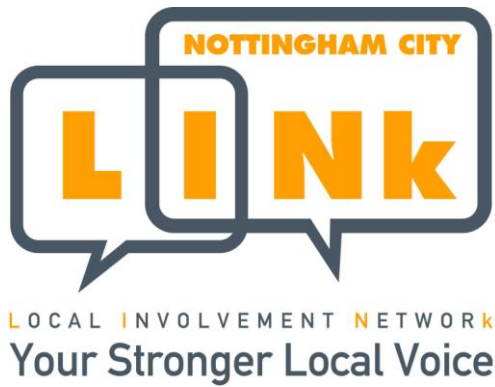


31<sup>st</sup> of March 2010



NOTTINGHAM  
CITY LINK

## TRANSPORT REPORT: MEDILINK SERVICE

September 2009 – March 2010 | Task and Finish Group report

## Contents

Executive Summary .....	2
I. Origination of Issue .....	4
II. Participation & Partnership Working .....	4
III. Background to the Transport Project.....	4
IV. Research and Collation of Information .....	5
V. Results .....	8
VI. Recommendations.....	10
VII. Monitoring of recommendation uptakes.....	10
Appendices .....	11

## Executive Summary

The Local Involvement Network is an independent network of local individuals, groups and organisations that work together to raise community concerns about all publicly funded health and social care services. Since April 2008 LINKs have been set up in every Local Authority area in England to give communities a stronger voice in how their health and social care services are planned and delivered.

The LINK is not a complaints service. It will investigate issues, propose improvements and use its powers to hold service providers to account. The LINK will refer matters to the relevant complaints agencies when issues fall outside of the LINKs remit.

Here at the Nottingham City LINK we consult with the community to gauge their experiences of how health and social care services are delivered in their area. Then we listen to what the community's recommendations are and use the powers of the LINK to make a difference at a local level.

The Nottingham City LINK is led by a Board of Directors that identify the key strategic priorities in the annual Work Plan. The Work Plan stated the central work-streams that LINK Participants can get involved in by becoming members of a Task and Finish Group. The Transport Task and Finish Group consists of interested LINK participants that have service user experiences, or related work experience, or are simply interested in contributing improving public transport. Since October 2009 the Group has been combining their areas of expertise to compile this report which focuses on the success of the Medilink service with references to areas for improvement or expansion. Furthermore, this Task and Finish Group has looked at the current and future developments of Nottingham City Transport with particular reference to areas of good practice.

We have identified possible ways to improve the current Medilink service and encouraged an extension of the service. We are confident that the service providers will welcome these recommendations and find them invaluable to ensure effective patient and public engagement in service improvements.

The key recommendations are summarised as follows:

- With over a third of Medilink passengers using the service for healthcare appointments, the service requires more funding to enable the service to run past 6pm and to run on the weekends.

- The Medilink service should work closely with Nottingham University Hospitals NHS Trust on surgery times to co-ordinate patient appointments with the availability of the Medilink service, particularly in the evening.
- Once further funding has been guaranteed, the Medilink service should review its routes to determine the possibility of adding further bus stops.
- An expansion of the Medilink service should be implemented into a long term plan to ensure sustainability and be in line with the Local Development Framework.
- That planned work for making all bus stops across the city accessible to disabled users by widening bus stops and lowering curbs be continued, and further funding allocated to enable the work to be completed over a shorter time period
- Ensure the Local Transport Plan 3 includes robust guidelines for service user engagement and consultation for route cancellations by all public transport providers.

A very important part of all of Nottingham City LINKs' activities is feedback. This report will be distributed to all relevant stakeholders, providers and commissioners. In addition to this, a special edition of the Nottingham City LINK Newsletter outlining the findings of all Task and Finish Groups will be distributed to all LINK participants and partners. The Board of Directors and LINK Support Team will monitor uptake of these recommendations.

I would like to commemorate the Task and Finish Group members for all their hard work and dedicated time.



David W. Turner

Nottingham City LINK Chair

## **I. Origination of Issue**

Two issues had been fed into the Nottingham City LINK about access to public transport services to healthcare centres. These issues were brought to the LINK as a result of planned engagement activity and highlighted concerns relating to disabled access to public transport. Furthermore, local communities were concerned about the lack of consultation, little prior warning and the lack of alternatives when key public routes are disbanded particularly when the route connects communities to hospitals and healthcare centres.

All issues raised to the Nottingham City LINK are analysed by the Issues Panel (a panel of LINK participants) using a set of questions which help to score and prioritise concerns without bias. The same questions are used for every issue, as approved by the Nottingham City LINK Board of Directors in April 2009. The issues received by the Nottingham City LINK regarding transport to healthcare services were processed by the Issues Panel and forwarded to the Board of Directors to consider inclusion in the Work Plan for September 2009 to March 2010. The Board of Directors felt this issue deserved more in-depth research and should be processed as a Task and Finish Group of LINK members with specific expertise and interest in Transport services.

## **II. Participation & Partnership Working**

Once this issue had been prioritised by the Issues Panel, the referrers were notified and invited to take part in the Task and Finish Group. Registered LINK participants and known stakeholders were also invited to form a Group that would select a process to make recommendations from a service user perspective. At the initial Task and Finish Group meeting, participants identified any gaps to ensure there was a good balance of representatives from organisations or services and individual service users.

## **III. Background to the Transport Project**

Referrers informed Nottingham City LINK of two key areas of concern within the subject of public transport to healthcare services. Firstly, disabled access on some routes from residential areas to key healthcare facilities, and secondly, the cancellation of some routes without consultation, and without offering any alternative.

The Nottingham City LINK and support team then put together a Task and Finish group to focus on these two key subjects under the heading of public transport services to healthcare facilities. The Task and Finish group met with representatives from the Public Transport Department at Nottingham City Council to discuss aspects of public transport including the Medilink service. During this meeting, information was shared on current services, planned improvements, and future developments which are currently awaiting funding outcomes.

Following this meeting the Task and Finish Group, using the information received on the continued improvements and plans for transport across Greater Nottingham, chose to focus their research specifically on the Medilink service. The reason for this focus is also related to the need to ensure all Nottingham City LINK activities and recommendations are within the remit of the LINK. The LINK can only 'enter and view', make recommendations and request information from health and social care services which receive public funding. Thus, there are clear limitations in the impact that the LINK can have on public transport as it is not directly a social service. This group decided to focus on and current and future developments of Nottingham City Transport with particular reference to areas of good practice, and supporting the investment and sustainability plans of existing services.

The Task and Finish Group anticipated that the study would identify what is already working well, and any gaps in Medilink services. This would include supporting the development of the Medilink service, and the scope for further improvement. The expected long-term outcome from this piece of work is to ensure that patients across Nottingham City are able to adequately access Healthcare services using public transport.

#### **IV. Research and Collation of Information**

##### *Local Transport Plan for Greater Nottingham 2006/7 – 2010/11 (LTP2)*

The LTP2 is the leading transport plan for the Nottingham City and Greater Nottingham (including the boroughs of Gedling, Rushcliffe, Broxtowe and Ashfield). It is the second of its kind and has been produced jointly by both authorities. It covers the five-year period from April 2006 to March 2011 and replaces the first Local Transport Plan (LTP1) which expired at the end of March 2006. The main function of the Plan is to set out the priority areas for investment over the five year period. The objectives of the Plan are formed around the Government's "Shared Priority for Transport" which is based upon the themes of improving access to jobs and services, improving public

transport, tackling congestion, reducing air pollution and improving road and safety. In addition, three locally important objectives are included relating to supporting regeneration, improving quality of life and the need for efficient maintenance.

The document also identifies four key areas through which transport can influence health, which are: 1) improving road safety; 2) improving air quality; 3) increasing accessibility and; 4) encouraging more physical activity.

### *Local Transport Plan for Greater Nottingham (LTP3) – One Nottingham Partners Event – Consultation Summary*

Preparations are currently underway to develop the City of Nottingham's third Local Transport Plan (LTP3). The LTP is a statutory document which aims to address transport challenges facing the City of Nottingham now and in the future. The new strategy will replace our current LTP2 which expires on 31 March 2011. LTP3 will be developed in 2 parts:

- **LTP Strategy:** 2011 - 2026 (15 year plan setting out the Council's vision and objectives for improving transport in Nottingham)
- **LTP Implementation Plan:** 2011 - 2014 (rolling 3-5 year delivery plan indicating prioritised schemes and initiatives)

The Plan will be shaped to take into account the strategic priorities in the One Nottingham Sustainable Community Strategy (Nottingham Plan) and will deliver the 5 national transport goals which are to:

- Support economic growth
- Reduce carbon emissions from transport
- Promote equality of opportunity
- Contribute to better safety, security and health
- Improve quality of life and a healthy natural environment

Timescales will be consistent with the Planning Core Strategy to integrate housing and transport needs up to 2026. Thus, the LTP3 aims to meet housing growth targets through the Local Development Framework (LDF). The LDF is made up of Local Development Documents which sets out what will be built in Nottingham in the future. Nottingham's Local Development Framework (LDF) will be comprised of:

- Local Development Documents (LDDs), which include:
- Development Plan Documents (DPDs) which, together with the Regional Spatial Strategy (RSS), are part of the statutory development plan, and
- Supplementary Planning Documents (SPDs) which expand policies set out in DDS or provide additional detail
  - *Statement of Community Involvement (SCI)*
  - *Local Development Scheme (LDS)*
  - *Annual Monitoring Report (AMR).*

DPDs are subject to rigorous procedures of community involvement, consultation and independent examination.

As part of the on-going consultative work in developing this strategy a consultation event took place on 28<sup>th</sup> January 2010. The workshop highlighted the transport issues of local importance, and will inform the LTP Challenges and Options Paper, further consultation was due to take place on 22<sup>nd</sup> March 2010. A consultation on the draft of the LTP3 is expected during summer 2010 over a 12 week period from August through to October 2010. The plan is due to be finalised at the end of the year, it will then come into effect from April 2011.

### *Accessibility Planning Strategy*

Accessibility planning techniques are now being applied to reveal problems and opportunities across the wider corporate planning, spatial planning, and service delivery agendas. To compliment the LTP the Greater Nottingham Accessibility Strategy has been produced setting out the links between social exclusion and transport, identification of transport accessibility problems, and how the process will be used to determine future transport and service delivery solutions.

### *Rights of Way Improvement Plans*

The two authorities prepared a separate Rights of Way Improvement Plans completed in November 2007 as required by Countryside and Rights of Way Act 2000.

### *Nottingham Bus Strategy*

The two authorities have produced a joint Bus Strategy, incorporating a Public Transport Information Strategy setting out priorities within the period of the LTP2.

### *Framework Accessibility Strategy*

As part of the Local Transport Plan for Greater Nottingham 2006/7 – 2010/11 (LTP2) the second chapter details the Accessibility Vision for Greater Nottingham. Within this vision it is planned that integration will take place between delivery and development of high quality core services, and all transport networks, which would lead to a sustainable, accessible and healthy living environment. The strategy sets down to achieve this vision in three key ways;

- ❖ Working in partnership, to ensure that services are run in the most efficient and effective way, in the right places, and for the people who need these services the most

- ❖ To support the sustainability of a healthy economy to ensure the communities have the maximum potential to live rich and fulfilling lives
- ❖ Ensuring that high quality key services are available to all through sustainable communities.

### *Government White Paper: "Choosing Health: Making Healthy Choices Easier"*

States that improved access and individual lifestyle choices will result in healthier communities.

### *Medilink Passenger Survey*

This report describes the findings of a passenger survey carried out on the Medilink bus service on Wednesday, 2 December 2009. Medilink is a joint partnership between Nottingham University Hospitals NHS Trust and, Nottingham City Council. It is part of the City's "Link" bus Network. The Medilink service connects the main Park and Rides around the City to the two main hospitals. It operates every 10 minutes between 0800 and 1800 each Monday to Saturday. It has operated in this form since April 2007, when 3 separate services were linked to form a single, high frequency route (a copy of the Executive Summary of the Medilink survey is available in appendix 1)

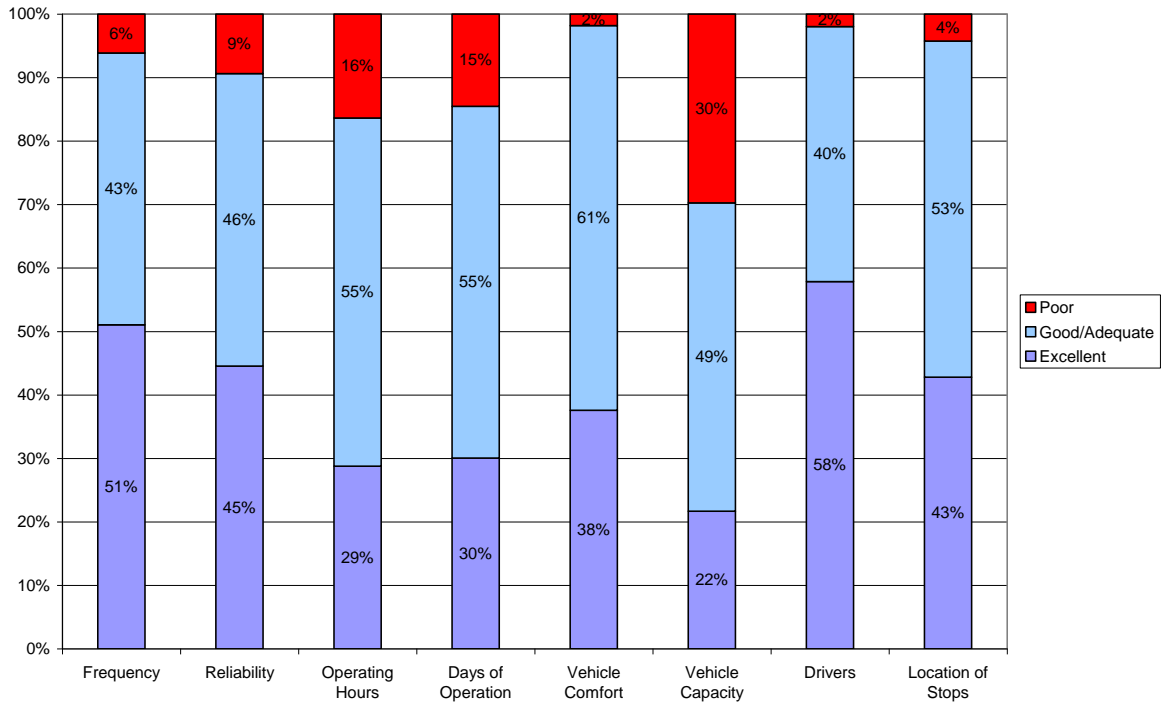
## **V. Results**

### *Medilink*

Patronage has grown rapidly on this service since Spring 2007, with passenger numbers now standing at around 22,000 trips per week. Annual passenger numbers have grown to the current level of one million passenger trips each year. Passenger numbers have been growing since inception (refer to Figures 1 and 2 in appendix 1) however, there is no obvious direct effect of the closure of the car park at QMC on passenger numbers. The Passenger Survey was carried out on Wednesday the 2<sup>nd</sup> of December 2009 to map patient satisfaction and any recommendations from the public. Out of the 4,967 passenger trips made that day about 15% of the passengers responded to the survey. Thus, this response rate well exceeds the required percentage for a statistically significant sample at the 95% confidence level.

The survey also recorded the purpose of passenger travel. The majority of passengers either used Medilink for work (37%) or for a healthcare appointment (35%). Furthermore, most passengers use Medilink on a daily or weekly basis - about 27% of the respondents on a daily basis about 33% use the buses on weekly. This exemplifies the high volume of passengers thus, the demand for bus routes that connect the two hospitals.

The Medilink customer satisfaction survey in concluded that Vehicle Capacity gives most cause for concern at the present time, with a number of comments also made about both operating hours, reliability issues at certain times of day and the limited days of operation (appendix 1). The table below is taken from the Medilink passenger survey report and, clearly illustrates the key areas of concern.



Based on these conclusions, the Nottingham City LINK has made the recommendations below.

## **VI. Recommendations**

- With over a third of Medilink passengers using the service for healthcare appointments, the service requires more funding to enable the service to run past 6pm and to run on the weekends.
- The Medilink service should work closely with Nottingham University Hospitals NHS Trust on surgery times to co-ordinate patient appointments with the availability of the Medilink service, particularly in the evening.
- Once further funding has been guaranteed, the Medilink service should review its routes to determine the possibility of adding further bus stops.
- An expansion of the Medilink service should be implemented into a long term plan to ensure sustainability and be in line with the Local Development Framework.
- That planned work for making all bus stops across the city accessible to disabled users by widening bus stops and lowering curbs be continued, and further funding allocated to enable the work to be completed over a shorter time period
- Ensure the Local Transport Plan 3 includes robust guidelines for service user engagement and consultation for route cancellations by all public transport providers.

## **VII. Monitoring of recommendation uptakes**

The Nottingham City LINK will be monitoring the progress of each recommendation made, and will conduct a full review of this in September 2010. The findings of this review will be sent directly to all relevant service providers, commissioners, and interested LINK members. Furthermore, all LINK reports are made readily available in LINK publications to keep wider LINK participants informed.

## Appendices

### 1. MEDILINK PASSENGER SURVEY, Executive Summary - 2 December 2009

#### The Medilink Service

Medilink is an operating partnership between the Nottingham University Hospitals National Health Service Trust and Nottingham City Council. It forms a major component in the City's "Link" bus network.

It links City Hospital with Wilkinson Street Park and Ride site, Queen's Medical Centre and Queen's Drive Park and Ride site. It operates every 10 minutes between 0800 and 1800 each Monday to Saturday. It has operated in this form since April 2007, when 3 separate services were linked to form a single, high frequency route.

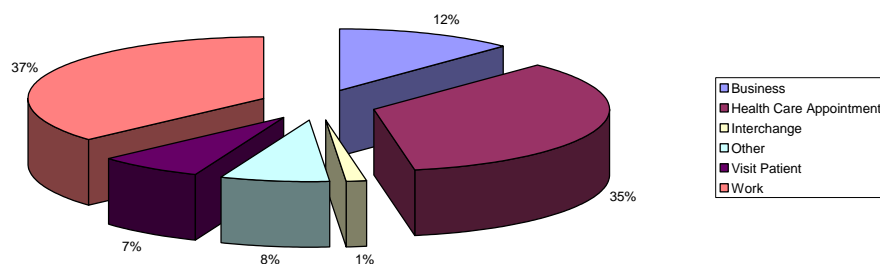
#### Survey Methodology

The survey was undertaken on Wednesday, 2 December 2009. There were 741 respondents with 574 of those (78%) stating that they made a return trip. 4,967 passenger trips were made that day, so this response rate well exceeds the 354 responses required for a statistically significant sample at the 95% confidence level.

#### Journey Purpose

Fig I shows that the main reasons for using Medilink were: - Work with 37% and Health Care with 35%. Business users (generally inter-site staff travel) accounted for 12% of respondents and those visiting hospital patients accounted for 7%.

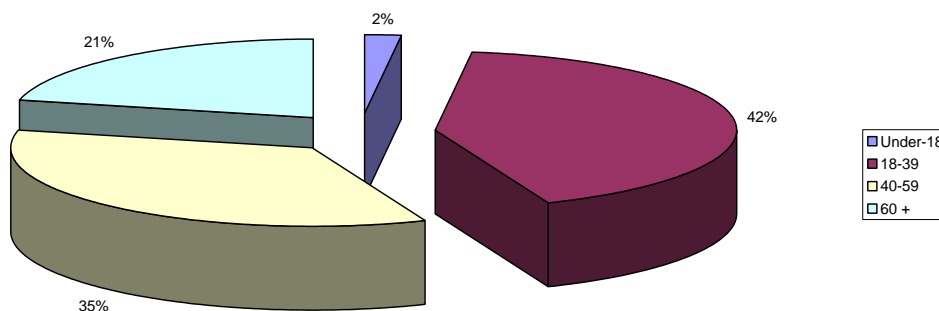
FIG I JOURNEY PURPOSE



**Age of respondents**

Fig II shows that 77% of respondents were aged between 18 and 59 years. 21% were aged 60 and over, and just 2% were aged Under 18.

FIG II AGE OF RESPONDENTS



**Where respondents lived**

Table I is a general summary of where respondents live. Most users live in the North of Nottingham, with relatively few in the East of Nottingham. 15% of users live outside Greater Nottingham.

TABLE I WHERE RESPONDENTS LIVED

North Nottingham	38%
South Nottingham	18%
East Nottingham	7%
West Nottingham	22%
Beyond Greater Nottingham	15%

**Where respondents got on and off Medilink**

Table II shows the main movements on Medilink as:

- 33% between City Hospital and QMC,
- 32% between Queen’s Drive Park and Ride site and QMC,
- 14% between Wilkinson Street Park and Ride site and QMC,

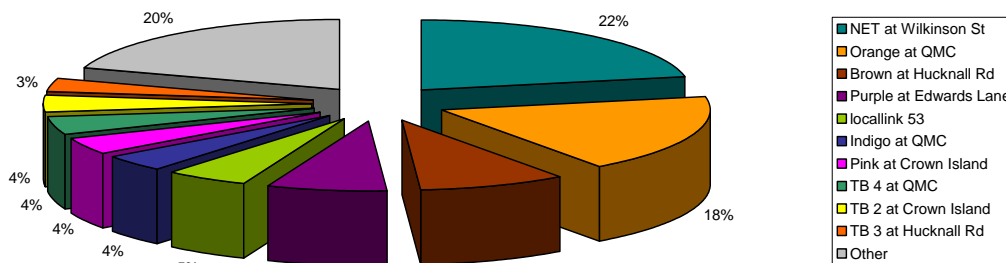
TABLE II ORIGIN – DESTINATION MATRIX

City Hospital					
5%	Intermediate Points				
33%	3%	QMC			
3%	0%	32%	Queen's Dr P&R		
5%	0%	14%	0%	Wilkinson St	
1%		3%			Intra-Hospital

**Interchange with other Bus and Tram services**

17% of respondents made an interchange trip with another bus or tram service. Fig III shows that the main service groups were NET at Wilkinson Street with 22% of interchange movements, the NCT Orange services at QMC with 18% and 9% using Brown services from Hucknall Road. Some 19% of respondents were interchanging with a Trent Barton service.

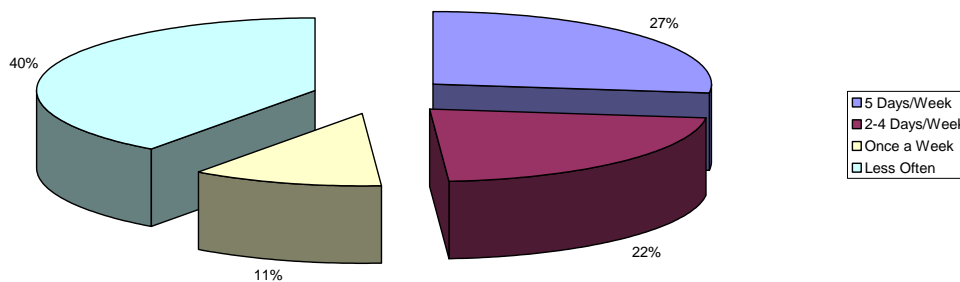
FIG III INTERCHANGE SERVICES



**How often people travel**

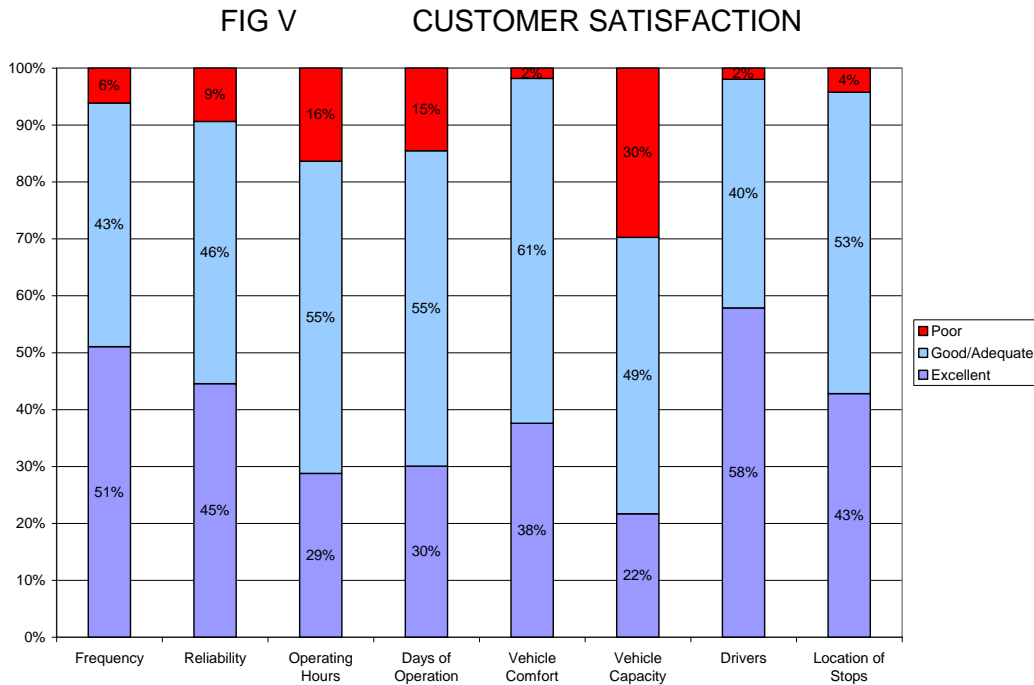
Fig IV shows that 27% travel on a daily basis and 33% travel at least weekly but not every day. 40% travel less often.

FIG IV FREQUENCY OF USE



### Customer Satisfaction with key aspects of the service

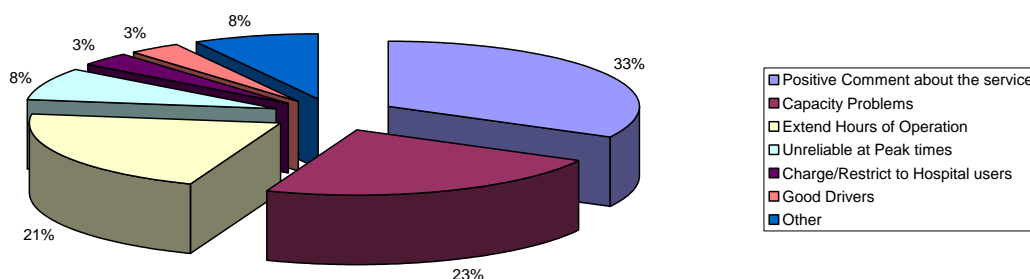
Fig V shows that the service scores highly in terms of its drivers with 98% satisfaction and vehicle comfort with, again, 98% satisfaction. Aspects with lower satisfaction levels were Vehicle capacity, Operating hours and Days of Operation.



### Comments made about Medilink

49% of respondents made a further comment about Medilink and these are illustrated by Fig VI. 33% of these were positive comments about the service, with a further 3% making a comment about good drivers. 23% refer to capacity problems on the service with 3% more actually suggesting that the service should be restricted either to hospital users or hospital staff only or that a charge should be introduced. 21% suggested that extended operating hours, both weekend services and early start and later finish times on weekdays are needed. 8% of respondents stated explicitly that the service could be unreliable, particularly at peak times.

FIG VI CUSTOMER COMMENTS



**Conclusion**

The main points to note are:

- 36% travelling to/from work and 35% travelling to/from health care appointments.
- 77% of respondents were from the working age groups and 21% were aged over 60 years.
- The main movements on the service were inter-site movements between QMC and City Hospital, with about 33% of the total and movements between Queen’s Drive Park and Ride site and QMC with 32% of the total.
- 17% of respondents were making an interchange trip with another bus or tram service.
- In terms of customer satisfaction, it is Vehicle Capacity that gives most cause for concern at the present time, with a number of comments also made about both operating hours and reliability issues at certain times of day.