

Measure title: **Linking Individual Passenger Transport Information with Healthcare Appointments**

City: **Norwich**

Project: **SMILE**

Measure number: **8.6**

A Introduction

The Planning and Transportation department of the County Council currently provides a wide range of transport services to the public in the county of Norfolk via the Passenger Transport Group (PTG).

Health related transport is currently provided by several different agencies such as the Health Sector, Social Services and Voluntary sector, all operating independently of each other. However, information regarding these services and others such as the more conventional bus and community transport journeys, tends to be fragmented. All too often when the public's perceived need for transport is investigated, transport services are found to be in place already. Public unawareness of transport options and problems in accessing this information support this perception. This is of particular importance to rural communities where social exclusion needs to be addressed.

This project has explored the potential of collating all relevant information about transport options and presenting it in a customer friendly format on any necessary documentation i.e. as part of the hospital appointment letter.

The overall aim was to provide a seamless mechanism for hospital users to access transport information to allow them to make choices on how they meet their appointment.

A1 Objectives

The measure objectives are:

- **Objective 1** - To increase the use of public transport for accessing health care, particularly from rural areas
- **Objective 2** - To reduce the number of hospital appointments not attended
- **Objective 3** - To achieve an integrated and co-ordinated approach to providing transport information for accessing health care appointments

A2 Description

This project involved discussions with a main partner (Norfolk & Norwich University Hospital [N&NUH]) to identify a way in which improved transport information could be provided to patients attending appointments. Existing practices were reviewed and information collected. A significant problem was encountered with the withdrawal by N&NUH, who stated that despite initial commitment to the project, their financial position and resource constraints meant they were unable to fund the installation of an electronic journey planning facility, which was a key part of taking the project forward.

Emphasis was then placed on improving the availability of travel information at the hospital as a whole. Meanwhile, alternative parties were sought to work with, which included a city centre doctor's surgery and the housing department at Norwich City Council. However, both parties declined to participate in the scheme. The reason given by the City Council was that most enquiries are dealt by telephone and the doctor's surgery had concerns that patients could not be persuaded to use public transport to access appointments when they are feeling vulnerable through ill health.

Overall, this project has highlighted a wide range of issues that affect delivery of projects that involve different parties with different financial and resource pressures. Although outputs have not met the original aims, the project has raised important issues about the difficulties faced when working with different partners who have differing aims and objectives. In addition, this project has raised awareness of the need for information on public transport provision being made available when accessing medical appointments. This has led to the County Council and the N&NUH working together to put together a public transport leaflet for the hospital and identify areas where more information needs to be provided.

B Measure implementation

B1 Innovative aspects

The innovative aspects of the measure are:

- **New conceptual approach, locally** – there is no provision locally that provides patients attending appointments at the hospital with information on passenger transport options available to access the hospital. This was a key 'driver' for developing this measure and looking to implement a new conceptual approach to tackling this problem
- **Targeting specific user groups** – the specific user group targeted was those visiting the hospital as a result of receiving an appointment invite. Within this group of users, there is a wide range of people of different ages, health, gender and employment status
- **Use of new technology/ITS** – There is currently no technological option that generates passenger transport options at the time of sending out appointments. The successful implementation of this measure would have relied upon new technology being developed and implemented.

B2 Situation before CIVITAS

Appointment letters are sent out to patients and although summary contact details for public transport are provided, this is very general information and is not specific to the journey that would need to be undertaken to access the hospital. All patients receive the same information, irrespective of where they live or what time their appointment is. Patients who are arranging their own travel to the hospital are responsible for finding out information on the different modes available.

B3 Actual implementation of the measure

The measure was implemented in the following stages:

Stage 1: Data collection (Jan 06 – Jan 07) – This stage involved collecting information on existing patient transport arrangements and attendance at appointments. An assessment was also made of the existing publicity available at the hospital and what was sent to patients. This stage also included meetings with stakeholders and questionnaire surveys at the hospital to ask those arriving at the hospital a range of questions related to public transport and access to public transport information.

Stage 2: Technical evaluation (Jan 06 – Jan 07) – This related to an assessment of suitable IT solutions and associated costs and ran in parallel to Stage 1. This also included meetings with stakeholders.

Stage 3: Assessment of alternative solutions (Jan 07 – Jan 08) – This related to the consideration of alternative partners and project delivery options once it was clear that the hospital were not in a position to continue with the project. Meetings were held with alternative partners.

Stage 4 (Jan 08 – present): Development of improved public transport information provision at the hospital for visitors, patients and staff.

B4 Deviations from the original plan

The deviations from the original plan comprised:

- **Lack of financial and resource commitment from the main partner to delivering the original objectives of the project** – this was a significant set back as initial feedback from the N&NUH was that there was support for the initiative at the project outset. The withdrawal of the N&NUH forced the project to seek alternative parties to work with. It should be noted that even if an alternative party had successfully been found, the project would have been significantly smaller in size and substantially reduced the scope and impact of the project. Ultimately, we were not able to locate and work with any alternative parties.
- **Unable to deliver an integrated electronic journey planning facility for creating personalised journey options for patients** – the withdrawal of support from the main partner meant it was not possible to continue and develop the proposed integrated journey planning facility. No work has been undertaken to find a technological solution for automatically generating public transport information that is specific for a hospital appointment.

B5 Inter-relationships with other measures

The measure is related to other measures as follows:

- **Measure 8.5: On-street ticket vending machines** – Measure 8.5 had the aims of enhancing the public transport at the hospital by making it easier to purchase tickets and improve the punctuality and reliability of public transport. This was achieved through installation of a bus ticket machine at the hospital.

C Evaluation – methodology and results

C1 Measurement methodology

C1.1 Impacts and Indicators

Table of Indicators

NO.	INDICATOR	DESCRIPTION	DATA /UNITS
15	Perception of PT accessibility	Attitude survey of perception of physical accessibility of PT network (distance to nearest PT stops)	Index, qualitative, collected, survey
16	PT services relative cost	Cost of PT related to average personal income (i.e. cost of a weekly, monthly or annual pass in proportion of the average weekly, monthly or annual income, respectively)	Index, quantitative, measurement
17	Perception of PT security	Perception of security when using PT options	Index, qualitative, collected, survey
18	Accuracy of PT timekeeping	Percentage of services arriving/departing on time compared to timetables (each city should fix the interval of time considered as a delay compared with timetable)	%, quantitative, collected, measurement
19	Quality of PT service	Perception of quality of PT services	Index, qualitative, collected, survey
Local Indicator	Healthcare Appointments	Number of healthcare appointments not attended	Number of patients

Detailed description of the indicator methodologies as set out for meeting the original objectives of the scheme:

- **Indicator 15** (*Perception of public transport accessibility*) – Regular surveys are conducted to understand passenger satisfaction with public transport, which includes factors such as access to services and information. In addition, bespoke surveys were undertaken at the hospital.
- **Indicator 16** (*Public transport services relative cost*) – This has not been completed, as a ‘tool’ for generating public transport options has not been developed.
- **Indicator 17** (*Perception of public transport security*) – Bespoke surveys were undertaken at the hospital.

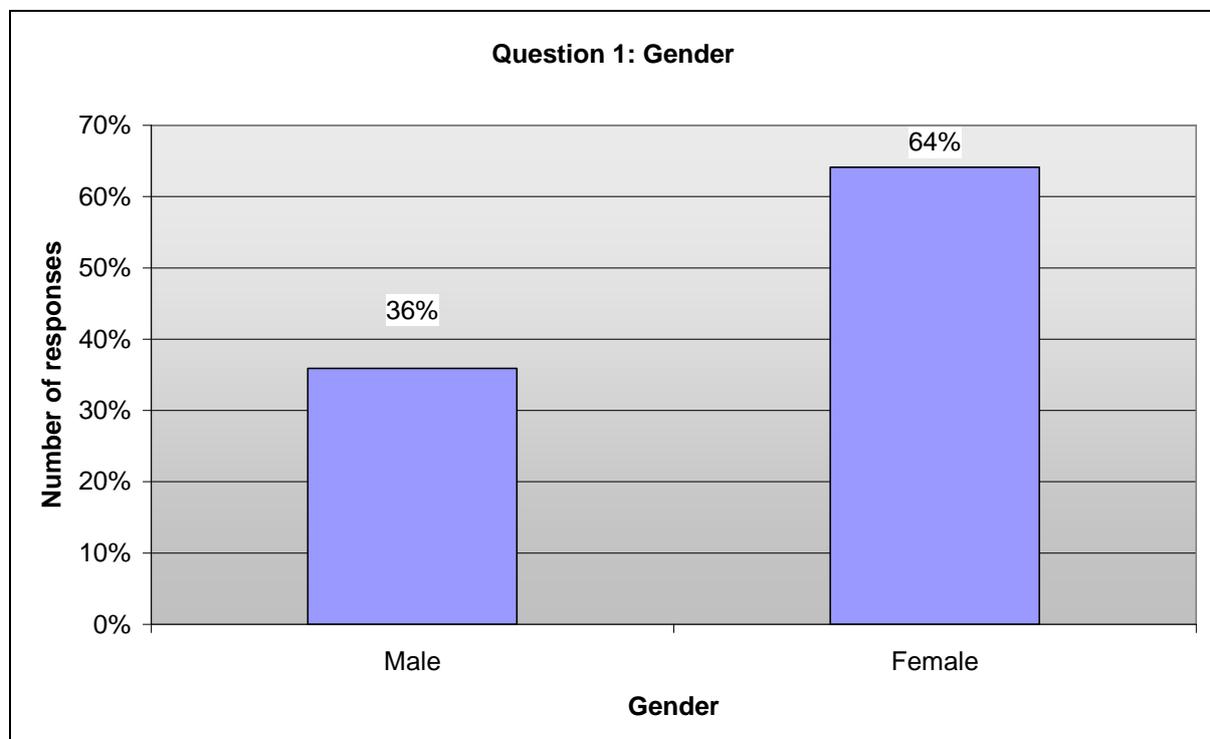
- **Indicator 18** (*Accuracy of public transport timekeeping*) – This has not been undertaken as the project has not developed as intended.
- **Indicator 19** (*Quality of public transport service*) – Regular surveys are conducted to understand passenger satisfaction with public transport.
- **Indicator 20** (*Healthcare appointments*) – Information on healthcare appointments is available from the hospital as part of their regular monitoring.

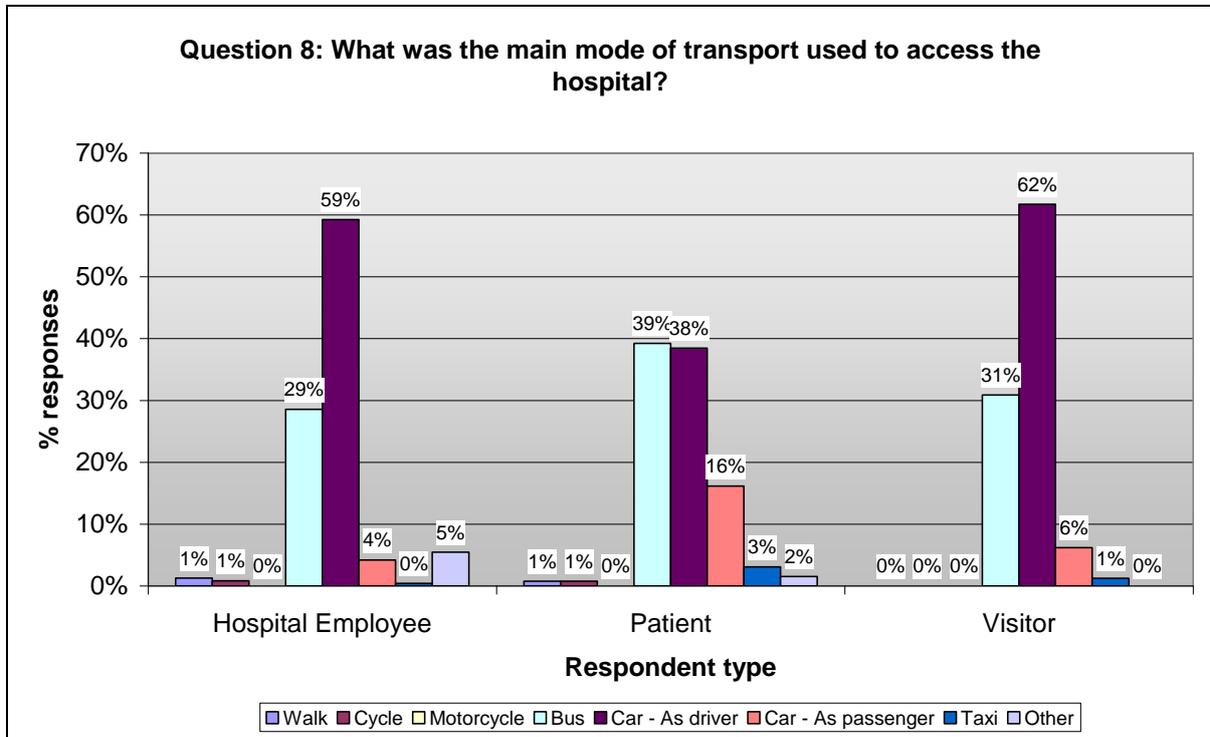
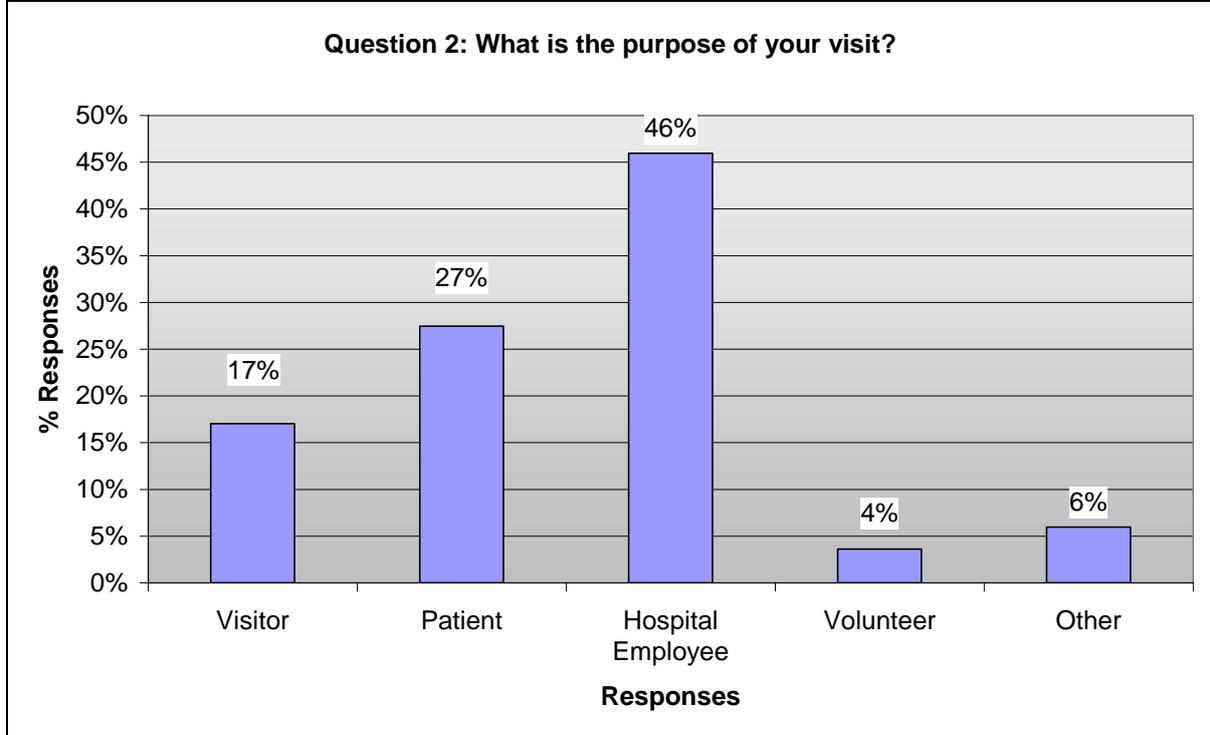
C1.2 Establishing a baseline

At present, there are around 550,000 outpatient and day surgery visits to the hospital each year. The majority of these (75%) are those visiting outpatients, with the remainder (25%) being in-patient and day cases. Based on questionnaire surveys at the hospital conducted for this study, the main mode of transport to the hospital by patients is bus (39%), closely followed by those accessing by car as a driver (38%). Those accessing by car as a passenger is 16%, with only 3% accessing by taxi. Less than 2% travel to the hospital by walking and cycling.

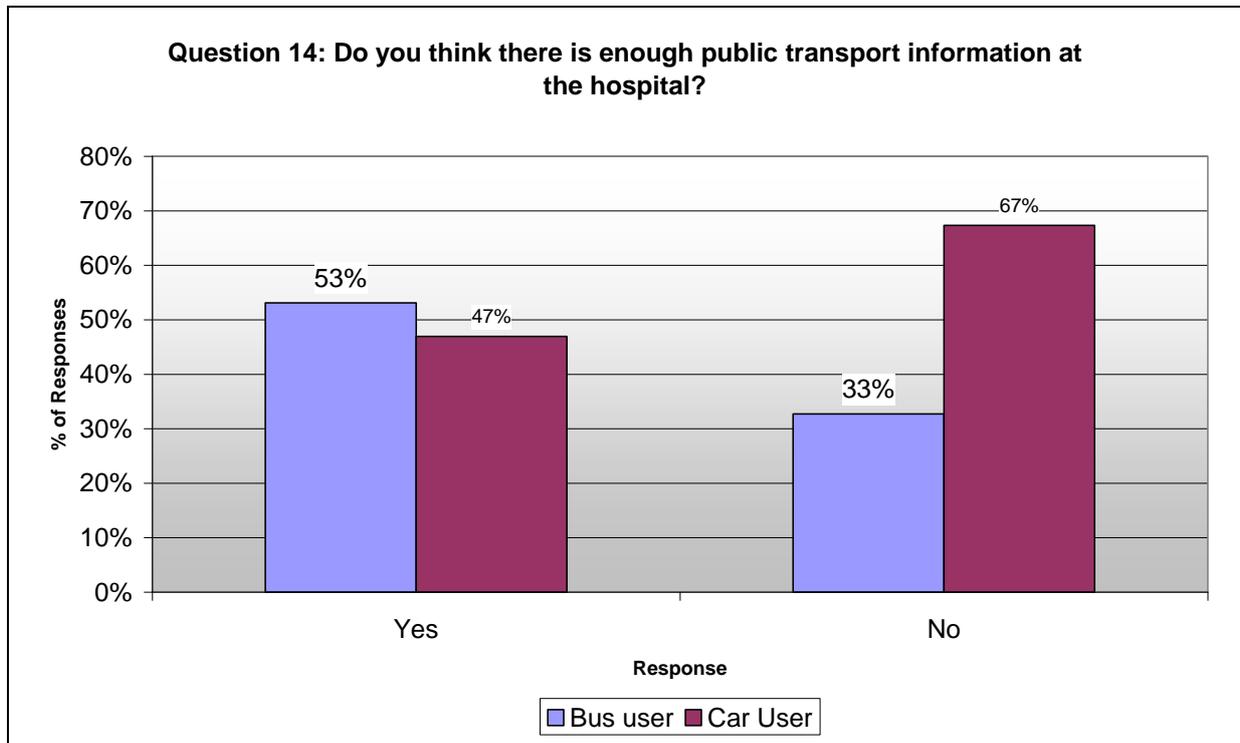
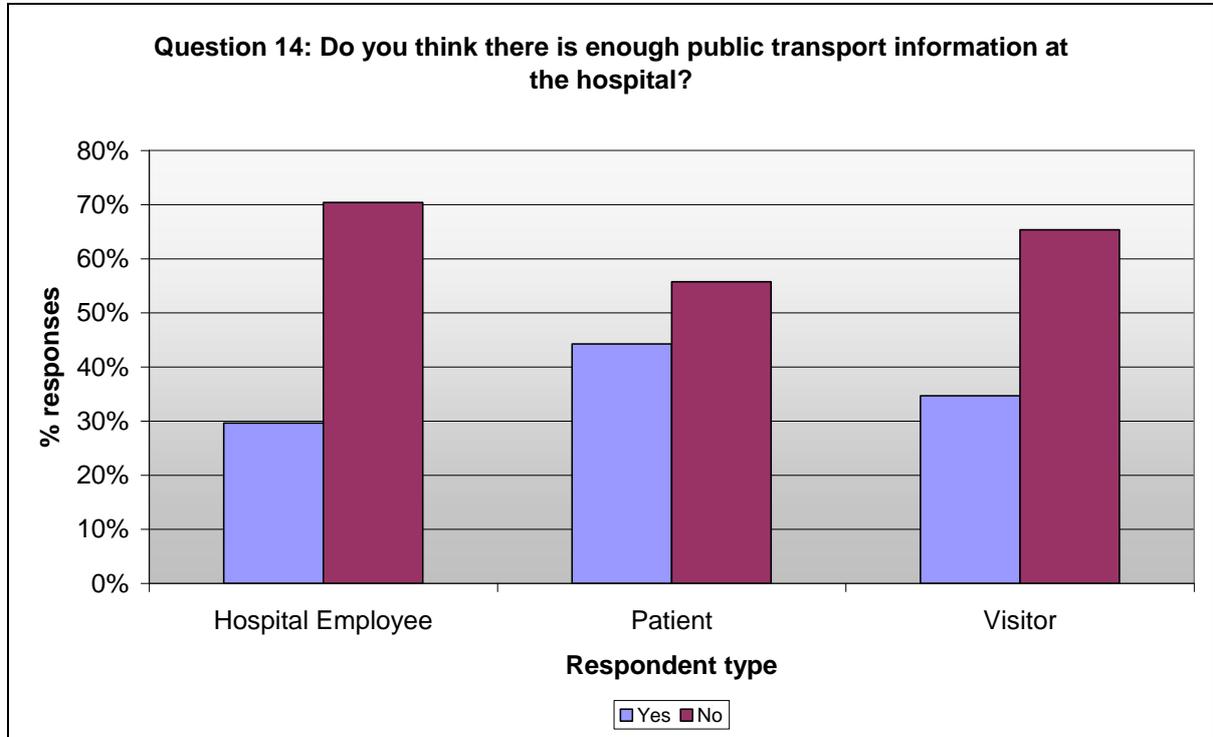
Travel information to the hospital is available on the N&NUH website and limited information is available in the patient handbook.

Face-to-face questionnaire surveys of staff and visitors were undertaken at the hospital over two days in March 2008 (18 / 19). In total, 471 people were interviewed. A breakdown of the survey results is outlined below.

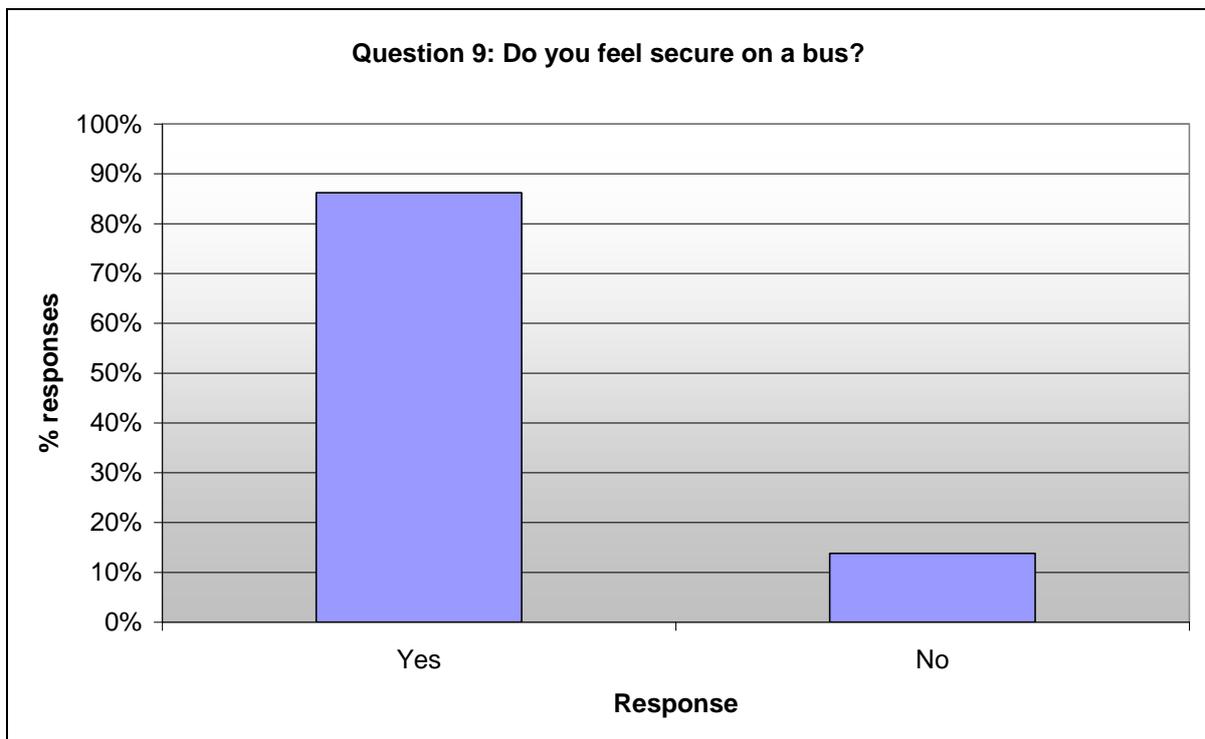


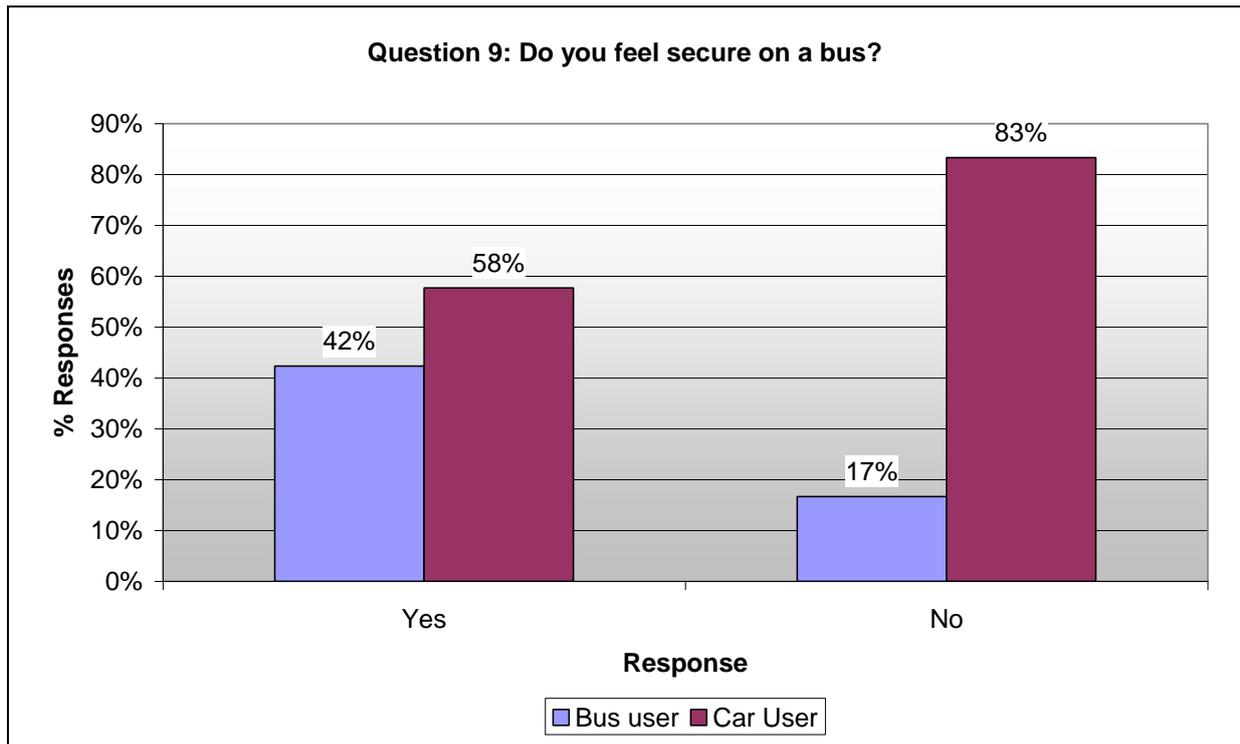


For visitors and employees, the majority of people travel to the hospital by car as a driver. However, for those arriving for medical care, the main mode of transport is bus. Few people travel by taxi, cycle or foot.

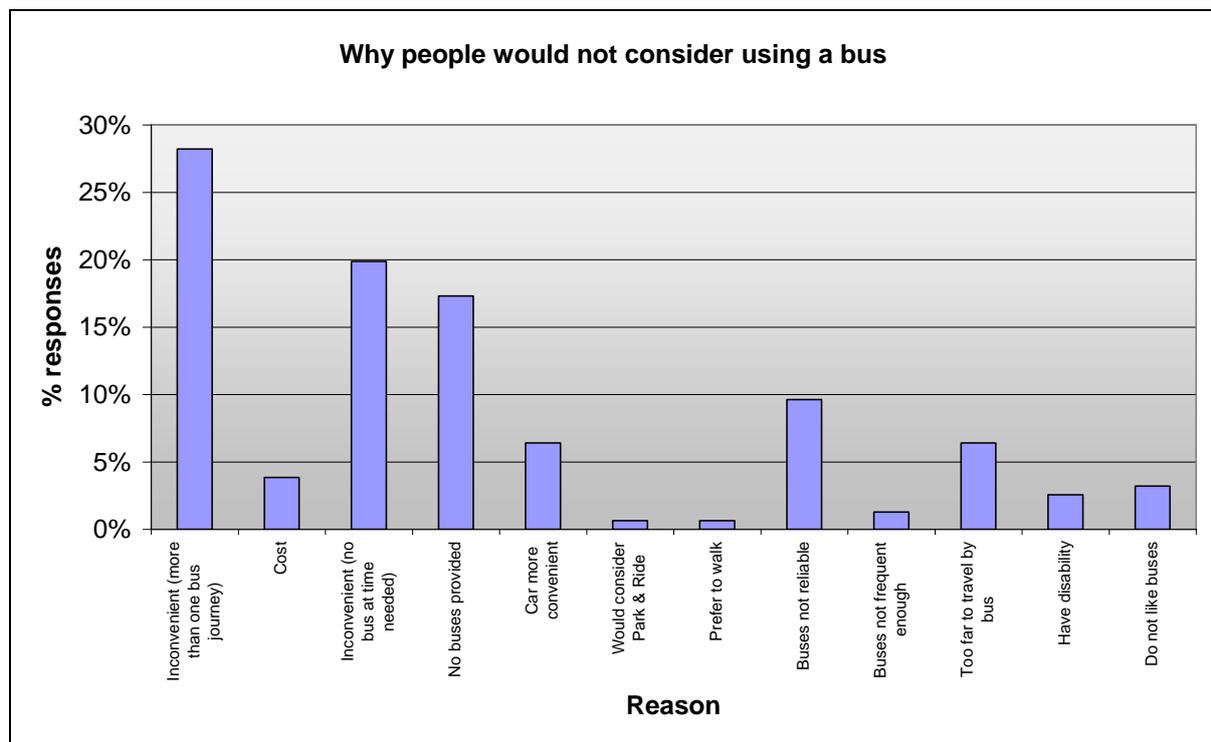


A question was asked as to whether respondents felt secure on a bus. A clear definition of 'secure' was not volunteered but if asked, the answer was given that the question was seeking to identify whether people felt threatened or were fearful of physical assault by fellow passengers on a bus or waiting a bus stop. This did not relate to a personal fear that may come from dangerous driving or fear of being involved in a road accident.

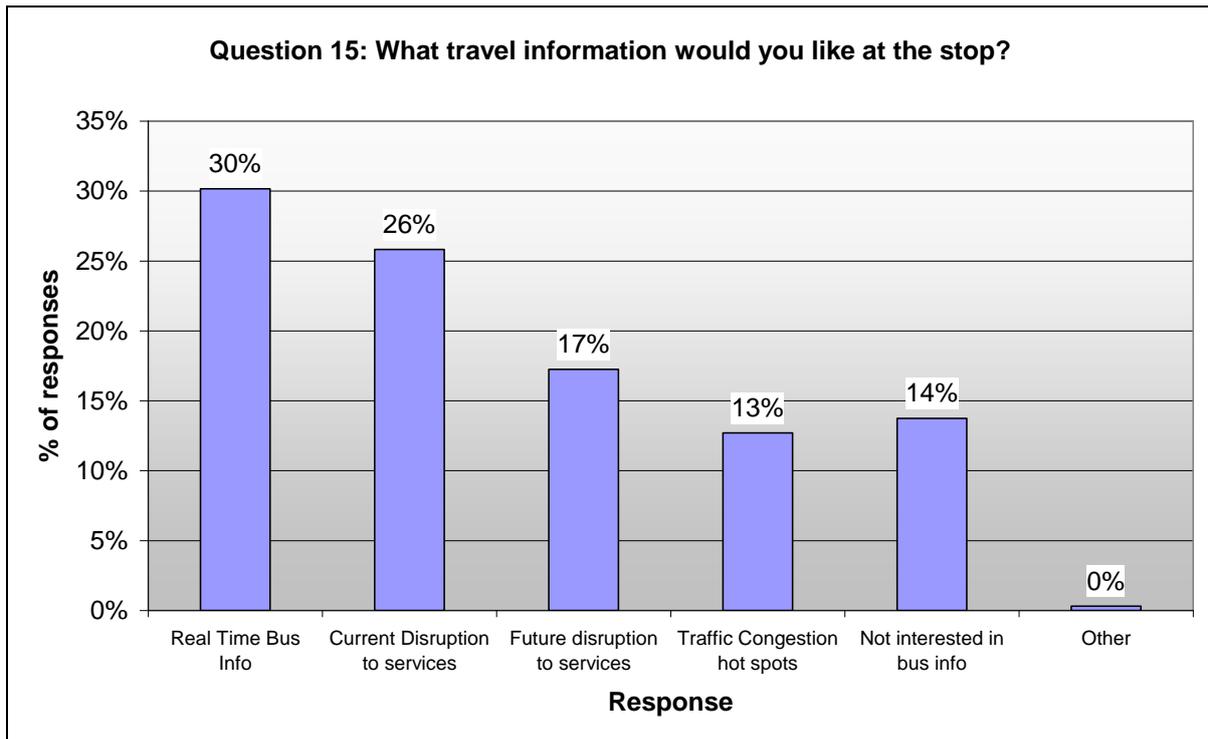




Respondents who had not travelled by bus to the hospital were asked why they would not consider using a bus for their journey to the hospital.



All respondents were asked what travel information they would like to see at bus stops. More than one response could be given and responses were given on a scale of 1 (low priority) to 5 (high priority). Presented below is a summary of the total scores given for each option.



C1.3 Building the business-as-usual scenario

The business as usual scenario centres around existing travel patterns and modes of transport remaining largely unchanged. There are no significant plans for the N&NUH to expand in the future so the number of outpatient and day surgery admissions should remain relatively stable.

C2 Measure results

It was not possible to deliver key elements of the measure for reasons outlined earlier. Efforts to improve public transport information at the hospital have been discussed between Norfolk County Council and the hospital. New posters and leaflets have been designed and a radio advert campaign has been launched from December 2008. Feedback from patients and staff is being sought through comment cards and interviews at the hospital but results of this are not expected until Feb/Mar 2009.

C3 Achievement of quantifiable targets

No.	Target	Rating
1	To increase the use of transport for accessing health care, particularly from rural areas	0
2	Reduce the number of hospital appointments not attended	0
3	To achieve an integrated and co-ordinated approach to providing transport information for accessing health-care appointments	0
4	To install an electronic transport journey planning facility for linking transport to hospital appointments	0
<p>NA = Not Assessed 0 = Not achieved * = Substantially achieved (At least 50%) ** = Achieved in full *** = Exceeded</p>		

Due to the majority of the project not being delivered, the targets outlined above are classed as 'Not achieved'.

C4 Up-scaling of results

There is little up-scaling that can be done as the original scheme has not been delivered.

C5 Appraisal of evaluation approach

Evaluation of the Measure has not been possible as the key elements of the project have not been delivered. There has been little or no intervention to the business as usual scenario against which the Measure can be compared.

C6 Summary of evaluation results

There is little that can be evaluated from this Measure as it was not possible to deliver the project as intended. The lessons learnt (see below) provide a more meaningful assessment of the project.

D Lessons learned

D1 Barriers and drivers

D1.1 Barriers

- **Barrier 1** – Many organisations (public and private) have difficulties allocating funding and resource to initiatives where the outcome is uncertain. In this instance, the hospital, which is a public service, was not able to commit based on these difficulties
- **Barrier 2** – The size and complexity of the N&NUH meant it was not possible to make decisions swiftly as to their involvement in the project. Decisions relating to resource and finance needed to be agreed through a complex procedure of project boards and business case assessments. In this instance, appropriate time and resource to conduct such assessment was not made available within the organisation despite offers of resource being made to assist. Delays in reaching a conclusion led to a reduced length of time being available for seeking alternative partners. Delays in receiving feedback from the N&NUH throughout the assessment process were considerable and made progress with the project slow.

D1.2 Drivers

- **Driver 1** – Increasing congestion and possible adverse impacts this may have on health mean there is an increasing need for people to use more sustainable transport to access facilities such as hospitals. This is recognised by the N&NUH and Norfolk County Council

- **Driver 2** – Pressure on parking and access to the N&NUH site creates a requirement for more sustainable transport modes of transport to be used
- **Driver 3** – A lack of information on public transport options available may lead to patients using more expensive travel options, such as taxis being used when this may not be the only option available
- **Driver 4** – The fact that there is a communication with patients inviting them to attend an appointment provides an ideal opportunity to present additional information and raise awareness of alternative travel choices.

D2 Participation of stakeholders

- **Stakeholder 1 (N&NUH)** – Despite initial enthusiasm for the scheme, the main partner withdrew, citing difficulties with finance and resource implications. Support has been provided for the subsequent production and presentation of enhanced public transport information to display at the hospital
- **Stakeholder 2 (Health centre and Norwich City Council)** – Alternative stakeholders were sought but were not able to commit to developing the project.

D3 Recommendations

Despite the Measure not being delivered in Norwich, it is the view of the project team that there should be a recommendation for this Measure to be delivered in other cities. The potential benefits of a successful project implementation are significant.

- **Recommendation 1** – A wide range of partners should be engaged at the earliest opportunity. Should there be difficulties with one partner, it should be possible to continue to develop the project with other partners at the earliest opportunity.
- **Recommendation 2** – Topics of finance and resource requirements should be considered at the outset of the project to ensure all parties are clear as to what involvement and commitment is needed throughout the project delivery period.

D4 Future activities relating to the measure

Norfolk County Council remain committed to identifying what opportunities there are for taking a similar scheme forward with key organisations such as hospitals, educational establishments, local authorities and departments and events management companies. Provision of high quality, timely information that is specific to individual needs and made available prior to travel has a significant part to play in encouraging modal shift to more sustainable transport.