Northern Ireland Assembly

Committee for Regional Development

OFFICIAL REPORT (Hansard)

Inquiry into the Better Use of Public and Community Sector Funds for the Delivery of Bus Transport in Northern Ireland: Ambulance Service/Belfast Trust/DHSSPS Briefing

30 January 2013

NORTHERN IRELAND ASSEMBLY

Committee for Regional Development

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Members present for all or part of the proceedings:
Mr Jimmy Spratt (Chairperson)
Mr John Dallat
Mr Stewart Dickson
Mr Alex Easton
Mr Ross Hussey
Mrs Dolores Kelly
Mr Declan McAleer
Mr Ian McCrea
Mr David McNarry
Mr Cathal Ó hOisín

Witnesses:

Ms Mandy Magee	Belfast Health and Social Care Trust
Mr Jackie Johnston	Department of Health, Social Services and Public Safety
Mr Daniel Kelly	Department of Health, Social Services and Public Safety
Mr Brian McNeill	Northern Ireland Ambulance Service

The Chairperson: I welcome Jackie Johnston, director of secondary care at the Department of Health, Social Services and Public Safety (DHSSPS) and Daniel Kelly, assistant director of the cancer services, diagnostics and specialist drugs unit of the Department. You are very welcome, gentlemen.

Mr Easton: I declare an interest as Assembly private secretary to the Health Minister.

The Chairperson: OK, we note that.

Please go ahead and brief the Committee and then leave yourselves open for questions.

Mr Jackie Johnston (Department of Health, Social Services and Public Safety): Thanks very much, Chair. We are waiting for a couple of colleagues to arrive, one from the Ambulance Service and one from the Belfast Trust. Hopefully, they will join us during the session, but they seem to have been delayed.

The Chairperson: OK.

Mr Johnston: I thank the Committee for inviting the Department to give evidence on this important matter. Daniel and I will be happy to answer any questions that we can. I am relatively new to the subject, so I apologise in advance if I am a bit hesitant in some areas.

Dr Andrew McCormick, the permanent secretary of the Department, wrote to you, Chair, on 25 January. His letter provides the basis of the Department's evidence on this issue. The key points in Dr McCormick's letter refer to the 2007 transport strategy for health and social care services, which sets out the framework for delivering user-friendly, high-quality, responsive and efficient transport services in the health and social care sector on the basis of assessed need and the consistent application of eligibility criteria.

In particular, the strategy stipulates that transport should be provided for patients and clients who need it to access the health or social care services they require. There should be clear criteria against which to assess the need for transport services and a mixed economy of provision to provide the necessary flexibility. Transport should also be provided free of charge to those entitled to it.

The Department's strategy document sets out the framework, and operational delivery of the strategy has been passed to the Northern Ireland Ambulance Service's patient care service. It provides pre-booked, non-emergency transport for patients attending outpatient appointments and those being discharged from or transferred between hospitals, having been assessed by a medical practitioner as needing that service. In addition, the Health and Social Care (HSC) trusts operate transport fleets to facilitate client access to social care services, for example, day care.

Access to the health and social care system transport services is strictly regulated on the basis of assessed medical or social need by medical practitioners and social work staff. It is not generally available in the same way as public or community transport. As the Committee is aware, that is the responsibility of the Department for Regional Development (DRD). That said, DHSSPS is working with DRD to explore the potential for a collaborative approach between Northern Ireland's health and public transport sectors. We are involved with the pilot, which is, I think, in place. The development of DRD's proposals is opportune in terms of the pilot, as the Health and Social Care Board (HSCB) recently commenced a review of the Ambulance Service's patient/client service. Therefore, we see the two coming together, giving us an overall assessment of where further areas of collaboration could be developed.

That was an overview of the Department's position on this important matter, and we are happy to take questions. Again, I apologise that my colleagues have not arrived.

The Chairperson: OK, thanks for that, Jackie. I will start with a question divided into three elements. First, what is the cost to the trusts of missed appointments as a result of transport issues?

Secondly, why have attempts to co-ordinate transport services in the health and education sectors had such limited success? It has been suggested on a number of occasions that, quite frankly, the Departments live in silos. In other words, Departments protect their own jobs and empires. It is a theme that has come up from various sources. I suspect that it would be the view of quite a number of Committee members and the Assembly generally.

Thirdly, aside from shared services, there are potential efficiencies to be made through the joint purchasing of vehicles, maintenance and fuel. To what extent is your Department engaged in joint procurement practices with other Departments?

Mr Johnston: Do we have information to hand on missed appointments, Daniel?

Mr Daniel Kelly (Department of Health, Social Services and Public Safety): I am afraid that we do not have that with us today.

Mr Johnston: May we provide that in written evidence to the Committee, Chair?

The Chairperson: Yes, that can be forwarded to us in writing. The Committee Clerk will write to you because we would like that information.

Mr Johnston: The disparate functions of the transport service across community health and social care sectors are really down to the historical fragmentation of services across government. You referred to Departments delivering services from silos. Organisations are constrained in how we

deliver those services by our respective legislative requirements. It places some constraints on our ability to operate. I understand that it is a historical position. However, we are keen to move beyond that and see whether it is possible, even within the current statutory framework, to build better collaboration. That is why we are pleased that the health and social care sector is participating in the upcoming pilot.

The Chairperson: Local authorities across the water have saved vast amounts by sharing services right across the board. This is public money. I expect, and I think that everyone here expects, every Department to do everything in its power to save money. Some of the figures showing what could be saved are scary. I suspect that fairly substantial amounts could be saved by some joint working between Departments on education, door-to-door services in the rural sector, and so on.

Mr Johnston: We would be keen to examine that, Chair. As I said, as part of the pilot, we are looking at what the possibilities and opportunities are for developing that collaboration. Efficiency savings are very much at the forefront of our minds in that.

The Chairperson: Why is that being done only now?

Mr Johnston: DRD has the lead on this. It is a DRD initiative, and it is mounting the pilot as part of its strategic approach. We have been happy to participate, but DRD will be able to advise you on the timing.

The Chairperson: Would you not have been considering this as part of the drive towards efficiencies in your Department?

Mr Johnston: The legislative and statutory constraints on us mean that we have not fully addressed that. I accept that. However, we are keen to do so through this pilot.

There are constraints on how the Ambulance Service and trusts procure transport. I agree with you that it is another area that needs further investigation.

The Chairperson: So nothing is being done in procurement on sharing the purchase of vehicles, etc, with other Departments.

Mr Johnston: Not that we are aware of.

The Chairperson: What about the procurement of fuel?

Mr Johnston: Again, not that we are aware of.

The Chairperson: "Not that you are aware of." In other words, it is not being done.

Mr Johnston: We will check and confirm that for you, but we are not aware of any such collaboration.

Mr Daniel Kelly: I know that our Ambulance Service takes advantage of UK national procurement contracts in the purchase of vehicles, so some economy is achieved through that method. Unfortunately, our colleague from the Ambulance Service has not arrived yet. He could certainly provide more detailed information on that.

Mr McNarry: You are very welcome to the Committee. In 2005, an Audit Office report recommended a pooling of transport budgets to encourage joined-up working. What are your views on that?

Mr Johnston: At that time, the permanent secretary responded to the Public Accounts Committee (PAC) on the report. Would it be OK if I read to you what was said at the time, Mr McNarry, or I could let you have a copy?

Mr McNarry: Not really. I have asked for your views on it. We all work with briefing notes, which is fair enough. Since the 2005 report, what work has been carried out on the basis of that recommendation?

Mr Daniel Kelly: We understand that, in the health field, the approach was to take advantage of national contracts to ensure value for money in procurement.

Mr McNarry: With all due respect, that is not really an answer. I asked what work has been carried out. Has no work been carried out? If that is the case, tell me that. What work has been carried out?

Mr Daniel Kelly: None that I am aware of.

Mr Johnston: Our colleagues have just arrived. They may be able to enlighten us further.

Mr McNarry: I understand that it is unfair on you if you do not know, but you are all that I have at the moment. Chairman, may I wait just to see whether —

The Chairperson: Will the two folks who you have joined us identify themselves and their positions for the purposes of Hansard?

Ms Mandy Magee (Belfast Health and Social Care Trust): I have lost my voice. I am Mandy Magee from the Belfast Health and Social Care Trust.

Mr Brian McNeill (Northern Ireland Ambulance Service): I am Brian McNeill, director of operations for the Northern Ireland Ambulance Service.

The Chairperson: You are very welcome to the Committee.

Mr McNarry: I hope that your voice improves as the day goes on, Ms Magee.

Mr Johnston, you said that your two colleagues who have just joined us would be able to help.

Mr Johnston: Brian might be able to help on what co-operation there is on the ambulance side.

Mr McNarry: Let us drill down into this. Clearly, you have not done anything. Are you unaware of anything having been done since 2005 in response to the Audit Office report's recommendations? Is that basically it? Is the prevailing view in your Department that there is scope for one government agency to oversee the transport provision for all Departments? Is that a view that you have developed in your Department as a result of the report seven years ago? Surely to goodness you have come to some conclusion in seven years.

Mr Johnston: We have not explored that area, Mr McNarry. We have not actively addressed it.

Mr McNarry: Are you really telling me that your Department has ignored the Audit Office report and done nothing about it for seven years?

Mr Johnston: At the time, the Department explained the constraints placed on its taking forward some of the recommendations, and those constraints still apply.

Mr McNarry: Effectively, you have done nothing about it. You have just said that there is a problem.

Mr Johnston: As I said, we were looking for opportunities to engage in procurement.

Mr McNarry: I realise that we are not getting much further. On the South Eastern Health and Social Care Trust, whoever this is for —

Ms Magee: Sorry, but I am from the Belfast Health and Social Care Trust.

Mr McNarry: I will have another go. The Belfast Trust's submission provides details of patient transport expenditure broken down by provider, but it goes on to say that details of individual journeys are not recorded. It is beyond me, so perhaps somebody will explain how the Department can ensure value for money if it cannot be clear how much the journey costs in the first place? How can it assure the public that a journey is value for money if it does not know how much it costs?

Ms Magee: The Department can probably work out the cost of transport provided directly by the trust. When the question was asked, it related to all social services transport, which includes transport provided by taxi operators. The difficulty for some trusts is being able to identify the cost per taxi journey. They will obviously have contracts in place for cost per mile, but they may not be able to identify the detail of each journey. However, each trust would be able to identify the cost per journey for the fleet of vehicles that it operates. I know that that can be done because the various trusts benchmark.

Mr McNarry: Is that information available? In other words, can you provide it to the Committee?

Ms Magee: I represent one health trust, but I would say that the information is available because it is regularly benchmarked between trusts.

Mr McNarry: So it would be relatively easy to see the value for money?

Ms Magee: For certain types of transport, such as the transport provided directly by the trusts using their own fleet of vehicles, that information would be available. When you start involving other types of transport, such as taxis, trusts do not necessarily monitor specific journeys. They just monitor the overall costs and ensure that journeys meet the contract rate.

Mr McNarry: Last week, a number of people with disabilities were here, and we heard very compelling evidence from one gentleman who used a wheelchair. He found it very difficult to get on buses and found it difficult to get other Departments to help, and so on. The question of value for money is interesting. I would like you to tell me that what is in position represents value for money — and then back that up with facts and figures. I would like to hear somebody say that this is value for money because they know that it is. Can you tell me that?

Ms Magee: I cannot tell you that on behalf of all the trusts, but, in the Belfast Trust, we regularly monitor the cost of transport. When tendering for any transport services, we ensure that we get the best possible price available, whether for taxis, private ambulance services or any sort of transport provision.

The Chairperson: OK, David. I do not think that we will get any facts or figures, so we will have to write about that as well. I must say that the evidence to this point has been very poor.

Mr Hussey: I come from the west of the Province, and, obviously, it is a very rural area. In your transport policy, you talk about circumstances other than medical need in which patients may have difficulty accessing hospital because of transport difficulties, mobility problems, financial hardship and rural isolation. What is being done to rural proof the situation that we are dealing with, not only of accessing but leaving hospitals? You commented on assessing medical or social need when somebody is being sent home. There may be instances when it is 3.00 am, a little old lady has gone to hospital in her nightie and, with no money, is sent home in a taxi. How do you deal with those situations?

Mr McNeill: First, I represent the Ambulance Service, and it is important that the Committee realises that it operates two tiers of transport. One is the accident and emergency tier, which operates 24/7. Its primary focus is to respond to 999 calls and requests from GPs and other sectors of primary healthcare for admission to hospital. In parallel with that, we operate the non-emergency tier of the service, which runs from about 7.00 am until midnight. It deals with the routine work associated with moving patients within the healthcare system. That is supported by a voluntary car service whereby members of the community elect to transport patients, mostly to renal and oncology appointments, and have their expenses reimbursed for doing so.

The scenario that you described is one in which patients are admitted to an emergency department in the evening hours, and it may take some time for them to be assessed. The decision will then be made that they need to be discharged from the emergency department, at which point we would not have the capacity in the non-emergency tier to deal with that. Therefore, it may require us to use an accident and emergency vehicle, which would be inappropriate for that particular category of call because we would be tying up a blue light ambulance with a paramedic, which may be required for the next life-threatening call. So we would then ask staff in the emergency department to make an assessment to determine whether it was viable and appropriate for a patient to be taken home by taxi, or private ambulance service if required. If that is the case, they make that decision. It is their

decision; we have no control over that. However, if a patient has a specific medical need or requires nursing care or some other form of intervention, we will gladly accept that call and take them home. So a patient's transport really comes down to three factors, the first of which is the time at which a call is made. If it is after hours, the only transport available is our emergency fleet. The second factor is whether there is a medical need, and the third is whether there are any mobility issues associated with medical need. Those are the three things that we need to take account of.

Mr Hussey: Another thing that you need to take account of is rural proofing. This has not been rural proofed because there are various areas in which patients would be quite a distance from home, and people in pyjamas being sent home in the back of a taxi does not sound right to me.

Mr McNeill: I certainly accept your point. However, from my perspective, at night, I operate between 40 and 48 A&E ambulances throughout Northern Ireland.

Mr Hussey: It is not have to be specifically A&E ambulances. Clearly, other forms of transport are not being made available at night.

Mr McNeill: I accept your point, but it is outwith my control to access those.

Mr Hussey: Who does have the control to access them?

Mr McNeill: You are talking about the joined-up approach? From an ambulance perspective, we were very hopeful that the work that the Committee was doing would try to make the links for us to be able to signpost appropriate transport that was fit for the needs of patients. We are very aware that, if we cannot do it, someone else must, but we do not have the connection to be able to make the links.

The Chairperson: Mr McNeill, the Ambulance Service spends a large amount of public money. Do you not consider that you and individuals in the Department should be doing something about saving money that comes from the public purse?

Mr McNeill: With all due respect, Chairman, with the funding that we have available for the Ambulance Service and provision for the emergency service, I suggest that we meet a 5% increase in demand every year, and we achieve a response of less than eight minutes to life-threatening calls every year. That is the priority of our business, that is where we put our funds and that is where we direct our service.

The Chairperson: I do not think that there is any issue with the emergency response. It is good — in fact, it is first class.

Mr Hussey: Chair, that is why I wanted the question to go back to the Department. Can the Department answer what is it doing to ensure that the policy is rural proofed?

The Chairperson: It appears that the Department cannot answer. That is another question that we have to put back to the Department as part of our inquiry. There is no blame attached to the Ambulance Service.

Mr McNeill: Maybe I can help you with that by describing the work that we are doing. The previous question focused on value for money. In the non-emergency side of our business — the patient care service — we are very conscious that a large number of patients who access that service may not meet the eligibility criteria. As a consequence, we know that a number of patients compete for that form of transport. As you saw from the strategies, which you probably read, those decisions are primarily based on the concept of medical need. We have a working group set up at the moment, and we are trying to address the issue of medical need. We feel that the policy needs to be revised to include not only the patient's clinical and medical needs but their mobility needs. The key focus is to try to ensure that people who need access to that transport will get it on the basis of those three factors. The people who have been getting the transport and really do not need it can be transferred to somewhere else, thus creating additional resources that can be used for those who require it most.

The Chairperson: Should the trusts and the Department not be doing that to help you?

Mr McNeill: We are working with commissioners on the board to make that happen.

Mr Ó hOisín: Thanks, Chair. I will go back to your initial line of questioning about transport planning. The Minister for Regional Development recently indicated that discussions are ongoing between DRD and DHSSPS on transport planning. Are you aware of any progress that has been made on that or of the stage that those discussions have reached? Do you know whether there has been any interaction between the new unit in DRD and the Health Department?

Mr Johnston: The working group has been set up, and I understand that its main output is about taking forward the pilot in Dungannon as a chance to explore opportunities for delivering efficiencies, co-operation and collaboration. That is the main bit of work that is ongoing. A project board has been set up to oversee that work. I know that we await the outcome of that work and that we will evaluate it then.

Mr Ó hOisín: How has the Enniskillen/Derry/Altnagelvin connection with Translink worked and what has the uptake been? How is its roll-out planned for other areas, particularly rural areas, which Mr Hussey mentioned?

Mr Daniel Kelly: I understand that some sort of co-operation is going on with that, but, unfortunately, I am not aware of the exact details.

Mr Ó hOisín: Right. Could we find out, Chair?

The Chairperson: Yes, I think that we are going to have to get a lot of information in writing. It appears that questions cannot be answered.

Mr Dickson: Can you tell us what audit reports and Audit Office reports the Department actually takes cognisance of? My briefing tells me that in 1995 an audit report told you to communicate with other transport providers and to work on pilots with joined-up working and efficiencies. In a review in 2000, which was 12 years ago, the Ambulance Service was told to make that a high priority. Is there a better word that we should be using for a 12-year time lag? In 2005, the Audit Office came back and said that something should be done about efficiency and the delivery of co-operation between transport services.

It just seems that you cavalierly ignore what the Audit Office tells you to do. Quite simply, what have you done?

Mr Johnston: We would not accept that, Mr Dickson.

Mr Dickson: Sorry, but what did you do in 1995 about the report?

Mr Johnston: We gave the report thorough consideration —

Mr Dickson: And what?

Mr Johnston: — and responded to the Public Accounts Committee about our approach to answering those particular points in the Audit Office report.

Mr Dickson: You did nothing, however.

Mr Johnston: Again, we came back and explained what the constraints were.

Mr Dickson: You told it what you could not do; you did not tell it what you could do. You did not co-operate.

Mr Johnston: We explained the constraints that were involved with taking forward some of the recommendations.

Mr Dickson: Why do we always have a cannot-do attitude in Northern Ireland? Why can we never have a can-do attitude?

Mr Johnston: Well, in terms of —

Mr Dickson: Is it just a total failure of leadership?

The Chairperson: Let him answer the question, Stewart.

Mr Johnston: I think that we have a can-do attitude in trying to move forward from where we are.

Mr Dickson: Twenty years?

Mr Johnston: Obviously, there have been deficiencies, as you are identifying. However, the fact is that we are now engaged in a collaborative project with DRD and other parties.

Mr Dickson: One pilot is under way today. We have one project between Enniskillen and Derry, and you cannot even tell us about it today. It is 20 years on, and we have one miserable pilot going on.

Mr Johnston: We hope that that pilot will provide a valuable learning experience by drawing out what we need to do to develop the collaboration that we all want.

The Chairperson: The question was simple. What have you done in the past 20 years? Can you rhyme off a few things that you have done since the various reports were published? Have you done anything? If you have not done anything, tell us that you have not done anything.

Mr Johnston: We have not been able to take up the recommendations that were in the audit reports. We explained why we could not take them up.

The Chairperson: Explain to us why you did not take them up.

Mr Johnston: For logistical reasons, we were not able to scope vehicle sharing between the Department of Education and the health side. That is because the vehicles have seating and access arrangements that are often configured differently to suit different passenger needs and characteristics. Vehicles that belong to different Departments were too often in the wrong places when they were needed, because both have similar peak times. In many cases, the drivers are employed through contracts that would require significant renegotiation to facilitate additional work.

The Chairperson: Could you not have done that in 20 years?

Mr Johnston: I take your point, Chair.

The Chairperson: You take my point? You really are living in a silo, aren't you?

Mr Johnston: As I said, we are trying to move forward from the position that we are now in —

The Chairperson: Trying? Trying for 20 years?

Mr Johnston: We now have —

The Chairperson: Squandering public money?

Mr Johnston: We now have a new approach to trying to develop that collaboration between the various sectors.

The Chairperson: Authorities across the water, with the technology that is available today, such as computers and all the rest of it, have been making very significant savings. Have you done anything like that?

Mr Daniel Kelly: No. Unfortunately, I am not aware of the authorities that you are talking about or of what they have been doing.

The Chairperson: Should you not be looking at authorities across the water and at the worthwhile practices in other areas there? We went to a conference in London and were told about very significant savings that were made in a very short space of time. There were savings of half a million pounds in one local authority in a very short space of time. Should you not be looking at best practice in other trusts across the water? Maybe you could learn something.

Mr Dickson: A lot of this can be very complicated and can involve complex planning and interrelationships between you, education and library boards, Translink and other providers. I remember seeing a documentary about the 1950s in Scotland, and it showed that Royal Mail used a small minibus to deliver the mail in a small rural community, but it also picked up patients for the hospital and took people to various other places. This is not rocket science. A lot of it is simply down to good local planning. As the Chair said, some of it is also down to very sophisticated technology being made available to you. It is disgraceful to be told that a trust does not know how many patients are being moved about in the care system and how much that costs when the Department for Regional Development knows almost what its clients who use door-to-door and rural community transportation had for breakfast. It knows where they are going and what time they are coming back. We could tell you every single thing, to the last minute, about what happens to those clients, but you cannot do that. It does that on a voluntary basis; you are all being paid to do it.

The Chairperson: Thanks, Stewart. Maybe we could get some written clarification in response to your questions.

Mr Dallat: Transport is critical to making appointments. I am sure that you would agree with that. A couple of your panel were late this morning, and I am sure that transport logistical problems caused that. A total of 38,717 people did not make their appointment. Do you have any idea how many did not make those appointments because of transport problems?

Mr Daniel Kelly: I am aware of some study that the Northern Ireland Statistics and Research Agency (NISRA) carried out that, as far as I am aware, suggests that transport to appointments is, in the main, not a big issue for people who miss them. I do not have the exact statistics on that, but it is certainly not a large percentage.

Mr Dallat: Could we have that information, Daniel? If we had it, we could decide whether it is an issue. I suspect that it is critical for individuals for whom transport is the problem. I think that you have been well enough hashed over the Audit Office report, but, as a member of the Public Accounts Committee since the Assembly's inception, I am absolutely horrified that an Audit Office report has been treated in this way. For the benefit of this Committee, I want you to find out who should have been on the balcony looking down on that. I am not interested in shooting individual messengers who come here to a Committee, but I want to know whether the Ministers who had those Audit Office reports — the first in 1995 and the second in 2005 — were responsible and did not do anything about it.

We just cannot dismiss that. We need to find out the historical facts of why two Audit Office reports have been ignored. Indeed, it is obvious from the evidence this morning that you did not expect this to be a big issue. It is a big issue, because how can any regional government justify its existence if a major Department ignores its Audit Office reports? That should have been obvious. You should have been provided with all the answers this morning, and you quite clearly have not been. That only emphasises just how important the points made by other members, including Ross Hussey and Stewart Dickson.

We got the history lesson about the Post Office doubling up as a transport provider in Scotland. That happened in Donegal, which is a lot closer to home. This has been asked about, but you have all the modern technology today that enables any Departments to link up and co-ordinate a transport system. There is no excuse for not doing that. I can order a parcel from Birmingham now and it will be at my door tomorrow morning; that is not a problem. However, because nobody looked at the Audit Office report, you cannot deal with real, human live people, many of them with medical ailments.

With your approval, Chairman, I would like to see a very comprehensive report coming back from the Department about why those Audit Office reports were ignored. We as a Committee may then begin to understand how you can get something done. Otherwise, some Committee in the future will be sitting here asking the same silly questions.

The Chairperson: I find it incredible that the Department has not examined the technology end for making appointments. As you know, the Committee is going to visit Devon County Council to look at excellent usage of different systems and to gain some knowledge, yet the Department has done nothing. That is incredible, considering the amount of public money that is being spent. I just do not understand that sort of ongoing attitude or silo mentality. Yours is not the only Department; unfortunately, there are others.

Mrs Dolores Kelly: The Ambulance Service and transport service are distinct business units, if you like, in the health service. It is often a staff complaint that, if a patient were being transferred from, say, Craigavon to the Royal, they went in the ambulance and someone had to follow behind with a file for the case notes. Is that because of different terms and conditions and different staffing levels? That did not always happen because there was an emergency situation. What is the rationale behind that type of scenario?

Mr McNeill: Again, it depends on the nature of the call. If the case is an emergency transfer or a patient with high acuity, where time is of the essence, usually the patient will be accompanied by a doctor, who will take the notes with them. If the doctor does not travel, but there is a need for information to travel with the patient, the crew will take the notes. If it is a routine and planned appointment, the notes and information are usually transferred electronically, and our crews would not take the information. That is based on clinical governance issues. The need for that information would not be a high priority in a routine appointment. I have been working in the Ambulance Service for 26 years, and I have never had a complaint about or experienced a situation in which someone's treatment has been impacted on by the inability of the physician at the other end to have the information that was required at the time.

Mrs Dolores Kelly: This complaint is not about a physician; it is about efficiency. I worked in the health service for 22 years, and I know for a fact that it was often the case that notes were driven up the motorway by a transport driver, often behind the ambulance. They were not in emergency situations. I fully accept what happens in emergency situations. It is some years since I left the health service. Is that no longer the case and it is now done electronically, or is it still the case?

Mr McNeill: To the best of my knowledge, it is not the case. If crews are asked to take the information, they will take it. More often than not, it is transferred electronically. However, sometimes the crew will need to move the patient before the notes are made ready, in which case they will move the patient as a priority.

Mrs Dolores Kelly: I appreciate that.

Chair, we were given to understand that interdepartmental work is being done between the education and health authorities to look at shared transport opportunities. There is a subgroup that, if not at ministerial level, is at fairly senior departmental level. Are you part of any of those discussions? Have you been asked for your opinion? Are you aware of the stage that that work has reached?

Mr Daniel Kelly: I am not aware of the group that you are referring to, unfortunately. Obviously, the Department of Health, Social Services and Public Safety is working with DRD to investigate areas where transport collaboration is possible. However, we have not engaged with the Department of Education on that subject recently.

Mrs Dolores Kelly: Chair, I thought that we were given to understand that that work was ongoing.

The Chairperson: I thought that Mr Johnston said that a committee had been set up.

Mr Johnston: That is a working group set up by the Department for Regional Development.

The Chairperson: Are you not able to tell us anything about it?

Mr Johnston: As I understand it, the main work is being taken forward in the form of the pilot, which is ongoing. It will see what comes out of the pilot, and that will then be reviewed.

The Chairperson: Do you have officials on that group?

Mr Daniel Kelly: I participate in the project board for the Dungannon pilot, which is currently being set up.

The Chairperson: What about the committee? I assume that it goes wider than Dungannon.

Mr Daniel Kelly: I think that the initial plan is for a pilot project to be run, and the results of that pilot will then be reviewed with a view to looking at wider application throughout Northern Ireland.

The Chairperson: Will that take another 20 years?

Mr Daniel Kelly: I hope not, no.

The Chairperson: I am glad to hear that.

Mr McAleer: The figures are quite startling. According to what the Minister said recently, transport costs the Department £18 million per annum. There were 160,000 missed appointments and 180,000 cancelled appointments. We have heard from rural transport providers, such as Easilink, that are more than willing to collaborate with you in getting to the furthest reaches of rural areas, which Ross alluded to. Do you agree that a cross-departmental and inter-sectoral approach would help to drive down the costs and the figures for missed and cancelled appointments?

Mr Johnston: We hope that that will be tested through the pilot; that is what the pilot is looking at. The scope would lead you in that direction and should assist the situation.

Mr McAleer: Do you think that it will?

Mr Johnston: We await the outcome of the pilot, but the intention is certainly to see whether those issues can be tested in the pilot.

Mr Easton: The two audits were conducted 1995 and 2005 under direct rule. Would the then Ministers have been aware of the audits?

Mr Johnston: They would have been. The response to the 2005 audit, which was about action that was taken on the Audit Office value for money investigation, was given to the Assembly Public Accounts Committee in January 2009.

Mr Easton: Do you feel that you have ignored the audit report?

Mr Johnston: We do not feel that we have. We feel that the questions that were put to the Department in the audit report were answered fully in the response to the PAC. I am happy to make available to the Committee a copy of the response that was made in 2009.

Mr Easton: That would be helpful. Mr McAleer commented on the £18 million a year that is spent on transport. Do you know how much of that £18 million is spent on taxis?

Mr Daniel Kelly: No. I would have to ask colleagues in the Health and Social Care Trusts for that information.

Mr Easton: I am keen to know, because I had a bugbear about using taxis. I would have liked to know the cost, because, from what I understand, it was a lot of money. Is there any way to find out the number of appointments that were missed because of taxis not turning up?

Mr Johnston: We will check that with the trusts. I know that some of the trusts have supplied written evidence on that to the Committee. The South Eastern Trust, for example, specified the cost of taxis in the three financial years from 2009-2010. The cost ranged from £784,000 to £909,000. I have not seen any figure relating to cancelled appointments, but I can find out for you.

Mr Easton: Will you remind me and the Committee of your criteria for people using our transport and our paying for it? What are the criteria? Are you looking at those criteria again?

Mr McNeill: Are you referring specifically to ambulance transport?

Mr Easton: Yes.

Mr McNeill: The criteria that are used currently are based on medical need. That is a problem for us, in that there is some difficulty in making assessment based on medical need when it comes to deciding who makes the assessment and who books the transport. So, a medical condition does not necessarily realise as a medical need for transport. Someone with diabetes, for example, has a medical condition but is still able to go about their daily business. We quite often find that, because of the current system, those patients are booked on to the non-emergency ambulance service.

Through the work that we are involved in at the moment, we propose to extend the medical need to encompass mobility need and other factors. Therefore, regardless of whether the booking comes from a GP's surgery, a hospital ward or an outpatients department, all requests will go through a criteria filter. If the patient meets the criteria, we will accept the booking and plan to deliver the journey. If they do not meet the criteria, they will be advised why they do not meet it.

We are then left with the difficulty of how to signpost those patients towards accessing a service that is appropriate and that will meet their need. That is the bit of work that we are involved in at the moment, and it is why I am pleased to be here to give the Ambulance Service's perspective. We need help with and a joined-up approach to that. Colleagues talked this morning about rural communities. If rural community transport networks are in play, can we advise patients or potential patients that those services are available and of how they can access them? We also need to find out whether we can book the services on their behalf. That is the element that we need to address.

Mr Easton: Do you accept that there has been a certain amount of abuse of our transport system?

Mr McNeill: To be perfectly honest with you, yes.

Mr Easton: Do you have a rough percentage figure for that?

Mr McNeill: I could not quantify it, and I think that the evidence would be very anecdotal. So, rather than trying to define the abuse, we will hopefully address it by applying the eligibility criteria so that only those who need it will get it.

Ms Magee: Brian addressed the issue of accessing transport for travelling to hospital, but the health trusts also provide an amount of transport for people to access social care. In 2007, the Department of Health developed guidance for trusts on assessing need for such transport, so anybody who accesses trust-funded transport has to go through that assessment process. A number of elements are involved, such as mobility issues or requirement for supervision. It is quite comprehensive, and it applies to all the trusts.

Trusts have a range of transport options available to them, and, in some cases, taxis are the most cost-effective and appropriate option for the client's requirements.

The Chairperson: I have just one final point, Mr Johnston. There has been a lot of discussion about the audit reports. Do you feel that the audit reports' recommendations were valid?

Mr Johnston: Where the evidence that the Audit Office brought forward and presented to the Department is concerned, the Department explained why we were not able to embrace those recommendations. They were really proposals and suggestions that were put forward, and we responded to them on the basis of why they were not viable or logistically possible.

The Chairperson: They were not proposals or suggestions; they were recommendations. Did the Department consider those recommendations to be valid?

Mr Johnston: We explained in our response why we were not able to implement a number of them.

Mr Dallat: The Department accepted and signed off on those recommendations. It knew exactly what it was signing off. If the Department felt at the time that it was not possible to achieve them, it would not have agreed them. It was agreed with the Public Accounts Committee.

The Chairperson: There were quite a lot of questions today that you were not able to answer that need to be answered. I am going to be straight with you: the evidence has been pretty pathetic. It is probably among the most pathetic evidence sessions that I have sat in any Committee and listened to, apart from perhaps the session with the Ambulance Service. I hope that the replies that we get will be substantial. Thank you for attending.