

# Getting patients to and from Healthcare

## Alternatives that Community transport (CT) can offer

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- **Transport is going to be a growing problem for more patients.**

The Patient Transport Service has to ensure that patients for whom the support, skills and resources of PTS staff are essential on/after their journey are always able to access the service. Therefore from April 1, only patients whose medical condition means they cannot attend their appointment or treatment any other way will be eligible, determined by an assessment the patient will be taken through by the responsible healthcare professional. Other patients will be advised of alternatives, e.g. family/friends cars, taxi, or public transport.

Across Greater Manchester (GM) around 1/3 of households do not have access to a car (in Manchester it is 1/2). Hackney and private hire taxi fares can be prohibitively expensive as distances increase, particularly for those on low incomes. And existing public transport services are not always able to fully respond to communities' needs for transport and access to health services. Unfortunately, the economic situation, the Governments deficit reduction measures and fiscal policy are for the foreseeable future likely to see these issues exacerbate.

While the bus network accounts for the largest proportion (around 80%) of all public transport trips in GM, it also plays a critical role in providing transport and maintaining access to health and other public services for deprived and disadvantaged communities. However, due to low passenger numbers, low revenue and high proportion of publicly funded concessions e.g. for the over 60s, bus services for those communities often have to be supported by public subsidy. Even so, those services may not be configured or be able to fully respond to those residents needs – or for vulnerable groups including people with mobility problems and learning difficulties. Furthermore, an impact of the economic situation, the Government's deficit reduction measures and fiscal policy is likely to be the reduction or even loss of some bus services (alongside rising fares). Their need for public subsidy will make bus services providing for deprived communities more vulnerable – although the Transport Authority has made changes to concessionary fares to try to protect subsidised services. Above inflation fare increases on other transport modes are certain and are already taking place.

Some patients will continue to have a range of transport options available to them. However, the cumulative effect of the changes to PTS, the economic situation, and other demographic factors including our ageing population will see increasing numbers of patients with unmet transport needs looking for ways to make their journeys, while the options available to them diminish. The health service continues to tackle 'did not attend's'; an increasing shortage of transport to healthcare appropriate to patients needs could have a negative impact on this long term effort.

- **Community transport (CT) – a Greater Manchester transport partner.**

The Greater Manchester Passenger Transport Executive (GMPTA) and the Community Transport Association (CTA) helped establish the Greater Manchester Community Transport Forum (GMCTF) to represent and build capacity and foster a strategic approach across GM.

**Retaining its independent, not for profit, community based ethos**, it is a partner in the GM transport network and strategy. Priorities include adopting common standards through their **Quality Framework** around administration, service delivery, safety and customer care, linked to a Vehicle Management System (VMS) funded by GMPTE and compliant with VOSA (Vehicle and Operator Services Agency) legislation and, working with GMPTE and AGMA to help develop a collaborative working model to allow transport from a range of providers to be booked via a 'one stop shop' using GMPTE's 'Booking, Scheduling and Dispatch' IT system.

- **Community transport could offer a practical alternative for many patients.**

CT operators are already delivering health transport (Stockport/Manchester - renal patient contract), providing Transport for Sick Children in deprivation to medical appointments - and last year ran two pilot projects in Rochdale in collaboration with healthcare providers:

**Hospital 2 Home** Supported by the PCT in Rochdale and GMPTE, the project arose from a growing awareness of the pressure on the PTS evening service, the difficulties faced by some patients requiring transport when discharged from Rochdale Infirmary outside mainstream PTS operating hours, and the operational and financial implications for the health service. There were increasing instances of very long waits for discharged patients needing transport. If PTS resources were simply not available, this led to instances of having to procure ad-hoc, unplanned, not budgeted for and expensive transport alternatives – or the patient having to be admitted. The pilot exceeded its trip targets, and is under evaluation by the PCT and GMPTE.

**GP Commissioned transport for patients** arose from local GP practices becoming increasingly aware of how the PTS was overstretched and struggling to provide for patients, and the difficulties faced by some patients using PTS to travel to hospital day clinics including uncertainty about pick up times, late arrival for appointments, long on board journey times, long waits after appointments, and a lack of 'out of hours' transport. Many of these patients did not require PTS staff skills or support - just transport that provided for their needs. Having heard about 'Hospital 2 Home', a cluster of 10 GP practices worked with the local community transport operator to trial an alternative complementary service for this group and relieve the pressure on PTS, with requests that did require PTS staff support forwarded on to them. In its first week of operation the CT booked 80% of the trips that would normally have been requested through the PTS. After 3 weeks the project had processed 236 trip requests. 154 were provided by the community transport operator, and 82 were forwarded on. **Costs comparison:** Return trip, Rochdale to (the former) Rossendale Hospital - PTS: £140. Community Transport: £16. Return trip, Rochdale to St. James Hospital, Leeds – PTS: £250. Taxi: £132 inc. waiting time. Community Transport: £40. The cost data shows demonstrable savings, and passenger feedback was overwhelmingly positive.

Uncertainty around the restructuring of the NHS has limited opportunities to explore the replicability and scalability of these pilots. GMCTF, GMPTE and other partners are maintaining dialogue with the NHS across GM and with local healthcare service providers.

Community transport is not searching for grants; but through partnerships can offer alternative solutions to providing transport for patients to and from healthcare, especially for deprived communities and vulnerable groups. By **complementing** the Patient Transport Service, it could provide for patients with other but significant needs, and help the NHS address escalating costs arising from missed appointments, 'did not attends', provision of expensive ad-hoc unplanned transport, unnecessary admissions, and 'above contract' spend on PTS.

**David Campbell**

Transport Partnership Officer, Transport Resource Unit, GMCVO. 17 February 2011.  
t. 0161 277 1014. e. david.campbell@gmcvo.org.uk