

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****1 June 2012****Access to Health Care in Ryedale****Purpose of the Report**

1. To consider the Final Evaluation report on the Access to Health in Ryedale project which was delivered by Ryedale Voluntary Action (RVA) in partnership with Ryedale Community Transport, funded through the NYCC Community Fund as recommended by Ryedale LSP.

Introduction

2. In accordance with recommendations in the original report on Access to Health Care in Ryedale, the report was brought to the attention of this Committee towards the end of last year. The Committee set up a task group comprising County Councillors John Blackie, John Clark and Val Arnold and Ryedale District Councillor John Raper with the intention of working with representatives from RVA to establish whether or not there were examples of good practice with regard to community transport in other parts of the county that could give pointers towards overcoming problems in Ryedale. The task group's work was put on hold pending the outcome of further work by RVA, in particular, a survey of patients via GPs.
3. This work has been completed and there is now an opportunity for the Committee to be updated on the current situation and for it to be involved in contributing to how the work is taken forward.
4. Andrea Hobbs (Chief Officer) and Claire Hall (Projects and Partnership Manager) at Ryedale CVS will be attending the meeting to guide Members through the report attached as APPENDIX 1.

Recommendations

5. That Members:
 - a) note the report Access to Health – Final Evaluation.
 - b) highlight any initiatives in their area which have improved how community transport operates.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

BH/21 May 2012

Background Documents: None

Ryedale Voluntary Action
Ryedale Community Transport
Access to Health
Final Evaluation

Jane Johnson
February 2012

Funded by North Yorkshire County Council Community Fund



**Ryedale
Community
Transport**

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1 SUMMARY

The project has

- collated useful evidence of need for improving transport to health appointments
- made good contacts within the GP and Hospital services
- brought partners together for continued joint working.

The project failed

- to produce a workable system for coordination of GP and hospital appointments with patient transport.

This project has scratched the surface of the huge problem of access to health appointments experienced by residents in rural areas. Although a well known issue, ever decreasing public funding, withdrawal of bus services and escalating fuel prices, make it increasingly important that communities are mindful of the needs of their neighbours and friends who do not have access to a car.

This awareness raising is a key element of the proposed Ryedale Healthy Living Network. This project has brought voluntary sector partners across Ryedale together to develop the idea of the Healthy Living Network which aims to provide and signpost access to services and give more control to those who use and need services.

There is a lot more opportunity to develop this project if resourced to three days a week, one day a week is not sufficient to overcome the barriers in progressing partnership relationships to enable successful delivery. For example, I did not have enough flexibility in arranging appointments and I was extremely grateful to everyone for having the flexibility to accommodate me; it was difficult to carry out some of the face to face evaluation work needed due to only being available one day per week - it had been intended to carry out interviews with CT users and spend a day with drivers and users, however to enable this to happen on a specific day proved to be impossible to arrange.

However, the project has provided some useful evidence of need and provides an excellent foundation on which to develop the Ryedale Healthy Living Network.

Any questions or queries about this project can be addressed to Claire Hall, acting Chief Officer at Ryedale Voluntary Action Claire@rva-cvs.org.uk

2 DESK TOP RESEARCH

The project started by carrying out desk top research to look at health and transport schemes in other areas. One of the general findings was that most are successful as long as public funding continues to provide the support for the booking systems. Fees paid by the user cover the driver's fuel and running costs, but do not cover admin support. With grants being reduced, Ryedale Community Transport is looking at various ways to cover this admin cost including increasing the membership fee or adding a surcharge per journey or per mile.

Users prefer locally based transport provision with drivers they know, or get to know, and trust. Schemes can be administered through a central service point eg Norfolk, however it is essential that it remains personal and users perceive it to be local. Users are reluctant to pay for the miles between the driver's home and their home so again local drivers are the key. There are social advantages in the use of very locally based drivers where relationships are formed, leading to further social services such as being checked on in bad weather.

Community schemes can be split into two types – the Ring and Ride bus service and the individual car scheme. A Ring and Ride service was asked for in Pickering in a survey carried out in 2007, but when implemented usage did not warrant its continuation with users preferring the flexibility of the individual car scheme. However transport users at the Kirkbymoorside event did say that they didn't mind waiting at the hospital for the Patient Transport Service bus, and there is likely to be a different attitude to flexibility for social use – shopping, hair appointments etc, and for hospital appointments.

3 TRANSPORT USER SURVEY

An event held by the project at Kirkbymoorside in September 2011 was very constructive. Questions were asked to groups [Appendix 1](#) and to individuals [Appendix 2](#). Users said they would be quite happy to share journeys to health appointments, the barrier to this is in the organisation – from gaining the knowledge that two people who live nearby to each other need visits to the GP or hospital at a similar time, to liaising with GPs or hospitals to arrange similar timed appointments. Patient confidentiality limits the GP or hospital in sharing the information so it falls on users to be pro-active in asking the transport provider about the possibility of a shared journey. Whilst users at the Kirkbymoorside event were happy to share journeys and be told they would be sharing with another user, they felt unable to take the responsibility of organising this themselves.

The project team felt that a way of addressing this was to employ a volunteer co-ordinator at RCT whose role would be to liaise between users and GP/hospital appointments. A suitable volunteer was found to take on this role, but a shortage of volunteer drivers at that time meant it was not feasible to proceed with advertising the service immediately.

A second way to address it would be to have volunteer village/street co-ordinators to facilitate at a very local level. Funding has been applied for to increase and support volunteers in Ryedale villages and if successful, transport would be part of the outcomes.

4 G P SURVEY

Meetings with GPs were very positive and surgeries were willing to assist Community Transport to help patients access health appointments more easily.

Although not an original outcome, the project provided funding for surgeries to carry out survey work which aimed to determine whether transport was a factor in patients not attending appointments. This was an excellent example of partnership working with the surgeries enabling and encouraging their staff to be available to carry out the additional work which in turn provided both the surgeries and the project with excellent evidence of the reasons behind appointment non-arrivals.

During December 2011 Kirkbymoorside and Pickering GP practices carried out a survey [Appendix 3](#) of 76 patients who had not arrived for appointments in the last 6 months.

The majority of respondents, 52%, drove themselves to the surgeries, with walking being the next most popular method, 17%. 10% rely on friends or relatives to give them a lift and 4% on public transport. Although a relatively small number, this 14% reliance on friends or public transport highlights the need for good and reliable access to health transport.

18.4% had cancelled/not turned up due to transport issues, mostly due to bad weather. However just under 30% of these were due to lifts, or public transport, not showing up or being late.

It was encouraging that 58% of respondents had heard of RCT although 75% - 80% should be a realistic target.

As a result of an advert on the screen in the waiting room and publicity around RCT, four new drivers have been recruited since the start of the Access to Health project.

5 YORK HOSPITAL

It proved difficult to find a contact at York Hospital and it was quite late in the project before this happened. This contributed towards the failure of co-ordinating appointments to hospital clinics within the timeframe of the project. However, Jillian Sykes, Assistant Director of Commissioning, proved to be extremely helpful and facilitated a meeting with Mandy McGail, Operations Manager, and also accessed the postcode information which has provided excellent evidence for the project. I would like to thank Jillian for her time and input to this project which was invaluable.

The meeting with Mandy McGail gave a clear insight to the issues surrounding patient transport and why some of the ideas presented by community transport were not operable. Funding cuts have impacted on Patient Transport Services (PTS) and eligibility criteria have been tightened. Patients with mobility issues are now not necessarily eligible and this is going to increase the demand for community transport. The Trust's focus is only those who are eligible for PTS.

There was concern about driver waiting time and users wondered if a fast track system could be implemented for users of community transport. This would not be possible as it raises the question of whose need is greatest – someone who has had to take time off work and needs to get back; someone who has to pick up kids from school; someone who has had to leave an elderly relative at home...?

There is a perception that waiting times are long at the hospital, but evidence produced by YH shows that most clinics don't run over by more than one hour – meaning patients should be through in much less time than 2 hours. Patients should know if they are going to be in a long clinic (4 hour +) before they attend.

An area of need at the hospital is that of patient discharge. However, discharge can happen at any time of day and is not planned, so this service needs to be demand responsive and there would be limitations for involvement by community transport operators. At Scarborough Hospital, East Coast Health Options Ltd (ECHO) have plans to address this issue by providing an out of hours home transport service to reduce the number of unnecessary overnight stays. If their bid is successful there may be an opportunity to share resources and use their minibus during the day across Scarborough and Ryedale Districts.

Discharge and the home from hospital journey is one that the voluntary sector in Ryedale as a priority for their organisations. They are keen to work with the hospitals to improve this experience for patients and it is an underpinning ethos behind the Ryedale Healthy Living Network.

York Hospital produced post code outpatient appointment statistics for November 2011. [Appendix 4](#). November was used as it was a month not affected by bad weather, school or public holidays. The results showed the number of attendees from specific Ryedale Postcodes¹. There were 1,911 appointments for 63 different specialisms. The most attended clinics were Ophthalmology seeing 212 patients; Trauma and Orthopaedic: 168 patients; Ear Nose and Throat: 129 patients.

If the appointments for just these 3 clinics are averaged out evenly over the week there are, on any one day, 23 Ryedale residents travelling to York Hospital for an appointment. Taking all appointments into consideration, there are on average, 86 attendances per day.

These are considerable numbers and it would be useful to carry out survey work at the entrance to the hospital asking patients from Ryedale how they have travelled to their appointment.

6 YORK WHEELS

Jenny Moreton, Patient Carer Governor (York Teaching Hospital NHS Foundation Trust) commented that the various voluntary organisations providing transport for patients to York hospital do not seem to be well co-ordinated. As a result, a meeting with Ruth Potter, Operations Manager at York Wheels (YW), based at York Hospital, was held to see if there are any practical solutions. Whilst it would seem a good use of driver time to utilise Ryedale Community Transport (RCT) drivers whilst they are waiting for patients at the hospital, the practicalities may prove difficult:

- all community transport users need to book in advance and if an RCT driver is used and then their appointment from Ryedale is cancelled, it would leave York Wheels without a driver;
- sharing outward journeys, or meeting half way, would save the driver time, but not the user and may cause confusion regarding payment, and additional stress to tired users;

¹ The postcodes used were those of registered members of Community Transport. The number of appointments shown however, is for all residents of all ages in those postcode areas not just CT members.

- the two organisations have different structures, meaning means payments to drivers by users of YW include VAT whilst RCT drivers are not affected by VAT;
- CRB checks would have to be carried out by both organisations;
- users may have to be members of both organisations.

In the longer term, if a Ring and Ride service could be developed there may be opportunities to investigate using driver down time at the hospital to do some work for York Wheels.

7 FUTURE FUNDING

Working closely with partners, there is a proposal to set up Ryedale Healthy Living Network. This is a new hub and spoke approach to provide and signpost access to services and is aimed at giving more control to those who use and need services. Aimed at small communities, active older people will be encouraged to assist the less active and more vulnerable older people in their community, to better access services they need and want in a way which becomes sustainable, and more directly caters for individual needs.

A bid to fund this proposal was submitted to NYCC Innovations fund in February 2012. If successful it is anticipated that the project will commence in Summer 2012. Lead contact for the project is Claire Hall Claire@rva-cvs.org.uk; or enquiries@ryedalecarers.org.uk

8 KEY POINTS

1. Access to Health must be maintained as a key priority need in the Ryedale Healthy Living Network
2. There is national evidence that a priority for users is community transport operators have a local identity. This does not mean a central admin point cannot be used, but operators should be mindful of user experience when setting up an admin centre, eg by using local telephone numbers (ie 01751, 01653 not 0844) which are then seamlessly diverted.
3. Users are happy to share transport and are keen to benefit from the social interaction this provides, but feel unable to organize shared transport themselves.

4. With an extended time-frame, a key volunteer to co-ordinate transport to health appointments could be progressed and only failed due to lack of drivers and the short nature of this project.
5. Partnership working has been progressed and good relationships have been formed with the GP surgeries and York Hospital. Existing relationships need to be maintained and as the project is developed, rolled out to all surgeries in the area.
6. Despite the project's short time frame, four additional drivers were recruited through the increase in publicity for Ryedale Community Transport showing the potential for attracting new drivers.

9 NEXT STEPS

1. Further work should be carried out at York Hospital to determine exact footfall at both York and Scarborough hospitals. This could be funded by the project underspend (through not having set up any health journeys) and would involve a stand in the entrance to the hospital to ask patients from Ryedale to make themselves known, then find out how they travelled, and whether they would use, and pay for, a Ring and Ride service.
2. Investigate whether any down time between proposed Ring and Ride inward and return journeys to York Hospital could be used by York Wheels.
3. Community transport operators should investigate whether any of the barriers to working together can be addressed.

APPENDIX 1

Kirkbymoorside Event Discussions Questions Feedback

Date: Kirkbymoorside Event 13 September 2011

Organised by: Access to Health Project (Ryedale Voluntary Action; Ryedale Community Transport), partnered by Kirkbymoorside Environment Group

Discussion Questions:

Tell me how you feel about using community transport rather than other forms of transport such as a friend, relative or neighbour's car or public transport. What sort of difference does using CT make to you: what are the benefits, what are the drawbacks.

Benefits:

We need help because my husband can't drive for long periods and we have given up our own car. Long journeys and big groups are too tiring.

We need help with transport for basic trips like shopping for things not available locally.

Door to door service,

Not pressured

Very friendly and helpful

Not all have families nearby or neighbours work etc

Independence – prefer to asking for lifts.

Independence and it is good value – about 1/3 price of a taxi.

Drivers are so helpful and their cars are very clean

They even got a 4WD when the weather was bad and we had to get to the hospital

I use RCT to get to sight support in Pickering, but I would like to be able to use the Shopper bus from KMS as Pickering people can.

There was concern about drivers' health – one lady said she was diabetic and had a "bad heart" and died of a heart attach shortly after! Generally very good though with excellent time keeping.

Drawbacks:

Sometimes pricing not clear – I thought the price was for a return journey, but it was double what I expected to (Scarborough Crematorium)

One lady is no longer a member due to £10 membership fee.

I would be useful to have an option of short notice transport for unexpected trips to hospital and back eg discharge or outpatients.

One of the group found it expensive but others disagreed

Timing for hospital appointments – not knowing how long we are going to be

there for if we need other tests etc. Worried about the price if they have to wait for too long.
Short notice transport is difficult to arrange.

If you have had to go to either Scarborough or York Hospital for an outpatient appointment did they consider where you lived when giving you a time, did they ask how you would get there? Have you used Patient Transport Services (Yorkshire Ambulance Service) – how did that work for you?

PTS asks questions eg about eligibility and finally about your location. This isn't necessarily helpful for PTS in designing their route and pick up itinerary – they should ask your location first.

Hospital doesn't enquire how I will get there but will change appointment if I ask.

No they didn't consider this at all

Early or late appointments are not ideal – 11am – 3pm are better, especially in winter, bad weather and darker days.

I used PTS once – they sent a taxi from Malton to York hospital which I shared with someone who was going on to Leeds. I had to wait for the return journey but it was no problem to wait.

Would need help to visit others in hospital

The surgery arranged it all, I was collected very early in the morning, but it all worked fine.

My appointment was at 9am and I should have been picked up at 7.30am but he didn't come until 9.30am. I had rung a week before to arrange and I felt very worried when he didn't come. But I didn't have to wait very long after the appointment to come home.

I used it to go to Scarborough hospital, I was ready at 12 noon to be picked up for a 3.15pm appointment but he only came at 3.30pm.

My husband had to go for Chemo twice a week, we had to be ready for 12 noon and didn't get home until 7pm. It was so tiring – chemo patients can't cope with these long journeys and days.

I'd booked the PTS early one morning to get there (Scarborough) for 9.00am but when he picked me up the driver said "we can't get you there that early – we don't start work until 9am".

Sometimes transport has to leave with patients still at the hospital and can take up to 1.5 hours to get picked up later. Would RCT be able to come for us if this happened?

When you need to book a routine appointment at the doctors and need to use RCT to get there, we're asking you to consider sharing a car with another user. How do you feel about that?

No problem. Could be perceived a "threat" if a woman travels with all male passengers.
 Wouldn't mind sharing
 No problem with this, happy to wait a reasonable time for others etc
 Sharing's OK and sensible
 There is an assumption at hospitals that people live nearby, lack of understanding of the large rural area and just how far KMS is away from York and Scarborough.
 Could the doctors find out how patients travelled there?

In an ideal world someone would be able to organise the appointments and the car journeys. How do you feel about liaising with others yourself to book appointments at the same time so that you can car share? How would this work – would you feel comfortable forming a small group, how would you contact them, what would you need to know?

The older you get the more difficult it becomes to achieve and motivation drops off.
 Would be complicated
 Don't know enough people
 Don't see myself organising but wouldn't mind taking part
 Could be used for people who need it
 Good idea for cutting costs
 Difficult to get same appointment times with only 2 nurses
 Would be good if surgery could help to co-ordinate it
 External organiser would be preferable – RCT could they do this – liaise with users and appointments and hospital etc
 Concerns outlying villages may not be accommodated
 Group feel this would work with proper organisation, no problems with sharing.
 Would it be possible for a transport partnership to be formed between local surgeries (Helmsley, Pickering, KMS) and transport providers (eg RCT) to get people to the surgery?

Other comments:

"Ring and Ride around KMS and villages would be good"

"Comfortable asking for a change of time of appointment"

"No problem sharing with neighbours if possible"

"Blackboard noticeboard at surgery – "This weeks' appointments with transport are on x day"

Appendix 2

Kirkbymoorside Event Individual Questions Feedback

Date: Kirkbymoorside Event 13 September 2011

Organised by: Access to Health Project (Ryedale Voluntary Action; Ryedale Community Transport), partnered by Kirkbymoorside Environment Group

Individual Questions:

Are you registered with a GP other than Kirkbymoorside?	Helmsley 2 Pickering 0 Malton 0 Hovingham 0 Other – Ampleforth 1
No 11	
How do you get to the GP surgery?	Walk 9 Car 3 Always asks for home visit 1 (reg blind) Public Transport 2 Family 1 Taxi 1 (if I can't walk) RCT 1
Do you go to the hospital on a regular basis?	Yes 4 No 7
Which hospital?	Malton 1 Scarborough 3 York 8 Teeside
How do you get there?	NHS Transport 6 Various friends 1 RCT 5 Car 2
Have you ever asked the GP surgery for a home visit because you couldn't get a lift to the surgery?	Yes 4 No 9
Have you ever cancelled an appointment with the GP or nurse because you couldn't arrange transport?	Yes 4 No 11

<p>Trains The train from Malton runs directly to Scarborough and Leeds, and it is possible to change at Seamer for the Hull train. Did you know these journeys were possible?</p>		<p>Yes 5 No 8</p>
<p>If there was transport from Kirkbymoorside to Malton train station, and you are fit enough to use public transport, would you consider using the train to get to hospitals in Leeds, York or Hull?</p>		<p>Yes 4 No 10</p>
<p>What would be the main disadvantage for you using the train to a hospital appointment (other than cost)</p>	<p>No toilet facilities on train and access at the other end Mobility 3 Distance 3 Too many changes from bus to train then bus to hospital 1 Cannot travel alone - Lack of sight 1 Can't get on and off trains/physical difficulty Not practical – has bus/train timetables but not suitable for most appointment times – numbers of connections – risk of missing one. Would need to get on train at KMS – to far to go to Malton The distance from station to hospital</p>	
<p>Bus If there were to be an extra bus from Kirkbymoorside where would you like it to run to and how regularly?</p>	<p>Malton 8am and 5pm daily 3 Via Helmsley to Thirsk and Northallerton once or twice a week 2 Up to Hutton le Hole Museum. Walk up through town is tiring after a full day. York</p>	
<p>Buses are fine if you can get to the bus stop, and buses which collect you from your house are very expensive to run, so a compromise usually needs to be reached. Where do you think is an ideal location for a bus stop which would serve you and your neighbours – not too far for you to walk but accessible for a small bus?</p>	<p>Fine where they are – a shelter at the school would be good. End of West Lund and A170 or West End Station Road near Calverts 2 West Pasture If I could travel by bus (I can't travel alone) - outside my front door I don't live far from the bus stop. Market Place Beadlam Bus Stop</p>	

Appendix 3

GP Questionnaire Results

Access to Health DNA Survey November 2011

Q1 How do you normally get to surgery for your appointments?

Walk		13	13	17.1%	
Drive (own car/van)	18	22	40	52.6%	
Walk or Drive		5	5	6.6%	
Relative or friend will provide a lift		5	3	8	10.5%
Public Transport/Town bus	2	1	3	3.9%	
Taxi					
RCT					
Bus/taxi	2		2	2.6%	
Other		1	1	1.3%	

Q2 Have you had to cancel or couldn't get to an appointment because of transport problems?

Yes	9	5	14	18.4%
No	22	40	62	81.6%

Q3 If yes, how are these problems best described?

Private lift did not show up / was late		1	2	3	21.4%
Public transport did not show up / was late			1	1	7.1%
Taxi did not show up / was late					
RCT did not show up / was late					
Other – Please explain					
	Weather	6		6	42.9%
	Floods	1		1	7.1%
	Car broke down	1	2	3	21.4%
Can't take afternoon appts as no bus and taxis are busy with school runs					

Q4 If you have needed to get to a hospital appointment, how did you get there?

Drive (own car/van)	8
Relative or friend will provide a lift	9
Public Transport i.e. bus	
Taxi	
Patient Transport Service	
RCT	2
Other	
Drive/relative friend	5

Q5 Before this questionnaire did you know who the RCT were?

Yes	19	25	44	57.9%
No	12	20	32	42.1%

Appendix 4

York Hospital Post Code Survey

York Hospital Analysis of Post Code Attendance November 2011

SFC Desc	TFC Desc	First Attendance	Follow-Up	Total
0	0	2	4	6
GENERAL SURGERY	VASCULAR SURGERY	8	7	15
	BREAST SURGERY	5	8	13
	COLORECTAL SURGERY	15	22	37
	GENERAL SURGERY	35	71	106
	UPPER GASTROINTESTINAL SURGERY	3	3	6
UROLOGY	GYNAECOLOGY		1	1
	UROLOGY	8	25	33
TRAUMA AND ORTHOPAEDIC SURGERY	TRAUMA AND ORTHOPAEDIC SURGERY	45	123	168
EAR, NOSE AND THROAT	EAR, NOSE AND THROAT	59	70	129
	ORTHODONTICS		4	4
OPHTHALMOLOGY	OPHTHALMOLOGY	33	179	212
MAXILLOFACIAL SURGERY	MAXILLOFACIAL SURGERY	18	29	47
	ORTHODONTICS	12	15	27
RESTORATIVE DENTISTRY	RESTORATIVE DENTISTRY	2	4	6
ORTHODONTICS	ORTHODONTICS	8	53	61
NEUROSURGERY	NEUROSURGERY	1		1
PLASTIC SURGERY	PLASTIC SURGERY	3	3	6
CARDIOTHORACIC SURGERY	CARDIOTHORACIC SURGERY	4	1	5
ACCIDENT AND EMERGENCY	ACCIDENT AND EMERGENCY	1		1
ANAESTHETICS	ANAESTHETICS		2	2
	PAIN MANAGEMENT	3	18	21
GENERAL MEDICINE	CARDIOLOGY	29	50	79
	DIABETIC MEDICINE		12	12
	ENDOCRINOLOGY	1		1
	GASTROENTEROLOGY	15	36	51
	GENERAL MEDICINE	34	61	95
	NEPHROLOGY	2	9	11

	RESPIRATORY PHYSIOLOGY THORACIC MEDICINE	3 5	5 20	8 25
HAEMATOLOGY (CLINICAL)	HAEMATOLOGY (CLINICAL)	7	44	51
AUDIOLOGY	AUDIOLOGY	18	20	38
DERMATOLOGY	DERMATOLOGY	18	28	46
MEDICAL ONCOLOGY	MEDICAL ONCOLOGY	16	64	80
NEUROLOGY	NEUROLOGY	13	50	63
CLINICAL NEURO- PHYSIOLOGY	CLINICAL NEURO- PHYSIOLOGY	11	7	18
RHEUMATOLOGY	RHEUMATOLOGY	10	65	75
PAEDIATRICS	PAEDIATRIC CARDIOLOGY PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY PAEDIATRIC NEURO- DISABILITY PAEDIATRIC NEUROLOGY PAEDIATRIC NEUROSURGERY PAEDIATRIC RESPIRATORY MEDICINE PAEDIATRIC SURGERY PAEDIATRICS	1 3 9	1 4 20 2 2	2 2 7 4 2 2 29
GERIATRIC MEDICINE	GERIATRIC MEDICINE	3	7	10
OBSTETRICS	DIABETIC MEDICINE OBSTETRICS	7	3 30	3 37
GYNAECOLOGY	GYNAECOLOGICAL ONCOLOGY GYNAECOLOGY	40	1 35	1 75
MENTAL HEALTH	MENTAL HEALTH	1	8	9
OLD AGE PSYCHIATRY	OLD AGE PSYCHIATRY	1	1	2
CHEMICAL PATHOLOGY	CHEMICAL PATHOLOGY		1	1
NURSING EPISODE	GENERAL MEDICINE GYNAECOLOGY RESPIRATORY PHYSIOLOGY	1 3	2 1	1 5 1
ALLIED HEALTH PROFESSIONAL EPISODE	ALLIED HEALTH PROFESSIONAL EPISODE	11	6	17

CLINICAL PSYCHOLOGY		2	2
DIETETICS	6	7	13
OCCUPATIONAL THERAPY	6	2	8
PHYSIOTHERAPY	28	64	92
PODIATRY		10	10
SPEECH AND LANGUAGE THERAPY	1	11	12
THORACIC MEDICINE	2		2
	571	1340	1911