

ACCESS TO HEALTH & SOCIAL CARE MEETING

10.00AM FRIDAY 8TH APRIL 2016

CONFERENCE ROOM 6, VICTORIA QUAY

Present

Name	Organisation
John Jack (Chair)	Non Councillor Member SEStran
Nikki Boath	SEStran
Karen Brown	NHS Lothian
Mark Craske	NHS Forth Valley
William Dove	NHS Fife
Lisa Freeman	SEStran
Frank Henderson	City of Edinburgh Council
Russell Imrie	SEStran
John MacDonald	CTA
Stuart McNeill	Traveline
Alastair Short	SEStran

Apologies

Name	Organisation
Sam Carlin	Scottish Ambulance Service
George Curley	NHS Lothian
Dr Jane Hopton	NHS Lothian
Philip Lunts	NHS Borders
Alex Macaulay	SEStran
Andrew McLellan	East Lothian Council
Tim Steiner	JMP

Ref	Actions
1	Welcome & Introductions
	Mr Jack welcomed the group and conducted round table introductions.
2	Round Table review on Health Board Progress
2.1	Mr Jack invited members to update the Forum of Health Board Progress. Karen Brown - NHS Lothian. <ul style="list-style-type: none"> • The Transport Hub which has been operating for 4 years will amalgamate with another service, Bed Bureau (GP admission centre) to become NHSL Flow Centre from 1 June 2016. The Flow Centre will be responsible for receiving incoming calls from GP's, sending them to the appropriate speciality / site and arrange appropriate transport for these patients to hospital. The Flow Centre is based on an American

2.2	<p>model and will be the first in Scotland.</p> <ul style="list-style-type: none"> The Flow Centre's primary objective is to be a single point of contact for the admission of urgent GP patients and discharge / transfer of patients from 30 sites across Lothian. <p>Mark Craske - NHS Forth Valley.</p> <ul style="list-style-type: none"> Mr Craske reported their Transport Hub which is based on the NHS Lothian model is going from strength to strength. Their Hub is mostly transporting inpatients home from hospitals. Due to a lack of resources within the Ambulance Service, outpatient transport is being cancelled on the day of appointments. Karen Brown commented that NHS Lothian receive a cancellation portfolio from the Ambulance Service and Karen Brown offered to send this to Mark Craske. Mr Craske reported that NHS Forth Valley are running buses which carry very few passengers and this is due to Clackmannanshire Council having withdrawn some of its supportive services in the area where the bus operates. 	Ms Brown
2.3	<ul style="list-style-type: none"> Mr Craske reported that bus services set up with a Bus Route Development Grant is operating very well. Mr Craske highlighted this bus service has had positive feedback from Stagecoach and local communities. 	
2.4	<p>Stuart McNeill - Traveline Scotland</p> <ul style="list-style-type: none"> Traveline have been working with Greater Glasgow and Clyde in relation to the opening of the Queen Elizabeth University Hospital for past 1-2 years. Traveline Scotland enhanced their smartphone application and some website pages to highlight how outpatients/staff/visitors use the journey planner to get to and from the campus. This project proved successful and Traveline Scotland have relaunched their own website for general use. The next project - funded by all the RTPs - is to create a micro site of public transport journey planner which will be restricted to healthcare facilities. The categories are still to be determined but will include all hospitals in Health Board areas. 	
2.5	<p>A general discussion followed with regard to journey planning.</p>	
2.6	<p>William Dove – NHS Fife</p> <ul style="list-style-type: none"> NHS Fife have taken receipt of 4 screens provided by SEStran <p>Frank Henderson – City of Edinburgh Council</p> <ul style="list-style-type: none"> New public social partnership with City of Edinburgh Council's 5 CT providers to work together to co-ordinate journeys and bring in a new electronic booking system with SPT's Trapeze Pass. The Council provides transport for 1463 passenger per day (Children with Additional Support Needs, Adults with Disabilities, Older People and People with Dementia). The majority of these passengers will also be accessing Health Care via Patient Transport. CEC and NHS Lothian are not currently integrated. There is a need to make sure they pull resources and no duplication occurs. 	
	<p>John MacDonald – CTA.</p> <ul style="list-style-type: none"> Car schemes – volunteers are using their own transport to take 	

	<p>patients in their neighbourhood to GP surgeries and hospitals for outpatient appointments. Mr MacDonald highlighted that there are 2 aspects which need to be in place at the outset of setting up a car scheme and these are costs to the volunteers and co-ordination of the car scheme.</p>	
3	Review of Action Plan	
	<p>Mr Short reminded the group of the Action Plan which was produced at the last meeting in 2015. Mr Short noted that many of the items on the Action Plan have been approached already.</p>	
4	Actions that would benefit from a co-ordinated approach	
	<p>Mr Jack commented that there was a rich tapestry of information being shared and invited the group to share their ideas for a co-ordinated approach at operational and strategic levels. A general discussion took place with regard to how each Health Board currently communicate.</p> <p>Mr Henderson suggested that SEStran could help develop a strategic document with political buy-in for access to health taking into account performance issues and the integration agenda. Mr Jack agreed that integration is key.</p> <p>There was a general discussion with regard to how to develop communication between Local Authorities and Health Boards to co-ordinate transport in each area. Mr Jack commented that the view of transport has matured over the past few years and that a strategic paper should be produced.</p> <p>There was a general consensus that SEStran could move towards a SPT model. The Chair agreed with this suggestion. Cllr Imrie reported that a new Partnership Director will be joining SEStran and Cllr Imrie communicated that he will discuss this idea with the appointed person.</p>	<p>Mr Short/ Mr Jack</p> <p>Cllr Imrie</p>
5.	Future Actions	
	<p>Mr Jack confirmed that the future actions will be for SEStran to develop documentation in collaboration with the Access to Health & Social Care Group.</p> <p>Karen Brown highlighted that a number of Health Boards have a Patient Focus Booking System which may be useful within the rural areas.</p>	
6.	Next Meeting	
	<p>Mr Jack suggested the next meeting should be scheduled for 6 months time.</p>	