

## Briefing Paper – Transport to Health Roundtable

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**Links to MACS High Level Recommendations:** 2, 3, 6, 8, and 9:

**2:** To ensure that the Scottish Government makes it clear that Local Authorities have a duty to respect the legislation regulating improvements of the accessibility of public transport service provision and the surrounding infrastructures.

**3:** To promote conducting meaningful Equality Impact Assessments (EqIAs) before any services changes, developments or withdrawals in order to identify, mitigate and manage any negative impacts or consequences to disabled people.

**6:** To advocate that any service design, redesign or changes to service provision are planned collaboratively and in coproduction with stakeholders and to highlight references to good practice guidance. This is underpinned by the Scottish Government Place Principle (**Appendix 1**).

**8:** To promote a requirement that accessibility and disability knowledge should form an essential part for the remit and objectives for the transport providers' accessibility leads to help them better understand and promote improvements for disabled people when using their service (all transport mode service providers), and.

**9:** To advocate for engagement with MACS when developing or revising policy or contracts by officials to gain expert advice and ensure accessibility is given a priority consideration. This includes using procurement and franchise opportunities when awarding contracts to promote accessibility in transport provisions.

### Background

The Mobility and Access Committee for Scotland (MACS) is a non-departmental public body with the Board of 15 members appointed by the Cabinet Secretary for Transport, Infrastructure and Connectivity.

The overarching remit is:

- To give Scottish Ministers advice on aspects of policy, legislation and practice affecting the travel needs of disabled people.
- To take account of the broad views and lived experiences of disabled people when giving advice.
- To encourage awareness amongst disabled people in Scotland of developments which affects their mobility, choices and opportunities.

- To work closely with SG and ensure our work programme complements the work being undertaken by the Disabled Persons Transport Advisory Committee (DPTAC), the Equality and Human Rights Commission and other organisations, voluntary and statutory.
- To promote the travel needs of disabled people with designers including transport planners and operators so that these are fully taken into account in the development of vehicles and infrastructure and delivery of services.
- To monitor and evaluate the effectiveness of our work against the above aims and objectives in improving travel opportunities for disabled people in Scotland.

To deliver on this remit MACS works across Ministerial portfolios and has recently been more engaged with not only the transport portfolio but Health, Older People and Equalities portfolios.

During MACS external engagements, as part of our remit to seek the views and lived experiences of disabled people, we are frequently being made aware of issues and barriers faced by disabled people when accessing health care using either transport provided by the Scottish Ambulance Service, Hospitals, Local Authorities and/or public transport in general.

These experiences cited problems not only with the availability, accessibility and affordability of transport (the triple **A** check) but also with the availability and accessibility of the information provided about services, the eligibility criteria for transport (particularly with the Scottish Ambulance Service) and/or the booking processes.

Our research confirms that often the format of information provided is inconsistent and inaccessible, especially for those who are not digitally connected and those using screen readers (i.e. where digital platforms are used, the information is inaccessible as it is displayed as a map, which people using screen readers can't follow).

Our research has also found that NHS websites lack information on signposting to other organisations who can help or provide accessible transport.

Due to the above issues, MACS agreed to engage further on Transport to Health as part of our horizon scanning activities and in November 2018 we asked Disability Equality Scotland (DES) to run a weekly poll on behalf of MACS, themed around Transport to Health.

Although the return rates for that weekly snap shot poll were modest (28), there was a richness of information in the comments section, with some being extremely emotive in the description of the impact issues accessing transport to health were having for many disabled people and older people in Scotland.

In January 2019 MACS raised some of these issues with the Minister for Public Health, Sport and Wellbeing, Mr. Joe FitzPatrick who acknowledged these issues, agreed to give them focus and asked MACS to gain further insights to update him.

MACS asked DES to re-run this poll in August 2019 and found a similar position with no change in terms of the barriers.

However, this follow up poll attracted a very much higher response rate of **849** responses with **98 per cent** of respondents confirming they had encountered problems with either booking or getting transport to health facilities. This poll again captured many emotive case studies describing the impact of not being able to book or access the services.

Due to the number of responses and comments made, this poll return is provided as a separate briefing paper.

In response to the above issues MACS convened a working sub-group to take a deeper dive into Transport to Health and agreed to collate some evidence prior to hosting a roundtable event with key stakeholders to discuss these issues.

The key findings from this exercise are detailed within **Appendix 2**.

This briefing paper is provided in advance of the roundtable to give context and set the scene for the multi-organisational discussions.

The MACS working sub group agreed to progress the following actions:

- To increase external engagement on Transport to Health to scope the issues;
- To gather evidence of current recurring problems around ease of planning and accessing and booking transport to healthcare appointments (this considers affordability as a barrier as well as accessibility and availability of transport options);
- To produce a briefing note to key stakeholders outlining current issues by October 2019;
- To host a multi-organisational roundtable discussion with key stakeholders (21<sup>st</sup> November 2019) - to discuss these findings and seek/suggest solutions, including potential opportunities to share good practice initiatives, commence or revisit dialogue around collaborative working and coproduction;
- To facilitate a Development Day in March 2020 to bring organisations together to share good practice initiatives and seek further opportunities for collaborative working to address the identified issues;
- To make recommendations from the above activities moving forward;
- To update appropriate Ministers on MACS findings and recommendations, opportunities and perceived barriers in January/ February 2020, and;
- To plan further work for MACS from 2020 onwards to drive the agenda aimed at seeking improvements in accessing healthcare for disabled and older people. This will include seeking Ministerial approval to embed further work into MACS high-level strategic recommendations from 2020 and beyond.

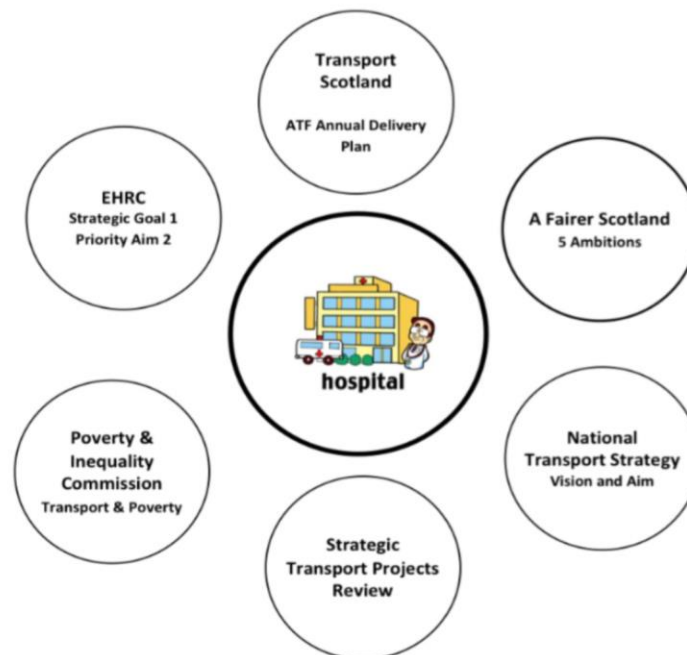
A link to strategies, recommendations and the 5 ambitions of A Fairer Scotland for Disabled People<sup>1</sup> is shown below in **Diagram 1**:

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<sup>1</sup> <https://www.gov.scot/publications/fairer-scotland-action-plan/pages/6/>

Emerging strategic links to improving Transport to Health

MACS Strategic Recommendations 2, 3, 6, 8 and 9



This above diagram shows linkages between MACS 10 High Level Strategic Recommendations<sup>2</sup> approved by Scottish Ministers in June 2019, the work of Transport Scotland's Accessible Travel Team and the Accessible Travel Framework Annual Delivery Plan for 2019/20<sup>3</sup>, the Equality and Human Rights Commission in Scotland (EHRC) Strategy for 2019-22<sup>4</sup> (in particular Strategic Goal 1, Priority Aim 2), the Poverty and Inequality Commission Scotland's 13 recommendations on Transport and Poverty in Scotland published June 2019<sup>5</sup>, the draft National Transport Strategy<sup>6</sup>, the Transport Scotland Bill (Bus Service Improvement Partnerships) and the 5 ambitions of the Fairer Scotland Duty.

**Note: Transport Poverty** -people are deemed to be at risk of transport poverty, when they don't have access to essential services or work due to limited affordable transport options (source: Poverty and Inequality Commission, Transport Poverty in Scotland, published July 2019).

A list of these identified priorities and strategic recommendations for each of the organisations mentioned is displayed within **Appendix 3** and shows the need for a strengthened focus to tackle the transport barriers for disabled people and older people when accessing healthcare.

<sup>2</sup> <https://www.transport.gov.scot/media/45057/macs-annual-report-2019.pdf>, page 26-28

<sup>3</sup> <https://www.transport.gov.scot/publication/scotland-s-accessible-travel-framework-delivery-plan-for-2019-2020/>

<sup>4</sup> <https://equalityhumanrights.com/en/what-we-do/our-strategic-plan>

<sup>5</sup> <https://povertyinequality.scot/publication/transport-and-poverty-in-scotland-report-of-the-poverty-and-inequality-commission/>

<sup>6</sup> <https://consult.gov.scot/transport-scotland/national-transport-strategy/>

These areas need to be addressed to allow equity of access to health services and eliminate inefficiencies through missed or aborted appointments often as a result of transport barriers.

In relation to Transport to Health, the draft National Transport Strategy Consultation (August 2019) cited evidence of the problems facing people in Scotland when accessing health care. This is shown in diagram 2 below:

**Diagram 2 – Access to hospital outpatient services (source Draft NTS Consultation – August 2019)**

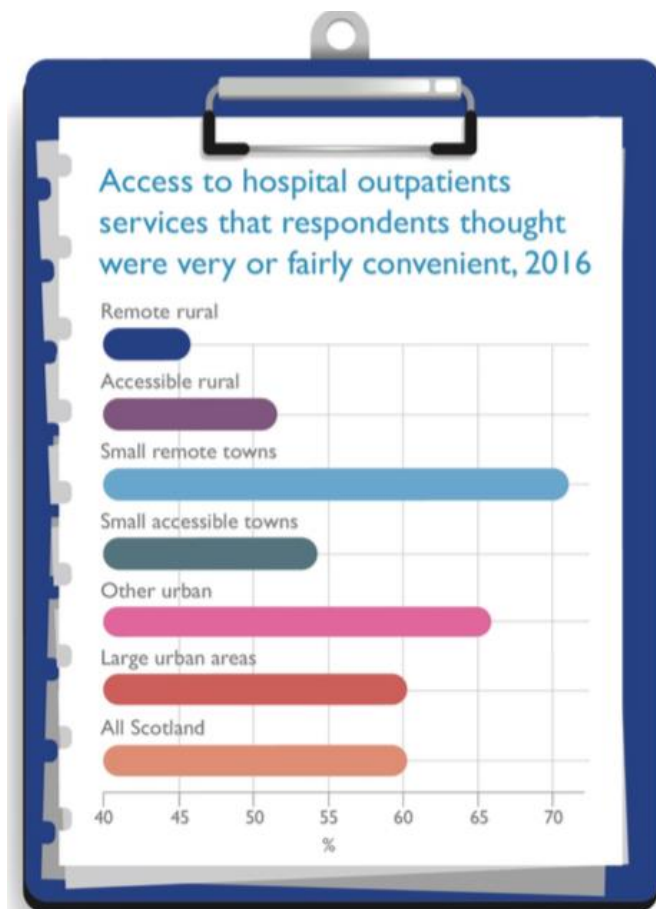


Diagram 2 shows that, across the country, only 60 per cent of people consider access to hospital outpatient services to be very or fairly convenient. This drops to 46 per cent in remote rural areas. A particular issue for island residents is the need to use intra-island services and services to the mainland to access health appointments.

These percentages do not extrapolate the problems faced by disabled people and older people. It is likely that for these groups the percentages would be significantly higher given:

- The examples and case studies reflected within the Disability Equality Scotland polls (**Aug 2019 Poll Summary Report**). This is provided in a separate report.
- The fact that these groups are more reliant on assistance getting to hospital because of the known barriers with public and community transport (current service provision failing the triple **A** check: **A**vailable, **A**ccessible and **A**ffordable);

- Disabled people and older people are more likely to need to attend medical appointments more frequently due to their underlying medical conditions as well as the needs of an ageing population;
- The prediction within the Programme for Government (PfG) 2019/20 relating to reducing waiting times is “this year’s investment will support more procedures such as cataract removal and hip and knee replacements, **as well as increasing the number of outpatient and diagnostic appointments**”. It’s likely that to achieve this it will, in-turn, increase the need for accessible transport options, and;
- People on low incomes are more likely to suffer ill health<sup>7</sup> and links to previous data on “groups” more likely to live in poverty as displayed in diagram 3.

**Diagram 3: Source: Scottish Government, Every Child, Every Chance, The Tackling Child Poverty Delivery Plan 2018-22**



These are the ‘priority groups’ that we know about – from statistics and from the wider literature –that have a particularly high risk of poverty. For example where an adult in the house is disabled there is a 30% higher chance of child poverty within that household. On average, disabled adults face extra living costs of £583 per month (Source: Disability Price Tag, Feb 2019).

Below is a list of MACS engagements and actions currently on-going around transport to health as part of our scoping and evidence gathering:

1. Engaging with Audit Scotland to seek further audit work around Transport for Health and Social Care (last audit results were published in 2011<sup>8</sup>).
2. Attending meetings of the Grampian Health and Transport Action Plan to network and discuss issues. This is themed around “can everyone travel with confidence”.
3. Continuing to input on accessible transport and travel through Transport Scotland’s Accessible Travel Framework<sup>9</sup> and Annual Delivery Plan, the Transport Scotland Bill (focusing on the Bus and Community Transport element), the National Transport Strategy Review and the Strategic Transport Projects Review.<sup>10</sup>
4. Meeting with Badenoch a Strathspey Access Panel (BaSAP), Lochaber Access Panel and Voluntary Action Lochaber to discuss their work on transport to health with their NHS colleagues and previous pilots aimed at improving transport to medical appointments.

<sup>7</sup> National Records of Scotland, deprivation and the health gap, published 14<sup>th</sup> August 2019

<sup>8</sup> [https://www.audit-scotland.gov.uk/docs/health/2011/nr\\_110804\\_transport\\_health.pdf](https://www.audit-scotland.gov.uk/docs/health/2011/nr_110804_transport_health.pdf)

<sup>9</sup> <https://www.transport.gov.scot/publication/going-further-scotland-s-accessible-travel-framework/>

<sup>10</sup> <https://www.transport.gov.scot/our-approach/strategy/strategic-transport-projects-review/#>

5. Collating comments on transport to health submitted via the “Care Opinion”.
6. Attended the Scottish Ambulance Service consultation event on PTS vehicle design and inviting the Scottish Ambulance Service, Head of Patient Transport Service to a MACS meeting.
7. Examining Local Outcomes Improvement Plans and Community Planning Partnership remits to identify good practice in terms of where there is a clear transport remit within these plans and where this remit includes the needs to plan transport to enable disabled people and older people to access healthcare facilities.
8. Scoping and linking MACS activities to the Scottish Poverty and Inequality Commission recommendations around Transport and Poverty in Scotland.
9. Continuing to link with the EHRC around Strategic Goal 1 - Priority Aim 2 of their strategy for 2019-22.
10. Auditing and collating information from 14 NHS Territorial Board websites focusing purely on availability of information on public transport options and comment on the following;
  - Is there any information at all about how to get to/from the hospital by public transport?
  - Does the information simply amount to a link to Traveline?
  - If there is information provided is this simply a map with no alternative text description?
  - If there is information about how to get to/from the hospital site does this include any information about how accessible the public transport is for disabled people?
  - Is there any information on how to recover costs for people on low or restricted incomes to ensure journeys are affordable?
11. Linking the scoping work to other statutory bodies work and recommendations as well as the 5 ambitions of a Fairer Scotland.
12. Collating any outstanding reports on integrated transport to health and social care initiatives to understand any progress of identify good practice initiatives, with assistance from the Community Transport Association (Support & Engagement Executive for Scotland).
13. Reviewing the Department for Transport’s Total Transport: Feasibility report and pilot review – Moving Britain Ahead.<sup>11</sup>.

The findings of these engagements have widened our understanding of the current issues and barriers in relation to transport to health.

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<sup>11</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819542/total-transport-feasibility-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819542/total-transport-feasibility-report.pdf)

## **Purpose of engagement/the roundtable**

- To discuss the research and evidence gathering key findings, acknowledging the impact of these issues on disabled people, older people and people on low or restricted incomes;
- To identify and recommend potential solutions, including potential opportunities for collaborative working and coproduction to improve booking and securing transport to healthcare facilities;
- To ensure the broad views and lived experiences of disabled people are heard in relation to the barriers they face booking, accessing and affording transport to medical appointments;
- To allow for discussions that will identify and share good and best practice;
- To identify improvements required in the information provided by territorial NHS Boards and National Boards (SAS and the National Waiting Time Centre) to assist with public transport journey planning and signposting to alternative transport providers;
- To discuss issues raised around the SAS booking process and share suggestions (made by disabled people) aimed at making the booking process easier and more consistent;
- To identify where links to transport providers and journey planning information (including to the Accessible Travel Hub hosted by Disability Equality Scotland) could be improved to assist with the booking process;
- To set the scene for the development day (hosted by MACS) in March 2020 themed around improving transport to health care facilities;
- To agree further actions required moving forward including recommendations and advice MACS can offer to Scottish Ministers, transport and service providers and key stakeholders, and;
- To be clear that stakeholders understand that MACS is not an implementing authority and our remit is to understand the current position, including barriers, ensure the broad views and lived experiences of disabled people are heard, give advice and make recommendations that could deliver improvements if followed.



## Appendix 1:

### Place Principle:

The Scottish Government and COSLA have agreed to adopt the Place Principle to help overcome organisational and sectoral boundaries, to encourage better collaboration and community involvement, and improve the impact of combined energy, resources and investment in Scotland's regions, cities, towns, neighbourhoods, villages and islands.

The Place Principle was developed by a wide range of cross sectoral partners to help partners', public, third, private and community to develop a clear vision for their place.

The principle aims to promote a shared understanding of place, and the need to take **a more joined-up, collaborative approach to services** and assets within a place **to achieve better outcomes for people and communities**. The principle is not prescriptive – rather, it encourages and enables local flexibility in responding to issues and circumstances in different places.

The Place Principle is intended to provide a collective focus to support inclusive economic growth and create places, which are both successful and sustainable. The Place Principle supports the [National Performance Framework](#)'s collective purpose for Scotland, the values and the 11 interconnected National Outcomes, for creating a more successful country through increased wellbeing, and [sustainable and inclusive economic growth](#).

The Place Principle is an enabler, which helps partners and local communities unlock the NPF and make it applicable to where and how they live and work.

### What does the Place Principle say?

#### We recognise that:

Place is where people, location and resources combine to create a sense of identity and purpose, and is at the heart of addressing the needs and realising the full potential of communities.

Places are shaped by the way resources, services and assets are directed and used by the people who live in and invest in them.

A more joined-up, collaborative, and participative approach to services, land and buildings, across all sectors within a place, enables better outcomes for everyone and increased opportunities for people and communities to shape their own lives.

## The principle requests that:

**All those responsible for providing services and looking after assets in a place need to work and plan together, and with local communities, to improve the lives of people, support inclusive and sustainable economic growth and create more successful places.**

We commit to taking:

A collaborative, place based approach with a shared purpose to support a clear way forward for all services, assets and investments which will maximise the impact of their combined resources.

### What does it mean for partners?

The Place Principle is a means to help overcome policy silos and organisational and sectoral boundaries and to strengthen cross sectoral collaboration to help maximize the combined impact of policies in places irrespective of their scale or setting.

The place principle provides a coherent focus for many differing agendas, it is a way of bringing many ideas about services, investments, resources and assets together under one roof to help shape a better here.

It is an approach to change founded upon a shared understanding of what that place is for and what it wants to become with partners and communities collaboratively agreeing the joint actions required to make that happen and doing them.

It provides communities and partners with a simple mechanism by which to exercise local or regional accountability over decisions taken about the way resources, services and assets are directed and delivered.

Endorsement of the Place Principle makes clear our commitment to strengthening co-ordination and integration of all place based activity geared towards achieving sustainable and inclusive growth. This means we will:

- Consider the benefits of planning, investment and implementation activity at the regional level of place - where that focus could drive faster rates of sustainable and inclusive economic growth
- Ensure that place based work at the local or regional level being led by Scottish Government and its agencies is taken forward in a way that is integrated between both levels of place and cognisant of all complementary work being taken forward in associated policy areas
- Exemplify the behaviours reflecting the core of the principle, working and planning together with our partners and local communities to improve the lives of people, support inclusive growth and create more successful places.

## **Appendix 2: Summary of findings by MACS (August 2019-October 2019) – Key Points - Aligned to MACS triple A check**

### **Availability of transport and options:**

The Scottish Ambulance Service (SAS) doesn't have the capacity to meet demand for transport and is filling the gap caused by inadequate, inaccessible and unaffordable public transport.

The medical criteria for ambulance transport, is poorly understood and seems to be implemented differently by different call handlers.

Booking processes are complicated and time consuming. They are heavily reliant on phone calling and queuing with no options for on-line booking.

There is a lack of knowledge and awareness of what is available and by which organisation/transport provider i.e. hospital transport, local authority, community transport, ambulance service, voluntary drivers and charities/community initiatives.

There is an absence of or very limited/poor methods of sign posting to alternative organisations with the onus left with patients. This links with no apparent resource sharing.

### **NHS Website Information:**

1. Overall the NHS websites tended to sign post to Traveline Scotland or google maps, neither of which are particularly good for identifying accessible transport options needed for planning a journey. This includes failing to respond to the needs of people using screen readers to understand what the public transport options are. Where sign posting to alternative transport providers was included, this gave no information other than the name of the organisation.

2. The overall accessibility of the maps provided or links to google maps was poor and would not make planning a journey easy. The lack of phone numbers would make it even harder for those not digitally connected to attempt to use this information to plan a journey.

3. The information on travel reimbursement was inconsistent and excluded the reimbursement towards the costs for private taxis even though in some areas (rural) this was the only option available. Many NHS Board and hospital websites gave no information at all on travel options or reimbursement of costs for those on low incomes.

4. Individual NHS Boards have websites for each of their hospitals but the information they publish on these websites for their facilities is not consistent.

5. Most sites don't provide information on the bus stop location, its distance from the main entrance or the road/pavement gradient to make it easier for patients to prepare and plan the journey.

6. MACS welcomes NHS Greater Glasgow and Clyde (Stobhill Hospital's initiative), which states that concessionary cardholders can show their hospital appointment cards to get concessionary travel before 0900 hours.

## **Accessibility of transport:**

Coaches on registered bus routes have affected people's choices and eliminated bus travel as an option to get to medical appointments.

People have very limited choices due to bus routes and timetables not linking to hospital/treatment centre destinations or with appointment times.

Where buses are routed as "hospital stops" these bus stops are often too far away from the outpatient departments for people to walk from the bus stop to the hospital service.

Transport options, other than ambulance transport, are not well known, advertised or understood.

There is evidence suggesting that local transport services providers, despite being fully accessible in terms of vehicles and trained staff (i.e. dial-a-bus), do not transport patients to medical appointments.

Ambulance transport is often over quota with frequent short notice cancellations by the ambulance service causing people to miss their appointments.

Wheelchair spaces can't be booked on buses therefore wheelchair users have no guarantee of being able to use bus services.

## **Affordability of transport**

"Transport should be affordable for everyone, no matter their level of income. People should not have to make trade-offs between spending on transport and spending on other essential items such as food or fuel"<sup>12</sup>

During our research of NHS websites we found every site to be different and that it was not always apparent where information on travel to hospital or reimbursement of costs could be found.

MACS suggests that it would be better if headings and information could be standardised on NHS websites and the information on travel cost reimbursement made more prominent.

We also note that there appears to be no mention of reimbursement for taxi fares on any of the NHS websites. This may be because currently the NHS doesn't appear to reimburse taxi fares even though this may be the only way some people can reach their appointments.

## **Help with Health Care Costs** (available to everyone across the UK)

Help with travel costs to secondary health appointments is available for those on certain benefits and those on low incomes. Secondary appointments are where the patient has been referred by a GP or other health care professional to a consultant or treatment. Full details appear at the following link:

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<sup>12</sup> Poverty and Inequality Commission, Transport and Poverty in Scotland, June 2019.

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

For many people on low income this is a difficult scheme because they have to claim in arrears. The scheme is also limited, as it doesn't cover primary medical appointments and dentistry. The scheme also disallows travel between 6.30pm and 8am.

The scheme is very much open to interpretation by the local NHS. Special permission has to be sought for use of taxis or for payment of a companions travel costs.

### **Example: Highlands and Islands Travel Scheme (HITS)**

Highlands and Islands have an additional scheme, available to everyone in the area, who are 30 miles or more from the location of their appointment.

The scheme has been running since the days of the Highlands and Islands Development Board and originally covered the area covered by the Board, which is different to the area now covered by Highland and Islands Enterprise. Originally the areas in the west and far south of Moray were included but NHS Grampian no longer recognise this area.

The scheme is generally the same in all parts of the HIE area but all NHS Health Boards produce their own advice and may interpret the rules differently because of their specific geography. Recently there seem to have been changes to some of the rules on entitlement such as in Argyll and Bute the reported reduction on the use of flights with patients being expected to travel by land based public transport or car.

Similarly there has been a reported reduction in warrants being granted for companions flying with patients from the Western Isles to mainland hospitals (Inverness or Glasgow).

The following link shows the current scheme for patients in Argyll and Bute:

<https://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/Documents/Highlands%20and%20Islands%20Patients%20Travel%20Guide.pdf>

Overnight expenses are included but the rate of £30 a night is unlikely to cover the cost of accommodation.

Buses and taxis are unaffordable for most people.

The cost of carers travelling separately is unaffordable and leads to cancelled appointments or people travelling on their own and feeling very vulnerable and anxious.

There is a lack of awareness and knowledge regarding reimbursement of travel costs and the process is not well advertised, bureaucratic and cashier offices are not easy to get to or well signposted within hospitals.

Although volunteer drivers and community transport initiatives provide an excellent service, many people cannot afford the mileage reimbursement costs and these are not always included in the schemes to cover the financial outlay of the volunteers/drivers.

## Example of impact of inadequate transport provision

### Example: Verbatim Quote:

“Where to start - I was receiving treatment for cancer and pretty frail especially after chemo. I was told that my escort/carer could no longer travel with me to the appointments unless they made my own way there and back, which is physically and financially impossible. After many battles to try and get allowed a carer or escort to come with me I gave up the fight and decided just to stop my treatment and opt for palliative care. I don't know how much longer I would get with more treatment but I couldn't take the stress and anxiety or trying to fight for my carer to be allowed to come with me, so I won't know. At least the time I have left will be less stressful getting palliative care at home and I can retain some self-respect and dignity. People (decision makers) just don't understand the anxiety and stress of being ill and the support you need and hassles you don't need during treatment”

### Verbatim Quote:

“On the days I have to travel to hospital I have to skip a meal to afford the travel. I don't mind doing this because I need to see the nurses and doctors, but should this really be the choice?”

## Review of Local Outcomes Improvement Plans (LOIPs)

On reviewing Local Outcome Improvement Plans the main finding was that there is no national outcome around transport provision to health. During research we found areas of good intention/good practice as below:

1. Inverclyde focus most on transport to health and used the Place Standard Tool when engaging with communities. Their LOIP acknowledges that supporting older people and that attention should be focused on addressing issues such as transport and healthcare provision.
2. The City of Glasgow refers to Health as a priority (page 10 of their plan) and transport was a recurring theme in terms of being a barrier. They focused on connected transport that links people to healthcare.
3. Falkirk highlighted barriers in accessing support services and transport including bus transport issues.

Generally, within the LOIPs, there was a lot of focus on modal shift from cars to sustainable transport solutions and improving transport connectivity within Scotland's towns and cities including the Islands.

### Suggestions to deliver improvements:

The following suggestions for improvement have been made through Disability Equality Scotland's polls (comments section), and/or have been “heard” by MACS members during external engagements with disabled people:

- There needs to be better joined up planning and working between the NHS, Local Authorities and the Scottish Ambulance Service. The Integrated Joint Boards have a role to play here and one organisation needs to take the lead for transport and be accountable.
- Transport resources and budgets could be shared between the NHS, Local Authorities and the Scottish Ambulance Service (budgets should be ring fenced for transport).
- Coaches should not be used on bus routes where there are no other options of other buses or trains as an alternative method of travel.
- Not taking escorts is a false economy as patients are having to pay for their escorts separately (to meet them at the hospital) and where this is unaffordable hospital staff are being diverted from their core duties to provide support that a carer or escort would normally have provided for the patient. There are suggestions that many appointments are being cancelled or missed due to the patients not wanting to attend without an escort.
- There are concerns about the cost to the NHS of missed appointment, which have resulted from transport barriers. This also causes additional stress to patients who have to cancel or miss their appointments, often at short notice (transport cancelled by the Scottish Ambulance Service) and return to a lengthy waiting list (which will also impact on the referral to treatment time targets). Addressing the transport issues would also address these issues and wider issues such as the impact on people's health and wellbeing and the cost to the NHS. As such the full impact of inadequate transport needs to be assessed and measured to realise the scale and wider impact of the problem.
- Discharge areas could be made into "discharge or waiting hubs" designed around a more social and shared place and space setting to improve the patients experience and also assist with reducing loneliness and social isolation.
- There is a clear call for integrating resources and call centres to make it easier to identify and book transport, with one overall coordinator for transport to health. This call goes on to suggest budgets should be shared and ring fenced and booking transport on-line should be an option. This is supported by a clear call for leadership, joined up working and sharing of resources.
- There is a call to reinvest in previous pilots that worked and support these initiatives with sustainable funding. There is an appetite to roll these out as best practice initiatives to drive improvements in transport to health.
- There is a call for free travel passes to be sent out with appointment letters to "tackle" the unaffordable element of travel for people of low incomes.
- There is a call for data collection and analysis to better understand the wider impacts on inadequate transport to healthcare facilities. This should include but is not limited to:

- Cost of missed appointments;
- Administration costs of rebooking appointments;
- Impact on ever increasing waiting lists and referral to treatment time targets as a result of transport failures;
- Impact on patient care and patient experience;
- Potential cost of deferred treatment;
- Hidden costs of staff stepping into a “carer” role in the absence of the patient being able to travel with an escort or companion to provide this level of support;
- Unclaimed travel budgets/reimbursement funds.



## Appendix 3 - Links to emerging strategies, recommendations and ambitions

MACS Recommends	ATF delivery plan 8 Priority Areas	ERHC Strategic Goal 1: Priority Aim 2	Poverty & Inequality Commission's Recommendations	NTS2 and STPR2	A Fairer Scotland 5 Ambitions
<p>2. To ensure that the Scottish Government makes it clear that Local Authorities have a duty to respect the legislation regulating improvements of the accessibility of public transport service provision and the surrounding infrastructures.</p>	<p>ATF Priority areas:</p> <ul style="list-style-type: none"> <li>• Bus accessibility and bus service provision</li> <li>• Taxis and Private Hire</li> <li>• Signs, Wayfinding and Information</li> <li>• Ensure Clear Pathways</li> <li>• Hate Crime</li> </ul> <p>Objective - the aim of more disabled people successfully completing more door-to-door journeys</p>	<p>Public Transport supports the economic and social inclusion of disabled people and older people.</p>	<p>1. SG and TS should adopt a human rights based approach to transport.</p> <p>4. TS should explain what levers it has to require transport planners and operators to involve individuals and communities with lived experience of poverty, women and disabled people in identifying needs and designing transport services to respond to those needs.</p> <p>5. Scottish Ministers and TS should review the accountability of different elements of the transport system.</p> <p>8. TS should explore and pilot a range of ways of making transport more affordable.</p> <p>10. SG (and agencies), COSLA and NHS Scotland should work together to consider how a full range of national and local strategies and plans can better take account of people's transport needs.</p> <p>12. TS should examine ways of addressing challenges faced by people on low incomes in remote and rural areas.</p>	<p>NTS2- Promotes Equality</p> <p>NTS2- Helps our economy to prosper</p> <p>NTS2- Improves our Health and Wellbeing</p>	<p>1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation. Health and social care support services are designed to meet – and do meet – the individual needs and outcomes of disabled people.</p> <p>3. Places that are accessible to everyone. Housing and transport and the wider environment are fully accessible to enable disabled people to participate as full and equal</p>

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					<p>citizens.</p> <p>5. Active participation. Disabled people can participate as active citizens in all aspects of daily and public life in Scotland.</p>
<p>3. To promote conducting meaningful Equality Impact Assessments (EqIAs) before any services changes, developments or withdrawals in order to identify, mitigate and manage any negative impacts or consequences to disabled people.</p>	<p>ATF Overarching Principles:</p> <p>Links to the coproduction ethos of Accessible Travel Framework – Nothing about us without us.</p> <p>ATF Annual Delivery Plan being delivered by collaborative working with multi stakeholders steering groups and partners to ensure disabled people's needs are cited, understood and managed.</p>	<p>Public Transport supports the economic and social inclusion of disabled people and older people.</p>	<p>Transport Poverty in Scotland:</p> <p>1. SG and TS should adopt a human rights based approach to transport.</p> <p>4. TS should explain what levers it has to require transport planners and operators to involve individuals and communities with lived experience of poverty, women and disabled people in identifying needs and designing transport services to respond to those needs.</p> <p>5. Scottish Ministers and TS should review the accountability of different elements of the transport system.</p> <p>8. TS should explore and pilot a range of ways of making transport more affordable.</p> <p>12. TS should examine ways of addressing challenges faced by people on low incomes in remote and rural areas.</p>	<p>STPR2 – “toolkit” of potential interventions across infrastructure and operational/policy to improve transport including overarching EqIAs on strategy and review of STAG</p> <p>NTS2-Promotes Equality</p> <p>NTS2- Helps our economy to prosper</p> <p>NTS2- Improves our Health and Wellbeing</p>	<p>1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation. Health and social care support services are designed to meet – and do meet – the individual needs and outcomes of disabled people.</p> <p>3. Places that are accessible to</p>

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					everyone.  5. Active participation.
6. To advocate that any service design, redesign or changes to service provision are planned collaboratively and in coproduction with stakeholders and to highlight references to good practice guidance.	ATF Overarching Principles:  Strengthened in “nothing about us without us” ethos of the ATF Annual Delivery Plan, which is driven by a multi organisational stakeholder steering group identifying and advocating good practice guides and initiatives.		1. SG and TS should adopt a human rights based approach to transport.  5. Scottish Ministers and TS should review the accountability of different elements of the transport system.  10. SG (and agencies), COSLA and NHS Scotland should work together to consider how a full range of national and local strategies and plans can better take account of people’s transport needs.	NTS2- Promotes Equality  NTS2- Helps our economy to prosper  NTS2- Improves our Health and Wellbeing  NTS2 and STPR2 Place Principles and STAG	
8. To promote a requirement that accessibility and disability knowledge should form an essential part for the remit and objectives for the transport providers’ accessibility leads to help them better understand and promote improvements for disabled people when using their service (all transport mode service providers)	ATF Overarching Principles:  Core thread running through the Accessible Travel Framework Annual Delivery Plan in response to a specific ask from disabled people during in-depth consultation.	Public Transport supports the economic and social inclusion of disabled people and older people.	1. SG and TS should adopt a human rights based approach to transport.  4. TS should explain what levers it has to require transport planners and operators to involve individuals and communities with lived experience of poverty, women and disabled people in identifying needs and designing transport services to respond to those needs..	Fed into NTS2 consultation via STPR2 stakeholder workshops  NTS2- Promotes Equality	1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation. Health and social care support services are designed to meet – and do meet – the individual needs and

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					<p>outcomes of disabled people.</p> <p>3. Places that are accessible to everyone.</p> <p>5. Active participation.</p>
<p>9. To advocate for engagement with MACS when developing or revising policy or contracts by officials to gain expert advice and ensure accessibility is given a priority consideration. This includes using procurement and franchise opportunities when awarding contracts to promote accessibility in transport provisions.</p>	<p>ATF Overarching Principles:</p> <p>MACS on ATF Steering Group to give expert advice and guidance.</p> <p>MACS annually scrutinise and review ATF Annual Delivery Plan to measure progress and make recommendations.</p> <p>The ATF Team lead engagement with TS colleagues to ensure the need for accessibility is cited and a central consideration in franchises and when awarding contracts as part of progressing the 8 priority areas of the annual delivery plan.</p>		<p>MACS assisted the Poverty and Inequality Commission in the field research as part of the evidence gathering for Transport Poverty in Scotland.</p> <p>This also links MACS work to the PIC calls for:</p> <p>1. SG and TS should adopt a human rights based approach to transport.</p> <p>4. TS should explain what levers it has to require transport planners and operators to involve individuals and communities with lived experience of poverty, women and disabled people in identifying needs and designing transport services to respond to those needs.</p> <p>5. Scottish Ministers and TS should review the accountability of different elements of the transport system.</p> <p>8. TS should explore and pilot a range of ways of making transport more affordable.</p>	<p>MACS heavily involved with NTS2 and STPR2 including co-chairing the Reducing Inequalities Working Group of NTS2</p> <p>NTS2- Promotes Equality</p> <p>NTS2- Helps our economy to prosper</p> <p>NTS2- Improves our Health and Wellbeing</p> <p>NTS2- Tackles climate action</p>	<p>MACS are engaged with the Connected Scotland Board to advocate that:</p> <p>1. Support services promote independent living, meet needs and work together to enable a life of choices, opportunities and participation. Health and social care support services are designed to meet – and do meet – the individual needs and outcomes of disabled people.</p> <p>2. Disabled people attain decent incomes</p>

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			<p>10. SG (and agencies), COSLA and NHS Scotland should work together to consider how a full range of national and local strategies and plans can better take account of people's transport needs.</p> <p>12. TS should examine ways of addressing challenges faced by people on low incomes in remote and rural areas.</p>		<p>and fairer working lives (via reducing the disability employment gap) to make sure disabled people can enjoy full participation with an adequate income to participate in learning, in education, voluntary work or paid employment and retirement.</p> <p>3. Places that are accessible to everyone.</p> <p>5. Active participation.</p>