Nottinghamshire County Council

Nottinghamshire Total Transport Project

Final Report to Department for Transport

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SUSTAINABLE TRANSPORT ADVICE & RESEARCH
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For Nottinghamshire
County Council

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Executive Summary

Nottinghamshire County Council (NCC) was successful in obtaining £300,000 from the Department for Transport (DfT) to fund a Total Transport Project in Nottinghamshire in conjunction with local project partners. The major part of the project has now been completed; this report explains how the project elements were developed, what we have learnt from the project, and how we will apply these results to inform our future actions with regard to integrating transport within Nottinghamshire.

The Total Transport Project was able to build upon much work undertaken in recent years within the county council including the establishment of an integrated transport unit for the procurement and operation of internal and contracted transport services. A Travel Solutions Hub was subsequently developed which was intended to provide the best value for money solutions in terms of transport provision through a detailed assessment of active demand for transport and the availability of transport supply. Total Transport was able to take this concept further by examining the potential for additional integration of NCC transport services with Non-Emergency Patient Transport (NEPT) services and college transport services.

The proposed outcomes of the project were:

- To demonstrate the potential for more efficient use of transport resources within Nottinghamshire.
- To estimate potential efficiency savings to all partners if transport services were utilised more efficiently and people are aware of their travel options.
- To provide enhanced travel opportunities for older people, younger people, low income residents, disabled persons, college and school students, hospital patients and unemployed people.
- To assess the potential for improvements to existing, or delivery of new, local bus services, especially in isolated rural areas.

Engagement with the health sector proved more time-intensive than anticipated, but we managed to complete successfully a number of desktop studies and pilot projects. In any event, we have been able to establish the potential for a greater integration of transport services with the NHS and we will seek to extend and deepen the dialogue we have opened up in the future with NHS colleagues under the banner of Total Transport.

The key desktop study was a feasibility study to establish the potential for integration between NEPT transport, NCC fleet workings and the community & voluntary sector. We successfully obtained operational data from Arriva Transport Service Limited (ATSL) - who currently operate the NEPT services in Nottinghamshire - and integrated their dataset with the county council fleet operational database. After careful consideration of the data we decided the best option for integration would involve NEPT workings to / from the major hospitals in Nottinghamshire and the use of the internal county council fleet used for adult social care trips. Our feasibility study suggested that savings of some £375,000 per annum could be realised from this initial, and limited, fleet integration. This would also potentially reduce CO2 emissions by some 118 tonnes per annum. Widening this project to include other hospital facilities and to utilise the external NCC SEN contracts could potentially realise annual savings of over £1.1m. Integration of the NCC fleet to carry some renal dialysis patients on trips to the dialysis facility could realise additional estimated annual average savings of £216,000.

savings of some **£375,000** per annum could be realised from this initial, and limited, fleet integration

We successfully implemented 5 pilot projects with partners in the health sector; these covered access to primary healthcare in Bassetlaw and Rushcliffe, signposting to alternative transport options, Independent Travel Training (ITT) for adults and the provision of transport to meet patients being discharged from hospital.

Our key conclusions are that:

- Access to primary and secondary healthcare is a major transport and accessibility issue.
- The potential has been demonstrated for a future integration of NCC, NEPT and voluntary and community transport services.
- Much has been learnt about how to handle future relationships with the health sector to remove the possibility of misunderstandings, and to focus on the perceived benefits for all partners within a transport initiative.
- Nottinghamshire Total Transport has successfully established a series of pilot projects to demonstrate the potential for providing improved access to health; various levels of engagement with the health sector have been achieved within these pilots.
- Analysis of the integrated dataset has shown the potential for savings through a better integration of transport services provision. Further work is required to effectively understand and model the constraints of the two operations. NEPT is planned and scheduled dynamically; NCC fleet work needs to be planned in advance – therefore, integrating the two might pose some problems. We hoped to address this within a pilot project; unfortunately, time constraints meant this could not take place.
- The college sector provides some unnecessary duplication in transport movements, integration with the local network could achieve savings giving more flexibility to students.

Our key recommendations are that:

- The proposed future Devolution 2 settlement within the region should consider the inclusion of the NEPT function. The Local Transport Authorities (LTAs) in the region, with their statutory responsibilities for transport, would seem to be best placed to plan and coordinate transport to maximise efficiencies and savings as they have the capacity, skills and expertise which is in contrast to the Clinical Commissioning Groups (CCGs) whose primary functions are not transport-related.
- When letting NEPT contracts CCGs would be required to consult with LTAs to ensure that the contract documentation fully covers all transport issues and that consideration is taken of the complete transport picture in the area / region which could provide a more efficient 'total transport' solution.
- The assessment of eligibility for NEPT transport should be a separate operation from the procurement and provision of NEPT transport services; there is no incentive to apply the eligibility criteria strictly if the service provider derives financial benefit from carrying the maximum number of patients.
- CCGs should consider relaxing 'rigid' Key Performance Indicators (KPIs) in order to allow signposting by the NEPT provider to other available transport services; this would provide an integrated and more efficient transport solution and improve access for patients.
- We recommend Colleges reconsider their tendering process to include discussions with NCC and local network providers to integrate services where possible.
- We are keen to pursue the development of an urban total transport project to investigate further the potential for integration of NCC fleet with NEPT services with a view to transporting the more 'ambulant' patients.

We plan to take the results from Total Transport forward in the following approach:

- We will review Public Health integration and set up a Transport Partnership Board/Working Group with the NHS. This will mirror other arrangements we have for Quality Partnerships with local bus operators.
- We will consider a partnership with a private provider to be part of a tender submission – initially perceived as a call-off contract on the part of NCC (although we would consider other approaches, such as the establishment of an internal social enterprise within the County Council).
- We will roll out ITT to other day care centres and disseminate results of this pilot to share best practice. We will consider becoming an ITT training provider and rolling it out more widely. This helps with independence and less reliance on public services.
- We will continue to work with our partners in health centres (and elsewhere within the NHS) to secure further funding and try to integrate transport into advice provided by receptionist staff to reduce the number of missed appointments and Doctor call outs which cost the NHS around £2.5bn per annum.
- When considering IT back office systems we will investigate systems which support all specialist provision including NHS transport so that NCC can make better and more efficient use of vehicles.
- We will share our findings with local colleges and continue the work we have begun, consulting and engaging with the appropriate staff members to find better solutions to college transport.
- We will review the opportunities afforded by the Buses Bill a) to work in partnership with colleges to provide more efficient and effective solutions for college-age students, and b) also to work collaboratively with public sector bodies through partnerships.

missed appointments and Doctor call outs cost the NHS around **£2.5bn** per annum

1. Background

This Report sets out the results of the Nottinghamshire Total Transport Project (NTTP) undertaken between June 2015 and April 2017. Nottinghamshire County Council (NCC) and their partners saw the NTTP as providing a framework for the better integration of transport services within the county; one which would offer a better quality of service to clients / travellers, whilst also providing significant savings in the cost of service provision. Much prior work had already been undertaken in Nottinghamshire with the development of an integrated Travel Solutions Hub to assess transport need and procure transport resources in an efficient and cost-effective manner. Total Transport was seen as enhancing this Hub concept.

Nottinghamshire is a county with a total population of just over 800,000. NCC currently spends £8.9m annually on transport, of which £6.8m is for SEN transport and £2.1m for adults. A further £3.9m is made available for local bus services.

An integrated transport unit (Transport and Travel Services) was established at NCC in 2008; NCC subsequently worked to establish an integrated transport model for the procurement and operation of transport services on behalf of its own internal departments. NCC defined the 'Travel Solutions Hub' in which one central team organises all transport having access to all potential options which might meet the travel need identified; the aim was to arrive at the most appropriate, most 'value for money' transport solution. The Hub was fully established in 2016 and a significant number of actions have been realised to integrate transport planning and procurement within it including the powers to challenge eligibility and entitlement criteria. In particular, the Hub concept has successfully:

- Integrated mainstream and SEN home to school transport.
- Integrated home to school transport and local bus services.
- Integrated NCC Adult Social Care transport and local bus services.
- Realised ongoing investment in software to streamline the scheduling process.
- Utilised community transport resources on SEN and NHS contracts.
- Established a Community Transport Sector Partnership to share best practice, resources and capacity.

In Nottinghamshire, the provision of transport to healthcare and colleges is split across a range of providers:

- The commercial and supported local bus network provides access to hospital and college sites across the county. Despite the good levels of coverage in certain areas, Annex 1 provides an overview of access to hospitals in north Nottinghamshire within 60 minutes by public transport on a weekday morning, demonstrating that there are residents in this part of the county which are likely to find difficulty in attending appointments at local hospitals.
- There are 13 community transport schemes which provide social car scheme services in Nottinghamshire. The majority of these provide access to primary healthcare appointments, whilst some provide transport to secondary healthcare appointments.

NCC currently spends **£8.9m** annually on transport

- 2 Community Transport operators within the Total Transport pilot area (Bassetlaw Action Centre and Newark and Sherwood Volunteer Centre) receive grant funding directly from CCGs for the provision of transport to secondary healthcare appointments.
- The Non-Emergency Patient Transport contract in Nottinghamshire is provided by Arriva Transport Services Ltd (ATSL) under contract to Mansfield and Ashfield CCG. The current Nottinghamshire NEPT budget is £25 million spread over a four year contract (approximately £6.2 million annually), covering 240,000 patient movements each year.
- The Adult Social Care, Health and Public Protection department of the County Council funds some transport from hospital to deliver clients home or (back) to social care settings, which is not commissioned through the Travel Hub.
- Other community transport operators provide trips to primary healthcare; the County Council funds the back-office costs for the provision of transport to these and other essential facilities and services.
- Colleges throughout the county generally fund their own transport services, mainly through the provision of dedicated bus services, in one case through subsidy of travel by rail – college transport is perceived by the colleges as a marketing and branding tool.

The Total Transport project was seen as an opportunity to investigate whether the Hub could be successfully extended to include other forms of transport including Non-Emergency Patient Transport (NEPT), Community Transport and college transport.

2. Outcomes, Actions and Outputs

NTTP was successful in obtaining £300,000 funding from the DfT. The proposed outcomes of the project were:

- To demonstrate the potential for more efficient use of transport resources within NCC and other partners.
- To estimate potential efficiency savings to all partners as transport services would be utilised more efficiently / own clients transported most appropriately.
- To provide enhanced travel opportunities for older people, younger people, low income residents, disabled persons, college and school students, hospital patients and unemployed people.
- To assess the potential for improvements to existing or delivery of new local bus services, especially in isolated rural areas.

These outcomes were to be delivered through the following actions:

- Scoping studies of passenger journey requirements.
- Integrating all the transport services set out above.
- Integrating IT booking and planning systems of different partners.
- Feeding in all client requirements.
- Considering the particular needs of client against types of transport and non-transport solutions available.
- Providing the most appropriate method of transport or alternative for each client.
- Allocating transport on basis of assessed need and availability.
- Sharing booking, transport and staff resources.

A series of key outputs were anticipated:

- An enhanced 'Travel Solutions Hub' and a single point of contact for clients.
- Integrated booking and journey planning software.
- A better utilised fleet of internal and external vehicles.
- A team of highly trained staff matching people to travel solutions.
- A mosaic of travel solutions to match users' needs.
- More efficiency in health appointments – less 'no shows' and reduced Doctor call outs.
- More travel choice in rural areas.
- An expanded Independent Travel Training offer to reduce the need for specialised transport provided by the NHS, the County Council or Community Transport sector.

These outputs and outcomes were predicated upon:

- Active and constructive engagement with the health sector.
- Active and constructive engagement with the transport contractor providing NEPT transport on behalf of the NHS.
- A series of desktop analyses of available integrated data.
- Series of practical pilot projects to demonstrate the principles of transport integration and improved access to health in practice.

To summarise, the NTTP was intended to:

- Provide a more integrated approach to the provision of transport within Nottinghamshire by matching the needs of clients / travellers with all potentially available transport services.
- And, in particular, seek to integrate NCC transport services with NEPT services provided by contractors to the NHS.
- Develop a more efficient use of transport resources throughout the county, thus providing better value for money.
- Open up additional travel opportunities for vulnerable groups and individuals by eliminating transport service duplication, thereby allowing improvements to existing, or the provision of new, transport services, especially in rural areas of the county.

Provide a more integrated approach to the provision of transport

3. Engagement with the NHS & Data Acquisition

Engagement with the NHS has proved to be problematic at both national primary and secondary level. Only a small proportion of the NHS budget is devoted to transport – although the NHS transport figures are highly significant at a local, regional and national level, they tend to get lost within the overall NHS budget in England of £116bn. In comparison £6.2 million (approx.) per annum is spent in Nottinghamshire on NEPT. There was a pattern within the project of initial NHS contacts proving interested in and optimistic about cooperation with NTTP, but later withdrawing their active support and proving difficult to contact. This is probably due to the differing priorities of NHS staff and NCC, particularly in relation to transport. This is a common problem with many transport projects associated with delivering transport to primary healthcare.

More specifically, reasons later cited for failure to engage with the proposed NTTP pilot projects were:

- Transport was not a key function of their part of the NHS.
- An unwillingness to take on the financial responsibility for transport services after the end of a pilot (even though financial savings could be demonstrated, but these were not immediately "cashable").
- An unwillingness to involve staff in additional administration (i.e. trip booking).
- A concern not to raise the expectations of patients by providing a transport service whose future sustainability was uncertain.

These are valuable outcomes and will assist NCC in future engagement with the health sector.

Even with the best of intentions at the national level the cooperation between the DfT and the Department of Health (DoH) did not seem to filter down fully locally. This cooperation was not only difficult in Nottinghamshire but also in other parts of England, as evidenced by feedback at regional and national TTF workshops.

Similar issues were also encountered in the attempts to secure NEPT operational data. Our original approach was made to GEMCSU (Greater East Midlands Commissioning Support Unit, who had been most helpful when we were drawing up the NTTP bid for funding) in July 2015; they advised approaching ATSL directly as they held the data as Nottinghamshire CCG's NEPT contractor. A first meeting with ATSL took place on 28th August 2015 – ATSL were wary of providing data, based on very reasonable concerns over commercial sensitivity and data protection.

The lack of data provision from ATSL or GEMCSU prompted an approach to the DfT for guidance; a consultation took place with DoH colleagues at the national level. The decision was for individual CCGs to determine whether and how data should be shared.

Figure 1 Arriva Non-Emergency Transport Vehicles

The NHS budget in England is **£116bn** per annum.

In the meantime, we pursued the dual strategy of attempting to secure the required NEPT operating data through ATSL. Fortuitously the same issues were faced by a number of Total Transport partners in seeking data release from ATSL. An ATSL contact was provided in the Demand Related Transport Unit in Manchester who coordinated the release of information to Nottinghamshire and other local authorities. We were successful in obtaining one full year of operational NEPT data following the signing of a Data Sharing Agreement between STAR and ATSL (in turn STAR and NCC signed a data handling agreement). The data was eventually provided in June 2016 – some 11 months after the initial data request had been made to GEMCSU. Although some elements of the project were able to proceed without this data, the real focus of the project was unfortunately delayed by almost a year.

This timing issue made it difficult to establish an agreement within the remaining project time to establish a pilot project between NTTP and ATSL, especially as the ATSL NEPT contract was due for termination in July 2017 (although this was later extended for a limited period to allow tender documentation to be drawn up). If a pilot project with ATSL could have been established early within the project, as envisaged in our original timeline, we would have been able to demonstrate the case (or not) for greater integration of NCC and NEPT services. This, in turn, could have informed the tender process and paved the way for a different solution for NEPT / Adult Social Care transport from July 2017, such as the Devon County Council solution. In any event, we have been able to establish the potential for a greater integration of transport services with the NHS and we will seek to extend and deepen the dialogue we have opened up with NHS colleagues under the banner of Total Transport.

4. Desktop Studies

4.1 Integration of NEPT and NCC Transport Data / Estimation of Savings Potential

ATSL currently receives £25 million over four years for delivering the NEPT contract, providing 240,000 patient movements. Their fleet comprises some 80 vehicles being a mix of ambulances, minibuses and cars. Some of the vehicles are equipped for high needs patient transport, but much of this work is contracted out to specialist transport providers. ATSL also contract out NEPT work to taxis and volunteers where the latter can provide a more efficient and / or effective service, or at times of high demand when the ATSL fleet is overstretched by the high level of demand.

At the heart of NTTP lies the modelling exercise to establish the potential for integration of transport services in Nottinghamshire, including NEPT, and the estimation of the savings potential. This is particularly fortuitous considering the recent National Audit Office Report on the NHS Ambulance Services stated that "ambulance services are a vital part of the health service, but much of their ability to work better depends upon other parts of the health system. Until [CCGs] see ambulance services as an integral part of that system, it is difficult to see how they will become more sustainable and secure consistent value for money across the country. Introducing a standard operating framework and consistent commissioning arrangements may help but our work raises serious questions about the place of ambulance services in the health system and their ability to operate effectively".

ATSL currently receives **£25m** over four years for delivering the NEPT contract.

Although the Report relates to urgent and emergency transport services, we feel that our work within the NTTP will validates whether this is applicable to NEPT as well emergency transport services. The project partners consider that much valuable work and research has been undertaken into understanding better how transport services could be integrated in the future.

Following the initial acquisition of data from ATSL some key fields were found to be lacking following initial data analysis. A revised dataset was requested and supplied by ATSL. NCC produced a dataset presenting ASCH, SEN and community transport in a representative month; this was merged with the NEPT data in order to assess the potential for service integration.

Figure 2 NCC wheelchair accessible vehicle

The steps taken to produce the final dataset to be used for analysis were:

- All passenger journeys to and from Kings Mill Hospital, Newark Hospital and Bassetlaw Hospitals were included – it was decided not to include passenger movements from Nottingham Queens Medical Centre and Nottingham City Hospitals since the scale of these operations was considered to be too large to consider integration with the NCC fleet's current levels of operation.
- The original focus of the NTTP was proposed to be the 3 rural Districts of Rushcliffe, Newark and Sherwood and Bassetlaw. On examination of the data, the decision was taken to concentrate on the major health transport destinations located in areas where the NCC fleet had significant existing operations. These constraints reflect the potential scope of the NCC fleet to integrate with NEPT transport owing to its (limited) size, and the need to concentrate NCC resources where they are (already) in operation.
- Renal patient transport data was removed from the main dataset; a separate analysis of integrated NEPT journeys associated with renal dialysis patients is reported below.
- All passenger journeys on weekends and public holidays were excluded – again to fit the operational patterns of NCC fleet; it had been hoped that NEPT transport services could be used by Nottinghamshire residents to supplement the local bus services – as NEPT services fall off dramatically at weekends, this did not prove feasible to model. This may change in the future as the NHS expands service provision and operating times.
- All passenger journeys outside of the inter-peak on weekdays were excluded – outside of 0900-1500 hrs. Again, this constraint was imposed by the availability of the NCC fleet to integrate with NEPT workings.
- Trips from and to out-of-county postcodes and destinations e.g. Doncaster Royal Infirmary, Lincoln General Hospital were excluded; realistically NCC vehicles would not be able to fulfil trips to out of county destinations (owing to the distance to be covered) and still keep within the SLA between TTS and NCC Adult Social Care. These longer trips would also be unlikely to realise savings and efficiencies for project partners.
- Only passenger journeys which involved being seated in a vehicle were included – in the data these are given the code 'EM Seater'. The following codes were therefore excluded: Ambulance, EM Ambulance car, EM Combi, EM HD Ambulance, EM Mobility Vehicle, EM Stretcher Master, Private, Taxi, Volunteer. This constraint was imposed as, realistically, NCC fleet integration could only be achieved at this time by addressing the needs of the 'more ambulant' patients.

- The Key Performance Indicators (KPIs) set out in the NEPT contract for observation by ATSL (see Annex 2) act as a constraint on the efficiency of the service which can be provided; for example, they set maximum times for hospital pick-ups which means that ATSL would have to send two vehicles to a hospital if two patients were being discharged 60 minutes apart or would risk being penalised for not meeting the appropriate KPI. NCC would need to conform to any KPIs contracted to by ATSL and a Service Level Agreement (SLA) would be required to regulate the service provision undertaken by the NCC fleet on behalf of ATSL's NEPT transport service.
- Other constraints affecting the ability of the NCC fleet to operate NEPT transport include drivers' contracts, operating hours and terms and conditions of service. These would need to be the subject of negotiation before a SLA could be entered into with ATSL to provide NEPT transport. This is a particular issue with any call-off arrangements outside normal operating hours.

Current Levels of Operation

The charts in Annexes 3 to 8 show the total number of trips to and from each hospital monthly over the time period September 2015 – March 2016 (blue line on the charts). The green and purple data series on each chart shows the number of trips which could potentially be integrated with NCC operations and using taxis / volunteer drivers, given the points made above.

The charts show that the number of trips which could realistically be considered for integration with NCC services is around 10% of the total trips for each Hospital. As is to be expected, Kings Mill Hospital offers the greatest number of trips (as it caters for two densely populated Districts) which could be considered for integration (around 100 per month), whereas Newark Hospital offers the least number of trips.

The red line on the charts in Annexes 3 to 8 show the number of trips that are within 60 minutes travel time by public transport to and from each of the 3 hospitals. This would be the total number of trips that could be undertaken using conventional public transport that a reasonably fit and ambulant person would be expected to make should the NEPT facility be withdrawn. This has been modelled using TRACC accessibility modelling software assuming short walking distances from home to bus stop and from final bus stop to final destination (< 5mins), and short interchange times/distances between services (<5 mins).

The maps in Annexes 9 to 14 show for each hospital the origins and destination of potential trips for integration in terms of postcode areas. Again, the number of trips follows the distribution of the population across the County, with Kings Mill Hospital covering a greater area.

Community and voluntary transport was included in this exercise as we were aware of their available capacity within these geographic areas.

Scheduling Exercise

A typical week in October 2015 in the Patient Transport data was taken to see what potential there could be for integrating with NCC services. It was decided to use runs to and from NCC Social Services day centres in the exercise, because it was known that these vehicles would be used in the mornings to collect clients and transport them to day centres, returning from the day centres just before the evening peak. They would therefore be unused during the inter-peak hours 0900-1500 hrs. Also, these vehicles carried wheelchair lifts and would therefore enable clients in wheelchairs to be transported.

a saving of one vehicle within the NCC operations would equate to between **£35,000 - £65,000** per annum

SEN trips were excluded on the basis that the children transported suffered from behavioural difficulties and emotional needs and might react unfavourably if they were asked to travel with other passengers, or were subject to delays owing to late-running of NEPT services. NCC currently contracts out SEN transport (approx. 400 contracts covering 1000 pupils with local external transport providers). As the internal NCC fleet is not used for these services it would be more difficult (though not impossible) to attempt to integrate these services with NEPT transport, setting aside the specific pupil requirements addressed above.

Schedules were manually drawn up to see where hospital trips could be slotted into suitable day centre runs giving the timings and stopping patterns of the day centre vehicles. The results of the exercise are given in Table 1 below, which shows the potential savings in the number of vehicles used for hospital trips. The savings in vehicle numbers are relatively small, at most 2-3 vehicles for each hospital per day. However, a saving of one vehicle within the NCC operations would equate to between £35,000 - £65,000 per annum dependent upon the particular working. Other savings would be made through achieving higher capacities on the vehicles run by the NCC fleet, thus reducing the average cost per passenger which currently stands at £22.50 per day.
Some hospital trips would be integrated with day centre runs in the morning and early afternoon (see Table 1). The schedules drawn up assume that there is sufficient seating capacity in the vehicles to accommodate the additional passengers. It is also assumed that the passenger trips to and from the hospitals can be scheduled in sufficient time to be accommodated on the day centre runs. In practice, given the performance regimes (KPIs) under which ATSL operates, this might be difficult to achieve.

Table 1 Potential Vehicle Savings as a Result of Integration

No of vehicles	Monday		Tuesday		Wednesday		Thursday		Friday	
	C	I	C	I	C	I	C	I	C	I
Bassetlaw	21	18	20	18	20	19	21	19	20	18
Newark	24	21	23	20	19	19	22	21	22	19
Kings Mill	33	30	30	28	34	28	33	28	32	29

Key: C = Current; I = Integrated

Total number of NCC vehicles for each Hospital area:

Bassetlaw: 8 day centre routes, 1 taxi, 3 community transport routes per day
Newark: 3 day centre routes, 1 minibus, 1 community transport route, 10 SEN routes, 4 cars per day
Kings Mill: 15 day centre routes, 1 community transport route per day

In practice, if integration were attempted as in this example focusing on the 3 hospitals, approximately 7.5 vehicles could be saved per annum (looking at the week as a whole) which would equate to:

£375,000
savings per annum
(based upon average NCC fleet operating cost)

90,000 mileage savings per annum
(based upon average NCC fleet mileage of 12,000 miles per annum)

118 tonnes of CO2 emissions per annum saved

This is the potential for integration at these three locations alone; if one includes transport workings to / from the Queens Medical Centre (QMC) in Nottingham (which would require support of the Nottingham City fleet) and if one also includes the potential use of the external contracted county council SEN operations (although this would require an amendment to some school session times), then the potential average savings per annum could be increased to £1.1m. We have also examined these savings from the perspective of saved trips made in NEPT transport workings, and using average trip costs and making assumptions about the level of NEPT vehicle occupancy, the resulting savings equate closely to these figures calculated from the NCC perspective.

The maps in Annexes 15 to 22 show day centre routes incorporating some hospital patient travel trips. Patient transport trips are shown with red arrows, normal day centre trips are shown with blue arrows. Trips usually start with the respective day centre where the vehicles are garaged, these are coloured orange on the maps.

This analysis suggested that there were two main options for transport integration within NTTP: a) NCC providing additional capacity to ATSL at times of peak demand; b) NCC and NEPT integrating service operations during the inter-peak period. This latter option was deemed to demonstrate the best potential for successful integration and NCC approached ATSL with the intention of establishing a pilot service within the NTTP. The ATSL contract was ultimately extended but it would have proved unrealistic to reformulate the project pilot within the additional time period. ATSL welcomed the report and are considering how we could work together with them in the future.

Renal patient transport

Some renal patient transport trips have been included in the scheduling exercise. These are centred on Kings Mill Hospital only, and just include journeys to the renal dialysis clinic, usually in the mornings. It is assumed that after the dialysis session, patients would require a dedicated vehicle to transport them home, and also that return journeys after the dialysis sessions would tend to take place in the afternoon peak, a time when NCC resources would be fully committed.
Table 2 provides a summary of the total number of trips over a typical week in October 2015 that have been incorporated into NCC fleet schedules. As transport to the renal dialysis clinic is organised on a regular basis with the majority of trips being booked and scheduled in advance, it can be assumed that the journey pattern below would be typical of other weeks in the data.

Table 2 Trips Incorporated into NCC Fleet Schedules

Total trips	Monday	Tuesday	Wednesday	Thursday	Friday
Ashfield area	0	3	4	3	3
Mansfield area	4	1	1	1	0
Total	4	4	5	4	3

The savings of these one way renal NEPT transport workings would equate to a saving of some £108,000 per annum on the NEPT contract.

The savings of these one way renal NEPT transport workings would equate to a saving of some £108,000 per annum on the NEPT contract. Again, if one includes the NCC external contracted SEN transport services and support from the Nottingham City fleet within Nottingham, we feel that the potential conservative renal transport savings could be £325,000.

Two maps have been prepared showing the routes taken by NCC vehicles to cater for dialysis patients. These can be found in Annexes 23 and 24.

4.2 The Role of Community Transport in Providing Trips to Hospital Appointments

Background and Aims

Community Transport (CT) operators across the country provide transport services primarily, though not exclusively for, elderly and disabled people and those who struggle to use regular public transport whether as a result of limited mobility or lack of availability of services. Some CT operators provide transport services to access primary healthcare, others to access secondary healthcare. The funding of transport to healthcare services, particularly secondary healthcare appointments, varies across the country and across local authority areas, with a patchwork of funding from district and borough councils, county councils and the primary and secondary health sector.

Against this background of varied provision and funding, the aims of this desktop study were: to gain an understanding of the extent to which CT operators in Nottinghamshire were providing transport to hospital appointments and to primary care appointments; to identify the sources of funding for the provision of transport to hospital appointments specifically; and to determine whether local authority funding was being used to cross-subsidise trips to hospital appointments.

Introduction

The provision and funding of CT for trips to healthcare varies across Nottinghamshire. Nottinghamshire County Council provides funding of approximately £200,000 per year for CT. This funding is for back office costs only and is not intended to finance the actual trips provided. Within Nottinghamshire there are 13 social car and minibus schemes in operation, although not all of the schemes receive funding from the County Council.

In October 2015, a survey was designed to obtain information to indicate the extent to which CT schemes in the county are supporting access to health appointments. The survey was emailed to 13 social car and minibus schemes in the county. Completed forms were returned by five schemes (Newark and Sherwood CVS; Collingham Village Care; Rushcliffe CVS; The Helpful Bureau; and Tuxford Dial-a-Trip). At their request, Bassetlaw Action Centre and Our Centre provided more qualitative data via face-to-face interviews.

Within Nottinghamshire there are 13 social car and minibus schemes in operation

Two of the social car and minibus schemes who responded to the survey (Newark & Sherwood CVS and Bassetlaw Action Centre) were in receipt of funding directly from a Clinical Commissioning Group (CCG) for the provision of transport to hospital appointments. As a result, these schemes are largely excluded from the quantitative analysis provided below.

Provision of Transport to Hospital Appointments (Secondary Care Trips)

Of the five social car and minibus schemes not in receipt of CCG funding, three schemes indicated that they provide return trips to hospital appointments, with the average number of such trips varying from five per month for one of the schemes to 75 per month for another scheme. Another scheme reported that they only provide inbound trips to hospital appointments, as they did not expect volunteers to wait at the hospital for the return trip; clients were expected to make alternative arrangements for the return trip.

Two schemes reported less than 5% of all the trips they provided in an average month were hospital trips. For one of the schemes, hospital trips accounted for 10% of all trips per month and for another scheme, they accounted for 30% of all monthly trips.

The proportion of the cost of the hospital trip covered by the client varied from 75% to 100%. One of the schemes, however, reported that the client paid "100% of the mileage cost", which is unlikely to be the full cost of providing the trip, given the back office costs involved in providing the trip. Three of the CT schemes made up the shortfall in funding for these trips themselves, whilst another obtained additional funding via the local Rotary Club. As Nottinghamshire County Council funds the back office costs of CT schemes in the county, it is likely that it is indirectly subsidising these trips to hospital appointments.

Transport to Doctor's / Dentists (Primary Care Trips)

In terms of primary care trips, the five schemes which responded directly to the question reported that between 5% and 53% of trips provided per month were to primary care appointments.

All Healthcare Trips

In terms of all healthcare trips (primary and secondary combined) as a proportion of all trips provided, the lowest percentage of trips provided was 5% and the highest percentage was 83%. One operator indicated that one in four trips it provided were to access healthcare, while another indicated that almost one in three of its trips were to healthcare appointments; a third operator reported that over half of the trips it provided were to healthcare.

Primary versus Secondary Healthcare

Three of the five schemes that responded to the question felt that they were unable to determine whether trips to doctors' surgeries were for hospital out-patient appointments or for primary care. A fourth scheme also highlighted the difficulty of ascertaining whether trips to Newark hospital - which provides services such as hearing aid repairs, physiotherapy and podiatry, that might be provided in GP surgeries in other areas - were for primary or secondary healthcare purposes. The picture of healthcare provision is very unclear in the county and differs from area to area. Those CT schemes which are approached to provide transport to healthcare appointments are faced with the unenviable task of seeking to ascertain the nature of the appointment to determine whether or not they should provide the trip and who should be covering the cost.

Other Issues

One CT scheme highlighted the issue faced in more rural parts of the county, where hospital trips are likely to involve out-of-county mileage, with round trips of 60-80 miles and waiting times of 3-4 hours for the return journey not being unusual. This intensive service results in volunteer drivers being unavailable for other non-hospital trips, thus diluting the overall social car scheme service that can be provided.

The CT scheme which only provides single journeys to hospital appointments, reported that many of their passengers who qualify for Non-Emergency Patient Transport (NEPT) would rather use the social car scheme. This may be because they cannot travel with an escort or because the transport involves long outward journeys and long waiting times for return journeys. This particular scheme considered it to be very telling that their passengers would rather use the car scheme for the outward journey and book a taxi for the return, rather than using NEPT. Certainly the health service is benefitting from local authority funded social car schemes being available to provide an alternative in areas where people can afford to pay for a more tailored journey to hospital.

The Way Forward

The relevant CCG(s) should provide funding for each district with a car scheme(s) to provide transport to hospital appointments for those who are not eligible for NEPT. The funding could be shared in districts with more than one car scheme. NCC is content to fund CT services for those who are not entitled to NEPT, but there are many cases where people are using CT in preference to NEPTS, therefore strictly speaking NCC funding is not being used for its intended use.

Additional CCG funding for social car schemes would also enable the health service to offer alternatives to minibus transport for those who are eligible for NEPT but do not require an accessible vehicle for their journey. This would utilise spare capacity within social car schemes and provide a cost-effective service through the deployment of volunteer drivers. In the future, this should help to reduce pressure on the core NEPT service and offer a viable alternative to both eligible and ineligible patients.

Until the CCGs agree to fund transport to hospital appointments, CT schemes should charge people wishing to use social car schemes for transport to hospital appointments the full cost of the trip, including the back-office costs of provision. This would remove any possible cross-subsidy on the part of the County Council.

5. Pilot Projects

5.1 Harworth and Bircotes Bus

Background and Aims

Detailed discussions between Harworth and Bircotes Town Council and Community Transport for Town and County (CT4TC) indicated how existing public transport was a barrier to some residents in accessing health, leisure and retail facilities in Harworth and Bircotes. In response to the Town Council's concerns and with funding from the Big Lottery and matched funding from the Town Council, CT4TC commenced a six-month pilot minibus service to bring local residents into the town centre (see letters from CT4TC and Oakleaf Surgery in Annex 25 and 26). The pilot service operated on Thursdays only. There were 40 registered users of which 20 used the service on a weekly basis. A customer evaluation survey indicated that there was demand for the service to operate on additional days of the week.

Figure 3 Harworth Circular Bus ran by CT4TC

The aim of the Total Transport pilot was:

- To explore how extending and adapting the existing operational service, in consultation with local health partners, might improve access to primary healthcare services for local residents and reduce the costs of care provision for the local GP practices.

  This aim was set against the background of around 12 million GP appointments being missed each year, costing the NHS £160 million annually, because patients do not keep appointments (Telegraph, 6 Feb 2015). This equates to approximately £13 per missed appointment.

Introduction

A meeting in September 2015 with representatives from Larwood and Village Surgeries – the owners of Oakleaf Surgery in Harworth, Bassetlaw - indicated a desire to work with Community Transport for Town and County (CT4TC) and the County Council to improve access to health locally. The costly issues of missed appointments and the requirement for home visits in relation to the lack of availability of transport services were discussed.

Partner Engagement

The initial discussions with Oakleaf Surgery were intended to indicate days and times when patients may struggle to access the Primary Care Centre to attend appointments. Although Oakleaf Surgery had ideas regarding how a service could benefit its patients, it was not in a position to engage in the detailed planning of such a service, owing to other priority projects on which it was focussed (including transforming ways of working, changes to GP contracts, building works and taking on a new site for the Group), and apologised for not being in a position to give the proposals their full attention; but they gave us enough to initiate a pilot. Oakleaf Surgery is one of three GP practices based at the Primary Care Centre in Harworth and was keen for the other two practices based at the Primary Care Centre (Colliery and Riverside surgeries) to be included within the project; this proved difficult, however, despite concerted efforts to engage them including the involvement of local councillors. This may be because the other practices did not consider that access to the site was an issue, or like Oakleaf, it may have been that they had other priority projects which were requiring their time and attention.

Developing the Pilot

Despite the lack of involvement of the practices in the detailed design of the proposed service, CT4TC in cooperation with the County Council designed a service which it was considered would go some way to meeting the needs of patients to access the Primary Care Centre from Harworth and the surrounding villages.

The proposed service was based upon extending an existing local bus service, which ran one day of the week (Thursday) and was operated by CT4TC. The new service, runs between 10:15 and 15:00, three days of the week (Monday, Thursday and Friday) and commenced operation on 9 May 2016. The route from Ranskill to Styrrup travels via Scrooby, Bircotes and Harworth, providing all five villages with improved access to Harworth Primary Care Centre. The service was registered to operate for one year, with a six-month break point to review progress.

12 million GP appointments are missed each year, costing the NHS **£160 million** annually

One of Oakleaf Surgery's emailed requests was for a door-to-door bus service at certain times to provide an alternative to home visits. However, as the Surgery was not able to fully engage with the project team to take the concept forward, the door-to-door element was not implemented. A 'hail and ride' element was built into the service, to enable residents of local care homes and other local residents with restricted mobility to access the service at intermediate stopping locations within Harworth.

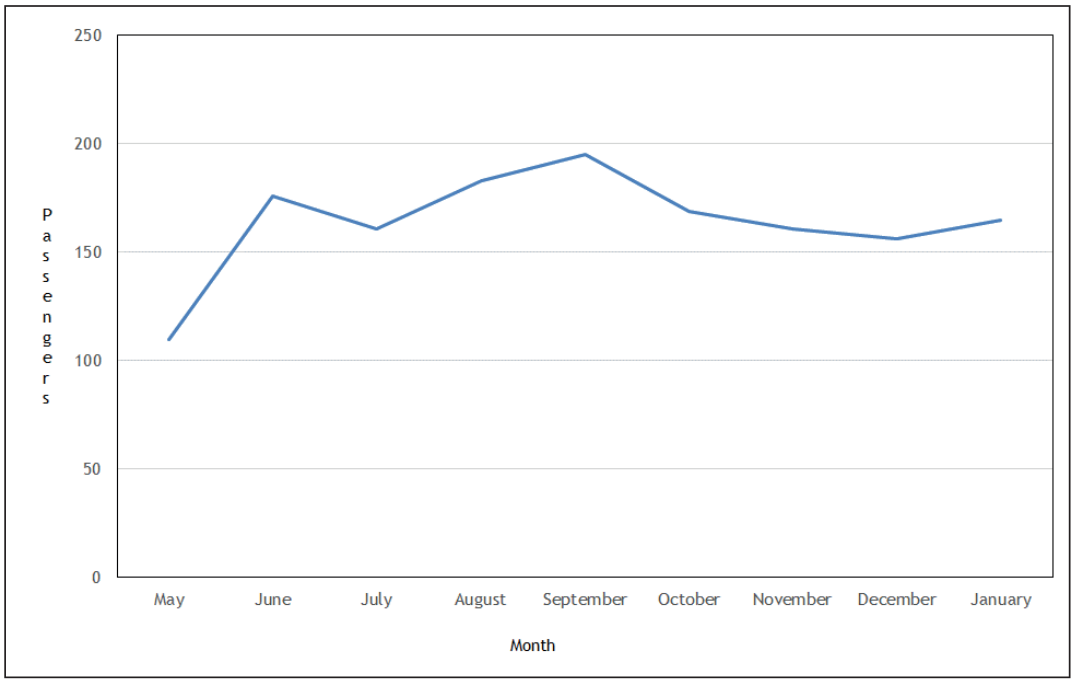
Marketing and Publicity

Oakleaf Surgery offered to promote the bus service to its patients and a poster was displayed in the reception area of the primary care centre. Timetables for the service were available in the surgery. The Town Council also publicised the service, half of the people surveyed found out about the service via a flyer obtained from Harworth Town Hall.

Survey Analysis and Results

Data supplied by the on-board ticketing machines indicated that in the eight month period from May 2016 to January 2017, 1476 passengers were carried, which equates to an average of 164 passengers per month (see Figure 1). Thursday was the most popular of the three days on which the service operated, which is unsurprising as Thursday was the only day on which the original service operated.

Figure 4 Harworth and Bircotes Bus Passengers (May 2016 – Jan 2017)



On-vehicle surveys were undertaken in summer 2016 and January 2017 to understand the reasons behind passengers' trip making. Results from the two surveys indicated that the purpose of almost 20% of trips was to access the primary care centre. In addition, almost 75% of respondents indicated that they had used the service to access the primary care centre in the past.

> almost 75% of respondents indicated that they had used the service to access the primary care centre in the past

Lessons Learnt

Even though Oakleaf surgery felt that there was a need for improved access to the primary care centre, they were not in a position to prioritise such a project over other 'non-transport' projects. It would seem that as much as the surgery thought general access could be improved, they were more interested in a tailored, door-to-door service which could reduce the requirement for home visits. Such an approach could have been explored within the pilot, but unfortunately without the full engagement required from staff at the practice, it was impossible to design such a bespoke service.

The Way Forward

Harworth Town Council who funded the original bus service remains pleased with the project and is currently considering funding the service in some form for another year from April 2017. The project team is now in a position to share the results of the passenger surveys with the three GP practices, which could prompt a future discussion regarding how the service might be more tailored to tackle the issue of home visits for those who simply cannot access the surgery without assistance. The financial benefits of such an approach can also be outlined, should the practices be in a position to engage. The local County Councillor Sheila Place is in full support of the service continuing and added 'I think the service has been invaluable to residents from all around the area, the residents from Scrooby were highly delighted that they could use the service, also I have had excellent reports from residents from the town and outlying villages.'

5.2 Signposting

Background and Aims

A small proportion of individuals who apply for NEPT are deemed to be ineligible, based on a detailed phone-based assessment. The operator of the current NEPT contract (ATSL) is not required to suggest any alternative travel options to those deemed ineligible for NEPT. The aim of the Signposting pilot was, therefore

- to explore ways in which ineligible NEPT clients could be assisted by directing them to alternative means of travel to enable them to attend hospital appointments; thus strengthening local bus services and Community Transport services.

Introduction

At a meeting in December 2015 with Mansfield and Ashfield Clinical Commissioning Group (CCG), it was suggested to the Total Transport project team that a signposting pilot project would be beneficial to patients and the CCG. The information provided would be tailored to the individual, in terms of the hospital that they were required to attend and the range of transport options which might be appropriate.

Partner Engagement

Having decided upon a site-specific approach to the provision of signposting information, a meeting took place in March 2016 with staff from the Sherwood Forest Hospitals NHS Foundation Trust. The meeting was intended to ascertain whether the pilot could focus on travel information to access Kings Mill Hospital. The meeting was very productive and the staff were supportive of the project from a patient experience and cost-saving perspective (as the Trust reimburses travel costs for eligible patients).

A meeting in July 2016 with ATSL sought to progress the pilot and incorporated a site visit to the NEPT call centre to explore implementation issues. Data indicated that only around 4% of NEPT applicants in Nottinghamshire are deemed to be ineligible for NEPT. Based on ATSL currently providing 800 – 1000 passenger movements per day, this equates to around 40 passengers daily. ATSL was of the view that the 4% figure could increase in the future, perhaps by a further 10%, if eligibility criteria were to be tightened,

on the basis that a considerable number of patients are currently transported in regular cars rather than bespoke vehicles. Based on the 240,000 passenger movements per annum, if the 10% reduction was achievable, of this percentage over 17 thousand passengers are within 400metres of a public bus service across the county. Section 4.1 (Annexes 3-8) has already highlighted the percentage of NEPT journeys occurring that are within a 60 minute travel time if public transport was used, matching the KPIs ATSL are at present working to.

Whilst supportive of the principle, there was concern regarding the extended time which ATSL call centre staff would spend on the telephone in signposting ineligible clients to alternative travel options. It was agreed that the information would need to be streamlined, perhaps to the provision of two telephone numbers – for example a local Community Transport operator (dependent on the hospital and patient's postcode) and Traveline.

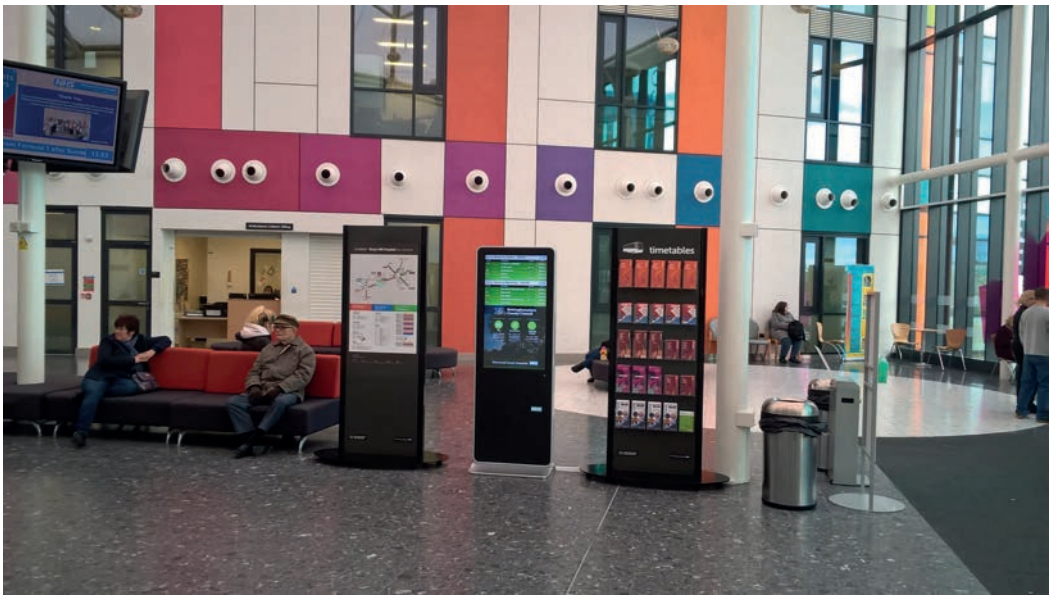
Concern was also raised by ATSL regarding the requirement for them to meet a series of KPIs relating to the number of calls handled, time taken to answer calls and time taken to complete calls as part their fulfilment of the NEPT contract. For a pilot to work with ATSL actively signposting patients to alternatives, the CCG would need to relax the requirement to achieve the KPIs relating to call handling for the duration of the pilot. Finally, it was also suggested that a signposting information leaflet could be carried on ATSL vehicles to influence patients' future transport decision-making.

In parallel with the process of designing the NEPT signposting project, the CCG was considering whether to extend ATSL's contract for a year, until the results of the NEPT and County Council data analysis had been completed, or to allow the current contract to finish at its scheduled end date and tender for a new contract from July 2017. As the future contract arrangements were under review, there was no opportunity to negotiate the relaxation of the KPIs for a signposting pilot project.

Developing the Pilot

Having determined that the original proposal of signposting ineligible NEPT applicants was not achievable within the Total Transport project, alternative signposting projects were considered for further development. The Sherwood Forest Hospitals NHS Foundation Trust staff proposed that signposting information could be printed on the reverse of their appointment letters which are mailed to patients. The staff also suggested that the signposting information could be included on an updated travel page on the hospital's website. Those staff who were consulted agreed to liaise with colleagues internally regarding taking these potential projects forward.

Figure 5 Kings Mill Hospital Transport Hub



Newark and Kingsmill Hospitals Travel Information

Whilst signposting projects were being devised within Total Transport, a parallel transport information project was being developed between the Sherwood Forest Hospitals NHS Foundation Trust and the County Council to install electronic passenger information displays in the entrances to Newark and Kings Mill Hospitals. As part of the drive to provide a more comprehensive picture of available transport information to access hospital sites, it was agreed that the inclusion of community transport information would benefit those patients (and visitors) for whom conventional public transport was not a viable option. The project team liaised with the community transport operators which are local to the hospital sites to secure their involvement in the project, including details of membership and booking arrangements. The community transport information was supplied to the project manager at the County Council for inclusion within the electronic information.

The screens were installed in the hospitals in November 2016. To date, the community transport information has been accessed on approximately 103 occasions at Newark Hospital and 147 occasions at Kings Mill Hospital.

Lessons Learnt

Whilst the signposting pilot proposed by the CCG should have been a relatively straightforward project to implement, it was not possible to deliver it within the Total Transport project timescale. The timing of the pilot, which coincided with the current NEPT contract nearing its conclusion, meant that there were bigger issues to be tackled than delivering a more complete service for those who were ineligible for NEPT. Although ATSL acknowledged that they could have benefitted from their participation in the pilot by demonstrating the 'added value' provided in a future tender, they were rightly focussed on avoiding penalties within the existing contract. A signposting pilot at the beginning of a NEPT contract might have been more successful.

Engaging with hospitals and health trusts on transport issues is challenging as nobody has overall responsibility for transport and access issues within the NHS Trust or the individual hospital sites. As a consequence, establishing a relationship with the correct person can be problematic and often, it is necessary to deal with a range of staff in different departments with other responsibilities, none of which are transport-related. The process of engagement is more complex and lengthy than previously anticipated and is unlikely to improve unless transport and access issues become the sole responsibility of an individual / team and become a priority for the hospital / trust.

The Way Forward

For future NEPT contracts, there should be a requirement in the tender for the contractor to signpost applicants to alternative travel options if they are not eligible for NEPT. This will ensure they are aware of other means of travel and should help to deter them from making repeat calls to request NEPT.

The hospitals, health trust and County Council's timescales are difficult to coordinate. Having assumed that the proposed project to print transport information on the reverse of patient appointment letters was not likely to proceed, Kings Mill Hospital recently contacted the County Council to ask whether funding is still available to finance the project. The County Council confirmed that the funding is available and must be spent by 31 March 2017and is still working with the hospital to implement the project.

5.3 Independent Travel Training (ITT) in Newark

Background and Aims

For a number of years, Nottinghamshire County Council has been delivering ITT for children with Special Educational Needs using the TITAN (Travel Independence Training across the Nation) model. This training model is primarily focussed on a 'one-to-many' training model, rather than a 'one-to-one' approach, as it was considered more sustainable financially. Some one-to-one training may be provided toward the end of a client's training, as appropriate, to enable them to become an independent traveller or in advance of a transition to a new stage (such as starting college). To date, over 400 children have participated in the scheme and 80 pupils (approximately 20%) have become independent travellers as a result.

Although ITT in Nottinghamshire has focussed its ITT on children, it is considered that adults with learning difficulties could also benefit from undertaking a course of ITT, particularly with regard to making regular fixed trips which are often short in length and costly for the Council to provide.

Against this background, the aim of the ITT pilot was:

- to trial the TITAN model with Adult Social Care (ASC) clients in one district of Nottinghamshire, in order to determine whether the model could be adapted for adults with learning difficulties, having been developed primarily for use by children.

The pilot aimed to travel train a minimum of 10 Newark Community Learning Disability Team (CLDT) service users.

Introduction

The Nottinghamshire Total Transport project secured funding to explore the scope for extending ITT to include adults with learning disabilities. As well as enhancing the life experiences of adults with learning disabilities, the pilot project was also designed to demonstrate the potential for a more co-ordinated approach between transport and adult social care professionals within the same local authority and as a result, save resources on contracted transport services.

Partner Engagement

Prior to the Total Transport project, ITT in Nottinghamshire was provided by a single Travel Trainer who works in the County Council's Transport and Travel Services. The focus of the Travel Trainer's efforts had, to date, being firmly on school age pupils. Within the Total Transport pilot project, the Travel Trainer's skills were called upon to transfer the skills and expertise which had been developed over recent years to colleagues based in the CLDT, who are based at Byron House within the grounds of Newark Hospital. The Travel Trainer's role was therefore to 'train the trainers' so that the knowledge to deliver ITT was disseminated across the CLDT.

400 children have participated in the scheme and **80** pupils have become independent travellers as a result

Early in 2016, the Travel Trainer delivered two half-day training sessions in Newark for CLDT staff, support workers, family members, etc. to enable them to deliver ITT to clients in the future. An additional training day in Newark took place in May 2016 to train another group of people to deliver ITT for adults with learning disabilities. A total of 47 individuals were trained to deliver / support the delivery of travel training, including officers from the County Council's Adult Social Care, Health and Public Protection department, parents and charity workers involved in supporting adults with learning disabilities.

Developing the Pilot

The training was to be provided during the first two weeks of August 2016 when certain day care services were closed and service users would be freely available to undertake training. CLDT had a list of service users from which to select participants. The list of male and female service users across all age groups who could potentially be trained included individuals who:

- Were able to make local journeys independently but would like to make longer journeys independently to increase the range of activities that they are able to access.
- Would like to learn more basis skills to enable them to make walking journeys more safely.
- Could be trained to make the journey to the Balderton Resource Centre (or other facility) independently.

The Team Manager and another officer from CLDT planned and scheduled the August ITT pilot. Invitations to attend the training, which ran from Monday to Friday for two consecutive weeks, were sent to service users. The travel training ranged from a day trip to Lincoln on the train, a coach trip to Skegness, local bus trips and then another day was spent at the local library having a tour, looking at resources and joining the library service.

The service users' needs varied from being quite capable and independent at one end of the spectrum to the person requiring constant 1-2-1 support and care at the other. In total, 17 CLDT clients attended the training during the two-week (10-day) period in August 2016. 10 of these attended training of one of the training days, two attended training on four days, three attended training on six days, one attended training on eight days and one client attended all ten days of training. The age range varied from 19 to 62. 11 of the participants were female and six were male.

Lessons Learnt

The feedback from the service users on the summer pilot was it was fun, they had enjoyed themselves and learnt new skills. New friends were made and also areas of concern were identified surrounding certain service user's vulnerabilities. The approach adopted based on an intensive two-week pilot was challenging for everyone involved and by the end of the process both trainers and service users were tired. Although CLDT staff had been trained in advance of the pilot (as outlined above), the training was carried out by combination of CLDT and Travel Training Staff as this was the first course undertaken with Adult users. The nature of the training delivered was less formal than that which would ordinarily be delivered for school age children, the activities arranged focused on the Library and Leisure Centre locally in Newark and days out. This has meant that the training assessment sheets which cover issues using a traffic light (red, amber, green) approach, were not used for the pilot. CLDT have since reported that two of the Adult users have become more independent and are no longer reliant on the services CLDT provide, resulting in savings as their care packages have been reduced.

two new
ITT Assistants

Figure 6 Some of the CLDT Clients Preparing for Independent Travel Training

The Way Forward

In summer 2016, the County Council determined that, based on the knowledge gained from running the pilot, there was a business case for employing additional staff to support the Travel Trainer, including focussing on developing a more structured approach to travel training for adults with learning disabilities. Recruitment took place in summer and, in November 2016, two new ITT Assistants commenced their contracts at the County Council. The initial tasks, following the settling in period, were to follow up with the trainers and service users to find out how far the training is being employed on a day to day basis and to establish a formalised approach to travel training for adults with learning disabilities in the future; which closely mirrors the scheme for children with special educational needs. This will be monitored over the coming months.

5.4 Rushcliffe Access to Health

Background and Aims

Access to hospitals in Nottinghamshire can be problematic, given the distances involved and the location of the main Nottingham hospitals (Queens Medical Centre and City Hospital), which would often involve interchange in the city centre. The aims of this pilot were:

- to work closely with a hospital or the NHS Trust in order to improve access to appointments and reduce the incidence of transport-related non-attendance, and / or
- to work closely with a local GP practice in order to reduce the requirement for home visits via the provision of a tailored, on-demand transport service to and from the practice.

Introduction

The project teams made a number of attempts to engage with primary and secondary health partners in Rushcliffe, in order to develop a pilot project to improve access to healthcare in the borough.

Partner Engagement

A meeting in September 2015 with the Travel Planning Officer at Nottingham University Hospitals NHS Trust indicated that the Trust might be in a position to develop a pilot project with the project team to improve access to Queens Medical Centre (QMC). The question of whether there were clinics at QMC which were experiencing issues around appointment 'no shows' where transport was cited as a reason for non-attendance was discussed, resulting in the Officer being tasked with consulting internally to attempt to identify such clinics. Whilst awaiting a response from the Officer, ongoing consultation activities revealed that Nottingham Community Transport would be interested in participating in a health-related pilot project.

In November, the Officer informed the team that it had been very difficult to track down the people at QMC who might be able to support a pilot project. As a consequence, the Officer had taken a slightly different approach and contacted the heads of department of out-patient clinics based at Ropewalk House in the city centre. The clinics were reportedly having issues with patient access as the nearest public transport links were some distance away at the bottom of a hill (Maid Marian Way / Angel Row / Market Square). The Officer was hopeful that his colleagues would be in touch to explore the possibility of commencing a pilot project. The project team was concerned that access to a centrally-located clinics would be stretching DfT's concept of improving rural access to health, but indicated that there could be a pilot focused on residents of Rushcliffe if we were to consider co-ordinated appointment scheduling in relation to community transport availability.

Engaging with the Primary Health Sector – Phase 1

The lack of any further contact from the NHS Trust prompted the project team, in collaboration with Rushcliffe Clinical Commissioning Group (CCG), to consider whether a pilot project focussing on access to primary healthcare could be developed. The project team attended the Rushcliffe Access to Health Partnership meetings in order to present the Total Transport project and invite suggestions for potential pilot projects. At the same time, the project team enlisted the assistance of a local councillor in January 2016, with a view to encouraging local GP practices in and around the Bingham / Cotgrave / East Leake area to participate in a pilot project. The team were keen to explore the possibility of developing a service which would reduce non-attendance at appointments and reduce the need for doctor home visits. Such a demand responsive service could link to specific surgery times, with the health practices either providing a link to this service or booking it themselves.

The approach from the Councillor prompted the Business Manager at Cotgrave surgery (part of Belvoir Health Group) to enquire about the potential for cooperation on a pilot project. The project team proposed establishing two pilot services – one for Bingham and one for East Leake which would be underwritten by Total Transport for a trial six-month period. These services would provide transport for patients who otherwise had no access to appropriate transport services, enabling them to travel to routine clinics at the surgery rather than having to have medical staff travelling out to their homes. Similarly these services would be trialled with the intention of reducing the need for GP home visits where the need arises through lack of access to transport. It is estimated that a single home visit by a GP will cost a practice around £120 – this exceeds the cost of the proposed daily transport service provision of £70.

Any proposed service could also be used by local residents to access other key facilities in the area, where there is no provision by local bus

Following a meeting on 26th February 2016 at the Cropwell Bishop surgery, the member of staff in attendance indicated that he would discuss the proposals with the Belvoir Health Group Partners and report back. Some of the issues within the proposal were:

- The Total Transport project would underwrite all the costs of service provision for a six-month trial, based upon a one day a week service at both Bingham and East Leake surgeries – this trial period could be extended if Belvoir Health Group wishes.

It is estimated that a single home visit by a GP will cost a practice around **£120**

- At the end of the trial the Belvoir Heath Group would decide whether to continue with the service and underwrite the cost themselves; the Total Transport team offered to fully evaluate the project and provide the results of their analysis to the Belvoir Health Group.
- The Total Transport Team offered assistance to the Belvoir Health Group in preparing a business case for the pilot service and for any subsequent service continuation.
- The Total Transport Team was very happy to address and accommodate any concerns which the Belvoir Health Group might have about the service.
- The Total Transport Team would ensure that appropriate booking mechanisms were put in place which would minimise impact on surgery staff and they would provide appropriate training for all surgery staff affected.

In mid-June 2016, the Business Manager confirmed that Belvoir Health Group would not be in a position to participate in the proposed pilot. The Group were concerned that they did not wish to raise the expectations of patients regarding a service that may only be in place for a short time. In addition, the GP surgeries were not sure that they could justify continuing the service beyond the pilot as they were unable to see how they would be saving sufficient GP time, based on the small number of patients requiring the service, and so concluded that the approach would not be cost effective.

Engaging with the Primary Health Sector – Phase 2

Undeterred, the project team continued to explore options for establishing an access to primary healthcare pilot. In September 2016, a meeting was held with the Practice Manager at Southwell Medical Centre, just over the Rushcliffe border in Newark & Sherwood District to discuss a potential pilot project to assist its patients to access the surgery. Following productive discussions, the MediConnect bus service was designed by officers at the County Council to provide improved access to the GP surgery in Southwell, for residents of Southwell and the surrounding villages. The free bus service operates on Tuesdays and Thursdays between Lowdham and Southwell Medical Centre, via Caythorpe, Bleasby, Hoveringham and Morton. Three return journeys operate per day.

Figure 7 MediConnect Service in Operation in Southwell

84 passenger journeys, almost **50%** of these said they were accessing the Medical Centres

The Way Forward

The pilot service is due to operate until July 2017, in order to demonstrate its value in providing vital links to health services. By permitting Total Transport funding to be spent beyond the end of the current financial year, the service will be able to operate for a sufficient period to determine whether there is demand for the service. An initial passenger count over a two week period (four service days) shows a total of 84 passenger journeys, almost 50% of these said they were accessing the Medical Centres. Thursday's seem a particularly popular day as the local market is on in Southwell. Further assessment and evaluation will

continue and if such demand be demonstrated, the County Council would explore options for working in partnership with the Medical Centre to continue the service in the future. A follow up report of the pilot will be submitted following a subsequent assessment. County Councillor Roger Jackson is in support of the Service in his area and has provided the following quote "The Service is currently well used and is particularly important for the elderly who don't drive and live in remote rural villages. The Service provides a direct bus to both the Lowdham and Southwell Health Centres, providing independence for those that use it and they are no longer reliant on others for a lift or require a doctor's home visit. Whilst residents visit the health centres they also take the opportunity to visit the local market, libraries and shops etc. helping towards the local economy".

5.5 Hospital Discharges

Background and Aims

Bed-blocking - the long-term occupation of hospital beds, chiefly by elderly people, due to a shortage of suitable care elsewhere – is a significant and costly problem for the NHS. NHS figures reported in the Telegraph (12th January 2017), indicated that bed blocking had risen by 42% in a year. In addition, the cost of an NHS bed is approximately £1,000 per day. Whilst transport is not the main problem, it can provide a vital link in the chain by ensuring that whenever care options become available which will enable a hospital to discharge a patient, the necessary transport is readily available to provide the onward journey. Against this background, the aim of the pilot was:

- to demonstrate how a local community transport operator could provide an on-demand service to help alleviate the incidence of bed blocking and smooth the process of discharging people from hospital back home or into residential care.

Introduction

Based in Kirkby-in-Ashfield, Our Centre is a charity and limited company that provides older persons services and community transport. Our Centre had previously worked with Mansfield District Council (MDC) on a similar scheme as part of the 'ASSIST' project, which was developed to enable people to remain independent in their own homes with a supportive care package. The Hospital Discharge scheme was the successor to that project, with the ASSIST team providing assistance for people being discharged from hospital who were considered to need support in order to return home.

Partner Engagement

Our Centre was approached by MDC, the department for Adult Social Care, Health & Public Protection at Nottinghamshire County Council, the Sherwood Forest Hospitals Trust and Ashfield Clinical Commissioning Group to provide an on-demand service to transport patients from hospital to their homes.

NHS figures reported in the Telegraph (12th January 2017), indicated that bed blocking had risen by 42% in a year. In addition, the cost of an NHS bed is approximately £1,000 per day

Developing the Pilot

Whilst Our Centre was content to cooperate with the health and local authority partners, they did so on the basis of a verbal contract. No formal specification or pilot agreement was drawn up by the partners for the provision of the discharge transport service. In the absence of a contract, Our Centre prepared a written undertaking as confirmation of its understanding of the key service requirements. This included: the period of the contract (16 November 2015 to 31 March 2016); the service provider (and that alternative providers and sub-contractors would not be used); contact arrangements (for the office hours and out-of-hours telephone booking service); the response time from booking to arrival of transport (during core hours within 60 mins; non-core hours within 90 mins); the vehicles to be deployed (either cars or accessible minibuses to meet the mobility requirement); and the stipulation that a driver would be supplied, without a passenger assistant.

Although the scheme was referred to as the Hospital Discharge Scheme, it provided a very varied service. Discharges directly from the hospitals formed around 27% of the transport. The other 73% was made up of discharges from care homes to the patient's property and from care homes for home assessments with a return journey following evaluation. Over the course of the five-month pilot, 30 patients were transported.

A single phone number proved very convenient for agencies booking the transport; the relatively small team of staff enabled callers to deal with one person from start to finish. Our Centre met the requested pick-up time to within 5 minutes of 100% of the bookings. A booking sheet which Our Centre compiled was completed for each booking, recording detailed information regarding the type of service required and specific passenger needs. This also included the potential requirement of a stop-off on route to purchase basics such as bread and milk, etc. Passenger feedback was positive and patients were appreciative of the speed of response and level of care provided.

Adding the hospital discharge bookings to Our Centre's existing proven electronic booking system ensured efficient management of all bookings. Every passenger was collected and delivered to the destination as requested.

Figure 8 Our Centre Minibus in operation in Kirkby in Ashfield

Lessons Learnt

In terms of reducing bed blocking, the pilot was successful in enabling beds to be made available at peak times owing to the relatively rapid transport response. Hospital staff feedback was extremely positive and comparisons were made with some of the mainstream providers who were reported to often arrive in excess of 4-5 hours late, which often led to the patient having to be re-admitted to hospital due to the link time with other care agencies having been lost.

The lack of a formal specification resulted in difficulties in clarifying the lead contact and the responsible persons from each organisation. A lack of contact information led to some confusion which on several occasions resulted in time being wasted in ringing around to resolve issues. Calls were received from a number of sources making it difficult to identify who was eligible for transport; there were three different discharge schemes operating in the hospital, only one of which was funded by this pilot project.

There was limited understanding among hospital staff of the role Our Centre was fulfilling and handovers on occasion were challenging. The operation of Our Centre's service with a driver only and not a passenger assistant created complications when it came to transporting certain patients and their belongings.

Information supplied by the hospitals which was entered onto the booking form was sometimes inaccurate; this was particularly evident with regard to mobility assessments. On occasion, this resulted in the requirement to source and deploy an alternative vehicle.

Returning the patients to their properties was often not straightforward. Passengers in wheelchairs had homes that were not adapted or were returning to accommodation that was unheated or without facilities for their health condition.

There were often long waits for other agencies to attend for the handovers as arranged; on one occasion an alternative had to be sourced. No patients were left alone unless requested by the booking person/ organisation.

Despite so much of Our Centre's work being related to passengers with health issues, they were unfamiliar with working with a multi-agency system that had little understanding of their limitations on capacity and vehicle facilities.

Fleet capacity limitations meant that on occasion considerable rescheduling was required to hit the target times. Redistributing vehicles was one factor and had an impact on the mileage to provide cover for Our Centre's existing services, but fair distribution of driver hours and having the right driver for the job was also a consideration.

The Our Centre vehicles deployed on the contract did not have the same adaptations of equipment found on ambulances, e.g. the vehicles lack the heating systems found in ambulances, including equipment such as blankets. To meet these criteria there are a whole range of requirements to be met for compliance, e.g. laundry of blankets, vehicle hygiene and cleaning legislation. The vehicles used did not have the easy clean services found in an ambulance specification and would not meet the standards required by the NHS for the carriage of patients.

> Our Centre would be well placed to provide the type of demand responsive discharge service that the NHS requires in order to reduce the incidence of bed blocking

The Way Forward

With additional training for Our Centre staff and a higher level of specialist equipment provided, Our Centre would be well placed to provide the type of demand responsive discharge service that the NHS requires in order to reduce the incidence of bed blocking, at a reasonable cost which would be comparable with or cheaper than a private specialist transport provider. There are very few specialist transport providers in and around Nottinghamshire, which tends to result in local transport authorities and the health sector paying high prices for such services. Our Centre would be willing to enter into an agreement with the relevant local authority and/or health sector partner to provide the service, with an agreed service specification and budget to reflect the bespoke nature of the required service.

A more coordinated approach between the County Council's ASCHPP department and local health partners in the future would be beneficial from the perspective of the transport operator and the service user.

The County Council will endeavour to utilise the lessons learnt from this pilot to improve their relationship with the health sector. The County Council will seek to ensure that it is included as a partner on the relevant health boards, with a view to attending meetings to explore the transport requirements of the sector with regard to hospital discharges. The Council will be able to promote the community transport sector and the scope for its involvement in assisting the health sector to tackle bed blocking and other pertinent issues.

5.6 College Transport

Background and Aims

The colleges in Nottinghamshire have generally decided that they would like to contract their own transport services as a means of promoting themselves as easily accessible to students. Often, this results in colleges contracting transport which effectively competes with the commercial and supported bus networks in the local area, which could offer students greater freedom to travel at times other than the beginning and end of the college day. Against this background, the aim:

- of a college pilot was to better integrate college transport with the wider public transport network, with a view to reducing the size of the college transport budget and increasing use of the local bus network by students and improving its long term sustainability.

Introduction

Over recent years, the scarcity of funding has resulted in local colleges effectively competing with other colleges to attract students. As part of the package of measures to attract students, the colleges seem to have focussed their efforts on the provision of bespoke transport services which provide a single journey to and from the college at the beginning and end of the day. This has resulted in some network duplication between college transport services and scheduled bus services.

Colleges have contracted with local bus operators to provide fleets of, often elderly, double-decker buses to transport students directly to the college site(s). This approach is unlikely to encourage students to become independent travellers who are able to use public transport outside of trips to college. It is also unsustainable from the perspective of duplicating effort, as in certain parts of the county, the contracted college services cover very similar routes to those served by commercial and local authority supported bus services.

Desktop Study

Accessibility modelling and mapping activities were undertaken by NCC using TRACC software as part of a desktop study to compare accessibility and travel times offered by the local public transport network and the bus services funded by Vision West Nottinghamshire College (formerly West Notts College), see figure 5. Students contribute towards the cost of the college services by purchasing a bus pass annually for £85.

Accessibility is measured as a percentage of all 16-19 year olds (2015 population data) within 15, 30, 45 and 60 minutes travel time of the three main Vision West Notts college sites by Vision West Notts funded bus services and by existing public transport on a Monday between 07:00 and 09:00 hours. Annex 27 shows that using the Vision West Notts funded bus service, 6% were within 15 minutes travel time; 24% were within 30 mins; 45% were within 45 minutes; and 57% were within 60 minutes travel time of a college site. In comparison, Annex 28 shows that 7% of 16-19 year olds were within 15 minutes travel time by public transport from a college site; 15% were within 30 minutes; 33% were within 45 minutes; and 61% were within 60 minutes travel time by existing public transport of a college site.

The results of this mapping exercise demonstrate that students do not achieve significant travel time savings by using the college funded transport services rather than the local bus network, with the local bus network enabling a greater percentage of 16-19 year olds in the study area to access a college site within 60 minutes travelling time (61% compared to 57%). In addition, students using the college funded services only have one service to college and one service from college per day, whereas if students were to use the local bus network, they would have much greater choice regarding when they travelled; which would more closely align with the students timetable. Also by students using the commercial network they would increase their travel opportunities and horizons for access to services and future job opportunities.

The running cost of the 12 college runs is estimated at £540,000-£648,000 per annum. A percentage of this figure could be saved if the services were integrated with the local networks around Mansfield.

Figure 9 Vision West Nottinghamshire College Bus Services

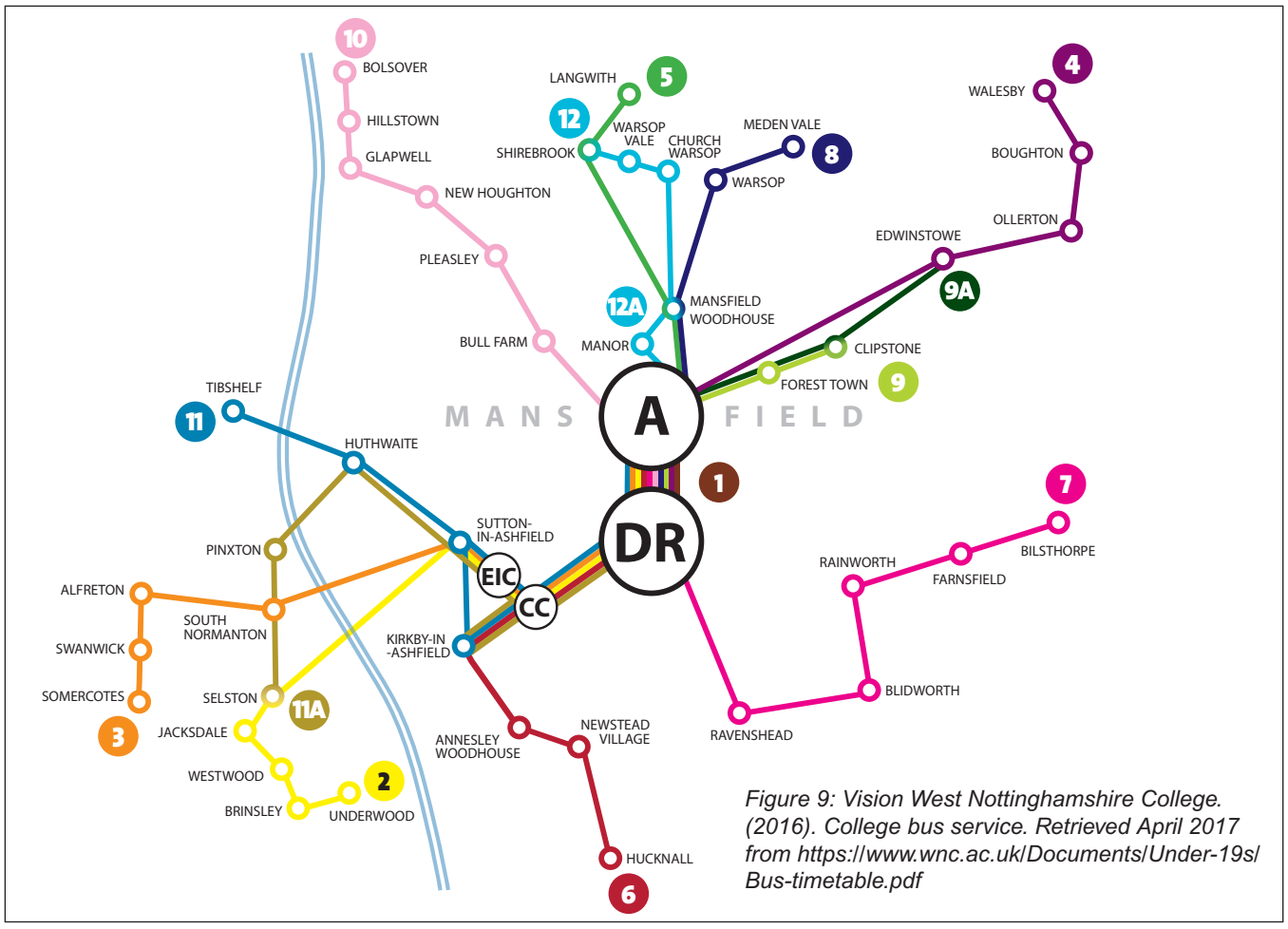


Figure 9: Vision West Nottinghamshire College. (2016). College bus service. Retrieved April 2017 from https://www.wnc.ac.uk/Documents/Under-19s/Bus-timetable.pdf

Partner Engagement

Discussions were undertaken at an early stage in the project with Newark College to ascertain whether there was scope to work with them to transport their students between the college sites in Lincoln and Newark. Newark College had taken the decision that it would use its student transport budget to provide financial support to the local rail service between Newark and Lincoln. As a result, they were not in a position to consider alternative transport solutions until they had evaluated the results of their investment in the rail service.

North Notts College in Worksop has a good track record of obtaining funding for sustainable modes of travel to college, such as on-site cycle storage facilities. Despite the College's desire to be more sustainable, they were concerned that the local bus services in and around Worksop were unable to provide the level of service that would make the College consider providing subsidised local bus passes as an alternative to contracted buses. The Total Transport project team were successful in bringing the College's access officer and Stagecoach's local bus services development manager together to explore potential opportunities for tailoring certain local bus services to better meet the access needs of the students.

Discussions with Vision West Notts in Mansfield showed that they continue to run a considerable network of transport services for their students. They value this network hugely as part of the college brand. They do suffer from under-capacity on certain of the routes, and would welcome any spare capacity that NCC could provide within NTTP. However, they would not be able to provide any capacity on their existing network or allow an integration of services with the NCC fleet.

Lessons Learnt

Challenging the transport models adopted by competing colleges has proved difficult within the Total Transport project. Negative past experiences of certain colleges in working with local transport operators had made them wary of embarking on new discussions to develop a more integrated approach for the future.

The Way Forward

The way forward with regard to integrating college transport will be to maintain a dialogue established between the County Council, the colleges and the local transport operators who operate commercial and supported bus services within the vicinity of the colleges. This approach will help to ensure that the scope for service route and timetable amendments can be actively considered, should the colleges decide that they would like to explore the provision of alternative means of travel arrangements for their students.

There is also some opportunities within the Buses bill to utilise the powers to influence college and local bus provision to reduce duplication and inefficiencies. This is something that will considered once the buses bill has been given Royal Assent.

6. Conclusions

- The potential has been demonstrated for a future integration of NCC and NEPT transport services with significant saving of between £262,500 and £487,500, based upon the modelling alone.
- Extrapolating to include the use of the external SEN contract workings and support from the Nottingham City fleet in and around Nottingham, the total savings per annum could range between £787,500 and £1,462,500.
- The limited modelling we have undertaken of renal transport would yield estimated savings of £108,160 on the current NEPT budget; the use of SEN transport and the Nottingham City fleet could increase these potential savings to £324,480 per annum.
- Much has been learnt about how to handle future relationships with the health sector to remove the possibility of misunderstandings, and to focus on the perceived benefits for all partners within a transport initiative.
- NPPT has successfully established a series of pilot projects to demonstrate the potential for providing improved access to health; different levels of engagement with the health sector have been encountered within these pilots.
- CCGs seem to have limited power to influence the operational practices of individual hospitals in their patch. An individual hospital has no vested interest in necessarily providing the most cost-effective transport solution.
- There appears to be a lack of understanding among clinical staff of the financial implications of short notice and out-of-hours discharges for transport provision.
- There seems to be a lack of 'joined-up' working between hospital staff and care home staff – this can result in lengthy delays for transport once patients have been 'discharged' whilst a care package is put in place. Ideally, transport should only be booked once all pieces of the task are in place to avoid the NEPT contractor potentially missing its KPIs.
- If NEPT eligibility criteria were tightened or more strictly applied and signposting were allowed, rural bus networks and community transport operations could be reinforced. They might also struggle to provide the necessary capacity to meet the required demand.
- Access to primary and secondary healthcare is a major transport and accessibility issue.
- Analysis of the integrated dataset has shown the potential for savings through a better integration of transport services provision. Further work is required to effectively understand and model the constraints of the two operations. NEPT is planned and scheduled dynamically; NCC fleet work needs to be planned in advance – integrating the two might pose some problems. We hoped to address this within a pilot project; unfortunately, time constraints meant this could not take place.
- The Devon Total Transport project has demonstrated that with the "right people in place" within local authorities and the health sector, and with an enhanced understanding on all sides of partners' aims and constraints, a considerable advance can be made in integrating transport services and generating significant potential savings.
- The college sector currently provides some unnecessary duplication in transport movements, by integrating the service with the local network savings could be achieved and more flexibility given to the students as the services would run more frequently than the current twice a day.

7. Recommendations

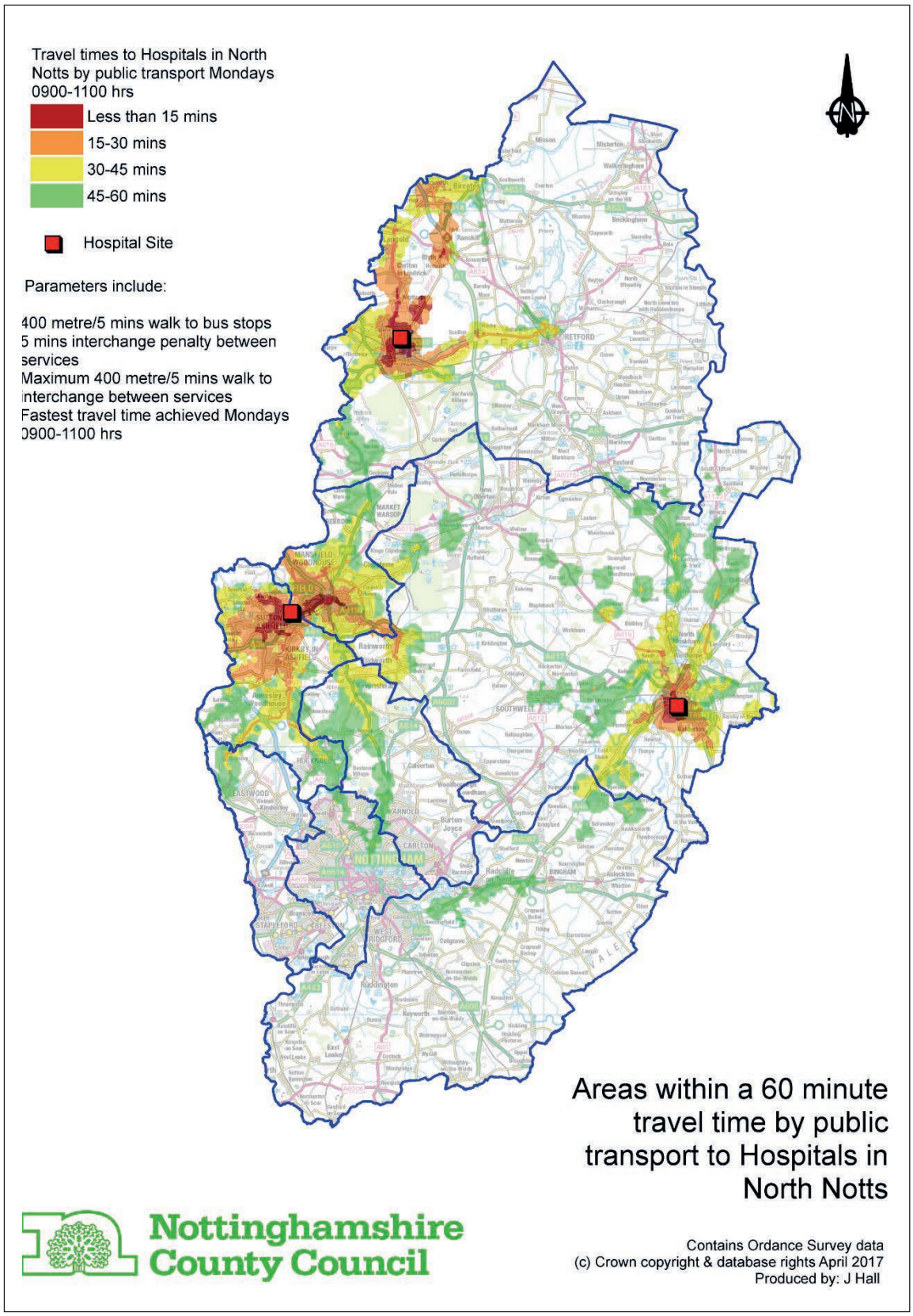
- The proposed future Devolution 2 settlement within the region should consider the inclusion of the NEPT function. The LTAs in the region, with their statutory responsibilities for transport, could be best placed to plan and coordinate transport to maximise efficiencies and savings as they have the capacity, skills and expertise which is in contrast to the CCGs whose primary functions are not transport-related.
- Even though the national appetite for Devolution seems to have receded, collaboration with the health sector will continue to ensure that NCC provides efficient transport services. The County Council will therefore seek to conduct a pilot, similar to the Devon Total Transport pilot, to evaluate in detail the potential for larger scale changes. Such a pilot could include providing NCC fleet services under an SLA agreement to supplement / replace ATSL services within the inter-peak period (in order to produce service efficiencies) and to cater for the over-demand for NEPT transport just after the PM peak, when many hospitals try to discharge high levels of patients. The pilot could estimate the real transport and financial benefits to both NCC and ATSL (and potentially CT operators) from service integration in this fashion.
- In the interim when letting NEPT contracts CCGs should be required to consult with LTAs (as per West Berkshire Council and Devon County Council) to ensure that the contract documentation fully covers all transport issues and that consideration is taken of the total transport picture in the area / region which could provide a more efficient 'total transport' solution.
- The assessment of eligibility for NEPT transport should be a separate operation from the procurement and provision of NEPT transport services; there is no incentive to apply the eligibility criteria strictly if the service provider derives financial benefit from carrying the maximum number of patients.
- CCGs should consider relaxing 'rigid' KPIs in order to allow signposting by the NEPT provider to other available transport services; this would provide an integrated and more efficient transport solution.
- We are keen to pursue the development of an urban total transport project to investigate further the potential for integration of NCC fleet with NEPT services with a view to transporting the more 'ambulant' patients.
- We would recommend Colleges reconsider their tendering process to include discussions with NCC and local network providers to integrate services where possible.
- We wish to expand the concept of the enhanced hub with third party providers and would welcome the opportunity to undertake this is additional funding / underspend becomes available.

What we are going to do now to take Total Transport forward in Nottinghamshire:

1. We will review Public Health integration and set up a transport board with the NHS. This will mirror other arrangements we have for Quality Partnerships with local bus operators.
2. We will share findings with the CCGs to explore the potential for a "Devon Model" including a site visit of senior managers. At the very least we will lobby to ensure CCG procurement makes it a requirement within a transport tender to consult with the LTA.
3. We will consider a partnership with a private provider to be part of a tender submission – initially perceived as a call-off contract on the part of NCC (although we would consider other approaches, such as the establishment of an internal social enterprise within the county council as per the Northampton model developed through the TTPF).
4. We will work with ASC to review our SLA to establish whether a partnership approach is feasible; and to see if we can remove some of the constraints currently encountered to allow more integration and cost savings. We will also work to relax constraints to ensure we make better use of vehicles for our own clients.
5. We will roll out ITT to other day care centres and disseminate results of this pilot to share best practice. We will consider becoming an ITT training provider and rolling it out more widely. This helps with independence and less reliance on public services.
6. We will continue to work with our partners in health centres (and elsewhere within the NHS) to secure further funding and try to integrate transport into advice provided by receptionist staff.
7. When considering IT back office systems we will investigate systems which support all specialist provision including NHS transport so that NCC can make better and more efficient use of vehicles.
8. We will share our findings with local colleges and continue the work we have begun, consulting and engaging with the appropriate staff members to find better solutions to college transport.
9. We will review the opportunities afforded by the Buses Bill to work in partnership with colleges to provide more efficient and effective solutions for college-age students.
10. We will also seek to work collaboratively with public sector bodies through partnerships under the auspices of the Buses Bill.

Annexes

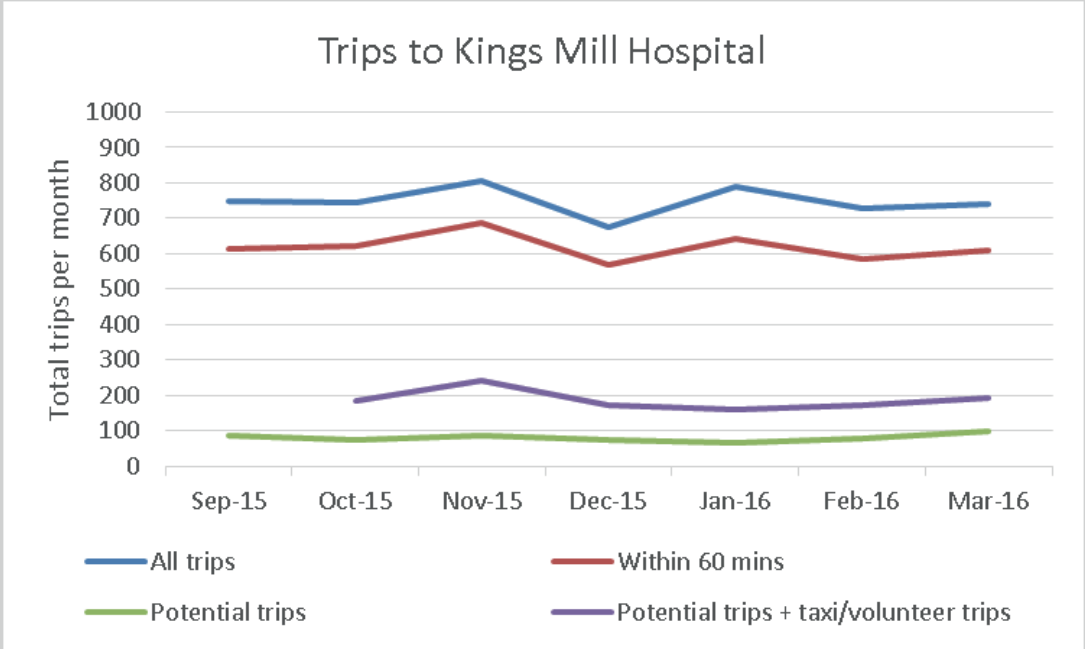
Annex 1 Travel times to hospitals in north Nottinghamshire by public transport



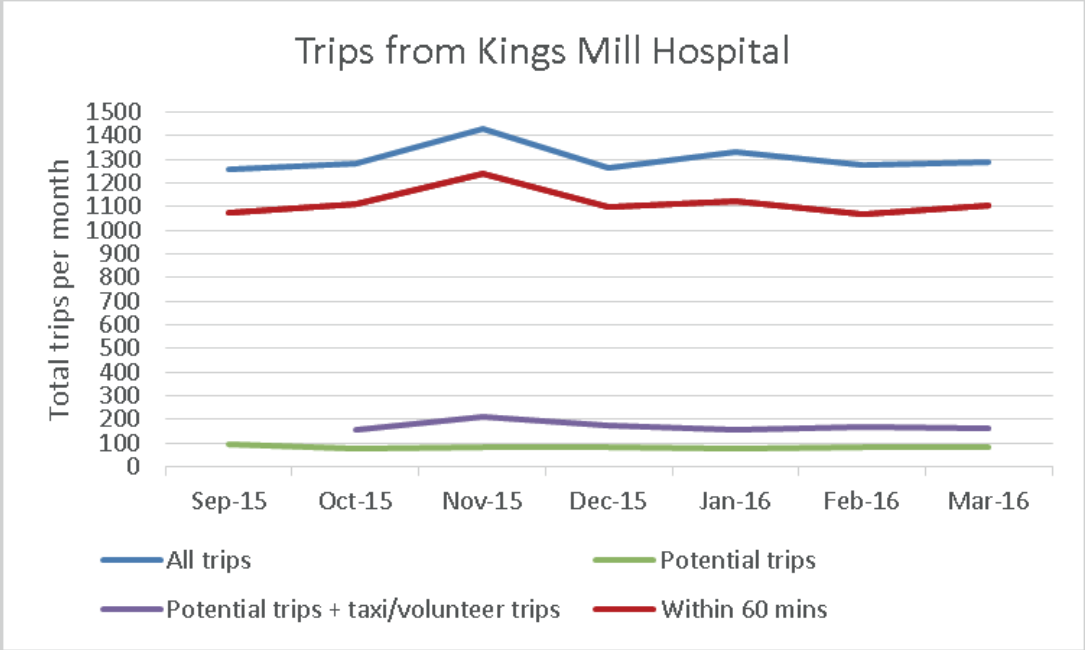
Annex 2 Key Performance Indicators for Nottinghamshire Non-Emergency Patient Transport Contract

KPI No.	Key performance Indicator	Standard	Monitoring period	Method of data collection	Notes
1	Time on the vehicle				
1A	Patients within a 10 mile radius of the point of care will spend no longer than 60 minutes on the vehicle.	90% year 1 increasing to 95% year 2 onwards	Monthly	Supplier provided data sets	
1B	Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.	90%	Monthly	Supplier provided data sets	
1C	Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.	90%	Monthly	Supplier provided data sets	
2	Arrival Times at Point of Care				
2A	Patients shall arrive within 60 minutes prior to their appointment/ zone time at the appropriate point of care.	95%	Monthly	Supplier provided data sets	
3	Departure Times from Point of Care				
3A	Outpatient Return patients shall be collected within 60 minutes of request or agreed transport/or zone time.	90%	Monthly	Supplier provided data sets	
3B	Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	Monthly	Supplier provided data sets	

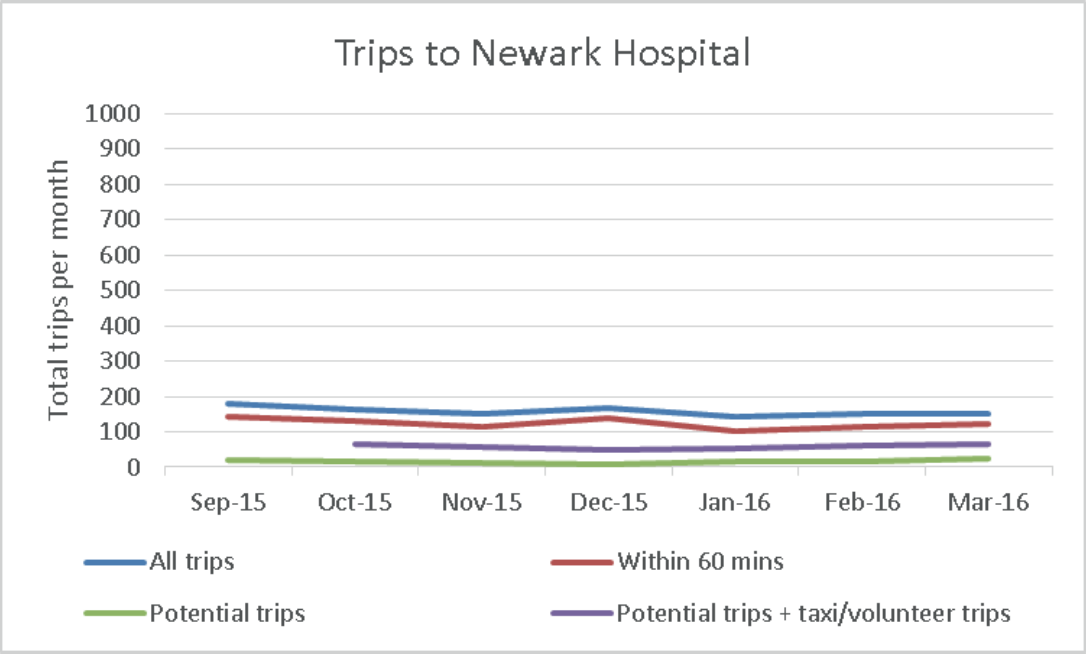
Annex 3 Scope for Integration between NEPT Services and NCC Fleet Runs to Kings Mill Hospital



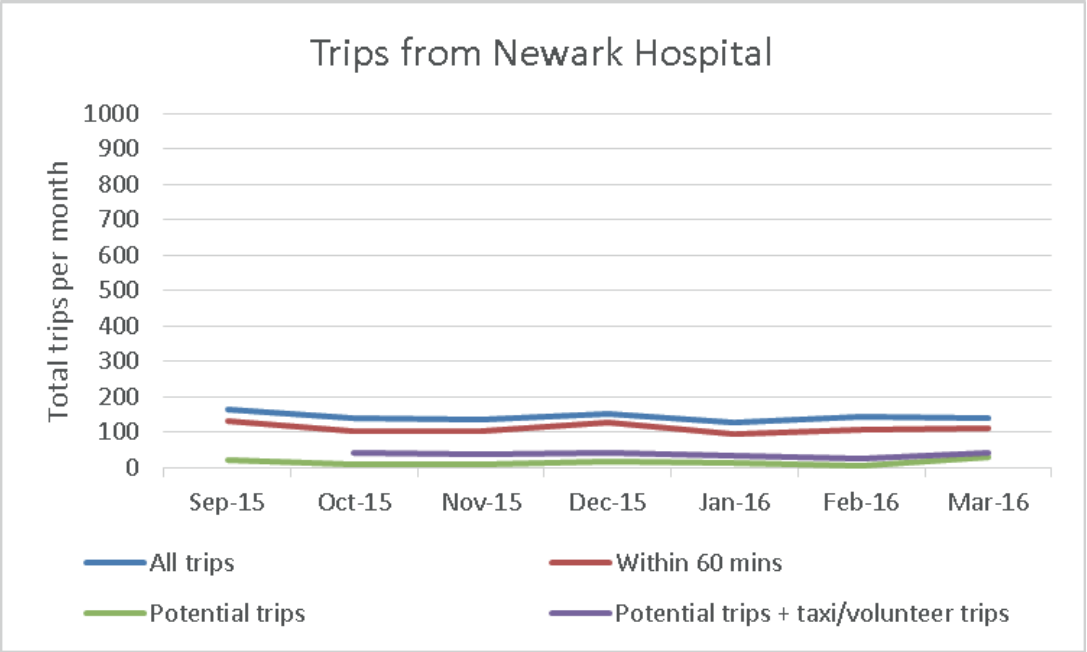
Annex 4 Scope for Integration between NEPT Services and NCC Fleet Runs from Kings Mill Hospital



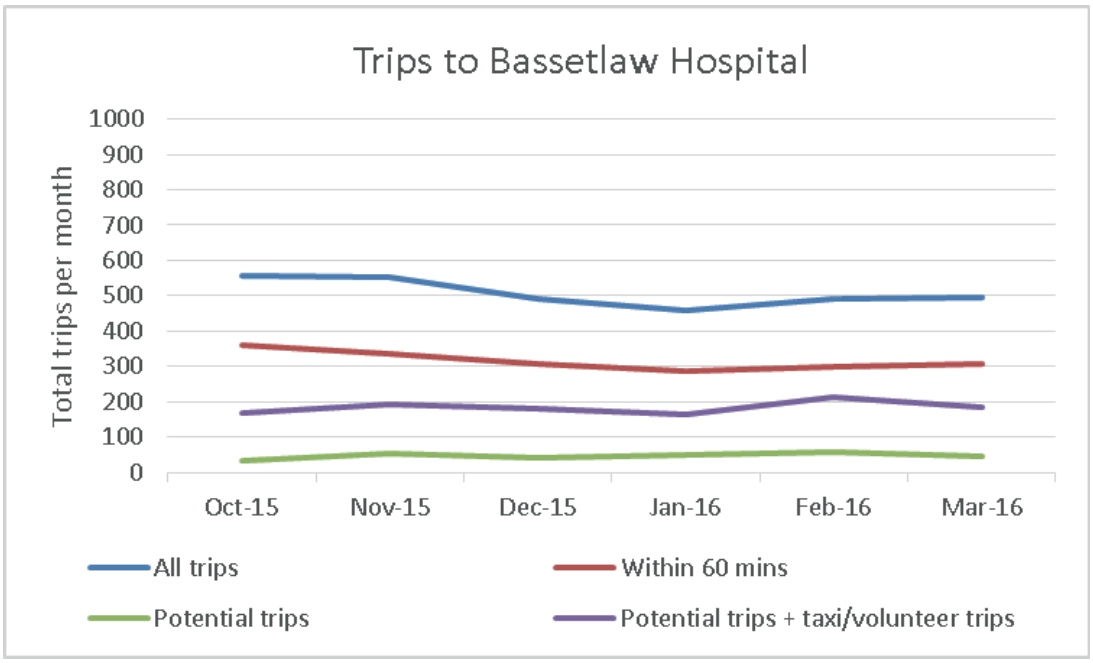
Annex 5 Scope for Integration between NEPT Services and NCC Fleet Runs to Newark Hospital



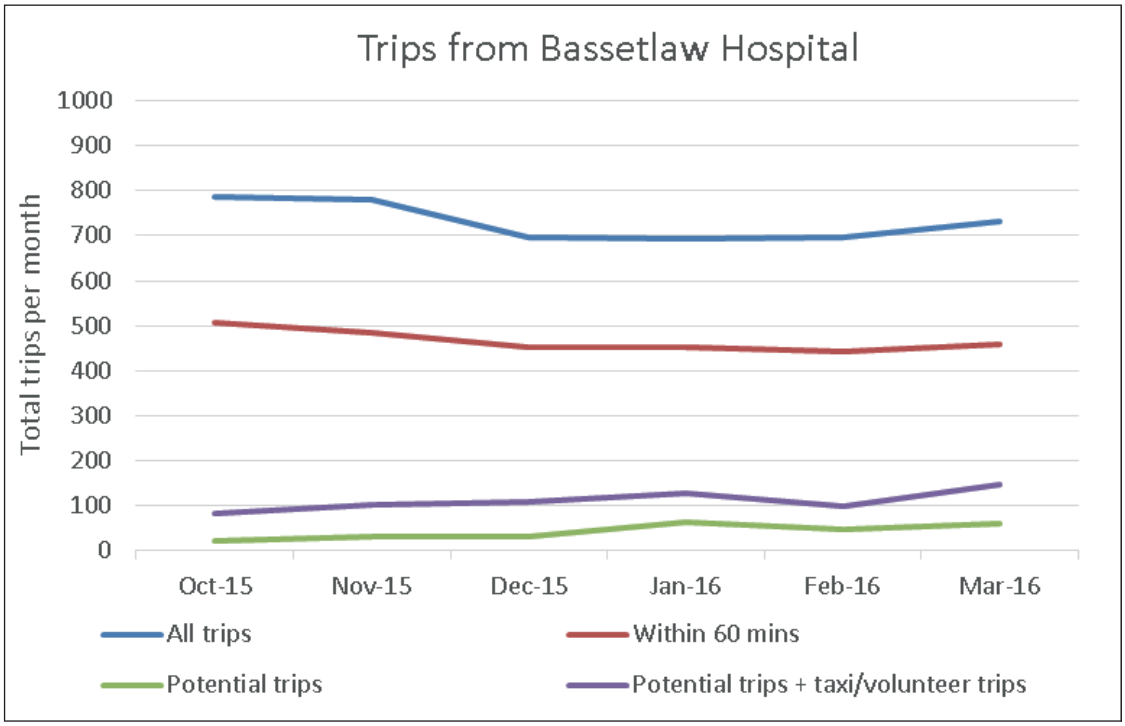
Annex 6 Scope for Integration between NEPT Services and NCC Fleet Runs from Newark Hospital



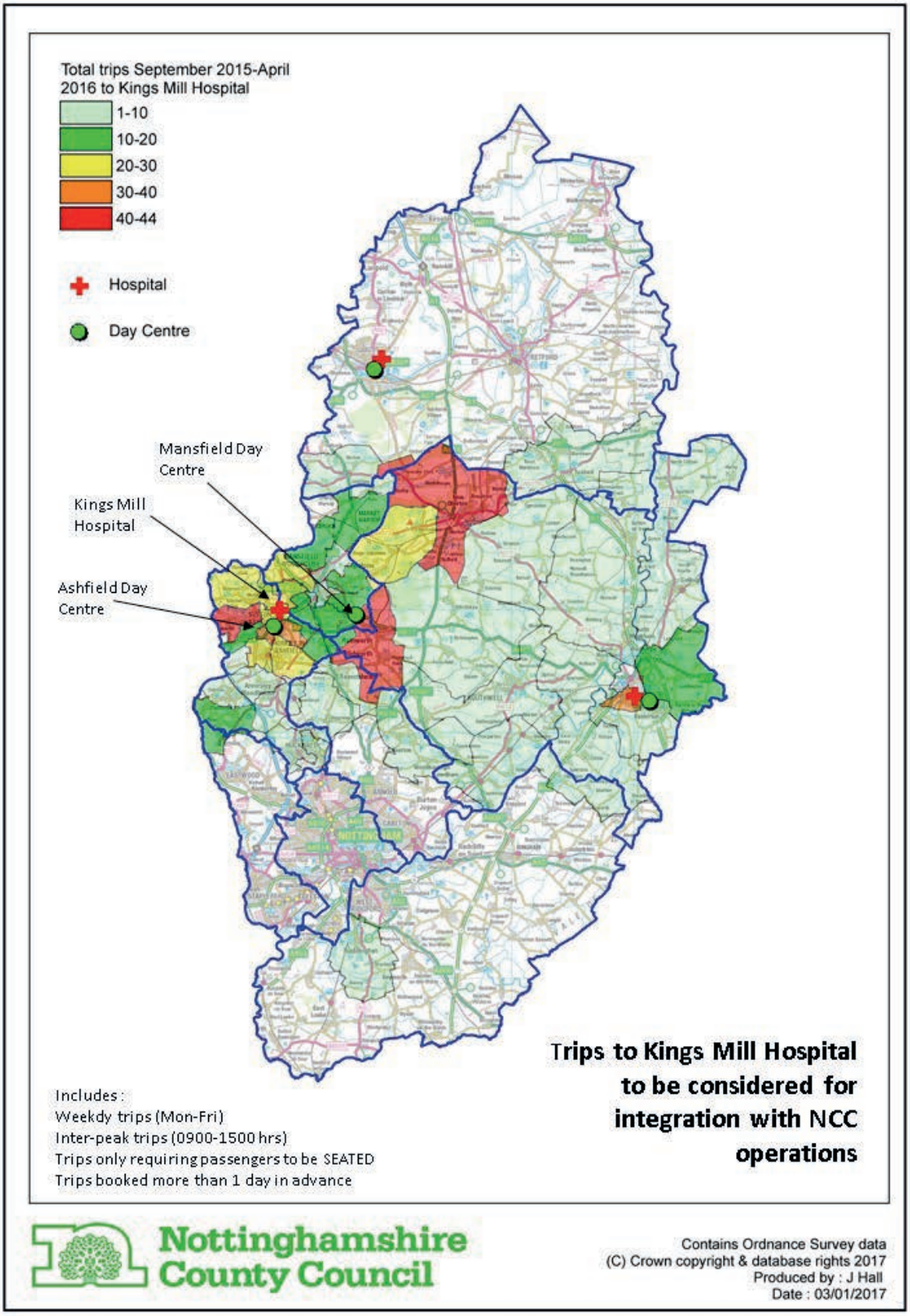
Annex 7 Scope for Integration between NEPT Services and NCC Fleet Runs to Bassetlaw Hospital



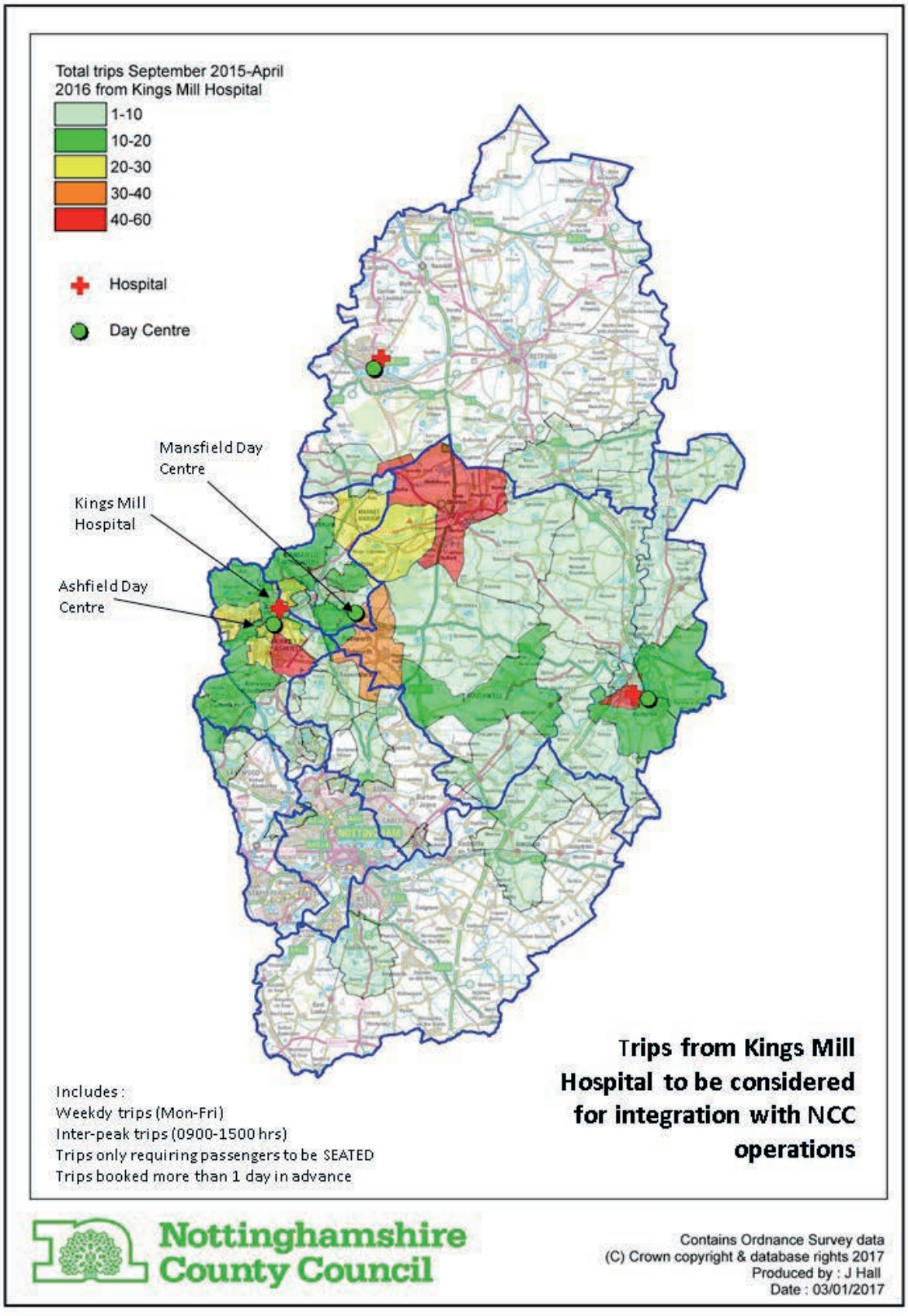
Annex 8 Scope for Integration between NEPT Services and NCC Fleet Runs from Bassetlaw Hospital



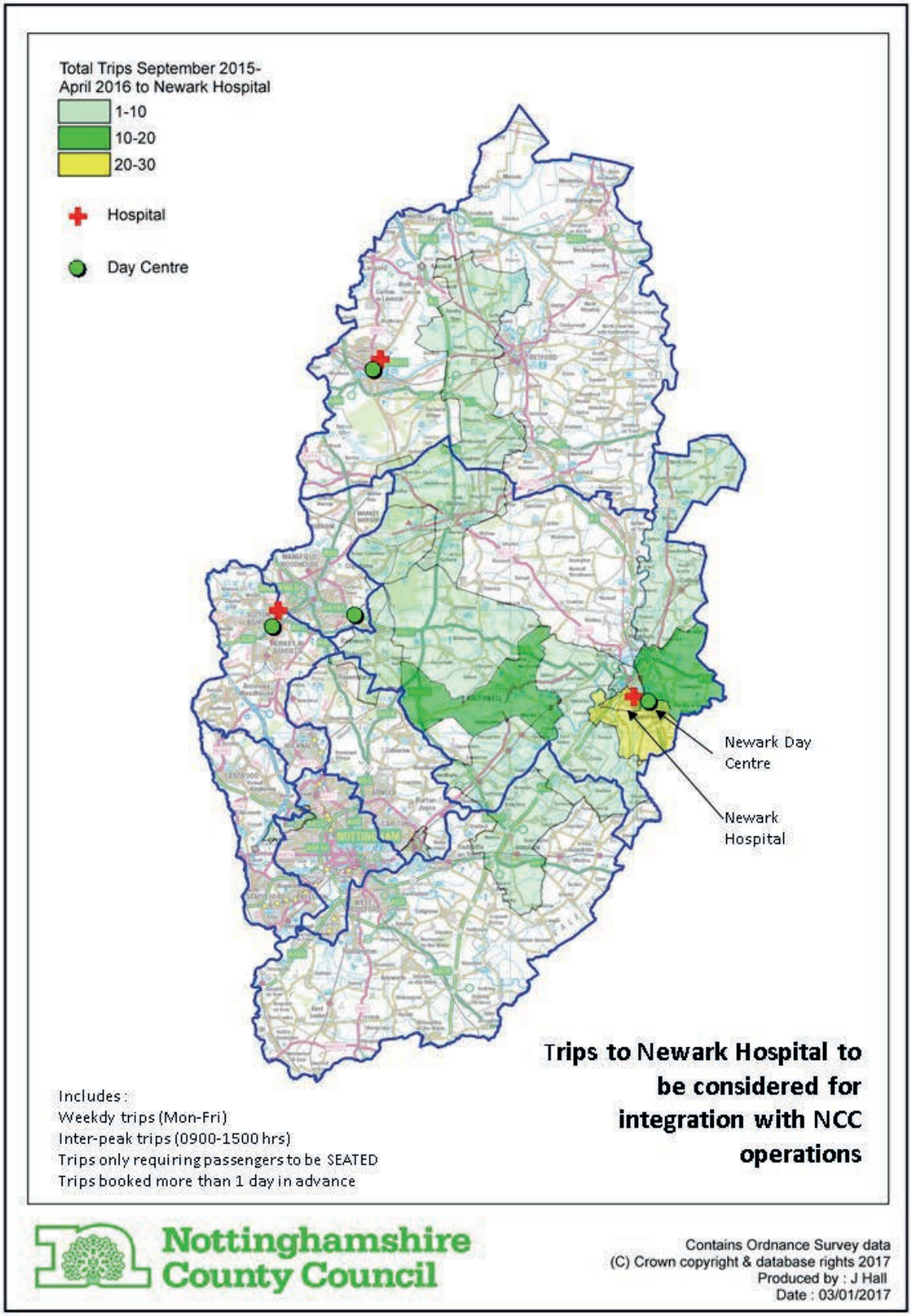
Annex 9 Trips to Kings Mill Hospital to be considered for Integration with NCC Operations



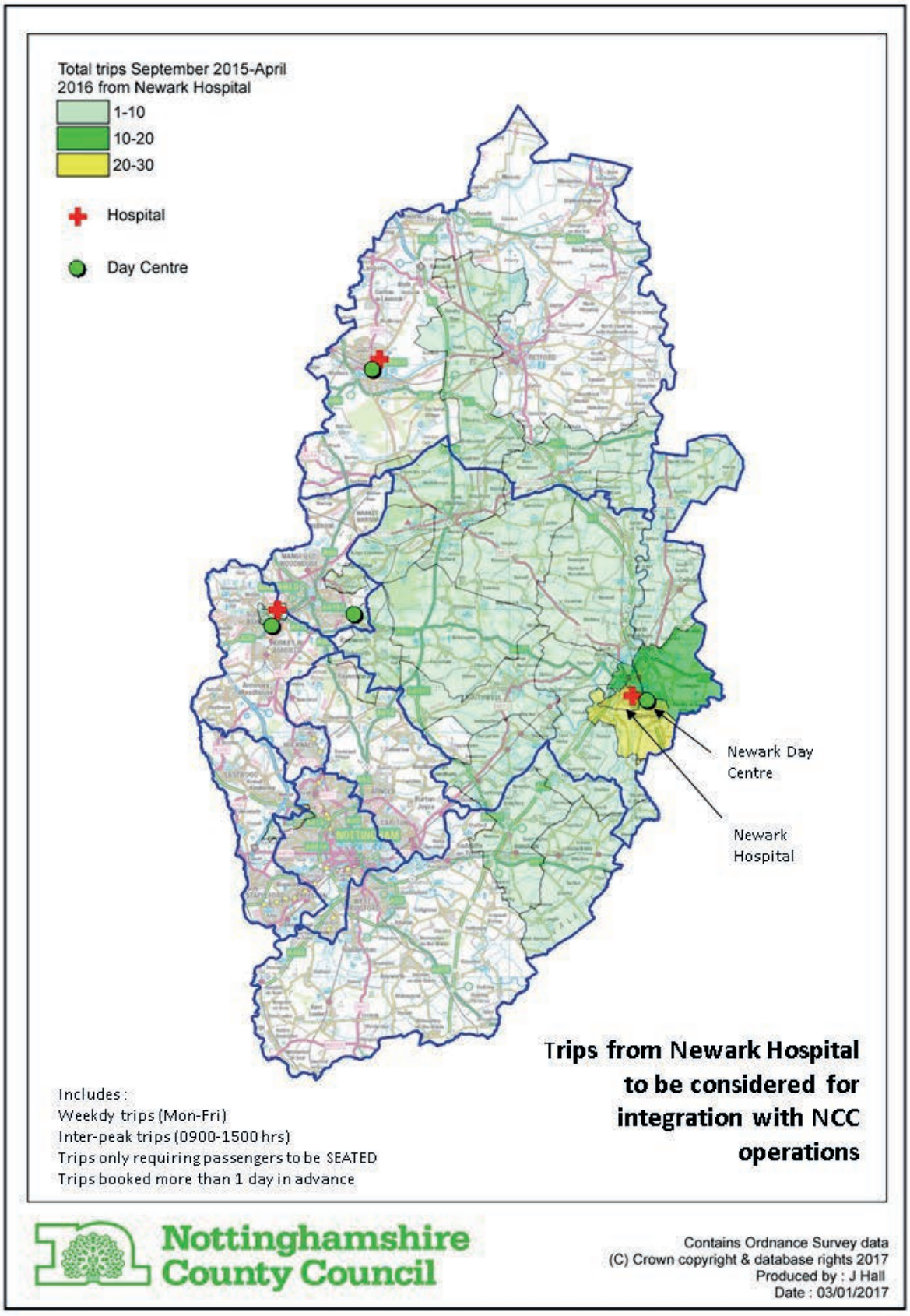
Annex 10 Trips from Kings Mill Hospital to be considered for Integration with NCC Operations



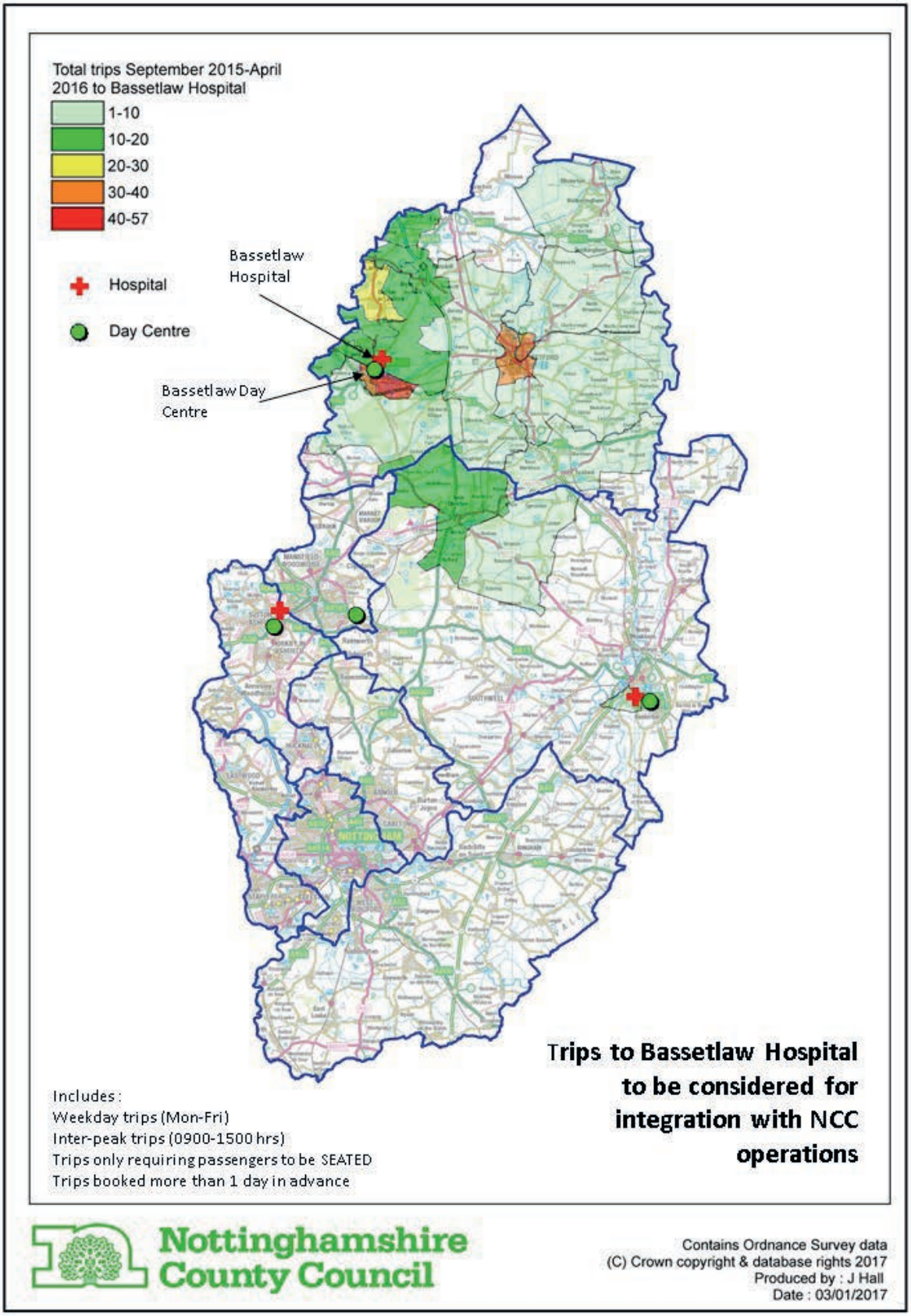
Annex 11 Trips to Newark Hospital to be considered for Integration with NCC Operations



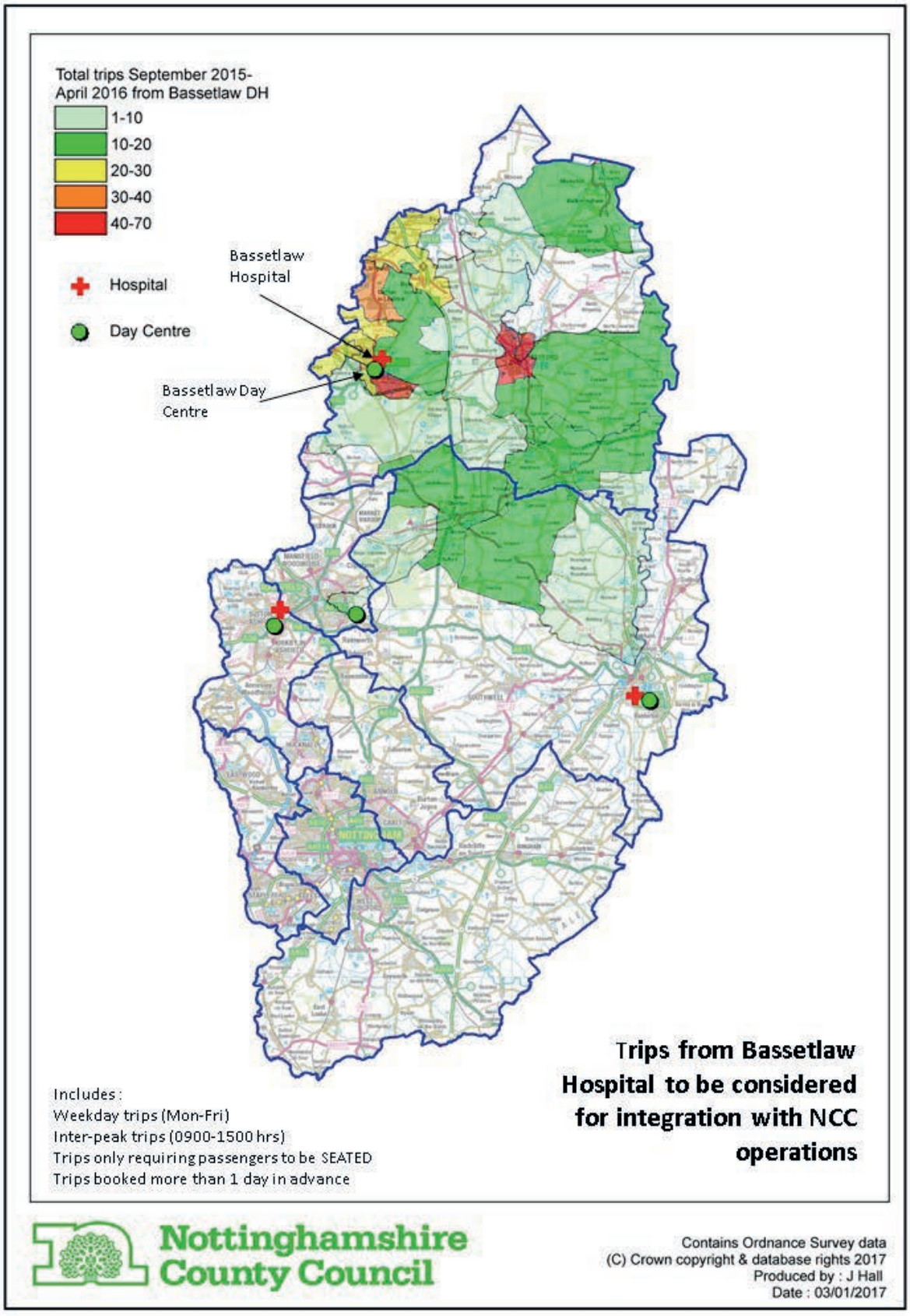
Annex 12 Trips from Newark Hospital to be considered for Integration with NCC Operation



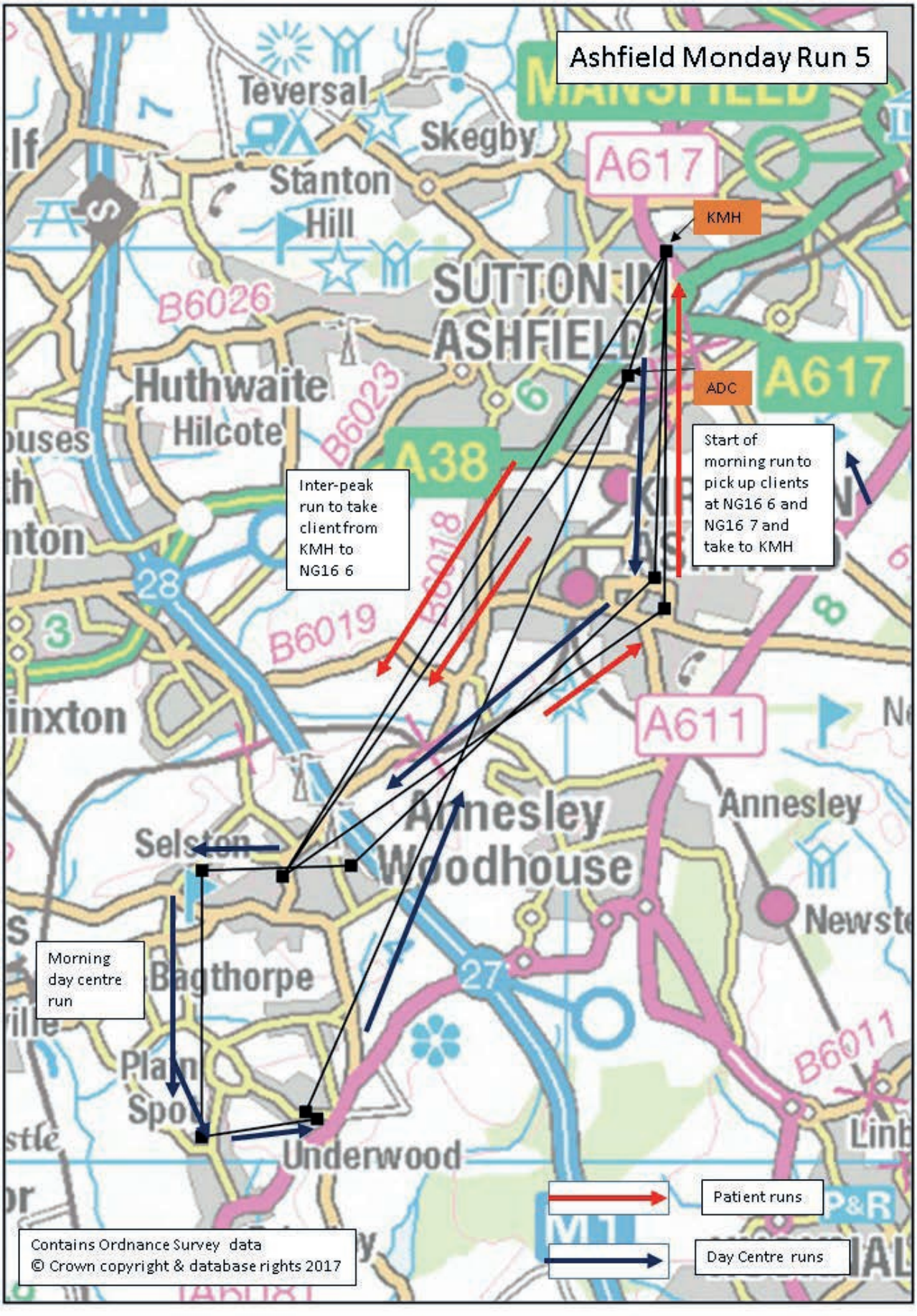
Annex 13 Trips to Bassetlaw Hospital to be considered for Integration with NCC Operations



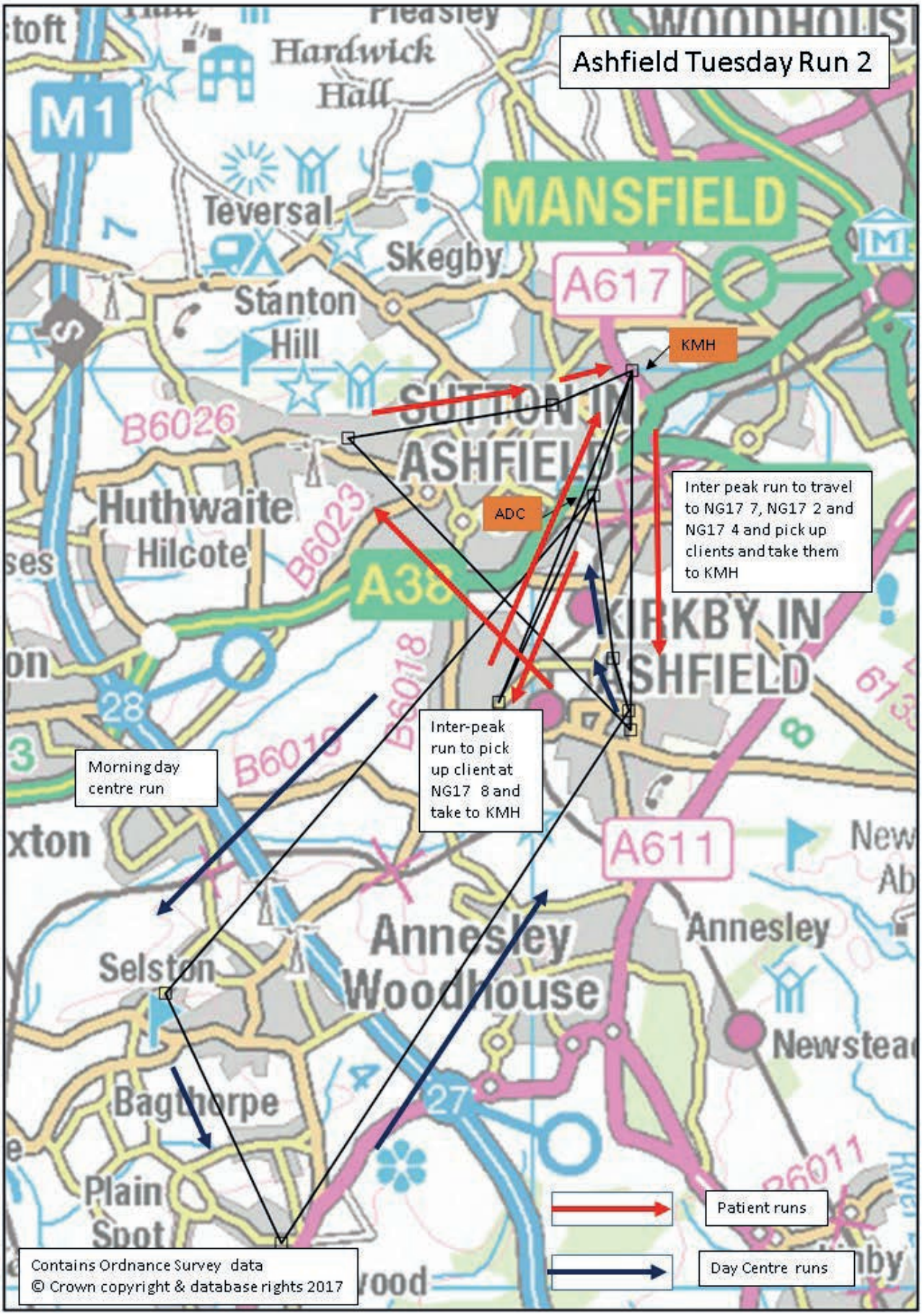
Annex 14 Trips from Bassetlaw Hospital to be considered for Integration with NCC Operations



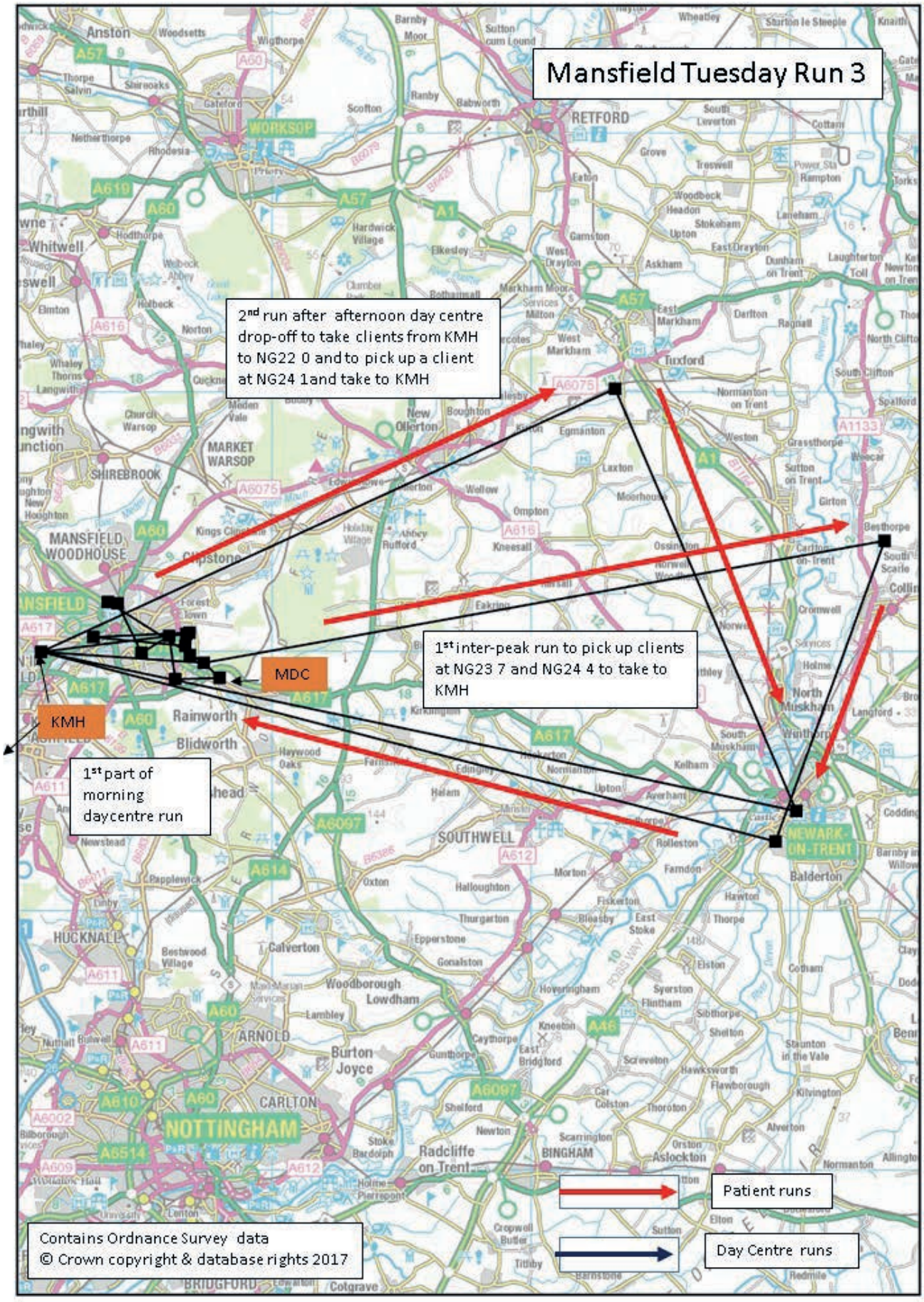
Annex 15 Ashfield Monday – Run 5



Annex 16 Ashfield Tuesday – Run 2

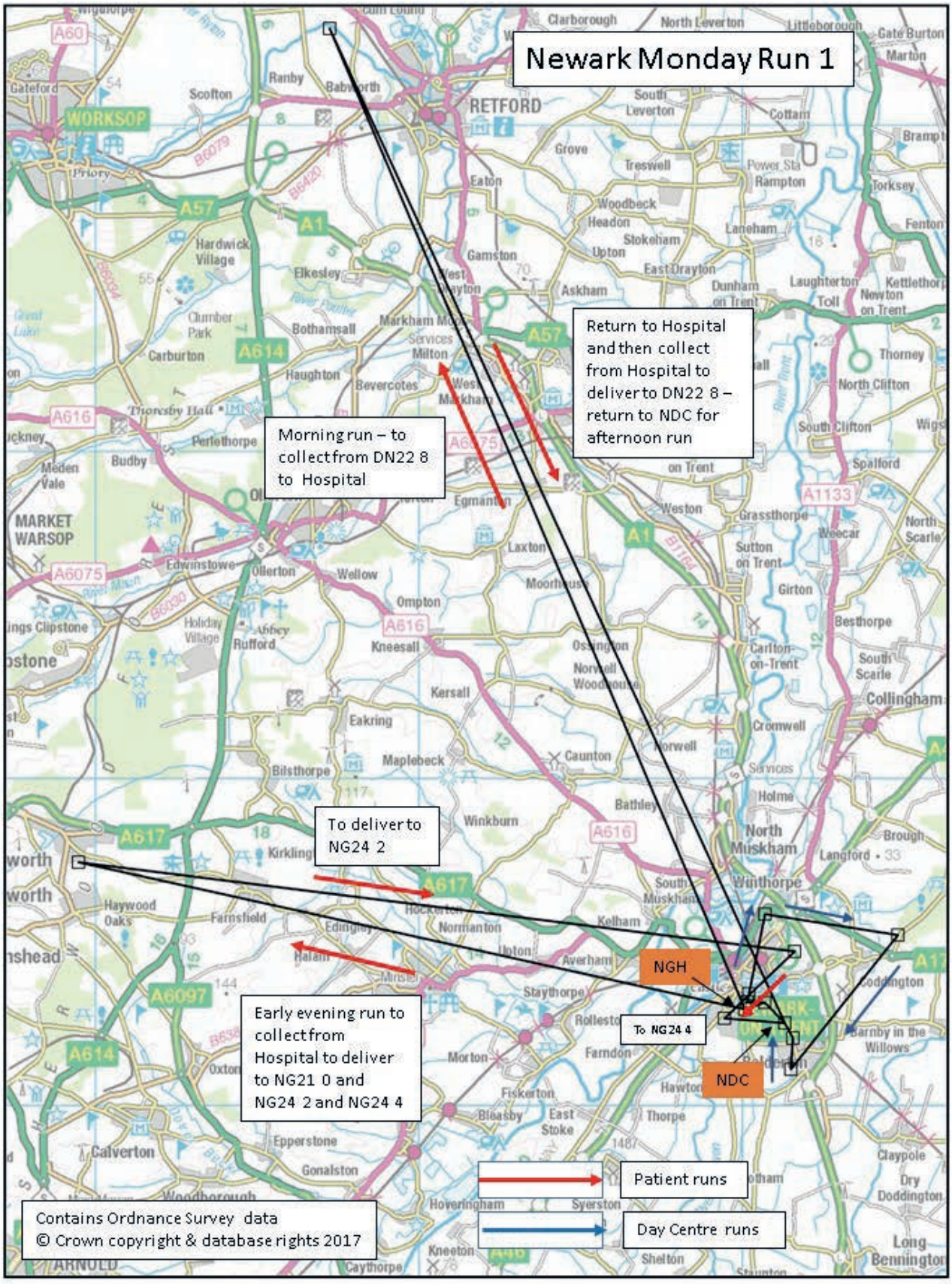


Annex 17 Mansfield Tuesday – Run 3

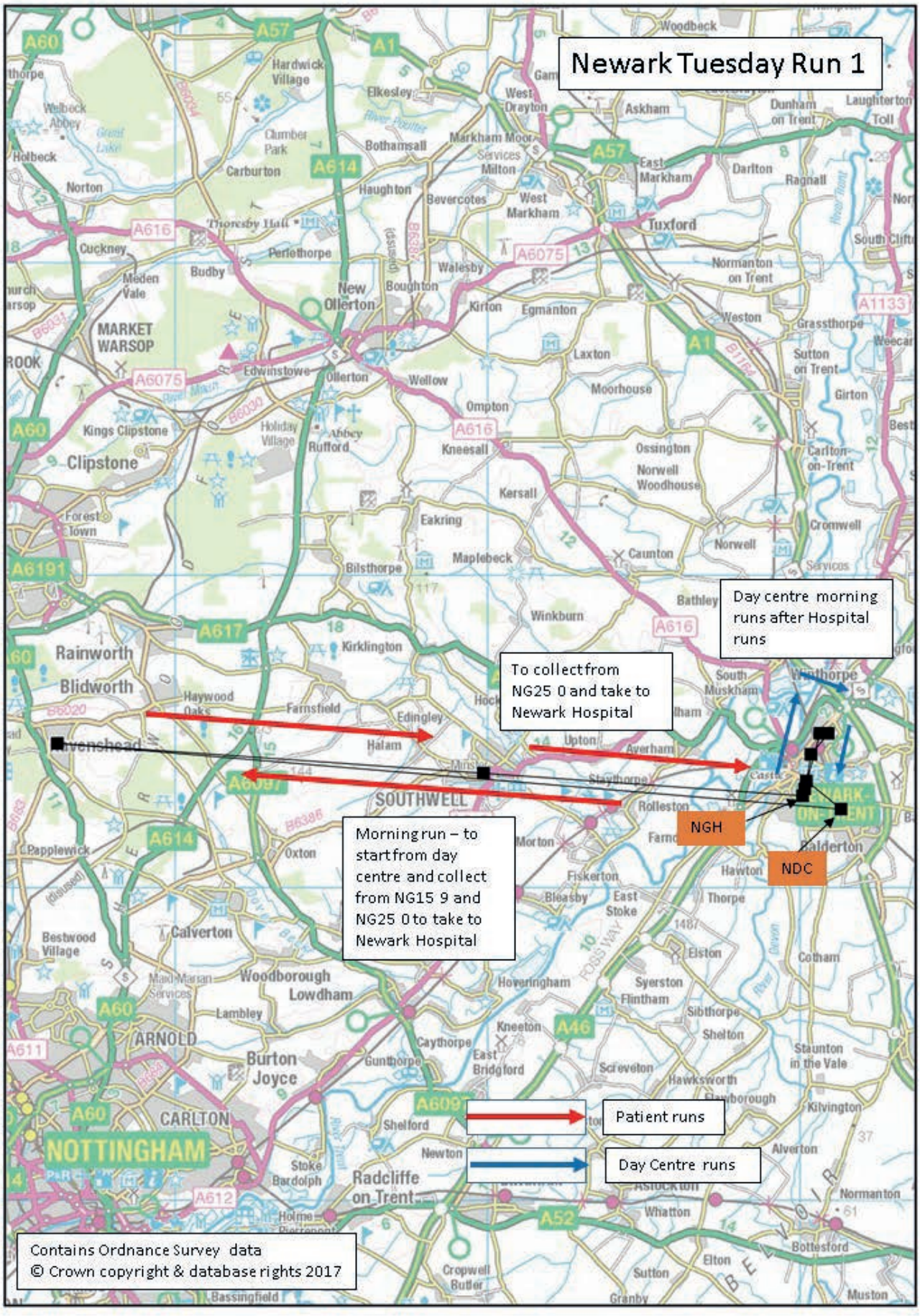


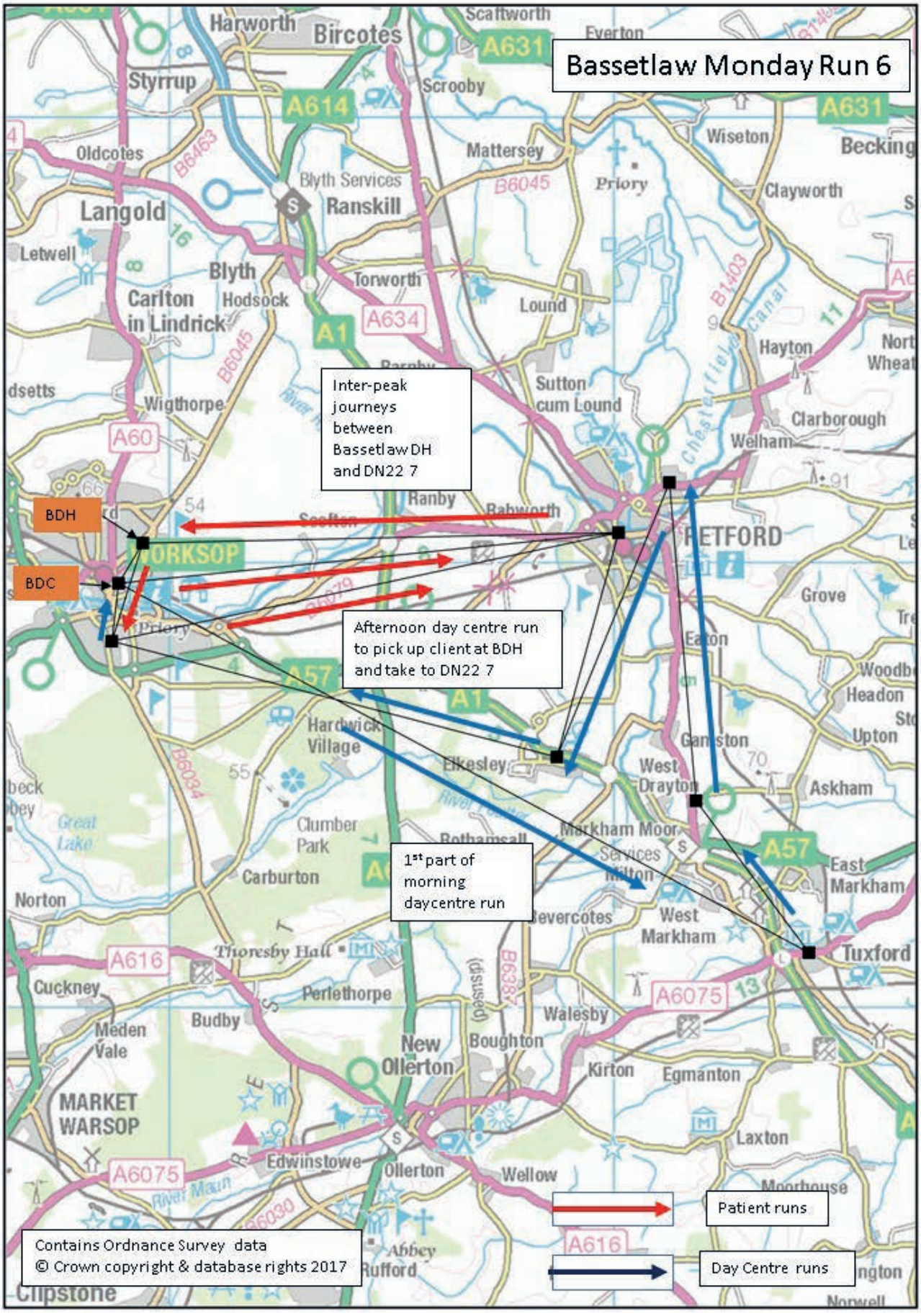
Annex 18 Mansfield Friday – Run 1

Annex 19 Newark Monday – Run 1

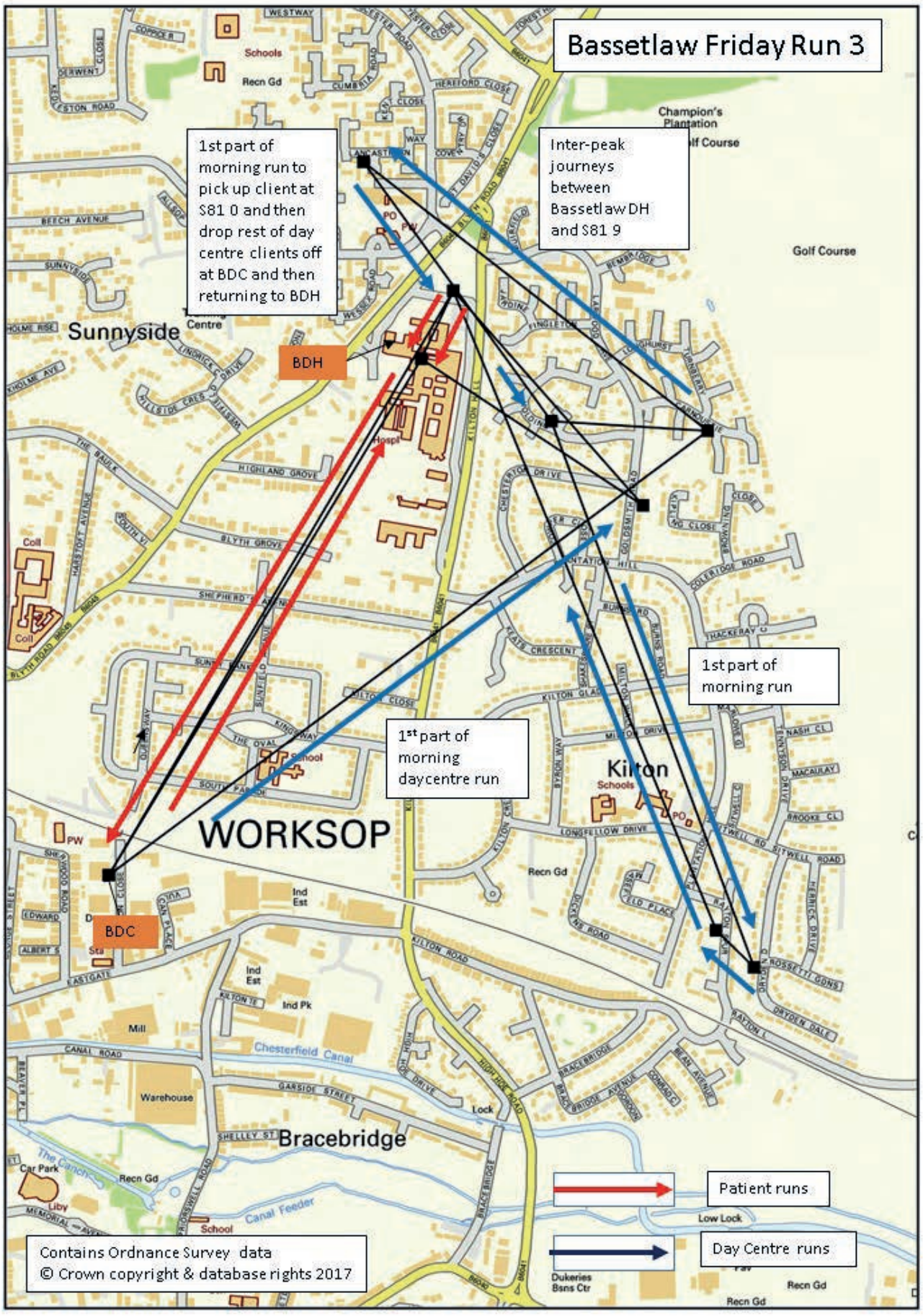


Annex 20 Newark Tuesday – Run 1

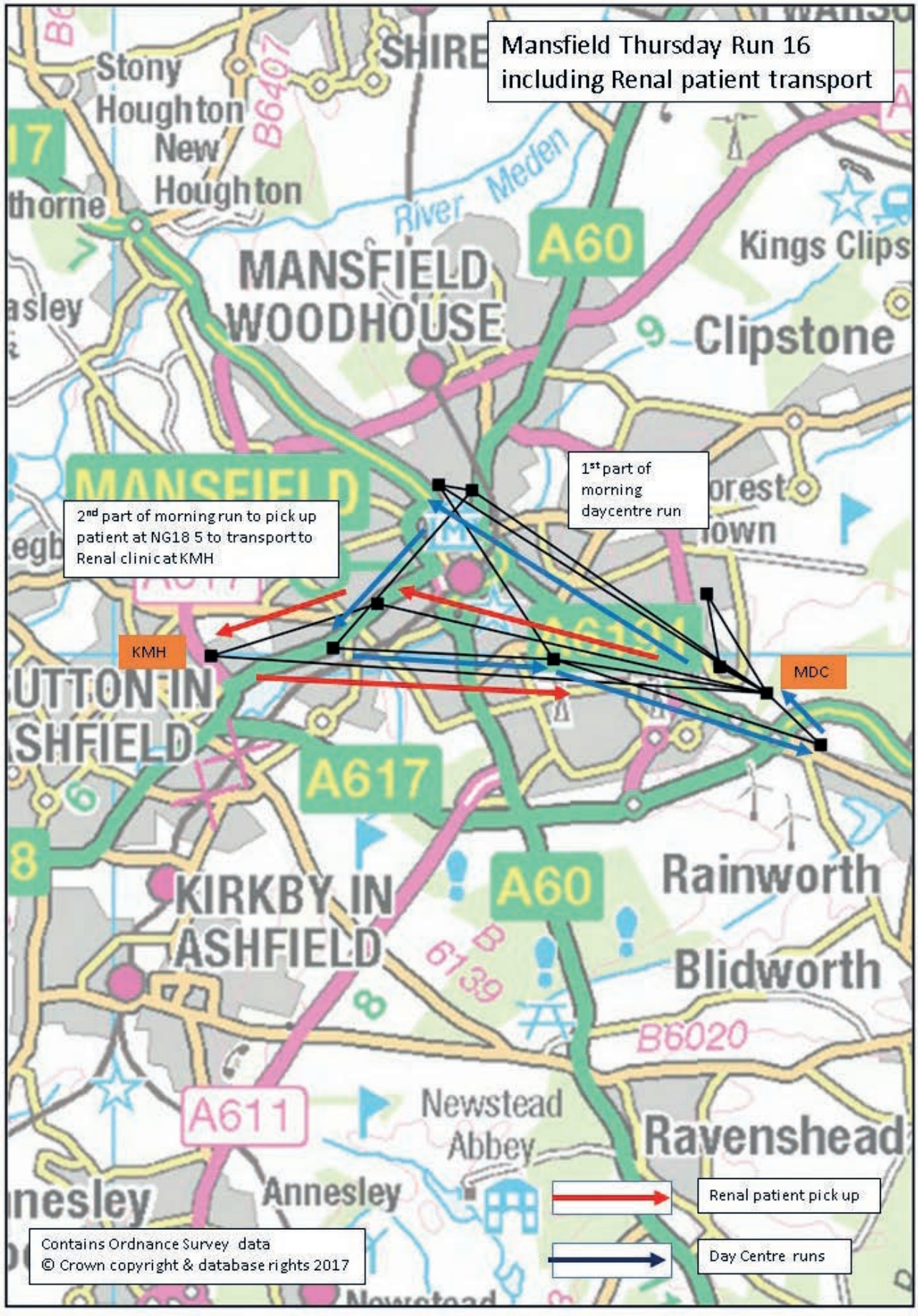



Bassetlaw Monday Run 6
Inter-peak journeys between Bassetlaw DH and DN22 7
BDH
BDC
Afternoon day centre run to pick up client at BDH and take to DN22 7
1st part of morning daycentre run
Patient runs
Day Centre runs
Contains Ordnance Survey data
© Crown copyright & database rights 2017
Harworth
Bircotes
Scaftworth
Everton
Styrrup
Scrooby
A631
A614
Oldcotes
Mattersey
Wiseton
Blyth Services
Ranskill
Priory
Clayworth
Langold
Letwell
Blyth
Torworth
Carlton in Lindrick
Hodsock
A634
A1
Lound
Hayton
Sutton cum Lound
Wigthorpe
Clarborough
Welham
A60
Ranby
Babworth
RETFORD
WORKSOP
Grove
Eaton
Woodbeck
Headon
Upton
Gamston
A57
Hardwick Village
Elkesley
West Drayton
Askham
Clumber Park
Markham Moor
Carburton
Norton
Bevercotes
West Markham
East Markham
Tuxford
A616
Thoresby Hall
Cuckney
Perlethorpe
Budby
Meden Vale
Walesby
A6075
New Ollerton
Boughton
Kirton
Egmanton
MARKET WARSOP
Laxton
Edwinstowe
Ollerton
Wellow
Moorhouse
Abbey Rufford
Clipstone
Norwell

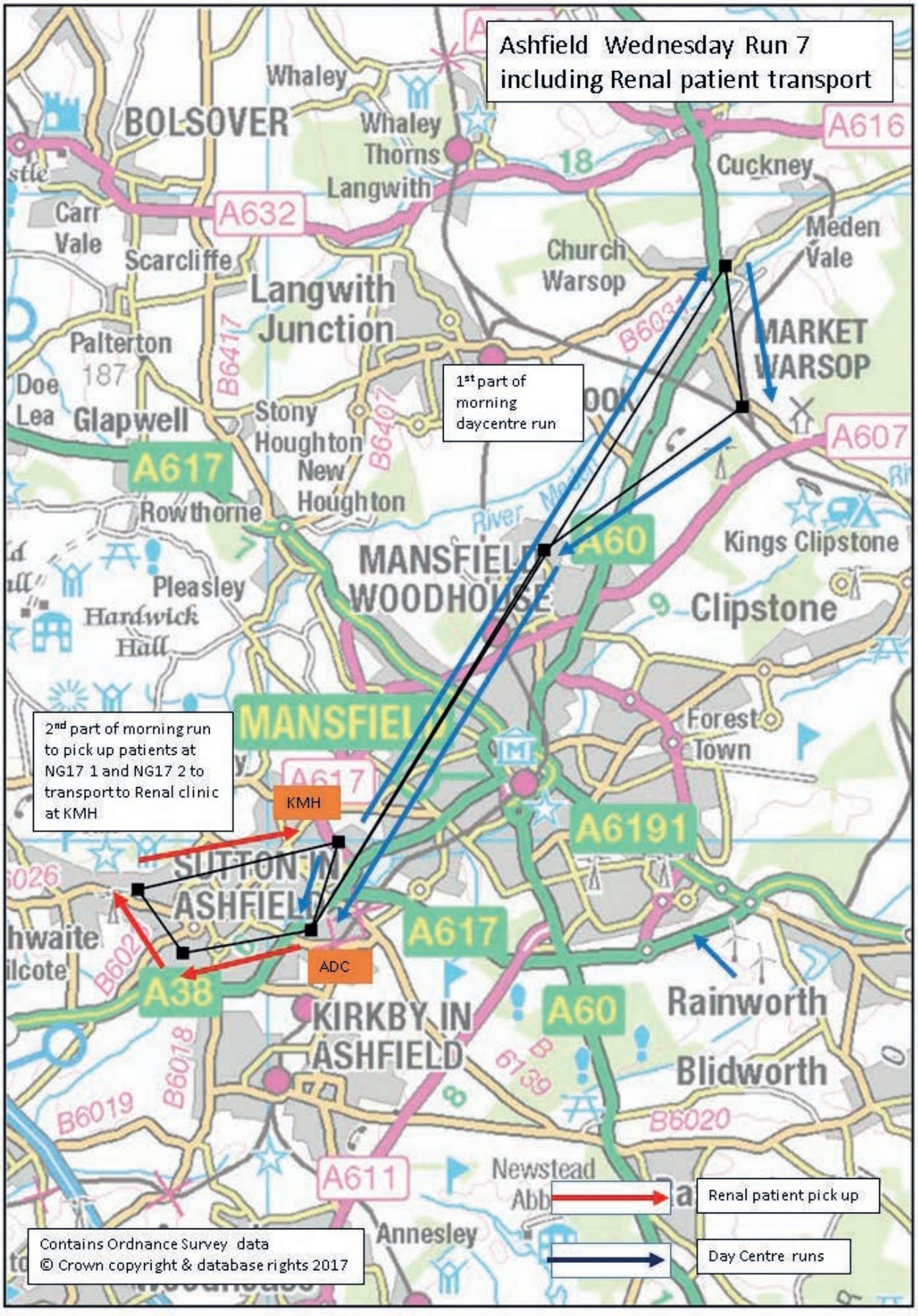
Annex 22 Bassetlaw Friday – Run 3



Annex 23 Mansfield Thursday Run 16 including renal patient transport



Annex 24 Ashfield Wednesday Run 7 including Renal patient transport



Annex 25 Letter from CT4TC regarding Harworth and Bircotes Service

Bassetlaw Community Transport, Canal Street, Retford. DN22 6EZ. 01777 861345

To Whom it may Concern

13th April 2017

Re; Harworth Community Minibus – Total Transport Project

CT4TC had been working with Harworth and Bircotes Town Council on establishing a community minibus. The aim was to provide accessible transport to health, leisure and retail services for thos residents where transport was a barrier.

Having started the service on a one day a week basis the project came to the attention of the Total Transport Project Team and Nottinghamshire County Council. They recognised the potential benefit of the service to the local Harworth & Bircotes community and provided strategic guidance and support as part of the Total Transport Project.

Through their support we extended the service to 3 days a week as a scheduled service which provided the residents with surety of service. The support we have received is assistance in route planning and securing Section 22 approval for the route. We have received strategic guidance from the Total Transport Team including assistance in trying to develop contacts within the health sector. NCC have also supported the service through qualifying the service for concessionary fares.

It is fair to say the service would have developed organically but with the support of the Total Transport Team the serviced has developed more quickly, bringing forward the benefits to the Harworth and Bircotes community. It has also helped establish the service within the community where it is becoming more and more recognisable as a community resource. It now has the potential to provide long term benefits to the community in accessing local health, leisure and retail facilities.

Regards

Rob Sleight

Project Manager

Inspected and rated Outstanding ☆ CareQuality Commission

Larwood Health Partnership

www.LarwoodSurgery.co.uk

Quality Practice Award RCGP 2012-2017

Larwood Surgery (Main Surgery)
56 Larwood Avenue
Worksop
Notts
S81 0HH
01909 500233
01909 479722

The Village Surgery
Long Lane
Carlton in Lindrick
Worksop
S81 9AR
01909 732933
01909 540365

Lakeside Surgery
Church Street
Langold
Worksop
S81 9NW
01909 732933
01909 541028

Oakleaf Surgery
Harworth Primary Care Centre
Scrooby Road
Harworth
Doncaster, DN11 8JT
01302 243230
01302 751998

Westwood Surgery
Pelham Street
Worksop
Notts
S80 2TR
01909 509010
01909 513540

21 April 2017

Mrs Alex Smith
Programme Officer
Programmes & Projects Team
Nottinghamshire County Council

Dear Alex

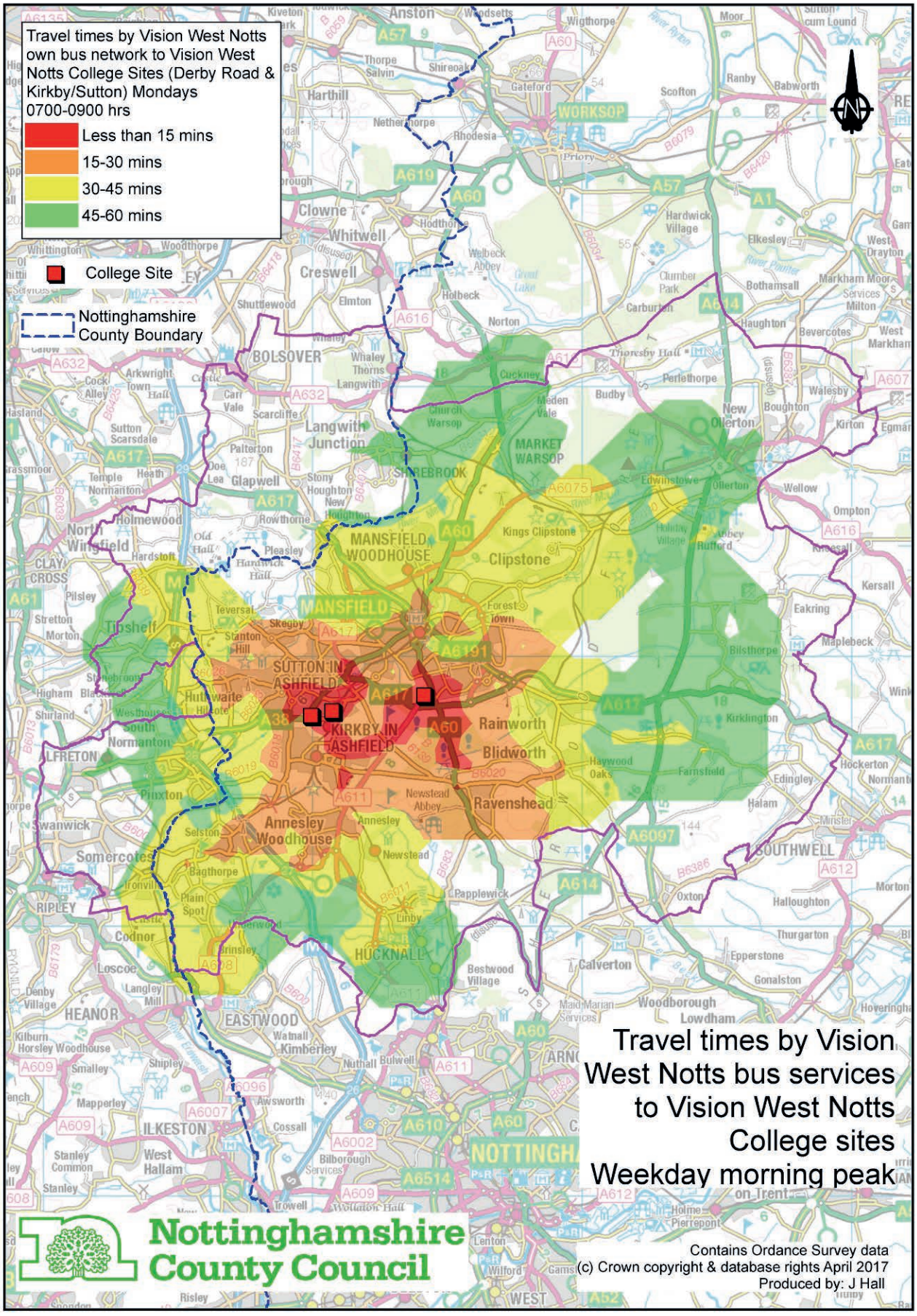
We are aware that you have been piloting a local bus service in the Harworth area which incorporates drop-offs close to the Primary Care Health Centre.

We receive regular feedback via our patients that accessing healthcare is challenging due to poor public transport links in this deprived, rural locality. We are sure that this service has proved valuable to our patients and would welcome any plans for the service to continue in the future.

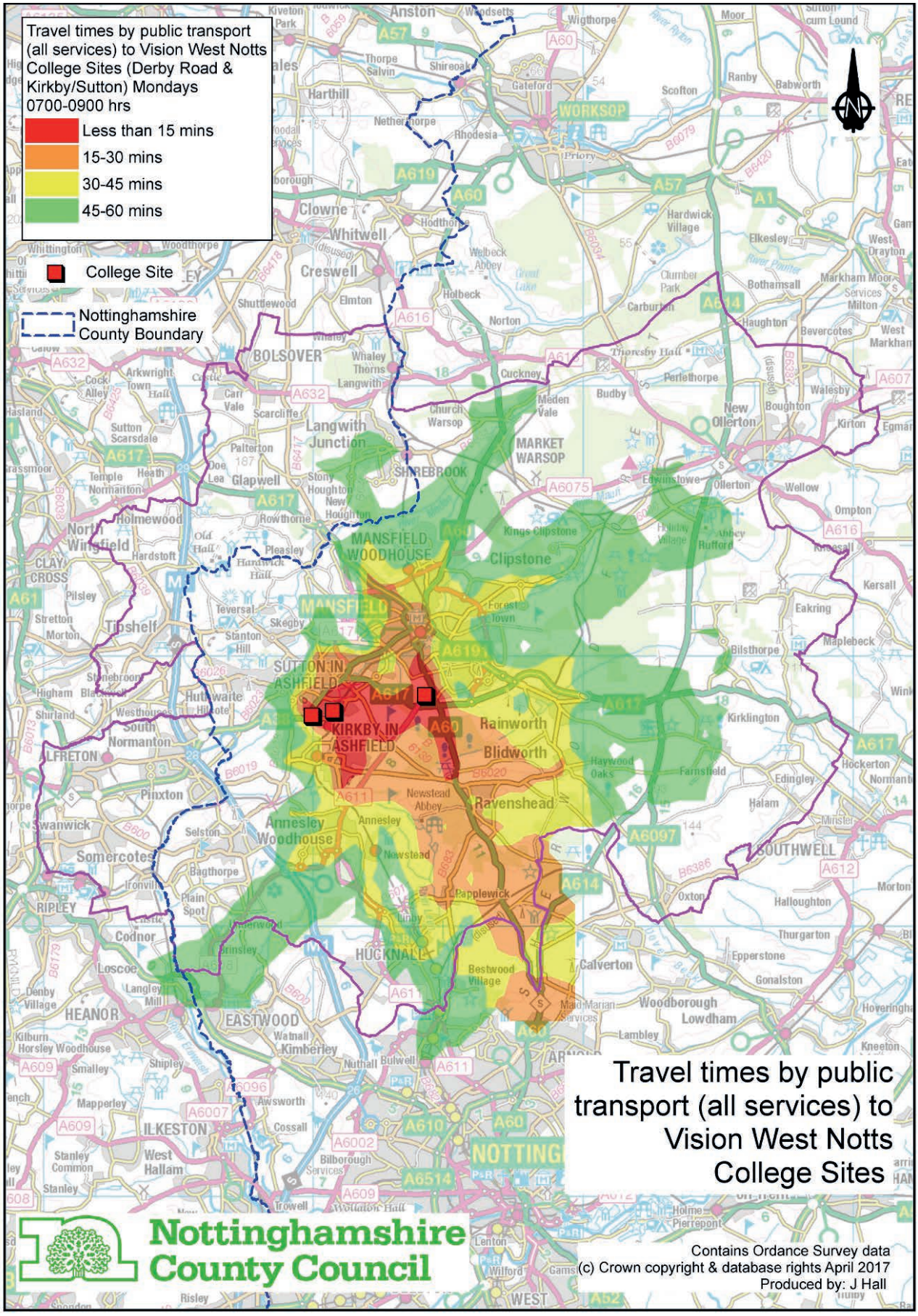
Yours sincerely

Lisa Johnson
Business Manager

Annex 27 Travel Times by Vision West Notts funded bus network to Vision West Notts college sites between 07:00 and 09:00 on Mondays



Annex 28 Travel Times to Vision West Notts college sites by local public transport between 07:00 and 09:00 on Mondays



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