



IOW Council Cross Solent Travel Scheme Consultation Report

January 2019

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Contents

Acknowledgements	1
Summary	2
Introduction	3 - 4
Survey results	5 - 21
Conclusion	22
References	23
Appendix 1 (Formal responses to survey)	24 - 25
Appendix 2 (Cross Solent travel scheme survey)	26 - 30



Acknowledgements

Healthwatch Isle of Wight would like to thank all those who contributed to this piece of work, in particular the following:

- All members of the public who took the time to share their feedback and personal experiences
- All GP practices for sharing and collecting surveys
- Mountbatten Hospice and the IOW NHS Trust for distributing the survey
- Riverside Centre, Carers IW, People Matter IW, Age UK Isle of Wight and Aspire for sharing the survey
- Wessex Cancer Trust, Applegate Breast Cancer Support Group, Head and Neck, Upper GI & Skin Cancer Support Groups and the IOW Prostate Cancer Support Groups for promoting and sharing the survey.

Summary

Introduction

The Isle of Wight Council currently provides £60,000 each year to support people who have to travel for mainland health appointments relating to chemotherapy, radiotherapy and renal dialysis. This is administered by the IOW NHS Trust.

The Council is considering whether or not it should continue to provide this funding.

What Happened

As a way of establishing public opinion relating to the future of the scheme, the Isle of Wight Council developed an online survey and this was promoted through the media, social media, community and voluntary sector organisations and could be found on the IOW Council website.

Hard copies of the survey were available in the community and were shared by individuals, community and voluntary sector organisations and others.

The survey ran from 12th November 2018 to 23rd December 2018. 1,863 responses were received. 211 hard copies had been completed and were inputted by Healthwatch Isle of Wight. 1652 surveys were completed via the online link.

Survey results

Just over half the people who completed the survey had travelled to the mainland for a health appointment within the last 12 years, although most of these were not for chemotherapy, radiotherapy or renal dialysis.

180 people who completed the survey had used the IOW Council funded scheme to reclaim their travel expenses. People had found out about this scheme by a variety of methods, with most people receiving the information from the IOW NHS Trust. A number of people who completed the survey had not previously been aware of the scheme although they may have been eligible to use it in the past.

Future of the scheme

The largest number of respondents to question 9 **32% (502) said that they would not be able to afford to fund their travel** if the scheme were to be discontinued. The most common method that people thought they may have to use to fund future travel was by using savings and then income. 5 people stated that they would use a credit card and this was reinforced in the comments with 3 people having to get into debt to pay for expenses related to their treatment, including travel.

With regards to whether people wanted this scheme to continue, 974 **(78%) said that they felt it should continue** and **41 people (3%) felt that it should not continue** or should not be funded by the IOW Council.

Introduction

Since 2006, the IOW Council has provided £60,000 a year to fund cross Solent travel costs. This meant that people who travel as a foot passenger to mainland hospitals for chemotherapy, radiotherapy or renal dialysis can claim their ferry fare back. They can also claim the cost of a carer/companion foot passenger fare where the patient is over 65 years of age or under the age of 18.

Last year the council identified their cross Solent Travel Scheme as a potential budget saving so it was agreed that prior to making a decision about the future of this funding, they would hold a public consultation to enable people on the Isle of Wight to have their say on the future of the scheme.

Isle of Wight Council developed a survey and asked Healthwatch Isle of Wight to help distribute the survey, analyse the results and write a report of the findings. The Isle of Wight Council managed the media and communication processes.


History

Until 2005, IOW NHS health services provided funding for people who have to travel across the Solent for radiotherapy, chemotherapy or renal dialysis appointments and who did not meet the criteria for claiming statutory funding.

In 2005 however, IOW health services withdrew their travel funding scheme and this is when the IOW Council made a decision to support people who are not eligible to claim travel expenses from the statutory schemes, as they recognised that many people would struggle to find the funds needed to travel for medical treatment.

Additional travel funding available

Isle of Wight residents have had to travel to the mainland for hospital appointments for many years and there are some statutory travel schemes where people can claim back their travel expenses: Here are some quotes from NHS information sites:



Healthcare Travel Cost Scheme

The **Healthcare Travel Cost Scheme** (HTCS) ¹ enables people to claim a refund of reasonable travel costs if they are referred to hospital or other NHS premises for specialist treatment or diagnostic tests by their doctor, dentist or other primary care health professional. To qualify for help under this scheme people must meet 3 conditions:

1. At the time of your appointment, you or your partner (including civil partners) must receive one of the qualifying benefits or allowances listed, or meet the eligibility criteria for the [NHS Low Income Scheme](#).
2. You must have a [referral](#) from a healthcare professional to a specialist or a hospital for further NHS treatment or tests (often referred to as secondary care).
3. Your appointment must be on a separate visit to when the referral was made. This applies whether your treatment is provided at a different location (hospital or clinic) or on the same premises as where your GP or another health professional issued the referral.

The **NHS Low Income Scheme**² is another NHS scheme to help people with the cost of travelling to receive NHS treatment. This is for people who are not eligible for the HTCS scheme and anyone can apply as long as they don't have savings or investments over a certain limit. People can apply for this scheme if they or their partner (or both) have less than:

**NHS Low
Income
Scheme**

- £16,000 in savings, investments or property (not including the place where you live)
- £23,250 in savings, investments or property if you live permanently in a care home (£24,000 if you live in Wales)

How much help you get depends on your weekly income and necessary outgoings, plus any savings or investments you have at the time you apply. Your council tax and housing costs will be used in the assessment. This means that even if your income is too high for Income Support, you might still get help through the NHS Low Income Scheme. If you have a partner, their income will also be taken into account as part of your assessment, as will the income of any other people who live with you (excluding children or dependent young people).

**IOW Cross Solent
Travel Scheme
Survey**

Cross Solent Travel Scheme Survey

The Isle of Wight Council developed an online survey and this was promoted through the media, social media, community and voluntary sector organisations and could be found on the IOW Council website.

Hard copies of the survey were available at every GP practice, throughout many departments of the IOW NHS Trust, Mountbatten, at local libraries and were also shared by community and voluntary sector organisations and cancer support groups.

The Isle of Wight Council survey ran from 12th November 2018 to 23rd December 2018. Surveys were available in different formats and were posted to members of the public on request.

1,863 responses were received.

1,652 surveys were completed via the online link. 211 hard copies were completed and inputted electronically by Healthwatch Isle of Wight

Survey Results

Q1. Have you at any time in the past 12 years, had to travel to the mainland to attend a medical appointment?

1,846 people answered this question

54% of people who answered this question had **travelled to the mainland** for a medical appointment.

The majority of these (285) of these were aged between 50 and 64.

33 were aged between 18 and 29.

Q2. Was your mainland medical appointment for chemotherapy, radiotherapy or renal dialysis?

1,090 people answered this question.

77% of people who answered the question had **not** travelled to the mainland for chemotherapy, radiotherapy or renal dialysis

23% of people who answered the question **had** travelled to the mainland for chemotherapy, radiotherapy or renal dialysis.

5% of people had travelled for chemotherapy (51)

17% had travelled for radiotherapy (188), and

1% had travelled for renal dialysis. (15)

3% of the total number of people who completed the questionnaire, have travelled to the mainland for chemotherapy, 10% have travelled for radiotherapy and 1% have travelled for renal dialysis.

"I did not complete my radiotherapy as I couldn't afford it. To end this service will result in some untimely deaths. Possibly even my own."



"For radiotherapy, this was 30 days of ferry travel and would have cost £600 which is a considerable amount at a very stressful time."



"Having had a daughter who died of cancer, the financial burden on families who would not normally qualify for benefits.. is crippling, absolutely crippling."



"I had 26 (sessions of) radiotherapy and chemo and I was very poorly. I know of others who could not cope with the cost and travel. One gave up for this reason."



"My (relative) had neurosurgery over the summer months which made travel even dearer. We are prisoners on the Island held to ransom with high fares to get off."

Q3. Did your level of income and benefits entitle you to claim your travel costs under the means tested statutory Healthcare Travel Cost Scheme (HTCS)?

517 people answered this question

330 people (64%) answered `No`

103 (20%) answered `I don't know`

84 people (16%) answered `Yes`

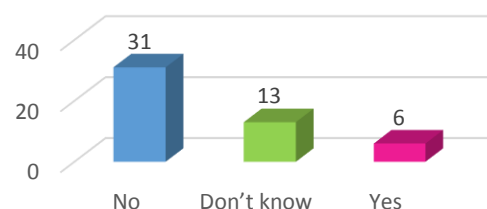
Use of the Healthcare Travel Cost Scheme

31 people who had travelled for chemo had not claimed using the HTCS, 13 did not know and 6 people did use this scheme.

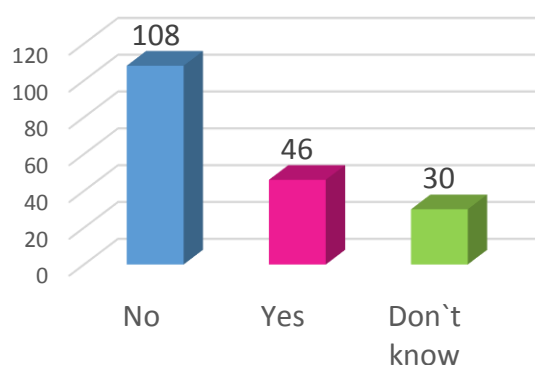
Of the 15 people who travelled for renal dialysis, 8 people did not claim under the HTCS scheme, 3 people had claimed and 4 people did not know.

Out of the people who travelled for radiotherapy, 108 people had not claimed under the HTCS scheme, 46 had claimed and 30 people did not know.

People who had travelled for chemotherapy and used the HTCS scheme



People who had travelled for Radiotherapy and used the HTCS scheme

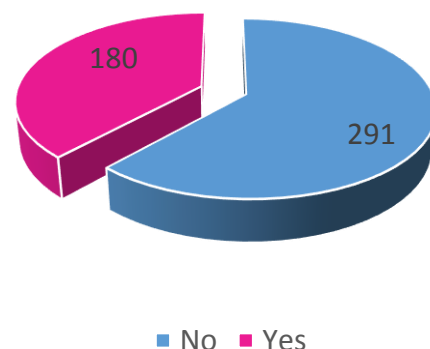


Q4. Did you use the discretionary non-means tested Cross Solent Travel Scheme to reclaim your travel expenses?

471 people answered this question

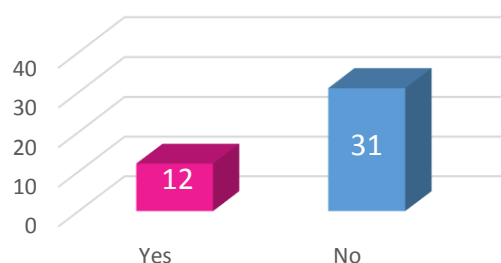
180 people (38%) said yes, they had used this scheme

291 people (62%) said no, they had funded their own travel costs.



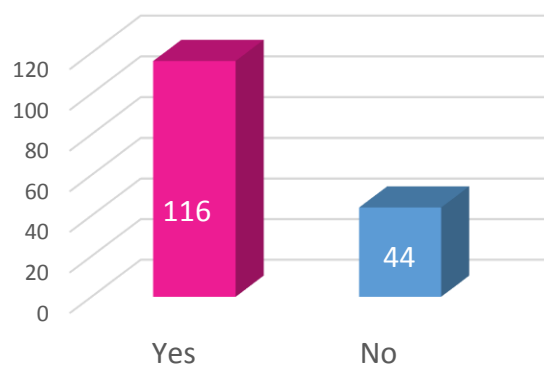
Breaking this down, of the 51 people who completed this survey and had travelled for chemotherapy, **12 people (23.5%)** had used this scheme and **31 people (61%)** had not used the scheme. 8 people did not answer the question

People who travelled for chemotherapy



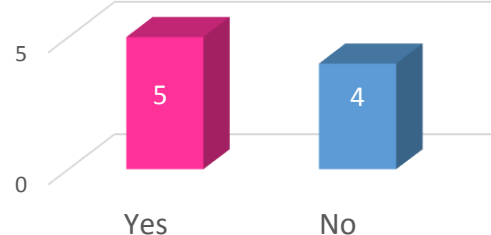
Of the 188 people who travelled for radiotherapy 116 people **(62%) had used** this scheme, whereas 44 people **23% had not**. 28 people did not answer the question.

People who travelled for radiotherapy



Of the 15 people who had travelled for renal dialysis **5 people** had used this scheme, **4 people had not** and 6 people did not answer the question.

Renal dialysis

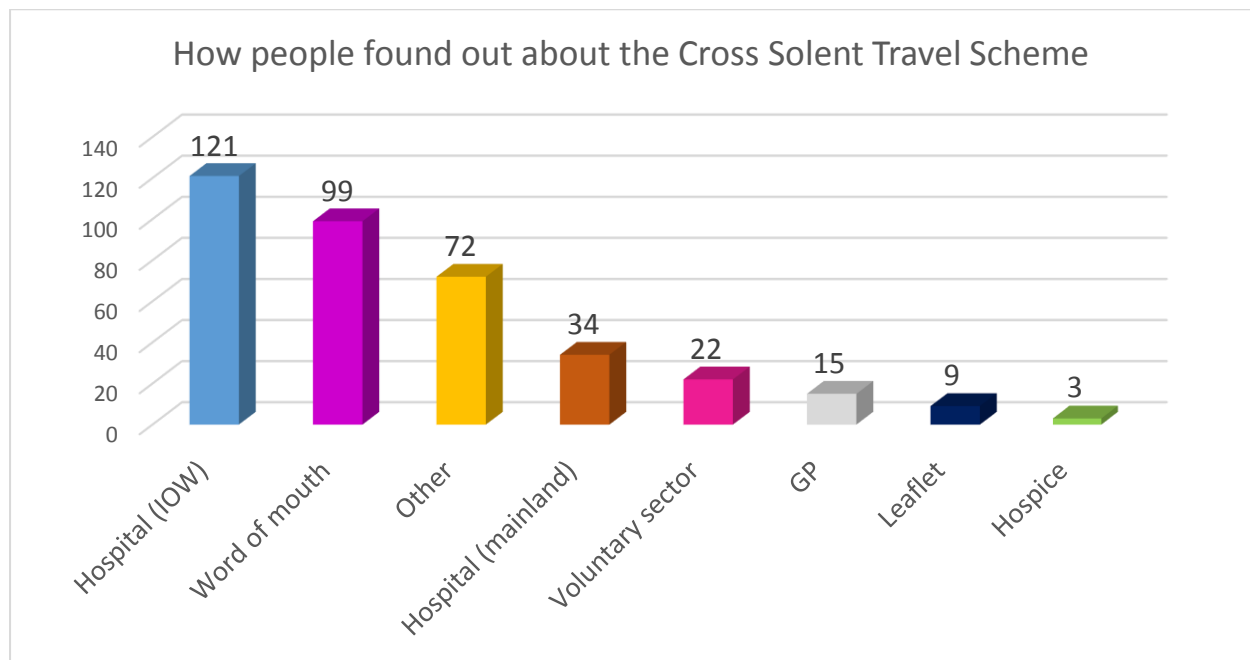


Q5, How did you find out about the Cross Solent Travel Scheme?

316 people answered this question.

There was a wide variety of methods that people used to find out about this scheme. Most people found out information from St Marys hospital 38%, although many people relied on word of mouth 31%.

18 people who answered this question had not heard about this scheme.



Some people picked more than one answer for this question

Other answers given:

“Didn’t know it existed” (18)

“Found out by this survey” (7)

“Social media” (7)

“Red Funnel” (4)

“Wessex Cancer Trust” (4)

“Local paper” (4)

“Charity” (2)

“News website” (2)

“Cancer nurse” (2)

“Internet” (2)

“Family member” (1)

“Prostate cancer support group” (1)

“Local area co-ordinator” (1)

“Daisy Chain” (1)

“Macmillan” (1)

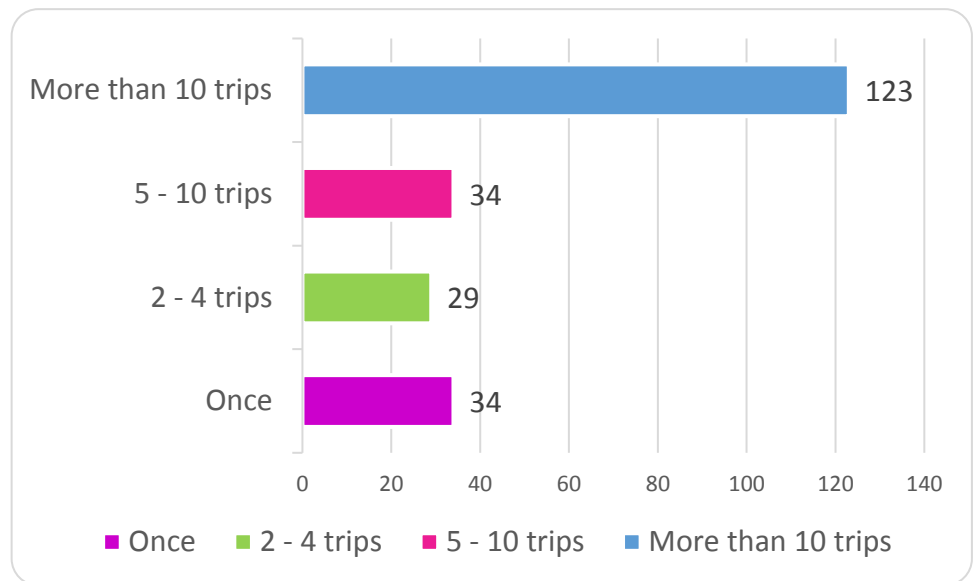
“Luck as it’s not widely advertised” (1)

“Support worker” (1)

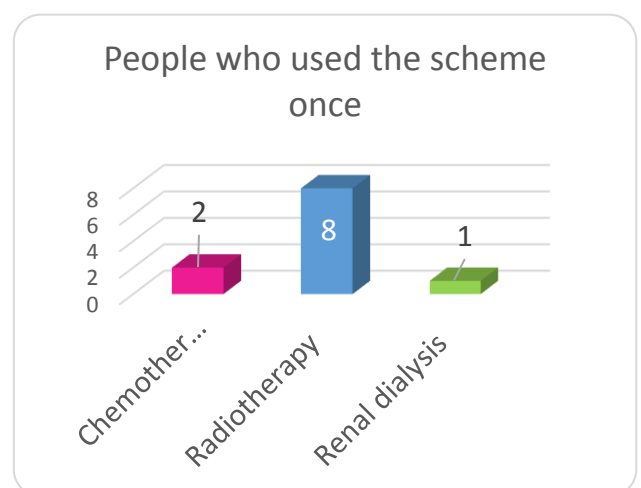
“Radio” (1)

Q6. How many times have you used the discretionary Cross Solent Travel Scheme to reclaim your travel costs?

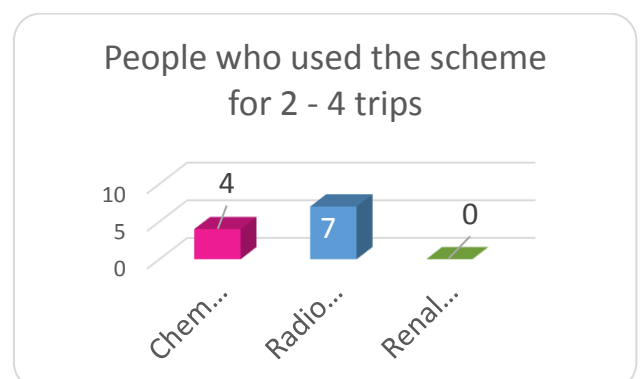
220 people answered this question.



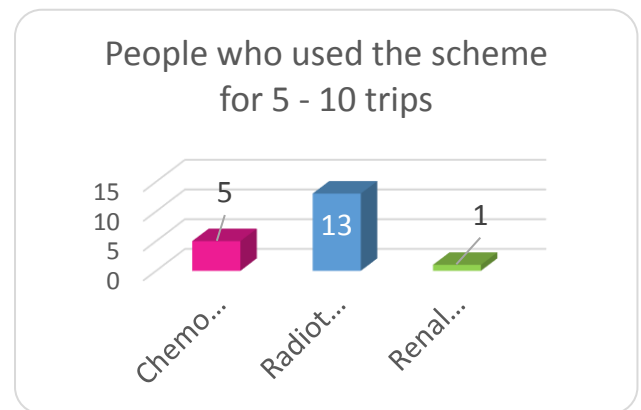
34 people (15.5%) used the scheme once and of these, 2 people had travelled for chemotherapy, 8 people for radiotherapy and 1 person for renal dialysis.



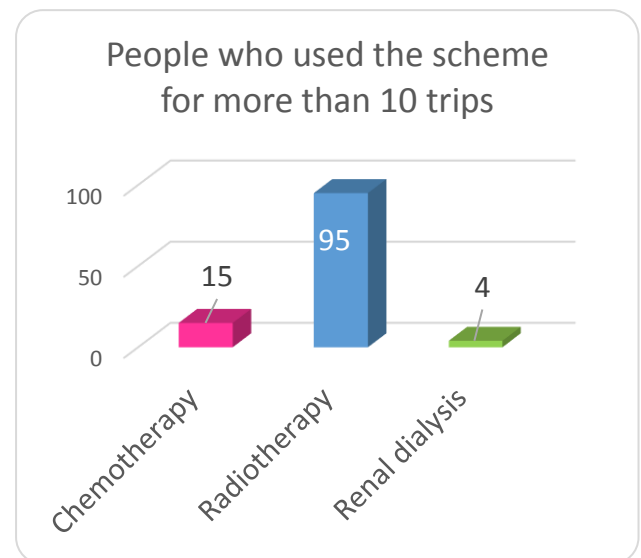
29 people (13%) used the scheme for 2 – 4 trips and of these, 4 people had travelled for chemo, 7 for radiotherapy and none for renal dialysis



34 people (15.5%) used the scheme for 5 – 10 trips. Of these, 5 people had travelled for chemotherapy, 13 for radiotherapy and 1 for renal dialysis.



123 people (56%) used the scheme for more than 10 trips and of these, 15 people had travelled for chemotherapy, 95 for radiotherapy and 4 for renal dial



Q7. Were you accompanied by a carer or a companion who was also funded under the discretionary Cross Solent Travel Scheme?

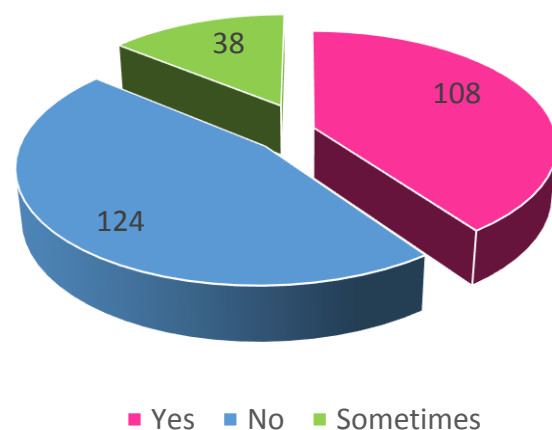
270 people answered this question

124 people (46%) people had not been accompanied by a companion who had also been funded

108 people (40%) people had been accompanied by a companion who had also been funded

38 people (14%) had sometimes been accompanied by a companion who had also been funded

People who have been accompanied by a companion who was also funded under the scheme



124 people **(46%)** who answered this question had not travelled with a carer or companion who had also been funded under this scheme and of these, 7 had travelled for chemotherapy, 69 for radiotherapy and 1 for renal dialysis. 47 people did not specify the reason for their travel



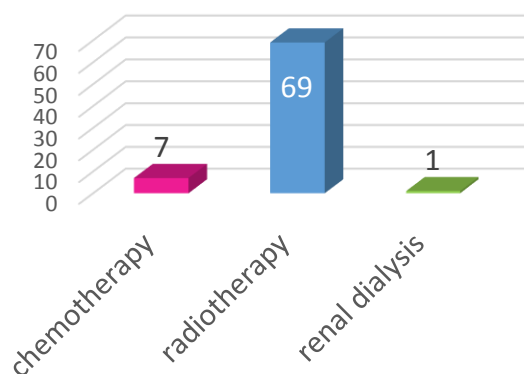
108 people **(40%)** said that they had travelled with a carer or companion who had also been funded by this scheme and of these, 14 had travelled for chemotherapy, 40 for radiotherapy and 5 for renal dialysis. 49 people did not specify the reason for their travel



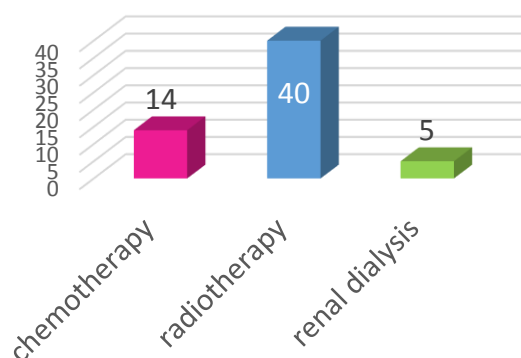
38 people **(14%)** said that they sometimes travelled with a carer/companion who had been funded by this scheme and of these, 7 had travelled for chemotherapy, 22 for radiotherapy and none for renal dialysis. 9 people did not specify the reason for their travel.



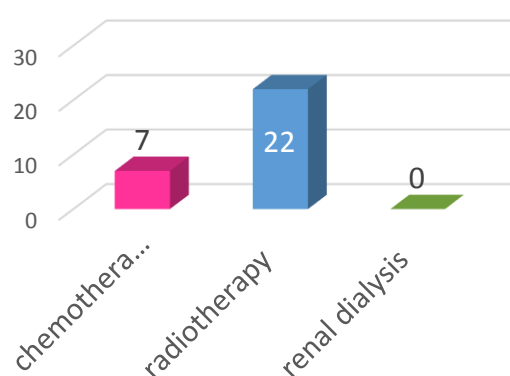
People who had not travelled with a companion who had also claimed funding



People who had travelled with a companion who also claimed funding

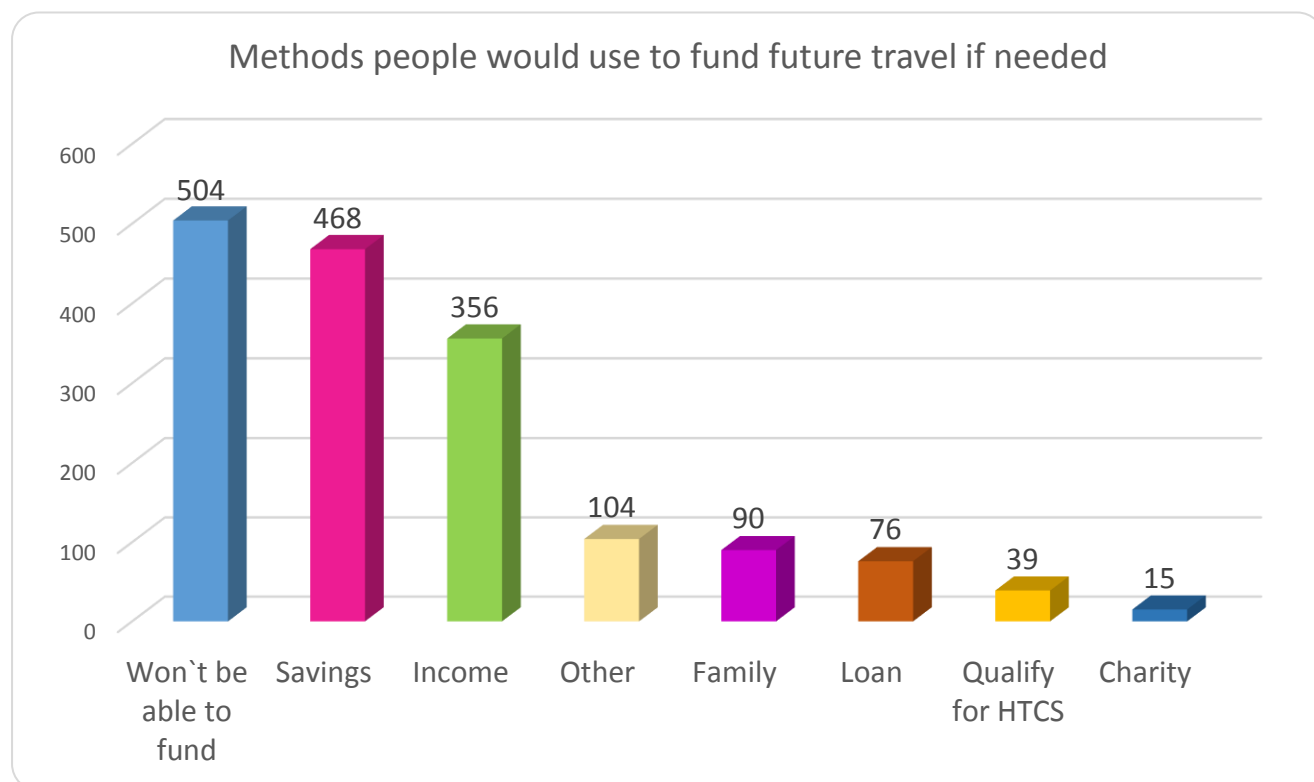


People who sometimes travelled with a companion who had also claimed funding



Q8. If you should need to travel to the mainland for chemotherapy, radiotherapy or renal dialysis in the future and this scheme was not available, how would you fund your travel costs?

1584 people answered this question although some people gave more than one answer.



The largest number of people **32% (502)** said that they would not be able to afford to fund their travel. The next most common way that people thought they may fund future travel was by using savings and then income. 2 people said they would use benefits and one person said that they would use their overdraft.

Other answers given:

"I would use my savings but after these ran out, I would not be able to fund my treatment."

"Would find money for partner but might forego treatment myself."

"Would have to move off the Island."

"I would have to scrimp and save where I could."

"Would take my chance on no treatment."

"A man of over 80 should not have to worry about the excessive financial strain to attend Radiotherapy as well as his health."

5 people said that they would use a credit card to pay for travel



In the next question (question 9), 3 people shared their experiences of getting into debt when having to travel for extended periods during their treatment for cancer and other health conditions.

Other people felt that it is difficult to assess what will happen in the future as this will be dependent on so many things including whether or not they are able to work, whether they will be entitled to sick pay and whether or not they have dependents, many of which are not know at this point.

356 people said that they would use income to fund their travel although this may be dependent on them maintaining a similar level of income throughout their treatment.



25 people said that they would use a variety of means to find the funding needed for travel

3 people stated that they would not travel for treatment.

“While I`m still working I can pay but in retirement I will only have my state pension and a very small private one, so who knows.”



“Who knows but I wouldn` t have a choice but to pay the fare if I wanted any chance of survival. It`s disgusting that Islanders have to pay any form of cross Solent fares for medical treatments when those residing on the mainland do not. Clinical discrimination if there ever was such a thing.”



“Travel costs should be wholly funded by Isle of Wight NHS Trust, because it`s the NHS who make the decision not to provide the services on the IW so that patients are forced to travel to the mainland.”



I think you would go through this list, so use your income if/while you have a job and can afford it, then dip into savings, then you might ask family or a charity. Doubt by this point you` d qualify for a loan and how would you repay it? – you could become desperate and take out a payday loan? Charities are hard pressed already and not everyone qualifies for the HTCS, so I see some people opting out of receiving treatment.”



“Not sure at this point in time.”

“If regular journeys were needed I would not be able to afford my travel”

Q9 Please use the space below to share your thoughts about whether or how the Isle of Wight Council should continue to fund this scheme in the future:

1,255 people answered this question

This question elicited a huge amount of feedback and many people wished to comment on the reasons for their answers and share their experiences of travelling to the mainland for treatment.

Although people were asked to comment on whether the Isle of Wight Council should continue funding this scheme, the question about whether or not the scheme should continue in some form or another, was not asked. Despite, this over half the people who completed the survey expressed a wish for the scheme to continue.

With regards to whether people wanted this scheme to continue, 974 (78%) said that they felt it should continue and 41 (3%) stated that it should not continue or should not be funded by the IOW Council.

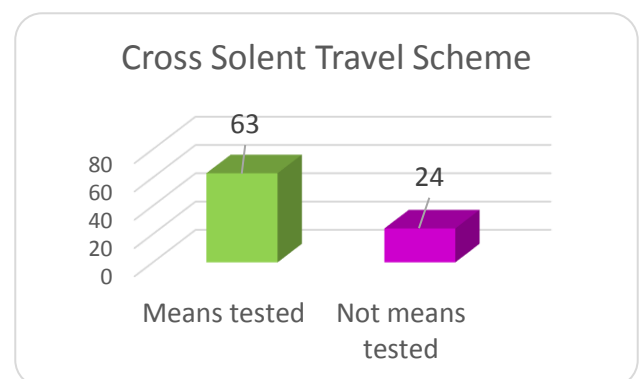
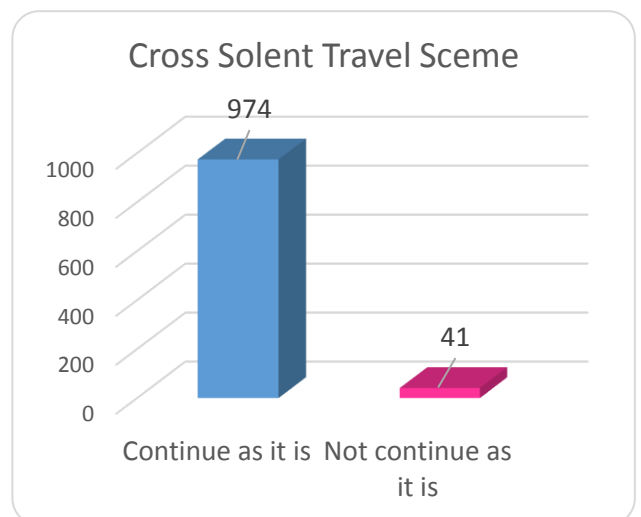


4 people had mixed feelings

63 people (5%) felt that the scheme should be means tested or prioritised for those on low incomes, while 24 (2%) of people felt that the scheme should not be means tested.

76 people (6%) felt that the scheme should be expanded to include more illnesses and treatments.

33 people (2.5%) felt that health services should be provided on the Island, thus avoiding the need for people to have to travel for treatment.



10 people (1%) felt that the funding should only be for those who have to make frequent trips for treatment.

9 people (1%) felt that people could be given a percentage of their travel costs.

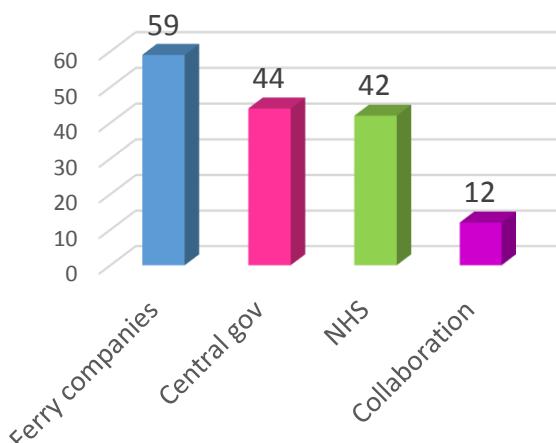
2 people felt that the scheme should be funded by charities and 1 person suggested that University Hospital Southampton should fund the travel.

Other funding sources

When considering how the IOW Council could fund this scheme in the future, there was a wide range of responses from people with many suggesting that the council should spend less on what they see as non-essential services. Resources spent on the floating bridge were widely commented on as a source of frustration to local people. Also mentioned was the feeling that the provision of new housing developments should be measured with the ability of local health services to cope with the additional demand this may precipitate.

59 people (5%) felt that ferry companies should either contribute to the scheme or provide free transport for people who have to travel for treatment.

Organisations people felt should contribute to, or fully fund the scheme



“Is it at all possible to split the funding or part fund travel for people. Maybe working with the ferry companies to get a reduced rate and thus reducing the amount needed from the council.”



“I don’t think it’s the council’s responsibility. Money used for this is less for care homes, children’s facilities and other essentials.”



“I believe it should be funded (not necessarily by the IWC) as we are unusual in having some forms of treatment unavailable on the Island and thus needing to travel to the mainland by ferry. It would otherwise become a tax on those people who, through no fault of their own, need specialist treatment.”



“Maybe instead of asking ferry providers to discount low income families, you should of asked them to lower the cost to £5 each way for any patient going to an appointment on the mainland.”



“This should be available to ALL residents at St Mary’s, however, that is not possible so Isle of Wight Council should still fund this and stop trying to fix the ‘broken’ floating bridge.”



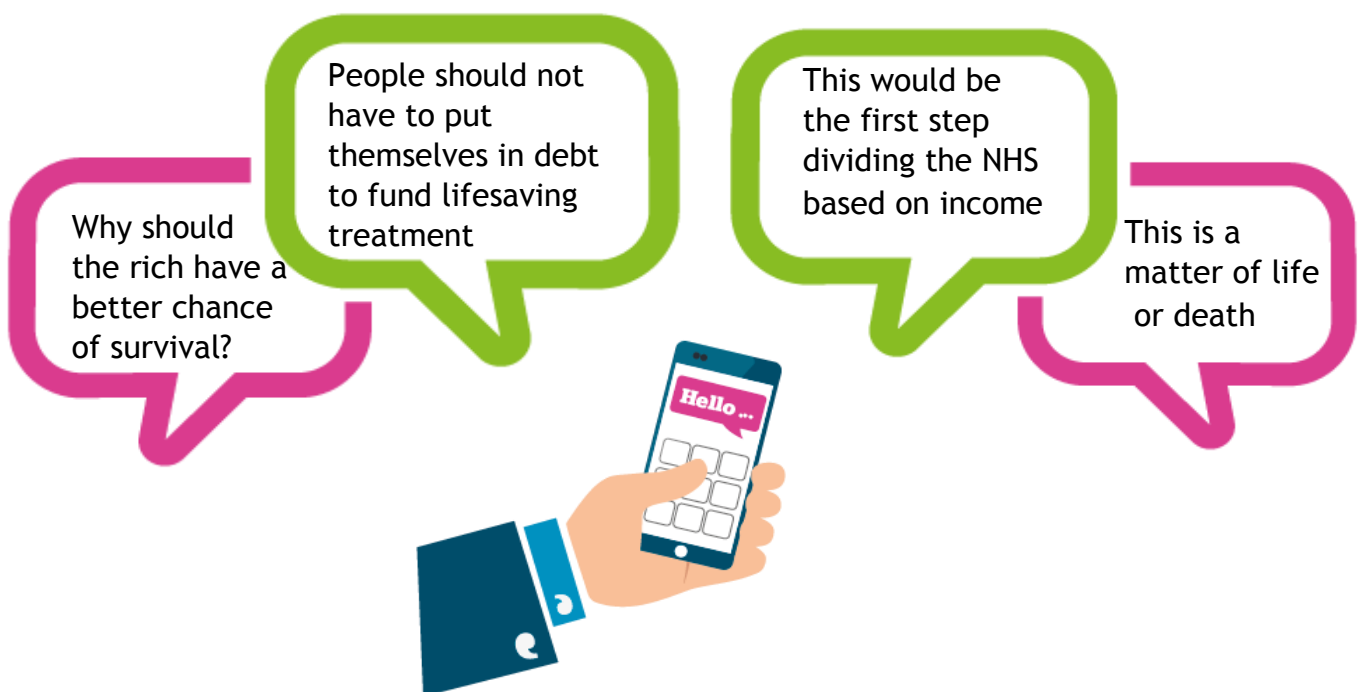
“Ferry companies should fund this, not the local purse”



42 people (3%) stated that they thought that the scheme should be funded or part funded by the NHS, 59 people (5%) felt that ferry companies should either contribute to the scheme or provide free transport for people who have to travel for treatment and 44 people (3.5%) felt that the scheme should be funded by central government.

12 people felt that the scheme should be funded by a collaboration of organisations including the IOW Council, the IOW NHS Trust, central government, bus and ferry companies and the Local Care Board.

A notable theme arising throughout the survey responses was the fact that many people felt that **people on low incomes would be unfairly disadvantaged** if the scheme were to be discontinued.



Several people described how they have gone into debt to fund necessary travel to the mainland and were able to clearly articulate how this affected the lives of themselves and their family.

Other people were frustrated that services are not available here on the Island and felt that more should be done to provide additional treatments on the Island and less on the mainland.

This question also prompted a significant number of people mentioning what they saw as the potential benefits of a fixed link mitigating some of the risks associated with cross Solent travel.

People`s Experiences

My (relative) had to travel to Portsmouth for chemotherapy and then (further afield) for surgery in the last year. He was signed off sick for this whole time and really struggled to pay for the bus/train/boat/taxi services. Although some of it was discounted, and some refunded, he still had to pay up front. If things like the Daisy Bus and funding wasn`t available, he would have lost his house, slipped into depression and stopped fighting his battle against cancer.

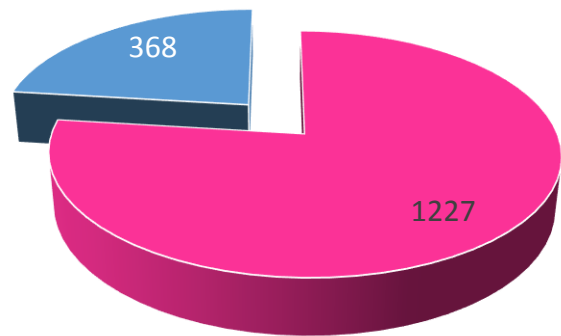
My (relative) had a brain tumour and due to the Island not being able to cater for her needs we had to travel a lot to Southampton, sometimes 2/3 times a week. There was one occasion when it was the Festival, it cost her £96 day return, I had to look all round the ship for a seat. I managed to find one after 30 minutes looking and I sat on the floor, bearing in mind she couldn`t walk far. Some of the money she received back didn`t cover the cost of the ferry, fuel or parking. Thanks God for Patch which is a local charity - they managed to pay back some of the costs but not all. ...You shouldn`t have to put a price on health or family, but on this Island it seems you have to.

Recently I had surgery at the QA which involved diagnostic, surgery and follow up visits. Together with pre-op attendances this resulted in a total of ten return journeys. As my income is just above the level to obtain help I had to use savings (and Hovertravel healthcare scheme). If I had been given radiotherapy that could have meant 20 or even 37 visits for the treatment (plus the diagnostics/follow-ups etc) and I simply could not have afforded to do it - this was a major factor in deciding to have surgery rather than radiotherapy - such life changing decisions should not be made on this basis....The argument that the funding is inequitable between patients requiring different treatments is a ridiculous one for a local authority to make - the payment is made because those treatments are more difficult for patients as they involve many cross Solent journeys.

Q10 Are you aware that Red Funnel, Wightlink and Hovertravel all offer specific discounts for people to attend mainland medical appointments?

1,595 people answered the question

Over two thirds of people (77%) 1,277 were aware of the travel operator discounts and only 23% (368) were not aware.

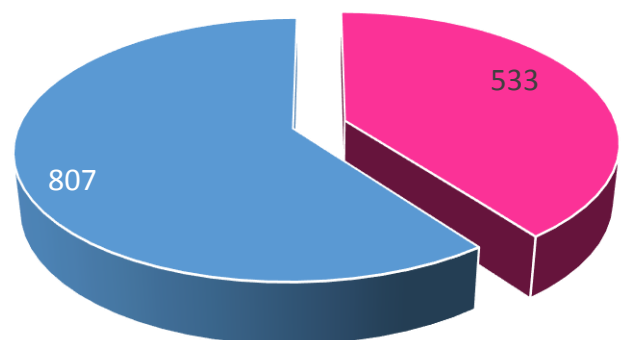


■ Yes ■ No

Q11 Have you used the discounts offered by the Islands ferry operators to attend mainland medical appointments?

1,340 people answered this question

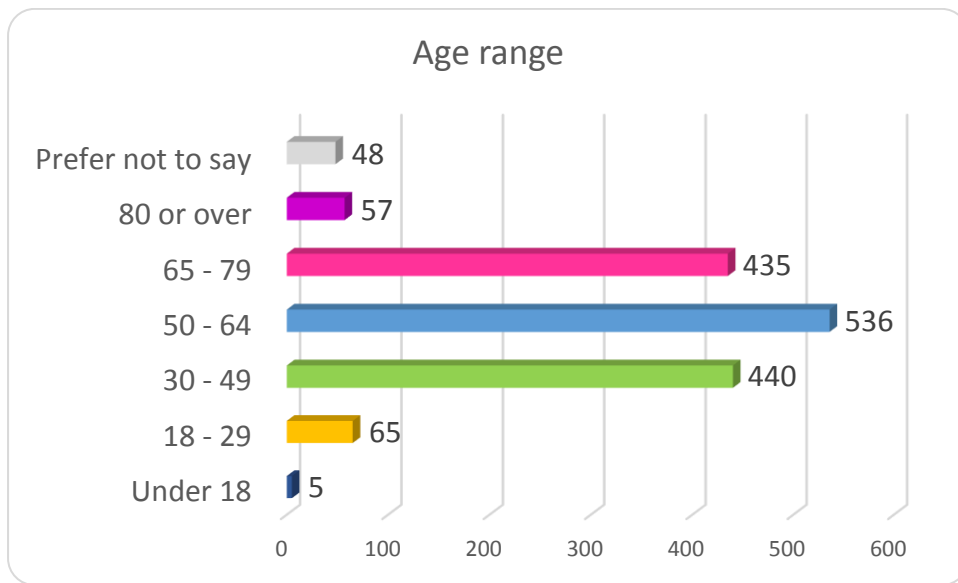
807 people had not used the discounts (60%) while 533 people 40% had used the discounts.



■ Yes ■ No

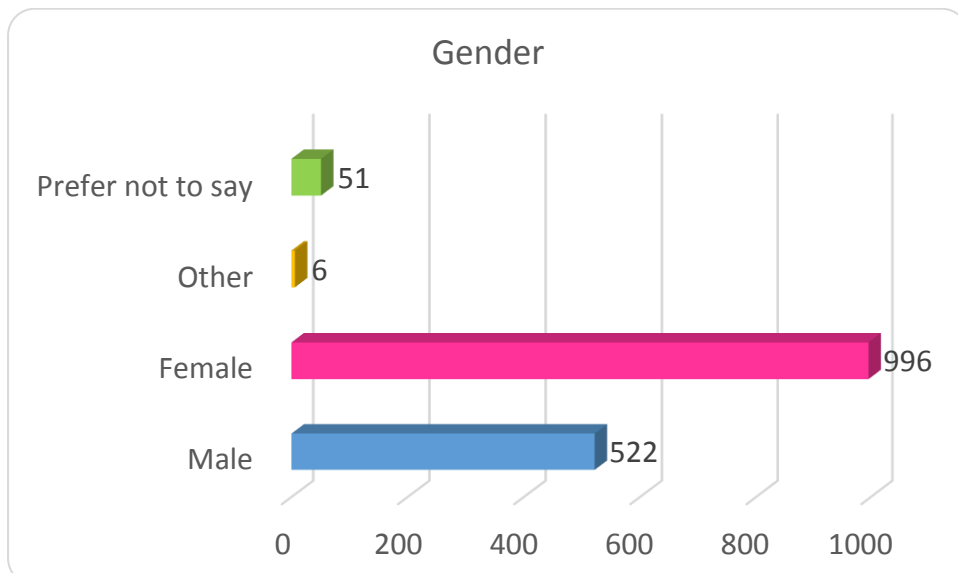
Q12 What is your age group?

1,586 people answered this question



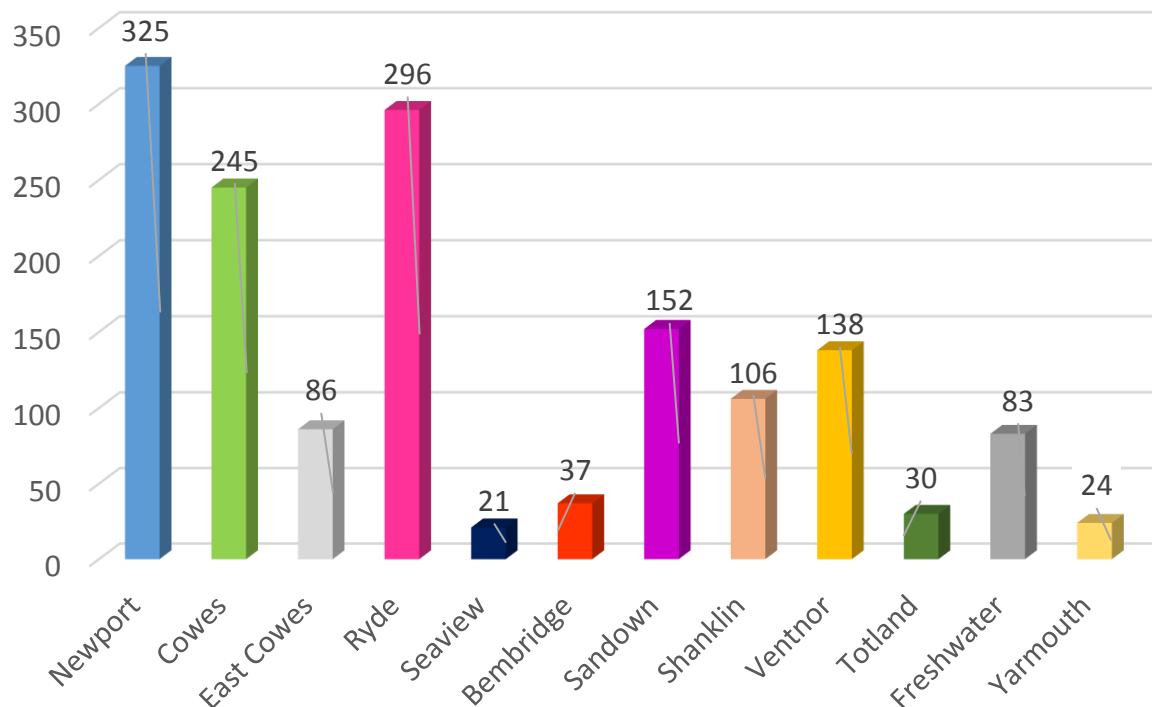
Q13 What is your gender

1575 people answered this question



Q14 What is your postcode?

1,542 people answered this question



The demographic of people who completed the survey is broadly in line with the local demographic, with Ryde and Newport being the most populated towns on the Isle of Wight. There were fewer responses from people who live in East Cowes however, this may be due to the fact that East Cowes was not originally offered as an option on the online survey and was added, following feedback from the public.



Conclusion

1863 people completed the IOW Council cross Solent travel funding survey. Many people had strong opinions about the future of the scheme with some people acknowledging the financial constraints felt by the IOW Council. However, the majority of people felt the scheme should continue in its current form.

Equity of Access

A significant number of people who completed the survey felt that people on low incomes, but who are just above the threshold for means tested support, will be unfairly disadvantaged if the scheme is discontinued.

The newly published NHS 10 year plan³ clearly stated the need to address health inequalities as this excerpt details:

The NHS was founded to provide universal access to healthcare, though healthcare is only one of many factors that influence our health. The social and economic environment in which we are born, grow up, live, work and age, as well as the decisions we make for ourselves and our families collectively have a bigger impact on our health than health care alone. While life expectancy continues to improve for the most affluent 10% of our population, it has either stalled or fallen for the most deprived 10%. Premature mortality in Blackpool, the most deprived part of the country, is twice as high as in the most affluent areas. Women in the most deprived parts of England spend 34% of their lives in poor health, compared to 17% in the wealthiest areas.

Future funding

Some people felt the scheme should be expanded, while others felt that it should be managed by being means tested. Many thought that serious consideration needs to be given to a partnership approach, with various agencies including the IOW Council, IOW NHS Trust, ferry operators and local voluntary and community sector organisations working together to find a more sustainable future for travel funding.

Shared Experiences

When completing the survey, it was common to find that people shared their experiences relating to both travel and dealing with a serious illness or condition. Some people had supported family members or friends, while others had gone through the situation themselves.

It is essential that the themes arising from these shared experiences are heard, not just by the IOW Council, but also by other commissioners and providers to ensure that lessons are learned. People need to truly understand what it means not only to have a potentially life threatening medical condition, but also how the daily struggles of travel can compound over time and lead not just to difficulties in maintaining general health and wellbeing, but also to financial, social and emotional problems. These can lead to people requiring more health and social care support in the longer term.



References

¹ (Healthcare Travel Cost Scheme – HTCS)

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

² NHS Low Income Scheme

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/nhs-low-income-scheme-lis/>

³ NHS 10 Year Plan

<https://www.longtermplan.nhs.uk/>

Appendix 1

Formal responses:

East Cowes Town Council

East Cowes Town Council resolved at their meeting on the 6th December that the Cross-Solent Travel Consultation was too narrow, in that it only allows an individual to respond.

The Town Council resolved that, on behalf of the people of East Cowes, they do not support any proposal to reduce/cut this council funded service. The reason for this is that the residents of the island are being forced to go to the mainland for health services that are being transferred from the island hospital to Portsmouth and Southampton. They are not going by choice and therefore should not be put in a position of having to fund their travel expenses. It is bad enough that, when they are at their most sick and vulnerable, they are being expected to travel to get medical attention, and do not need the additional worry of having to fund travel costs. In some cases, this may well lead to people refusing medical attention because they are unable to afford to travel across the Solent. East Cowes Town Council strongly urge the IW Council to preserve this budget at all costs.

St Helens Parish Council

Members of the **St Helens Parish Council** discussed this proposal and recommend that approaches are made to NHS England to fund this Scheme, due to the severance by seas costs faced by the Island/Islanders - members are also mindful of the potential increase in off-Island operations/health services and potential costs to patients/carers. A situation not faced by comparable authorities on the mainland.

Havenstreet & Ashey Parish Council

Members of **Havenstreet & Ashey Parish Council** are opposed to the withdrawal of funding for this scheme, and highlight the need to for the potential expansion of the scheme given the likely increase in the number of health services likely to be provided off Island. The financial situation of Islanders (and their carers) is well documented, as is the demographic profile - both of which need to be taken into consideration. Members also recognise the current financial situation of the local authority, and would suggest efforts are secure funding from the appropriate agencies (ie Health), given Islanders are financially disadvantaged in accessing 'free at the point of delivery' healthcare because of severance by water - dedicated funding would ensure equity.

Representative from Head & Neck, Upper GI & Skin cancer support groups

re Public consultation concerning IOW patients cross Solent travel

These are our points Your concerns for equality for other patients also travelling to mainland - Radiotherapy patients travel 5 days a week for 6 weeks (could be more) this is 30 appointments Do other patients have 30 appointment in the space of 2 months ?

Mainland patient also have to travel but they have choices, car share, lifts from friends, use of bus pass (in some cases) walk, Island patients have to use the boat as an individual at the cost of £300 but often an escort needed £600 This is just the boat travel to & from the boat still has to be paid for bus £4 50 each way . The journey is not straight forward several changes needed . When feeling poorly a journey that can take several hours having company & the luxury of being able to occasional get a taxi all add to the cost but are much needed.

If the council withdraw this concession we do know people will not be able to afford this much needed treatment They will die also more care in the community will be needed & hospital & hospice beds

A lot of people on the Island fall just short of benefits, Sick pay won't cover these cost either. Why do we not qualify for the Health travel pass as granted to other Island ?

Macmillan

Four out of five people with cancer are financially worse off as a result of their diagnosis, on average this amounts to £570 a month. Without support to manage this, money worries can spiral out of control. This can leave people with cancer struggling to pay their bills, cutting back on food or not going to their medical appointments because they can't afford the cost of travel.

The most common additional financial pressure that people living with cancer face is getting to and from hospital, or making other healthcare appointments. Patients receiving treatment such as chemotherapy and radiotherapy will often need to make frequent trips to hospital. With their treatment comes the risk of being vulnerable to infection and as a result it may not be appropriate for them to use public transport. Costs associated with outpatient appointments hit almost three-quarters (71%) of people living with cancer, and over a quarter (28%) incurred costs for inpatient appointments.

Across the Isle of Wight there are 6,300 people living with cancer and on average there are 1,103 diagnoses each year. The financial impact of cancer can have serious knock-on effects to the wellbeing of the people affected and can place a huge amount of additional pressure on people at a time when they should be focusing on their treatment and recovery.

As the number of people with cancer grows, more people will need help to cope with the financial impact it is vital that financial support is available to NHS patients from the Isle of Wight traveling to the mainland to get treatment. This is why it is essential that the Cross Solent Travel Scheme is maintained.

Ed Murphy Macmillan Head of Service for the South West

Appendix 2

Public consultation regarding the Cross Solent Travel Scheme currently funded by the IW Council

The Isle of Wight Council understand that the costs (time and money) incurred by people who need to travel to the mainland for hospital care is a very real concern for local people. This consultation seeks to obtain views from Island residents about the Isle of Wight Council's current funding of cross Solent travel for people attending mainland hospital appointments for the purposes of chemotherapy, radiotherapy or renal dialysis.

Where people have a low income or are in receipt of specific qualifying benefits or allowances, the NHS has a statutory duty to reimburse their travel costs under the Healthcare Travel Cost Scheme (HTCS). The discretionary council funded scheme goes beyond this and provides non-means tested support to people who would qualify for support from the HTCS. The Isle of Wight Council's decision to provide this funding makes us nationally unique as no other local authority chooses to fund transport for NHS patients and there is no duty or responsibility placed on local authorities to do so.

Adult Social Care currently provides £60,000 per year to fund the cross Solent travel costs incurred by patients attending a mainland hospital for chemotherapy, radiotherapy or renal dialysis. This was a decision taken by Councillors several years ago and it is entirely discretionary.

The Council is considering whether or not it should continue to fund this cross Solent travel for two reasons:

First, in such challenging financial times, the council must take very difficult decisions in how it can best meet its duties and responsibilities despite the significant reduction in funding from Government.

Second, the council is also concerned about the inequitable nature of this funding. It only supports those local residents who are travelling for a restricted range of treatments (chemotherapy, radiotherapy or renal dialysis), meaning that those people who have to undergo cross Solent travel to attend a mainland hospital for an equally serious illness or life- saving treatment receive no financial support from the Council.

Accordingly, the funding of this scheme was identified as a potential budget saving for 2018/19.

The council, however, recognises the importance of hearing and considering the views of Island residents to inform any decisions about the future funding of this scheme. That is why it has embarked upon this public consultation and is using Healthwatch as an independent partner to administer the consultation and analyse the results.

We would be very grateful if you would complete this short questionnaire. We value your experience, knowledge and comments as someone who either has used the current scheme or as a member of the wider population who may possibly need to travel to the mainland for treatment in the future.

This consultation will run until the 23 December 2018.

This is an anonymous questionnaire and any comments will be reported in a way which protects the identity of the respondent.

 If you would prefer to complete the questionnaire online please go to www.surveymonkey.co.uk/r/K33GP9X

Please also refer to the supporting background information and frequently asked questions which should be provided with this survey

QUESTIONS

1. Have you at any time in the past 12 years had to travel to the mainland to attend a medical appointment?

☐ Yes (please answer next question) ☐ No (please go to question 8)

2. Was your mainland medical appointment for chemotherapy, radiotherapy or renal dialysis?

☐ Chemotherapy ☐ Radiotherapy

☐ Renal dialysis ☐ No (if no please go to question 8)

3. Did your level of income and benefits entitle you to claim your travel costs under the means tested statutory Healthcare Travel Cost Scheme (HTCS)?

- ***For more information about the income and benefit requirements to qualify for this scheme refer to Frequently Asked Question 6***

☐ Yes (please go to question 9)

☐ No (please go to question 4)

☐ I don't know (please go to question 4)

The next 6 questions relate to the discretionary travel scheme operated by the IW NHS Trust but funded by the IW Council which is currently being reviewed.

4. Did you use the discretionary non-means tested Cross Solent Travel Scheme to reclaim your travel expenses?

- ☐ Yes (if yes please go to question 5)
- ☐ No, I funded my own transport costs (please go to question 8)

5. How did you find out about the Cross Solent Travel Scheme?

Please tick all the boxes that apply:

- ☐ Hospital (IW) ☐ Hospital (Mainland) ☐ GP ☐ Leaflet
- ☐ Word of mouth ☐ Voluntary sector organisation ☐ Hospice
- ☐ Other please specify below:

6. How many times have you used the discretionary Cross Solent Travel Scheme to reclaim your travel costs?

- ☐ Once ☐ 2-4 trips ☐ 5-10 trips ☐ more than 10 trips

We appreciate that you may have just started your treatment or may have had a long course of treatment so please use the space below to make any further comments:

7. Were you accompanied by a carer or a companion who was also funded under the discretionary Cross Solent Travel Scheme?

☐ Yes ☐ No ☐ Sometimes

8. If you should need to travel to the mainland for chemotherapy, radiotherapy or renal dialysis in the future and this scheme was not available, how would you fund your travel costs?

☐ Income ☐ Savings ☐ Family ☐ Loan

☐ Charity ☐ I would not be able to fund my travel

☐ I would qualify for support from the means tested Healthcare Travel Cost Scheme (HTCS)

☐ Other (please specify)

Please use the space below to make any further comments:

9. Please use the space below to share your thoughts about whether or how the Isle of Wight Council should continue to fund this scheme in the future:

The next 2 questions relate to the discount schemes operated by the Isle of Wight ferry companies

10. Are you aware that Red Funnel, Wightlink and Hovertravel all offer specific discounts for people to attend mainland medical appointments?

- ***For more information refer to Frequently Asked Question 7***

☐ Yes ☐ No (if no please go to question 12)

11. Have you used the discounts offered by the Islands ferry operators to attend mainland medical appointments?

☐ Yes ☐ No

The next 3 questions are about you

12. What is your age group?

☐ under 18 ☐ 18-29 ☐ 30-49 ☐ 50-64 ☐ 65-79 ☐ 80 or over

13. What is your gender?

☐ Male ☐ Female ☐ Other

14. What is your postcode?

	Please tick one:
P030 (Newport)	
P031 (Cowes)	
P032 (East Cowes)	
P033 (Ryde)	
P034 (Seaview)	
P035 (Bembridge)	
P036 (Sandown)	
P037 (Shanklin)	
P038 (Ventnor)	
P039 (Totland Bay)	
P040 (Freshwater)	
P041 (Yarmouth)	

Thank you for taking the time to complete this questionnaire, your input is greatly appreciated.

