

## **Transport to Health**

**Initial findings from members of the Community Transport Association in Scotland.**

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## What is the Community Transport Association?

The Community Transport Association (CTA) is the national charity that represents and supports providers of community transport - thousands of local charities and community groups in all parts of the UK that provide transport services which fulfil a social purpose and community benefit.

Our vision is of a world where people can shape and create their own accessible and inclusive transport solutions and our mission is to achieve this through championing accessible and inclusive transport, connecting people and ideas, and by strengthening our members and raising standards.

We do this by contributing to the formation of public policy that affects our sector and their service users and showing how better outcomes are achieved for people and communities when they have access to community transport. We create partnerships with like-minded organisations across all sectors; manage a national programme of quality assured education and training; provide comprehensive advice and guidance to those delivering community transport; and we take every opportunity to champion the vital and indispensable work that our members do.

In Scotland, CTA represents over 130 charitable organisations who offer transport; generally by minibus or car scheme. CT is a lifeline for over 100,000 Scots. For those who cannot access public or private transport it may be the only way they're able to attend health appointments, see loved ones or engage with their local community.

### 1.0 Research Focus

The intention of this research is to investigate barriers and challenges associated with Transport to Health journeys administered by Community Transport Operators (CTOs). This will be achieved through a wide-ranging consultative process with Scottish CTOs who are members of the Community Transport Association. The main themes which arise throughout the consultation process, will be collected, coded and analysed into a comprehensive framework. Contributors to research will partake fully on a self-nominated basis. An inclusive methodology is a key aspect of this research. The researcher hopes that this will set this particular study apart from previous reports completed in this area. The researcher intends to gather information from study participants in their own words reflective of their own experiences and perceptions.

This report outlines the research methodology and results gathered from phase one (the initial phase) of an extensive two phase research project. Phase one refers specifically to the 'Quantitative' phase of data collection. Phase two of this research project the 'Qualitative' phase of enquiry will focus on in-depth one-to-one interviews with select research participants. Phase two of the research project is yet to be completed.

The Community Transport Association understands the importance and breadth of this enquiry and is committed to the investigation.

## 2.0 Research Justification

In our role as a membership organization for Community Transport providers across the UK, the CTA often hears about members offering some form of Transport to Health. In the Scotland team's interaction with our members, we have heard anecdotally of the poor funding arrangements offered by Local Authorities, and the lack of other options available. We have also been informed of how complex a landscape many find the health sector to be. In our work with other organizations like the Mobility and Access Committee Scotland and Voluntary Health Scotland, it has become clear to us that there is a need for both quantitative and qualitative research.

In order to design adequate and appropriate interventions to support community transport operators it is important to conduct research from a bottom up approach. Currently there is limited available research in this area and more specifically, exclusive to Scotland.

Whilst we are predominantly directed by the needs of our members, CTA recognizes that this research and the recommendations that come from it will have broader consequences for the organizations we represent. Missed appointments and readmissions cost the NHS in Scotland millions of pounds every year – funds that would be better spent on direct care. This reality was noted by Rachael Hamilton MSP in a recent debate on the Transport (Scotland) Bill.

### ***On Readmissions:***

*“Community transport operators are well placed to help people in hospital return scenarios, for example. Indeed, the chief executive of the British Red Cross said in the 2018 report “In and out of hospital” that home assessments that are carried out by transport operators as patients return home can reduce readmission rates. Checking that patients take their medication and that the heating is on, and ensuring that there is food in the house will help patients to feel more comfortable and allow them to continue their recovery. Those are all tasks that community transport operators already carry out with their passengers, and they will bring community benefit to the area in better outcomes for patients and saving health boards money as a result of fewer readmissions.”*

### ***On Missed Appointments:***

*I refer to my constituency as an example. In the Borders, such missed appointments cost £1 million in 2016, and £15 million has been spent on taxis over the past three years. That proves that demand for patient transport services is outstripping demand.*

It is clear to us at the Community Transport Association (CTA) that the NHS in Scotland's focus on improved joint use of resources between themselves and Local Authorities can be fundamentally enhanced by closer work with and stronger funding of CTOs offering Transport to Health.

As well as evident savings to the NHS, better Transport to Health is of course enormously important for patients and their loved ones. Healthcare is recognised as a Human Right by the Scottish Government and NHS Scotland:

*“The right to health is a fundamental human right. It means the right of everyone to the highest attainable standard of physical and mental health.*

*For this to happen, services and systems that help us to live long healthy lives should be*

- *accessible*
- *available*
- *appropriate*
- *High quality*

As Accessibility is one of the four cornerstones of this right, it is the opinion of the CTA that NHS Scotland, Health Boards, Joint Health and Social Care Boards, Local Authorities and the Scottish government must recognize, respect and remunerate Community Transport operators delivering transport to health.

## **3.0 Research Methodology**

### **3.1 Introduction**

The methodology that was undertaken can be explained as to how research was approached. It refers to a set of procedures or choices implemented by the researcher. Choices about what information and data to gather, choices about how to gather and analyze the information and choices about what methods to use to achieve this. There are several validated definitions of research methods. For this project, the researcher utilized the definition of methodology written by Cohen and Mannion 1994. This method helps its readers “understand not the products of enquiry but the process by which the enquiry takes place” (Cohen et al, 1994). The ability of the researcher to justify the methodology chosen gave validity and reliability to the research findings. For this enquiry the researcher utilized a

quantitative research approach to gather data by use of questionnaire. Findings were analysed using Excel spreadsheet software, a powerful data analysis and visualization tool.

The researcher designed the research question and methodology in an ethically appropriate manner. The questionnaire was designed, monitored and facilitated solely by the researcher.

### **3.2 Research design**

In order to fulfil the objectives of this study a quantitative research approach was utilized. The purpose of quantitative research is to yield an unbiased result that can be generalized to some larger population. A questionnaire composed of five closed ended questions was distributed to the study cohort. Closed ended questions refer to questions that provide a definitive answer, for example 'yes' or 'no'.

This method employs a systematic approach to investigating phenomenon via statistics. Additionally, the questionnaire provided two 'additional comments' sections. This gave the participants the opportunity to use their own words to describe their experiences opposed to response categories provided by quantitative methods. In conjunction to the closed ended questions these sections were inputted as a means of informing phase two the 'Qualitative data collection phase' of the research project.

### **3.3 Research setting and participants**

The researcher considered it imperative to utilize a fully inclusive methodology for this study. This was implemented to overcome potential research fatigue experienced by study participants. Prior to designing the research questionnaire the researcher engaged in informal meetings with CTO's who conduct Transport to Health journeys and relevant bodies involved in the transport sector. These conversations were undertaken on the basis of building a rapport with potential study participants and study informants. Purposefully, this was to reduce bias or confounding which potentially could result in exclusion. As such, these conversations reassured the researcher that the research subject is relevant and valued. Taking appropriate measures to ensure an inclusive methodology has greatly enriched the experience of the researcher and the study participants. It enabled the researcher to represent study participants in an honest and informative light.

### 3.4 Data collection methods

For data collection, a questionnaire was distributed via email to all 63 primary purpose Scottish members of the Community Transport Association. Keeping within the timeframe of the research project a window from the 9th of September – 9th of October 2019 was dedicated to the quantitative data collection phase. A correspondence rate of 64% (40 questionnaires) was achieved. Once all the questionnaires were gathered the researcher collated the data in preparation for data analysis. Figure 1.0 refers to a visual representation of the sampling process employed.

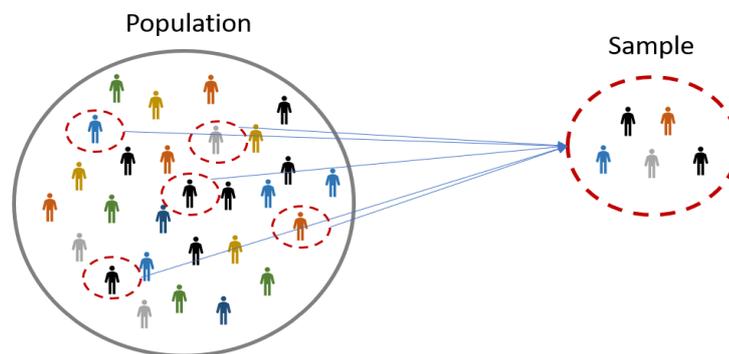


Fig 1.0

### 3.5 Data Analysis

The researcher utilized descriptive quantitative research analysis for the closed-ended questions in the questionnaire. This method of analysis has been deemed the most appropriate and applicable to the particular research topic. Descriptive research primarily focuses on describing the nature of the demographic segment, 'what' is happening rather than 'why'. Analysis of 'why' was extracted from the 'additional comments' sections of the questionnaire and will predominantly be used to inform Phase Two the 'qualitative' phase of the research project. The findings were analysed in Excel to look for visual and statistical differences in the data. The score was calculated using the following weightings; YES=1, NO=2.

Essentially, descriptive quantitative data analysis focuses on the transference of people/populations to numbers/figure, as illustrated in figure 1.1.



Fig 1.1

### 3.6 'Additional Comments' textboxes

The purpose of the 'additional comments' textboxes in the questionnaire is to inform phase two, the 'qualitative' phase of enquiry. As previously outlined this report is focused exclusively on the quantitative data collection phase. In preparation for phase two of the project, the researcher analysed textboxes presented in the questionnaire by means of thematic analysis. Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data.

Upon reading the responses the author developed a coding system for important parts of the data. Acknowledging each and every response, the researcher developed a code framework. Emerging themes and sub-themes comprising the codes developed by the researcher were formulated. Categories which most accurately represented developed themes and sub-themes were formulated. Each category was then reviewed for cohesion and data sufficiency. See figure 1.2 for visual representation of thematic analysis.

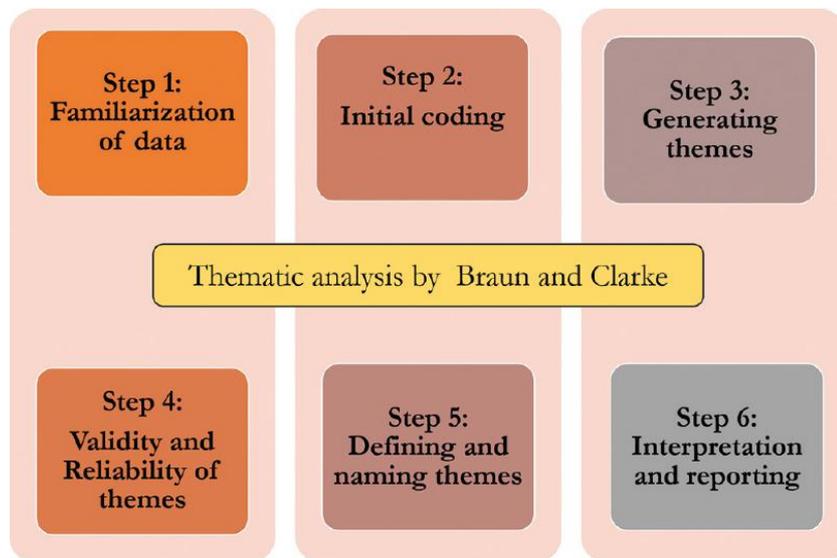


Fig 1.2

## 4.0 Results

### Quantitative Data

	YES	NO
Q1. Does your organization operate transport to health?	79%	21%
Q1.1. At what level does your organization operate transport to health?		
At a local level (GP appointment, physio)	76%	24%
To hospital appointments	58%	42%
Q2. Does your organization receive funding specifically for transport to health?	26%	74%
Q2.1 Does this funding effectively finance the service you provide?	26%	74%
Q2.2 Do you have to charge users a nominal fee towards the cost of the journey?	45%	55%
Q3. Has your organization received requests for transport to health appointments that they have had to refuse?	61%	39%

Q4. Who has asked your community transport organization to administer transport to health journeys?		
Local authority	18%	82%
NHS	32%	68%
Patients	68%	32%
Q5. Is your transport to health scheme operated by volunteer drivers?	61%	39%

### Coding framework for the 'Additional Comments' textboxes

Resource Barriers	Systematic Inconsistencies
Administration Volunteers Lack of existing data and research Marketing approach	Accountability Management & administration Funding

## 5.0 Limitations

Limitations to the study should be taken into consideration when appraising the research findings and recommendations.

Naturally there are limitations associated with using a questionnaire as a means of data collection. Firstly, a disadvantage of questionnaires is the inability to probe responses. Questionnaires are structured instruments. They allow little flexibility to the respondent with respect to response format. In essence, they often lose the "flavour of the response". The researcher partially overcame this issue

with the inclusion of 'additional comments' textboxes. Nonetheless communication is to a degree lost. Furthermore visual communication is lost.

Secondly, data collection was limited exclusively to Scottish CTA members, excluding community transport operators who are not members of CTA.

## 6.0 Recommendations

The research findings have identified key factors in relation to barriers and challenges associated with CTOs administering Transport to Health journeys. Based on these key factors the researcher has formulated a series of recommendations. This study merely scratched the surface of a largely under-researched area. For future research the application of a synergized approach to research and investigation needs to be employed.

- The researcher predominantly recommends that future research in this domain is undertaken from a multidisciplinary approach.
- The researcher recommends a scale up of existing research, data management and collation relating to transport to health/innovations in non-emergency patient transport.
- Existing recommendations/action plans which have emerged from previous studies largely focus on 'the bigger picture'. Although this is a step in the right direction it still poses the question 'who should be held accountable for undertaking this action plan?' The researcher recommends that action plans are broken down and made applicable to grass roots organizations.
- In reference to the previous recommendation, the researcher suggests that community transport operators record their transport to health activity.
- Notable discrepancies exist in the way community transport operators are funded/commissioned to administer transport to health journeys. This tends to be a very grey area often disadvantaging community transport operators. The researcher recommends a standardized system/framework that employs a level of flexibility, thus can be applied on a regional or case by case basis. Purposefully, this will offer a level of protection to community transport operators.

- The researcher recommends a synergized approach to management and administration of transport to health journeys. The findings suggest that community transport operators are under resourced, which is evident by the refusal rate of transport to health requests received by organizations. A level of support is required from NHS/ambulance service to effectively and efficiently administer this service.
- Many community transport operators do not specifically label their transport to health activity, despite the fact they are executing multiple journeys every day, week and year. This results in inadequate recognition from health boards, thus impeding their ability to be funded appropriately. The researcher recommends that community transport operators adapt a 'marketing strategy' that highlights the amazing work that they do. Effectively, this is a marketing ploy to gain the recognition they deserve.