

# briefing

NOVEMBER 2001

## Going Places Taking people to and from education, social services and healthcare

**Home-to-school transport, social services transport and non-emergency patient transport provide access to public services, promoting social inclusion. They also help to reduce car use, contributing to the environmental agenda. Their users include some of the most vulnerable people in society.**

- councils spend about £600 million a year on transport to special schools and to mainstream schools and colleges. They also spend over £150 million a year taking people to social services
- ambulance services take an average of over 30,000 patients to and from hospital every working day, costing over £150 million a year

**Public services are becoming increasingly user- and patient-focused. However these transport services remain strongly finance driven.**

- many people are likely to be confused by the complex arrangements that subsidise and support their travel
- eligibility for free transport to public services varies across the country as do service standards
- some users are concerned about delays in getting to and from hospital; poor quality vehicles and vandalism and bullying on mainstream home-to-school transport; and unprofessional behaviour by some staff on



special educational needs and social services transport

- staff are not always trained on how to work with children who have special needs or with social services clients, briefed on their passengers' needs or police-screened when they should be. The volunteer drivers and the taxi and hired-car drivers who help to provide the transport have often received little or no specialist training

### In addition...

- overspend problems are common. Budget setting should be improved and more realistic
- home-to-school transport should be better integrated with wider transport policies

- resource management and value for money can be improved further, for example by more co-ordination of arrangements within councils and between councils and health bodies
- health bodies need to respond to changes, including commissioning of non-emergency patient transport by primary care trusts in England; more joint commissioning of health and social care; and changes to where medical services are delivered
- local authorities also face challenges, including, again, joint commissioning; more individually designed packages of social care; a growing emphasis on after-school activities; and the inclusion of children who have special needs at mainstream schools

**Central government can help by reviewing the framework within which councils and health bodies work. Local authorities and health bodies have opportunities further to improve user- and patient-focus. Effective home-to-school transport, social services transport and non-emergency patient transport is key to allowing people to access public services and so make significant contributions to education and to social care and healthcare.**

# Background

1. Councils and health bodies spend about £900 million a year taking people to and from education, social services and NHS hospitals and clinics.

*‘At the end of the day we can have the best education provision in the world, but if we can’t get the kids to it, it’s worse than useless.’*

Local authority officer

2. Each local education authority (LEA) has a duty to provide or arrange free transport to and from school for certain pupils, for example, children who are under eight years old and who live more than two miles from school, and older pupils whose homes are more than three miles from school.

They can also exercise discretion in other cases. LEAs in England and Wales spend about £600 million a year on free or subsidised travel to education. About £225 million of this is spent to take children who have special educational needs (SEN) to and from special schools and another £310 million on travel to mainstream education by children of statutory school age. The rest is spent supporting travel to post-16 education, adult education and continuing education. On average, English counties spend under £10 per pupil with SEN carried per school day, while London boroughs spent over £15. The cost of mainstream home-to-school travel is lower, between £1 and £5 per pupil carried per day [EXHIBIT 1].

Councils also have a duty to provide transport to and from social services facilities, such as day-centres. Over £150 million a year is spent on this.

3. Councils use dedicated coaches, buses and minibuses plus, in some circumstances, taxis or hired-cars. In urban areas particularly, they may buy public transport passes for pupils.

4. Non-emergency patient transport services (non-emergency PTS) to and from hospital is provided free of charge when patients have a medical need. Patients can be charged when the transport is provided for social reasons. The transport is currently commissioned by hospital trusts and is usually provided by ambulance trusts, though some

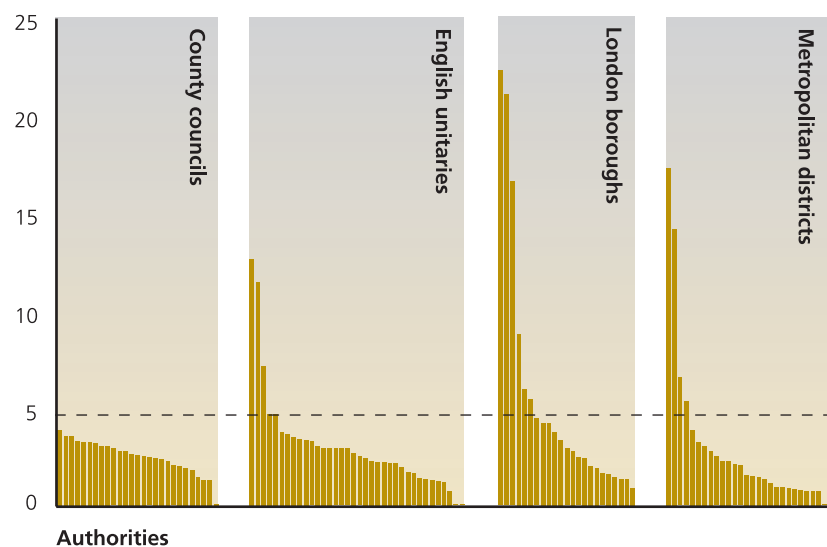
EXHIBIT 1

**Average expenditure per pupil on mainstream school transport in England**

Most LEAs spent between one and five pounds per pupil per day in 1999/00.

Source: Audit Commission. Graph is based on total LEA pupil numbers receiving free transport in 1999/00 (excluding pupils with SEN) as reported to OFSTED, compared with DfES data on LEAs’ total expenditure on mainstream transport in 1999/00. Extreme outliers and LEAs with partially missing data have been excluded. Expenditure per day is calculated assuming a 190-day school year

Expenditure per pupil carried per school day (£)



hospitals use either other external suppliers (for example, voluntary bodies or contractors) or in-house providers. Ambulance services provide over 15 million non-emergency patient journeys a year. This is equivalent to taking an average of over 30,000 people to and from hospital each working day and costs over £150 million a year. In a typical ambulance service, a one-way patient trip costs an average of about £9.

*‘I couldn’t work properly [as a midwife] without the transport because I’m a single parent.’*

**Parent of a child with special educational needs**

5. These arrangements help many of the most vulnerable people in society to access public services. In addition:
  - home-to-school transport means that parents do not spend time taking their children to and from school, making it easier for them to enter and remain in the labour market. It can also contribute to meeting environmental objectives by offering an alternative to the car-based ‘school run’;
  - social services transport helps to bring people together for social and other activities. This helps to combat low morale and depression, which, if unchecked, can place extra demands on social services and the NHS; and

- non-emergency patient transport helps to increase the efficiency with which the NHS uses resources by helping to ensure that people attend appointments. Effective transport can also help to prevent delays in patient discharges, thus helping to release beds more quickly for use by other patients.

6. Public services are becoming more user-focused. Local authorities are expected to engage with users under the best value framework; fair access to patient-focused services is a central theme in *The NHS Plan*, and in the equivalent proposals for Wales. Expectations about both the availability and the quality of transport are likely to rise.

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## Using the services

7. The perspectives of users are at the heart of the modernisation agenda for public services. The user groups for the different transport services examined by the Commission overlap. For example, some older people use social services transport to visit day centres and non-emergency PTS to attend hospital. But these people also need to be able to get to their GPs, dentists and opticians, parts of the health service that are not normally covered by free non-emergency PTS. They also want to be able to go shopping, take part in leisure activities and visit family and friends.

8. A range of schemes try to help with such travel. These include: concessionary fares on public transport; subsidised ‘socially necessary’ public bus services; dial-a-ride and ring and ride schemes; Taxicards; community bus and voluntary car schemes; and the Department of Health’s Hospital Travel Costs Scheme, which assists patients living in households receiving means-tested benefits.

9. Some of these arrangements, such as the Hospital Travel Costs Scheme, are national but others, such as dial-a-ride schemes, vary across the country, in terms of availability, eligibility and cost to the user. Even where there is good support for travel, people may have to deal with a number of organisations to go about their everyday business. Typical users of these services are likely to find it

difficult to negotiate these complex and fragmented arrangements.

10. Eligibility for home-to-school transport varies. For example, some local authorities exercise discretion and provide free or subsidised transport for children who are not attending the nearest suitable school; others do not. Eligibility for free non-emergency PTS is also interpreted differently, across the health service. In a few places, some patients are charged, on the grounds that their transport is for social rather than medical reasons; elsewhere people with similar conditions and personal circumstances travel without charge.

*‘They gave me support when I first lost my sight and I have a remarkably good impression of them [social services transport].’*

**Social services client**

11. Some users are satisfied with their transport but others have concerns, including:

- the overall length of the patient day – the wait to be picked up, the wait to be seen at hospital and delays before being taken home, as well as the time spent in the vehicle – and lack of information about how long people will have to wait to travel or will spend on vehicles;

*‘When it was essential I had to be at hospital [for radiography treatment] I thought, all this for five minutes in theatre, under the gun for three and a half seconds...Seven hours maximum for five minutes in the operating room.’*

**Patient**

- poor quality vehicles and vandalism and bullying on mainstream home-to-school transport. There are also concerns about surly behaviour by some drivers and about poor driving; and
- unprofessional behaviour – such as lack of awareness of, and consideration for, the needs of people with disabilities; rudeness; smoking on duty; swearing; bad driving – by some drivers and passenger assistants<sup>1</sup> on special educational needs and social services transport.

*‘You could see the road through a hole in the floor [of the bus].’*

**Pupil using home-to-school transport**

<sup>1</sup> Those staff who accompany service users on vehicles are known as both passenger assistants and escorts.

*‘I couldn’t see properly because I’d only just had an eye operation a while ago and the escort let me tumble off the coach and never said anything.’*

**Social services client**

**12.** Standards for non-emergency PTS and for the transport services provided by councils are set locally. There are differences between local authorities and the health service, between different health bodies, between different councils and within local authorities (for example, between SEN and social services transport provided by different departments of the same council).

**13.** Differences in training – in whether staff are trained and in what their training covers – add to the variations in service quality in both the health service and local government. Non-emergency PTS crews should normally be trained to common NHS care standards. However, the volunteer drivers who provide ambulance car services often receive little training. And some ambulance services do not provide volunteers with mobile phones or radios to use in emergencies. Taxis or hired-cars are sometimes used to provide non-emergency PTS, for example, for some ‘out-of-hours’ work; and their drivers are not usually trained.

*‘I had to share with someone and this guy had a minor epileptic fit and the taxi driver panicked – he didn’t know what to do. We had to get help in the end. If I hadn’t been there...the driver nearly lost it.’*

**Social services client**

*‘There was a child with a degenerative heart condition. The escort noticed the child had gone grey. We thought he’d gone. We couldn’t feel a pulse. We had to come back to the school.’ [The child recovered]*

**Driver, special educational needs transport**

*‘They [passenger assistants] have received no training on escorting pupils with serious medical conditions or in the safe lifting of pupils, and have no list of emergency medical telephone numbers...’*

**Ofsted inspection report on one special school**

*‘The issue of information available to staff on medical needs of customers needs addressing to ensure that they are trained and feel able to cope with all situations.’*

**Audit Commission Best Value Inspection  
Service report on one authority**

**14.** Vehicle crews on SEN and social services transport can be faced with medical emergencies. Users of this transport often require supervision when travelling. However, councils' criteria for when to provide a passenger assistant vary. In addition, some councils are not providing staff on special educational needs transport with relevant information about children, on confidentiality grounds.

**15.** Councils should carry out police checks on drivers and passenger assistants who regularly work in a supervisory capacity with children and vulnerable adults.<sup>i</sup> However, checks can take a long time to perform.<sup>ii</sup> Because of this, and weaknesses in ensuring that contractors have screened their staff, local authorities do not have assurance that everyone driving or escorting vulnerable children and adults is suitable to do so.<sup>iii</sup>

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**i** Following the requirements of the Protection of Children Act 1999 and the Care Standards Act 2000.

**ii** This may change. The new Criminal Records Bureau, an executive agency of the Home Office, is becoming operational. Local authorities and other employers will deal directly with the Bureau when vetting employees rather than asking individual police forces to carry out checks.

**iii** The position is less clear on non-emergency PTS. The Government is to consult on how the Care Standards Act will apply to healthcare.



## Delivering the services

*‘If the doctor says they need to see a patient next Friday and transport says they can’t do it and to make another appointment, it’s almost a transport-led service not a patient-led service’.*

Nurse, London

16. Services tend to be finance driven, not user or patient driven, as transport is often seen as diverting resources from front line services. Budgeting tends to ignore cost and quality trade-offs and to be top down, not bottom up. This, plus above inflation increases in transport costs, and poor in-year monitoring, means that overspends on transport remain common in both local government and the NHS. Local authorities and health bodies need to improve their analysis of costs and other pressures when setting budgets for social services transport [EXHIBIT 2], home-to-school transport and non-emergency patient transport.

17. The Government is seeking to address the ‘school run’ on environmental grounds and because of the detrimental impact on children’s health of the reduction in the exercise that they are taking. It has been encouraging local authorities and schools to work with parents to promote walking and cycling for shorter journeys to and from school.

*‘She [the child] hates the bus. All the children smoke...I would rather pick her up.’*

*‘My daughter was bullied on the school bus and that has put her off for life.’*

Parents

Source: Transport Studies Group, University of Westminster, *The Family and the School Run: What would Make a Real Difference?*, AA Foundation for Road Safety Research, 2000 and WS Atkins, *Assessment of Attitudes to and Potential Take Up of, Additional Home to School Transport*, DTLR, 2001.

18. There are also opportunities to increase travel to and from school by bus. For example, bad behaviour on buses is one reason why some parents prefer to drive their children to school. But LEAs are understandably unwilling to use education funds to support the wider transport agenda and many transport professionals in local government thus see the law on free home-to-school travel, which derives from the 1944 Education Act, as out-of-date.

19. Improvements in operational efficiency (for example, longer routes that increase seat occupancy on vehicles) need to be weighed against their impact on customer care (for example, users’ time in vehicles). Nevertheless, there are opportunities for further improvements in the way that resources are used and in value for money.

For example:

### Greater co-ordination and co-operation.

- some local authorities, including Devon and Cheshire, have council-wide transport co-ordinating units that offer economies of scale in the technical skills necessary to manage transport, allow them better to integrate home-to-school transport with the wider transport policy and improve the prices obtained when letting contracts;<sup>1</sup>
- authorities that use a single in-house supplier to provide both SEN and social services transport can exploit economies of scale to reduce costs;
- operational integration of transport (for example, of SEN and social services transport, as at Lewisham) can also bring savings, though this sometimes reduces flexibility; and
- co-operation between health bodies and local authorities is also desirable but is currently rare. Examples include Lewisham Borough Council’s provision of non-emergency PTS for University Hospital Lewisham and arrangements being developed in Worcestershire.

<sup>1</sup> Some metropolitan district councils – the LEAs in the former metropolitan counties – ask their local Passenger Transport Executives (PTEs) to arrange mainstream home-to-school transport, thus allowing the PTEs to integrate this with their support for public transport.

**Improving the planning of routes.**

- used appropriately, as by Warwickshire Ambulance Service, IT tools can help to improve route design.

**Periodically reviewing routes in local authorities.**

- a well-designed network of routes is central to the effective use of resources. Some ad-hoc changes are unavoidable, for example, when users move home. But continued long-term incremental change may eventually lead to networks that use resources poorly.

**Reviewing the use of taxis and hired-cars.**

- these have an important part to play in service delivery. However, large-scale use and continued spot hire are unlikely to be cost-effective; and spot hire also increases opportunities for corruption.

**20.** Commissioning skills and service monitoring are sometimes poor in both local authorities and the health service. Local monopolies can make it difficult for councils to take effective action against contractors whose performance is poor. There are similar problems in the health service, where ambulance trusts often have dominant local positions. In both sectors, financial arrangements do not always reward suppliers for meeting or exceeding standards.

**21.** Health bodies face change. In England, primary care trusts (PCTs) are expected to assume greater responsibilities for commissioning non-emergency PTS. The management of the NHS in Wales is altering with the creation of local health groups (LHGs) and the expected abolition of health authorities. Joint commissioning of social services and healthcare is also expanding. The delivery of medical services is changing with more being delivered at local medical centres, GPs' practices and specialised centres. In England, *The NHS Plan* promises individual patient appointment times. A single ambulance service trust already covers all of Wales; amalgamations of ambulance services may continue in England.

**22.** Responding to these changes will be challenging. Some hospital managers regard the ambulance services that provide their non-emergency PTS as inflexible and not willing, if asked, to provide services in the evening or at weekends. Conversely, managers in ambulance services argue that commissioners are unwilling to fund extra services. They are also concerned about the impact of the switch to commissioning by PCTs – most ambulance services already have many different, sometimes small, non-emergency PTS agreements, each of which has its own quality standards and managerial overheads

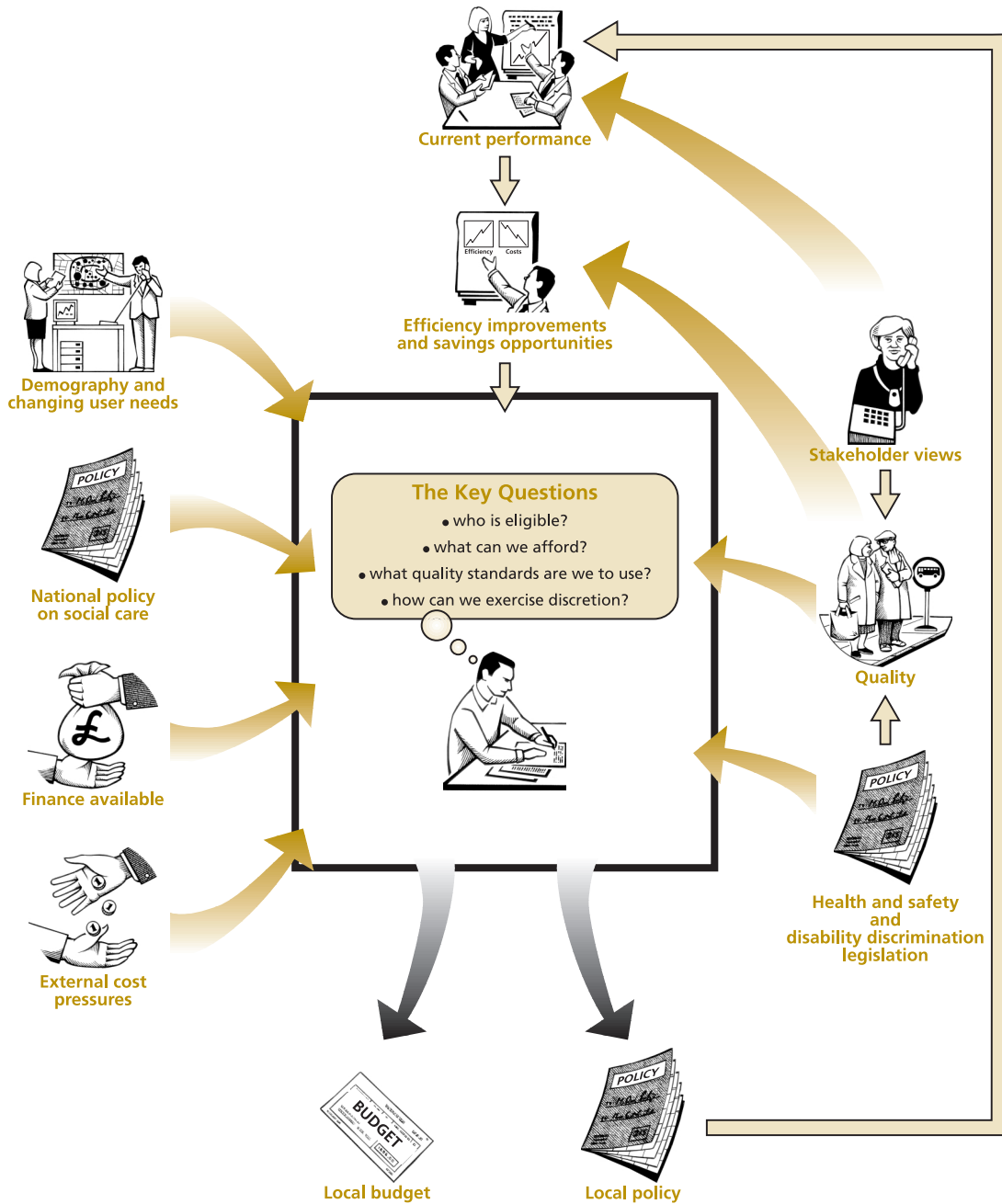
[EXHIBIT 3, overleaf].

**23.** Local authorities also face challenges. Joint commissioning and the development of individual packages of social care will impact upon social services transport. Inclusion in mainstream schools, and the requirements of the Disability Discrimination Act to provide accessible vehicles, will alter transport arrangements for children with SEN. The planned extension of specialisation in secondary education in England, and the expected increase in the role of after-school activities in both England and Wales will also necessitate changes to home-to-school transport. The Department for Transport, Local Government and the Regions (DTLR) expects to evaluate the First Group bus company's planned pilots of American-style yellow school buses. This may lead to further changes in home-to-school travel.

EXHIBIT 2

**Setting the budget for social services transport**

Local authorities' and health bodies need to improve their analysis of costs and other pressures when setting budgets for social services transport



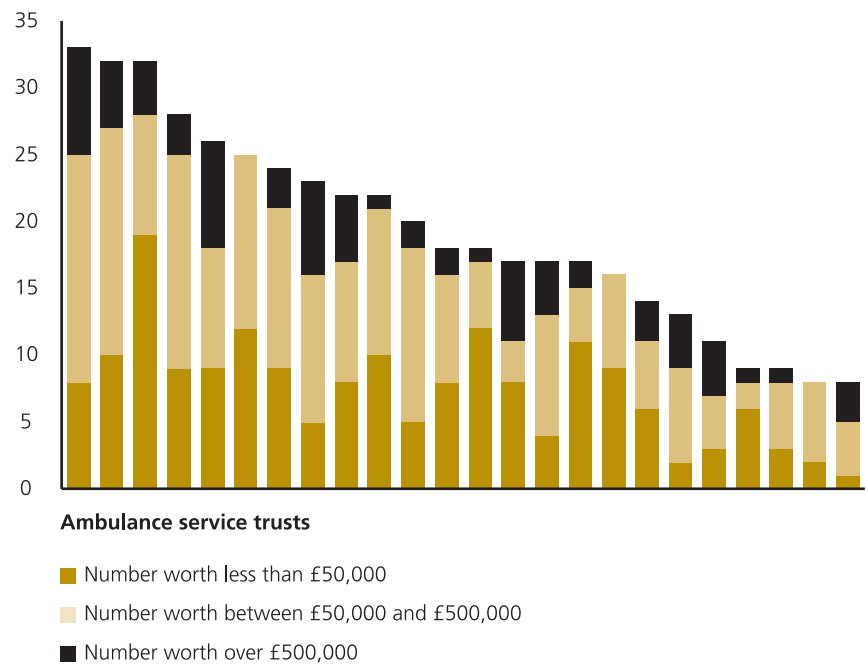
Source: Audit Commission

EXHIBIT 3

**Non-emergency PTS agreements between ambulance service and hospital trusts in 1999/2000**

Most ambulance services have many different, sometimes small, agreements.

**Number of non-emergency PTS agreements**



Source: Audit Commission, using data provided by the Ambulance Services Association (ASA). Data is for the 24 services in England that returned the ASA's questionnaire.



## The way forward

**24.** Action is needed by central government (page 12), local authorities (page 14), and health bodies (page 15). Co-operation within local authorities, and between councils, the health service and other partners, will play a key part in delivering improvement.

**25.** Central government and the National Assembly for Wales (the National Assembly) should improve the framework within which councils and health bodies work. They should clarify the role of, and eligibility for, free non-emergency PTS. The Government should give more consideration to the implications of PCTs assuming responsibility for commissioning non-emergency PTS; the National Assembly should consider how best to commission patient-focused non-emergency PTS as arrangements for managing health and social care in the principality evolve. Central government should also review the legislation on free home-to-school transport and further support and encourage initiatives to address vandalism and bullying on home-to-school transport. Core quality standards should be set for home-to-school transport, social services transport and non-emergency patient transport. Standards should cover when to provide a passenger assistant, the training of passenger assistants and drivers and what information to provide them with on patients' and clients' needs. The need for police screening must be addressed.

**26.** Local authorities have already done much to provide good home-to-school and social services transport, but there are opportunities to improve the service and its user focus still further. The Commission's national report, *Going Places*, and the supporting *Practical Handbooks for Managers* soon to be published, include good practice case studies to help with this. The handbooks also contain detailed self-assessment checklists to help authorities compare their arrangements with best practice.

**27.** There are many examples of good practice in non-emergency PTS but there are also opportunities to improve. Too often, commissioners do not view non-emergency PTS as part of the overall healthcare package. And, in ambulance services, non-emergency PTS is often the poor relation to the emergency service. Changes in attitude are needed. Both *Going Places*, and the supporting *Practical Handbook for Commissioners and Providers* of non-emergency PTS offer case studies and self-assessment checklists.

**28.** Making these changes will improve home-to-school transport, social services transport and non-emergency patient transport, and so improve access to public services, promote social inclusion and contribute to the environmental agenda.

*Core quality standards should be set for home-to-school transport, social services transport and non-emergency patient transport.*

# Action by central Government

CENTRAL GOVERNMENT SHOULD:	THIS WILL:
<i>Obtain and respond to users' views on travel to NHS services</i>	
Include views on transport in national surveys of patients' perceptions of the NHS	Inform decisions about transport and travel arrangements and standards for non-emergency PTS
Set national standards for non-emergency PTS performance, that reflect patients' requirements and experiences, and arrange for details of performance to be published both nationally and locally	Raise the profile of non-emergency PTS and ensure that commissioning bodies and providers pay more attention to service quality issues
Encourage NHS bodies to examine when it is appropriate for patients to travel to services and when it is more appropriate for services to be brought to them. They should appraise how patients are to reach services with partners, including local authorities and community and voluntary groups. This should cover travel to GP and other services as well as to hospitals	Improve access by helping to ensure that people are able to reach health services
Require that health and social services bodies consider transport issues when considering the location of, and access to, services	Ensure that transport costs are considered when decisions about location are made and help health and social services bodies to make better decisions on access and location
<i>Clarify the role of and entitlement for non-emergency PTS</i>	
Review entitlement to non-emergency patient transport in the NHS, making any necessary funding adjustments. Revised guidance might:	
<ul style="list-style-type: none"> <li>extend current free provision to the levels found where the guidance is currently interpreted liberally; and/or</li> </ul>	Improve equity, ensuring that no current users lose out while improving access for others. This will also resolve the anomaly where patients with similar conditions and in similar personal circumstances travel free in some places but are asked to pay in others
<ul style="list-style-type: none"> <li>extend eligibility for free non-emergency PTS to cover travel to services delivered at local medical centres and GP practices; or</li> </ul>	Reflect changing patterns of provision
<ul style="list-style-type: none"> <li>take a more restrictive but equitable approach to eligibility for free travel. If this approach is taken, the Government should identify how those who have been newly excluded because of the change, but who have a social need for free or reduced cost travel, are to get to hospital. This might involve re-appraising the role and funding of voluntary hospital car schemes as well as of publicly funded dial-a-ride schemes and other voluntary sector provision; and</li> </ul>	Reduce costs to the NHS. Identifying and paying for alternatives will ensure that current users do not lose out while improving access for others. It may increase expenditure elsewhere in the public sector if demand for other types of support for travel increases in consequence
<ul style="list-style-type: none"> <li>set out more clearly when the NHS can charge patients and what that charging regime should be</li> </ul>	Again address equity and fairness issues, resolving the anomaly where patients with similar conditions and in similar personal circumstances travel without charge in some places but are charged in others
Review the role of the Hospital Travel Costs Scheme in the light of other changes and consider whether the scheme should be better publicised	Ensure that the scheme plays an appropriate role in revised arrangements for travel to health services
<i>Help to improve how non-emergency PTS is commissioned and delivered</i>	
Set out explicitly how it expects transport to health services and social care to be dealt with by PCTs in England and health bodies in Wales and under joint commissioning	Ensure that transport and access issues are not overlooked as new approaches to healthcare, and supporting organisational structures, develop

cont./

CENTRAL GOVERNMENT SHOULD:	THIS WILL:
Encourage the application of a standard contract framework for non-emergency PTS within which individual health bodies can incorporate their local patient-centred requirements. For example, standard clauses might appear in a fixed order, and reflect core standards set by government; other parts might enable the local setting of times the service is to be provided, target arrival times and times on vehicles	Reduce replication of effort in the health service while also allowing local flexibility and adaptation
<i>Further integrate free home-to-school travel and wider transport policy</i>	
Review the legislation on entitlement to free home-to-school travel	Offer opportunities to create arrangements that more closely reflect current family circumstances, working patterns, road traffic levels, road safety and other parental safety concerns. It also offers opportunities for better integration with wider transport policies
Build on existing initiatives, such as safe routes to school, to integrate home-to-school travel with wider transport policy and initiatives	Continue and expand existing work to reduce car dependency and to improve health through increased walking and cycling
Use the DTLR's planned evaluation of the 'yellow bus' pilots to provide further information on the impact on home-to-school travel patterns of changes to entitlement to free travel and the ways in which that travel is provided.	Provide data to inform the debate on, and decisions about, changes in the legislation on home-to-school travel
Experiment with increased supervision on mainstream home-to-school travel	Reveal whether this can successfully address vandalism and bullying
<i>Improve standards and quality of service</i>	
Set, or encourage the development of, core standards for:	
<ul style="list-style-type: none"> <li>mainstream home-to-school transport (for example vehicle quality and safety, driver training and screening, seatbelting, escorting and supervision)</li> </ul>	
<ul style="list-style-type: none"> <li>providing passenger assistants for special educational needs and social services transport (when to provide passenger assistants, their training and screening)</li> </ul>	Provide local authorities with a set of core standards, helping to resolve the tensions between quality of service and budgetary constraints. It will also provide parents and careers with reassurance about safety and service quality
<ul style="list-style-type: none"> <li>vehicle quality and safety and driver training and vetting on SEN and social services transport</li> </ul>	
<ul style="list-style-type: none"> <li>the provision of appropriate information to drivers and passenger assistants about children's and social services' clients conditions and needs</li> </ul>	Clarify the position on release of appropriate information This will help local authorities meet their health and safety obligations towards clients. It will also help to address drivers' and passenger assistants' concerns that they sometimes lack information and would not know how to respond in a medical emergency
<i>Encourage co-operation and partnership</i>	
Encourage co-operation and sharing of resources between local authorities and health bodies	Offer opportunities to improve services and to make efficiency savings that do not compromise customer care and patient focus
Seek, where appropriate, to apply similar standards across social services transport and non-emergency PTS. This should include, where possible and appropriate, similar approaches to vehicle quality and safety and to the application of the Care Standards Act 2000	Address similar issues as core standards for home-to-school transport. It will also facilitate co-operation and sharing of resources between local authorities and health bodies

Source: Audit Commission

# Action by local authorities

LOCAL AUTHORITIES SHOULD:	THIS WILL:
<i>Improve user-focus</i>	
Consult with service users and their parents/carers and with other stakeholders such as schools and social services centres	Identify whether current arrangements meet user needs and, if they do not, what improvements are needed to create quality, user-focused arrangements
Ensure that services meet health and safety and other legal requirements and also reflect the results of consultation. (Councils should work to national quality standards once these have been set by central Government, enhancing these locally if they choose, so that they reflect local needs and priorities)	Help to ensure that services are safe and meet users' needs and expectations
Work with schools and transport providers to address vandalism and bullying on mainstream home-to-school transport, considering whether it is necessary in appropriate cases to place passenger assistants on vehicles	Reduce vandalism and bullying, making bus-based travel to school more attractive to pupils and parents. This will reduce operators' losses to vandalism, and so help to control contract prices. Improved pupil behaviour will also make driving school buses less stressful, helping to address driver shortages and associated wage pressures
Ensure that drivers and passenger assistants are properly trained and screened	Help to meet health and safety obligations and improve customer care
<i>Take account of the wider policy context</i>	
Examine arrangements in the context of wider policies on access to, and the location of, education facilities and social services, when carrying out best value reviews	Ensure that best value reviews are not focused narrowly on technical aspects of transport but that they also address fundamental questions about why transport services are needed and about who is to use them
Consider policies and arrangements in the context of social inclusion, wider environmental policies, broader transport policies and the health and fitness agenda	Integrate approaches with broader transport and travel policies
<i>Work with others</i>	
Consider whether there is scope to improve access, efficiency, effectiveness and customer focus, for example by working in partnership. Options include greater co-operation across departments within the authority, working with PTEs (in the metropolitan areas), with community transport bodies from the voluntary sector and with health bodies	Identify opportunities to provide customers with integrated, user-focused services or to use resources more efficiently
<i>Review funding</i>	
Set realistic budgets that reflect demand and the authority's service standards, and monitor expenditure regularly and effectively	Take account of service standards when setting budgets and reduce the likelihood of budget overspends
<i>Improve efficiency</i>	
Review the use of IT, route planning and scheduling and the use of taxis and hired-cars	Release resources to fund improvements in quality
<i>Improve how the services are managed</i>	
Clearly delineate transport roles, especially when transport is provided in-house	Help ensure that client departments are setting and monitoring performance against quality standards. It will also help with budget setting and monitoring
<i>Monitor performance more effectively</i>	
Use contracts or service level agreements that encourage service providers to meet and exceed safety and quality standards	Help to ensure that safety and quality standards are met
<i>Plan for change</i>	
Review how transport requirements and funding need to change in response to the challenges ahead	Ensure that transport arrangements respond to increased joint commissioning of health and social care, to other changes in social care (such as individually designed care packages) and to changes in education (such as greater specialisation by schools and a greater emphasis on after-school activities)

Source: Audit Commission

# Action by health bodies

COMMISSIONING BODIES SHOULD:	THIS WILL:
<i>Improve patient-focus</i>	
Treat transport arrangements as central to access to services	Help to meet the access requirements in <i>The NHS Plan</i> and <i>Improving Health in Wales</i>
Treat appropriate provision of free transport as part of the package of healthcare	Improve patient-focus and reflect the requirements of the current guidance
Publicise the Hospital Travel Costs Scheme adequately	Implement current guidance
Survey patients' views regularly. Also survey medical staff to obtain their views about non-emergency PTS	Identify whether current arrangements meet patients' needs and, if they do not, identify what improvements are needed to create quality, patient-centered arrangements
Review quality standards after consultation with patients	
Revise quality standards where necessary, to reflect those views, and publicise them locally	Help to ensure that services meet patients' needs and expectations
Monitor performance and publicise how it compares with standards	
Use contracts/agreements that encourage and reward achievement of standards	Help to ensure that safety and quality standards are met
<i>Improve the status of non-emergency PTS</i>	
Treat non-emergency patient transport as a core part of the NHS	Recognise that, currently, free non-emergency patient transport is provided to meet medical need. It will also signal commitment to the service, helping to improve longer term planning and staff morale and so improve service quality
<i>Work with others to improve the service</i>	
Explore options for improving patient focus, efficiency and effectiveness in partnership with ambulance services, local authorities and others	Identify opportunities to make savings and to provide customers with integrated, patient- and user-focused services
<i>Review funding</i>	
Set realistic budgets that reflect demand and service standards and monitor expenditure regularly and effectively	Take account of service standards when setting budgets and reduce the likelihood of budget overspends
Do so taking account of the impact of non-emergency PTS on 'did not attend' rates and on discharge delays	Set budgets that take account of how non-emergency PTS contributes to the effective use of NHS resources
<i>Plan for change</i>	
Review how non-emergency PTS and its funding need to change in response to the challenges ahead	Ensure that arrangements respond to changes in healthcare and social care and to joint commissioning
<b>AMBULANCE SERVICE SHOULD:</b>	<b>THIS WILL:</b>
Work with commissioners on the above agenda	Improve patient-focus and the use of resources, raise the status of non-emergency PTS within ambulance services and help with the response to change
Continue to explore opportunities to make better use of resources and to improve value for money without compromising safety or patient-focus	Ensure that public money is used effectively

Source: Audit Commission

If you want to know more, the National Report, *Going Places: Taking People to and from Education, Social Services and Healthcare* looks at these issues in more detail. On 13 December 2001, the Commission will also publish practical handbooks for local government and health service managers that contain detailed good practice checklists and case studies.

Audit Commission, *Going Places: Taking People to and from Education, Social Services and Healthcare*, (National Report)

ISBN 1 86240 329 5, £20.00, stock code: GNR2643

Audit Commission, *Improving Transport for Social Services Users: A Practical Handbook for Managers*

ISBN 1 86240 330 9, stock code: LMH2650, £25.00. Available from 13 December 2001.

Audit Commission, *Improving Mainstream Home-to-School Transport: A Practical Handbook for Managers*

ISBN 1 86240 331 7, stock code: LMH2651, £25.00. Available from 13 December 2001.

Audit Commission, *Improving Home-to-School Transport for Children with Special Educational Needs: A Practical Handbook for Managers*

ISBN 1 86240 332 5, stock code: LMH2652, £25.00. Available from 13 December 2001.

Audit Commission, *Improving Non-emergency Patient Transport Services: A Practical Handbook for Commissioners and Service Providers*

ISBN 1 86240 333 3, stock code: HMH2653, £25.00. Available from 13 December 2001.

These, and more copies of this briefing (stock code: GEB2644) are available from:

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