Providing Transport in Partnership

A guide for health agencies and local authorities

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North West Regional Centre of Excellence (NWCE)
Regional Centres of Excellence were established in 2004 by Communities and Local Government to advise and assist local authorities in the delivery of efficiency savings in pursuance of the agenda defined by Sir Peter Gershon. The North West Centre of Excellence, in addition to its regional role, also took a national lead on passenger transport efficiency issues. This project was part of a wider programme that examined the ways in which public sector organisations plan, process and operate passenger transport services in such a way as to be efficient and promote accessibility and social inclusion.

The Regional Centres of Excellence have since been incorporated into the Regional Improvement and Efficiency Partnerships.

National Patient Transport Modernisation Group (NPTMG)
This project has extended beyond the role of local authorities and includes NHS agencies in the procurement and operation of non-emergency patient transport. Initially, through the NPTMG, a number of primary care, acute and ambulance trusts have been engaged and representatives of these have joined with local authority transport professionals to form a working party led by the NWCE transport programme director. This group has examined the opportunities for partnership and integration in the provision of patient, client, education and general passenger transport.

Acknowledgements
NPTMG has continued to take a close interest in this project and has received reports and comment of developing drafts on a regular basis. We are indebted to the group, its chairman, Alan Lake, and its secretary Bill Plumb for their constructive help and support.

The input from members of the working group (listed at annex A) and the individuals from a number of local authorities, health agencies and transport operation organisations who have provided help and advice is acknowledged with grateful appreciation.

Particular thanks go to Carl Sutcliffe of the Department for Transport, Keith Halstead and Brian Shawdale of the Community Transport Association and Greer Nicholson, Commissioning Manager, Transport and Concessionary Travel, London Borough of Newham.

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Definitions

Passengers
Various names are used for the members of the public who make use of transport provided by local authorities or NHS agencies. The following terms are used in this document:

Patient: User of NHS ambulance, contract or voluntary transport services to gain access to health facilities.

Client: User of local authority fleet, contract or voluntary transport for access to social care or for special education needs purposes.

Statutory student: Any young person entitled to free or supported transport to gain access to their place of education.

When not referring specifically to one of the above the word 'passenger' is used in a generic sense.

Third sector
This term encompasses both of the two types of organisations below:

Community transport: the name generally given to a voluntary sector organisation, often a registered charity or similar, that has a main aim of addressing social issues including disability, social exclusion, rural isolation, education, community cohesion or social welfare. Such an organisation will be governed by a management committee of volunteers and may or may not use the services of volunteers in service delivery. All service delivery directly from a charity will be under a unique set of legal rules including Section 19 permits (1985 Transport Act). However, some of these organisations have trading arms that exist to support the main charity and operate for a profit under the same rules as any other commercial transport provider.

Social enterprises: the term that relates to an emerging sector of organisations that wish to trade in a particular way to become self-sustaining, creating jobs and benefiting the local economy as well as being a provider of services to local authorities and the like. A board of directors, that could be paid, will govern the organisation. Social enterprises generally operate to the same standards as commercial companies.

Ministerial foreword

Providing a health service that is of high quality and responsive to the needs of the patient lies at the heart of the Government's vision of a modern NHS. Ensuring that people can access those services when they need them is central to this aim.

Improving access to health care, particularly for those from disadvantaged groups and areas, can contribute to better health by helping to ensure that appointments are not missed and that medical help is sought at an early opportunity. Difficulties associated with transport to healthcare - whether that be poor public transport links or issues with the provision of non-emergency healthcare transport – are among the key factors that prevent people from accessing healthcare.

Multi-agency working can lead to more effective user-focussed transport services. This document provides some case studies of where health organisations and local authorities have worked well together across a range of health, transport, education and social care services.

A joint approach can help to ensure that better and more appropriate use is made of non-emergency transport services, community transport and of the public transport network. This can bring benefits to the public by providing a clearer and well-organised service that ensures that they are offered the most appropriate transport service that best meets their individual needs. Partnership working can also bring efficiency savings for health trusts and local authorities in the delivery of these services, by making better use of staff, information technology and vehicle resources.

We encourage you to look at this document and to learn from the experiences of those organisations that have made changes to the way they provide transport services for people accessing healthcare.

The Hon Ben Bradshaw MP
Minister of State for Health Services
Department of Health

The Hon Paul Clark MP
Parliamentary Under Secretary of State
for Transport
Department for Transport

National Transport Efficiency Projects

The vision of National Transport Efficiency Projects is to establish dynamic and cohesive network of transport specialists and organisations.

By establishing a collective of the best minds in this field and building on our strong connections we can continue to explore new ways of working. Key to this is gathering information and advice, listening and learning from world leading examples of best practice and initiating joint projects or working relationships between the various sectors involved in transport.

Through our collaborative work with stakeholders, we are aiming to identify a number of new initiatives that can help local authorities achieve real efficiency savings. But this is not just about the bottom line.

It is about improving access between communities and healthcare and making a defining difference to those people where access to transport is a barrier to greater opportunity and the support they need.

We have shaped this document to help provide local authorities and NHS agencies with the advice they need to fully integrate transport for patients and clients within their organisations. These case studies are based on real experiences and are indicative of some of the improved ways organisations are working.

Neil Scales OBE
Chair
National Transport Efficiency Projects Steering Group

Introduction

This document provides advice to local authorities and NHS agencies on the benefits of integrating the organisation and procurement of transport provided for patients and clients across various sectors.

It complements and develops the advice provided by the Department of Health Inequalities Unit in its 'Guidance on Accessibility Planning' of September 2004 which can be found at: www.dft.gov.uk/pgr/regional/ltp/accessibility/guidance/departmentofhealthg uidanceon3632 The advice in this document extends to the creation and operation of partnerships and brokerage arrangements encompassing in-house fleet, commercial sector and third (voluntary/community) sector operations.

This document is, first and foremost intended as a manual for transport practitioners and offers direct advice, supported by case studies and models which are included in appendices.

The working party set up for this project has built on existing joint initiatives and pilot schemes. It has identified a range of cross-cutting, integrated transport partnerships – some initiated by health, some by local authority, and a national initiative in Scotland, all looking at best use of transport resources and all developing to a similar timescale.

It is clear that a variety of approaches and solutions are already being tested. This guide attempts to identify good practice and issues that have been identified to date and to build on good ideas and develop new ones.

It is not intended to be prescriptive.

The lessons learned can be applied to suit local circumstances. Nonetheless, it is clear that there are a number of general principles set out in this report that, if applied, will achieve significant and universal improvements in efficiency.

Public sector organisations that support social and health provision with transport services have broadly similar options in procuring such transport. In-house fleet operations for social care and non-emergency ambulance provision employ similarly equipped vehicles with similarly trained operatives. In commissioning commercial sector transport, there are synergies in procurement mechanisms and contract conditions. There is considerable merit in combining this process with the objective of reducing costs by:

1) establishing what transport services need to be provided and who is best placed (based on cost and/or quality criteria) to provide service to meet this need;
2) standardising procurement procedures;
3) integrating operations and the allocation of passengers to available services.

The advice is set out in chapters 1 – 11. While this document is intended to be a practical manual, three key strategic recommendations have emerged. These are set out at the end of this summary.

During the course of this work it has been recognised that many health service locations have been planned - in terms of both location and site design - with little regard to the ease, or even the possibility, of access by patients without access to a car. At the same time, it is recognised that some major hospital sites have been designed with effective opportunities for bus access and/or are operated within the context of well-developed, sustainable travel plans.

Summary

There are a number of key areas of health/social care non-emergency transport provision where costs can be reduced through a joint approach by commissioning bodies. More efficient use of vehicles and staff will achieve this and also bring benefits of a better service to clients and patients.

Effective, cross-cutting partnerships, reflecting the increasingly close working of front-line child services, adult care services and health services, offer the opportunity for an integrated approach to the provision of transport. Thus, partners can assess jointly the transport services that need to be provided and through standardising procurement procedures, the best way to meet this need.

Integration
The integrated organisation of local authority and NHS transport provision of non-emergency transport services offers efficiency for a number of reasons; the overlap in clients; the differences in times of peak demands; the similarity in needs in terms of vehicle design and escort provision; the present tendency for many low-need users to be provided with high cost ambulance service transport. Ad hoc co-operation can address specific demands by sharing resources to reduce peak pressures on individual partners' fleet vehicles. An absence of integration between trusts and local transport authorities in most areas has resulted in:

A) Additional unnecessary costs due to:
- duplication of resources
- inefficiencies in procurement and planning
- many patients using higher specification/ more expensive transport than they need

B) A poor service to the public with little planning to optimise access for those who have difficulty travelling to their health care.

Brokerage
A mature integration partnership can result in a transport brokerage with a joint operational unit for planning passenger trips through a common call centre. This centre would likely use sophisticated scheduling software to assign passengers to the most cost-effective transport operator available, as well as take into account any special needs of individuals.

An effective brokerage can also provide transport service information to the public in a simple and effective form. In this way, transport provision for all purposes, and involving any provider, can be channelled through the single point of contact.

Eligibility
For an integrated approach by local authorities and NHS agencies it is desirable to have common eligibility criteria wherever possible to avoid confusion on the part of passengers. At the very least, if commissioning bodies are to apply separate eligibility criteria, it is essential that they are clearly defined and understood.

Whatever the eligibility rules arising from statutory responsibilities, the local authority and health trust must think beyond this in determining what transport should be provided in the light of national policies on accessibility and inclusion. Where practical, a passenger ineligible for free or supported transport should still be offered a transport alternative for the requested trip, with notification of the charge that will be levied.

Third Sector
The third sector can play a significant role in local authority and health sector transport provision. Indeed, it often provides a safety net for people who would otherwise have no means of access to a health appointment. A small level of support for core costs can result in a substantial return in relation to provision of transport for individual needs across a wide area.

Whilst it must be recognised that smaller, community transport organisations, providing valuable local services, may well not want to expand into partnership in integration projects, there is considerable potential for growth of the third sector role in partnerships and brokerage. Where the third sector is operating through a trading arm or as a social enterprise, it can play a role alongside, and competing with, commercial organisations. Third sector operation can be good at meeting the requirements of high quality services with high levels of passenger care. However, the third sector organisation must recognise its obligation to conform to the principles and practicalities of the particular brokerage scheme in which it is participating. This includes a willingness to accept the possible loss of a degree of independence in that it will be passing its scheduling function and initial passenger contact role to the brokerage call centre.

Outsourcing
Private sector operation of transport services in the local authority sector is characterised by contract operation on the basis of an individual route or small groups of routes. The NHS agencies have tended to outsource individual trips to taxi or community sector operations where ambulance operation is not available.

A brokerage system implies a single, operations management unit which can be market-tested on a continuing basis.

Block outsourcing of ambulance services effectively means the privatisation of both management and operation of services through a single region/sub-regionwide contract for planning, management and operation of services. Comprehensive outsourcing can make the process of partnership working and brokerage more challenging and potentially impacts on integrating transport services.

The terms of the contracts with private sector providers should require the contractor to be prepared to enter into local authority partnerships to enable joint provision. Even so, there may be commercial imperatives which limit the extent to which private sector providers are willing to work in partnership.

IT
IT systems are essential for efficient management of client/patient and journey data, for administration, particularly in respect of financial procedures, and for scheduling of vehicles and assigning passengers to them. Scheduling software is usually the key to transport brokerage. The chosen scheduling systems should link to the client database and the business administration systems operated by the main partners.

There is a strong message here for software supply companies. They must understand the need for a good interface between scheduling and other support systems. It would be beneficial for the various commercial players to develop interfaces between the various systems in use so that they can 'talk to each other'.

Partnership Practicalities
NHS trusts and local transport authorities are to be encouraged to work together to achieve significant improvements to access to health and social care. Holistic planning and transport provision can provide the basis for improving the provision of local transport in the wider context of social well-being, inclusion and accessibility, as a complement to conventional local bus services and as a substitute for them where they no longer provide a cost-effective solution. As well as offering financial savings, the efficiencies of brokerage also support transport sustainability in an environmental context.

Jointly operated transport brokerage will involve issues around potential harmonisation of working conditions, staff relocation and coordination of support systems.

The brokerage should apply common standards in the approach to passenger needs assessment so that individual passengers are allocated to vehicles that can meet their specific requirements. Given the vulnerability of many clients, patients and school children, it is essential to ensure enhanced level CRB checking for all front line staff in the brokerage.

If the partnership and brokerage are to be a reality, any difficulties around legal, contractual and financial relationship must be resolved. It would be wrong, however, to assume that there are significant barriers in these areas. Most partners are, generally, found to be working to the same standards and guidelines, and required changes to procedures can be reasonably straightforward.

Effective and early consultation and good communication with staff, providers and users will play a critical part throughout the development and implementation of a transport integration project by:

- Creating a solid and stable partnership framework with wide support in the community.
- Helping to understand the reason for change
- giving an opportunity to have input into the change process.
- Resolving specific problems to facilitate acceptance of change.
- Achieving positive media coverage and support.
- Regularly reporting progress of the project.

Tables S1 and S2 summarise the potential inputs and outputs identified in the project. These are addressed in more detail in the main document and are illustrated by case studies, which appear in the appendices.

Table S1

Commissioner/Procurer/Planner

Clarity and consistency in application of client eligibility.

- Providing a 'single point of access' through a central information and booking service via telephone and web to inform people and professionals of transport options and entitlements.
- Piloting innovative ways of working, sharing experience and good practice and maximise use of available funding streams.
- Effective use of funds for transport commissioning through joint cost efficiencies and optimum in-house fleet/contractor balance.
- Collectively understand the real cost of transport for effective management of future spend.
- Stronger procurement position within partnership arrangement.
- Better service planning and packaging of external contracts.
- More focussed professional staff.
- Greater flexibility.
- Working together to ensure that access to care exists for all.
- Quality, appropriate transport for users at appropriate cost.

Provider

- Improved key interfaces between public transport, community transport in-house fleet transport and non-emergency based ambulance services.
- Processes – modernising / simplifying / improving / standardising (including effective use of one or linked I.T. systems).
- Maximise the use of existing transport resources to meet passenger needs..
- More available resource- effective and economical use of public funded transport resources
- Joint utilisation of expertise and professionalism in delivery of transport amongst partner organisations.
- Shared use of expensive resources, coping with peak flows.
- Better in-house vehicle fleet utilisation.
- More efficient staff and transport resource utilisation.

User

- Maintain and assist client independence by greater range and provision of transport options (right vehicle to meet transport need).
- Improved accessibility and social inclusion.
- Single point of access for information and booking.
- Seamless client booking process for transport provision.
- Quality vehicles for transporting users, with the opportunity for standardisation (eg accessible taxis, low floor minibuses).
- Trained professional staff.
- Transport availability and quality improvement will reduce accident rates.
- Improving public access to information on all transport options to their care.

Environmental

- Reduction in emissions through improved utilisation of transport resources for completing. journeys i.e. higher vehicle occupancies and reduced "dead" mileage.
- Reduction in private car trips and hence congestion where group transport is now available.

Table S2

Practical opportunities from effective partnership

Action Areas	Improve Impact Areas		
	Quality of Service	Social Inclusion	Cost Effectiveness (Gershon)
Policy and Organisation			
• Common objectives.	✓		✓
• Shared best practice.	✓		✓
• Consistent standards.	✓		
• Continuous improvement.	✓		✓
• Shared ownership on access issues – LA/NHS.		✓	
• Enhanced service quality– more for same or less.	✓	✓	✓
• Wider markets – service expansion.	✓	✓	✓
• Meeting budget reductions.			✓
• Release resources to front line.		✓	✓
• Gershon (Efficiency savings).	✓		✓
• Adapt to changing patterns of Health/Social Care.		✓	✓
• Patient Choice.	✓	✓	
• Meeting individual client needs, widening transport choice.	✓	✓	
• Ability for clients to access care at all levels.	✓	✓	
• Waiting lists – discharge delays reduced .	✓		✓
• Engaging third (community) sector.	✓	✓	✓
Operations			
• Services delivered by transport professionals.	✓		✓
• Joint commissioning / procurement.			✓
• Joint Call Centres / journey planning - single point of contact.	✓		✓
• Modernisation of business processes best use of IT.			✓
• Eliminate duplications / shared journeys.			✓
• Seamless service.	✓		
• Timeliness/punctuality.	✓		
• Greater coverage.		✓	
• Improved access.		✓	
• Use market position to drive up contracted quality.	✓		✓
• Emergency preparedness.			✓
Resource Utilisation			
• Maximised resource utilisation - lower cost per passenger.		✓	✓
• Shared vehicle resources to optimise loading and maximise 'wheel turn'.		✓	✓
• Access to more providers.			✓
• Greater leverage in supply market.			✓
• Commercial and third (community) sector choices.			✓
• Unified database/vehicles/resources.	✓		✓
• Reduction in Did Not Attends (DNAs).	✓		✓
• Focussed care skills and consistent training.	✓	✓	

Strategic recommendations

Three, key, strategic recommendations have emerged from this work.

1) Local Authorities and NHS Agencies

Should recognise the benefits, especially in terms of financial savings, of an integrated approach to passenger transport planning procurement and provision, and should establish partnerships to facilitate this approach.

2) Government Departments

Should recognise that this is a cross-sector issue to be addressed at a local level, but which requires a joint view at government level. The respective government departments should actively encourage and support local authority/NHS agency partnerships, with pump-priming funding where necessary.

3) Commercial and Third Sector

Providers should recognise the need for brokerage schemes. In particular,suppliers of the essential IT software should ensure that their products can interface with partnership arrangements and with other, relevant, public authority support systems.

Chapter 1
Changing transport requirements

The nature of demand for transport to meet health, education and social care requirements is changing. On the one hand, hospital based health facilities are becoming concentrated in larger units, while supportive facilities for health and social care are becoming more dispersed into smaller, community-based units. Also greater opportunity for choice is available in care and education provision.

This has fundamental implications for patient, client and student access, especially as front-line delivery of education/child services, adult care services and health services are, increasingly, working towards closer integration. In this context, the integration of transport services providing access to these front-line services is becoming more essential. In addition, government policies on social inclusion and accessibility require extensions of the general public transport network.

All these factors have major implications for the way in which the whole range of passenger transport networks operate. The greater and more dispersed demand requires broader, more flexible operational networks, and diversification of the mix of vehicles to be used in terms of size and user and provider characteristics.

This is an important issue for transport providers, whether commercial operators in the private sector, community or voluntary organisations in the third sector or direct fleet operators or in the public sector.

In addressing diversification and dispersal of demand in an efficient way, partnership development and integrated transport operation offer major opportunities.

Patients without car access are as important as those with them but, unless this is recognised and addressed, poor access to health services by organised passenger transport will continue to result in a two-tier health system. While health trusts, understandably, wish to concentrate their efforts and funding into advancements in clinical care, poor access means that while those patients who have access can enjoy improving clinical care, others without access frequently may not enjoy even basic levels of health care, let alone any advancements. This can only be addressed by placing a high priority on improving transport, to improve efficiency and to ensure access for all through an integrated approach.

Chapter 2

What is transport integration?

Transport integration, in very basic terms, can be defined as:
'A mechanism where departments of an organisation or various organisations jointly plan and deliver transport, sharing resources (vehicles/drivers/staff) and procurement procedures to optimise their use to meet service demand, and enhance the delivery of transport to appropriate users.'

For transport users, integrated transport is about the availability of a co-ordinated transport service across transport modes and operators that provides a seamless journey, minimising the impact of interchange and providing clear information on when, where and how the service may be used. This is particularly important for users in areas of rural isolation and social exclusion where flexibility in transport options brings considerable potential for benefit in areas of thin demand.

There are various approaches to integration, usually dependent on the need and geographic area served by the participating organisations. Beyond sharing the planning and management of service provision by in-house vehicles, a mature model of integration would include:

- Co-ordinated commissioning and/or procurement of services both within an organisation and externally with other organisations where such an approach can bring efficiencies and synergies.
- Effective performance management with reliable data on trends and quality.
- Horizontal integration with engagement with passenger needs and trends, and a supply-focussed approach to the market.

Chapter 3

Transport integration for the local authority

An initial approach to transport integration with local authorities is to ensure that the organisation of publicly supported transport services is undertaken by a single, professionally staffed transport unit. The areas to be drawn together involve the provision of supported local transport services and school and social care transport.

This has been achieved by a number of local authorities and the benefits and methodology of this approach has been set out in the NWCE's publication - Integrated Transport Units (http://www.nwce.gov.uk/project.php?id=34).

There are seven key areas where efficiency benefits can be realised in moving to an organisational model based on an Integrated Transport Units (ITU) from one where different passenger transport services are planned, organised and procured separately. These are:

- More focussed professional staff.
- More efficient utilisation of staff and equipment.
- Better service planning.
- Best value in procurement of external contracts.
- Better in-house vehicle fleet utilisation.
- Greater flexibility.
- Consistency in the development and application of policy on service quality and eligibility criteria, and in legal compliance.

The before and after model structures for ITUs are set out in Diagrams 1 and 2.

Diagram 1: Typical passenger transport service delivery without an ITU

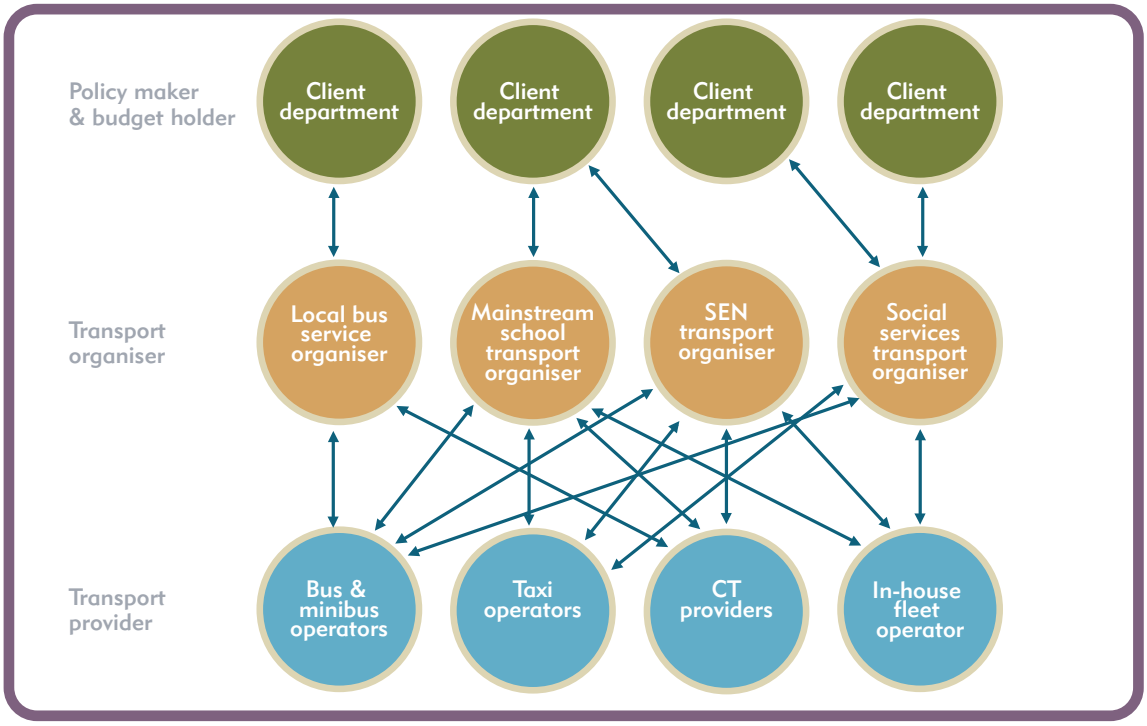
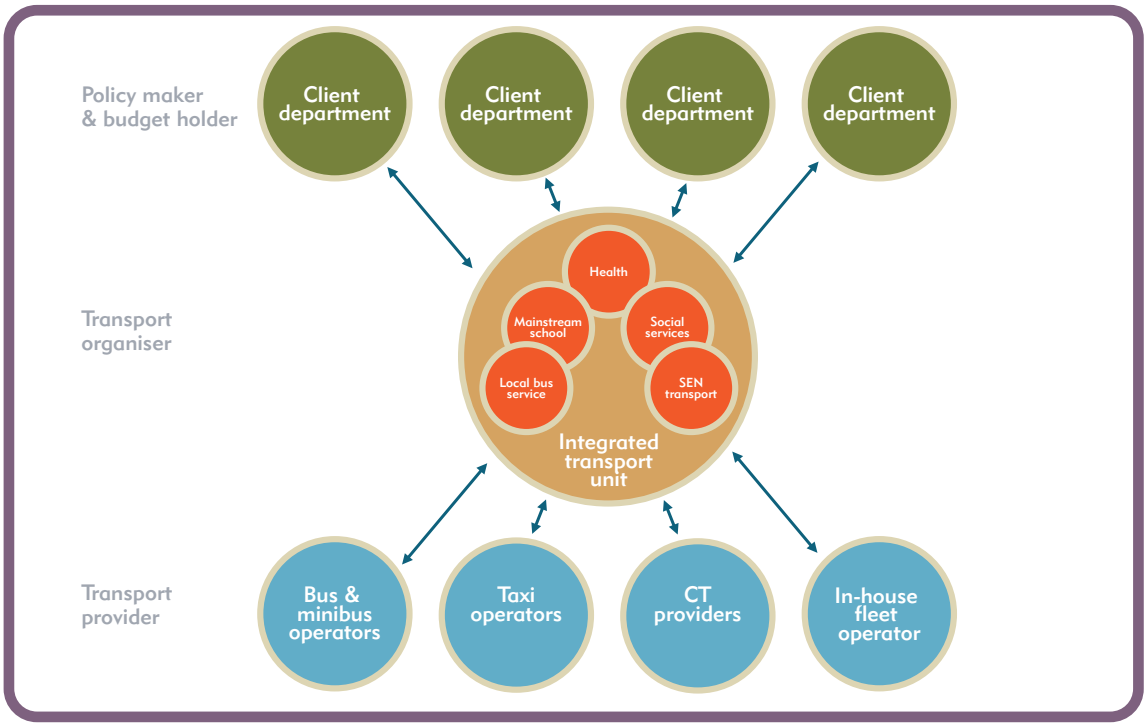


Diagram 2: Typical passenger transport service delivery with an ITU



From 'Integrated Transport Units' NWCE, September 2006

Chapter 4

Passenger transport integration across the public sector

The purpose behind the approach taken in this document is to build on the Integrated Transport Unit model covered in Chapter 3 where the structural change within the local transport authority has created the environment in which to modernise processes and promote a phased development of integrated operation.

This might then be expected to lead to a position of organisational maturity when wider integration with other bodies emerges as a next development. (Diagram 3).

The aim is to achieve a new level of efficiency through the integrated organisation of local authority and NHS transport provision of non-emergency transport. This opportunity is presented by:

- Both the overlap in clients and the differences in times of peak demands between the social care, school, health and local transport sectors.
- The similarity between social care and SEN client and NHS patient needs in terms of vehicle design and escort provision.

There is an added incentive for the health sector transport providers to participate in this approach of extended integration, stemming from the present tendency for many low-need users to be provided with high-cost ambulance service transport.

To address this issue it may be helpful to consider a hierarchy of access for those patients who would be eligible for NHS funded transport to travel to and from hospital, as illustrated in Diagram 4. When thinking about cost, an assessment of the appropriate transport to be provided should start at the bottom of the diagram and work up (Current prioritisation can take the opposite approach!). Effective commissioning will ensure that all those who can travel by other means will do so, reducing demand on PTS/VACS to the actual level that it should be. Clearly, however, service quality also comes into account in effective matching of transport to patient need and it is important to assign trips to vehicle against a picture of the overall deployment and down-time of particular vehicles throughout the day.

Diagram 3: Integrated Transport Scheduling Unit Generic Lifecycle

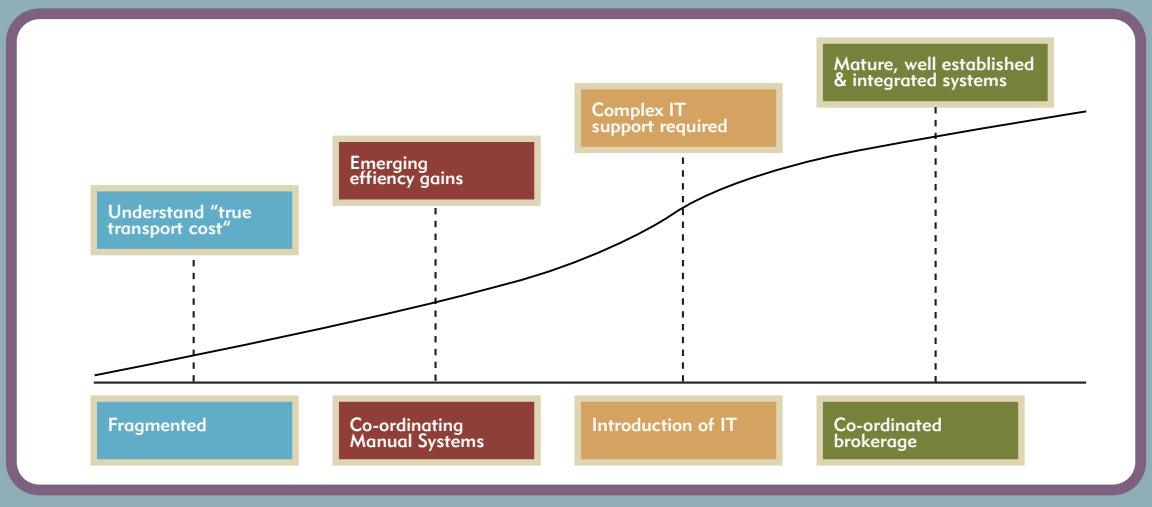
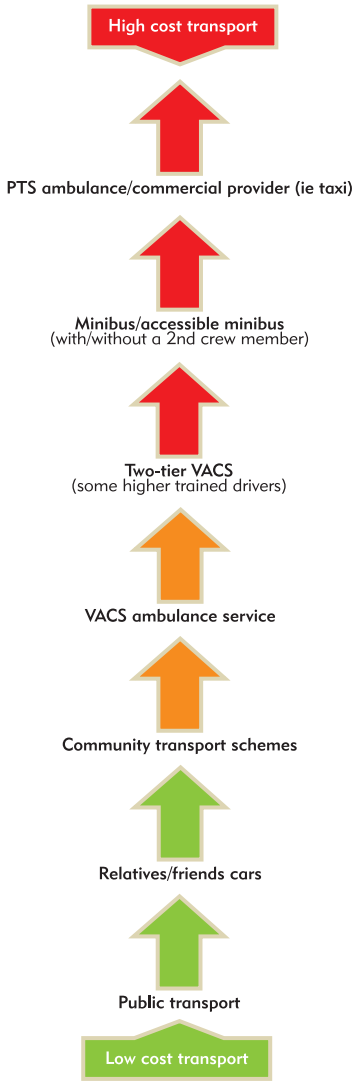


Diagram 4. The Need Continuum



An integrated approach opens up a whole spectrum of transport alternatives, ranging from large buses, minibuses and taxis to voluntary car schemes which can be encompassed in integration projects.

Equally, there is a variety of approaches - from ad hoc co-operation addressing specific demands to full transport brokerage with unified call centres allocating individual trips to the most cost-effective and appropriate transport from the choices available.

In defining schemes it will be important to aim for what is practically achievable with a clear understanding of where limitations should be drawn.

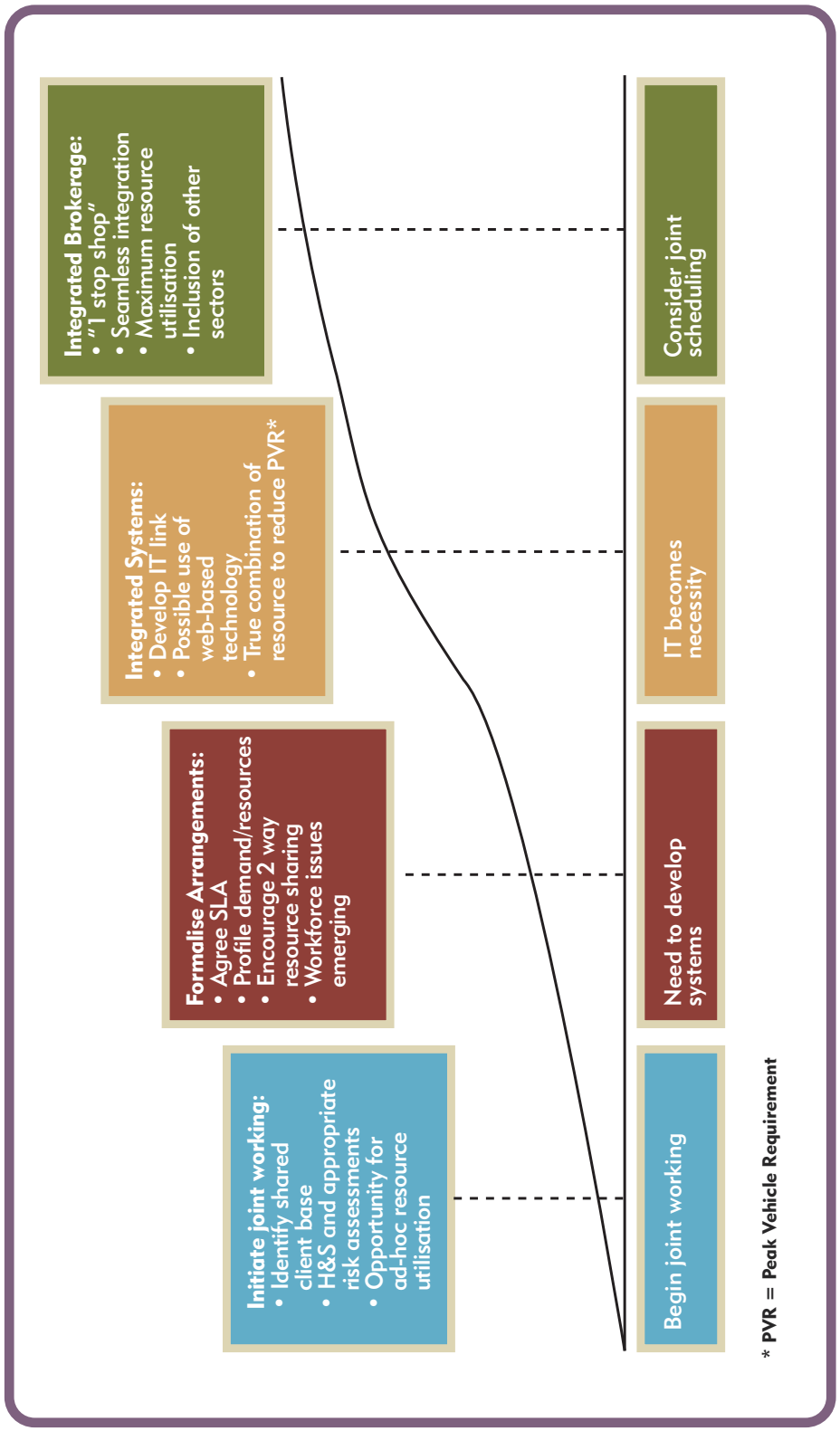
Diagram 5: Quick Wins

To begin with, progress is helped by the identification of quick wins.Quick wins are likely to be ad hoc arrangements to share resources on special activities such as the allocation of patient transport trips to local authority vehicle downtime, or adding social care or local transport trip requirements to scheduled, non-emergency ambulance journeys. This, in itself, can be a major step, in reducing peak pressures on resources with considerable savings potential.

Furthermore, quick wins in themselves can demonstrate the possibilities of partnership and the opportunity to overcome bureaucratic barriers.

The development beyond this point, shown in Diagram 6, mirrors the development of activity in an integrated local transport authority, as illustrated in Diagram 3.

Diagram 6: Overview of Joint Scheduling Lifecycle



The overriding requirement for further stages of integration beyond fleet usage is to include an integrated approach to passenger interface, network planning and transport procurement, including services contracted in from commercial contractors, and community transport partnerships (see Chapter 8).

Chapter 5

Partnership fundamentals

While integration of transport delivery will be the ultimate result, an essential requirement in the initial stage involves forming a solid and stable partnership to bring about cultural and organisational change. Without this, it may prove difficult to achieve successful operational integration.

This is a clear common starting point, whichever of the various approaches and models are to be adopted to implement an integrated transport service. The nature of the partnership should encompass the following:

- Clearly identified partners, particularly those who will have key influences on project success.
- Clear understanding of the aims and objectives of the project. It is important that these are continually reviewed, agreed and fully documented with partners throughout the project development lifecycle.
- Patience in bringing some partners fully on board, particularly in the early stages of the project and addressing initial barriers - cultural and procedural.
- Ensuring all partners have an effective voice so that the partnership is not overwhelmed by the views of the largest partner.
- Ensuring partners are flexible to change. This will be important as there will inevitably be a need to change/streamline areas such as processes, procedures, working practices and costs.
- Provision of effective measures of success. This will assist in providing confidence to the partners to continue long-term support.
- Close relationships required with local transport providers who may feel threatened by integration.
- Good public support for the project through extensive communication.

The partnership will then need to formulate key criteria that will define the outputs to be sought. Examples are shown in Table 1. Following such criteria will help to provide clarity at the start of the project on:

- What needs to be achieved.
- What needs to be done to achieve it and by whom.
- Likely timescales.
- Stumbling blocks.
- Likely outcomes for success.

Any partnership needs to recognise that transport integration is ultimately about benefiting people in the community.

Table 1

Examples of possible outputs

CRITERIA	DESCRIPTIONS
Efficiency gains.	Expected to produce real, quantifiable financial benefits.
Ease of implementation.	Integration must deal effectively with some complex change and its organisational impact.
Service access.	Effectiveness and user-friendliness of the booking process.
Passenger experience.	Impact in terms of the vehicle environment, the time spent travelling and waiting for individual journeys.
Social inclusion.	Whether and how the Social Inclusion Agenda is supported.
Management control.	Availability of management information and effectiveness of the interface with financial and other systems.
Impact on staff.	Improved health, well-being and productivity through changes in working arrangements.
Policy acceptability.	Alignment with local and national policy.
Sustainability.	How likely the option is to attract sustained support from partners and the level of risk involved.

Chapter 6

The opportunity for brokerage

Maturity in the integration partnership offers the opportunity to operate a transport brokerage. In the brokerage mode, the partner agencies effectively set up a joint operational unit for planning potential passenger trips. Trip requests are processed through a common call centre, usually using sophisticated scheduling software to assign passengers to the most cost-effective transport operator and taking into account any special needs of individuals.

Individual service providers will provide their operational characteristics and availability such as types of vehicles, level of care assistance that can be provided and times of operation. These will be fed into the passenger allocation system as opportunities, but also constraints, which will be taken into account in matching individual passengers to available transport.

The brokerage model has been applied by a limited number of local authority/ health sector partnerships. Notably, there is the Norfolk County Council and East Anglia Ambulance Trust pilot scheme, originally funded by the Department for Transport under the Rural Bus Transport Challenge Programme. This is set out as a case study in Appendix G.

Brokerage provides the opportunity to step beyond provision for patients, clients and students eligible for free or supported transport to ensure, for example, that any patient is able to travel to their health care or any individual has reasonable transport access to a range of activities. This accords with government policies on inclusion and accessibility.

For this to work, it is essential to have clear passenger eligibility criteria and payment regimes. This is discussed further in Chapter 7.

An effective brokerage can also provide transport service information to the public in a simple and effective form. This should include bus services, community transport options and non-emergency patient transport incorporating appropriate eligibility criteria. In this way, transport provision for all purposes and involving any provider can be channelled through the single point of contact - the call centre - for simplicity of public use.

Chapter 7

Eligibility

For social care, local authorities are required to provide transport where there is a critical or substantial need for a client to gain access to care facilities. With regard to schoolchildren, the duty to provide free transport to school in certain circumstances is defined in the Education and Inspections Act (2006). Primary care trusts (PCTs) are responsible for the commissioning of non-emergency patient transport at a level that is necessary to meet all reasonable requirements for the service users within their area. This was extended to include travel for medical procedures that were normally undertaken within a hospital environment and are now available within a community setting (White Paper - Our Health, Our Care, Our Say: a new direction for community services).

Within local authority social care and NHS non-emergency transport, eligibility for free or supported transport has come more into focus, mainly because of financial pressures. Indeed the Department of Health published further guidance on eligibility in September 2007. The guidance, 'Eligibility Criteria for Patient Transport Services' can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_078373
If an integrated approach to transport provision is to be taken by local authorities and NHS agencies, then it is desirable to have common eligibility criteria wherever possible. Markedly different criteria for similar client types for joining purposes will lead to confusion on the part of passengers. Potentially, responsibility for trips could be shuffled between agencies, causing further confusion to clients and possible animosity between supplier agencies, straining the partnership and leading to the breakdown of the integrated operation.

At the very least, if service providers are to apply separate eligibility criteria, it is essential that they are clearly defined and understood by call centre operatives, so that clear advice can be given in response to client enquiries.

Failure to meet eligibility criteria does not necessarily mean that a trip will not be made. A passenger ineligible for free or supported transport should still be offered a transport alternative for the requested trip with notification of the charge that will be levied. Clearly this may be fairly modest in respect of social car scheme provision, but may be high if a commercial taxi is to be used. If the passenger holds a concessionary fare pass, it is important to establish clearly whether this applies to the transport to be provided.

Where a charge is to be levied, the operator clearly must conform to the licensing arrangements needed to permit fares to be charged. Both the arrangements for charging (pre-paid or on-vehicle) and the mechanisms for invoicing for work done by participating operators will again have to be properly thought through.

What should be clear is that, whatever the basic eligibility rule arising from an authority or trust's statutory responsibilities, the local authority must think beyond this in determining what transport should be provided in the light of national policies on accessibility and inclusion. While a charge may be appropriate, the system may be failing if the charge is so high as to prevent the individual in question gaining the access he or she needs.

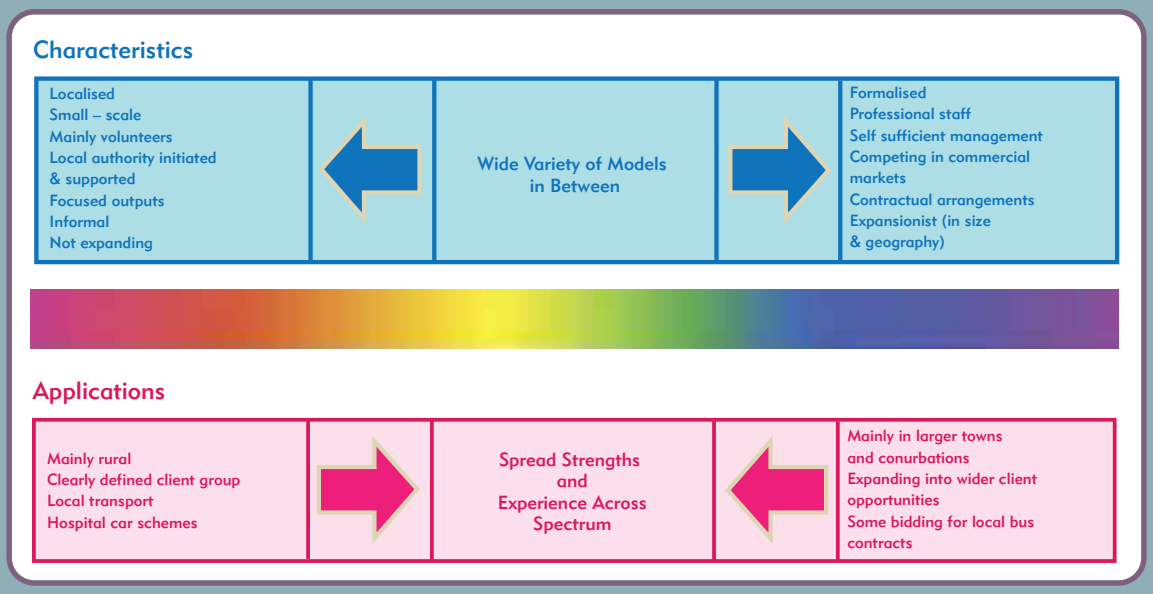
Chapter 8

Engaging the third sector - community transport providers

The third sector covers transport provided through voluntary, community and social enterprise. Fundamentally, it is operated on a 'not-for-profit basis' and is likely to involve some voluntary input. Volunteer trustees will govern all charitable community transport organisations.

It is important to recognise that the third sector, or community transport, consists of a wide spectrum of different approaches (Diagram 7) ranging from small, voluntary organisations in deep rural areas focusing on limited but vital services, to large social enterprise organisations which are expanding activities to compete with the commercial sector for local authority contracts.

Diagram 7. The C.T. Spectrum for local authorities



Thus Community Transport, already in many areas, plays a significant role in local authority and health sector transport provision (Indeed, it often provides a safety net for people who would otherwise have no means of access to a health appointment). A small level of support for core costs can result in a substantial return in relation to provision of transport for individual needs across a wide area. However it must be recognised that smaller community transport organisations, providing valuable local services, may not want to expand into partnership in integration projects.

The reasons for gaps in coverage in the community transport network need to be evaluated to establish whether it can be made more widely available.

In doing this, it must be recognised that a voluntary community transport organisation is obliged to operate within the transport legislation and has to make sure that it does not charge below the true cost of providing the service. If such organisations did so, they would be guilty of using charitable assets to provide public services. This could endanger their charitable status with the Charity Commission. If they charge too much for the service they would be outside the legal constraints of the permit legislation and likely to attract the attention of the Traffic Commissioner and the Vehicle and Operator Services Agency (VOSA) which could result in prosecution. Therefore, any price that a community transport organisation offers for a particular service has to be the true actual cost. With the advent of initiatives such as 'full cost recovery' these costs are now being identified more precisely. The concept of competing with other operators does, therefore, not normally apply.

Nevertheless, there is considerable potential for growth of the third sector role in partnerships and brokerage, especially where it is operating through a trading arm or as a social enterprise, when it can play a role alongside, and competing with, commercial organisations. Third sector operation can be good at meeting the requirements of high quality services with high levels of passenger care, and local authorities, through their accessibility strategies, should work to build increased capacity in the third sector

The Local Government White Paper (November 2006) indicates the importance government attaches to the third sector in local authority activity. Transport is seen as a key activity and Government allocates funding where appropriate to build on the social enterprise approach which has been successful in developing large, highly professional organisations, mainly in some of the metropolitan areas. The objective of this funding is to see the growth of a selected number of rural initiatives on the social enterprise model, which can also mentor smaller, rural community transport schemes and help them to become more business orientated.

More recently, the Local Transport Act 2008 has introduced flexibilities to the regulatory regime governing community transport. For local services for the general public (provided under "section 22" permits), drivers will now be allowed to be paid and vehicles of more than 16 seats will be able to be used on those services. In relation to services for particular educational and other bodies (provided under "section 19" permits), vehicles of fewer than 9 seats will be able to be used (in addition to the larger vehicles that could be used before) and the permit issuing system is being simplified. These changes became effective from 6 April 2009. Details on the Act and supporting guidance can be found at **www.dft.gov.uk/localtransportact**

This should be of considerable benefit to brokerages in encouraging the third sector to play a role alongside, and perhaps competing with, commercial organisations by meeting the requirements of high quality services with high levels of passenger care. Positive measures should be taken to include this sector during the transport procurement process, recognising that these operators will fare best with an approach to tendering that rates care and quality at least at the same level as price in the evaluation.

The third sector organisation must recognise its obligation to conform to the principles and practicalities of the particular brokerage scheme in which it is participating. This includes a willingness to accept the possible loss of a degree of independence in that it will be passing its scheduling and initial passenger contact to the brokerage call centre.

Specifically in the context of voluntary input, the Community Transport Association reminds us that community transport organisations are independent bodies that may or may not be interested in this form of passenger brokerage. However, the value of having the community transport sector involved in such a scheme includes:

- Providing a framework for volunteering.
- Provision of publicly funded transport without a profit element.
- Use of well trained staff.
- Supporting an organisation dedicated to social change.
- Generalist vehicle design avoiding social stigmas.
- Opportunity to engage with public transport provision.

Chapter 9
Outsourcing

Private sector organisation of transport services in the local authority sector is a long-standing feature of provision and is, generally, characterised by contract operation on an individual route or on a small groups of routes basis. The contract is based on clear specification of service and assignment of clients/passengers on a route-by-route basis. For most authorities some inhouse provision is retained by fleet operation - in the main for social care and school services. In a few cases, the transport management function - in whole or part - has been outsourced with varying degrees of success in that most outsourced transport units have been returned to direct local authority operation.

The NHS agencies have tended to outsource individual trips to taxi or community sector operators where ambulance operation is not available or appropriate. In most areas, a high number of journeys for the NHS are provided by the same companies that provide services to the local authority, suggesting that the two sectors can be competing for the same transport resources which may be pushing procurement costs up.

Local authority/health sector partnerships in procurement provide an opportunity to address this and, clearly, a brokerage system implies a single operations management unit which can be market-tested on a continuing basis.

Block outsourcing of ambulance services effectively means the privatisation of both management and operation of services through a single region/sub-regionwide contract for planning, management and operation of services.

The NHS is rapidly outsourcing its passenger transport services, largely where the NHS Ambulance Service has not been successful when the service is put out to tender. Recently, there has been a move away from single trust tenders to consortium or hub tenders.

Contracts, up until now, have been designed to provide for this comprehensive outsourcing but have not lent themselves to effective partnership working and brokerage. This is a serious obstacle to the achievement of the type of cost efficiencies envisaged in this document.

If local authority/health sector transport integration is to be developed in this context, it will be necessary for the health transport procurement agencies and the Department of Health to ensure that the terms of the outsourcing contract enable this. The terms of the contract with the private sector provider must require the contractor to be prepared to enter into local authority partnerships to enable joint provision, through the operation of transport brokerage.

There may be commercial imperatives which limit the extent to which private sector providers are willing to work in partnership with local authorities and/or operate in the way that some ambulance trusts do by outsourcing specific functions to local authority fleet operations. However, if the private sector provider is comfortable in a contract oriented towards partnership, a cost effective balance of the complementary strengths of in–house and outsourced provision could focus positively on the service to passengers.

Chapter 10
The role of IT

Ambulance trusts and local transport authorities generally make use of IT systems to manage client/patient and journey data administration, particularly in respect of financial procedures, and, increasingly, to schedule vehicles and assign passengers to vehicles. Ad hoc work to share local transport authorities' and NHS vehicle resources is likely to make use of the providers' software to some degree to manage passengers.

Transport brokerage, on a small scale, does not necessarily require specific scheduling software. However, manual assignment of trips and vehicle scheduling becomes inefficient beyond dealing with small numbers and may inhibit growth.

Scheduling software is usually the key to brokerage on a partnership basis and, where one partner comes to the table with scheduling technology, it would make sense that this is expanded to provide a basis for brokerage operation.

An issue emerges where more than one partner, for example the ambulance service and the local transport authority, both have pre-existing scheduling systems. Can the systems talk to each other so that their operation can be integrated? This may be technically possible but, in practical terms, it is likely to be more cost-effective to select one system for common use, especially as this is likely to be supporting a single integrated call centre.

More significant, perhaps in terms of IT systems interfacing, is the value of linking the chosen scheduling systems to client database and business administration systems operated by the main partners.

There is a strong message here for software supply companies to understand the need for a good interface between scheduling and other support systems, particularly those used by NHS and local authority transport agencies. Some suppliers already offer suites of software that cover scheduling, contract administration and management which is to be welcomed. However, recognising that individual partners may well be committed to different systems it would be beneficial for the various commercial players to develop interfaces between the various systems in use so that they can talk to each other.

Chapter 11

Practicalities of setting up an integrated brokerage operation

The establishment of a jointly operated transport brokerage will involve potential issues around harmonisation of working conditions, staff relocation and coordination of support systems.

Staffing issues are likely to need to be addressed in the relocation of the call centre and the travel involved with staff from partner organisations moving to a single joint unit. There is also likely to be employee concern on the matter of pay differentials between the drivers and escorts of fleet vehicles, ambulances, voluntary car schemes and commercial operators. Harmonisation is unlikely to be practicable in this case and it will be necessary to maintain a policy based on pay settlements being an internal responsibility for the individual transport provider organisations.

Front-line staff training should also be organised to a consistent standard across the provider spectrum. In the case of local authority clients and health sector patients, training for defined levels of support to the passengers is important.

For all passenger transport it should be recognised that the drivers, escorts and call centre staff are the principal points of contact with the partners as commissioning agencies for the vast majority of passengers. General customer interface training is, therefore, important.

Given the vulnerability of many clients, patients and schoolchildren, it is essential to ensure enhanced level CRB checking for all front-line staff in the brokerage. Furthermore all staff should be aware of the confidentiality of information held in client databases.

The brokerage should apply common standards in the approach to passenger needs assessment. This does not mean that all vehicles should be equally equipped, although it might be considered good practice to work towards uniform high standards but that the level of individual, or company, vehicle accessibility should be ascertained and input to the brokerage database and a professional standard of passenger assessment should be applied as required. This information will ensure that individual passengers are allocated to vehicles that can meet their specific needs.

If the partnership and brokerage are to be a reality any difficulties around legal, contractual and financial relationships must be resolved. It would be wrong, however, to assume that there are significant barriers in these areas that need to be overcome. Most partners are generally found to be working to the same standards and guidelines and changes to procedures can be reasonably straightforward.

Effective and early consultation and good communication with staff, providers and users will play a critical part throughout the development and implementation of a transport integration project by:

- creating a solid and stable partnership framework with wide support in the community.
- helping understand the reason for change.
- giving an opportunity to have input into the change process.
- resolving specific problems to facilitate acceptance of change.
- achieving positive media coverage and support regularly reporting progress of the integration.

Reference Models and Case Studies

Nationally, there are a number of organisations undertaking transport integration.
The following case studies and models provide a broad representation of that activity and give an indication of the wide spectrum of approaches that can be considered in achieving an integrated transport service.

Appendix A:

County Transport - Co-ordinated working in partnership with the NHS

Case Study in Cheshire

Background
Cheshire County Council Transport Co-ordination Service (TCS) has been, since 2002, working in partnership with the NHS to utilise social care / Special Education Needs (SEN) fleet vehicle downtime for suitable NHS transport requests.

This introduced local authority operation into non-emergency patient transport which had been mainly provided through service level agreements between NHS acute trusts and the Ambulance Service. Significant pressure on the existing ambulance resources had been developing because of both an increase in the proportion of those patients travelling in their own wheelchairs and an increase in transport requests for renal dialysis patients.

The Service
At the start of the arrangement the health service client satisfied itself that the Cheshire CC fleet reach required standards of vehicle quality and equipment, with operatives properly checked through CRB processes and trained in client interaction and handling. The agreed financial formula initially reimburses the council at marginal rates so that costs to the health sector are broadly equivalent to direct ambulance operating costs.

TCS worked with North West Ambulance Service (NWAS), enabling the county fleet of accessible vehicles to be used during their downtime to assist in times of difficulty in meeting peak demands. For example, if excessive demand on ambulances was resulting from delays at clinics, TCS would be asked to transport less-mobile patients home following completion of their appointments. This was achieved by TCS providing 'blocks' of vehicle time and also by responding at short notice, where possible, to

specific requests, often for quite long journeys into eastern Cheshire from specialist clinics at Manchester hospitals. This, therefore, avoided high-value, taxi alternatives.

The next stage identified that transport for renal dialysis and oncology patients, due to its regular nature and defined times for arrival and collection, could be readily undertaken by TCS on behalf of NWAS. Starting with a two vehicle operation, this has resulted in regular resources being provided with the benefits of expanding the daily vehicle utilisation of county fleet vehicles and fitting particularly well around special education needs runs.

TCS has also provided vehicles direct to the ambulance liaison officer at Leighton Hospital in Crewe on the basis that vehicles would report directly to the hospital on completion of morning runs (around 11am) and carry out discharge journeys during their normal downtime.

Benefits

This is a developing partnership, with the TCS/NWAS relationship moving in the direction of co-location of resources. TCS passenger fleet vehicles have been using Crewe Ambulance Station as an operating base. As this has proved to be successful it is leading to a formalised agreement in which the sale of land released is funding site and facilities improvement works for the benefit of all staff.

Location of the TCS area supervisor on the premises is adding the culture of joint working here and the success is prompting the exploration of further opportunities elsewhere as part of a strategic review of operational locations.

Lessons Learned

The Cheshire examples demonstrate the value of a step-by-step approach enabling the supplying partner to demonstrate its ability to deliver, initially on a small scale. This is a confidence-builder that encourages the development of a sounder partnership, leading to wider joint-working and co-locations and bringing further efficiency savings.

Appendix B:

Transport Integration pilot - Wigtownshire, Scotland

Background

NHS Dumfries and Galloway, the Scottish Ambulance Service, Dumfries & Galloway Council, SWES TRANS and the Dumfries and Galloway Accessible Transport Forum have worked closely with the Scottish Executive's Joint Improvement Team (JIT) to explore the potential for shared booking and management of client and patient journeys within the Dumfries and Galloway area.

The JIT has worked with partner organisations to promote collaborative working in relation to patient and client transport. A wide variety of bodies carry patients and clients to many different destinations. National work has demonstrated significant potential opportunity to strengthen the quality and efficiency of present arrangements and to deliver cost improvement through the adoption of common booking and scheduling systems.

The JIT is now working with partners in Dumfries and Galloway to investigate the potential for pathfinder shared booking and scheduling scheme at local level – in this case the Wigtownshire area.

The Service

As a pathfinder area Wigtownshire offers a number of advantages:

- It is geographically well-defined.
- It has a high proportion of older adults in its population.
- It is rural in nature and therefore demonstrates many existing challenges to effective transport provision. Parts of it sit within the Scottish Executive definitions as 'remote rural'.
- Distances and travel times to care and other services can be long (over 2 hours).
  - For older people particularly, accessing 'local' social care day services or opportunities can involve a fairly lengthy journey depending on where they live within the area.
  - For many patients a long journey may be needed to access hospital care in Stranraer, Dumfries or Dumfries & Galloway.
  - For family and friends visiting patients journeys can be similarly extended.
- It has a number of statutory and community-based transport providers with effective working relationships already engaged in a range of transport projects.
- With a population of around 20,000 it is small enough to be manageable but big enough to be a valid pathfinder, particularly for rural areas.

The area also includes the ferry port of Stranraer, which includes a ward with a high deprivation score. Earnings across Dumfries & Galloway are among the lowest in Scotland and in the west of the region there are fewer car owners, less - people have access to computers and there is a greater apparent reliance on public transport.

A Project Team works in partnership with the JIT and appointed consultants to provide recommendations on the delivery of the service based on:

- Assessment through review of systems, documentation and personal contact the feasibility of establishing a common booking system for all or most client and patient journeys and for all or most carriers providing such services.
- Assessment on the number of journeys that might be handled through such a system.
- Review of clerical and IT-based systems supporting existing separate transport services.
- Identifying the practical implications, opportunities and risks for such systems of moving to a common booking system.
- Identifying client and service benefits from pathfinder implementation.
- Recommendation of common booking system, if feasible, that should be adopted.
- Planning the work needed to design, implement and assure the operational integrity of a common booking system.
- Setting out a project timetable, resource plan, estimated costs and statement of value for money.

Support for Community Travel

Some journeys by clients may be more appropriately taken by public or private transport than by statutory or voluntary providers. The project team will therefore seek to include in the project two further areas of work which complement the main study and which should progress at the same time. They are:

- Mapping of all available journeys using public transport and development to provide better public transport information.
- Implementation of a Liftshare website for people needing access to hospital (as patients, carers or visitors) to assist them to plan and enable their own journey. This would be predominantly for private car sharing but other forms of transport can be included.

The scoping study will include an assessment of the feasibility, practical, operational and resource implications of fully functional implementation in Dumfries & Galloway and recommend how these matters should be addressed within the pathfinder area.

Benefits and Lessons Learned

The benefits and lessons of both Scottish projects are dealt with on page 37.

Appendix C:

Perth & Kinross Partnership - Transport With Care Background

The Perth & Kinross Partnership is made up of the following organisations:

- Scottish Ambulance Service (East Central Division, non-emergency service).
- NHS Tayside (Perth & Kinross locality).
- Perth & Kinross Council (Public Transport Unit).
- Perth & Kinross Community Transport Group (representing the CT sector).

There is a real desire within the partnership to develop greater integration between transport providers working in the public and voluntary sector as it is realised that there are potential operational efficiencies that could be achieved through greater collaboration and joint working.

Local operational evidence, backed in part by the evidence gathered during the Transport With Care data analysis exercise, has concluded that there is duplication of transport provision between the various partners and that with greater shared planning and co-ordination. This duplication could be minimised, freeing up vehicle and staff resources, reducing journey times and improving passenger experiences.

The partnership has identified that the greatest overlap is between the provision of transport to social day care services provided by Perth & Kinross Council and medical day care services provided by NHS Tayside. It is not unusual for each organisations' vehicles to follow each other out on a morning to collect their clients from the same villages and return them to the same venue where they receive either medical or social day services (in separate wings of the same building).

The Service
The Perth & Kinross Partnership considers two specific proposals:

Proposal 1 – Integrated Delivery: Local Pilots

In certain locations in Perth & Kinross such as Crieff and Aberfeldy, non-emergency service ambulance crews and vehicles that are currently allocated to servicing the transport needs of day hospital patients are targeted for greater collaboration. An equivalent number of council owned or council funded vehicles (including taxis and private minibuses) could, potentially, be factored into the mix, plus a small number of NHS owned vehicles that can help contribute to the collaborative process by providing a further transport resource for patients.

All of the public sector transport operations identified above are complemented by the transport resources provided by the Perth & Kinross community transport sector (mostly volunteer drivers). The intention will be that the three public sector operations (i.e. Scottish Ambulance Service, Perth & Kinross Council and NHS Tayside) will come together and adopt a single system approach with a co-ordinating lead agency supported by all partnership members.

The management of volunteer drivers who are notionally attached to the three public sector partners within the Perth & Kinross partnership will be reviewed during this process. It is the intention that within Perth & Kinross, these resources will be pooled with joint conditions of service being adopted. This area of work fits well with the second main Proposal 2 of the partnership.

Proposal 2 –
Community Transport: Community Car Association

The public sector transport providers seek to engage with the community transport sector but there are some legitimate concerns about the operational standards adopted by some of the less formal local providers. While there are examples of good practice and co-operative working in some areas, across the whole of Perth and Kinross, there is a wide range of different practices and governance arrangements.

Perth & Kinross Community Transport Group will work with community and hospital car schemes to develop a Community Car Association that will allow schemes to retain their independence while taking advantage of joint working and shared good practice. The main focus of the work will be on:

- Driver standards – training requirement, age limits, Disclosure Scotland, licensing.
- Vehicle standards – vehicle quality, insurance, MOT checks.
- Insurance – public liability, motor insurance, risk management.
- Training – first aid, moving and handling
- Adopting common mileage reimbursement rates.

The Perth & Kinross Partnership will work with the Community Transport Group to develop and support the Community Car Association, identify and negotiate a basis for joint working and develop a common set of standards that are both appropriate to the community transport sector and also provide the local authority, NHS and Scottish Ambulance Service with the assurances they require.

This work will help to raise the profile of the community transport sector in Perth & Kinross and bring about a greater understanding and acknowledgement, by the statutory partners, of the community transport sector's contribution to transport provision in their respective communities.

Benefits

This project is still in its infancy. A successful pilot has been run in Blairgowrie which has assisted in identifying some key outcomes and potential benefits that can be realised from transport integration. Just as important to the successful delivery of both projects is the preparation work that has been undertaken to formalise a properly structured partnership with key stakeholders and identification of the key issues and barriers that need to be addressed.

The benefits sought include:

- Increased well-being of people.
- Addressing rural isolation/social exclusion.
- Partnership approach to project delivery.
- Utilisation of expertise provided through the partnership arrangement.
- Transport efficiencies through combined common approach to planning and utilising resources to undertake client journeys.

Lessons Learned

At the preliminary stage the lessons learned from these two Scottish case studies are:

- There are barriers to greater collaborative working in both practice and culture.
- Service providers, for example, drivers, ambulance crew and day hospital/unit managers, need to have a clear understanding of the process behind the collaborative working and what partnership is striving to achieve.
- The lead agencies clearly acknowledge that they will encounter concerns and obstacles, such as different arrival/departure times, the mixing of client groups and the specific needs of passengers, as to why the goals they are hoping to achieve cannot be made to work and realise that these issues will take time, commitment and sensitive handling to resolve.

The key lessons are:

- The need to engage all key stakeholders in a formal partnership structure.
- Clearly define what needs to be achieved, how and when.
- Benchmarking to learn from others.

Appendix D:

Case Study on Social Needs Transport Review – Greater Manchester

Background

Following a Best Value Review, completed in 2004, Greater Manchester Passenger Transport Executive agreed to establish an Integrated Social Needs Transport (ISNT) service that would improve the use of vehicles operated by a number of agencies to meet identified and unmet client needs. This attracted the interest of the Audit Commission because of the opportunities to improve service quality and realise efficiencies in the costs associated with the provision of transport to meet diverse needs.

The framework of the ISNT service is based on:

- the use of computer-based booking and scheduling system.
- the establishment of a shared cost model
- streamlined contact/access for users and potential users of transport services.
- collaboration around processes such as procurement and shared support costs.
- the dissemination of good practice.

The Service

Within Greater Manchester, the experience of implementing a variety of initiatives, all at different stages, illustrates the extent to which efforts are being made to collectively implement a more integrated approach to transport provision.

Service 1

A joint financial investment arrangement between Ashton, Leigh, and Wigan Primary Care Trust and Greater Manchester Passenger Transport Executive has given significant funding to a community transport service that provides transport links to new health facilities for a recognised deprivation area that is not directly served by conventional public transport.

Service 2

The requirement for health to deliver specialist health intervention treatment led to a pilot initiative with Stockport PCT, who wanted to offer a concentrated number of client assessments and fittings of digital hearing aids, supported by transport services where necessary. By offering clinic appointments during the middle of the day, Stockport PCT could utilise the spare capacity of Solutions SK (a Stockport MBC owned, arms-length, accessible fleet, operating company) to provide transport support, scheduled to suit the transport available, and reduce the risks of non-attendance.

Service 3

Transport initiatives are being explored with health service staff in Bolton and Rochdale, particularly for people who need to attend falls clinics. These classes will provide a potential opportunity where future travel training and individual journey planning can be discussed which will support greater independence among those whose lifestyle changes may include reduced car usage as a driver.

Benefits

The development of collaborative initiatives between transport operators and health agencies, to deliver services that work, is clearly recognised as an important goal. Reconciling the priorities of different partners, capturing the value of collaborative work, and agreeing how transport costs can be funded makes the delivery of this goal difficult.

At a strategic level, further discussions with the Association of Greater Manchester's primary care trusts will continue. These will include the possibility of establishing a joint health and transport fund that can be accessed by health professionals who have identified specific transport needs for the services they are providing. The purpose of the funding would be to ensure that transport barriers in relation to health care are reduced, that transport support measures are properly evaluated and that the wider benefits to individuals and agencies are captured.

Lessons Learned

The requests from primary care trusts and health trusts to provide transport services to support health functions has established a strong evidence base of the existence of continuing gaps which needs to be rectified.

Work linked to the delivery of transport services to support effective health care has emerged as a key area of concern, in line with policy objectives around social inclusion, accessibility, and the use of alternatives to the private car. This was given greater emphasis because of the significant changes in health care provision that resulted in new transport demands or a requirement to respond to changing patterns of movement.

Appendix E:

Case Study on Provision of Renal Unit Transport in Sunderland - Nexus

Background

Nexus (Tyne and Wear Passenger Transport Executive) has funded and procured transport services for those with mobility difficulties for around 20 years under the brand name Care Service. This, until recently, was in the form of a conventional 'dial-a-ride' service using minibuses with ramp access for wheelchairs through the rear doors. Customers booked the service through the Nexus Call Centre and Trapeze software was used to schedule vehicles.

The Service

An opportunity arose to pilot a scheme with the Royal Hospital Sunderland to provide transport services to and from their renal unit, for patients requiring regular dialysis. The extra volume of journeys required two additional vehicles but otherwise the service used the existing vehicle fleet, call centre facility and IT software used by Care Service for planning and completion of client journeys.

The renal unit was only charged for the time that the vehicles were employed on work to and from the hospital. This arrangement allowed optimal use of existing fleet vehicles' renal unit trips, largely fitting in around the peak demands for traditional Care Service journeys. The two additional vehicles provided extra capacity for the Care Service operation during peak periods.

In 2006, Nexus replaced its Care Service operation with a new taxi-based operation branded as TaxiLink. This was broadly similar to the previous Care Service, the main differences being the implementation of tighter membership criteria and reduced operational area providing a more focused transport operation.

The results from the initial pilot scheme proved satisfactory to both Nexus and the renal unit It was agreed that Nexus would tender and manage, on their behalf, a four vehicle contract using taxis to provide the patient transport. Essentially this was similar to the Nexus TaxiLink contract but designed specifically to meet renal unit requirements. As part of the revised arrangements, Nexus provided a one-stop shop facility for the renal unit and its patients with a dedicated supervisor at the call centre that took journey details, scheduled and planned these to vehicles 'real time'.

In early 2007 the Royal Hospital was obliged to go out to tender for the operation, in line with its standing orders, and its procurement section issued a tender for patient transport for its renal unit. The scope of the contract was larger, including a satellite facility in Durham City and there were significant additional requirements around driver training and health and safety. The contract required vehicle scheduling and management services. Critically, however, it required a single price for the management and operation of the service.

Nexus, not being an operator, would have had to sub-contract the operations. This was felt to provide an unacceptable legal and financial liability and, in any case, there was insufficient time for Nexus to arrange a tender for the sub-contracted elements. Reluctantly, therefore, Nexus advised that it was unable to submit a tender.

As a result of Nexus not being in a position to tender for this contract, the proven synergies that had resulted from the extended pilot arrangements were lost. Nexus had difficulty in replacing the 'lost' 300 journeys with the result that refusals on TaxiLink increased. The renal unit did not immediately award a contract and, pro tem, negotiated its own temporary arrangement with the same taxi company to continue the previous operation.

Key benefits of the Nexus/renal unit contract
The significant feature of the contract, was that Nexus would use any down time of renal unit vehicles to supplement its TaxiLink operation, paying the renal unit for hours used at an agreed hourly rate. This had two benefits:

i) The overall cost to the renal unit was reduced and Nexus was able to provide additional journeys for its TaxiLink operation.
ii) The dedicated supervisor provided a high level of service and, by making use of the down-time of the four renal unit taxis, was able to schedule around 300 additional journeys a week to supplement the 2,400 or so journeys operated by Nexus' own contract for 12 vehicles. These were, significantly, at the time of peak demand between 0930 and 1200 and 1400 to1600.

Lessons learned
If a partnership approach had been applied, a full understanding of the actual requirements of the transport contract could have been identified to provide the opportunity for Nexus to structure their business to at least be in a position to competitively tender for this work and continue realisation of existing and future benefits.

Appendix F:

Case study on MoveEasy - Southend University Hospital NHS Foundation Trust

Background

As part of the travel plan measures of the Southend University Hospital NHS Trust, Southend Hospital instigated a network of local travel plan coordinators The group adopted the local council's MoveEasy title and branding to work in collaboration with the council and other business in the area.

Aims of the MoveEasy Network:

i. To encourage the use of sustainable travel.
ii. To enable an informed travel choice.
iii. To increase accessibility to the area.
iv. To work in partnership with local transport providers.

MoveEasy Network's Objectives:

i. Identify, implement and encourage best travel planning practice.
ii. Identification of transport related problems and issues for businesses and organisations that have accessibility, congestion and cost implications.
iii. Where possible, and suitable, hold joint initiatives to view the impact on the local roads and our individual locations.
iv. Jointly market travel plan measures to encourage a change in the travel behaviour of staff, visitors and customers.
v. To work together as a business community raising awareness of travel plan issues aiding businesses to meet their travel planning targets.
vi. Offer guidance and recommendations to Southend Borough Council, local transport operators and other bodies on outcomes of MoveEasy initiatives and projects.
vii. Make the Network accessible to all businesses in the area.

The Service

The MoveEasy Network is open to travel planners from local businesses and establishments and is regularly attended by local councillors and representatives from local transport companies.

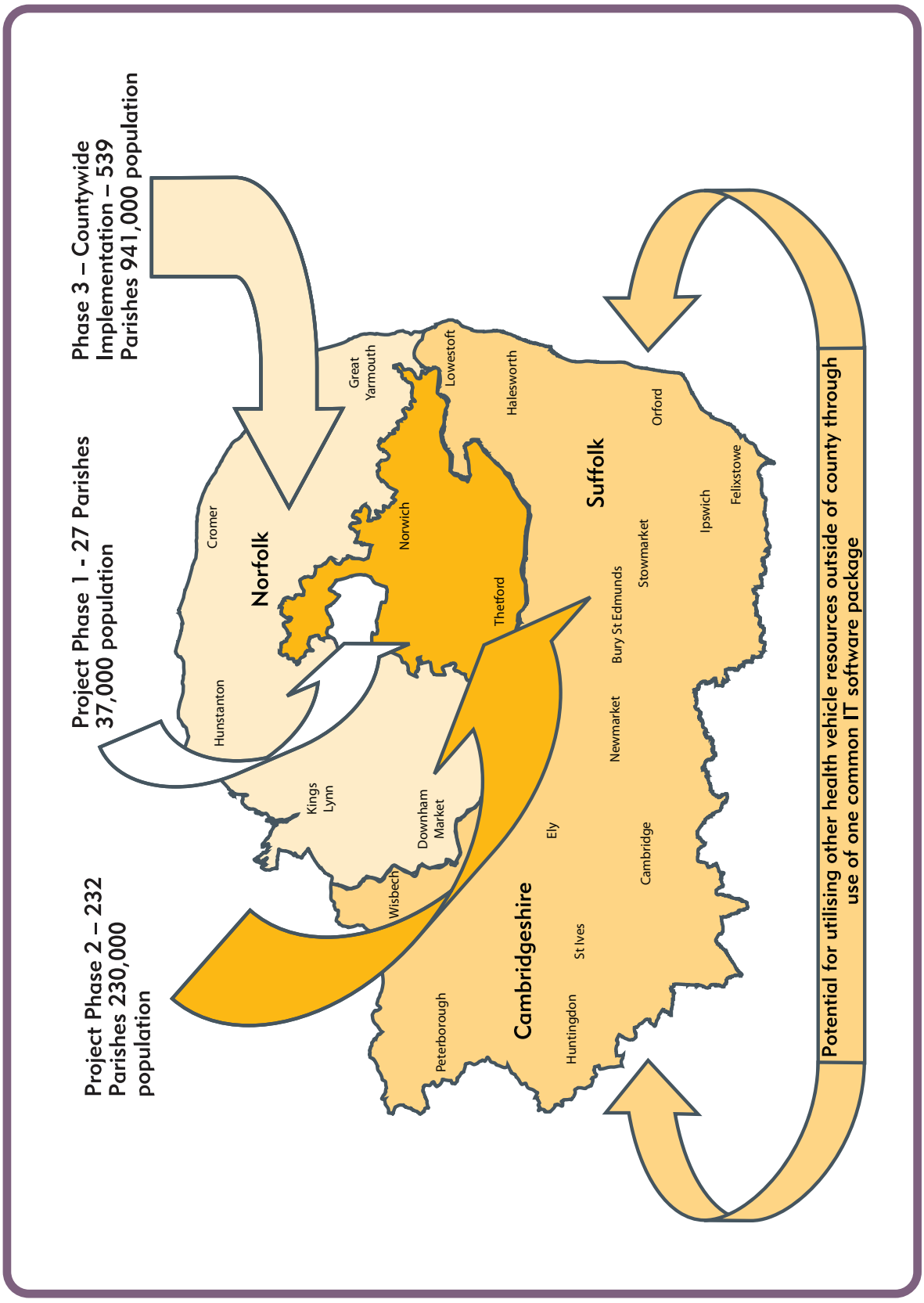
The travel plan encourages a sustainable approach to transport. A key function is to make the hospital accessible to everyone whilst providing alternative options to single car occupancy and promote sustainable, green options of travel. Southend University Hospital NHS Foundation Trust actively promotes its travel plan to all staff, patients and visitors.

Benefits

The MoveEasy Network now forms part of the Southend Borough Council's Smarter Choices Strategy, a daughter document to the Local Transport Plan. The MoveEasy Network brings together all of the council's 'soft' transport policy measures which seek to give better information and opportunities, aimed at helping people to choose to reduce their car use while enhancing the attractiveness of alternatives.

Appendix G:

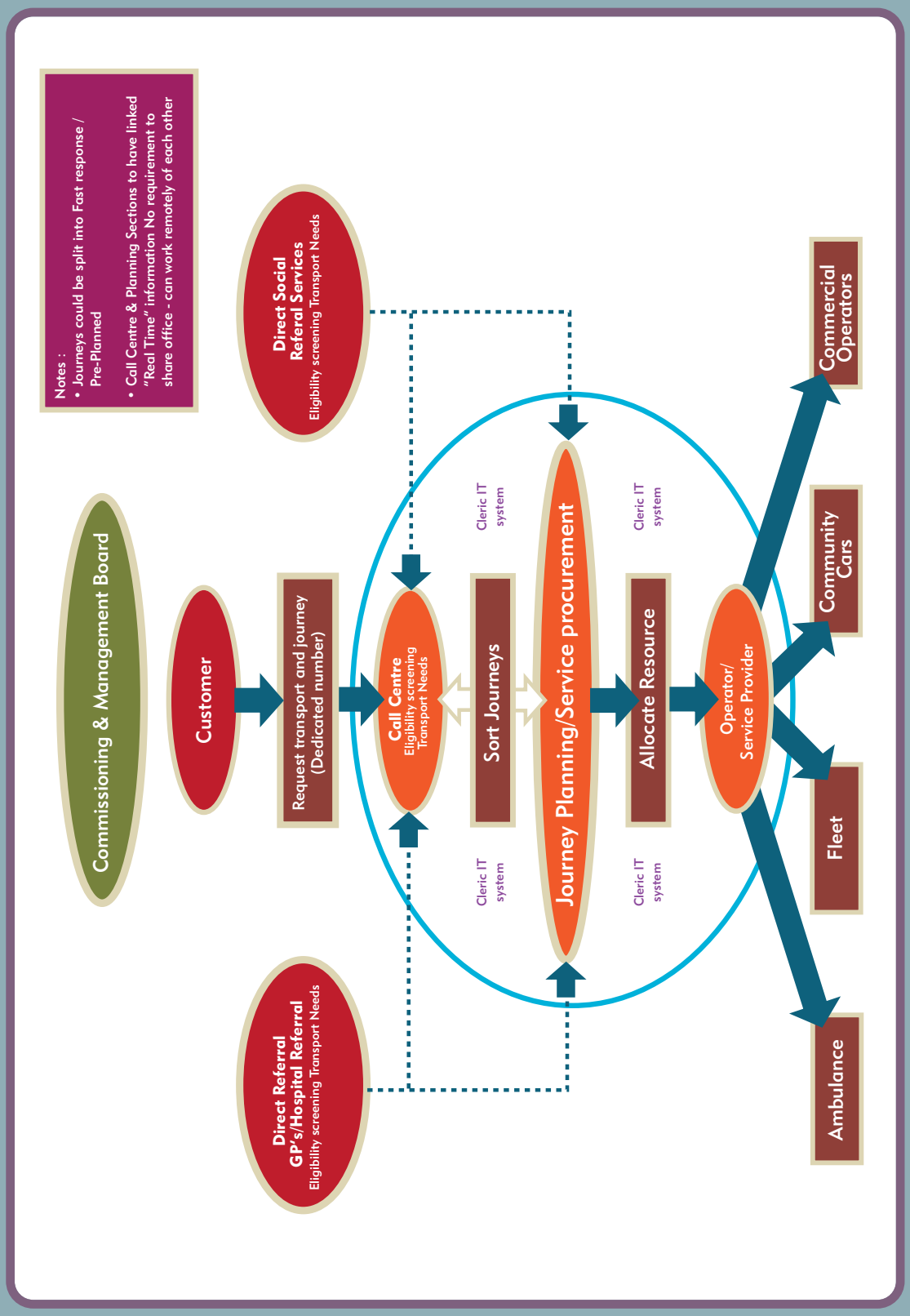
Norfolk Integrated Transport Model



Appendix G:

Norfolk Integrated Transport Model

Model



Project Origination

The Project originated from discussions held between the Health Improvement Programme partnership group and Integrated Transport Steering Group (2000-2002) based around better utilisation of vehicles to meet passenger needs, particularly in areas of rural isolation / social exclusion. Funding was obtained from the Department for Transport (DfT) to run a 3 year pilot scheme on creating an integrated transport model covering health, social and well being, utilising existing transport resources only.

Key Policy Links

- Audit Commission report "Going Places.".
- Social Exclusion Report "Making the Connections."
- Country Side Agency "Benefits of Transport to Healthcare in Rural Areas.
- Norfolk County Council Best Value.

The Project commenced in October 2002, working closely with multiple organisations and transport providers from the public, voluntary and private sector to integrate operations providing a more efficient, effective and inclusive service to those members of the public eligible to access the service.

Key Aims and Objectives

- Streamlined booking and journey service for passengers by providing one central booking centre and one contact number.
- Booking arrangements for paying passengers.
- Increased flexibility of driver/vehicle resource to meet passenger needs by introducing a central pool of drivers from the voluntary and organisational sectors.
- Standardised passenger charges and driver payments.
- Streamlined processes, procedures and funding arrangements.
- Pooled Partnership funding providing sustainability for the service and sustainable Partnership working.
- Provide a recognised model supported by quality reference data that can be used for future implementation nationally.
- Direct referral for Health/Social Services passengers eligible for free transport
- Fully understand the benefits and disadvantages of integration.

Project Geographic Population Statistics

Parishes	Population
11	10,001+
9	6,001-10,000
19	3,001-6,000
29	2,001-3,000
60	1,001-2,000
116	501-1,000
295	1-500

The Partnership completes some 800,000 client trips annually county wide, providing a range of transport services for people eligible to use them. Typical examples of the services available are:

- Health related journeys including hospital appointments, hospital visiting and other medical related appointments (eg. doctor, dentist, optician, physiotherapy).
- Day care and Respite Care.
- Preventative health care.
- Social activities, voluntary care.
- Essential Shopping.
- Other activity aiding the well being of the public.

Service delivery

Phase One: 2002 – 2004. Concentrated around the market town of Dereham - 27 parishes with a population of approximately 37,000. Whilst locally the service proved successful, the size of the area identified clear limitations in enabling all key transport partners to fully engage in integration.

Phase Two: 2004 – 2007. Geographic area increased covering the whole of South Norfolk and Breckland - 232 parishes with an approximate population of 230,000. Increase provided opportunity to engage all key transport providers and fully progress transport integration.

Phase Three: 2007- onwards. Build on Phase Two to provide integrated transport services county wide covering health, social and wellbeing client journeys– 539 parishes with population of 941,000.

Key Achievements
potential benefits of transport integration and will actively delivery this by focussing on the following key project outcomes:

- Approved working model.
- Increased geographic area of project.
- Improved eligibility criteria for Health/Social Services and well being.
- Single point of access for Health & Social Services by direct referrals.
- Standardisation of key processes.
- Increased resource providing greater flexibility for passengers.
- Effective use of funds for transport commissioning.
- Implementation of one I.T. system (Cleric) amongst key partners.
- Capture of efficiency and effectiveness through standardised Key Performance Indicators.
- Framework for Partnership Commissioning Body.
- Implementation of transport pilot schemes.

Summary and Conclusion
With constant changes to client needs that require transport support, the close working relationship between commissioner and transport provider is critical in enabling a proactive approach to organising transport, particularly in a multi-partnership service. Whilst the project has made great strides, there is still a significant amount of work to be done to fully address the issues involved in working within such a relationship, identifying how, when and where transport integration can be successfully applied.

Key areas to be fully addressed are:

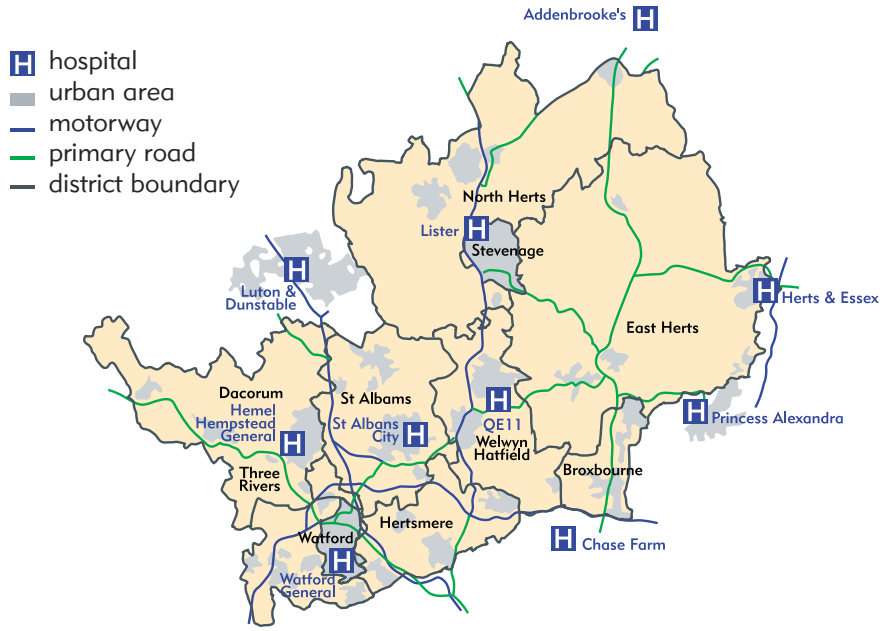
- Ensuring there is sufficient provision of transport for people suffering from rural isolation/social exclusion by increasing the flexibility of existing vehicle/driver resource.
- Expansion of the project county wide to fully demonstrate the benefits of transport integration.
- Removal of barriers (cultural / procedural / organisational / financial) with existing/new partners as project expands.
- Sustainable funding.
- Standardised transport charges and payment methods (i.e. tokens/card) to:
  - remove barriers on collection of money by drivers.
  - allow flexible and wider choice of transport and removal of issues around paying/non-paying passengers.
- Joint management arrangements for transport commissioning and funding.
- 'Real time' journey information to transport providers.
- Establishing quality data for measuring success.

Savings

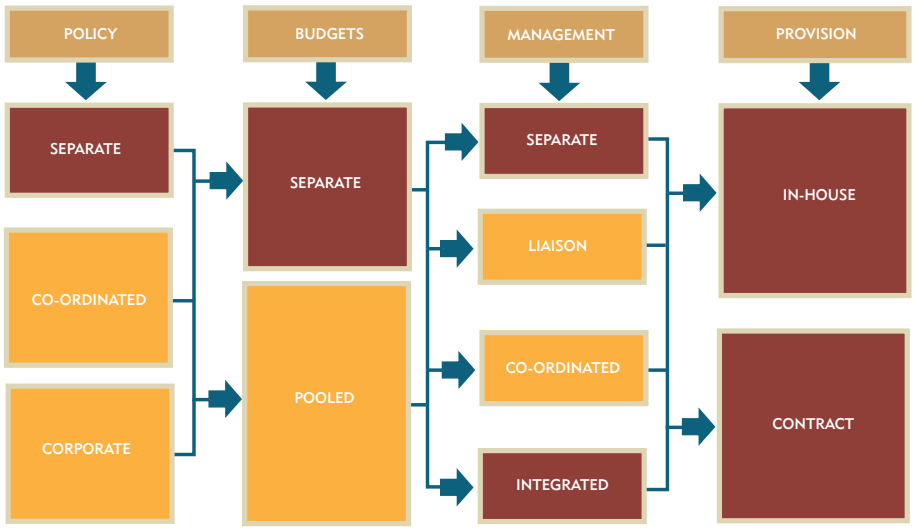
2004-2007:	£1,250 - Phase 1 pilot
Pilot change and consolidation period	
2007/2008:	Envisaged savings of £100k
2008 onwards:	Envisaged savings £230k per annum

Appendix H:

Hertfordshire Integrated Transport Model



Model



The Hertfordshire model focusses on three key processes for the provision of transport. The model provides the ability for an organisation(s) to link into the transport chain at any given part of the process. The above highlights a potential linkage between organisations providing transport both separately and through a co-ordinated approach.

Hertfordshire Integrated Transport Partnership

Project Origination
The partnership developed in 2001 as a result of the County Council and North Herts & Stevenage Primary Care Trust meeting to discuss if and how they could work to address common issues of access, especially around health facilities.

Key Aims and Objectives
The initial aim of the Hertfordshire Integrated Transport Partnership was:

'to research the feasibility of single transport service in order to improve access to appropriate travel for the residents of Hertfordshire'

In 2002 a partnership steering group was established, consisting of senior representatives of NHS trusts, Voluntary Sector agencies, 10 District and Borough Councils and the County Council.

Partners agreed a work program that committed the organisations to:

1. a) Undertake internal transport policy reviews within education, looked-after children, elderly, physical disability, learning disability and healthcare services. Each partner reviewed transport policy, commissioning, processes and procurement.

   b) Reviews would use a common framework and be shared across organisations to identify opportunities for joint working and long term efficiencies and sustainability.

2. Develop projects

Service Delivery

Travellink Call Centre
Single point of access providing residents and professionals with information on transport options and entitlements. This has developed to take and screen all requests for non-emergency patient transport from residents served by East & North Herts GP surgeries.

Use of Call Centre covering West Herts. Interest from other organisations in using this facility (i.e. West Essex PCT).

Health shuttle

1) Lister Hospital

Door to door, accessible transport, using 5 vehicles covering Stevenage, North Herts and South Bedfordshire.

2) Broxbourne

Door to door, accessible transport for residents of Broxbourne who have to travel to Chase Farm, QEII and Lister Hospitals.

Key Achievements

The work to date has resulted in:

- reviews of partners transport policy, commissioning, procurement and processes
- introduced the Travellink call centre, web pages and NHS Travellink Centre
- launched the Health Shuttle
- procured transport routing and booking software
- delivered savings of £450,000 in the cost of home to school transport contracts
- identified savings £500,000 within health and a further £175,000 saving on renal transport
- evidence of simplified management and better quality transport within Children Schools and Families
- attracted investment of £222,000 to develop/further develop joint working that will integrate and co-ordinate transport in Hertfordshire.

Summary

The core aims and objectives remain very relevant to both national and local policy frameworks and the partnership has delivered considerable outputs, providing an important cooperative framework that is a key example of good practice of national significance.

The partnership has also delivered important projects such as the Health Shuttle and NHS Travellink, including a review of Hertfordshire Integrated Transport partnership in 2006 done with external consultants

Conclusion

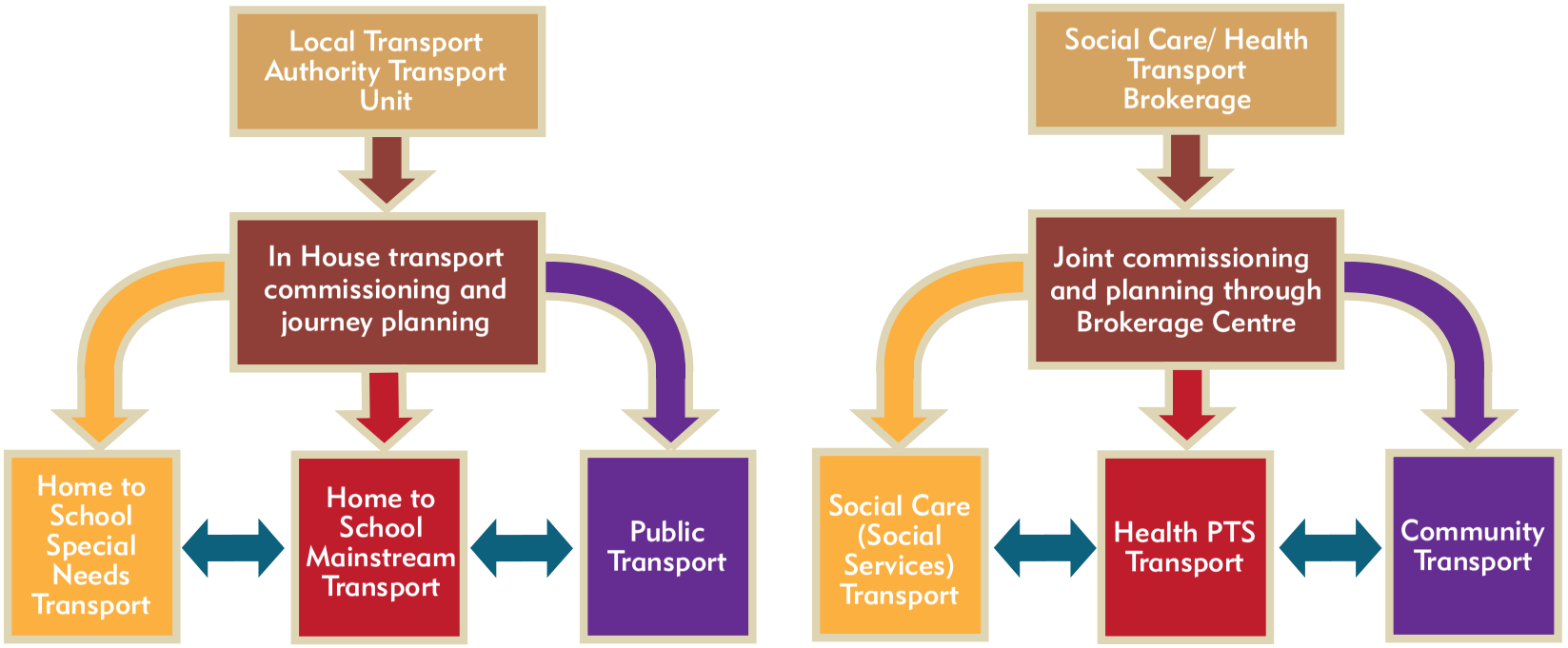
The challenging objective of the original partnership process was to develop a progressive process creating the pre-conditions for developing full transport integration. A review will take place to establish how best to implement this with future partnerships.

The reorganisation of health agencies, change of non emergency PTS provider and financial challenges faced by PCTs and NHS trusts will add to the difficulty of ensuring long term and sustainable transport integration.

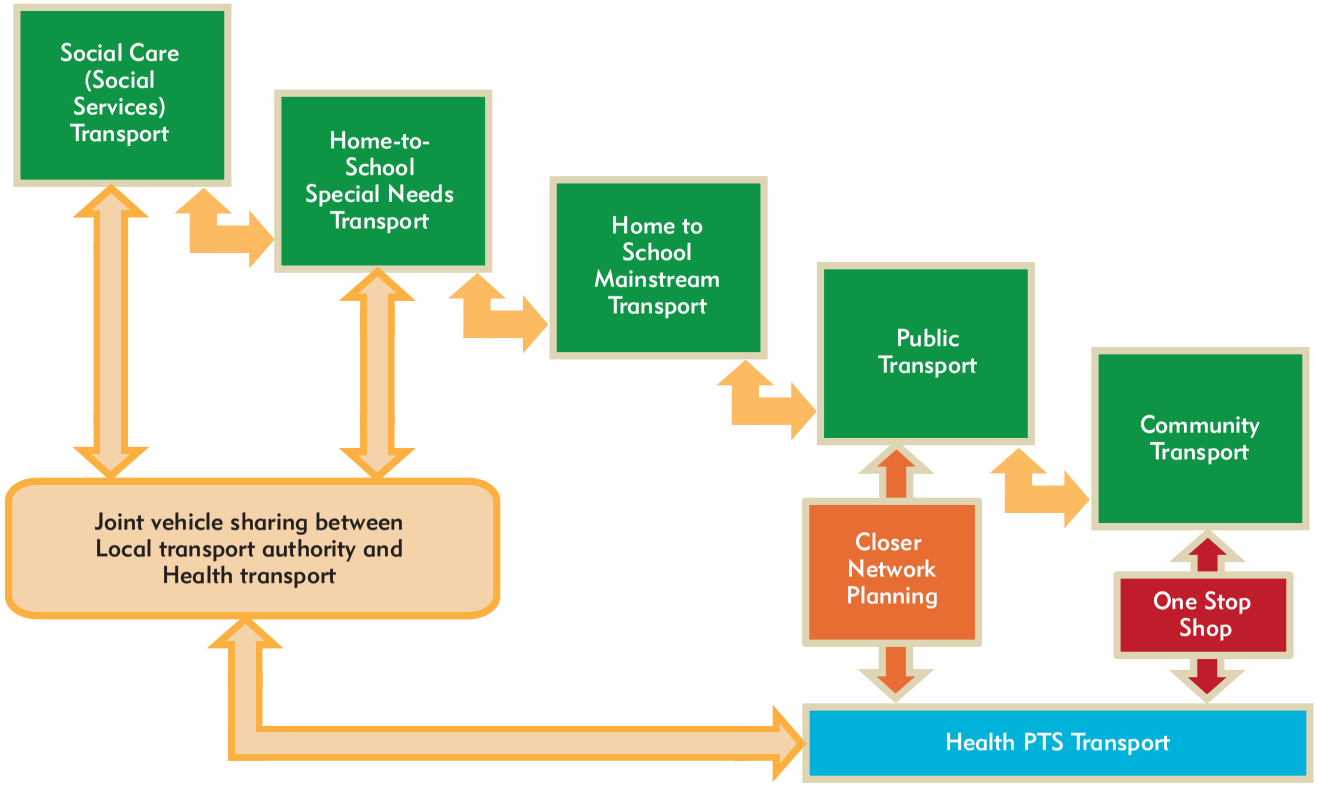
Appendix I:

Devon Transport Model

Typical model where combined transport services can be applied - based on synergy in the type of service, client need and vehicle specification / requirement.



Where social care (social services) transport has been integrated with home-to-school special needs transport (the Devon model). In this model the synergies are being realised between integrated commissioning of regular social care transport and regular special needs education transport.



Devon County Council Transport Co-ordination Service: Organisation Functions & Volumes

This example gives a clear idea on how an organisation can be broken down into key service areas and structured so that both its mainstream transport functions can be fulfilled as well as identifying potential areas where an integrated approach to transport provision can be applied, either internally or externally with other organisations / partners.

Specialist Transport

- SEN school transport.
- SEN FE transport.
- Social Services transport.
- Reviews.
- Network planning.
- Contracts/ tenders.
- Service integration including with other agencies e.g. Health Trusts.
- Adult Social Services transport £1.73m
- 1000 regular passengers transported/ day - £1.1m/ yr.
- 1700 "One-off" bookings - £0.65m/ yr.

Mainstream School Transport

- School transport.
- FE transport.
- Reviews.
- Network/ tenders.
- School meals transport Service integration.
- Transport: £20m budget.
- 22,000 pupils transported/ day.
- Post 16 & other ticket contributions £0.5m.

Public Transport

- SWPTI Traveline.
- Network planning.
- Schedules/ timetables.
- Concessionary fares & education tickets.
- Monitoring service performance/ data analysis.
- Contracts/ tenders.
- Publicity & information.
- Local Transport Plan implementation Consultation.
- £5.0m bus service support/ yr.
- 4.5m passengers carried/ yr.
- 220 local bus contracts.
- 6 area timetable books covering all Devon.
- 130,000 Devon wide concessionary fares scheme pass holders (Devon manages scheme on behalf of 8 District Councils) & 2000 Senior Rail Cards issued.
- 3 Rural Bus Challenge projects.
- 11 Fare Car schemes.

Community Transport

- Community/ rural transport & capacity building.
- Devon Rural Transport Partnership.
- Partnership external bids & grants.
- Community planning/ DSP /LSP links.
- Health Transport Partnership (Includes 2 x Devon Rural Transport Partnership posts).
- Community transport schemes support £290,000.
- 4 Local transport partnerships.
- 16 Ring & Ride schemes.
- 15 Community Car schemes.
- 6 Community Bus schemes.
- 5 Shopmobility schemes.
- 3 Wheels to Work projects.

Business Development

- Improvement planning & development.
- Project co-ordination.
- Support systems.
- QA/ performance indicators.
- Monitoring TCS services.
- Market research/ surveys.
- New service formats & RBC joint initiatives/ bids.
- LTP input/ delivery & other DCC strategies.
- Communications/ PR.
- Performance Management Plan.
- Performance indicators & annual customer survey.
- Leading SW Counties Transport Benchmarking Group.
- QA & audit process.
- 250k timetables & booklets published/ yr.
- Contractors' forums.
- GIS/ E-govt development.
- Smartcard scheme & development.
- Best Value Action Plan delivery & integration.

Compliance & Fleet

Compliance:

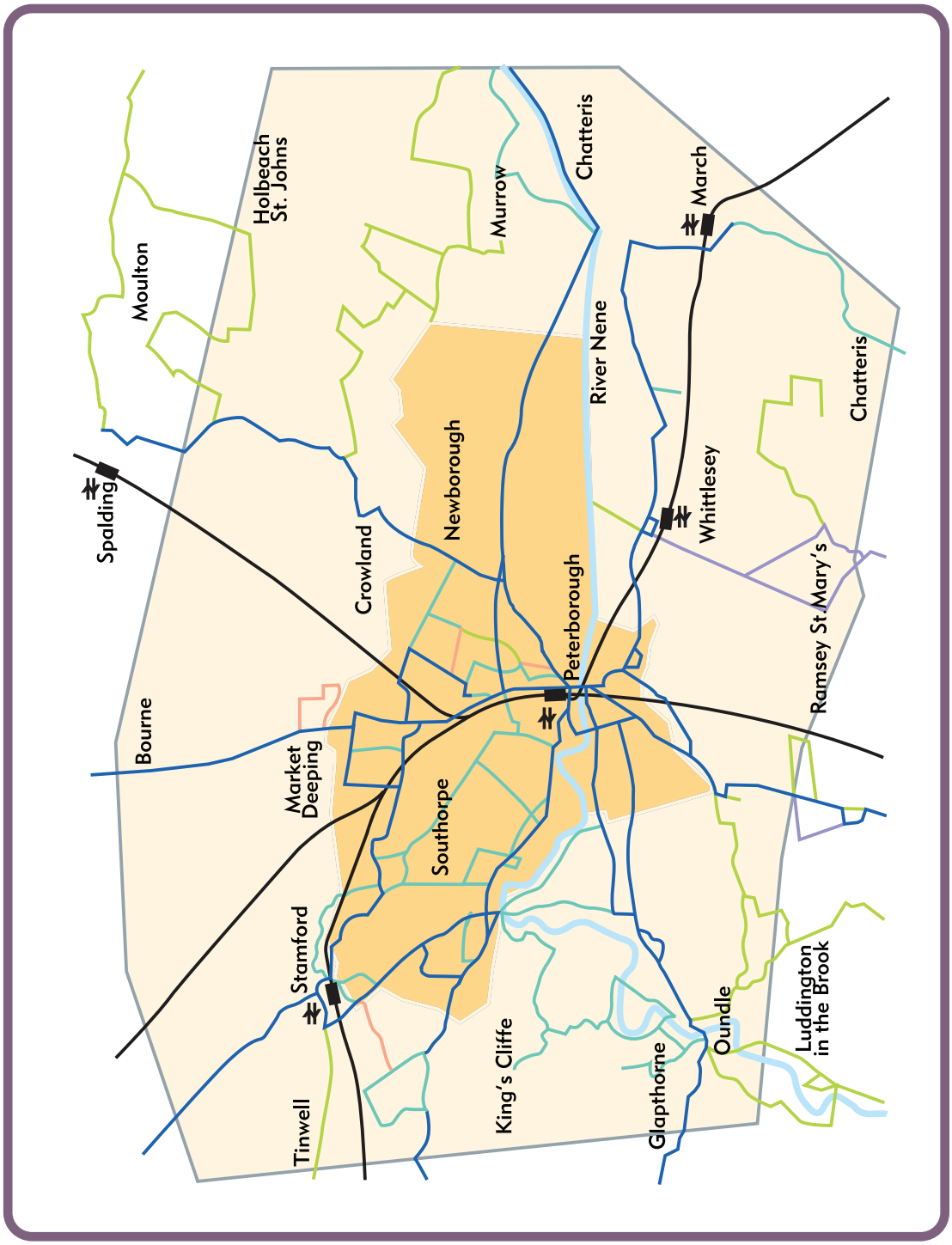
- Fleet management.
- Fleet management.
- Vehicle procurement.
- Safety.
- Driver vetting.
- Driver standards.
- Coach hire & removals.
- 1330 school contracts.
- 150 Social Services contracts.
- 4300 drivers issued ID badges.
- 200 drivers trained in carrying wheelchairs/ yr.

Fleet Management:

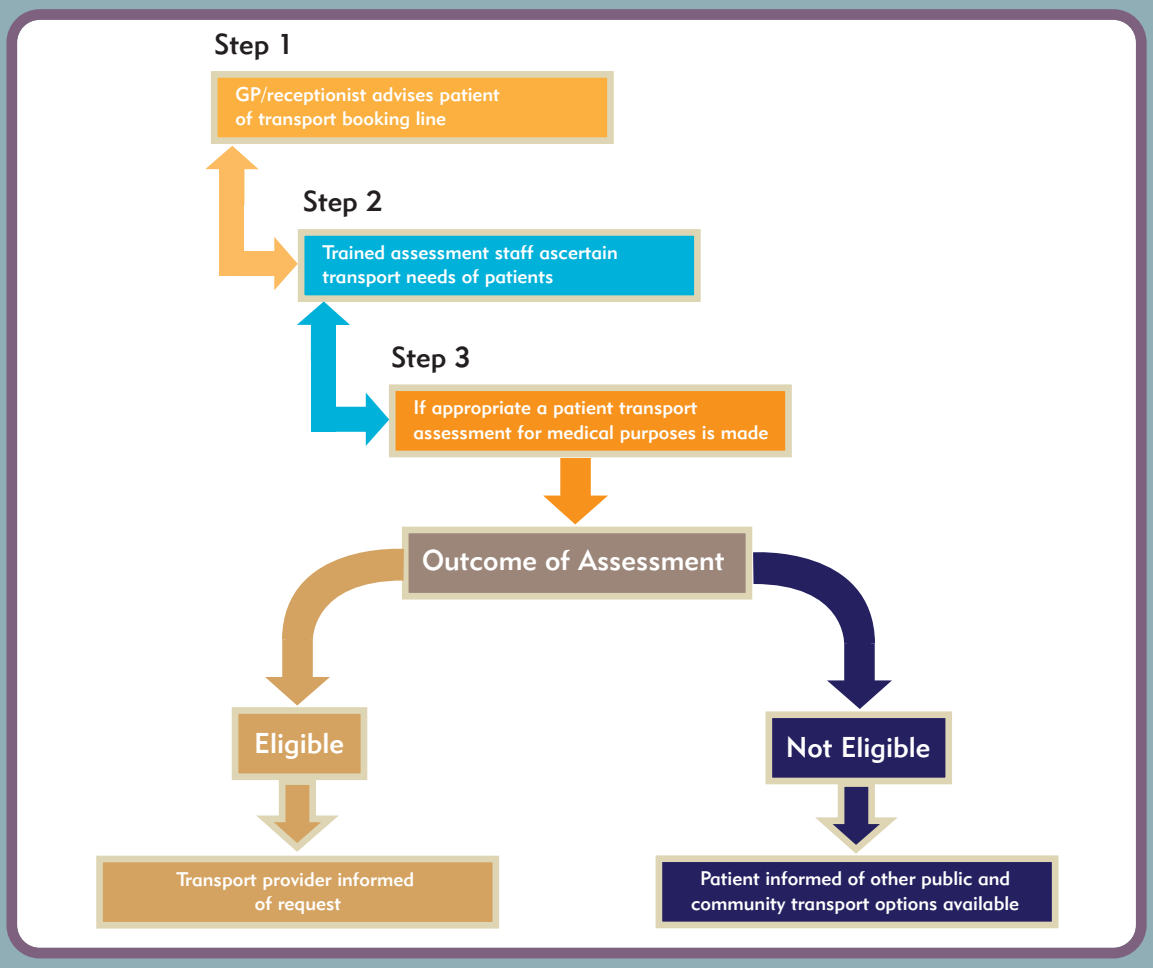
- 500 road going vehicles including 100 accessible minibuses, 60 minibuses, 33 accessible cars.
- Annual vehicle replacement programme £1.2m.

Appendix J:

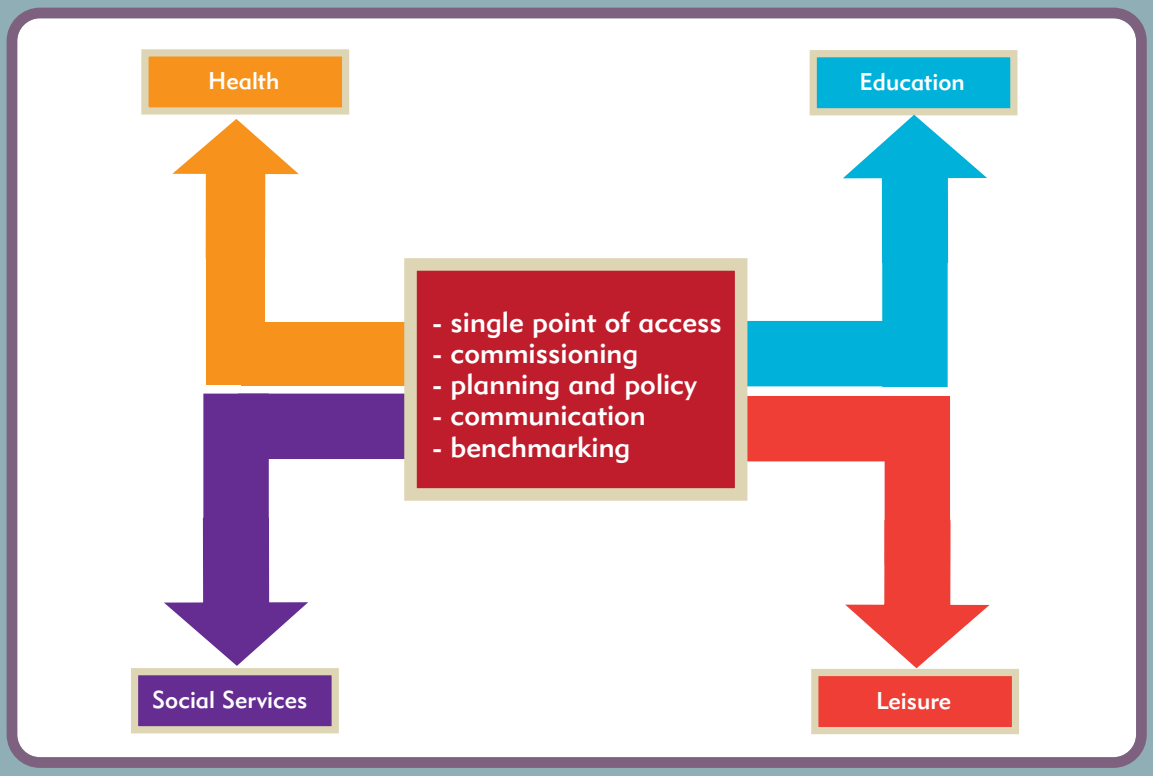
Peterborough Transport Model



Model 1 – Transport booking for Health care



Model 2 – Central Transport Commissioning



Peterborough Integrated Transport Partnership

Project Origination:
Peterborough City Council works in partnership with Peterborough Primary Care Trust and other local partners on improving the co-ordination of travel and transport access across health, social care, education and leisure services.

Key Aims and Objectives:
- To improve patient transport services, by updating eligibility criteria and issuing the guidance on commissioning transport.
- To improve the advice and information available to patients, by allowing patients to choose the time and place of healthcare appointments and developing options for a one-stop shop of appointment and transport booking.
- To promote accessibility considerations in decisions on healthcare infrastructure.

Partnership Review and Recommendations:
A review of existing transport arrangements undertaken by the local authority, NHS trusts and community transport operators identified the following recommendations:

1) Implement non-emergency patient transport services primary and secondary healthcare
2) Endorse and fund the development of a transport booking system to process.
3) Patient Transport Services (PTS) requests for primary and secondary healthcare as part of a one stop shop for transport.
4) Procure improved planning tools and IT systems that are centrally available to plan journeys.
5) To include a transport element in the costing of new services across health, education and social services.
6) Improve and expand community transport options that are available in Peterborough and wider environs.
7) Establishment of a travel plan for all new services including health, education and social services.
8) Improve information that is consistent and tailored across all health and community sites.
9) To develop a travel training programme for particular groups with specialist needs.

Service Delivery:
Travel options have a customer-focussed emphasis on choice, accessibility and value for money. Service delivery has been assisted by using the following key steps:

1) Establishment of a robust project management process and clear stages to integration that incorporate customer needs.
2) Promotion of clear criteria and procedure for transport for medical and social reasons rolled out to all GP Practices and hospitals in Peterborough.
3) Support and advice offered to clinical staff in assessing patients travel options.
4) Reduction in inappropriate use of patient transport and a reduction in aborted journeys (less than 1%) through improved communication.
5) Co-ordinated marketing campaign - over 10,000 copies of transport to healthcare booklet sent out to local health and community centres to ensure staff and patients are aware of travel options.
6) Travel training programme established for learning disabilities / mental health clients regarding concessionary fares and similar schemes. Tailored marketing material accompanies the scheme.
7) Smarter and joined up commissioning of patient transport services has enabled improved services within existing financial envelope.
8) Increased support and business for community transport operators - over 50 drivers have been issued with permits to help them access the local hospitals more easily.

9 Establishment of new local bus services serving local hospitals - bus services now run between the city centre and the major hospitals every 10 minutes.

10 Health impact review of the 2nd Local Transport Plan carried out in conjunction with Peterborough PCT Public Health.

11 Representation on the Hospital Travel Plan Group by PCC and PCT representatives to improve access for staff, patients and visitors

12 Joint review work with regional and national committees on patient transport, the hospital travel costs scheme and integrated transport units.

Key Service Outcomes:

The recommendations from the agreed service model are now being implemented and the following outcomes have been delivered:

- Effective co-ordination of transport resources for patients accessing healthcare services.
- Developing a whole system approach to looking at both a medical and social need for transport.
- Improved key interfaces between public transport,community transport and non-emergency based ambulance services.

Summary and Conclusion:

Transport integration remains a high priority on both the local authority's and local health trust's efficiency plans and has been given the support and backing of chief executives and local members. However the original jointly employed Coordinating Officer departed to another job in 2006 and has not been replaced. As a result some of the momentum of the initiative has been lost. Nonetheless the intention remains to continue the effort to maximise appropriate travel options for patients and visitors accessing health services, particularly those in vulnerable groups.

Appendix K :

Scottish Ambulance Partnership:

Patient Transport Service – Transport with Care

Project background:

The Scottish Ambulance partnership is, at the time of this document going to print, in the early stages of implementing an integrated transport service.
This partnership aims to deliver better use of current resources by improving co-ordination across the key providers of Social Transport – Health, the Ambulance Service, Local Authority and Voluntary Sector Providers.
The Transport with Care Programme aims to increase the quality, range and volume of transport for those with medical or social needs.
Effective and efficient transport is an essential component in the provision of effective Health and Social Care Service Delivery and is crucial in terms of access to services.

The Vision:

The Vision of the Transport with Care Project is to establish Integrated Transport Solutions across Scotland including co-ordinated booking services, which provide Social Care and Health Services users who require transport with a fit for purpose, reliable and effective transport to and from the point of service delivery.

Key Objectives:

To optimise the use of current transport resources held across the local authorities, health boards,ambulance and community transport sectors to deliver economic and environmental benefits:
1) Tailored to the needs of patients and patient centred.
2) Easy to access and equitably provided.
3) A high quality service: caring, courteous, punctual, reliable and efficient, with appropriately skilled,equipped and trained staff.
4) Based on National Minimum Standards, but delivered through local solutions.
5) Flexible and responsive to local needs.
6) Rewarding for the staff who work in it.
7) Delivered in partnership with other agencies.
8) Underpinning the Emergency Ambulance Service and the wider NHS.

Implementing the Strategy for the Development of the Patient Transport Service

High level actions:

- Educate and involve stakeholders in the new vision and the new service delivery processes.
- Develop different tiers of PTS staff with various skill levels to meet the different requirements of the services and to provide a career path for PTS staff.
- Extend the hours of working, where required, to meet NHS hospital appointment times and to help reduce bed-blocking and facilitate early discharges.

Review staff terms and conditions of service.

Continued on next page

Patient Transport Service – Transport with Care (Continued)

Service Categorisation

Service Type 1 – NHS Priority Clinical Conditions Cancer, Coronary Heart Disease, Mental Illness, Renal
Service Type 2 – Patients Attending for Remedial/Invasive Treatments (e.g. Diabetes, Endoscopy)
Service Type 3 – Routine/Rehabilitative (eg. Day Hospital, Physiotherapy)
The core of the categorisation system would be a matching of patient need to an appropriate service response. There are three 'drivers' which would determine the category of the patient and the type of service provided:
1) The Clinic being attended
2) The basis of the transport need – medical, social or geographic
3) The mobility of the patient

Expected Key Outcomes:

- Improved user access through adopting single number booking services and other appropriate centralised communication channels by integrated I.T. Systems within and across the Partnerships.
- Improved Quality of Service through creation of co-ordinated use of all transport resources to increase capacity and user responsiveness.
- Improved service users experience through improved access, explicit standards, clear eligibility criteria and reduced journey times.
- Increased activity from existing resources through effective co-ordination and planning

Quality Standards:

1) Punctuality for appointment
   - Punctuality for "pick-up" (post appointment).
   - Travel time to/from appointment - urban/rural/sparse health boards (categorisation = different quality standards).
2) To provide easy, reliable and consistent access to transport with care service for users/carers.
3) To improve the quality of journeys in respect of time and comfort for passengers.
4) To build strong, effective and enduring partnerships across the transport providers to support continued efficiency gained through greater integration of service delivery, service infrastructure and procurement arrangements.
5) To build improved service development sensitivities through effective and continuous user/carer engagement with service providers and commissioners.

Annex 1

Members of the joint local authority/NHS working party which formulated this advice document

Ron Beckett	London Councils
Doug Bennett	Norfolk County Council
Lena Boghossian	HPC Birmingham
Chris Busst	West Midlands Ambulance Service
Judy Carne	Lewisham Borough Council
Julie Cox	South West London NHS
Roger D'Elia	Hertfordshire Partnership NHS Foundation Trust
Garth Goddard	North West Centre of Excellence
Chris Hanley	Peterborough City Council
Andy Hickson	North West Ambulance Service
John Hodgkins	Buckinghamshire County Council
Jane Jackson	Heatherwood & Wexham Park NHS Trust
James McCafferty	Scottish Ambulance Service
John McVey	Poole Borough Council
Stuart Murray	GMPTE
Dave Neilan	Hertfordshire County Council
Tony O'Connor	London Councils
Jason Roberts	Merseytravel
Bruce Thompson	Devon County Council
Richard Turley	Cheshire County Council
Graham Wray	HPC Birmingham

Annex 2

Abbreviations

CT(A) –	Community Transport (Association) –covers voluntary, community and social enterprise organisations collectively referred to as ***"The Third Sector"***
IT –	Information Technology
ITU –	Integrated Transport Unit
JIT –	Joint Improvement Team (Scottish Executive)
LA –	Local Authority
LTA –	Local Transport Authority as per The Transport Act (2000) S.108(4)
NHS –	National Health Service
NPTMG –	National Patient Transport Modernisation Group
NWAS –	North West Ambulance Service
NWCE –	North West Centre of Excellence
PCT –	Primary Care Trust
PTS –	Patient Transport Service
PVR -	Peak Vehicle Requirement
SEN –	Special Educational Needs
TCS –	Transport Co-ordination Service (Cheshire CC)
VACS –	Voluntary Ambulance Car Scheme