Improvement Project Title: **Sustainable Demand Responsive Transport**

Executive Sponsor (Chair of Outcome Improvement Group): **Sandra Ross**

Project Lead: **Stephen McNamee**

Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)

By 1st April 2019 we will reduce unmet demand for demand responsive transport for Aberdeen City residents from 17% of total requested journeys to under 10%, with the global aim of being able to meet all requests for transport. (Currently there are an average of 7,000 requests per year and an average of 6,000 journeys completed)

This will be achieved by working across the whole system in two ways:
- By working with health and social care partners on reducing the number of journeys required to be undertaken within the system.

By working with transport providers within the system to make it more efficient and increase the number of journeys available.

Link to Local Outcome Improvement Plan:

This project links directly to the Prosperous People theme of the LOIP and specifically to achieving the primary driver:

People are supported to live as independently as possible– *people are able to sustain an independent quality of life for as long as possible, and are enabled to take responsibility for their own health and wellbeing.*

In providing improved access and increased (appropriate) access to this targeted transport resource we are supporting people to continue travelling independently whilst accessing vital health and social care appointments, supports and opportunities.

Business Case (Does this support prevention and early intervention? Benefit to clients/ stakeholders/ residents? Are costs reduced now or in the future by addressing this issue? What published research can you draw on as evidence?)

Demand Responsive Transport (DRT) is a term describing a pre-booked door-to-door transport service for individuals who aren't unwell enough to require transport from Scottish Ambulance Service but are not well or mobile enough to utilise public transport. We know this is a problem with servicing demand for DRT as we record the number of completed and denied journeys.

Currently there are over 6,000 journeys completed for Aberdeen City residents making their way to health or social care destinations but annually there are 7,000 requests for DRT meaning there is an unmet demand of around 1,000 journeys. If we can reduce the

number of journeys required and/or increase capacity within the existing system by 1,000 a year we should be able to meet the needs of the city based on current demand. The impact of doing nothing is that there will be people who need to access transport to health and social care appointments but can't, thereby potentially reducing their overall health and wellbeing.

As well as aligning with the LOIP, the aim fits well with the strategic vision of ACHSCP as there is a commitment to ensuring people can access supports and services closer to their home and also early interventions and supports that are preventative in nature.

The expected impact is primarily that everyone requiring transport by DRT will be able to have their journey completed. Secondary impacts are:
- a reduced number of requested journeys;
- an increased number of outpatient appointments completed using Telehealth or technology;
- an increased number of activities completed in non-health or council owned venues;
- an increased number of self-selected appointment slots;
- an increased number of activities or programmes completed end-to-end between 10am and 2pm thereby allowing use of other vehicles that are under-utilised at these times.

The timescale is realistic as I will segment the whole system into subsections and run improvement cycles in small defined areas prior to scale up of improvements.

Measures: (How will we know if a change is an improvement?)
Work is ongoing with the project team to identify further measures, however early measures are:

Outcome
% of demand responsive transport requests which are not completed.

Process
Number of requests for demand responsive transport broken down by destination.
Number of denied requests for demand responsive transport.
Number of appointment slots completed by telephone or TEC
Number of appointment slots selected by patient

Balancing
DNA rate for affected outpatient clinics

Change ideas (What can we do that will result in improvement?)
The project will work with identified outpatient clinics to test two things:
- The impact of a patient centred appointment booking system (tests have been completed recently within a different project but the impact of this has yet to be demonstrated);
- The impact of more clinic activity being completed remotely (sexual health services have had recent success in this area).

The project will also work with existing providers within the system to improve service efficiency in order to increase capacity within the system.

As is analysis currently being undertaken.

Initial system discovery tasks already planned or underway are:
- Collect data on current journey demand and completion
- Causal Loop mapping
- Process mapping of booking office for transport
- Mapping of eligibility for transport
- Gathering data on identified clinic attendance and DNA rates
- Setting up improvement teams in identified outpatient teams
- Survey of existing customers to gauge acceptability and potential impact of proposed solutions

Potential Barriers
1. The aging demographic nationally and the continuing increase in the number of people living at home with complex and multiple conditions will present a challenge.
2. This challenge is a risk in terms of its potential to overwhelm the entire system but this improvement project is also an action to monitor and manage the risk. In fact the avoidance or the potential of the whole system becoming overwhelmed by demand is a key strategic driver behind this improvement work.
3. There is a risk that cultural resistance new ways of working may present barriers to effectively to using technology to conduct clinic activity.
4. There is a risk that the age profile of demand responsive transport customers will not lend itself to maximising the benefits of using TEC to conduct appointments.

Project Team:
The project team will consist of members of the Access to Health and Social Care subgroup of the Grampian Health Transport Action Planning Group. It is intended that a customer panel is established and representatives are welcomed onto the project team.

Stephen McNamee, Aberdeen City Health & Social Care Partnership
Andrew Stewart, HTAP Programme Manager
Rab Dickson, NESTRANS
Kelly Wiltshire, NESTRANS
Christina Cameron, Programme Manager, NHS
Andrew Garden, NHS GRAMPIAN IT
Caroline ANDERSON, NHS GRAMPIAN, Mental Health
Richard McKenzie, Aberdeenshire Council (THInC)
Christopher Cormack, Aberdeen City Council Pubic Transport Unit
Gordon Rough Aberdeen City Council Pubic Transport Unit
Marion MacKay Aberdeenshire Council Pubic Transport Unit
Derek Young, Community Transport Association (Scotland)
John Scott McCulloch, SCOTTISH AMBULANCE SERVICE
Daniel Laird, Stagecoach Bus

For more information, email: CommunityPlanning@aberdeencity.gov.uk