COMMUNITY TRANSPORT INQUIRY

AUDIT SCOTLAND

WRITTEN SUBMISSION

Introduction

1. Audit Scotland is the public sector audit agency undertaking the external audit of the majority of public sector bodies in Scotland. We do this on behalf of the Auditor General for Scotland (for the NHS and central government) and the Accounts Commission (for local government). We provide this written evidence to assist the Infrastructure and Capital Investment Committee’s inquiry into community transport.

Background

2. In August 2011, Audit Scotland published *Transport for health and social care*. We looked at transport provided to help people get to their health appointments or to social care services. We focused on services for people who were not eligible for the Patient Transport Service provided by the Scottish Ambulance Service, but who need some help with transport. This includes people on low incomes, those who live in remote and rural areas and those who have ongoing health or social care needs.

3. Our audit found that key bodies - the Scottish Government, Regional Transport Partnerships, councils, NHS boards and the ambulance service – were not working together effectively to deliver these services or making best use of available resources. Better joint planning and management between these bodies and the voluntary sector could lead to more efficient services and realise some financial savings.

4. The report includes a series of recommendations to help improve these services at a local and national level. In particular, we recommended that:

   - the Scottish Government and partners should work together to clarify responsibilities for planning and delivering transport for health and social care

   - partners should:

     - collect better data and use it to benchmark their performance
     - assess the impact of proposed changes on service users and other providers
     - provide better information about transport options
     - consider integrating or sharing services to improve them
     - review their services to make sure they continue to respond to assessed needs.

5. We routinely look at the impact of a national performance report one year following publication. These impact reports, which are published on our
6. website, help us to identify topics for future performance audit work. In Autumn 2012, we looked at what action the Scottish Government and partners had taken following our *Transport for health and social care* report. We found that limited progress had been made. A national short life-working group on healthcare transport planned to publish a report in September 2011, setting out how partners would take forward our recommendations. The working group has not yet published its report. We also found that only around half of local partners have assessed their performance using the self-assessment checklist we provided in our report. We include these checklists routinely in our reports to help support stakeholders to improve their services.

**Audit Scotland findings**

**Demand for community transport**

7. Our 2011 report highlights that we were unable to project future levels of demand due to a lack of information about the number of people who need help with transport for health and social care. However, people on low incomes, older people and those with ongoing health and social care needs are more likely to need help:

- In 2009, 60 per cent of Scottish households with a net income of up to £10,000 did not have access to a car, compared to a national average of 31 per cent.
- Across the UK, 16 per cent of people aged 70 and over reported difficulty with travel to a doctor or hospital. As the number of older people increases, and people live longer, demand is likely to increase too.

**Spending**

8. At least £93 million was spent on transport in 2009/10 but cost information is poor. The ambulance service and some NHS boards have some information on activity, cost and impact but this information is not collected by all NHS boards and councils across Scotland. We estimate that around half of spending on transport for health and social care is made by councils.

9. We found that:

- central reimbursement schemes, such as the Highlands and Islands Transport Scheme, could be used more efficiently
- voluntary sector organisations report pressures on their funding as councils’ resources are squeezed and grants or contracts are short term
- improved scheduling systems are needed across all providers of transport for health and social care, to make better use of resources and to help patients and services users
• there could be more efficient use of taxis – a study in Clyde Valley estimated potential savings of up to £4 million through better use of taxis.

Coordination and joint working

10. There are many public sector bodies involved in delivering transport for health and social care. But there is a lack of strategic oversight and overall responsibility is fragmented. Given the number of organisations involved, there needs to be a clearer system for organising resources and clarity about the roles of services and partners, including the voluntary sector.

Further information

11. We hope that you find our comments helpful and should you require any further information please contact Barbara Hurst, Director of Performance Audit, Audit Scotland, 18 George Street, Edinburgh, EH2 2QU, e-mail bhurst@audit-scotland.gov.uk.

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2 National Travel Survey 2009, Department for Transport, 2010.

Audit Scotland
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