CAPITA

Success Regime

Non-Emergency Transport to Healthcare Services - Baseline Report
September 2016

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Job No	CS086289-01		
Project	Success Regime Non-Emergency Transport to Healthcare Services		
Location	NWECumbria		
Title	Baseline Report		
Document Ref	Baseline	**Issue / Revision**	Final RevG
File reference	S:\Transport_Planning\Transport Planning Jobs\CS086289-01 - Cumbria NHS Transport Study\H7 - Documents & Specs\Cumbria Transport Planning for Healthcare\Baseline Report\160901 Transport to Healthcare Baseline Report RevG.docx		
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Revision Status / History

Rev	Date	Issue / Purpose/ Comment	Prepared	Checked	Authorised
H	08/2016	Final for Issue	MT/LW	WA	AB
G	08/2016	Final Draft for Comments	MT/LW	WA	AB

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1. Introduction

1.1 Success Regime

The Success Regime Programme has marked the start of a new way of working to improve local health and care services. It is a national initiative designed to support health and care systems which have faced significant and sustained challenges, including long term difficulties in recruiting permanently to key clinical posts, a history of financial challenges, and the need to improve the quality of services across the area.

The Success Regime was announced by the Secretary of State in June 2015 with a launch for stakeholders in Cumbria on 18th September 2015. The programme has focused on delivering a sustainable health and care system fit for the future, with the involvement of patients, local people, clinicians, staff and partners.

1.1.1 Overview of West North East Cumbria Success Regime

The programme aims to deliver a sustainable health and care system fit for the future. The local organisations directly involved in West North East Cumbria (WNEC) Success Regime include:

- North Cumbria University Hospitals NHS Trust;
- Cumbria Partnership NHS Foundation Trust;
- NHS Cumbria Clinical Commissioning Group;
- Cumbria County Council and Local Authority;
- Specialist and support services provided by Newcastle upon Tyne Hospitals NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trusts;
- 1st Care Cumbria GP federation;
- Carlisle and Borders GP federation ;and
- North West Ambulance Service.

1.2 Transport Agenda

Transport is viewed as a critical enabler to ensure that patients and service users can access healthcare services when needed, and that their families are supported during their care. Transport is particularly important in WNEC as part of the overall healthcare delivery and patient experience. There are a number of key challenges across the WNEC area that highlights the particular importance of transport locally including:

- Distance and accessibility from home and between key healthcare sites;
- Lack of motorways or strategic road network;
- Access to public transport;
- Rural settings; and
- A 'Super-ageing' population.

There has been a considerable focus from health professionals on emergency ambulance provision, however the Success Regime Transport & Enabling Group are of the opinion that consideration should be given to transport in its broader sense, with services such as public transport, community transport, transport in the community, patient transport services and car parking policy as much as a priority as paramedic ambulance provision. This report focuses on these broader non-emergency transport provisions. For the purpose of this report, our definition of non-emergency transport and related issues for healthcare is:

- Non emergency transport provided/arranged by North West Ambulance Service;
- Transport provided/arranged by other NHS Trusts
- Transport in the Community (County Council funded) and Voluntary Transport;
- Public Transport; and
- Car Parking and Car Park Management.

Transport is and will continue to be cited by public, patients and staff as an area of high concern in relation to both current and future healthcare services. The visions and principles of the Success Regime Transport & Enabling Group are presented in Appendix A.

1.3 Purpose of this Report

The overall aim of this transport baseline report is to develop a thorough understanding of how and when patients, public and staff currently reach (and potentially don't reach) and return from healthcare services using (non-emergency) transport, mapping the statutorily funded, health sector and voluntary transport provision, describing funding flows and agency responsibilities.

From developing a thorough understanding of current non emergency transport provision, the baseline report will extract the key challenges and gaps in service provision. Analysis of the data collected will inform the key recommendations that will endeavour to ensure effective and efficient ways of addressing the key issues.

1.4 Structure of the Report

The report takes the following structure:

Chapter 2 –Context

Chapter 3 – Baseline

Chapter 4 – Stakeholder Consultation

Chapter 5 – Stakeholder Summaries

Chapter 6 – Benchmarking and Best Practice

Chapter 7 – Key Issues and Challenges

Chapter 8 – Next Steps

2. Context

2.1 Setting the Scene (Regional Context)

2.1.1 Introduction

This section of the report will detail baseline conditions and area context for the WNEC region. The healthcare system covers a large proportion of one of the most rural and sparsely populated counties in England, with unique geographical and social challenges.

2.1.2 Geography

The WNEC Healthcare System represents a combination of districts and health and social care organisations. Its geographical boundary is defined by the four regional districts of Allerdale, Copeland, Carlisle and Eden, with a total population of approximately 327,000 people, around 65% of the total Cumbrian population.

The Local Health and Care Economy (LHCE) consists of several health and social care service providers operating directly within this geographical boundary, with main providers as follows:

- Cumbria Clinical Commissioning Group (CCG);
- Cumbria County Council;
- Cumbria Partnership NHS Foundation Trust;
- North Cumbria University Hospitals Trust;
- North West Ambulance Service; and
- Primary Care Independent Contractors.

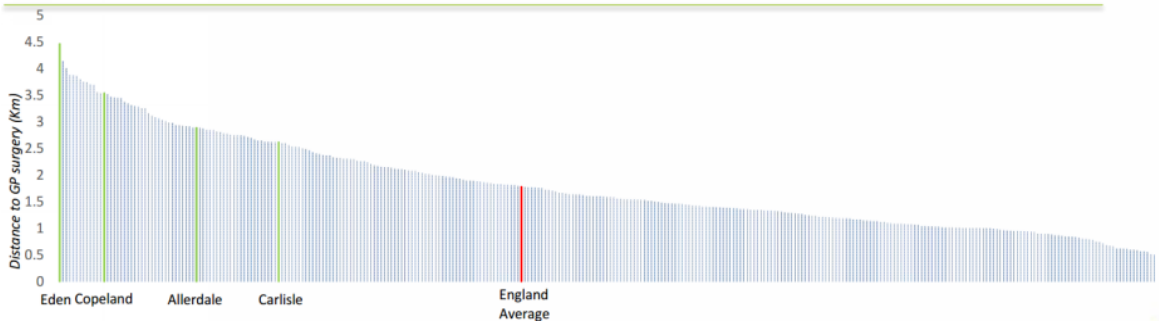
Other peripheral health and social care organisations also deliver some healthcare services to NWE Cumbria residents. These are as follows:

- Northumbria Healthcare NHS Foundation Trust;
- Newcastle Upon Tyne Hospitals NHS Foundation Trust;
- University Hospitals of Morecambe Bay NHS Foundation Trust; and
- A small number of private sector providers.

The average population density across the WNEC healthcare system is 74 people per km^2, compared to a national average of 413 per km^2. This density also varies significantly between districts, ranging from 25 people per km^2 in Eden to 104 per km^2 in Carlisle. Even within districts, rural populations and communities can be distributed as pockets of geographical isolation. As a result they are often remote from certain services and public transport links, providing a challenging trade off between ensuring all have easy, unrestricted access to healthcare provision and efficiency and viability cost issues for running services.

Areas along the west coast of Cumbria, including the towns of Whitehaven, Workington and Maryport, whilst having significant populations are particularly geographically isolated from both the wider county and from the rest of England. Whitehaven has a population of approximately 25,000, yet is around 39 miles from Carlisle, the largest urban centre in Cumbria, 96 miles from Newcastle and around 140 miles from Manchester, the largest in the North of England. Figure 2.1 below shows the estimated distance to GP services and shows that Eden, Copeland, Allerdale and Carlisle are above the national average. In the sparsely populated Eden locality the average distance is the highest of all districts across England at around 4.4km, with all four districts in the top quartile nationally.

Figure 2.1 – Average road distance in km to nearest GP surgery [1]



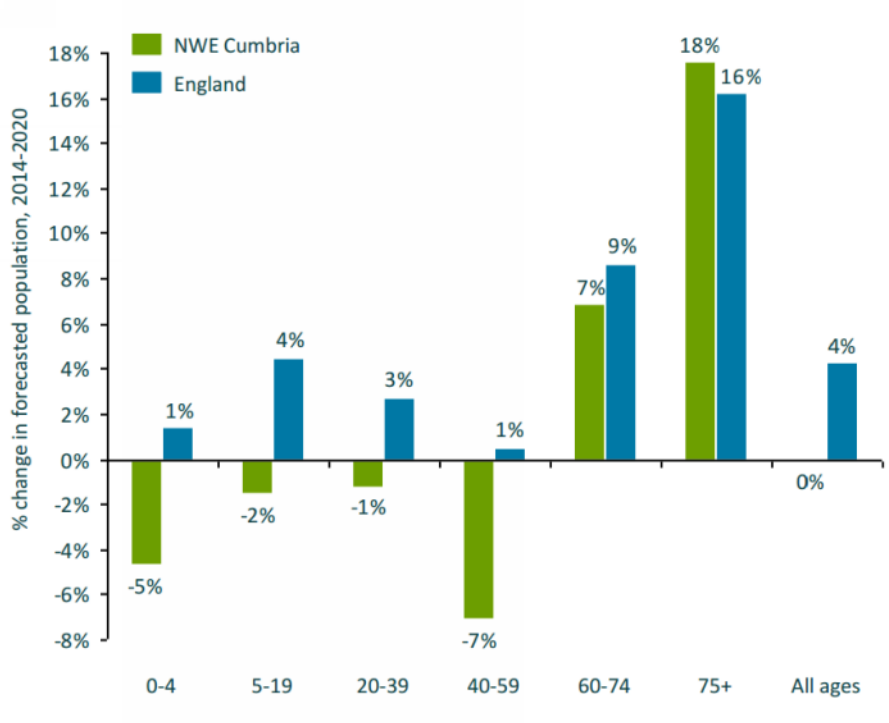
Regional isolation also contributes to the health care system's struggle to compete for and attract NHS staff, exacerbating an underlying recruitment problem across the NHS primary and secondary care workforces, and increases reliance on agency medical and nursing staff.

[1] Source: Department for Communities and Local Government, 2010. NHS rural/urban detention of GP practice 2011.

2.1.3 *Demographics and Care Provision*

A defining characteristic of WNE Cumbria's demographic structure is its "super-ageing" population with a higher than average growth in the proportion of older people year on year. The region has an increasing number of people in older age categories, particularly those over 75, with a declining number of people in younger age categories. The Office for National Statistics states that between 2015 and 2020, the proportion of people aged under 60 is expected to decrease by 3.4%, and those 60 years or older is expected to increase by 8%. By contrast, across England these numbers are +1.8% and +9% respectively. Figure 2.2 below details the relative changes in population by age category in 2012/2013, and shows that in this period there was an increase in the population over the age of 60 and a decrease in the population under the age of 60.

Figure 2.2 – Forecast growth in population by age (source: ONS, as forecast in 2012/13)



An aging population also brings challenges for the current workforce within the healthcare system. For instance, by 2020, 25% of its current GPs will have reached retirement age, again exacerbating underlying national recruitment and staff retention issue within the NHS primary care workforce.

2.1.4 *Regional Deprivation and Unemployment*

WNEC has high levels of deprivation, with 8.4% of the population living in the most deprived decile of England. Like other aspects of WNEC, deprivation also varies significantly between the districts. Based on figures from the 2015 *'Index of Multiple Deprivation*', Allerdale, Carlisle and notably Copeland are above the national average levels of deprivation, with only Eden better than the national average. Statistics regarding deprivation and unemployment between districts are detailed in Table 2.1 below.[2]

Table 2.1 – Details of deprivation and unemployment between districts

	Allerdale		Carlisle		Copeland		Eden		Cumbria		National	
Index of deprivation (2015)	**Score**	**Rank**	**Score**	**Rank**	**Score**	**Rank**	**Score**	**Rank**	**Score**	**Rank**	**Score**	**Rank**
Average score / Rank*	22.6	115	22.5	116	25.9	72	15.4	200	21.3	86	19.46	163.5
Unemployed/ JSA Claimants	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**
All claimants	1,125	1.9	940	1.4	935	2.1	245	0.8	4,875	1.6	784k	1.9

*(out of 326, 1 = most deprived)

Given the established links between economic deprivation and poor health outcomes[3], it is likely that public health challenges will follow a similar inter-district variation across WNEC. Average life expectancy and healthy life expectancy follow the similar pattern of deprivation, with only Eden above the national average on both measures. Rates of unemployment across the districts are generally in line with Cumbrian and national average rates, with rates Eden notably below these averages.

2.1.5 *Social Factors*

There are wide variations between each of the four districts in relation certain socio-economic conditions and indicators of individual lifestyle choices, with each district presenting a unique

[2] Source: Cumbria's Economy, Summary Statistics May 2016 – Cumbria Intelligence Observatory
[3] Source: Inequalities in life expectancy, The King's Fund; Fair society, healthy lives (The Marmot Review) 2010

challenge. High levels of certain diseases found across WNEC such as hypertension, obesity and cancer may relate to certain social conditions across districts.

Disparity between districts can be seen prominently in teenage conception rates (per 1,000 people), which are significantly higher in both Allerdale (128) and Carlisle (161) compared to both Eden (41) and Copeland (30). In contrast, smoking prevalence across Eden (11.3%) and Copeland (28.4%) represent the greatest disparity between districts with Allerdale (18.4%) and Carlisle (22.2%) closer to the WNE Cumbria average. Eden also contrasts other districts with a significantly lower number of incapacity benefit claimants for mental or behavioural problems per 1,000 people (15.7), compared to Allerdale (19.4), Carlisle (33) and Copeland (36).

Car Ownership figures for the WNEC regions vary significantly with Carlisle having the lowest percentage of households having a car/van at (75%), compared to Copeland at (76%), Allerdale at (79%) and Eden at (86%). These results are greater than the regional average with the 72% of households in the North West having a car/van, and the National average with 74% of households owning a car/van. There is a higher reliance on vehicles in Cumbria due to the geography of the area with the large areas of rural land and lack of public transport in these rural areas.

2.2 Policy Drivers, Strategies and Studies

2.2.1 Policy Context

The following section aims to provide an overview of local, regional and national policies, strategies and guidelines that will influence the individual WNEC Non-emergency Healthcare Transport Plans. It is intended that the Transport Plans for North Cumbria University Hospitals Trust be replicated to encompass all key WNEC healthcare sites and providers ensuring it is aligned with these policy documents ensuring a consistent approach to goals and strategic outcomes that will contribute to the delivery of the local, regional and national policy objectives.

2.2.2 National

Department of Health (DoH), Health Technical Memorandum 07 – 03 NHS Car Parking Management, Environment and Sustainability

HTM 07-03, *NHS car-parking management: environment and sustainability (2015 edition)*, identifies how NHS patient, visitor and staff car-park principles can be implemented within an NHS organisations car-parking provision.

DoH car-parking principles (updated 2015) are embedded throughout HTM 07-03. Central to the planning guidance it provides the key principles detailed below:

- NHS organisations should work with their patients and staff, local authorities and public transport providers to make ensure users can access and park at the site as safely, conveniently and economically as possible;
- Concessions are available for vulnerable groups most in need of the service;
- Priority for staff parking should be based on need for example staff whose daily duties require them to travel by car;
- Consider installing 'pay on exit' schemes allowing drivers to pay for time they have used; and
- Charges should be well published, and any additional charges should be reasonable and waivered in extenuating circumstances.

Additionally, due to NHS car parks nationally suffering from overcrowding a number of measures should be set in place to better manage car parking provision. A detailed number of sustainable transport initiatives can be found in Appendix B, which can improve access to NHS sites and reduce the need for parking provision. These measures should be designed to ensure that current car parking space is used by those who need it. Measures to achieve this are broken down into three categories below:

- Sustainable transport and travel plan initiatives;
- Car-park management strategies; and
- Car-park equipment provision.

2.2.3 Local

There are a number of local policies which should be addressed in relation to this scheme including:

- The Cumbria Community Strategy 2008 to 2028 (Cumbria Strategic Partnership); and
- 3rd Cumbria Local Transport Plan *Moving Cumbria Forward, Cumbria Transport Plan Strategy 2011-2026.*

The main aim of these policies is to outline clear and long-term aspirations for Cumbria in line with best practice and addressing the challenges which face the area in the future. These

polices will ensure that Cumbria will become a strong sustainable local community with a strong economy and a reduction in carbon emissions, congestion and the need to travel.

In order to achieve these objectives there are a number of aspects which need to be addressed such as reducing the need to travel by ensuring that services are provided locally and residents have access to effective and reliable sustainable transport. These documents identify that Cumbria has a number of challenges in providing local transport due to the size of the area and the large areas of rural land and road infrastructure. These documents outline how roads, footways, cycleway, public rights of ways and bus and train services will be improved and managed.

2.2.4 Local Health Specific Strategies

Local Health Strategies in Cumbria include the following polices:

- The Cumbria Local Health Economy Strategic Plan 2014-2019 (Cumbria Clinical Commissioning Group, June 2014);
- Cumbria Clinical Commissioning Group – Together for a healthier future (September 2014); and
- Health Services in Cumbria is it working for rural communities? (April 2010).

These policies relate to health related strategies which aim to ensure that local people can live healthy lives, but if they do become ill they will receive high quality services. The aim is to provide care and services that are more responsive to patients needs whilst providing the highest quality care. To drive forward the necessary changes and improvements, two substantial work programmes were put in place in north and south Cumbria branded ‘Together for a healthier future’ and ‘Better care together’, see Appendix C for a summary of the visions and elements of this plan.

Figure 2.1 below highlights the challenges and opportunities which were identified in ‘The Health services in Cumbria, is it working for rural communities?’ study in 2010. This has now altered as part of the many changes brought about by the Health and Social Care Act 2012, Primary Care Trusts (PCT’s) and Strategic Health Authorities (SHAs) ceased to exist on March 31st 2013 with their responsibilities taken over by Clinical Commissioning Groups, but the challenges and opportunities remain relevant.

Figure 2.1 - Challenges and Opportunities

CHALLENGES			OPPORTUNITIES
Theme 1 Contextual	Theme 2 Experiential	Theme 3 Closer to Home	Topics
Geography	Isolation	Community Capacity	To strengthen evidence base
Demography	Distance	Resourcing	Service Delivery to transform patient experience
Social Heritage	Timeliness	Bed Reductions	Communication between NHS and Service Providers
	Communications		Improve partnerships including third sector providers
	Understanding		

3. Baseline

3.1 Data Collection

Data was collected from a number of sources in order to provide the baseline of current provision at the WNEC health provider sites in terms of current patient and visitor transport, staff transport and Patient Transport Services (PTS) services. This data was collected via meetings, phone calls and information available in reports published by the NHS and stakeholders.

3.2 Current Patient Transport Services

3.2.1 Introduction

Transport is an important part of ensuring that healthcare services operate effectively and efficiently. The availability of transport is essential in accessing health care: it is also in some instances the first point of contact with a healthcare service. The importance of patient transport in WNEC cannot be overstated; there are key challenges in relation to distance from home to and between healthcare services, a lack of motorways and trunk roads and a high reliance on public transport (often in places where public transport provision is poor) particularly in West Cumbria.

Easily accessible transport can have a huge impact on a person's life, if transport is unavailable, stressful or particularly poor the overall experience of accessing healthcare is completely undermined. Appendix D outlines the current patient non-emergency transport provision available to access healthcare services and the associated costs to operate such services. There are a number of patient transport services which currently operate in West, North and East Cumbria and include: PTS services, private ambulances, community / third sector services and public transport.

3.2.2 North West Ambulance Service Patient Transport Services

PTS is typically the main provider of non-emergency transport for patients deemed too ill or too unfit to make their own way to and from healthcare services. The North West Ambulance Service (NWAS) currently have a PTS contract and costs NHS Cumbria CCG in order of £5.4m

per annum for approximately 170,000 journeys. Typically the majority of Cumbria PTS journeys (68%) are categorised as C1 – a patient who can travel by car or public transport. In essence, such patients do not require a specialist ambulance vehicle or NWAS staff to support them on their journey. These results are followed by journeys categorised as C2 journeys (11%) – a patient who needs to travel by ambulance with 2 members of staff. A full breakdown of PTS journeys can be found in Appendix E. The remaining 21% of journeys are categorised as patient trips which require a stretcher, wheelchair and members of staff and patients needing an electric wheelchair and members of staff.

Patients are asked a number of eligibility questions when they call to book transport, which can be found in Appendix F. Based on their answers they are assessed to see it they are eligible for PTS and if not are given information on other services available to them. There are a number of alternative transport options available which include private/third sector ambulance and community transport.

In regards to Cumbria PTS activity by hospital, 26% of all journeys during 2015/2016 were to and from Cumberland Infirmary Carlisle, with a total of 34,293 trips. West Cumberland Hospital by comparison, makes up 13% of all journeys, with a total of 17,512 journeys made to and from the hospital. The following WNEC hospitals make up the PTS activity:

- Cumberland Infirmary (26% of PTS activity);
- West Cumberland Hospital (13% of PTS activity ;
- Workington Community (2% of PTS activity);
- Penrith Hospital (1.8% of PTS activity); and
- Wigton Hospital (1% of PTS activity).

It should be noted that of the PTS journeys from all Cumbria home postcodes 45% of journeys are to and from hospitals within the WNEC area with 51% of journeys undertaken to and from what have been classified as ‘other Hospitals’ and ‘outside of the WNEC area’.

3.2.3 Aborted Journeys

Of the total journeys made to and from hospital during 2015/2016, 7% (9,294) of journeys were ‘aborted’, such journeys are summarised as being no longer required once a vehicle has been dispatched, with the booking not previously cancelled.

Figures from April 2015 to March 2016 were taken from Hospitals and Clinics in the WNEC area relating to aborted journeys. Table 3.1 below highlights those results and show that 5,557 journeys were aborted with 49% related to Cumberland Infirmary, and 25% to West Cumberland Hospital.

There are numerous reasons why a journey has to be aborted with the most two common reasons being that a patient is too ill to travel or a patient has their own transport. A full breakdown of aborted PTS journeys by Hospital can be found in Appendix G.

Table 3.1- Number of aborted PTS journeys by Hospital and Clinics, April 2015 to March 2016

Hospital	Total Aborted Journeys
Alston	2
Brampton	17
Carlton Clinic	55
Cockermouth	78
Cumberland Infirmary	2,753 (49% of aborted Journeys)
Kirkby Stephen	1
Keswick	34
Cleator Moor	138
Penrith	329
Victoria Cottage Maryport Hospital	136
Wigton	136
London Road Community Clinic Carlisle	66
West Cumberland Hospital	1,418 (25% of aborted journeys)
Workington	394
Total	**5,557**

Under the new contract aborted journeys are anticipated significantly reduce due to changes in classification for cancellations within 1 hour. However whilst this will make comparison between years more difficult, it is still important to pursue these issues as late cancellations will still likely impact on operational efficiencies.

3.2.4 *North West Private Ambulance Liaison Service*

North Cumbria University Hospital Trust (NCUHT) currently contract North West Private Ambulance Liaison Services (NWPALS) to both further assist in the transfer of non emergency patients between sites and particularly to support the discharge of patients. The service is currently contracted to deliver 78 hours of transport per week at a cost of £3900[4], with one vehicle serving both Cumberland Infirmary Carlisle and West Cumberland Infirmary. NCUHT has the opportunity to request additional hours for the cost of £50 per hour or a specific call out cost of £120 per trip.

Through discussions with stakeholders it was evident that there remains a need for additional operational hours to facilitate transfers and discharges. Table 3.2 below confirms this and shows the costs of NWPALS from 2015/2016 with costs for additional services amounting to £22,628.

Table 3.2 - Private Ambulance Liaison Services - Costs 2015/2016

Week ending 8th March 2015 to Week ending 28th March 2016	
Contracted agreed hours £197,764 Actual Spend £220,392 Budget Overspend £22,628	
Overspend Breakdown	
Specific Call out @ £120	£2,730 (equivalent to 23 call out incidents)
Additional Mileage @1.95/mile	£1,000
Additional Time @ £50 per hour	£17,817 (equivalent to additional 7 hours per week)

3.2.5 *Community, Voluntary and 3rd Sector Organisations*

Community transport benefits those who may otherwise be isolated and are demand responsive, which allows for the additional benefit of door to door services. There are a number of third sector organisations including: Red Cross, Age Concern and Royal Voluntary Services. Cumbria County Council supports several schemes which cost a total of £360,000 per annum for all the schemes, and this supports the growing number of voluntary social car clubs that run in Carlisle, Eden, Copeland, Allerdale and South Lakeland. These services are typically

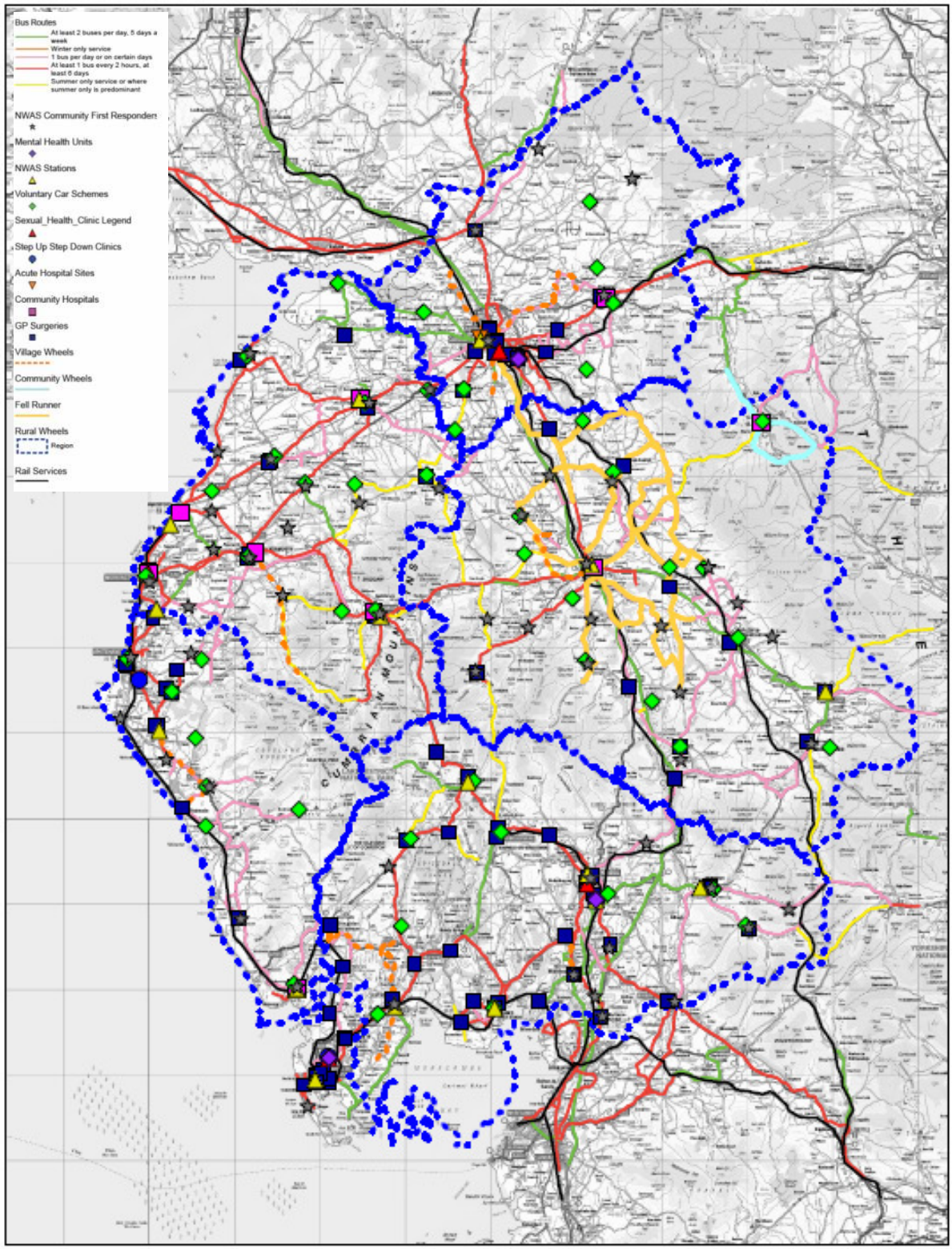
[4] Figure taken from Private Ambulance Reconciliation 1516 – Source Kathy Martin General Manager, Emergency Medicine

available for everyone living in the area and some bookings may require a membership fee to the service and a fee for fuel subsidy.

Additionally, there are a number of services that patients can use such as Rural Wheels, Village Wheels and Community Wheels which provide door to door transport at subsidised fares for those who are isolated or unable to travel in their own transport.

Rural Wheels has previously been commissioned by PCT/CCG when PTS service rules changed from GP's determining eligibility to PTS. A pilot scheme was introduced to cater for those patients who did not meet the new eligibility criteria but lived in remote and isolated areas and who struggled to access transport to healthcare services. The service unfortunately did not last longer than a two year term (2012-2014) costing the NHS a total sum of £1,730 (see page 26). A map showing the coverage of Community, Voluntary and 3rd Sector Organisations is provided in Figure 3.1 overleaf and is also provided in Appendix H as an interactive version.

Figure 3.1 – Public Transport, Community, Voluntary and 3rd Sector Transport Provision



3.2.6 *Public Transport*

There are a number of bus services located in the vicinity of West Cumberland Hospital and Cumberland Infirmary providing services to nearby towns, although there is a lack of services to smaller villages particularly within the Eden district. There are also a number of Fellrunner bus services which run once daily from smaller towns such as Langwathby to Penrith and on certain days of the week provide a return service.

A map illustrating the coverage of available alternative transport options is illustrated in overleaf and is also provided in Appendix H as an interactive version.
Figure 3.1. This map shows the location of the Acute and Community Hospitals, the location of NWAS stations and Voluntary Car Schemes. Additionally, the map illustrates the bus routes by coding the frequency of which they run, for example winter only services and at least 2 buses an hour 5 days a week services. The map suggests that community schemes such as Rural Wheels and the NWAS service have a huge area of coverage as they serve throughout Cumbria. Bus services are clustered within the large towns and cities with only services such as the Fellrunner running between large rural areas to the local towns and cities.

A more detailed assessment of public transport accessibility to healthcare services across the NWE Cumbria area is provided in Appendix O.

3.2.7 *Cost Summaries*

Table 3.3 summarises the available information on costs associated with current non-emergency transport services. The table shows that staff travel was the major cost for NCUHT throughout the last 12 months with an annual spends of £1,225,658, which covered the cost of taxis, mileage allowance and other travel expenses. This was followed by the cost of the Ambulance Car Service cost at £227,181. Transport in the community costs Cumbria County Council a total of £360k, of which £170,000 is dedicated to Rural Wheels.

Table 3.3- Cost Summaries for NCUH, Cumbria County Council and PTS/NWPALS

NCUHT	**Current 12 Month Spend**
Ambulance Car Service	£227,181
Medical Records Transport	£75,576
Taxi and Other Vehicle Hire	£182,869
Vehicle Leases	£6,274
Vehicle Maintenance	£2,728
Vehicle Running Costs (fuel)	£56,844
Staff Travel	£1,225,658
Car Parking Income	£347,768
Total	**£1,429,162**
CPFT	**Current 12 Month Spend**
Ambulance Car Service	£90,369
Medical Records Transport	£72,643
Taxi and Other Vehicle Hire	£294,737
Vehicle Leases	£1,082,366
Vehicle Maintenance	£9,473
Vehicle Running Costs (fuel)	£94,023
Staff Travel	£2,957,348
Car Parking Income	£24,715
Total	**£4,576,244**
Cumbria County Council	**Annual Cost**
Concessionary Travel	£9m
Home to School Transport	£10m
Special Needs	£5m
Social Care	£5m
Community Transport	£360k (£170,000 for Rural Wheels)
Total	**£28,360,000**
NWPALS and NWAS PTS	**Annual Cost**
NWPALS Contract for 2015/16	£198,000
NWAS PTS Contract 2014/2015	£5.4m

3.2.8 PTS Vs NWPALS Cost of Service Comparison

Patient Transport Services in Comparison to Private Ambulance Liaison Service

The current contract with NWPALS costs the NHS £3900 a week for 78 hours, with any additional hours required also charged at £50 per hour. As outlined within the analysis in overleaf, over a 4 month period between January and April this year, on top of the contracted hours, there were requests for an additional 131.5 hours at an additional cost of £6,575. As such, the total cost of NWPALS trips over this four month period amounts to £72,875 at an average of £141.78 per trip. A full breakdown of NWPALS costs between January and April can be found in Appendix I.

Table 3.4 – Private Ambulance Liaison Service Weekly Hours and Costs for January to April 2016

January to April 2016 NWPALS Data	
Number of Weeks	17
Contracted Hours @78Hrs/Week	1326
Additional Hours	131.5
Total Hours	1457.5
Cost of Contracted Hours @ £50/hr	£66,300
Cost of Additional Hours @ £50/hr	£6,575
Total Cost	£72,875
Total Number of Trips	514
Average cost per trip	£141.78

By way of comparison a simple systematic cost analysis breakdown of the Patient Transport Services (PTS) has been undertaken. Simplistically this can be taken from the annual cost of the contract (£5.4 million) divided by the number of journeys (170,000) giving an average cost per journey of £31.77.

The table shows that the average cost per trip using NWPALS is significantly higher than PTS at £141.79 per trip as compared to £31.77. This would suggest that NWPALS is being used inefficiently with large amounts of money being spent on a contracted service, which takes approximately 2.8 hours for one trip to be completed.

It should however be noted that the comparison is based on relatively limited amounts of data regarding the type of service, levels of patient dependency, hours of service, vehicles used and distances travelled. A more detailed investigation would be required to fully understand why such a large apparent disparity in the average cost per trip exists between the two service providers.

3.3 Current Staff Transport Services

To provide an overview of staff travel behaviour and the transport options available at West Cumberland and Cumberland Infirmary Carlisle, a survey undertaken in July and September 2014 by AECOM was reviewed and the results summarised below. These have also been shared with local transport operators who will consider if any service improvements can be made.

Figure 3.2 [5] below and Figure 3.3 overleaf highlights that the majority of staff reside in towns within the vicinity of the Hospital where they work including, for West Cumberland Hospital, Egremont, Whitehaven and Workington, and for Cumberland Infirmary Carlisle, many staff live within the vicinity of Carlisle although geographical spread is a bit wider.

[5] SOURCE: West Cumberland Hospital and Cumberland Infirmary 2014-2017 Travel Plan (December 2014) AECOM

Figure 3.2 - Location of West Cumberland Hospital Staff and mode of transport to commute

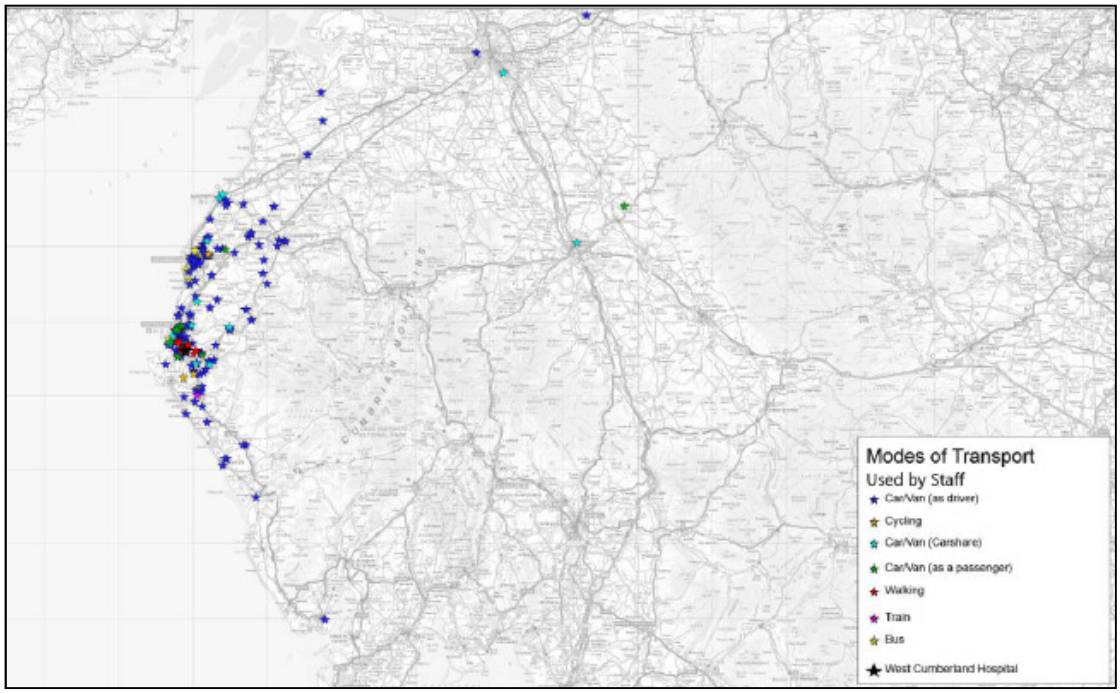
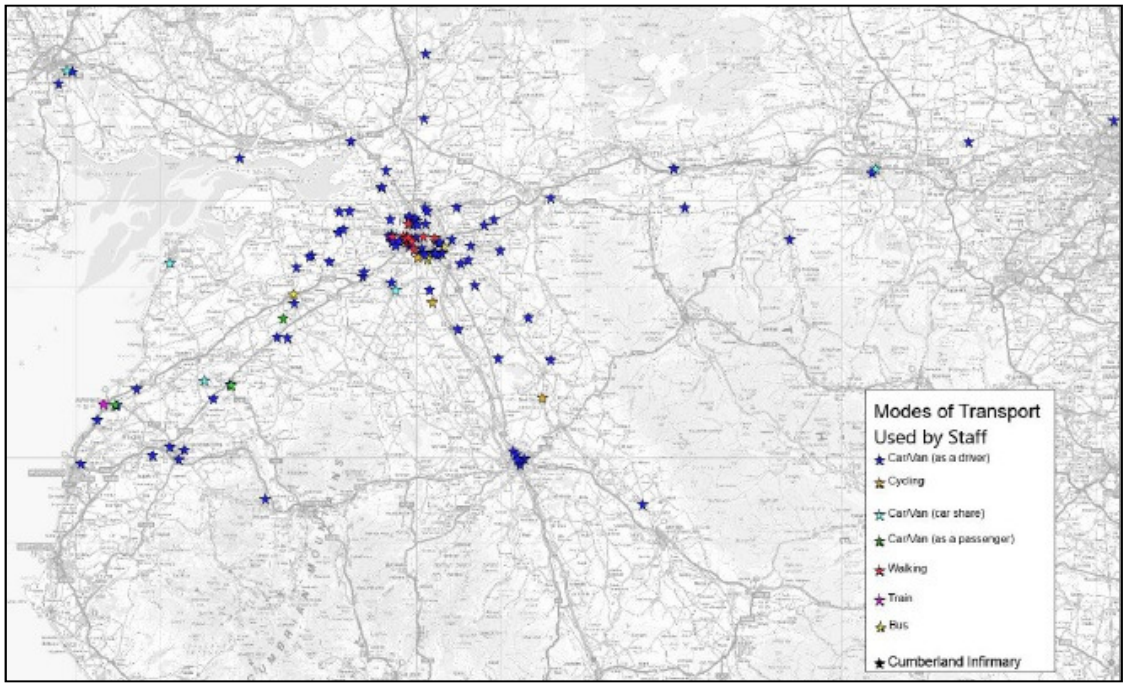


Figure 3.3 [6]- Location of staff at Cumberland Infirmary Carlisle and mode of transport to commute



Most staff at both WCH and CIC travel to work between the hours of 07:30 and 08:00a.m, with 62% of staff working between the 'normal working hours' of between 08:00a.m and 16:00p.m, 09:00a.m and 17:00p.m and 10:00a.m and 18:00p.m.

It is acknowledged that many employees whilst based at either WCH or CIC work in various NHS locations across Cumbria, particularly travelling between the two main acute hospital settings. Of those employees surveyed by AECOM, the majority of employees (72%) rarely or never worked at another location, approximately 27% of employees worked 2-3 days at their base site, with 1% then working only one a week at their base site. With no interlinking shuttle bus between sites, there is a reliance on own transport or on occasions taxis to transport staff between the sites.

North Cumbria University Hospitals NHS Trust spends approximately £1,225,658 (2015/2016 financial figures) on staff travel, to the cost of staff mileage and taxi fares for movement between sites.

[6] Source: West Cumberland Hospital and Cumberland Infirmary Carlisle 2014-2017 Travel Plan (December 2014) AECOM

The majority of staff travel to work by car (alone) and feel they have very limited options and opportunities to use alternative modes of transport to get to work and to access other NHS sites during their working day/week. Based on the Travel to Work survey analysis conducted by AECOM in December 2014, there are opportunities to further encourage a shift in travel modes to more sustainable ones, with the most feasible being a switch to car share or to public transport if there was certainty of more reliable, frequent and extended services in the public transport network. The survey also showed an appetite for the introduction of a Hospital shuttle bus service that would serve between CIC and WCH; this was identified as a 'most welcome initiative' by staff at both acute hospital sites.

3.4 Car Parking and Car Park Management

It is evident that car parking arrangements at both CIC and WCH are under extreme pressure in terms of demand and capacity mismatch. Healthwatch Cumbria has over the years, highlighted public concerns about parking at both sites, conducting meetings between Senior Trust staff and local user groups.

In November 2014, Healthwatch Cumbria conducted a short survey to look at logistical and resultant emotional impacts on visitors to the two acute hospitals to try and provide a 'snap shot' data of the current situation, with potential recommendations to improve the current onsite situation. Appendix I highlights the key points and recommendations arising from the survey results.

The main conclusion drawn from the survey and consultations, was that current parking arrangement at both hospitals are 'not fit for purpose' resulting in negative customer experience for those visiting the sites. Stress, anxiety and costs were being caused through neglect of the needs of the public and NHS staff.

It was advised by Healthwatch, that North Cumbria University Hospitals Trust should take the necessary steps to minimise these stresses and in particular take account of the full costs and needs of those attending for regular treatments, for example cancer and haemodialysis patients.

To date staff permits have been issued on request without any structured eligibility criteria. There is currently 1,400 staff permits issued at CIC and 1,562 at WCH at a cost of £110 per annum, equating to £9.16 per month / £2.29 per week. Parking polices revised in June 2016

resulted in an increased cost of staff parking permits. As such the current 2016 staff permit price will increase over the next 12 months as outlined in Table 3.5 below:

Table 3.5 - Planned staff parking permit cost increase

Salary	Monthly Fee	Effective from 1st August 2016	Effective from 1st January 2017
Up to £46,620	£9.17	£13.96	£18.75
Over £46,620	£11.08	£16.87	£22.65

A car parking working group coordinating onsite car parking practices and initiatives, includes Healthwatch representation as well as the PFI contractor who provide onsite car parking management and other NHS representatives. Many recommendations and associated actions are being driven through this active working group.

The new NCUH parking policy revised in June 2016 has enabled recent enforcement of red lines, emergency only accesses and disabled spaces at the Cumberland Infirmary. Coupled with provision of additional (initially temporary) parking capacity this has enabled much improved travel and parking experience for patients and visitors although there remains considerable work to do: subject to planning further parking capacity is expected by December/January 2016/17 as well as introduction of 'pay on exit' barriers, and use of criteria to manage permit applications. Further similar work is needed to progress parking issues at the West Cumberland Hospital.

It has been noted that the Success Regime Transport & Enabling Group could provide support and assistance to the Trust in implementing Healthwatch recommendations not only at the acute hospitals but also across community hospitals and GP surgeries where similar issues are evident. A number of recommendations are outlined in Appendix J including: investigations into why public transport is not being utilised by staff, the introduction of a Park and Ride service, and staggered appointment/visitor times to avoid the surge of parking demand and significantly improve patient and visitor experience.

Key work to improve car parking arrangements includes:

- Temporary Car Park at CIC – now in place

- Continued enforcement of the updated car parking policy including the restrictions on red lines and disabled bays. For safety reasons, full implementation will occur once CIC whole site solution are in place (i.e. full barrier and pay and display);
- Staff parking permit price increases encouraging staff to look at alternative transport modes. The prices allocated are now in line with that of local council car parking charges at Devonshire Walk Car Park, which is a 10 minute walk from CIC;
- Final negotiations with PFI contractor to enable the creation of a further 270 spaces at Cumberland Infirmary;
- Plan at WCH to move staff car parking to the new Sneckyeat Road, with possibility of opening a further 150 spaces.

4. Stakeholder Consultation

To develop the baseline report a number of stakeholder consultations were conducted throughout the development of the report from March 2016 – July 2016. Consultations were conducted as group meetings, workshops, one to one meetings, via email and telephone conversation. The stakeholders identified are categorised and can be found in Appendix K.

Stakeholders were identified primarily through the members of the Success Regime's Transport Enabling and Advisory Group, with representation from key clinical and transport related organisations, which provided invaluable local knowledge and assistance in identifying the correct stakeholders with whom to initially make contact.

The aim of conducting stakeholder consultation was to identify the key challenges, issues and opportunities in respect of accessibility to healthcare services and in regards to the information available to help patients, families and carers access non-emergency transport to attend healthcare services and appointments.

The Success Regimes objectives and the role of the Transport Enabling and Advisory Group were outlined to all stakeholders on inception meeting. A request for any supporting data that would assist in understanding transport operations and where transport has been a barrier to healthcare access was made. These Stakeholder Consultations were undertaken in tandem with the modelling of existing transport and travel data in respect of access to healthcare services and reviewing of various relevant policies, strategies and research documents.

Stakeholder consultation was invaluable in providing subjective views from those currently affected by transport issues clearly supporting some already identified challenges in addition to identifying new issues.

5. Stakeholders Summaries

On review of all the stakeholder discussions it was clear that there were common emerging themes in regards to key challenges and issues faced with current transport provision to healthcare services and the current transport information available to patients, families and carers. Many of the themes supported the challenges outlined within the Success Regime Transport Work Plan Proposition document and policies, strategies and studies reviewed; however they also highlighted specific subjective views that helped to put the challenges into context. A complete documentation of the discussion notes with all stakeholders and outputs from the transport user information consultation workshop can be found in Appendix L.

The following paragraphs summarise the emerging themes in regards to key challenges and issues.

Communications

It is evident from the stakeholder discussions and from the transport user information workshop that there is currently a lack of transport information for not only patients, visitors and families but for staff in acute and community hospital settings and for PTS, to make informed choices about transport options to access healthcare services and settings. When we refer to staff, this makes reference to both information regarding transport for their own use to get to work; and also the transport options for their patients, for example when making patient appointments at a GP surgery or when discharging a patient. It was further evidenced from the transport user information workshop, that call handlers for PTS services also require further support to provide alternative transport advice/options if a patient is not eligible for PTS services.

The consensus was that transport information is limited, variable and differs depending on the health care setting. It is important to provide a more uniform and improved approach to transport information and availability. A separate workstream has been developed through the Transport Enabling and Advisory Group to look at current information for staff, patients and their families, particularly focusing on information availability and accessibility; this was deemed more problematic than the content of the current information available at the transport user information workshop.

A summary of the outputs from the Transport User Information workshop and the specific recommendations identified through the Trust Car Park Working Group which will also inform this communication workstream are outlined in Appendix J.

Stakeholder consultation highlighted aside from use of Patient Transport Services and North West Private Ambulance Liaison Services, there is a lack of information to assist staff in both understanding the alternative transport available and the roles and responsibilities of third sector and voluntary organisations, (see Stakeholder notes in Appendix L).

Understanding transport 'out of area' is a further issue. Draft guidance has recently been produced to assist NCUH ward staff discharging 'out of area' patients. NWAS require confirmed authorisation of reimbursement which may entail a long process for staff on the ward. The draft guidance developed includes a flow diagram (see Appendix M) to assist staff to book 'out of area' transport, as well as contact details for CCG Leads within Cumbria and NE to assist quickly and efficiently with reimbursement procedures.

Lack of Coordination

This finding relates particularly to how services are planned, how different services and organisations work together and how this ultimately impacts on service delivery and those accessing the service. From discussions with numerous stakeholders it became apparent that there was a greater need for a strategic oversight to transport to healthcare and that current services work in isolation with a fragmented approach to transport. There was a strong feeling from many that in order to meet the transport needs of the people across WNE Cumbria there was a requirement for collective leadership and decision-making.

It is evident from local documents that access to healthcare services from rural and remote settings remains a main target and area of concern. Whilst there have been a number of strategies, policies and studies which seek to improve access to healthcare (see Section 2.2), a number of initiatives started have not flourished and many ceased. For example it is apparent that attempts had been made to 'fill the gap' for those patients not meeting the eligibility criteria for PTS where there has been no other method of accessing their appointment. Unfortunately through lack of coordination and communication/promotion of service a new scheme could not be sustained (see box overleaf):

Stakeholder Note – NHS Clinical Commissioning Group
Prior to 2012, there was no real guidance for General Practitioners on how to apply eligibility criteria for PTS services. This resulted in huge disparity and inequity across the North West region. New rules regarding the eligibility for Patient Transport Services were introduced in 2012, and eligibility is now strictly assessed on clinical grounds with specific criteria. Due to concerns regarding those patients that were NOT eligible, but who lived within rural areas and who may have difficulty in attending their appointment, a pilot scheme was introduced using Cumbria County Council's Rural Wheels Scheme. The service was available where patients had no other alternative, including seeking a lift and using public transport, and was funded through the Primary Care Trust (PCT)/Clinical Commissioning Group (CCG). However, the service lasted only two years: in year one (2012/2013) the NHS spent only £1400 in journeys and only £230 in year two (2013/2014). As a result, the service was considered underused and the CCG made the decision to discontinue the service. A key factor in its failure appears to stem from the 'lack of coordination' and direction from the initial point of patient enquiry. A patient not initially meeting the criteria for PTS, was advised '*only if they voiced concern'* as to how they would otherwise attend their appointment, to contact the advice line sited in the CCG offices, the patient would then have to make another call and answer more questions regarding eligibility and only if they met that criteria would they be offered the Rural Wheels Service. The patient would then need to make their own arrangement with Rural Wheels.

It has been that there is a lack of thorough understanding and coordination of utilising third sectors and voluntary organisations, and notes from both the Acute and Community Hospitals highlight this issue.

Stakeholder Note – Emergency Medicine, Cumberland Infirmary Carlisle
PTS and NWPALS are primarily used to discharge patients from NCUH although the availability of NWPALS is limited. Although current operations of the Private Ambulance Service are currently coordinated at ward level the trust is proposing to develop a process whereby all private ambulance requests and bookings are managed by site coordinators. This would also enable increased use of alternative voluntary and third sector services. Communication and promotional material regarding such services is extremely limited with availability considered scattered and very sketchy. Although there is an assumption that there is more availability in West Cumberland Hospital to information regarding third sector provision and the use of it; no one is entirely sure on what third sector transport is available to use.
Stakeholder Note – Senior Network Manager, Community Hospitals North
To gain some understanding of Community Hospital staff knowledge on third sector support for patient transport, all ward managers were asked to state what services are accessed to facilitate discharge. In addition to PTS Community Hospital Ward staff reported use of Red Cross and Age UK. Staff noted that Red Cross in particular provide transport from hospital to home and will also go back to the hospital to collect a patient's medication if it was not ready at the point in which they could be discharged. However, arrangement of such transport has to be done by the patient/family member/carer. Information and a phone number are provided to the patient/family member by the hospital whereby they then make the arrangement and pay for the service. Understanding actual patient usage of third sector organisations is limited with no data currently collected.

Car Parking Issues

Stakeholder consultation confirmed significant onsite car parking issues at both Cumberland Infirmary Carlisle and West Cumberland Hospital for patients, staff and visitors, although arrangements are very different at Acute and Community Sites. The main conclusion from consultation was the overwhelming desire for significant steps to be taken to minimise onsite stress and to take into account the full costs and needs of those attending for regular treatment with appropriate concessions in place.

Stakeholder Note – Healthwatch
Car Parking issues have been long standing, with key issues a lack of enforcement of the onsite Car Parking Policy and Travel Plans, and the confidence to trial new initiatives and ideas. Staff car parking was raised as of particular note. Whilst there is limited understanding regarding the numbers of staff transferring between the sites, it was noted that the idea of operating a Hospital Shuttle Bus has been discussed on numerous occasions but has never been further developed. There have also been discussions to pilot a 'Park and Stride/Ride' service from Devonshire Car Park, a 321space car park, approximately a 15 minute walk from Cumberland Infirmary Carlisle, but these have not been progressed. Stakeholders were keen to see delivery of such schemes supported through the Success Regime.

GP Surgeries and Services

It was clear from discussion with primary care stakeholders that their main issues are not necessarily patients missing or having to cancel appointments at GP surgeries due to transport difficulties, but the growing issue of patients living in outlying areas who either have no car, cannot drive or who are no longer fit to drive, and who have limited if any public transport and community transport alternatives and who are therefore unable to attend the surgeryl. It was felt that travel distances prevent equitable access to services, and that choosing to live in a rural or geographically challenged area should not result in poorer access to Primary and Community Care.

The nature of public roads within rural locations can sometimes mean that a patient can be found to travel up to 2 hours for a round trip to reach some GP Surgeries. Alternative working practices solutions are required to ensure that the public and in particular the growing elderly population who need Primary Care Services, are catered for in a sustainable and effective manner.

PTS Services

Some stakeholders expressed dissatisfaction commenting that patients experience apparent inconsistencies, being deemed eligible on one occasion and then on the next deemed ineligible for PTS. Some stakeholders expressed a view that on some occasions it was evident that their patient had deteriorated in their condition/illness and that they would have expected them to be therefore eligible.

An output from the transport user information workshop further supports the requirement to improve patients experience ensuring further support is required for PTS call handlers to provide further transport advice and options if a patient is not eligible for PTS.

It is understood that PTS eligibility criteria is currently under review by Blackpool Clinical Commissioning Group.

6. Benchmarking and Best Practice

6.1 Methodology

In order to compare WNEC Trust travel services to those in other areas, and to evaluate current operations, performance and efficiency, 7 different NHS Trusts have been chosen from across the country:

- East Lancashire Hospitals Trust;
- University Hospitals of Morecambe Bay;
- North Devon Healthcare NHS Trust;
- NHS Dumfries and Galloway;
- East Kent Hospitals University NHS Foundation Trust;
- Northumbria Healthcare Foundation Trust ; and
- Northumberland Tyne and Wear Foundation Trust.

Each of the Trusts chosen has characteristics in common with WNEC Trust. For example, East Lancashire Hospitals Trust has been in special measures, as has University Hospitals of Morecambe Bay, with both experiencing the level of intense external scrutiny and tension between financial and quality improvement. Northumbria Healthcare Foundation Trust, Northumberland Tyne and Wear Foundation Trust, University Hospitals of Morecambe Bay and NHS Dumfries and Galloway all neighbour North Cumbria University Hospitals Trust, and along with North Devon Healthcare NHS Trust (also identified through the Success Regime as a Trust facing significant clinical and financial issues) operate across similarly rural areas with dispersed populations.

The benchmarking exercise has focused on three particular areas:

1 Patient and Visitor Car Parking charges and the use of concessionary tickets

2 Staff Car Parking Charges and Eligibility

3 Current use of Patient Transport Services including PTS, Private Ambulance and 3rd Sector and Voluntary Services.

Whilst high level information was gathered for all the benchmark trusts, a more in-depth consideration of East Lancashire Hospitals Trust arrangements was achieved.

Full details of arrangements within these Hospital Trusts can be found in Appendix N. An overview of the comparison with WNEC trusts is outlined below.

6.2 Overview

The above Trusts are supported by a number of PTS options with the main services provided by Ambulance Trusts such as NWAS and North East Ambulance Service (NEAS). These services can struggle due to increasing call volumes especially in the winter months, requiring additional support from other services. The main non-NHS services are those of the Voluntary Agency Services, St John's Ambulance and the Red Cross, all of which are funded by charity. Additionally, voluntary services support some NHS trust directly, although use is variable. These services are provided mainly by volunteers who transport patients to hospitals and GP surgeries in their own transport for a nominal fee.

A number of third sector and private ambulance services in some trusts work mainly for the NHS but also for private hospitals and provide additional services such as organ transport.

Parking is a key issue for the majority of NHS Trust for visitors and for staff due to the increasing number of people accessing the site by private car. Pay and Display / Pay on Foot parking is provided on most of the sites investigated with varying costs. The majority of Community Hospitals provide free parking, but there are a limited number of parking spaces available. Most hospitals provide staff with permits allowing parking at a reduced daily rate. Owning a permit does not however guarantee a parking space.

A number of means are used to reduce the impact of parking issues. Shuttle bus services, such as that between hospitals in Burnley and Blackburn, can provide a sustainable means of transport to and from the hospital for both staff and visitors. Other trusts make use of public transport buses that run past the sites, but they are not run by the NHS and do not have a subsidised fares which may reduce the number of visitors and staff using these. This means of transport with the potential for partnership with bus providers could be investigated further by WNEC to ensure that the trust provides a variety of transport options for staff and patients/visitors.

6.3 Conclusion

6.3.1 Patient and Visitor Car Parking Charges and use of Concessionary Tickets

Generally, North Cumbria University Hospital Trust is broadly in line with car parking charges from those Trusts benchmarked against. Northumbria Healthcare Foundation NHS Trust whose charges were significantly lower, with a 24 hour stay costing £2.00, with and equivalent charge at NCUH permitting 'Up to 2.25 hours' although weekly tickets work out cheaper than £2 per day.

The majority of hospitals operated 'Pay and Display' car parks charging 'up to' hourly rates, however some hospitals for example, Royal Blackburn Hospital have introduced 'Pay on Exit/Foot' schemes, charging by time frame (e.g. 0-3hours, 3-8hours, 8-24hours). The Trust could learn from the advice outlined within the Department of Health's 'Health Technical Memorandum' 07-03 – *Car Parking Management, Environment and Sustainability* Report (2015) which states: 'Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used'

NCUH Trust is operating in line with the majority of NHS Trusts operating concessionary tickets, accommodating for the following groups of people as advised within the Health Technical Memorandum 07-03:

- Disabled People;
- Visitors with relatives who are gravely ill, or carers of such people; and
- Visitors to relatives who have extended stay in hospital, or carers of such people.

6.3.2 Staff Car Parking Charges and Eligibility

Of those hospitals that provided their car parking charges, NCUH Trust staff parking charges are in line with comparable staff parking charges that are not based on annual earnings. The majority of Trusts establish charges based on staff annual incomes, Northern Devon Healthcare NHS Trust charges being particularly low, ranging from £25.17 per annum (under £8000 salary) to £90.94 per annum (Over £25k salary).

6.3.3 Current use of Patient Transport Services, including PTS, Private Ambulance and 3rd Sector/Voluntary Organisations

In comparison to NCUH the use of PTS and Private Ambulance, other Trusts are utilising such services for very similar reasons: either to support those patients that are 'eligible' to access

healthcare services and appointments, or to discharge patients and for Hospital transfers. It is apparent that there are NHS Trusts that are experiencing significant competitive pressures within the PTS market, with some larger PTS providers winning contracts from regional ambulances. Although this is not necessarily a particular problem for NCUH, it is apparent that there are a number of Trusts who are better utilising 3rd sector and voluntary organisations with some seeing a steady increase in the total amount paid to voluntary contractors. One example being the Northumbria Healthcare NHS Foundation Trust.

Of those Trusts that are utilising voluntary and 3rd sector organisations, the two most common reasons for using such services have been to:

1. Transport samples for example bloods. Notably East Lancashire Hospitals Trust (ELHT) at Royal Blackburn Hospital, now use Blood bikes during weekends and out of hours when bloods would normally have been transported by local taxi. As a result ELHT has seen savings of approximately £22,000 per annum.

2. Support the elderly and vulnerable. Both North Devon Healthcare NHS Trust and Dumfries and Galloway NHS have both successfully utilised the voluntary services, namely RVS and Blackdown Support Charity, to provide transport services for a small nominal/annual membership fee, to take elderly patients to hospital appointments

Many Trusts also made reference to using national charities such as the British Red Cross and St John's Ambulance and although NCUH have made reference to having such services available, further work is required to fully understand their roles and ways in which they can be better utilised and promoted.

6.4 Best Practice Examples

6.4.1 Development and Provision of Patient Rural Transport for Haemodialysis at Bronglais Hospital, Aberystwyth

With typical Haemodialysis treatments lasting for about 4 hours and needed 3 times a week, a suitable and appropriate transport to treatment is vital.

One element of the Hywel Dda University Health Board response to the Griffiths Review of Non-Emergency Transport had been a focus on appropriate transport to each Haemodialysis Unit, located at the three hospital sites of Glangwili, Bronglais and Withybush. Working with patients, staff and the third sector a proposal was developed to provide a dedicated transport service to meet the needs of Haemodialysis patients in Aberystwyth.

The service is delivered by Royal Voluntary Service (RVS), who use their community volunteer drivers to ensure that however far they live from the unit (Ceredigion, is ranked amongst the twenty lowest population density areas across all 348 local authority areas in England and Wales) patients had appropriate access to haemodialysis. Figures provided by the Welsh Ambulance Service NHS Trust (WAST) highlight the reduction in call on their capacity due to the service being provided by the RVS and suggested that the RVS was balancing the 'dead' mileage which can be associated with a scheme such as this, which frees time for WAST as shown below in Table 6.1.

Table 6.1- April to October 2014 Renal Transport Statistics: Mileage Analysis and Trip Volume within a 30 mile radius

Month(2014)	Total Mileage	Duty Mileage	% Duty Mileage	Dead Mileage	%Dead Mileage	No of trips
April	11179.01	4372.45	39.11%	6806.56	60.89%	305
May	11626.3	4478.31	38.52%	7147.99	61.48%	330
June	10763.21	4206.38	39.08%	6556.83	60.92%	318
July	10483.5	4085.45	38.97%	6398.05	61.03%	364
August	10123.43	3819.82	37.73%	6303.61	62.27%	349
September	10365.8	3791.62	36.58%	6574.18	63.42%	334
October	10878.16	3996.14	36.74%	6882.02	63.26%	306

The scheme has reduced NHS costs to and freed WAST capacity for emergency journeys; other evidence also points to a significant drop in aborted journeys.

Annual Cost savings through mixed provision – Historically, the cost of haemodialysis transport with WAST had been circa £140,000 per annum. Under the current RVS transport is being provided at circa £85,000 per annum. This change represents a cost saving of £55,000.

Feedback from patients using the service has been resoundingly positive. A survey of service users conducted in the autumn of 2014 highlights the degree of satisfaction with the new RVS Transport solution, with questions around journey times, punctuality, and quality of vehicles (the things that matter to Haemodialysis Patients) all scoring maximum satisfaction for those surveyed. The personal service provides valued reassurance to patients, and demonstrates the

potential for improvements and efficiencies achievable when informed partnership working contributes to healthcare.

This achievement is set against and in contrast to a background of general deep dissatisfaction with Patient Transport and at a time when the Welsh Ambulance Service Trust is struggling to maintain Non-Emergency Patient Transport capacity whilst under pressure and scrutiny for Emergency Medicine Delivery.

The co-produced work has refocused some NHS thinking to where it counts – outcomes that matter to individuals. The experience at Bronglais has opened the door to discussions with WAST, third sector organisations, Local Authorities, and the Renal Network to explore how similar model of mixed provision of Haemodialysis transport can also be embedded in both Glangwili and Withybush Hospital Units.

Key Learning

1) With a fair and comprehensive Service Level Agreement (SLA) a 3rd sector organisation can be given the responsibility to deliver some core elements of the transport system. The programme and agreement with RVS has reinforced and raised awareness of the contribution that 3rd sector organisations can bring to service delivery when changing healthcare;

2) A real difference can be made to patient's lives if conventions and practices are reviewed;

3) Analysing and acting upon patients needs can offer positive feedback reinforcement relatively early on – people whose lives are already hard enough are now contending with one less problem; and

4) Performance monitoring is more straightforward and effective under the new SLA.

6.4.2 East Lancashire NHS Shuttle Bus Service

The Hospital shuttle bus between Royal Blackburn Hospital and Burnley General was established as a result of the 'Meeting Patients Needs Service' Consultation. In 2006, the then PCT sponsored consultation on the proposed changes to local health services to which it was ultimately decided that Burnley General Hospital (BGH) would be the elective care centre for the majority planned inpatient services for East Lancashire and the new East Lancashire centre for consultant based obstetrics, gynaecology and neonatal intensive care services. The Royal Blackburn Hospital (RBH) was established as the centre for all emergency inpatient care in East

Lancashire, with the exception of the services mentioned above, and focuses on severe injury and illness.

As a result of such service changes across the two sites some patients, visitors and staff had to attend other hospital for treatment, work or to visit relatives. An agreement is in place for those who find it difficult to travel to the new site to be transported from the original place of treatment/work to the alternative site.

The Trust began a trial of the shuttle bus service in May 2007 with a full service commencing in November 2007. The six buses in use have a capacity of 28 seats with all buses having disabled access, which observed the core requirements of the operator and vehicles in the East Lancashire Hospital NHS Trust Specification for the Supply for a Shuttle Bus Service. The service is free of charge to the users and the annual mileage is approximately 350,000 miles.

The Trust's current shuttle bus mileage for 2015/2016 is broken down as follows:

- 65% Business Mileage Trips;
- 15% Patient Mileage; and
- 20% Visitor Mileage.

The Shuttle Bus operates between the RBH and BGH and is utilised by staff, visitors and independent patients attending the outpatient / diagnostic service departments. There are a number of pick-up and drop-off points available at key areas on route between the sites. Additionally, a service runs twice a day from RBH to BGH via the Pendle Community Hospital. Each Shuttle Bus has a 40 minute turnaround which allows it to achieve a service every 20 minute. Passenger numbers between the two main hospital sites of RBH and BGH are shown in Table 6.2 below.

Table 6.2 – Shuttle bus passenger numbers between RBH and BGH hospital Sites 2015/2016

Route	Passenger Number
Royal Blackburn Hospital – Burnley General Hospital	118,276
Burnley General Hospital – Royal Blackburn Hospital	111,278

Services in the week are greater than the weekend services, as detailed in the current 2015 timetable, and cost the trust approximately £550,000 per annum.

Overall, the inter hospital shuttle bus service fulfils the obligation made during the public consultation in the East Lancashire Hospital NHS Trust specification for the supply of a Shuttle Bus Service. The shuttle bus service meets the core requirements detailed with operator details, hours of operation, accessibility and vehicles. Continuous reviews by East Lancashire Hospital NHS Trust, Lancashire County Council and Blackburn with Darwen Council aims to ensure that the service continues to be reliable and an asset to the Trust.

Further work on benchmarking and best practice will be undertaken in the next phase of work to develop outline business cases and provide more detailed studies on best practice opportunities.

7. Conclusions and Recommendations

Following a baseline review and analysis of current non emergency transport services a number of key issues and challenges have been identified. These have been split into *overarching* and *specific* key issues and challenges:

7.1 Overarching Key Issues and Challenges

The following key issues have been identified:

1. An ageing population, distance from home to key health care services (including GP practices), a lack of motorways or trunk roads and rural settings are the key challenges for transport in WNEC;

2. Public sector austerity measures are threatening public transport services with reduced frequencies or complete removal of some services. This has been seen with the example of the 106 bus service (Penrith –Kendal via Shap);

3. Current transport services for health care are fragmented with a lack of system leadership, ownership and monitoring of services;

4. There is a lack of staff and public knowledge relating to the availability of alternative patient transport services (such as those offered by voluntary services) for in and out of area transport; the system is confusing and difficult to navigate for all.

5. There is a lack of detailed understanding regarding actual spend, costs, activity and quality in relation to transport for health care. Better understanding of this and routine benchmarking of performance and costs would help ensure resources are used efficiently;

6. Community transport is currently well used to access medical appointments. However, there is still an opportunity for such services to 'fill the gaps' where public transport is limited or does not exist and no other transport option is available;

7. The mismatch between demand and capacity for parking on acute hospital, community hospitals and primary care sites is a major contributing factor to negative patient and visitor experience when visiting these sites; and

8. A number of operational working practices within hospitals can impact negatively on patient and visitor travel arrangements.

7.2 Specific Key Issues and Challenges

7.2.1 Patient Transport Services

Three specific issues have been identified relating to PTS:

- An apparent inconsistency in the application of eligibility criteria;
- A high occurrence of aborted journeys and last minute cancellations; and
- A lack of routinely commissioned service at evenings/weekends and a tendency for PTS (due to distances of some journeys) to put back the last pick up time to 16:00 impacting on management of patient flows where discharge patients are identified later in the day and at weekends.

7.2.2 Private Ambulance Liaison Services

The main issue identified with the NWPALS service is the apparent significantly higher 'average cost per trip' based on a simple comparison with the PTS service.

7.3 Recommendations

In response to the findings a number of recommendations are outlined below which would help to address the key issues identified above:

7.3.1 Improved Governance

Health partners should develop and approval a single Health Transport Strategy & Plan that is visibly owned by all organisations. Each provider site should hold an individual Travel Plan in line with recognised best practice working within this overarching strategy and plan. A Senior

Responsible Officer (SRO) should be agreed to lead the joint work, and to oversee and co-ordinate non-emergency health travel arrangements including consideration of efficiency opportunities.

7.3.2 Partnership Working

Joint working between public sector and third sector/voluntary providers is crucial for successful and sustainable development of non-emergency transport for healthcare. Improved joint planning could lead to more efficient services. There appears to be scope to make efficiencies through better planning and management, including opportunities to share resources.

All bodies involved in the delivery and booking of non-emergency transport need to work together to understand patient needs and to make best use of the services available. Collaborative working policies and stakeholder engagement are required moving forward. It is suggested that the Success Regime Transport Enabling and Advisory Group representatives would all feature as key stakeholders. Dedicated managerial resource should be identified to work alongside the SRO who will encourage these stakeholders and parties to work together more effectively through collaborative working policies. (This role should also liaise with system organisations to identify specific proposals for consolidation in procurement and pooling of budgets).

7.3.3 Improved Travel Information and Communication

It is apparent that some measures are already in place to improve communication between organisations and staff involved in non-emergency transport. This should continue to ensure all staff, patients and visitors likely to be involved in making and booking non-emergency transport (including out of area travel) and in discharge planning are fully aware of patients' needs, what services are on offer, and have a comprehensive understanding of where information is accessible and any procedural requirements associated with booking or cancelling a service. Similarly information should be readily available to support patients and their families.

7.3.4 Improved Booking Systems for Non-emergency Transport

More sophisticated planning for appointments (including out of area travel) plus signposting at a more central level should be explored, making it easier to identify the most suitable service provided, improve co-ordination, improve communication and increase operational

efficiency through better planning, helping to improve the experience for the service user.

7.3.5 Improved Car Park Management

Consideration should be given to improving car park management measures on all acute hospital, community hospital and GP surgery sites to ensure car parking space is used by those who need it. Consideration should also be given as to how access to primary care premises and other community sites could be improved.

7.3.6 Inter-site Access Improvement

The Success Regime should support development of a Business Case for a Shuttle Bus to improve access between the 2 main hospital sites by staff and patients.

7.3.7 Financial Review of Non-Emergency Transport Services

A more detailed review of the current provision of non-emergency transport should be provided to determine if PTS and NWPALS are delivering on the expected level of service and giving value for money (including routine benchmarking). This could include consideration of how such a flexible and focussed service could be jointly procured and/or funded in the future.

7.3.8 Review of Operational Practices

Providers should review working practices such as in outpatients and wards to prevent peaks in car parking demand and improve patient and visitor experience.

7.3.9 Impact of System Proposals on Individual Site Access

The Success Regime should ensure modelling within the eventual Full Business Case of all expected shifts in car parking requirements on each hospital site (including the Community Hospitals) and of required changes in patient transport.

7.3.10 Learning & Sharing Best Practice

The Success Regime should continue to work with other areas to identify and share best practice.

7.4 Next Steps

It is recommended that business cases be developed for the following measures in order to address the issues identified and act upon the recommendations made above:

1) Identify specific proposals for consolidation in procurement and pooling of budgets. This may include the appointment of a responsible owner with dedicated managerial resource to oversee and co-ordinate non-emergency health travel arrangements including consideration of efficiency opportunities;

2) Undertake a review of staff expenses for travel between acute hospital sites and consider the comparable costs for running a shuttle bus service developing an outline business case;

3) Consider options to maximise the use of third sector and voluntary organisations such as Blood Bikes with the aim of potentially expanding their non-patient transport remit to other areas such as records delivery and prescription drop off;

4) Consider options to maximise the use of third sector and voluntary organisations such as the Royal Voluntary Service with the aim of potentially expanding their patient transport remit to other areas such as transport of Haemodialysis patients to and from appointments; and

5) Identify opportunities to improve efficiency and quality of existing commissioned passenger transport services including PTS and NWPALS.

It is also recommended that the following key areas of work shall also be progressed:

1) Prepare a single Non-emergency Transport Strategy for the patch and develop and/or update Travel Plans and Car Park Management Plans for acute and community hospital sites including consideration of (incentivised) Car Share Schemes and options for Park & Ride / Park & Stride where appropriate;

2) Undertake further research and data collection to better understand current demand and capacity for passenger transport including consideration of community hospitals;

3) Develop a ready to implement Travel Information & Communication Plan to cover provision of information required for patients, families and carers including the preparation and distribution of best practice guidance and checklists for staff to enable full consideration of transport needs at all points in the patient journey; *and*

4) Undertake a review of current public transport service provision for access to healthcare and work with operators and public sector partners to address any significant shortfalls identified in the level of service provision.

Appendix A - Principles & Visions

Principles and Vision for Transport to Support Healthcare Provision in West North & East Cumbria – Version 2

- What needs to change in our services in relation to transport?

1. Patients can have to wait for long periods in emergencies to receive the care they need

2. Patients transported away from their local hospital in an emergency do not always understand why this is being proposed

3. Patients may experience uncomfortable lengthy and sometimes frightening journeys to or between hospitals

4. Patients can find it difficult to reach their GP surgery, health centre or hospital if reliant on public transport

5. Public transport users can face lengthy journeys, and transport is not always available at convenient times or places

6. Patients can find it difficult to reach their local hospital for planned appointments, with sometimes long distances involved, and exhausting journeys even when patient transport is provided

7. Appointment times offered often do not take into account the journey difficulties faced by often unwell or frail patients

8. On arrival for clinics/procedures/day cases it may be difficult to get from car park/bus stop to the service itself

9. Clinic visits (hospital or community) can sometimes be very protracted, often far exceeding patient expectation and impacting on their travel/parking arrangements and overall experience

10. Patients/carers arriving in hospital in their own/carers transport can experience significant difficulties parking and may risk parking fines

11. Patients may experience long waits for transport home from hospital particularly later in the day, weekends or out of hours
12. It is difficult to find user-friendly and up to date information about transport and related services to help access healthcare including financial support available and eligibility criteria

13. Staff are not always aware of patient transport needs and what is available to support them, and do not always communicate well with patients about transport aspects of their health experience both in entering the service and leaving it

All of these issues may result in patients being less able to access health services when they need them - either as a planned appointment or in an emergency; their families/carers may also experience difficulties and be less able to provide their loved ones with the support they need. This applies equally to health care provision in and out of county – accessing healthcare very distant from home can result in even more challenges, including a potential need for overnight stays.

As we seek to create an integrated workforce across and between hospital, primary care and community boundaries our staff also experience difficulties due to the large distances and poor road infrastructure in West, North and East Cumbria.

What do we want to keep and build on?

- Patients desire to be independent and self-caring
- Dedicated and highly skilled staff, especially ambulance/patient transport drivers and paramedics
- Modern ambulances
- Great North Air Ambulance in an emergency
- Community transport and volunteer services
- Existing Trust travel plans
- Existing public transport capacity

Principles for transport to help those using/supporting others to use, and those working within healthcare services – *these have been drawn directly from the discussion at the Transport Meeting on 9th December:*

- Our plans should:
    1. Enable planned and supported access to services 'end to end' across the entire patient episode, ensuring that transport acts as an enabler not a hindrance to patient care

    2. Keep firmly focused on solving the challenges we face in physically accessing healthcare when and where it is needed

    3. Be customer focused and inclusive

    4. Result in improvement in the quality of healthcare delivered by an appropriately skilled workforce

    5. Ensure that provision is based on need and an understanding of demand and current capacity

    6. Consider solutions from beyond traditional healthcare providers

    7. Explore potential alternatives which enable care to be provided to home as close to home as possible (including telecare, local clinics etc)

    8. Be based on best evidence and ideas both at home and abroad

    9. Provide a range of solutions which can provide an integrated 'whole' and which allow adaptability/flexibility across the system

    10. Be fair to users with clear criteria for eligibility whilst maximising self-responsibility and independence

    11. Recognise individuals/communities facing disadvantage and specifically plan to minimise inequalities

    12. Make best use of finite available resources – financial and workforce

    13. Seek to optimise use of community capacity, making use of community networks through social media, charities and other mechanisms

    14. Ensure readily available, easy to understand information on transport issues

    15. Ensure staff are aware of patient transport issues and are both challenged and enabled to improve their services to meet patient transport (as well as other) needs in response to individual and collective patient feedback

    16. Be sustainable in the longer term

    17. Engage patient, carers, communities and the public in their development

    18. Have clearly identified and agreed criteria for success so we can evaluate their delivery including wider system costs/benefits

What would our vision for health-related transport be? What would it feel like for patients, staff and partners?

1. Patients are able to access health services, whether in community settings or in a hospital in a way which:
    a. Is as comfortable as possible
    b. Is an enabler to their management and health outcomes
    c. Is as convenient as possible

2. The need to travel to access healthcare is minimised as far as possible

3. In an emergency, patients are confident that they will be able to receive timely safe, assistance from skilled workers, so that they are not disadvantaged by virtue of where they live /present

4. Where it is in the best interests of patients to receive care at some distance from home, the reasons for this are understood, the transport arrangements are of high quality and do not result in delays to care which adversely impact on patient outcomes

5. The experience of family members and carers supporting patients is enhanced by convenient public transport and parking facilities

6. Patients and families are supported to make their own travel arrangements, and health-funded transport is only used when essential

7. Patients and families can readily access information to help them plan their journeys to and from health services

8. Patients and staff are able to make best use of health and other technologies which may prevent their need to travel

9. Staff members whose roles require them to work across a range of settings in West North and East Cumbria, are supported in journeys which make best use of their valuable time, and which do result in unreasonable stress in their working lives

10. Funded transport is delivered as cost effectively as possible across and beyond the county, pooling resources where appropriate

What do we need to do/ensure is done next?

1. Ensure the system has a thorough understanding of existing demand and capacity:
   a) Map how and when patients currently reach (and potentially don't reach) our healthcare services
   b) Map the statutorily funded, health sector and voluntary transport provision, funding flows and agency responsibilities
   c) Understand transport demand/need for both emergency and planned healthcare
   d) Understand the current gaps in our capacity to address these including to what extent these are driven by financial, workforce or other constraints

2. Identify additional capacity/resource required to meet all new service models being developed

3. Research and learn from best practice and benchmark local service provision

4. Consider and agree the most effective, efficient and highest quality ways of addressing these gaps – both current and anticipated; (this to include alternative ways of delivering care and/or transport such as use of telemedicine, use of new roles, alternative providers, adjusted eligibility criteria etc)

5. Agree what is in 'the gift' of health and social care providers to resolve and which issues need to be raised with other bodies; discussion with other bodies as appropriate

6. Model solutions and options in terms of activity, workforce, finance along with lead-in times and risk-assessment

7. Develop business cases for any proposed new services; to potentially include:
   a) Extension of commissioned Patient Transport Service to evenings/weekends
   b) Additional emergency ambulance capacity
   c) Wi-fi-enabled hopper bus proposals
   d) Heli-medicine (in conjunction with Regional colleagues)
   e) (Others as agreed eg specific telemedicine proposals)

8. Identify areas where we could consolidate procurement practice and pool budgets across agencies, for example consideration of consolidated taxi contracts
9. Subsequently commission/re-commission services as required, ensuing that specifications fully reflect the principles, vision and outcomes agreed for health and care transport

10. Develop a transport 'code of practice' for professionals and best practice guidance/checklists. This would include consideration of patients transport needs at point of booking and communication about discharge travel arrangements

11. Work with care providers to encourage improvements in booking systems and service provision to smooth patient flow, reduce waits and improve experience

12. Consider use of volunteers and electronic flagging to facilitate access to patient care both in travelling and upon site arrival

13. Ensuring adequate provision of car parking including 'drop-off' and disabled facilities

14. Consider new/expanded charity-run hostel arrangements at or near hospital sites including out of area sites

15. Develop ready-to-implement plans for provision of information for patients and families/carers; to include:
    a) Leaflets, Travel-Cards, website etc
    b) Publicity campaign – papers, radio, TV etc
    c) Consideration of a travel helpline

16. Develop and agree a single integrated Health & Care Travel Plan with individual organisational components, and agreed system-wide and inclusive monitoring arrangements

Some Possible Health & Care Transport Metrics & Outcomes

1. Improvement in achievement of ambulance providers response time key performance indicators

2. Patient miles traveled: a measure of success would be a reduction in total miles traveled by population, indicating care provided more locally overall*. (How would we realistically measure this?)*

3. Reduction in 'Did not attends' (DNAs) for primary care and outpatient appointments *(a reduction might indicate improved ease of access to services, although this would not be the only possible explanation)*

4. An improvement in patient experience – across the range of transport/travel associated areas – emergencies, hospital transfers, patient transport, parking etc; (*inclusion within routine surveys of patient experience as well as specifically targeted survey and focus group work*)

5. Improved staff satisfaction (*potentially add as specific question in Trust annual staff surveys in relation to ease in working across sites, as well as work with staff-side to access staff opinion)*

Appendix B - HTM07 Parking Policies

Detailed within HTM 07-03 are a number of sustainable transport initiatives as outlined in the three categories previously, which can improve access to NHS sites and reduce the need for car-parking provision.

Cycle Hubs

Secure cycle hubs provide sheltered, secured units for cycle storage, often with shower and change facilities for staff separate from the workplace. These have proved effective in encouraging more people to cycle. Cycle compounds offer a low-cost alternative to cycle hubs, which offer secure storage of cycles without shower and change facilities, but are more flexible in where they can be located.

Park & Ride

Suitably located bus stops and park-and-ride sites reduce traffic in busy locations and avoid congestion around hospital sites. Organisations should ensure that the best possible bus routes are suitable, frequent and accessible to the site, and may offer a cost subsidy or discounted travel tickets to users. Strong relationships with bus operators are valuable to provide low cost and effective bus services, with a need to highlight the benefits and profitability of including NHS organisations on their routes.

Shuttle Bus

Shuttle bus services have proved effective at quickly transporting patients, visitors and staff between NHS sites. This reduces the need for parking provision at both connected sites, and increases the accessibility of care services to those without access to a car. Services should be as fast and frequent as is practically possible, ranging in size from a small mini bus to a large coach depending on demand.

Car Sharing

Car-sharing schemes bespoke to Hospital Staff allow staff to share their journey to work, reducing single occupancy vehicles parking at NHS sites, bringing environmental and cost saving benefits. Incentives such as priority parking can be offered to encourage people to partake in schemes NCUH Trust currently do not have a bespoke car share scheme, however best practice can be sought from other NHS Trust such as East Lancashire Hospital Trust. Good practice would be to allow staff to internally advertise car sharing opportunities. While not all staff can use car-sharing due to working patterns, car clubs allow individuals to use vehicles for individual trips without the hassle and cost of owning a car. Car club spaces can be located on NHS sites if they are used frequently, and allow staff to travel to work using other sustainable transport modes, using car club services for trips required to other sites.

Car park management

In addition to sustainable transport initiatives, best practices in relation to car-park management are also detailed, which ensure existing parking space is used effectively, and ensure public perceptions and relations with NHS organisations are strong. Measures include:

- Short term parking bays to save short-stay visitors time finding space in large car parks;
- Flexible parking permits for users who may switch between modes of travel frequently;
- Wheelchair hire conveniently located on walkways, reducing the need to park close to entrances. As outlined within the Health Technical Memorandum 07-03 (2015) report;
- Identifiable car-parks, with adequate signage to allow users to easily remember where they have parked;
- No loading areas;
- Utilising patrol staff to communicate where parking is currently available in large car-parks has proved effective, improving visitor experience and reducing stress;
- Liaising with NHS departments when appointments are overrunning;
- Designated blue badge car-parks to avoid queuing at entrances; and
- Liaising with police to address parking problems areas surrounding NHS sites

Car Parking Equipment

Effective implementation of car-parking equipment is also effective in ensuring best practice in car-park management. Measures include:

- Pay-on-exit machines, allowing users to pay only for time used;
- Pay-by-phone systems;
- Car-park barrier systems, which can also reduce anti-social behaviour;
- Variable message systems, to give updated space and capacity information;
- Reactive access systems;
- Automatic Number Plate Recognition (ANPR) systems;
- Car-park security measures and patrols;
- Car-park lighting; and
- Meeting criteria of Park Mark award.

Travel Planning

The successful development and implementation of a travel plan can have a significant impact on parking efficiency, reducing congestion and ensuring assess to sustainable transport modes are easily accessible and well promoted. They produce real benefits for:

- Individuals, with health benefits, reduced stress and cost savings;
- Patients, increasing the accessibility of sites, relieving concern and improved availability to meet appointments;
- Staff, by promoting a healthier, more motivated workforce from reduced congestion and improved site access;
- The community, with an improved local environment, reducing noise pollution and improved local traffic flows; and
- The promotion of healthy lifestyles, with walking and cycling encouraged.

Given the scale and status of many NHS sites within local communities, it is important to consider local transport plans when developing travel plans. This will ensure any implemented changes to travel and transport patterns generated by NHS sites conform to local policy and strategy, and help to meet the needs of the wider community served by an NHS organisation.

Appendix C – Together for a Healthier Future Policy

To ensure this plan comes together, organisations have been established to create a North Cumbria Programme Board, branded Together for a healthier future, working as part of the Cumbria Health and Care Alliance. The board comprise of the following Organisations:

- Cumbria County Council
- Cumbria Partnership NHS Foundation Trust
- Healthwatch Cumbria
- NHS Cumbria Clinical Commissioning Group
- NHS England Cumbria, Northumberland and Tyne and Wear Area Team
- North Cumbria University Hospitals Trust

Developing the five year plan in addition to those organisations outlined above, local people, patients, community and voluntary sector organisations and local councils have all been consulted to seek their views on what action is needed. Health professionals including nurses, doctors and health and care professionals have also been consulted.

The vision for the future of healthcare services concentrates on specific elements such as:

Out of Hospital Services

Greater emphasis on patients being at the centre of the care they receive, with greater support to manage long term conditions such as chronic chest conditions, heart disease and diabetes. There is a greater emphasis on patients only going to hospital if they really need to be there, with more care being provided 'out of hospital'. To achieve this there is greater emphasis on making the most of all the local services that are already available, including those provided by community and voluntary and to develop new models of care, such as tele-health and tele-care providing more responsive care to local people.

Urgent Care Coordination

Whereby health and care organisations will work together to make sure patients who need urgent care get to the right place in the system as soon as possible. Ultimately the care coordination will assist both Primary care professionals ensuring a single point of contact to ensure patients are not being admitted to hospital if in fact they can be treated at home; and staff responsible for discharging patients by coordinating appropriate after care packages.

Integrated rapid response and community services

To ensure those who become ill at home receive a visit from a rapid response team who will make a quick assessment so a package of care can be provided through a 'hospital at home' service, negating the need of patients being transported to Hospital if they do not have a genuine clinical need to do so. Such organisations will work in tandem with community and voluntary organisations. This will take the form of two approaches of 'step

up, step down care for older people and one stop assessment centres for frail and older people to replace outpatient clinics. A current list of Community First Responders in WNEC is outlined in section 2.3.7.

Unscheduled Care

Catering for those who would normally come through A&E. To ensure that high quality care is provided seven days a week, this requires the right skills and staff resource to be available. Consideration is being given to consolidating higher risk, more complex unplanned care.

Children's Services

Developing a strategy called 'Building Health with Children and Young People'. This strategy is to ensure that children and families receive the correct support to stay healthy, but if and when required, there is efficient access to high quality care services and ensuring there is a smooth transition from adolescent to adult services

Mental Health

To commit to better local access to services through primary healthcare communities and an extended joined up delivery between health and social care.

Following the engagement with local people and health and care staff in 2014, transport and travel was a big issue with many comments about the distance people often have to travel for services and how the timings of appointments means that they have great difficulty in using public transport. There were also comments highlighting that there was a greater need for more joining up across services, particularly for elderly patients and those with complex health needs. Ultimately, this highlights the greater need to work with voluntary organisations and the third sector, supported by the greater need for better communication across services.

As a result, the Success Regime and the enabling workstreams will provide the leadership approach to build upon the outlined strategy and approach to ensure progress is made over the next 5 years. The Baseline Report and its concluded recommendations will take into account the aims and objectives of the 'Together for a Healthier Future' Plan ensuring where possible business cases can be developed to support the overall vision of the strategy and its plans agreed as part of the programme.

Appendix D - Non-Emergency Transport

NWAS Patient Transport Services (PTS)

Since 1st April 2013, North West Patient Transport Services (PTS) has provided transport for those counties of Cumbria, Lancashire, Cheshire and Cumbria. The current PTS contract cost NHS Cumbria CCG in order of £5.4m per annum for approximately 170,000 journeys and quality KPI payments. This figure includes the main NWAS contract and a small contract with NEAS. The current contract is due to end in July 2016, however from July 2016; North West Ambulance Service will continue to provide Patient Transport Services in Cumbria, Lancashire, Cheshire, and Merseyside with the new addition of Greater Manchester. The new contract for Cumbria will have the potential capacity to expand to extend hours and weekends for eligible based on demand in the future. In tandem a number of quality improvements following engagement with hospitals; patients and commissioners will include:

- Text ahead services, to inform patients when their transport will arrive;
- Streamlined quality standards, particularly around the journey arrival and collection times; and
- Revised process for applying eligibility criteria to ensure equitable access to the service.

The current contract has supported patients to attend hospital or other non-emergency appointments who are unable to make their own way due to medical or clinical needs. PTS services are not restricted in terms of availability to transfer eligible patients to community/acute facilities for the purpose of receiving NHS Funded Care – this includes intermediate care, hospice care and to nursing homes.

For renal patients only, journeys may originate from a patients place of work to the nominated dialysis unit. The North West Ambulance Service also recognise the diverse needs of patients carried and offer a specialised service for haemodialysis and cancer patients to which the unit or clinic will undertake an eligibility assessment directly with the patient to determine whether they qualify for patient transport

Cumbria CCG are currently responsible for contracting PTS for those patients that meet the eligibility criteria, unlike alternative transport provisions, PTS services do not take into account social or financial need as does it not inform the decision as to whether the patient is eligible for PTS services. The current PTS eligibility criteria can be found in Appendix D, eligibility criteria to access PTS apply nationally, however the questions to apply eligibility are devised locally. It should be noted that as part of the new contract with the five counties, revised eligibility questions have been drafted , which NWAS are trialling with Greater Manchester from one the booking centres that covers the five CCG's. Once the trial has taken place and Blackpool CCG has approved the revised questions as fit for purpose, they

will be in a position to roll them out prior to going live. In the meantime, the new contract starting in July 2016 will continue with the current eligibility criteria questions as outlined in Appendix D. It is extremely crucial that the eligibility criteria application is as transparent as possible, to ensure the right needs are being met and it is encouraging to see the new contract will focus on this to ensure equitable access to the site. As noted within the Stakeholder consultation notes in Section 4.1, it was apparent that the lack of understanding can make It difficult for both staff and the user to know what services are available and if and how they will be funded, it is therefore essential that eligibility criteria's are clearly defined and understood by everyone using the services and by the staff who refer them.

The current contract covers Monday to Friday; 08:00a.m to 18:00p.m, operating as the earliest drop off time and the latest pick up time this excludes Bank Holidays. PTS Cumbria operates currently from West and North Cumbria. PTS currently have a total of 16 full time Staff and 7 bank staff in West Cumbria, with North Cumbria hosting 19 full time and 4 bank staff. Table 1 below highlights the North and West PTS Stations with their associated ambulance and vehicle numbers.

Table 1 - PTS North and West Station Locations with Ambulance and Staff Detail

North Cumbria	Number of Ambulances	Staff Notes
Carlisle	7 Vehicles	Staffed but not all manned at the same time 5 days a week.
Wigton	1 DC Vehicles	Manned five days a week.
Penrith	2 Vehicles	1 Manned five days a week, staff permitting the second vehicle will be double or single manned.

West Cumbria	Number of Ambulances	Staff Notes
Distington	4 Vehicles	3 manned five days a week
Flimby	5 Vehicles	4 manned five days a week

Service Expectations

When transport is requested, all patients are asked a series of eligibility questions, which determine the most suitable help and advice needed. Based on the answers to the questions, this can mean that PTS can assist the patient by simply giving useful information relating to alternative transport. Advising non-eligible patients on alternative transport options currently consists of advising the patient to contact the 'Information Line' to which contact staff offer two contact numbers these being, Traveline at a cost of 12p per minute and Citizens Advice Bureau and/or the web address to the PTS website where a long list of

alternative community transport options by county, have been provided by Healthwatch. There is currently a reliance on the patient to log onto a computer and search the website for the relevant information. Information on the PTS Website currently cites the following services as outlined in Table 2 below. Other community transport providers can contact NWAS communications team to request addition to the list.

Table 2 - Alternative Transport Options available on PTS website

Transport Provider	Area Covered
Rural Wheels	Allerdale
	Barrow
	Carlisle
	Copeland
	Eden
	South Lakes
Village Wheels	Broughton - Ulverston
	Buttermere - Cockermouth
	Gleaston - Ulverston
	Grizebeck - Ulverston
	Levens - Milnthorpe
Community Wheels	Lakes and Lyth
Cumbria Community Transport	Carlisle
	Eden
	Copeland
	Allerdale
	South Lakeland
Royal Voluntary Service	All Areas
Voluntary Social Car Scheme	All areas

PTS advise that they can expect the following:

Call Answering

When making a booking directly with NWAS:

- 75% of calls to be answered within 20 seconds
- 75% of calls to be answered by a person unless outside working hours when an automated service is available

Journey Information

Although distance and travel conditions must be taken into consideration, PTS will endeavour to ensure that journey time should not exceed 60 minutes (40 minutes if travelling for dialysis or oncology treatment)

Arriving for your appointment

Expect to arrive

- No more than 45 minutes before or 15 minutes after appointment time on 90% of all occasions
- The clinic attending should be aware that a patient is travelling by PTS and is required to be flexible with appointment times.
- For all haemodialysis and cancer treatments, patients are expected to arrive within 30 minutes of the appointment time on 90% of occasions.

Collection from appointment

Expected to be collected

- Within 60 minutes on 80% of occasions
- No longer than 90 minutes on 90% of occasions
- For all haemodialysis and cancer treatment patients, collection will be within 60 minutes on 85% of occasions and no longer than 90 minutes on 90% of occasions from the time patient is notified as ready for transport home.

PTS Operations across WNE Cumbria

During the period April 2015 and March 2016, PTS coordinated a total of 131,109 journeys across Cumbria. Of this total, 74,468 journeys are made in West, North and East Cumbria, from the following stations:

- Carlisle;
- Penrith;
- Wigton;
- Distington;
- Flimby; and
- Egremont

The majority of PTS journeys (68%) are categorised as C1 – A patient who can travel by car or any other mode of transport, based on mobility and the medical needs of the patient. In essence, such patients do not require specialist ambulance vehicles and additional NWAS staff to support them on their journey. A full breakdown of PTS Journeys can be found in Appendix E. The journey totals per month are fairly consistent, with a noticeable reduction in activity during December.

In regards to PTS activity by hospital, 26% of all journeys during 2015/2016 were to and from of Cumberland Infirmary Carlisle, with a total of 34,293 trips. West Cumberland Hospital by comparison, makes up 13% of all journeys, with a total of 17,512 journeys made to and from of the hospital. The following WNEC hospitals make up the following PTS activity:

- Cumberland Infirmary (26% of PTS activity);
- West Cumberland Hospital (13% of PTS activity ;
- Freeman Hospital (Newcastle) (3% of PTS activity);
- RVI-Newcastle (2%of PTS activity);
- Workington Community (2% of PTS activity);
- Penrith Hospital (1.8% of PTS activity); and
- Wigton Hospital (1% of PTS activity).

It should be noted that of the hospitals listed above 49% of journeys are to and from hospitals within West, North and East Cumbria with 51% of PTS journeys undertaken to and from other Hospitals out of WNEC area.

Of the total journeys made to and from hospital, 7% (9294) of journeys are 'aborted', such journeys are summarised as no longer required once a vehicle has been dispatched, with the booking not previously cancelled. Table 3 highlights those hospitals that have associated with aborted journeys during April 2015 to March 2016. There are numerous reasons as to why a journey has been aborted with the two most common reasons:

- that a patient is too ill; and
- the patient has their own transport.

A full breakdown of the reasons a journey has been aborted by Hospital location, can be found in Appendix F.

In regards to fully understanding what this means, PTS has been asked to provide further detail. For example, when a patient has their own transport, does this mean a family member has cancelled previous commitments to now come for the patient or does it mean a patient has decided to take another mode of transport for example public transport? The fact that many aborted journeys are due to a patient being too ill, suggests a breakdown in appropriate communication but further work is required to fully understand the issues.

Table 3 - Number of aborted PTS journeys by Hospital and Clinics, April 2015 to March 2016

Hospital	Total Aborted Journeys
Alston	2
Brampton	17
Carlton Clinic	55
Cockermouth	78
Cumberland Infirmary	2753 (49% of total Journeys)
Kirkby Stephen	1
Keswick	34
Cleator Moor	138
Penrith	329
Victoria Cottage Maryport Hospital	136
Wigton	136
London Road Community Clinic Carlisle	66
West Cumberland Hospital	1418 (25% of total journeys)
Workington	394
Total	**5557**

North West Private Ambulance Liaison Service

North Cumbria University Hospitals Trust currently contracts North West Private Ambulance Liaison Services (PALS) to both further assist in the transfer of non emergency patients between sites and particularly to support the discharge of patients. Private Ambulance Liaison Services are currently plugging the gaps in Patient Transport Provision in particular to support the discharge of patients, providing services to help maintain patient flows throughout the evenings when Patient Transport Services do not operate, to help maintain patient flows at nights and at weekends and those A&E discharges during the night currently not commissioned by Patient Transport Services.

Currently contracted to deliver 78 hours of transport per week at a cost of £3400[1] with one vehicle servicing both Cumberland Infirmary Carlisle and West Cumberland Infirmary, NCUH has the opportunity to request additional hours at a cost of £50 per hour or specific call out cost of £120 per hour. It is evident from stakeholder discussions and from analysing the data from Emergency medicine that there is a substantial need for additional operational hours. Table 4 and Table 5 overleaf highlight the significant need to accommodate additional hours Table 4 highlights the private ambulance cost summary for 2014/2015 with

[1] Figure taken from Private Ambulance Reconciliation 1516 – Source Kathy Martin General Manager, Emergency Medicine

the budget exceeded by £95,453. Table 5 highlights private ambulance operations for 2015/2016 with budget exceeded by £22,628.

Table 4 - Private Ambulance Liaison Services - Costs 2014/2015

Week ending 6th April 2014 to week ending 1st March 2015.	
Contracted Agreed Hours £108,626 Actual spend £204,079 Budget Overspend £95,453	
Overspend Breakdown	
Specific Call out @ £120	£18,260 (equivalent to 152 call out incidents)
Additional Mileage @ £1.95/mile	£10,647
Additional Time @ £50 per hour	£65,541 (equivalent to additional 25 hours per week)

Table 5 - Private Ambulance Liaison Services - Costs 2015/2016

Week ending 8th March 2015 to Week ending 28th March 2016	
Contracted agreed hours £197,764 Actual Spend £220,392 Budget Overspend £22,628	
Overspend Breakdown	
Additional Mileage @1.95	£1000
Additional Time @ £50 per hour	£17,817 (equivalent to additional 7 hours per week)
Additional Vehicle	£2730

Services provided through the Community Partnership Foundation Trust are heavily reliant on Patient Transport Services and only rarely need to use PALS, a specific case highlighted was to transfer a patient with serious Mental Health Issues to a specialist Psychiatric ward. Looking at the current spend per annum on services provided by PALS, costs are substantial, with annual overspend year on year to the agreed contracted hours. On consultation with PALS the call out service at £120 ceased approximately 12 months ago with PALS no longer providing this additional service, as it was not cost effective. Operations continue until 12:00a.m with no call out services during the night by PALS.

As part of the stakeholder consultation with Emergency Medicine Department at Cumberland Infirmary Carlisle, discussions were had around awareness of third sector and voluntary organisations available for patients. It was deemed apparent that as Private Ambulance Services and PTS services are coordinated at ward level, ward staff almost defaulted to using such services to transport patients between sites and home. Knowledge

of alternative services was limited with availability of services sketchy and not at all widely publicised.

Discussions are currently ongoing to better coordinate the process of booking private ambulance requests, rather than booking private ambulance transport at ward level, they are looking to have site coordinators. It would be advised that such site coordinators are aware and have the knowledge of all service provision with associated eligibility criteria to determine the best transport option for each patient.

Community, voluntary and 3rd Sector Organisations

Community Transport has the opportunity to benefit those who may be otherwise isolated and excluded providing them with opportunity to participate within their community and access education, services, employment and health services. Many of the current services that are provided are demand responsive allowing the additional benefit of door to door journeys rather than reliant on the customer getting to a scheduled stop/route. A full detailed breakdown of the current community transport services provided is outlined within Appendix G.

The community transport provided within WNE Cumbria lacks a formal role within health transport with only a couple of Council supported community transport services openly providing transport to access healthcare services, there are third sector organisations such as Red Cross, Age Concern and Royal Voluntary Services who also provide Community Transport support. For example, the British Red Cross offers transport support for medical appointments and daily needs, enabling you to keep appointments safely and efficiently and to provide freedom of travel for people with mobility problems.

Cumbria County Council provide several schemes under the banner of 'Community Transport' at a cost of £360,000 per annum and support the growing number of voluntary social car clubs and are working particularly hard at recruiting volunteers to continue their delivery.

An outline of the current services provided, their operations and eligibility are provided below. A passenger transport map highlighting all community transport, voluntary car schemes, public transport routes in relation to healthcare sites and GP Surgeries and clinics is provided in Appendix H.

Rural Wheels

Rural Wheels provides door to door demand responsive transport for people who do not have or who are unable to access scheduled bus services. The service can be used for various purposes including:

- Making public transport connections;
- Doctor, Dentist and Optician Appointments;
- Visiting friends and family in Hospital
- Shopping; and
- Visiting friends and family

The rural transport service does not duplicate other County Council provision and therefore cannot be used for transport to day care, school, nursery or college and cannot be used for hospital appointments and treatment if patient transport is available. If a potential customer does request transport to a hospital appointment they are immediately advised to check their eligibility for patient transport services by contacting the patient transport service directly.

Rural wheels use a 'smartcard; to pay for travel and a central booking system to plan journeys. Application for a smart card must be conducted before use of the service at a cost of £5 payable to Cumbria County Council. Transport is charged at a subsidised rate of 40p (40 points) per mile. Passengers sharing a journey will benefit from a reduced rate of 25p per mile and those passengers living more than 10 miles from their nearest town will be charged a maximum rate of £4.00 per single journey. Transport is provided by operators who have the availability between the other activities being delivered for the Council, every effort is made to meet the demand for the service but there may be occasions where it is not possible.

Eligibility

Eligibility is for anyone who lives within the area of Allerdale, Eden, Copeland, South Lakes and Carlisle. Town Centre locations including Maryport, Workington, Carlisle, Whitehaven and Penrith are not eligible areas.

Booking

All journeys must be booked through the booking service number available Monday to Friday excluding Bank Holidays 09:00a.m and 12:00 noon. Booking may be booked up to 2 weeks in advance and no later than 12 noon that day. Transport is available Monday to Saturday between 08:30a.m and 18:00p.m.

Restrictions

Rural wheels only allow passengers to use the service up to two return journeys per week due given the relatively high subsidy compared to other services such as voluntary car schemes, and limited Cumbria County Council budget availability. The two journeys per week allocation can be an issue with regards to those customers with frequent health needs.

Table 6 highlights the total number of single journey undertaken across Cumbria with associated breakdown by area on the number of single journeys accessing healthcare services only.

Table 6 - Rural Wheels single journeys 2015/216

Rural Wheels 2015/2016 Journeys			
2015/2016 Total Journeys		18,420	
Journeys across Cumbria		16% (2947)	
Journeys across WNE Cumbria		9% (1657)	
WNE Single journeys Split by Area			
Area	**Doctor/Health Appointments**	**Hospital Visiting**	**Hospital Appointments**
South Lakes	1221	0	7
Eden	319	0	4
Copeland	214	0	0
Allerdale	337	32	16
Carlisle	760	51	7
Totals	**2851**	**83**	**34**

Rural Wheels has previously been commissioned by PCT/CCG when PTS service rules changed from GP's determining eligibility to PTS. A pilot scheme was introduced to cater for those patients who did not meet the new eligibility criteria but lived in remote and isolated areas and who struggled to access transport to healthcare services. The service unfortunately did not last longer than a two year term (2012-2014) costing the NHS a total sum of £1,730.

Rural Wheels do receive calls from the general public requesting transport to access healthcare, however on booking they will be asked a series of question to determine the nature of the call and more often than not are advised to call PTS in the first instance.

Village Wheels

Provides a timetabled service for communities to their nearest town and uses Rural Wheels membership scheme, planning service for booking and smartcard payment.

Areas currently covered by Village Wheels are as follows and can be identified on the passenger transport map in Appendix H.

- Broughton to Ulverston;

- Buttermere to Cockermouth;
- Durdar to Carlisle ;
- Gleaston to Ulverston;
- Greystoke to Newbiggin to Penrtih;
- Griezbeck to Ulverston;
- Irthington to Carlisle;
- Levens to Milnthorpe;
- Rockcliffe to Carlisle; and
- Seascale to Egremont.

Of these services, only 6 operate within WNE Cumbria, 3 of which operating into Carlisle from Durdar, Irthington and Rockcliffe, all areas of which have very limited public transport links.
Services operate only on certain days and Cumbria County Council do not record 'reasons' why a person is making the journey.

Community Wheels
Following allocation of Government funding specifically for the purpose to develop community transport services, 6 minibuses are owned by Cumbria County Council. The minibuses enhance the fleet of community minibuses available countywide. Usage is prioritised to provide regular transport, driven by volunteer drivers in areas where scheduled services are not sustainable.

A partnership approach consists of the County Council and local steering groups drawn from the local community working together to deliver the service. In essence the roles and responsibilities are as follows:

All passengers need to be registered with the Council Rural Wheels Service and are required to pre-book their seat on the transport. Passenger fares generated offset the County Councils running cost of the service. All fares are paid through the Rural Wheels smartcard rate of 25p per mile. Additional income is generated through hiring the vehicles to 'not for profit' groups through Cumbria Community Transport. As with Village Wheels, Cumbria County Council do not record the reasons for the journey being made.

Currently there are 3 community wheel services in

- Lakes and Lyth
- Alston; and
- Garrigill.

Voluntary Car Schemes

Currently across Cumbria there are 50 schemes set up providing transport for all members of the community of any age. Volunteers provide door-to-door services, services can be used for a wide variety of purposes including, connections with public transport, weekly shopping, medical appointments, visiting relatives or friend in hospital for a reasonable cost. The scheme is primarily intended for those people who have no other means of transport and are not eligible for PTS services if attending a medical appointment or for treatment. Locations of the entire volunteer car scheme locations can be found on the passenger transport map in Appendix H. Volunteers can choose to either be a coordinator or a driver. A coordinator is responsible for organising the transport, recruiting drivers and publicity of the scheme. Currently there is a lack of volunteers in the following areas and there is a need for associated parish council to try and encourage more volunteers:

- Arlecdon/Frizington/Cleator Moor/Egremont;(**Copeland**)
- Bothel/St Michaels;(**Copeland**)
- Bowness-on-Solway (**Copeland**)
- Drigg/Carleton/Ireton/Eskdale (**Copeland**)
- Little Corby/Great Corby (**Carlisle**)
- Milburn (**Eden**)
- Newbiggin
- Seascale (**Copeland**)
- St Bees (**Copeland**)
- Ulverston
- Whitehaven (**Copeland**)
- Working ton (**Copeland**)

As can be seen from the list above there is a distinct lack of volunteers in Copeland, an area that has particularly limited public transport and one that could benefit with more volunteers.

Public Transport

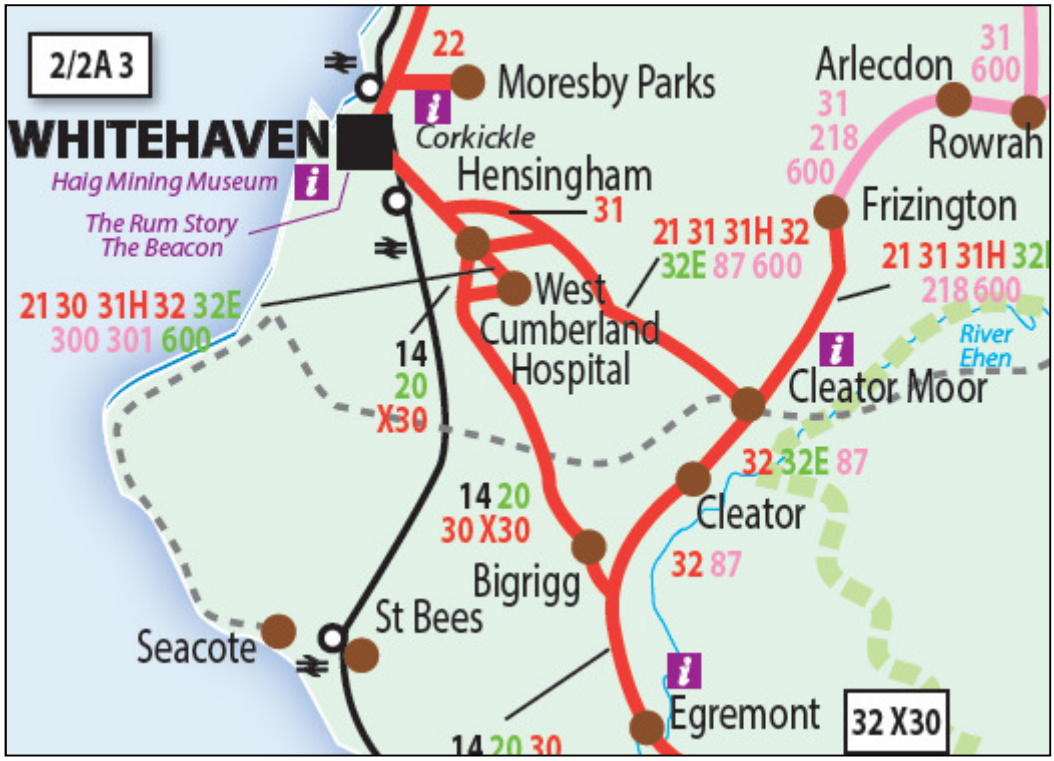
West Cumberland Hospital

Bus Services

Bus stops are currently located within easy access of the West Cumberland Infirmary with bus stops located adjacent to the main hospital entrance on Homewood Road. Bus stops are of a good standard with bus stop marking on the carriageway, hard standing areas, shelters and timetables. Further bus stop facilities are situated along Egremont Road. Bus stops facilities at this location are also sheltered. Access to the bus stops is from the secondary hospital access on Homewood Hill.

The diagram in Figure 1 overleaf highlights the bus services that are currently in the vicinity of Whitehaven Hospital

Figure 1- Local Bus Services in the Vicinity of West Cumberland Infirmary



Rail Services

Whitehaven and Corkickle Rail stations are both located within Whitehaven. Both stations are managed by Northern Rail and form part of the Carlisle to Barrow-In-Furness to Lancaster Line.

Whitehaven Station is approximately 8km from West Cumberland Hospital and benefits from a staffed ticket office, open Monday to Saturday (06:15am-19:20pm) and is closed on Sundays. Whitehaven station has car parking for 30 vehicles and has cycle storage facilities. Rail services operate every 60 minutes in each direction from Carlisle to Lancaster via Whitehaven.

Corkickle Station is located approximately 2km form the hospital off station road and is an unmanned station. The Carlisle to Barrow to Lancaster Service only stops at Corkickle by request only.

Cumberland Infirmary Carlisle

Bus Services

Bus Services at Cumberland Infirmary Carlisle are access via the bus stand situated within the hospital grounds adjacent to the main hospital entrance. Additional bus services can be accessed via the bus stops located on Newtown Road. There are a total of 7 bus services operating along Newtown Road located approximately 320m from the main hospital entrance. The bus stops serving the site are of a good standard with bus stop markings, hard standing areas, shelters and timetables. There are buses every 6 minutes between Cumberland Infirmary and Carlisle City Centre with easy connections to other Carlisle City bus services from West Tower Street, outside the Market Hall. Figure 2 below highlights the bus services that are currently in the vicinity of Cumberland Infirmary Carlisle.

Figure 2 - Local Bus Services in the vicinity of Cumberland Infirmary Carlisle

Service No.	Route	Frequency		
		Mon- Fri	Sat	Sun
60	Sandsfield Park – City Centre – Harraby – Carleton	10 mins (AM) 60 mins (PM)	10 mins (AM) 60 mins (PM)	60 mins (AM) 60 mins (PM)
64A	The Beeches – Morton Park – City Centre – Stanwix – Houghton - Asda	60 mins (AM) No Service (PM)	60 mins (AM) No Service (PM)	No Service
67	Upperby – City Centre – Infirmary – Belle Vue	15 mins (AM) 60 mins (PM)	20 mins (AM) 60 mins (PM)	60 mins (AM) 60 mins (PM)
68	Upperby – City Centre – Infirmary – Belle Vue	20 mins (AM) 60 mins (PM)	20 mins (AM) 60 mins (PM)	60 mins (AM) 60 mins (PM)
71/93	Bowness on Soway – Glasson – Burgh by Sands – Carlisle	180 mins (AM) PM Friday Only	AM Only PM (3 Services)	No Service
500	Wigton – Thursby – Carlisle Infirmary - Carlisle	120 mins (AM) No Service (PM)	No Service	No Service
508	Windermere – Kirkstone – Patterdale - Penrith	2 Services (AM) No Service (PM)	2 Services (AM) No Service (PM)	AM Only No Service (PM)

Rail Services

The closest rail station to the Cumberland Infirmary Carlisle is Carlisle Rail Station which is located approximately 2km away. Carlisle station benefits from a staffed ticket office, open Monday to Saturday 08:00a.m to 20:00p.m and Sunday 09:00a.m to 20:00p.m and has the provision for car parking for 194 vehicles. Carlisle station is a major station operating services to local areas and major cities throughout the UK.

Direct Bus Services to Community Hospital and Mental Health Clinics

The following services outlined overleaf in Table 7 currently serve community and mental health hospitals and clinics. Where there is a walk to the nearest bus stop, the average length of time to walk the distance has been included.

Table 7 - Current service provision to Community Hospitals, Clinics and Mental Health Sites

Location	Bus Service	Walking Time to Bus Stop (if appropriate)
Alston (Ruth Lancaster James) Community Hospital	No Bus Service	
Brampton War Memorial Hospital	685 service to Brampton	8 minutes
Cockermouth Community Hospital	X4/X5 service to Workington/Penrith	4 minutes
Maryport Victoria Cottage Hospital	30/31 and 57, connections to 300/301 service	
Millom Hospital	7 service to Millom	6 minutes
Penrith Community Hospital	106/104 and 508 services to Penrith/Kendal/Pooley Bridge and Glenridding	
Wigton Community Hospital	400 service to Carlisle/Wigton/Silloth/Blackwell	3 minutes
Workington Community Hospital	All Workington Services at the Bus station	5 minutes
Acorn MH Centre	60/60Ato Carlisle	
Edenwood	60/60A to Carlisle	
Hadrian Unit	60/60A to Carlisle	
Oakwood	60/60A to Carlisle	
Rowan Wood (PICU) Carleton Clinic	60/60A to Carlisle	
Ruskin Unit	60/60A to Carlisle	
The Carleton Clinic	60/60A to Carlisle	
Yewdale Ward	60/60A to Carlisle	

Bus services across WNEC are primarily operated by Stagecoach, who has a 95% margin, with smaller operators making up the rest. From discussion with the integrated transport, Environment and Community services team there is no subjective data collected to suggest that there are current problems with current bus service provision to access health and social care services in particular. On request of complaints data, there were no complaints regarding bus service provision to access healthcare services.

It is within the remit of Cumbria County Council's Community transport services, in particular Rural Wheels and the Voluntary Social Car Schemes to 'fill in the gaps' of those residents

that have limited and or no other options to access health care services. As outlined in Table 6 there were 1740 single journeys to access healthcare services.

On the 1st April 2015 Cumbria County Council introduced the Concessionary Fare Travel Scheme, whereby those operators participating in the scheme are reimbursed at the basic rate of 58%. The majority of bus services are now funded through this scheme, however there are a small number of services for example service 106 (Penrith-Kendal via Shap) that are funded through Parish Councils. Service 106 was previously a service funded through Cumbria County Council however due to a review of services in 2014; decision was made to cease further funding. Service 106 is one example of a service that is currently struggling to sustain financially and therefore Parish Council leads are requesting external support and funding opportunities. Interestingly, the 106 service did initially operate 3 days a week to which they increased to 5 days a week back in March, unfortunately with limited demand for it locally, however from discussion with CCC, such services can and do improve during the Summer months with tourists and during school holidays.

Blood Bikes

Blood bikes Cumbria was developed and initiated by the founder Bill Bertham. Back in May 2014 Bill looked for like minded people and was astounded by the number of people in the Cumbria and Scotland area that answered his call about the potential to set up Blood Bikes. On the 1st July 2014, they started their first contract with North Cumbria University Hospitals Trust particularly supporting the haematology unit through out-of-hours transport providing urgently needed blood and drugs. The group are totally self funded, members give their time freely and make no charge for their services, which assists the hospital save thousands of pounds over the year.

Cumbria Health on Call (CHOC)

Cumbria Health on Call (CHoC) provides healthcare services to patients, families and communities throughout the County. CHoC provides Primary Health Care services in and out of hours to the populations of Cumbria, including the population of Bentham in North Yorkshire. Operating from 6 clinical sites and one central hub ensures that access to CHoC is maximised throughout the Out of Hours period, 68% of the total week. CHoC also operate day time services to support the Cumbrian Health economy and ensure that patients have appropriate access to high quality services.

As outlined within the BBC News Report (2nd March 2015) '*On the road with Cumbria's out-of-hours Doctor Service'* there is an ever increasing need for GP appointments with a struggle to get a same day appointment; it is not unusual for GP surgery lines to open at 08:00a.m, to then be engaged at 08:01. For instance, at one Whitehaven GP Surgery within 12 minutes of opening an allocation of 49 appointments for the day are completely booked

out; this is having a knock-on effect at the end of the day when more people are contacting CHoC as a result of not being able to contact their own GP. Up to 1000 calls can be taken on a Saturday for those patients who are not able to access their own GP and who do not want to wait until after the weekend. It is not unusual during the course of a week for there to be 3000 calls.

Choc is co-located with the Emergency Departments in the district general hospitals in Whitehaven and Barrow and on site in Carlisle. The remaining centres including at Penrith, Wigton and Kendal are based in Community Hospitals and where possible work with minor injuries/Primary Care assessment Services in those hospitals. CHoC offer out of hours support:

- Monday to Friday 18:30p.m to 08:00a.m;
- 24 hours throughout the weekend
- Bank Holidays – Including Easter, Christmas and New Year.

They currently have a fleet of 12 4- wheel drive vehicles to meet the challenges of providing care to the rural communities.

The Choc service is intended only to be used to meet the needs of patients who have urgent problems that require the attention of a doctor outside normal surgery opening times. All routine medical problems should be discussed with a patient's own GP. Home visiting can only be offered for the housebound, the terminally ill and those patients whom travel would cause a worsening of their medical condition.

All calls are directed through NHS 111 staffed by a team of fully trained advisors, supported by experienced nurses and paramedics. Choc treatment Centres do not operate an open door policy and all patients must make an appointment first via NHS 111.

Community First Responders and Voluntary Car Service

The North West Ambulance Service operates a Community First Responder volunteer service. Responders are trained to deal with a wide range of potentially life threatening conditions upon arrival of an ambulance, particularly important for those patients who are living in remote, isolated and somewhat challenging locations. The scheme is viewed by those involved as being very rewarding. Within West, North and East Cumbria there are 400 Community First Responders in the following locations outlined in Table 8 below and overleaf.

Table 8 - Community First Responder Locations in West North and East Cumbria

Arlecdon	Broughton and Brigham
Allonby	Beckermet
Askham and Hackthorpe	Calthwaite
Aspatria	Carlisle
Burton	Cockermouth
Bewcastle	Calbeck
Bootle	Crosby
Bothel	Dearham
Brampton	Dent
Branthwaite	Dufton
Endmoor	Morland
Glenridding	Murton Cum Hilton
Gosforth	Nicolforest
Garside	Penrith
Grayrigg	Sedbergh
Holme	Skelton
Hesketh	Silloth
Hartside	St Bees
Isel	Tebay and Orton
Keswick	Torver
Kirkby Stephen	Thursby
Longtown	Ulverston
Milburn	Uldale
Matterdale	Whitehaven
Millom	Workington and Watermillock

Locations of all areas that have a Community First Responder can be found on the passenger transport map in Appendix H.

Voluntary car service

The NWAS Voluntary Car Scheme is open to those who have a few hours to spare each week to contribute to their local community and help ease the pressures on the ambulance service.

Most trips are conducted between 08:00am and 18:00pm weekdays, but drivers are on occasion requested for weekend calls. Fuels costs and some additional expenses are refunded, and all volunteers are given training and kept in touch through regular meetings. Within Cumbria there are 116 voluntary car drivers, 64 of which are based in North Cumbria alone.

1.1.1 Cost Summaries

Error! Reference source not found. summarises the costs associated with current non-emergency patient transport services. Collecting costs associated with non emergency transport provision proved difficult, with some areas, for example Community Partnership Foundation Trust collecting more detailed information than others.

Table 9- Cost Summaries for NCUH, Cumbria County Council, PTS/PALS and Community Partnership Foundation Trust

NCUH	**Current 12 Month Spend**
Ambulance Car Service	£227,181
Medical Records Transport	£75,576
Taxi and Other Vehicle Hire	£182,869
Vehicle Leases	£6,274
Vehicle Maintenance	£2,728
Vehicle Running Costs (fuel)	£56,844
Staff Travel	£1,225,658
Cumbria County Council	**Annual Cost**
Concessionary Travel	£9m
Home to School Transport	£10m
Special Needs	£5m
Social Care	£5m
Community Transport	£360k (£170,000 for Rural Wheels)
Total	**£28,360,000**
PALS and NWAS PTS	**Annual Cost**
PALS Contract for 170,000 journeys	£270,000
NWAS PTS Contract 2014/2015	£5.4m
Dedicated Transport Vehicle for transfer vehicle between CIC and WCH	£420,00

Appendix E - PTS Breakdown

Table.1 – Cumbria Patient Transport Service – Patient Journeys by Category April 2015 – March 2016

	Car or Ambulance	Travel by Ambulance only					Ambulance or W/C Taxi		
Journey Month / Year	C1	C1A	C2	STR	W2	EW2	W1	EW1	Total
Apr-15	7497	317	1052	258	551	52	830	97	**10654**
May-15	7072	298	1040	282	516	25	828	104	**10165**
Jun-15	7773	380	1141	298	597	49	1091	90	**11419**
Jul-15	8216	476	1221	313	552	28	1140	83	**12029**
Aug-15	6898	328	1003	275	540	31	889	58	**10022**
Sep-15	7966	340	1133	286	613	46	1032	81	**11497**
Oct-15	7949	343	1148	338	650	42	958	88	**11516**
Nov-15	7428	364	1264	285	663	30	947	96	**11077**
Dec-15	6751	334	1116	310	600	25	720	76	**9932**
Jan-16	7055	395	1303	265	709	32	894	79	**10732**
Feb-16	7546	421	1329	302	675	18	1026	86	**11403**
Mar-16	7145	397	1234	304	573	10	920	79	**10662**
Overall Totals	**89296**	**4393**	**13984**	**3516**	**7239**	**388**	**11275**	**1017**	**131108**

Category	All category's are based on mobility and the medical needs of the patient
C1	A patient who can travel by car or any other mode of transport
C1A	A patient who needs to travel in an ambulance, needs 1 member of staff
C2	A patient who needs to travel in an ambulance with 2 members of staff
STR	A patient who needs to travel flat on a stretcher with 2 members of staff
W1	A patient who needs to travel in wheelchair, needs 1 member of staff
W2	A patient who needs to travel in wheelchair, needs 2 members of staff
EW1	A patient who needs to travel in an electric wheelchair, needs 1 staff
EW2	A patient who needs to travel in an electric wheelchair, needs 2 staff

Table 2 - Cumbria Patient Transport Service – Patient Journeys by Category April 2015 – March 2016

Other journey Classifications		
Escorts	**Aborted journeys**	**Cancellations ***
2380	649	1477
2229	673	1459
2533	897	1541
2507	842	1671
2121	638	1497
2510	783	1617
2610	749	1564
2521	795	1592
1958	947	2188
2214	743	1682
2442	826	1575
2194	752	1605
28219	**9294**	**19468**

*No charges applied

Table 3 – Cumbria PTS Activity by Hospitals – these are journeys in and out of the hospital

Hospitals forming 80% of activity are named individually. The remaining 20% are grouped as **other hospitals**

	Category of Transport								
Month and Hospital	**C1**	**C1A**	**C2**	**W1**	**W2**	**EW1**	**EW2**	**STR**	**Total**
April 2015	**7497**	**317**	**1052**	**830**	**551**	**97**	**52**	**258**	**10654**
Cumberland Infirmary	1836	66	303	187	126	37	20	81	2656
Westmorland General	1336	36	103	82	34	4	0	4	1599
Other Hospitals	1075	38	144	160	74	24	22	39	1576
West Cumberland Hospital	868	53	158	104	145	16	0	45	1389
Furness General Hospital	471	66	184	199	91	0	4	35	1050
Royal Preston Hospital	774	2	17	12	8	0	0	13	826
Royal Lancaster Infirmary	334	18	78	24	4	2	2	25	487
Freeman Hospital	254	0	6	7	1	0	0	2	270
RVI - Newcastle	241	0	6	2	2	0	0	2	253
Workington Community	81	21	21	39	47	14	4	3	230
Penrith Hospital	157	17	20	12	11	0	0	8	225
Wigton Hospital	70	0	12	2	8	0	0	1	93
May 2015	**7072**	**298**	**1040**	**828**	**516**	**104**	**25**	**282**	**10165**
Cumberland Infirmary	1849	52	306	178	119	43	8	91	2646
Westmorland General	1330	60	90	91	49	4	0	11	1635
Other Hospitals	970	36	134	177	58	16	10	39	1440
West Cumberland Hospital	899	57	146	140	138	10	0	30	1420
Furness General Hospital	345	52	196	141	68	10	4	30	846
Royal Preston Hospital	668	7	5	8	7	0	0	32	727
Royal Lancaster Infirmary	310	16	94	24	14	2	2	32	494
Freeman Hospital	239	1	5	5	4	2	0	2	258
RVI - Newcastle	99	8	32	42	36	10	0	3	230
Workington Community	180	4	2	4	2	2	1	7	202
Penrith Hospital	131	2	24	10	5	5	0	5	182
Wigton Hospital	52	3	6	8	16	0	0	0	85
June 2015	**7773**	**380**	**1141**	**1091**	**597**	**90**	**49**	**298**	**11419**
Cumberland Infirmary	1963	65	337	261	139	34	13	74	2886
Westmorland General	1418	79	95	126	55	6	0	8	1787
Other Hospitals	1145	67	146	178	69	28	19	35	1687
West Cumberland Hospital	959	59	175	125	185	10	0	50	1563
Furness General Hospital	478	60	198	216	52	0	7	27	1038
Royal Preston Hospital	650	5	23	38	2	2	0	62	782
Royal Lancaster Infirmary	305	23	104	27	13	0	0	25	497
Freeman Hospital	286	0	4	8	1	0	0	0	299

RVI - Newcastle	100	8	36	64	53	4	10	4	279
Workington Community	241	0	4	2	6	3	0	10	266
Penrith Hospital	148	4	6	34	8	3	0	3	206
Wigton Hospital	80	10	13	12	14	0	0	0	129
July 2015	**8216**	**476**	**1221**	**1140**	**552**	**83**	**28**	**313**	**12029**
Cumberland Infirmary	1949	64	326	245	127	33	7	88	2839
Westmorland General	1437	96	102	141	76	3	0	7	1862
Other Hospitals	1266	85	143	192	54	24	5	48	1817
West Cumberland Hospital	1018	76	175	142	133	9	4	45	1602
Furness General Hospital	418	80	237	236	76	4	2	42	1095
Royal Preston Hospital	723	6	56	10	6	0	0	12	813
Royal Lancaster Infirmary	328	21	114	40	11	2	2	59	577
Freeman Hospital	456	10	4	4	2	2	0	4	482
RVI - Newcastle	132	24	30	84	45	4	8	3	330
Workington Community	197	4	9	4	4	2	0	3	223
Penrith Hospital	163	0	15	32	10	0	0	2	222
Wigton Hospital	129	10	10	10	8	0	0	0	167
Month and Hospital	**C1**	**C1A**	**C2**	**W1**	**W2**	**EW1**	**EW2**	**STR**	**Total**
August 2015	**6898**	**328**	**1003**	**889**	**540**	**58**	**31**	**275**	**10022**
Cumberland Infirmary	1800	59	368	238	111	30	15	76	2697
Westmorland General	1309	86	93	90	63	2	0	8	1651
Other Hospitals	913	37	112	122	136	10	0	47	1377
West Cumberland Hospital	905	36	101	114	73	12	2	44	1287
Furness General Hospital	361	60	192	158	68	2	2	34	877
Royal Preston Hospital	542	4	25	27	4	0	0	18	620
Royal Lancaster Infirmary	294	22	70	19	20	0	0	32	457
Freeman Hospital	280	2	2	0	2	0	0	3	289
RVI - Newcastle	97	15	26	87	50	0	10	3	288
Workington Community	130	2	4	23	12	2	2	2	177
Penrith Hospital	157	0	8	2	0	0	0	8	175
Wigton Hospital	110	5	2	9	1	0	0	0	127
September 2015	**7966**	**340**	**1133**	**1032**	**613**	**81**	**46**	**286**	**11497**
Cumberland Infirmary	1981	72	352	243	130	42	14	96	2930
Westmorland General	1398	61	150	114	64	0	2	24	1813
Other Hospitals	1233	50	109	149	98	21	12	54	1726
West Cumberland Hospital	962	53	163	126	157	8	0	35	1504
Furness General Hospital	443	43	196	226	82	6	4	33	1033
Royal Preston Hospital	680	7	22	26	4	0	0	13	752
Royal Lancaster Infirmary	330	17	84	43	3	0	2	15	494
Freeman Hospital	308	3	2	2	0	2	0	10	327
RVI - Newcastle	119	23	29	62	59	2	10	0	304
Workington Community	235	1	1	7	2	0	0	4	250

Penrith Hospital	180	6	9	15	8	0	2	2	222
Wigton Hospital	97	4	16	19	6	0	0	0	142
October 2015	**7949**	**343**	**1148**	**958**	**650**	**88**	**42**	**338**	**11516**
Cumberland Infirmary	2106	76	352	235	142	30	13	88	3042
Westmorland General	1332	25	143	110	53	6	0	37	1706
Other Hospitals	1101	38	182	153	122	26	21	39	1682
West Cumberland Hospital	943	81	147	141	164	13	0	52	1541
Furness General Hospital	426	55	165	154	87	1	0	39	927
Royal Preston Hospital	718	2	9	20	4	0	0	13	766
Royal Lancaster Infirmary	406	20	81	40	14	10	0	37	608
Freeman Hospital	316	3	8	0	2	0	0	13	342
RVI - Newcastle	133	26	27	68	34	0	8	12	308
Workington Community	218	0	4	1	4	0	0	6	233
Penrith Hospital	150	16	23	32	10	2	0	0	233
Wigton Hospital	100	1	7	4	14	0	0	2	128
November 2015	**7428**	**364**	**1264**	**947**	**663**	**96**	**30**	**285**	**11077**
Cumberland Infirmary	1932	86	430	215	131	39	7	106	2946
Westmorland General	1373	36	146	140	59	10	0	10	1774
Other Hospitals	1138	22	145	160	147	33	11	34	1690
West Cumberland Hospital	889	64	177	115	171	4	2	38	1460
Furness General Hospital	345	83	178	143	63	0	4	29	845
Royal Preston Hospital	650	5	20	25	0	0	0	13	713
Royal Lancaster Infirmary	360	26	98	28	14	0	0	39	565
Freeman Hospital	112	24	32	74	32	6	6	5	291
RVI - Newcastle	228	4	4	15	8	0	0	4	263
Workington Community	219	2	14	0	0	2	0	5	242
Penrith Hospital	125	11	16	26	29	0	0	2	209
Wigton Hospital	57	1	4	6	9	2	0	0	79

Table 4 – Cumbria PTS Actvity: PTS broken down into the North and South of the County

- **Cumbria North** – Carlisle / Penrith / Wigton / Distington / Flimby / Egremonth
- **Cumbria South** – Kendal / Ambleside / Sedbergh / Barrow / Ulverston / Millom

Month & Area	Total Journeys
Apr-15	**10075**
Cumbria North	5994
Cumbria South	4081
May-15	**9526**
Cumbria North	5727
Cumbria South	3799
Jun-15	**10635**
Cumbria North	6277
Cumbria South	4358
Jul-15	**11166**
Cumbria North	6846
Cumbria South	4320
Aug-15	**9351**
Cumbria North	5680
Cumbria South	3671
Sep-15	**10645**
Cumbria North	6592
Cumbria South	4053
Oct-15	**10646**
Cumbria North	6659
Cumbria South	3987
Nov-15	**10290**
Cumbria North	6350
Cumbria South	3940
Dec-15	**9202**
Cumbria North	5672
Cumbria South	3530
Jan-16	**9933**
Cumbria North	6085
Cumbria South	3848
Feb-16	**10414**
Cumbria North	6460
Cumbria South	3954
Mar-16	**9841**
Cumbria North	6126
Cumbria South	3715
Overall Total	**121724**

N.B There is a reduction in the overall total journeys compared to the totals on the category chart and on the by hospital chart. This is because some of these journeys have been undertaken by different PTS resources in other countries. For example: Lancashire PTS vehicles returning a Cumbria patient from Preston would show on the Lancashire Resources desk.

Appendix F - PTS Eligibility Criteria

Eligibility Criteria for PTS.

Schedule 2A: Annex C

Eligibility Criteria

The Department of Health guidance identifies PTS as typified by the following characteristics:

- Non Urgent.
- Planned.
- For patients with a medical need for transport.
- To and from premises providing NHS healthcare.

Patients are eligible for PTS in the following circumstances:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.

Patients are eligible to have an escort accompany them when the escort is either:

- A Healthcare professional or relative that can provide particular skills that cannot be provided by PTS staff.
- Recognised as a parent or guardian of an eligible child of under 16 years of age.

A social or financial need for transport does not make a patient eligible for PTS.

Eligibility Assessment – Pre Screening – Ability to utilise other transport means
Is the patient able to use their own transport to attend the hospital/clinic?
Is the patient able to use public transport to attend the hospital/clinic?
Could the patient make their own way to the appointment if it was at an alternative date/time?
Does the patient have friends or family who could take them to the hospital/clinic?

Patients who come through the above should be assessed using the following process. Those assessed as not eligible should be advised either:

- To use their own vehicle to attend their appointment.
- To access alternative forms of transport and (if appropriate) how to claim the costs under the HTSC.
- To rearrange their appointment to a more convenient time.
- To arrange for family/friends to take them to/from their appointment.

Eligibility Assessment – Stage 1 – Medical Conditions
Is the patient partially sighted or blind?
Does the patient suffer from severe mental difficulties?
Will the patient need medical treatment (inc oxygen) en route?
Is the treatment the patient is attending likely to cause severe physical side effects? (e.g. renal dialysis or oncology)

If the patient does not automatically qualify for transport at this stage of the assessment process, they may still qualify due to their level of mobility. This can be assessed in Stage 2.

Eligibility Assessment – Stage 2 – Mobility
At this time, how does the patient normally travel to do their shopping or other general outings?
At this time, can the patient make general trips out and about, either alone or with friends or relatives?
At this time, how does the patient move about their own home?
At this time, how far can the patient move from their normal sitting position or in their wheelchair by themselves?
At this time, can the patient negotiate steps by themselves and, if so, how many?

If the patient answer to the third question is 'In a Wheelchair' a supplementary question is asked:

If the patient uses a wheelchair, do they need to travel in their own chair?

Eligibility Assessment – Stage 3 – Escort
Is the patient to be transported under 16 years old?
Is a Carer or escort required to interpret or support the patient during the appointment / treatment?

Standard Eligibility Assessment Questionnaire and Scoring Matrix

Stage 1 - Medical Conditions Assessment		Score
1	Is the patient partially sighted or blind?	
2	Does the patient suffer from severe mental difficulties?	
3	Will the patient need medical treatment (inc oxygen) en route?	
4	Is the patient attending, for treatment likely to cause severe physical side effects? e.g. for renal dialysis or oncology treatment	
	Total Score (Stage 1):	

Answer / Scoring Grid					
Yes	No				
100	0				
Yes	No				
100	0				
Yes	No				
100	0				
Yes	No				
100	0				
0	This patient is not eligible on medical conditions assessment but may qualify for transport from assessment of their mobility needs under "Stage 2 - Eligibility / Mobility Assessment"				
100 or more	This patient qualifies for transport provision. Use "Stage 2 - Eligibility / Mobility Assessment" to determine transport type to be provided				

Stage 2 - Eligibility / Mobility Assessment		Score
1	At this time, how does the patient normally travel to do their shopping or other general outings?	
2	At this time, can the patient make general trips out and about, either alone or with friends or relatives?	
3	At this time, how does the patient move about their own home?	
4	At this time, how far can the patient move from their normal sitting position or in their wheelchair by themselves?	
5	At this time, can the patient negotiate steps by themselves and if so, how many?	
	Total Score (Stage 2): **(Do not include Q3a in this score)**	

Answer / Scoring Grid					
Done by Someone Else	Walk	Community Transport	Bus	Other Car / Taxi / Private Hire	Own Car
0	3	5	30	30	30
No, Never	Rarely	Sometimes	Yes, Often		
0	1	3	5		
Confined to Bed	Only with a Carer / Parent	In a Wheelchair	Using a Frame / Stick	Walking	
0	2	3	4	6	
Now here	Within the Room	Around the House	Into the Street		
0	1	2	3		
Not at All	Just One or Two Steps	Yes, a Flight of Stairs			
0	1	3			
If this score is 10 or more, the person does not qualify for transport under Stage 2 and should be declined as they would appear to be reasonably independent.					
If this score is less than 10, the person qualifies for transport due to their level of mobility and the score should used to identify the type of transport to be used as set out in the transport provision matrix.					

3a	If the person uses a wheelchair, do they need to travel in their own chair?	

Yes	No				
1	0				

Stage 2a - Establishing the Journey Type		
1	Score from Stage 2	
2	Journey Type Evaluation... **Sitter 1 / Sitter 2 / Wheelchair / Stretcher**	

Transport Provision Matrix - Based on Stage 2 Score	
6 or More	Sitter 1, but allowing for Q3 score described below
Less than 6	Sitter 2, but allowing for Q3 score described below
Q3 score = 0	The person is confined to bed and therefore a Stretcher type vehicle should be provided
Q3 score = 3	AND Q3a Score = 1 then the person needs to travel in their own wheelchair and a Wheelchair type vehicle should be provided
Q3 score = 3	AND Q3a Score = 0 then the person can be transferred into a normal vehicle and can be transported as a Sitter 1

Stage 3 - Escort Assessment		Score
1	Is the person to be transported under 16 years old (and therefore legally obliged to be accompanied by an appropriate adult)?	
2	Is a carer or escort required to interpret or support the patient during appointment/treatment?	
	Total Score (Stage 3):	

Answer / Scoring Grid					
Under 16	16 or Over				
100	0				
Yes	No				
100	0				
0	This person does not qualify for an escort to accompany them on the transport				
100 or more	This patient requires an accompanying escort				

The criteria set out above will be subject to review during 2015 and any revised criteria made available prior to contract commencement

Appendix G - PTS Aborted Journeys

Table 1 – PTS Aborted Journeys for North Cumbria University Hospital NHS Trust: April 2015 – March 2016

*This data is provided to the commissions for each area on a monthly basis

Hospital and Specific Ward/Clinic	Total for Hospital	Each Area	Reasons	Number
Alston Community Hospital	**2**			
Elderly Care Ward		1	Appointment no longer required	1
In Patient		1	Too ill to travel	1
Brampton Cottage Hospital	**17**		Admitted	3
admission		1	Appointment no longer required	1
Discharge		3	Carer package not available	1
In Patient		6	Clinic closed	1
Physiotherapy		1	Deceased (pls cancel master rec)	1
Podiatry		1	No knowledge of appointment	2
Retinal Screening		3	Own transport	1
Geriatric Outpatient Clinic		2	Passed to other service by hosp	1
			Too ill to travel	4
			Wrong mode of transport	2
Carlton Clinic	**55**		Appointment no longer required	15
In Patient		1	Attending another appointment	4
Outpatients		3	Bed not available	1
Physiotherapy		38	Change of appointment time/date	5
Oakwood		5	Change of pick up address	1
Eden Wood Unit		1	Clinic closed	2
Hadrian Unit 1		7	Duplicate booking	1
			Inclement weather	2
			No trace of patient at pickup	1
			Own transport	8
			Passed to other service by hosp	1
			Patient refused to travel	3
			Pick up too late to travel	1
			Too ill to travel	7
			Treatment finished	2
			Wrong mode of transport	1
Cockermouth Cottage Hospital	**78**		Admitted	4
admission		1	Appointment no longer required	4
Cardiology		1	Carer package not available	1
Chiropody		7	Change of appointment time/date	7
Diabetic Clinic		2	Change of destination	1
Dietitian		1	Clinic closed	1

Discharge		6	Deceased (pls cancel master rec)	2
In Patient		8	Duplicate booking	1
outpatient		28	Inclement weather	2
Physiotherapy		3	No knowledge of appointment	4
Elderly Care		6	No reply	4
Isel Ward		15	Own transport	14
			Passed to other service by hosp	2
			Patient not ready	1
			Patient not ready rebook	2
			Patient refused to travel	2
			Personal Circumstances	2
			Pick up too late to travel	7
			Too ill to travel	12
			Wrong day or time	1
			Wrong mode of transport	4
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
Cumberland Infirmary Carlisle	**2753**		Admitted	345
Accident And Emergency		41	Appointment no longer required	198
Admission		8	Attending another appointment	17
Anti-coag		9	Bed not available	28
Aspen Ward		12	Carer package not available	20
Assessment & Therapy Centre		75	Change of appointment time/date	170
ATC Rapid Access (Outpatient)		12	Change of destination	20
Audiology Clinic		17	Change of Escort (escort added)	3
Beech A		38	Change of home address	4
Beech B		16	Change of Mobility	8
Beech C		10	Change of pick up address	3
Beech D		23	Change or ready time	15
Breast Clinic		14	Clinic closed	11
Breast Screening		16	Deceased (pls cancel master rec)	12
Cardiology		84	Destination staff illness	1
Cardiothoracic		2	Duplicate booking	44
Casualty		1	Inclement weather	60
Chest Clinic		2	No knowledge of appointment	65
Colorectal Surgery		5	No reply	106
Coronary Care Unit		1	No trace of patient at pickup	67
CT Scan		48	Own transport	508
Day Surgery		4	Passed to other service by hosp	71
Dental clinic		19	Patient not ready	55
Derm And Med Procedures Unit		6	Patient not ready rebook	154

Dermatology clinic		60	Patient on holiday	5
Diabetic Clinic		3	Patient refused to travel	43
Dialysis		328	Personal Circumstances	17
Dialysis Twilight		1	Pick up too late to travel	76
Disablement Services Centre		146	Private patient/appointment	1
Discharge Lounge		24	Too ill to travel	434
Ecg		8	Treatment finished	15
Elderly Care Clinic		8	Vehicle breakdown	2
Elm A		27	Wrong address	13
Elm B		23	Wrong day or time	90
Elm C		16	Wrong destination	9
Endocrinology		3	Wrong mode of transport	63
Endoscopy		52		
Endoscopy Day Unit		10		
Ent Clinic		37		
Fracture Clinc		45		
Gastroenterology Clinic		19		
Gynae Clinic		4		
Haematology - Outpatients		11		
Heart Centre		24		
Larch AB		34		
Larch C		35		
Larch D		33		
Maple A		44		
Maple B		48		
Maple C		15		
Maple D		48		
Maxillo Facial		5		
Medical & Surgical Department		69		
MRI Scan		27		
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
Cumberland Infirmary Carlisle - Continued				
Nuclear Medicine		1		
Oncology Outpatients		71		
Opthalmic Day Unit		22		
Opthalmic Outpatients		161		
Oral Surgery Outpatients		17		
Orthopaedic		70		
Orthotics		13		
Outpatient Day Case Unit		9		
Outpatients		35		
Pain Clinic		5		
Physio		43		

Podiatry		3		
Pre Assessment		20		
Radio Therapy		149		
Radiology		15		
Renal Clinic		29		
Respiratory Medicine		30		
Rheumatology		26		
Sleep Clinic		2		
Surgical Day Unit		25		
ultrasound		24		
Urology Clinic		15		
Vascular Clinic		35		
Willow A		34		
Willow B		38		
Willow C		43		
Xray		64		
Childrens Ward		8		
Surgical Outpatients		9		
Medical Physics		4		
Womens Outpatients Services		8		
Plastic Surgery Clinic		3		
Rehab Dept (Zone D)		12		
Paediatric Outpatients		2		
Genito Urinary Medicine		2		
Medical Procedures		7		
Medical Clinic		1		
Neurology Outpatients		3		
Hydro Therapy		5		
Dressings Clinc		6		
Central Admissions		1		
Thoracic Clinic		1		
Labour Suite (Maternity)		3		
Colonoscopy		1		
Mobile Mri Scanner		1		
Surgical Pre Admission		6		
Rapid Access		1		
Kirkby Stephen Health Centre	**1**			
Outpatients		1	Pick up too late to travel	1
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**

Keswick Cottage Hospital	**34**		Appointment no longer required	3
In Patient		2	Bed not available	1
Outpatients		6	Carer package not available	1
Physiotherapy		1	Change of appointment time/date	1
X-ray		1	Change or ready time	1
Day Services		13	Duplicate booking	2
Coleridge Ward		11	Inclement weather	2
			No knowledge of appointment	1
			No reply	2
			Own transport	9
			Patient refused to travel	2
			Too ill to travel	9
Cleator Moor Health Centre	**138**		Admitted	5
Diabetic Eye Screening		4	Appointment no longer required	9
Outpatients		10	Attending another appointment	3
Dentistry		15	Change of appointment time/date	8
Room 13 Physio		109	Clinic closed	2
			Destination staff illness	7
			Inclement weather	3
			No knowledge of appointment	9
			No reply	9
			No trace of patient at pickup	2
			Own transport	8
			Patient refused to travel	5
			Personal Circumstances	3
			Pick up too late to travel	8
			Too ill to travel	49
			Wrong day or time	8
Penrith Hospital	**329**		Admitted	32
Breast Clinic		2	Appointment no longer required	25
Chiropody		5	Attending another appointment	1
Clinical Decisions Unit		5	Change of appointment time/date	7
Dental clinic		5	Change of Mobility	4
Dermatology		2	Clinic closed	11
Ecg		1	Deceased (pls cancel master rec)	1
In Patient		1	Duplicate booking	3
Lady Ann Clifford		114	Inclement weather	16
Minor Injuries		2	No knowledge of appointment	6
Nephrology		3	No reply	21
Neurology		25	No trace of patient at pickup	1
Neurophysiology		2	Own transport	77
Opthalmic Clinic		4	Passed to other service by	1

			hosp	
Orthopaedics		5	Patient not ready	2
Orthotics		4	Patient not ready rebook	2
Outpatients		74	Patient refused to travel	3
Pain Clinic		1	Personal Circumstances	4
Palliative Care		1	Pick up too late to travel	13
Physiotherapy		51	Too ill to travel	71
Renal Clinic		1	Treatment finished	11
X-ray		14	Wrong address	2
Amputee Clinic		1	Wrong day or time	11
Elderley Care Clinic		2	Wrong mode of transport	4
Eden Ward		4		
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
Penrith Health Centre	**8**		Admitted	1
Chiropody		4	Duplicate booking	1
Outpatients		4	Inclement weather	1
			Own transport	4
			Pick up too late to travel	1
Victoria Cottage Hospital	**136**		Admitted	1
admission		2	Appointment no longer required	8
Chiropody		5	Attending another appointment	3
Discharge		1	Carer package not available	2
In Patient		3	Change of appointment time/date	3
Outpatients		6	No knowledge of appointment	3
Rehab and Paliative Care		110	No reply	14
Retinal Screening		4	No trace of patient at pickup	2
Physiotherapy Clinic		5	Own transport	21
			Patient not ready	2
			Patient refused to travel	8
			Personal Circumstances	1
			Too ill to travel	54
			Treatment finished	9
			Wrong day or time	1
			Wrong destination	2
			Wrong mode of transport	2
Wigton Hospital (Cumbria)	**136**		Admitted	9
Ecg		4	Appointment no longer required	22
Eye clinic		2	Attending another appointment	4
Outpatients		6	Change of appointment time/date	2
Physiotherapy		7	Clinic closed	2
Rehabilitation Centre (Day Hospital)		106	Inclement weather	7

Skiddaw Ward		11	No knowledge of appointment	3
			No reply	6
			No trace of patient at pickup	3
			Own transport	9
			Patient not ready	1
			Patient on holiday	1
			Patient refused to travel	5
			Pick up too late to travel	3
			Too ill to travel	52
			Treatment finished	1
			Wrong day or time	5
			Wrong mode of transport	1
London Road Community Clinic	**66**		Admitted	1
Dermatology clinic		3	Appointment no longer required	5
Outpatients		26	Attending another appointment	1
Physiotherapy		1	Change of appointment time/date	2
Podiatry		25	Destination staff illness	1
Retinal Screening		7	Inclement weather	2
Orthopaedics GPwSI		3	No knowledge of appointment	2
Solway Commy Clinic (Portacabin)		1	No reply	5
			No trace of patient at pickup	3
			Own transport	16
			Patient refused to travel	2
			Pick up too late to travel	6
			Too ill to travel	20
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
West Cumberland Hospital	**1418**		Admitted	161
Accident And Emergency		13	Appointment no longer required	93
Admission		2	Attending another appointment	12
Audiology		11	Bed not available	20
Bone Density Opd		10	Carer package not available	12
Breast Clinic		21	Change of appointment time/date	86
Cardiac Rehabilitation Unit		9	Change of destination	8
Cardio Respiratory		1	Change of home address	3
Cardiology		47	Change of Mobility	9
Casualty		3	Change or ready time	15
Chest Clinic		2	Clinic closed	12
Copeland Unit Lvl 6		30	Deceased (pls cancel master rec)	2
Coronary Care Unit		7	Destination staff illness	2
CT Scan		29	DM Authorised - Hos Hand Back	1
Dent View Rehab' Unit		96	Duplicate booking	10

Dental clinic		6	Inclement weather	13
Dermatology clinic		7	No knowledge of appointment	27
Diabetic Clinic		2	No reply	83
Diabetic Retinal (Upper staff building)		1	No trace of patient at pickup	21
Dialysis		168	Own transport	252
Discharge		1	Passed to other service by hosp	28
Elderly Care Clinic		3	Patient not ready	20
Endocrinology		2	Patient not ready rebook	89
Endoscopy		28	Patient on holiday	2
Ent Clinic		2	Patient refused to travel	21
Fracture		27	Personal Circumstances	6
Gastro Clinic		3	Pick up too late to travel	30
General Medicine		1	Private patient/appointment	2
Gynae Ward		2	Too ill to travel	271
Haematology		8	Treatment finished	7
Henderson Suite		22	Vehicle breakdown	2
Honister Ward		30	Wrong address	5
In Patient		1	Wrong day or time	43
Jenkin 1		4	Wrong destination	9
Jenkin 2		1	Wrong mode of transport	41
Kirkstone Ward 1		17		
Kirkstone Ward 2		36		
Langdale Ward - Endoscopy Unit		12		
Medical Physics Level 2		5		
MRI Unit (Magnetic Resonance Imaging)		19		
Oncology		23		
Oral Surgery		4		
Orthopaedic		18		
Orthotics		14		
Outpatients		82		
Overwater Ward 1		11		
Pain Clinic		2		
Patterdale Ward		7		
Physiotherapy		95		
Pillar Ward		3		
Pre Op Assessment Unit		8		
Radiotherapy		2		
Renal Clinic		17		
Rheumatology		14		
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
West Cumberland Hospital Continued				

Skiddaw Ward		30		
ultrasound		26		
Urology Clinic		13		
Vascular Level 3		28		
Ward 1		1		
Ward 2		1		
Xray Department		26		
Yewdale Ward		8		
NEUROLOGY CLINIC		8		
Childrens Ward		4		
Ward 4A		8		
Rehabilitation Unit		4		
Skiddaw Ward 2		8		
Ward 4B		11		
Colorectal clinic		2		
Valley View		4		
Loweswater ward		8		
Nurse Practitioners Unit		17		
Overwater Ward 2		11		
Womens Outpatient		2		
Dalegarth Ward		2		
Discharge Lounge (Pillar ward)		13		
Upper Staff Hostel		2		
Medical		1		
Opthalmology (in new build)		78		
Ward 1A		11		
Ward 1C		2		
Emergency Admission		14		
Ward 2 Bay 3		4		
Ward 1B		7		
Ward 2 Bay 2		11		
Ward 2 Bay 1		3		
Day Case Unit (Level 4 new build)		26		
Ward 3 (formerly Gable Ward)		35		
Workington Community Hospital	**394**		Admitted	19
admission		1	Appointment no longer required	45
Audiology		16	Attending another appointment	5
Cardiology Clinic		3	Bed not available	1
Chiropody		27	Carer package not available	4
Day Hospital		6	Change of appointment time/date	28
Dental clinic		42	Change of destination	2
Diabetic Clinic		5	Clinic closed	4
Diabetic Eye Screening		5	Deceased (pls cancel master rec)	1

Dietician		1	Destination staff illness	6
ECG Clinic		2	Destination staff on holiday	1
Ellerbeck Ward (Ward 8)		33	Duplicate booking	5
Ent Clinic		7	Inclement weather	7
Fracture Clinic		1	No knowledge of appointment	11
Opthalmic Clinic		22	No reply	17
Orthopaedic Clinic		1	No trace of patient at pickup	2
Orthotics		8	Own transport	60
Outpatients		44	Passed to other service by hosp	2
Hospital and Specific Ward/Clinic	**Total for Hospital**	**Each Area**	**Reasons**	**Number**
Workington Community Hospital Continued				
Pain Clinic		2	Patient not ready	3
Physiotherapy		114	Patient not ready rebook	3
Primary Care Centre		1	Patient refused to travel	10
Rehabilitation		15	Personal Circumstances	5
Retinal Screening		2	Pick up too late to travel	11
Urology		1	Too ill to travel	116
Vascular Clinic		16	Treatment finished	4
Xray		19	Vehicle breakdown	3
			Wrong address	2
			Wrong day or time	8
			Wrong destination	1
			Wrong mode of transport	8
Total Number of Aborted Journeys		**5565**		

Appendix H - PTS / NWPALS Cost Summaries

Table 1 - Private Ambulance Liaison Service Weekly Hours and Costs for January to April 2016

PRIVATE AMBULANCE LIAISON SERVICES WEEKLY HOURS AND COSTS January – April 2016						
Month	**Total Hours**	**Contracted Hours**	**Additional Weekly Total (Hrs)**	**Total Number of Trips**	**Contracted Cost per week**	**Additional Weekly Cost**
Jan wk 1	83.25	78	5.25 (total hrs minus contracted hrs)	31	£3,900	£262.75
Jan wk 2	83.25	78	5.25	31	£3,900	£262.75
Jan wk 3	86	78	8	31	£3,900	£400
Jan wk 4	87.75	78	9.75	31	£3,900	£487.75
Jan Total	**340.25**	**312**	**28.25**	**124**	**£15,600**	**£1,413.25**
Feb wk 1	79	78	1	30	£3,900	£50
Feb wk 2	84.25	78	6.25	24	£3,900	£312.50
Feb wk 3	88.75	78	10.75	31	£3,900	£537.50
Feb wk 4	94.25	78	16.25	29	£3,900	£812.50
Feb wk5	83.75	78	5.75	31	£3,900	£287.50
Feb Total	**430**	**390**	**40**	**145**	**£19,500**	**£2,000.00**
March wk 1	81	78	21.75	28	£3,900	£1088
March wk2	83.75	78	5.75	31	£3,900	£287.50
March wk3	83.5	78	5.5	31	£3,900	£275
March wk4	85.5	78	7.5	31	£3,900	£375
March Total	**333.75**	**312**	**40.5**	**121**	**£15,600**	**£2025**

April wk 1	81.5	78	3.5	31	£3,900	£175
April wk 2	90.25	78	12.25	31	£3,900	£612.25
April wk 3	81	78	3	31	£3,900	£150
April wk 4	82	78	4	31	£3,900	£200
April Total	**334.75**	**312**	**22.75**	**124**	**£15,600**	**£1,137**

GRAND TOTALS	**1438.75**	**1026**	**131.5**	**514**	**£66,300**	**£6575**	**£72,875**
Average trip duration	2.799124514		Number of trips per hour	0.357254561		average cost per trip	£141.78

Table 2 - Cost Benefit Analysis between PTS and PALS based on a sample taken from April 2016

PRIVATE AMBULANCE LIAISON SERVICES ADDITIONAL WEEKLY HOURS AND COSTS

Month	Contracted Hours	Additional Hours	Total Hours	Contracted Cost per Month	Additional Weekly Cost	Total Cost	Total Number of Trips
Jan Total	312	28.25	340.25	£15,600	£1,413.25	£17,013.25	124
Feb Total	390	40	430	£19,500	£2,000.00	£21,500.00	145
March Total	312	40.5	352.5	£15,600	£2,025	£17,625.00	121
April Total	312	22.75	334.75	£15,600	£1,137	£16,737.00	124
TOTAL	**1326**	**131.5**	**1457.5**	**£66,300**	**£6,575**	**£72,875**	**514**

Contracted Hours per Trip	2.58
Number of Trips Per Hour	0.35
Total Cost	£72,875
Average Cost per Trip	£141.78

Table 3 - Pricing Matrix for PTS Services by Distance using Sitter 1 category

Sitter 1 Category	
0 – 10 miles	£6.36
10-20	£10.81
20-30	£31.81
30-40	£42.62
40-50	£52.80
50-60	£63.61
60-70	£63.61
70-80	£63.61
80-300+	£63.61

Appendix I - Survey Results

Main points and recommendations from Healthwatch Survey December 2014

Document	Title	Date	Category	Recommendations / Main Points
Healthwatch Cumbria	Hospital Parking Survey Report	Dec-14	Public Transport	1. NCUHT should further explore why public transport is not being used by both visitors and staff. This exercise could include the promotion of public transport as a viable option for both visitors and staff to the hospital sites.
			Park and Ride	2. Park and ride could be explored by the Trust and Local Councils. In Carlisle the Devonshire Walk Car Park could be used for a Park and Ride Service
			Car Park Procedures	3. A pay on exist scheme should be investigated. Although this would incur initial outlay, the long term benefits would include assured income from CP and eliminate patient doubt on how much time to pay when unsure on length of visit.
			Car Parking Procedures	4. More Car Park Spaces at both Hospitals.
			Car Park Procedures	5.Parking enforcement should be in place at a minimum of peak times
			Car Park Procedures	6. A car parking policy should be in place, publicised and enforced.
			Car Park Procedures	7. Impact of poor car parking arrangements has a direct impact on local residents. Work should be undertaken to understand the scale and impact of this problem.

			Car Park Procedures	8. The drop off points at both Hospitals should be reviewed to examine through flow and use.
			Appointment and Visiting hours	9. Appointment and visiting times could be investigated with a view to staggering times which may avoid peaks of high demand, therefore encouraging a spread of demand throughout the day.
			Help desk and Assistance	10. At CIC the help desk is some distance away from the main entrance making it difficult for some visitors to request help. Some visitors will require extra help when setting down a patient at the drop off point. The availability of Trust Staff/Volunteers should be available as should access to wheelchairs.
			Car Park Procedures	11. The Trust has no data on the number of visitors to the site, nor does it have data on peak and off peak times. Current baseline data from the Trust on car park demand is required.
			Car Park Procedures	12.The staff parking permit scheme should be reviewed and enforced
			Transport and Parking Policy	13. The clinical options proposal and clinical strategy should be fully integrated into the Transport and Parking Policy for all movements of Patients and Visitors.
			Car Parking Procedures	14. The Trust should adopt the NHS guidelines for car parking and publish; their own parking policy, their implementation of the car parking principles, financial information relating to car parking such as charges, concessions and penalties and summarised complaint information on car parking and actions taken in response

			Car Parking Procedures and Public Transport	15.More information about car parking should be provided at both sites, for example within appointment letters could give a patient an indication on how long it can take to find a space and/or opportunity to promote PT.
			Car Park Procedures	16. Car Parking signing at both site should be reviewed to ensure the most appropriate areas are allocated for patient needs, especially those requiring disabled bays.
			Relocation of Clinics/Services	17. New health centres at Cleator Moor and Cockermouth are no operational, with other community hospitals throughout west and north Cumbria that could take on new clinics rather than all being provided at General Hospitals.
			Collaborative working	18. Initiate routine meetings with all concerned to develop and monitor all travel needs associated across all service provision, wider stakeholder involvement should be included.

Appendix J - Transport User Information Workshop Outputs and Healthcare Recommendations

Table – Identified Healthwatch Recommendations that could be Supported by the Success Regime

Healthwatch Cumbria Recommendation	Trust Initial Comment	Trust Proposed Action	Site Impacted	Intended Key Outcomes or benefits	Timescale for initiation	Timescale for completion
NCUHT should further explore why public transport is not being used by visitors and staff. This activity could include, or lead to, the promotion of public transport as a viable option for both visitors and staff to the hospital sites. Bus access to WCH. Should be onto the site to the new front entrance from 2018, to full enable and encourage public transport.	The Trust has engaged with the main two local bus operators. The travel plan completed in December 2014 analysed patient and visitor travel modalities ad sought views on incentive to move towards public transport. Infrastructure to enable diversion of bus routes onto WCH has been included in the development plan	To include better information regarding Public Transport on the website and within patient information	Trust wide	Reduce number of car journeys to site and therefore demand for parking. Reduce environmental impact of travel associated with Trust activities. Release car parking spaces for patients and visitors where car is the only option for them	Started	Ongoing

Park and Ride could be explored further by both the Trust and Local Councils. In Carlisle the Devonshire Walk Car Park could be utilised for a park and ride service to CIC.	Trust has held initial discussions with the Local Authority in Carlisle regarding the use of two potential car parks as part of a park and ride solution.	Progress detailed negotiations with Carlisle Council with a view to using park and ride for staff as an alternative to onsite provision.	CIC	Reduced demand for parking by staff Release car parking spaces for patients and visitors Reduce on-road parking within the site which causes access problems.	Started	To be added to Success Regime Agenda.
Appointment and Visiting times could be investigated with a view to staggering times which may avoid the peaks of high demand, therefore spreading demand through the day.	Visiting times are arranged for operational effectiveness of clinical services. Flexibility is allowed where appropriate for particular patient groups. Take up of daytime visiting is limited.	This will be considered within the sphere of operational service delivery and accounting for the potential impact on parking demand.	CIC and WCH	Reduction of peak demands for parking Easier accesses to services Reduced waiting times in clinics etc	Spring 2015	On-going. Added to Success Regime Clinical Pathways

Task and Finish Groups were advised that the Trust currently has no data on the number of visitors to its sites, nor does it have data on peak times. Furthermore, the Trust is currently proposing reconfiguration of its services at WCH and CIC. Current baseline data on car parking demand should be generated by the Trust which can then be used in conjunction with projections for the proposed reconfiguration and incorporated into the planning	Considerable work has been done as part of the Travel Plan to analyse numbers and patterns of journeys by staff, patients and visitors. Initial estimates indicate minimal impact on the overall journeys to each of the sites *NOTE: Capita in October 2013 did conduct a Hospital Parking Study Report, for CIC with the aim of acquiring an understanding of the hospital car parking demand including usage and accumulation.*	Further modelling will be undertaken on an on-going basis to predict the impact of service reconfiguration of travel patterns and modalities.	CIC and WCH	Better able plan for parking and public transport capacity. More appropriately sized and accessible parking.	Started	On-going – Will be included within the Success Regime agenda. *NOTE: Utilising the template used within the Hospital Parking Study Report*

The clinical options proposals and clinical strategy should be fully integrated with a clear Transport and Parking Policy for all movements of patients and visitors	Initial assessments have been made	Detailed assessments will be made as the implementation of clinical strategy is progressed	Trust Wide	Better able to plan for parking and public transport capacity More appropriately sized and accessible parking	Started	On-going- to be included in the Success Regime Agenda
More Information about car parking at CIC and WCH should be provided by the Trust, for example appointment letters could include guidance on how long to allow in order to find a parking space and the alternatives	Information is available on the web site	This information will be provided in patient communications	CIC and WCH	Easier access to the most appropriate car parks Clearer directional signage	Spring 2015	On-going – To be included within the Success Regime Agenda
New Health Centres at Cleator Moor and Cockermouth are now operational and with the Community Hospitals throughout the North and West Cumbria, could these take on new clinic rather than being provided at acute hospitals	This is being developed and is detailed within the clinical strategy. There is active work through the clinical strategy development board with a dedicated workstream looking at shift elective work .	The Trust will continue to develop remote clinics as well as models of care involving primary care and community partners.	Trust Wide	Reductions in journeys to main acute sites Easier access to services	Started	Ongoing.- Part of Success Regime Agenda.

Initiate routine meetings with all concerned to develop and monitor all travel needs associated across all service provision; wider stakeholder involvement is required	Form part of the Travel Plan Delivery	Implement communication and consultation groups in live with Travel Plan	Trust Wide	Trust will be better informed about patient, visitor and staff travel needs Provide feedback on plans and the ability to adapt plans to better meet needs	Started	Ongoing through Success Regime Agenda.

Success Regime
West, North & East Cumbria

Transport User Information Workshop Thursday 20th July 2016, Boardroom, Action for Communities, Penrith

Attendees -
Liz Clegg, West Cumbria Community Transport Forum
Katy Wood, Cumbria County Council
Shelagh Hickson, British Red Cross
Wendy Sargent, Cumbria CVS
Alison Clegg, Cumbria CCG
Paul Day, Cumbria CCG
Derick Cotton, HealthWatch Cumbria
Corinne Wilson, Success Regime Programme Management Office

The following 4 scenarios were developed by the attendees of the above workshop –

The purpose and plan of developing these scenarios was to review the current available transport information for each scenario and understand the transport options for the patients and their families.

Scenario 1

Female, aged 76
Needs to attend for an eye clinic appointment at Carlisle Infirmary Carlisle on a Tuesday at 2.30pm for a possible cataract
The outpatient appointment letter received states that the she could be there for 2 hours
Living alone in Bootle with COPD and a little dementia
Family lives in Manchester
Fully mobile and can drive but due to the appointment type could get there in the car but advised not to drive home.
Not computer savvy but can get support from friends

Specific Observations

- The patient has received a generic leaflet with her appointment letter to say that that she may be 'eligible for transport' – example available
- Leaflet received is standard 12 font – large print leaflets can be accessed through the Contact Centre but the system is not able to convert into different languages. NCUHT does have the ability to provide information in different languages through interpretation services.
- Does a patient who will have pupil dilation as part of their treatment be eligible for Patient Transport Service (PTS)? How would the eligibility criteria pick up on these patients?

Scenario 2

Female, aged 83
Lives in Penrith

Attends regular monthly meetings at the Carleton Clinic, Carlisle for her oxygen check-up – she doesn't need to take her oxygen to appointments
Has dementia – very confused
Hasn't attended her last 3 appointments – keeps getting the dates wrong
Appointments can be on various days of the week. The next appointment is on a Monday at 9.30am
Her daughter used to take her to appointments; however her daughter is currently going through cancer treatment and is not able to take her.
The patient is frail and needs someone's arm for support to be mobile.
Not computer literate – what's a computer?

Specific Observations

- Information on transport is available when new appointment information is sent out but nothing for review appointments. If a patient's circumstance has changed between new and review appointments as in this case, it is not clear who to speak to about transport options.
- Does this patient really need to attend a health care appointment to have her oxygen checked?

Scenario 3

Male, aged 45
Lives at Kirkby Stephen
Builder self employed
Single, no family, working on a contract in the Eden area
Needs to have a total knee replacement
Has chosen to attend Wrightington hospital as the waiting list was shortest and he'd heard that this was a really good place to have a knee replacement operation – he needs to get back to work as soon as possible
Is expected to be an inpatient for 3 days
Has a surgery date of Saturday in July and needs to be there at 7.30am
Is computer literate but not IT savvy – continues to pay his bills at the bank

Specific Observations

- Probably not eligible for PTS on the way to hospital – maybe on the way back?
- The local parish car scheme is not operational in this area.
- Considered not practical for this patient to travel on public transport – poor mobility - walking to the bus stop, getting on and sitting on public transport with an extended leg?
- In theory, the PTS line can refer callers to alternative transport schemes such as rural wheels, a Council run scheme. In this area, rural wheels do not operate before 8.30am. Rural wheels, if available, would take the patient to the nearest train station or bus stop. In the Kirkby Stephen area there is currently 1 volunteer supporting this service at full capacity.
- The patient in this scenario would need to travel to the Wrightington hospital area the day before his surgery day if using public transport.
- Rural wheels could take the patient to the train station to catch the 11.33am train from Kirkby Stephen. With 2 changes, and poor mobility, the patient would arrive 5 hours and 16 minutes later to Wrightington train station. A taxi would be needed to transport the patient to a B&B and again to the hospital in the morning. Assuming the patient was discharged after a length of stay of 3 days at about 4pm on the day of discharge, and needed to use public transport home? They would need another overnight stay due to lack of available public transport and have an equally lengthy journey home.

- The group did not discuss in detail attendance to rehabilitation etc post discharge but acknowledged that this would probably include a further need to travel for care.

Scenario 4

A child needs to attend an epilepsy appointment and tests at the Royal Victoria Infirmary, Newcastle in August for a Wednesday 11am appointment
Lives in Maryport
His mother is a single mum aged 35 with 4 children – all school/nursery age
His mother can't drive and no family live nearby
To attend the appointment mum and siblings will need to attend the appointment with him. None of his siblings are in pushchairs.
Mum is computer literate through the use of her smartphone

Specific Observations

- It would not be possible for this patient to attend the appointment on their own.
- It is not possible for the patient, mum and siblings to be taken to their appointment via PTS based on current criteria.
- Time and costs to travel and for food/drinks etc between Maryport and Newcastle will be significant for 4 children and 1 adult.

General Observations from the Workshop

The following are general observations the group made when thinking through the scenarios -

1. Are the front line staff in certain places knowledgeable enough to give patients advice – do they have further documentation which they can give out?
2. Where there is web based transport information, how is it kept up to date?
3. People like hard copy leaflets but for travel plans the internet is probably now a much more reliable source for information e.g not clear when bus timetables are out of date.
4. Where do we expand our information on voluntary driving schemes?
5. PTS transport doesn't cover attendance to GP appointments.
6. Knowledge for front line staff on transport options available is key. When staff arrange appointments (in patients and outpatient) full cognisance should be taken of the transport need. Timings should take account of potential access via public transport and take due account of journeys to and from the hospital.
7. When looking through scenarios we threw in some variables like "what if it's icy weather?" – Which would further effect issues around public transport for some patients.
8. GP surgeries currently don't provide a lot of information on transport options at the moment.
9. People need to plan how they can get to health and care appointments and get home from hospital. Often transport needs aren't thought through in sufficient detail with enough time to get plans in place.
10. GPs needs to be made more aware of the transport issues / schemes
11. Various considerations of how information could be improved in the communication stages (e.g. people calling for appointments etc…)
12. Rural culture is often there is an expectation for patient's families to take them.

13. The issues around remote locations and travel continue to be an issue – no easy way in which to solve? Community transport schemes sounded most viable – but they sound quite limited

Workshop Outputs

The outputs from the workshop were as follows –

1. Knowing where to access information from was more problematic than the content of current leaflets.
2. Education and improving knowledge of transport options with front line staff is needed.
3. Community transport schemes differ from area to area in terms of what is available and when.
4. Achieving the PTS eligibility criteria can be variable between callers and times of day. There is a standardised eligibility criterion already in place.
5. Patients who do not have access to their own/family/friends transport and do not meet the PTS criteria will potentially have huge problems accessing health and care appointments of any distance at significant cost. Reliance on public transport to attend health appointments for many patients isn't a feasible option.
6. For the population who are not computer literate accessing information to inform transport decision making can be very difficult.
7. From outpatient evidence collected there is little information on transport options to attend appointments. If possible the leaflet should be reviewed and emphasised further or the PTS contact number added to the actual appointment letter.
8. Improved promotion of websites and contact details for Public Transport, such as National Rail Enquiries and Travel Line to help people plan their journeys
9. Support for the continued rollout of PTS call handlers giving further transport advice/options if the patient is not eligible for PTS.

Eligibility Criteria for North West Ambulance Service PTS

Post workshop, discussions were held with PTS colleagues to understand if our 4 scenarios would have been eligible for PTS to attend their appointments and again back home.

Scenario 1
If the patient stated that they were attending an eye appointment for a possible cataract they would qualify for PTS services both to and from their appointment as they would qualify under the partially sighted or blind criteria for the purpose of requesting PTS, even though they normally drive.

Until recent changes in PTS contract, the last drop off was 6pm which would have been difficult for this patient to use PTS to return home. Last collection from the hospital is now 6pm meaning this patient would be transported home using the PTS service.

Scenario 2
For the purposes of completing the eligibility criteria for this patient, it is assumed that they are unable to go out and about on their own, and for this reason they would be eligible for PTS services both to and from their appointment.
It was noted that if oxygen is prescribed to the patient they can take this with them on the transport. Oxygen is also provided in PTS transport.

Scenario 3
It is assumed that as this patient is working temporarily in Cumbria that they have remained registered with their own GP (for example in Derby). Patients who are registered with a GP in the North West are eligible for PTS delivered by the North West Ambulance Service (NWAS). This patient would not be eligible for PTS either to Wrightington hospital or back to Kirkby Stephen.

If the patient is registered as a temporary resident, NWAS would need to obtain permission from Cumbria CCG to undertake the journey, however it is noted that the cost of the journey would be taken with agreement from the local GPs budget.

If the patient is registered with a GP practice within the North West area, the patient would not be eligible for PTS to their appointment but probably would be to return home after their hospital stay.

Scenario 4
The child and his mother would be eligible for PTS, allowing for one escort per patient. PTS would not normally take siblings, unless there is a legitimate medical need. If it was not possible to find alternative care for the siblings and the appointment was essential the most likely course of action would be for NWAS to contact the Commissioners for Cumbria and request special approval.

Additional Feedback

There were expressions of interest from others to attend this workshop, however due to other commitment were not able to attend the day.
Written feedback has been gratefully received from the West Cumbria Maternity Services Liaison Committee (MSLC). Their initial thoughts are summarised below –

1. One accessible site for ALL travel information would be good! – All transport and travel needs to be provided on one accessible web site. If you enter your postcode it should be able to determine if there is a community voluntary transport in your area?
2. Paper-printable versions need to be available also – not all service users have smart phones
3. Translations- is that possible on Travel line?
4. Information on cost of travel needs to be easily accessible – it isn't at all.
5. Consider free Wi-Fi access in hospitals and at transport hubs and on buses in Cumbria –with charging points for phones and at other accessible points.
6. Could all parishes – especially remoter ones – have travel plans to reach full range of hospital care services perhaps, if they are aware of weaknesses in current available options it may help them look at community transport schemes.
7. Neighbours may be happy to run people to near locations, anything beyond that becomes more difficult and too much to expect a neighbour to assist with.
8. Get employers aware of the role they can play in assisting families' access healthcare support when they or relative are ill.
9. Know-how of large companies (i.e. Eddie Stobart) may have some new ways of looking at the logistical problem – a collaborative innovative service industry approach.
10. Access to healthcare needs to be affordable for families and those on fixed and limited incomes.
11. Recognition is needed that long travel times and journey when unwell is not optimum care for patient or family members either.

12. Return transport home needs to be realistic and an available option at all hours.
13. Need for direct transport between hospitals sites door to door.
14. Evaluation from reconfiguration of obstetric and paediatric services in Pembrokeshire and Carmarthenshire said that there needs to be better transport/accommodation arranged for patients and families, and that this should have been set up at the outset – as families have been stranded and family difficulties have resulted.

A copy of the full response is available on request.

Next Steps

Based on the outputs from the workshop, an action plan will be developed with SMART (Specific, Measurable, Achievable, Realistic and Timescales) objectives in a September group workshop with a final draft action plan submitted for approval to the October transport group meeting.

Appendix K - Stakeholder List

It should be noted that the list of stakeholders identified is not an exhaustive list and will be evolutionary with the delivery of the Access to Healthcare Transport Strategy.

North Cumbria University Hospitals Trust Stakeholders

- Debbie Freake – Executive Director of Strategy;
- Suzanne Halsall – Head of Strategic Financial Planning;
- Tommy Davies – Head o performance & Contracting;
- Kath Martin – General Manager, Emergency Medicine; and
- Jayne Edwards – Service Improvement Learning Manager.

North West Ambulance Service Stakeholders

- Rick Shaw – Senior Manger;
- Jenny Turk – Admin Support/PA and Office Manger;
- Lance Hindle – PTS Senior Team Leader ; and
- Jacqueline Southern-Leigh – PTS Service Delivery Manager.

Clinical Commissioning Group Stakeholders

- Alison Clegg – Head of Performance;
- Sharon Cornwell – Senior Commissioning Officer.

Community Foundation NHS Partnership Trust

- Steven Prince – Estates Facilities and Capita Investment Manager;
- Valerie Buchanan – Senior Network Manager, Community Hospitals North;
- Susan Rutherford
- Lee'ODowd- Accountant.

Healthwatch

- Derick Cotton – Ambassador

Cumbria County Council

- Cheryl Cowperthwaite – Transport Officer;
- Katy Wood – Voluntary Transport Support Officer;
- Mark Hodgkiss – Scheduled Bus Services Officer; and
- Jackie Dodd – Public Health Locality Manager-Eden.

GP Surgeries

- Lisa Drake – Practice Manager, Seascale GP Practice;
- Susan Graham – Practice Manager, Shap Medical Practice.

Community, Voluntary and Public Transport Operators

- Liz Clegg – Muncaster Microbus;
- Ben White – Royal Voluntary Services;
- Matthew Cranwell – Managing Director Stagecoach

Appendix L - Stakeholder Consultation

CAPITA

Stakeholder Consultation Date: Wednesday 23rd March 2016

Name: Derick Cotton and Barbara Cotton

Organisation: Health Watch and Cumbria Voluntary Partnership.

Main Discussion Points

- Derick works in partnership with Sue Halsall in coordinating the implementation of both a car parking policy and Travel Plan at Cumberland Infirmary Carlisle (CIC) Hospital and West Cumberland Hospital (WCH).
- Derick explained that both acute hospital sites have a Travel Plan and Car Parking Policy, however the main issue is that they are not enforced and managed , and there are potential changes that will require the car parking policy to be revised.
- Derick explained how the car parks at CIC and WCH are managed in different ways. CIC is managed through the PFI contractor 'Interserve' and WCH is managed internally through the North Cumbria University Hospitals Trust (NCUH)
- WCH are currently further developing their car parking allocation, however there are future plans to construct a large car park to the front of the new hospital main entrance once blocks A,C,D and mortuary have move.
- Derick explained that the current car parking operations were Pay and Display, however the Trust are striving for a pay on exit system.
- CIC have convinced the Board to adopt additional car parking allocation with an additional 400 spaces.
- The newly planned staff car park will operate a barrier system whereby staff will have to swipe to gain access.
- The car park to the right in entrance to CIC will be used by both Patients and Visitors only.
- Derick explained that there is limited data regarding the transfer numbers of staff between the two sites. NCUH Trust has never introduced a Hospital Shuttle bus between the two Acute Hospital sites.

- There have been numerous conversations around the possibility of piloting a dedicated 'Park and Stride' Facility at Devonshire Car Park, a 321 space car park approximately a 15 minute walk from CIC. The idea has never been investigated and further developed however immediate concerns were around safety, in particular for women walking alone.

- Barbara explained that she was a Governor for the Community Voluntary Service and is a trainer for volunteers, trustee and chair of trustees for East Cumbria Family Support Association a small local charity.

- Barbara explained the service provision provided by the Cumbria Partnership Foundation Trust, with over 60 community and mental health services delivered, accommodating 9 community hospitals across Cumbria.

- Barbara was very keen to express her main concern regarding transport access to healthcare services, is the question of investment. There is largely an ever increasing elderly population and the area has seen an increase number of nursing homes having to close.

- Voluntary car schemes are operational across NWE Cumbria, volunteers must be under 75 years of age and work on a rota system There are some regular users but overall not well used at all. When asked to explain why, there were issues around communication and marketing of the service. Barbara pointed out that it is particularly difficult to get people to Cumberland Infirmary Carlisle.

- It was felt that there had been more concentrated efforts to focus on the transport problems in the West of the County; however both Barbara and Derick made the point that in regards to access to Carlisle from many locations in the East, transport is very limited.

- Barbara made the point that patient surveys that are currently conducted do not specifically ask any questions around accessibility to healthcare services.

Stakeholder Consultation Date: Wednesday 23rd March

Name: Cheryl Cowperthwaite

Organisation: Cumbria County Council

Main Discussion Points

- From a County Council perspective there was a strong mindset that the main issue is that there is no coordination in regards to transport to healthcare services.

- Cheryl explained that the County Council have previously worked with North West Ambulance Service to assist in providing additional Patient Transport Service but ultimately did not come to anything.

- Cheryl explained that the Council provide the following Community Transport Services: Rural Wheels, Village Wheels, Community Wheels and Voluntary Social Car Schemes, such schemes are very dependant and are only successful where there is a good take up of volunteers

- Cheryl outlined their passenger transport costs to Cumbria County Council:

    - Concessionary Travel = £9 million per annum
    - Home to School Transport = £10 million per annum
    - Special Needs Transport = £5 million per annum
    - Social Care Transport = £5 million per annum
    - Community Transport = £360K per annum

- It was advised that a conversation with Matthew Cranwell (Managing Director of Stagecoach Cumbria and North Lancashire) would be beneficial once a better understanding of what gaps currently exist in the transport.

Stakeholder Consultation Date: Thursday 7th April

Name: Rick Shaw

Organisation: North West Ambulance Service (NWAS)

Main Points of Discussion

- Rick made a point of going through the operational procedures on how NWAS operate and the issues they are faced with.

- In total there are 8 ambulance stations across North, West and East Cumbria, based in Brough, Carlisle, Distington, Egremont, Flimby, Keswick, Penrith, Wigton

- The target volume for call pick up is 95%

- On receipt of a 999 call, an emergency medical dispatcher will ask a series of questions to determine the level of severity and the callers address and location of incident.

- All calls are coded by a coloured priority

    - Red 1 calls aim to respond within 8 minutes of 75% of cases and Red 2 aim to respond within 19 minutes of 95% of cases. These are National targets.
    - There are no national targets for green priorities but they aim to respond as follows
    - Green 1 within 20 minutes
    - Green 2 within 30 minutes
    - Green 3 within 180 minutes
    - Green 4 within 240 minutes

- There are alternative ways to attend to patients through See and Hear, See and Treat and See and Convey. For See and Treat, when a clinician arrives, he/she will assess use the following coding to determine the line of car for that individual.
    - RED = Direct to Emergency Department
    - AMBER = Do something different, for example to be treated at urgent care centres (Keswick or Penrith) or GP/GP out of hours.
    - BLUE = Self care pathway or sometimes an individual will refuse onward care and will therefore be categorised as blue.

- As a rough estimate from all calls received under See and Treat, 15% of all calls are Blue, 25% of calls are Amber and 60% of calls are Red.

- The current statistics from the last financial year (although we must be mindful that they are still categorised as unverified) are:

  - Red 1 – Approximately receiving 3 call per day
  - Red 2 – Approximately receiving 46 calls per day

- There are different types of ambulances these are:
  - RRV (Rapid Response Vehicle) these vehicles are located in Carlisle, Penrith, Distington, Egremont and Flimby. These vehicles are equipped to deal with all levels of emergency.
  - EA (Emergency Ambulance) These vehicles will always have a Paramedic and a Medical Technician onboard
  - UCS (Urgent Care Service) Staff can do the basic aid and will usually deal with Green 3 and Green 4 categories.

- Sometimes NWAS will order taxi's for non emergencies. Further detail will be given in regards to the numbers of trips made per annum and the costs associated.

- Rick informed that PTS services operate under separate contracts and management structures. Booking lines are area specific and have different standards and operational methods.

- NWAS service delivery is supported by an active and much valued cohort of Community First Responders and Volunteer Car Drivers. The Community First Responders are all volunteers who live and work in the local community and are trained to attend certain typed of emergency calls where time can sometimes mean the difference between life and death. Particularly helpful in remote communities. The responder provides appropriate care until emergency ambulance arrives on scene.

- Voluntary Car Drivers also live and work within the local community and they give up their time to assist patient transport services, transporting patients to and from hospital appointments.

- Rick explained that Alston is a particular area that has its challenges with it being one of the most isolated and sparsely populated areas in the country. Alston Moor has its own private ambulance that is managed and used by 12 fully trained volunteers.

- NWAS also have an ambulance called DAVE a single 24 hour vehicle asked for by the Success Regime to operate between the two Acute Hospital sites.

Stakeholder Consultation Date: 14th April

Name(s): Peter Smith, Liz Clegg, Phil Roberts, Katy Wood, Jill Hay, Ben White, Lyn Howarth, Colin Bannister and Lorraine Smythe.

Organisation: Community Transport Forum

Main Points of Discussion

- The integrated Transport Department hare now no longer at Cumbria County Council. The budget for Community Transport moving forward is as yet unknown.
- There is a growing impression that communities will have to quickly look at devising self help communities.
- The Voluntary car scheme now accepts drivers of a maximum age of 80
- Muncaster Microbus – Liz Clegg, recently applied for Government minibus scheme for a new 16 seat bus based on the Northern Fells
- Jill from Fell runner has also applied to the Government Minibus Scheme. They currently have 25-30 volunteer drivers, and are currently experiencing more people interested with word of mouth being the best way of promoting the volunteering opportunity.
- Ben from RVS explained that they are very busy at the moment especially within Kendal. Currently in a position where demand is outstripping capacity and there is a requirement for more volunteers to meet the need. RVS have the desire to work to support other areas and are looking to expand their horizons
- Colin Bannister– Currently very busy. Year ending 2015/2016 3704 trips were made, catering for 44,000 passengers. In the low season operate at a 30-40% utilisation, in the peak season looking more 80-90% utilisation.
- Currently have 28 vehicles, 9 of which are community transport, 17 are Cumbria County Council and 2 brokered out to West.
- Phil Roberts – Their new bus will be delivered November 2016 through 'minibus options'
- They have lost a number of drivers when they hit 70.

Stakeholder Consultation Date: Thursday 28th April

Name: Ben White

Organisation: Royal Voluntary Service

Main Points of Discussion

- Initiated conversation with an example of a successful project looking at Renal Transport in Ceredigion. This was a development and provision of patient centred rural transport for Haemodialysis at Bronglais Hospital, Aberystwyth. The service is provided through the Royal Voluntary Service (RVS). RVS use their community volunteer drivers to ensure that however distant or dispersed from the unit (Ceredigion, is ranked amongst the twenty lowest population density areas across all 348 local authority areas in England and Wales).

- RVS are predominantly providing transport services in the South Lakes but would like to expand their services out to the rest of Cumbria. RVS currently transport patients in Kendal to outpatient clinics, Hospitals and GP Surgeries, for those who do not have any other alternative and who do not meet the current eligibility criteria for PTS. The service is delivered through volunteers. RVS have Community Transport Volunteers currently located in Kendal, Ambleside and Grange-over-sands.

- RVS currently have 25 volunteers in South Lakes and 80 volunteers in Dumfries and Galloway.

- RVS provide Community Transport provision to those who are 55 years or over.

- All community transport requests are through a booking system, where they are matched with an available volunteer driver. Users are invoiced at the end of the month.

- RVS have service level agreements with NHS Trusts and are to trial a Hospital to Home service with NHS Morecambe, in particular providing pharmacy runs by volunteers to allow cohorts of patients to be discharged from hospital with another volunteer rather than having to wait for their medication, to which will follow with the volunteer.

- RVS are very enthusiastic to develop their 3rd sector working partnerships for example the Red Cross, to further develop their service offer.

Stakeholder Consultation Date: Wednesday 4th May

Name: Katy Wood

Organisation: Volunteer/community transport Officer, Cumbria County Council

Main Discussion Points

- To provide a detailed overview of the current community and voluntary service provision provided by Cumbria County Council

- **Rural Wheels**: Cumbria County Council aim to cover the full rural Locality with their Rural Wheels Scheme. Local operators were approached when each scheme district was rolled out, since then, operators have requested to do the service or have been approached in areas where there was need. All operators are registered with the County Council e.g. their insurance is valid and DBS checks cleared.

- In 2015/2016 there were 18,420 single journeys carried out with 180 journeys that could not be met. Of the 18,420 single journeys the following totals were for access to healthcare services:

  - South Lakes: 1221 Doctors/Health Appointments, No Hospital Visiting and 13 Hospital Appointments
  - Carlisle: 760 Doctors/Health Appointments, 51 Hospital Visiting, 7 Hospital Appointments
  - Copeland: 214 Doctor/Health Appointments, No Hospital visiting, no Hospital Appointments
  - Allerdale: 337 Doctors/Health Appointments, 32 Hospital Visiting, 16 Hospital Appointments
  - Eden: 319 Doctors/Health Appointments, No Hospital Visiting, 4 Hospital Appointments.

- The advice given when joining the Rural Wheels scheme is if you need transport to get to a hospital appointment you must check you eligibility for Patient Transport Service first by contacting North West Patient Transport Line 0800 032 33240. When customers call they are also asked to check if there is a bus or voluntary social car scheme available.

- **Voluntary Social Car Scheme:** Cumbria County Council currently has approximately 314 volunteers on their Social Car Scheme. There are voluntary social car schemes in all areas the Districts of Cumbria. Last year the number of single and return journeys were as follows

  - Allerdale: Single 7123 Return 1493
  - Carlisle: Single 1462 Return 365
  - Eden: Single 1964 Return 527
  - South Lakes: Single 3237 Return 838

- Particular reference made to those towns that currently struggle to access transport, these included Seascale, Little Corby and Great Corby.

- Cumbria County Council has in the past worked with the NHS in regards to filling the gaps for those patients that were not eligible for PTS services but had no other means of getting to their appointments. Back in 2012-2013 the NHS spent only £1400 worth of journeys in 2013/2014 and £230 during 2012/2013.

- The background to the service evolved when new rules regarding eligibility for patient transport services were introduced. Previously, eligibility for patient transport was determined by GP's (with no clear guidance) which resulted in a huge disparity and inequity across the North West region. Eligibility for patient transport is strictly on clinical grounds. When eligibility was first introduced there were concerns that patients who lived in very rural areas may have difficulty in attending a hospital appointment. A pilot scheme was subsequently set up with using CCC and their Rural Wheels Scheme The criteria for the service was that the patient could not make their own way to hospital by car, could not get a lift and were not on a public transport route.

- Ultimately the demand for the service was not huge and the CCG made the decision not to continue.

Stakeholder Consultation Date: Wednesday 4th May

Name: Kath Martin

Organisation: Emergency Medicine, North Cumbria University Hospitals Trust

NOTE: *This was a spontaneous meeting with Kath Martin on the guidance that she was around and in the office. A previous meeting had been scheduled for Thursday 28th April; however Kath unfortunately had to attend another meeting over at West Cumberland Hospital.*

Main Discussion Points

- Kath made a particular point that a lot of money was currently being spent on the Private Ambulance Service, catering for those journeys that the PTS can't or don't operate. The current contract for the Private ambulance service is for 78 hours per week, with addition hourly rates on top for any additional time and resource required.

- Already this financial year NCUH were already £30,000 over budget.

- There was a concern around PTS in that on many an occasion, PTS cut off their services at 16:00p.m. Therefore restricting the number of patients that are eligible to be discharged from hospital.

- The private ambulance service operates 16:00p.m. To 00:00a.m Monday to Friday and 10:00a.m – 18:00p.m. Weekends and bank holidays.

- There is the growing problem that many patients who are elderly have very little or no family who live within the locality of Cumbria and/or who have family who prefer them to be transported back home in a PTS/Private ambulance or taxi, therefore applying increased pressure of patient transport provision.

- Nursing homes are also a problem area, in that many have policies that will not accept residents back into the home after 16:00p.m, again applying further pressure to the patient transport services and the readmitting of patients who have no other way of getting home.

- 1 private ambulance serves both Cumberland Infirmary Carlisle and West Cumberland Hospital unless there are requests for an additional vehicle in times of heightened escalation – this is not always available.

- Ward staff are aware of the ambulance options for discharge of patients but no completely aware of the services provided by the third sector and voluntary organisations. Availability is very sketchy and not widely publicised. There does seem to be more availability at West Cumberland Hospital rather than at Carlisle.

- There is currently a working discussion to better coordinate the process of booking private ambulance requests. Currently, the private ambulance is booked by the nurse at ward level; however it would be beneficial to have site coordinators. This process is currently under development.

- If patients have no means of getting home they will remain in hospital and won't be discharged. Examples of such cases are when nursing homes won't accept a patient after a specific time or carer availability.

Stakeholder Consultation Date: May

Name: Stephen Prince and Valerie Buchanan

Organisation: Estates and Facilities Management, Community Partnership Foundation Trust

Main Discussion Points

- **On site Car Parking:** Staff car parking is largely uncontrolled with no dedicated staff permit system operational on any of the community Hospital sites. Car parking spaces are on a first come, first served basis. No-one centrally coordinates parking. Almost all car parks are at capacity. There are more members of staff who rather than transfer between sites, work within their own community areas, providing care within the community.

- **Transfer of Patients:** Transferring of patients is heavily reliant on Patient Transport Services. Most discharges are planned discharges and for those patients who are eligible use Patient Transport Services. There are a very small number of patients who require specific private ambulance transfers for example to a specialist mental health psychiatric ward.

- **Samples and Medical Records:** Samples are transported currently by using internal couriers. Medical records that have to be delivered the next day are transported by Royal Mail, this contract is very expensive and one that will soon cease operation. The service will be replaced with another provider to expand the current internal courier fleet. The discussions are still ongoing however in principle they have authorised agreement to proceed under a phased implementation. Same day courier service is provided by RICO and currently cost approximately £5,000 per annum.

- Val Buchanan manages West, North and East community patients. Would have better understanding of the relationships CPFT have with third sector providers such as Red Cross and Age Concern.

Valarie Buchanan

- Valerie manages all the Community Hospitals in the North of the County.

- Valerie explained that transport services provided for patients in regards to discharge and after care once released from Hospital are scarce and scattered, Valerie will be sending data over to show on a ward by ward basis the transport used to discharge patients.

- It is apparent that Community Hospitals currently use Red Cross, Age UK and Community Transport Schemes to support the discharge of patients. There is currently no data is collected around the number of patients that are being transport by hospital to home services. Information is currently given to families and the associated phone numbers to arrange the transport and have to pay for their own transport.

Stakeholder Consultation Date: May

Name: Susan Graham (Practice Manager) and Jayne Edwards

Organisation: Shap Medical Centre and North Cumbria University Hospitals Trust

Main Discussion Points – Susan Graham
• Request for the following information was presented to Susan Graham. Intelligence and understanding on how patients currently access GP surgeries and the current known perceived gaps and problems experienced by patients and to what impact this if any it is having on patients cancelling or missing their appointments. Understanding if this was a particular problem in certain areas and if transport was discussed when a patient receives an appointment was also requested. • Susan fed back that there are no specific problems with patients cancelling appointments due to a lack of transport and they do not hold/collect any data regarding this. • The main issue is 'unmet' need rather than cancelled or missed appointments. For example there are poorer people in the outlying villages with no car that have difficulty accessing healthcare. As a result there is a growing demand for GP Surgeries having to operate Branch Surgeries also because of this. • There is also a growing demand of elderly and others who are no longer fit to drive a car either temporarily or permanently having a similar problem. • In essence there is no real fact to present in regards to transport being a problem to access healthcare services in particular GP Surgeries.
Main Discussion Points – Jayne Edwards
• Jayne has a wealth of experience, previously working as a Practice Manager. Jayne further explained the role of Branch Surgeries in that they are part of the response of being in a rural community. The overall aim is to take some healthcare services out to the community; however they are not entirely the best way to resource staff and are increasingly becoming unsustainable to run. There is major concern sustainably regarding resource at both main GP surgery and branch surgery at the same time. GP's don't like to work alone and there is always a demand for a practice nurse/clinician to conduct follow up procedures such as taking bloods/samples. • There has been a paper presented to discuss the idea of a central and western Lake District to introduce a Health and well being bus that would double up to provide other community services.

- This has been deemed a ambitious and innovative proposition by Seascale Practice. Seascale are also finding it increasingly difficult to recruit staff and resource and are therefore the development of the branch surgeries are just becoming unsustainable to operate. Although the bus would allow practices to operate with less overheads /premises there is still the question around recruitment as the bus would still need a skilled set of staff to operate the service from a mobile (rather than fixed) premise. The range of services potentially on offer is wide ranging and across the system, however the need for IT would be considerable.

- Jayne was very much of a mindset that this would be a popular concept with the public, particularly at the current time when the perception is that services are being taken away. Jayne explained that there has been similar schemes around learning buses linked to education colleges, however as far as she was aware they no longer operate due to lack of funding and engagement.

- A mid way proposal suggested would be for services to run from village halls or hotel rooms, making use of existing community resource, although this would require agile IT and ability to move equipment and materials between sites.

Stakeholder Consultation Date: June

Name: Lisa Drake

Organisation: Practice Manager Seascale Medical Practice

Main Discussion Points

- Specifically at Seascale Medical practice, it is becoming increasingly common that GP Surgeries are used as the first point of call for all ailments and conditions. On a daily basis, Seascale see more people who have not booked an appointment all of which with varying conditions. For example, they have had to handle patients with heart attacks and chronic chest pain. The GP surgery is seen as the quickest way of being seen by a medical practitioner and feeling safe within a healthcare environment.

- Only the other day Lisa explained that the Fire and Rescue Helicopter had to be called because the ambulance could not attend an emergency incident whereby a child had fallen on glass in a playing field. The ambulance was called but after 40minutes there was still no sign.

- Seascale are currently undertaking a piece of work whereby they are monitoring the time they request an ambulance based on emergency response time required and when the ambulance actually arrives. This correlation exercise will help to better understand time delay. It is currently very rare that an ambulance will arrive on time.

- On a daily basis it is variable as to how many more patients (those who have not booked an appointment) the surgery will have to attend to, however it is becoming an increasing problem where the surgery is handling more 'off the street' emergencies, requiring immediate care. All of which are being delivered with no additional funding

- Seascale currently have 700 bookable appointments per week; on top of this they operate the following additional services:

  - Specialist Nursing for chronic illness e.g. diabetes
  - Treatment Room
  - Midwifery
  - Health Visitors
  - CBT Sessions
  - Podiatry
  - Physiotherapy

- Staff resource is restricted and time is very precious and can sometimes be stretched to far. For example, two nurses have recently been caring for a patient whose dressing needs redressing 3 times a week and takes the time of 2 nurses at an hour at a time. Such resource for one individual is equivalent to taking 20 nurse appointments.

- Seascale operate a branch surgery in Bootle where they currently have a GP, Practice Nurse, Health visitor once a month, Dispenser and a receptionist. When asked how the potential new Health and well being us would address the issue of stretched resource and recruitment, it was expected that the health and well being bus would have a Nurse Practitioner, a Healthcare Assistant that would also dispense and act as the receptionist. The use of tele-medicine would act as a back-up service for additional support.

- The aim of the bus would be to deliver services where there is need, working in collaboration with services such as CHOC. It was advised that the future of CHOC was uncertain and that it was currently operating in the shadow of the NHS 111 services that was only recently introduced into the area back in October 2015. The CHOC service is in effect acting as a disposable service catering for those patients that do not need to go to Hospital on the basis of the NHS 111 triage of questions.

- CHOC currently operate on GPS and therefore it would be logical for them to identify where the Health and Wellbeing bus should be located to support their operations acting as a mobile surgery, where patients would be asked to make their way to the Bus rather than additional CHOC journeys.

- There is also potential to further utilise the Muncaster Microbus service, potentially transporting elderly patients collectively to maybe flu clinics held within the health and wellbeing bus. There is currently a lot to think about in regards to operational practices – for example how will samples be transport to labs, what will be the hours of operation, what days will it operate etc.

- Currently the Seascale surgery actively promotes Transport alternatives to its patients and is well promoted and explained on the medical practice website. The thoughts around PTS are currently not complimentary with many patients making complaint that sometimes they are accepted then on another occasion are refused, therefore highlighting that the eligibility criteria is used /interpreted differently with limited consistency.

- The use of 3rd Sector and Voluntary organisations are used but on a very sporadic. Age concern currently work out of Egremont and Millom, however not entirely sure on what its operations are.

Appendix M - Booking Patient Discharge Transport

How to book patient discharge transport

- **Does the patient have a Cumbrian GP?**
- **If not, where is their GP based?**

Is patient permanently registered with Cumbria GP?

YES

NWAS responsible for delivering subject to eligibility criteria

NWAS patients need to be informed to book transport 0800 0323 240

NO

Is patient permanently registered with a GP in the North East?

NO

Contact responsible CCG or Health Board in Scotland and determine whether they wish to use their own transport or will pay for NWAS to transport Scotland PTS number: 0300 1231 236

Northumberland, Newcastle, Gateshead, N. & S. Tyneside: Chris Lauder 0191 217 2824 to authorise

Durham Dales, Darlington and Tees 0345 045 0160

Sunderland - booking form to ecr.sccg@nhs.net

Helpful Advice:

- Haltwhistle is in Northumberland – if it is a Cumbrian patient going it is NWAS / if it is a Northumberland patient going see contact above
- NEAS PTS contact for Northumberland/Newcastle is 0191 2151515
- For a Scottish patient it is the NHS Scotland Health Board
- For a patient from elsewhere in the UK, it is the CCG where they are registered who must give approval for its own provider or NWAS

Appendix N - Benchmarking Hospitals

East Lancashire Hospital NHS Trust

Overview

East Lancashire Hospitals NHS Trust was formed in April 2003.

The trust has two main sites; these being Royal Blackburn Hospital and the Burnley General Hospital. Royal Blackburn is the Trust's Headquarters where the majority of management are based. The trust manages three hospitals, Royal Blackburn, Burnley General and Pendle Community Hospital. The trust also provides services for and deals with Accrington Victoria Hospital and Clitheroe Community Hospital.

Royal Blackburn Hospital houses the main Accident and Emergency Department concentrating on more serious cases from across the Trust, for which it is better equipped for with emergency theatres and an Intensive Care Unit, an Urgent Care Centre at Burnley General.

In October 2013, as a result of the Keogh Review[1] the Trust was put into special measures. In May this year (2016) both Blackburn and Burnley General received a 'Good' standard from the Care Quality Commission.

Patient and Visitor Car Parking Charges

The car parks at both Royal Blackburn Hospital and Burnley General are managed through private contractors. Park Indigo manages the car park for Royal Blackburn Hospital and Engie manages the car park at Burnley General Hospital.

At Royal Blackburn Hospital there is a 455 space visitor car park, operated by a 'pay on exit' barrier system. The system at Burnley General is based on a Pay and Display system. Current charges for patient and visitor parking are provided in Table Error**! No text of specified style in document.**.1 below.

Table Error! No text of specified style in document.**.1- Patient and Visitor Car Parking charges at East Lancashire Hospital Trust**

Site	Hours	Cost	NCUH Car Parking Hours	NCUH Car Parking Costs
Royal Blackburn Hospital	0-3 hours 3-8 hours 8-24 hours	£1.90 £2.80 £3.50	Up to 1 hour Up to 2.25 hours Up to 3.5 hours Up to 10 hours 1 week 1month	£1.00 £2.00 £3.00 £5.00 £7.50 £15.00
Burnley General				
Community Hospitals	Anytime	Free Parking and not marshalled		

[1] Keogh Review – Review into Patient safety carried out by Professor Sir Bruce Keogh in July 2013

Concessionary tickets are available at both Royal Blackburn and Burnley General and are available if a patient and or visitor qualify based on the following.

The concessionary tickets available are a 7 day ticket and a 60 day pass. There is a qualification period of three consecutive days for receipts with a minimum value of £10.50. A form must be signed by a senior nurse before the car parks team will issue a ticket that allows access to the car park on four separate occasions and will be valid for period of 7 days from the date the tickets was first issued. For those cases where visiting is required for 8 weeks or more, visitors are entitled to a 60 day pass – unlimited parking during the 60 days.

In regards to the volume of concessionary tickets issued, in Blackburn this equates to approximately 60 7day passes issued per calendar month and 2x 60 day pass per calendar month.

Staff Car Parking Charges and Eligibility

All staff (Full time and Part time staff) at both Royal Blackburn Hospital and Burnley General is entitled to a staff car parking permit. East Lancashire Hospitals Trust currently does not have eligibility criteria to determine who receives a permit. The current staff car parking permits costs are summarised in Table Error**! No text of specified style in document.**.2 below.

Table Error! No text of specified style in document.**.2- ELHT Staff Car Parking Permit Charges in comparison to NCUH Trust**

Site Location	Full Time / Part Time	Monthly Cost to ELHT employee FT/PT	Monthly cost to NCUH employee	Annual Total	Annual Total Cost at NCUH
Royal Blackburn and Burnley General	Full time / Part Time	£13.84 / £7.18	£9.17	£166.08	£110
Community Hospital Sites	Staff permits do not cover these hospital – car parking is free and on first come first served basis				

It is important to make the point that as outlined within the Department of Health's Technical Memorandum 07-03 (2015) NHS sites that are located close to cities and town centres need to ensure that parking charges are not lower than local car parking charges. All tariffs need to be reviewed annually to establish how they compare to the local area.

Cumberland Infirmary Carlisle, West Cumberland Hospital and Royal Blackburn Hospital are all in close proximity to town centre locations. Table Error**! No text of specified style in document.**.3 provides a summary of comparable town centre parking charges.

Table Error! No text of specified style in document.**.3 - Comparable Town Centre Car Parking Charges**

Site	Hours	Cost
Royal Blackburn Hospital	0-3 hours 3-8 hours 8-24 hours	£1.90 £2.80 £3.50
The Mall Town Centre Car Park Blackburn	Up to 2 hours 2-4 hours Up to 12 hours	£1.50 £2.50 £5.00
Cumberland Infirmary Carlisle	Up to 1 hour Up to 2.25 hours Up to 3.5 hours Up to 10 hours 1 week 1 month	£1.00 £2.00 £3.00 £5.00 £7.50 £15.00
Devonshire Walk Town Centre Car Park Carlisle	Up to 1 hour 1-2 hours 2-3 hours All Day	£1.00 £1.60 £2.10 £2.50

East Lancashire Hospital Shuttle Bus

East Lancashire Hospital Trust operates a Hospital Shuttle bus between the two major sites of Royal Blackburn Hospital and Burnley General. The Trust launched the service back in May 2007 with a small minibus. The service now operates a 37 seat coach, provided by Holmeswood Coaches and operates a 7 day a week service from 06:15a.m. To 21:30p.m. The Shuttle bus costs East Lancashire Hospitals Trust £543,270 per annum, split as following a passenger user survey conducted two years ago

65% Business/Staff Mileage

15% Patient Mileage

20% Visitor Mileage

Table Error**! No text of specified style in document.**.4 below summarises the total passenger numbers from April 2015 to March 2016 between the two major hospital sites, Royal Blackburn Hospital and Burnley General Hospital.

Table Error! No text of specified style in document.**.4 - ELHT Hospital Shuttle Bus Passenger Numbers- April 2015 to March 2016**

Route	Passenger Numbers
Royal Blackburn Hospital to Burnley General	118,276

Burnley General to Royal Blackburn Hospital	111,278

The hospital shuttle has always operated a free service to staff, patients and visitors. Although there have been recent discussions to look at charging a nominal fee to use the service, this in turn has been overruled by the NHS Board and will continue to operate as a free service. The shuttle bus is held in high regard with staff, visitor and patients alike, many staff value the bus as the most efficient and effective way of getting to and from sites that would normally have been made by taxi. In essence if 65% of journeys are for Business Mileage, and a taxi from Blackburn Hospital to Burnley General is £14.00 this would have cost the Trust just over £1million pounds in taxi travel cost.

Additional transport information we managed to collate from East Lancashire Hospitals Trust regarding Transport service financials and operations are outlined within Table Error**! No text of specified style in document.**.5 below, in comparison to North West Cumbria University Hospital figures where possible.

Table Error! No text of specified style in document.**.5 - Additional ELHT Transport Information and Financials**

Transport Service	Budget / Spend	NCUH Spend
Internal Courier Service utilising 27 driving staff. (*Includes: mail, medical records, specimens, GP Runs, pharmacy and clinic.* Well over 100 sites are visited daily	Budget 2015/2016 £628,500 Actual Spend £562, 277	CPFT spend approximately £72000 on medical records alone
Taxis 30% Patient Transport, 70% courier transport	£119030	
Bike Link – Used when cheaper than using Taxis. Started using this service Oct 2015	Spend from October 15-March 16 £7352	Do not use this service
Blood Bikes used predominantly by Pathology Department. When used over night and at weekends operations average at 3 or 4 a night Mon-Fri 5 or 6 a night Sat-Sun Such services would have been a taxi. Based on the average journeys above, this would have cost ELHT in the region of £22,000 over a 12 month period.	Voluntary Service	

University Hospitals of Morecambe Bay NHS Trust

Overview

The University Hospitals of Morecambe Bay NHS Trust (UHMB) is a network of five hospitals, Furness General Hospital, Queen Victoria Hospital, Royal Lancaster Infirmary, Westmorland General Hospital and Ulverston Community Health Centre. The trust serves a population of 363,000 people across and area of 1,000 square miles, and employed 4,804 staff at the end of 2015[2].

Geographical Area Covered

The trust covers a large geographical area and serves towns such as Barrow-in-Furness, Lancaster, Morecambe and Kirby Longsdale. There is approximately 47 miles between the two main hospitals in Barrow and Lancaster with a typical travel time of over an hour[3]. The area is largely rural with limited accessibility to strategic routes, which are the M6, A6 and the A595. The Lake District National Park, part of the Forest of Bowland and the Yorkshire Dales are situated within the trusts catchment area, and similar to NCUH these can have a number of issues. The issues associated with rural areas include a lack of accessibility and increased journey times especially as some rural roads can become inaccessible during period of adverse weather. Patients could potentially struggle to reach appointments and those living in rural areas can be isolated. PTS can pick-up/drop-off those who are isolated in rural areas or cannot access a vehicle or public transport, although if there is adverse weather than PTS services and private ambulances can also struggle to reach patients. These issues are similar to those in Cumbria due to the extent of rural areas and reliance on PTS services.

Parking

Visitor Parking

Visitor parking is available on all of the trusts sites and free parking is available at Queen Victoria Hospital and Ulverston Community Health Centre, although there is limited parking on-site. Westmorland Hospital, The Royal Lancaster Infirmary and Furness General Hospital require visitors and patients to pay for parking; Table Error**! No text of specified style in document.**.6 overleaf shows the current prices of the car parks.

The trust offers a concessionary parking permit for patients and visitors who visit the site frequently. The following patients and visitors are eligible:

- Patients who visit the trust for several days throughout the week;

[2] East Lancashire Clinical Commissioning Group, (2016), Annual Report 2014/15, pg 9
[3] East Lancashire Clinical Commissioning Group, (2016), Annual Report 2014/15, pg 9

- Relative of terminally ill patients who are visiting on a daily basis;
- Relatives of patients likely to be an inpatient for longer than two weeks;
- Relative visiting for long periods of time outside normal visiting hours;
- Patients and visitors visiting maternity services; and
- Patients for the renal services, critical care and cancer services.

Table Error! No text of specified style in document.**.6 – Parking Costs at UHMB NHS sites**

Site	Visitor Parking Charges	NCUH Parking Charges
Furness General Hospital	Pay and Display Up to 1 hour - £1.25 Up to 2 hours - £2.15 Up to 4 hours - £3.60 Up to 8 hours - £4.95 Up to 24 hours - £6.60	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours - £2.00 Up to 3.5 hours - £3.00 Up to 10 hours - £5.00 1 week - £7.50 1 month - £15.00
Royal Lancaster Infirmary	2 car parks available: 1 pay on foot 1 pay and Display Up to 1 hour - £1.20 Up to 2 hours - £2.10 Up to 4 hours - £3.70 Up to 8 hours - £5.40 Up to 24 hours - £7.10	
Westmorland General Hospital	Pay and Display Up to 1 hour - £1.25 Up to 2 hours - £2.15 Up to 4 hours - £3.50 Up to 8 Hours - £4.95 Up to 24 hours - £6.60	

11.1.1 Trust Use of Third Sector and Voluntary Services

There are a number of other transport alternatives that are available for patients who need help with transport to access a hospital site. Dial-a-bus is available in Burnley & Pendle, Central Lancashire, Wyre & Fylde, Hyndburn, West Lancashire, Rossendale and Lancaster & Morecambe. The Dial-a-bus scheme works by an average cost being applied to the number of miles the passenger is travelling. Preston provides a community transport scheme and a community car scheme, and the Ribble Valley runs a Little Green Bus for the elderly, isolated and the vulnerable members of the community. Burnley, Pendle and Rossendale Council run a voluntary service which is a voluntary car scheme that anyone can use between 09:00 – 14:00, and booking is essential.

Northern Devon Healthcare NHS Trust

Overview

The Northern Devon Healthcare NHS Trust (NDH) is an acute and community provider and one of the best performing trusts with community services being judged as 'close to outstanding', and medical inpatient services at NDH being judged as 'outstanding' by the CQC. In 2014/15 the trust treated 96,636 in-patients and 431,689 out-patients. The trust ranks as one of the best performing trusts in England treating patients within the 18 week waiting time targets, with very few hospital acquired infections and meeting the 4 hour waiting time for all types of urgent care.

At any one time the trust supports 7,000 patients in their own home and 600 patients in hospital beds across the trust. There is more than 4,300 staff employed to provide services to approximately 484,000 people with an annual budget of £227 million[4], and the majority of staff serve the larger hospital such as the North Devon District Hospital.

Geographical Area Covered

The trust operates across 1,300 square miles and includes areas of Axminster, Bude, Exmouth and Lynton. The area is large with vast rural areas such as Exmouth and Dartmoor National Park. Devon is a in a similar situation as Cumbria with the majority of their patients living in rural areas which reduces their accessibility to the hospital sites.

Shuttle Bus Service

Bideford Hospital did run a park and ride service yet the council has replaced the Park and Ride Service with an Express Bus Service, run by the NHS. The park and ride was being underutilised due to the location of the car park, which is situated close to the town centre and is difficult to access.

Heavitree Hospital reinvests income from the parking fees into the trusts green travel incentives. One of these incentives is the park and ride service from Digby to the site, which currently provides transport for 1,000 staff, patients and visitors on a daily basis. The park and ride runs from Wonford Hospital, near the rail station and passes through the town. The service runs Monday – Friday every 20 minutes, and there are no weekend services. Fares are reduced to encourage people to access the hospital by this mode, and a single cost £1.30 and £1.90 for a return with a 50% discount for those under 16.

Stagecoach South West runs an additional bus service from Holsworthy via Torrington to the North Devon Hospital, and runs twice a day. A single costs £5 and a return £10 and the

[4] Northern Devon Healthcare, (2015), Annual Report and Accounts, pg 4

trip is a 30 mile trip that patients with lack of transport would be unable to make. Additionally, a park and ride is in place from Newport to Barnstaple, and a connection can be made to the North Devon District Hospital. The park and ride runs Monday – Saturday every 20 minute between 07:00 – 18:00.

Parking

Visitor Parking

The majority of the hospital provides free parking on site, and only six hospitals ask visitors and patients to pay when visiting the site. These include: Bideford Hospital, Credition Hospital, Heavitree Hospital, North Devon District Hospital, Okehampton Hospital and Bull Medow Hospital. The hospitals run a different system across the trust, and the cost of these car parks can be found in Table Error**! No text of specified style in document.**.7 overleaf

Table Error! No text of specified style in document.**.7 – Parking charges at NDH NHS Trust**

Site	Visitor Parking Charges	NCUH Parking Charges
Bideford Hospital	Up to 2 hours - £1.80 Up to 4 hours - £2.10 Up to 24 hours - £4.10	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours – £2.00 Up to 3.5 hours - £3.00 Up to 10 hours - £5.00 1 week - £7.50 1 month - £15.00
Credition Hospital	Pay and Display	
Heavitree Hospital	20 minutes – Free Up to 2 hours - £2.50 Up to 4 hours - £4.50 Up to 8 hours - £8.50	
North Devon District Hospital	Pay on Exit	
Okehampton Hospital	Pay and Display £0.60p per hour	
Bull Medow Clinic	Parking Meter	

Exmouth Hospital provides a number of car parks on site for visitors and staff. There are 9 parking areas that are permit only, one car park which is long term patients and car share permits only, and the rest are Pay and Display car parks. The hospital provides free parking for patients attending the Heavitree sites for regular treatment, and parking is provided free for Cancer Services, Haematology, Renal Dialysis, and Paediatric Oncology, Special Care Baby Unit, Diabetics, and Disabled badge holders.

Additionally, North Devon District Hospital, Barnstaple Health Centre and Bideford Community Hospital provide visitors and patients with a number of season ticket options. A 5 day pass can be brought for £5.00, a 7 day pass for £6.00 and a £20.00 charge for 25 tickets. Concessionary passes are available to visitors and patients at Tiverton, Credition and Okehampton Communital Hospital, and eligibility is required for these such as:

disability, visiting cancer services, visiting terminally ill patients and visiting the special care baby unit.

Staff Parking

Staff are charged for parking at the North Devon District Hospital and the Barnstaple Health Centre, and permits can be brought by staff. The permit charges are levied on a sliding scale based on annual earnings, and costs are shown in Table Error**! No text of specified style in document.**.8 overleaf.

Table Error! No text of specified style in document.**.8 – Annual cost of staff parking at North Devon District Hospital and the Barnstaple Health Centre (2013/14)**

Gross Annual Earnings	Changer per annum	NCUH Staff Parking Permit Costs
Less than £8,000	£25.17	£9.17 per month; £110 per annum for all staff and not based on annual earnings
£8,001 - £15,000	£50.35	
£15,001 - £25,000	£74.40	
Over £25,000	£91.94	

Although staff are not charged for parking at Bideford Community hospital a £10 deposit is required from staff wishing to park on site and the permits must be visible when parking on site.

Trust Use of Private Ambulance

In the 2013/14 financial year NDH NHS trust spent £1,106,667 on the cost of patient transport, which £717,471 was spent on private companies. The largest provider of patient transport services was a NSL Ltd with £450,000 spent, although the responsibility of commissioning and payment of PTS services lies with the New Devon Clinical Commissioning Group. In 2014 the trust used First Care Ambulance, Dartmoor Medical Services Limited, Alliance Pioneer, NSL and WAFA Emergency Medical Vehicles.

First Care Ambulance is a service based in Devon that provides non emergency transport services for a range of clients including the NHS, private hospitals, medical insurance and mental health services. All non-emergency PTS staff are fully trained and work to First Aid standards and experienced in patient handling. Alliance Pioneer is a private ambulance service that offers services for anyone requiring an ambulance. Alliance offers a number of services transport services, triage and medical advice and treatments for disease, disorder and injury[5].

Transport is available for patients who have a current physical or mental health condition or a learning difficulty that requires them to have the assistance and skill of the patient

[5] First Care Ambulance, http://firstcareambulance.net/

transport staff. Patients are expected to book by phone at least 48 hours before the appointment, and patient's eligibility will be assessed over the phone each time they ring. Additionally, extra help is given to patients travelling frequently for NHS treatment 3 or more trips a week or 10 or more trips a month and these can be booked by the staff or the patients.

Lifestar Medical is an independent private ambulance service across the UK and Europe with a HQ in Cornwall. The staff are fully trained ambulance personnel who are experienced in patient car, ambulance aid and life support techniques. The service operates 24 hours and provides services such as emergency transport, neonatal transfers and repatriation[6].

Kernow Ambulance service is based in the south west of England and provides transport for mental health and patients with learning difficulties. Staff are registered mental health nurses with front line experience and trained in: basic life support, airway management and delivery of health monitoring before and during transportation[7].

First Care Ambulance Service Devon is a patient transport provider based in the south west of England, and has been in operation for over 20 years. The company offer a range of non emergency services for a range of clients which includes the NHS, but also private hospitals, medical insurance companies, mental health services and private individuals. They offer a number of different transport options including Paramedic HCU with clinical monitoring and treatment during travel, Bariatric Transport, Patients under the mental health act and medical support at fundraising/sporting events[8].

Trust Use of Voluntary / Third Sector Transport

The trust also provides information on community transport and voluntary car schemes that are available across northern Devon. These schemes are in place to help patients who are unable to access public transport due to living in a rural location or because of physical difficulties. The schemes use volunteer drivers, provide cars or wheelchair accessible transport and in some situations provide assistance to passengers from their house to the car and back. These schemes have to be booked in advance and make a charge that is based on mileage with payment usually required at the start of the journey and receipts are given for patients to reclaim the cost of some of the journey.

Holsworthy Rural Community Transport is a charity that is dedicated to providing transport in the surrounding areas of Holsworthy. A number of services are offered including: Ring and Ride which is a wheelchair accessible mini bus to local towns. Volunteer Car Scheme which

[6] Lifestar Medical, http://www.lifestarmedical.co.uk/
[7] Kernow Ambulance Service, http://www.kernowambulanceservice.co.uk/
[8] First Care Ambulance Service, http://firstcareambulance.net/

is a taxi style service using volunteer car drivers for people requiring transport to an important appointment. Finally, a community mini-bus hire for people who have a lack of transport of their own or have difficulty accessing public transport.

There are a number of ring and ride services that are available across the area including Ring and Ride Service for Axe Valley and West Dorset.

Blackdown Support Group is a registered charity that is supported by Devon and Somerset County councils, Mid Devon and East Devon social services, and provides transport to the elderly and venerable. Budleigh Salterton and District Voluntary car scheme offers a transport service to local people who are unable to access transport. The service is charged at a set fair of £1 for a single journey and £2 for a return journey within Budleigh Salterton, and other journeys are charged at a mileage rate of 40p per passenger per mile. Crediton & District Community Transport is a service which is aimed at meeting the mobility needs of the elderly, frail and disabled members of the community. The charity offers a Ring and Ride Bus service and a Voluntary Car Scheme.

Dumfries and Galloway NHS

Overview

Dumfries and Galloway NHS is responsible for commissioning and providing health care services for the residents of Dumfries and Galloway, a total population of 150,828. The population is spread over a large rural area, and only two of the towns have a population above 10,000. Primary care is provided across 34 GP practices with acute secondary care being provided from the Royal Infirmary in Dumfries and the Galloway Community Hospital.

Geographical Areas covered

The trust covers a number of areas including Lockerbie, Dumfires and Newton Stewart. There are vast rural areas within Dumfries and Galloway, which can cause issues for patients in accessibility to the hospital sites. The Galloway Forest Park and a number of other rural areas are situated within the catchment area. There are limited strategic road networks with the A75/6 being the major route through the area providing access to Glasgow and the M6.

Parking

Parking is available on all car parks across the Dumfries and Galloway NHS sites and provide free parking although, there is limited parking available of these sites.

Patient Transport Services

PTS services in Dumfries and Galloway transport approximately 1.1 million people across Scotland each year to and from scheduled transport services. Additionally, 1,200 volunteers work in roles such as community first responders and volunteer car drivers. The same criteria for PTS apply in Scotland as it does in England NHS trust sites, and is accessed when a patient requests a PTS service. Patients will be eligible for PTS if transport is unavailable or impractical, especially if they are vulnerable or old. The Scottish Ambulance service is divided into five divisions across Scotland and Dumfries and Galloway's lies within the South West Division which services Ayrshire & Arran, Argyll & Clyde and Dumfries and Galloway.

Trust Use of Voluntary and Third Sector

The Royal Voluntary Service helps older people across Dumfries and Galloways by providing them with a number of travel options. For a small annual membership fee transport can be acquired to a number of locations including hospital appointments at a cost of a few pence per mile. Additionally, there are a number of volunteers who use their own cars, Red Cross vehicles and Red Cross ambulances to transport cancer patients to hospital appointments. Similarly to the Royal Voluntary Service there is a cost of a few pence per mile.

East Kent Hospital University NHS Foundation Trust

Overview

East Kent Hospital University NHS Foundation Trust (EKHU) is one of the largest trusts in England and has six local hospital serving around 759,000 people. The trust has three major hospitals in Ashford, Canterbury and Margate and also provides outpatient and diagnostic services from its two community hospitals in Folkestone and Dover.

Through 2014/2015 the trust admitted 6,348,362 patients across outpatient referrals, A&E, Elective Admissions and Non/Primary care referrals. The trusts annual report recorded a 5% increase of primary care referrals (having increased by 7% in 2013/14), and Non-Primary Care referrals decreased by 2% compared to 2013/14 and this was due to these referrals being managed more appropriately internally[9].

Geographical Areas Covered

The population is spread across a geographical area of 731 square miles and is a largely rural area with the main urban areas being Ashford, Folkestone, Canterbury and Dover. There are large areas of rural agricultural land The Isle of Sheppey lies within the trusts

[9] Annual Reports and Accounts 2014/15, (2016), East Kent Hospitals University NHS Foundation Trust, pg 28

geographical area and is only accessible by The Sheppey Crossing on the western side of the island.

Shuttle Bus Service

A staff shuttle bus is provided for Margate staff and the staff intranet provides details about the route, pick-up/drop-off areas and a full timetable. Tickets are purchased from the car park machines at any of the East Kent hospital and the cost is £5 per trip.

Parking

Visitor Parking

Table Error**! No text of specified style in document.**.9 below highlights the visitor parking charges. A weekly permit can be acquired for visitors or patients who need to visit the hospital several times over an extended period. The weekly parking permit costs £12 and can be obtained via pay station at the hospitals.

Table Error! No text of specified style in document.**.9 – Car Parking fees at EKHU NHS Trust Hospitals**

Site	Visitor Parking Charges	NCUH Visitor Parking Charges
William Harvey Hospital	Pay on Foot 0 – 1 hours - £2 1 – 2 hours - £3 2 – 3 hours - £4 3 – 4 hours £4 4 – 5 hours - £5 5 – 6 hours - £6 6 – 7 hours - £7 7 – 24 hours - £8	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours - £2.00 Up to 3.5 hours - £3.00 Up to 10 hours - £5.00 1 week - £7.50 1 month - £15.00
Queen Elizabeth Hospital		
The Queen Mother Hospital		
Kent and Canterbury Hospital		
Buckland Hospital		
Royal Victoria Hospital		

Staff Parking

The Trust has recognised concerns raised by staff about the lack of suitable parking facilities. There has been a number of car park capacity issues which has resulted in a two year wait for staff who want a parking permit. In order to address transport issues the Trust adopted TravelSmart which 1,500 staff are engaged with. The aim of the scheme is to remove 650 staff from the permit waiting list and increase the number of staff members who are participating in car sharing and using public transport. A partnership was developed with Stagecoach and five new public bus routes were adopted to facilitate better access to the hospitals.

Northumbria Healthcare NHS Foundation Trust

Overview

Northumbria Healthcare NHS Foundation Trust provides care for around 67,000 patients and families on their wards across the Trust. 177,000 patients are treated in their A&E departments and minor injuries unit, and the trust treats approximately 48,000 people for day case procedures. There are three general hospitals: including Hexham, North Tyneside and Wansback, and a four community hospitals including: Alnwick, Berwick, Blyth and Rothbury. An integrated health and social care facility is available at Haltwhistle, and an elderly care unit at The Walton Unit in Morpeth. Additionally, there are a number of outpatient facilities at Sir GB Hunter and Morpeth NHS Centre and sexual health centres in North Tyneside and Morpeth.

Geographical Areas Covered

The trust serves one of the largest geographical areas of any NHS trust in England with an area stretching from the Scottish borders, to North Tynesie and too Tynedale. The area has a significant number of rural towns and villages which creates challenges for the trust, similar to those seen in Cumbria.

Shuttle Bus Service

There is a dedicated staff shuttle bus that is available across Northumbria hospitals, and enables staff to access early and late shifts 7 days a week. The trust provides more information to staff internally on the staff intranet. Additionally, North Tyneside General Hospital runs a shuttle bus that leaves the hospital at 14:00, 15:00 and 18:00 in order to arrive at Hexham, North Tyneside and Wansbeck for visiting times at 14:30 – 16:00 and 18:30. A car service can be booked from Hexham Hospital reception and a service will arrive for them after hospital visiting times. Visitors and patients visiting from the Berwick and Hexham area a free car service runs on weekdays in time for visiting hours.

Parking

Visitor Parking

A number of the community hospitals in the Northumbria Healthcare NHS Trust offer free parking on site including: Rothbury Community Hospital, Sir GB Hunter Memorial Hospital and Morpeth NHS Centre. Table Error**! No text of specified style in document.**.10 below shows the cost of parking at a number of the trust sites. The costs are relatively low compared to other NHS trusts investigated in this benchmarking exercise.

Table Error! No text of specified style in document.**.10 - Northumbria Visitor Parking Charges**

Site	Visitor Parking Charges	NCUH Visitor Parking

		Charges
Alnwick Infirmary	Pay and Display £1.20 per hour and up to a maximum of £4 per day	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours - £2.00 Up to 3.5 hours - £3.00 Up to 10 hours – £5.00 1 week - £7.50 1 month - £15.00
Berwick Infirmary	Pay and Display £1.20 per hour and up to a maximum of £4 per day	
Hexham General Hospital	Pilot schemes were patients pay £1.20 for up to one hours parking, and £2 for a 24 hour period.	
North Tyneside General Hospital	Pay and Display: £1.20 per hour and up to a maximum of £4 per day	
Northumbria Specialist Emergency Care Hospital	£1 for 24 hours	
The Whalton Unit	Pay and Display £1.20 per hour and up to a maximum of £4 per day	
Wansbeck General Hospital	Pay and Display £1.20 per hour and up to a maximum of £4 per day	

Staff Parking

Staff will be allowed to park across all of the NHS sites if they have a parking permit, and as of 2013/14 there were a total of 2680 permits across the trust and there is no designated staff or visitor parking on most sites. Table Error**! No text of specified style in document.**.11below shows the permit prices based on wage banding, and the results show that the cost per year is from £84 - £444. Non Northumbria Healthcare NHS staff wishing to park on the trusts site can acquire a permit, which costs staff contracted to less than 19 hours £222 per year and £444 per week for staff over 19 hours.

Table Error! No text of specified style in document.**.11 – Annual Parking fee for Staff Based on Wage Banding (2013/14 prices)**

Band	**Northumbria Healthcare NHS Foundation Trust Staff only rates**	
	£ per month	**£ per year**
1	7	84
2	7	84
3	8.6	103.2
4	10	120
5	12	144
6	14.8	177.6
7	17.7	212.4
8A	21	252

8B	24.7	296.4
8C	29.4	352.8
8D	35.2	422.4
9+	37	444
19 hours or less	50% of relative banding rate	50% of relative banding rate

Trust Use of Patient Transport Services

The North East Ambulance Service provides pre-planned non-emergency transport for patients who have a medical condition that would prevent them from travelling to an appointment.

The NEAS Strategic Plan Summary for 2014-19 states that there has been significant competitive pressure within the PTS market with some larger providers winning significant contracts from other regional ambulance services. There are a number of key players including: Arriva, NSL Care Services, E-Zec, Group 4 and smaller services such as Lifeline and Emergency Medical Services.

The budget for the PTS in the last audited financial year (2014) was £15,139,218 with 447.43wte staff members employed. Although, the company provides a number of services to the NHS there are a number of contractors that NEAS use.

Trust Use of Private Ambulances

Table Error**! No text of specified style in document.**.12 below shows the total amount paid by NEAS to private contractors from 2010 – 2015. The results show that the total amount paid to private contractors has been increasing year on year.

Table Error! No text of specified style in document.**.12 – Total Amount Paid to Private Contractors 2010 - 2015**[10]

Private	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
Emergency	£0m	£0.226m	£0.415m	£0.239m	£0.156m
Non-Emergency	£1.15m	£0.554m	£0.919m	£0.814m	£0.802m

Trust Use of Voluntary / Third Sector Services

Table Error**! No text of specified style in document.**.13 overleaf shows the total amount paid to voluntary contractors by the NEAS from 2010 – 2015, for reimbursements of expenses, and suggests that from 2010 - 2012 there was a steady increase in the total

[10] North East Ambulance Service, (2015), Freedom of Information Act Reference FOL15.005 pg 1

amount paid to voluntary contractors. There was a significant increase from 2013-2014 and it is anticipated that these increases are set to rise.

Table Error! No text of specified style in document.**.13 – Total Amount Paid to Voluntary Contractors 2010 - 2015**[11]

Voluntary	2010-11	2011-12	2012-13	2013-14	2014-15
Emergency	£0m	£0.073m	£0.191m	£2.711m	£2.805m
Non-Emergency	£1.416m	£0.919m	£1.924m	£2.324m	£2.101m

In relation to the amount of money being spent on voluntary services Table Error**! No text of specified style in document.**.14below shows the cost that was spent on The Red Cross and St John's ambulance crew from 2012 – 2015. The results show that there has been a significant increase in the amount that has been paid to the St John Ambulance, and especially in British Red Cross Society.

Table Error! No text of specified style in document.**.14 – Total amount paid to the Red Cross and St John's Ambulance Service 2012 - 2015**[12]

	2012-2013	2013-2014	2014-2015
British Red Cross Society	£34,530	£683,160	£1,511,588
St. John Ambulance	£498,239	£2,028,106	£3,010,228

Northumberland, Tyne and Wear NHS Foundation Trust

Overview

Northumberland Tyne and Wear NHS Foundation Trust (NTW) provide a wide range of mental health, learning disability and neuro-rehabiliation services to a population of 1.4 million people in the North East of England. The trust is one of the largest mental health and disability trust in England and employs more than 6,000 staff which serves a population of 1.4 million people across an area of 2,200 square miles.

Geographical Area Covered

The trust provides a wide range of mental health, learning disability and neuro – rehabilitation services to 1.4 million people in the North East of England across the six geographical areas of Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead and Sunderland. The area has a large number of urban areas such as Newcastle and Sunderland, but there are also large areas of rural areas. The North

[11] North East Ambulance Service, (2015), Freedom of Information Act Reference FOL15.005 pg 2
[12] North East Ambulance Service, (2015), Freedom of Information Act Reference FOL15.220

Pennines and Northumberland National Park site within the trusts area and can cause some isolation to patients accessing some services.

Parking

Visitor Parking

Table Error**! No text of specified style in document.**..15 overleaf sows the cost at the NTW sites, all the sites minus Rose Lodge which has limited but free parking onsite.

Table Error! No text of specified style in document.**.15 – Visitor Parking Charges at NTW Trust Sites**

Site	Visitor Parking Charges	NCUH Visitor Parking Charges
St. Nicholas	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours - £2.00 Up to 3.5 hours - £3.00 Up to 10 hours - £5.00 1 week - £7.50 1 month - £15.00
Northgate	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
St. Georges Park	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
Walkergate Park	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
Hopewood Park	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
Ferndene	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
Monkwearmouth	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	
Benton House	Pay and Display: Up to 60 minutes – £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4+ hours - £8	

Centre for the Health of the Elderly	Pay on Foot: 1 – 5 hours - £1.20 6 – 24 hours (mon – fri) - £7.20	Pay and Display Up to 1 hour - £1.00 Up to 2.25 hours - £2.00 Up to 3.5 hours - £3.00 Up to 10 hours - £5.00 1 week - £7.50 1 month - £15.00
Hadrian Clinic	Pay on Foot: Up to 60 minutes - £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4 hours + - £8.00	
Plummer Court	Up to 60 minutes - £1 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4 hours + - £8.00	
Tranwell Unit	Pay on Foot: Up to 60 minutes - £1.00 1 – 2 hours - £1.50 2 – 3 hours - £2.00 3 – 4 hours - £2.50 4 hours+ - £8.00	

Carer and visitors who arrive outside of the designated parking times are not subject to a charge, unless they stay longer than 3 hours when a £2.50 fee will apply. In some circumstances were carers are assisting patients several times a week and appear on the patients care plan they will be entitled to free parking.

Staff Parking

NTW staff can acquire a permit, based on their annual income, allowing them to park on any site. Some car parks have designated staff parking, and others have integrated parking. Although, a staff member has a parking permit it does not mean that they are guaranteed a space, especially at the integrated car parks. The discussions with NTW suggested that in regards to permits the trust adapted the scheme that was already in place at Cumbria NHS Trust.

Patient Transport Services

The NEAS also provides PTS services for Northumberland, Tyne and Wear and assists in transporting patients to hospital appointments.

Trust Use of Private Ambulances

G4S won a secure patient transport contract to provide secure patient transport services to patients suffering with mental illness. The service is likely to deal with an estimated 150 patients per year, and the deal will last 3 years.

Trust Use of Voluntary and Third Party

NEAS uses a number of voluntary services such as the Voluntary Agency Service and St John Ambulance Services. This is the same services that is provided for Northumbria and shows the large catchment that the NEAS and voluntary services such as St John's Ambulance Service and the Voluntary Agency Service work across.

Appendix O – Assessment of Public Transport Accessibility to Healthcare services in NWE Cumbria.

CAPITA

Success Regime - WNE Cumbria Public Transport Access to Healthcare

Technical Note
August 2016

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1. Introduction

This technical note has been produced to assess the accessibility of key healthcare sites across West North and East (WNE) Cumbria by public transport. The analysis has been completed in conjunction with the Success Regime Non-Emergency Transport to Healthcare Services Baseline Report.

The study area taken for assessment is defined by the boundaries of the four districts covered by the WNE Cumbria healthcare system, inclusive of Allerdale, Carlisle, Copeland and Eden. The extent of the study area is detailed by the red shaded area in Figure 1.1 below.

Figure 1.1 – Extent of the WNE Cumbria study area

2. Methodology

TRACC is an established multi-modal transport accessibility tool which can estimate journey times by various transport modes between points of origin and destination. Using TRACC, journey times using public transport services across WNE Cumbria are assessed to key healthcare destinations across the study area. Key healthcare destinations are detailed and grouped as follows:

- Acute Hospital sites;
- Community Hospital Sites; and
- General Practitioner (GP) Surgeries.

Acute hospital sites are taken as the Cumberland Infirmary Carlisle (CIC) and the West Cumberland Hospital (WCH), Whitehaven. Bus service and National Rail timetable data across the study area are taken from the National Public Transport Data Repository (NPTDR) for July 2016. Service data is taken for the Cumbria County Council Local Authority (LA) area. Ordinance Survey (OS) Meridian 2 road network data is used to define the local highway network, which will dictate walking travel from origin points to the public transport network and travel between service stops.

Points of origin are established with a 500m density across the study area covering the spatial extent of WNE Cumbria. Points of origin located further than 2km from any public transport stop are excluded from analysis, as are origin points located further than 800m from the road network. Total population data is taken from 2011 census 'Usual Resident Population' data, defined to Output Area (OA) level across the study area. The proportion of elderly residents, taken as those aged 65 and over, is taken from the 2011 census "Age Structure" dataset, also defined to OA level. Assessment was conducted for travel times using public transport on a typical Tuesday between the hours of 0800 and 0900 for the AM peak,1700 and 1800 for the PM peak, and 1300 and 1400 for the inter-peak (IP) period. Journey times are estimated from points of origin to destinations for the AM and IP periods, with journey times from destination to points of origin estimated for the PM period.

3. Results

Table 3.1 gives the results of TRACC analysis of travel times to and from key healthcare destinations by public transport. This is broken down by the population accessible to a given destination within a particular timeframe, both from WNE Cumbria as a whole and for each of the four districts.

Key points from the results given in Table 3.1 are summarised below. For acute hospital sites across WNE Cumbria:

- Approximately 27% of the total population are within 30 minute accessibility;
- Approximately 75% of the total population are within 60 minute accessibility; and therefore
- Approximately 25% of the total population are outside 60 minute accessibility from an acute hospital site.

For GP surgeries across WNE Cumbria:

- Approximately 72% of the total population are within 30 minute accessibility;
- Approximately 75% of the total population are within 60 minute accessibility; and therefore
- Approximately 25% of the total population are outside 60 minute accessibility from a GP surgery.

A similar pattern can be seen in results for individual districts, with only a slight increase in the proportion of the population within 60 minute accessibility of a GP surgery to those within 30 minute accessibility. Eden has relatively low accessibility to all healthcare destinations compared to other districts, details of which are as follows:

- Approximately 27% of the population are within 30 minute accessibility of a community hospital;
- Approximately 42% of the population are within 30 minute accessibility of a GP surgery; and
- Approximately 0% of the population of Eden is shown to be within 30 minute accessibility of an acute hospital site.

Table 3.2 gives similar results to those detailed in Table 3.1, however this is broken down by the proportion of residents aged 65 and over accessible to a given healthcare destination within a given timeframe.

Contour maps of travel times across the study area for each destination at each time period can be found in Figures 3.1 to 3.45. Contours on each figure match the 15, 30, 45 and 60 minute time intervals given in Tables 3.1 and 3.2.

Figure 3.1 - Total Population proportions accessible to healthcare by public Transport

Area	Destination	Time period	Direction	Travel Time Contours							
				15		30		45		60	
				Pop.	%	Pop.	%	Pop.	%	Pop.	%
WNE Total	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	22752	6.96%	93516	28.59%	123613	37.79%	135922	41.55%
		13:00 - 14:00	To Dest.	23759	7.26%	93389	28.55%	127457	38.96%	140743	43.03%
		17:00 - 18:00	From Dest.	23355	7.14%	82105	25.10%	128436	39.26%	141457	43.24%
	Community Hospitals	08:00 - 09:00	To Dest.	38218	11.68%	83539	25.54%	99161	30.31%	106861	32.67%
		13:00 - 14:00	To Dest.	42523	13.00%	89523	27.37%	120513	36.84%	126796	38.76%
		17:00 - 18:00	From Dest.	40230	12.30%	84433	25.81%	102815	31.43%	115256	35.23%
	GP Surgeries	08:00 - 09:00	To Dest.	169702	51.88%	234523	71.69%	242095	74.01%	243059	74.30%
		13:00 - 14:00	To Dest.	178610	54.60%	238869	73.02%	248268	75.90%	250121	76.46%
		17:00 - 18:00	From Dest.	179138	54.76%	239946	73.35%	249850	76.38%	251739	76.96%
	Total Population			327113	100.00%	327113	100.00%	327113	100.00%	327113	100.00%
Allerdale	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	0	0.00%	539	0.56%	2694	2.79%	6115	6.34%
		13:00 - 14:00	To Dest.	0	0.00%	580	0.60%	5057	5.24%	10533	10.92%
		17:00 - 18:00	From Dest.	0	0.00%	227	0.24%	5223	5.42%	9828	10.19%
	Community Hospitals	08:00 - 09:00	To Dest.	25294	26.23%	56725	58.83%	59913	62.14%	60123	62.35%
		13:00 - 14:00	To Dest.	27617	28.64%	61264	63.54%	67077	69.57%	67681	70.19%
		17:00 - 18:00	From Dest.	26787	27.78%	58959	61.15%	62823	65.15%	64144	66.52%
	GP Surgeries	08:00 - 09:00	To Dest.	41526	43.07%	68832	71.39%	71634	74.29%	71786	74.45%
		13:00 - 14:00	To Dest.	43036	44.63%	70869	73.50%	74614	77.38%	74904	77.68%
		17:00 - 18:00	From Dest.	44771	46.43%	72072	74.75%	76895	79.75%	78007	80.90%
	Total Population			96422	100.00%	96422	100.00%	96422	100.00%	96422	100.00%
Carlisle	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	14055	13.07%	57959	53.90%	78048	72.59%	82788	77.00%
		13:00 - 14:00	To Dest.	12211	11.36%	57190	53.19%	77988	72.53%	80197	74.58%
		17:00 - 18:00	From Dest.	15206	14.14%	49006	45.58%	77377	71.96%	82084	76.34%
	Community Hospitals	08:00 - 09:00	To Dest.	1986	1.85%	6455	6.00%	9517	8.85%	13016	12.11%
		13:00 - 14:00	To Dest.	1494	1.39%	5998	5.58%	23150	21.53%	24646	22.92%

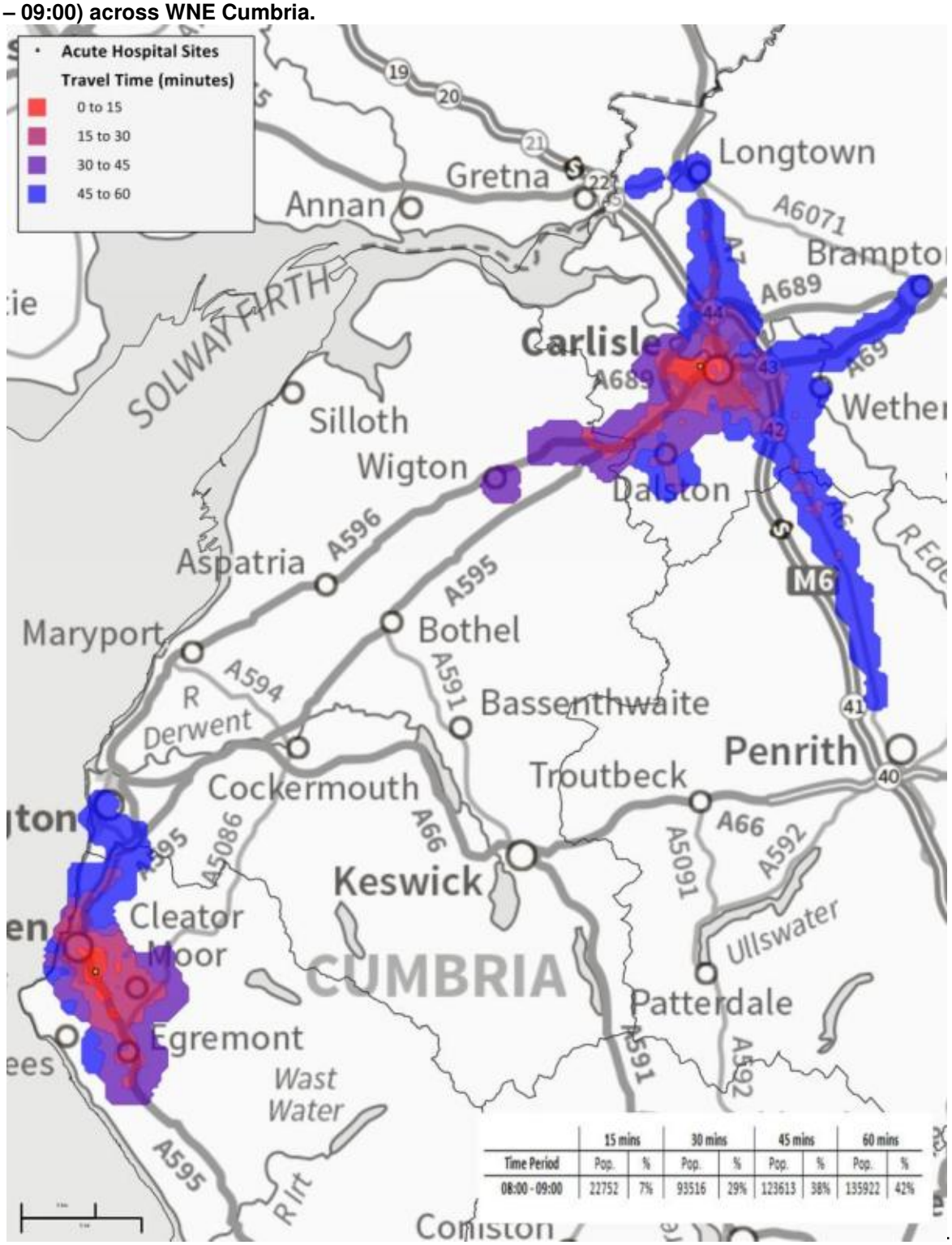
		17:00 - 18:00	From Dest.	847	0.79%	4186	3.89%	5388	5.01%	9570	8.90%
	GP Surgeries	08:00 - 09:00	To Dest.	77452	72.03%	88867	82.65%	90632	84.29%	90717	84.37%
		13:00 - 14:00	To Dest.	77678	72.24%	89789	83.51%	90834	84.48%	91824	85.40%
		17:00 - 18:00	From Dest.	76016	70.70%	89561	83.29%	90967	84.60%	91049	84.68%
	Total Population			107524	100.00%	107524	100.00%	107524	100.00%	107524	100.00%
Copeland	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	7436	10.53%	30901	43.77%	42414	60.07%	45219	64.05%
		13:00 - 14:00	To Dest.	9050	12.82%	33995	48.15%	45569	64.54%	46809	66.30%
		17:00 - 18:00	From Dest.	7155	10.13%	31137	44.10%	45687	64.71%	48240	68.33%
	Community Hospitals	08:00 - 09:00	To Dest.	4599	6.51%	7595	10.76%	11370	16.10%	15515	21.98%
		13:00 - 14:00	To Dest.	5168	7.32%	7633	10.81%	11433	16.19%	15578	22.06%
		17:00 - 18:00	From Dest.	5099	7.22%	8553	12.11%	18130	25.68%	23215	32.88%
	GP Surgeries	08:00 - 09:00	To Dest.	36176	51.24%	54976	77.87%	56919	80.62%	56919	80.62%
		13:00 - 14:00	To Dest.	39139	55.43%	56107	79.47%	58048	82.22%	58048	82.22%
		17:00 - 18:00	From Dest.	40903	57.93%	56721	80.34%	57991	82.14%	58021	82.18%
	Total Population			70603	100.00%	70603	100.00%	70603	100.00%	70603	100.00%
Eden	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	0	0.00%	0	0.00%	72	0.14%	443	0.84%
		13:00 - 14:00	To Dest.	0	0.00%	0	0.00%	7	0.00%	935	1.78%
		17:00 - 18:00	From Dest.	0	0.00%	0	0.00%	0	0.00%	727	1.38%
	Community Hospitals	08:00 - 09:00	To Dest.	3854	7.33%	14572	27.72%	16226	30.87%	16361	31.13%
		13:00 - 14:00	To Dest.	3542	6.74%	14839	28.23%	16541	31.47%	17365	33.04%
		17:00 - 18:00	From Dest.	6719	12.78%	14434	27.46%	16231	30.88%	17088	32.51%
	GP Surgeries	08:00 - 09:00	To Dest.	11025	20.97%	21307	40.54%	23319	44.36%	23837	45.35%
		13:00 - 14:00	To Dest.	11835	22.52%	22751	43.28%	25143	47.83%	25907	49.29%
		17:00 - 18:00	From Dest.	12601	23.97%	21635	41.16%	23653	45.00%	24145	45.94%
	Total Population			52564	100.00%	52564	100.00%	52564	100.00%	52564	100.00%

Table 3.2 - Elderly Population proportions accessible to healthcare by public Transport

Area	Destination	Time period	Direction	Travel Time Contours							
				15		30		45		60	
				Pop.	%	Pop.	%	Pop.	%	Pop.	%
WNE Total	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	3926	6.06%	16350	25.23%	21855	33.72%	24420	37.68%
		13:00 - 14:00	To Dest.	4074	6.29%	16310	25.16%	22508	34.73%	25274	38.99%
		17:00 - 18:00	From Dest.	4007	6.18%	14496	22.37%	22773	35.14%	25376	39.15%
	Community Hospitals	08:00 - 09:00	To Dest.	7896	12.18%	17389	26.83%	20413	31.50%	21496	33.17%
		13:00 - 14:00	To Dest.	8682	13.40%	18649	28.77%	24532	37.85%	25708	39.66%
		17:00 - 18:00	From Dest.	8268	12.76%	17538	27.06%	21184	32.69%	23411	36.12%
	GP Surgeries	08:00 - 09:00	To Dest.	32324	49.87%	45502	70.21%	47166	72.77%	47389	73.12%
		13:00 - 14:00	To Dest.	34009	52.47%	46324	71.47%	48389	74.66%	48783	75.27%
		17:00 - 18:00	From Dest.	34407	53.09%	46514	71.77%	48516	74.86%	48921	75.48%
	Total 65+ Population			64813	100.00%	64813	100.00%	64813	100.00%	64813	100.00%
Allerdale	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	0	0.00%	108	0.54%	557	2.78%	1233	6.15%
		13:00 - 14:00	To Dest.	0	0.00%	118	0.59%	1020	5.09%	2133	10.65%
		17:00 - 18:00	From Dest.	0	0.00%	53	0.26%	1115	5.57%	2007	10.02%
	Community Hospitals	08:00 - 09:00	To Dest.	5178	25.85%	11587	57.84%	12245	61.12%	12300	61.40%
		13:00 - 14:00	To Dest.	5462	27.27%	12508	62.43%	13656	68.17%	13771	68.74%
		17:00 - 18:00	From Dest.	5322	26.57%	11959	59.70%	12701	63.40%	12977	64.78%
	GP Surgeries	08:00 - 09:00	To Dest.	8637	43.12%	14225	71.01%	14884	74.30%	14924	74.50%
		13:00 - 14:00	To Dest.	8861	44.23%	14623	72.99%	15447	77.11%	15516	77.45%
		17:00 - 18:00	From Dest.	9251	46.18%	14809	73.92%	15777	78.76%	15999	79.86%
	Total 65+ Population			20033	100.00%	20033	100.00%	20033	100.00%	20033	100.00%
Carlisle	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	2255	11.33%	9786	49.18%	13559	68.15%	14731	74.04%
		13:00 - 14:00	To Dest.	1807	9.08%	9674	48.62%	13569	68.20%	14078	70.76%
		17:00 - 18:00	From Dest.	2270	11.41%	8388	42.16%	13482	67.76%	14550	73.13%
	Community Hospitals	08:00 - 09:00	To Dest.	506	2.54%	1493	7.51%	1980	9.95%	2390	12.01%

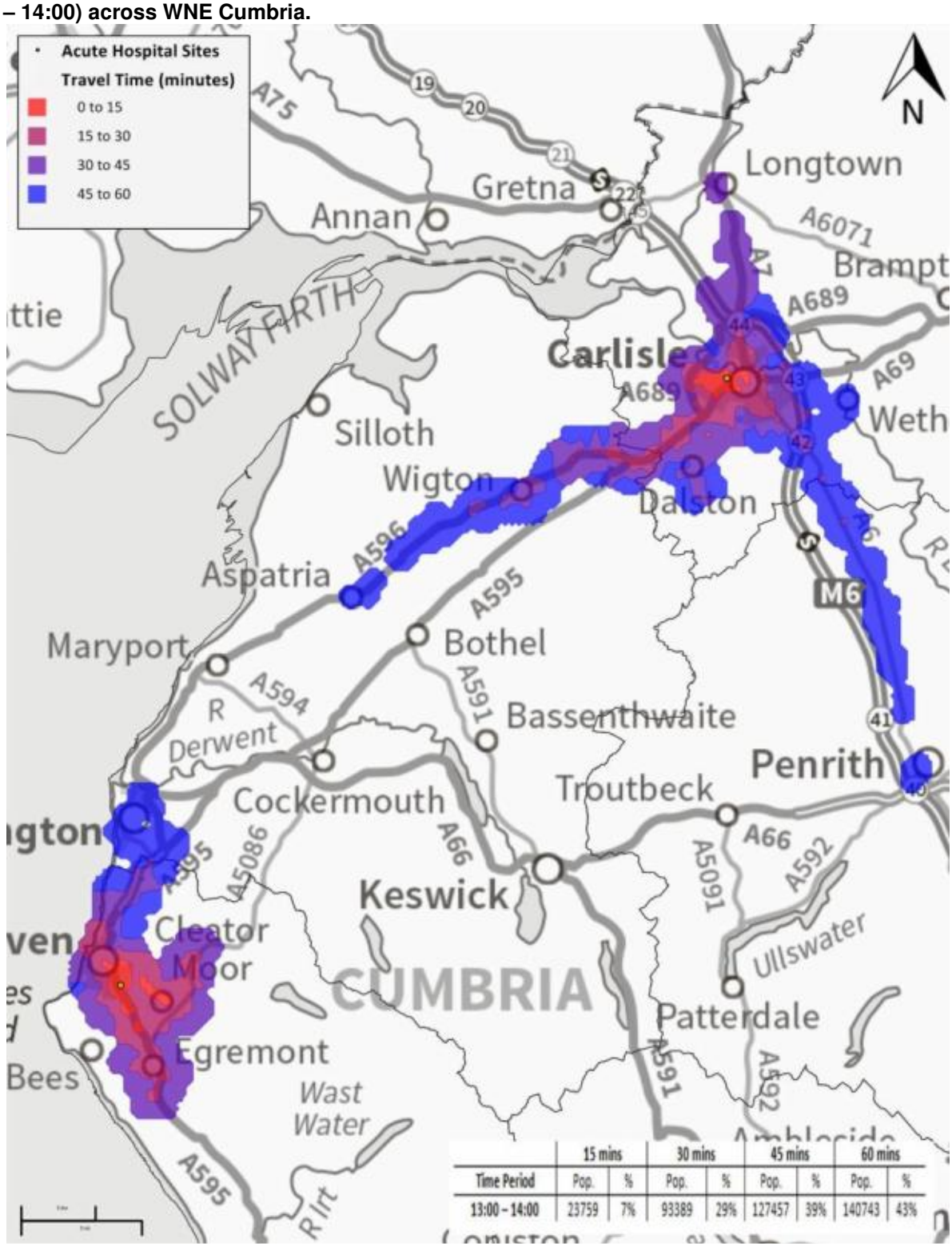
		13:00 - 14:00	To Dest.	371	1.87%	1363	6.85%	4535	22.79%	4724	23.74%
		17:00 - 18:00	From Dest.	211	1.06%	949	4.77%	1097	5.51%	1729	8.69%
	GP Surgeries	08:00 - 09:00	To Dest.	13798	69.35%	16081	80.82%	16506	82.96%	16524	83.05%
		13:00 - 14:00	To Dest.	13865	69.68%	16296	81.90%	16541	83.13%	16738	84.12%
		17:00 - 18:00	From Dest.	13513	67.92%	16216	81.50%	16548	83.17%	16566	83.26%
	Total 65+ Population			19897	100.00%	19897	100.00%	19897	100.00%	19897	100.00%
Copeland	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	1388	10.39%	5840	43.74%	7684	57.54%	8156	61.08%
		13:00 - 14:00	To Dest.	1657	12.41%	6400	47.92%	8238	61.69%	8447	63.25%
		17:00 - 18:00	From Dest.	1341	10.04%	5853	43.83%	8279	62.00%	8657	64.83%
	Community Hospitals	08:00 - 09:00	To Dest.	915	6.85%	1481	11.09%	2308	17.28%	3051	22.85%
		13:00 - 14:00	To Dest.	1016	7.61%	1482	11.10%	2323	17.40%	3067	22.97%
		17:00 - 18:00	From Dest.	1001	7.50%	1785	13.37%	3719	27.85%	4653	34.84%
	GP Surgeries	08:00 - 09:00	To Dest.	7123	53.34%	10210	76.46%	10498	78.61%	10498	78.61%
		13:00 - 14:00	To Dest.	7658	57.35%	10374	77.69%	10663	79.85%	10663	79.85%
		17:00 - 18:00	From Dest.	8044	60.24%	10427	78.08%	10648	79.74%	10656	79.80%
	Total 65+ Population			13354	100.00%	13354	100.00%	13354	100.00%	13354	100.00%
Eden	**Acute Hospital Sites**	08:00 - 09:00	To Dest.	0	0.00%	0	0.00%	16	0.14%	93	0.80%
		13:00 - 14:00	To Dest.	0	0.00%	0	0.00%	2	0.01%	173	1.50%
		17:00 - 18:00	From Dest.	0	0.00%	0	0.00%	0	0.00%	133	1.16%
	Community Hospitals	08:00 - 09:00	To Dest.	959	8.32%	3234	28.05%	3625	31.44%	3657	31.72%
		13:00 - 14:00	To Dest.	918	7.96%	3338	28.96%	3734	32.39%	3930	34.09%
		17:00 - 18:00	From Dest.	1488	12.91%	3187	27.64%	3624	31.44%	3810	33.04%
	GP Surgeries	08:00 - 09:00	To Dest.	2543	22.06%	4909	42.58%	5353	46.43%	5465	47.41%
		13:00 - 14:00	To Dest.	2816	24.43%	5255	45.58%	5781	50.14%	5951	51.62%
		17:00 - 18:00	From Dest.	2963	25.70%	4990	43.29%	5463	47.38%	5566	48.28%
	Total 65+ Population			11529	100.00%	11529	100.00%	11529	100.00%	11529	100.00%

Figure 3.1 - Journey times by public transport to acute hospital sites during the AM period (08:00 – 09:00) across WNE Cumbria.



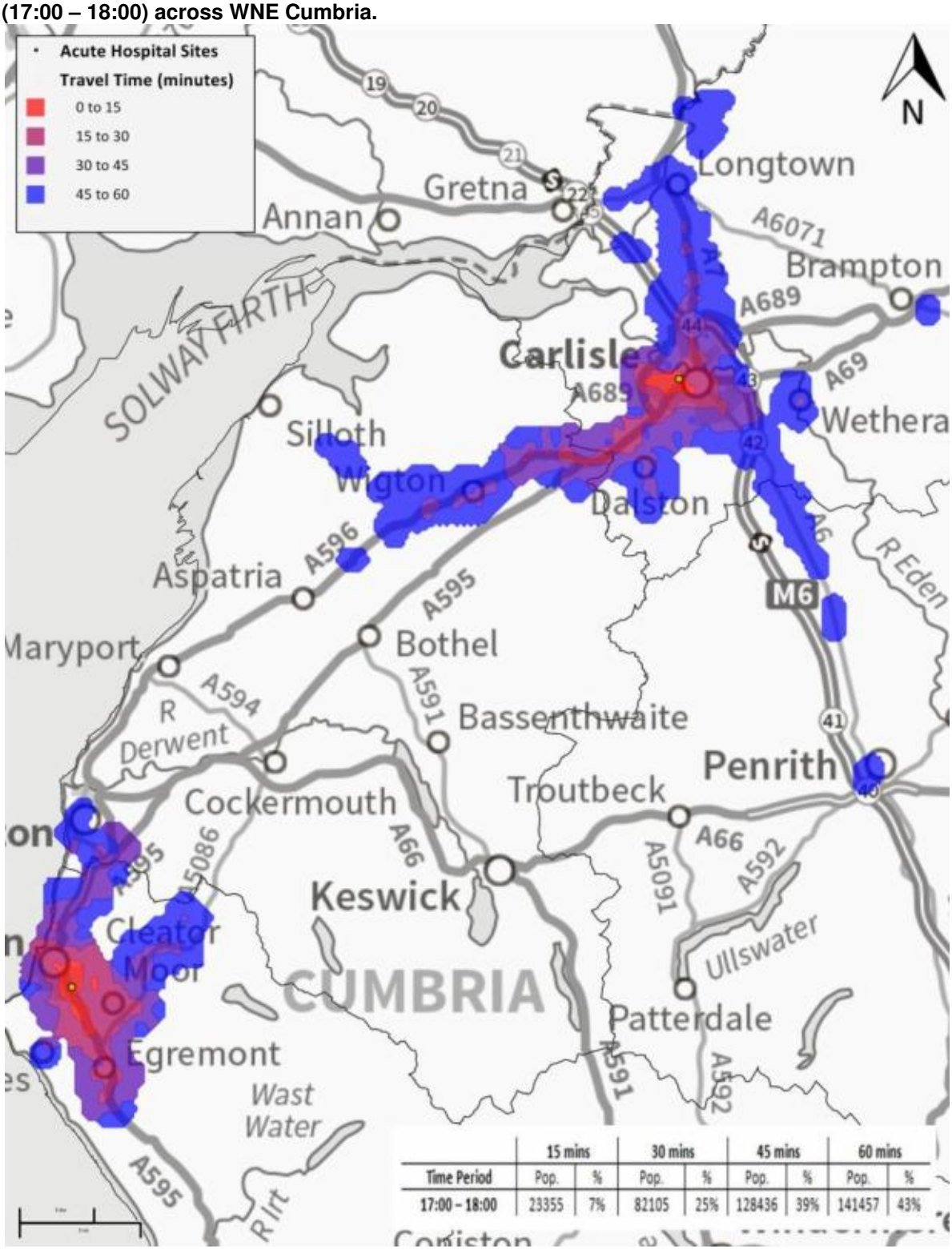
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	22752	7%	93516	29%	123613	38%	135922	42%

Figure 3.2 – Journey times by public transport to acute hospital sites during the IP period (13:00 – 14:00) across WNE Cumbria.



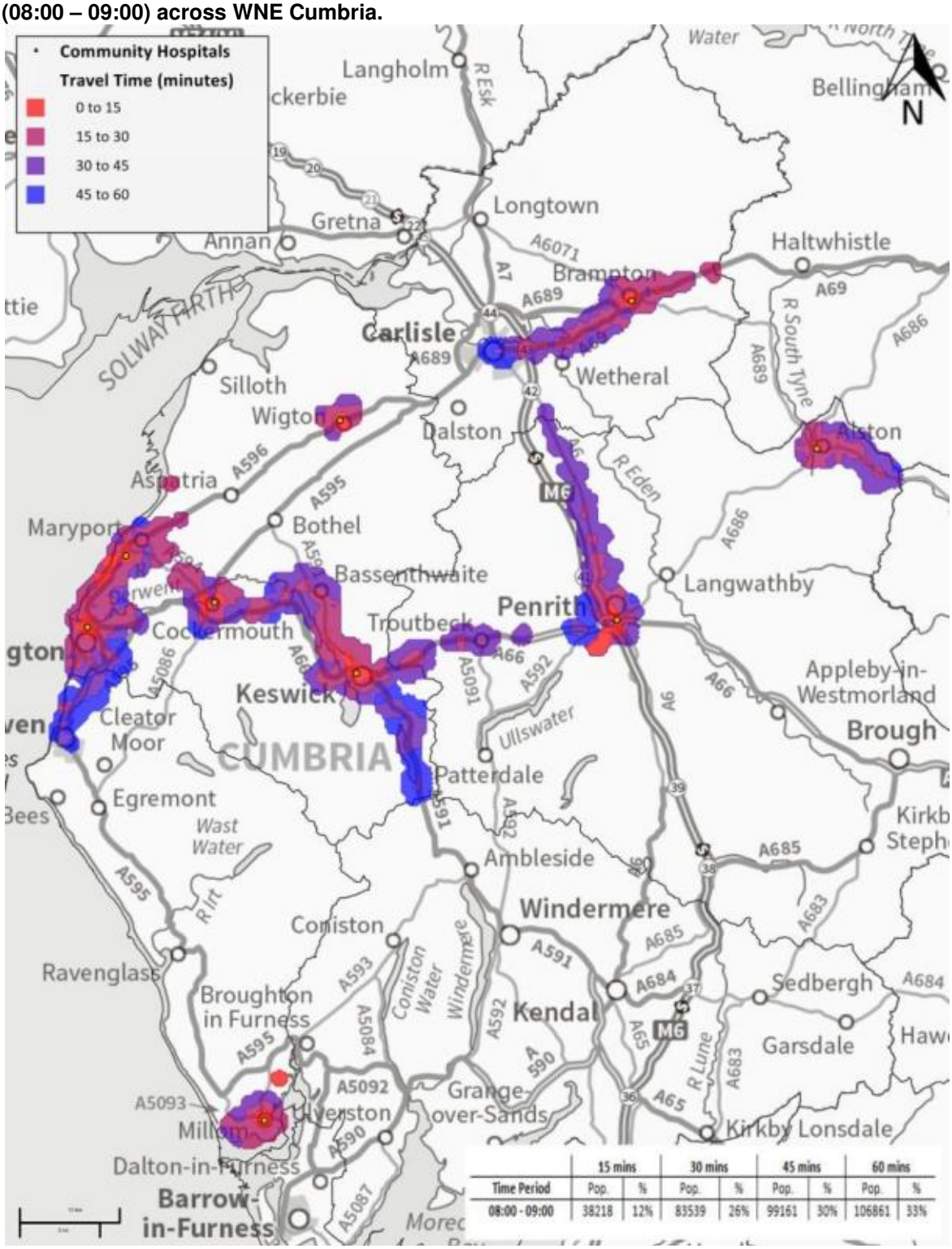
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 - 14:00	23759	7%	93389	29%	127457	39%	140743	43%

Figure 3.3 – Journey times by public transport to acute hospital sites during the PM period (17:00 – 18:00) across WNE Cumbria.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 - 18:00	23355	7%	82105	25%	128436	39%	141457	43%

Figure 3.4 – Journey times by public transport to community hospitals during the AM period (08:00 – 09:00) across WNE Cumbria.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	38218	12%	83539	26%	99161	30%	106861	33%

Figure 3.5 – Journey times by public transport to Community hospitals during the IP period (13:00 – 14:00) across WNE Cumbria.

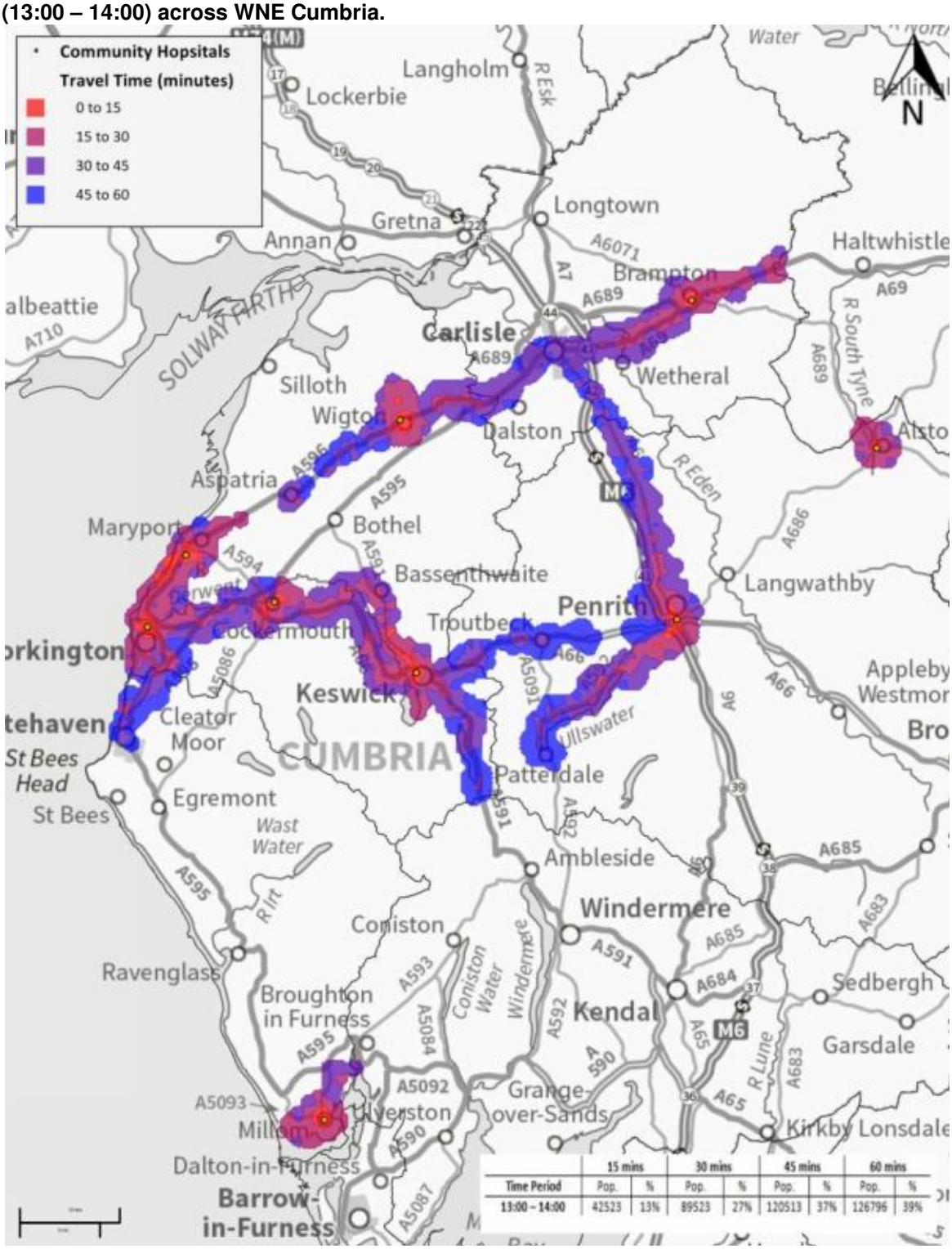
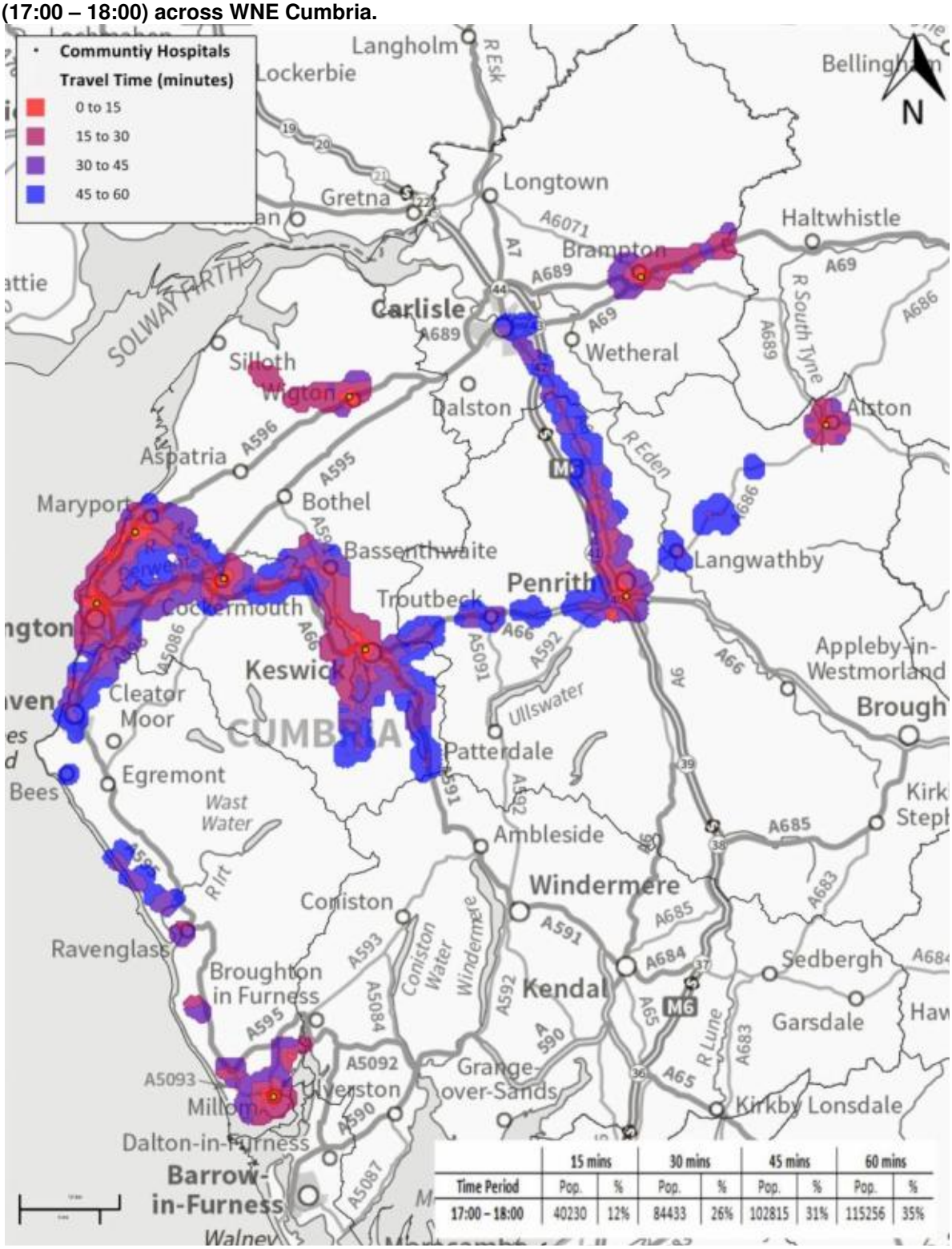


Figure 3.6 – Journey times by public transport to Community hospitals during the PM period (17:00 – 18:00) across WNE Cumbria.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	40230	12%	84433	26%	102815	31%	115256	35%

Figure 3.7 – Journey times by public transport to GP surgeries during the AM period (08:00 – 09:00) across WNE Cumbria.

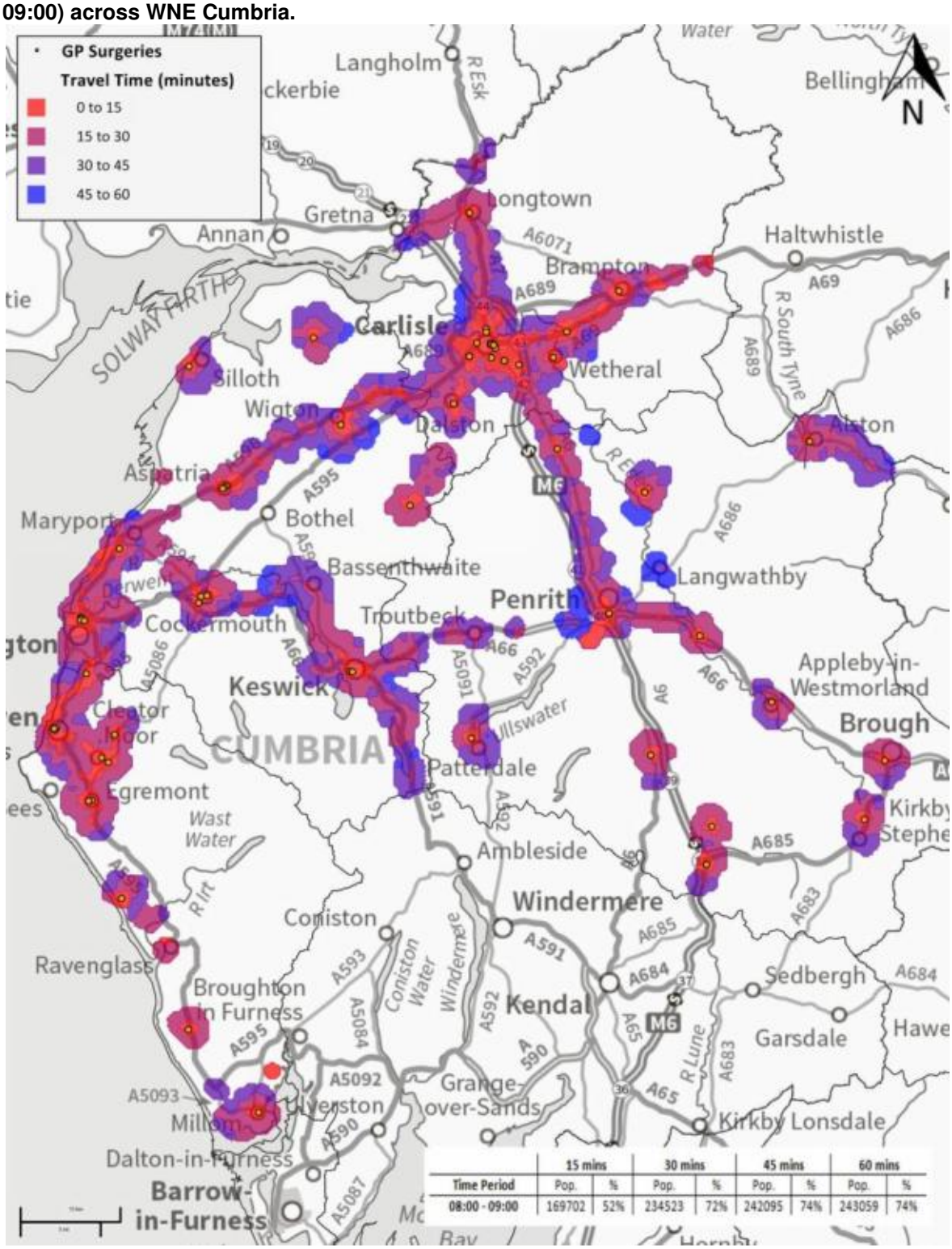
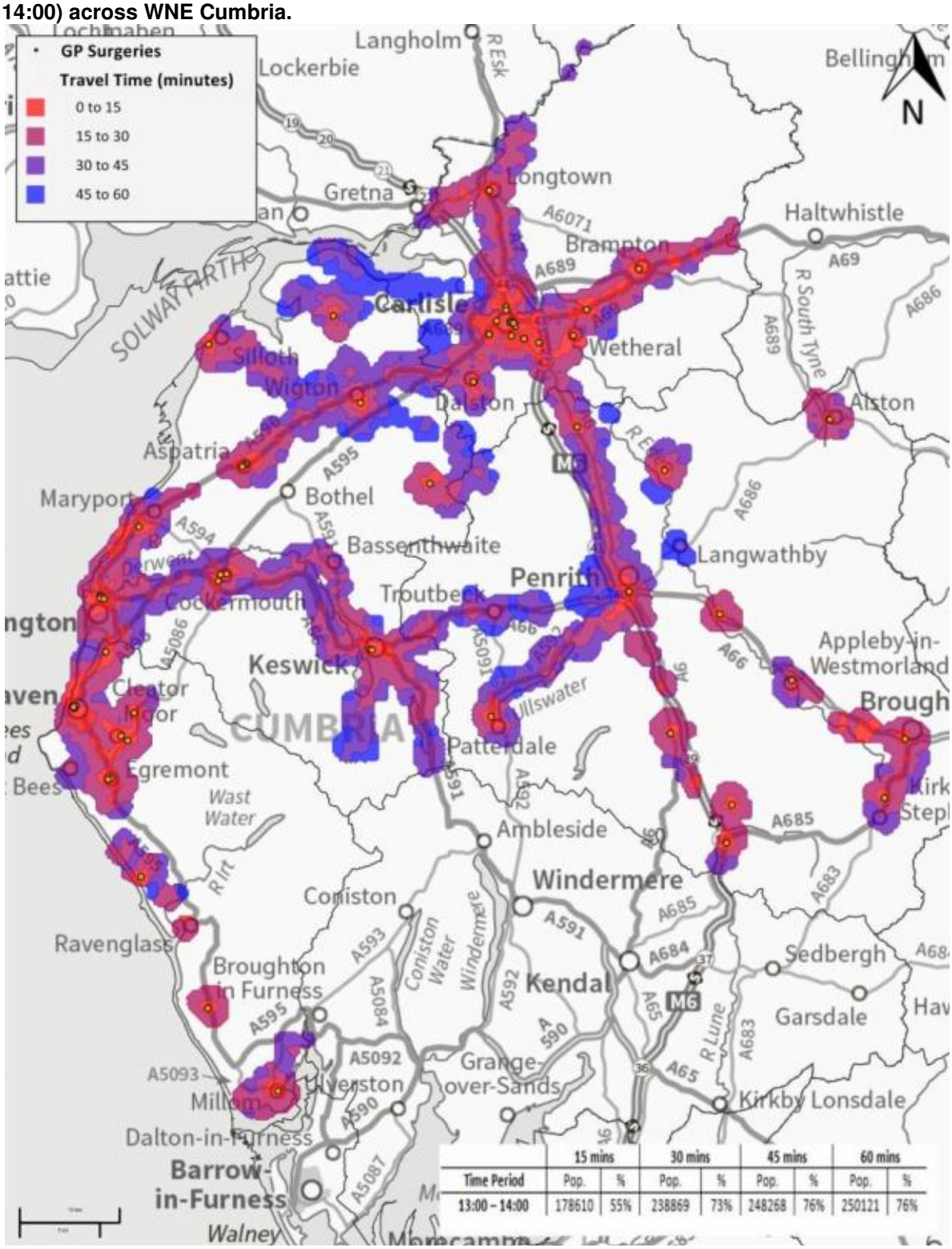
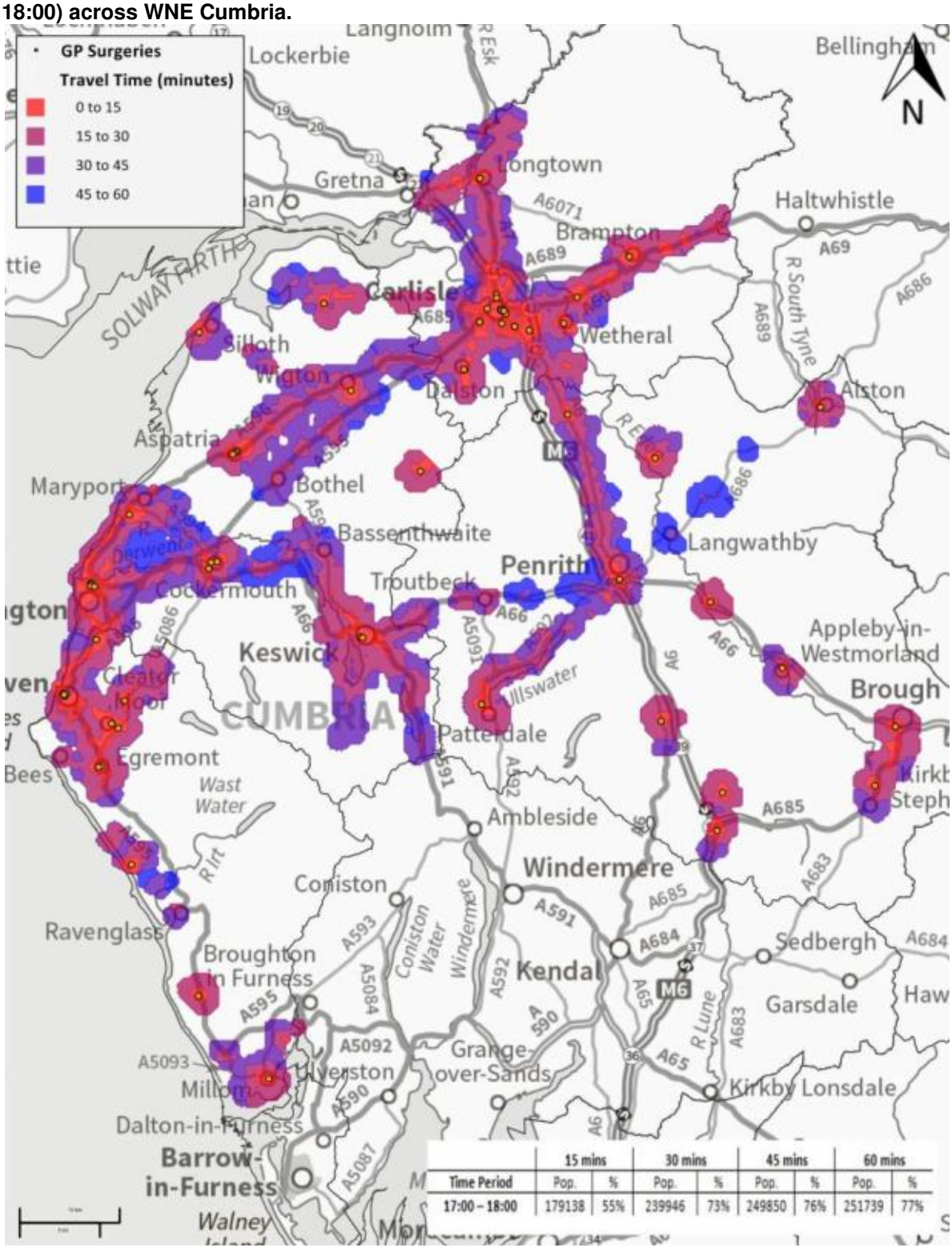


Figure 3.8 – Journey times by public transport to GP surgeries during the IP period (13:00 – 14:00) across WNE Cumbria.



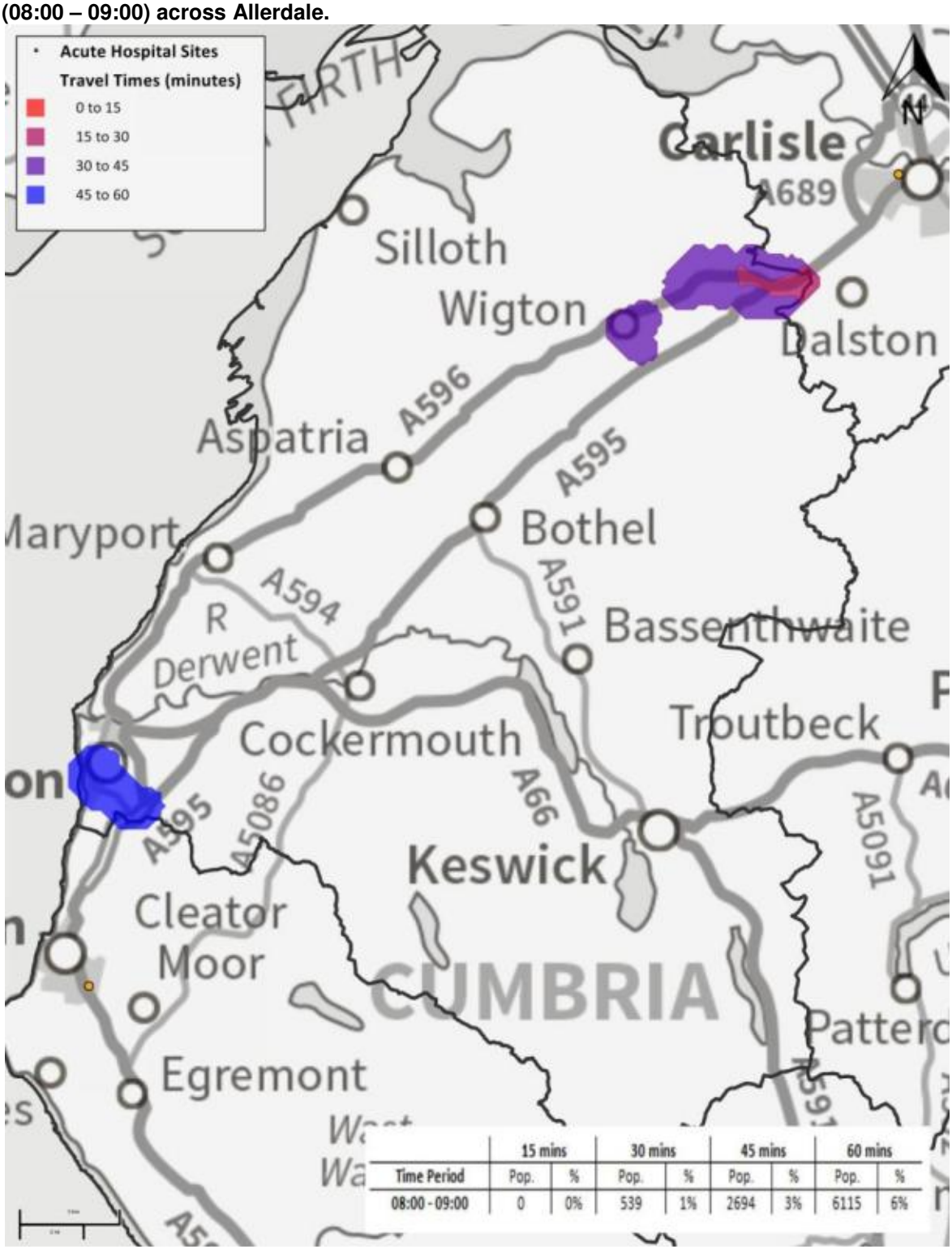
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	178610	55%	238869	73%	248268	76%	250121	76%

Figure 3.9 – Journey times by public transport to GP surgeries during the PM period (17:00 – 18:00) across WNE Cumbria.



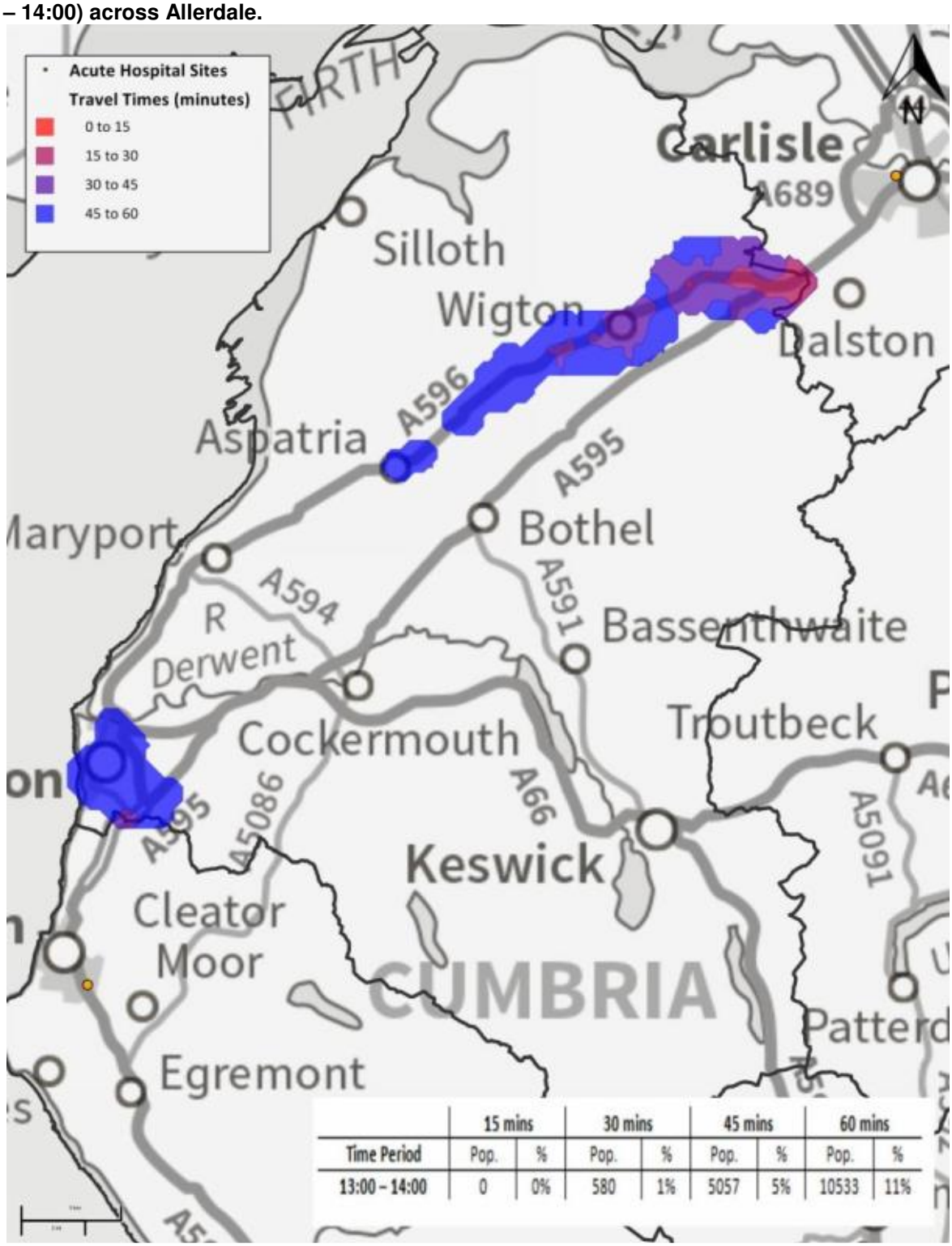
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	179138	55%	239946	73%	249850	76%	251739	77%

Figure 3.10 – Journey times by public transport to acute hospital sites during the AM period (08:00 – 09:00) across Allerdale.



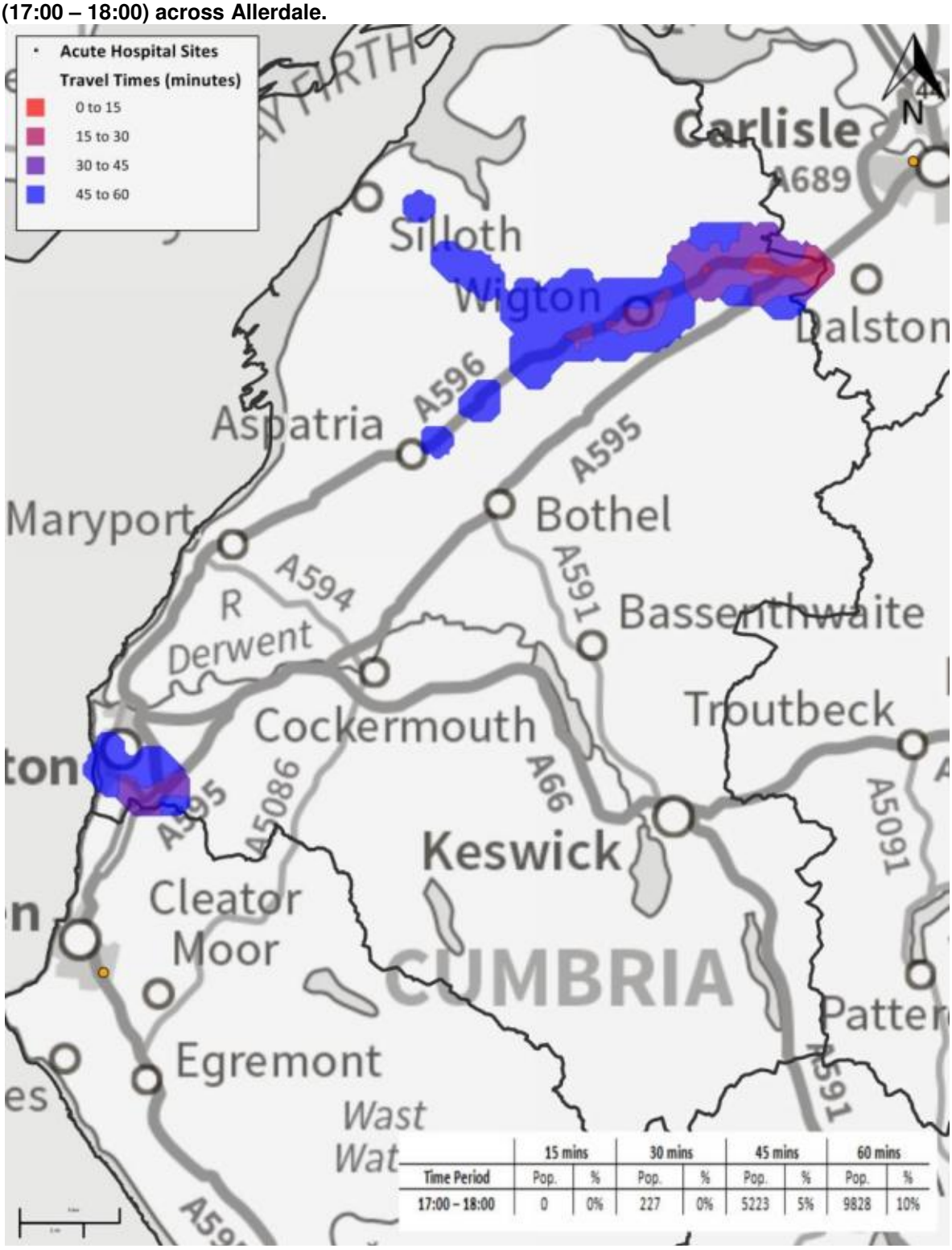
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	0	0%	539	1%	2694	3%	6115	6%

Figure 3.11 - Journey times by public transport to acute hospital sites during the IP period (13:00 – 14:00) across Allerdale.



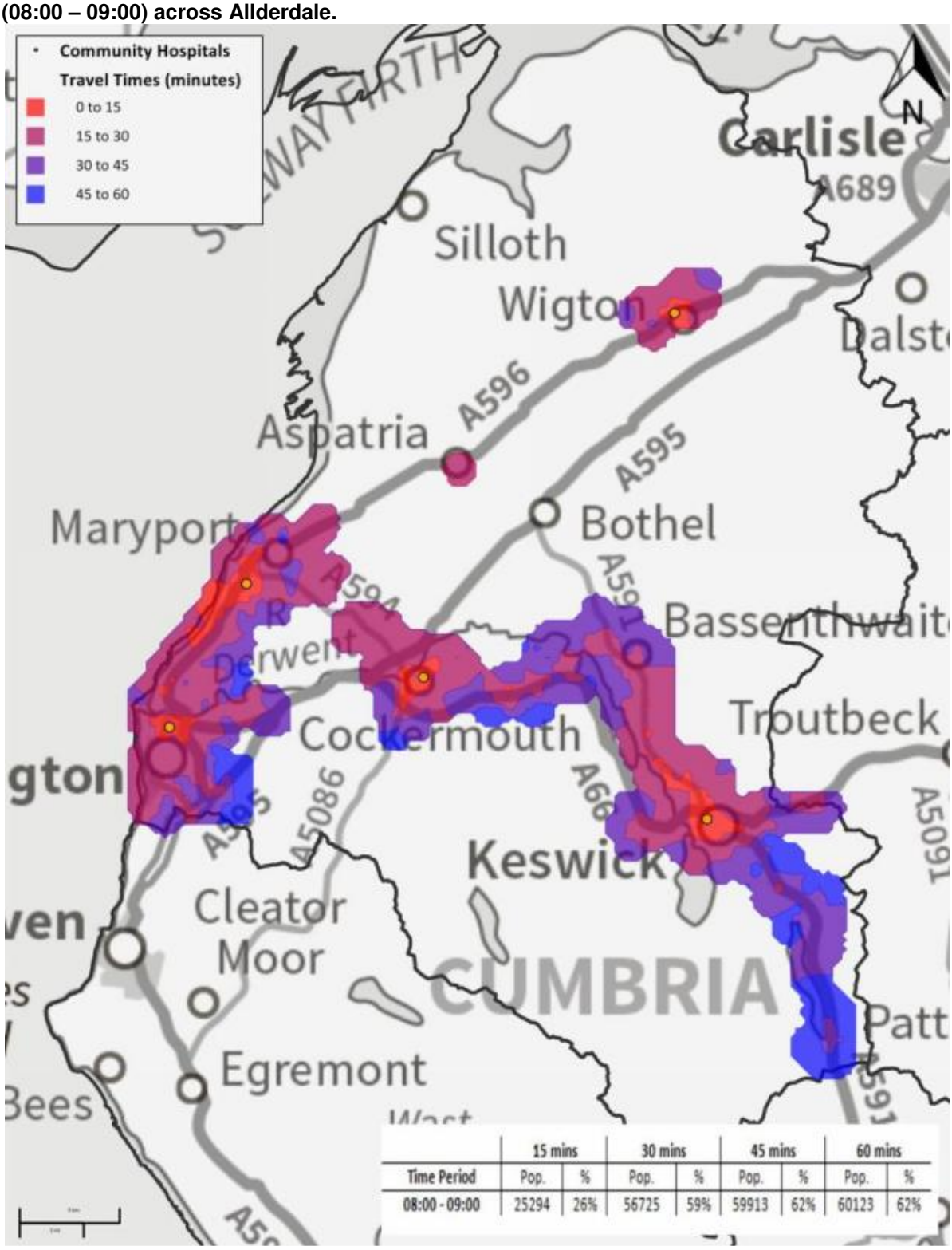
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	0	0%	580	1%	5057	5%	10533	11%

Figure 3.12 – Journey times by public transport to acute hospital sites during the PM period (17:00 – 18:00) across Allerdale.



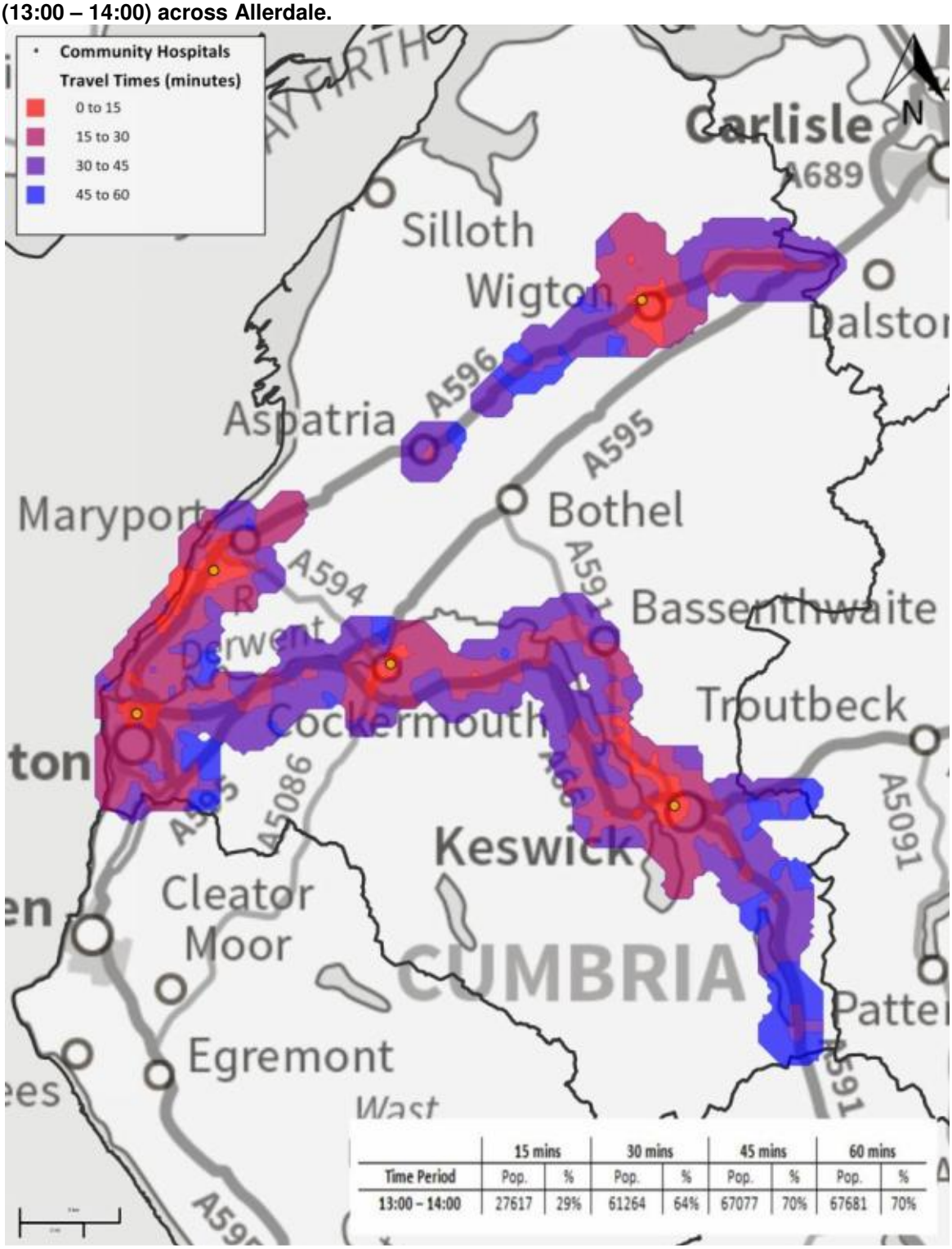
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	0	0%	227	0%	5223	5%	9828	10%

Figure 3.13 – Journey times by public transport to community hospitals during the AM period (08:00 – 09:00) across Allderdale.



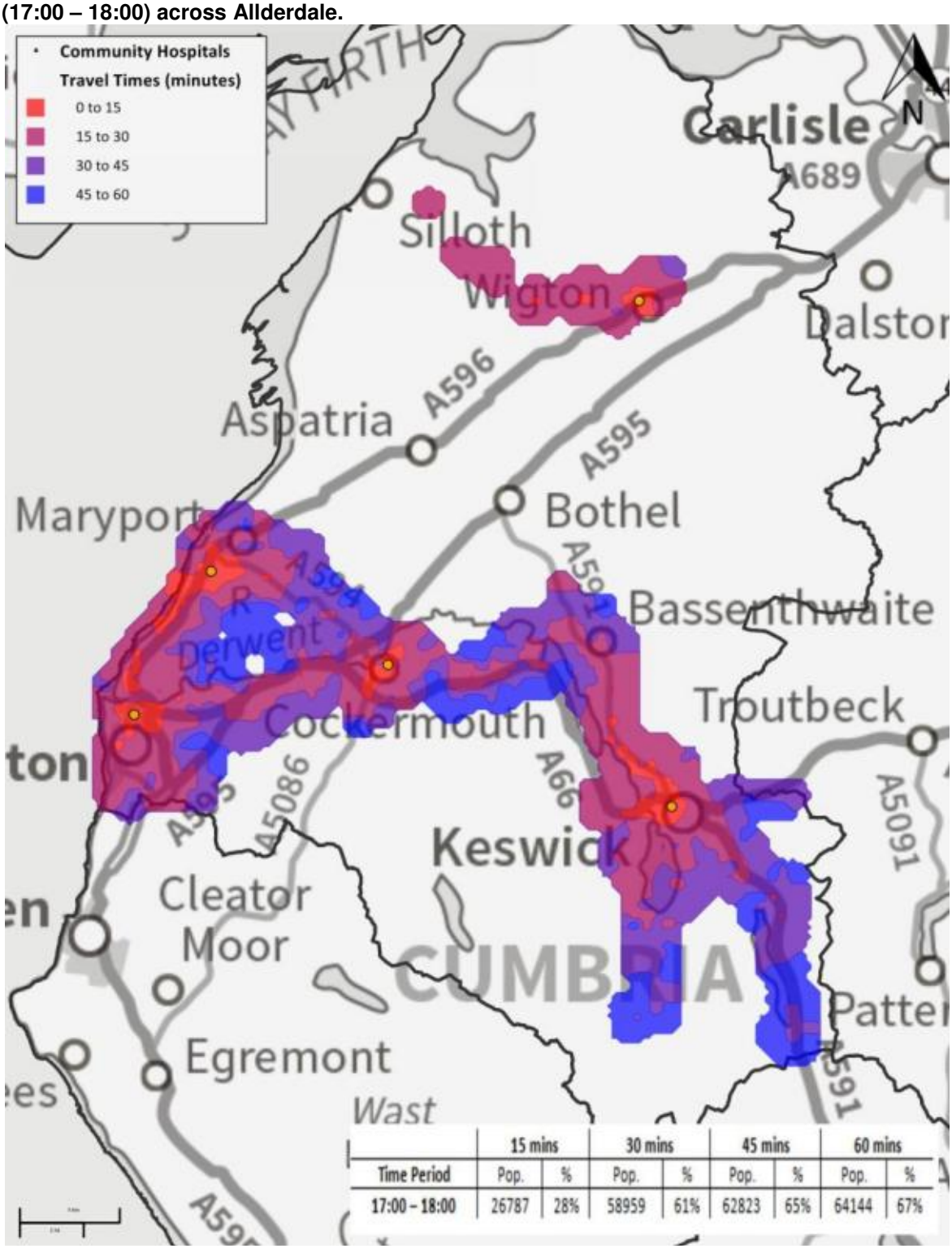
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	25294	26%	56725	59%	59913	62%	60123	62%

Figure 3.14 – Journey times by public transport to Community hospitals during the IP period (13:00 – 14:00) across Allerdale.



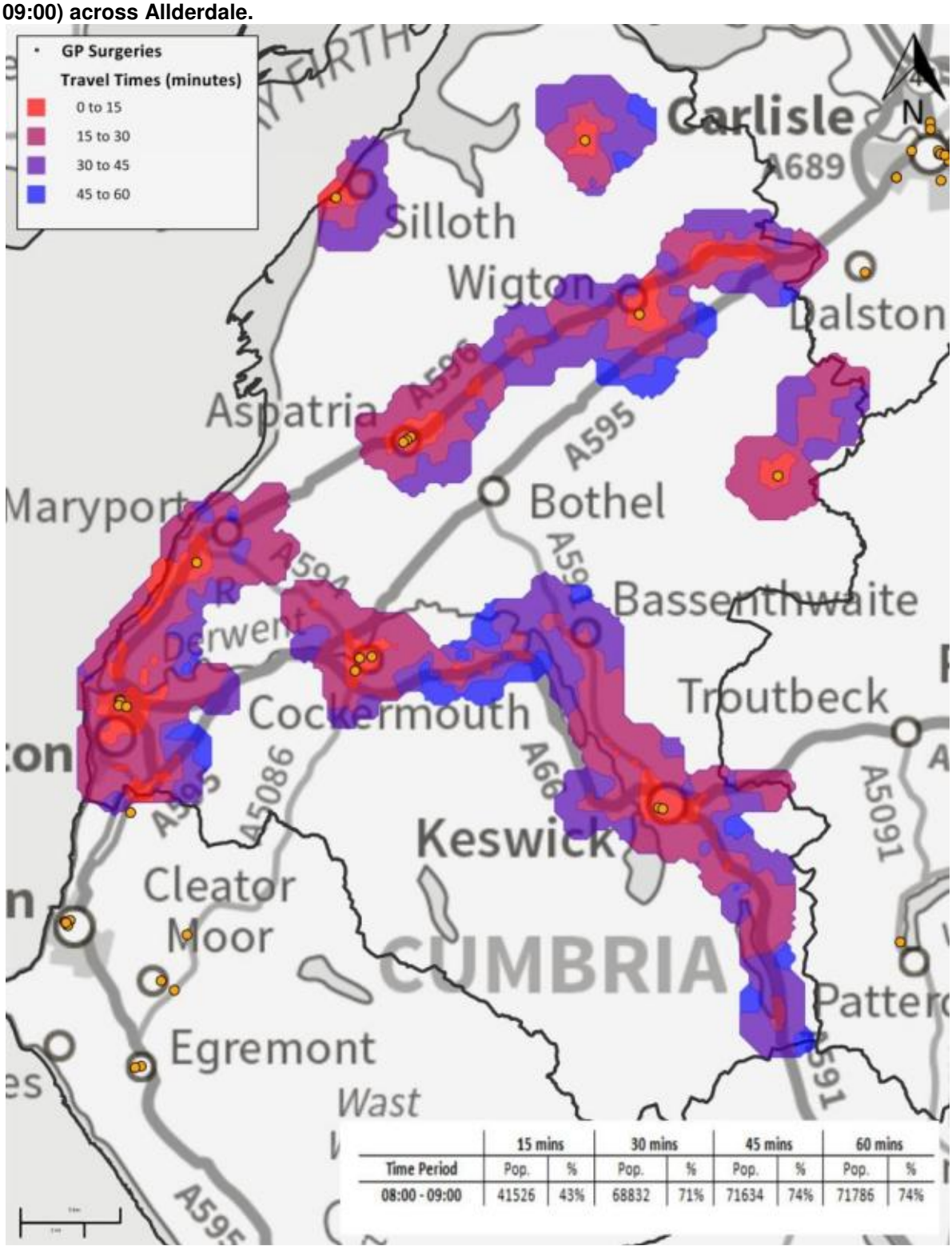
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	27617	29%	61264	64%	67077	70%	67681	70%

Figure 3.15 – Journey times by public transport to Community hospitals during the PM period (17:00 – 18:00) across Allderdale.



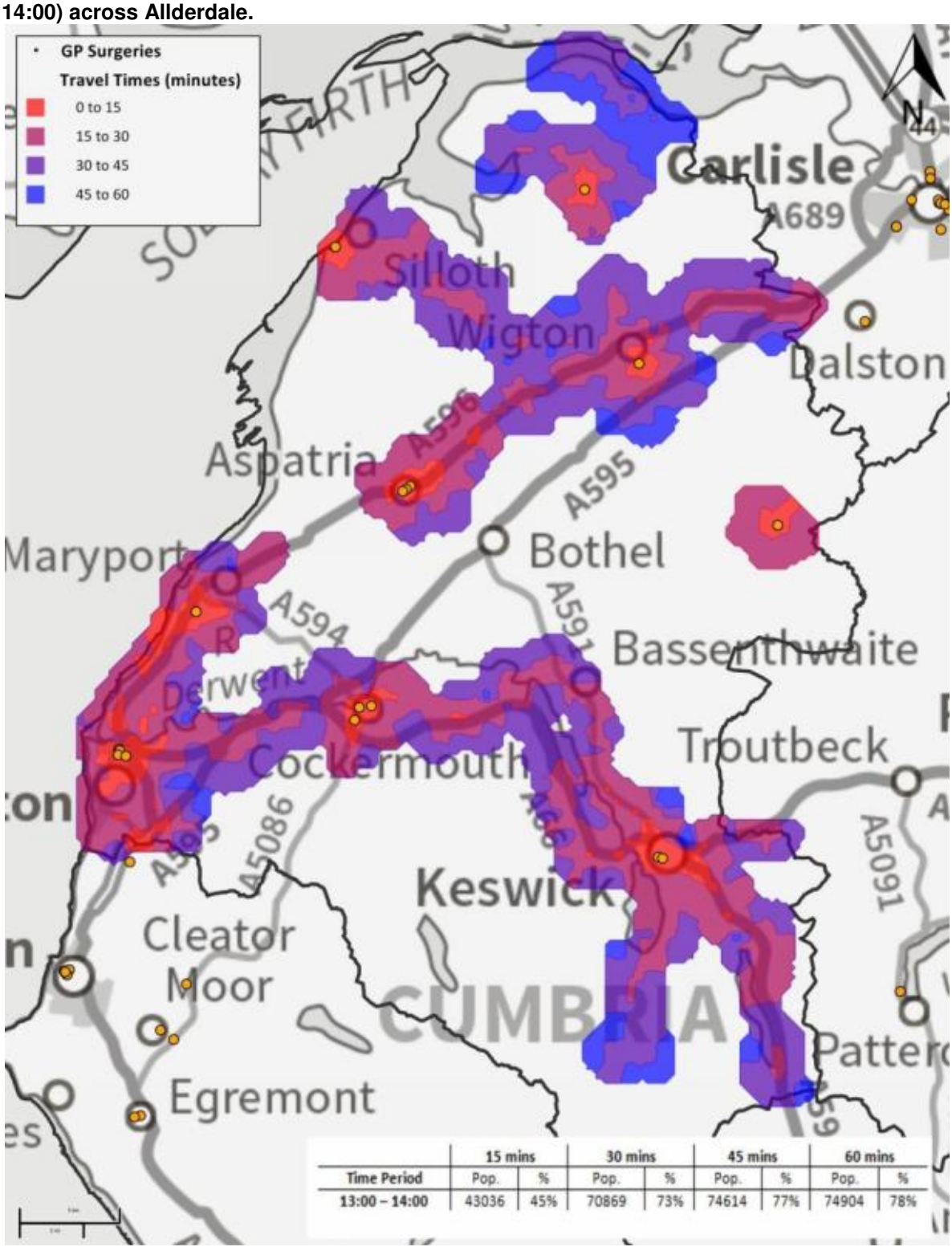
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	26787	28%	58959	61%	62823	65%	64144	67%

Figure 3.16 - Journey times by public transport to GP surgeries during the AM period (08:00 – 09:00) across Allderdale.



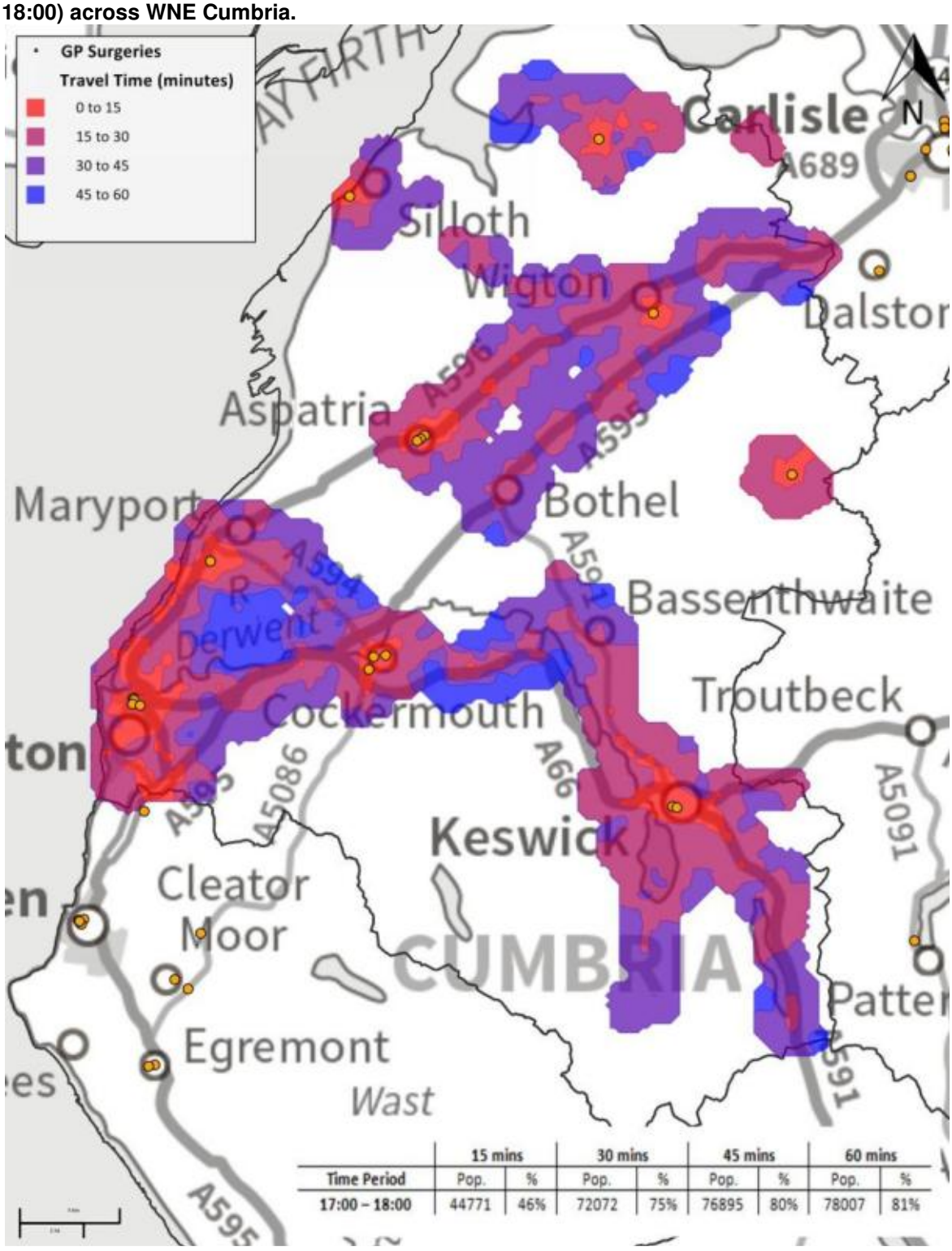
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	41526	43%	68832	71%	71634	74%	71786	74%

Figure 3.17 – Journey times by public transport to GP surgeries during the IP period (13:00 – 14:00) across Allderdale.



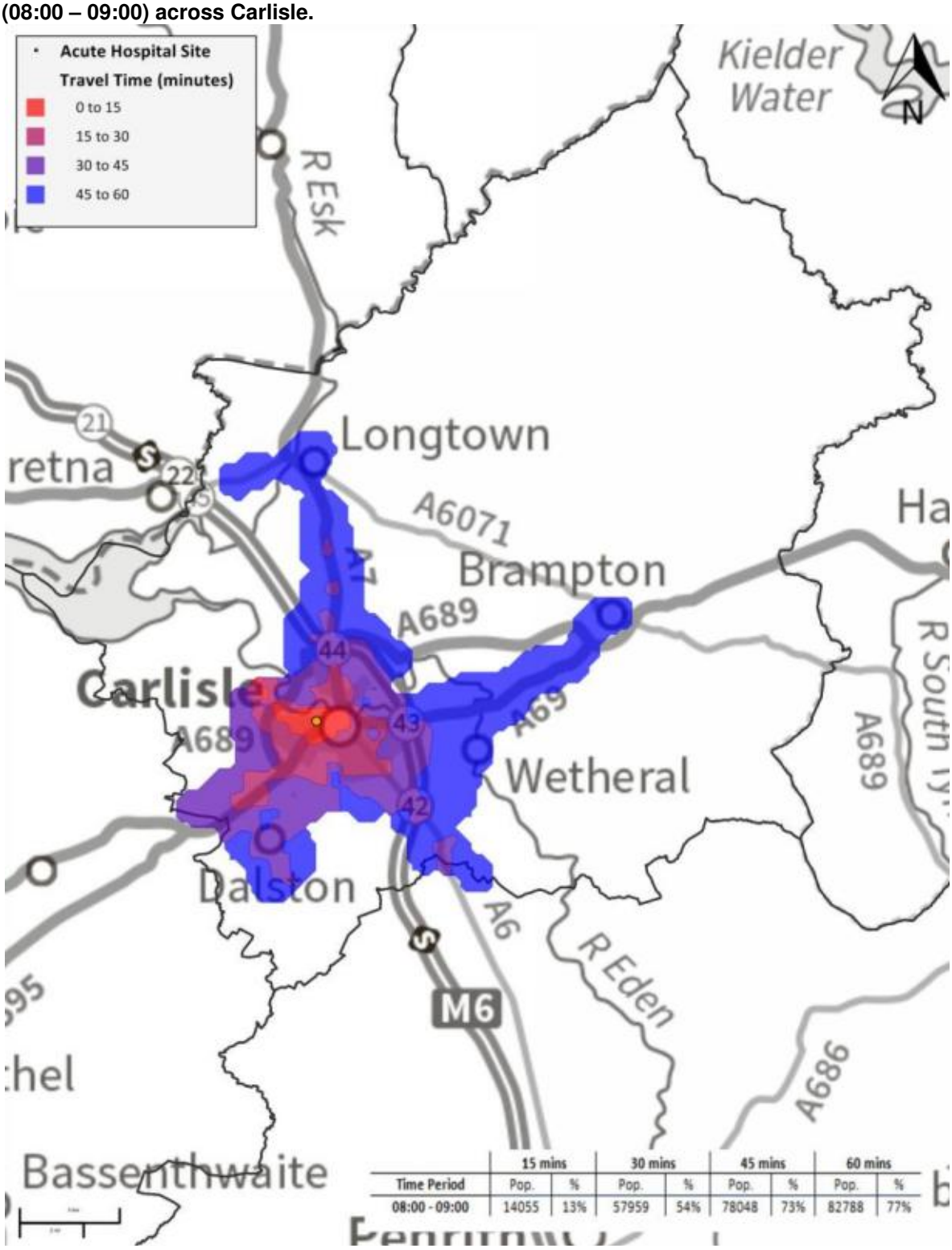
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	43036	45%	70869	73%	74614	77%	74904	78%

Figure 3.18 – Journey times by public transport to GP surgeries during the PM period (17:00 – 18:00) across WNE Cumbria.



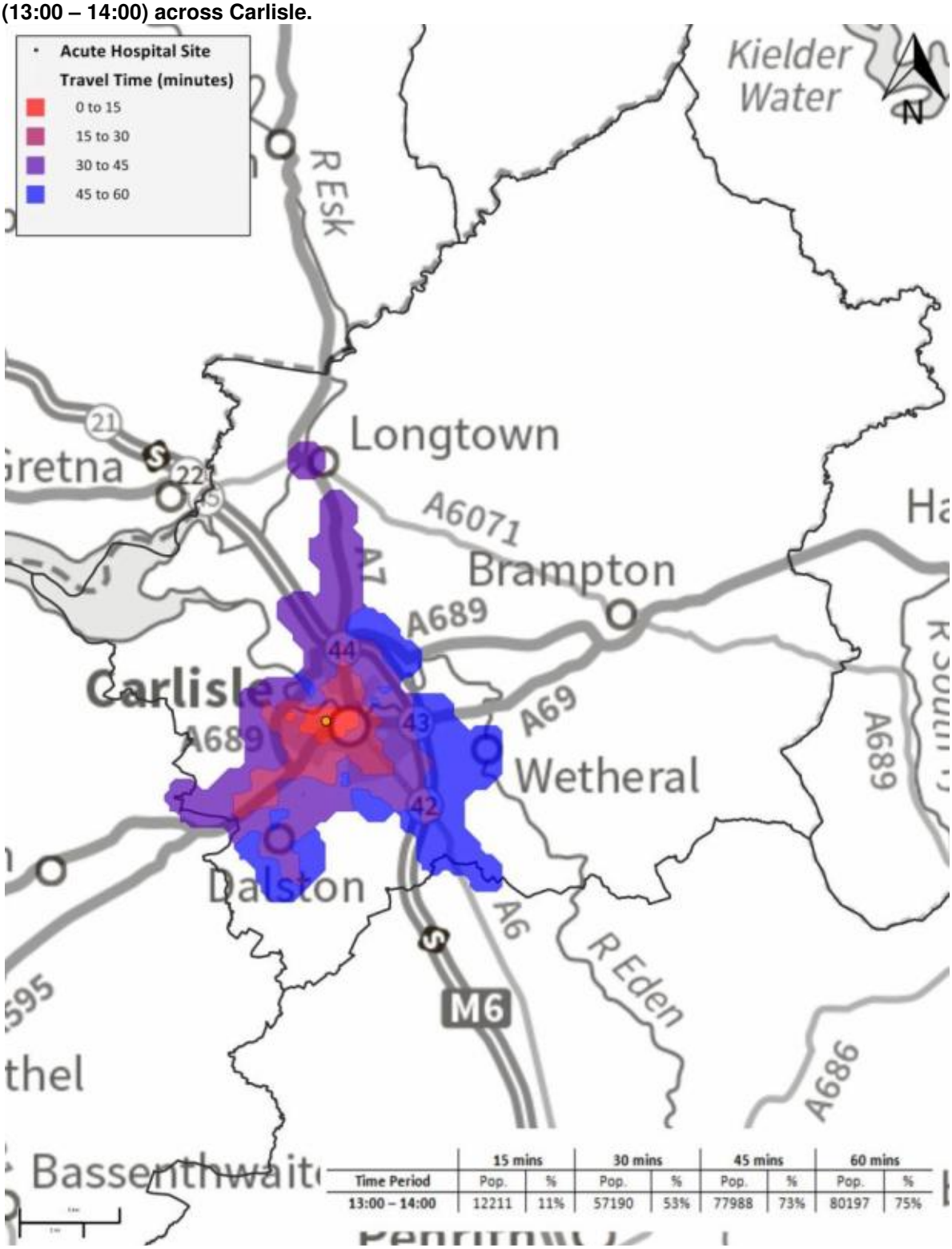
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	44771	46%	72072	75%	76895	80%	78007	81%

Figure 3.19 – Journey times by public transport to acute hospital sites during the AM period (08:00 – 09:00) across Carlisle.



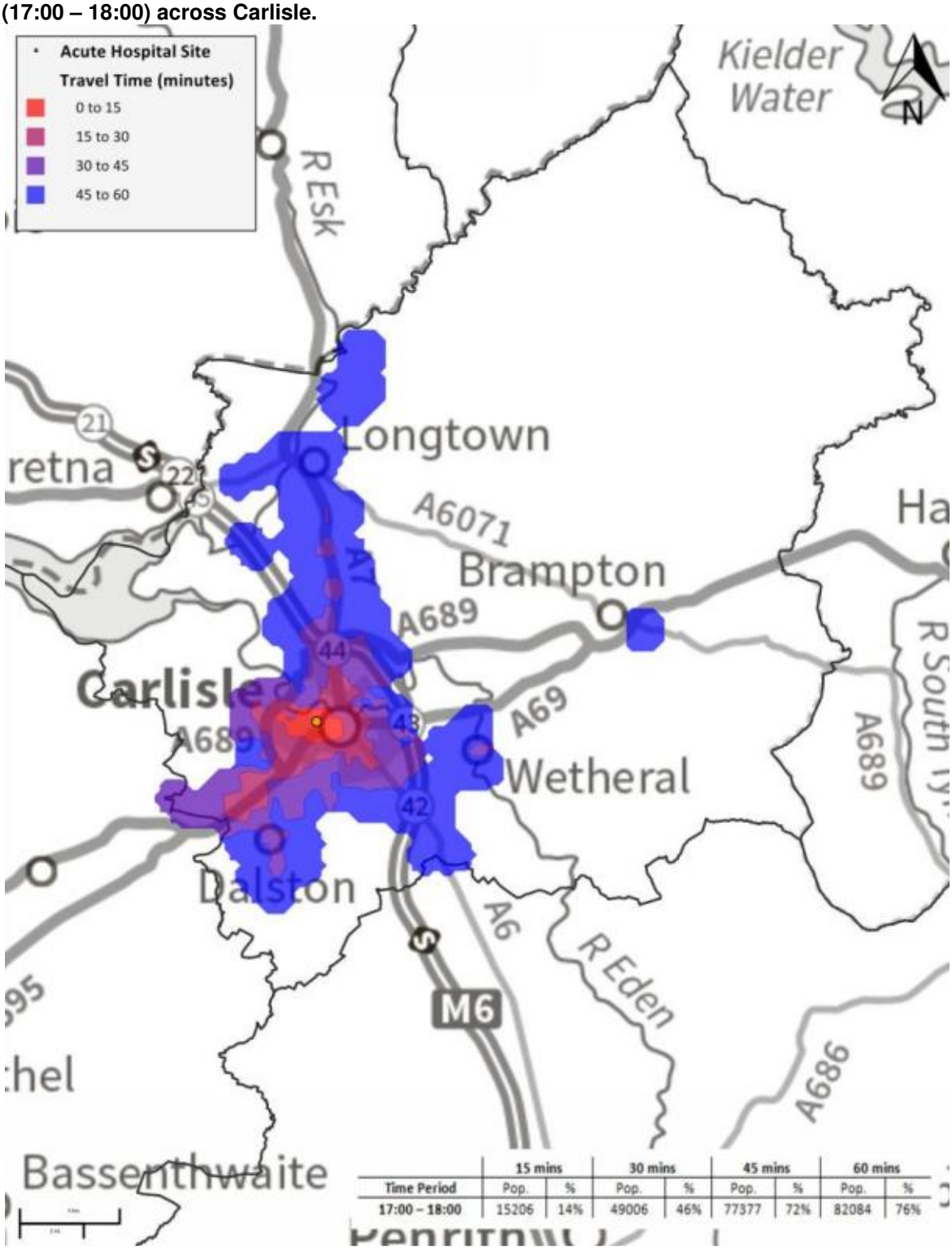
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	14055	13%	57959	54%	78048	73%	82788	77%

Figure 3.20 – Journey times by public transport to acute hospital sites during the IP period (13:00 – 14:00) across Carlisle.



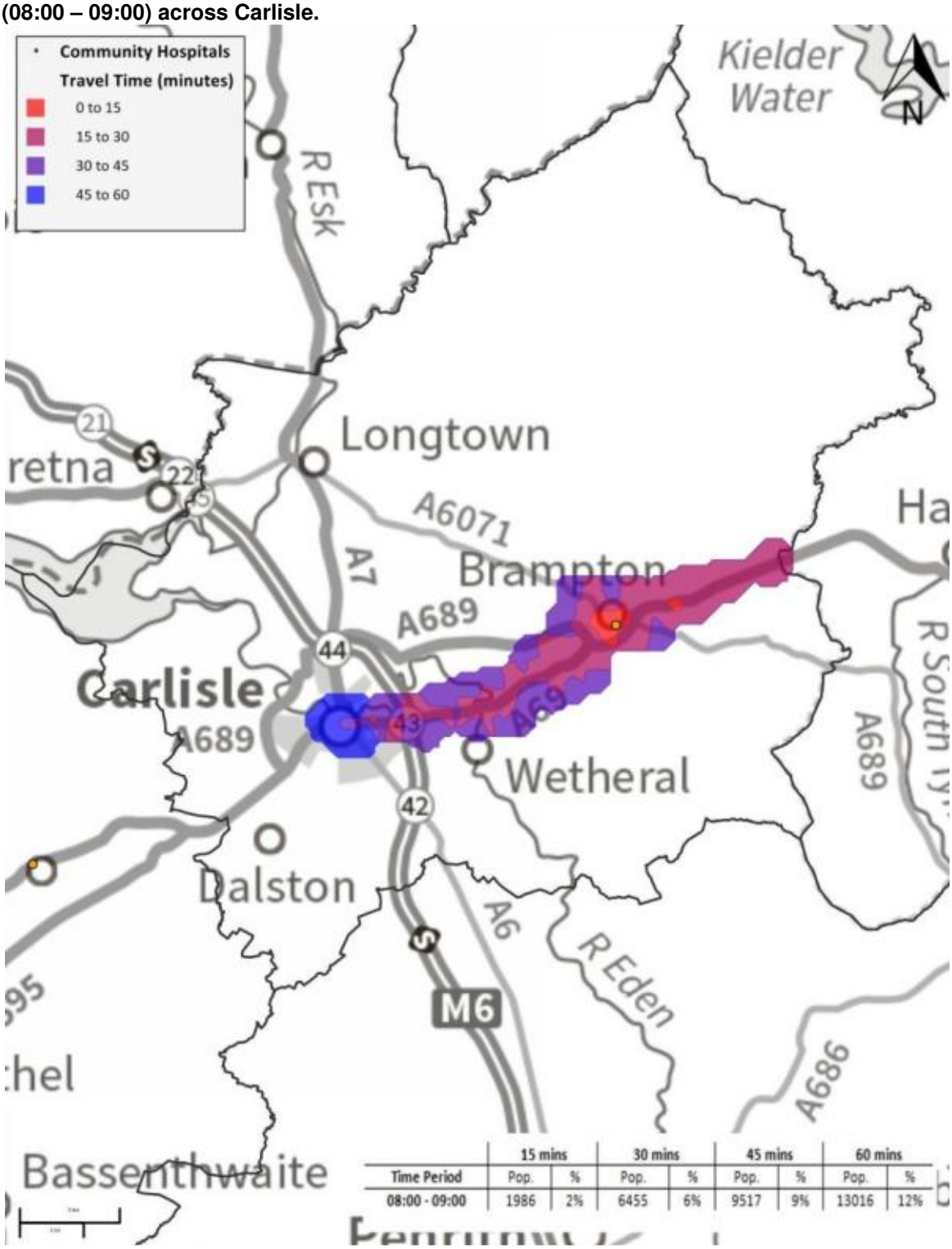
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	12211	11%	57190	53%	77988	73%	80197	75%

Figure 3.21 - Journey times by public transport to acute hospital sites during the PM period (17:00 – 18:00) across Carlisle.



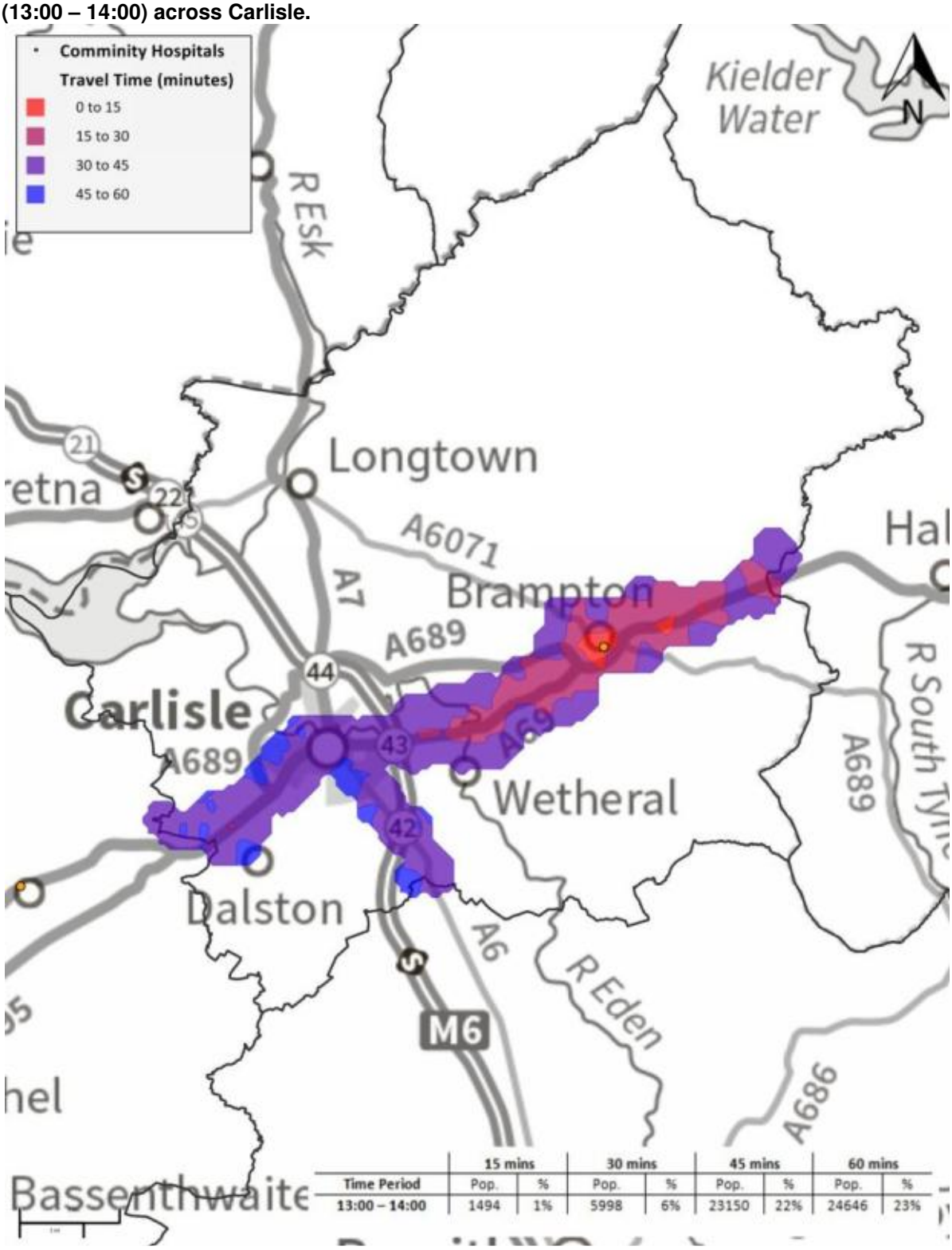
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	15206	14%	49006	46%	77377	72%	82084	76%

Figure 3.22 – Journey times by public transport to community hospitals during the AM period (08:00 – 09:00) across Carlisle.



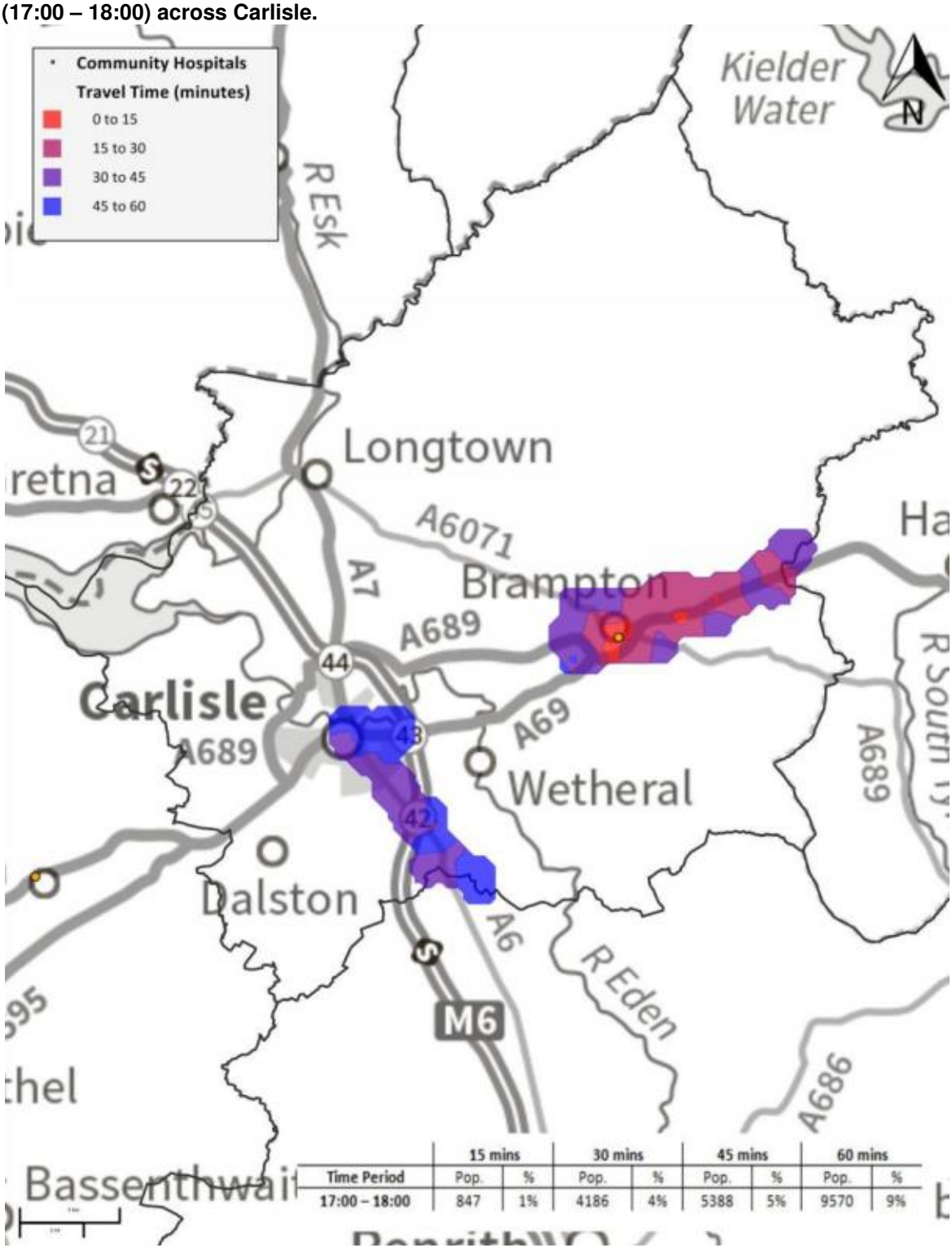
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	1986	2%	6455	6%	9517	9%	13016	12%

Figure 3.23 – Journey times by public transport to Community hospitals during the IP period (13:00 – 14:00) across Carlisle.



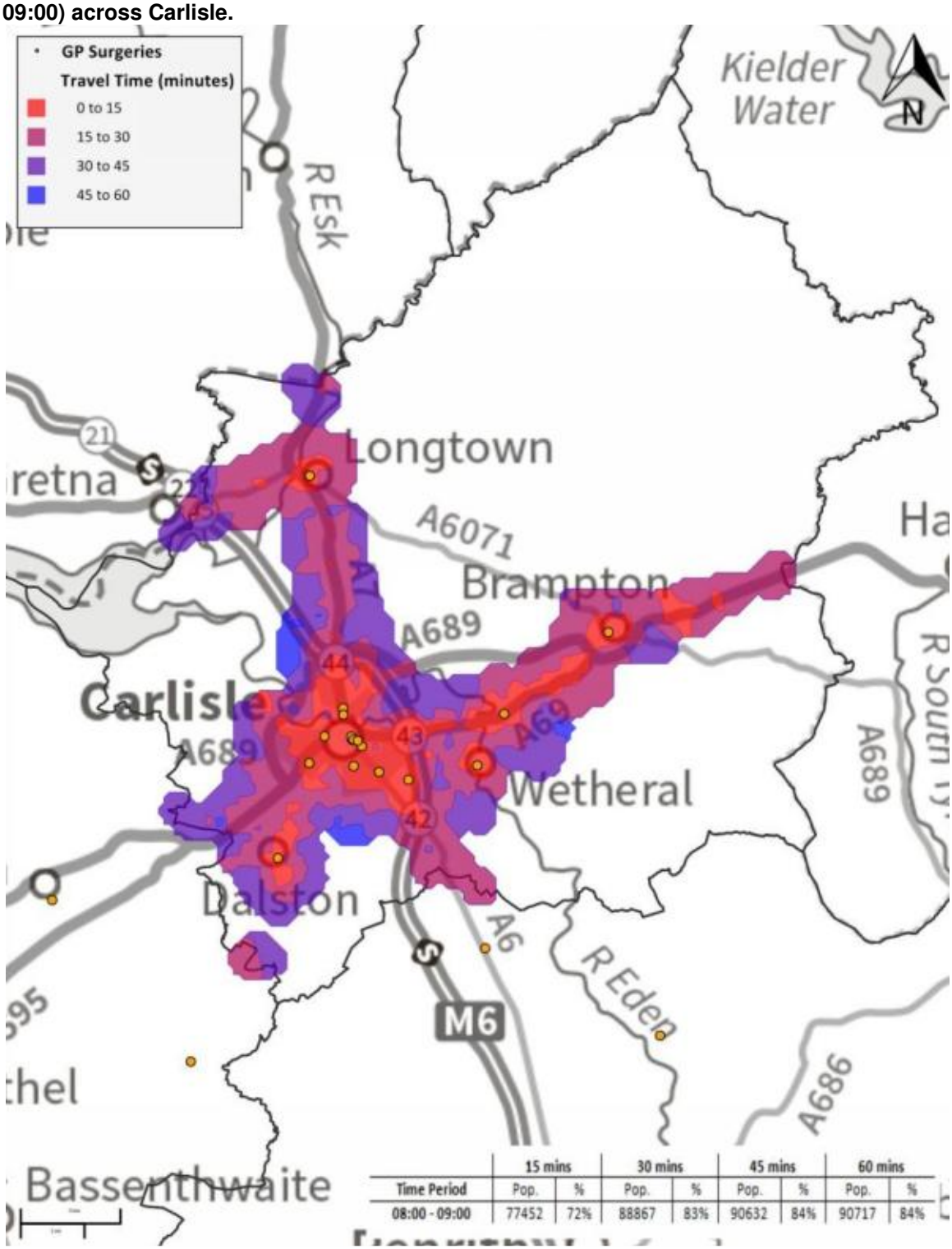
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	1494	1%	5998	6%	23150	22%	24646	23%

Figure 3.24 – Journey times by public transport to Community hospitals during the PM period (17:00 – 18:00) across Carlisle.



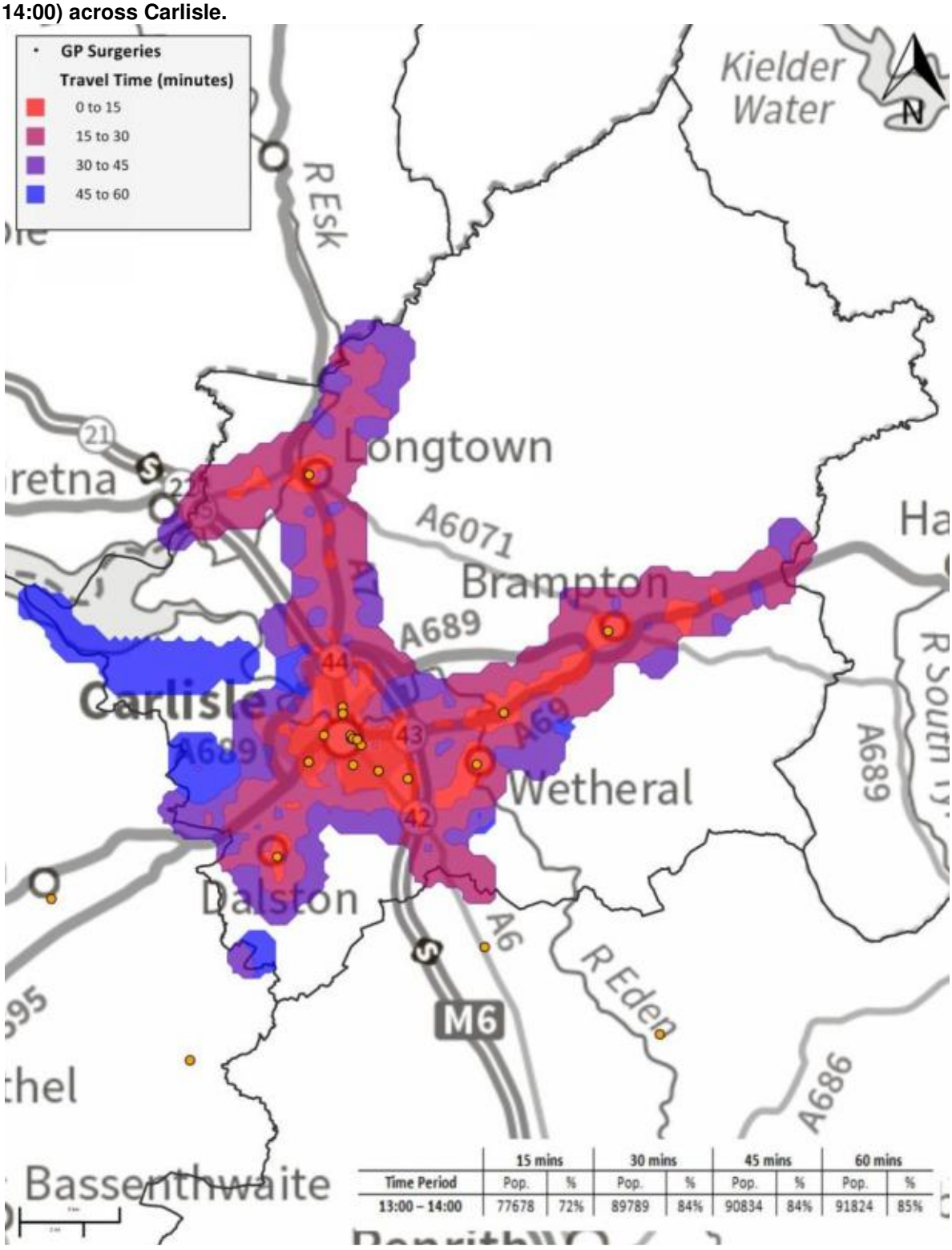
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	847	1%	4186	4%	5388	5%	9570	9%

Figure 3.25 – Journey times by public transport to GP surgeries during the AM period (08:00 – 09:00) across Carlisle.



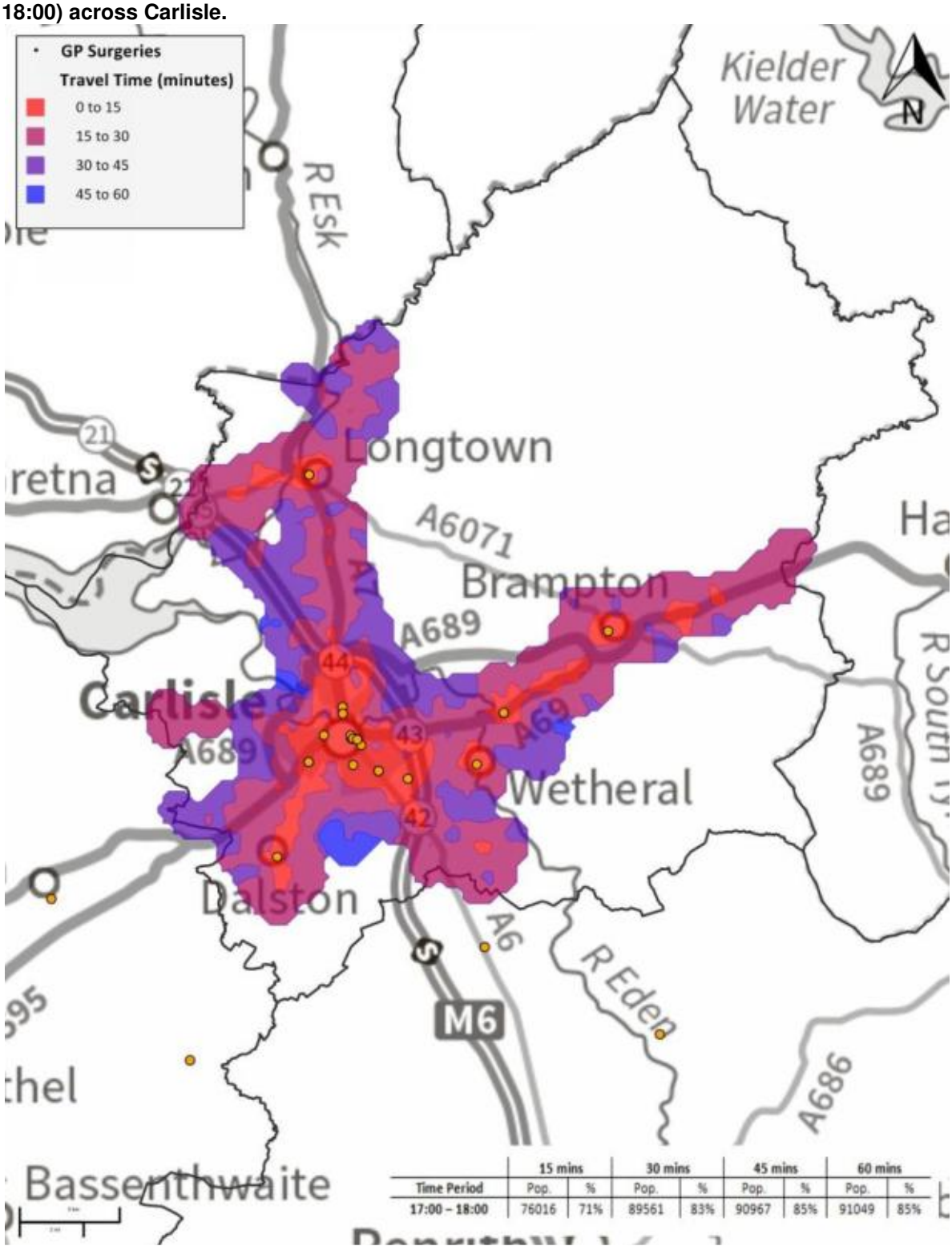
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	77452	72%	88867	83%	90632	84%	90717	84%

Figure 3.26 – Journey times by public transport to GP surgeries during the IP period (13:00 – 14:00) across Carlisle.



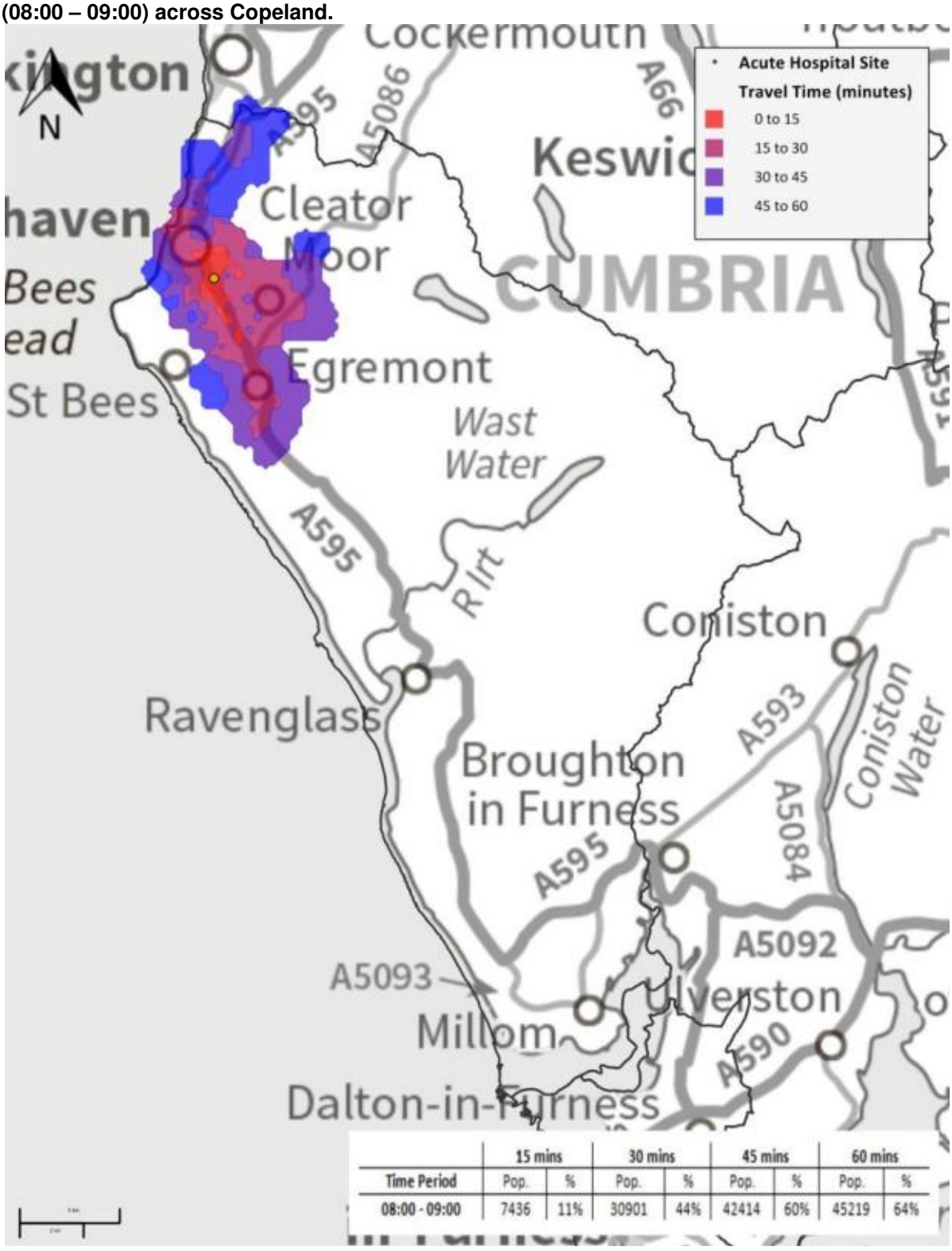
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	77678	72%	89789	84%	90834	84%	91824	85%

Figure 3.27 – Journey times by public transport to GP surgeries during the PM period (17:00 – 18:00) across Carlisle.



Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	76016	71%	89561	83%	90967	85%	91049	85%

Figure 3.28 – Journey times by public transport to acute hospital sites during the AM period (08:00 – 09:00) across Copeland.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	7436	11%	30901	44%	42414	60%	45219	64%

Figure 3.29 – Journey times by public transport to acute hospital sites during the IP period (13:00 – 14:00) across Copeland.

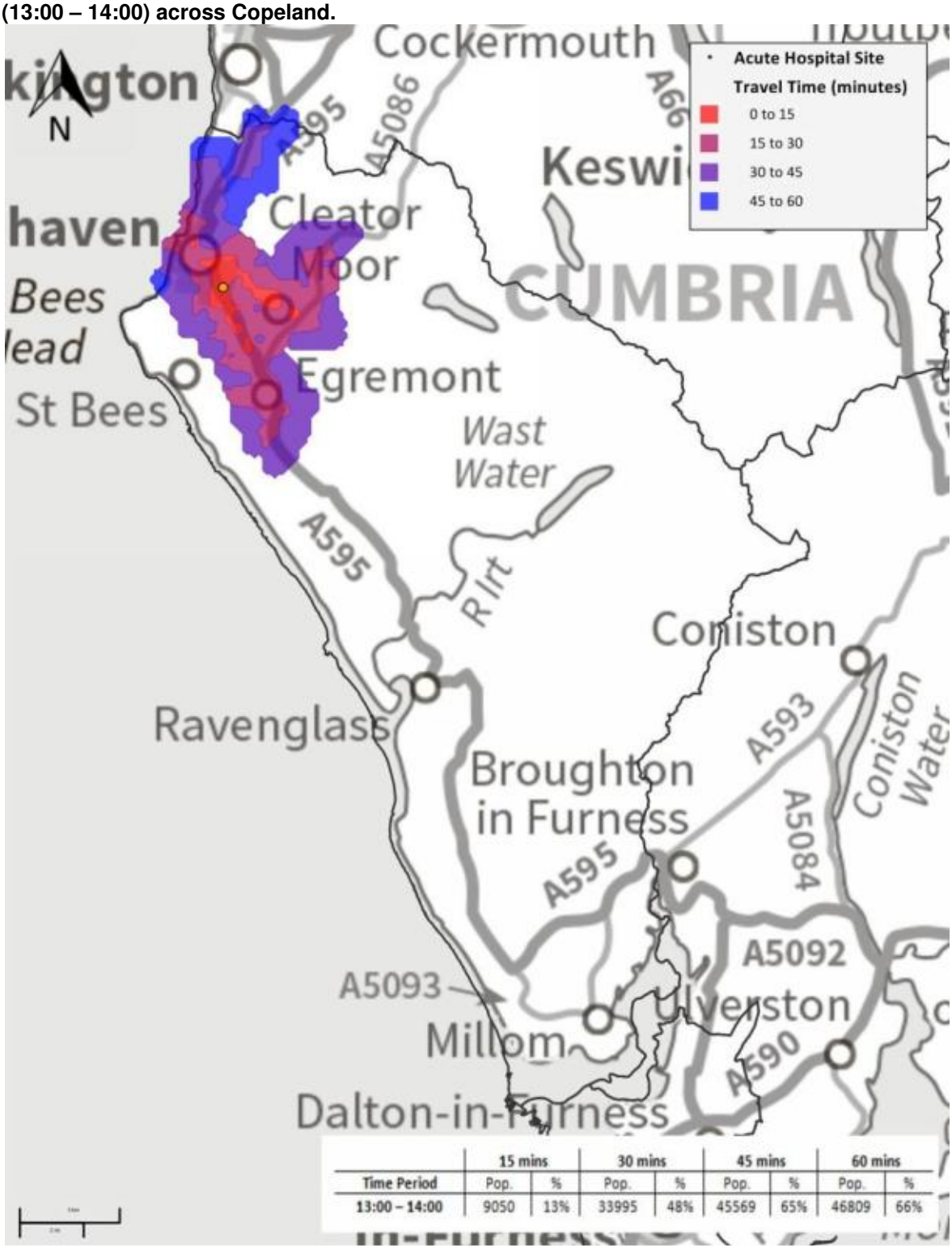
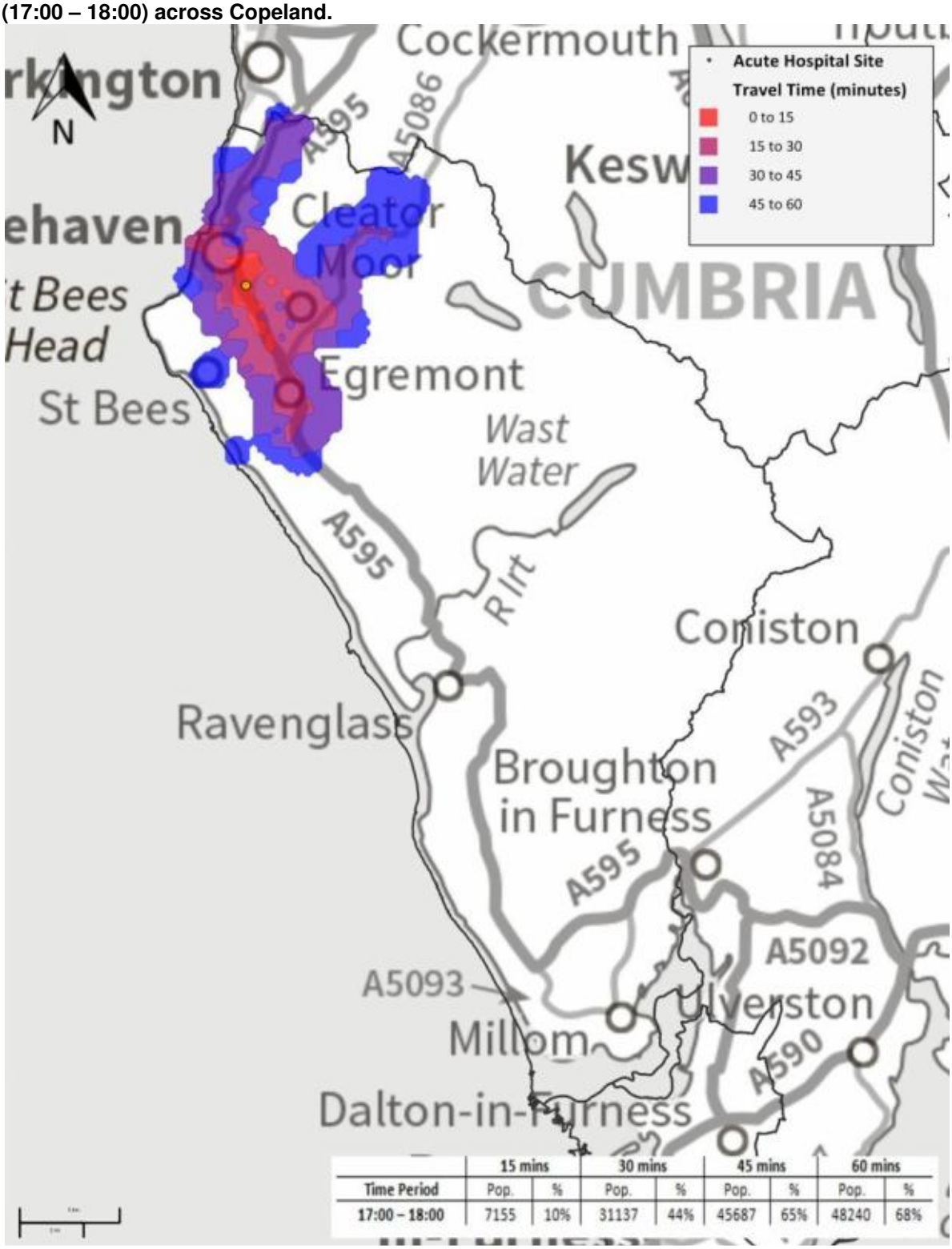
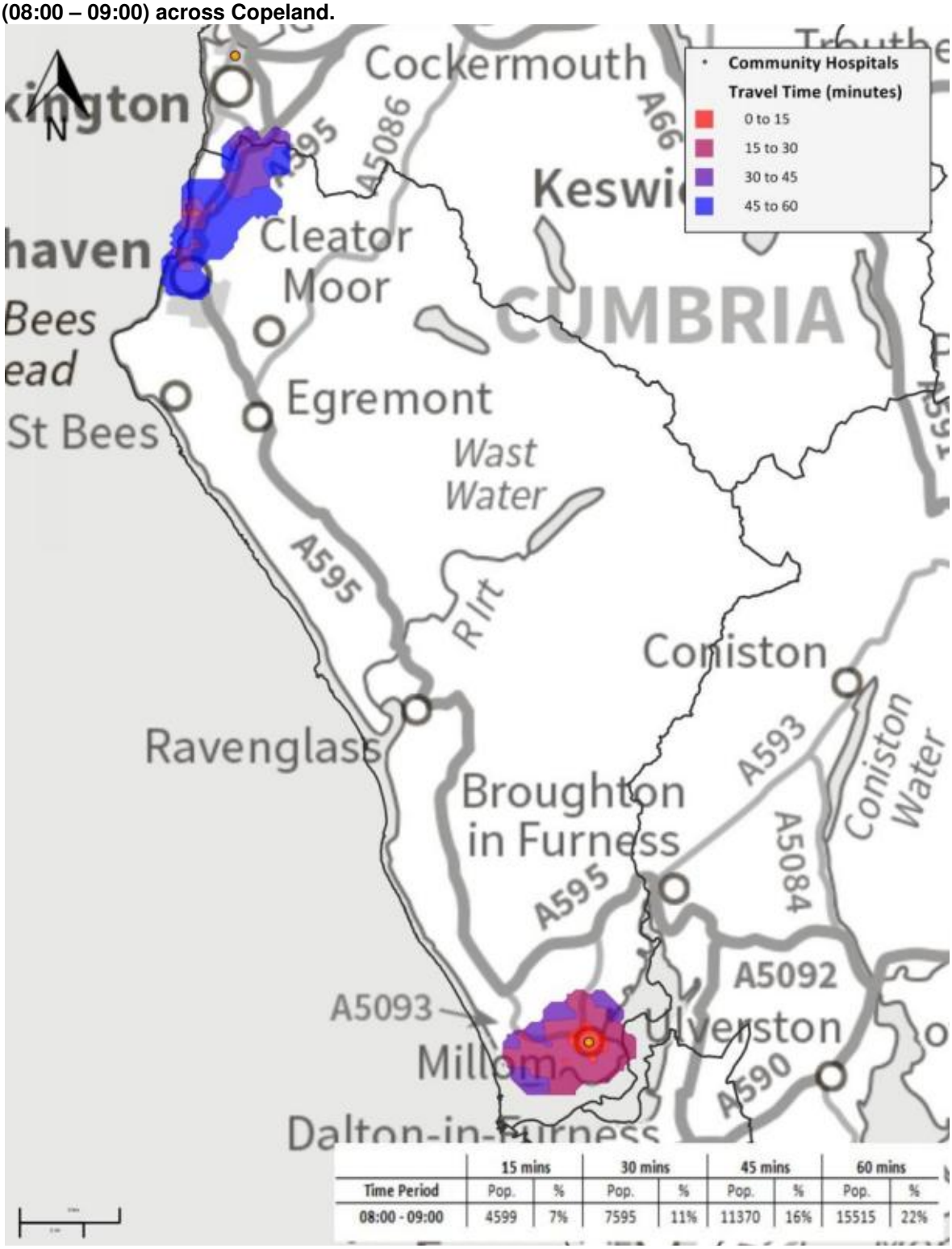


Figure 3.30 – Journey times by public transport to acute hospital sites during the PM period (17:00 – 18:00) across Copeland.



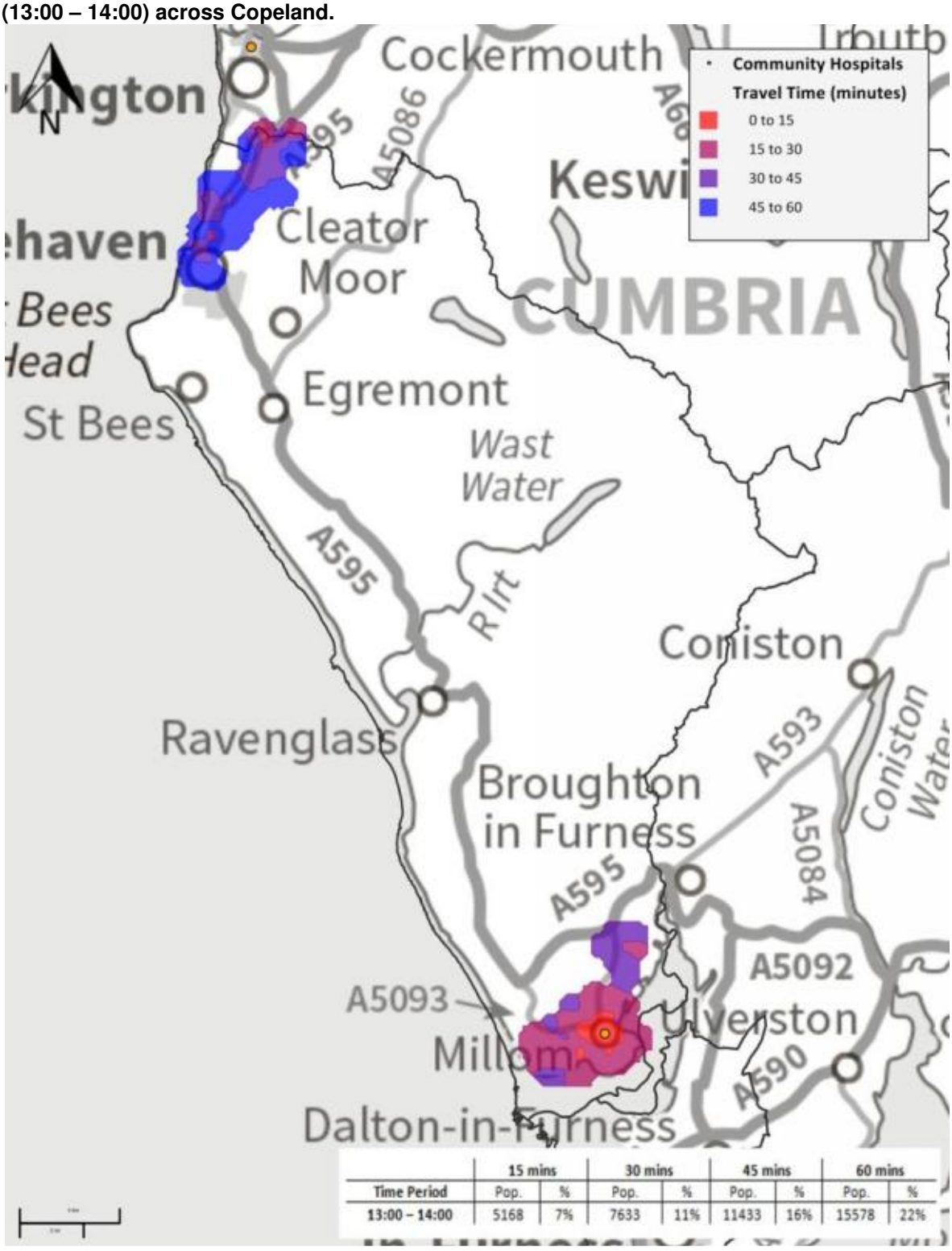
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	7155	10%	31137	44%	45687	65%	48240	68%

Figure 3.31 – Journey times by public transport to community hospitals during the AM period (08:00 – 09:00) across Copeland.



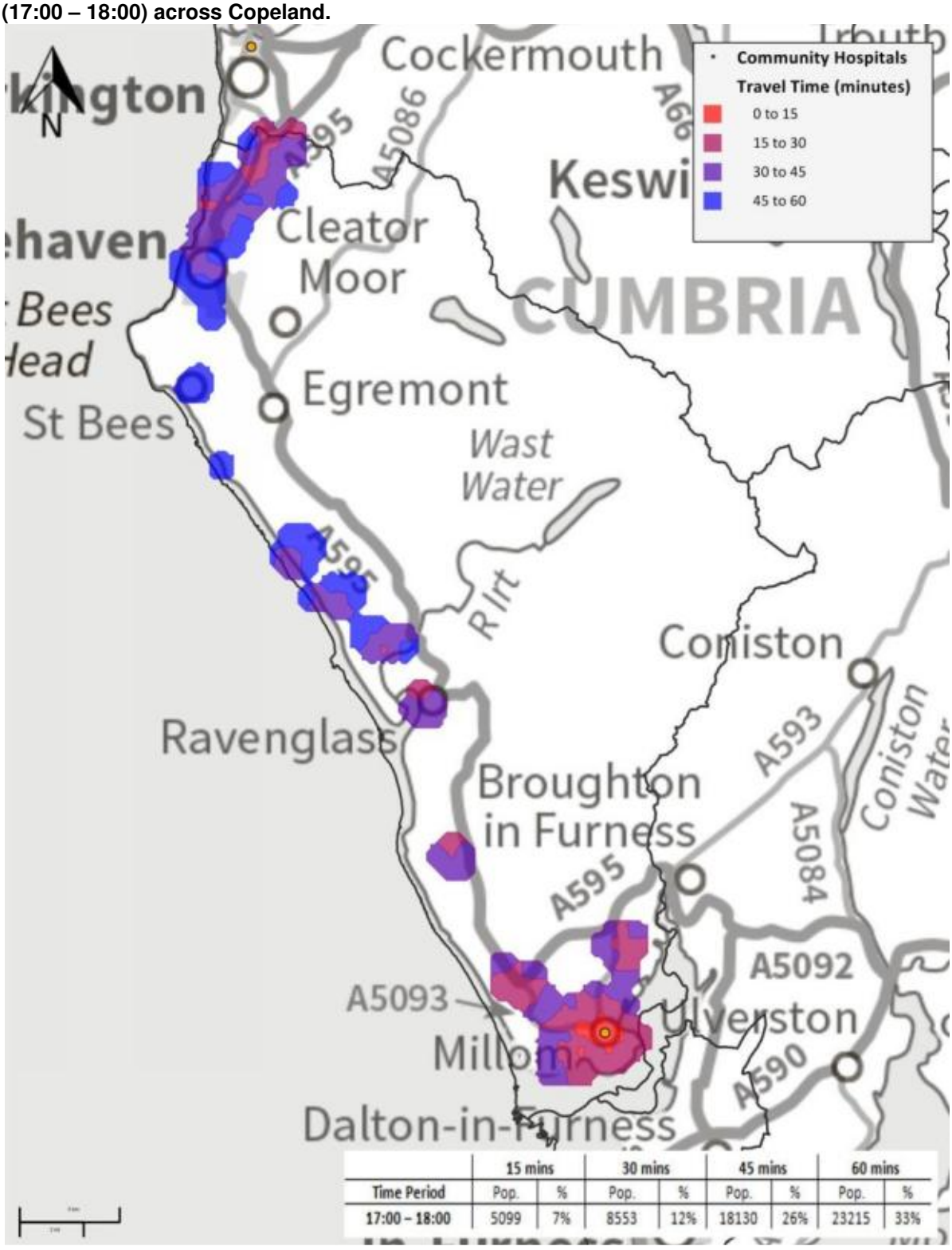
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	4599	7%	7595	11%	11370	16%	15515	22%

Figure 3.32 – Journey times by public transport to Community hospitals during the IP period (13:00 – 14:00) across Copeland.



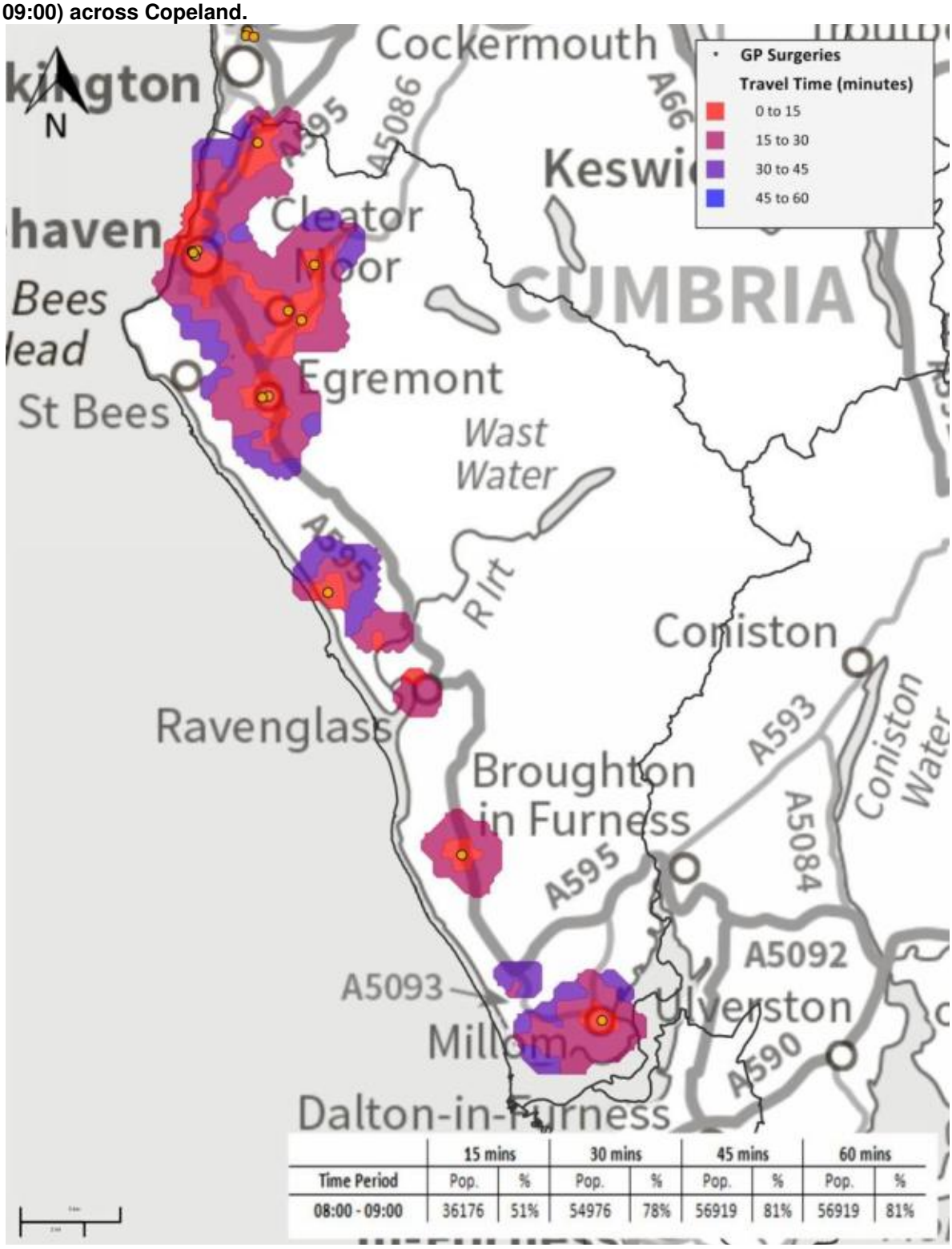
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	5168	7%	7633	11%	11433	16%	15578	22%

Figure 3.33 – Journey times by public transport to Community hospitals during the PM period (17:00 – 18:00) across Copeland.



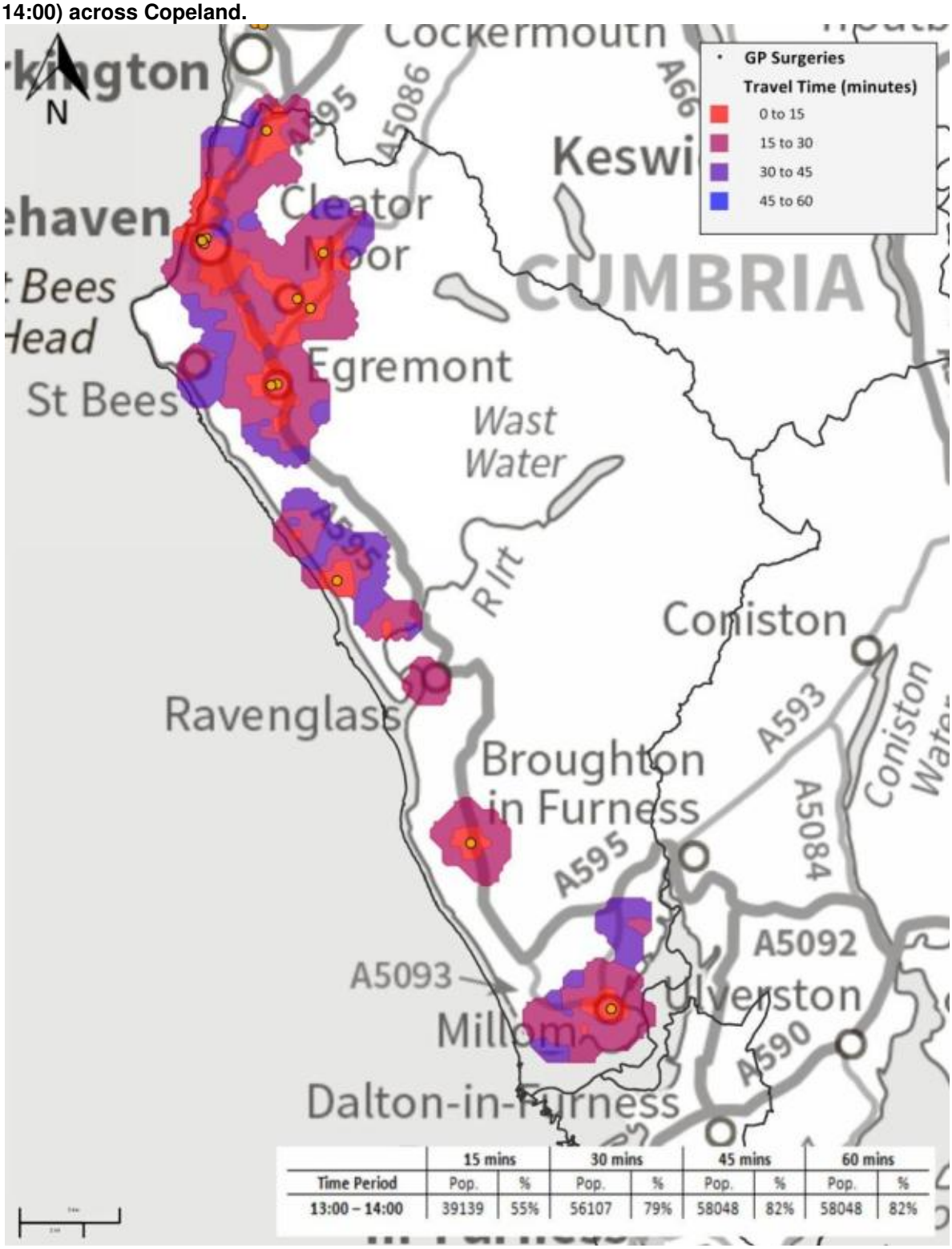
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	5099	7%	8553	12%	18130	26%	23215	33%

Figure 3.34 – Journey times by public transport to GP surgeries during the AM period (08:00 – 09:00) across Copeland.



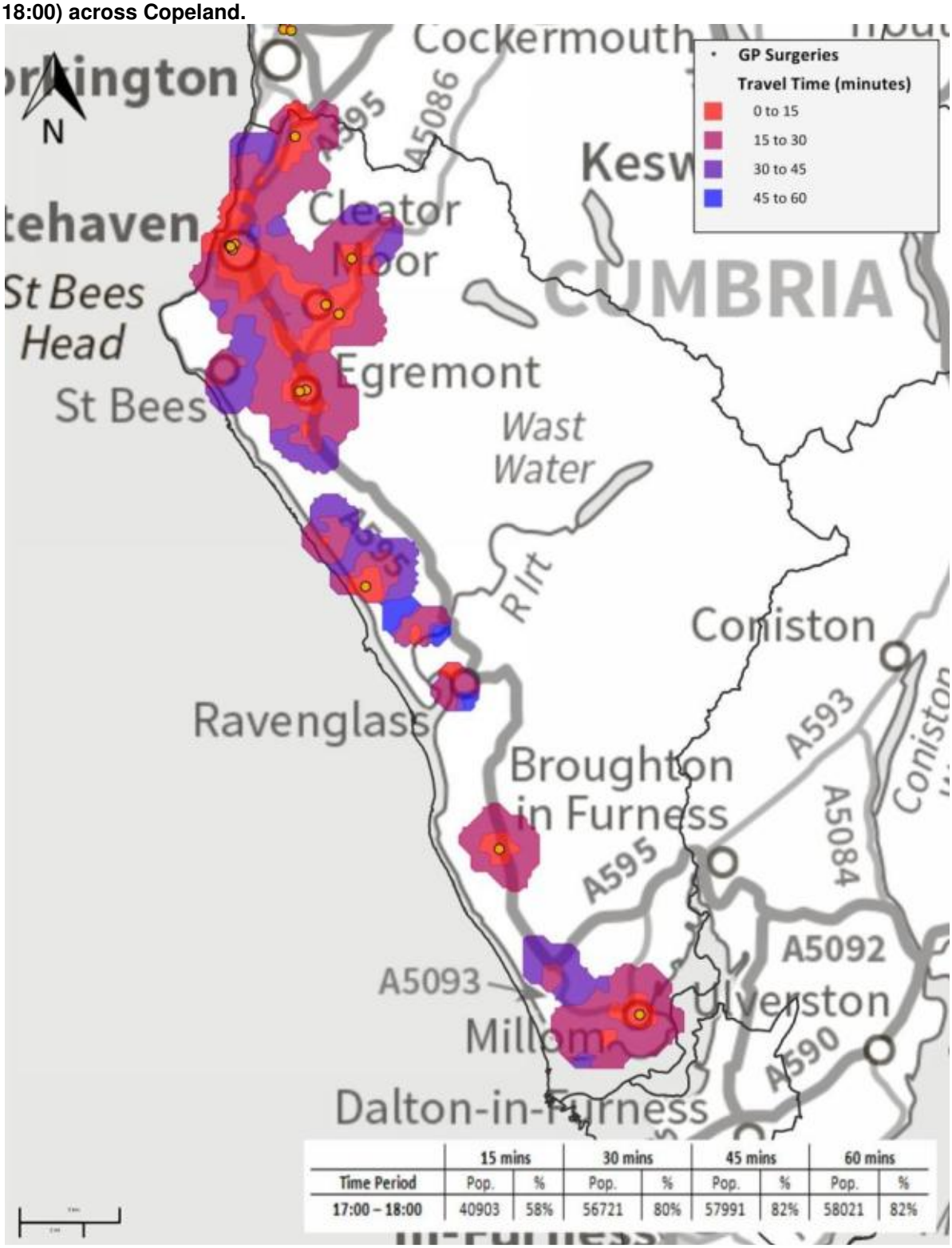
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	36176	51%	54976	78%	56919	81%	56919	81%

Figure 3.35 – Journey times by public transport to GP surgeries during the IP period (13:00 – 14:00) across Copeland.



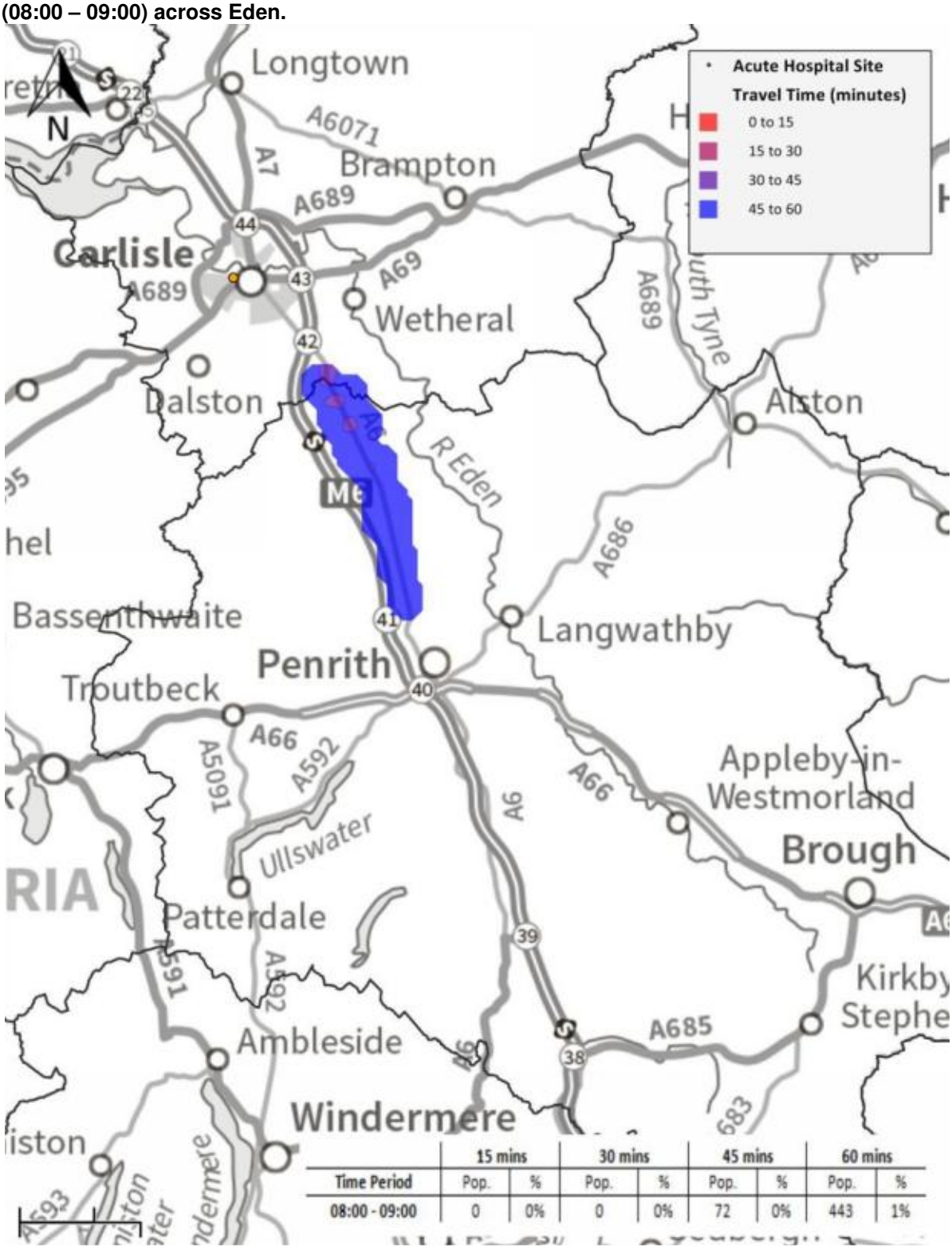
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	39139	55%	56107	79%	58048	82%	58048	82%

Figure 3.36 – Journey times by public transport to GP surgeries during the PM period (17:00 – 18:00) across Copeland.



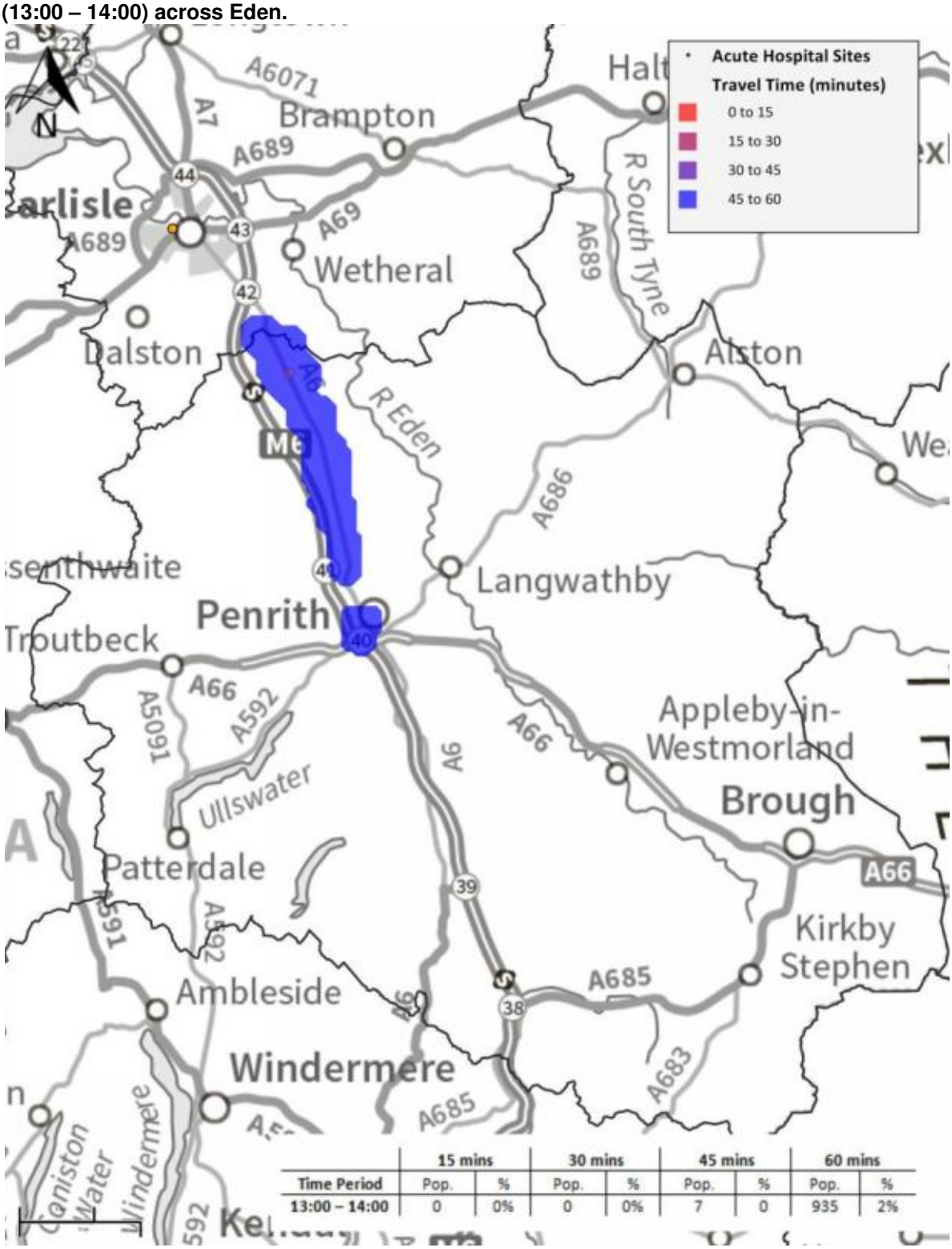
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	40903	58%	56721	80%	57991	82%	58021	82%

Figure 3.37 – Journey times by public transport to acute hospital sites during the AM period (08:00 – 09:00) across Eden.



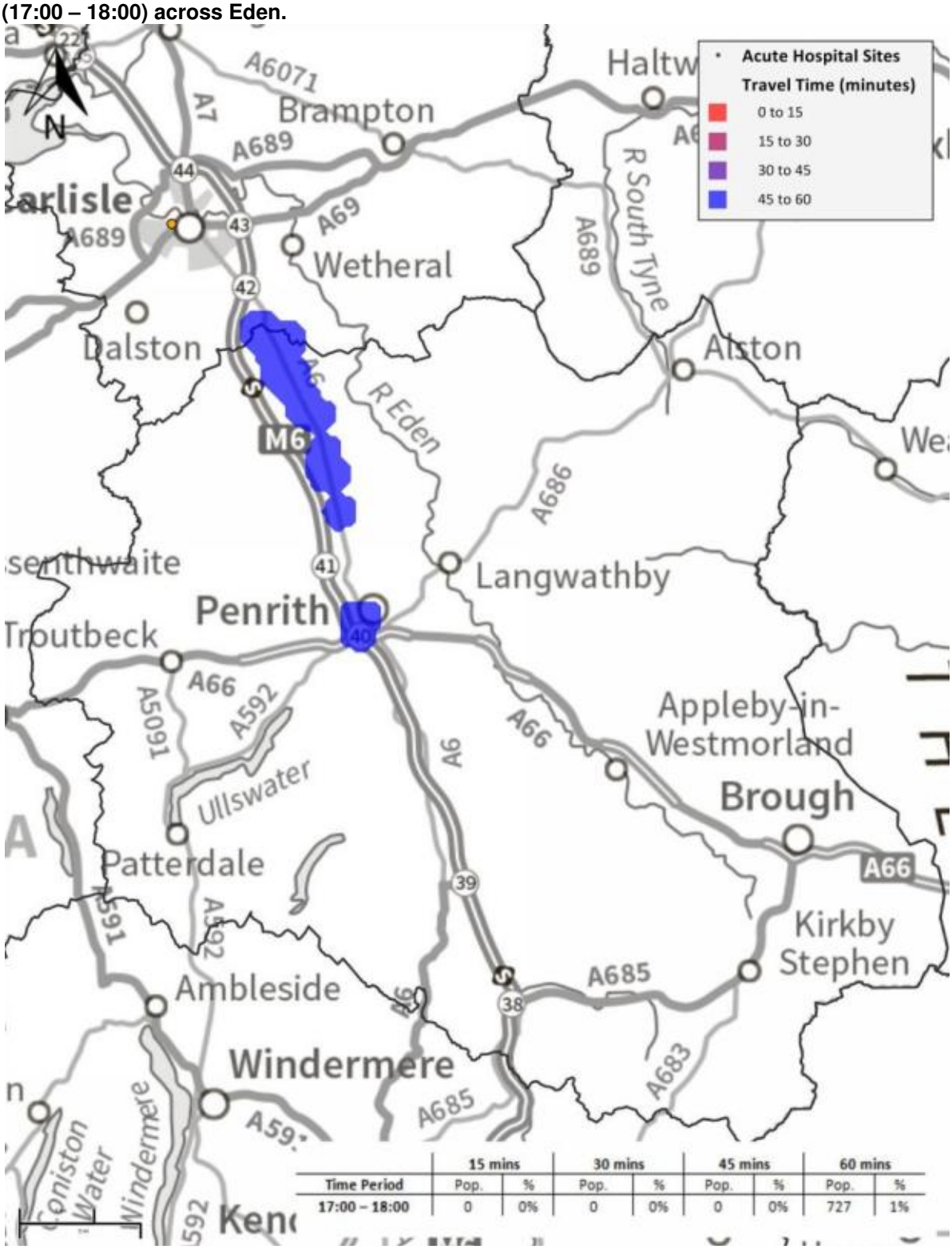
	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	0	0%	0	0%	72	0%	443	1%

Figure 3.38 – Journey times by public transport to acute hospital sites during the IP period (13:00 – 14:00) across Eden.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	0	0%	0	0%	7	0	935	2%

Figure 3.39 – Journey times by public transport to acute hospital sites during the PM period (17:00 – 18:00) across Eden.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	0	0%	0	0%	0	0%	727	1%

Figure 3.40 – Journey times by public transport to community hospitals during the AM period (08:00 – 09:00) across Eden.

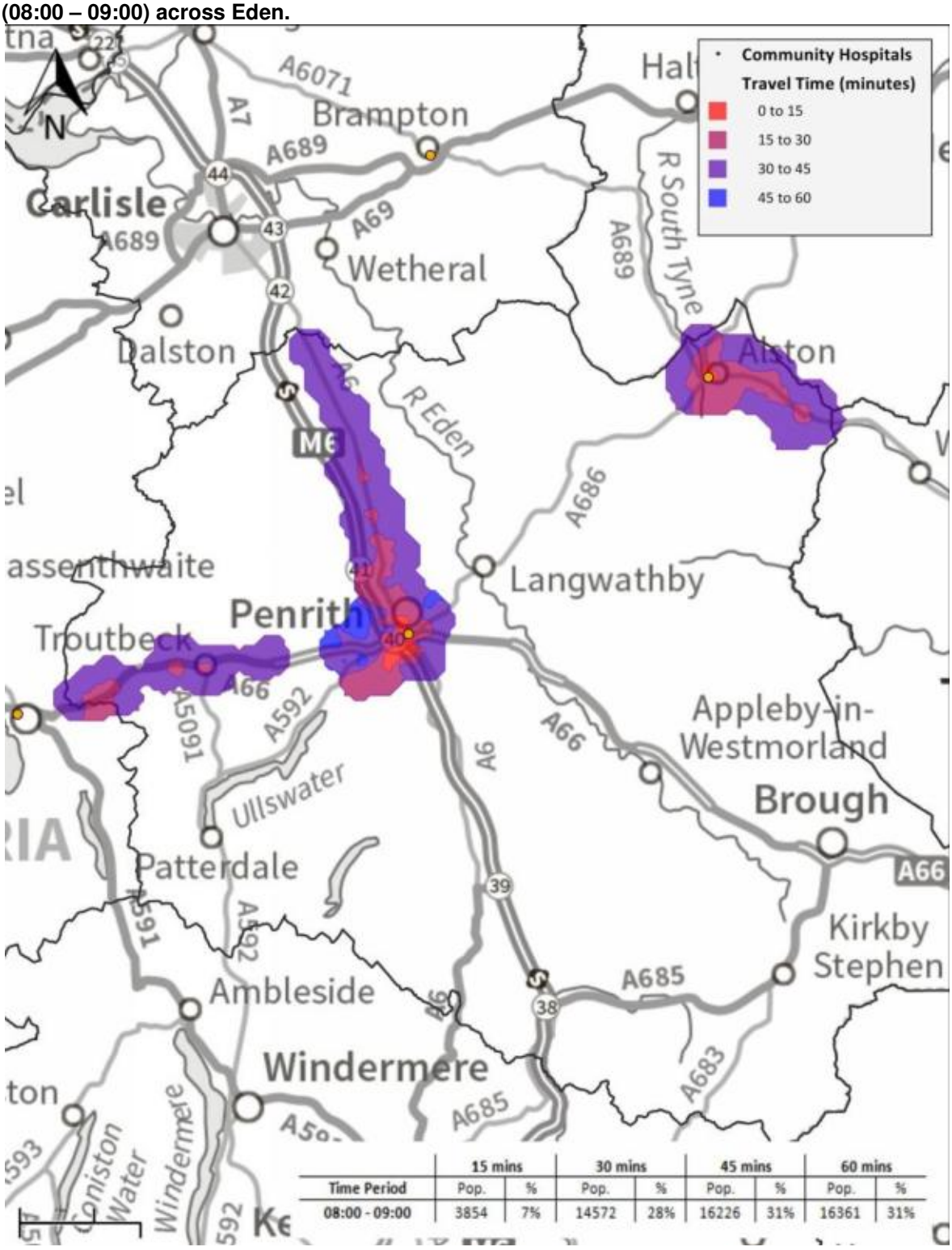
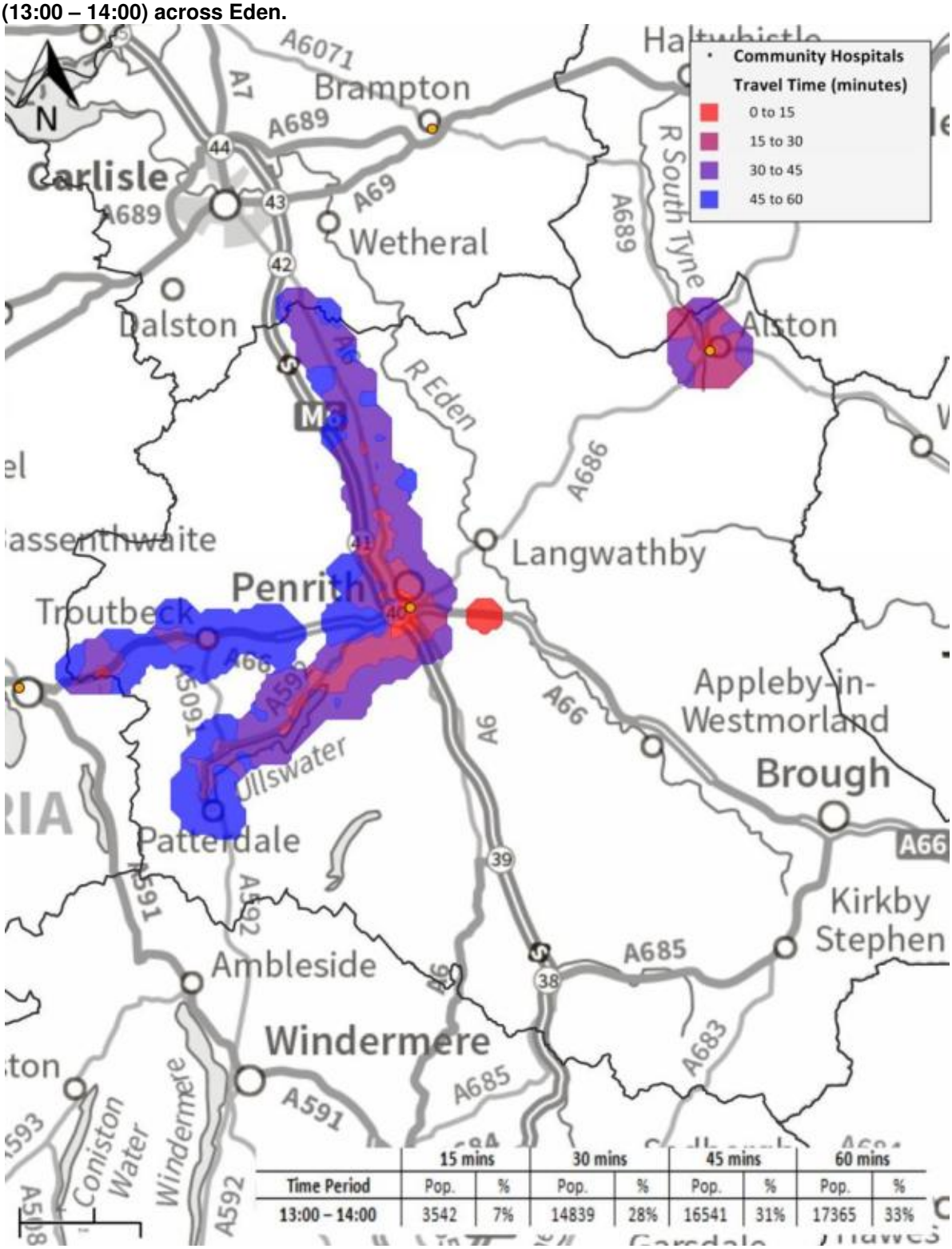
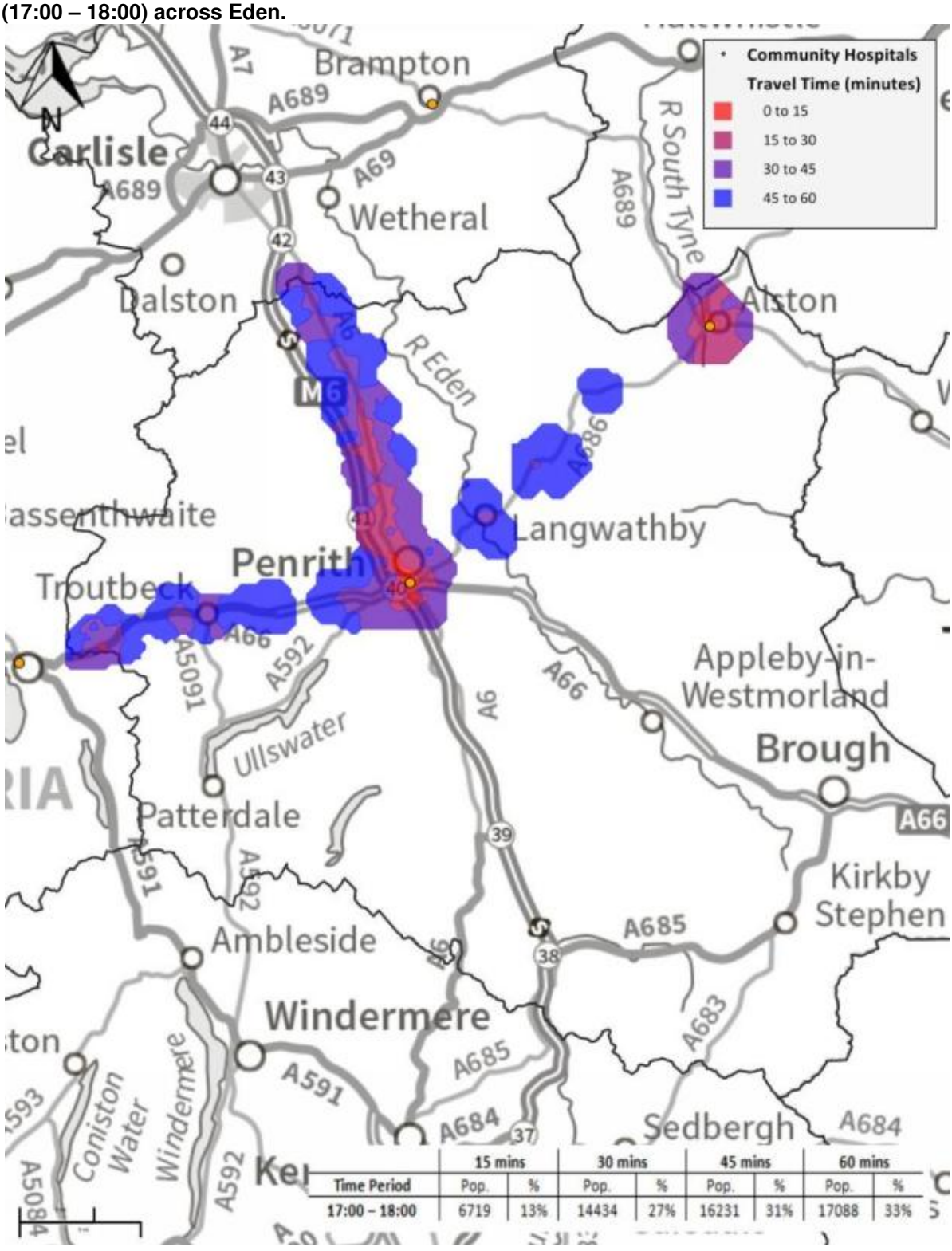


Figure 3.41 – Journey times by public transport to Community hospitals during the IP period (13:00 – 14:00) across Eden.



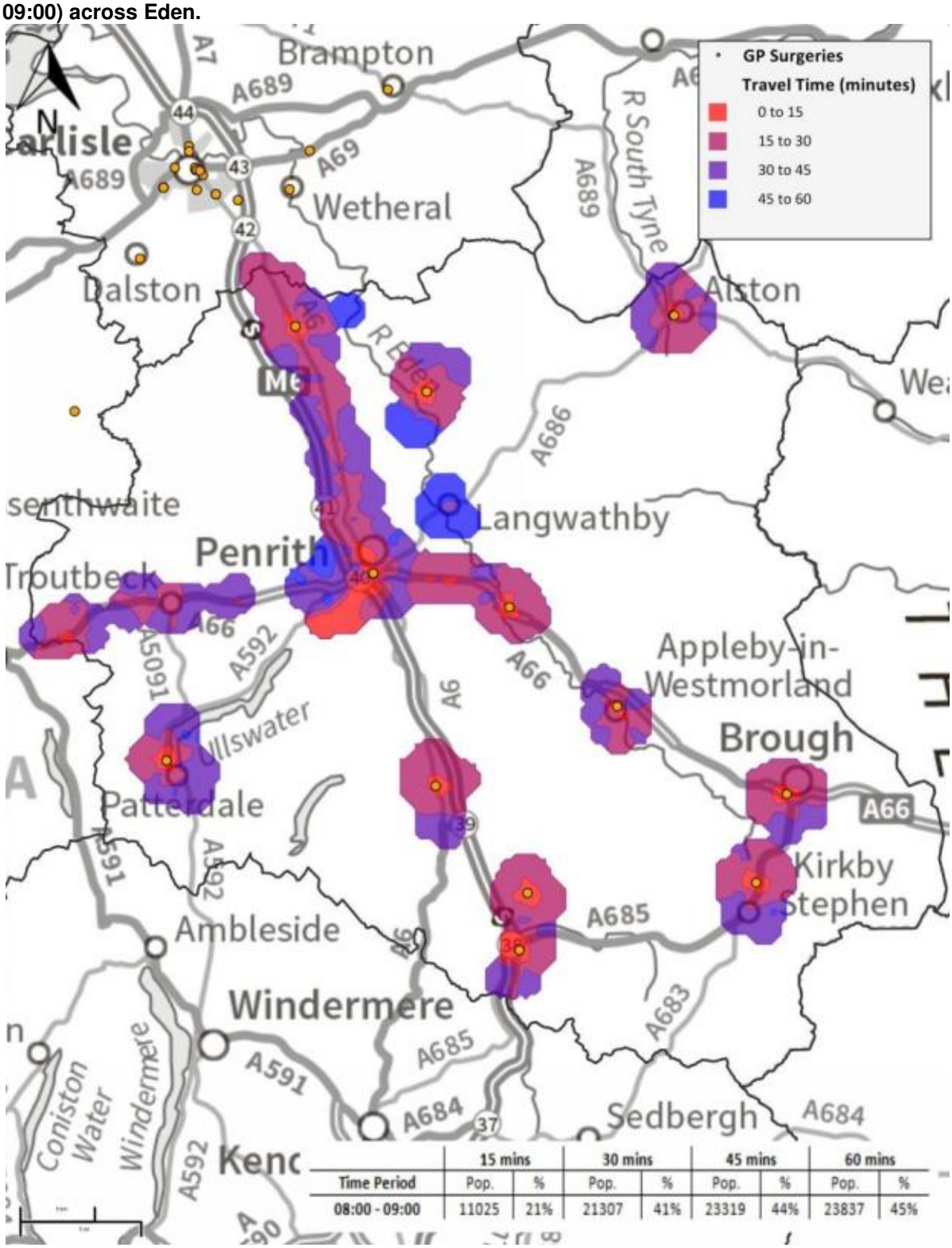
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	3542	7%	14839	28%	16541	31%	17365	33%

Figure 3.42 – Journey times by public transport to Community hospitals during the PM period (17:00 – 18:00) across Eden.



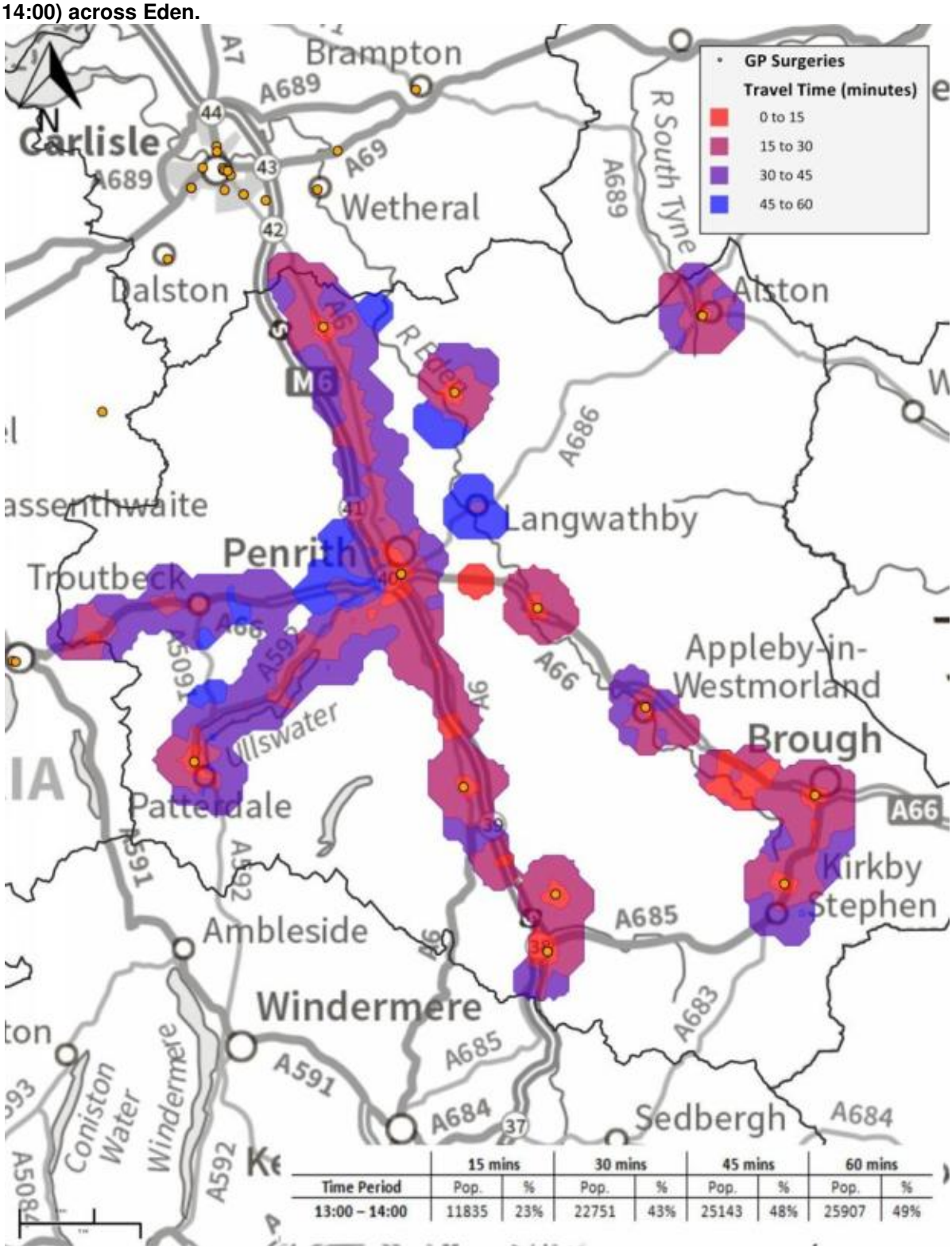
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
17:00 – 18:00	6719	13%	14434	27%	16231	31%	17088	33%

Figure 3.43 – Journey times by public transport to GP surgeries during the AM period (08:00 – 09:00) across Eden.



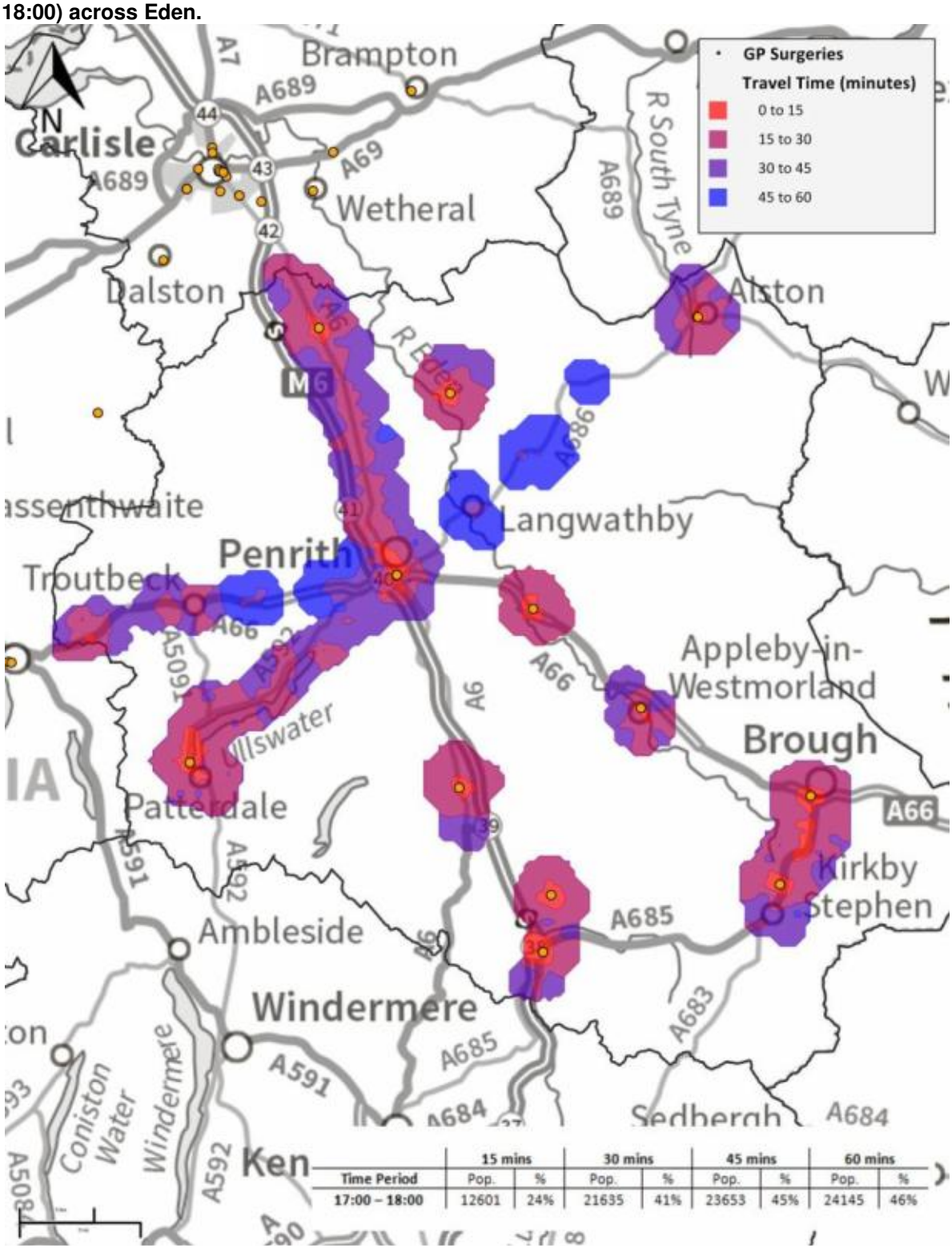
Time Period	15 mins		30 mins		45 mins		60 mins	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
08:00 - 09:00	11025	21%	21307	41%	23319	44%	23837	45%

Figure 3.44 – Journey times by public transport to GP surgeries during the IP period (13:00 – 14:00) across Eden.



	15 mins		30 mins		45 mins		60 mins	
Time Period	Pop.	%	Pop.	%	Pop.	%	Pop.	%
13:00 – 14:00	11835	23%	22751	43%	25143	48%	25907	49%

Figure 3.45 – Journey times by public transport to GP surgeries during the PM period (17:00 – 18:00) across Eden.



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