

**Best Care Best Place (BCBP) progress report for the  
Strategic Transport Steering Group**

**1 Introduction**

- 1.1 The purpose of this paper is to review the work of the BCBP Strategic Transport Steering Group, which was established in September 2005 to support the service changes as part of the Best Care Best Place Project Structure.
- 1.2 The paper will consider:
  - 1.2.1 The Strategic Transport Steering Group
  - 1.2.2 Update against the objectives of the group
  - 1.2.3 A review of a proposal for a Pilot Project utilising a voluntary sector transport provider and other services
- 1.3 The next steps of the Transport Strategy for Best Care Best Place and the future role of the Strategic Transport Steering Group.

**2. The Strategic Transport Steering Group**

2.1 The Strategic Transport Steering Group was established following the conclusion of the consultation on BCBP. Concerns had been raised across the local Health Economy that Transport needed to be considered alongside health care changes to ensure accessibility to all health services both now and in the future.

2.2 To understand the role of the group and the objectives discussions and iterations resulted in the agreement of the following Mission Statement and purpose;

*‘To develop an affordable, sustainable and flexible transport service to serve members of Best Care Best Place local health community and improve the quality, safety, choice and information available to them’.*

*“To identify, co-ordinate and communicate the existing transport services and the required improvements to the accessibility to health services in the central Sussex area defined by Best Care, Best Place and the local health community”.*

**3. An Update on the objectives**

3.1 The objectives were agreed and summarised below with an update on progress against the objectives being annotated in italics

**3.2 To understand and quantify all service changes of the local health community including Best Care, Best Place over the next 1 – 10 years.**

*The planning assumptions for the next three years have been agreed which identify the changes to patient flows (in percentage terms) between the hospital sites and from the acute sector to community and primary care to help to understand where the demand for transport is required. Evaluation of the changes to activity flows following the first set of service changes have been undertaken.*

**3.3 To map current availability of transport services through accessibility mapping for each council area.**

*Accessibility mapping is being undertaken as part of the Local Transport Planning Process and will inform the short and long-term requirements for transport within the County Council and City Council boundaries. The Mid Sussex Transport Group's feasibility study compliments this work. Further details of the proposal are described in 4.4 of this report. Implementation of this proposal may form an integral part of the long-term vision for Transport issues in Mid Sussex and potentially further afield.*

**3.4 To identify the patients that will be affected by the health service changes and identifies the utilisation of the relevant transport resources.**

*This objective will be achieved through the delivery of the 2 previous objectives. This information will be utilised to map the gaps in transport service and potential solutions and to map against the current transport service provision and provide details for a publication*

**3.5 To define the acceptability criteria for patient and staff transport and the impact of the criteria on the transport services**

*The acceptability criteria for Patient Transport has been a key piece of work and is being described in a publication specific to health requirements, which is being compiled presently and will be reviewed at the Steering Group. . The acceptability criteria for PTS (appendix 3) and voluntary sector vehicles have been signposted in the BCBP Transport publication. Where eligibility does not fit the criteria other solutions are being mapped and considered as part of the potential ongoing work of the group.*

**3.6 To coordinate a publication which describes the existing transport services currently available to the Health Community served by Best Care, Best Place**

*The publication is being produced and a draft will be available at the meeting. The publication describes;*

- *An overview of the principles of a Transport service,*
- *An overview of the Best Care Best Place service changes,*

- *The eligibility criteria for Patient Transport Services under the NHS ie who is eligible for clinically associated transport,*
- *Other transport sources*
- *Sources of financial assistance,*
- *A summary of the bus services, voluntary sector and other public transport that could be utilised to access key sights within the Best Care Best Place boundaries,*
- *A list of buses, trains etc and reference points to ensure that people can access the information for the relevant service*
- *Details of the extension to the 40 bus service, the 40X*

### **3.7 To develop an awareness of all the combined initiatives and incentives to utilise transport services to access health.**

*Leaflets will be made available for all areas within central Sussex. Other ideas for raising awareness will include a publication on Web Links, such as Best Care Best Place website with links to other sites, utilising PAL's services within Sussex, Brighton Sussex University Hospitals Trust and also PCT's. Use of other media will be progressed.*

## **4. Developing Transport provision for Best Care Best Place.**

- 4.1 As part of its Travel Plan, Brighton Sussex University Hospital Trust has supported a dedicated extension of the 40 bus route named the 40X to support the travel between the sites from the Royal Sussex County Hospital Site to the Princess Royal Hospital Site, with connections to Brighton and Hove City bus routes
- 4.2 This service will primarily be run for patients, staff and users, and is a significant contribution to the addressing of Transport for this Trust with the specific aim of reducing intersite travel by car, by promoting shared services across the two sites, by ensuring the public, users and patients have a mode of transport should they be transferred between sites for health care requirements, and finally will reduce the need for car travel and parking. Depending on capacity, there may also be opportunities to offset some of the contract costs through partnership working to generate increased non-health sector passenger usage.
- 4.3 This however does not address the need of patients travelling from the Mid Sussex area, to the Princess Royal Hospital, or from the Mid Sussex area for an appointment down at the County Hospital Site and visa versa. Therefore a key priority for the addressing of the Transport requirements for Best Care Best Place was to understand how these needs could be met.
- 4.4 A long-term demand response transport service has been proposed as a pilot through the Mid Sussex Transport Steering Group. A feasibility

study has been carried out by the consultants MTRU and commended that a pilot project should proceed. A business plan is being prepared in order to fully develop the detail of a pilot. However, a great deal of work is still required by Partner organisations to assess the impact on other services, consider funding implications and test the viability of the proposal. This is a long-term goal of the Best Care Best Place transport strategic group, although there is no guarantee of success of such an innovative system. It will not address the immediate needs of the frail and elderly and vulnerable accessing health care in relation to the changes proposed in Best Care Best Place.

Whilst this provides a potential long term gain there is a need for a short-term immediate solution to some of the issues mentioned above. A voluntary sector provider, Bluebird, approached the Programme Director and a proposal for a pilot was introduced to the Operational Group for Transport. This is considered below.

## **5 The Proposed Pilot**

5.1 The proposal from Bluebird potentially introduces a community transport service for the frail and disabled that have difficulty accessing local bus services. It could run from 08.00 hrs to 17.00 hrs and fulfil 4 round trips between PRH and Brighton. The approach adopted for reviewing the feasibility of this pilot is;

1. To ascertain the demand for the pilot scheme.
2. To determine the system for booking the service
3. To ascertain the cost of the pilot scheme
4. To secure a financial risk arrangement.

### **5.2 The demand for the Pilot**

5.2.1. The Chief Executive of Bluebird has stated that the proposed pilot will financially break even if a demand of 48 passengers per day is met. Each passenger will pay £6.00 per round trip. However costs associated with less than 48 passengers per day will need to be underwritten by the stakeholders, currently predicted to be in the region of £5,760 per month. Some of the queries relating to this service need to be further understood including charges for single journeys and disabled people, given that the latter reduce vehicle capacities if travelling in wheelchairs, and the mechanism of underwriting the cost of the service should 48 passengers a day not be carried

In the first 3 months demand will mainly come from unmet demand for Transport services; a growing demand for voluntary sector transport, which is currently unmet, and also the growing

demand above contracted levels for PTS which is currently costing the NHS an additional £ 150,000.

There are 3000 renal patient transfers from Mid Sussex (Uckfield, Haywards Heath, Burgess Hill, Henfield), Monday – Saturday: there are over 5000 renal journeys in total made to the Trust per month at a cost of approximately £48,000 per month There are also approximately 450 eye hospital journeys per month of which 200 are from Mid Sussex at an approximate cost of £2,600 per month.

5.2.2 A number of these journeys could be made by the new inter-site bus service, which could relieve some of the pressure on the system

5.2.3 A Further demand responsive feeder services in the vicinity of Haywards Heath and Burgess Hill could also be provided on a Monday to Friday basis between 0930 and 1430 to enable access to the Princess Royal Hospital and other health facilities in the area. This would be provided at a cost of approximately £150 per day by the County Council utilising spare School Transport minibus and driver resources. This will need to be funded accordingly. This feeder system will most likely need to be replicated within the Brighton and Hove Unitary Council boundary, but as yet no costings or full proposals are available.

5.2.4 This demand plus the unmet demand for Voluntary sector transport demonstrates that there is an unmet need for transport and a growing demand for transport that could be provided through non-PTS transport, This is based on the following assumptions;

- The 40x will not cater for frail elderly and those meeting PTS criteria
- That the PTS contract would be managed to contracted level
- That excess demand not met by the above would utilise the pilot schemes
- That OPD bookings from RH post codes would be offered this transport option
- That the Trust may need to pay for some block booking of the services that would have previously been the over activity against the PTS contract

That visitors, carers staff and patients would utilise the service

### 5.3 Booking of the Service

Ideally arranged appointments would be organised. However in the first instance other mechanisms of booking need to be ensured. Booking

through a central call centre is preferable such as the one at operated by West Sussex County Council in Midhurst. This can also handle bookings for any new services as necessary at a cost per call rate. The cost of this will also have to be accounted for within the pilot. Midhurst Travel Centre is prepared to act as a central booking centre and one stop shop for information regarding health service transport. In the latter instance, the Travel Centre would be available all day Monday to Saturday with fully trained staff and the cost of the service would be in the region of 30p per minute.

#### **5.4 The Cost of the Pilot & Risk Sharing Proposal**

The underwritten cost for a 3month pilot for Bluebird would be £17,000 maximum on the premise that not 1 seat was taken up during the period of the pilot. A risk share agreement needs to be considered by the stakeholders and approved before any scheme is introduced.

#### **Financial/Risk Sharing Proposal**

	Cost If Full	Risk Sharing Proposal	Worst Case Scenario	Funding sources
Call Centre / funding feeder systems	£8,640	NHS/CCMSDC/B&H		To be agreed
Blue bird Pilot	0	NHS/CCMSDC/B&H	£17,000	To be agreed
Publication	£3,000			Funding met by WSCC

### **6. Second Phase of the BCBP Strategic Transport Steering Group**

6.1 The Objectives for the second phase will be developed and discussed at the next meeting of the Transport Steering Group. They are likely to focus on amongst other issues;

- 6.1.1 to assess the impact of the Bluebird Pilot against the agreed evaluation criteria
- 6.1.2 to implement a sustainable demand response service based on the learning from the pilot
- 6.1.3 to participate and contribute to the long term solution for the Business Case Development for the Mid Sussex Transport Proposal

- 6.1.4 to develop a feasibility study and options appraisal for a “one stop shop” service for transport. To work in partnership with commissioners to review the eligibility criteria for future contract negotiations with the PTS, in line with the extension of Choice
- 6.1.5 to assess the overall impact of service reconfiguration within the NHS and policies such as Choice and the wider requirements for Transport associated with Health Care.
- 6.1.6 Continue to map the changes and developments in the passenger transport market in the Mid Sussex and Brighton areas and align with the changes to patient flows
- 6.1.7 To review the BCBP transport publication to ensure that is aligned with new developments

## **6 Conclusions and recommendations**

- 6.1 The BCBP Strategic Transport Steering Group note the progress against the delivery of the objective
- 6.2 The BCBP Strategic Transport Steering Group endorses the proposed pilots of the Bluebird transport projects
- 6.3 The BCBP Strategic Transport Steering Group endorse the draft publication and agree the process for the distribution of the leaflet
- 6.4 The BCBP Strategic Transport Steering Group consider the objectives and the delivery of the 2<sup>nd</sup> Phase of the project

