

MOVE PROJECT (Mobility Opportunities Valuable to Everyone) NHS Highland Pilots Lessons Learnt Report



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MOVE PROJECT

The project's overall objective is to develop and disseminate environmentally sustainable and economically viable mobility through innovative multidisciplinary co-creation that will enhance accessibility of small and middle-sized cities/towns and their rural surroundings within the North Sea Region.

Developing mobility initiatives, responsive and tailored to the local needs, will increase accessibility of areas becoming more and more isolated. While heavily subsidised mobility schemes tend to be subject to budgetary constraints, with an increased risk for future limitations, setting up financially sustainable transport systems reinforces the durability and contributes to the removal of bottlenecks in and the greening of personal transport in rural and small city areas.

The project supports the greening of the transport sector by offering solutions aiming at a reduction in the use of individual vehicles or by using alternate greener options. On the long term, the shift towards renewable energy for transport is necessary and this project will seize this opportunity by embracing standing technical innovations within the co-creation process as a way to promote sustainable and durable mobility.

The project will contribute to the overall objectives of the program in terms of reducing GHG in the transport sector and will also provide tangible and reproducible models and results for local authorities to implement in the NSR and beyond, contributing to a long-term change in the mobility sector.

NHS Highland undertook 3 pilots:

- 1. Bikes and Trikes**
- 2. Well@Getting Around**
- 3. Raigmore Connect**

MOVE was co-funded by the North Sea Region Programme 2014-2020. The project ran from September 2018 to February 2022



For further information on the project please visit: <https://northsearegion.eu/move/about/>

HACKATHON AND PILOT SELECTION



CALL FOR SUSTAINABLE TRANSPORT PILOT IDEAS

As part of our MOVE project
(Mobility Opportunities Valuable to Everybody)
NHS Highland will be funding 2 pilot projects to
implement sustainable transport solutions.
We are looking for organisations to join in
the co-creation process and submit pilot
proposal ideas.



Deadline extended
New submission date:
13th September

The priority themes identified are:

- Staff travel
- Patient travel
- Movement of items (equipment/medicines/tissue samples/other)
- Health and Leisure Movement (Preventative Interventions/Rehab/Wellness/Other)

A total budget of £60,000 is available

Please email lee.heaney@nhs.net for an application form



In June 2019, NHS Highland held a Hackathon, the purpose of which was to bring together different stakeholders in health, social care and transport to discuss the issues surrounding provision of sustainable transport in the Highlands and to launch the competition for the MOVE pilots. The day included a mixture of presentations, active workshops sessions and a chance to meet experts in the field. The event was well attended and received good feedback from participants.

The priority themes identified for the competition were:

- Staff travel
- Patient travel
- Movement of items (equipment/medicines/tissue samples/other)
- Health and Leisure Movement (Preventative Interventions/Rehab/Wellness/Other)

Following the Hackathon the NHS Highland MOVE project team further advertised the competition and engaged with potential applicants, answering queries regarding our requirements. A panel of internal stakeholders reviewed the applications, interviews with applicants were held and ultimately three pilots were selected.

General statistics

Lower paid staff has no easy access to e bikes or funding for these so rarely have the means of experiencing their regular use. The staff has an easy access to fast transport across short distances less than 5 miles within the working day. Most of the surgeries staff (>90%) commute short distances by car to work and have sedentary jobs and has identified wellbeing as their number one priority in a recent staff survey.

Integration into the public transport network

The pilot aimed 30% of home visits to be carried out by electric bike, 80% of staff to have experienced riding the e-bike and 20% of staff to have borrowed the e-bike for trial of commuting.

Political context

This consortium of GP surgeries is committed to move towards sustainable transport: it builds on the success of previous projects around active travel undertaken by the partners. GP surgeries are the locus of the majority of clinical encounters in the NHS, yet they are run as small businesses and therefore fall outwith the scope of some NHS Highland staff focused active travel initiatives. They are great places for active travel role modelling.

Pilot description

Target groups

The aims of the pilot were to provide an electric “pool bike” to practices with the goal of undertaking home visits by e-bike thus reducing the car use. To allow the electric “pool bike” to be borrowed lower paid practice staff to experience e-bike use when the bike not being used for home visit, by borrowing bike for commuting or at weekends.



Organisation

This project already had a Phase 1 underway with home carers given access to e-bikes. This had been a huge success with “champion tigers” becoming visible promoters of the benefits of active travel. Phase 1 was funded by Cycling Scotland. The MOVE pilot extended the scope of the project to include administrative and health care workers in GP surgeries

NHS Highland purchased 8 foldable e-bikes (example shown below) one for each of the 8 GP Surgeries who expressed their interest in the Pilot. All GP surgeries were asked to complete an online survey/questionnaire prior to the e-bike collection where they outlined how the e-bike would benefit their practice and staff

The pilot was deliberate in not providing maintenance and insurance to see how practices would respond to this to make it sustainable and promote "ownership" of the bikes. The maintenance of e-bikes has been approached slightly differently. Some practices used a local bike workshop's voluntary help, while others relied on staff and their families. One practice was willing to pay £500 repair for a cracked battery as they felt they had got excellent use out of it and that it felt like “their” practice bike – fostering ownership.



Communication

A website was developed for distribution of the Pilot information



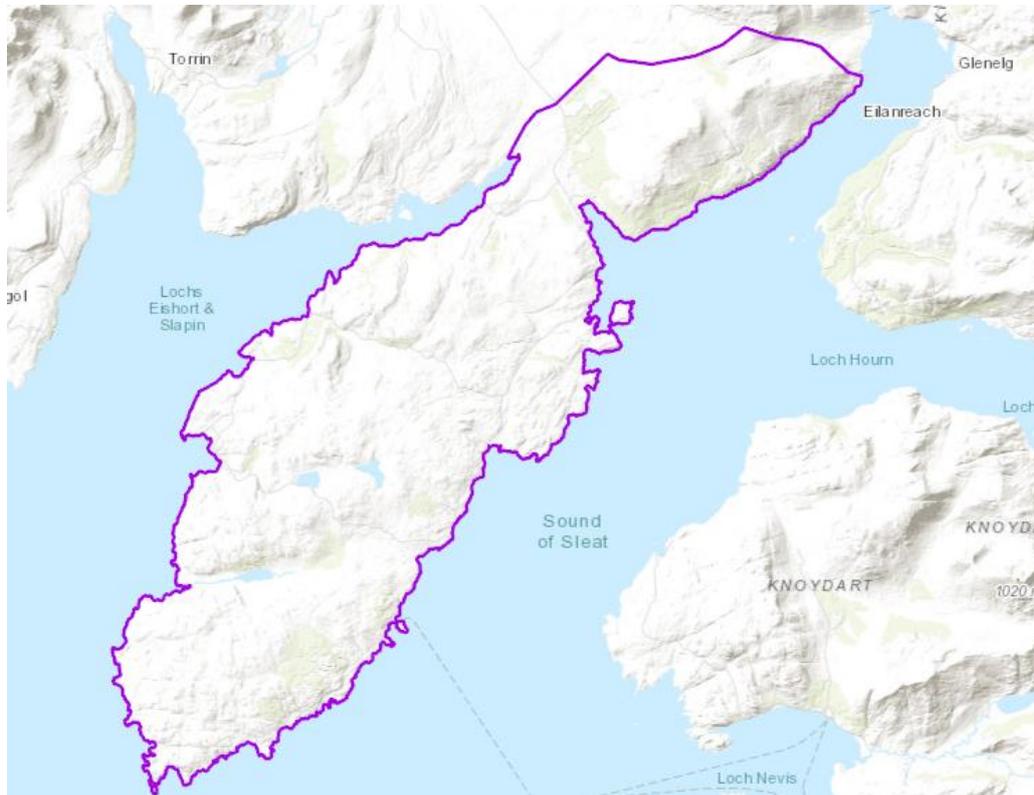
<https://bikesandtrikesforhighlandcarers.wordpress.com/>

WELL@GETTING AROUND



Geographical Context

Sleat is located in the southern peninsula of the Isle of Skye consisting of a number of small crofting township including Camuscross, Teangue, Drumfearn, Ferrindonald, and Tarskavaig, as well as the village of Ardvassar and the ferry port at Armadale



General Statistics

Sleat has been one of the fastest growing rural areas of Scotland for over 30 years, currently having a population of around 900. Within its boundaries are two pioneering estates; Scotland's Gaelic College at Sabhal Mòr Ostaig, and a major visitor centre at Clan Donald in Armadale

Sleat's approximately 900 population are split into demographics in the graph above, comparing 2001 and 2011 census data. There has been a 12% increase in population overall, but is mainly

concentrated in the 60-74 age range. There are approximately 383 households in Sleat with a high prevalence of small households in the area, almost 5% greater than Highland Council as a whole which reflects the high percentage of older people in the area.

After Trotternish on Skye, the Sleat peninsula is the second largest Gaelic speaking area on the island and is home to Scotland’s Gaelic college, Sabhal Mòr Ostaig. The college provides university level education with degrees such as Gaelic and Media Studies, Gaelic and Music as well as a range of other full-time, part-time and summer courses. Sabhal Mòr Ostaig is the largest employment provider in the area with around 120 full-time employees. Almost 60% of people in Sleat can speak Gaelic, compared to 1.1% of the Scottish population over the age of 3.

Food costs about 10% more in remote rural Scotland and considerably more in local stores. Longer commutes in rural areas typically add £30/40 per week to fuel costs and household fuel bills tend to be 50-90% higher, according to the Minimum Income Standard report by Highlands and Islands Enterprise (HIE).



What's an electric car?
 Electric vehicles are powered by batteries and are great to drive, quiet, cheaper to run and a lot more environmentally friendly.
[Enter the game](#)



All the more to spend on the good things in life?
 Electric cars have far fewer moving parts meaning you will rarely have to have your electric car serviced and the running and repair costs are minimal.
[Enter the game](#)



What no petrol or diesel, do you need a special socket?
 No, you can simply charge your electric car from an ordinary electric socket, but it will charge more quickly if you install a special electric car charger at home.
[Enter the game](#)

Pilot Description



photo courtesy of Alan White

Target Group

The initial target groups for this pilot were students at Sabhal Mòr Ostaig (SMO), local residents of Sleat and tourists. For most of the duration of the planning and the pilot there have not been any students at SMO due to the lock down. Also, given the timing of the roll out of the pilot (over winter) there tends not to be many tourists in the area so the pilot was aimed primarily at local residents with the view to extending to the other target groups as we come into spring

Organisation

The pilot was progressed by a consortium led by Interactive Health Ltd (IHL) which included Shewan Associates, Deuxality, Sabhal Mòr Ostaig (SMO) and UHI/Inverness College.

Service Description

Well@Getting Around was to be an electric car-sharing club based at Sabhal Mòr Ostaig that came with added health benefits.

The original vision for the pilot was to:

- Have TWO electric cars to be powered by the excess energy of the biomass boiler at the local College(SMO) in Sleat in Skye. The cars can be used by local residents and visitors to the island, and also for visits to local GP practices and the Island Hospital
- Link with the HiTrans pilot to provide best value for money
- Work with the local Community Trust and SMO to attract further funding and ensure the

continuation of the scheme beyond the lifetime of the MOVE project.



launch of the EV in Sleaf

Early investigative work was carried out on the feasibility of powering the cars with electricity generated by surplus heat from the biomass plant at Sabhal Mor Ostaig.(SMO) However, since the onset of COVID-19 it was not been possible to conclude this experimental part of the project.

The pilot which was finally launched in winter 2021 involved one electric car provided by Co-wheels through a franchise with IHL. The car was administered by a part time administrator with support from Sleaf Community Trust, who assisted with advertising the car and supporting the administrator. People can sign up to use the car via IHL (with free membership) or sign up via Co-wheels. Uptake of the car was initially very slow, primarily due to the launch being in winter when there are less people on the Island and it was felt that people were less inclined to drive during bad weather. More recently, there has been a slight uptake in usage with people using the car for a combination of social reasons and for healthcare visits.

From the beginning of the pilot planning stage conversations with Sleaf Community Trust have been held with a view to the sustainability of the electric car beyond the lifetime of the pilot. More recently, these conversations have also included Co-wheels, the local housing associate and another community trust on the Island. It is highly likely that not only will the electric car continue to run beyond the lifetime of MOVE but that another car will be placed in another community on the Island.

Challenges / Impact of Covid-19

Well@Getting Around faced many challenges directly and indirectly due to the Covid-19 pandemic. With the closure of SMO, the local College, during lock down the 2 electric charging points which were to be installed in the SMO car park were not installed during the lifetime of

the pilot. There were also issues with securing insurance for a multi user car, this was a major stumbling block and almost prevented the pilot from running. Eventually a community franchise between IHL and Co-wheels, the pioneer and market leader among UK car clubs, with support from Sleat Community Trust was agreed. Recruiting a part-time administrator also proved to be extremely difficult. With the easing of Covid-19 restrictions in summer 2021 the hospitality industry on the island was re-opened. There was a problem in many parts of the Highlands at the time with hospitality businesses being unable to recruit enough staff, this was due in part to the reduction in movement of people, a consequence of Brexit. Well@Getting Around

Communication

Advertising of the pilot has mostly been in conjunction with Sleat Community Trust. They included an advert for a part time administrator to oversee the bookings and engage with potential users. SCT have also advertised the pilot and hosted the launch in their offices at Armadale in January 2022. In the early days of the pilot co-creation several local meetings were held to engage with local people and to understand their transport needs.

RAIGMORE CONNECT



The 'Raigmore Connect' Service

Overview

NHS Highland are looking at ways to make hospital travel more sustainable. However, not everyone is aware of, or has the time to look at, all the hospital travel options available to them. Raigmore Connect is a new service designed as part of the Interreg funded 'Mobility Opportunities Valuable to Everybody' (MOVE) project.

The Raigmore Connect service was designed to help patients, healthcare professionals and members of the public plan their journey to Raigmore Hospital in Inverness. With Raigmore Connect the user can enter all their details in advance including where they are travelling from, their appointment time, and how long they expect that to last. Raigmore Connect will then suggest several travel options available to them, details on any changes they may have to make and an estimate of what their journey will cost. It allows users to compare walking and cycle routes, public transport times and prices, taxi price estimates and self-drive route options. Users can plan a journey to Raigmore Hospital from anywhere in the highlands.

The service aims to encourage people to think more carefully about the travel options available to them. The core value proposition is the provision of personalised travel option comparison for the specific use case of travel to and from hospital. The journey options and prices presented are:

- personalised to user requirements,
- reflective of the user's entitlements and discounts,
- all applicable for their specific appointment time

User Interface (UI) and User Experience (UX)

The Raigmore Connect service will be accessed via a web-based app. Furthermore, the User Interface (UI) is reactive to screen size. This means the service can be used on any device with an internet browser be that a desktop, laptop, tablet or smartphone. The user interface design is compliant with the international Web Content Accessibility Guidelines (WCAG) 2 Level AA. Web Content Accessibility Guidelines (WCAG) explains how to make web content more accessible to people with disabilities.

The User Interface is based on an extensively 'co-designed' UI developed with NHS Tayside. This cut down on the required development time for Raigmore Connect and provided a strong foundation structure for the new service for NHS Highland.

The user experience (UX) was designed for the specific user journey of a hospital appointment at Raigmore Hospital. For this reason, the entry fields are specifically designed to reflect a hospital appointment's details such as time, date and expected appointment duration. This means the user does not have to guess or try different departure times for the outward or return leg as the system will take the appointment details and plan journeys which are due to arrive at the main entrance to the hospital 20 minutes before the appointment time and date. The return leg combinations will

always depart after the expected appointment end time.

There is also the option for users to tell the system a bit about their specific entitlements and discounts. These options are often only accessed via a small tick box in a journey planner or not asked at all when prices are not calculated.

Homepage

On the homepage, users enter their specific appointment date, time and estimated duration. They also indicate if they have access to a car, a bus pass, or a railcard. These choices are subsequently reflected in the journey options and prices presented in the next screen.

Journey results

The journey results page allows users to compare their personalised appointment travel options, side-by-side. The service can offer routes and applicable prices for journeys involving walking, cycling, bus, train, community transport, car club, taxi or driving.

Journey details

Details of each journey presented can be reviewed in the 'journey details' page. This page also has a handy 'print' function so that users can print the specific details and step-by-step instructions for their personalised journey. A map of public toilets can also be overlaid on the interactive route map to allow users to see where facilities are located on their journey, should they be required.

Scalable UI

Users can also access the Raigmore Connect webapp from any mobile browser device to plan a journey on the move.

Basic Technical Specification

The Raigmore Connect service is powered by the 'Fuse Platform' provided by Fuse Mobility. The Fuse Platform has integrated journey planning tools which power multiple MaaS (Mobility as a Service) and journey planning services in Scotland. The system is microservice based, cloud hosted and built for flexible deployment and adaptation, ease of modification, interoperability and scalability. The system is deployed with different User Interface formats each of which is co-designed with a specific cohort. The Fuse Platform encapsulates the learning from extensive co-design and delivery in Scotland benefiting from continuous updates and expansion since early 2016. The Raigmore Connect service is connected to the Fuse platform via its API gateway. This secure API gateway is used to transmit journey requests from Raigmore Connect into the Fuse Platform every time a journey request is entered into the Raigmore Connect UI.

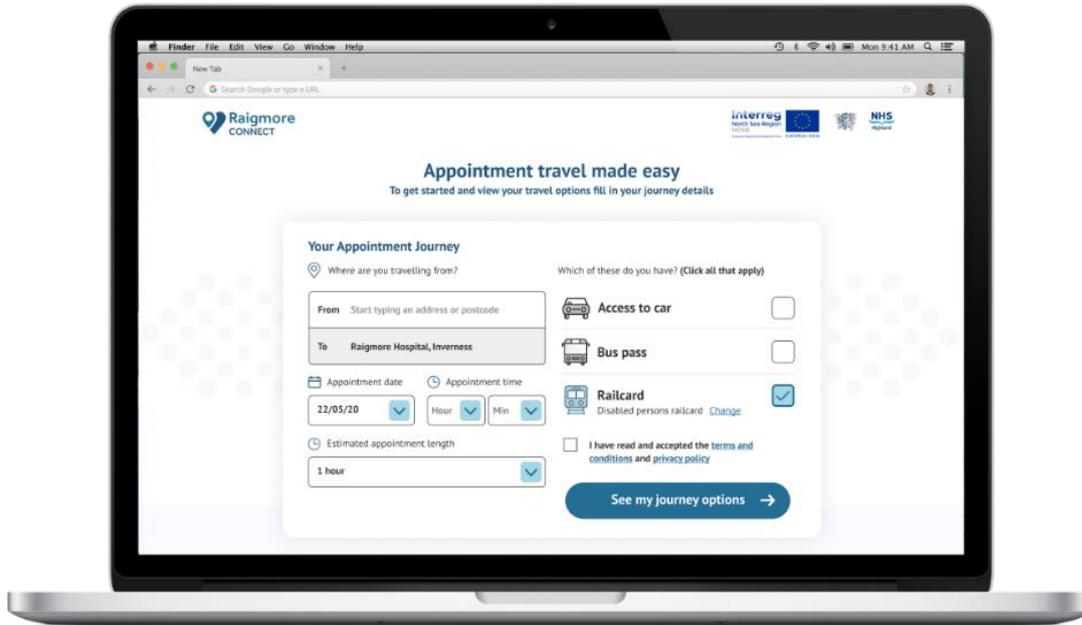
The Fuse Platform is integrated with Traveline Scotland which allows for routes and prices to be pulled through for Buses, National Coaches, National Rail and Ferries. It also uses the Google maps and directions API which pulls through routes and time estimates for cycling, walking and driving.

These feeds are then augmented with local data stored on the Fuse platform so that:

- Concession bus fares can be calculated based on bus prices and different entitlement business rules
- Railcard fares can be calculated based on train prices and different entitlement business rules
- Taxi price estimates can be calculated based on driving data and local taxi fare tables
- Car club estimates can be calculated based on driving data, car club locations and pricing structures
- Community Transport estimates can be calculated based on driving data and local operator business rules

The Fuse Platform has an API connection to the 'Great British Toilet Map': the UK's largest database

of publicly accessible toilets, with over 11000 facilities. This allows publicly accessible toilets to be shown on the interactive route map in the Raigmore Connect UI for each journey.



Challenges

Raigmore Connect is a product of a process which kicked off with the MOVE Project HACKATHON on 12th June 2019. The Hackathon brought together key stakeholders in the NHS ecosystem to discuss challenges and issues surrounding transport in the following four areas:

- Movement of Things
- Staff Travel
- Visitor travel
- Active travel and social inclusion

The aim was to develop a clear understanding of challenges and potential solutions in these areas. This would act as a grounding for the procurement of two pilots.

In considering patient travel a number of issues were highlighted by participants. These we made available to those interested in delivering pilots. Issues underlying the use of sustainable transport for patients were as follows:

- Distance and complexity of travel to appointments
- Inability to get to appointments or to visit patients
- Lack of infrastructure for cars and other modes of transport – more safe cycle routes
- Distance, sparsity, low population
- Changing service provision without consultation
- Funding (NHS Highland and Highland Council)
- Future proofing travel – where will the population be in 5 – 10 – 25 years' time?
- Lack of data on patient travel. How many appointments missed due to transport issues?

Together in was agreed that issues combine to have the following impacts:

- Deterioration of health
- Loneliness and isolation
- Extra costs
- Ineffective use of resources

Amongst the potential solutions co-created by participants was:

*“an app or website that suggests the best route to travel to appointment
– bookable with one easy step”*

Journey planning and Mobility as a Service

The Raigmore Connect service which was pitched by Fuse Mobility aimed to address these challenges.

As noted above, Fuse Mobility provides journey planning and Mobility as a Service (MaaS) solutions via its mobility platform. Fuse Mobility believe that by bringing together the very disparate transport provision into one simple journey planning interface will open up transport options to travellers and make travel easier and increase trust and confidence in travel. In addition, having a simple integrated booking and payment function within the service (MaaS) will ensure that information is actionable – simplifying the whole travel experience – and create a change in travel behaviour towards public and active/shared modes.

Travel Behaviour Change and Raigmore Connect

Many transport professionals consider the economic aspects of trip decision making. Thus, potential travellers will make decisions based simply on the cost of services, journey time to/from destination and frequency of service. However, much research has shown the lack of informed choice in transport.

The Fuse Mobility experience of extensive co-creation of mobility services with a range of groups demonstrates that people cannot readily understand how the transport system works for them. It frequently appears to be one that is controlled by ‘others’ that they have no influence over. In addition, two specific human aspects of mobility must be understood.

Habitual Travel

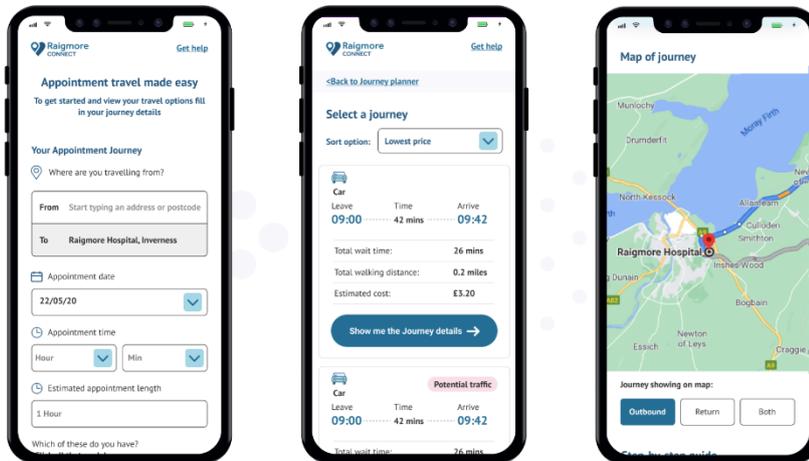
Habit is a key determinant of travel behaviour. This applies for car users and shared and active transport users alike. Potential users often do not know about recent changes in transport provision or, if they become aware, do not really know how they work and more importantly how they would work for them and their journey.

Once awareness and understanding is achieved, then the potential user requires a large degree of confidence to actually try new travel arrangements: this applies to everyone, but especially the large minority of people struggling with anxiety and/or with specific mobility needs.

Confidence and Trust

There is a lack of confidence and trust in public and shared travel. Knowing where things are and how things work is essential to improve confidence in use. When things change (cost, delays, change in service operator) trust is lost if users are not aware and cannot take action which works for them.

When transport modes are disaggregated, and there is no single unifying service offering you the A-B journey, a lack of confidence and trust is magnified. Seamless service is the key to make this happen. A personal transport service – provided by a personalised journey planner or MaaS service - understands you as a consumer and is the place to go to when things go wrong. It is to the service itself that people can turn to find out what they need to do. Feeling part of and even ownership of the service is perhaps the ultimate to having control and confidence and trust.



Raigmore Connect: Journey Planner to MaaS

Fuse Mobility presented the opportunity to deliver a personalised journey planner to the MOVE project. A full MaaS plan-book-pay service was outside the scope of the budget available. This said, it is the same Fuse Mobility platform that would technically deliver the journey planner as well as the MaaS functionality. As such the Raigmore Connect journey planner would be able to prove the demand for the MaaS service and thus scope any potential upgrade.

Raigmore Hospital provides a compelling opportunity to provide Raigmore Connect. It meets the needs of a geographically dispersed population and, like most large hospitals, services a disparate community and range of stakeholders. Crucially, at the same time, all travellers are united in their destination – the hospital. This community thus offers an ideal opportunity to investigate behavioural change.

Objectives and Design Principles

In presenting Raigmore Connect as a pilot, the following objectives were agreed with Raigmore Hospital:

1. Incorporation of transport into NHS Patient Journey leading to increased patient satisfaction
2. Costs savings in NHS through increased confidence and use of public transport/active modes: (i) reduced non-emergency ambulance costs; (ii) reduced spend on Patient Travel Schemes
3. Reduction in stress and increase in confidence in patients (improvements in mental health)
4. Reduction in missed appointments (DNA)
5. Positive health impacts due to active travel (achievement of [Active Highland Strategy](#) outcomes)
6. Healthier and more engaged staff
7. Reduced staff and patient parking burden on hospitals

Co-design approach

Co-design with users was central to Raigmore Connect. At inception it was planned to undertake co-design activities and engagement sessions with potential users to design and tailor features which would be desirable and practical within the journey planner. However, due to COVID restrictions on travel to the hospital and access to patients, the project team re-scoped the co-design activities.

In early April 2019 the Fuse Mobility team had undertaken user centred design sessions with patients travelling for outpatient appointments (Urology) to Perth Royal Infirmary as part of a Transport Scotland funded Mobility as a Service Project – ENABLE. The findings of this work were directly applicable to travelers to Raigmore. These findings were discussed and adopted in the Raigmore Connect design (see below “COVID” for further discussion on co-design alternatives). The Five Design Principles are presented below.

Raigmore Connect – Reflections

The following are reflections on the Raigmore Connect process and project:

How we worked together

- The full process from Hackathon to delivery of a journey planner was completed.
- The Pitch process was an important part of the process and very useful to Fuse Mobility and NHS Highland. The discussion around the Pitch allowed ideas to be explored and scope to be further refined.
- Once selected an Inception Meeting between Fuse Mobility and NHS Highland was of particular use. At this meeting the Fuse team had further refined the specification and the Inception meeting allowed further revision and detailed planning. The output was a detailed agreed plan with agreed priorities and objectives
- Other related projects in the mobility field were directly applicable to Raigmore Connect. The collaborative meetings throughout the process enabled knowledge exchange between all parties.

The Raigmore Connect service was launched to a staging site. It was not launched in a live public facing mode (see “COVID”). Technically the service could be launched within hours of a go-ahead

Table 1: Potential annual cost savings due to reductions in DNA through application of Raigmore Connect across NHS Highland*

Total Annual consultant led outpatient attendances (1)	Of which new	Of which repeat	Percentage DNA (2)	DNA new attendees	DNA Repeat (3)	Total DNA	Cost of DNA (4)	Annual cost reduction due to NHS Highland-wide application of Raigmore Connect (5)
205,664	72,575	133,089	6%	4355	1331	5685	£682,247	£ 68,225

*Based on 2017/18 annual data from ISD Scotland Outpatient Activity (Annual-trends-in-consultant-led-outpatient-activity-Sep18)

- 1) All specialities (excl. A&E). This excludes nurse led clinics (@ 1897 non-acute).
- 2) Only available on new attendees
- 3) Assumed lower at 1%

The impact of Covid-19

The COVID pandemic was hugely disruptive to Raigmore Connect. Not only was the service centred upon a NHS hospital which was under extreme pressure throughout COVID, but the service concerned travel and transport which was itself subject to a number of severe restrictions and Guidance from Scottish Government.

A short video demonstration of the Raigmore Connect App:

<https://www.youtube.com/watch?v=pWQ3p6mJrVA>

LESSONS LEARNT

Evaluation meetings were held in January 2022 and were attended by NHS Highland, HiTrans and representative from all Scotland based pilots. There was an open discussion on the pilots, how they had been implemented, their status as of January 2022, barriers to implementation and successes. There was a general feeling that all pilots had been worthwhile and had provided positive results.

From an NHS Highland perspective, as previously mentioned, we had received positive feedback from participants at the time of the Hackathon in June 2019. This was echoed at the evaluation meetings with all of our pilots saying that the Hackathon and the following process of selection, engagement and co-design had been extremely valuable to them.

Other useful feedback which was received the Evaluation meetings included:

- *Agreeing KPI's and targets*
- *Having a clear communications (and marketing) plan*

Raigmore Connect in particular found meetings with the NHS Highland Comms team extremely valuable.

- *It is never too early to start the co-design process and to engage with co-designers.*
- *Timing is important*

The electric car on Sleat had several aborted launches due to the Covid-19 pandemic which resulted in the pilot starting in winter. This meant there were no tourists or students who could participate in the pilot. In order to get a truer representation of potential usage and benefits the car would need to be piloted during the spring and summer periods too.

- *Range anxiety*

Many people still have anxiety about running out of power before they can reach a working charging point. One suggestions was to ensure that a charging point is located at or near to where the electric car is kept.

- *Driving Electric*

Electric car usage and ownership, although increasing, still remains low with many people having never driven and electric or even in many cases an automatic car. One suggestion to combat this was to take people out in the electric car for a demo and to make them more comfortable about using EV's

- *Having ownership in the pilot*

Engaging with local organisations such as SMO and Sleat Community Trust in Skye was invaluable to the implementation of the pilot there. Local involvement gives people a sense ownership in the pilot and it's outcomes.

For the electric bikes pilot, as each GP practice essentially owned the bike and was responsible for it and for maintenance this resulted in the service being imbedded quicker and ensures that these bikes will continue to be used beyond the lift of the MOVE project.

CONCLUSIONS

It is undeniable that the Covid-19 pandemic had a monumental impact on the planning and delivery of our pilots. Trying to implement new transport systems is challenging in most situations however as a Health Board, which like so many others, we have faced the biggest challenge in the history of the NHS. Face to face outpatient appointments were, for the most part, not undertaken from March 2020, there has been a slow resumption of services as the NHS remobilises however, NHS Highland have encountered a demand on service which has been unprecedented. The surge of the Kent, Delta and more recently Omnicron waves have continued to effect service delivery. In July 2021 NHS Highland announced a rare 'code black' status which meant all Outpatient activity, with the exception of cancer, urgent, Allied Health Professional and diagnostics activity, was cancelled allowing the release of staff to support other services.

Despite these challenges and local implementation challenges we have delivered three different and unique pilots which in some form or other will continue and grow into the future

CONTACTS

MOVE project website: <https://northsearegion.eu/move/about/>

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