
Report to: Clackmannanshire Council

Date of Meeting: 24 October, 2013

**Subject: Hospital Buses - Proposed Removal of H1 and H2 Services by
NHS Forth Valley & Introduction of Demand Responsive
Transport Service**

Report by: Chief Executive

1.0 Purpose

- 1.1 The purpose of this report is to advise members formally of proposals NHS Forth Valley have put forward to replace the current H1 and H2 bus services between Clackmannanshire and Forth Valley Royal Hospital (FVRH) at Larbert with a Demand Responsive Transport (DRT) Service.

2.0 Recommendations

It is recommended that Council:

- a) notes the proposal by NHS Forth Valley to replace existing bus services H1 and H2 and to amend the existing Travel Plan in which the commitment to these services is contained;
- b) notes the proposal which was put forward by Council officers in 2012 which, had it been accepted by NHS Forth Valley, would have offered improved public transport access between Clackmannanshire and FVRH and secured significant savings for both organisations (potentially £953,545 over 5 years for NHS Forth Valley and £28,355 over an equivalent period for the Council);
- c) notes the representations which the Chief Executive and Leader have made to the Chief Executive and Chair of NHS Forth Valley over the last six months in respect of the importance of access between Clackmannanshire and the hospital in Larbert;
- d) agrees that the Council will support proposals which would improve overall access between Clackmannanshire and the hospital but will not support any proposals which will lead to any diminution of overall access;
- e) asks the Council Leader to write again to the Chair of NHS Forth Valley and the Scottish Government Minister for Health to reinforce the concerns in Clackmannanshire about the prospect of any diminution in

access between the county and the hospital in Larbert which may result as consequence of a change in NHS Forth Valley's commitment to the Travel Plan which was agreed in 2010; and

- f) notes that officers will continue to work in partnership with officers of NHS Forth Valley and other relevant organisations on transport proposals which will not diminish overall access.

3.0 Background

- 3.1. The decision to site FVRH in Larbert was taken by the Board of NHS Forth Valley following significant local debate around the new hospital's location. This debate was particularly highly charged in Stirling and Falkirk where acute hospital provision was to be removed.
- 3.2 In Clackmannanshire, there was no angst about losing acute services as there were no such services based here. Rather the concerns revolved around ensuring there were community based non-acute services and that wherever any new acute hospital were sited, any resultant access issues to and from Clackmannanshire would be adequately addressed. The detailed rationale for this perspective was set out in the submission the Council made to the consultation on the review of acute services in December, 2002.
- 3.3 Given the significant concerns around access, once Larbert was chosen by NHS Forth Valley as the site of the new hospital, planning permission for the development was granted subject to a Section 75 Agreement which was entered into between Falkirk Council as Planning Authority and The Scottish Ministers dated 08 March 2007. This Agreement provided for a Travel Plan to be put in place by the Board for so long as "*the Development remains operational (whether in whole or in part) in public use.*"
- 3.4 Schedule Part 4 of the Agreement sets out The Travel Plan Details which include a requirement for:-

"a minimum of 30 Minutes frequency direct bus service between the proposed bus stances located at the main hospital entrance and Alloa Bus station/town centre."
- 3.5 Notwithstanding the provision in the Section 75 Agreement, the Health Board and the Council agreed by exchange of letters in October, 2009, that a half hourly service from Alloa Town Centre to the Hospital did not best serve the needs of Clackmannanshire residents and that Clackmannanshire as a whole would be better served by a service offering a one hour frequency from Alloa town centre to the Hospital but which would run Dollar/FVRH/Dollar and Menstrie/FVRH/Menstrie alternately, with both services passing through Alloa town centre. These services ensured that there was a seamless service from the Hillfoots to FVRH.
- 3.6 A Service Level Agreement was then entered into between NHS FV and the Council in May, 2010, covering the period 03 August, 2010, to 04 August, 2013, whereby a bus service contract was procured on behalf of NHS FV by the Council for this period. In the procurement process, prices were sought for

both a five year period and a three year period, NHS FV opting for the three year period.

- 3.7 Towards the end of 2012, in the knowledge that the current services were due to end on 04 August 2013, the Council entered positively into discussions with the Health Board regarding the specification for the new bus service contract.
- 3.8 Acknowledging that NHS FV considered the cost of the existing H1 and H2 services to be too great, Council officers put forward an option which involved an integrated arrangement of the hospital bus services and various bus services provided by the Council. As well as improving overall access between the county and FVRH, this proposal also offered both the Council and NHS FV significant annual savings (NHS FV £953,545 and the Council £28,355). Having regard to operational and financial considerations, Council officers proposed that such new integrated services would be procured for a five year period.
- 3.9 NHS FV, however, did not wish to commit resources beyond a one year period and, thus, rejected the above proposal. Instead, NHS Forth Valley began developing options which potentially represented diminished access between Clackmannanshire (particularly the Hillfoots) and the hospital.
- 3.10 When this approach and new policy direction became known at chief officer and senior political levels, interventions and representations were made by the Council's Chief Executive and Leader with the result that NHS FV agreed to extend the contract for existing services H1 and H2 for six months to March 2014. This period was to be used to clarify mutual understanding of the section 75 agreement and to enable further work to be undertaken on potential alternative options to H1 and H2.
- 3.11 In the second week of October, 2013, NHS Forth Valley put forward consultative proposals to replace services H1 and H2 and these are set out in the next section.

4.0 Current Position

- 4.1 The Council was formally advised by NHS Forth Valley on 11 October, 2013, of proposals to replace existing H1 and H2 services with a DRT Service.
- 4.2 Full details as provided by NHS Forth Valley of the proposed DRT service are contained in the Appendix to this report. Key features are:
- it would transport those who qualify to use the service to either Kincardine or Tullibody from where existing commercial bus services would then be accessed
 - only those people who met certain criteria would be able to use the service
 - there would be charges for the DRT service for those who do not hold National Entitlement Cards
 - bookings would require to be made at least 24 hours before travel to guarantee a journey on the DRT to one of the two interchanges.

- 4.3 In respect of b), DRT services will not be available from Alloa, Menstrie, Alva and Tullibody as these are areas which are assessed as being within 60 minutes travel time by public transport to FVRH. NHS Forth Valley estimates that around 20,000 residents would be eligible to use the proposed DRT service.
- 4.4 NHS Forth Valley have asked for formal feedback on the proposals by 1 November, 2013.

5.0 Considerations

Access

- 5.1 The construction of the hospital in its current location was originally not objected to by the Council on the basis that the resultant access issues would be adequately addressed to ensure that consequently disadvantaged areas would have satisfactory public transport links to the new hospital.
- 5.2 The Council perspective at that time was that, among other things, it:
- a) supported: "the creation of a single acute hospital in Forth Valley contingent on:
 - there being a parallel process of providing comprehensive health services at local level, not just in Clackmannanshire, but in other areas of Forth Valley
 - the centralised in-patient acute services being no less accessible to Clackmannanshire than they presently are";
 - b) proposed that: "the Board should revise its 'fair access' criterion to ensure that it allows for the most accessible site in Forth Valley rather than simply one which is accessible to a fixed proportion of the population within a fixed period of time";
 - c) proposed that: "within the criterion for access, the chosen site must have *comprehensive public transport links* and that the Board should be urged to enter into negotiations with public transport providers as soon as a decision on location is taken to ensure that such links, if not already in existence, are in place by the time the new hospital opens".
- 5.3 Ensuring access to any new acute hospital was the prime concern for the Council as evidenced by the following statements from the 2002 consultation response:

"Of the 4 criteria mentioned by the Board, that of fair access (as defined in relative terms by the Council rather than in absolute terms by the Board) is the one which should carry most weight.

Access by public transport, therefore, is an important factor to take into account. It is particularly important in a Clackmannanshire context given that areas where there is a greater number of people reliant on public transport tend to be the most deprived areas and rural areas."

- 5.4 Given the priority afforded to access, the Council's position on proposals to change existing provision should be that it will not support any proposals which would result in any diminution of overall access between Clackmannanshire and FVRH.
- 5.5 The proposal which is being consulted on is that two existing services accessible by all will be removed and be replaced by a DRT service which, according to NHS Forth Valley, 30,000 people in Clackmannanshire will not be eligible to access. This would appear on the face of it to represent a diminution in overall access.

Mode Share Targets

- 5.6 The S75 Agreement sets out an aim to achieve certain mode share targets by developing proposals to *"facilitate access to the hospital site for staff, patients and visitors by a choice of means of transport, including public transport, cycling and walking."*
- 5.7 By its own admission, the Board has failed to meet the mode share targets which were set out in the S75 Agreement and which were drawn up not by the Planning Authority but taken from a transport assessment prepared by the Board's own transport consultants who continue to advise the Board and have produced the report in support of the Board's current position.
- 5.8 The Hospital became fully operational only in July 2011. It would reasonably be expected that it would take around five years for the new hospital to settle down operationally, including the patterns of traffic generated by it, before a realistic appraisal can be made. NHS FV have proceeded on survey figures obtained, relatively speaking, not long after the Hospital became fully operational. The medium to longer term reliability of the survey results, therefore, can be called into question.
- 5.9 In addition, a third of the three year contract period for H1 and H2 services had expired before the hospital became fully operational. The public have, therefore, had a fairly small period of time within which to become familiar with new services and, significantly, to feel that there is an established service.

Resources

- 5.10 NHS Forth Valley consider that the costs of running H1 and H2 services are excessive and have stated that the resources which have been directed to supporting transport access from Clackmannanshire might be more appropriately targeted at direct health service provision.
- 5.11 Other things being equal, cost is an important factor in service provision. However, the issue of hospital transport is not first and foremost an economic issue; rather it is an access issue affecting those who are most disadvantaged in Clackmannanshire and it is an issue of equality for Clackmannanshire in relation to other areas of Forth Valley. The S75 Agreement was not unilaterally imposed by way of a planning condition, it was entered into by NHS Forth Valley as a willing and consenting party in the knowledge that the Agreement had an associated cost.

- 5.12 That aside, the resource argument is further undermined when it is taken into account that, as referred to in paragraph 3.8 of this report, NHS Forth Valley rejected the proposal put forward by Council officers in 2012 for integrated provision which would have saved NHS FV £953,545 and the Council £28,355 over a five year period.
- 5.13 It is believed that the rationale for the rejection of this proposal was that NHS Forth Valley did not wish to commit to a contract period beyond a year. It is difficult to understand this reluctance given that the commitment in the S75 Agreement is that the Travel Plan will be in place for so long as "*the Development remains operational (whether in whole or in part) in public use.*" One interpretation might be that this reluctance was predicated on an ambition to minimise, and ultimately remove, NHS Forth Valley's direct support of hospital transport from Clackmannanshire in fewer than five (or even three) years.
- 5.14 The proposal put forward by NHS Forth Valley does not include any cost information about the DRT service so it is difficult to make any comments on the financial business case. However, one of the features of DRT schemes is that increased usage of the service tends to lead to increased costs while lower usage results in lower costs.

6.0 Community Concerns

- 6.1 There would be significant concern in communities across Clackmannanshire about the prospects of any diminution of overall access from the county to the hospital in Larbert. This has already been expressed in a number of ways, including in responses to consultation on other matters. For instance, recent consultation on the Reshaping Services for Older People's Care Strategy which NHS Forth Valley has been carrying out saw very particular concerns being raised around potentially reduced public transport access to FVRH.
- 6.2 It has also been raised during that consultation that a significant percentage of acute care activity is related to older people who are less likely to work or own a car or have the finances to access other resources. The proposals, therefore, to diminish existing provision by removing the H1 and H2 services seems counterproductive to the principles of the Reshaping Services for Older People's Care Strategy.
- 6.3 In relation to the proposed DRT service, the local Disability Advisory Group have expressed concerns over accessing the hospital using service 60 (which is the commercial service which would be accessed via DRT in Tullibody) as the vehicle used on this route is not always DDA compliant.
- 6.4 The short consultation period of three weeks is also a concern since many community groups may not be in a position to respond in this timescale.

7.0 Conclusions

- 7.1 The Council supported the siting of a new acute hospital for Forth Valley in Larbert on the condition that certain access issues which disadvantaged the people of Clackmannanshire would be addressed by the Board. These were addressed by the Board via the section 75 agreement.

- 7.2 It now appears that the Board's long term commitment to Clackmannanshire may be reduced and that there is an intent to move away from initial commitments potentially to the detriment of our area.
- 7.3 The Council through its officers, in particular those in the transport unit and the governance team, has provided significant support to NHS FV on hospital transport issues since the opening of FVRH in Larbert. In recognition of the economic issue around the H1 and H2 services, council officers put forward an innovative proposal which would have integrated services and secured significant savings to both organisations. As NHS FV did not wish to commit resources beyond a year, that proposal was not pursued.
- 7.4 From the information which has been provided by NHS Forth Valley, it appears that overall access between Clackmannanshire and FVRH would be diminished by removing H1 and H2 services and replacing them with a DRT service which a significant proportion of the population would not be eligible to access.
- 7.5 Given the importance of public transport access to FVRH from Clackmannanshire, it is vital that the Council takes all the steps it can to ensure that such access is, if not enhanced, at least protected.

8.0 Sustainability Implications

- 8.1 A diminution in access from Clackmannanshire to FVRH Larbert would have a negative impact on social exclusion and health inequalities.

9.0 Resource Implications

- 9.1 *Financial* Details - there are no direct financial implications for the Council as a result of this report.
- 9.2 *Staffing* - there are no direct staffing implications for the Council as a result of this report.

10.0 Exempt Reports

- 10.1 Is this report exempt? No

11.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities** (Please double click on the check box ☒)

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	<input type="checkbox"/>
Vulnerable people and families are supported	<input type="checkbox"/>

(2) **Council Policies** (Please detail)

12.0 Equalities Impact

- 12.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? This is not relevant to the Council.

13.0 Legality

- 13.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☐

14.0 Appendices

- 14.1 Please list any appendices attached to this report.

Appendix - Proposed Development of a New DRT Service Between FVRH and Clackmannanshire (NHS Forth Valley, received October 11, 2013)

15.0 Background Papers

- 15.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered) YES

a) Acute Services Review - Council Response, December, 2002

b) FVRH 2011 On-site Travel Survey Report, March, 2012 (SKM, Colin Buchanan)

c) tender returns for integrated bus contracts

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Proposed development of a new Demand Responsive Transport (DRT) Service between Forth Valley Royal Hospital and Clackmannanshire

1. Background

NHS Forth Valley has located acute hospital services at a single site at Larbert (Forth Valley Royal Hospital). The hospital is situated 3 miles to the north of Falkirk and 9 miles south of Stirling. As part of the planning requirement for the new hospital, a Transport Assessment was produced to assess the travel demand and associated management and infrastructure requirements for the development. Targets were set for the proportion of people who would use each mode of travel (e.g. walking, cycling, bus, rail and car).

These targets set out that progressively fewer people should use cars and more people should use other, more sustainable modes of transport to travel to the hospital. These targets were set out in a Section 75 Legal Agreement that accompanied the planning permission for the hospital. A Travel Plan was also produced that set out a package of measures designed to support the mode share targets and monitor progress towards these.

The Travel Plan details within the Section 75 Agreement set out that a half hourly direct bus service between Alloa and the Hospital would be required to encourage people to travel by bus rather than by car in an effort to achieve modal shift. A review conducted in 2009 by NHS Forth Valley established that the half hourly frequency was too high given the ongoing review and analysis of demand. It was agreed with Clackmannanshire Council that the route should be extended northwards of Alloa, to increase the likelihood of achieving modal shift from car to bus.

Agreement for the alteration to the service was confirmed by Clackmannanshire Council and the bus service, known as the H1 and H2, commenced operation in August 2010. The service provides a 2 hourly service from the outlying communities to the hospital and an hourly service from Alloa. The bus service was procured with the support of Clackmannanshire Council with the service contracted to operate for three years.

When the H1 & H2 service was first introduced there was no other direct bus service between Clackmannanshire and Forth Valley Royal Hospital, however, this is no longer the case as in 2011 First Bus extended their service 60 from Stirling to Falkirk via Forth Valley Royal Hospital. This means that during the daytime on Monday to Saturday a bus service now operates every 20 minutes between Clackmannan, Alloa, Tullibody and Forth Valley Royal Hospital. Service 60 has been introduced without any financial support. It is recognised that ideally a supported bus service, such as the H1 or H2, should not duplicate the connections offered by a commercial service as it is likely to affect the viability of these services.

Clackmannanshire Council also run a number of supported bus services which serve many of the areas covered by the existing H1 and H2 services. In addition, there is an hourly rail connection between Alloa and Larbert with regular bus services linking Larbert Station with the Hospital.

2. Community Engagement

Over the last few years NHS Forth Valley have had ongoing discussions with Clackmannanshire Council, Community Groups and organisations including Clackmannanshire Third Sector Interface (CTSi) and in particular with the Clackmannanshire Community Transport Forum. This has enabled NHS Forth Valley staff to give a detailed explanation of the H1 and H2 services, information on their performance, why these services were established in the first place and the potential alternatives which might better meet their needs. It has also allowed NHS Forth Valley staff to obtain feedback and listen to the wider transport concerns of local people.

The Community Transport Forum has representatives from key stakeholder groups and dialogue to date has been looking at the transport needs of Clackmannanshire as a whole. It is clear that this is a complex issue and, given the current level of commercial as well as Council supported services, opportunities may exist to improve timetabling or coverage without significant change.

A key focus session was held with the Clackmannanshire Older Adult's Forum which provided an opportunity for NHS Forth Valley staff to set the scene in regards to the possible alternative Demand Responsive Transport hospital service and the ongoing work being taken forward by key partners to develop a community led transport services which would meet the wider transport needs of people across Clackmannanshire.

Feedback on this proposed potential alternative was generally supportive and the Forum is keen to see the development of the Demand Responsive Transport service and wider community led services.

3. Use of H1 and H2 Services

The 2012 travel survey of hospital users found that 9.2% of overall trips to the hospital were undertaken by bus. The bus mode share target in the Section 75 Agreement for 2012 is 13% rising to 16% in 2020. However, the H1 and H2 services are currently only achieving an estimated modal shift of around 1%.

Regular monitoring has shown that very few passengers are actually using these H1 and H2 services to travel to and from Forth Valley Royal Hospital. The recent travel survey carried out by Clackmannanshire Third Sector Interface also found that the majority of the journeys undertaken on the H1 and H2 service started and finished within the Clackmannanshire area. In addition, parts of the existing H1 and H2 routes are now served by commercial buses and the continuation of a supported service which competes with these could lead to the commercial services being withdrawn.

The bus count study carried out in 2012, observed that a total of 594 people arrived at the Hospital by bus on the day of the survey. Of these, 73 people arrived on the H1/H2 services. There are approximately 17 H1/H2 bus arrivals at the hospital in one day, suggesting an average of approximately four people per bus which has a capacity to seat 30 passengers. This is set against an estimated 6,500 people arriving at the hospital per day.

Local Authorities will generally only consider providing funding for bus services where the subsidy per trip is under £5 per passenger trip, unless exceptional circumstances exist. The annual cost to NHS Forth Valley of providing the H1 and H2 services equates to a subsidy of approximately £14 per single passenger trip going to/ from Forth Valley Royal Hospital, which is very high when compared with other publicly funded bus services. The current average cost of running the service is around £24,500 per month and in the last year cost more than £302,000.

In 2012, NHS Forth Valley established processes for considering the provision of transport services once the initial three year contract period for the H1 and H2 services ended in August 2013. This generated a discussion between Clackmannanshire Council and NHS Forth Valley regarding the requirements of the Section 75 Agreement. NHS Forth Valley agreed to extend the operation of the H1 and H2 services to allow time to conclude the discussion on the Section 75 Agreement.

Falkirk Council, which is the planning regulator for Forth Valley Royal Hospital, has confirmed that the targets within the Section 75 Agreement relate to modal shift (this is a measure of the shift away from single occupancy car journeys to other forms of transport such as buses) and the number of vehicles arriving and departing from the hospital. The Section 75 Agreement does not require NHS Forth Valley to operate a bus service between Clackmannanshire and Forth Valley Royal Hospital in perpetuity.

The Section 75 Agreement requires that NHS Forth Valley use a Travel Plan to lessen the number of single occupancy cars arriving at the hospital. The operation of the H1 and H2 services is not returning sufficient levels of modal shift for the amount of expenditure invested in these services. There is therefore no modal shift justification for the ongoing provision of the H1 and H2 services in their current format.

4. The Proposed Development of a new DRT service

NHS Forth Valley is exploring the potential to replace the existing H1 and H2 services with a Demand Responsive Transport (DRT) Service. DRT services tend to be most beneficial to people with mobility difficulties who are unable to use conventional public transport services and to people living in areas where public transport services are limited. DRT offers a more flexible form of bus travel which can be matched more closely to the needs of those wishing to travel to the hospital. It offers a more tailor-made journey than using the existing public bus network and can reduce journey time.

DRT can be categorised as follows:

- Premium Value Services – defined by the need to reduce travel times and receive a higher degree of customer care.
- High Value to Agency – needed where services are tailored to particular needs of public agencies, such as: patient transport, school transport and employment access services.
- High Care Needs – this includes services for people with disabilities, special needs, social services and community transport.
- Best Value Public Transport – where demand is low, greater flexibility in pick-up and drop-off points can ensure better efficiency and value with wider network coverage and feed into established commercial bus and rail services.

It is not intended that the proposed Demand Responsive Transport service would replace Clackmannanshire Council's supported bus services, commercially operated bus services, overlap with other Demand Responsive services or the patient transport services provided by the Scottish Ambulance Service. It would provide a link to public transport interchange points where passengers would change on to existing fixed timetable bus services for the remainder of the journey to Forth Valley Royal Hospital.

The Proposed main features of the potential DRT service are:

- It would be available for use by people who meet set criteria in relation to access to the hospital
- It would be a bookable service that would collect eligible people from their home and drop them back at their home if it is on the public road network or from the nearest public road, if it is not on the public road network
- A pick up point and confirmed or estimated return journey time would be agreed at the time of the booking
- Users would be taken to either of two defined bus interchange points where they would connect to a direct commercial bus service to Forth Valley Royal Hospital
- National Entitlement Card holders would travel for free. Fares for other users would be consistent with the fares charged on the existing DRT service in Clackmannanshire
- Journeys would be shared if other people were travelling at the same time
- The aim would be to link the patient appointment system with any future DRT booking system

5. Interchange Points and Routes

The DRT service would connect with direct bus services to the hospital enabling an end-to-end journey time of approximately 60 minutes. The locations of the interchanges would be:

- Kincardine, High Street to connect with Stagecoach Express services X24, X26 & X27 (commences service to Forth Valley Royal Hospital in November 2013)
- Tullibody, Turning Circle to connect with First service 60

This arrangement would provide an improved, more responsive transport service, tailored to meet the individual needs of patients and visitors. It would also offer local residents in a number of communities across Clackmannanshire a more frequent transport service to Forth Valley Royal Hospital compared with the existing H1 and H2 services. These currently provide a two hourly service to the hospital from a number of outlying locations and an hourly service from Alloa.

Whilst the journey time for the potential new DRT hospital service would be longer than the current H1 and H2 service for some residents, it would offer an improved, more flexible and frequent way of travelling to the hospital.

In addition, for some areas the journey time using the potential new DRT hospital service would be shorter than the current H1 and H2 service and again offer more flexible and frequent transport. The potential new DRT hospital service would also be able to be used by residents in some communities not currently served by the H1 and H2 bus service.

For example, it currently takes a patient living in Coalsnaughton around 42 minutes to visit Forth Valley Royal Hospital using the existing H2 bus service which runs every two hours. It would take them around 84 minutes using current alternative bus services and around 66 minutes using the potential new DRT hospital service which would operate on request throughout the day from early in the morning until late at night, rather than every two hours.

A patient from Dollar currently takes around 54 minutes to visit Forth Valley Royal Hospital using the existing H2 bus service which runs every two hours. This increases to 77 minutes using current alternative bus services but would drop to 39 minutes using the potential new DRT hospital service which would operate as and when requested.

Currently the H1 and H2 buses do not operate via Glenochil Village. Patients from Glenochil Village travelling to the hospital face a journey time of around 60 minutes using three buses or 80 minutes using two buses. The potential new DRT scheme would enable them to travel to the hospital in around 57 minutes via the Tullibody interchange.

6. Eligibility

Guidance in the South East Scotland Transport Partnership (SEStran) Regional Transport Strategy recommends that communities should not have a longer travel time than 60 minutes when travelling to healthcare facilities. It is, therefore, proposed that the DRT service would be available to patients, visitors and staff with a travel time of greater than 60 minutes using public transport to reach the hospital.

The length of travel time has been calculated using accessibility software that plots postcodes and assesses the time it takes to travel by public transport from each postcode to the hospital. This approach is recommended in the SEStran Regional Transport Strategy. Appendix A shows the outputs

of this accessibility mapping and which households would therefore be eligible to use the potential new DRT service.

In addition to the postcodes outside a 60 minute travel time, it is also proposed that residents of Sauchie, Fishcross, Devonside, Coalsnaughton, Glenochil, Tillicoultry, Dollar, Clackmannan and Muckhart would be able to use the DRT service. This recognises that they either have a journey time of over one hour or would have to make more than one change to reach the hospital in less than one hour by public transport.

NHS Forth Valley would communicate directly with eligible residents to make them aware of how the scheme would operate and what a resident would need to do to use the scheme. The exact boundaries of any future service would be determined once feedback had been taken into account. It is estimated that upwards of 20,000 residents would be eligible to use the proposed new DRT service.

7. Proposed Fares

National Entitlement Card holders would travel for free on the service. Approximate adult fares for the DRT journey from each community are shown in the table below. Child fares would be half the adult fare. The exact fare paid would be dependent on the distance travelled.

Subject to negotiation with the bus and taxi operators, it is expected that a through ticket could also be offered. The scheme operation and proposed DRT fares charged are consistent with the fares charged on the existing DRT service in Clackmannanshire e.g.:

Communities	DRT Adult	Bus Adult	Estimated total fare
Glenochil	£2.00 - £3.00	£4.00 - £5.00	£6.00 - £8.00
Clackmannan	£2.00 - £3.00	£3.00 - £4.00	£5.00-£7.00
Coalsnaughton, Devonside, Tillicoultry, Sauchie, Fishcross	£3.00 - £4.00	£3.00 - £4.00	£6.00 - £8.00
Muckhart	£4.00 - £5.00	£3.00 - £4.00	£7.00 - £9.00

8. Other Key Points

- Bookings to Forth Valley Royal Hospital would need be made at least 24 hours before travel to guarantee a journey, but it is likely that most journeys could be accommodated with shorter notice
- The service would not operate on 25th/26th December and 1st/2nd January
- The service would connect with all service 60 and X24/ X26/ X27 journeys, from 6am to 11pm Monday to Saturday
- The small number of staff who currently using the early weekday H1 and H2 services to travel to the hospital for an early shift would also be able to use any new DRT scheme

9. Operation and Booking

It is intended that an open tender would be issued to invite companies to offer to provide any future DRT service, similar to the recent Muckhart DRT tender released by Clackmannanshire Council.

Operators will be reimbursed on an agreed price per mile, subject to a minimum fare. They will retain all fare and reimbursement revenue from the scheme.

Bookings would either be made through a central booking service which would then distribute work to operators who are part of the scheme, or users would be advised to make bookings directly with the scheme operator.

FAQs

Q1. What is Demand Responsive Transport?

A. The term ‘Demand Responsive Transport’ (DRT) refers to any form of transport where day-to-day service provision is influenced by user demand.¹

Q2. Is the Clackmannanshire – Forth Valley Royal Hospital DRT scheme the same as the DRT schemes operated in the some areas of Stirling?

A. Broadly the same, the difference being that the scheme would provide a journey to one of two bus interchange points (Kincardine, High Street or Tullibody, Turning Circle).

Q3. What is a bus interchange point?

A. A location where users could change between DRT and a direct bus service to travel to Forth Valley Royal Hospital.

Q4. How much would it cost me to use the service?

A. Holders of the Scottish National Entitlement Cards would travel for free. Non card holders would be charged a fare based upon mileage travelled.

Q5. Could all residents of Clackmannanshire use the proposed new service?

A. The proposed DRT service would be available to patients, visitors and staff with a travel time of greater than 60 minutes using existing public transport to reach the hospital. In addition, it is proposed that residents of Glenochil, Sauchie, Fishcross, Coalsnaughton, Devonside, Tillicoultry, Dollar, Clackmannan and Muckhart would be able to use the DRT service. This recognises that they either have a journey time of over one hour or would have to make more than one change to reach the hospital in under one hour using current public transport.

¹ <http://www.transportscotland.gov.uk/public-transport/Buses/DRT>

- Q6. Would I have to walk to a bus stop to join the service?
- A. The proposed DRT scheme would collect you from your home if your home is on the public road network. If your home is located away from the public road network you may have to travel to the closest public road where you will be picked up and dropped off.
- Q7. Would the DRT service replace the Patient Transport Service provided by the Scottish Ambulance Service?
- A. No, all Clackmannanshire residents who have either a medical or mobility issue may be eligible for Scottish Ambulance Service transport to reach their healthcare appointment.
- Q8. Who would fund the DRT scheme?
- A. NHS Forth Valley.
- Q9. Would all passengers who previously used the H1 and H2 services still be able to get to the hospital by public transport if these services were withdrawn?
- A. Passengers can use alternative bus services. The aim of any new hospital DRT service would be to assist with reducing journey times and minimise the number of interchanges which create a barrier to people using public transport.
- Q10. How frequent would the proposed DRT service be?
- A. DRT connections could be provided to the 60 service which operates every 20 minutes and to the X24/26/27 services from Kincardine which will operate every 60 minutes.
- Q11. Would season tickets or discounts be available for regular users?
- A. Fares would be subject to clarification following detailed discussions with the bus operators.
- Q12. Why would any new hospital DRT service only be for people who live outwith a 60 minute public transport journey time?
- A. Guidance from the South East of Scotland Transport Partnership (SEStran) recommends that communities should not have a longer travel time than 60 minutes when travelling to healthcare facilities. Those people who live within a 60 minute public transport journey time are able to use existing commercial bus services.

Q13. For how long would the DRT service operate?

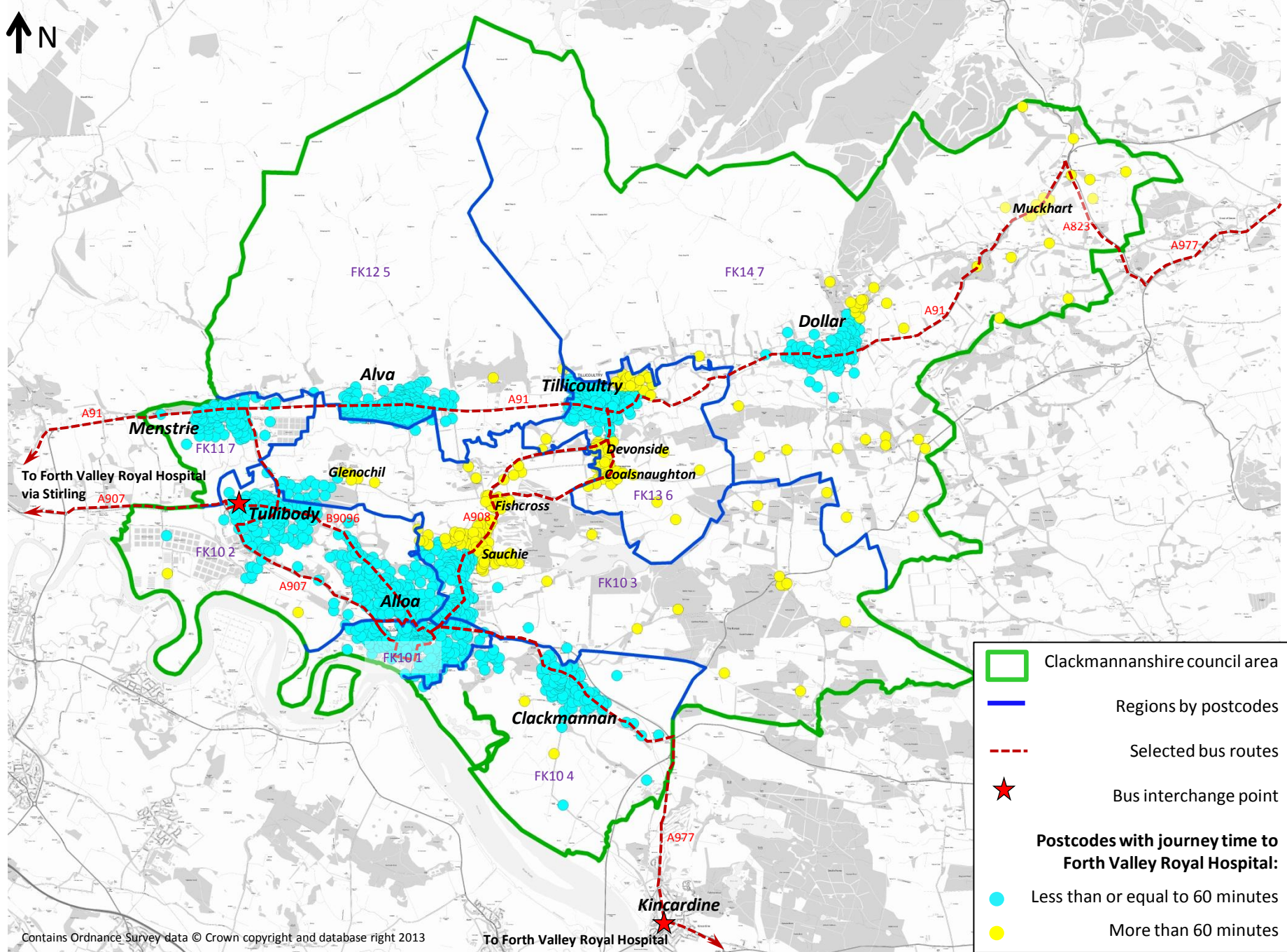
Any future DRT hospital services would operate while NHS Forth Valley continues to work with key partners to develop a more sustainable community-led transport system which meets the wider needs of people across Clackmannanshire.

Q14. Would you be monitoring the use of the DRT service?

A. Yes, we would monitor use of any future service and are hopeful that it will have greater success in delivering bus mode share than the existing H1 and H2 services.

Q15. How would staff working early shifts at Forth Valley Royal Hospital, who use the current H1 and H2 services, be able to reach their place of work?

A. All staff currently using the weekday H2 service arriving at the hospital at 6.26 am or the weekday H1 service arriving at the hospital at 7.26am would be able to use any future new hospital DRT scheme.



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To Forth Valley Royal Hospital

Proposed DRT Service between Clackmannanshire and Forth Valley Royal Hospital

