Access to Health & Social Care

Meeting 8th April 2016 at 10am

Venue- Conference Room 5, Victoria Quay, Edinburgh EH6 6QQ

Agenda

1. Welcome and Introductions

2. Round Table review on Health Board progress

3. Review of Action Plan

4. Actions that would benefit from a co-ordinated approach

5. Future Actions?

6. Next meeting

ACCESS TO HEALTH & SOCIAL CARE MEETING

10.00AM WEDNESDAY 8TH APRIL 2015

CLAREMONT HOUSE, EDINBURGH

Present

Name	Organisation
John Jack (Chair)	Non Councillor Member SEStran
Mark Craske	NHS Forth Valley
William Dove	NHS Fife
Lisa Freeman	SEStran
Danny Gillan	NHS Lothian
Alex Macaulay	SEStran
John MacDonald	CTA UK
Alastair Short	SEStran
Emily Whitters	SEStran

Apologies

Name	Organisation
Sam Carlin	Scottish Ambulance Service
George Curley	NHS Lothian
Tom Steele	NHS Forth Valley

Ref		Actions
1	**Welcome & Introductions**	
	Mr Jack welcomed the group and conducted round table introductions.	
2	**Review of Actions so far**	
	Mr Jack proposed that the group review the 3 previous site visits that had taken place and illustrate the principal lessons learned from these.	
2.1	**NHS Lothian 'Transport Hub', Astley Ainslie Hospital 16th May 2014** Mr Gillan gave a short update on the transport hub as follows: • All patient transport for NHS Lothian is now co-ordinated through the hub. • NHS Lothian have taken action in the last year on removing private ambulance companies from use. They are now working on replacing these services. • Mr Gillan confirmed that the transport hub service is only for inpatients, with the exception of renal outpatients. The cost of providing outpatient transport is prohibitive and some patients do not require an ambulance.	
2.2	**Scottish Ambulance Control Centre, South Queensferry, 20th June 2014** Mr Craske stated that the control centre had potential to be a national integrated transport unit and that they were very proficient, however there is some reticence from the Scottish Ambulance Service (SAS) about this.	

	Mr MacDonald identified a missing link between those who were not eligible for the ambulance service and those who used the voluntary transport organisations. Mr MacDonald has a list of organisations that the SAS currently signpost people to when they are ineligible for ambulance transport and he is looking at this to ensure that it's the right people on the list. Mr Jack summarised that the Ambulance Control Centre was a professional organisation but that opportunities exist to enhance it in a more integrated way if there was a willingness and the resources existed. Following on from this discussion Mr Dove raised the issue of the changing political landscape. Community health partnerships are being dissolved and councils are now looking toward integrated social and healthcare. The group noted that it was important that transport be seen as an important issue within these new organisations, however Mr Jack added that the legislation to introduce these new organisations has now been delayed.	
2.3	**SPT Offices and contact centre** Mr Craske highlighted that SPT have been very successful in providing concessionary travel and DRT that operates through section 22 permit and is financially viable. Mr Macaulay noted that the success of SPT is that they are able to save Glasgow city council money by co-ordinating transport. The group queried why this was not being adopted further throughout Scotland to which Mr Macaulay responded that all local authorities and health boards have their own organisational and management structures and that current difficulties and desired improvements would need to be identified. Mr Macaulay also noted that localisation is often used as a counterpoint to the argument for co-ordination.	
3	**Proposed Action Plan**	
	Mr Macaulay raised the point that for several years the aim has been to provide patients with a travel plan when they receive appointment letters, however there have been difficulties in launching this. Mr Craske noted that within NHS Forth Valley there is no standardisation on letters from different departments but that each department is encouraged to send as much transport information as possible with patient letters. Mr Dove illustrated some of the issues as a requirement for extra resources for time and the paper. NHS Fife conducted a trial with outpatients, providing all patients with this information, however Mr Dove stated that the trial was not successful as many patients thought that the information provided was a waste of resources. Mr Dove suggested that targeted information for those who would like it would be more effective. Mr Gillan stated that the E-Health department at NHS Lothian are currently conducting a review of the cost of patients' letters with a view to sending them by email rather than post. The group agreed that if this was to be adopted then Traveline would easily become an automated part of the process. Mr Jack asked that the group review the proposed action plan that had previously been put together. Mr Jack queried whether group members had participated in the health and social toolkit. Most group attendees had but noted that the toolkit would now need to be revised.	

	Mr Macaulay raised the issue of how effective SEStran's involvement in the group is. SEStran has been involved in the group as there are potentially areas where they can add value but currently each of the health boards and local authorities were working on the issues independently. Mr Macaulay suggested that members feed the information from their health and social toolkits to the shared group to allow the group to identify areas where SEStran could contribute. Mr Gillan suggested that the group could take actions in parallel with preparing the toolkits. • Taking steps to gain Scottish government support and increased awareness for access to healthcare issues • Encouraging health boards to bring transport up their agenda • Meet on a more regular basis • Write letters to key people to introduce the issues of access to healthcare. Mr Macaulay agreed that SEStran are able to raise the issues while waiting for members of the group to complete the toolkits. These toolkits could then be used as a basis for examining whether the group, or a variant of the group, can collectively provide cross health board added value. Mr Macaulay suggested the following actions: • A letter to be sent out on behalf of the group to key people within group members organisations, regarding the toolkit but also detailing positive points from on-site visits and raising the profile of the access to healthcare group. • Contact the Scottish Government regarding the three trials currently being conducted to see whether there are any emerging results at this time. • Request further documentation from SPT in terms of the successful initiatives they have undertaken for access to healthcare. Mr Jack raised the point that the primary healthcare function that most people access is their GP. Mr MacDonald highlighted a scheme that is currently running in Renfrewshire where a group of 14 practices have combined to provide transport to GPs through a voluntary scheme. Mr MacDonald noted that the majority of practices involved are very good and that the scheme has been largely successful.	Mr Short Mr Short Mr Short
4	**Future Actions**	
	The group agreed to meet on a quarterly basis going forward and dates are to be sent out in due course. Mr Macaulay asked that attendees pass along the key contacts within their organisations to SEStran as soon as possible in order to send out the letter discussed in item 3. Mr Craske suggested that the 8 local authority chief executives and the 4 chief executives of the health boards within the SEStran area should receive these letters which will then be funnelled down to chief officer level.	Mr Craske/ Mr Dove/ Mr Gillan/ Mr Macdonald