

## Questions for the Council of Governors Meeting on the 11 March 2020

### Questions from Catherine Blades

I live in a very rural area near Scarborough and have recently needed to frequently attend York eye clinic for surgery and after care. The care I needed was specialist and complex, so I can to some extent appreciate the fact that it could not be done locally .However I have two specific questions to raise with the Trust and Board of Governors.

1. What are the Trust doing to facilitate transport for people who face long journeys to York from the East Coast? Public transport is notoriously unreliable with many delays and cancellations, in addition to high costs, exacerbated sometimes by having to fund an overnight hospital stay . It is not good enough, in my opinion, nor in the opinion of most East Coast residents, to have a 'Transport Strategy' that ignores a large percentage of the population you serve , Being told to consider cycling, or car sharing is outrageously patronising to those who have enough to cope with in terms of our health . Travel by car on the A64 is also lengthy and expensive and could be problematic if car access to the city is restricted. What sensible suggestions do you have?

**Answer:** Please refer to transport paper (attached)

2 . My eye surgeon used to have a pre and post op clinic in Scarborough. This has now stopped. When I asked why, I was told by the surgeon that it was due to the difficulties in administration of the clinic and patient records. I certainly had / have two sets of handwritten records, neither of which have documented what has happened in each clinic. I know this because of confusion over drugs I have been prescribed in each clinic and the clinicians have said things like. 'oh we have no record in these notes , I'll have to ask York / Scarborough' Surely these kind of problems are entirely preventable with sensible IT systems? My surgeon didn't particularly want to stop coming to Scarborough but I can understand the frustration if this is happening. I have absolutely no complaint about my care in either place, but would like the Trust to look at improved IT systems which might enable clinics in Scarborough to be run more smoothly.

**Answer:** Outcomes from Clinic appointments are recorded on the electronic system which is a single record that is accessible from all clinic locations within the Trust. This includes the clinic letter that is sent to the GP and which contains details of medications changes. Some specific ophthalmology notes are not yet electronic and are still found in paper casenotes. Work is currently underway to remove the dependency of physical casenotes for all outpatient appointments.

### Questions from Fiona Stephenson

3. What transport provision is made for Scarborough residents to travel to York hospital to attend appointments/surgery?

**Answer:** Please refer to transport paper (attached)

4. Who is eligible for free transport to and from York hospital? Where is this information available?

**Answer:** Please refer to transport paper (attached)

**5. How many appointments/ procedures have been missed due to lack of transport?**

**Answer:** We keep a record of the number of missed appointments, however we are not always able to record the reason as sometimes the patient does not make contact with us. Where we have made a change to a service, for example with oncology, we will be continuing to monitor the number of appointments that are missed so we will be able to determine whether this has changed significantly.

**6. How many deaths have occurred as a result of missed appointments?**

**Answer:** It is not possible to answer this question, we simply do not record information in this way and it is not possible to attribute a death to missing an appointment.

**7. What is the arrangement between Scarborough and York hospital regarding patients who have been discharged from York following surgery? Should complications arise post-surgery such as infection/bleeding/inflammation, should the patient return to York or go to Scarborough?**

**Answer:** All patients are instructed to call the ward they were discharged from if they have any concerns following an operation. The ward will determine whether the patient should attend their nearest hospital (which in some instances isn't one of our hospitals) or if they should return to the hospital where they had surgery.

**Questions from John Wane – Save Scarborough Hospital Facebook Group**

**This question was posed by our group to the December Governors meeting “Is there an action plan for services to be returned to East Coast Hospitals and if so which services” which was primarily raised because, like ourselves, the CQC could find no coherent plan for services for the East Coast. As no coherent reply was given to that question, merely vague obfuscation, we ask again:**

**8. Does the Trust now have such a plan?**

**9. When will it be available to local residents?**

**10. If it does now exists, what public consultation plans are in place?**

**Answer:** The answer given to this question remains the same: The Trust recognises the need for a strategy to be developed for services on the East Coast, and this must be developed in partnership with others who provide and commission health and care services. There are several pieces of work underway that will contribute to this. These include:

- The Scarborough Acute Service Review
- Multi-agency discussions which are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.

- Work to look at the provision of out of hospital care services, being led by the North Yorkshire CCGs

It will take time for a strategy to develop from this work, however all partner organisations will want to engage patients and the public as these plans begin to take shape.

**We raised a number of questions to the December Governors meeting in respect of the very serious and increasing difficulties, faced by residents of the East Coast in accessing services removed from this area and transferred to York Hospital and further afield. Remember that a recent independent study found the the Trans Pennine rail services to Scarborough were the worst in the UK and that the Scarborough to Hull rail services were the second worst! It was noteworthy, therefore, that the report of the Governors Transport Sub Group, submitted to the December meeting, made absolutely NO mention of the plight of East Coast residents! In your reply to the questions we posed you stated that the Trust “share concerns over the reliability of the rail service and the broader transport issues affecting patients and visitors” and that “as part of the Acute Services Review work, it has been agreed that the North Yorkshire CCG will be convening a multi-agency transport group with patient/carer involvement”.**

**In view of your claimed shared concerns, we now ask :-**

**11. What progress has now been made by York Trust, through your involvement in that group?**

**12. How have York Trust and Governors obtained the views and experiences of the patients and carers you serve?**

**13. What evidence is now available to the public of your progress?**

**14. Does York Trust intend to continue with its cuts to East Coast services, while such appalling transport links remain?**

**Answer:** Please refer to transport paper (attached)

**Many staff continue to contact our group privately, who are too afraid to take up their issues directly with their management for fear of repercussions.**

**Your Travel Plans recently reported in the Scarborough News provoked many private messages from staff. You make statements about your desire to have a standard approach across the Trust area, but at the same time make no allowances for the problems of rurality which you admit to, in respect of the East Coast and the very limited public transport available, compared to that available to residents and staff of a City such as York. Car share schemes are fine, but only if you can guarantee that all staff willing to do so can actually start and finish shifts at the same times, or even live in sufficient proximity to each other to make it practical! To expect staff, in summer and winter, already under pressure, in physically demanding jobs, faced with long and anti-social shifts in areas with poor and inappropriate public transport links, to be cycling or**

walking is ridiculous and can only add to retention problems. A “three mile radius of their main place of work” for Scarborough Hospital staff is, for example, a completely unreasonable and unsafe walk or cycle ride on a cold wet winters day before or after a 12 hour shift and effectively excludes anyone living in Scarborough from driving to work! It would result in walking or cycling, alone in the in the dark from villages as far away as East Ayton as this map illustrates and no alternative public transport at appropriate times!



15. If York Trust accept different circumstances apply in more rural locations, why does it not recognise those different circumstances and apply transport strategies appropriate to different locations?

16. Given the much less physically demanding nature of most management positions, with working hours more in line with available public transport, why not enforce stricter controls on their transport and thus make more parking available to staff on shifts?

17. Your responses to many questions invariably pass on responsibility and blame to other Trusts, CCGs, groups and organisations, what evidence do you have, therefore, to demonstrate the success of your attempts to influence their decisions?

18. Why, if carbon targets are of such importance to you, does your Transport Strategy make absolutely no comment about the most serious impact of all, which is the huge number of patient and visitor journeys which now result from

<b>your cuts to local services?</b>
<b>Answer:</b> Please refer to transport paper (attached)
<p><b>We specifically questioned your December meeting in respect of Stroke Services, but you refrained from answering the specific question so we repeat it again.</b></p> <p><b>19. When will you provide the results of the reviews which you have repeatedly promised to undertake to return that service, especially as you stated at the time, that the transfer of the service was to be temporary?</b></p>
<p><b>Answer:</b> A temporary change was made to the service in 2015. This was made on safety grounds due to the shortage of medical staff, as it was not possible to continue to provide a 24/7 hyper-acute service in Scarborough without the necessary medical cover. As promised at the time when the change was presented to the overview and scrutiny committees for North Yorkshire and the East Riding, a further review of the change was undertaken later that year and the decision was made to keep the new pathway in place. The review involved discussions with the national lead for stroke, who supported the changes. Following this change, there are no plans to return hyper-acute stroke care to Scarborough Hospital.</p>
<p><b>20. Does your response to the earlier question, that it involves a “triage and assessment service and the transfer of patients elsewhere”, actually indicate that is your real intention for the results of the A&amp;E investment?</b></p>
<p><b>Answer:</b> No. The information quoted relates to the changes that were made to the stroke service in 2015. The planned investment in the emergency department at Scarborough Hospital will improve and streamline how patients are assessed, admitted and treated, which should reduce the time that people wait in the department, and ultimately improve patient safety and experience. It is a significant investment, and is a sign of our commitment to ensuring Scarborough Hospital has an emergency department.</p>
<p><b>Your response to our December question on Urology stated that a Quality Impact Assessment was currently being undertaken in relation to the changes to Urology services from November 2019, with out of hours acute presentations requiring admission are being transferred to York.</b></p> <p><b>21. How and when will the results of that impact assessment be made available to the public?</b></p>
<p><b>Answer:</b> We continue to monitor data for the impact assessment, including the number of transfers, transfer times, and any other impact. This will feed in to the discussions and planning for the long-term model for urology.</p>
<p><b>You stated in December that “We measure the quality of the services the Trust provides as a whole in a number of different ways and this can include our performance against national targets, national audits, clinical governance reviews and various regulatory standards. Service changes are made for a</b></p>

**number of reasons, the most important of these is ensuring the service is safe”**

**22. How do the public gain access to those results?**

**Answer:** As a NHS Trust we are measured and regulated against a huge number of performance standards, and we also participate in national and local audits. There is no one single place all of this vast amount of data can be found, however the organisations that carry out the audits often publish the findings (as per the SSNAP audit referenced in questions 24 and 25). Regulators and other national bodies publish performance data and reports (such as NHS England/NHS Improvement and the CQC). The Trust itself also publishes comprehensive performance information in its public Board papers, which are published on the Trust’s website.

**23. What independent scrutiny of them exists and where can it be accessed?**

**Answer:** Much of this data is collected and scrutinised by regulators and other organisations that carry out audits, and part of the process involves independent scrutiny of that data by those organisations.

**24. Please can you clarify what was meant by “SSNAP data” in response to a December question?**

**Answer:** SSNAP is the Sentinel Stroke National Audit Programme. It measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

**25. Being as you claim a “key performance indicator”, where is it “publicly available”?**

**Answer:** It is published online: [www.strokeaudit.org](http://www.strokeaudit.org)

**You announced in September and also stated in response to a question in December, that “the Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer. The network is looking at potential common sustainable service models and possible financial solutions to our particular issues.”**

**26. Given that more than 6 months has now elapsed, can you list the benefits which have resulted to the services to Scarborough Hospital and East Coast residents now and in the future?**

**Answer:** We attended the first network meeting in July. Another network meeting is due to be held in April.

The purpose of the network is to share ideas, learning and best practice and to discuss the challenges associated with delivering services in small, and/or rural hospitals. The network is supported by NHSE/I and Nuffield Trust.

The benefit of participating in such a network is that what we hear and learn from other Trusts informs our thinking, and may influence decisions at a national level that will be of benefit to hospitals like Scarborough in the future.

**In respect of your Scarborough Review, you stated in December that the updated “need for change” document would be published “in the new year” and the Trust was a “key partner”.**

**27. It is now March, so how can a copy of that document be accessed?**

**Answer:** The stage two report was published in February and is available on the review website: [www.humbercoastandvale.org.uk](http://www.humbercoastandvale.org.uk)

**28. As a “key partner” what criteria does York Trust feel should be used to decide “whether or not formal consultation will be required”?**

**Answer:** There is no formal definition of what constitutes a significant service change; however, it would be likely to include those changes to services that have a major impact on patients (e.g. redesign of service, relocation of service etc).

Formal consultation is a statutory role of CCGs. When considering a potential service change it is discussed with Overview and Scrutiny Committees and plans around involvement and engagement would be shared with them for their view on the level of involvement required. Advice and guidance would also be sought from NHS England and we would work in partnership with our CCGs should formal consultation be required. The decision as to whether or not consultation is required ultimately belongs to CCGs.

**29. How will consultations be publicised?**

**Answer:** Consultations would be widely publicised using a wide range of methods to ensure that people have the opportunity to make a contribution. The exact approach would depend on the subject of the consultation, however methods would include both electronic and written materials, so that people can comment through either face to face events and/or written and online questionnaires. These would be made available and promoted through the media, the various organisations’ communications channels including social media, websites and newsletters. Relevant community groups, libraries, GP practices etc would also be asked to help promote the consultation. If a consultation is going to be carried out, then a communications plan would be developed and agreed.

**The Trust frequently shifts responsibility to the CCGs and others when answering questions, but invariably avoids stating the Trust opinion, while continuing to claim that it works “in partnership” with them. The Trust never provides any evidence of their beneficial impact on those “partnership” decisions and therefore appears to be a 'sleeping partner' when it comes to the impact of those decisions on residents of the East Coast. Using the severe travel implications as an example across a wide range of services over the years and including the most recent cuts to Oncology services, there is no confidence in York Trust among residents of your “catchment area” that you care about services provided to them being even accessible. It appears to most people, for example, that requiring a York resident travel a much shorter distance to places like Leeds or Harrogate is inconceivable, but apparently perfectly acceptable for East Coast residents to travel distances three or four time greater to access**

similar services. The catchment area figures for Scarborough Hospital, made by the previous CEO in his letter to the Health Secretary, were broadly similar to the York population figures, so there is absolutely no justification for the inequalities of access.

**30. How can York Trust convince residents of the East Coast that it actually cares about the impact on them?**

**31. How can York trust convince residents of the East Coast that safeguarding York residents and enhancing York Hospital are not your primary motives?**

**32. What evidence can York Trust provide to demonstrate their concern?**

**33. Why is it not possible to centralise more services on the East Coast and share the implications of travel more equally in line with the requirements for “equality of access?”**

**Answer:** We are absolutely committed to developing a strategy for delivering health and care services with our partners on the east coast. The aim of the merger between York and Scarborough Trusts in 2012, and all of the subsequent work to date including the Scarborough acute service review, has been about ensuring that there is access to services for people living on the East Coast. These services have to be sustainable, whether it is in terms of staffing, or the numbers of patients accessing those services, and they have to be safe. Sometimes, decisions about services will be influenced by changes in national guidance, and we are obliged to respond to this. It is not the case that the Trust is seeking to ‘enhance’ York Hospital by moving services there from elsewhere. York Hospital does not have the capacity to simply absorb services wholesale from elsewhere.

**In response to the question on reinstatement of Neurology services to Scarborough Hospital in September you replied that “*We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.*” We asked in December, 3 months since that statement, can you explain what progress has been made with that exploration, now that the original reason for removal has been overcome? You replied, “*work is continuing to assess the potential for further daytime clinical presence on the Scarborough Hospital site and steps are being taken to review the capacity of the Clinical Nurse Specialist team given the increase in their caseload. There is also work being undertaken with the Allied Health Professional Teams to explore possibilities of enhanced staffing support for the service to enable this to be provided locally.*”**

**34. Given that more than six months have now elapsed, can you update us on the progress of your explorations and planned reinstatement dates?**

**Answer:** There is no further update at this stage. We are continuing to review the workforce in neurology and how clinics might be best delivered.

**Your previous responses to questions about the transfer of Urology services to York, as always, claim staff shortages as the reason and that you are attempting**



**to recruit Consultant Urologists, but your advertisements state that “the job plan will comprise of main theatre operating, day case lists and outpatient clinics at the York site, as well as new patient clinics at Malton.”**

**35. How do you expect people to believe your claims when in them, absolutely no mention of surgery in Scarborough is made and only clinics in Malton, which indicates that in truth, that focus on York is actually your real plan?**

**Answer:** The transfer of acute urology services to York is still temporary and as such, a formal decision about the long term future of the service is still to be made. The urology clinicians have received the Yorkshire and Humber Clinical Senate report which will be used to help devise the options for the long term model of urology care. The recent advert was to replace a York based urologist, not to replace either of the two Scarborough urologists who retire in November. Without a Board decision on the long term future, we chose not to change the advert text at this time but will discuss the potential models of future working with prospective candidates.

**As a group we have tried to place equal importance on staff, given the appalling long term reputation for staff bullying in York Trust and the large number of staff approaching us for help who were too afraid to raise issues with management and HR. Their welfare has always been one of our primary concerns, not only for their sakes, but also because of the serious impact the York culture has had on staff turnover and vacancies. Our concern for them even prompted us to undertake our own professional survey of them which, despite inviting the Trust to participate in it, they unsurprisingly declined to be involved in. We therefore applauded the initiative undertaken by the new CEO, Simon Morritt announced at your September meeting in respect of the “extensive listening exercise”.**

**36. We would be delighted to help York Trust demonstrate a real change in culture by publicising appropriate outcomes and plans. What results are or will be available to the public?**

**Answer:** The ‘our voice, our future’ exercise is aimed at improving staff in engagement, and is therefore primarily an internal exercise, with staff being updated regularly as to progress and how they can continue to be involved.

Updates are given in board papers and through other routes including social media. Some of the outcomes of this work will be visible to the public, for example, we are refreshing the trust’s values in response to staff feedback, and we are developing a behaviour framework to support this.

Over the coming weeks and months, staff will start to see these being embedded and lived across our Trust.

**York trust will be aware of the recently announced planned cuts to childrens services by NYCC in regard to mandatory health visiting in Scarborough and Ryedale, as well as the potential for 37 staff redundancies. We appreciate York do not directly provide those services, so to avoid a response which 'passes the buck' to NYCC and Harrogate Trust we would like to know the following.**

**37. What do you think the likely impact will be on childrens health?**

**Answer:** We do not provide the service, and cannot speculate as to whether or not there will be an impact.

**38. What is likely to be the effect of these cuts on NHS childrens services?**

**Answer:** As we do not deliver the service we have had no involvement in discussions relating to future service provision or any potential impact. The Children’s services have well established pathways for specialist input from a paediatrician both non-electively and electively and these pathway and referral methods will remain available for primary care practitioners and members of the public to access should it be deemed appropriate.

**39. What plans are being developed by York Trust to counter the effect of these cuts?**

**Answer:** See question 37 and 38.

**The York Trust Governors section of your website now states that “Governors and the Trust want to be as helpful as possible to you when you ask us a question. To make sure that you get the most appropriate answer, Governors have asked the Foundation Trust Secretary to reply to you if it might be more suitable for your question to be asked at the next Board of Directors meeting. If this is the case, your question and the Board of Directors’ reply will also be reported to the Governors at the next Council of Governors meeting.” We appreciate that some questions might be appropriate for the Board to consider as well, but we wish to ensure, that the Governors, who have a “statutory duty” to represent public views, are also aware of ALL questions and have the opportunity to contribute.**

**40. How will the new arrangements ensure the Governors are given the opportunity to adequately make those public views known to the Board?**

**Answer:** The Lead Governor is copied into all the questions received and the governors receive a copy of the questions and answers. The Governors also put in place an opportunity to meet members of the public before each public Council meeting so that they are aware of any issues members of the public attending wish to discuss. The Lead Governor is involved in the discussions about agendas and Governors also have opportunities to raise any items that they would like putting on the agenda.

**41. How will York Trust ensure that even further delays to answers do not occur, given the already considerable delays, due to only quarterly Governors meetings?**

**Answer:** The Council of Governors has always met quarterly and every effort is made to answer questions that are received at the meeting. Should any questions be received outside of the meetings, they will also be answered in a timely manner and the question and response taken to the next Council meeting to make it a public

record. Members of the public can also pose questions to the Board of Directors which meets in public every other month.

**42. How will those posing the questions be kept informed of progress, the responses and when to expect them?**

**Answer:** Those people posing questions have done so to date, in advance of a meeting. They are informed that the questions will be taken to the meeting and following this they receive a copy of the questions and answers.

**Questions from Nigel Smith – Defend our NHS (York)**

**43. In light of York NHS Trust’s statement that “In our view we are protecting facilities staff from market testing or cuts to the operating budget,” are there any plans to extend the limited liability company (YTHFM) to other staff eg care or nursing staff, or to set up a similar company for those staff?**

**Answer:** YTHFM was established to provide support services to the clinical teams. Whilst there may be opportunities to grow the range of services provided by YTHFM there are no plans to deliver clinical services, and there are currently no plans to transfer other groups of staff into the LLP.

**44. Are any new staff employed by YTFMH guaranteed the same pay and conditions, including pension rights as those employed prior to YTFMH being set up and if they are, are these conditions guaranteed indefinitely?**

**Answer:** New staff joining the LLP are placed on the same terms and conditions as their colleagues. There are no plans to change this. The exception is in relation to their pension. New staff joining the LLP are currently offered the NEST pension scheme. This will continue until the LLP receives confirmation our application to the NHS Pension Scheme for ‘Open Direction’ is approved. Once we receive this approval the intention will be to encourage staff to move from the NEST scheme to the NHS Pension Scheme.

**45. It appears that the approach to leadership at York NHS Trust reflects a corporate model. A hospital is not a factory, in fact a hospital has a far more complex set of considerations especially around patient welfare than any factory. Does the Trust believe that an MBA is of greater or lesser value than a medical or nursing qualification when deciding how to best meet the needs of patients at York NHS Trust?**

**Answer:** All positions within the Trust (and the LLP) have a job description and a person specification. The latter outlines the knowledge, skills and experience required to undertake the role. For clinical roles, these requirements are largely determined by regulatory bodies. The level of role and therefore pay attributable to the role is determined by a robust job evaluation process which ‘matches’ job roles to national profiles. This process is undertaken in partnership between Human Resources and trade union colleagues.

## Council of Governors – 11 March 2020 Transport Update

### Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

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### Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

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### Purpose of the Report

To provide the Council of Governors with an update on recent developments regarding patient transport in the geographical area covered by York Teaching Hospital NHS Foundation Trust.

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### Executive Summary – Key Points

The paper describes the various transport options available for patients and the action the trust has taken to make patients aware of these options.

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### Recommendation

The Council of Governors is asked to note the paper.

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Author: Susan Symington, Chair

Director Sponsor: Susan Symington, Chair

Date: 11 March 2020

## 1. Introduction and Background

Patient transport has been a significant preoccupation of mine since the changes to breast oncology in Scarborough in March 2019. Since then I have made it my business to learn more about patient transport services and options.

The provision of patient transport services is not a service which our trust is commissioned to deliver. It is a service commissioned by our Clinical Commissioning Groups, however it is an important element our patients' experience of services at our trust, and for this reason it really matters to our trust.

## 2. Existing transport services

My extensive research into patient transport reveals that services are available to help patients travel to appointments. These include:

- Commissioned patient transport services, provided by Yorkshire Ambulance Service
- Public transport – although it is recognised that this is limited in many areas served by our trust
- Community transport options, including Ryedale Community Transport, Dial-a-Ride, Go-Local Community Transport, Medibus and York Wheels.

Some patients may also be able to claim a refund for their transport costs through the Healthcare Travel Costs Scheme.

## 3. Steps the trust is taking to support patients

In a bid to more easily signpost patients and their relatives and carers to information about these options, a leaflet was developed that brings together all of the current support as described in section 2 above. A copy of this leaflet is attached to this paper.

Clinics that require patients who live on the East Coast to travel to York Hospital were identified, and the leaflet is now sent out to patients with their appointment letter. Over 9,000 letters have been sent with this information since November 2019 for the three highest volume clinics alone.

Since we began posting out this information with our appointment letters I have been keeping a keen interest in whether or not this is proving to be helpful. For example, I have heard from Dial-a-Ride that there has been a significant uptake in their service since we began helping to raise awareness, which suggests it is a useful and valued service for our patients.

Comprehensive information is also available on the trust's website, including directions and information about how to get to each of our hospitals if you are visiting from further afield. A link to this information is included in all appointments letters sent by the trust.

Our Trust Travel Plan was approved in March 2019 and focuses, as all travel plans do, on promoting a move to more sustainable transport options. The purpose of the travel plan is to promote sustainable transport and establish a platform to achieve national NHS targets for carbon reduction. The trust works closely with local authorities to promote sustainable transport regionally. The challenge we face is that our geography and demographics mean that a change is not possible or practical for all.

The trust's travel plan covers operational, staff and *some* patient and visitor travel - all of which present issues that are difficult to resolve with the limited resource we have. As our Trust covers a very large geographical area, a lot of which is rural, we know there are many challenges in terms of patient and visitor access. Patient transport sits outside of the Trust travel plan, being covered under the current arrangement between the CCGs and Yorkshire Ambulance Service, and the CCGs the Clinical Commissioning Groups (CCGs) hold contractual and financial responsibility for all non-emergency patient transport services.

We have been an active member of a high-level partnership over the last year to improve the A64 between York and Malton and are awaiting a response from central government to grant funding for the project.

#### 4. Next steps

As part of the Scarborough Acute Service Review a transport group is being established, coordinated by the North Yorkshire CCGs. This group, which will include local authorities and transport providers as well as health and social care organisations, will look for solutions to the travel and transport difficulties facing local residents in relation to accessing healthcare.



**If you, or someone you are caring for has to travel for a hospital appointment and you need help to do this, here is some important information to help you make your travel plans.**

## **Patient Transport Service**

Patient Transport Service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition:

- if you need the skills or support of trained staff on or after your journey;
- if it would be detrimental to your health to travel by any other means;
- if your mobility prevents you from using any other source of transport; or
- if you are a parent or guardian of a child requiring transport.

In this area the service is provided by Yorkshire Ambulance Service. To find out more visit [www.yas.nhs.uk/our-services/patient-transport-service-pts/](http://www.yas.nhs.uk/our-services/patient-transport-service-pts/)

You can book by contacting the reservations team on 0300 330 2000 between 08.00am-6.00pm.

Your GP will also be able to help you book this service.

If you have repeat appointments with your consultant, their administration team will be able to help you too. You can also discuss appointment times to ensure that your appointment is set for a time which works with your travel plans.

## **Refund of hospital transport costs**

You may be able to claim a refund for the cost of your transport to hospital through the Healthcare Travel Costs Scheme (HTCS).

Visit [www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/](http://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/) for more information on who is eligible, what the conditions are and how you can access the scheme.

## **Driving**

If you are driving to York, why not use Park and Ride to make your journey and parking easier? The 'Hospital Bus' from Rawcliffe Bar Park and Ride drops visitors off on site, just a few steps away from the main entrance.

The service operates every 20 minutes between 06.00am and 8:30pm, Monday to Friday. The return fare is £3.20.

There is a large multi-storey car park at York Hospital. Visitors are required to pay for parking between 7.30am and 8.00pm. The car park operates on a barrier/pay on exit system and payments can be made by cash or card.

The Trust offers a number of concessions to visitors and patients who attend the hospital regularly or for long periods of time. To obtain any of these concessions please see ward or unit staff.

## **Taking the train**

York Station is just over a mile from York Hospital.

There is a taxi station directly outside the station. The cost of a one way fare is between £5-7.

## **Dial-a-Ride**

Scarborough Dial-a-Ride provide fully accessible, door to door minibus transport to the hospital for those who are either retired, have some form of disability or who have difficulty using other forms of transport.

For more information call 01723 354434 or visit [www.scarboroughdialaride.org/](http://www.scarboroughdialaride.org/)

## **Ryedale Community Transport**

Ryedale Community Transport is a registered charity providing affordable rural transport solutions for disadvantaged people.

You can book a journey by calling 01653 698 888, 9.30am-2.30pm, Monday to Friday. Alternatively, you can email the details of the journey you require to [bookings@ryedalect.org](mailto:bookings@ryedalect.org)

More information about the services they offer visit [www.ryedalect.org/](http://www.ryedalect.org/)

## **Go-Local Community Transport**

Community transport is a not for profit transport provision, run by the community, for the community. Whether it's a journey you make every day or a one-off trip, community transport can help to get you where you need to be. You can learn more by visiting their website [www.golocal-northyorks.community/#about](http://www.golocal-northyorks.community/#about)

## **York Wheels**

If you are elderly or have a disability, York Wheels offer door to door transport by car or mini bus. The mini bus has a lift for wheelchair users. To book your journey call 01904 630080 or visit [www.yorkwheels.org.uk/](http://www.yorkwheels.org.uk/)

## **Medibus**

Medibus services provide residents of East Riding of Yorkshire with transport from their front door to local hospitals, doctors' surgeries, clinics and dentists. All the vehicles used on the service are wheelchair accessible.

To book a journey call 03456 445959, 8.30am-4.00pm, Monday to Friday. Alternatively, you can email the details of the journey you require, including your contact details [passengerbookings@eastriding.gov.uk](mailto:passengerbookings@eastriding.gov.uk)