



PATIENT TRAVEL SURVEY ISLAY AND JURA MAY 2025



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Those who have to make journeys to seek and receive health and social care may be anxious, stressed, exhausted, in discomfort and in pain. Those who are trying help them want to use their knowledge and skills to make their journeys easier and more beneficial.

**Listen to all the voices and work together
collaboratively.**

In memory of

**Jennifer Gillies
1965 - 2025**

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PURPOSE OF THIS TRAVEL SURVEY

Thousands of journeys are made each year on and between the islands of Islay and Jura by residents to access medical and dental care. Both islands have scattered populations, poor transport infrastructure and very limited public transport.

Upwards of 3,000 journeys are made by residents every year to access specialist medical and dental care which is only provided on the mainland. These patients may often have serious illnesses and significant symptoms. They face long and difficult journeys with many complex moving parts which can, and often do, go seriously wrong. These journeys in themselves are a cause of stress and anxiety.

There is no ongoing survey or review of these journeys and no existing quantitative or qualitative information which describes the physical parameters of these journeys. There is no existing description of the effects that the journeys have on the patients who undertake them. There is no existing description of the effects on patients of the processes used to organise the journeys and to administrate the NHS Highland Policy of Financial Assistance to Support Travel to and from Hospital (NHS Travel Policy)

In the absence of existing information we want to develop a detailed understanding of the journeys made for medical and dental care by residents of Islay and Jura and the effects that the journeys have on them. We want to use the quantitative and qualitative information that we gather about these journeys to work co-operatively with the Community, with NHS Highland (NHS), with the Argyll and Bute Health and Social Care Partnership (HSCP) and with transport providers to mitigate the deleterious effects of the journeys. We want to look for ways to improve the experience of journeys for medical and dental care not only for those patients who have to undertake them, but also for family members, community volunteers, transport providers and NHS staff who are all supporting them to do so.

This initial survey has two basic purposes : to collect quantitative and qualitative information about journeys made for medical and dental care both on Islay and Jura and off Islay and Jura to the mainland and to provide a baseline for the development of a more detailed strategy for understanding all journeys made for health and wellbeing by Islay and Jura residents.

In the longer term we want to extend our surveys to include journeys made for mental healthcare and support and for social care and support, including journeys made to access services provided by third sector organisations, with the aim of mitigating adverse effects and improving travel arrangements for Islay and Jura residents.

SUMMARY OF METHODS

Islay Connections carried out a survey of journeys made by patients travelling for health and dental reasons from Islay and Jura during May 2025.

The survey was a paper questionnaire asking patients to supply some simple demographic details, some quantitative information about their journeys and a qualitative description of what had been positive and what had been negative for them about the process of making their journeys.

The survey was carried out with the support of Argyll and Bute HSCP, the Patient Travel Team at Islay Hospital (PTTI), the Islay Medical Practice, the Jura Medical Practice and the Islay Dental Practice.

Islay Connections gathered further supplementary information by conducting semi-structured interviews with one patient organisation and with administrative staff and clinicians from the Islay Medical Practice, The Islay and Jura Dental Practice and with the PTTI.

A very limited literature review was carried out and an extended written discussion of the information gathered in the survey in the specific context of the NHH Travel Policy was prepared. This prompted a short list of recommendations for further research and suggestions for changes to the current support arrangements for residents of Islay and Jura who have to travel on Islay and from Islay to access medical and dental care.

CONCLUSIONS

Travel on Islay for medical and dental care and travel from Islay for secondary hospital treatment on the mainland has developed piecemeal over the years and there have been changes in means and conditions of travel, available services and their place of provision and administrative and organisational reviews. The pace of all these changes has accelerated in recent years but the latest review of the NHSH Travel Policy, published by the Highland Health Board (HHB) in August 2025, is not an evidence based, root and branch review. It is, in fact, very similar to previous iterations and traces its origin directly from a National Management Executive Letter (MEL 70) issued by the Scottish Government in 1996.

The resulting situation is irrational, inconsistent, poorly documented and under-researched. There is no authoritative cost benefit analysis which takes into account the total health costs to patients and to the NHS. There is no rational comparison between the cost born by those patients who live on Islay and Jura, those patients who live elsewhere within the area of operation of the NHSH Travel Policy and those who live in the rest of the Scottish mainland. There is no way to judge whether the costs born personally by the patients who access services in accordance with its clauses are reasonable and proportional. There is therefore, simply no way of knowing whether the present arrangements are actually meeting their own aims and objectives to ensure equitable access to secondary care, reduce financial barriers and recognise geographic challenges.

This situation is not unrecognised. In a recent publication **“Highlands and Islands Health and Transport Action Plan : Scoping Review”** (<https://hitrans.org.uk/wp-content/uploads/2025/04/Item-14-Appendix-A-HTAP-Scoping-Review-Feb-2025.pdf>) the Highlands and Islands Transport Partnership (HiTrans) discussed access to healthcare in remote and island locations in the general context of developing an integrated Health and Transport Action Plan for the Highlands and Islands. The Scoping Review notes on pages 9 and 10 :

“Access to healthcare

Patients in rural areas can face significant challenges in attending healthcare appointments due to limited transport options. Transport problems are among the most commonly reported reasons for missed GP appointments, particularly among elderly people^v. Longer distances to health facilities, such as GPs, hospitals and dentists, can result in rural residents experiencing ‘distance decay’, where service use decreases with increasing distance^{vi}. Access problems are often shared with others that want to accompany and/or visit the patient. Poor access to healthcare, especially in more rural communities, can profoundly impact health outcomes and quality of life, especially for those living with chronic and terminal illnesses. Rural patients are less likely to use A&E, more likely to be discharged early, and those with advanced cancer are less likely to attend unscheduled care appointments. Rural areas can also face stigma and confidentiality challenges, making it difficult for patients in tight-knit communities to seek support for sensitive issues^{vii}.

Mortality rates for road traffic accidents, asthma and cancer are higher in rural areas, with cancer often being diagnosed at a later stage. Intervention rates for CHD are also lower, and rural patients are admitted to hospitals less frequently than urban patients^{viii}. Recent Aberdeen University research found that cancer patients in Orkney and Shetland have an 18% higher risk of dying one year on from diagnosis than those residing on the Scottish mainland .

Access to health and social care is a growing cost of living pressure, especially for people living in remote areas who often face higher travel expenses and longer travel times. This can be particularly difficult for patients with chronic conditions who may require frequent visits to healthcare sites. For example, the cost incurred by residents in the western area of the Highlands alone (Skye, Lochalsh and South West Ross) from travelling to outpatient appointments is well over £1 million per year^x.

Access challenges for people in parts of the region have been exacerbated by the centralisation of some healthcare services; whilst the efficiency benefits to the NHS are welcome, some changes appear to have been made with little consideration of the transport implications.

Conversely, much effort has been put by some NHS providers into remote provision, notably by video link, which provides access to some healthcare without travel and there are also good examples of successful efforts to combine several services in one patient visit to a facility, saving the need for repeated journeys; these and other examples demonstrate the potential for positive change.

The NHS also bears significant costs through the Highlands & Islands Patient Travel Scheme, which helps cover travel expenses for patients living more than 30 miles from the hospital they are attending. NHS Highland reported that in the 2019/20 financial year, the total expenditure reimbursed to patients was £2.4 million^{xi}

However, despite the significant impacts that difficulties in accessing healthcare can provide to patients and the NHS, the NHS plays only a modest role in the arrangement of transport. Accessibility often plays only a small component in decisions about where healthcare facilities are provided, and about when and where individual patients' appointments are scheduled.

Transport services, however, are provided privately (car/taxi), commercially (some bus services), through public sector support (many bus services, flights and ferries) and by community transport organisations, as well as emergency and non-emergency Scottish Ambulance Service provision. This is a complex and often-fractured system, often not designed to cater for the needs of people accessing healthcare, who typically need to travel to and from specific locations at specific times, and may have a variety of physical and mental health/wellbeing needs that affect their ability to travel.

The lack of coordination between transport and health for access has long been recognised (including by Audit Scotland's critical "Transport for health and social care" report in 2011, the previous HTAPs and many other sources). Whilst there are many local initiatives which have sought to make improvements, access to healthcare remains poorly coordinated at a regional level and the potential for improved outcomes is significant."

The findings of this patient survey are in complete accord with these remarks. Patients' individual verbatim comments and those collected during semi-structured interviews confirm the applicability of the formulations in the HiTrans Scoping Review to the situation of Islay and Jura residents who have to travel to the mainland to access secondary hospital care.

RECOMMENDATIONS

The transcripts of comments gathered in the survey and the summaries of the semi-structured interviews contain many suggestions for changes which Islay and Jura residents, clinicians and administrative staff would like to see implemented. Some of these suggestions are for small, incremental changes to improve the existing situation, others are for more fundamental changes to the ways in which travel for the provision of secondary hospital care is organised and supported. These comments and suggestions, made by patients who are undertaking real life journeys and those who are trying to support them deserve to be carefully read and fully considered. They are presented in full in the results section of this report and the accompanying discussion.

The recommendations below are suggestions for future work which aims to

- Further increase the understanding of journeys made for medical and dental care by residents of Islay and Jura and of the effects that these journeys have on them.
- Find ways to improve the experience of these journeys not only for those patients who have to undertake them, but also for family members, community volunteers, transport providers and NHS staff who are all supporting them to do so.

These recommendations are not intended to be detailed, specific action plans. Rather they are prompts for the Islay and Jura Communities, patients, local third sector organisations, transport providers, NHS Highland and Argyll and Bute HSCP to work collaboratively together to identify and initiate changes to improve the experience of journeys for medical and dental care for all those involved

Universal Recommendations

These two recommendations are universal principles which underlie all NHS endeavours. Although they should go without saying they cannot be repeated often enough.

Put the patient first

The primary and overriding purpose of the National Health Service is to alleviate the suffering of those who are ill. Every consultation, every investigation, every treatment, every administrative process, every journey should be tested against this purpose : “Does this help or harm?”. This is a difficult question to answer for individuals and very complex to answer when asked of populations and large organisations. Certainty is rarely available. Decisions made with good intentions may have untoward consequences, organisational priorities may have significantly negative effects when applied to individuals. But all NHS staff should accept the responsibility to ask the question “Does this help or harm the patient in front of me?” and act on the answer : put the patient first.

Be kind

Those who have to travel to obtain health care are often anxious, fearful, tired, disabled, dependent and in discomfort or pain. Those who are supporting them will be trying to minimise the difficulties of their journeys and maximise the benefits. Patience, helpfulness, empathy and kindness make a huge positive difference at every stage of the journey.

For journeys on Islay

Suggestions which can be implemented at a local level

Minimise travelling for every patient where possible

Provide services close to where patients live

Provide appointments at times patients can easily attend

Don't request the patient to attend the surgery unnecessarily

Improve parking and access

Drop off points, disabled parking, adequate parking at surgeries and the hospital

Build an integrated bus service

A service which is available across the island, runs regularly, meets ferries and planes, delivers patients directly to doctor's surgeries, the Islay dental practice and the hospital

Organise and support a volunteer transport service

Community based voluntary provision can help fill the gaps and successful schemes are operating in many locations

For journeys from Islay to the mainland

Suggestions which can be implemented at a local level

Minimise travelling for every patient where possible

Every clinician and administrator, on Islay or on the mainland, with a patient in front of them should ask the questions "Is it really necessary for this patient to travel to the mainland?" , "Can this service be provided on Islay using video, phone, email or text", "Do I, personally, really need to see this patient in person?". Taking practical action based on the answers is not simple or easy, particularly where a culture change is required, but change will not occur without it.

Streamline the process for arranging journeys and cut down the paper chase

Stop using the postal service to send appointments. Communicate by email, text or phone call. Keep records of pre-authorisation decisions made centrally and don't require paper based signature prior to travel. Accept pdfs and jpegs of claim forms and receipts by email.

Relieve the patient of administration wherever possible

Many patients, particularly the elderly, experience significant difficulties in chasing appointment notifications, rearranging appointments, booking travel itineraries, dealing with complications and cancellations. The responsibilities of surgery administrative staff or the PTTI to help them are not clearly defined.

Develop a local interpretation of the NHSH Travel Policy

The PTTI are in a difficult position : they have the responsibility to support patients to arrange journeys but they also have the responsibility to apply the terms of the NHSH Travel Policy. These responsibilities are not necessarily in accord and are sometimes mutually exclusive. The terms of the NHSH Travel policy very often require interpretation but its guidance is inconsistent, vague and difficult to apply. A consistent, local interpretation of the NHSH Travel Policy would support the Patient Travel Team in their efforts to help patients arrange their journeys to access secondary hospital care on the mainland.

Provide more information more clearly

The process of arranging journeys for healthcare, the terms of the NHSH Travel Policy which are applied to it and difficulty of dealing with complications during the journey are bewilderingly complex. Many patients and staff often are not clear what they need to do and why they need to do it. Clear, consistent and comprehensive written advice backed up by easily accessible advice and help when it is needed for emergencies would help people navigate on their journeys.

Help when things go wrong

When things go pear-shaped during a journey patients have difficulties accessing help and advice to get things sorted. Arrangements during out of hours and weekends are not well understood or are not available.

Discharge from hospital

Many hospitals have limited understanding of the journeys island residents have to make to get home from hospital, no knowledge of their responsibilities to organise the journey and little experience in doing so. Provision of comprehensive and authoritative advice to every patient admitted would allow them to seek help from hospital staff with confidence.

Conduct ongoing survey and review of journeys and administrative processes

It is striking how little is known about the characteristics of those undertaking journeys to access healthcare, how the journeys are organised, what itineraries are used, what happens on the journeys, how emergencies are dealt with, how long the journeys take and how much they cost. Without collecting and analysing descriptions of actual journeys it is difficult to conduct meaningful reviews or make improvements.

Organise a local patient transport forum

A local patient transport forum should have a specific brief to hear descriptions of real life journeys undertaken by residents, to discuss how they could be improved and to take action to do so. The forum should meet regularly and include representatives from : Patients' groups, Community organisations working in health and wellbeing, CalMac, Islay Airport, LoganAir, Glasgow Airport, Islay Ferry Committee, Patient Travel Team at Islay Hospital, Islay Medical Practice and Argyll and Bute Health and Social Care Partnership.

Suggestions which will require implementation at a Regional or National Level

Institute a determined effort to increase the availability and use of video and telephone consultations for patients in remote and island locations

Set targets and insist that they are met. Current cultural norms within the NHS for face to face consultations for the convenience of NHS staff are disadvantaging island patients.

Review decisions determining where secondary care will be provided for Islay and Jura Residents

The current ongoing shift of provision away from hospitals in NHS Greater Glasgow and Clyde (NHSGGC) is causing difficulties for island residents. The current shift does not take account of the difficulties and effects of the journeys that patients are required to make to access care.

Commission thorough academic led research and cost benefit analysis on the effects of journeys to access healthcare by residents of remote and island locations

The development of appropriate standards and levels of service and review and improvement of current provision is being prevented by lack of objective analysis.

Conduct a root and branch review of NHH Travel Policy

The current policy document is an evolution of an original letter of a National Management Executive Letter of 1996. It is a complex and convoluted document requiring multiple subjective interpretations. It no longer accurately addresses the situations of patients in island and remote locations and their needs in accessing secondary hospital care and has not been subject to a full Islands Impact Assessment nor to a comprehensive and evidence based cost benefit analysis.

INTRODUCTION AND CONTEXT

Islay is a large island 29 miles west of the Kintyre Peninsula. Resident population is approximately 3,500. Numbers of visitors and tourists on the island vary from 3,000 to 12,000 at any one time depending on season, festivals and special events. The large island of Jura, resident population approximately 250, is adjacent, reached from Islay via small ferry which crosses the Sound of Islay to link Port Askaig, Islay's northern port, with the Feolin ferry slipway on Jura. Islay has a small hospital with 6 in-patient beds, an A&E, visiting clinic services including audiology, physio, OT and orthotics, podiatry etc. Basic X ray facilities are available each weekday morning. The Islay Medical Practice provides GP services from 3 practice premises, one in each main village and the GPs provide A+E and inpatient medical services at the hospital. Jura Medical Practices provide GP services for Jura residents but patients from Jura who require A&E, Islay hospital inpatient or clinic services, or dental treatment, need to travel to Islay. The Islay Dental Practice provides comprehensive dental services for both islands. The provision of medical services is administered by the Highland Health Board (HHB), headquartered in Inverness, whose area includes the whole of the Argyll and Bute. Local administration is the responsibility of the Argyll and Bute Health and Social Care Partnership (HSCP), a co-operative partnership between NHS Highland (NHSH) and the Argyll and Bute Council (ABC)



Craighouse 5 miles

Travel for medical and dental services on Islay and Jura

On Islay patients are offered GP services at surgeries in each of the 3 villages of Bowmore, Port Charlotte and Port Ellen. Bowmore Surgery is attached to Bowmore Hospital and A&E. The Islay Dental Practice is centrally located on Islay in Bowmore. Distances between the main villages on Islay are approximately 10 miles but individual journeys from outlying villages and hamlets may be longer. Jura surgery is in the main village of Craighouse. Most roads are single track with passing places and many are in very poor condition. Public transport is infrequent and unreliable, taxis are expensive and difficult to find because of intense competition from large numbers of tourists.

To reach the Islay and Jura Dental Practice or Islay Hospital and A&E, residents from Jura have a journey of 10 -20 miles from Craighouse and beyond to reach the Feolin Ferry to cross the Sound of Islay before the 10 mile onward trip to Bowmore. The Feolin Ferry has a fixed timetable, hourly between 11.15 and 16.15 but with 6 trips between 07.30 and 11.15 and 3 trips between 16.15 and 18.30. There are two extra sailings which must be booked in advance, one at 06.15 and one at 21.30. These are the earliest and the latest times available for travelling between Islay and Jura.

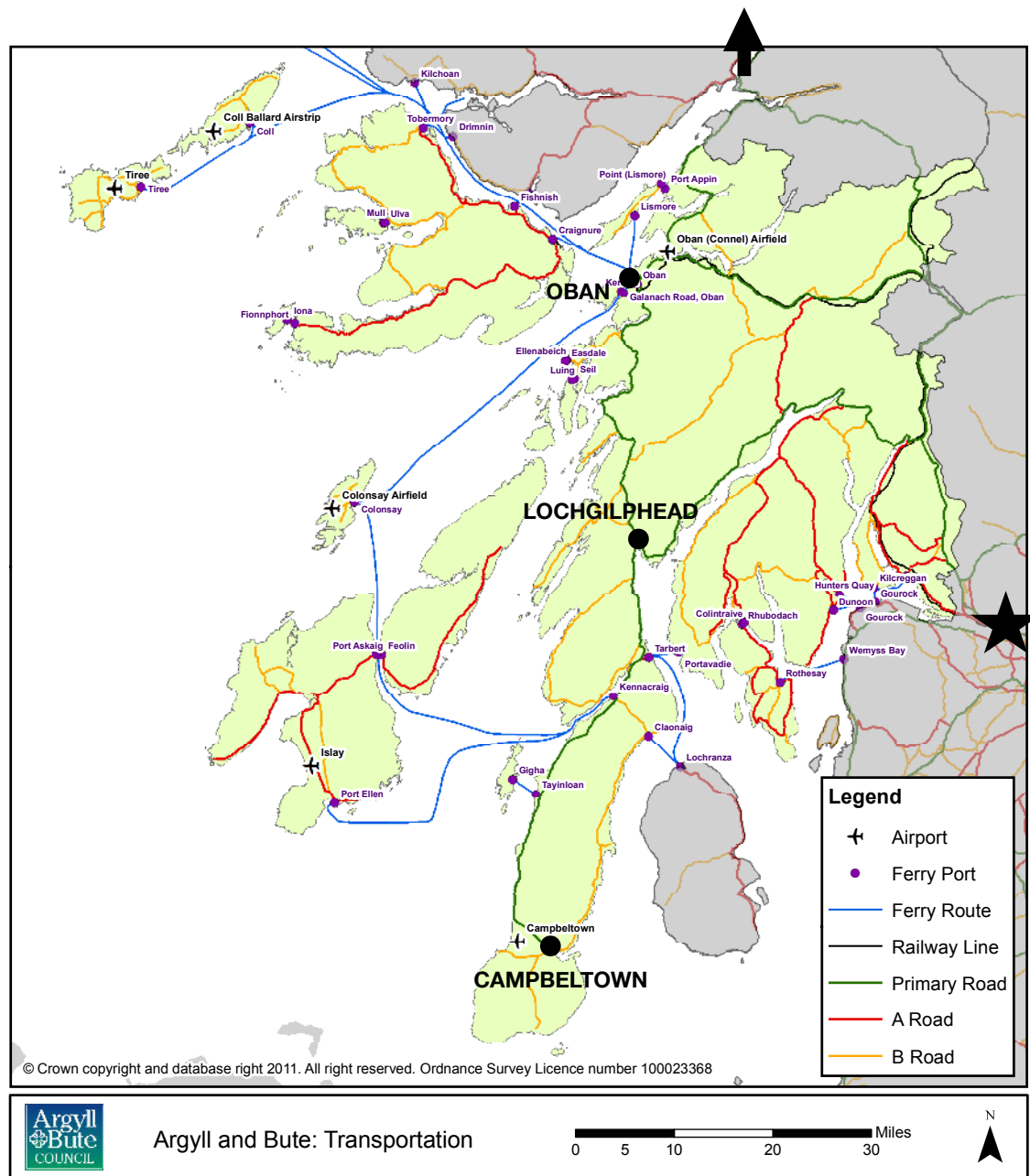
For most journeys the limited availability of public transport and taxis, and the expense of the latter, means that a journey to the GP Surgery or a trip to Bowmore hospital from Islay or Jura, effectively requires access to a private car.

Travel for specialist medical and dental services from Islay and Jura

To access secondary and tertiary medical services and for specialist dental services patients must travel off the islands to the mainland. Services provision for Islay and Jura residents is the responsibility of NHS. Some services are provided within the area of the HSCP at the Community Hospital in Campbeltown, at the Mid Argyll Community Hospital in Lochgilphead and at the Lorn and the Islands Hospital in Oban. A small number of services are provided by the NHS at the Belford Hospital in Fort William. Historically the majority of specialist medical and dental services have been provided outside of the NHS area in various central Glasgow Hospitals, the Royal Alexandra Hospital Paisley, the Vale of Leven Hospital and the InverClyde hospital, all of which are managed by NHS Greater Glasgow and Clyde (NHSGGC).

Islay has a direct twice daily air service to Glasgow Airport. Flight time to Glasgow is 30 - 40 minutes plus check in time. Flights from Islay depart at 9.15am and given trouble free disembarkation passengers can reasonably expect to start onward travel from Glasgow Airport by 10.30am. Depending on whether private car, taxi or public transport is used and on the amount of congestion onward travel to Paisley, Glasgow, Vale of Leven and InverClyde hospitals can reasonably be expected to take 30 - 120 minutes. Flights from Glasgow to Islay depart at 5.15 and a 2 hour check in is advised to clear security. Effectively to travel to and from Islay to Glasgow hospitals in one day leaves a window of between 4 and 5 hours for onward travel from Glasgow Airport to the destination hospital for completion of the consultation, investigation and treatment planned, and for travel back to Glasgow Airport.

This is a very tight timetable and if it is to be completed successfully requires an appropriate appointment time (after 11.30 and before 2pm) and very good timekeeping by all concerned with no unforeseen delays.



The other route to the mainland is by passenger and vehicle ferry which runs 3 or 4 times daily to Kennacraig on the Kintyre Peninsula. Ferry transit times are 2 hours and 10 minutes plus time for loading and unloading with last check in 45 minutes prior to departure. Onward travel from Kennacraig by road is slow. Roads are narrow, winding, poor quality, liable to closure in poor weather and congested depending on season. Driving distances from Kennacraig are 30 miles to Lochgilphead, 30 miles to Campbeltown, 55 miles to Oban, 100 miles to Fort William and 105 miles to Glasgow.

The earliest ferry from Islay leaves at 7am (latest check in time 6.15am). Given trouble free disembarkation passengers can start onward travel by road by 9.30am. Predicted journey times by road are given below :

From KENNACRAIG to	CAMPBELTOWN	45 minutes
	LOCHGILPHEAD	45 minutes
	OBAN	1 hour 30 minutes
	VALE OF LEVEN	2 hours 10minutes
	PAISLEY	2 hours 30minutes
	CENTRAL GLASGOW	2 hours 30 minutes
	FORT WILLIAM	3 hours

(Source AA Route Planner : <https://www.theaa.com/route-planner/route>)

For the return journey the last ferry departure from Kennacraig to Islay leaves at 6pm. Latest check in time is 5.30pm.

These travel times are best case scenarios and in real life conditions they are optimistic. They take no account of delays due to cancellations, roadworks, accidents, congestion or weather conditions. They assume continuous driving with no stops for rest, refreshment or using the toilet. They take no account of time taken to park the vehicle and to get from the vehicle to the appropriate clinic or department within the hospital. They take no account of delays in the clinic, of unexpected extra time needed for examinations, investigations or treatment and they take no account of any delays due to illness, fatigue or physical disability. All of these causes of delays commonly impact journey times for patients from Islay and Jura.

All of these are journey times for private car. Public transport takes significantly longer, if it is available at all. There is no direct bus from Kennacraig to Oban, for example, and the quickest journey involves a change of bus at Lochgilphead and takes 2hours and 30minutes. During school terms the latest departure from Oban for the return is 13.30 and the wait in Lochgilphead is 2 hours.

Given a car, continuous driving and no delays of any kind the earliest possible arrival at Paisley or another Central Glasgow Hospital is 12 midday. The latest time of departure to catch the return ferry is 3pm. Effectively the best case scenario for travel to and from Islay to Glasgow hospitals in one day by ferry leaves a window of 3 hours from arrival at the destination hospital for completion of the consultation, investigation and treatment planned, before departure for travel back to Kennacraig. Travelling to Oban extends this window to 5 hours, travelling to Lochgilphead or Campbeltown extends the window to 6 hours. Travelling to Fort William contracts the window to 2 hours

For appointments at Glasgow Hospitals this is a very, very tight timetable. If it is to be completed successfully it requires an appropriate appointment time (after 12.30 and before 2pm) and very exceptional timekeeping by all concerned with no unforeseen delays. For appointments at Oban, Campbeltown and Lochgilphead the timetable is easier. For appointments at Fort William the timetable is realistically impossible.

Even with ideal conditions and no delays the minimum time spent on a return journey on a single day is significant. For Islay residents, assuming a check in time at Islay airport of 8am and allowing 30 minutes for the journey between home and Islay airport, a day trip will take in the region of 11 hours. Assuming a check in time at Islay ferry port of 6.15am and allowing 30 minutes for the journey between home and Islay airport, a day trip will take in the region of 15 hours.

For Jura residents the journey will be much longer. Indeed, limited sailing times for the Jura ferry may mean that a return journey over a single day is impossible.

How many people are travelling?

Islay residents travelling for GP services on Islay

In March 2025 1,555 appointments were completed at Port Ellen Surgery, Bowmore Surgery and Port Charlotte Surgery. 794 with a GP and 761 with either the Advanced Nurse Practitioner, the Practice Nurse, the Health Care Assistant or another practitioner. This equates to 18,660 appointments per year.

Islay residents travelling for A&E services on Islay

Between 01/04/2024 and 31/03/2025 1233 attendances at A&E Islay Hospital were made by patients registered with the 3 Islay practices

No figures are available for the number of Jura residents travelling for A&E services on Islay.

Islay residents travelling for dental services on Islay

During the period 01/03/24 - 28/02/25 2,154 Islay residents received dental treatment and there were approximately 9,500 appointments.

Jura residents travelling for dental services on Islay

During the period 01/03/24 - 28/02/25 127 Jura residents received dental treatment And each patient had an average of 3 appointments - approximately 360 appointments.

***** See spreadsheet on the next page for numbers of *****

Islay and Jura residents travelling for medical treatment at Islay Hospital

Islay and Jura residents travelling for medical and dental treatment in Glasgow

Islay and Jura residents travelling for medical and dental treatment in Campbeltown

**Islay and Jura residents travelling for medical and dental treatment in Mid Argyll
(Lochgilphead)**

Islay and Jura residents travelling for medical and dental treatment in Oban

**Islay and Jura patients travelling for medical and dental treatment at any mainland hospital
who were accompanied by an escort authorised under the NHS Highland Policy of
Financial Assistance to Support Travel to and from Hospital (NHS Travel Policy)**

The numbers of patients travelling to any mainland hospital are available for every month during the period March 2024 to February 2025 inclusive

The numbers attending for medical treatment at Islay hospital are only available for the period March 2024 to August 2024 inclusive. This has been doubled to give the yearly figure.

The numbers of patients travelling to any mainland hospital who were accompanied by an authorised escort are only available for the period August 2024 to February 2025 inclusive. This has been doubled to give the yearly figure.

	Local Hospital Appts	Glasgow - flights & ferry	Campbelltown - ferry	Mid Argyll - ferry	Oban - ferry	Total bookings	Patients travelling with an Escort	% travelling with an escort
Mar-24		184 flight 160 ferry 36		3	9	20	NA	
Apr-24		198 flight 172 ferry 52		3	6	18	NA	
May-24		187 flight 152 ferry 42		2	1	17	NA	
Jun-24		180 flight 185 ferry 44		4	6	21	NA	
Jul-24		181 flight 159 ferry 51		3	8	22	NA	
Aug-24		144 flight 154 ferry 53		4	7	19	NA	
Sep-24	NA	flight 134 ferry 45		7	12	18	216 flight 36 ferry 40 Total 76	35%
Oct-24	NA	Flight 140 ferry 48		4	9	22	223 flight 35 ferry 36 Total 71	32%
Nov-24	NA	Flight 181 ferry 41		5	7	18	252 flight 38 ferry 43 Total 81	32%
Dec-24	NA	Flight 161 ferry 51		4	6	20	242 flight 32 ferry 35 Total 67	28%
Jan-25	NA	Flight 142 ferry 35		5	5	15	202 flight 28 ferry 33 Total 61	30%
Feb-25	NA	Flight 141 ferry 42		6	7	19	215 flight 33 ferry 31 Total 64	28%
	pre op assessment	Cardiology	maternity	Orthodontic	Radiology			
	dietetic	Dermatology		Opthamology	Electrocardiography			
	Podiatry	Paediatrics		General Surgery	Colonoscopy			
	Mental Health	Opthamology		Cardiology	Physio			
	Physio	Gynaecology		AAA Screening	Opthamology			
	Physio Ortho	Day surgery		Orthotics	oral surgery			
	MS	Oncology			ultrasound			
	Medicine for the elderly	Physiotherapy			orthopaedics			
	AAA Screening	Ultrasonics			cardio physio			
	Diabetic retinopathy	MRI			cardiology			
	Audiology	respiratory medicine						
	Orthotics	orthopaedics						
		urology						
		dental hospital						
		A/E fracture clinic						
		clinical genetics						
		electrocardiogram						
		endocrinology						
		dexa scan						
		pathology						

Total number of return journeys made for health and dental care by Islay and Jura residents each year

Journeys made by Islay residents on Islay for GP services	18,660
Journeys made by Islay residents on Islay for A&E services	1,233
Journeys made by Islay residents on Islay for dental services	9,500

Journeys made by Jura residents to Islay for dental services	360
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Journeys made by Islay and Jura residents to Islay hospital for specialist clinic services	2,148
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<u>Journeys on Islay and Jura</u>	<u>TOTAL</u>	<u>31,901</u>
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Journeys made by Islay and Jura residents to the mainland for medical and dental services

To Glasgow by Plane	1,881
To Glasgow by Ferry	540
To Campbeltown by Ferry	50
To Lochgilphead by Ferry	83
To Oban by Ferry	229

<u>Journeys off Islay and Jura to mainland</u>	<u>TOTAL</u>	<u>2,783</u>
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Journeys made by Islay and Jura residents to the mainland for medical and dental services accompanied by an authorised escort

By Plane	404	(21% all flights)
By Ferry	436	(48% all ferry journeys)

<u>Journeys to mainland accompanied by an escort</u>	<u>TOTAL</u>	840 (30% all journeys)
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NHS Highland Policy of Financial Assistance to Support Travel to and from Hospital (NHS Travel Policy)

The National NHS Patient Travel Scheme provides support to all NHS Scotland patients who are in receipt of income-based benefits, regardless of distance travelled. These patients can claim full reimbursement of all travel expenses for travelling from home to hospitals for consultations, investigations and treatment.

NHS Scotland patients who are resident in the former Highlands and Islands Development Board Area but who are not in receipt of income-based benefits, are entitled to claim partial reimbursement of travel expenses from home to hospitals for consultations, investigations and treatment, provided that the one way journey from home to the hospital exceeds 30 miles or requires a journey by sea of more than 5 miles. This financial support is limited. The patient is responsible for the first £10 of the total expenditure. Full reimbursement of travel costs is not provided and not all travel costs are covered. The costs which will be reimbursed the maximum amount of financial assistance which can be claimed are defined in the NHS Travel Policy. The Policy defines the reimbursements available as a “contribution” to patient’s travel costs and sets the amount of this contribution. No information is available describing how the amount of the contribution available to patients is decided ; whether on purely financial grounds or whether other factors are taken into consideration and, if so, what these factors are and how they are used. Aside from the size of the contribution available to patients the reimbursement of some costs under this policy is dependent on a judgement of the patient’s medical need. The definitions of medical need used in making these judgements and an expectation of who should make them are also defined in the Policy.

NHS is responsible for writing this policy and its provisions cover the whole of the NHS area which stretches from The Mull of Kintyre to John O’Groats and includes all of the islands of the Inner Hebrides. The Policy is administered in Islay and Jura by the Patient Travel Team at Islay hospital (PTTI), directly managed by the Mid Kintyre and Islay locality division of the Argyll and Bute Health and Social Care Partnership (HSCP), which, like the other three locality divisions (Oban, Lorn and the Isles, Bute and Coral, Helensburgh and Lomond) operate under the direction and oversight of the Integrated Joint Board of the HSCP. In effect the policy is written in Inverness but is applied across a very wide area and many diverse communities by local management teams.

The members of the PTTI are HSCP employees whose task is to administer this policy for residents in Islay and Jura and aid patients who are eligible for reimbursement to make appropriate travel arrangements and claim the reimbursement to which they are entitled.

DESCRIPTION AND METHODOLOGY

The survey was a paper based information gathering exercise aimed towards patients of the Islay Medical Practice, the Jura Medical Practice and The Islay and Jura Dental Practice who were making journeys

- On Islay and Jura to access medical, dental and A&E services at the practices on Islay and at Islay hospital
- Off Islay and Jura to access medical and dental services at hospitals on the mainland.

The survey took place during May 2025 and was advertised widely across both islands. Posters advertising the survey were placed in the waiting rooms of each surgery and at Islay Hospital and survey forms and collection boxes for completed forms were prominently displayed. Reception staff at all locations encouraged patients to read the information and consider completing the survey. The Islay Hospital Travel Team informed all patients who they were helping to book their journeys about the survey and encouraged them to consider completing the survey from. Posters were displayed and survey forms were available at the Islay Pharmacy. Information was also posted on the Islay Connections Facebook Page along with a pdf of the survey form for any residents who wished to print it out at home. Posters were also displayed at the ferry terminals and at Islay airport.

The survey was anonymous and participants were encouraged not to reveal their identities. Aside from the Facebook posts no attempt was made to conduct an on-line survey and all completed survey forms were collected in physical paper form in the collection boxes present in each surgery.

The survey asked patients to record

- 3 items of simple demographic information : Age, Sex, First four characters of Postcode
- Specific details about their journey presented mainly as a tick box check list : date of travel, destination, means of travel, use of an escort, involvement of the Islay Hospital Travel Team, length of time taken and estimation of personal financial cost
- A qualitative description of how the journey had affected the respondent personally and how they thought the travel process could be improved by answering three separate questions in free text : “Please tell us anything about your journey that was easy and made you feel positive”, “Please tell us anything about your journey which was difficult and made you feel negative”, “What changes would you like to see that would improve your journey”

The information gathered in the survey forms was collated by the author : The specific quantitative information is given as tables. The qualitative information is given as transcripts of all comments made by respondents in answer to the three questions asked.

The information gathered in the survey is presented separately for the two types of journeys undertaken by Islay and Jura residents

- Journeys made on Islay and Jura to access medical and dental services at the medical practices, the dental practice and Islay Hospital and A&E
- Journeys made off Islay and Jura to access hospital services on the mainland

Both types of journeys are important : Journeys made on the island are shorter and usually more routine but there very many of them are made thousands of time each year. All residents will have to undertake them and some will have to make them regularly. The effects of any difficulties

during each journey may be limited but are significant in total - and may be severe in some individual cases. Journeys to the mainland are complex, time consuming and difficult. They are undertaken on account of serious symptoms or illness. The effects of any difficulties during these journeys are more likely to have serious, sometimes very serious, consequences for those who undertake them.

A series of semi-structured interviews were carried out with small groups of interviewees to supplement the information gathered in the paper survey. Interviews were carried out with administrative staff and clinicians of the Islay Medical Practice, with administrative staff of the Islay and Jura Dental Practice with members of PTTI and with a group of patients with extensive experience in travelling from Islay for medical care on the mainland.

These interviews were undertaken for two reasons. Firstly to facilitate a more discursive and conversational discussion of the journeys and their effects to help generate a more considered and complex description than that available from the paper based survey alone. Secondly, to ensure that the information and opinion gathered from individual patients in the survey could be triangulated against the views of the administrative staff and clinicians who are immediately concerned with managing many aspects of their journeys and their effects.

The conduct of the interviews was that of an open and spontaneous interactive discussion facilitated by the use of a prompt list of discussion heads to ensure that it was inclusive and comprehensive. The discussions covered journeys made on Islay and Jura and from Islay to the mainland. The patient group chose to produce their own detailed written summary of their discussions. The contents of the other discussions were summarised by the author.

The summaries of these discussions are presented immediately following the results of the survey.

RESULTS

112 completed survey forms were received

51 forms described journeys on Islay and Jura

61 forms described journeys off Islay and Jura to the mainland

51 JOURNEYS ON ISLAY AND JURA : QUANTITATIVE INFORMATION

Demographics and Date of travel

Age					
0-19	20 - 39	40 - 69	70+	Not Given	
	4	19	18	10	

Sex				
Male	Female	Other		Not Given
18	33			

Post Code		(PA42 - 49 Islay		PA60 - Jura)					
42	43	44	45	46	47	48	49	60	Not Given
6	4	1		1	2	1	4	10	22

Month of Travel					
March	April	May	June	Other	Not Given
1	15	26	2		7

Journey Details

Travel from home to GP surgery / Dentist

Port Charlotte	Bowmore	Port Ellen	Jura	Islay Dentist	Not Given
4	3	3		36	1

Travel from home to Islay Hospital

Islay Hospital Clinic	Islay Hospital A&E
2	2

Means of transport

Private Car	Taxi	Bus	Plane	Ferry	
41	2	6		10	
Walking	Bicycle				Not Given
2					

Did HSCP patient travel team arrange all or part of journey?

All	Part	Arranged myself	Not Given
		49	2

Did someone accompany you as an escort?

Yes	No	Not Given
6		

If yes were their travel costs reimbursed?

Yes	No	Not Given
	6	

Journey completed in single day or overnight stay away from home		
Single day	Overnight	Not Given
51		

Own car on the ferry		
Yes	No	Not Given
10		

Hours taken to complete journey							
0 - 1	1 - 3	3 - 6	6 - 12	12 - 24	24 - 48	>48	Not Given
17	8	3					23

Approximate personal expenditure in pounds							
0 - 25	25 - 50	50 - 75	75 - 100	100 - 150	150 - 200	>200	Not Given
18	4						29

Comments

Many respondents did not give their age or the first four characters of their postcode. Most respondents did not give the day and date on which they travelled but most gave the month in which they travelled.

A large majority of respondents who described journeys on Islay and Jura were travelling to see the dentist.

The large majority of the journeys were by private car. Public transport and taxies were rarely used.

Most respondents did not give a figure for personal expenditure

51 JOURNEYS ON ISLAY AND JURA : QUALITATIVE INFORMATION

The comments made by the respondents have been transcribed as exactly as possible.
Respondents were asked to respond to 3 questions

- **Please tell us anything about your journey that was easy and made you feel positive?**
- **Please tell us anything about your journey that was difficult and made you feel negative?**
- **What changes would you like to see that would improve your journey?**

No other instructions were given.

The comments made by the respondents were grouped into sections corresponding to parts of the journey by the author during analysis as an aid to reading and understanding. The groupings used are General, Preparing, On the Journey, Escorts, Expenditure and Reimbursement. These groupings did not appear on the survey form.

Please tell us anything about your journey that was easy and made you feel positive?

General

- Living on Islay and having own car means it is easy to visit the doctors it is a short drive
- I get there using my own car I was completely in charge
- Nice welcome

Preparing

- Suitable time for appointment

On the Journey

- It is a journey we know well
- Relatively quiet roads so not too stressful Roads empty
- The roads were quiet
- I was able to get parked outside the practice
- That it was being able to get parked at the hospital
- Parking is easy
- Easy drive and plenty of parking
- Bus from PC to Bow easy
- Pleasant and helpful ferry men
- Always on a wing and a prayer with ferry between islands of Jura and Islay
- Ferry run on time

Please tell us anything about your journey that was difficult and made you feel negative?

General

- I am 80 and can easily catch the bus but as I get older will I be able to

Preparing

- Lack of a regular public bus service
- I can only catch school bus at 8.20am - 11am or 1pm. These are the only buses that come to Caol Ila
- Needed carer to be available (other carer does not drive)

- Trying to tie in ferry times with appointments
- Work commitments

On the Journey

- Difficult to park at surgery / hospital
- No disabled parking
- No easy disabled parking
- No parking and could not take public transport - if I had felt unable to drive after my appointment I would have no way of getting home
- Parking
- Private car to dentist - finding parking in Bowmore a problem, especially on Shore street
- There is no dedicated parking for the dental practice in Bowmore
- Lack of disabled - or any - parking outside dental practice
- Difficult parking limited spaces
- Buses not meeting the ferry so needed to take the car which made it more expensive
- Gap in between waiting for bus home
- Relief ferry on just now as own ferry away for yearly overhaul, its a reverse on drive off and I was nearly late for my appointment - Argyll and Bute have to look for a ferry that is like for like with our own ferry
- Reversing onto the relief ferry is not easy

Escorts

- Struggle travelling by myself. Anxious about ferry times (making the ferry in time for the appointment)

Expenditure and Reimbursement

- Cost of travel
- Cost of ferry and fuel
- The cost of travelling to Islay. Living on Jura and attending medical appointments has changed over the 20 years I've lived here. The dentist used to come over in a mobile van. The physio / podiatrist / chiropodist also used to come to Jura

What changes would you like to see that would improve your journey?

General

- My husband is in a wheelchair and I can't transport him to appointments now but I have been told there is no patient transport available to get him to see a consultant
- More GP appointments and longer consulting periods
- As long as I can drive myself luckily none

Preparing

- Coordinating ferry and appointment times
- Buses to fit in with ferry times
- I myself could have requested an appointment fitting better with bus schedule (3 hrs layover)
- More frequent buses linked to surgery times?
- If I did not drive I would have to walk over a mile before being able to get the bus
- Public transport in all parts of the island would be ideal - but impractical due to low population density in rural parts

On the Journey

- Would be great to have a lift
- More parking places
- Nil about the practice maybe better parking in Bowmore
- Better disabled and general parking
- Services closer to home, better parking, different transport options
- At least there should be one dedicated disabled bay for on-street parking across the road from the dental practice near the lowered kerb
- More disabled parking
- Options for transport such as taxi or hire car
- Local taxis are often fully booked and expensive and can't help with wheelchair
- Possibly a car pool - dental care appointments possibly grouped together

Expenditure and Reimbursement

- Help with expense if we didn't drive
- Free travel for appointments maybe
- I would like to see ferry costs covered for Jura residents - for the Feolin Port Askaig ferry - when they have to attend appointments in Islay
- Reduced ferry fares for dental appointments
- Easier claiming process for inter-island appointments
- Dentist appointments on Islay can become very expensive travel wise [from Jura] especially if family have different appointments

61 JOURNEYS OFF ISLAY AND JURA TO THE MAINLAND : QUANTITATIVE INFORMATION

Demographics and Date of travel

Age										
0-19	20 - 39	40 - 69	70+	Not Given						
	6	31	13	11						
Sex										
Male	Female	Other		Not Given						
20	41									
Post Code		(PA42 - 49 Islay						PA60 - Jura)		
42 43 44	45 46 47	48 49	60	Not Given						
10 5	1 1 5	10 2	4	23						
Month of Travel										
March	April	May	June	Other	Not Given					
7	16	11	1	9	17					

Journey Details

Travel from home to mainland hospital

Lochgilphead	Campbeltown	Oban	Glasgow Medical *	
3	1	7	49	
Glasgow Dental				Not Given
1				

* Glasgow medical includes all Glasgow Hospitals, Inverclyde, Vale of Leven and Paisley

Means of transport

Private Car	Taxi	Bus	Plane	Ferry	
39	12	10	29	30	
Walking	Bicycle				
3					
Emergency Air Ambulance					Not Given
2					

Did HSCP patient travel team arrange all or part of journey?

All	Part	Arranged myself	Not Given
18	31	10	2

Did someone accompany you as an escort?

Yes	No	Not Given
19		

If yes were their travel costs reimbursed?

Yes	No	Not Given
10	9	

Journey completed in single day or overnight stay away from home			
Single day	Overnight	air ambulance admission	Not Given
15	44	2	

* 4 journeys included stays of 2 or more nights. 2 journeys by air ambulance included in-patient stays of unknown length.

Own car on the ferry		
Yes	No	Not Given
27	3	

Hours taken to complete journey			
12 - 24	24 - 48	>48	>48 hrs air ambulance admission
15	40	4	2

Approximate personal expenditure in pounds						
0 - 25	25 - 50	50 - 75	75 - 100	100 - 150	150 - 200	>200
9	12	8	1	6	4	6

Comments

Many respondents did not give their age or the first four characters of their postcode. Most respondents did not give the day and date on which they travelled but most gave the month in which they travelled.

The large majority of the journeys were to Glasgow.

Half of the journeys were made by ferry, half by plane.

The majority of journeys were partially or completely arranged by the respondents. A third of journeys were recorded as being completely arranged by the HSCP travel team at Islay Hospital.

Nineteen respondents were accompanied by an escort. Escort travelling expenses were reimbursed for ten of these journeys.

A large majority of the journeys included an overnight stay. A small number of journeys included overnight stays of 2 nights or more.

Almost all respondents that travelled by ferry used their own car.

Some respondents recorded substantial personal expenditure to finance the journeys

61 JOURNEYS OFF ISLAY AND JURA TO THE MAINLAND : QUALITATIVE INFORMATION

The comments made by the respondents have been transcribed as exactly as possible.
Respondents were asked to respond to 3 questions

- **Please tell us anything about your journey that was easy and made you feel positive?**
- **Please tell us anything about your journey that was difficult and made you feel negative?**
- **What changes would you like to see that would improve your journey?**

No other instructions were given.

The comments made by the respondents were grouped into sections corresponding to parts of the journey by the author during analysis as an aid to reading and understanding. The groupings used are General, Preparing, On the Journey, Escorts, Overnight Stays, Expenditure and Reimbursement. These groupings did not appear on the survey form.

Please tell us anything about your journey that was easy and made you feel positive?

General

- Was very straightforward. No hitches
- Not a lot! Planes easy, bus to hospital easy, excellent care at the hospital clinic
- All went smoothly
- Beautiful weather
- My journey was air ambulance (quick)
- Flexibility to use own transport
- When ordeal results in being seen and getting treatment
- Hard when elderly/unwell always, very stressful, fatigue levels high at each time but positive when achieved
- Nothing
- Nothing
- Nothing was easy very tired
- Nothing

Preparing

- Booking ferry
- Booking plane ticket by email was easy
- The booking of the flight through Islay PT[?G]
- The staff that book the journeys are always really good and do try their best. Communication is good as well
- Patient service were excellent, calm, patient, helpful, liaised direct with hospitals and with daughter minimising stress for my daughter
- The patient travel staff were very efficient
- Travel staff gave travel warrant for ferry straightaway
- Booking of the flight
- The ladies in Bowmore did a great job booking quick and very efficient
- Allowed to go the day before as appointment was at 10am
- Hospital appointment in late afternoon allowed to complete travel in two days
- Booking the ferry at the office with travel warrant. Obtaining travel warrant
- That we didn't have to book the planes takes the worry out of my treatment

On the Journey

- The reliability and performance of the car
- That I was able to travel in my own car. It made things move along quicker
- Knowing we were on time for appointment
- Flights / ferries running to time
- Plane was on time !
- Let off ferry first gave plenty of time to get to Oban appointment
- Flight being on time and bus door to door
- Flight was on time both directions
- As my husband's carer I appreciate the help and wheelchair assistance at both Islay and Glasgow airports
- Flight from Islay to Glasgow, Staff at Islay airport are very caring and efficient Needed assistance (wheelchair) staff at airports very helpful
- Very good service from staff at both airports and assistance worked well with getting on and off the planes, although difficult to get on to the twin otter! See below
- Getting the plane made things much easier and less stressful
- Staff at Loganair and ramp was very helpful and they also provided wheelchair
- Loganair staff friendly and helpful
- Airport assistance with wheelchair very good both Islay and Glasgow
- Plane on time and staff excellent at both airports
- Helpful Calmac staff
- Ferry staff pleasant and helpful
- The fact that the ferries booked sailed
- Airport bus [Glasgow] regular times and free for over 60s with a bus pass

Escorts

- Having my daughter as an escort [I use a walking stick for poor balance and vertigo]. I couldn't have managed to go to mainland otherwise also assistance to plane on Islay and off plane at Glasgow and assistance going home the next day
- Daughter stayed at a family friend so no cost luckily as hotels all booked due to Glasgow Concerts and Events

Overnight Stays

- Fortunate to have family in Glasgow to stay with
- Very useful to be able to travel by plane for work purposes. Was able to be back next morning and available to work

Expenditure and Reimbursement

- Hospital paid for plane
- That I was able to get there at all and I did not have to pay for the plane
- Ferry is paid for

Please tell us anything about your journey that was difficult and made you feel negative?

General

- Nothing
- Nothing
- Fatigue levels, unable to rest in transit, increasing pain levels
- Travelling was painful as pain was persistent
- Living in city away from home approx 1 hour each side of an appointment from Islay 8-24 hours by nature you are unwell to some extent
- Left home at 7.30am to airport. Plane at 9am. Hospital appointment 11.30. Had to wait until 5pm to get plane to Islay. Home by 7pm such a long day for 10 minutes appointment
- Such a long journey tired driving
- Hanging about the airport until time to go to the hospital - not enough time to do anything else useful
- Hanging around the hotel all night
- The long drive to the plane, the catching taxis and buses, waiting around all day

Preparing

- Making ferry bookings and connections working out
- Same day appointments from Jura to Lochgilphead impossible in winter. Passenger ferry works in Summer.
- Always pressure to fit appt's to allow travel back same day, avoiding overnight stay
- It's awkward getting approval for overnight, etc, without justifying things
- Booking via Islay hospital is not easy. Much easier to book yourself
- Booking the journey was very difficult as I couldn't get the bookings I requested. I was booked on the 7am leaving Islay which meant a wait at Lochgilphead of 2 and half hours and return at 1800 which meant another long wait. I only managed to change the booking at 1900 the night before
- Getting appointments too early or late to get there and back to Islay on the same day
- I had only 50 minutes for the drive [to Oban] and mine was the latest appointment available - given the delays getting off the ferry and the problems parking at the hospital I wanted to go the night before but was told they wouldn't pay (no earlier ferry available that day). My husband came with me to drive so he could drop me off before looking for parking.
- Attitude of patient transport, having to drive 20 miles to pick up an expenses form. It was so much better when we just took the appointment letter to the GP surgery and got a warrant and expenses form. Why did I have to travel to Bowmore (20 mile round trip) to collect an expenses form? They refused to email or post it.
- Ferry availability
- Not good that no transport from Jura to get flights or ferry
- Arranged ferry by myself and reclaimed cost after previous negative experience trying to change a cancelled ferry booked through patient transport
- Couldn't get the car booked on the ferry - luckily my mother in law has a car parked at Kennacraig permanently so that we could use that
- That I couldn't get a return booking on the ferry, I just came down to Kennacraig for standby
- Standby on ferry No confirmed booking Stress
- Initially, because of unavailability of ferry places, I would have had to have been away from home for an entire week for one hospital appointment. Luckily there was a cancellation but the "trip" was still 5 days
- Ferry and flight cancellations = 1 year wait for a new appointment
- The hospital on the mainland had to change my appointment

On the Journey

- Up very early to get ferry getting wheelchair in and out of car as my escort is elderly. Having to stop for food as I have to take a lot of medication. I also have to carry a lot of equipment. Ex pad [?] leg bag has to be emptied often on the trip as I have a catheter
- No public transport available to catch plane (the average taxi - if available - would have been £50)
- The bus trips especially on Islay
- Nothing except worry whether we would get return ferry given the emergencies that delayed the appointment
- Waiting areas at (CalMac Terminal) Glasgow Airport at times not fit for purpose
- Ferry lift sometimes out of order meaning I can't travel
- Travel : Ferry amber alert : Drive traffic hold ups
- Late due to ferry delay
- We were going to a scan for our 2nd child so had our 2 year old in tow - not easy waiting on and off ferry with a two year old and a pregnancy
- Airport to QA and back problematic as time was tight
- The security staff are over the top at Islay Airport. The way they treat elderly and ill patients who are going for hospital appointments is a disgrace. They search and re-search patients which is very stressful
- Airport security - challenging and somewhat unnecessary at times
- Security staff at Islay Airport are a nightmare. The way they treat obvious ill elderly who are going for hospital appointments is a disgrace. Over-zealous search and re-search - very stressful
- Potential flight delays and cancellation - same applies for ferry journeys
- Delayed / cancelled plans / ferries
- On the outward journey the plane came in on time, but after we all got on, it wouldn't start. We all had to get off again and return to departure lounge. We then had to wait for a replacement plane which was a twin otter. Not everyone could get a seat but NHS were a priority. Some went home that couldn't make their morning appointments. We waited for 4 hours before leaving. Went straight to the hotel (at airport) when we arrived and slept for the rest of the day as I was so tired
- Having no real knowledge of Glasgow, buses, routes, etc. Relying on taxi to take me to my destination.
- Plane was an hour late leaving Glasgow due to weather (no one's fault but stressful)
- The return flight was delayed and I had to leave the ward at 6am to get to the airport by taxi
- Arranging transport home over a weekend was extremely difficult as the office was closed
- Being unable to get my patient transport form stamped as required as it could only be done at the hospital Cash Desk which closed at 4.30! My appointment was at 6.30pm
- Discharge from hospital left at airport for 8 hours no winter clothes airport cold and staff very unhelpful. Had to book and pay for my own flight Not easy

Escorts

- The NHS would not pay for my wife even though the consultant had asked for her to attend
- May be at a disadvantage if helped by relatives / parents on mainland rather than taking an escort : does not encourage privacy or independence
- It is difficult to have to attend appointments without a family member to help remember information
- Journey by plane was fine, just felt very tired, was worried about the cost of taxi x2. I would hate to have to cancel any hospital appointment because I couldn't get an escort and I didn't like being asked by the hospital staff on Islay personal things i.e. can I use the toilet on my own before being considered for an escort - it worries me
- Travel for early pregnancy appointment after suspected ectopic and previous early miscarriage for viability scan. Escort denied and due to short notice and unable to be reimbursed if paid by self had to attend appointment alone which was a worrying time.

Overnight Stays

- Having to stay overnight when not feeling well - appointment time could have made journey in one day

Expenditure and Reimbursement

- Also cost of accommodation increases in summer - £50 doesn't cover it
- The cost of travel once in Glasgow and food and drink
- Length of time and cost
- Anxious about daughter incurring cost of accommodation because concerts and events meant Glasgow hotels ratcheted up prices disgracefully and were full but luckily she stayed at friends
- It is impossible to get accommodation in Glasgow for the allowance as a pensioner I am having to cover at least £50 per night for a hotel room. The mileage allowance does not cover the cost of driving
- The financial costs and time take to expenses claim letter was lost resulting in 9 weeks before part payment refunded (avg 6 weeks)
- Cost of hotels/etc high and medical needs not always met, hanging around for hours
- Did I have enough money to pay for the [taxi] fare? Did I have enough money to pay for the overnight accommodation? Plus contribute to meals provided by my accommodation hosts
- Hotel subsidies are inadequate - especially during the peak summer time. Big financial strain just to attend a hospital appointment. Finding a hotel in Glasgow for £50 isn't achievable most of the time
- Fortunate to have family in Glasgow to stay with] though mileage from hospital is never reimbursed as part of claim
- Sometimes having to get a taxi in from airport which can be very expensive
- Having to pay accommodation

What changes would you like to see that would improve your journey?

General

- Nothing
- Nothing
- Sometime day travel exhausting as stressful, toileting, need to rest difficult - I waited 2.25 hours past appointment time recently
- Suggest some consideration for tiredness
- Possibly more use of Zoom / video consultations - I had to go out for the CT scan but at the consultant visit before it I was greeted with "what are you doing here? - a 10 minute phone call would have done". I wasted a whole day and the journey from airport to RAH was not as simple and required a taxi back to the airport on time for the evening flight home, saving an overnight stay!
- To be seen at Bowmore Hospital would save a lot of stress. I am sure it would cost the NHS less in the long run
- Appointments at local hospital
- More appointments at our local hospital as when you get to Glasgow or Paisley hospitals you are only in for about 10 mins. What a long journey for such a short time in the hospital

Preparing

- Possibly a leaflet info on what is and is not covered. But really it was superb. Query does system include help with accommodation - was in hospital for a week so difficult for daughter
- I would like appointment letters to come sooner
- I would like the travel warrant system to be made easier to book travel
- Appointments in Glasgow just as easy with plane for Jura residents
- Arrangement with hospitals to bring new appointments forward if missed due to ferry/plane / health
- Reliable appointments
- Appointments at midday
- Appointment times that would allow out and back in one day
- Timing of appointments to suite plane times
- Coordination between public transport and between hospital depts would make life easier!
- Go back to GP surgery dispensing warrants and expenses forms. They are helpful and patient focussed unlike the patient transport person
- Much easier to book yourself and claim back as cost of ferry and plane remain the same
- Reliability of ferries. It can be very stressful and time consuming trying to organise ferry crossings that don't mean being away for lengthy periods
- Help with ferry bookings. Even though it was an NHS appointment we could not get back until Tuesday as no ferry places available so it was very expensive
- Priority for NHS patients of ferry, to improve choice
- Priority for hospital appointments for going on ferry
- Exclusive car spaces for hospital visits on Ferries, held until the boat arrives. Spare space can be used for overflow cars
- That the ferry has a better booking system - nil about care from NHS
- Make it less of a hassle when requesting to go the day before an appointment to save stress. If we hadn't gone early we may have missed an appointment. Luckily in this case it was the next morning. Sometimes we have to 'fight' for the previous day to travel.
- Longer times between planes so you can do one day trips

On the Journey

- Taxi concessions on Islay and mainland for hospital patients
- Making arrangements for transport to and from the airport
- Bus connection times to flight / ferry service particularly evening bus service - summer months April - Sept
- Only changes would be to the ferry service but I know you are not able to do this
- A more reliable connection to the mainland
- New ferries and new rest and be thankful
- Better transport to flights and ferry
- Arrangement with ferry for accommodation if cancellation
- More help from CalMac regards travel help and better facilities at Kennacraig from CalMac. Staff unhelpful. Very curt
- Facilities at airport for patients
- Customer Service (CalMac Loganair Gate Security) very poor
- Islay Airport security staff must learn to treat people, especially the elderly and sick with more respect and humility and a little understanding of the stressful situation they put patients under
- Get Islay Airport security staff to treat people with more respect. Please lecture them in more understanding and humility

- Airport Glasgow - check in at any time for hospital patients to prevent having to have luggage to deal with while waiting (I need to take enough for at least overnight in case)
- Easier access to booking flights out of office hours as patients don't want to stay in hospital longer because they can't book flights
- Consideration by hospital staff when being discharged as regards (Island patients) flight times very early 0900 or 1700
- More thought from hospital staff when being discharged
- More flexibility on trip times and bookings - quite stressful if ferries / planes are cancelled outwith office hours and you are unable to change things as its only patient transport who are permitted to make changes
- Patient travel out of hours no contact Friday till Monday need to be addressed

Escorts

- It would be beneficial to have family support and travel to the other end
- A return to payments for chaperones
- For me personally an escort with knowledge of the area where the hospital appointment is to be held would be helpful. However, on this particular day of travel I noticed there were a number of travellers leaving Islay on the a.m. flight for hospital appointment in Glasgow. It would make sense to me to have a system in place where all patient transport from Islay to whatever hospital be integrated, with all patients travelling to Oban/Glasgow/Paisley on a specific day/date could be amalgamated with said hospital, a mini-bus or similar could do drop off and pick up at hospitals en-route hence alleviating stress for patients and reducing travel costs. I had to use a private taxi as I do not know my way around Glasgow and bus timetables. My appointment was at the Glasgow Royal Infirmary, not on a bus route as far as I'm aware, so I had to take a taxi
- Unsure as to why pregnant women can be forced to travel alone or out of pocket to have partner / father / support network having been informed they are also not covered by travel for birth of baby. Whole appointment could have been avoided if scanning still available on Islay
- I want to feel secure to know I can always get my daughter as my escort, she knows if I don't feel well etc, she doesn't leave me at all whilst doing her escort job
- Widen definition of escort to include emotional support

Overnight Stays

- For birth we will have to go to Stirling. We can stay with family but it could turn into weeks of discomfort being heavily pregnant with a toddler in somebody else's house - maybe a charity could purchase a flat close to the hospital for people to stay in during late pregnancy
- More flexibility in extending time out on mainland
- If flying the night before appointment - hotel is not reimbursed but if travelling by ferry hotel is reimbursed. I had 45 minutes from when plane landed to get me to my appointment which I would have been late for. Therefore I went the night before

Expenditure and Reimbursement

- Support for taxi to and from Glasgow airport
- Not to cost so much as well and food and drink for the day. It's a whole day off work and then a days wages to travel to the other side to eat
- Arrangement for accommodation if appointment time overruns therefore ferry/plane missed. Should not be financially compromised if unable to travel in a day - eg not allowed taxi - on Islay I can use my car yet when on mainland need to use taxis - but may not be reimbursed especially if not back and forward in a day
- I would like to see the NHS cover the full cost of accommodation
- The NHS is meant to be free at the point of use - it is not for me
- Payments available for essentials - waiting about and cancellations

- Not having to be out of pocket. Most hotels are more than £50
- Increase hotel / overnight accommodation reimbursement to accurate levels
- Costs all covered. Accommodation budget is a joke
- I can absorb overnight accommodation costs by staying with family. Allowance is completely inadequate if having to pay

SEMI-STRUCTURED INTERVIEW EXPERIENCED PATIENT GROUP

(The patient group chose to produce their own written summary of their discussion and gave permission for it to be included in the report. A few words have been deleted to preserve anonymity).

Getting an appointment which is convenient to attend

1) From our experience appointments rarely seem to be made with travel from Islay in mind! However, hospital staff are usually very good at rearranging them after phone calls from Patients, but this is an extra burden on Patients, often causes further delays and is presumably a waste of NHS resources too.

2) From our experience cancer clinics very rarely run on time, often an hour or so late. However, this is to be expected due to the nature of the issue and we all appreciate being given extra time than that allocated as and when we need it!

3) Delays with taking bloods at appointment hospitals and not being able to get them done here (due to them going missing en route too often), adds in many extra hours of waiting about as well as mad dashes for travel! It also means the Consultant is not able to discuss blood results with you and treatment and meds held up whilst the results are awaited.

4) From our experience, more often than not, there is a last minute panic to get to the airport or back for the ferry, particularly when we are forced to get there & back in one day. Staff usually do their best ringing around to chase up the blood results and then chasing pharmacy but again this is wasting NHS staff's valuable time.

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Suggestions for Improvements

A) Island Patient's records are marked with a priority flag system meaning bloods, Oncology appointments, treatments and pharmacy immediately know these patients are under strict time constraints & there will be costly repercussions for the NHS if there are delays as well as lots of additional stress for the patients.

B) Appointments are made with travel from Islay in mind.

C) Improvements in the blood transporting system from Islay to ensure they do actually arrive at the destination hospital and in time. Is it not more costly to get them taken and processed twice rather than flying them out on the plane & couriered to the hospitals?

D) Co-ordination between the Hospital Departments to ensure Patient's are not travelling unnecessarily E.g. Could scans/treatments/consultations be booked for same day to save NHS travel costs & stress to Patient?

When the appointment has been made how are the travel arrangements sorted out?

Patient Travel Bowmore will arrange the plane and parts of the ferry service after patients provide all the details including a copy of the appointment letter.

From our experience there are a number of difficulties in the process, summarised below:-

1) Cancer appointments/scans/treatments are often urgent & made via a phone call so we don't get/can't wait for a letter, this leads to delays in booking travel as Patient Transport want 'proof'

up front. Appointment hospitals often won't Email & sometimes there is a delay in them sending a text as proof.

2) In peak season as no plane seats or car ferry spaces are reserved for patient travel this often means appointments have to be rearranged which costs both the NHS financially as well as Patient's health.

3) Depending on who you speak to depends on the level of 'service' provided. From our experience additional hurdles and stress are often caused completely unnecessarily.

4) You need to visit Bowmore in person to get an NHS Highlands & Island's Expenses Form & sometimes to get an urgent travel warrant.

Suggestions for Improvements

A) Staff training on how to treat patients in a helpful and empathetic manner. Focussing on achieving a balance between the needs of patients and their own rules. Remembering that flexibility and common sense are often better for an NHS finance perspective too. Also, just as in the legal system, Patient's should not be presumed guilty of trying to extort money or additional benefits. There should be no need to be questioned often aggressively and repeatedly over trivial, inconsequential matters such as how long you were in an appointment for when it would have been impossible to race back for an unbooked ferry.

B) Staff training on Transport options particularly when travel goes wrong.

C) Is it not more cost effective for the NHS to allow Patient's to book their own Loganair travel using their Air Discount Scheme

D) Is proof of an urgent appointment up front totally necessary for an urgent plane or ferry booking? Surely, the proof can be provided at a later point when it is received or when the Travel Expenses Form is signed and stamped by the appointment hospital?

What happens if an escort is needed?

1) Patient Transport Bowmore or Lochgilphead decide whether an Escort is required using their criteria.

2) Our Group is not aware there is pool of Escorts available, believe it is usually arranged by the Patient themselves from their family or friends.

3) In peak tourist times, planes are often full so if it's an urgent appointment there might not be space for either the patient or their Escort.

4) If the Escort is agreed then the NHS pays for the transport, if it is not then the Patient themselves will need to pay.

5) Escorts are rarely arranged to help those extremely vulnerable Patients being discharged from Hospitals safely travel home creating a huge risk for Patients.

Suggestions for Improvements

A) Eligibility criteria for Escorts needs to be revised as it currently focuses only on whether the Patient requires physical assistance from an Escort. The role of an Escort is far wider and

arguably of greater need particularly when Patients are facing life/death issues, news and decisions.

B) Medics should be involved in assessing the need for an Escort rather than it being based on Administrative rules. Oncologists in particular are often concerned to find seriously ill patients coming to appointments to hear news, decide on treatments and receive treatments alone.

C) Responsibility and a Duty of Care for Patients travelling long journeys has to be established including arranging Escorts when needed for the most vulnerable Patients.

What happens on the journey itself?

Getting to and from the airport and Port Askaig / Port Ellen

- 1) Public Transport on Islay does not tie up with Plane travel either going or returning
- 2) Public Transport for the ferries is better depending on which ferry and port and where you are travelling from
- 3) Airport car park is often full which can be an issue for Patients if overspill Car Park has to be used.

At the airport / At Port Askaig / Port Ellen

- 1) New scanner at the airport seems to be better for Patients with limited mobility/fatigue etc as the need for more extensive searching appears to be a lot less
- 2) Islay Airport always uses their ramp and staff are very good at helping Patients with mobility problems on & off the plane
- 3) Similarly, Calmac staff are very helpful at directing you to the Lift and offering to help with bags etc.
- 4) Due to Patients not being able to check in online for Plane travel, Patients are often not able to sit with their Escort as they are allocated the few remaining seats by Check In staff. This is a serious concern as Cancer Patients often have weakened immune systems and so should not be placed at the additional risk of sitting next to strangers as well as it negating the use of an Escort for the Patient on the flight!

On the plane / On the ferry

- 1) Crew on both the plane and ferry are usually very good at looking after Patients if they have any issues.
- 2) However, a Duty of Care or responsibility for Patients travelling such long distances appears to be lacking.

At Glasgow airport

- 1) Ramp is rarely used at Glasgow Airport which is an issue.
- 2) Islay passengers always have to walk up and down flights of stairs to get to the plane, unless they have booked Passenger Assistance and can then use the lift.
- 3) Passenger Assistance by OCS is normally very good with friendly helpful staff using quick staff only routes which is helpful when time is tight. Best to pre-book but you can also use the Help

Point phones at various locations to ask for help if not feeling able to walk the long distance on the day.

- 4) There are wheelchairs available for Escorts to use to help Patients get through the Airport but the route through is using the long public one.
- 5) There is only hard plastic seating of one particular type throughout the whole of Glasgow Airport which makes a very uncomfortable wait, particularly for Patients.
- 6) Glasgow Airport is fairly unique in dealing with a large number of Patients on a daily basis coming in from a number of remote locations but there are no provisions at all for them and their needs.
- 7) Cancer Patients due to weakened immune systems need to minimise the risk of picking up infections from crowded places and so a quiet room with comfortable seating just for those who need to isolate as much as possible is very important. Could this be a Disability Discrimination Issue?
- 8) Communication at Glasgow Airport is very poor regarding flight delays and Gate staff have to be asked for updates as to what is happening.
- 9) Patients left by OCS Passenger Assistance at the Gate are often left stranded, sometimes for hours.

At Kennacraig

- 1) Waiting room is very small with limited seating so can be an issue if Patients are using Public Transport to get from the Port.
- 2) If you have to get to the Ports early to be in the standby queue because there are no vehicle slots available there are no provisions for food, water or toilets until Port Staff turn up for work. Patients often need these basic requirements, particularly when having treatments and if you move from your place in the queue you lose it!

Getting to and from the clinic

- 1) There are fairly good bus links from the airport to QUEH but not to others such as the Beatson or Royal Alexandra Paisley.
- 2) Public Transport to the Beatson involves:- 500 Bus into Glasgow to Second Stop, 10 minute walk to Central Station Lower Level, Train to Hyndland, 5-10 minute walk to Beatson. Depending on when the plane comes in and the wait for buses and trains this is a long additional journey without all the walking and as Beatson Oncology clinics often only run in the morning this makes getting to appointments using public transport quite difficult and stressful. The return journey by public transport is often not possible if you are having treatment or tests as well as an Oncology appointment on the same day.
- 3) Taxi reimbursement has to be pre-approved by Lochgilphead Patient Transport.
- 4) Airport Taxis are very expensive and uncomfortable for many as they are more van rather than car like.
- 5) Other Taxis can be booked and then picked up under the Car Park but you need to pay the extra Pick Up Airport Charge but will normally work out cheaper and more comfortable.

6) No consideration given to whether Patients can reach certain hospitals such as Oban or whether medically they should be made to travel greater distances or for longer than necessary when seriously ill.

Delays/Cancellation

- 1) No assistance from Patient Transport Bowmore, but some members of staff will ring Patients to give them extra tasks such as instructing Patients to queue up to cancel the return flight with LoganAir (which would be impossible to use when they have cancelled the outward flight) or returning to the Airport to hand in a Boarding Pass for a cancelled flight!
- 2) Patients have to rearrange their appointments and at the obvious extra costs to NHS.
- 3) There is no Patient Transport Service outwith Mon-Fri working hours so Patients have to make their own arrangements.
- 4) Cancelled Flights are a common occurrence, often due to low visibility (which could be rectified if Islay had the safety equipment installed) or technical faults.
- 5) Calmac Central Office are not very helpful at getting patients on other ferrys when theirs are cancelled and others are full but local Port staff normally try their very best to assist.
- 6) Lots of examples of bad effects delays/cancellations have on Patients such as extreme pain due to uncomfortable seating, being left all day in the airport when morning flight back cancelled and without medical supplies such as spare Stoma bags and being exhausted with lasting effects days after.

Suggestions for Improvement:-

- A) Islay Bus Timetables coincide with the plane.
- B) New Islay Volunteer Patient Transport Service is implemented ASAP.
- C) Patients should be afforded the same level of service as other LoganAir passengers by being allowed to Check In online. This is a Patient Transport Bowmore issue that could be easily rectified. Benefits would include being able to sit with your Escort, choosing to sit near the door so less walking, being told when plane is delayed/cancelled and not having such strict time constraints for arriving at the airport, adding to the stress.
- D) Glasgow Ramp always used.
- E) Vulnerable Patient's Waiting Room installed in Glasgow Airport with at the very least, comfortable seating. Is the Mother/Baby room near Islay Gate 15 fully utilised each day as no one in our group has ever seen it being used?
- F) Taxis authorised more readily to ease transport issues particularly to the Beatson.
- G) More flexibility required for flights in and out. If Patients were allowed to fly the day before there is increased chances of appointments not being wasted and vital scans and treatments not being delayed by weeks. Is it not more cost effective to the NHS to fund £50 towards a Patient's Accommodation costs rather than the cost of wasted Oncology appointments, scans, radiotherapy, IV Chemo appointments etc and the cost of increased poor health due to the weeks of delays Patient's incur as a direct result?

- H) Patient Transport Service Bowmore providing assistance when travel plans are disrupted rather than adding to Patient's stress and adding in extra tasks.
- I) Patients able to book their own LoganAir flights to avoid having to wait for Patient Transport Opening hours and unnecessary bureaucracy.
- J) Get the safety equipment installed at Islay Airport so that planes can land in poor visibility and anyone holding up the process should be named and shamed!
- K) Patients should get priority for Calmac Bookings or at least a virtual place in the Standby Queue, particularly when Calmac have no availability due to block bookings for haulage or when their bookings have been cancelled by Calmac for operational/technical/weather reasons.
- L) Improve communication at Glasgow Airport regarding flight delays.
- M) Somebody takes responsibility for Patient welfare during long travel journeys to and from hospitals and takes requisite actions.

What happens when an in-patient is discharged from hospital? How is travel sorted out?

- 1) Some discharging hospitals good at arranging taxis and flights but others claim it's Patient Transport Bowmore's job.
- 2) If the hospital arranges it then the NHS pays and if the Patient arranges it they need to claim it back.
- 3) Inconsistency with Discharging Hospitals arranging Passenger Assistance at the Airport. Patients being left to try and make it into and through the Airport themselves.
- 4) No one appears to take responsibility or have a 'Duty of Care' towards Patients once they have left the Hospital. Vulnerable Patients put at risk through the long travel process back to the island and often no arrangements or checks made to ensure they are met at Islay Airport either.
- 4) Discharge Hospitals not ensuring Patients are discharged in sufficient time to make the flight. Perhaps due to a lack of awareness of where Islay is and the fact that we only have 2 flights in/out in a day.

Suggestions for Improvement:-

- A) Hospitals have a standard protocol to use when discharging Patients back to an Island. Including discharging them in sufficient time & arrangements for all travel & assistance required.
- B) Someone takes responsibility for the Patient whilst they travel and checks they arrive at their destination too.

Payment and reimbursement

- 1) H&I Travel Reimbursement Form is quite user friendly but generally felt that it is very hard to get reimbursement due to the numerous rules and regulations behind the scenes.
- 2) Costs are not covered and each trip can be quite expensive for a Patient. E.g. Depending on where you live, if you don't have access to a vehicle, taxi travel to the airport or a ferry can cost almost £100 for a single journey on Islay. Patients are out for a whole day so food and refreshments costs are additional expenses incurred. If an overnight stay is authorised the £50 limit only amounts to a small contribution towards the cost of a stay in the cheapest of Travelodge

type places. Also £10 from each claim is generally not paid anyway unless you are on certain benefits.

3) Recent huge reductions in mileage payment rates is going to have a very detrimental effect on Patients using their own vehicles and the ferry. This could lead to a greater demand for flights instead which might not be more cost effective for the NHS! Public Transport is simply not an option for most Patients due to the extra time it takes and appointment times as well as the increased risks to health for vulnerable Patients.

Suggestions for Improvement:-

A) Is it not cheaper to allow Patients to book their own flights using their Air Discount Scheme?

B) Patients might not necessarily be in the right frame of mind or have the time to find and peruse numerous rules and regulations particularly when being discharged from hospital and having to arrange their own last minute travel back. A number of Patients from our group alone have been caught out by not being reimbursed when they have used the 'cheapest fare' using the Air Discount Scheme to get home outwith Patient Transport Bowmore hours.

C) Rates of reimbursement are reviewed so that they are more realistic with increasing prices, not reduced.

Anything else that your group thinks is important and has a significant effect on travel for health and wellbeing?

1) Why can't Hospital's Email? Letters often get delayed or lost leading to extra stress for Patients particularly when waiting for appointments.

Anything else that could be improved?

1) Better communication between the Hospitals, especially between Glasgow, Oban and Islay.

2) Better sharing of information to all parties including Patients.

3) Islay Medics keeping a record of Cancer Patient numbers and details so that access to mainland services could be improved.

SEMI- STRUCTURED INTERVIEW NHS ADMINISTRATIVE STAFF, CLINICIANS, DENTAL PRACTICE ADMINISTRATIVE STAFF, HSCP STAFF

(Summary of discussion written by Chris Abell)

Getting an appointment which is convenient to attend

Appointments on Islay

Surgery appointments are a problem because bus service so poor. Bus stops at Co-op. Only one bus a day comes to Islay hospital. Very narrow window for appointments which work.

Appointments have to fit in with bus times. Can be very difficult at appointments for bloods tests etc. can be in any surgery so sometimes have to travel across the island.

District nurse services not available unless patient is immobile. Patients having to come to surgery and spending lots on taxis for simple routine services such as B12 injections and BP checks.

Suggestions for change

Publicise new Islay Transport Volunteer Service and link up with MATV (Mid Argyll Transport Volunteers)

Appointments on Mainland

Patients aren't getting appointments because they come by post.

Referrals are much more postcode driven. All have to go through SCI Gateway so appointments could be sent for Stobhill, New Victoria etc. There is no choice.

Lots of appointments being sent for Gartnavel and InverClyde.

Patients want to go to Glasgow but they are told they have to go to Oban.

Waiting list directives are behind more clinic appointments at Oban.

Can't refer to Glasgow for CT and some other services - they won't accept referral and patients have to go to Oban.

Big pushback by NHS GGC against Islay/Jura patients to reduce demand. No consideration of patient travel difficulties. Some referral pathways closed off.

People won't go to Oban because they can't get there ; don't want to drive on the mainland ; fear of things going wrong ; can't do the journey in a day. Oban is such a pain to get to. Not sure of the number of appointments not taken up at Oban but we think it is a problem.

Changing/re-booking appointments can be very difficult. A few clinics are helpful, others very much by the book, obstructive and unhelpful.

Lochgilthead hospital and Oban Radiology very good at arranging convenient appointments for patients.

Haemodialysis service very good for making sensible appointments.

Midwives do appointments for scans.

Suggestions for change

More Video consultations, Facetime, phone calls, texts and emails. All clinicians should be asking "Does this patient really need an in-person appointment".

Total numbers of journeys need to be cut down. Do people really need to travel for care?

Need high level intervention and policy change to allow appointments in Glasgow.

Can't patients places of residence be flagged their notes and appropriate action taken?

When the appointment has been made how are the travel arrangements sorted out?

Expenses forms have to be signed before travel if overnight, taxis, escorts are to be claimed.

"Grey areas" in the NHS Travel Policy particularly affect elderly. Needs to be sorted out.

PTTI are in a difficult position. They work as a team and try and focus on making things as easy for the patient as possible but they have to implement the NHS Travel Policy.

Patients want certain things and reimbursement but the PTTI have to follow policy. Leads to difficulties, particular overnight stays and escorts. Policy restrictions are linked to mobility and other medical reasons. We don't like to say no but sometimes we have to. It is now so tight but some patients expect everything they want and don't work as part of the team. The patient is in charge of booking ferry. Voucher is sent by email. CalMac local staff are fantastic "never failed to get an urgent patient on the ferry"

Suggestions for change

Patients need to know more about the NHH Travel Policy and how it works. They need more information so that they understand what is going on. Patients need clearer understanding of entitlements.

What happens if an escort is needed?

Criteria may be too tight. Old people can't cope. We know patients who definitely need an escort but can't get one. We need to be professional about escort discussion - we have a responsibility to use NHS money wisely. Clinical decisions for escorts and taxis : Doctors are not supported by MDUs (Medical Defence Union) to make these decisions. People get upset - "could we not be nicer?"

What happens on the journey itself?

Journeys on Islay

Limited bus service. Long time between buses. Don't go everywhere on island. Most buses don't go to Islay hospital. Bus service is so poor. No buses down the Rhinns. Appointments have to fit in with bus times.

Getting to and from the airport and Port Askaig / Port Ellen

Poor bus service doesn't integrate with ferry and plane arrivals and departures. If you have no car the only way to get there is taxi - difficult to get a taxi and very expensive.

At the airport / At Port Askaig / Port Ellen

CalMac staff are very good. Islay Airport very good.

On the plane / On the ferry

Ferry staff great.

At Glasgow airport / At Kennacraig

Not so sure what happens at Glasgow Airport. Maybe need a review of what happens there. Glasgow airport - a long walk especially now the Islay gate is right at the end. Buttons for calling assistance at Glasgow Airport great - but nobody knows about them. MATV (Mid Argyll Transport Volunteers) very good. Will pick up at Kennacraig and take to Oban, Lochgilphead and even into Glasgow.

Suggestions for change

Need to have regular review meeting with Glasgow airport management to discuss patient travel.

Getting to and from the clinic

Driving is very worrying for many. Anxiety and stress.

Onward journey from Glasgow airport can take ages. Gartnavel for ophthalmology, InverClyde for ophthalmology, dermatology and MRI, Vale of Leven. Journeys can involve buses and trains.

Appointments made with no appreciation of how difficult it is to get there from airport.

Airport taxi have to pay £6 drop of fee - so Islay patients have to pay high taxi fares.

Can't get back to the airport on time if running late.

Lots of clinics happen at New Victoria. Need a taxi and it's £60 return.

What happens when an in-patient is discharged from hospital? How is travel sorted out?

Patients should not be discharged if they are not self caring.

PTTI does most of the work for discharges or difficulties even if they are not meant to.

Hospital staff don't understand their responsibilities for patients being discharged.

Payment and reimbursement

Personal costs to patients are huge especially adults and children with long term illness and multiple appointments and we need to factor in Stress / Anxiety / Disappointment / Disillusionment / Depression.

Financial considerations are the overwhelming reason for denying travel reimbursement. We are only thinking about the transport budget. We should be thinking about cost/benefits, the total cost to the patient, the whole NHS budget. Is limiting travel expenses costing more in delayed treatment / worse symptoms?

Anything else that your group thinks is important and has a significant effect on travel for health and wellbeing? Anything else that could be improved?

Argyll and Bute HSCP have not really had much input into NHH Travel Policy. No consultation with Islay, no consultation with patients.

This is an Inverness based policy and we need a local interpretation.

New patient travel leaflet on Islay very helpful. More information needs to be published.

New Islay Travel Volunteers a very good idea. It needs a small bus so that it can run a service to bring people to clinics for immunisations.

MATV (Mid Argyll Travel Volunteers) sounds great. Didn't know about them. Really helpful for patients who have to get to Oban / Lochgilphead and can't drive or get car on ferry.

DISCUSSION : 51 JOURNEYS ON ISLAY AND JURA

Journeys on Islay and Jura have far fewer moving parts than journeys from Islay to the mainland. No financial subsidy is available from the NHS to reimburse patients travel expenses on the island so these journeys are not subject to the NHS Travel Policy. The PTTI has no responsibility for supporting patient's journeys on Islay and Jura so only the administrative staff of the Islay Medical Practice, the Jura Medical Practice and the Islay and Jura Dental Practice have any involvement in the arrangements for these journeys and this is confined to booking suitable appointments. Except in emergency situations when the ambulance service is involved, patients must take personal responsibility for arranging and paying for their journeys to seek medical and dental care on the islands.

This discussion is developed from the comments and opinions expressed in the survey responses and the semi-structured interviews and should be read in conjunction with this detailed information.

1. What do travellers experience? : Pleasure : Frustration : Anxiety and Cost Concerns

Most journeys are made by private car and are reported as generally unproblematic, pleasant and easy. The main difficulty is finding convenient parking. Those who responded to the survey express frustration at the lack of a regular, convenient bus service which meets the ferry and stops close to the destination. Because journeys can take a considerable time difficulties with work commitments and childcare can result. Those who can't drive, who have mobility difficulties or who are elderly express anxiety about being able to travel and about getting help when they need it. Concern at the cost of journeys is expressed by many, particularly around the use of taxis and of the Feolin ferry.

2. Coordinating appointment and travel time

Although these are local journeys distances travelled and the time taken to do so may be considerable. The Islay Medical Practice has three separate surgeries, one in each of the main villages, so most Islay patients live within 10 miles of their local surgery and within 15 miles of the hospital. However, each surgery is not open for 5 days of the week and patients may be offered an appointment at one of the other surgeries if they need to be seen quickly or want to see a particular clinician. For safety reasons some GP services are only offered at the hospital site and not in Port Charlotte or Port Ellen. Return journeys of 15 to 20 miles each way sometimes ensue. Jura patients who travel for appointments at the Dental Practice or to be seen in A&E or specialist clinics at Islay hospital have to factor in the timing of a ferry journey across the Sound of Islay and may be travelling 20 to 30 miles each way. Public transport is infrequent, does not reach every part of the island and goes to the hospital only once daily.

Given these considerations, identifying an appointment time when appropriate clinicians are available and the patient can attend may be significantly constrained. Patients and administrative staff both recognise these difficulties and the necessity to work round them, but lack of convenient appointments close to where the patient lives sometimes mean longer waiting times and longer journey times to be seen.

3. Car, Bus or Taxi

Some patients live close enough to walk to their local surgery, but most journeys are made by car. For those who own a vehicle and can drive themselves, travel is easy. Roads are quiet and delays few. However, lack of convenient parking at the destination is repeatedly noted ; “difficult to park at surgery / hospital” ; “No disabled parking” ; “Lack of disabled - or any - parking outside dental practice”. For patients with mobility difficulties getting their care parked close enough to their appointment can make an otherwise easy trip difficult. The dental surgery is on a very busy street with no parking or drop-off point available and high kerbs outside. Parking at Islay Hospital, with inpatients, A&E and Bowmore Surgery on the same site, is quite restricted and has been an unresolved problem for years.

Those who can't drive or want to use public transport find a very restricted service. Bus timetables do not integrate fully with the Feolin ferry, buses run infrequently everywhere and many parts of Islay cannot practically be reached by bus. Getting from the bus stop in Bowmore centre means a half mile walk uphill on almost every occasion as only one bus a day goes to the hospital.

“Local taxis are often fully booked and expensive and can't help with a wheelchair” is a succinct summation of the difficulties facing patients who need to hire a taxi. Most operations are fully committed to the school run in the mornings and afternoon, to meeting each ferry and plane departure and to transporting tourists across the island in between. Costs are high, with £30 plus being a likely charge for a return journey to and from Bowmore from the west, north or south periphery of the island.

4. Feolin Ferry

Jura residents have to travel from their homes to the Feolin ferry terminal, a journey for of 6 miles or so for most from the main village of Craighouse but longer for those who live further north on the island. The ferry runs approximately hourly from 7.30am to 6.30pm, with an earlier departure or later return requiring a request for an extra sailing. Infrequent buses without a guaranteed ferry connection mean that car is the most practical for the return journey from Port Askaig to Bowmore.

We know that approximately 360 journeys are made by Jura residents for dental treatment every year. We do not know how many additional journeys are made to access A&E services or clinic services at Islay hospital. We do not know how many of these journeys are made by private car or taxi and we do not know how much money Jura residents are having to spend to make these journeys. A return ticket for car and driver on the Feolin ferry is currently £23.20. A block of 10 tickets can be purchased by residents which reduces the cost to £14.82 for each trip.

DISCUSSION : JOURNEYS MADE OFF ISLAY AND JURA TO THE MAINLAND

This discussion is divided into 11 sections. The first four sections discuss some important general considerations which affect the process of travelling from Islay to the mainland for medical and dental care. The remaining sections discuss some more specific topics in greater detail.

This discussion is developed from the comments and opinions expressed in the survey responses and the semi-structured interviews and should be read in conjunction with this detailed information.

1. What do travellers experience? : Anxiety and Stress : Relief : Helpfulness and Empathy

Over more than 6 pages of detailed comments 61 individual travellers describe the events they encountered and feelings they experienced. Most importantly they describe the effects which these journeys have on their bodies and their emotions. These descriptions are supplemented by those given during the interviews. The emotional content of these accounts is very striking and for this reason alone they deserve to be read carefully and repeatedly.

The negative emotions that are overwhelmingly obvious in the comments make clear how difficult and demanding these journeys are. Travellers speak of tiredness and fatigue : “Nothing was easy very tired”. They speak of pain and discomfort : “Fatigue levels, unable to rest in transit, increasing pain levels”. They speak of boredom and ennui : “Hanging around the hotel all night” “waiting around all day”. They speak of stress and anxiety, particularly over travel arrangements, cancellations, delays and unexpected complications : “couldn’t get the car booked on the ferry”, “Standby on the ferry. No confirmed booking. Stress”, “Worry that we would get the return ferry given the emergencies that delayed the appointment”. They speak of financial difficulties and the embarrassment of having to ask for help : “Did I have enough money to pay for the [taxi] fare. Did I have enough money to pay for overnight accommodation”. They speak of helplessness and the loneliness of being by oneself “it is difficult to have to attend appointments without a family member to help remember”. They speak of difficulties with mobility and personal hygiene : “Up very early to get ferry getting wheelchair in and out of car as my escort is elderly.. ..leg bag has to be emptied often on the trip as I have a catheter”. They speak of feeling oppressed and feeling that they are being treated carelessly, officiously or with a lack of consideration : “Why did I have to travel to Bowmore (20 mile round trip) to collect an expenses form? They refused to email or post it”, “Airport security : challenging and somewhat unnecessary at times”.

The pervasiveness of these negative emotions are demonstrated by the descriptions of feelings of relief which are so welcome when obstacles have been surmounted or the journey completed : “knowing we were on time for the appointment”, “the plane was on time!”, “The fact that the ferries booked sailed”, “When ordeal results in being seen and getting treatment”.

Aside from feelings of relief when the journey does not go pear-shaped, many of the more positive feelings experienced by travellers are those of gratefulness and happiness when they perceive that they are being treated with kindness and consideration, and when people are going out of their way to help them : “Patient Services were excellent, calm, patient, helpful, liaised direct with hospitals and with daughter minimising stress for my daughter”, “Staff at Islay airport very caring and efficient. Needed assistance (wheelchair) staff at airport very helpful”, “Helpful CalMac staff”, “LoganAir staff friendly and helpful”. A sense of relief and satisfaction when the traveller is able to be self determined and in control, rather than being at the mercy of events and of decisions taken by others, is also described positively : “Flexibility to use own transport”, “Allowed to go the day

before as appointment was at 10am”, “Having my daughter as an escort... I couldn’t have managed to go to the mainland otherwise”, “Very useful to be able to travel by plane for work purposes. Was able to be back by next morning and available for work”.

The purpose of these journeys is to enable those who are ill to obtain advice, to get a diagnosis and to receive treatment : to find out what is wrong and to get better. Those who are ill are often anxious, fearful, tired, disabled, dependent and in discomfort or pain. To undertake long journeys with these symptoms would be difficult and demanding in the most supportive and comfortable conditions possible. Where the conditions of the journey are such that symptoms worsen then the patient’s illness may get worse as a consequence.

Journeys in search of better health and improved symptoms should not make the patient worse. The conditions under which the journeys for health care from Islay to the mainland are made should be understood in detail and steps taken to ensure that the harm that they do to patients is minimised.

2. NHS Highland Policy of Financial Assistance to Support Travel to and from Hospital (NHS Travel Policy)

The conditions under which journeys for health care from Islay to the mainland are made are influenced by the availability and timetabling of private and public transport and by any untoward events which affect them including accidents, breakdowns and weather emergencies. They are also influenced by the personal choice of travellers where these can be exercised. However, the most important determinant of the conditions of travel to the mainland for the vast majority of patients are the terms of the NHS Travel Policy and the ways in which these terms are interpreted. The clauses of the policy determine when and how these journeys are carried out. They also describe the intentions of the arrangements that the policy mandates. These intentions should be carefully compared with the reality of the journeys carried out under its terms, as described in the responses to the patient survey and the comments and observations collected in the semi-structured interviews.

The NHS Travel Policy is a complex document. Over 24 pages its provisions cover almost every aspect of travelling to the mainland for medical care. It defines the aims and objectives of NHS in addressing the “unique geographical challenges of the Highlands and Islands” and defines the financial assistance offered to patients, the conditions under which this assistance will be available, the administrative processes used to apply it and the duties and responsibilities of NHS staff and patients to comply with it. Of particular relevance to this report are the clauses governing the ways in which the PTTI should assist patients who have to travel and the use of flights or ferries, overnight stays, taxis and escorts. These are all aspects of travel on which patients, staff and clinicians comment repeatedly and each of them will be discussed, some in separate sections below.

This part of the discussion considers some of the general overarching clauses of the NHS Travel Policy.

Section 3 of the policy states its overall aims and objectives. Amongst others it intends to ; “Ensure equitable access to to secondary care.. ..regardless of financial circumstances or location” ; “Recognise geographic challenges” and “acknowledges the significant distances patients in the Highlands and Islands may have to travel and provides targeted support to address

this challenge” ; “Provides clarity and consistency.. ..for patients and staff” by outlining “NHS Highland’s responsibilities and the eligibility criteria for financial assistance”.

More details of the ways in which these positive aims will be achieved are given in later paragraphs. In section 5 there are two further general clauses which have important consequences for journeys from Islay ; “Patients and approved escorts must use the **most cost-effective** transport suitable for their needs, considering the total trip cost” (emphasis in the policy) ; “Final judgement of the **cheapest reasonable means** of transport rests with NHS Highland. Patients should confirm eligibility in advance if unsure” (emphasis in the policy).

These aims and objectives and general financial clauses are very relevant to journeys for medical care made from Islay to the mainland.

Firstly, in general terms it is considerably easier and more convenient for residents of Islay and Jura to travel by plane to Glasgow than it is to travel by ferry and car to Glasgow or to Oban. It is much easier than travelling to Fort William by ferry and car. Historically, most secondary hospital care for Islay and Jura residents has been provided in Glasgow. More recently, due to NHS and NHSGGC policy and administrative changes, patients are being refused care in Glasgow and clinicians are being prevented from referring patients to Glasgow. In some instances where only NHSGGC has the facilities to provide services, Islay and Jura patients are being given appointments in peripheral NHSGGC hospitals such as InverClyde which necessitate prolonged and convoluted journeys. It is not clear how these enforced changes can be reconciled with the NHS Travel Policy’s aims of ensuring “Equitable access to secondary care.. ..regardless of financial circumstance or location” and “Recognise the geographic challenges” that are faced by patients who live on Islay and Jura.

Secondly the meaning of the phrases “patients and approved escorts must use the **most cost-effective** mode of transport suitable to their needs, considering the total trip cost” and “the **cheapest reasonable means** of transport” is not further defined or elucidated. It is not clear what these statements actually mean, particularly in conjunction with the suggestion that any transport used must be “suitable to their needs”. In practice the comments recorded by patients, staff and clinicians in the survey and in the interviews suggest that NHS staff are under pressure to minimise expenditure and to authorise only the cheapest possible journeys, irrespective of the geographical challenges or their suitability to the patient’s needs. If this is so then it is unfair on NHS staff, who elsewhere in the policy are defined as having “the operational responsibility for patient travel” and thus must somehow balance the competing imperatives of containing costs at the same time as ensuring equitable access to secondary care regardless of financial circumstances and location. In these instances it is not clear that the policy provides the “clarity and consistency.. ..for patients and staff” that it promises. Similar difficulties arise for NHS staff when dealing with overnight stays, taxis and escorts, which are discussed in more detail below.

One final general point about the NHS Transport Policy is relevant here. In Section 8 it states “This policy has been reviewed and updated through extensive consultation with a range of services and departments across NHS Highland, ensuring that all relevant stakeholders have had the opportunity to contribute to its development”. The policy does not list those involved in this extensive consultation and it is not clear that the particular challenges faced by the residents of Islay and Jura, who live much closer to Glasgow than they do to Inverness, were specifically considered.

3. Who is travelling? : Where are they travelling? : How are they travelling?

Who : In the patient survey approximately two thirds of the 61 journeys to the mainland from Islay were made by female patients and at least two thirds of the journeys were made by patients over the age of 40. A minimum of 13 of the 61 journeys were made by patients over the age of 70. 44 of these journeys required overnight accommodation away from home and took over 24 hours to complete door to door. Journeys of this length would be challenging and tiring for many people in good health. While some patients may be reasonably robust and able to make the journey without difficulty, others are likely to be chronically ill and disabled. Anecdotally we know that some patients who are making these journeys are very ill indeed, particularly patients with serious illness who may be attending repeatedly to receive treatment such as chemotherapy and dialysis. For many patients these journeys may be very difficult.

However we actually know next to nothing about the illnesses, symptoms and physical condition of the patients who have to travel. The NHH Travel Policy is clear that patient privacy and confidentiality will be protected and that “Minimal Data Collection” will occur during the its administration. There will be “Limited Clinician contact : when clinicians are consulted to confirm eligibility for escorts, taxis and other travel related support, only the required limited information is requested”. This survey did not collect such information and no published information could be found about the illnesses or physical condition of patients who undertake similar journeys under the provisions of the of the NHS Highland Policy.

In general terms it is impossible to make an assessment of whether it is reasonable and appropriate to require patients to make journeys whose characteristics and difficulties are determined by the NHH Travel Policy without a detailed understanding of their illness, their symptoms and their physical condition and mobility.

More specifically it places the PTTI in a very difficult position. On the one hand they are required to accept “operational responsibility for patient travel”. On the other they must not collect medical information which is essential to make a judgement in order to protect patient’s confidentiality and privacy. When a decision of eligibility for support such as escorts and taxis requires a judgement of “medical necessity”, which is the case for very many of the decisions the policy requires, they are required to consult a clinician. This cleft stick for the PTTI is compounded by the unwillingness of clinicians, based on advice from the medical defence unions, to make the eligibility decisions that the policy assumes that they will.

In practice eligibility decisions dependent on “medical necessity” or the disability or clinical needs of individual patients are extremely difficult and a cause of dissatisfaction, anxiety and concern for patients and staff members alike. “Medical necessity”, “a significant clinical condition that makes independent travel impossible”, “clinically necessary”, “medical reasons”, “mobility issues” are all given as eligibility criteria in the NHH Travel Policy without any explanation as to what exactly they mean and how they are to be assessed. In this instance the policy provides no clarity for patients and staff as to the meaning of its clauses how they are to be interpreted.

Where : In this small, self-selected observational study of 61 journeys 50 were made to Glasgow (19 by ferry and car, 29 by plane and 2 by air ambulance), 7 to Oban, 3 to Lochgilphead and 1 to Campbeltown. The survey over-represents the numbers of patients travelling to Glasgow by ferry since figures provided by the PTTI record that in the year to March 2025 2,421 patients travelled to Glasgow (1,881 by plane and 540 by ferry and car). In percentage terms, over the course of this year, 78% of journeys to Glasgow were made by air, 22% were made by ferry. In the same year

only 229 journeys were made to Oban, 83 to Lochgilphead and 50 to Campbeltown. Almost all journeys to Oban, Lochgilphead and Campbeltown are made by ferry and car.

These figures record only those patients travelling with the assistance of the PTTI under the NHH Travel Policy. This is likely to be the vast majority of all journeys made for NHS care, but there will be an unknown, but probably relatively small, number of patients who travel entirely at their own expense and prefer to be self-organised. We do not know how many do this.

The figures confirm that the vast majority of secondary hospital care for Islay and Jura residents has been provided in the past by NHS GGC in one or other of the 9 hospitals that are situated within their area.



This pattern of care has begun to change driven by managerial, administrative and financial considerations within the NHSCCG. GP's on Islay and Jura are no longer able to refer directly to individual consultants, hospitals or clinics. Appointment management has become increasingly centralised and appointments are assigned based on availability and waiting list criteria. No account is taken of the location of the appointment within NHS GGC or of the journeys that patients will have to make to get to them. Patients may receive appointments for hospitals, clinics and clinicians that are entirely unfamiliar to them and to their GPs.

There are two significant effects of these changes for Islay and Jura residents.

Firstly, patients may find that their journeys are made longer and more difficult. Since 78% of patients fly to Glasgow onward travel to the destination hospital from the airport is a major determinant of the ease and practicality of the journey. Travel across the city to any of the NHS GGC hospital presents challenges, but getting to the Vale of Leven hospital and to the InverClyde hospital from the airport is tortuous and time consuming, especially if it is attempted by public transport.

Secondly, any chance of personal communication and negotiation to take account of the patient's journey when booking or attempting to change an appointment is diminished. Appointments for

Islay and Jura residents are a very small percentage of the total made in NHSGGC. There is no organised system to take account of their “geographical challenges” so appointments may be issued for times and places where it is very difficult or impossible for patients to attend. Compounding this, individual clinics and experienced staff members who previously used to recognise and mitigate “geographical challenges” by rearranging appointments or allowing flexibility of attendance time, and who could be contacted directly when appointments were requested or emergencies and delays supervened, are sometimes being bypassed by inflexible centralisation. It is more difficult for patients to rearrange inconvenient or impossible appointments and this also applies to members of PTTI, who often go well beyond their formal responsibilities to help patients who are in this situation.

In addition to these changes within NHSGGC the same managerial, administrative and financial considerations are causing the NHSGGC and NHSH to move appointments, especially for initial consultations and for investigations, out of NHSGGC altogether and relocating them in NHS Highland hospitals. Maternity services, specifically all pregnancy scanning, is now provided in Campbeltown. Some clinic services and aortic aneurysm screening is in Lochgilphead. However, it is the expansion of service provision at Oban that is particularly affecting Islay and Jura residents. Due to these policy and administrative changes, services which until recently were offered to Islay and Jura residents in Glasgow are now only being provided within Argyll and Bute HSCP run hospitals. Direct GP access to advanced imaging (e.g. ultrasound and CT scans) is only available in Oban and patients who require specialist care for Gastroenterology and routine Ear, Nose and Throat problems can only be seen in either Oban or Campbeltown. Some initial specialist consultations, for instance gynaecology, are arranged at Oban even though the hospital lacks an operational gynaecology unit and further investigation and treatment requires further appointments in Glasgow.

Overall, patients, their GPs and the PTTI are losing their ability to control and influence where patients are seen and when they are seen. In many cases they no longer have the opportunity to make any choices at all.

How : Although Oban is closer than Glasgow measured as the crow flies, the journey there from the islands is equally long and in many ways more difficult. It can only reasonably be accomplished by private car, is difficult to get there and back in one day, and is effectively impossible by public transport. Lochgilphead and Campbeltown can be reached from the Kennacraig ferry terminal by public transport rather than private car but timetabling is a challenge and a relatively short journey is transformed into a longer one. Journeys to Glasgow can be made by ferry and road or by air. Travelling by air is much faster and arguably less stressful and tiring, but the complications of onward travel from the airport can negate these advantages. The journey by ferry and road is much longer. A private car has to be driven on busy roads but runs from door to door and reduces the difficulty of reaching the destination hospital. Public transport is slower and much more complicated.

The figures show that only 1 in 5 journeys to Glasgow for secondary health care are made by ferry and road. It is not clear why this is the case, given the financial considerations which drive many aspects of the NHSH Travel Policy. This states that “Patients and escorts are required to use the most cost-effective means of transport, considering the overall trip cost” and that “Flights will only be authorised by patient travel booking officers if : a. The patient’s health condition or disability requires it, or b. It is cheaper overall than alternative transport (e.g. car, ferry, bus train) plus overnight accommodation” and that the “Final judgement of the cheapest reasonable means of transport rests with NHS Highland”. The NHS pays the full price of the air fare for patients who

fly to Glasgow and the provisions of the Air Discount Scheme, which reduce the price of air travel for residents travelling privately, do not apply for journeys paid for by the NHS. Travelling to Glasgow by air paying the full fare is considerably more expensive than travelling by ferry and road, particularly considering the low value of the mileage rate which is available under the policy. Historically the majority of patients have always travelled to Glasgow by air and anecdotally the majority of patients express a preference for doing so. However, there is no published figures for the average cost to NHS for each type of journey and no published evidence of patient preference. It is possible that one of the reasons for the recent change of provision of some services from NHS GGC to NHS is to reduce expenditure on air travel. In the absence of evidence and publicly available argumentation it is not possible to comment further.

Whatever the reasons for the changes they are not necessarily in the best interests of patients.

4. Complexity and Timetabling

On close examination journeys made to the mainland for secondary medical care by Islay and Jura residents can be seen to have a bewildering number of individual moving parts, all of which have to work perfectly in a consecutive sequence flexible enough to adapt to unexpected complications in real time. The journeys have to conform to the strictures of the NHS Travel Policy and its possible interpretations, as well to the rigid demands of multiple tight timetables, each with their own internal logic and not necessarily designed to work smoothly together. This complexity often tests the structure well beyond its limits. Patients are sent appointments at times and places that are difficult or impossible for them to get to using the means of travel which they have been told they must use and which may not take into account their personal needs and preferences. Then halfway through the journey something goes wrong.

This is too often the reality in which patients find themselves, or lose themselves. In practice only the patient understands the total complexity of each journey and feels the effects that it has upon them. Often it is the patient who has to take on the struggle to force the separate, jagged fragments of the journey's mechanism to work together to achieve a successful outcome. This onerous task often falls onto the shoulders of a patient who is ill, exhausted and in pain, and who has to work within a complex system of which they have no expert knowledge, no previous experience, no authority and no compulsive power.

This is the situation that many of the comments made by patients in this survey describe. It is no wonder that those who make these journeys report difficulties, negative feelings, anxiety, stress and worsening symptoms.

5. Arranging the Journey

Patients receive the appointment that they have been assigned through the post. The quality and reliability of the postal service has declined in recent decades and it is generally slow and uncertain. The reliability of the postal service on the islands is poor. Notification of appointments may arrive with very little notice, anecdotally sometimes after the actual consultation was due to occur. Dissatisfaction with the formal system is so great that many informal work arounds are in place involving texts, emails and phone calls, many initiated by patients themselves, but there is no consistency and patients are often left with a very short time to arrange travel.

Appointments once received may need to be changed because of unavailability of transport and escorts, because of work or other pre-existing commitments, because of the logistics and timetabling of the journey or because of patient preference. Changing appointments can be very challenging. It is often not clear who must be contacted or how they must be contacted. Access to staff who can change an appointment may be limited and alternative appointments and clinics might not be available. The responsibility for changing an appointment time formally falls on the patient but members of PTTI and surgery staff, who recognise the complexity and stress of the process for patients, will often go above and beyond their responsibilities to help patients get an appointment which fits their needs and those of the journey they must undertake.

Booking transport presents further challenges. The NHH Travel Policy states “NHS Highland can book air, ferry and rail travel”. In practice patients cannot book air travel and the PTTI always do this on behalf of the patient. There is little call to book train travel for island patients, although some proposed itineraries for peripheral NHHGC hospitals may contain a train journey. For ferry travel the PTTI issues the patient with a ferry warrant, which can be sent to them patient by email, and the patient uses this to book ferry travel. Sometimes there is no availability of seats on the plane or car berths on the ferry. In this case CalMac operates an NHS Priority service to ensure that patients who have to travel for medical reasons can always do so. If a car berth cannot be offered then patients travel as foot passengers and CalMac will book and pay for a taxi to take the patient from Kennacraig to their destination hospital and return to Kennacraig. The provision of this service is reassuring and CalMac staff on Islay take great pride in ensuring patients who need to do so can get off the island. However, it is an emergency option with very limited flexibility and will often require significant juggling of appointment times and journey logistics.

The PTTI are well aware of the difficulties that patients experience booking transport and arranging journeys and do their best to help patients in difficulties. The same is true for CalMac staff, Islay Airport staff and LoganAir staff. Despite this, the stress, anxiety and difficulty of booking transport for the journey often ends up with the patient. Proving eligibility for escorts, taxis and overnight accommodation, and chasing the necessary paperwork, discussed below, adds to this burden.

On the journey itself anxiety at possible or actual delays or cancellation is pervasive. Difficulties in knowing what to do when things go wrong, compounded by feelings of tiredness, loneliness, helplessness and abandonment are all described in the survey comments. The value of the kindness, support and help provided by airport, Calmac, LoganAir and fellow travellers to patients during their journeys cannot be overestimated. A kind word and a helping hand, freely offered, makes a huge difference to patients who are lost and struggling.

The journey home from hospital for those who have been discharged following an in-patient stay is particularly difficult. The decision to discharge may be made at short notice under pressure of overcrowding and bed occupancy and take little regard of the difficulties of arranging a long journey home. Ward staff in mainland hospitals are often unaware of the complex logistics, unaware of their responsibilities to ensure that suitable transport is arranged and have little or no knowledge of who to ask for help. Discharges are often arranged late in the day or at weekends and the PTTI may not be available. Patients who are still very disabled, unwell, in pain and not fully self-caring may have to arrange their own journeys home, pay upfront, and endure prolonged periods of self-care in quite hostile environments in waiting rooms and corridors, in taxis or buses, and on planes and ferries.

6. Expenditure : Making Payments : Recovering Payments.

This small survey gives very limited information as to the personal financial cost to patients of undertaking journeys for medical care to the mainland. 46 respondents gave an approximate figure of : 21 spending less than £50, 15 spending between £50 and £150, 10 spending more than £150 with 4 of these spending more than £200. These must be regarded as very approximate estimates. They are considerable sums in their own right but they take no account of the monetary value that might be put on the time taken for the journey and, for those who are working, loss of income.

The levels of reimbursement defined by the NHS Travel Policy for the expenses of escorts, overnight accommodation and vehicle mileage are considerably less than real world expenditure and patients comment on this repeatedly. As noted above no information is given in the policy as to how the rates are set and what proportion of the patients expenses they are intended to cover. No comparison is given with the expenditure of patients who are not covered by the terms of the policy. It is therefore not clear whether the policy is able to fulfil its aims to ensure “equitable access to secondary care” and “reduce financial barriers”, which in themselves remain undefined.

The advance permission required for certain reimbursements and the completion of the paperwork to retrospectively claim reimbursement can cause difficulties for residents. Some believe that it is necessary to get the expenses claims for signed before the journey is undertaken in order to authorise the later payment of expenses for accommodation and taxis. Some are unsure whether taxis can be authorised by PTTI or whether the patient travel administrator at Lochgilphead has to be contacted. Some patients experience difficulties getting their expenses forms signed at the destination hospital as proof that they have attended. Some patients are apparently advised that they can only have this done at the hospital cash desk, even though the cash desk may be at the other end of the hospital with limited opening hours and no available access at the time of the appointment.

Patients express concern about having enough money to pay travel expenses, particularly accommodation and taxi fare upfront. The NHS Travel Policy says that “Patients unable to cover the initial cost of travel can request an advance by contacting their local Patient Travel Administrator” It is not clear what sums are available or how they can be collected by patients. The policy states that, in the case of an advance being given, “completed expense forms and receipts showing proof of expenditure must be returned promptly to the Travel Administrator”. Expenses forms and proof of expenditure must be submitted by post and can usually be submitted up to 3 months after the date of the appointment. The policy sets no standards for the time taken to settle patient’s claims once they have been submitted.

7. Escorts : Overnight Accommodation : Taxis

Having someone with you to help on the journey, being able to pace the journey over 2 days and being able to use a taxi to get from the airport to the hospital and back make things very much easier for those who have to travel to the mainland for secondary hospital care. Reimbursement for the expenses incurred by patients for escorts, overnight and taxi use is subject to eligibility criteria which the NHS Travel Policy attempts to define along with the process of administering the reimbursement. The policy also assigns the responsibility for determining whether individual patients and journeys meet the criteria.

The eligibility criteria are strict and financial pressure to minimise expenditure is high. Formal authorisation for reimbursement for these expenses must be obtained by the patient from the PTTI prior to the journey taking place. Eligibility for reimbursement for the use of escorts is very heavily dependent on the demonstration of the patient's "medical necessity" to incur them. Overnight stays can be authorised by the PTTI where it is "unavoidable due to appointment, admission or discharge timings" and they are required to make the final decision on reimbursement of this expense. The use of taxis may be approved by the PTTI if "(a) No public transport is available (b) Time constraints make public transport unsuitable (c) A clinician approves taxi use due to mobility issues".

The complexity of the eligibility requirements and the subjectivity of their assessment can make access to these benefits a subject of contention between individual patients who want to take advantage of them and the PTTI who face significant pressure to minimise expenditure but are elsewhere required by the policy to "ensure equitable access to secondary care" and "reduce financial barriers". The PTTI find themselves in the position of making yes or no decisions based on their subjective impressions of the patient's needs and capabilities and unsupported by any clear evidence or decision of the "medical necessity" of the expense. This is unfair on the PTTI who naturally want to support ill patients who they well know face prolonged, difficult and tiring journeys.

Escorts : The NHS Travel Policy defines an escort as "A pre-authorised, designated individual who accompanies a patient for travel assistance based on medical necessity" and as "An escort paid for by the Highlands and Islands Patient Travel Scheme is for a patient who needs assistance to ensure the safe completion of the journey to or from hospital who would not otherwise manage to attend their hospital appointment". The policy says "NHS Highland will specifically consider the following reasons to fund an escort" and then lists 5 reasons, of which only two (patient aged under 16 ; patient has a guardianship order or an incapacity certificate) are based on easily determined objective criteria. To make a judgement on the other three reasons requires a detailed knowledge of why the patient is travelling, their physical and mental capabilities, what treatment they might receive and their side effects. The policy also has a catch all clause "In all other cases the criteria for authorising an escort is that it should be medically necessary for the patient to be escorted".

The NHS Travel Policy is clear, but not completely clear, about who should be making the decision about whether there is a "medical necessity" for the patient to be escorted. It states "Your family doctor (GP) or hospital consultant will usually be the person deciding whether an escort is clinically necessary". This admits that, unusually, some other person might be the decision maker, but the identity and qualifications of this person, or the situation in which they might be required to make the decision are not defined or further discussed. The policy specifically excludes some reasons for reimbursement "Social grounds, emotional grounds, fear of flying or pregnancy are not considered a reason for an escort".

In summary the policy says that, aside from 2 objective criteria only patients with "a significant clinical condition that makes independent travel impossible" will be eligible for reimbursement for the expense of an escort and that "clinical necessity" will "usually" be determined by "your family doctor (GP) or hospital consultant". This is not what happens in reality and despite several paragraphs of explication the operative meaning of "clinical necessity" remains a matter of individual judgement in almost every case.

This situation has significant effects. The PTTI are in a very difficult position, caught in the middle of opposing imperatives to minimise expenditure at the same time as doing their best to help patients and minimise the difficulties of their journeys. Criteria for eligibility are almost entirely subjective and a judgement is dependent on detailed, confidential information about the patients situation, capabilities and state of health. Some patients are having to undertake journeys whose significant difficulties would be considerably alleviated by an escort. Some patients are paying for an escort personally. Anecdotally some patients are not attending appointments because they cannot get an escort.

Aside from this small survey no published review or research evidence could be found which documents the real world effects of the escort reimbursement policy on patients who have to travel to the mainland from Islay and Jura for medical care or which validates the administrative processes it mandates. No records are kept of the number of applications made for escort reimbursement, the number accepted, the number refused and the specific clinical reasons for acceptance and refusal. We have no idea of the number of patients who are not travelling for appointments because they have been refused reimbursement for an escort.

Overnight stays : The NHH Travel Policy has several clauses specifically concerned with the reimbursement of expenses for overnight stays. It says “Travel should occur on the **same day** as the appointment. If travel schedules do not permit a day return travel is allowed one day before or after with accommodation costs covered where necessary” (emphasis in the policy). This is qualified as “Patients and authorised escorts can claim overnight accommodation expenses.. ..at current rates when an overnight stay is unavoidable due to appointment, admission or discharge timings”. There are several other clauses defining when reimbursement for accommodation will be permitted, one of which is “Patients and Escorts are encouraged to stay with family and friends where possible. A family and friends overnight rate.. ..is provided for these stays”. The family and friends reimbursement is currently £10, compared with the rate for commercial accommodation which is currently £60. What kind of “encouragement” the policy intends is not defined but “Final decisions on reimbursement of overnight expenses rest with the Patient Travel Administrator, following the above rules”.

The “rules” require significant interpretation (exactly when is an overnight stay “unavoidable due to appointment, admission or discharge timings”?) and little practical guidance for how it should be carried out. Some rules might be interpreted with contrary effects. It is possible to interpret the policy as determining that unless a particular journey is actually impossible, not merely difficult or very unlikely to succeed, no reimbursement for accommodation will be preauthorised. Such a strict interpretation, which assumes perfect timetabling, no unforeseen delays or medical complications would place very considerable pressure patients to rearrange and delay appointments to fit a tightly defined time-slot and to accept whatever means and timing of travel is imposed, however difficult and expensive for themselves, to ensure that travel takes place over a single day. Once again the PTTI are caught in the same very difficult position.

The proportion of journeys that resulted in an overnight stay in this small survey is high. Out of 61 journeys to the mainland 2 were emergencies by air ambulance for hospital admission. Of the remaining 59 journeys 44 involved an overnight stay and 15 were completed in a single day. 48 of these journeys were to Glasgow, 7 to Oban, 3 to Lochgilphead and 1 to Campbeltown. We do not know which of these journeys was completed in a single day, how many of these overnight stays were preauthorised and reimbursed and how many were paid entirely by the patients themselves. As with the situation for escorts, there is no publicly available survey or research evidence which documents the real world effects of policy on patients or which validates the

administrative processes it mandates. No records are available of the number of applications made for overnight reimbursement, the number accepted, the number refused and the specific reasons for acceptance and refusal. We have no idea of the number of patients who are not travelling for appointments because they have been refused reimbursement for overnight accommodation.

Taxis : The NHS Highland Travel Policy is unequivocal where taxis are concerned : “Taxis are a last resort option for transport and must be **preauthorised**. Without preauthorisation taxi fares will not be reimbursed and the rate of public transport will apply instead” (emphasis in policy). This is further qualified “Taxi fare are only reimbursed as a last resort and **must be reapproved**. NHS Highland may consider taxi costs if : (a) No public transport is available (b) Time constraints make public transport unsuitable (c) A clinician approves taxi use due to mobility issues” (emphasis in policy). In effect, in the case of (a) or (b) pre-approval of taxi costs can be made by PTTI but in the case of (c) pre-approval can only be given by a “clinician” (not further defined).

A real life scenario makes these difficulties clear.

A patient travels to Glasgow airport to keep an appointment at the Vale of Leven hospital. The flight is on time, disembarkation not delayed, and the patient is ready for onward travel and at the airport's exit door at 10.30am. Taxi to the Vale of Leven takes 30 minutes. Returning in comfortable time for the return flight by the same means of transport gives a feasible appointment window of 11 am to 2pm. Travelling to the Vale of Leven from the airport by public transport is possible. First the patient needs to get to the RAH Paisley hospital. There is no direct bus and a change is necessary in Paisley town centre. Journey time is estimated at 40 mins plus. There is a regular shuttle bus to Vale of Leven from the RAH which leaves every 2 hours. The patient must arrive in time to catch the 11.45 departure. This bus arrives at Vale of Leven at 12.30pm. After this the only feasible return journey is to catch the 2.30pm departure of the shuttle bus which arrives at the RAH at 3.15pm. To return to the airport 2 further bus journeys are required, again with a change in Paisley town centre. With a great deal of luck, arrival at the airport for 4pm is possible - later than the recommended check in but still probably in time to get through security and the airport corridors in time for the flight. All this assumes no delays and absolutely seamless connections between buses. Given an appointment at the Vale of Leven between 12.45 and 1.45 this journey is technically possible - but is it really sensible, practical or reasonable for most patients?

The NHS Travel Policy states that travel should occur on the same day as the appointment unless travel schedules do not permit. On the other hand taxi fares will only be reimbursed as a “last resort”. Should patients be forced to choose between paying for a taxi at their own expense, or attempting a tortuous, prolonged and difficult transfer using public transport, or completing the journey over two days by paying for overnight accommodation themselves without any partial reimbursement of the cost?

Once again the PTTI are placed in the same difficult position : on the one hand to refuse authorisation on cost grounds, on the other to minimise the difficulties of the patient's journey. Once again it is not clear how the policy intends its clauses to be interpreted and reasonable judgements made.

Clearly NHS Highland wishes to minimise expenditure and reimbursement for escorts, overnight accommodation and taxis are obvious specific targets. However a lack of financial support for patients on these three parts of their journeys and/or challenging itineraries arising as a

consequence can cause difficulties which affect patients significantly. Given the lack of data covering the choices and their financial consequences it is difficult to know whether the pressures being applied to staff and to patients are genuinely resulting in minimising expenditure for NHS Highland. The NHS pays full commercial rates for air travel with no ADS resident's discount. Travel to and from Glasgow by foot passage on the ferry and public transport is feasible assuming reimbursement for an overnight stay in Glasgow is approved. This may well be considerably cheaper for NHS Highland than same day plane travel and the reimbursement of taxi fares required to make it practical. On purely financial grounds it is hard to understand why the vast majority of patients are reimbursed to fly at all. We don't know how much of their own money patients are having to spend to make these journeys and we don't know what a comprehensive and detailed cost benefit analysis would reveal about the total costs of these journeys and their effects to the NHS and to patients and their families

CONCLUSIONS and RECOMMENDATIONS

Conclusions and recommendations are printed in the Summary at the beginning of this report.

FURTHER READING

Policy of Financial Assistance to Support Travel to and from Hospital

NHS Highland 2025

<https://www.nhshighland.scot.nhs.uk/media/2kzpcfwq/nhs-highland-policy-of-financial-assistance-to-support-travel-to-and-from-hospital.pdf>

“Highlands and Islands Health and Transport Action Plan : Scoping Review”

HITRANS February 2025

<https://hitrans.org.uk/wp-content/uploads/2025/04/Item-14-Appendix-A-HTAP-Scoping-Review-Feb-2025.pdf>

Scottish Government Transport to Health Delivery Plan 2024

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2024/10/transport-health-delivery-plan/documents/transport-health-delivery-plan/transport-health-delivery-plan/govscot:document/transport-health-delivery-plan.pdf>

Mobility and Access Committee for Scotland

Report : Transport to Health and Social Care 2019

<https://www.transport.gov.scot/media/47020/subgroup-transport-to-health-report.pdf>

Research into the Social and Economic Benefits of Community Transport in Scotland

Transport Scotland 2015

<https://www.transport.gov.scot/media/32402/j368247.pdf>

Transport for Health and Social Care

Audit Scotland 2011

<https://audit.scot/publications/transport-for-health-and-social-care>

Scottish Government Management Executive Letter (70) 1996

<https://www.publications.scot.nhs.uk/files/1996-70.pdf>

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The survey, interviews and limited literature review were carried out and this report was written for Islay Connections SCIO by Chris Abell, the Vice Chair of Islay Connections. The report benefitted from careful proof reading and many helpful suggestions from Trustees of Islay Connections.

ERRORS AND MISUNDERSTANDINGS

This report is a discussion document with two basic purposes : to collect quantitative and qualitative information about journeys made for medical and dental care on Islay and Jura and from Islay to the mainland and to provide a baseline for the development of a more detailed strategy for understanding all journeys made for health and wellbeing by Islay and Jura residents.

The author has tried to maintain a neutral, objective stance which takes account of the viewpoints of all concerned. However, while every effort has been made to understand the current situation and to describe it fairly and accurately, the current situation is complex and subject to multiple interpretations. No reader will agree with everything that is written and every reader will probably find something with which they disagree. For any errors or misunderstandings the author offers apologies and accepts responsibility. Nevertheless, this description and the suggestions for future collaborative work are well intentioned and are offered in the hope that they may be useful in improving islanders' experience of journeys to access secondary hospital care.

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