



*Health Development Agency*

Improving patient access to health services:  
a national review and case studies  
of current approaches

*Lucy Hamer*  
*Health Development Agency*

## **Acknowledgements**

This report was written by Lucy Hamer and edited by Jane Chambers at the Health Development Agency.

The Health Development Agency would like to thank the following for their contributions and support:

- Martin Gibbs, Department of Health
- Becky Farren, Department of Health
- Dr Caroline Fish, Department for Transport
- Dave BATTERY, Department for Transport
- Ben Merrick, Social Exclusion Unit
- Professor Kerry Hamilton, University of East London
- Adrian Davis, Transport Consultant
- Members of the Health Development Agency's transport and health reference group
- All the local authorities and primary care trusts who contributed case study material.

The report was funded by the Social Exclusion Unit, Department of Health and Health Development Agency and prepared in collaboration with the Department for Transport and Social Exclusion Unit.

Copies of this publication are available to download from the HDA website ([www.hda.nhs.uk](http://www.hda.nhs.uk)).

Health Development Agency  
Holborn Gate  
330 High Holborn  
London  
WC1V 7BA

Email: [communications@hda-online.org.uk](mailto:communications@hda-online.org.uk)  
URL: [www.hda.nhs.uk](http://www.hda.nhs.uk)

© Health Development Agency 2004

ISBN 1-84279-254-7

## **About the Health Development Agency**

The Health Development Agency ([www.hda.nhs.uk](http://www.hda.nhs.uk)) is the national authority and information resource on what works to improve people's health and reduce inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

# Contents

Summary	v
<b>1. Introduction</b>	<b>1</b>
<b>2. The problems and impacts of poor patient access to health services</b>	<b>2</b>
2.1 Reasons for poor patient access to health services	2
2.2 Problems associated with poor patient access to health services: locally identified causes	3
<b>3. The policy context</b>	<b>5</b>
3.1 Accessible health services and accessibility audits	5
3.2 Department for Transport	6
3.3 Department of Health	6
<b>4. Local action to improve patient access to health services</b>	<b>8</b>
4.1 Data on accessibility audits and patient access to health services	8
4.1.1 Accessibility audits	8
4.1.2 Types of data available	9
4.1.3 Detailed examples of data on patient access to health services	10
4.1.4 Summary	11
4.2 Initiatives to improve patient access to health services	11
4.2.1 Local transport plans: improving patient access to health services	11
4.2.2 Factoring accessibility into the development of new NHS facilities and services	12
4.2.3 Introducing NHS travel plans to existing sites and facilities	12
4.2.4 Developing integrated public and specialist transport services to NHS facilities	14
4.2.5 Improving public transport services	15
4.2.6 Improving access for cycling and pedestrians	17
4.2.7 Voluntary car schemes and coordinating community transport	17
4.2.8 Linking timing and booking of NHS services to transport services	18
4.2.9 Improving the quality of existing services – roadside improvements, concessionary fares, facilities for disabled people, car parking	19
4.2.10 Improving information about transport access to health services	19
4.3 Partnerships, funding and evaluation of local initiatives	20
4.3.1 Partnership development	20
4.3.2 Funding arrangements	23
4.3.3 Local evaluation of patient access to health services' initiatives	24
<b>5. Key lessons</b>	<b>26</b>
5.1 Key challenges for improving patient access to health services	26
5.2 Lessons for improving patient access to health services	26
5.3 Proposed next steps for improving patient access to health services: local ideas	27
<b>6. Useful resources</b>	<b>28</b>
<b>7. References</b>	<b>29</b>



# Summary

This report provides a summary of national policies and local action to improve patient access to health services. In this report patient access will be used to mean the extent to which people, particularly those from disadvantaged groups or areas, can utilise the health services that they need either by travelling to those services or by services being brought to them. Improving patient access will often have the added benefit of enabling visitors and NHS employees alike to reach healthcare facilities. The report is aimed at local authority transport departments, NHS bodies and local transport and health partnerships seeking to improve their joint working in this area.

During development of the Social Exclusion Unit's report *Transport and Social Exclusion: Making the Connections*, published in February 2003, government policy was changed to address the problems associated with accessibility to a range of local services. The problems that people on low incomes have in making the journey from their homes to health services, and accessing services, have now been recognised as an important area of cross-government policy to tackle deprivation and inequalities. The Department of Health (2003a) has emphasised the importance of improving the accessibility of health services in its cross-government programme, *Tackling Health Inequalities: A Programme for Action*.

Working with the Department for Transport and the Department of Health, the Social Exclusion Unit has developed a number of significant new policies to address these problems. Accessibility planning, which is being developed by the Department for Transport working closely with other government departments and local authorities, is central to the new approach. It will involve local transport authorities working in partnership with the NHS to identify and tackle the problems people, particularly those in disadvantaged groups and areas,

encounter in accessing health services and sites. Accessibility planning will also involve other local partners tackling the related problems of access to work, learning, shops, food and other facilities and services. Accessibility planning is to be incorporated in the second round of local transport plans (LTPs), due in 2005, and covering the period 2006/07 to 2010/11.

The Department of Health is focusing its efforts on improving the provision of specialist transport to health services and ensuring that higher priority is attached to patient access in the development of new NHS sites and services. It is also encouraging the development of a range of more flexible community-based health services located closer to communities, thereby reducing the need to travel.

This report summarises these national developments and provides illustrations of local approaches to improving patient access to health services. These include examples that have developed over the last three years, drawing on a national review of LTPs and local health improvement and modernisation plans (HIMPs) in England, a survey of current activity in London boroughs and a series of more detailed case studies of promising new approaches. A range of case studies can also be found at [www.accessibilityplanning.gov.uk](http://www.accessibilityplanning.gov.uk) under the accessibility microsite.

Problems associated with patient access to health services, especially in rural areas, were identified by 49% of LTPs in the national review. The most common problems include poor public transport, inaccessible services, parking issues, limited access to specialist transport services for those with social needs, and under-resourced community transport services. Forty-eight per cent of all LTPs were able to indicate actions or work already underway to tackle these problems. The range of actions being taken across the country include:

- Developing transport plans for new NHS sites and facilities
- Introducing transport plans to existing NHS sites
- Developing integrated public sector transport services – including health, education, social services and ambulance services
- Bus service developments
- Tram and rail services
- Improved park-and-ride facilities
- Improved walking routes
- Improved cycle routes
- Taxi schemes
- Parking schemes
- Improving community transport provision (including voluntary driver/car schemes)
- Linking timing and booking of NHS services with public transport provision
- Roadside improvements, bus shelters and lower pavements at transport interchanges at NHS sites
- Information provision about, and promotion of, NHS-related transport
- Reduced fare schemes.

Experience of improving patient access to health services at a local level has highlighted the need for:

- Coordinated local research to understand access needs
- A focus on reducing the need to travel to NHS sites as well as improving transport access
- Effective transport and health partnerships with identified NHS contacts to work with local authorities and other partners
- Joint commissioning and provision of resources of transport services to the NHS, linked to the broader integration of public and specialist transport services in the area
- Development of local indicators and targets to track improvements in access to services.

# 1. Introduction

This report provides a summary of national policies and local action to improve patient access to health services. In this report patient access will be used to mean the extent to which people, particularly those from disadvantaged groups or areas, can utilise the health services that they need either by travelling to those services or by services being brought to them. Improving patient access will often have the added benefit of enabling visitors and NHS employees alike to reach healthcare facilities.

The report is aimed at local authority transport departments, NHS bodies and local transport and health partnerships seeking to improve their joint working in this area. It sets out the new policy context for improving patient access to health services, including developments in the Department of Health and the Department for Transport.

Examples of local action to improve access are included from a survey of all local transport plans (LTPs) and health improvement and modernisation plans (HIMPs) in England and a sample of transport activities from London boroughs. The report uses a selection of case studies to illustrate promising current approaches.

During the development of the Social Exclusion Unit's report *Transport and Social Exclusion: Making the Connections*, published in February 2003, government policy was changed to address the problems associated with accessibility to a range of local services.

One of the challenges for all those involved in improving patient access to health has been the identification of local action to improve accessibility to health services. This report is intended to illustrate some current local approaches to patient access and to complement forthcoming guidance on:

- LTPs including accessibility planning
- The NHS role in commissioning transport services.

This report was prepared using a range of methods including:

- A documentary analysis of all current LTPs in England (2000-05) and HIMPs (2000-03) to identify and categorise references to patient access to health services
- A questionnaire inviting all London boroughs to contribute examples of their work on patient access to health services
- A structured case study format to gather updated information from those authorities/partnerships which provided the most developed account of work on access to health services in their LTP.

## 2. The problems and impacts of poor patient access to health services

The Social Exclusion Unit report *Transport and Social Exclusion: Making the Connections* (2003) sets out the current challenges faced by socially excluded groups in accessing health and other services. This section of the report highlights the problems and impacts identified by the Social Exclusion Unit and reinforced in this study of local transport and health plans.

People who are socially excluded may be experiencing a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age coupled with poor transport provision or services sited in inaccessible locations. For example, 14% of adults have a physical disability or long-standing health problem that makes it difficult for them to go out on foot or use public transport. This rises to over 70% among people who are over 85 years old.

Problems with the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups. For example, 89% of visits to local hospitals are made by car from the least deprived areas compared to 56% of journeys from the most deprived areas. In the 10% most deprived wards, just under 20% of journeys to chemists are made by car compared to just under 50% in all other wards. These problems can occur in rural and urban areas. Over 10% of rural households outside the south east live over seven miles from the nearest hospital.

The costs of the impacts of poor access to health services have rarely been counted. However, the Social Exclusion Unit reported that 31% of people without a car have difficulty travelling to their local hospital, compared to 17% of people with a car. Over 3% of people surveyed, or 1.4 million people if extrapolated, say they have

missed, turned down or chosen not to seek medical help over the last 12 months because of transport problems. This rises to 7% of people without access to a car. There are also costs to the NHS in terms of delayed patient discharge from hospital as a result of transport problems. The issue of access to healthcare is identified in 49% of LTPs. Problems of access are apparent particularly for rural communities.

Inadequate public transport is by far the most frequently mentioned transport problem identified by people who have difficulty getting to local services. Other access issues are concerned with the location of NHS sites and car parking facilities, limited access to specialist transport services for those with social needs and under-resourced community transport services.

### 2.1 Reasons for poor patient access to health services

The Social Exclusion Unit identified a range of reasons for poor patient access to health services. These are reinforced by experiences of those working in local authorities and the NHS. Historically there has not been a cross-government approach to tackling patient access to health and other services. Consequently, public services have not been encouraged sufficiently to work together to increase accessibility by improving the location, design and delivery of services.

Public funding for patient access to health services has been disjointed and often lacked any coordination. It has included a variety of funding streams for provision of mainstream local transport services, funding for specialist NHS transport services and ambulance services as well as separate funding for social services and education transport services. Nationally, £900 million is spent on school, patient and social services transport; there is

### Examples of local problems of patient access to health services

- North Cornwall Primary Care Trust's transport survey of six hospitals in Cornwall and Plymouth reported that 80% of respondents found it difficult to access healthcare other than by private car
- In 1999 Royal United Hospital Bath undertook a survey (1999) of access to the hospital: 41% of respondents reported some difficulty, either due to parking or with access to public transport
- Household research by the Merseyside Health Action Zone among key deprived communities found that access to healthcare was a major concern and that the hospital travel costs scheme was being largely ignored by local hospitals
- Local councils in Devon identified problems with access to health facilities during consultation on the LTP; this was particularly marked for people without a car
- In East Cambridgeshire, research for the LTP found that access to healthcare and transport for parents with young children without access to a car was severely limited
- Slough Borough Council noted that hospitals have severe parking problems due in part to the lack of alternatives to the car; those patients, staff and visitors without access to a car have relatively greater difficulty arranging suitable transport to meet their needs.

considerable potential for cost-savings through better coordination of this funding and the £1 billion spent on revenue support for buses.

NHS service developments have led to more specialist centres of excellence and increased distances for people attending accident and emergency and outpatient services, and for those visiting patients. New hospital facilities have often developed on the edge of towns where there is room for expansion; this has led to the closure of town centre facilities. New sites, many of which are developed without sufficient consideration of accessibility issues, often have poor public transport provision. Accessing hospital services in rural areas frequently involves long distances, necessitating lengthy journey times.

Existing help for patients and hospital visitors is not sufficiently organised around the needs of patients. The

current criteria for entitlement to free patient transport services are open to local interpretation and have restricted access for some, while others provide free transport for those who would otherwise be capable of using mainstream public transport. Insufficient publicity is given to the hospital travel costs scheme and the assistance on offer to visitors.

LTPs typically highlight the problems of access to health services in the wider context of low car access in many areas, the decentralisation of public services and the increasing demands to travel to work, school and leisure. Relative to the car, the cost of using public transport has increased.

### 2.2 Problems associated with poor patient access to health services: locally identified causes

Hertfordshire County Council has identified that 22% of homes have no regular use of a car and that hospital sites have decentralised.

Suffolk County Council noted the expansion in the population of some rural communities but the lack of health facilities to meet demand. Thurston Village has a population of 3000 but no locally based commercial or industrial enterprises, few shopping facilities and no medical or dental facilities.

South Cambridgeshire has more than 15% of people living more than five kilometres from a doctor's surgery.

Northamptonshire County Council and Surrey County Council noted that the centralisation of health services is leading to the closure of some hospitals with significant transport implications such as longer travel times and a need to switch to car travel due to a lack of public transport services.

Bournemouth, Poole and Weymouth LTP highlighted inadequate provision of existing public transport to local hospital services.

Worcestershire has found that one of the main pressures on the community transport sector is the demand for health-related trips, involving journeys to GP surgeries and to hospitals for clinics and outpatient appointments. This demand comes in part from those not entitled to free use of the ambulance patient transport service (PTS)

and elective use of community transport rather than PTS. Community transport services are reported as providing a more personal service, and shorter waiting and journey times when leaving hospital.

Central Leicestershire LTP cited physical isolation and poor access in its new deal for communities (NDC) and single regeneration budget (SRB) areas. NDC consultation found that no bus service provided a direct link to any hospital. Other research has also found that evening and night-time services are very infrequent or non-existent and that services do not operate to coincide with the opening hours of the locations they serve. For example, bus services to the hospital do not run until the end of visiting hours.

# 3. The policy context

The Social Exclusion Unit has agreed a new cross-government approach to tackle transport and social exclusion. This includes a framework for accessibility planning and policy changes to improve public transport, land use planning, safer streets and measures to help people get to work, and to access learning, healthcare and food shops. The current description of accessible services being used by the Social Exclusion Unit can be applied to the NHS.

## 3.1 Accessible health services and accessibility audits

Accessible health services enable people to travel to them at a reasonable cost, in reasonable time and with reasonable ease (Social Exclusion Unit, 2003). The following factors affect accessibility:

- Availability of transport between people and services
- People know about the transport, trust its reliability and feel safe using it
- People are physically and financially able to access transport
- Services are within a reasonable distance or location of the people that need to use them
- Services are delivered in a way that facilitates people attending appointments.

The main reasons why people cannot access health services are:

- Availability and physical accessibility of transport
- Cost of transport
- Inaccessible location of health services
- Services delivered at times which reduce the opportunities for patients to attend
- Safety and security
- Travel horizons – people on low incomes travel shorter distances from home.

In preparing an accessibility audit information can be drawn from a range of sources, and by a number of methods. For example, a combination of the following approaches could be used (based on the Social Exclusion Unit report):

- Quantitative information from surveys/questionnaires
- Accessibility modelling/mapping
- Qualitative information from consultation with frontline professionals, service providers, community transport providers and service users and non-users.

When designing the audit, the following categories and issues could be used to collate information:

- Journey times
- Costs
- Safety
- Reliability
- People living in rural communities
- The needs of disadvantaged groups such as older/young people, ethnic groups, people with disabilities and people on low incomes, and people from disadvantaged areas
- The types of services delivered
- All modes of transport: cycling, walking, public transport, specialist transport, community and voluntary sector transport, private transport (including taxis)
- Journeys across organisational barriers such as primary care trusts (PCTs), NHS services or local authorities
- Barriers to patient access, for example location and timing of services and fear of crime.

The audit should also take into account:

- Available resources to improve patient access
- A review of how effectively current funding and resources are being utilised
- Opportunities for joint investment across sectors.

Government departments that have a key role in tackling the impact of social exclusion on patient access to health services include the Department for Transport and the Department of Health. An outline of each department's targets and programmes of work are described in the following sections.

### 3.2 Department for Transport

The Department for Transport is leading on the development of accessibility planning and will issue guidance for local transport authorities in 2004. This will be informed by an extensive work programme, including the piloting of accessibility planning for health services in Merseyside and Lincolnshire.

In response to the SEU report, the Department for Transport has agreed that accessibility planning will be incorporated in the next LTPs which cover 2006 to 2011. LTPs are five year integrated local transport strategies devised at the local level by local transport authorities in consultation with the local community. They not only set out the local strategic transport vision but act as bidding documents for capital funding from the Department for Transport. The LTP system was introduced in 2000 and was supported by a step-change in funding from £0.4 billion in 1998/99 to £1.9 billion this year.

Accessibility planning will involve local authorities working in partnership with the NHS and other partners to identify disadvantaged groups or areas with poor access to key health and other services, and to develop joint action plans to tackle these problems. Transport and health partnerships already exist in some areas. In others, local strategic partnerships (LSPs) should be well placed to be involved in accessibility planning activity and ensure it links with the community strategy priorities and action on inequalities and tackling exclusion.

Accessibility planning aims to put in place:

- A clearer process and responsibility for identifying groups or areas with accessibility problems
- Improved information to local authorities and their partners on the barriers to accessibility and the areas where accessibility is poorest, to inform the LTP and planning in other sectors
- Identification of the resources available for tackling the problems from across the public, private and voluntary sectors

- Joint working between local authorities, PCTs, NHS services and other agencies to consider solutions to accessibility problems, for example changes to transport services, changes to the location and delivery of health services, improving mainstream and specialist services and improving safety
- Monitoring and evaluation of actions to assess their impact on accessibility.

The process aims to result in an action plan on agreed initiatives to improve access to services and facilities:

*'This could include, for example, initiatives to improve physical accessibility and availability, travel advice and information, safer streets and stations, reducing the need to travel and making travel more affordable. Although the local transport authority will take the lead role, the local partners from each sector (for example planning, health, crime reduction, education) will be responsible for ensuring that their policies and programmes incorporate and take forward the actions identified for that sector in the plan.'*

(SEU, 2003 and Department for Transport accessibility planning website, [www.accessibilityplanning.gov.uk](http://www.accessibilityplanning.gov.uk))

### 3.3 Department of Health

In response to the problems identified by the Social Exclusion Unit, the Department of Health is taking action to improve patient access to health services. In its report, *Tackling Health Inequalities: A Programme for Action* (2003a), it recognises that:

*'The ability to get to work and key services is critical in addressing health inequalities and other forms of disadvantage ... Local transport plans submitted in 2005 will include a more systematic assessment of whether people can reach the services they need. Health service providers will have a key role in supporting and contributing to the accessibility planning process.'*

The programme for action also highlights the key role for local authorities with regional development agencies in developing consistent transport and land use planning policies that improve people's ability to access work and key services. Physical access to healthcare will have a higher priority in decisions about the location of healthcare facilities. Working with local authorities, PCTs will have a critical role in ensuring accessibility is factored into NHS site and service developments.

### **Department of Health action to improve patient access to health services**

Changes will be made to specialist travel to healthcare services so that they are organised around the patient. These developments include actions to:

- Review the eligibility criteria for patient transport services
- Increase the advice and information given to people when accessing healthcare
- Give greater priority to accessibility in making decisions on the location of new hospitals and primary healthcare facilities
- Review the hospital travel costs scheme
- Develop the NHS role in accessibility planning
- Develop the role of PCTs in commissioning transport for patients
- Develop models of integrated transport provision between specialist, public and community transport services
- Develop accessibility indicators for the NHS in relation to patient access to services
- Support directors of public health in PCTs to play a leading role in helping to improve access to food and nutrition
- Ensure ongoing action to increase the provision of services closer to patients such as walk-in centres, dental access centres or via other means such as NHS Direct.

Patient access is also being addressed in the modernisation of the NHS. *The NHS Plan* (Department of Health, 2000) sets out the 10 year programme to transform the health service so that it is redesigned around the needs of patients. While recognising the need to maintain specialist treatment centres, the drive is to improve accessibility. This will be achieved through the development of primary care services, particularly in disadvantaged areas, the provision of local treatment services and the use of information technology such as NHS Direct.

Developing high quality, sustainable solutions for local services, including provision of smaller hospitals as the heart of local communities, is set out in *Keeping the NHS Local: A New Direction of Travel* (Department of Health, 2003b).

# 4. Local action to improve patient access to health services

This section provides examples from LTPs, London boroughs, HIMPs and more in-depth case studies from a number of local transport and health partnerships across England. It focuses on patient access to health services and includes examples of:

- Data collected on patient access to health services and examples of accessibility audits
- Actions and schemes being taken forward locally
- Partnership arrangements, funding and evaluation of local initiatives.

## 4.1 Data on accessibility audits and patient access to health services

### 4.1.1 Accessibility audits

The development of accessibility audits of NHS services is a new idea. Most local areas have not undertaken such an audit, but there are examples of practice available. These audits have been prompted for various reasons which follow, along with selected examples.

#### ***A recognition of a lack of adequate data on transport access to current services***

The London Borough of Tower Hamlets identified the lack of information about patient access to health services as a problem. As a consequence the borough has evaluated postcode data and surveys from the Royal London Hospital. A full accessibility audit is being undertaken during 2003/04 to inform developments for 2004/05.

A proposal is being submitted to the West Wiltshire Local Strategic Partnership for a detailed study of patient access to health services. This will consider current provision, unmet needs and possible opportunities for coordination within West Wiltshire. It will cover public,

community/voluntary, health sector and social services/special needs education transport, and the local hopper service to the NHS.

#### ***NHS redevelopments and private finance initiative (PFI) hospitals***

Hertfordshire has undertaken a review of patient access to support the development of proposals to reconfigure health services across acute and community services. Some changes will bring services closer to patients; providing high risk/high dependency healthcare in specialist units will mean diagnostic and routine treatments may be more convenient. However, specialist treatment and major surgery may require longer journeys for patients, carers and visitors.

A number of access reports have been produced as part of the planning process for the new PFI hospital in the London Borough of Havering. This has led to negotiations with London Buses to provide improved services to the site.

#### ***The identification of problems of access for key groups, such as people from specific areas or people with mobility problems***

Bedfordshire has conducted a review and audit of services for people with mobility problems about how users access health and a range of other social, leisure and educational opportunities. It has also consulted district and borough councils and analysed existing bus services against criteria for rural passenger transport provision in the county, including by work journeys and journeys to doctors' surgeries in villages with a population greater than 200.

An extensive study on rural transport to health facilities is being carried out on behalf of the East Kent Health

### **Access to health services pilots**

Merseyside is acting as one of the access to health services pilot areas, working with the Department for Transport, the Department of Health and local health bodies. Merseytravel has drawn up proposals to take forward the recommendations in the Social Exclusion Unit report. This will include investigations into joint vehicle provision with the ambulance service, accessibility mapping, health impact assessments and best practice in the location and design of health facilities and transport.

Lincolnshire is another access to health services pilot. Lincolnshire County Council has drawn up proposals to use accessibility modelling techniques to inform the location of a new healthcare facility, assess how accessibility can be incorporated into future decisions concerning the location of healthcare facilities, and improve accessibility through greater coordination between non-emergency patient transport, community transport and public transport.

Partnership Transport Board. The study includes a detailed audit of current provision and identifies gaps in services with potential solutions. The Countryside Agency is funding the study.

### ***The need to develop travel plans for particular NHS sites, linked to planning applications for developments***

The London Borough of Islington is planning to undertake a comprehensive review of access to healthcare facilities. The London Borough of Bromley is working with the hospital to undertake a large-scale survey of patients and staff at all of its sites to assess services.

### ***As part of a review of the local transport plan, such as a health impact assessment***

A review of the Greater Nottingham's LTP health impact assessment started in April 2003. The transport and health initiatives group is using this to assess all aspects of transport and accessibility related to health services in Nottingham.

### ***As a result of issues raised in wider community consultation on local issues***

Merseyside has undertaken a range of studies to investigate the social and economic needs of the area including Pathways household interview surveys and a

gap analysis for identifying new services, including access to health services. This includes the identification of support needed by Merseyside community transport.

### ***As part of reviews of existing NHS services where patients/staff/visitors have identified a problem***

In the London Borough of Hounslow, links to hospitals from all areas of the borough have been identified as a priority. This has resulted in work between the borough and the local hospitals to identify patients' needs and improve public transport links, especially from the more deprived areas of the borough. The borough hospitals have appointed a consultant to undertake and report on the audit.

### ***4.1.2 Types of data available***

While detailed accessibility audits are not yet commonplace in the NHS, there is a considerable range of data on patient access to health services being gathered for a number of different purposes. These are illustrated by the following examples.

#### ***Mapping NHS services and transport provision***

Cornwall Community Health Council (2000) has produced a report *Patients on Wheels: Transport and Access to Health Services in Cornwall*.

North Cornwall PCT has undertaken a transport survey at six hospitals in Cornwall and Plymouth.

Buckinghamshire and Milton Keynes have mapped existing provision of available transport to NHS sites, especially in rural areas.

West Surrey has completed a study of the mode of travel to local hospitals.

#### ***Mapping provision against demand, particularly in relation to rural areas and disadvantaged groups such as people with disabilities and disadvantaged communities***

Nottingham City Council is assessing how many households are within 400 metres of a bus stop with at least a 30 minute daytime frequency service directly to a hospital.

The University of Greenwich has carried out a geographical information systems (GIS) based analysis of accessibility within rural areas on behalf of Ashford Borough Council and Shepway District Council.

### **Community wide travel surveys**

Nottingham County and City Councils have jointly commissioned a personal travel survey of a representative group of 2000 residents of Greater Nottingham. One question asked about accessibility to doctor/health facilities, including the mode of transport, length of journey time and satisfaction with the convenience of access. Results were reported in the 2003 LTP annual progress report. The survey will be repeated at two yearly intervals.

### **Use and satisfaction of specialist transport to NHS facilities**

Hertfordshire County Council data show that nearly 88,000 journeys are made by community transport schemes for people with mobility problems or people with disabilities; one quarter of these are to or from health services.

Figures for the journeys made by non-emergency transport of Bedfordshire and Hertfordshire Ambulance Service indicate that two thirds of non-emergency ambulance users are mobile patients (some of whom could be supported to use other forms of transport).

### **Use and satisfaction with existing public transport provision**

Kent County Council gauged the need for demand-responsive transport to NHS facilities by using GIS information and complementing this with interviews with parish councils and local interest groups.

### **4.1.3 Detailed examples of data on patient access to health services**

#### **Wiltshire**

Wiltshire County Council's review of funding for public transport included anecdotal evidence from stakeholder responses about difficulties of access to health services. The council's study of transport needs in the South Wiltshire Rural Development Area found similar anecdotal evidence, especially for those not meeting 'medical' need criteria for non-emergency patient transport services.

General feedback from parish public transport representatives and bus users over many years has highlighted difficulties in accessing hospitals in Bath, Salisbury and Swindon where hospitals are on edge-of-town locations needing changes of buses from many

areas. It has also highlighted the many difficulties accessing doctors' surgeries from rural areas where relatively infrequent bus services may not be convenient for appointment times.

Kennet Citizens' Advice Bureau undertook a detailed study on rural perceptions in 1999 which included transport and health services, based on qualitative research and interviews. This confirmed difficulties experienced by many rural residents in accessing health services.

The *Transport Transformation Conference Report* (Wiltshire and Swindon Users Network, 1999) highlighted the results of a transport needs survey, identifying barriers and possible solutions related to bus, coach, taxi, LINK and Mediacar transport.

#### **Worcestershire**

Worcestershire uses NHS Exeter System data on referrals and GP registration: 'Exeter' data is used to indicate where people live in relation to their registered GP, and hence can be used as an indicator of accessibility to GP surgeries. It is also used to show referrals to hospitals over the previous 12 months – an indicator of travel demands (not modes of transport) to various healthcare sites. The data is supplied by the public health network hosted by South Worcestershire PCT.

South Worcestershire PCT has commissioned GP patient access surveys at a number of surgeries. These involve talking to people in waiting rooms and collecting details of home postcodes, ages, convenience of travel arrangements to the GP in respect of time of appointment, travel mode, cost and time, whether the trip was solely for a GP visit or linked with other journey purposes. They also include details of any trips made to hospital in the last six months, together with details of travel mode, relative convenience and any other issues concerning the journey.

Focus group meetings have been held for health professionals (for example, practice managers, health visitors, district nurses) in primary care settings to explore transport and health issues. Issues covered included outreach clinics versus centralised or home visits, high costs of providing home visits, patients' experiences in travel to hospital and problems such as delivery of replacement hearing aid batteries and prescription pick-ups in rural areas. Focus groups were facilitated by South Worcestershire PCT as part of a wider strategic passenger

transport study of Malvern Hills on behalf of Worcestershire County Council and Malvern Hills District Council.

Data on the use of community transport for health trips are available from community transport schemes which supply data on use of their services to/from healthcare facilities/appointments.

#### **4.1.4 Summary**

In summary, data on patient access to health services may be available from a range of sources, including the NHS, local authority, local community/voluntary sector groups and service providers, passenger transport executives, health partnerships or the LSP; common sources identified in this study are set out below.

##### **Sources of data on patient access to health services**

- Community health council reviews/reports/surveys
- NHS trust, PCT or primary care patient access surveys (may cover hospitals, health centres, GP surgeries, dentists and so on)
- Health action zone/local transport planning research to explore community needs
- Health impact assessments of local transport plans and schemes (may include a consideration of access)
- GIS information on the current bus and train services currently servicing NHS sites
- Household surveys on distance from a bus stop and a bus route to the hospital/travel modes
- Use of specialist services to NHS sites: community transport schemes, voluntary care schemes, non-emergency patient transport services
- Patient satisfaction surveys
- Pre- and post-demand for new bus services to NHS sites
- Travel plans (although these tend to include surveys of NHS staff travel to/from work, rather than patients and visitors).

## **4.2 Initiatives to improve patient access to health services**

Problems associated with patient access to health services, especially in rural areas, were identified in 49% of the LTPs seen in the national review.

The most common problems were associated with poor public transport, inaccessible locations, parking issues, limited access to specialist transport services for those with social needs and under-resourced community transport services. Forty-eight per cent of all LTPs were able to indicate actions or work already underway to tackle these problems. Often these improvements are being planned in conjunction with health services or through key funding partnerships such as rural transport partnerships.

This section describes the different initiatives and provides examples of each. It covers the following:

- Developing transport plans for new NHS sites
- Introducing NHS green transport plans (to hospitals and other facilities) to existing sites
- Developing integrated public sector transport services – including health, education, social services and ambulance services
- Bus service developments
- Tram and rail services
- Improved park-and-ride facilities
- Improved walking routes
- Improved cycle routes
- Taxi schemes
- Parking schemes
- Improving community transport provision including voluntary driver/car schemes
- Linking timing and booking of NHS services with public transport provision
- Roadside improvements, bus shelters and lower pavements at transport interchanges at NHS sites
- Information provision and promotion about NHS-related transport services
- Reduced fare schemes.

### **4.2.1 Local transport plans: improving patient access to health services**

In some areas, improving patient access to health services, with links to the community strategy and local health plan, is a LTP objective and programme of action.

### **Examples of local LTP objectives**

Kent's LTP is underpinned by eight objectives including the promotion of health improvement in the county. This reflects the partnership approach with the NHS and includes action on reducing personal injuries, encouraging walking, cycling and greater use of public transport, tackling deprivation and ensuring that health facilities are provided at accessible locations. These objectives are also reflected in the local delivery plans of the primary care trusts (PCTs) in East Kent.

Buckinghamshire LTP has an objective to ensure new healthcare facilities, major food stores and large workplaces are located in places highly accessible by bus, walking and cycling.

Cambridgeshire's strategy to improve transport in rural areas focuses on measures to combat social exclusion, particularly access to social services and the NHS. This is being developed in partnership with bus operators, the NHS, district councils and other service providers and local groups.

Hertfordshire aims to modernise the county's approach to integrated transport by merging responsibilities and maximising the resources available across the NHS, adult care services, children, school and families (including education), public transport and voluntary and community transport.

Devon LTP has an objective to improve community transport to provide better access to healthcare facilities.

### **4.2.2 Factoring accessibility into development of new NHS facilities and services**

Factoring accessibility into the development of new NHS facilities and services is innovative and is at an early stage of development. Current measures tend to be reactive: action is taken in response to local authority requests for accessibility to be considered as a result of NHS planning applications.

#### **Examples of accessibility regarding NHS facilities and services**

North Cornwall PCT has established the Mobile Health Unit. The aim is to provide quality primary healthcare to remote villages in North Cornwall and to reduce social

exclusion. It replaces inadequate temporary health facilities and provides full GP services to five rural villages. There are plans to extend the service to additional villages. The surgery was piloted early in 2003 and introduced in April 2003. Screening clinics also started at remote sites in spring 2003 and temporary resident (holiday-maker) clinics began in summer 2003.

Nottingham City Council has policies in place regarding the access to, and development of, health facilities. These are set out in the Nottingham Local Plan Revised Deposit Draft covering the period up to 2011 (see [www.plan4nottingham.com](http://www.plan4nottingham.com)).

Two councils in central Leicestershire provided evidence to the local public inquiry into the review of acute services at the three hospitals serving the area. Evidence presented on the respective accessibility of the sites played a significant role in the final decision about relocation of services. A travel plan has since been developed on the new combined site based on a survey of staff, patients and visitors. This is being linked to the development of travel plans with adjacent organisations and the local universities.

Hertfordshire County Council has undertaken work on patient access as part of the consultation process it set up for restructuring acute and community health services in the county. This includes an assessment of the proposals on accessibility for different sites and types of services.

Bradford, Calderdale and Kirklees authorities have developed travel plans as part of the reorganisation of hospital services in Wakefield.

### **4.2.3 Introducing NHS travel plans to existing sites and facilities**

Over 40% of LTPs refer to the development of travel plan initiatives at NHS facilities – these include:

- Collaboration with public transport operators (such as on quality bus partnerships and interchange facilities)
- Guidance from transport authorities to NHS trusts on the development of travel plans
- Improved cycling and walking facilities on sites
- Parking schemes.

Often these focus initially on staff travel and then extend to patients and visitors as needs are identified. Travel

plans are often coordinated by the local authority in partnership with the NHS, as part of a wider programme such as TravelWise.

### **Examples of NHS travel plans**

Green transport planning at the two hospital sites in Nottingham has had considerable success in relation to staff travel, and has also generated improvements for visitors and patients. In addition to a new bus service, work has included the introduction of more frequent services on existing routes, new shelters and improved waiting facilities, new vehicles, publicity and information, and improvements to cycle facilities.

Wirral Health Authority surveyed all hospital sites to assess the development of travel plans. Devon County Council is developing transport strategies with health trusts and PCTs.

TravelWise in Merseyside has been working with the local hospitals to develop travel plans. West Lancashire District Council and Lancashire County Council have developed travel plans for Southport and Ormskirk Hospitals and made links to the Southport Eastern Park-and-Ride. Prestwich Hospital in Greater Manchester has set up a steering group led by the hospital management team and developed a travel plan.

### **Worcestershire**

The modernisation of acute hospital services and the new Royal Worcestershire Hospital led the health authority to recognise the impacts upon public transport networks and the need to ensure high quality connections with a refocused bus network. Since 1999 the partnership managing the programme has:

- Commissioned new bus services directly linking the three acute hospital sites
- Commissioned a five-year programme of work to develop transport services in a way that is sensitive to NHS needs, with the overall aim being to reshape the county's passenger transport system to better meet the requirements of the population, as expressed in reductions in social exclusion and improvements in health and welfare
- Contributed to successful joint bids for £4.5 million of government funding, including the Rural Bus Challenge 2000 and 2001, Urban Bus Challenge 2001, and Invest to Save 2000.

A range of initiatives is also being developed including:

- Electronic journey planning kiosks in hospital foyers
- Mobisoft software system to coordinate vehicle resources and improve the efficiency of passenger booking and vehicle scheduling, including the control of demand-responsive services
- Smartcard ticketing technology and other ticketing initiatives
- Enhanced conventional bus services and introduction of flexiLINK (demand-responsive transport) services in rural areas
- Bus stop improvements and rural transfer points
- Introduction of community minibus services and expansion of community transport schemes
- Joint commissioning of health and social care transport
- Driver training scheme
- Employee travel initiatives in Worcester
- Community safety initiatives in Worcester
- Branding, promotion and marketing.

Joint partnership working has:

- Increased information on needs to better inform transport decisions
- Enabled transport issues to be taken into account in the location of health facilities
- Opened up new funding streams to enable innovative solutions to transport problems.

Bolton Metropolitan Borough Council is leading a public-private partnership which has developed a demonstration travel plan for a corridor between town centres and the local hospital, focusing on a branded bus route that links the three sites.

The partnership includes the hospital, the Greater Manchester Passenger Transport Executive (PTE), Bolton Institute and First Manchester Buses. A successful bid of £30,000 to the Charging Development Partnership Fund has been allocated for the development of travel plan projects in Greater Manchester.

Access to Addenbrookes Hospital in Cambridgeshire has been improved by the introduction of bus priority on the radial route serving the site. Cambridgeshire County Council has built a new park-and-ride site nearby, and park-and-ride bus services operate across town giving access to Addenbrookes direct from a wider residential area in the north of the city.

Barking, Havering and Redbridge NHS Trust has developed a travel plan for its new hospital (Oldchurch Hospital) and has also developed plans for its other sites. Parking spaces will drop from 1400 to 705 as a result of the new hospital site and the local authority is planning to improve highways, cycle lanes and local bus routes to coincide with its development.

As a result of the travel plans a new inter-hospital shuttle bus has been introduced for staff which has been very successful and is often over-capacity. The local authority and the trust have been successful in their joint bid to Transport for London for improved cycle parking facilities at the hospital. There are further plans for promoting cycling and walking, the introduction of CCTV on the trust site and cycle parking and shower facilities for staff. The next stage will be to consider patient and visitor access.

Bedford Hospital Trust has been developing a travel plan as a condition of its planning applications, and in response to problems with car parking provision. This includes partnership working with the bus and train operators to improve service provision.

Sheffield Northern General Hospital undertook a travel survey in 2000 and introduced a travel plan. Of the 1200 parking spaces, 500 were allocated to a staff of 5500, and the rest are for visitors.

#### **4.2.4 Developing integrated public and specialist transport services to NHS facilities**

The development of more integrated public and specialist services to NHS facilities may be part of a travel plan. The problems of coordinating the different transport providers, services and funding streams are identified across the country and this is often a focus for initial local action.

##### **Examples of integration**

There are 1000 visits to Musgrove Park Hospital in Somerset per day and 5000 visits to GP surgeries. The patient advice and liaison services officer identified problems with transport access and, at a meeting held in early 2003 between all those involved in providing local transport services, concern was raised about the lack of coordination between transport service providers. Subsequent actions have included:

- Appointment of a transport coordinator to improve integration
- A rural GP practice actively seeking volunteers to improve access
- Increased advertising by bus companies for their range of services
- Improvements to bus shelters
- Approval for the acute trust to develop a park-and-ride scheme for the hospital.

A working group on access to Salisbury Hospital was set up during 1998/99 by South Wiltshire Strategic Alliance. This was in response to problems generated by the hospital trust's decision to limit non-urgent patient transport (Medicar) to a strict definition of medical need and charge for other passengers. This led to access/cost difficulties for some patients and a big increase in demand for community transport. The charging policy was subsequently partially relaxed. Partners in the working group included Salisbury CHC, Salisbury Hospital NHS Trust, the ambulance service, the council's passenger transport unit, Salisbury District Council, the bus operator, LINK coordinator and other community transport operators.

Worcestershire County Council has invested in IT equipment to provide a booking system that links community transport, education, social services, public transport and, where possible, the ambulance services booking system. The Wychavon Rural Transport

Partnership has committed to provide match funding for the amount spent on software to provide staff/training to use the equipment.

The South Yorkshire Bus Strategy has been used as the basis for developing more integrated services with the health, community transport and voluntary sectors.

Southampton is increasing the number of wheelchair compatible vehicles for education services so as to increase the availability of vehicles to integrate into wider health, social services and educational transport.

In Cambridgeshire, work is underway to integrate education and health specialist transport services to make significant efficiency gains to improve services in rural areas.

A post service runs between various NHS sites in East Kent. The vans have been changed to minibuses to provide a link between hospital sites. The Health Hopper service provides free transport for patients, visitors and staff. The trust is experimenting with different schedules to maximise the use of the service.

Manchester Passenger Transport Authority supports Manchester and District Transport for Sick Children, which provides a transport service for sick children and their families to attend health-related appointments.

Hertfordshire's transport partnership has been researching the feasibility of a single transport service across community, public and specialist transport services for all residents. It aims to achieve this by coordinating the information, management and procurement of all transport through integrated systems and new approaches to service delivery. A single transport point will ensure that the most appropriate transport is matched to individual needs. An interim report was published in 2002 and a feasibility study undertaken to develop options for an integrated management system.

#### **4.2.5 Improving public transport services**

The majority of measures identified in LTPs are focused on a number of key actions.

These follow with examples of local action.

#### ***Provision of new services to NHS facilities, which are expanded in terms of distance covered and greater provision of services in the evenings and at weekends***

Rural bus grants have been used to develop new services for the New Doncaster Royal Infirmary through a partnership between the NHS trust, North Lincolnshire Council and South Yorkshire PTE.

The London Borough of Barnet has allocated a bus officer to develop new bus services as part of the relocation of Edgware Hospital. A bus officer has also been working in Brent to improve bus services to the Central Middlesex and Northwick Park Hospitals. The London Borough of Waltham Forest is developing proposals for new bus services to link town centres, shopping centres and the local hospital.

A hospital link quality bus partnership with the bus operator and the NHS has been developed in the Worcester area to coincide with the development of the new Worcester Hospital. High speed, low floor buses have been used and the new services are jointly funded through Rural Bus Challenge and Invest to Save bids.

#### ***Direct local authority route subsidisation***

Devon County Council is providing improvements to public transport to community facilities including health centres and hospitals in 28 local areas. The areas have been identified by communities and statutory agencies as socially excluded and having poor access to services.

For Merseytravel, bus links to hospitals and district centre facilities are a priority and the PTE pump-primes services. It also provides a dial-a-ride service for the mobility impaired.

#### ***Dedicated shuttle bus services for rural communities to attend hospital appointments and other demand-responsive services***

Hertfordshire Transport Partnership has established hourly door-to-door trips to local hospitals with new vehicles in rural areas, funded by the Rural Challenge Fund.

Kent County Council introduced rural demand-responsive bus services in the Swale, Ashford/Shepway and Dover areas following successful Rural Bus Challenge bids. These have included improving access to health services as part of widening access to a range of other services.

**Improved services between NHS sites or between NHS sites and other major local facilities**

A partnership has been established between Scunthorpe and Goole Hospitals Trust and North Lincolnshire District Council to provide a regular low-floor bus service between the town centre and hospital. Over half the users are older people and/or disabled concessionary fare pass-holders.

Nottingham City Council has funded the purchase and operation of two buses on a new route around the city hospital site, linking all parts of the site to the bus stops outside the hospital. It has also funded a new bus service from an established park-and-ride site directly to the Queen’s Medical Centre.

In Bedfordshire, a new bus service has been developed to cover a rural area of six villages and one small town to provide and improve accessibility for residents to doctors’ surgeries, shopping, social and leisure facilities and educational opportunities.

**Linking bus services, park-and-ride facilities and NHS sites**

Cambridgeshire County Council is promoting a cross-city bus routes link to park-and-ride sites and between stations and Hinchingbrooke Hospital.

There is also a range of quality improvements to existing services described in section 4.2.9 (*Improving the quality of existing services*).

**Improving other forms of public transport: trams and taxis**

The proposed Leeds Supertram routes have been developed to take in St James’s Hospital, the universities and other major sites. Hospital trusts in Merseyside have been involved in the development of the Merseytram line to link to their sites. In Greater Manchester, the Metrolink tram service has been linked to the developments at Wythenshawe Hospital and the refurbishment of the town centre. The London Borough of Merton has routed the Tramlink through two local hospitals and has supported the extension of a bus service to St George’s Hospital from an under-served area.

The Rural Transport Partnership in Cambridgeshire is developing taxicard schemes that offer subsidised taxi fares for Cambridge City residents unable to use conventional public transport. Funders include the NHS and the city council.

In Leicestershire, the taxi trade has been encouraged to establish ranks at the local hospital and other sites such

**Wiltshire**

**Demand-responsive bus services**

The Royal United Hospital Hopper service was set up in 1999. A working group of officers from the council’s passenger transport unit, West Wiltshire and North Wiltshire District Councils, and Royal United Hospital submitted a bid to government for a demand-responsive minibus service. Operated with funding of £453,000 through the Rural Bus Challenge, the aim is to provide a frequent and direct service to the hospital from a pilot area in western Wiltshire. It is targeted at those people who previously found access by public transport difficult and to relieve pressure on parking space at the hospital. The service runs entirely in accordance with pre-booked demand, providing hourly journey opportunities from/to anywhere in the pilot area.

The service has been very well received, and passenger feedback confirms that it meets a genuine access need. It now carries around 1000 passenger trips per month, and use is still growing. Many requests have been received from surrounding areas for the service to be extended. However, due to higher than anticipated operating costs, it is relatively expensive to run, requiring at present around £6-7 subsidy per passenger trip. Strenuous efforts are being made through the hospital and GP surgeries to promote increased use so as to increase the loadings per journey and reduce the subsidy per trip. A further bid for Rural Bus Challenge funding was submitted in October 2003. Scope for coordinating the service with other health-related transport is also to be re-examined.

**Park-and-ride services**

The Royal United Hospital, with the Bath and North East Somerset Council Highways Department, has gained government funding to provide a park-and-ride facility that could be used by patients and visitors travelling from Wiltshire. The Royal United Hospital has formed a partnership with the council to solve a number of the infrastructure issues. Bus and train linkages will be a major focus for this group as well as the park-and-ride facilities for the future.

as supermarkets and local shopping centres outside the city centre.

#### **4.2.6 Improving access for cycling and pedestrians**

South Yorkshire PTE has introduced a number of pedestrian crossings and cycle lanes linking residential areas and hospitals. Bedfordshire has introduced a cycle track as part of a new road scheme that will include links to the local hospital. Royal Liverpool University Hospital has improved its provision of cycle parking.

Herefordshire County Council has introduced new cycle lanes to link the city centre with the new hospital, to support work with the NHS trusts to develop a green transport plan. The London Borough of Havering and the Barking, Havering and Redbridge NHS Trust have successfully bid for money from Transport for London for cycle parking facilities. This is part of the development of local travel plans at all NHS trust sites.

Nottingham City Council has produced a walking guide to highlight walking routes from key city centre locations to an area of the city where major shops and facilities, including NHS walk-in centres, are located.

#### **4.2.7 Voluntary car schemes and coordinating community transport**

The demand on voluntary and community transport schemes to support mainstream transport services has been identified in LTPs and by some PCTs. There are examples of action to develop more coordinated, better resourced and integrated community transport provision to improve access to NHS sites, and some NHS trusts and PCTs are contributing funds.

##### **Community transport**

Cornwall's Transport Action for Patients (TAP) scheme aims to facilitate information about, and access to, voluntary car schemes that provide health-related trips throughout the country. It provides one telephone number for all voluntary car schemes and is coordinated by one operator (Age Concern). The TAP telephone number was launched in 2001 and a second phase of the scheme, concentrating on the delivery of patients from hospital to home, began in 2002. The scheme is managed by West Cornwall PCT and operated by Age Concern. East and West Cornwall Rural Transport Partnerships are also involved. A third phase of the

scheme has recently been introduced to coordinate social services trips through the same TAP telephone number.

In Devon, the TRIP Community Transport Association (CTA) acts as a booking agent for a number of community transport services and a one-stop shop for transport information. In addition to the Community Car, Ring-and-Ride and Fare Cars services, TRIP CTA has taken on responsibility of booking patients onto the West Country Ambulance Car Service. It also assesses patient eligibility for patient transport services and can advise on alternative transport, such as public bus services or the local community car service.

The Trafford, Salford and Warrington Partington and Cadishead Transport Cooperative (PACT) was established after a successful bid by Greater Manchester PTE to the Rural Bus Challenge fund for a scheme to improve access to employment, education and secondary healthcare in the Partington and Cadishead urban area. The two communities are separated by the Manchester Ship Canal and have poor public transport links between the various facilities. Since 2001 the service has been developed to recognise additional needs and advance booking services are now operating.

The Merseyside Health Action Zone has funded a pilot community transport service to a local doctor's surgery.

In Durham, a volunteer scheme transports people to GP surgeries for appointments and prescriptions.

In Herefordshire there are a range of voluntary schemes. Dial-a-ride covers an eight mile radius around the city of Hereford. Drivers and care assistants are NVQ trained. A wheelchair-accessible service has operated since 1998. There is also a small voluntary car scheme to provide individual journeys where necessary. WRVS Country Cars is another voluntary car scheme covering the town of Ross and the surrounding rural area and provides trips to local hospitals. It includes the provision of six-seater accessible vehicles provided under the Rural Bus Challenge project. There is also the Ledbury Ring-and-Ride service which operates minibuses and a voluntary car scheme across the town and 22 rural villages.

Hampshire County Council's LTP sets out action that has been taken to improve hospital site accessibility for people with a mobility impairment including reviewing hospital car parking arrangements, providing favourable

car parking for voluntary car schemes at hospital locations, and promoting and providing additional support for voluntary car schemes.

The East Kent PCTs award an annual grant for eight social car schemes in the area. Each scheme receives around £3250 per year. The social car schemes provide many journeys to health facilities and their importance is gaining recognition.

#### **4.2.8 Linking timing and booking of NHS services to transport services**

In Gloucestershire, the ambulance service, Gloucestershire County Council and Cotswold Volunteer Centre are piloting a scheme which clusters hospital appointments via postcode to ease the pressure on voluntary transport in rural areas. This is expected to result in fewer missed appointments, less cost to patients and a better use of volunteer drivers and the ambulance service. The Department for Transport has contributed £20,000 to set up the pilot which runs for two years from September 2002. If successful, funding will be allocated to a second pilot in the North Cotswolds. It could ultimately become a

national scheme. The project covers a 280 square mile area (increasing to 480 square miles if the second pilot takes place). The scheme includes working with businesses to encourage them to make more effective use of their transport services by taking day surgery patients to hospital in the morning and picking them up in the evening.

A joint project between Blackpool Council, the PTE and the PCT was established to respond to the problem of access to NHS clinics. Public transport timetables and clinic times were changed to ensure better coordination, and public transport information was developed to publicise the changes to patients and staff.

North Nottinghamshire LTP intends to coordinate healthcare appointments with the availability of suitable passenger transport services.

Worcestershire County Council is working with NHS providers to investigate the opportunity to link the timetable database and the health appointments system. All NHS sites, including GP surgeries, are being linked to the NHSnet. This is being coordinated through the ACTIVATE programme to bring together information about health appointments and transport services.

#### **LINK schemes in Wiltshire**

In Wiltshire, there is joint funding of the LINK voluntary car/good neighbour schemes through a partnership set up in 1997 between the council's passenger transport unit and social services, Wiltshire Health Authority (now taken over by PCTs) and Community First. This is a county-wide partnership to allocate grants to local (parish) schemes based on need. The Wiltshire Rural Transport Partnership funded a major project to develop and support LINK schemes, and extend their coverage to other areas of the county. This brought district councils into the LINK funding partnership. LINK schemes are locally based 'good neighbour' schemes that provide transport (using volunteers' own cars) for important journeys that could not be made otherwise. The partnership is hosted by Community First, which provides the administrative and managerial support.

The LINK schemes provide a vital 'fall back' for those who do not qualify for non-urgent patient transport, but for whom access is a problem. The number of trips made, and progress in developing more local schemes and extending coverage, is monitored through the funding partnership. There are increasing numbers of requests for health-related trips which is reducing the capacity of the schemes to cater for other sorts of socially important journeys. Volunteer resources are limited.

Approximately 50% of the scheme's transport work tends to be for health-related journeys, including local GP surgery visits and a substantial proportion to district and general hospitals. Costs are met by voluntary donations from passengers, local fundraising, and grants. A LINK development officer was funded through a lottery bid to support and develop LINK schemes, and to extend coverage across the county. This work was continued and expanded in 1999 to oversee quality and sustainability through funding from the rural transport partnership; district councils have now joined the funding partnership. Annual grant funding totals around £46,000 (£24,000 from the council's passenger transport unit and social services, £7,000 from the PCTs and £15,000 from district councils).

#### **4.2.9 Improving the quality of existing services – roadside improvements, concessionary fares, facilities for disabled people, car parking**

There are also examples across the country of actions to improve the quality of the transport services available to access NHS facilities. These may involve:

- Environmental improvements such as improved shelters, seating and accessible kerbs
- Improvements to vehicles to make them more accessible
- Better facilities for people with mobility problems, including greater priority for parking
- Introduction of lower cost transport for key groups
- Extending the criteria for the use of patient transport services to include social need.

The London Borough of Camden is working with its mobility panel on a programme of providing additional disabled bays located at 19 doctors' surgeries and 50 dental surgeries in the area.

Sheffield Northern General Hospital reorganised its car parking ratio as a result of a travel survey in 2000. The ratio shifted to increase parking for visitors (1200 parking spaces in total and 500 for staff). There was also a review of staff eligible for essential car parking to help reduce demand on spaces.

There has been a two-year project between the NHS and Bedfordshire County Council to improve transport opportunities that are accessible to wheelchair users and those with limited mobility. The project undertook a review and audit of existing services and is now developing actions to respond to the audit.

Alder Hey Hospital in Liverpool has been working to improve the uptake of the hospital travel costs scheme.

East Kent Health Partnership Transport Board has developed criteria for social eligibility for the patient transport service to relax the existing rules of entitlement. This has helped some patients, but has been very costly, and health professionals have found it difficult to confirm eligibility for many patients.

In South Yorkshire cross-boundary issues are being tackled through ticketing initiatives. For example, children and older people can travel into Nottingham from certain

outlying areas at concessionary rates and this includes onward travel to the local hospital.

#### **4.2.10 Improving information about transport access to health services**

Improving information and publicity about transport services to the NHS has been a priority for a number of passenger transport authorities and a practical option for a number of NHS organisations as a first step to addressing the issue of transport access to their services.

There are examples of partnerships between NHS trusts, local authorities and PTEs producing a range of tailored leaflets, posters, internet information, telephone lines, timetables and travel centres/information staff to support patients and visitors. In some cases, information about NHS appointments and transport information is being collated and provided as an integrated package. Training for NHS staff is being developed in some areas to provide them with information about the current services and how to access information for patients and visitors. Some examples are described below.

South Yorkshire PTE has developed public transport information for Sheffield Northern General Hospital staff and visitors. A direct telephone link to the transport executive's travel information line (Traveline) has been established. Travel advisers regularly present travel information at the site. Timetable racks are situated throughout the hospital and are maintained by the transport executive. Hospital staff are also allocated time to access the transport executive's journey planner service on the Internet.

Merseytravel has worked with Arrow Park Hospital to develop a travel centre at the hospital site.

Nottingham City Council has installed public transport information kiosks and provided full size public transport maps at local hospitals.

A series of leaflets on getting to hospital has been produced as part of the Worcestershire Bus Strategy.

Hertfordshire Transport Partnership has published a newsletter and poster which maps the services available. These are distributed in health centres and other services, libraries and day centres and on the website [www.hertsdirecti.org/transportdirect](http://www.hertsdirecti.org/transportdirect). Work is also

underway with staff at local hospitals to support them in providing travel information to patients and visitors.

Kent County Council has supported the NHS in developing public transport information for inclusion with outpatient appointment letters at Kent and Canterbury hospitals.

Travel plan workshops held in spring 2003 between Nottinghamshire County and City Councils and the Nottingham City PCT were attended by key health staff from the three local placement, assessment and counselling teams. Information and advice was provided on travel planning for employees and patients.

### 4.3 Partnerships, funding and evaluation of local initiatives

#### 4.3.1 Partnership development

The development of effective partnerships between the NHS and local authority transport departments is variable across the country. However, nearly one third of LTPs refer to specific partnership projects with the NHS.

This study has identified the following types of partnerships that are supporting joint action to improve patient access to health services:

- Transport and health partnerships/forums
- Working groups focused on key NHS sites, such as hospital travel planning groups
- Specific project-based partnerships to manage funds such as Rural Bus Challenge and Invest to Save.

Examples of the kind of partnerships that have been developed are summarised below.

#### **Cornwall**

A transport action group was formed to take forward recommendations from a study by the community health council (2000) called *Patients on Wheels: Transport and Access to Health Services* in Cornwall. It includes representatives of Cornwall County Council, West Cornwall Primary Care Trust, Cornwall Partnership Trust, Royal Cornwall Hospitals Trust, West Cornwall and Isles of Scilly Rural Transport Partnership, West Cornwall Healthwatch, Helston Community Hospital, Age Concern, First Western National and others.

#### **Greater Manchester Passenger Transport Executive (GMPTe)**

GMPTe is part of an initiative called Integrate which aims to help facilitate public transport journeys for visitors and patients to hospitals. GMPTe has produced a series of leaflets over the period 2002/03 for the major hospitals in the greater Manchester area. The aim has been to make public transport information more accessible and site specific, and to help make the best use of public transport services already available.

The leaflets were designed with full cooperation from each hospital and a generic design was agreed to ease identification for travellers. Each leaflet contains:

- A map detailing bus, tram and train routes that serve each of the hospitals
- Details of buses, stop locations and service frequency, and a map of each hospital showing the main entrances and wards
- General information on choosing the right ticket for the journey, including multi- and single-operator tickets and daily or monthly options (without price details to avoid the leaflets dating too quickly)
- Information for patients and visitors on eligibility to claim back travel costs, clarification and refunds.

There has been considerable demand for the leaflets from hospitals and other outlets. Each leaflet has also been added to the GMPTe's website at [www.gmpte.com](http://www.gmpte.com) where they can be viewed or downloaded. GMPTe is currently undertaking a promotional campaign in order to advertise this facility to both the hospitals and the public. This is proving to be very popular with individual hospital wards as staff can now directly access public transport information for patients and visitors.

The partnership between GMPTe and the hospitals through the project is now leading to the development of other schemes to improve transport access to the NHS.

### **Staffordshire/Derbyshire Rural Transport Project**

Access to health facilities has been identified as a priority for action within the Staffordshire Moorlands locality. Partnership working through the Staffordshire/Derbyshire Rural Transport Partnership, and supported by the Countryside Agency, has led to the development of an education package for primary healthcare staff teams in the Staffordshire Moorlands area. Materials cover the use of emergency, non-emergency and voluntary sector transport, a protocol for booking emergency ambulances and general ambulance transport, and information and guidelines on non-urgent patient transport, including voluntary schemes and public transport. The package also includes a programme of workshops with GP practice staff and publicity on the use of voluntary sector and non-emergency transport displayed in local facilities. A project worker has been appointed to coordinate health-related transport issues across the voluntary and statutory sectors. The postholder will:

- Liaise with organisations and individuals (including GP practice staff, hospital patient transport departments, social services, community and voluntary sector organisations) about healthcare transport information, publicity, issues and general concerns
- Audit existing healthcare transport arrangements and resources
- Build a portfolio/directory of patient transport information
- Provide advice and assistance to the public.

Management groups, which report to the local strategic partnership (LSP), have been established to deliver key programmes which aim to:

- Coordinate access to voluntary car schemes that provide health-related trips; this consists of West Cornwall PCT, East and West Cornwall Rural Transport Partnership, Cornwall City Council and Cornwall Rural Community Council
- Develop hospital travel plans through a travel plan group: this includes the Cornwall Healthcare Partnership Trust (the transport manager and the travel plan coordinator), and the Royal Cornwall Hospitals Trust (travel plan coordinator).

### **Greater Nottingham**

The Transport and Health Initiatives Group (THIG) is the overall partnership mechanism for all transport and health issues in the greater Nottingham area. THIG is a subgroup of the Nottingham Health Action Group which feeds directly into the LSP. It covers the greater Nottingham sub-region, including four PCT areas, the county and city council.

Nottingham City Council works closely with the hospitals' respective transport coordinators to develop action on staff transport to and from the two hospitals. The coordinators are also members of the Commuter Planners' Club for the Greater Nottingham area.

THIG has attracted resources from Nottingham Health Action Group and funding from the health initiatives budget, Healthy Hearts funds and local authorities. The pooled funding covers the health impact assessment of the local transport plan and an adult cyclist training scheme called Ridewise.

### **Hertfordshire**

A partnership to research the feasibility of a single transport service for Hertfordshire was set up in 2002. The aim of the study was to improve access to appropriate travel for local residents. The partnership and feasibility study emerged following discussions between users, providers and planners of health services who acknowledged the difficulties in identifying what transport services were available.

Local authority partners include the county council and the nine district and borough councils, eight PCTs, three NHS trusts, Bedfordshire and Hertfordshire NHS Direct, Bedfordshire and Hertfordshire Strategic Health Authority and the Bedfordshire and Hertfordshire Ambulance and Paramedic NHS Trust. Other partners include the Hertfordshire Council for Voluntary Services, Hertfordshire community health councils and various voluntary and charitable organisations. The partnership is managed by a joint board with representatives from a number of the agencies above, together with a steering committee of stakeholders.

## **Kent**

Kent's Health Partnership Transport Board was set up in 1999 to discuss transport and health issues. The board aims to focus on the public health agenda for transport as well as a range of transport interface issues involved in the provision of health services within East Kent. It has been instrumental in improving access to health facilities.

Shepway PCT coordinates the health partnership transport board which includes NHS representatives, officers from the district councils and county council and representatives from other local groups (for example, Kent Association for the Blind, volunteer bureaux, Kent Rural Community Council).

The list of organisations involved includes: Kent County Council; Highways Department, Dover District Council; Development and Planning Department, Canterbury City Council; Community and Public Transport Officer, Thanet District Council; Ashford and District Volunteer Bureau; Canterbury and Thanet CHC; Shepway PCT; Social Services, Mid Kent Area Office; Director of Facilities, East Kent Hospitals NHS Trust; Kent Rural Community Council; East Kent Hospitals NHS Trust, Transport and Ambulance Operations Unit; Directorate of Development Services, Ashford Borough Council; Public Health Manager, Canterbury and Coastal PCT; Transportation Officer, Shepway District Council.

## **Merseyside**

Merseyside Transport, Health and Environment Forum was established in 1999 as a response to the transport white paper, local transport planning guidance and the publication of the white paper *Our Healthier Nation* (Department of Health, 1999). The forum aims to forge closer links between the transport, health and environment sectors, and to develop a partnership approach with a range of organisations including the strategic health authority, Merseytravel, the NHS trusts and the PCTs, the Merseyside Health Action Zone, local strategic partnerships, local authorities, community and voluntary bodies, environmental groups and the regional assembly.

At the same time, the Merseyside Health Action Zone was established with coterminous boundaries to the local strategic partnership. It set up a number of transport-related projects. The transport, health and environment forum has taken on the role of steering a number of HAZ

projects. The forum reports to the Merseyside Transport and Engineering Group, which coordinates the local transport plan, and then to the Merseyside Planning, Environment and Transport Group.

## **Wiltshire**

Wiltshire Rural Transport Partnership was established in 1999 to improve rural access in Wiltshire and Swindon. It includes a wide range of partners including the council's passenger transport unit, Community First, Swindon Borough Council, district councils, Wiltshire Association of Local Councils, Wiltshire Community Transport Association, Red Cross, social services, Wiltshire and Swindon User Network, Wiltshire Health Authority and PCTs. A specific working group was established to look at issues surrounding access to health services.

Interest in taking a wider look at the issues surrounding health-related transport and access has now been expressed by several higher level partnerships: the Wiltshire Rural Transport Partnership, the county/district joint strategic transport group and the West Wiltshire Local Strategic Partnership. The joint strategic transport group has held a brainstorming seminar and produced a preliminary report to the LSP.

## **Worcestershire**

Worcestershire Health and Transport Partnership was created as a result of a countywide transport stakeholder conference in November 1999. The overall objective for the partnership is to collectively reshape passenger transport services in Worcestershire to better meet the needs of local people. The partnership works in a practical way to develop public and community transport, to tackle social exclusion and ensure access to a wide range of health, social, education, economic and leisure services.

Partners include Worcestershire County Council, Worcestershire Hospitals Acute Trust, Wyre Forest PCT, Redditch and Bromsgrove PCT, South Worcestershire PCT, Hereford and Worcester Ambulance Trust, Wyre Forest Community Health Council, rural transport partnerships, a range of voluntary sector organisations including Community First, Worcester Wheels (dial-a-ride/community transport), WRVS and the Red Cross.

Between late 1999 and March 2002 the chair of the partnership was a non-executive director of the health authority. Following reorganisation of the health

community in April 2002, the position of chair has been held by an elected member of the county council. The secretariat and coordination is provided by the PCT's public health network representative.

The partnership meets bi-monthly and subgroups provide a steer for a number of projects. These include the Rural and Urban Bus Challenge projects and an Invest to Save project, joint commissioning of health and social care transport, young people's issues and volunteering. The partnership was recognised as good practice in the Audit Commission's 2001 report *Going Places: Taking People To and From Education, Social Services and Health Care*. All the partnership's work is integrated with the LTP, local NHS plans and rural transport partnerships' action plans. The partnership also holds two stakeholder conferences a year.

### **London boroughs**

A partnership has been created between Havering, Barking and Dagenham and Redbridge councils, the PCTs, NHS trust and the trust's union representative. The partnership will build on the developments made by the travel plan working group and consider a range of transport issues, linking more closely to the LSP.

The London Borough of Islington has an informal partnership between its environment department, social services department, PCT and Islington Community Transport to develop initiatives to improve patient access to health services.

The London Borough of Enfield, led by the local hospital, hosts a transport forum involving a wide range of public sector organisations including the local authority. The hospital trust employs a transport coordinator who works across a range of partners to improve public transport services to and from and between NHS sites.

The London Borough of Richmond's health inequalities partnership has identified the need to explore patient access to health services. The partnership includes local authority and NHS representatives and will be overseeing work on access to the NHS.

The London Borough of Bromley has a hospital travel plan steering group which includes travel plan coordinators. This group leads the negotiations on the improvement of bus services to NHS facilities with the Transport for London bus liaison officer.

### **4.3.2 Funding arrangements**

Local partnerships are exploring a range of options to fund new kinds of transport services to the NHS, and to capitalise on the various funding streams available from different sources. These include:

- Urban and Rural Bus Challenge schemes with financial support from NHS trusts
- Invest to Save programme funding to pilot integrated specialist transport services
- Funding through rural transport partnerships where access to health facilities is included
- Negotiating concessionary fares with operators
- PCTs commissioning community transport services
- Local authority funding of new public transport/community transport services, such as using section 106 agreements; examples include supporting transport services to the NHS as part of broader service improvements to improve access for socially disadvantaged groups
- LTP funding for socially necessary services, transport information and publicity
- Funding from health action zones for transport needs assessment or pilot community transport schemes
- Countryside Agency funding for improving access in rural areas.

### **Examples of funding arrangements**

Cornwall's Transport Action for Patients programme coordinates voluntary car schemes for people travelling to health services and social services. It is funded by the Countryside Agency, the county council, the PCTs and the health action zone.

Hertfordshire secured funding for 2002/04 for their transport partnership management costs from the Department for Transport Rural Bus Challenge Fund and contributions from the statutory partners. This has enabled them to appoint a project manager.

Hertfordshire has funded more responsive forms of transport to local hospitals through a Rural Bus Challenge Fund bid for hourly door-to-door trips. It has sought further funding to develop the integrated management service for all its public and specialist transport through the Treasury's Invest to Save funding stream.

Kent PCTs contribute to the annual grant of social car schemes in the East Kent area. Each scheme receives in

the region of £32,350 (dated to 2003) to provide journeys to health facilities. Kent County Council has contributed to the funding of public transport information for outpatients in local hospitals.

Merseyside HAZ has funded projects that have been managed by the transport, health and environment forum including contributions to TravelWise and to Merseyside Community Transport, health impact assessments of transport schemes and research into the needs and aspirations of young people. There are plans to support a jointly funded transport and health development officer to take forward the work on access to health services and other transport and health partnership activities.

In London, bids are submitted through the borough spending plans. For example, the transport partnership in Havering has submitted bids for improvements in cycle parking and small-scale access improvements across the NHS sites in the three boroughs of Barking and Dagenham, Havering, and Redbridge.

In some areas, funds are drawn from section 106 contributions for those developments earmarked to improve public transport to hospitals. In Hounslow, section 106 funding has been combined with £125,000 from the West Middlesex Hospital to improve public transport. The borough and the NHS are now looking for further opportunities for the joint funding of transport programmes, linked to submissions in the borough spending plan.

In the London Borough of Enfield, a joint initiative between the local authority, the hospital and London Buses has led to a programme of improvements to bus access to the North Middlesex Hospital.

Blackburn and Darwen Borough Council financially supports community transport and is developing an integrated service network with local NHS trusts.

Hampshire County Council and local borough councils have sought joint funding for hopper bus services to link local parishes with medical, retail and leisure facilities.

### **4.3.3 Local evaluation of patient access to health services' initiatives**

Evaluating the impacts of transport to health services initiatives is at an early stage. There is some evidence of

schemes that have improved access or have been able to demonstrate increased use of public transport services as a proxy measure. In many cases the measures are confined to inputs, such as the investment in new services or the number of trips made.

#### **Examples of evaluation measures**

The most common examples of monitoring and evaluation are usually related to the introduction of staff travel plans at NHS sites. It is often a requirement that the local authority receives reports on progress to reduce staff travel by car. This is the case in London boroughs such as Islington, Tower Hamlets, Havering and Enfield.

Broader travel planning work in Nottingham has measured the introduction of new bus services, new shelters, improved waiting facilities, new vehicles, increased frequency on core routes, new or improved information and publicity of services, and numbers of additional cycle stands.

Some travel plans also include measures of reductions in car trips between NHS sites (for example, London Borough of Havering), patronage of specialist bus services operating between NHS facilities, a reduction in the number of car parking spaces and improvements in cycle lanes to NHS facilities. The London Borough of Bromley will be repeating its large-scale survey of patients and staff travel to identify modal shift and will measure usage of the new hospital bus routes.

Cornwall measures the number of trips carried out through the Transport Action for Patients programme of voluntary car schemes and customer satisfaction. It has experienced immediate success in unblocking 904 hospital beds between October and April 2002/03 by providing the service for people going from hospital to home.

Kent has measured passenger numbers for its new Health Hopper service and the membership of a demand-responsive transport service (used for a variety of journeys including trips to health services). The Swale Unified Network (SUN) demand-responsive scheme has experienced a membership increase from 32 to over 200 since it was launched in June 2001. SUN caters for a variety of transport needs and journeys to Medway Hospital form an important part of the scheme.

Kent is also assessing the impact of action to broaden the eligibility criteria for the patient transport service to identify changes in use of these services.

Cornwall measures the success of its mobile health unit through user questionnaires and will assess the reduction in the number of patients attending the main GP surgery from the targeted areas.

***Examples of indicators and targets (further guidance in this area to be included within the guidance on accessibility planning to be issued in 2004)***

Kent's study of accessibility of health services will establish baseline data and targets, including the number of passenger journeys to health facilities and reductions in 'did not attends'.

There are examples of transport targets in community strategies. For example, in the London Borough of Camden there is a target that, by 2005, 90% of service users will be satisfied with the council-provided door-to-door transport services for people with mobility difficulties.

The London Borough of Merton is introducing a target in its service plan to improve the proportion of residents with good access to public transport using the public transport accessibility level index.

The 1999 annual health report for Calderdale and Kirklees identified accessible public transport indicators including the percentage of GPs, dentists, pharmacists, health clinics, local food shops and post offices within 500 metres of public transport routes with one service every 30 minutes.

# 5. Key lessons

The review of local transport and health plans for this study highlights that there are significant challenges and opportunities to improve patient access to health services. The recent policies on accessibility planning and the recognition of the importance of the NHS as a key partner are significant developments.

## 5.1 Key challenges for improving patient access to health services

The review has highlighted the main challenges facing local authorities and NHS organisations in improving patient access to health services – these include:

- Managing patient access to health services has not been a cross-sector priority, with a lack of accountability at local level
- An assumption that private transport will normally be available
- Strong operational and economic reasons for specialisation and centralisation of services, which has led to facilities being located where widespread access by public transport is difficult to provide
- Lack of available funding and resources in both the NHS and local authorities for sustained improvements
- Varying funding commitments between partner organisations
- Coordination of services potentially results in financial responsibilities being dumped on individual services
- Recruiting and retaining volunteers, especially in rural areas, to provide low cost community and voluntary transport services
- Frequent reorganisation and change in the NHS makes it difficult to create effective partnership working; lack of NHS staffing to attend regular transport meetings and complexity of NHS structures makes it difficult to identify the appropriate person for various transport issues

- Access to and from health services is often not highlighted within service planning both nationally and regionally.

The Social Exclusion Unit report is welcomed as a positive step.

## 5.2 Lessons for improving patient access to health services

The review also demonstrates that, despite these challenges, there is a considerable amount of local action to tackle the problems, often led through local transport plans.

The case studies highlight the main lessons from this work which are set out below.

### ***Maintain a clear focus***

The focus needs to be on the options for reducing the need to travel in the first place, rather than thinking about the transport options once a service has been planned. This includes bringing NHS services to communities where possible.

### ***Understand needs***

It is essential to carry out thorough research into the demand for additional transport links to health services to ensure tailored solutions can be developed.

From a health perspective, the work with local authorities can be invaluable. It can highlight the dependency on accessible mainstream transport infrastructures, concessionary fare schemes and community transport schemes to get to and from hospitals. It has also shown the complexity for patients in understanding and arranging the available options.

## ***Secure adequate resources***

Work on improving patient access to health services is often groundbreaking and needs to be adequately funded over time if it is to have an impact.

Local partners need to explore joint responsibility to fund the journeys to health services that are in the 'grey area' between social and clinical need.

All potential sources of funding need to be explored, from different partner agencies and national sources.

## ***Create effective partnerships***

Transport and health is a shared agenda. It is not for the transport sector to lead with health sector support: it needs to be an effective partnership.

Transport and health partnerships can be very effective, particularly when all partners take an active involvement and have a shared vision for improvement. By working together the often complex access needs of local residents can be accurately identified within an area, rather than an oversimplified consideration of individual transport services.

It is important for the local authority to have a keen, well-informed contact point in the NHS on transport issues. This person needs to be at a senior level to ensure there is strategic influence.

## **5.3 Proposed next steps for improving patient access to health services: local ideas**

There is also considerable enthusiasm to develop further work to address the problems of patient access to health services. This study highlights some of the ideas for further action which include:

- Consider options for the use of mainstream transport funding, rural/urban bus challenge funding, health sector funding, and other funding streams (such as regeneration funding) to improve access to health services
  - Explore opportunities for local GP/clinic-based transport services
  - Explore ways to reduce the need for travel through the design and delivery of services
  - Consider how the NHS could purchase a range of different transport suppliers, including local bus, train and community transport services
  - Develop joint commissioning arrangements for non-emergency patient transport services
  - Introduce community transport service level agreements which support increased activity in transport provision to the NHS
  - Identify further opportunities for demand-responsive and flexible transport services to key sites, including the NHS
  - Agree accessibility targets and indicators in relation to NHS services in preparing the next round of local transport plans.
- Build partnerships between the NHS, local transport authorities and other operators to develop an integrated approach to patient access to the NHS and the development of NHS travel plans
  - Develop closer working relations with directors of public health in PCTs regarding the planning of healthcare facilities and reducing the need to travel
  - Identify key staff, and consider funding a transport and health officer to coordinate work on patient access to health services

# 6. Useful resources

## Websites

Social Exclusion Unit  
[www.socialexclusionunit.gov.uk/transport/transport.htm](http://www.socialexclusionunit.gov.uk/transport/transport.htm)

Accessibility planning  
[www.accessibilityplanning.gov.uk](http://www.accessibilityplanning.gov.uk)

This includes a series of case studies on patient access to health services from this study provided by Cornwall, Greater Nottingham, Hertfordshire, Kent, Wiltshire and Worcestershire.

Department of Health  
[www.dh.gov.uk](http://www.dh.gov.uk)

This website includes microsites on health inequalities, choice, patient transport services and the hospital travel costs scheme.

## Publications

*A Helicopter Would Be Nice*  
Age Concern London (2002)

*Transport of Delight*  
Audit Commission (2001)

*Accessible Transport in London*  
District Audit (2000)

*The NHS Plan*  
Department of Health (2000)

*Keeping the NHS Local: A New Direction for Travel*  
Department of Health (2003)

*Tackling Health Inequalities: A Programme for Action*  
Department of Health (2003)

*Going Places: Taking People To and From Education, Social Services and Health Care*  
Holbrooks (2001)

*Transport and Social Exclusion: Making the Connections*  
Social Exclusion Unit (2003)

# 7. References

Audit Commission (2001) *Going Places: Taking People To and From Education, Social Services and Health Care*. Portsmouth: Holbrooks

Cornwall Community Health Council (2000) *Patients On Wheels: Transport and Access to Health Services in Cornwall*. Cornwall Community Health Council

Department of Health (2003a) *Tackling Health Inequalities. A Programme for Action*. London: The Stationery Office

Department of Health (2003b) *Keeping the NHS Local – A New Direction of Travel*. London: The Stationery Office

Department of Health (2000) *The NHS Plan: A Plan for Investment, a Plan for Reform*. London: The Stationery Office

Department of Health (1999) *Saving Lives: Our Healthier Nation*. London: The Stationery Office

Social Exclusion Unit (2003) *Making the Connections: Final Report on Transport and Social Exclusion*. London: Social Exclusion Unit

Wiltshire and Swindon Users' Network (1999) *Transport Transformation Conference Report*. Wiltshire and Swindon Users' Network

Notes