transport arrangements from Newquay airport are improved, and are available to booked and rerouted passengers.
- That access and assistance for people with limited or impaired mobility is improved, i.e. by enabling advance booking on the Twin Otter.
- That there is a winter passenger sea service, even on limited days, to allow a greater degree of certainty in travel planning.
- That the NHS provides longer notice of an appointment where possible.
- That booking clerks refer to guidance concerning rebooking appointments for IOS patients and do not count inability to attend as a refusal to attend.
- That further arrangements are made to reduce the need to travel, i.e. use of video consultation and provision of more on island diagnosis and treatment.

Summary of comments

Booking flights

Schedules and availability

We received many comments that there are not enough available seats at the time of booking to allow optimum travel times. Several people asked why Skybus doesn't reserve/hold a number of seats for medical travel, or queried the systems in place for monitoring and meeting demand for flights.

Many people said that they either: made arrangements to travel the day before or after in order to attend their 1st offered appointment; or had to rearrange the appointment.

There were also calls for an earlier first flight out of St Marys to tie in with onward transport, and a later pick up from Penzance; as one person noted, appointments can be rushed in order to get back in time.

Booking through RCHT Patient Transport Office

The majority of comments were about difficulty in getting through, or waiting for a call back and having to ring again, sometimes more than once. This caused anxiety about no longer being able to secure a seat; in one case the return flight was no longer available and the patient had to arrange to stay away overnight, in another there were no flights available and the patient had to cancel the appointment.

A few people said mistakes had been made with their booking but most had been rectified.

One person who had frequent appointments suggested that details could be kept on file to avoid repetition and shorten the process, another suggested that a 'blanket authorisation' for an escort could be given to cover a course of treatment, reviewed regularly.

Coordinating appointments and flights

Rearranging an appointment to coordinate with available flights is difficult; people reported that it took up to three attempts and several phone calls; it could also result in a delay to a consultation or treatment by several weeks. Some booking clerks classed two rearranged appointments as a refusal to attend and patients had to argue their case in order not to be put to the back of the waiting list.

Other people reported that clinic staff or consultants' secretaries did their best to provide an appointment at the earliest opportunity, even outside normal clinic times.

Journey planning

Several people told us that they opted to spend one or two nights away, in order to ensure that they were on the mainland in time for their appointment. The reasons given included early admission or late discharge, early or late appointment time, a course of treatment, and awareness of the cost of treatment. Other people said that they had to include an overnight stay because day return flights were not available.

Later in the winter people said that they planned for expected delays or diversion and arranged to stay overnight just in case.

One person commented that 'it is impossible to plan any journey to/from the islands without allowing extra days either end to absorb any delays.' Many people referred to the additional expense incurred. Some people questioned whether their trip was necessary and thought their treatment could have been carried out on St Marys.

Flight disruption

Cancellation and delays

A number of people reported that they had not been able to attend due to flight cancellation, resulting in delays to consultations and treatment or surgery. One person missed two months of regular ongoing treatment. Another was told that as the appointment was cancelled, s/he had to go back to the GP for re-referral.

However, others said that they were able to rearrange an appointment quite quickly due to the understanding and assistance of clinic staff.

Similarly, when flights were delayed or diverted, a number of people said that clinic staff were helpful in accommodating a late arrival.

Some people thought that medical passengers should be given priority when flights were delayed or diverted. Nearly everyone commented on the additional worry and stress that they experienced.

Travel via Newquay

Many people commented on the disruption of being rerouted. Later departure, or earlier return, loss of prearranged transport and a longer transfer time meant that they had to renegotiate an appointment time on the day or cancel altogether.

Some people said they would elect to travel via Newquay as they felt it was the only reliable option, and said they would be willing to bear the expense of a hire car/TAPs car or taxi to get to their appointment. These people were frustrated that the RCHT Patient Transport Office continued to routinely book medical trips via Lands End.

More people thought Newquay is not viable due to poor transport links. Some patients who had been obliged to make or change their booking to travel via Newquay commented on the additional costs incurred for surface transport or the need to stay overnight. Others said they had cancelled their appointment because travel via Newquay meant that they could not attend at all, or because the journey would be too difficult for them to manage, or necessitate an overnight stay.

There were some complaints about customer service at Newquay airport including waiting time fines, and confusion about charging rerouted passengers the Airport Development Fee. There were also complaints about treatment by security staff.

Visiting specialists

We received two comments about clinic cancellation on St Marys. One person was pleased that a cancelled podiatry clinic was rescheduled rather than being missed altogether; another said that the educational psychologist's visit was scheduled but cancelled on four consecutive occasions.

Some people contacted us about mail delays which meant that notice of an appointment or confirmation of a flight booking arrived too late.

Skybus customer service

There were some complaints about being contacted at short notice about changed flight bookings, which did not allow time to re-make complicated travel arrangements, and two comments about poor airport transfer arrangements at Lands End and Newquay adding to delays.

A few people commented positively: that staff did their best in difficult circumstances; about assistance for people with limited mobility; and delivery to the islands of specific drugs for treatment.

Discharge and transfer procedures

Three people told us about getting home after an emergency evacuation. They reported that hospital staff had given them incorrect information about arranging and paying for their return transport.

Also, having no ID at Newquay airport had been a problem.

We received a number of comments about hospital to hospital transfer and the procedures for assessment for a stretcher transfer.

Accessibility of aircraft and surface transport

Several people said that they wished to arrange to travel on the Twin Otter as they found the Islander difficult, in terms of leg room or room to maneuver. In one case, a patient stayed away an extra night in order to return on the Otter when it was available.

Many people were concerned that they would find both planes difficult to enter and disembark without assistance, which had been available on the helicopter.

Some commented on the difficulty of using public transport, the alternative being an expensive private or hospital car.

Transport of specimens

One person said they were concerned that transport arrangements by sea would lead to the unviability of specimens and a consequent delay to diagnosis.

Responses to the Patient Questionnaire

We asked everyone who made a medical trip during January, February and March 2013 to complete a questionnaire.

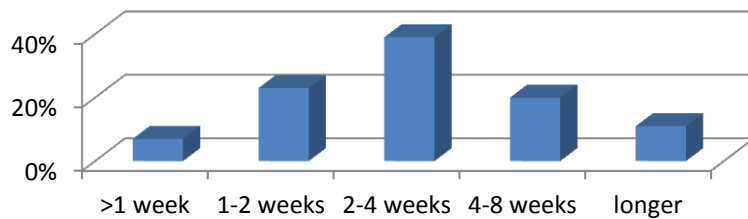
Figures provided by Royal Cornwall Hospital Trust and Peninsula Community Health show that 452 travel warrants were issued during this period.

50 questionnaires were returned or completed online, giving a response rate of 11%.

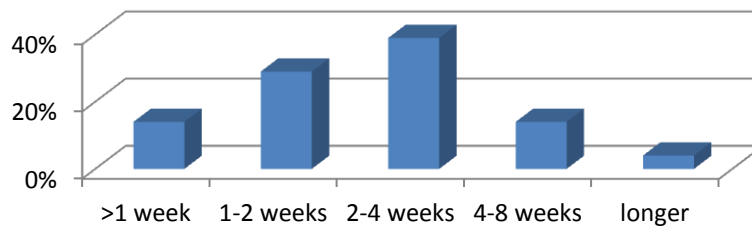
The total number of warrants includes those issued to escorts, so the response rate from patients will be slightly higher. However we do not have the breakdown of patient/escort warrants in order to make the adjustment.

ARRANGING TRAVEL FOR A ROUTINE APPOINTMENT/ ADMISSION

When did you receive notice of your routine appointment/admission?



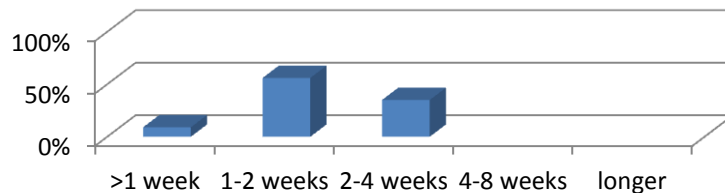
When did you arrange travel?



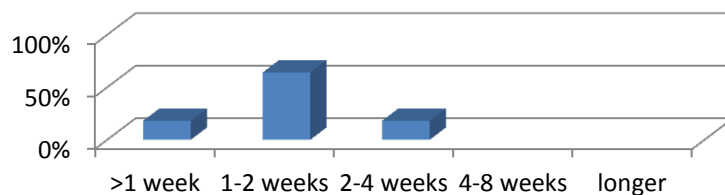
Were you able to arrange travel for your first offered routine appointment/admission date?

75% said YES
25% said NO

Of those who said NO, the notice they had received of their appointment was:



they had tried to arrange travel within:



We asked if the appointment/admission had been rearranged and when.

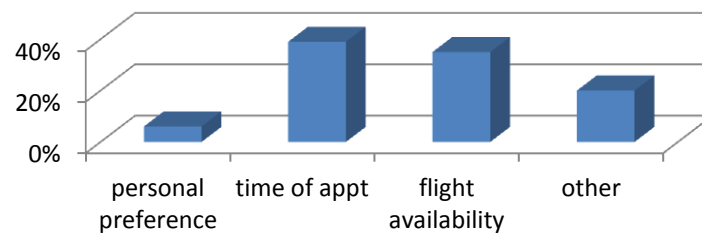
82% said the new date was within a month
4% said the new date was within 2 months.
4% said the appointment had not been rearranged.

If you were attending for an outpatient appointment, did you arrange a day return?

44% said YES

56% said NO

Of those who said NO, the reasons they gave were:



If you were attending for treatment or admission, did you arrange to stay away for an additional night or nights?

80% said YES

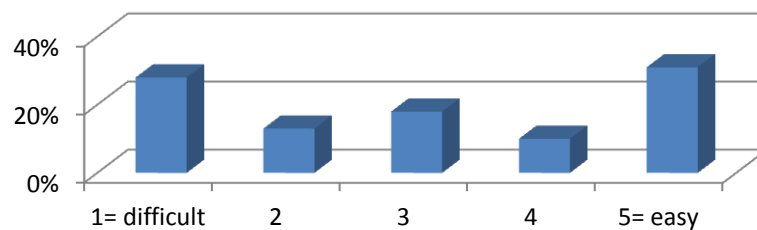
20% said NO

Of those who said YES, the reason they all gave was:

the time of their appointment/admission.

We asked everyone attending for a routine appointment/admission how they would rate the ease of arranging travel on a scale of 1 to 5.

where 1 is difficult and five is easy



ATTENDING FOR A ROUTINE APPOINTMENT/ADMISSION

Were you able to attend on the day of your appointment/admission?

77% said YES

20% said NO

3% did not say

Of those who said NO, the reason they all gave was:

flight delay or cancellation.

We asked if the appointment/admission had been rearranged and when.

45% said the new date was within a month

45% said the new date was within 2 months

10% said it would be longer than 3 months.

ARRANGING TRAVEL FOR AN URGENT REFERRAL/ADMISSION

6 people, or 12% of respondents, said they had flown out for an urgent referral or treatment.

1 person had been flown out on emergency transport, and their return was arranged and funded by the NHS.

5 people had needed to arrange a scheduled flight at short notice.

4 were able to arrange travel for their first offered appointment/admission date, 1 was not.

2 people out of 6 had needed to find overnight accommodation in order to attend/complete their treatment.

THE JOURNEY

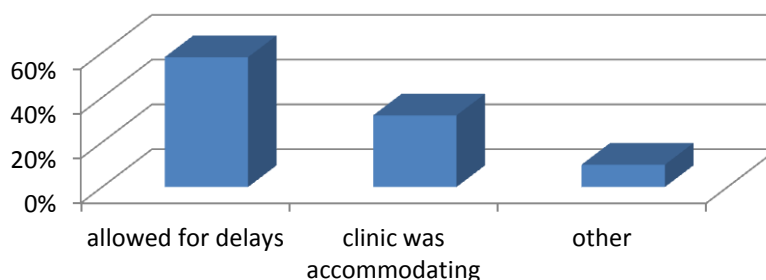
Did you experience delays on the outward journey?

52% said YES
42% said NO
6% did not say

If you answered YES were you still able to attend for your appointment or admission?

85% said YES
15% said NO

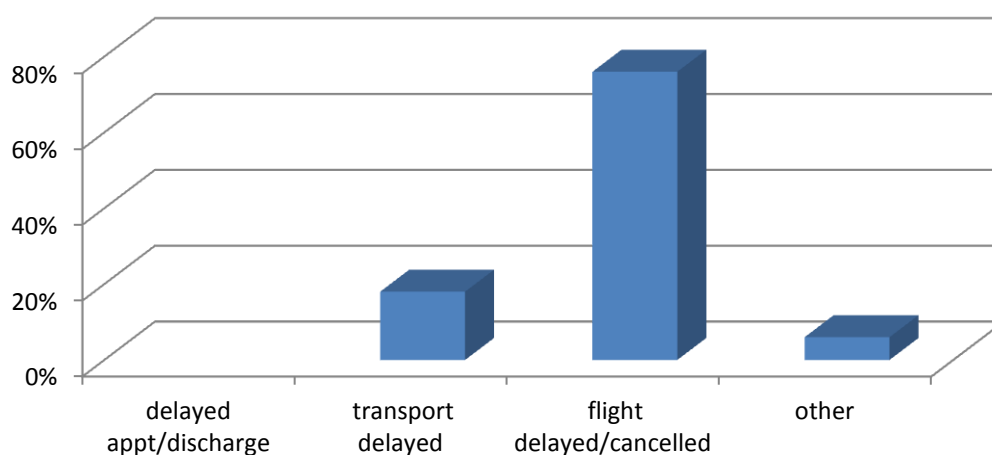
Of the people who said YES, the reasons they gave were:



Did you experience delays on the return journey?

40% said YES
46% said NO
14% did not say

Of the people who said YES, the reasons they gave were:

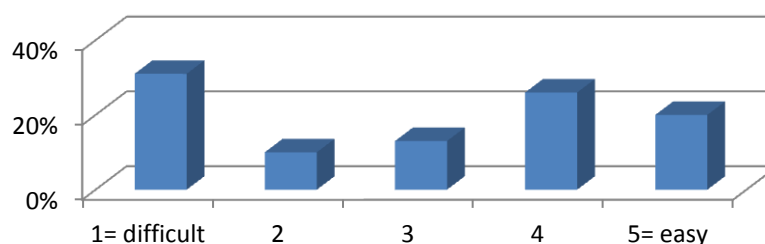


We asked if those who experienced delays on the return journey had needed to find overnight accommodation.

40% said YES
35% said NO
25% did not say.

How would you rate the ease of the journey on a scale of 1 to 5?

where 1 is difficult and five is easy

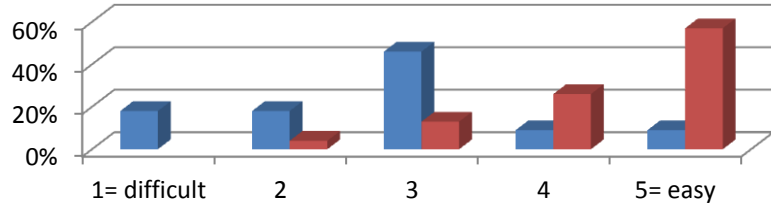


ACCESSIBILITY

Do you have limited or impaired mobility?

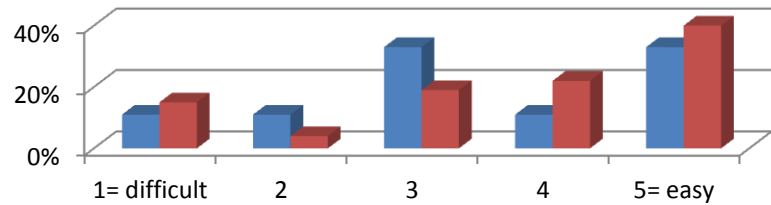
22% said YES
56% said NO
22% did not say

How would you rate the ease of boarding the aircraft on a scale of 1 to 5?
where 1 is difficult and five is easy



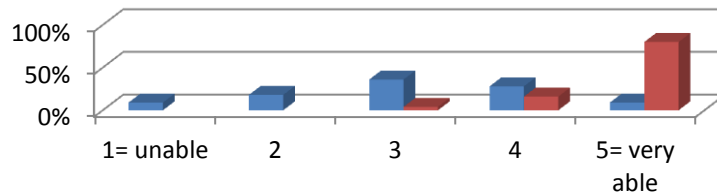
do you have limited/impaired mobility? ■ YES ■ NO

How would you rate the ease using public transport on a scale of 1 to 5?
where 1 is difficult and five is easy



do you have limited/impaired mobility? ■ YES ■ NO

How would you rate your physical ability to travel for treatment on scheduled flights/public transport on a scale of 1 to 5?
where 1 is unable and five is very able



do you have limited/impaired mobility? ■ YES ■ NO

Additional Information

1. St Marys Hospital recorded that 12% of the patient flights which they had booked during January, February and March 2013 had been subject to disruption.
2. They also recorded that 10 St Marys based clinics had been cancelled or delayed in the same period.
3. Figures for outpatient appointments which are recorded as Did Not Attend (DNA), or cancelled by the patient, are available for the period between 1st November and 31st January over 3 consecutive years. (*NHS Cornwall and Isles of Scilly Corporate Information Department.*)
These show a marked increase in the number of appointments for IOS patients which were recorded as DNA or cancelled.
The figures were nearly 15% higher than those recorded for the same period in 2011-2012 and between 15% and 18% higher than those recorded for the same period in 2010-2011. In January 2013 the DNA/cancelled by patient figures peak at nearly 40% of all IOS outpatient appointments, compared to 15% of all outpatient appointments for Cornwall and IOS. In previous years, the figures for IOS were between 0% and 5% higher than those for all Cornwall and IOS.
4. St Marys Health Centre reported that their main problem had been the transport of medical specimens for testing. Until Skybus can acquire a CAA licence to carry bio-hazard goods, all specimens must go by sea, which is limited to two to three days a week in the winter. The Health Centre had to commission the Medical Launch on two occasions to transport specimens to the mainland for urgent testing.
5. Figures provided by South West Ambulance Service Foundation Trust show that emergency fly outs commissioned for the period January, February and March 2013 were 18, compared to 22 during the same period in 2012.

Medical Travel, Winter 2012/13
20/05/2103

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