

## Are we there yet?

The social needs transport implications of proposed changes to hospital services



**Report of consultation with  
local transport providers, commissioners  
& interested stakeholders**

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November 2012

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## Key findings & recommendations

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Consultation was undertaken with a range of stakeholders with an interest in transport to health facilities in Trafford.

Stakeholders identified five possible transport-rated options, which could redress difficulties in transport to health for Trafford residents, following reorganisation of NHS services in the borough.

Wider consultation enabled local representatives and stakeholders to rank possible options.

The preferred course is to establish a Health Transport Bureau, along the lines of that described in detail in “**Health Transport Bureau**” on page 21 of the appendices of this report.

It would make sense also to incorporate a **Travel Training & Planning** function, allied with a Health Transport Information gathering, collation and dissemination, with the above.

These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.

An indicative “ballpark” cost for the above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.

Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

Such a subsidy could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.

Any options selected will require further work to confirm exact cost, determine the commissioning/procurement process & to select providers.

# 1 Executive summary

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## Consultation about the NHS in Trafford

The NHS carried out a consultation exercise designed to give members of staff, and the wider Trafford population, an opportunity to have their say about the proposed changes to healthcare services across Trafford.

It was recognised that physical reorganisation and/or relocation of services may impact on people's ability to get to health facilities, due to availability of transport to new sites.

## Consultation about meeting changed transport need

It was therefore decided that the consultation should include engagement with key stakeholders with an interest in socially needed transport, to explore the transport implications of proposed changes, and consider what provision might need to be made.

Freelance transport specialists, Transport for Communities (TfC), who had carried out similar transport engagement work in the North East Manchester NHS Sector, were commissioned to undertake the work.

TfC worked with stakeholders to develop transport service options to meet identified needs –within the context of encouraging closer working and collaboration to develop a local health and social needs transport network.

## Potential transport-related services

Consultations have produced five potential proposals for transport-related services:

### a) Health transport bureau

A “one stop shop” or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

### b) Travel Planning, training & support

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

### c) Evening hospital visitor transport service

An accessible, pre-bookable, door to door evening hospital visitor transport pilot project service.

Fares, payable by the passenger, would be set in line with Local Link

### d) Health transport information delivery strategy

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria.

### e) Support with costs of using Local Link service

A “trip subsidy fund” to help meet the increased cost of using Local Link to access hospital services that have moved in the re-configuration.

At the final consultation meeting, stakeholders were introduced to the five options, and then given the opportunity to discuss these in small working groups.

Groups were formed by mixing attendees, to avoid conglomeration of delegates from the same or similar backgrounds or organisations.

Attendees had approximately 40 minutes for discussion.

To enable structured feedback and recording (and to allow for those who found group discussion daunting or uncomfortable), each participant was provided with a feedback form designed to elicit a rating for each option, and providing space for comments, suggestions, and the opportunity for further participation.

The form is reproduced in the appendices to the main report.

### How viable or beneficial are the options?

The form asked respondents to rate how well, in their view, each of the five options seemed to match with the following two statements.

- The service seems a viable proposal
- The service could make a significant contribution to improving transport to health services

Respondents were asked to rate their response on a scale of 1 to 5, where: **1** = not at all and **5** = completely

Space was provided for comments and suggestions.

### Developing the options

The form then asked respondents to answer yes or no to the following two statements.

- We would consider being involved in development of the services below
- We would consider being involved in delivery of the services below

The favoured option would seem to be the idea of a Transport Bureau.

### Preferences

On a scale of 1 to 5, [where: 1 = not at all and 5 = completely], the average agreement rating for the Health Transport Bureau, both with the proposition that it seemed a viable proposal and with the contention that it could make a significant contribution to improving transport to health services, was 4.4.

A considerable volume of comments and suggestions were made by attendees. These are reproduced in the appendix. The vast majority of comments addressed themselves to whether or not each option was considered a viable proposal.

The second favoured option would appear to be for Travel Planning, training & support.

This rated 4.0 for viability and 3.9 for making a significant contribution to improving transport to health services.

The above two options also attracted the highest count of attendees willing to be involved in development (ten responding yes) and delivery (seven responding yes).

Of the other options:

- The Health Transport Delivery Strategy received 3.6 for viability and 3.7 for making a significant contribution to improving transport to health services.
- Support with costs of using the Local Link service was judged next lowest.
- The Evening hospital visitor transport service was rated lowest on both the proposition that it seemed a viable proposal and the contention that it could make a significant contribution to improving transport to health services.

The best course, it would seem, would be to seek to establish some sort of **Health Transport Bureau**, along the lines of that described.

It would make sense also to incorporate a **Travel Training & Planning** function, allied with a Health Transport Information gathering, collation and dissemination, with the above.

These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.

An indicative “ballpark” cost for the above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.

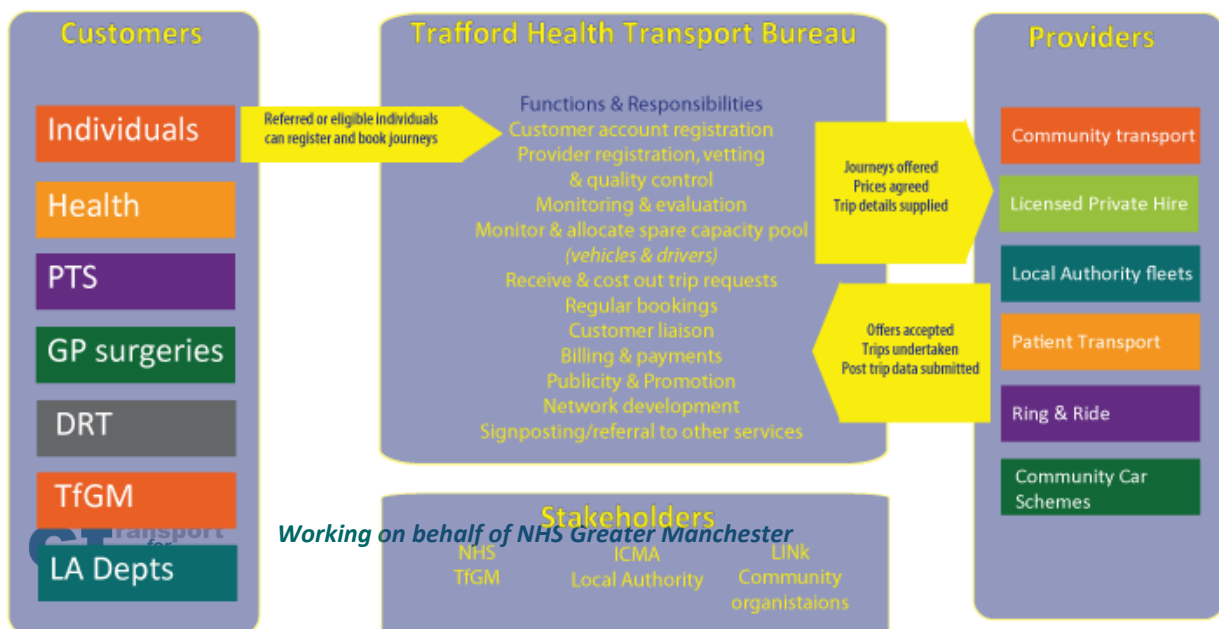
Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

Such a subsidy could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.

In order for the above arrangements to be implemented, urgent discussions & further work (depending on the decisions that will be made on the future of hospital services) will be required between key stakeholders. Agreement should be reached about: components & overall operational approach, cost, funding streams, implementation arrangements and the provider commissioning/procurement/selection process.

### Model for Health Transport Bureau

The diagram below represents a model for the interrelationships between delivery agents, an outward facing organisational structure for booking (The Health Transport Bureau), scheduling and despatch and potential customers. This will produce an integrated service which, while presenting a single point of contact to end-user customers, meets their needs for transport using the most appropriate transport provider available at the time.



## 2 Introduction

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### Context

- 2.1 According to the New Health Deal web site “The NHS in Trafford needs to change to ensure that we continue to provide the best quality, most effective and safest care for local residents, and secure the future of Trafford General Hospital.”<sup>1</sup>
- 2.2 The NHS carried out a consultation exercise designed to give members of staff, and the wider Trafford population, an opportunity to have their say about the proposed changes to healthcare services across Trafford.
- 2.3 The consultation proposal suggested the need for changes to be made to some of the services that are currently delivered out of the Trafford General Hospital and Manchester Royal Infirmary sites. This would ensure that people receive the right care, at the right time, in the right place, and that investment can be made in developing an integrated care system.
- 2.4 The 14 week consultation ran until 31st October 2012.
- 2.5 It was recognised that physical reorganisation and/or relocation of services may impact on people’s ability to get to health facilities, due to availability of transport to new sites.
- 2.6 The particular concern was for the most economically and socially vulnerable members of the community, whose travel options might already be limited due to mobility impairment, geographical isolation, or poverty.
- 2.7 It was therefore decided that the consultation should include engagement with key stakeholders with an interest in socially needed transport, to explore the transport implications of proposed changes, and consider what provision might need to be made.

### Brief & objectives of the work

- 2.8 Freelance transport specialists, Transport for Communities, who had carried out similar transport engagement work in the North East Manchester NHS Sector, were commissioned by NHS Greater Manchester’.
- 2.9 Key tasks would be:
  - to bring together stakeholders in forums/engagement meetings similar to those held in North East Manchester
  - to obtain from stakeholders a clear understanding of the potential transport needs coming from the likely service revisions
  - to use the group as a means to establish possible solutions to the identified needs using existing resources/services

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<sup>1</sup> <http://www.healthdeal.trafford.nhs.uk/> 27/11/12



## About Transport for Communities

- 2.10 Transport for Communities (TfC) is a partnership of two individuals who, between them, have over fifty years of experience in developing, supporting and managing projects in the private, statutory and voluntary sectors.
- 2.11 TfC specialises in providing development support for Socially Needed Transport.
- 2.12 The TfC project team comprises Anthony & Stephen Travis. Both have wide experience within the voluntary, statutory and private sector; operationally, managerially and as voluntary management committee members. For the last twelve years, much of their work has focused on research, development and consultation in Third Sector & Socially Needed Transport.

## **3 Acronyms & abbreviations used in the report**

Acronym or abbreviation	Meaning
LPHO	Licensed Private Hire Operator
LSTF	Local Strategic Transport Fund
NWAS	North West Ambulance Service
TfGM	Transport for Greater Manchester
TfC	Transport for Communities
TMBC	Trafford Metropolitan Borough Council

## 4 Methodology

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### Approach

- 4.1 TfC would use an “Action Research” approach, which would use the following elements to achieve objectives:
- Desktop research
    - identifying stakeholders
    - delineating parameters for the work
    - identifying previous relevant practice
  - Face to face interviews with key stakeholders
  - Telephone interviews
  - Targeted email to gather both quantitative & qualitative data
  - Consultation/engagement meetings

### Programme of work

#### *Stakeholders*

- 4.2 Identify key transport stakeholders
- 4.3 Establish a time-limited Trafford Health & Social Needs Transport Group with the following remit:
- to improve networking
  - obtain a better understanding of the range of available services
  - to provide a forum for development of collaborative transport solutions to the needs identified from public consultations about reconfiguration of hospital services in the Trafford area.
- 4.4 Set out the likely changes to hospital services in Trafford and the questions & issues to be raised within an overall “information pack” for group members

#### *Meetings*

- 4.5 Plan, hold and service four meetings. Meetings would be held at local community venues in the most transport disadvantaged areas of the locality.
- 4.6 Focus for the meetings would be
- **September** – initial information exchange meeting, update on consultation process – Transport Group only
  - **October** – to discuss potential issues, confirmation of available services and identify/discuss possible transport solutions – Transport Group and wider audience of transport stakeholders
  - **November** - consult on proposals for transport solutions – wider audience
  - **December** – to deliver findings to public meeting
  - **December** – to deliver findings to Board meeting

*Research & development*

- 4.7 Map current social needs transport provision.
- 4.8 Work with providers to develop transport service options to meet identified needs – within the context of encouraging closer working and collaboration to develop a local health and social needs transport network.
- 4.9 Set up an “e-group” to enable on-going communication between stakeholders

# Key points emerging from meetings

Full reports of each meeting are contained within the appendices

## 5 Meeting 1 - Thursday 6th September 2012

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Partington Community Centre, Central Rd, Partington, M31 4FL

### Summary

- 5.1 Steve Travis introduced and explained the aim of this & subsequent meetings.
- 5.2 Gemma Watts from NHS Greater Manchester set out the proposed changes to hospital services in Trafford, identifying the key issues and the consultation process. This was supported by printed information, and a short film.
- 5.3 A round table discussion then followed. Key points included:
  - Transport providers present expressed considerable interest in developing new individual or collaborative services.
  - There was also interest in developing/changing existing services/criteria to meet any transport needs arising from the proposed changes to hospital services.
  - It was suggested that there was a wider potential market of passenger who access other health services, local authority services and other social needs transport.
  - General consensus was that the changes were likely to most affect patients, visitors and staff living in the Partington, Urmston, Stretford & Daveyhulme areas. These areas were already poorly served by transport with lower than average car ownership, income and employment levels.
  - The “early” consideration within the consultation process of the transport implications of any changes to hospital services was welcomed by the group
  - No other transport operators, that should be included in this process, were identified at the meeting

### Actions agreed

- 5.4 Circulate meeting notes, action points & contact list.
- 5.5 Distribute PowerPoint presentation & video link
- 5.6 Develop a template to be completed by transport providers to enable them to outline their services, skills, experiences and resources that might be deployed to provide health and social needs transport in the Trafford/Manchester area
- 5.7 As NWAS was unable to attend the meeting, it was judged vital to Make contact to obtain their assessment of the proposed changes and establish their views on
  - their current and future operations in the area
  - their interest in collaborative working with other social needs transport providers
  - Obtain detail of the community car scheme (VIPS) operating out of Wythenshawe
- 5.8 Set up an “egroup” to enable stakeholders to communicate directly
- 5.9 Circulate dates, times and venues for future meetings

5.10 Specific actions were also agreed for attendees. See full notes for details.

## 6 Meeting 2 - Wednesday 3<sup>rd</sup> October 2012

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**St Matthews Hall, Chester Road, Stretford, Manchester, M32 8HF**

6.1 Steve Travis introduced the event & welcomed those present

### Reports and updates

6.2 Alison Starkie provided a detailed update about:

- progress with the wider consultation
- emerging issues
- a further breakdown on the overall need identified by NHS GM at the previous meeting

6.3 Kristi Fuller (TfGM) reported back on potential support that could be offered regarding work on publicity, promotion and communications, gave details of the local bus network & provided detailed information on TfGM funded Local Link network information for the area and its environs.

6.4 Sonia Cubrillo (TMBC) gave a verbal update on the transport issues identified by the seven Neighbourhood Partnerships in Trafford.

6.5 Richard Morris (NWS) reported that he was unable to provide feedback on the outcome of the PTS tender or the implications for NWS, because of an extended embargo to 8.10.12 on the notification of the tender award.

6.6 Ann Day (Trafford LINK) provided extracts from the “mystery shopper” exercise that had been recently completed. It was agreed to circulate the full report via email when completed. Stretford Mall had been identified as a potential local interchange.

6.7 Steve Travis provided a brief report back on the information and willingness of all operators to work together to identify and deliver transport solutions to meet identified needs.

### Potential transport solutions

6.8 A discussion took place about agreeing “in principle” joint working service proposals/options, designed to meet identified needs.

6.9 Steve Travis reported that five potential service ideas had emerged so far

#### *Transport Bureau*

A pilot “one stop shop” or transport control centre to provide a single point of access for a range of service commissioners/operators/service providers & passengers to book transport (and transport related services).

#### *Travel Planning, training & support*

Travel training provides the skills and confidence to people who need additional help or support to make or plan journeys using public transport. This service would focus primarily on health related journeys to build the confidence, independence, skills and experience of local residents with mobility difficulties

### *Hospital Visitor transport service*

Pilot - an accessible, pre bookable, door to door evening hospital visitor transport service provided by community transport operators (similar to that currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals)

### *Directory & Information/Communications Strategy*

Review current transport information available to users of local health services and to develop a single directory of available services, criteria, cost and booking procedures

### *Support with costs of using Local Link service*

Creation of a "trip subsidy fund" to help reduce the Zone 4 cost to residents (affected by the reconfiguration of hospital services in Trafford) using Local Link services from £9.00 to £4.00 per return journey for treatment or visiting hospital sites.

## Theme & focus for next meeting

- 6.10 It was agreed that the next meeting would discuss the proposed options and invite those attending to consider their suitability and identify preferred options to be taken forwards.
- 6.11 It was also agreed to invite a representative from NHS Heywood, Middleton & Rochdale to highlight some of the work in HMR NHS and the longer term Healthier Together programme

## 7 Meeting 3 - Wednesday 7<sup>th</sup> November 2012

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St Matthews Hall, Chester Road, Stretford, Manchester, M32 8HF

### Objective for meeting

- 7.1 This would be the final consultation meeting.
- 7.2 The meeting was convened to
- enable attendees to hear about and discuss the results of previous consultations with local transport providers and NHS commissioners
  - discuss, and make informed decisions about the suitability and viability of the transport-related service options designed to address the transport need that may arise from NHS reconfiguration in Trafford.
- 7.3 Attendees' views on suitability and viability would inform recommendations for adoption or otherwise of each option

### Transport-related service options

- 7.4 These consultations had produced five potential proposals for transport-related services:

a) Health transport bureau

A "one stop shop" or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

b) Travel Planning, training & support

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

c) Evening hospital visitor transport service

An accessible, pre-bookable, door to door evening hospital visitor transport pilot project service.

Fares, payable by the passenger, would be set in line with Local Link

d) Health transport information delivery strategy

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria.

e) Support with costs of using Local Link service

A "trip subsidy fund" to help meet the increased cost off using Local Link to access hospital services that have moved in the re-configuration.

- 7.5 A report of the discussion and findings follows on page on page 13.

# Final Consultation meeting - methodology & findings

## 8 Methodology for consultation & discussion

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- 8.1 Invitees had previously identified the five potential options at the consultation meeting held on 3<sup>rd</sup> October 2012. They all subsequently received details of each option in the notes of that meeting.
- 8.2 A brochure, describing each option in detail, had been produced for the 7<sup>th</sup> November meeting.
- 8.3 Invitees were introduced to the five options, and then given the opportunity to discuss these in small working groups.
- 8.4 Groups were formed by mixing attendees, to avoid conglomeration of delegates from the same or similar backgrounds or organisations.
- 8.5 Attendees had approximately 40 minutes for discussion.

### Data gathering

- 8.6 To enable structured feedback and recording (*and to allow for those who found group discussion daunting or uncomfortable*), each participant was provided with a feedback form designed to elicit a rating for each option, and providing space for comments, suggestions, and the opportunity for further participation.
- 8.7 The form is reproduced in the appendices to the main report.

### How viable or beneficial are the options?

- 8.8 The form asked respondents to rate how well, in their view, each of the five options seemed to match with the following two statements.
  - The service seems a viable proposal
  - The service could make a significant contribution to improving transport to health services
- 8.9 Respondents were asked to rate their response on a scale of 1 to 5, where: 1 = not at all and 5 = completely
- 8.10 Space was provided for comments and suggestions.

### Developing the options

- 8.11 The form then asked respondents to answer yes or no to the following two statements.
  - We would consider being involved in development of the services below
  - We would consider being involved in delivery of the services below
- 8.12 Two further questions were asked:
  - How could you contribute – what specific services, skills or experience could you bring
  - Is there anybody else we should be talking to about this?



## 9 Returns & Findings from final consultation

9.1 Seventeen completed forms were returned.

9.2 The form was also distributed to invitees who could not attend. Two returns were subsequently received.

### The data

9.3 A summary of attendees' responses is presented below, under the heading of each statement:

#### a) *The service seems a viable proposal*

Option (a) Health transport bureau seems most viable.

1. The service seems a viable proposal	
Option	Score (average)
a) Health transport bureau	4.4
b) Travel Planning, training & support	4.0
c) Evening hospital visitor transport service	2.2
d) Health transport information delivery strategy	3.6
e) Support with costs of using Local Link service	3.4

#### b) *The service could make a significant contribution to improving transport to health services*

Option (a) Health transport bureau was judged as having the potential to make the most contribution

2. The service could make a significant contribution to improving transport to health services	
Option	Score (average)
a) Health transport bureau	4.4
b) Travel Planning, training & support	3.9
c) Evening hospital visitor transport service	2.4
d) Health transport information delivery strategy	3.7
e) Support with costs of using Local Link service	3.1

#### c) *We would consider being involved in development of the services below*

3. We would consider being involved in development of the services below					
Answer	Option				
	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	10	10	8	9	5
No	3	3	5	4	6
No answer	6	6	6	6	8
total	19	19	19	19	19

**d) We would consider being involved in delivery of the services below**

4. We would consider being involved in delivery of the services below					
Option					
Answer	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	<b>7</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>3</b>
No	4	3	5	4	6
No answer	8	9	9	9	10
total	19	19	19	19	19

**10 Attendees' preference**

- 10.1 The favoured option would seem to be the idea of a Health Transport Bureau.
- 10.2 On a scale of 1 to 5, [where: 1 = not at all and 5 = completely], the average agreement rating, both with the proposition that it seemed a viable proposal and with the contention that it could make a significant contribution to improving transport to health services, was 4.4.
- 10.3 A considerable volume of comments and suggestions was made by attendees. These are reproduced in the table in the appendix. The vast majority of comments addressed themselves to whether or not each option was considered a viable proposal.
- 10.4 The second favoured option would appear to be for Travel Planning, training & support.
- 10.5 This rated 4.0 for viability and 3.9 for making a significant contribution to improving transport to health services.
- 10.6 The above two options also attracted the highest count of attendees willing to be involved in development (ten responding yes) and delivery (seven responding yes).
- 10.7 Of the other options:
- The Health Transport Delivery Strategy received 3.6 for viability and 3.7 for making a significant contribution to improving transport to health services.
  - Support with costs of using the Local Link service was judged next lowest.
  - The Evening hospital visitor transport service was rated lowest on both the proposition that it seemed a viable proposal and the contention that it could make a significant contribution to improving transport to health services.
- 10.8 A representative of NHS Trafford, who attended the meeting, informed facilitators about the Referral Booking Management Service (RBMS). All bookings for PTS in Trafford are made through the RBMS.
- 10.9 The representative suggested a potential role for the RBMS within a Health Transport Bureau, but has been unable, to date, to supply any further information.

# Options appraisal

## 1 Health Transport Bureau

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- 1.1 This would seem to be the preferred option, in terms of viability and making a contribution to improving transport to health services.
- 1.2 There is an existing example of co-operative coordinated working in the North Manchester DRT service & there are at least two existing delivery options available.
- 1.3 It is an attractive option in that it would not require capital investment in new vehicles or drivers; the model rests on the use of spare capacity within existing providers.
- 1.4 Further feasibility work may be required for reliable cost estimates. However, a “ballpark” estimate would be in the region of £65,000 in the first year.
- 1.5 It is likely that a similar degree of support may be required in subsequent years would be
- 1.6 Salient points to consider include:
  - The project would require support to meet the set up and central co-ordination costs.
  - Standing cost - operators may initially need to meet the cost of keeping a vehicle and driver on the road. However, if a vehicle and driver were already “on the road”, the fixed costs are already met.
  - The standing cost would need to be agreed amongst participants as a base common cost in calculating payment to operators for trips undertaken.
  - It is likely that some potential providers (e.g. LPHOs) would have substantially lower standing costs.
  - The more business coming through the bureau, the less of a subsidy would be required.
  - Fares to users could be set along the Local Link cost model/fare structure

## 2 Travel Planning, training & support

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- 2.1 Travel training helps those who need extra help or support to make journeys safely using public transport.
- 2.2 This option was rated second by attendees.
- 2.3 Travel training is a proven way of getting people back on to public transport
- 2.4 This could be an element of the bureau. A “ballpark” estimate would be in the region of £40,000 for a one-year pilot, with slightly reduced cost for subsequent years.
- 2.5 Alternatively, bids could be invited to provide a service specification from existing organisations with the following attributes
  - Links to & networks with local people
  - a focus on customer service and quality
  - able to act as an advocate for the people who use the services

### 3 Evening hospital visitor transport service

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- 3.1 There was the least support for this option; mainly, it seemed, due to doubts about demand.
- 3.2 The only way of judging such demand would be to run it as a pilot service.
- 3.3 A service similar to this is currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals, and patronage has not matched the levels predicted by demand expressed during consultation.
- 3.4 This could be incorporated as a component of a Health Transport Bureau at a later stage. As it is a self-funding “pay as you” go model, if there are no trips, there is no addition to the cost.
- 3.5 This would enable demand testing at no cost.

### 4 Health transport information delivery strategy

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- 4.1 This option ranked third in the preferences of attendees.
- 4.2 The wider consultation identified that people do not know about:
  - the range of transport services that are available
  - how & if they can use them
  - how to book
  - how much they cost
  - wider ranging support available (e.g. with travel costs)
- 4.3 It is undoubtedly true that information provided by NHS staff about transport to health options and availability is extremely variable.
- 4.4 This could prove a large undertaking, and further work would be required for cost estimates.
- 4.5 However, there are a number of steps that could be taken with little investment, to help improve information about transport issues, for example:
  - briefing/training medical appointments administrators
  - providing maps/directions with appointment letters, including travel options
  - provide leaflets in GP surgeries/libraries with information about how to get to local hospitals, including travel options
  - ensuring that hospital websites have accurate and complete travel information
- 4.6 Even though this would not be a primary function, a Health Transport Bureau would become, de facto, an information resource of sorts as well.
- 4.7 An element of this could be incorporated formally as a component of a Health Transport Bureau at a later stage.
- 4.8 However, this may require additional funding; perhaps £20,000 per annum to cover the work of an Information Researcher & Coordinator.

## 5 Support with costs of using Local Link service

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- 5.1 This option was judged fourth out of five in order of preference.
- 5.2 There may be practical difficulties in making such a scheme work – if it were provided in a subsidy for residents of affected areas, there would need to be destination checking and eligibility criteria.
- 5.3 A more practical approach might be to alter zones to include specific health destinations.
- 5.4 Further engagement between NHS & TfGM is required to assess the viability of this option, and the possible for subsidy.

## 6 Conclusions & next steps

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### Conclusions

- 6.1 It is recognised that previous work has been done to address transport issues in Trafford (c.f. RBMS service). However, the local perception would seem to be that nothing has been implemented.
- 6.2 The best course, it would seem, would be to seek to establish a **Health Transport Bureau**, along the lines of that described in this report.
- 6.3 It would make sense also to incorporate a **Travel Training & Planning** function, allied with **Health Transport Information gathering, collation and dissemination**, with the above.
- 6.4 These latter could be incorporated on the basis of flexible resource allocation, with the relative balance between functions being adjusted according to demand.
- 6.5 Some benefit might accrue to residents of Partington if a **subsidy** were to be applied to enable them to use the Local Link service to travel to relocated health facilities at no increased cost.

### Next steps

- 6.6 In order for the above conclusions to be implemented, urgent discussions & further work (depending on the decisions that will be made on the future of hospital services) will be required between the following key stakeholders:
  - local commissioners
  - healthcare providers
  - TfGM
  - potential delivery agents
- 6.7 These discussions should be aimed at reaching agreement about:
  - Components and overall operational approach
  - Confirmation of cost of selected options
  - Funding streams
  - Implementation arrangements
  - Provider commissioning/procurement/selection process
- 6.8 An indicative “ballpark” cost for the items in 6.1 to 6.4 above would be in the region of £105,000 for the first year, with a 30% reduction in subsequent years to reflect the one-off feasibility, development and set-up cost of the first year.
- 6.9 A subsidy (6.5 above) could be paid directly by the appropriate NHS (or other) organisation to TfGM, who could administer eligibility.
- 6.10 Discussions about subsidy (6.5 above) need to take place as soon as possible, due to the tight budgetary deadlines faced by TfGM in allocating LSTF resources.

## Health Transport Bureau implementation

- 6.11 The establishment of arrangements described in 6.1 to 6.4 above would require a lead in time of a minimum of three months, depending on the decisions that will be made on the future of hospital services, and the outcome of discussions between key stakeholders.
- 6.12 Two services that could potentially deliver the “bureau” model have been identified:
- Greater Manchester Accessible Transport Limited which runs the GM wide Ring & Ride service and operates an existing Call Centre taking bookings for the TfGM funded Local Link network
  - Referral Booking Management Service (RBMS) who manage all Patient Transport service bookings for NHS Trafford at present.
- 6.13 It would probably be considered wise for any arrangements for a Health Transport Bureau to:
- a) Be initially a pilot.
  - b) Have a clear and focused implementation plan.
  - c) Have a simple but accountable management/governance structure.
  - d) Include key local stakeholders in development and on-going management.
  - e) Be subject to six monthly reviews in terms of clear success indicators established before inception.

# Appendix 1 - The options in full

## 1 Health Transport Bureau

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### 1.1 What it would do

A “one stop shop” or transport control centre, providing a single point of access for passengers and/or health service providers to book transport (and transport related services)

Bookings and despatch would be coordinated by the bureau and delivered by a range of transport providers.

The service would be operated to common service and quality standards with an agreed common pricing structure for operators. The “bureau” could also manage budgets of passengers with personalised budget allocations/ invoice organisations/charge customers (debit their centrally controlled accounts)/reimburse operators, subject to engagement with Trafford MBC.

#### For the passenger

If you need:

- to get to a medical appointment and PTS is not available to you
- to visit someone in hospital
- go shopping
- to get to work

You can call this number, register as a member and the bureau will

- book your transport
- tell you how much it will cost
- agree a ten minute pick-up window

Your trip will then be provided by an accredited operator.

### 1.2 Who might use it

People who currently use council transport, Ring & Ride, Local Link, taxis who live in Trafford

Health/social care providers that that need to book transport on behalf of others, or to get people to their services

- GP surgeries & health centres
- Social workers
- Day Care providers
- Community Groups

### 1.3 Who would be the transport providers

- Community Transport operators
- Ring & Ride
- Licensed Private Hire Operators (LPHOs)
- Community car schemes
- PTS providers



- Local authority fleets

#### 1.4 How much would it cost

Further feasibility work would be required for cost estimates, however salient points include:

- The project would require support to meet the set up and central co-ordination costs.
- A 12 month pilot would require an initial research and development period to design & set up the service with partners
- An hourly standing cost (of dedicating a vehicle and driver to this service minus fare income) would need to be agreed. However, if a vehicle and driver were already “on the road”, the fixed costs are already met.
- The standing cost would need to be agreed amongst participants as a base common cost in calculating payment to operators for trips undertaken.
- It is likely that some potential providers (e.g. LPHOs) would have substantially lower standing costs.
- The more business coming through the bureau, the less of a subsidy would be required.
- Fares to users could be set along the Local Link cost model/fare structure

#### 1.5 Rationale & benefits

There are many minibus or multi-passenger vehicles either driving round half full or not used at certain times of the day.

There may also be spare capacity in the LPHO sector at many times.

Could these valuable vehicle and driver resources be better used? Breaking down the current service boundaries and operating to agreed quality standards, with common fares could get more out of what we already have.

The end user does not have any intrinsic interest in who provides the service; what is important is that it is timely, safe, accessible and affordable.

The technology exists, the resources are there and people are committed to setting up a pilot to trial a service.

#### 1.6 Precedents

There is an existing example of co-operative coordinated working in the North Manchester DRT service.

TfC helped establish a Transport Control Centre to supplement TaxiCard services in East London, using Licensed Private Hire Operators who “bid” for available trips.

Two organisations that could potentially deliver the “bureau” model have been identified:

- Greater Manchester Accessible Transport Limited which runs the GM wide Ring & Ride service and operates an existing Call Centre taking bookings for the TfGM funded Local Link network
- Referral Booking Management Service (RBMS) who manage all Patient Transport service bookings for NHS Trafford at present

## 2 Travel Planning, training & support

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### 2.1 What it would do

This service would provide advice, support, and journey planning information for people wishing to use public transport to get to health facilities, as a visitor or a patient.

It could also provide trained, vetted volunteers to escort people to act as “travel buddies” on journeys, showing them how public transport works in their area and giving them the confidence to use it

### 2.2 Who might use it

- People with mobility impairments.
- People who lack the confidence or knowledge to use public transport to access hospital, clinic, GP, rehab, dental and other community services.
- People that want to use their car less or find they can no longer afford to use council transport, Ring & Ride, Local Link or taxis.
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
  - GP surgeries & health centres
  - Social workers
  - Day Care providers
  - Community Groups

### 2.3 Who would be the transport providers

An existing organisation that has links with local people, has a focus on customer service and quality and is able to act as an advocate for the people who use the services.

This could be an element of the bureau or bids could be invited to provide a service specification

### 2.4 How much it would cost

1 year pilot estimated cost £40,000

Free to users

### 2.5 Rationale & benefits

Travel training helps those who need extra help or support to make journeys safely using public transport.

Some people have said they are unable to use public transport, because of a lack of knowledge or fear

This is a proven way of getting people back on to public transport

### 2.6 Precedents

There are a number of examples of this type of project working elsewhere

## 3 Evening hospital visitor transport service

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### 3.1 What it would do

Pilot project. An accessible, pre-bookable, door to door evening hospital visitor transport service.

Fares, payable by the passenger, would be set in line with Local Link

### 3.2 Who might use it

- People wanting to make the journey to visit a person in hospital
- People with mobility difficulties who need a wheelchair accessible vehicle to travel
- People that want to use their car less
- People who cannot afford to use taxis
- People that have to book socially-needed transport on behalf of others, eg social workers

### 3.3 Who would be the transport providers

Community transport operators initially. If the bureau were developed the service could be channelled via that provided by a range of operators

### 3.4 How much would it cost

Further work required for cost estimates

An existing model operating elsewhere in GM has an allocated budget of approximately £30,000. However, ***this funding is only spent if journeys are booked and trips completed*** – there are no standing costs.

Users would pay equivalent of Local Link fares

### 3.5 Rationale & benefits

Consultation has identified concerns that people will be unable to visit people in hospital if services are moved to other sites.

It is a low cost – pay as you go model – no trips/no cost to budget.

It is way to provide a safety net service and test if demand is real or perceived.

### 3.6 Precedents

A service similar to this is currently operated by HMR NHS serving Fairfield and Royal Oldham Hospitals.

## 4 Health transport information delivery strategy

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### 4.1 What it would do

A directory of all available services, criteria, cost and booking procedures, along with eligibility criteria & an NHS staff awareness publicity training programme.

### 4.2 Who might use it

- People wanting to make the journeys to visit health facilities in Trafford
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
  - GP surgeries & health centres
  - Social workers
  - Day Care providers
  - Community Groups

### 4.3 Who could provide it

NHS GM supported by TfGM

### 4.4 How much would it cost

Further work required for cost estimates

“In kind” basis using existing staff teams and expertise?

Print costs to come from existing communications budgets?

### 4.5 Rationale & benefits

The consultation has identified that people do not know about:

- the range of transport services that are available
- how & if they can use them
- how to book
- how much they cost
- wider ranging support available (e.g. with travel costs)

Such information is not readily available in one place.

The consultation has also identified that:

Information provided by staff on transport options and availability is variable and is often based on personal knowledge rather than training and available info resources

## 5 Support with costs of using Local Link service

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### 5.1 What it would do

A “trip subsidy fund” to help meet the increased cost off using Local Link to access hospital services that have moved in the re-configuration.

### 5.2 Who might use it

- People wanting to make the journey to visit a hospital
- People that want to use their car less
- People who find they cannot afford to use taxis
- Health/social care providers that that need to book transport on behalf of others, or to get people to their services
  - GP surgeries & health centres
  - Social workers
  - Day Care providers
  - Community Groups

### 5.3 Who could provide it

Existing TfGM Local Link service providers/ GMATL Control Centre

### 5.4 How much it would cost

Further work required for cost estimates but using the existing NHS data on potential demand it is likely that a budget of £5,000 would meet the “subsidy fund” costs for one year, with any remaining funding reverting to NHS GM at the end of the pilot period.

### 5.5 Rationale & benefits

The proposed relocation of certain services will require some people to make longer journeys.

If Local Link is used, the cost for a zone 4 trip is significantly higher.

This subsidy would offset the additional cost.

## Appendix 2 – Transcript of comments from attendees

1. The service seems a viable proposal		
Option	Comment	Overall score
a) Health transport bureau	PTS provide this information on transport does not include public transport option consider incorporating travel planning with bureau	4.4
	How would this work in terms of booking systems? Different providers use different software	
	Viability dependent on the operator knowledge & training of the Trafford area.	
	Freephone/local call rates required	
	Improved signposting	
	Needs vision for future to meet changing configuration of services	
	health bureau - only if it's planned to ensure that the expertise is in the call [illegible] (bureau staff) know the area - when taking the bookings and the length of time it takes to travel between drop-off points	
	If successful, proposals b-e could fit in under the "Bureau" umbrella. What about eligibility?	
	In the health transport system staff will need to be very well trained	
	Duplication of existing services e.g. Trafford PTS signposting Do GPs signpost. PCT says yes Essential commercial operators get involved	
	booking systems critical	
	Health bureau should have one number for all services	
There is a need to ensure this dovetails with / incorporates existing info provision (e.g. Caroline - ? from Trafford PCT?) noted their GPs are kept up to date with transport resources to share with patients as necessary. Could this / should this be linked to 'Chose and Book' and future patient choice systems? In future, patients will increasingly book their own appointments, shifting away from taking the appointment they're given via letter.		
b) Travel Planning, training & support	PTS provide this information on transport consider incorporating travel planning with bureau	4.0
	Would have knock-on benefits when people lose confidence (70-90)	
	If successful, proposals b-e could fit in under the "Bureau" umbrella. What about eligibility?	
	Travel planning has a lasting legacy	
	Travel Planning [already]in place via Travel Line and via TfGM website - Travel Planning	
Deliverable. Additionality of multiple benefits e.g. general confidence building and independence, which should also support better access to range of other services. Need to develop coherent GM offer that builds on good practice previously / currently delivered in various areas. Broad support from the table on this.		
c) Evening hospital visitor	requires further investigation of demand	2.2
	If successful, proposals b-e could fit in under the "Bureau" umbrella.	
	Evening hospital - look at reducing the cost of taxi services	

<b>1. The service seems a viable proposal</b>		
Option	Comment	Overall score
<b>transport service</b>	<p>Is evening visiting a real issue?</p> <p>On face value seems like a good idea but experience in NE GM trial indicates there may be a difference between perceived need and actual need. Trafford General may become a centre for services often used by older people (orthopaedics etc.), so there may be value in a trial to see if there is an actual need and the model is valid in a different locale.</p>	
<b>d) Health transport information delivery strategy</b>	<p>alternative is better information at bus stops</p> <p>Would this be delivered by NHS receptionists/where would patients go to access this information?</p> <p>If successful, proposals b-e could fit in under the "Bureau" umbrella. scores a 5 if provided by appointment staff</p> <p>Is (d) the same as (b)? Or provided through hospitals themselves should be done by medical staff</p> <p>Health transport information should go through Healthwatch; with cooperation with/from appointment booking service</p> <p>Services, criteria, booking procedures will change over time, possibly quickly. If this is a printed resource it will be 'static' for periods, and may quickly and often be out of date? If the model is useful this must be an online resource, and preferably built into a. and if possible, online journey planning resources</p>	<b>3.6</b>
<b>e) Support with costs of using Local Link service</b>	<p>If successful, proposals b-e could fit in under the "Bureau" umbrella. tickets should be provided rather than cash</p> <p>Especially relevant to Partington. Who would provide subsidy?</p> <p>Subsidise in Partington area for health travel - patients and workers should support hospital/clinical services only</p> <p>subsidised only if for health appointments</p> <p>I'm not convinced this is a practical proposal. Would the service then have to be targeted or 'rationed' in some way? What would access criteria be? Who would develop those? Would demand massively outstrip supply? Would it be based on a geographical area ('line on a map) and / or means tested? Would / could people appeal / complain if denied access to the service? Who would manage that process? I think even if such a scheme were to be implemented, the administration costs could be many times the value of the £5,000 subsidy fund.</p> <p>As a non-Local Link provider I am not too sure about the "Support with costs of using Local Link service"</p>	<b>3.4</b>

<b>2. The service could make a significant contribution to improving transport to health services</b>		
Option	Comment	Overall score
<b>a) Health transport bureau</b>	<p>Duplicates other services</p> <p>Do the NHS provide Traveline number when sending out an appointment letter? If not, I think this would be helpful to patients in the interim period, before any of these proposals are put into place.</p>	<b>4.4</b>

<b>2. The service could make a significant contribution to improving transport to health services</b>		
<b>Option</b>	<b>Comment</b>	<b>Overall score</b>
<b>b) Travel Planning, training &amp; support</b>	No comments	<b>3.9</b>
<b>c) Evening hospital visitor transport service</b>	not sure how many people would use this	<b>2.4</b>
<b>d) Health transport information delivery strategy</b>	Some might question whether it is the NHS' responsibility to fund / facilitate transport for hospital visitors (who aren't the actual patient). Others suggest patients are unable to receive / regularly receive visitors, can lead to poorer outcomes, longer hospital stays etc. due to worry, anxiety, lack of support & encouragement etc. While in itself this is not desirable, it also has a cost / efficiency implication for the hospital, 'bed blocking' etc. Possible to identify / draw together evidence in this area to help make case for hospital visiting services? Stretford Arndale needs signs saying which buses do direct routes to TGH	<b>3.7</b>
<b>e) Support with costs of using Local Link service</b>	Not sure about demand for LocalLink	<b>3.1</b>



## Appendix 3 – returns analysis

### 1 Rating of options

1.1 A summary of attendees' responses is presented below, under the heading of each statement:

#### The service seems a viable proposal

1.2 Option (a) Health transport bureau seems most viable.

<b>1. The service seems a viable proposal</b>	
Option	Score (average)
a) Health transport bureau	<b>4.4</b>
b) Travel Planning, training & support	<b>4.0</b>
c) Evening hospital visitor transport service (name TBA)	<b>2.2</b>
d) Health transport information delivery strategy	<b>3.6</b>
e) Support with costs of using Local Link service	<b>3.4</b>

#### The service could make a significant contribution to improving transport to health services

1.3 Option (a) Health transport bureau was judged as having the potential to make the most contribution

<b>2. The service could make a significant contribution to improving transport to health services</b>	
Option	Score (average)
a) Health transport bureau	<b>4.4</b>
b) Travel Planning, training & support	<b>3.9</b>
c) Evening hospital visitor transport service (name TBA)	<b>2.4</b>
d) Health transport information delivery strategy	<b>3.7</b>
e) Support with costs of using Local Link service	<b>3.1</b>

#### We would consider being involved in development of the services below

<b>3. We would consider being involved in development of the services below</b>					
Answer	Option				
	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
Yes	<b>10</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>5</b>
No	3	3	5	4	6
No answer	6	6	6	6	8
total	19	19	19	19	19

**We would consider being involved in delivery of the services below**

<b>3. We would consider being involved in delivery of the services below</b>					
<b>Option</b>					
<b>Answer</b>	a) Health transport bureau	b) Travel Planning, training & support	c) Evening hospital visitor transport service (name TBA)	d) Health transport information delivery strategy	e) Support with costs of using Local Link service
<b>Yes</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>3</b>
No	4	3	5	4	6
No answer	8	9	9	9	10
total	19	19	19	19	19

# Appendix 4 – Schematic diagram of Health Transport Bureau

## Model for Health Transport Bureau

The diagram below represents a model for the interrelationships between delivery agents, an outward facing organisational structure for booking (The Health Transport Bureau), scheduling and dispatch and potential customers. This will produce an integrated service which, while presenting a single point of contact to end-user customers, meets their needs for transport using the most appropriate transport provider available at the time.

