

Wiltshire Clinical Commissioning Group Response for  
Wiltshire Council Health Select Committee:

Possible Cessation of RUH/GWH Hopper Bus Service

27 Feb 2015

## **HOPPER BUS SERVICE CESSATION; FREE BUS PASS RESTRICTIONS**

The Chair of the Health Select Committee has asked Wiltshire CCG for an opinion on the proposed cessation of the WCC-subsidised RUH/GWH hopper bus service.

We are aware of the degree of recent interest among the population of Wiltshire and the local media. Representatives from the CCG and acute trusts received notification of this proposal from WCC in February 2015 and have been given the opportunity to discuss this with WCC and comment in advance of the public consultation on the potential impact on users; as well as investigating possible alternative means of providing access to hospital for those who currently use the service. We have been offered, and are taking up, the opportunity to meet with the Councillors who are leading this proposal, on 17th March.

We understand that WCC currently provides a small amount of funding to subsidise the cost of providing the RUH Hopper service and GWH Hopper service; and that the intention is to remove this funding from November 2015. The result being that the service will cease to be provided. In parallel we are also aware of a proposal to restrict free bus pass use such that they are no longer valid prior to 9 a.m. Monday-Friday. We understand that WCC research has identified that the main use of free bus pass use before 9 a.m. Monday-Friday is to attend medical appointments.

The Hopper service is advertised as available on a door-to-door “booked the day before” basis, for patients/ carers/ hospital staff to get to/from hospital, where other services are not available/not suitable/not preferred. The WCC subsidy reduces the fare per user (customer/patient/staff member). Holders of free bus passes are entitled to a reduced fare.

We understand that the service delivers 15,000 journeys p.a. to/from RUH and West/North Wiltshire, and 4,800 p.a. to/from GWH and North Wiltshire. We have requested, but are not sighted on, any further detail, such as the level of use by day of week / type of user / origin and destination of user, etc.

The proposal does cause the CCG a significant degree of concern. If the Hopper service is removed, all those patients currently using it will need to find alternative means; or choose not to travel. The only users who may choose not to travel are the (potentially small number?) who are using the service to visit someone who is already in hospital. It is not immediately clear what the credible alternatives are, that can pick up this activity, or indeed do so at an equivalent, or lower, cost.

For all patients and their carers, the alternatives – other than self-help, which is assumed not be relevant for many, hence their use of the Hopper - would appear to comprise: existing voluntary transport provider groups; the NHS-funded patient transport service; the Healthcare Travel Cost Scheme. Each of these options has drawbacks:

Voluntary sector. Whilst the CCG is not directly aware of the availability of additional capacity in the voluntary transport sector, we would be surprised if it could absorb up to an additional 20,000 journeys annually.

The NHS-funded Patient Transport Service. This service is funded to provide non-emergency transport but its use is restricted to those who meet nationally-defined eligibility criteria regarding mobility and medical condition. Thus some of those using the Hopper currently, may be ineligible.

Nonetheless, a proportion of the patients who currently use the Hopper service may reasonably be expected to meet the eligibility for the NHS-funded service. This would place unexpected additional cost and resource pressure onto the NHS-funded service. The provider of the NHS-funded service would need to procure additional vehicles and staff, revise its rosters, require a 3-6 month transition period, and require the CCG to commit to providing the additional funding. The service in Wiltshire delivers c.65,000 journeys per year from a budget of over £2M. It is fully funded rather than part-funded by users through the payment of individual fares. It also transports patients with a greater range of need, from patients who can walk with assistance, to patients on stretchers. Thus the NHS-funded service has a significantly higher unit cost than the WCC subsidy per passenger for the Hopper service. If 4,000 or more of the 20,000 Hopper journeys then fell to the NHS-funded service, the cost pressure transferred to NHS Wiltshire would be greater than the WCC cost saving.

The Healthcare Travel Cost Scheme. This is only available for those in certain low income categories. Thus many of those using the Hopper currently, may be ineligible. Nonetheless, a proportion of the patients who currently use the Hopper service might meet the eligibility for the scheme. It is a highly bureaucratic national scheme and - compared to paying a Hopper fare – the process of reclaiming travel costs is extremely challenging for claimants to successfully navigate, and for the state (in the form of the NHS and DWP) to administer.

Alternatively, patients who currently use the Hopper service may decide either to fund their own travel at personal expense; seek to rely on friends and family (who may or may not be in any position to assist); or simply decide not to attend their appointment. Potentially, any patients who decide to simply avoid accessing healthcare, are at risk of becoming an urgent or emergency admission at a later date, if their condition is not addressed in a timely manner. Urgent/emergency care is of course far worse for the patient and far more complex and more expensive for the healthcare system to provide.

Arriva Transport Solutions Ltd (ATSL), as Wiltshire's NHS-funded patient transport service provider, have noted that they possess the infrastructure, logistics and back office functions to deliver transport services, including planning, co-ordination and online booking. This means there may be possible opportunities for cohesion and economy, especially in rural / low occupancy environments, between their NHS-funded patient transport service, and other transport provision (outside the terms of the NHS-funded patient transport service). There may be benefit in WCC engaging with ATSL to explore potential opportunities outside the remit of their eligibility-based NHS-funded patient transport service; although it would appear unlikely that any such service could be provided for a lower level of funding than the current WCC investment into the Hopper service.

We would expect the proposed limitation to use of free bus passes before 9 a.m. Monday – Friday, to simply exacerbate the demand for other sources of transport provision, in the same way as the removal of the Hopper services; given that we understand the main use of bus passes before 9 a.m. is to attend medical appointments.

As a consequence, we are concerned at the potential consequences of the proposal to remove the Hopper service, since currently there do not appear to be any suitable, appropriate, or funded, alternatives. We are aware that acute trust colleagues share our concerns and as a consequence will also be attending the forthcoming meeting with colleagues from WCC.