



Transport to Health Services Survey Report

Prepared by Healthwatch Devon: October 2014

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About this report

This report has been produced by Healthwatch Devon - the independent consumer champion for health and social care in Devon, in line with our remit under s221 of the Local Government and Public Involvement in Health Act 2007.

The report is presented for consideration by:

- Health and social care commissioners in the Northern, Eastern and Western Devon Clinical Commissioning Group area, and in the South Devon and Torbay Clinical Commissioning Group area.
- Health service providers and providers of patient and public transport services.
- The Devon Health and Wellbeing Board and the Health and Wellbeing Scrutiny Committee
- Users of patient and public transport services and the general public.

Healthwatch Devon would like to thank everyone who took the time to respond to this survey, as well as the organisations and individuals who helped to promote the survey through their own networks.

Registered Charity Number: 1155202 Healthwatch Devon CIO

Introduction

We all know that transport is a big issue in a large rural county like Devon. It affects people's access to jobs, schools, and of course, health and care services.

People who are dependent on public or patient transport services to get to health and care services may be vulnerable, especially if they need to travel long distances, or make frequent short journeys for appointments. People who miss appointments because of transport difficulties may experience poorer health as a result. And missed appointments represent an unnecessary extra cost to the NHS.

Healthwatch Devon has had frequent feedback from Devon residents about concerns with transport services. So we wanted to look more closely at the issue, getting views on what works - and doesn't - from the patient's perspective.

This report sets out what we heard.

Key findings

- 1 in 5 people said the transport they use is either not convenient, or prompt or affordable.
- Nearly two thirds of respondents did not know it was possible to get help with travel costs, or did not know how to make a claim.
- Patient Transport Service drivers are widely praised for goodwill and courtesy. The Single Point of Contact (SPOC) scheme is seen as a model of good practice. But punctuality is a problem, and one provider in particular has been the cause of numerous complaints.
- Bus services feature long journeys, complicated timetables and lack of connections. Early morning appointments are difficult to get to by bus, journeys are long, and evening appointments are hard to get home from. People with bus passes may not be able to use them on early buses.
- Travelling distance matters. The further away a service, the harder it is to get there if you are reliant on public transport. And the harder it is for friends and relatives to visit or offer practical support.
- Parking is difficult for some car drivers, with inadequacy of spaces, and long walking distances from car park to building. But the Park and Ride scheme for the Royal Devon and Exeter hospital was praised for convenience and accessibility.
- Cost is a concern - particularly when bus users have to go by taxi instead. The possibility, in some cases, to reclaim travel costs, is not well known.

Summary of Recommendations

Commissioners

1. Procurement and tendering linked to "Transforming Community Services" initiatives in the NEW Devon and South Devon and Torbay CCG areas should include measures to improve transport access to such services.
2. The NEW Devon CCG should continue to keep the general public informed on progress to remedy the failings in the NSL contract identified by the Care Quality Commission.
3. Devon County Council should ensure continuing support for community transport, having regard to the social and financial value of such schemes.

Providers

4. Providers should check transport needs at the point at which appointments are made. Patient records should note whether there is a reliance on public or patient transport. Provider staff making appointments should have ready access to information on public/patient transport services and financial assistance.
5. People making use of bus passes should have appointments to fit with times when bus passes can be used. Where early appointments are unavoidable, transport providers should accept the bus pass as valid. Or providers could consider flexing refund schemes to help bus pass users.
6. Where car parking charges are applied at healthcare provider sites, there should be consistency in how Blue Badge holders are treated. Information about help with parking costs should be clearly displayed alongside ticket machines.
7. Befriending schemes could consider how to develop or publicise "travel companion" schemes to accompany vulnerable people to and from appointments.

While Healthwatch Devon does not have a formal remit in respect of recommendations to other bodies, we would offer the following as points for consideration:

Devon Health and Wellbeing Board

8. The Board should agree a definition of "isolated communities", and adopt an "available, accessible, affordable and acceptable" test for patient transport.

Devon Health and Wellbeing Scrutiny Committee

9. The Committee could ask providers to check that passenger transport in isolated communities addresses the needs of all vulnerable groups, and that policy makers are not making trade-offs.

Healthwatch Devon looks forward to receiving formal responses to recommendations 1-7 above, and would appreciate feedback from the relevant bodies on recommendations 8 and 9. We are keen to offer further dialogue and practical support on these matters, if requested.

Why we ran the survey

In line with Equality legislation, the principles of the NHS Constitution and the newly emerging Healthwatch England Charter of Rights, everyone should be able to exercise the right to access services on an equitable basis. Services that you need should be available when you need them and in a way that works for you and your family.

In a county like Devon, availability of suitable transport can make all the difference. For people who don't have their own transport, there ought to be suitable alternatives. Whoever you are and wherever you are, you should be able to get to the health and care services you need.

Local Context

Throughout our first year of operation (2013-14), Healthwatch Devon received feedback from the public indicating that people are experiencing difficulties in getting to and from their health care appointments. Delays in patient transport arriving, poor bus connections, hospital parking costs, and accessibility of public transport for people with physical disabilities, are all issues that were brought to our attention during our first year.

In March 2013, the Devon Health Scrutiny Committee revisited the recommendations made in their *Rural Access to Health* report, published in 2010. The refreshed report¹ recognises the extensive work undertaken to improve access to health services for people in rural areas. The report also acknowledges that there is still room for improvement to ensure that access to healthcare is possible and acceptable for all Devon residents.

On 1st October 2013, NSL Care Services became the contracted provider of Patient Transport Services (PTS) for the NHS in North and East Devon. On 1st October 2013 ERS became the contracted provider for the NHS in the Western Locality of Devon, i.e. Plymouth boundary. Early this year, we began to hear of concerns from people about the quality of the service they were receiving.

All of these factors prompted us, in May 2014, to find out if others were experiencing similar issues to those we had already heard about.

National Context

Devon is not alone in facing challenges over transport. Just after we ran the survey on which this report is based, the House of Commons Transport Committee published its own report entitled "Passenger transport in isolated communities". (July 2014).

We were particularly struck by two recommendations:

- Recommendation 1 was that the Department for Transport should draft a definition of 'isolated communities' and then actively promote its use across Government Departments to facilitate joined-up policy making.
- Recommendation 3 tackled the issue of vulnerable groups. It said that, "passenger transport in isolated communities must address the needs of all vulnerable groups... policy makers must avoid trade-offs between generations or between vulnerable groups of people".

These are important points, which are discussed further in this report (page 21).

¹ <http://www.devon.gov.uk/cs1311-rural-access-to-health-refresh.pdf>

How we ran the survey

In April 2014 we designed a set of survey questions aimed at individual members of the public. We wanted to find out:

- What public and patient transport services people use to get to the health and care services they need
- Whether people are aware of the full range of transport services available to them
- Whether those services are accessible and affordable
- How people think transport to health and care services could be improved

The survey was launched on the 1st May 2014 and was available online and in hard copy formats (see Appendix 1). People could also complete the survey over the telephone. Devon Link-Up facilitated focus group sessions to enable people with learning disabilities to take part, and the Devon Disability Network encouraged participation from people with physical and sensory disabilities.

We used print and broadcast media to get the message out, and the survey was also promoted throughout the Healthwatch Devon network, including our key service delivery partners.

A toolkit, with a press release, a hand-out flyer and hard copy surveys, was issued to partners to help them get a good volume and quality of returns. A QR code on the printed material allowed people with smart phones to access and complete the survey online. The link to the online survey was regularly promoted through social media, using #transporttohealth on Twitter.

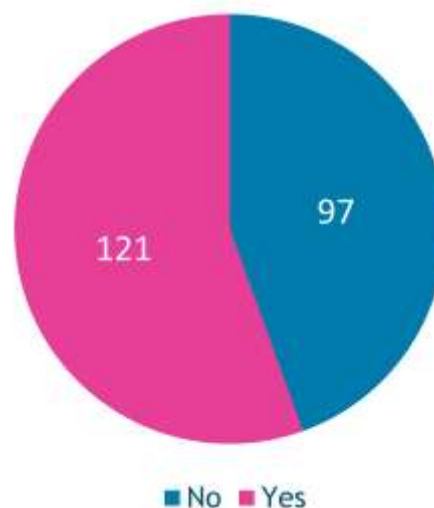
The survey closed on the 26th May. In total, 230 responses were received. 111 respondents provided further details in the comments box in relation to their experiences or concerns and their ideas for improvement. A further 43 people shared their views and experiences with Healthwatch Devon using our standard Speak Out form, giving us 273 responses in total. A breakdown of survey respondents can be seen in Appendix 2.

Figure 1

Survey Results: Statistics

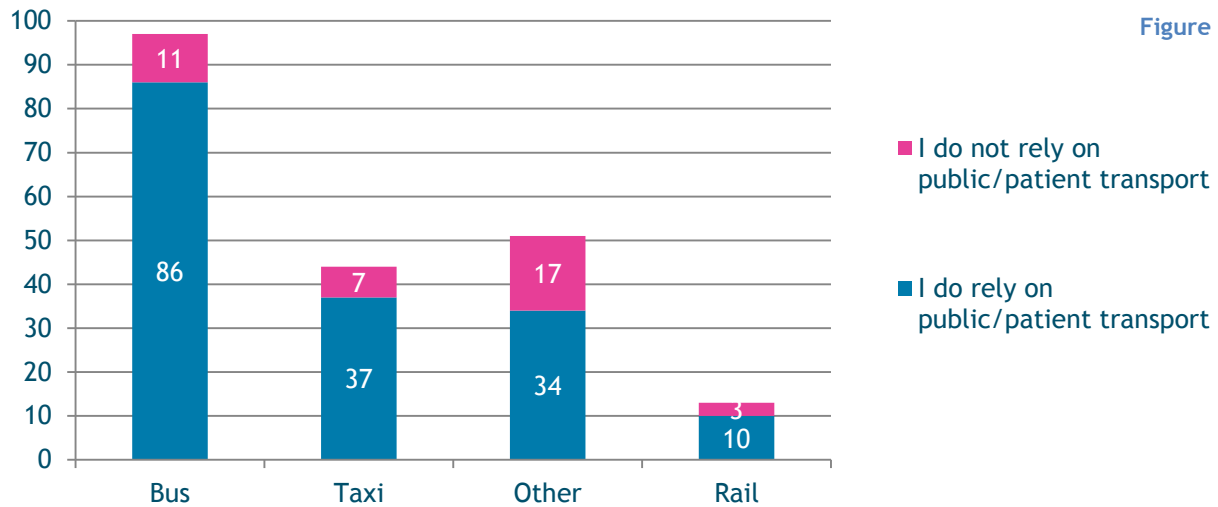
Question 1: Do you (or the person you care for) rely on public or patient transport to get to the health or care services you need?

- 218 (80%) of respondents answered this question
- More than half (56%) of those who responded said they do rely on public or patient transport to get to the services they need



Question 2: Which public transport services do you use to get to your appointments?

Respondents were asked to tick all that applied to them



- 98 (33%) of respondents answered this question. (Please note that the total on the chart is more because some respondents use more than one form of transport).
- The majority of respondents who rely on public or patient transport to get to their appointments ticked 'bus'
- The majority of those who do not rely on public or patient transport to get to their appointments ticked 'other'

Of the 37 respondents who ticked 'other' and specified which transport they use, the results are as follows:

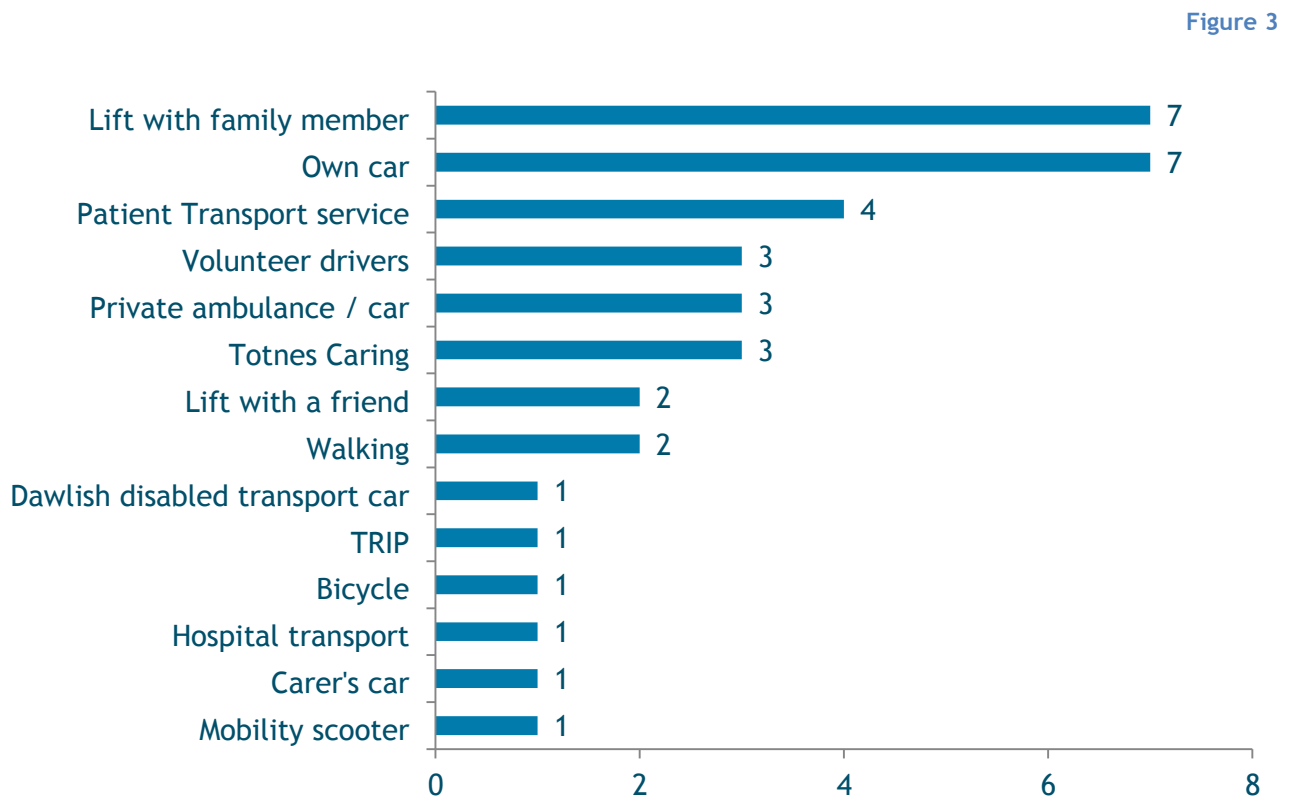
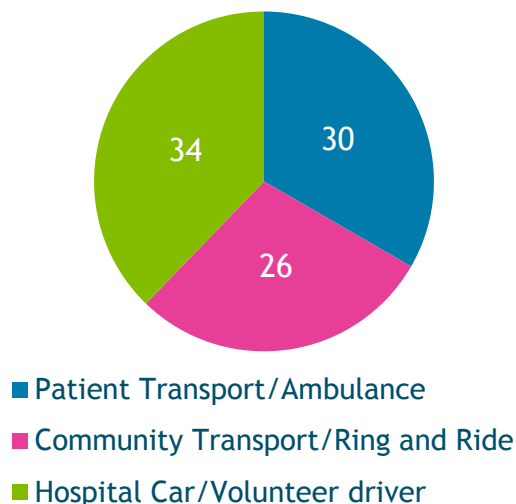


Figure 4

Question3: Which patient transport services have you used to get to your appointments?

- Respondents were asked to tick all that applied to them
- 174 (64%) of respondents answered this question
- More than half of respondents had not used any patient transport services
- 90 respondents identified a type of patient transport
- Use of the three types identified was fairly evenly spread, at roughly a third each.



Question 3a: When asked why they do not use a patient transport service, the results are as follows:

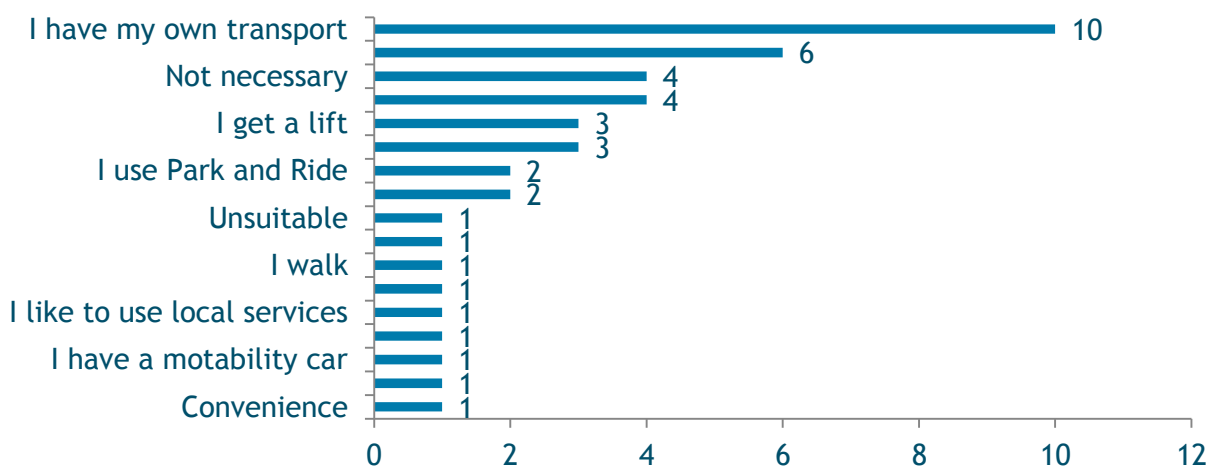
Figure 5



- 126 (46%) of respondents answered this question
- Nearly a third (31%) of respondents did not know that patient transport services existed
- A quarter (25%) of respondents did not know how to book them
- More than a third (34%) of respondents had another reason for not using patient transport services

The reasons provided by the 43 respondents who do not use patient transport services are as follows:

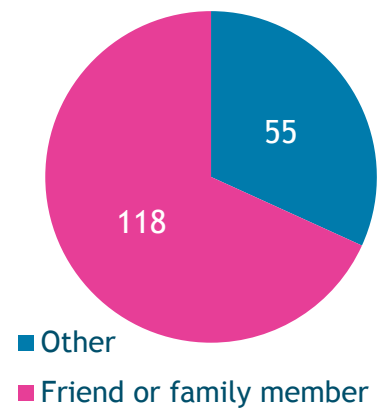
Figure 6



Question 4: Which other transport have you used to get to your appointments?

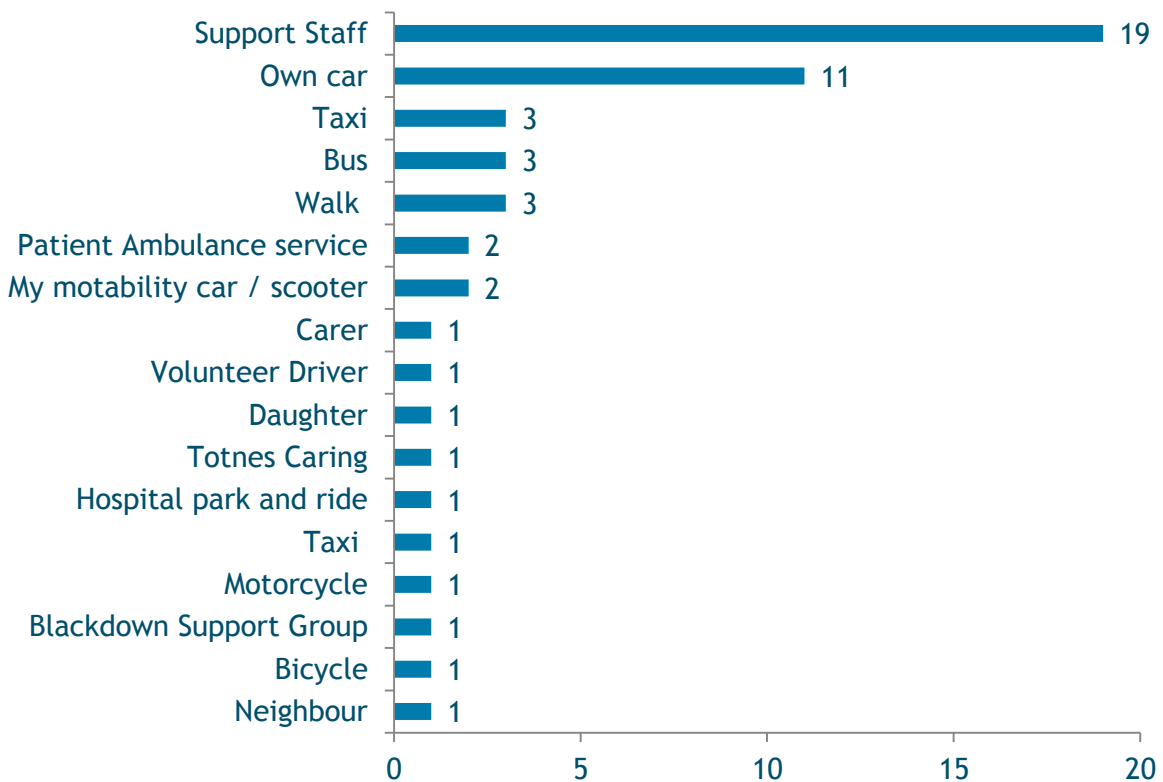
Figure 7

- 155 (57%) of respondents answered this question
- 18 people ticked both 'friend or family member' and 'other'
- Nearly three quarters (68%) of respondents had been assisted by friends or family members
- Just over a quarter (32%) had used another form of transport to get to their appointments



53 respondents who ticked 'other' provided further information, which is shown in the chart below:

Figure 8



Question 5: This question was split into three sections, asking respondents whether the transport they use is convenient, prompt and affordable.

Is the transport you use convenient?

- 158 (58%) of respondents answered this question
- The majority of respondents (82%) said that the transport that they use is convenient for them, but this means that around 1 in 5 (18%) do not find it convenient.

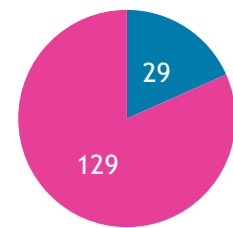


Figure 9

- No
- Yes

Is the transport you use prompt?

- 136 (50%) of respondents answered this question
- The majority of respondents (81%) said the transport that they use is prompt
- Around a fifth (19%) did not think that transport that they use is prompt

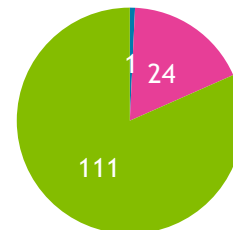


Figure 10

- It varies
- No
- Yes

Is the transport you use affordable?

- 135 (49%) of respondents answered this question
- The majority of respondents (82%) said the transport that they use is affordable
- Around a fifth (18%) said the transport they use is not affordable.

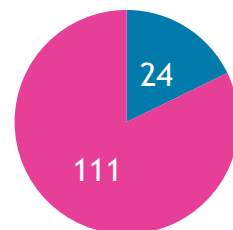


Figure 11

- No
- Yes

Question 5a: Do you claim financial help with your travel costs?

- 140 (51%) of respondents answered this question
- 13% of respondents claim financial assistance for their travel costs to health services
- The majority of people who responded to this question (87%) do not claim financial assistance

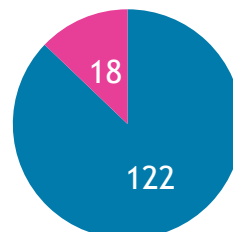


Figure 12

- No
- Yes

Question 5b: Why do you not claim financial help for your travel costs?

- 128 (47%) of respondents answered this question
- Just over half of those (51%) did not know it was possible to make a claim
- 8% of respondents have tried to claim but do not qualify for assistance
- A further 11% do not know how to make a claim for financial assistance
- A third of respondents ticked 'other' of which one person said "*it's embarrassing claiming for money*", four said there was "*no need*" and another four said they "*use a bus pass*"

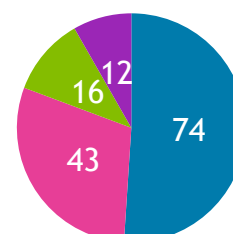


Figure 13

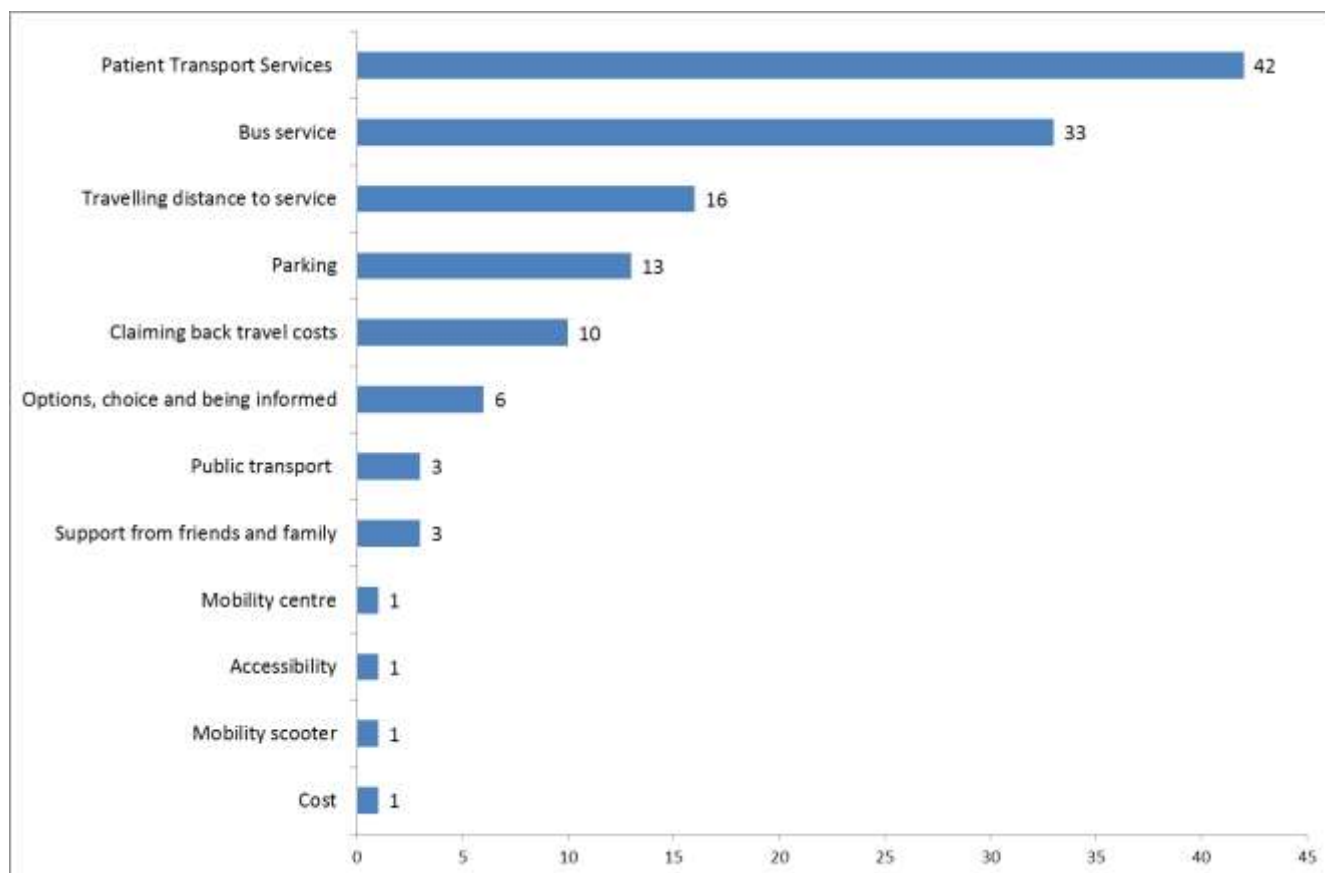
- I did not know it was possible to make a claim
- Other
- I don't know how to make a claim
- I have tried but I do not qualify for help

Survey Results: Testimony

130 (48%) respondents shared information with us about their experiences of travelling to health services.

The top 5 issues were:

- Patient and Community Transport Services
- Bus services
- Travelling distance
- Parking
- Cost



Details on each of these, (plus some further feedback on alternative transport), is as follows:

Top issues: No. 1 - Patient and Community Transport Services

Several respondents expressed their satisfaction with patient and community transport services. One said *“it has and does work well in my case”* another said *“pick up from home by patient transport normally works well”*, one referred to them as a *“God send”* and another told us *“They manage to undertake a very patient/people focus task which is highly improbable, yet make it all look and feel very professional and relaxed. I have nothing but high praise for the entire team. God bless them and thank you all.”*

Some patients are not able to get to hospital any other way. One respondent said *“please do not reduce transport services to area hospitals, some of us are absolutely dependent on them to survive!”* Another said that *“NDDH should re instate the hospital car service.”* One individual said there are not enough hospital cars.

Other positive comments include:

“Totnes caring is very helpful and efficient”

“When the patient transport was arranged in advance it was very convenient. My wife is my carer and goes with me to the hospital as I need help when there”.

“Westbank community of Friends at Farm house Rise in Exminster have volunteer drivers who usually get me to the appointments whenever I've needed them and I am very contently happy with the organisation.”

“Without the volunteer drivers who push our wheelchairs we would not be able to get there.”

“West Devon and South Hams SPOC and their Voluntary Drivers are a credit in the service they provide, nothing is ever too much. Thank you”

Several respondents refer to ambulance staff and volunteer drivers as being “helpful”, “cheerful” and “polite”.

Alongside this positive feedback, there were some negative comments about patient transport services, most of which focussed on punctuality:

Punctuality

Several people expressed their concern regarding punctuality and poor co-ordination of the transport service they use. People told us that waits can be anything from half an hour to 2 hours. Some had experienced such a delay that they missed their medical appointments. Some also report that because of delays caused by drivers not being available, taxis are arranged to transport patients to their appointment. One saying, *“Patient transport is obviously cheap - but punctuality going is often very late and coming home, the wait can be up to 2 hours. Awful!”*

This was echoed by the wife of a dialysis patient who said *“the ambulance arrives an hour or more late, and this has a knock on effect because my husband has to dialyse 4 hours at a time, 3 times a week, thus the homeward journey is at least an hour behind schedule. Sometimes the ambulance fails to turn up to take him home and then a taxi is used. It's not the drivers' fault, its HQ. Did you know there are 4-5 ambulances stationed at Pottington in Barnstaple and yet we get sent ambulances from Plymouth, Crediton and Exeter because drivers don't want to do the job. What a waste of public money this should be brought to light.”*

Another respondent said:

“The taxi service to take haemodialysis patients to and from their sessions at the RD&E or its satellite units is not fit for purpose. People are left after their exhausting haemodialysis sessions, waiting up to 2 hours in the waiting rooms to be taken home.”

A similar experience was shared from an individual in North Devon, to whom an ambulance was called from South Devon to transport a patient from Muddiford (3 miles from Barnstaple) to North Devon District Hospital in Barnstaple. This respondent wondered why a more local service was not used.

Other negative experiences that respondents shared include:

“One day the ambulance was very late so I called after waiting for 25mins. They said they were on their way and knew I was waiting. After another 10 minutes it was now too late to get to the hospital so I called the consultant's secretary to explain and cancel my appointment. The patient transport finally turned up 1 and 1/2 hrs late and when I said it

was too late the man was really angry and said I should have called him. What if it had been to get cancer results or chemo treatment? This was the second time this had happened. It seemed very unprofessional."

"The Patient transport let me down turned up 1.5 hours late. I came home by taxi."

"Recently the hospital arranged for me to be picked up by private ambulance at 1.45pm from home to hospital. After several telephone calls they arrived at 3.30 pm. I was late for my appointment at the hospital although in the end they did see me. When I needed an ambulance home, none were available. In the end they paid for a taxi to get me home."

"Transport is particularly difficult after stroke when the hospital at Torbay wants you back to see Doctor the next working day. It is often impossible to get volunteering in health at such short notice (ringing for car the same day) and family may be unable to help. This means taxis to Torbay with prices between £17 and £23 each way. There is a long wait to be seen and have the follow up scans etc. you need. Having a stroke is a frightening thing and patients may still be in shock."

Another individual told us about her aunt who lives in a residential care home in North Devon and needs regular chiropody due to a pressure sore on her heel. This individual said *"The new ambulance service has turned up late, making her late for two chiropody appointments and one ultrasound appointment"* The individual accepts that the new service has to be in, and does not want to make a formal complaint. But repeated lateness makes the aunt anxious about missing further appointments.

Other patient transport concerns

Some other concerns that people raised in relation to the patient transport service were as follows:

"My first attempt to use patient transport was a nightmare. No one, neither my GP nor my community matron informed me of this service, even though I qualified on medical grounds. I live in Devon, my appointments are in London. I found out about this service from a doctor's receptionist (not from my surgery), who suggested I visit the NHS website for information. When I emailed my doctor asking for patient transport she did not question my eligibility - unfortunately the fax, with my contact details, sent to the patient transport company from my doctor, contained an incorrect contact number for me and I missed my appointment!"

One respondent referred to one member of community transport staff being *"rude."* Another had this to say,

"The only reason we do not use patient transport is because I have bought a wheelchair adapted car. Before this the first time I asked for patient transport we only got it because I got upset about it. Then I found we were entitled because of Dementia. It was not easy and I am glad we do not rely on getting it although the actual drivers were lovely it was the phone call booking it that was unpleasant. Public transport is totally out of the question as the person I care for is wheelchair bound with Dementia. If I did not transport to GP we would always have to have home visits."

Other issues raised included:

- That the patient transport service appears to be opting for taxis in preference to volunteer car drivers. It was reported that taxis charge £2 per mile, whereas volunteer drivers get £0.25 per mile

- The use of marked cars to transport patients could breach patient confidentiality. People who use the cars may be receiving cancer treatment, kidney dialysis or psychiatric counselling. They may appear outwardly well and so the use of marked cars with uniformed drivers only serves to highlight the existence of a private medical condition
- Patients when transported home were not helped into their house and were left on the pavement
- One respondent was concerned that there was an assumption that disabled people who use wheelchairs, have a Motability car, therefore suggested that more information needs to be provided to those who require a wheelchair accessible vehicle (WAV). *“It is only when you contact the local community transport and said you need this type of vehicle they have to start looking for a volunteer driver to drive the WAV.”*
- Patients having to share the car with other patients to hospital. One respondent said: *“When I last used alternative transport I had to share a car (of course - not a complaint) I was on chemo therefore at risk of infection from others. I'm small - I sat between 2 obese people - not pleasant, 2 hot bodies. Very worried as car was airless and cramped but luckily I did not pick up any infection.”*

Top issues: No. 2 - Bus services

Almost a third of those who contributed to this report had something to say about the public transport that served their local area. The bus service was the most commented on. There was praise for the Park and Ride service in Exeter:

“The dedicated Park and Ride at Exeter is a brilliant service and good value for money with concession even though we got it free until recently.”

“The bus passes the door of RD&E. It also has a vast car park at Sowton with park and ride bus every 20 minutes”

However, the majority of feedback on bus services in Devon was negative, particularly where comments were from older individuals or individuals with a physical disability. Several people stated that they would rather get a lift as it is an easier and more reliable option.

People expressed concerns about:

- Bus passes and early appointments.
- The lack of direct buses to health services
- Having to use taxis when bus services are inadequate
- Inaccessibility of public transport
- Bus timetables vs appointment timetables

Bus passes and early appointments

Several people told us that they prefer to use the bus because they have a bus pass, which means no extra cost to travel. However bus passes cannot be used before 9.30am, which means alternative means of travel may need to be sought for early appointments.

“If one travels before 9.30 Monday-Friday one cannot use their bus pass, often the bus times do not tie in and one often misses the connections.”

“I can normally use my bus pass, but there are no buses on a Sunday so I would have difficulty in getting to Tiverton hospital on Sundays. Also my bus pass can't be used before 9.30 so it's no help on my "fasting blood test days" when I have to be at the surgery before breakfast.”

“I rely on the concessionary bus pass scheme due to ill health. Times only allow me to use the scheme from 09.30 so am not able to get to early appointments”

We heard about one individual in his 60's who has to attend regular appointments at RD&E and lives in Bideford. Appointments are often at 8 am which means that the client has to leave Bideford at around 5.30 am by bus to make an appointment in time. He has asked for later times but was told that they only do morning appointments. It also means that travelling at that time he cannot use his free bus pass before 9.30 am.”

Lack of direct buses to health services

Some people provided details as to where they lived and which hospital or service they travel to. The evidence we collected indicates that people living in both rural and urban areas experience difficulties getting to their local health service, with many having to catch two buses to reach their destination.

“I live at Clyst St Mary, Exeter which is served by 2 surgeries. One is Pinhoe the other is Topsham, both approx. 3miles away. There is no direct public transport to either meaning there is no easy access to either and alternative transport is needed. I recently visited my GP at Topsham for a 10 min consultation travelling by bus. The whole return journey took me 3 hrs. While in my 60's, I am relatively fit and healthy with good mobility, if it was otherwise I wonder how it would feel at the end of such a journey. Good and easy access to GP surgeries away from urban centres is disappointingly poor for the 21st century and a cause of some A & E pressures as that is often more accessible. Clyst St Mary is only marginally rural.”

“I live in Yelverton and to get to Derriford hospital I have to get 2 buses! Return travel means 2 buses, plus crossing a very major busy road. I am fortunate in that I am reasonably mobile. I think the lack of buses to our only general hospital is appalling.”

“I live in Dawlish Warren and under the new arrangements I have to change buses to catch no.2 bus which goes to the RD&E. Connections are not always good so I prefer if someone can drive me.”

“The problem is that there is no reasonably quick way of getting from Tavistock to Exeter by public transport. If there was I would use it. I can go from Tavistock to Okehampton to Exeter by bus, but the buses are infrequent between Tavistock and Okehampton, so a visit to Wonford by bus and back for a ten minute appointment at Wonford would take even more of the day.”

“The major problem is in getting connecting buses, one from Bere Alston, runs roughly on the hour, to Tavistock and then one to Derriford Hospital. After treatment I use the same procedure in reverse to get home. Often the Bere Alston Bus has left just before we arrive at Tavistock, another hour or so to wait for the next one. Having bus passes means that public transport is free but very tiring. A friends car is much easier but costly, especially the car park charges at Derriford, also very difficult to know how long we will be at the hospital - thus the problem of penalty charges if we run late.”

“There are two bus companies covering the same route between Tavistock-Plymouth-Tavistock, but one does not call at the hospital and the other does not stop more often at Derriford Hospital, Plymouth”

Having to use taxis when bus services are inadequate

Several people said that if they are unable to use the bus then they have to use a taxi.

“My local bus runs approx. every two hours. If I can’t book an appointment with my GP to fit in with the bus, I have to take a taxi at least one-way. For hospital appointments (RD&E) I may have to wait up to 2 hours after I get there, before my appointment is due.”

“Have sight loss and no buses from Ivybridge to any of the Plymouth hospitals. The alternative was the taxis. One turned up too late and then charged me £9 just for the call out charge to go less than a mile. I have to go to the Eye hospital regularly - at least once a month and sometimes it's a nightmare.

Inaccessibility of public transport

We heard from several people who find it difficult to use public transport due to their frailty or to a physical disability. One respondent who lives in a rural area said they were too frail to walk to their nearest bus stop which is 1.5 miles away. Another respondent who uses public transport, who walks with a rollator frame or crutches said *“The bus to RD&E is busy at times and no one gives up seats for the elderly or disabled.”* This individual would like to see compulsory/ dedicated seats for the disabled if the bus is full.

One respondent questioned why the bus drivers do not use the drop step to make access for people with disabilities easier. This individual reported *“most drivers just say “oh it is not working!”*

Another respondent who uses a wheelchair explained the difficulties faced when using the bus service:

“Most of the time my husband can take me to the hospital but when he has been ill himself I have tried to use the buses with a wheelchair and it has been impossible. I have had to use a taxi and the call out fee was £9. I live less than a mile from the hospital so this can be a real problem for me as I have to go to the eye hospital on a monthly basis for the rest of my life. Without my husband I don't know what I shall do. I have taken it up with the bus company and told them how difficult it is to get a wheelchair into the space provided on the buses. They are trying to follow it up.”

Another respondent said that they *“would struggle to read the timetable; I would struggle to work it out.”* Only one person commented on the rail service, saying: *“Rail would be better sadly the South bound side of Dawlish station is not disabled friendly!”*

Bus timetables vs appointment timetables

Several people expressed concern that their local bus service was infrequent in the evening and at the weekend, which makes it difficult for people if they wish to visit relatives in hospital or if they are seeking treatment. Some respondents said their local bus service stops after 7pm.

“We live in the country where the hospital is a two bus journey, 20 miles away. However my issue is more with countryside transport overall, I think. But making appointment fit around bus timetables is hard.”

Top issues: No. 3 - Travelling distance

Many people mentioned difficulties with travelling long distances to their appointments:

"I am a cancer patient in my third year of treatment. Whilst I am still able to drive having to attend appointments at Exeter hospital presents me with a 120 mile round trip from North Devon. During my 5 week radio therapy treatment I was able to stay overnight at accommodation on the hospital site which I was most grateful to utilise. Also being able to eat at the restaurant was good. Even if I could have utilised any local transport provision the thought of daily travel would have been unbearable. For subsequent one off visits I was able with the kindness of the North Devon hospice to make the appointments."

"Hospitals do not consider distance and time taken to get to appointments, often early morning when no bus is available."

Many people told us that they would prefer to have their medical appointments as local as possible, to save time, money and inconvenience. Carers also shared their concerns regarding the impact on them when their loved one is in hospital outside of their local area over a prolonged period. Fuel costs, travelling time, parking fees and telephone calls all put extra pressure on both the carer and the patient.

Two respondents however preferred to travel the extra distance to attend the hospital of their choice:

"Derriford Hospital, Plymouth is our nearest hospital though quite far away but because of the experience of a close friend as an inpatient and my own impressions as a visitor I decided to go round the moor to Wonford when I needed treatment. Wonford was able to provide me with a room in the hospital grounds for several weeks while I had treatment, saving a lot of driving - a wonderful facility. The apparent huge difference between cultures as the 2 hospitals captured my interest and I will continue to ask for treatment at Wonford, far away as it is."

"I choose to go to Wonford Hospital in Exeter because the people there are friendly and cheerful and the service is excellent. My local hospital, to which patients are sent by my GP as a matter of course, is Derriford Hospital in Plymouth, and my experience of it and my family's experience of it have not been good."

Where people have made comments about specific services that they would like to see delivered locally due to difficulties getting to them, these are listed below:

"The Carers' Forum used to be a good way of input and knowing what services were being extended, introduced or cut. Forum is now so far away, carers often do not have time to travel such big distances and have you thought of those of us using public transport. How can I be involved now that these have gone? There's nothing left."

"We should have radio therapy unit in N Devon because local people deserve local services. All treatments should be available within the N Devon area."

"We are patients at College Surgery, Cullompton with a sub-surgery at Bradninch. We would like to see more use made of this sub -surgery. The town of Bradninch has a population of well over 2000, many of whom are registered at the College Surgery. We would like to see a chiropody service reinstated in the town and be able to go to the local surgery for injections etc. We have no means of transport except mobility buggies and I have difficulty walking to buses. Bradninch is a very hilly place"

Top issues: No. 4 - Parking

Several people raised concerns about disabled parking at Derriford Hospital. One carer who raised concerns told us:

“Since the barriers have been installed at Derriford, disabled people either have to pay for their parking and then claim it back from the hospital or they have to collect a disc to put in the machine when they leave. It is an additional task that they have to do especially when they are coming to hospital for treatments which might make them weak and not wanting to do anything apart from having their appointment. It should be enough to have your blue badge when parking at Derriford. It would be a good idea for the disabled parking spaces to be outside of the barriers.”

Another concern was raised in relation to disabled parking bays at Teignmouth Hospital from a disabled driver who was shocked that the 4 disabled bays at the front of the hospital were the same width as the normal car parking bays. They would like to see the bays with adequate space either side for easy access in and out of the car, especially for wheelchair users. There was one staff car parking bay at the end of the row that they thought could be removed and the bays then adjusted to allow the easy access for disabled patients.

Respondents also raised concerns that cancer patients are not provided with free parking at Derriford Hospital, whereas they are at Torbay Hospital. One respondent said: *“They do offer a discount parking ticket, but it all adds up in the long term, why?”*

Another said:

“Why if you require cancer treatment in South Devon and attend Torbay Hospital, they will give you a free car parking pass. If you attend Derriford Hospital in Plymouth with cancer, they will give you a parking discount, but they do not offer free car parking pass!”

and another said:

“Not everyone for example receives benefits, so hospital car parking fees on top of travelling costs can be very expensive, for cancer patients.”

Other concerns that respondents raised in relation to parking included:

- A lack of covered cycle parking at hospitals and surgeries conveniently located and easy to get to with well signed, dedicated shared use paths
- More staff and visitor car parking is urgently needed at Torbay Hospital
- Parking is difficult at Bideford Hospital - you have to wait for a space
- Having to pay for parking even with a disabled badge
- High parking charges at North Devon District hospital
- Car park is some distance away from Budleigh Health Centre
- Several people refer to difficulties parking and dropping people off at GP surgeries, but have not stated which surgeries they are.

Top issues: No. 5 - Cost

Question 5a in our survey asked: "Do you claim financial help with your travel costs?"

Several people provided comments, with some saying they would not claim even if they were eligible. Others were not aware that some people were eligible to claim for travel costs. One respondent said; *“I am disappointed I have been unaware that I may qualify to claim back travel costs”* Another said; *“I find it difficult to get to the finance office”* And another said; *“I suffer*

from Fibromyalgia but have been told that I do not qualify for any assistance as I am not disabled enough!"

Of those that did not want to claim, one respondent said they *"would not claim as Exeter was my choice and we're not benefit claimants."* Another said *"I can manage financially. Benefits are scrounging according to this government - People on benefits are labelled less than thieves. I will get to appointments under my own steam whilst the NHS is still there - that's 5-10 years then."* A third comment was as follows: *"Because the choice is my own and I have a car it has never crossed my mind that I could get help with the cost of the journey, and I doubt if this is the case. But even if I could claim I don't think I would, because I can afford to pay myself and the NHS is short of money."*

Other comments include:

"I feel patients who qualify on medical grounds and have no other way to reach an appointment should be told about this service by their healthcare professional."

"I would only find out about financial help for travel costs if I had to attend a health service/frequently/regularly/long distance"

"As for claiming I didn't know. Then I felt guilty now I do, as friends say I should. It's a help and the league of friends who do a lot get it to help again."

One respondent uses public transport to get to an appointment in London, but walks or gets a lift to all local appointments. This respondent said:

"It would be better if I could get my travel refunded to London. I can't always rely on my support to get me to my appointment; I didn't know I could get help with transport."

"Travelling to London is extremely expensive and quite often there is no financial help. They don't pay it all and if you drive only pay 14p a mile"

"Day surgery is often scheduled for Exmouth or Sidmouth, even though I specify that I want Exeter. Getting to further away places by bus very early in the morning is not always possible and means getting a taxi, plus I have to travel home by bus after surgery as I cannot afford taxis both ways."

"Expensive if I have to attend RD&E. Community car services here, now thin on the ground as previous drivers, have either retired or moved away. In any case I am too far away to use public bus services whatever. I have no walking far ability now."

Another individual who provided feedback to a Healthwatch Champion (dedicated advisers based with the Citizens' Advice Bureau) was having difficulty paying for transport and accommodation in London where she has had to go for hospital treatment. She was given a small amount by the London hospital but not enough to cover more than petrol for the journey to London. This individual did not know about the ability to claim travel costs and had not been given any information about this.

We also heard from another individual who has had a number of people feeding back about costs of healthcare for those who are not on benefits but have a tight budget. Concerns this individual has heard relate to the high cost of transport and having to use the patient transport and public transport which is both uncomfortable and sometimes impractical for cancer patients.

Further issue: Alternative Transport

Question 4 in our survey asked "Which other transport have you used to get to your appointments?" Answers to this included:

"Have own transport and am fit and able at present"

"Taxi when ambulance fails to turn up"

"Walked for an hour when it was snowing as no buses were running"

"My very good friends always help me and they combine any medical appointment of mine with their shopping."

"Please note I am completing this for a family member who lives in Devon. He would have considerable difficulty in getting to his appointments without support from family and friends. He is unable to use public transport and would need assistance from his house to the road to dress into outdoor clothes and to get in and out of a car."

Suggestions for Improvement

Transport planning is a complex job. So is the planning of health and care services. It is doubly complex to try to connect it all up.

Healthwatch Devon does not claim any expertise on these matters, and neither, for the most part, would the people who responded to our survey. Nevertheless, we wanted to hear people's ideas for improvements. Some of the suggestions below seem eminently feasible and affordable:

- Flag medical notes to indicate that a person uses public transport to appointments
- Up to date bus / train timetables could be displayed by League of Friends
- Offer people a later appointment (i.e. not first thing in the morning) if transport is difficult to arrange
- Introduce a hospital minibus to provide more choice to patients
- Bus Services to and from the North Devon District Hospital should operate at least hourly on Service 19 to enable connections at Barnstaple town centre, including evenings until 22.00, and in accordance with staff rotas
- Service 21a in the evenings needs adaptation to serve Bideford Hospital as there are no evening connections from East-the-Water at the Quay for onward travel to the hospital after 17.48 - although there is a return from the hospital to the Quay at 19.06 - well before the Minor Injuries Unit closes at 20.30.
- Reinstate the Number 21 Bus service (from Westward Ho/Appledore via Bideford to North Devon Hospital) as it is difficult to cope with two buses and lengthy waits, particularly for people who are frail or have a physical disability
- When sending a hospital/medical appointment, add details of how to book transport etc.
- If the patient didn't have anyone to go with them [to their appointment] they could have [a travel companion] to travel with/stay with them during the transit and appointment
- If there are places where there are several people who require a flu injection that do not own transport, or have difficulty accessing transport, such as elderly residents in a care home, make arrangements for a health professional to provide this service where they are.

Examples of Good Practice

As well as the suggestions for improvement above, we have noted examples of good practice. These are as follows:

Devon Single Point of Contact (SPOC)

Devon's SPOC has been recognised in a Community Transport Options Appraisal, prepared for Healthwatch Warwickshire by ABIC Ltd². Page 18 (under a section headed "Best practice elsewhere") states:

"ABIC was also drawn to information on the Devon County Council website regarding its single point of contact (SPOC) for Community Transport.

The Devon SPOC is provided by five Community Transport Associations across the County in partnership with NHS Trusts, Devon County Council and NEW Devon CCG.

Whilst there is no single provider service they all work together to provide information and advice to people about all health and social care transport services in the County, so that they can make the most appropriate choice. Devon residents can also book ambulance and health service provided transport through this arrangement as well."

Community Transport awards

Councillor Stuart Hughes (Devon County Council Cabinet Member for Highway Management) has made the point that "The volunteers and staff [of community transport schemes] are extremely committed and play a vital role in their communities by offering these important services." The 2014 Community Transport Awards highlighted the valuable contribution made by some of these schemes, and the people associated with them³.

GP Practice, Oxfordshire

Further afield, we have come across a GP practice which appears to offer excellent service to its patients in surrounding villages.

A minibus collects patients from outlying villages on Monday and Thursday mornings, returning after all patients have been seen. It is worth noting that "No appointment is necessary when you use this service and there is no charge for it."⁴

² http://www.healthwatchwarwickshire.co.uk/sites/default/files/uploads/HWW_Community_Transport_Report_Final_3032014.pdf

³ <https://www.journeydevon.info/2014-community-transport-awards/>

⁴ <http://www.nettlebed.gpsurgery.net/Webdesk/netblast/pages/index.html?id=339766>

Key Findings from our Survey

Joining up the planning and design of health and transport services is never going to be an easy job. But for reasons of patient safety, as well as cost effective service delivery, it is vital that people - particularly those who rely on public and patient transport services - can get to their appointments. We found that:

- 1 in 5 people said the transport they use is either not convenient, or prompt or affordable.
- Nearly two thirds of respondents did not know it was possible to get help with travel costs, or did not know how to make a claim.

Our survey also highlights some wider travel-related issues for users of all forms of transport. The top 5 issues were as follows:

Patient Transport Services are widely praised - especially for the goodwill and courtesy of the drivers. The Single Point of Contact (SPOC) scheme has been singled out elsewhere as a model of good practice. But there are problems with punctuality, and one provider in particular has been the cause of numerous complaints, with failings identified through a CQC inspection.

Bus services are a cause of difficulty, with long journeys, complicated timetables and lack of connections cited as common problems. Sometimes, though, the problem is as much to do with the timetabling of appointments. Early morning appointments are difficult to get to if bus journeys are long, involving changes and waits between stops. And evening appointments are hard to get home from if buses stop running after a certain hour. Early morning appointments are doubly difficult for people with bus passes who find they cannot get cheaper travel on early buses.

Travelling distance matters. The further away a service, the harder it is to get there if you are reliant on public transport. And the harder it is for friends and relatives to visit or offer practical support. Efficiency in service delivery of course requires some centralisation. But the more centralised a service, the harder the service managers should think about help with transport.

Parking creates difficulties for some car drivers, with inadequacy of spaces, and walking distances from car park to building mentioned as problems. People visiting different health service locations were also puzzled about differences in car park charging rates and policies. On the plus side, the Park and Ride scheme for the Royal Devon and Exeter hospital was praised for its convenience and accessibility.

Cost is a concern - particularly for people who cannot tie appointment times in with bus service times, and end up having to take long taxi journeys instead. It would appear that people's ability, in some cases, to reclaim travel costs, is not well known.

Wider Evidence

Alongside our survey findings, we have identified other sources of evidence that have a bearing on the issue of travel to health services. These are as follows:

House of Commons Transport Committee report, "Passenger transport in isolated communities". (July 2014).

Recommendation 1 states that the Department for Transport should draft a definition of 'isolated communities' and then actively promote its use across government departments to facilitate joined-up policy making.

An agreed definition is important because often the assumption is that "isolated" equals "rural". In fact, suburban and urban communities can also be isolated if much needed health services cannot easily be reached by public transport.

And "joined-up policy making" is vital - especially for major initiatives such as "Transforming Community Services" (TCS). Health planners and transport planners must talk to one another about where community health and care services are to be located, and how people - of all ages, abilities and income levels - might get to them.

Recommendation 1 also mentions the "available, accessible, affordable and acceptable" test, suggested by the Passenger Transport Executive Group (PTEG). We fully endorse this test, as set out in Appendix 3.

Recommendation 3 tackles the issue of vulnerable groups. It said that, "passenger transport in isolated communities must address the needs of all vulnerable groups... policy makers must avoid trade-offs between generations or between vulnerable groups of people".

This is particularly relevant, given our finding that some people have been given bus passes to help them cover the cost of public transport, but then find that those passes are invalid for services that would enable them to get to early appointments. This would appear to be a case of the needs of low-income service users being traded off against the needs of peak-time commuters. It also points to a lack of joined up thinking between health care providers (setting appointment times) and transport providers (setting validity times for bus passes).

Care Quality Commission inspection of NSL

In June 2014, the CQC published the results of an unannounced inspection of NSL's ambulance service for non-urgent travel. The report stated that NSL was failing to meet standards in respect of care and welfare of service users, staff training and qualifications, risk management, and complaints. The NEW Devon CCG has issued a statement to the effect that it intends to work with NSL to ensure that contractual performance standards are met.

Providing Transport in Partnership - A guide for health agencies and local authorities - HM Government, 2009.

With a continuing austerity programme at national level, and a "Tough Choices" agenda within Devon County Council, all public and community services are being examined for affordability and value. As far as community transport schemes are concerned, it is worth noting this report (signed by Devon MP Ben Bradshaw) which states that the third sector "often provides a safety net for people who would otherwise have no means of access to a health appointment", and that "a small level of support for core costs can result in a substantial return in relation to provision of transport for individual needs across a wide area [with] high quality services with high levels of passenger care."

Recommendations

In line with our remit under s221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Devon has the following recommendations for commissioners and providers of health and care services.

Commissioners

1. Procurement and tendering linked to "Transforming Community Services" initiatives in the NEW Devon and South Devon and Torbay CCG areas should include measures to improve access to such services by public, patient or voluntary transport.
2. The NEW Devon CCG should continue to keep the general public informed on progress to remedy the failings in the NSL contract identified by the Care Quality Commission.
3. Devon County Council should ensure continuing support for community transport, having regard to Ben Bradshaw MP's "Providing Transport in Partnership" guidance, and the social and financial value of investing in such schemes.

Providers

4. While information about patient transport, community transport and financial assistance is available in leaflets and on websites, it is clear that many people are unaware of the kinds of help that may be available. It is recommended that:
 - Providers should, as a matter of course, check transport needs at the point at which appointments are made
 - Patient records should note whether there is a reliance on public or patient transport
 - Provider staff making appointments (including the Choose and Book service) should have ready access to information and signposting on public/patient transport services and financial assistance.
5. For people making use of bus passes, providers should, wherever possible, schedule appointments to fit with times when bus passes can be used (i.e. avoiding early appointments). Where early appointments are unavoidable, transport providers should accept the bus pass as valid. Alternatively, health and care providers could consider how travel refund schemes could be flexed to help bus pass users.
6. Where car parking charges are applied, there should be consistency between healthcare provider sites across Devon about how Blue Badge holders are treated - both in terms of parking costs, and distance of parking bays from buildings. Information about help with parking costs should be clearly displayed alongside ticket machines.
7. Befriending schemes could consider how to develop "travel companions" to accompany vulnerable people to and from appointments. Where such schemes exist, they should be publicised as part of standard "getting to your appointment" information.

While Healthwatch Devon does not have a formal remit in respect of recommendations to other bodies, we would offer the following as points for consideration:

Devon Health and Wellbeing Board

8. "Access to public transport" is recognised in Devon's Joint Health and Wellbeing Strategy, as a factor that affects people's health and wellbeing. So the Board could consider agreeing (with other strategic bodies as appropriate) a definition of "isolated communities". It could also adopt the "available, accessible, affordable and acceptable" test, suggested by the Passenger Transport Executive Group (PTEG), and endorsed in the House of Commons Transport Committee report, "Passenger transport in isolated communities".

Devon Health and Wellbeing Scrutiny Committee

9. The Committee could build on its "Rural Access to Health" report and its June 2014 "Voice of the Vulnerable" review by asking providers to check that passenger transport in isolated communities addresses the needs of all vulnerable groups, and that (for example in the matter of bus pass validity for early appointments) policy makers are not making trade-offs between generations or between vulnerable groups of people (as per the House of Commons Transport Committee report, "Passenger transport in isolated communities").

Healthwatch Devon looks forward to receiving formal responses to recommendations 1-7 above, and would appreciate feedback from the relevant bodies on recommendations 8 and 9. We are keen to offer further dialogue and practical support on these matters, if requested.

Appendix 1

Transport to Health Survey

Can you get to the health or care service you need?

Many people in Devon rely on public transport or patient transport services to get to their appointments. Are you one of them?

Healthwatch Devon believes that no matter who you are or where you live, you should be able to get to the health and care services you need.

We want to know if people using public/patient transport can get to their appointments easily or whether they are experiencing difficulties.

By getting feedback about the transport services people use, we can see what is working well and where services need to improve. We will publish our findings, and present them to managers of health services in Devon.

The survey is anonymous and we will not publish any information to identify you.

1. Do you (or the person you care for) rely on public or patient transport to get to the health or care services you need?

- Yes No

2. Which public transport services have you used to get to your appointments? (*tick all that apply*)

- Bus Rail
 Taxi Other (please specify) _____

3. Which patient transport services have you used to get to your appointments? (*tick all that apply*)

- Patient Transport/Ambulance
 Community Transport/Ring and Ride
 Hospital Care/volunteer driver
 None of the above (*if you tick this box please answer question 3a*)

3a. Why do you not use patient transport services?

- I didn't know patient transport services existed
 I don't know how to book them
 I have tried but have been told I don't qualify for help
 Other (please state) _____

4. Which other transport have you used to get to your appointments?

- Friend or family member
 Other (please specify) _____

5. Is the transport you use:

i. Convenient (e.g. available at times and places that suit you)

- Yes No

ii. Prompt (e.g. is not late to pick you up or drop you off)

- Yes No

iii. Affordable

- Yes No *(if you tick 'No' please answer Question 5a)*

5a. Do you claim financial help with your travel costs?

- Yes No *(If you tick 'No' please answer question Q5b)*

5b. Why do you not claim financial help for your travel costs?

- I didn't know it was possible to claim for travel costs
 I don't know how to make a claim
 I have tried but have been told I don't qualify for help
 Other (please state) _____

6. If you have any other comments to make about transport to health and care services, please use the space below to share your feedback.

Monitoring Questions

Are you answering this survey for yourself or on behalf of another person?

- Myself Another person

Please give us the first half of your postcode: _____

Are you happy for us to use any of your comments within our reports *(all comments will be reported anonymously)*?

- Yes No

Would you like to register to receive further information from Healthwatch Devon?

- Yes No

Thank you for taking part in our survey.

Please return this form to Healthwatch Devon by Monday 26th May.

Post to: Healthwatch Devon, Freepost RTEK-TZZT-RXAL, First Floor, 3 & 4 Cranmere Court, Lustleigh Close, Matford Business Park, Exeter, EX2 8PW.

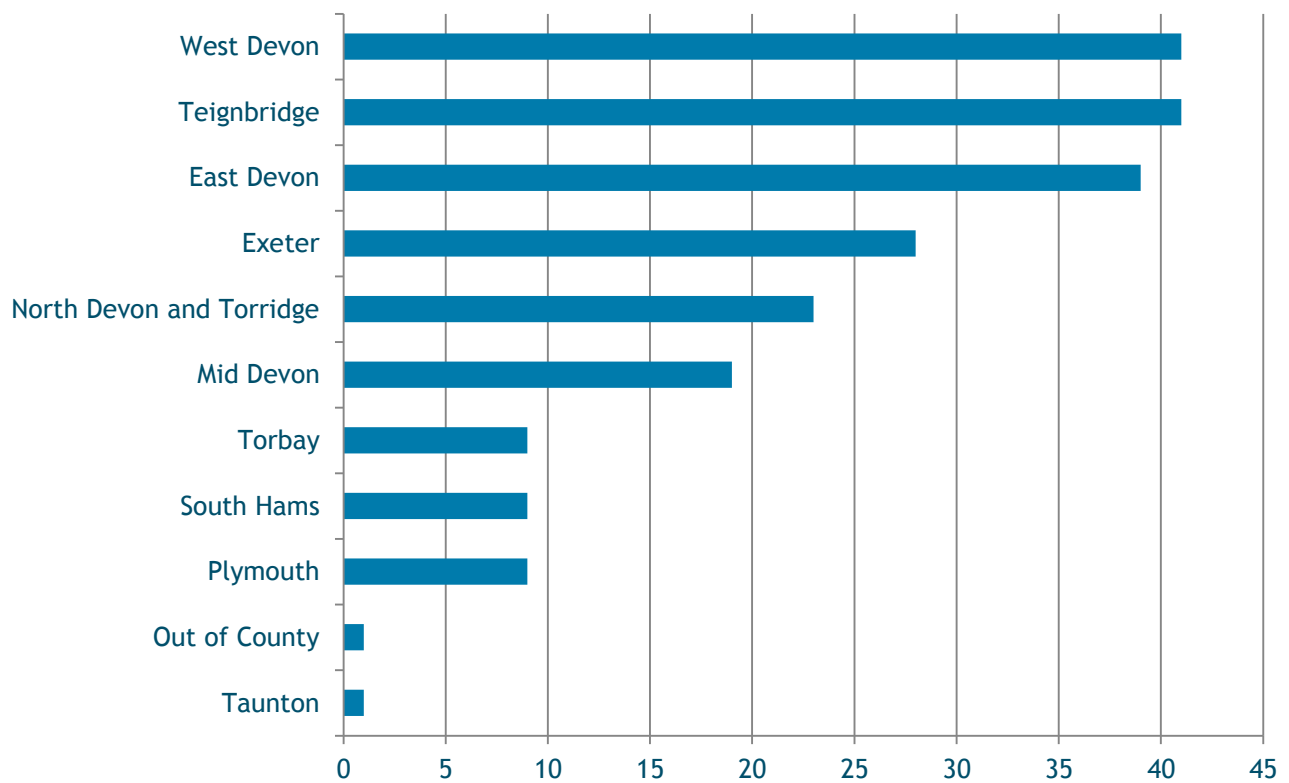
Join the conversation online #transporttohealth

Appendix 2

How did you hear about this survey?⁵

Via one of our service delivery partners	164
Healthwatch E-Bulletin	37
Twitter	4
Devon County Council	1
Emailed newsletter	1
Healthwatch Leaflet/Poster	1
Healthwatch Voices at the Library	1
I am a member of Healthwatch	1
Internet search	1
Kevin Foster weekly news bulletin	1
Local Press	1
My mum	1
The TASS Volunteer Driver	1

Locality of survey respondents



⁵ This question will be revised for future surveys so that we can separate out the 'source' (e.g. Name of Service Delivery Partner, or organisation) and the 'method' by which the survey was promoted (e.g. E-bulletin)

Appendix 3

Extract from the House of Commons Transport Committee report, "Passenger transport in isolated communities" (July 2014), para 6, page 7.

There is no widely agreed definition of an isolated community. The Passenger Transport Executive Group (pteg) told us that any community risked isolation if it did not have passenger transport that fulfilled these four criteria:

- i) Available:** the passenger transport network should be within easy reach of where people live and take them to and from the places they want to go at times and frequencies that correspond to patterns of social and working life. People also need to be kept informed of the services that are available.
- ii) Accessible:** vehicles, stops and interchanges (and the walking routes to and from these) must be designed in such a way that, as far as possible, anyone can use the without difficulty.
- iii) Affordable:** people should not be 'priced out' of using passenger transport because of high fares and should be able to easily find the right ticket for them.
- iv) Acceptable:** people should feel that passenger transport is something that is equipped to meet their needs as well as comfortable, safe and convenient. If one (or several) of these criteria are not fulfilled, people can find themselves isolated from opportunity.

Appendix 4

Further Information

[NHS Choices: Transport to and from hospital](#)

[NHS Choices: Information for carers](#)

[Information for people in South Devon and Torbay](#)

[Information for people in North, East and West Devon](#)

[House of Commons Transport Committee report, "Passenger transport in isolated communities"](#)

[Devon Health Scrutiny Committee report, "Rural Access to Health"](#)

[CQC inspection report: NSLSouth West Region](#)

<http://www.healthwatchdevon.co.uk/transforming-community-services/>

Appendix 4

We are grateful for the help of the Healthwatch Devon delivery partners in the compilation of this report:

For the engagement of older people

[Devon Senior Voice](#) speaks out on everything that affects their quality of life: from transport, health and well-being to housing, social care and rural isolation, and from leisure facilities and financial security to relations with younger people.

For the engagement of people with learning disabilities

[Devon Link Up](#) runs monthly speaking up groups for anyone over 18 with a learning disability who lives in Devon. The groups give people the opportunity to speak up about the things which are important to them.

For engagement of people with mental health problems

[Be Involved Devon \(BID\)](#) is for anyone in the Devon County Council area who has used services for their mental health needs. BID helps people to have a say in the development of mental health services and wider health and social care issues.

For the engagement of people with physical and sensory disabilities and Deaf people (who use British Sign Language)

[Living Options Devon](#) run the Devon Disability Network which is made up of disability and Deaf groups and individual members across Devon. Their eNetwork enables people who are housebound to be involved and contact one another.

For the engagement of carers

[Devon Carers Voice](#) is for carers. The aim is to encourage more carers to be involved and 'have a say' in decisions that affect them and their cared for.

For the engagement of children and young people

Healthwatch Devon has recruited its own Engagement Worker for Children and Young People, Aggie Szpinda. Aggie will be encouraging children and young people to have their say on health and social care services through planned engagement activity.

For the engagement of ethnic minority communities

[Hikmat Devon](#) is one of our BME partners. Their work supports families and individuals from minority ethnic backgrounds in Devon.

[Devon Grapevine](#) is another partner. They are more than just a website - they provide a platform for people from all cultures to share news, information and events from across Devon.

For the engagement of the LGBT community

[The Intercom Trust](#) supports lesbian, gay, bisexual and trans people and communities across the South West Peninsula.

For information and advice to the general public

[Citizens Advice Bureau](#) is a national service that provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. CAB Devon outlets are providing access to Healthwatch Devon information, advice and signposting services across Devon.

Appendix 5

This report has been distributed for formal response to:

- NEW Devon Clinical Commissioning Group
- South Devon and Torbay Clinical Commissioning Group
- NHS England
- Devon County Council
- Northern Devon Healthcare NHS Trust
- South Devon Healthcare NHS Foundation Trust
- Royal Devon and Exeter NHS Foundation Trust
- Plymouth Hospitals NHS Trust
- Devon Partnership NHS Trust

It is also offered for consideration by:

- Devon Health and Wellbeing Board
- Devon Health and Wellbeing Scrutiny Committee

It will be copied through to:

- Healthwatch England
- Care Quality Commission
- Healthwatch Devon delivery partners (see Appendix 4)
- Other local Healthwatch in Devon and the South West

This report will also be posted on the Healthwatch Devon website, along with formal responses to the recommendations, for perusal by the general public.

It will be available in summary form as a .pdf file, and in hard copy for any and all enquirers.

It is available in other formats (large print, audio etc.) on request.