

Newark healthcare reconfiguration – public transport review

Executive summary

Introduction

The delivery of healthcare services is under constant review in order to achieve efficient provision that delivers the best health outcomes. Such reasoning was behind the review of healthcare services in Newark, which subsequently led to proposals to reconfigure certain services whereby some of the services previously provided at Newark Hospital would be moved to other hospitals in Lincoln, Nottingham and Mansfield (Kings Mill). In particular, a key element would be for more patients from the Newark area to be treated at Kings Mill, because the two hospitals concerned are managed by the same Trust. In addition, closure of the dementia ward (Friary Ward) at Newark means that patients are catered for instead at Ashfield Community Hospital. In parallel to these changes, there may be some changes to patient movements to Newark, due to an increase in routine surgery procedures at Newark Hospital.

Consultation on the proposals led to concerns about the location of certain healthcare facilities. In addition, concerns were raised about travel and transport issues associated with reaching re-located facilities for patients, visitors and staff. Consequently, it was agreed that these issues should be studied in more detail, with a view to identifying ways of overcoming any problems. NHS Nottinghamshire County (NHSNC) and Nottinghamshire County Council (NCC), in partnership, agreed to commission an independent study of these issues. JMP Consultants was appointed to undertake the study.

The overall aim of the study was to consider the current public transport provision in relation to the needs and demands of the reconfigured healthcare services. Then, to develop proposals and to make recommendations for future provision that takes account of the strategic priorities of NHSNC and NCC. Key to this would be the development and improvement of transport services and resources, including local bus, community transport and the East Midlands Ambulance Service (EMAS).

The main objectives of the study were to:

- Examine how people will be able to access healthcare facilities
- Highlight gaps and deficiencies in transport links
- Identify options for overcoming these deficiencies
- Provide guidance for future working relationships between the NHS and transport authority
- Present recommendations and formulate an implementation plan

What we have done

We met with all the NHS and County Council contacts identified by the steering group, including representatives of the Sherwood Forest Hospitals NHS Foundation Trust, together with representatives of Newark and Sherwood District Council, Council for Voluntary Service and Rural Community Action Nottinghamshire. We attended a meeting of the Newark Review Communications and Engagement Group, and met with transport providers, including Stagecoach

and EMAS. All discussions provided useful insights from various perspectives, and helped us to understand the likely impacts for patients, visitors, carers and staff. We have assessed current transport services and considered the modelling work undertaken of likely patient flows.

What we have found

Access from the Newark area to hospitals in Nottingham and Lincoln and to Kings Mill is a key consideration. There is a direct bus service to Lincoln, which provides an hourly link to County Hospital Monday to Saturday. Operated by Stagecoach, this service is still developing its patronage and is only marginally a commercial success. It therefore needs some nurturing to ensure its viability in the longer term.

There are regular bus and train services between Newark and Nottingham, although a change is needed in Nottingham city centre for onward travel to the University Hospital /Queen's Medical Centre or City Hospital.

Travel to Kings Mill Hospital entails using Stagecoach service 28, which runs hourly between Newark and Mansfield, then changing to either the Stagecoach Mansfield Miller service 1 from Mansfield bus station to Kings Mill Hospital or other bus services provided by Trent Barton, Midland General and Veolia. Whilst a through ticket is available on the Stagecoach service, the total travel time from Newark is about an hour and a half. There are no evening buses between Newark and Mansfield.

Access to Ashfield Community Hospital is equally difficult for carers and family of mental health patients. By bus this again would involve travelling to Mansfield, then changing onto a Trent Barton service. On a temporary basis, the Mental Health Trust arranges and pays for a taxi (once or twice per week) for a next of kin to visit a patient, if they have no other way of making the journey.

The Council for Voluntary Service provides a voluntary car service in the Newark area, to help people reach medical appointments. More recently, it has put forward a proposal to provide a service for social purposes too.

For those patients eligible on medical grounds, EMAS provides patient transport services to and from hospital (on behalf of the Primary Care Trusts), using its own fleet of patient transport vehicles and volunteers using their own cars.

Overall, it is likely that travel issues for patients and visitors will be more significant than those for staff. However, the likely numbers of users of public transport are unlikely to justify significant enhancements to conventional bus services, and certainly not the provision of new services. Therefore, solutions are likely to involve the use of more flexible and responsive services, such as community transport.

Health care demands will not, on their own, provide sufficient demand for bespoke services. Therefore, it will be important to consider these demands for transport alongside other demands for transport to access other services and facilities. Integration of demands, as well as integration of transport provision, will be important aspects of any options.

Whilst the deficiencies of the public transport network are a hindrance to overcoming travel issues associated with the Newark healthcare review, so too are the constraints and complexities created by the existence of so many different players and providers, various eligibility criteria and the different funding arrangements and budgets. Therefore, greater integration at all levels will be important to overcome these barriers and constraints.

Opportunities

Various opportunities will arise now or in the future, which may offer the chance to develop services to the benefit of those seeking to access healthcare services. These include:

- County Council reviews of supported bus services in the Newark area.
- Potential pilot demand responsive transport service in the rural area to the north east of Newark.
- Development of Nottinghamshire Mobility Strategy, which will provide a structured way forward for community transport systems.
- Nottinghamshire Transport Transformation programme, including potential integration of activities undertaken by ambulance PTS vehicles and County Council fleet vehicles, and between ambulance car scheme and other voluntary car schemes.
- NHS courier services and taxi use between hospital sites.
- Development of new models of commissioning transport (both NHS and local authority), and centralising bookings / referrals for transport.
- Future procurement of patient transport services by the NHS.
- Improvements to infrastructure.
- Improvements to service provision.
- Staff travel plans.
- Fares and integrated ticketing.

Proposals and recommendations

Our recommendations seek to be practical and deliverable within the current climate of limited funding. Consequently, they are based on achieving integration with current mainstream activities, rather than the development of completely new solutions. We therefore recommend that:

- Outpatient appointments take account of the likely travel mode of patients living in the Newark area and are set at appropriate times to reflect this. Where possible, patients from the same area should be grouped on the same day, at similar times, to provide maximum opportunity for sharing of transport.
- Where possible and practical because of likely numbers of patients, clinics should be programmed to take place at Newark, with the consultants travelling from Kings Mill Hospital.
- Travel information should be provided to patients along with their appointments. Where it is known that someone may be using public transport, a personalised travel itinerary should be

provided. Information should include boarding and alighting points, fares and a description of locations where a change is needed.

- Every opportunity should be taken to market available bus services for travel by patients and visitors, in order to help maintain their long term sustainability. This might include working with operators to offer commercially discounted tickets for patients with an appointment card. Equally, this will help hospitals meet their aspirations for having active travel plans, achieving carbon reduction and promoting healthier living.
- Where a patient requires travel assistance to get to/from hospital (either information about transport, or advice about arranging transport) there should be a single point of information and for requests. This point of access should be able to assess the needs of the patient and determine whether they are eligible for (and require) a patient transport service, or whether an alternative should be arranged on their behalf, such as voluntary car.
- Stagecoach should be encouraged to route its frequent Mansfield Miller service 1 to serve the bus stop provided outside the front entrance to Kings Mill Hospital.
- Steps should be taken to route one of the local bus services that pass Ashfield Community Hospital into the site, circulating via the loop road around the hospital.
- Agencies should work with the Council for Voluntary Services to develop the voluntary car scheme to provide transport for patients or visitors travelling to Kings Mill Hospital or Ashfield Community Hospital, where the bus is not convenient, suitable or available. In addition, Agencies should work with the Council for Voluntary Services to investigate purchase of a wheelchair accessible people mover for Newark thus enhancing the service offered by the car scheme.
- Given that visits by next of kin are an important element of the overall care and well-being provided for dementia patients at Ashfield Community Hospital, the cost of transport involved for those who have no alternative should continue to be subsidised by the NHS for up to 2 visits per week. This transport might be provided by the voluntary car service. Where possible, the demands of the visitors should be co-ordinated in order to share transport.
- As part of the improved information provision about travelling to the various hospitals, the Healthcare Travel Costs Scheme should be promoted to those who are eligible. It should set out clearly who is eligible, what costs can be claimed back, and what the arrangements are at each hospital for making a claim.

In the longer term, more seamless, user-focused solutions should be achieved through greater co-ordinated effort and joint commissioning of services, through which comprehensive solutions to travel requests can be provided and economies of scale achieved. The two key strands to achieving this are:

- Having a range of different transport services available to meet different needs and levels of required assistance.
- A carefully managed single point through which all travel requests and requirements are made (which could include the movement of certain goods, such as records, and staff business travel, as well as passenger transport for patients and visitors). This will allow an assessment of those needs and the most appropriate transport to be arranged, with the costs met by the user or an agency on behalf of the user according to need or eligibility. Equally, needs of different passengers can be co-ordinated to remove any duplication of transport.

A key area for an integrated approach would be across the more personalised transport provision of EMAS' patient transport service and ambulance car service, CVS voluntary car schemes and taxi transport for the various Trusts.

Nottinghamshire County Council's Transport Transformation project, organisational change within the NHS, and the need to put in place new contracts for the provision of patient transport services means that there are good opportunities to achieve an integrated approach.

Key to achieving this approach in the future is the development of a close partnership between commissioning agents in the NHS and County Council, such that understanding of one another's needs is developed, together with an awareness of the different opportunities through which solutions can be found. As a major player in the planning, facilitation and procurement of transport services, the County Council would be best placed to co-ordinate the procurement of transport on behalf of the NHS. Transport would then be arranged with a range of providers, including EMAS, private ambulance, the County Council's in-house fleet, community transport schemes and commercial bus and taxi operators.

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