

Transport and Travel Impact Assessment

Executive Summary
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Produced by:



For:
South Tyneside and Sunderland NHS Partnership

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Table of Acronyms and Abbreviations

CHSFT	City Hospitals Sunderland Foundation Trust
SRH	Sunderland Royal Hospital
STDH	South Tyneside District Hospital
NEAS	North East Ambulance Service
CCG	Clinical Commissioning Group

Executive Summary

Integrated Transport Planning Ltd has been appointed by South Tyneside and Sunderland NHS Partnership to provide a Travel and Transport Impact Assessment to inform a 'case for change' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).

The 13 tasks in the brief have been categorised into six broad transport themes, which are listed below:

- Public Transport Review
- Parking Review
- Accessibility Review
- Surveys and Data Analysis
- NHS Policy Review
- Patient Transport Services Review

A baseline report has been produced for the first stage of this commission and the primary findings from each of the six Reviews listed above are included in this Executive Summary.

Public Transport Review

A review of bus services serving bus stops approximately 400m from both South Tyneside Hospital and Sunderland Royal Hospital has shown that STDH is served by a total of 12 bus services, 10 of which are high frequency services (frequencies ranging between 10 minutes and one hour) and two of which are low frequency services. SRH is served by a total of 18 bus services, 12 of which operate at high frequencies (between 10 mins and 30 mins) and six additional services that operate at lower frequencies. Both hospitals are also within 800 metres of a metro stop.

The table below provides a comparison of bus services that serve similar hospitals. Both STDH and SRH benefit from more bus services than one of their comparator hospitals but less services than their other comparator hospital.

Hospital	No. of high frequency services (within 400m)	No. of low frequency services (within 400m)	Total
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Hospital	No. of high frequency services (within 400m)	No. of low frequency services (within 400m)	Total
South Tyneside District Hospital	10	2	12
Comparator 1 - North Tyneside Hospital	5	4	9
Comparator 2 - Queen Elizabeth Hospital, Gateshead	10	8	18
Sunderland Royal Hospital	12	6	18
Comparator 1 - University Hospital of North Durham	16	8	24
Comparator 2 - University Hospital of North Tees	7	3	10

A wide range of public transport ticketing options are available that cover various periods of time and cover a single operator or a number of operators or both bus and metro services. CHSFT staff can benefit from a discount on public transport services and have the option to take out an interest free season ticket loan.

At present there is no direct public transport service between STDH and SRH, however it is possible to make the journey by using two bus services and interchanging.

In terms of Community Transport, there are three existing community transport operators, primarily operating for social purposes. A fourth provider, The Red Cross will soon (within the next three to four months) be offering transport support services across the North East, including South Tyneside and Sunderland, provided by volunteers, to fill the identified gap between those eligible for supported transport into health appointments, and those that can't get this service but still require some support to prevent missed appointments.

There are a number of transport options for carers including various travel cards providing free travel / concessions and discounted travel.

NEXUS operate the TaxiCard scheme, which is available to individuals who are eligible and enables them to use approved taxi companies at a discounted price.

Car parking review

Both STDH and SRH car parks are monitored by Parking Eye via ANPR and assign parking areas to different types of hospital user as illustrated in the table below.

Parking allocation type	STDH - 904 spaces*		SRH - 1714 spaces	
	Spaces	Percentage	Spaces	Percentage
Public only spaces	(approx. 181)	20%	398	23%
Staff only spaces	(approx. 723)	80%	204	12%
Spaces for both staff and public	-		1112	65%
Total	904	100%	1714	100%

*These numbers are currently in the process of being updated by STDH

Various parking tariffs exist for both staff and patients / visitors for various time periods as illustrated in the table below.

Parking ticket type	STDH	SRH
Staff parking costs		
Staff monthly parking permit	Between £7.50 and £15.00	£31.00 / £62.00
Staff daily parking permit	-	£3.00
Public parking costs		

Up to 1 hour	£1.50	£2.00	At STD H, the car park s regu larly reac h over 90% occ upa ncy.
Up to 2 hours	£3.00	£3.00	
Up to 3 hours	£4.50	-	
2-4 hours	-	£4.50	
Up to 24 hours	£5.00	£8.00	
Weekly pass	£10.00	-	
Monthly pass	-	£20.00	
Renal Dialysis Patients	-	Free	
Volunteers	-	Free	
Disabled	Pay the general public parking costs	Free	

Parking occupancy routinely exceeds 90% of maximum capacity at SRH. Over a three week period in September, on one day the maximum parking occupancy reached 99% at SRH (leaving a total of 19 spaces available on the site). Both car parks have effectively reached / exceeded their practical capacity, as it is generally good practice to allow an operational margin.

Accessibility Review

38.5% of households in South Tyneside, and 35.1% of households in Sunderland do not have access to a car or van, however the proportion of households with no access to a car or van does vary across the geographical area. In South Tyneside, Jarrow and Hebburn comprise a relatively high percentage of households with no access to a car, as do some areas of South Shields (south west and west of the town). In Sunderland, certain areas of the city also comprise a relatively high proportion of households with no access to a car or van, particularly the Downhill, Witherwack and High Southwick areas north of the River Wear and the East End of Sunderland. Further afield, some areas of Washington have a high proportion of households with no access to a car or van as well.

Levels of access to both STDH and SRH have been modelled using public transport, private car, walking and cycling using industry standard accessibility modelling software 'Visography TRACC'. Map based outputs identify patterns of public transport provision based on journey time and accompanying census based demographics depict relevant metrics in numerical form. Accessibility levels at both STDH and SRH have been analysed for four different time periods,

7am - 9am, 2pm - 4pm, 5pm - 7pm and 7pm - 9pm to reflect common times of arrival and departure by both staff and visitors.

In the past, a common indicator across the country has been to measure the proportion of the population within a 30 minute journey (by public transport) of a / any hospital. This indicator has been utilised to understand the proportion of residents within a 30 minute public transport journey of STDH and SRH, as well as the proportions of local populations within the same journey time to access the comparator hospitals. The table below shows the results for both STDH and SRH and their comparator hospitals to provide context during the 7am - 9am time period.

Both South Tyneside District Hospital and Sunderland Royal Hospital have the highest proportions of local residents within a 30 minute public transport journey time of each hospital, 63% and 57% respectively, when compared to the comparator hospitals and respective local populations.

The level of accessibility to Sunderland Royal Hospital amongst both South Tyneside and Sunderland residents is significantly higher compared to the levels of accessibility to the University Hospital North Durham (19%) by the resident local population, and similar to the level of accessibility to University Hospital North Tees (41%) by the resident local population.

Sunderland Royal Hospital has a slightly higher proportion of residents from both South Tyneside and Sunderland within a 30 minute public transport journey than South Tyneside Hospital, 39% compared to 23%.

Hospital	Local Authority	% of residents within 30 minutes from LA area
South Tyneside District Hospital	South Tyneside	63%
	Sunderland	2%
	South Tyneside and Sunderland	23%
Comparator 1 - North Tyneside District Hospital	North Tyneside	60%
Comparator 2 - QE Gateshead Hospital	Gateshead	52%
Sunderland Royal Hospital	Sunderland	57%

Hospital	Local Authority	% of residents within 30 minutes from LA area
	South Tyneside	4%
	Sunderland and South Tyneside	39%
Comparator 1 - University Hospital of North Tees, Stockton	Stockton-on-Tees	41%
Comparator 2 - University Hospital of North Durham	County Durham	19%

A second measure of accessibility, Public Transport Accessibility Level, or PTALs, shows that both STDH and SRH have PTAL levels that are either better than or equal to their comparator hospitals as illustrated in the table below. For reference, a PTAL score of 0 is the worst and a score of 6b is the best.

Hospital	PTAL level
South Tyneside District Hospital	3
North Tyneside Hospital	2
QE Gateshead Hospital	3
Sunderland Royal Hospital	4
University Hospital of North Tees	2
University Hospital of North Durham	4

Following a stakeholder workshop, a number of barriers to accessing both public and private transport have been identified, namely:

- Individuals who experience mobility issues
- Out of hours transport needs
- The cost of travel
- Longer journey times
- Parking capacities and parking space allocations

- Concept of unfamiliarity with new areas, new hospitals, interchange locations etc.
- Reduced frequency of public transport.

Surveys and Data Analysis

At present, only staff travel survey data exists, however this data is either out of date and / or covers numerous sites that form part of each Trust. How staff travel to work at each Trust is shown in the table below. Single occupancy car use at SRH is considerably lower than that at STDH, with many more commutes to SRH made by staff walking and using public transport (particularly bus use), whilst the proportion of staff cycling is slightly higher at STDH.

Transport mode	STFT - 2015	CHSFT - 2010
Car - alone as driver	75%	60.5%
Car share	7%	8%
Walk	6%	11.5%
Bus	5%	12%
Metro	2%	4%
Cycle	4%	2%
Park and Ride	-	1.5%
Other	1%	0.5%

New travel survey data with staff, patients and visitors is due to be collected during early 2017.

NHS Policy Review

A review of the draft CHSFT Travel and Associated Expenses Policy (currently awaiting sign off) notes that staff required to change their work base will be paid additional mileage, if the new journey exceeds five miles per single journey for up to 12 months and staff incurring extra public transport costs will be reimbursed for up to 12 months.

Relevant NHS Policy documents include *Health Technical Memorandum (07-03) - NHS car parking management: environment and sustainability (2015)*, which provides a number of

measures to reduce car parking demand and promote better use of car parks on NHS sites, focussing on sustainable transport, car park management and car park equipment, exemplified through case studies. A second NHS policy document is *the DoH Healthcare Travel Costs Scheme*, which forms an element of the NHS Low Income Scheme providing financial assistance to eligible individuals with their travel costs.

Patient Transport Services

Patient Transport Services (PTS) are classified as non-emergency transportation services, which transport patients with a medical need, which are not immediate or urgent, to and from premises providing NHS healthcare and between NHS healthcare providers (Department of Health, 2007). PTS services in South Tyneside and Sunderland (and the wider North East region) are provided by North East Ambulance Services (NEAS).

Currently, there is a national guidance note, *DoH PTS Eligibility Criteria* that is then moulded to suit local arrangements and needs, often by the CCGs. Sunderland and South Tyneside CCG are currently reviewing their local criteria and have produced a draft revised list of criteria in October 2016, which follows the principles of the Department for Health's guidance, but goes into more depth regarding the patient's condition and distance to be travelled. A final note on the revised eligibility criteria is believed to be imminent.

NEAS have contracts with the local CCGs. Booking data obtained from NEAS for a three month period (1st August 2016 to 31st October 2016) shows all PTS journeys booked, covering all journeys made by residents in both South Tyneside and Sunderland CCG areas to both STDH and SRH. A review of the booking data shows that a total of 8,115 single leg journeys were completed over the defined time period, with around half of these, 4,197 journeys, being made from the Sunderland CCG area to SRH. 2,774 journeys were made from the South Tyneside CCG area to STDH and a further 955 were made from the South Tyneside CCG area to SRH.

Placing a monetary cost on these journeys can be estimated using the operating cost per vehicle mile of bus services across England outside London, which is £3.25. Working with average trip lengths over the defined three month period, the PTS services between the South Tyneside and Sunderland CCG areas and STDH and SRH cost over £136,000.

