

**NHS Dorset Clinical Commissioning Group - Governing Body meeting  
– 21 January 2015  
Public Questions**

**Question 1 (from Mr Philip Jordan)**

**Question**

**‘Getting to health services’ within the ‘need to change’ document**

To help reach out to everyone (from decades of not unrelated experience) it's clear the CSR has presented a ‘need to change’ summary document - as a condensed version of the tremendous volume of detailed &/or complex research that such a review involves - and a consequence of the shortening necessarily involved in this summarizing, a number of issues have been highlighted at the public information events &/or in reading "need to change" without the benefit of the background information.

So please, can the Board explain its CSR concerning Access & Accessibility regarding Dorset NHS health services e.g.:-

- Why is there nothing specifically mentioned about Access & Accessibility?
- What is being looked at in regards to Access & Accessibility for patients from their home to Dorset NHS facilities?
- Whether you're considering the interface between transport & NHS facilities e.g. health services entrances/exits & the extent to which the (suddenly) less able can make reasonable use of them?
- How transport data was collected & what it means including in terms of equitable access & accessibility?
- How such data will be used to facilitate & ensure equitable service provision?
- How local authorities and other organisations can improve transport in the light of continuing austerity?
- What 60% (e.g. people or household) car ownership means in detail including say as follows:
  - how such a 60% figure truly reflects people's actual access to a car at times when they made need it to get to acute health services suddenly - if there's an accident, but the family car is at someone's workplace

I do hope the above & similar points on the rest of need for change can be clarified, please.

**Answer - from Phil Richardson, Programme Director – Transformation**  
**(tel:01305 368028/email: [phil.richardson@dorsetccg.nhs.uk](mailto:phil.richardson@dorsetccg.nhs.uk))**

Mr East of West Dorset, thank you for your question.

We acknowledge that transport and access to services is a particular issue for Dorset, with its concentration of urban areas in the east and large rural areas. Access to services is therefore an important element of the clinical services review and is likely to be one of the evaluation criteria (for assessing future options for the pattern of services) to be signed off by the review's Assurance Board later this month.

- The data about 'getting to health services' quoted in *The Need to Change* document refers to the fact that private car ownership is around 60% in Dorset, which is higher than the England average. It also refers to an analysis which estimates the percentage of people with no or limited access to public transport to link them to an acute hospital (i.e. they don't live on an adequate bus or train route for this). This data was sourced from Steer Davies Gleave, a leading independent transport consultancy with over a quarter of a century of experience in providing planning and advisory services to government and business.
- In addition, to support the evidence gathering for the review, travel time data has been provided by Steer Davies Gleave, The dataset contains the time taken by different forms of transport, at different times of the day to travel from one point in the county to another. In order to validate the data, the times estimated have been reviewed by the South West Ambulance Foundation Trust.
- This data has been shared with the clinicians on the Clinical Working Groups as part of the information that they are using in considering potential new models of health care for Dorset. It will be used to understand the potential impact any changes could have on journey times to services and to understand which options result in better or worse journey times. Of course, as the population we serve is dispersed across a wide geography, with varying transport infrastructure, we have to recognise that some people will find some services more easy to access than others – travel times for example won't be equal for all. But one of the aims of our review is to ensure that we design services for the future that can be delivered out of hospital and closer to home wherever possible; so that trips for hospital-based services are less necessary for people – especially for those with more day-to-day conditions and ailments that can be treated in community and primary care settings.
- Local authorities are partners in the review, and we will be discussing a wide range of issues with them as we look at health care across the whole system in Dorset.

- It would be difficult to analyse the detail of how individual families use their cars. Some people might not have access to a car during the day; others may have a car but prefer not to drive to a hospital appointment. Clinicians on the clinical working groups will use the data we have gathered in developing their models of care. However, it is important to stress that these potential options will not be implemented until they have been put to the public for consultation and any further evidence or insights have been taken on board and considered.

We are not yet at the stage of working out the detailed pattern of individual service delivery. That will come at a later stage of the review. We are not therefore able to talk about specific physical access to individual buildings. However, it is very important that we ensure health services are available to all and that our services are delivered from buildings that are easily accessible and meet DDA requirements for example. Although this aspect of your comment isn't part of our current work your comments will be collated and fed into the appropriate stage of the Clinical Services Review, in particular it will be useful when the CCG gets to the point of commissioning specific services in detail in the future. We will also keep details on record to help to inform future planning activity we undertake that is relevant to the points you raise. We highly value feedback from local people and would like to thank you for your comments today.