

Medical Travel

from the Isles of Scilly

Winter Travel Survey Report

May 2016

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Medical Travel Survey Report May 2016

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Background

This report is concerned with patient experience of medical travel during January, February and March 2016.

Healthwatch Isles of Scilly ran a patient questionnaire in March/April 2016 requesting feedback on medical travel for January, February and March 2016. The patient questionnaire was based on a similar survey in 2013, and would test what had changed since then. The winter of 2012-13 had been notable for weather related transport disruption, whereas 2015/16 had been relatively normal.

Additional data on patient travel was requested from providers for the same period.

We were particularly interested in data for recorded 'cancelled-by-patient/did not attend' appointments. In 2012-13 this had been very high for residents of the Isles of Scilly, but in 2015 was lower than the average for Cornwall and IOS as a whole. We wanted to know how this was being achieved, and the questionnaire would show us.

The patient journey

Patients are routinely booked via Land's End airport and onwards travel is mostly by public transport organised by the patient.

Off island patients have an additional leg to arrange, often by privately arranged and more expensive 'special' boats to and from St Mary's.

A small number of patients travel via Newquay airport, or flights may be diverted from Land's End to Newquay. There are limited transport links from Newquay airport.

Location of and timing of appointments is also important when planning the journey. Flight and transfer times and onward transport schedules leave a short time window to complete an appointment at Treliske. RCHT monitor the times of appointments offered to IOS residents and we receive this data, plus data on location of appointments.

Healthwatch Isles of Scilly compiles a journey map, showing the optimum time window in which to complete an appointment. This is updated every winter and summer and passed on to appointment booking clerks. (See appendix 3)

Overview

44 patients responded to our survey and we estimate this to be 11% of those who travelled for a mainland medical appointment between Jan and March 2016.

The survey results show that the majority of people booked their travel to a medical appointment 1-4 weeks in advance and most were able to attend their appointment time. Some could not attend or were unable to book a flight; most appointments were rearranged within a month.

A significant percentage of patients experienced travel delays on both the outward and return legs of their journey. Most were able to attend due to a combination of planning for a delay when arranging their travel, and clinics being accommodating to late arrivals.

The majority of respondents arranged overnight accommodation. This is largely due to travel planning for appointment times and possible delays.

The cost of overnight accommodation is an issue as is finding suitable accommodation. Whilst a list of recommended accommodation (one is provided by Healthwatch), goes a little way to assisting patients it does not solve the problem.

Many people gave additional, detailed, comments which indicate that:

- Patients are concerned about missing appointments so arrange to travel a day or more beforehand.
- Patients also commented on the difficulty of completing an appointment in a day. The possibility of travel delays or the appointment running late, which in turn affects arrangements for surface transport, builds on the stress of attending an appointment. The results of the survey indicate that to avoid these issues patients are paying for overnight accommodation or the appointment is rearranged.
- Hospital departments are accommodating in rearranging appointments.

People also reported:

- Off island patients have the added complication and expense of getting a 'special' boat to and from St Mary's, in order to get to the airport, or to an appointment on St Marys.
- Travelling with an escort: some patients commented on difficulty in getting a decision about eligibility for an escort warrant; and on complications in coordinating travel arrangements when the escort paid their own way.
- Booking travel and a travel warrant: some comments about a delay in returning calls and getting confirmation of flight booking, which can delay arrangements for surface transport.
- Ward staff are sometimes unaware of who to contact regarding arranging travel when discharging Isles of Scilly patients.

Recommendations

- That booking clerks follow guidance concerning optimum time of appointments for IOS patients, where possible. We recognise that some appointments or admissions must be scheduled outside these times; however feedback indicates that some appointments can be rescheduled if patients ask.
- That RCHT Patient Transport Office reviews the time it takes to process and confirm a booking.
- That all agencies promote accessible information regarding booking IOS medical travel, including 'Help with Health costs' for those on a low income or certain benefits.
- That further arrangements are made to reduce the need to travel, i.e. use of video or telephone consultation and provision of more on-island diagnosis and treatment.

Findings and conclusions

Arranging travel and journey planning

- The majority of respondents received notice of an appointment between 1 and 8 weeks in advance.
- The majority of respondents made their travel arrangements between 1 and 4 weeks in advance.
- 19% of respondents were unable to arrange travel for their first offered appointment or admission; of these all but one rearranged their appointment. 71% of appointments were rearranged within a month.
- 69% of respondents attending an outpatient appointment planned an overnight stay; of these, 52% said it was due to time of appointment, 22% other reason, 17% flight availability, 9% personal preference.

Respondents who selected 'other' said that they did not want to miss their appointment or that there was not enough time to do a day trip; some said that they had more than 1 appointment in the week.

- 80% of respondents attending for treatment or admission planned an overnight stay; of these, 70% cited the time of their appointment or admission; 15% personal preference; 10% flight availability; and 5% other reason.
- When rating the ease of arranging travel on a scale of 1 to 5, where 1 is difficult and 5 is easy: 17% gave a rating of 1 or 2; 14% gave a 3; 69% gave a 4 or 5.
- When rating the convenience of their travel arrangements on a scale of 1 to 5 where 1 is difficult and 5 is easy: 21% gave a rating of 1 or 2; 28% gave a 3; 51% gave a 4 or 5.
- 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 most respondents were able to arrange travel for their appointment. All needed to arrange overnight accommodation.

We can conclude that a significant number of patients arranged an overnight stay.

The majority of respondents who had travelled for routine appointments or procedures arranged an overnight stay in advance; the most common reasons given were time of the appointment and not wanting to miss the appointment if there were travel delays.

Respondents with an outpatient appointment also commented that there was not enough time to complete travel in a day.

Responses to the question about the ease of arranging travel were positive, with the majority giving a high rating on a scale of difficult to easy; however, this dropped when asked about the convenience of their travel arrangements.

Attending for a routine appointment or admission

- 81% of respondents were able to attend on the day of their appointment/admission.
- 19% were unable to attend on the day of their appointment/admission.
- Of those who could not attend on the day, 75% gave flight delay or cancellation as the reason; 13% because their appointment was cancelled; and 12% cited 'other reason'.
- Of those who could not attend on the day, 63% rearranged their appointment for within a month, 25% within 2 months and 12% within 3 months.

We can conclude that most respondents were able to attend their appointment and of those who could not, the main reason was due to flight delays or cancellations. Most appointments were rearranged within a month, but 37% waited up to 2 months or longer.

The Journey

- 40% of respondents experienced delays in their outward journey; of these, 77% were able to attend their appointment or admission.
- 69% of respondents who were able to attend their appointment after a delay said this was due to allowing for delays when planning their journey; 23% said that the hospital/clinic was accommodating to their late arrival; 8% cited 'other reason'.
- 32% of respondents experienced delays in their return journey; of these, the majority said the delay was due to transport delays or cancellations.
- 85% of respondents who were delayed on their return journey found overnight accommodation.
- When rating the ease of the journey on a scale of 1 to 5 where 1 is difficult and 5 is easy: 30% gave a rating of 1 or 2; 25% gave a 3; 45% gave a 4 or 5.

Of those who experienced delays, when rating the ease of the journey on a scale of 1 to 5 where 1 is difficult and 5 is easy:

47% gave a rating of 1 or 2; 35% gave a 3; 18% gave a 4 or 5.

Of those who did not experience delays, when rating the ease of the journey on a scale of 1 to 5 where 1 is difficult and 5 is easy:

14% gave a rating of 1 or 2; 18% gave a 3; 68% gave a 4 or 5.

We can conclude that the majority of patients who were delayed on their outward journey were able to attend their appointment because they allowed for delays when planning their journey; however, about a quarter of respondents said that the hospital or clinic was accommodating to their late arrival.

Of those who were delayed on their return journey, most needed to find overnight accommodation.

The main reason given for delays on both outward and return journey was transport delay or cancellation. The ratings respondents gave on the ease of the journey reflects whether transport was delayed or cancelled; the journey was rated as easier when there were no delays and more difficult when delays were experienced.

What has changed since our last survey

We can highlight some comparisons between this survey and the last time we ran a similar questionnaire in January, February and March 2013:

- The number of respondents who were unable to arrange travel for their first offered appointment or admission date is down from 25% to 19%.
Of these, the number who were able to rearrange their appointment within a month is down from 82% to 71%.
- The number of respondents who pre-arranged an overnight stay to in order to attend an outpatient appointment is up from 56% to 69%.
- The number of respondents who pre-arranged an overnight stay for treatment or admission is the same at 80%.
- The number of respondents who gave a high rating regarding the ease of arranging travel is up from 41% to 69%.
- The number of respondents who were unable to attend on the day of their routine appointment or admission is about the same, at 20% and 19%.
Of these, the number of respondents who were able to reschedule within a month is up from 45% to 63%.
- The number of respondents who reported a delay on their outward journey is down from 52% to 40%.
The number of respondents who reported a delay on their return journey is down from 40% to 32%.
- The number of respondents who gave a high rating regarding the ease of the journey is about the same, at 46% and 45%.
- The number of respondents who gave a low rating regarding the ease of the journey is down from 41% to 30%.

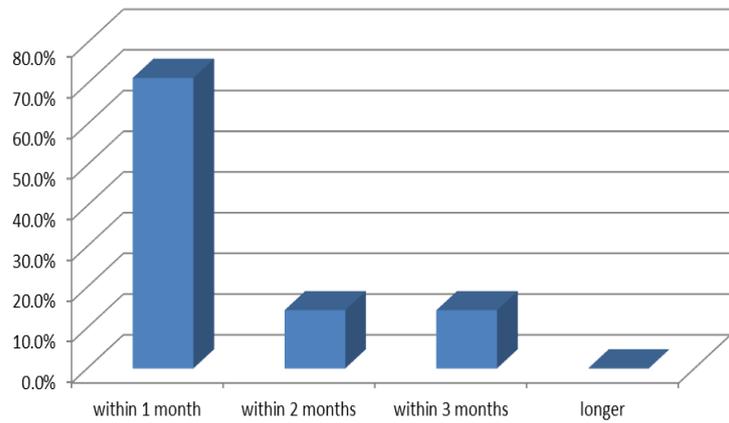
Responses to the Patient Questionnaire

The survey was advertised and paper questionnaires were made available at points across all five islands during March/April 2016.

44 questionnaires were returned. We have not received all figures for patient travel (number of patient travel warrants issued) for the period covered by the survey, but can estimate from previous figures that this is likely to represent an 11% response rate.

1. Arranging travel for routine appointments/admission													
When did you receive notice of your appointment/admission?													
<table border="1"> <caption>When did you receive notice of your appointment/admission?</caption> <thead> <tr> <th>Timeframe</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>less than 1 week</td> <td>14.0%</td> </tr> <tr> <td>1-2 weeks</td> <td>33.0%</td> </tr> <tr> <td>2-4 weeks</td> <td>30.0%</td> </tr> <tr> <td>4-8 weeks</td> <td>26.0%</td> </tr> <tr> <td>longer</td> <td>7.0%</td> </tr> </tbody> </table>		Timeframe	Percentage	less than 1 week	14.0%	1-2 weeks	33.0%	2-4 weeks	30.0%	4-8 weeks	26.0%	longer	7.0%
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When did you arrange travel?													
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2-4 weeks	33.0%												
4-8 weeks	15.0%												
Longer	1.0%												
Were you able to arrange travel for your first offered appointment/admission date?													
	81% said YES												
	19% said NO												
If you answered NO, was your appointment/admission rearranged?													
	88% said YES												
	12% said NO												

How soon was your new appointment/admission date?

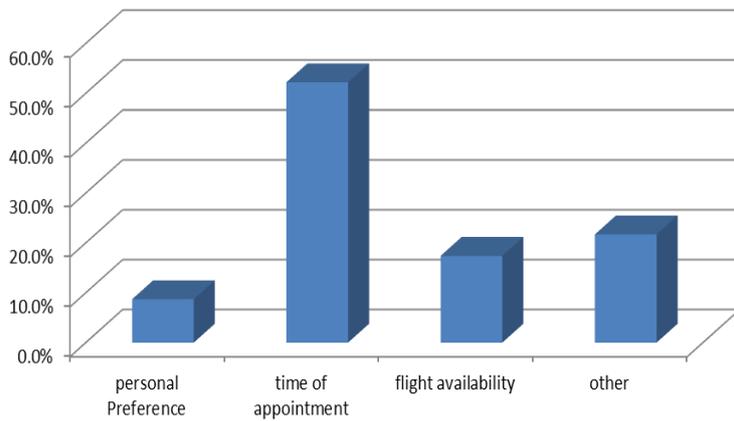


If you were attending for an outpatient's appointments, did you arrange in advance to stay away for a night or more?

69% said YES

31% said NO

If you answered YES, why was this?

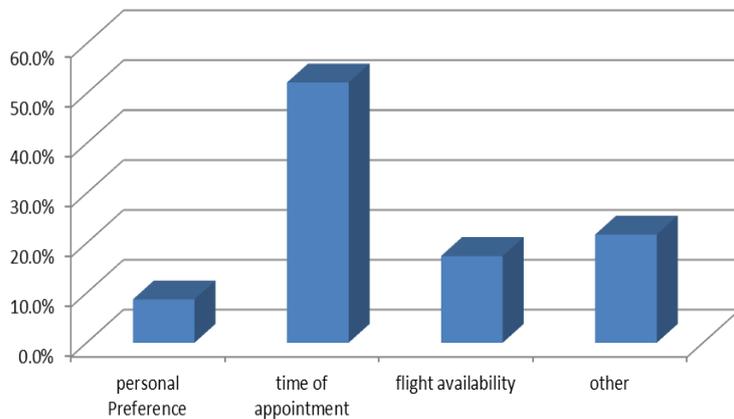


If you were attending for treatment or admission, did you arrange in advance to stay away for a night or more?

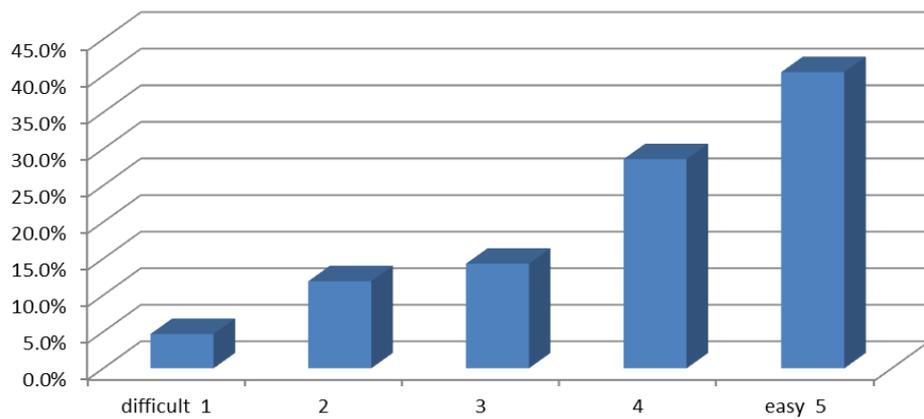
80% said YES

20% said NO

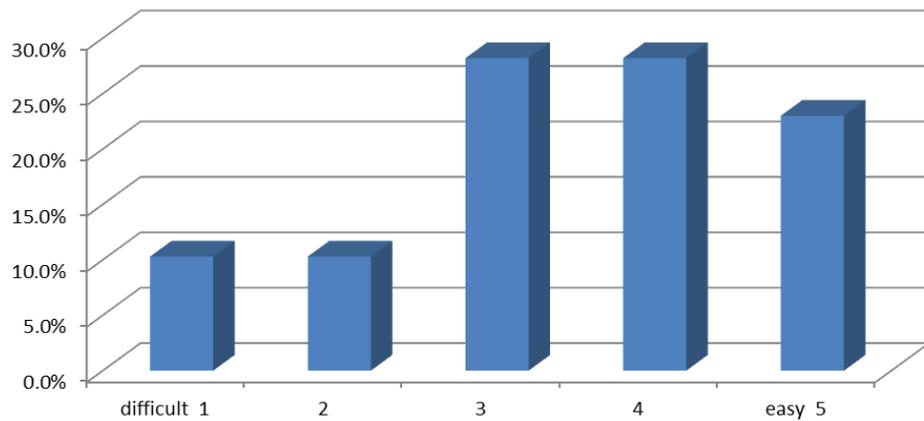
If you answered YES, why was this?



**How would you rate the ease of arranging travel on a scale of 1 to 5?
where 1 is difficult and 5 is easy**



**How would you rate the convenience of the arrangements you made for your trip on a scale of 1 to 5?
where 1 is difficult and 5 is easy**



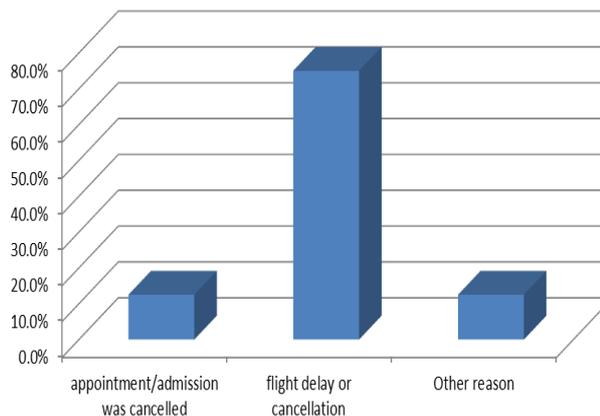
2. Attending for your routine appointment/admission

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

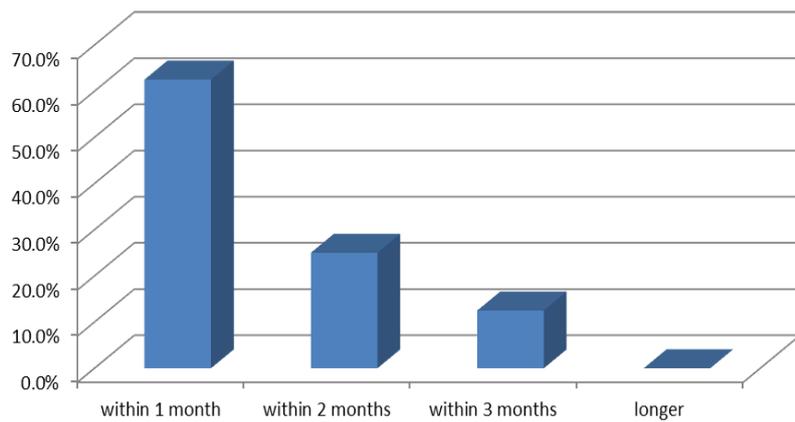
81% said YES

19% said NO

If you answered NO why was this?



If your appointment/admission was rearranged, how soon is the new date?



3. Urgent referrals/admission

Were you flown out on emergency transport?

10% said YES
90% said NO

If you answered YES, was your return journey funded by the NHS?

100% said YES

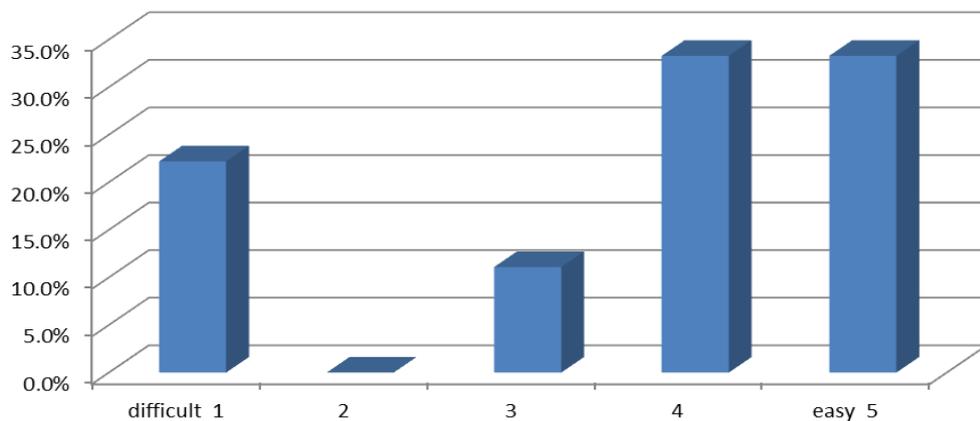
Did you travel out on a scheduled flight for urgent diagnosis or treatment?

69% said YES
31% said NO

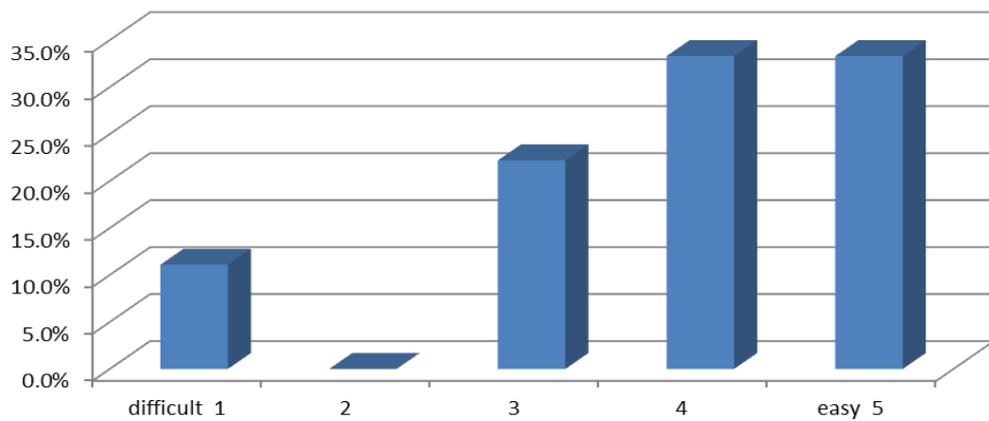
If you answered YES, were you able to arrange travel for your first offered appointment/admission date?

88% said YES
12% said NO

**How easy would you rate the ease of arranging outward travel, on a scale of 1 to 5?
where 1 is difficult and 5 is easy**



**How easy would you rate the ease of arranging return travel, on a scale of 1 to 5?
where 1 is difficult and 5 is easy**



Did you need to arrange overnight accommodation?

100% said YES

4. Your journey

Did you experience delays on the outward journey?

40% said YES

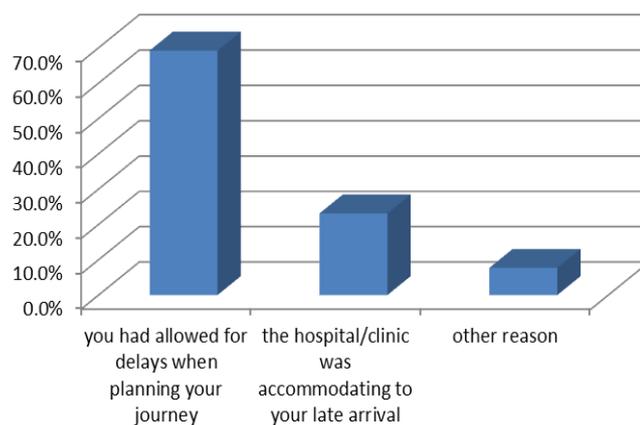
60% said NO

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

77% said YES

23% said NO

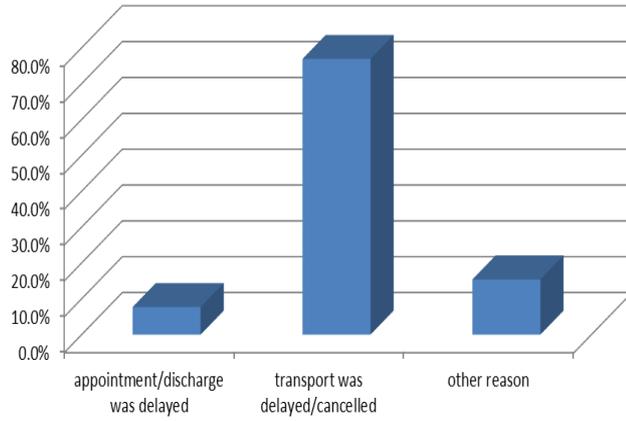
If you answered yes, was this because:



Did you experience delays on the return journey?

32% said YES
68% said NO

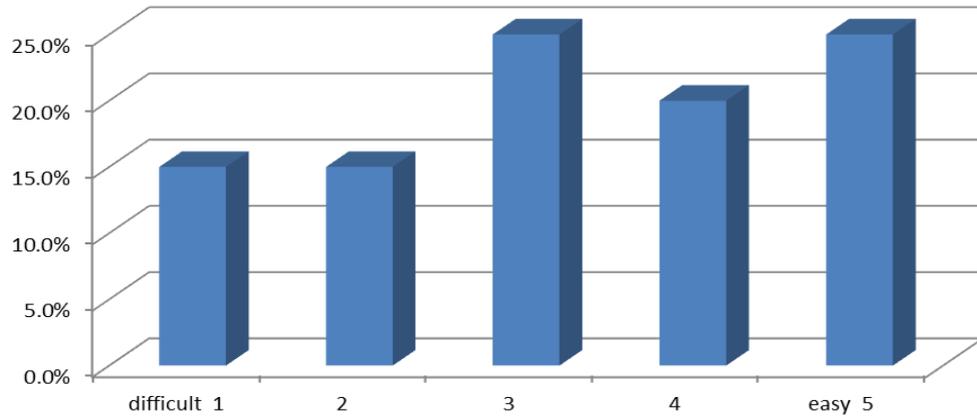
If you answered yes, why was this?



Did you have to find overnight accommodation?

85% said YES
15% said NO

**How would you rate the ease of the journey on a scale of 1 to 5?
where 1 is difficult and 5 is easy**



Summary of comments

Comments reflect that the journey a patient makes to attend an appointment on the mainland is complicated and at times costly, and that this is seen as a fact of life.

Appointment times

Comments highlighted the difficulty of attending appointments outside the optimum time window available to complete an appointment in a day trip.

Some people asked for their appointment to be rescheduled, while others booked overnight accommodation in order to attend.

Journey planning

Some people travelled up to 3 days before an appointment to ensure that they could attend. When planning a journey, things to consider include the weather (which may cause flight delays or cancellations); time and location of appointment; how to get to and from the hospital; time of flights; and time of pick up from Penzance.

Two people said that delays or changes to flight and pick up times necessitated last minute changes to surface transport arrangements, and added to the stress of the journey.

One person commented that a list of reliable and affordable B&Bs, and better transport links between Newquay airport and Truro would be helpful.

A few people commented on procedures for booking travel and a travel warrant: delay in confirmation of flight booking; needing to co-ordinate with separately booked flights for a non-authorised escort; lack of information about travel booking procedures on discharge.

Additional costs of attending appointments

A number of people referred to the additional cost of overnight accommodation, which was necessary in order to attend their appointment. One person detailed the cost of travelling for a procedure which was then cancelled: in excess of £200.

Comments from people who had experienced travel delays on their return journey show that people often need to find and pay for overnight accommodation.

Some people referred to the high cost of a 'special' boat from the off islands.

People commented that additional costs put a strain on personal finances.

Travel from Off islands

One person referred to the need to time off island travel well within day light hours; this does not tie in with flight and check in times for part of the winter.

Reducing the need to travel

One person commented that providing some routine appointments on St. Mary's would reduce the stress associated with travelling to the mainland.

(Data supplied by RCHT Information Services Department.)

Location of RCHT outpatients appointments for IOS patients			No. of appts arranged between 11am and 2pm (excluding St Michaels, West Cornwall and St Marys IOS)		
Apr 15 - Mar 16			Apr 15 - Mar 16		
<u>Location</u>	<u>no of OPAs</u>		<u>total OPAs appt time 11am - 2pm</u>		
Treliske	871	53.5%	894	443	50%
St Michaels	118	7.0%			
West Cornwall	317	19.5%			
St Marys	300	18.5%			
elsewhere	23	1.5%			
Total OPAs	1629	100.0%			

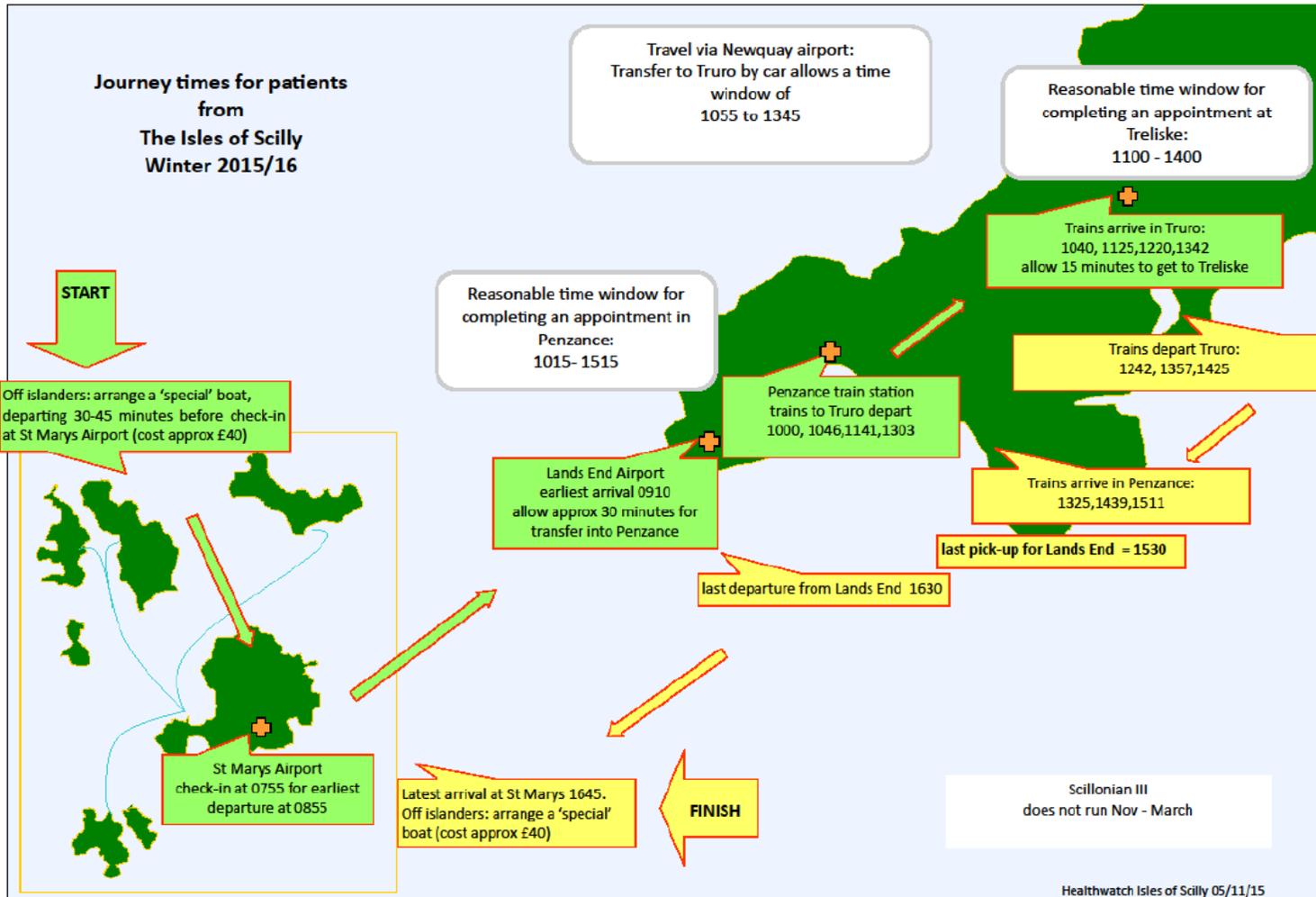
Recorded as cancelled by patient or 'did not attend'

In our 2013 Report on Winter Medical Travel we reported that In January 2013 the 'DNA' figure for IOS patients peaked at nearly 40% of all IOS outpatient appointments, compared to 15% of all outpatient appointments for Cornwall and IOS.

In previous years, the figure for IOS had been between 0% and 5% higher than those for all Cornwall and IOS.

Figures provided to us by Royal Cornwall Hospitals Trust show that for the year April 2015 to March 2016, 'DNA' figures for IOS patients (excluding St Marys clinics) averaged 7%. The average for January, February and March 2016 was 8%.

These figures are lower than the average for Cornwall and IOS as a whole.



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