

Travel and Transport Impact Assessment for Clinical Service Reviews Summary Report

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For:

South Tyneside and Sunderland NHS Partnership

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1. Baseline Travel and Transport Review

- 1.1 The initial stage of the independent travel and transport review produced a Baseline Report that reviewed the current transport situation across South Tyneside and Sunderland including aspects such as the levels of availability of public transport, levels of access to public and private transport, the parking arrangements at South Tyneside District Hospital and Sunderland Royal Hospital, other community interest transport or volunteer transport arrangements and various NHS Policy Guidance Notes.

Info box - Read the full Travel and Transport Baseline Report on our website:
www.pathtoexcellence.org.uk

Public transport

- 1.2 A review of the bus services serving South Tyneside District Hospital and Sunderland Royal Hospital in November 2016 shows that that South Tyneside District Hospital is served by a total of 12 bus services, 10 of which are high frequency services (frequencies ranging between 10 minutes and one hour). Sunderland Royal Hospital is served by a total of 18 bus services, 12 of which operate at high frequencies (between 10 mins and 30 mins). Both hospital sites are also within 800metres of a metro stop.
- 1.3 A comparison of the public transport services serving South Tyneside and Sunderland Hospitals, with similar hospitals in the north east, shows that both hospitals benefit from similar levels of public transport accessibility as other hospitals or, in the case of Sunderland Royal Hospital, have slightly higher levels of public transport accessibility.
- 1.4 There is a wide range of public transport ticketing options available to the public that cover various timescales and either single or multiple public transport operators, as well as either one or more types of public transport, for example the metro and bus services. There is also a number of transport options for carers including various travel cards providing free travel / concessions and discounted travel.
- 1.5 Compass Community Transport, based in Sunderland, operate a number of Group Travel contracts on behalf of NEXUS, some of which serve Sunderland Royal Hospital. In addition, NEXUS operate the TaxiCard scheme, which is available to eligible individuals enabling them to use approved taxi companies at a discounted price.

Info box - More information about public transport and the TaxiCard scheme can be found on the NEXUS website: www.nexus.org.uk

Accessibility

- 1.6 Previously, a national indicator relating to transport and hospitals has been to measure the proportion of the population within a 30 minute public transport journey time of a / any hospital. 57% of Sunderland residents are within a 30 minute public transport journey of Sunderland Royal Hospital, as are 39% of all South Tyneside and Sunderland residents.
- 1.7 38.5% of households in South Tyneside and 35.1% of households in Sunderland do not have access to a car, in comparison to the overall figure for England of 26%. The proportion of households across the South Tyneside and Sunderland areas without access to a car or van does vary across the geographic area; for example, Jarrow and Hebburn in South Tyneside have a relatively high percentage of households with no access to a car, as is also the case in some areas of South Shields. The same applies across Sunderland where certain areas of the city comprise a relatively high proportion of households with no access to a car, particularly in some areas north of the River Wear and eastern parts of Sunderland. Further afield, parts of Washington also have a high proportion of households with no access to a car or van.
- 1.8 A stakeholder workshop assisted in identifying a number of barriers to accessing both public and private transport at different healthcare facilities, namely:
 - Individuals who experience mobility issues
 - Out of hours transport needs
 - The cost of travel
 - Longer journey times
 - Parking capacities and parking space allocations
 - Reduced frequency of public transport
 - Unfamiliarity with new areas, new hospitals, interchange locations etc.

NHS Policy

- 1.9 A review of NHS Policy relating to travel and transport has highlighted *the Department of Health Healthcare Travel Costs Scheme*, which forms an element of the NHS Low Income Scheme providing financial assistance to eligible individuals with their travel costs.

Parking

- 1.10 Both South Tyneside and Sunderland Royal Hospitals are monitored by Parking Eye via Automatic Number Plate Recognition (ANPR). The hospitals allocate their parking spaces in different ways with more allocated staff parking facilities at South Tyneside District Hospital, and more flexible parking space allocations at Sunderland Royal Hospital meaning that more spaces are available to both staff and patients / visitors.
- 1.11 Short term public parking fees are not dissimilar at the two hospitals, however longer term parking ticket options (longer than 24 hours) differ with South Tyneside District Hospital offering only a weekly pass at £10 whilst Sunderland Royal Hospital offers only a monthly parking pass at £20.
- 1.12 Parking capacity data analysis shows that parking at both hospitals is approaching capacity but only at certain points during the day. Parking demand is highest during afternoon visiting hours, between 2pm and 4pm.

2. Travel and Transport Impact Assessment for Clinical Service Review Phase 1

- 2.1 The current focus of the Independent Travel and Transport Review is to assess the transport and travel impacts of the different clinical service options emerging from the wider review process and being consulted upon.
- 2.2 Consideration has been given to new journey patterns, particularly amongst South Tyneside residents who may, in future, need to travel to Sunderland Royal Hospital for their health care needs instead of South Tyneside District Hospital, and journey time and cost comparisons have been examined. A public transport field testing exercise was also undertaken to ensure real time experience of using public transport across the local areas to access the two hospitals. The possibility of some South Tyneside residents choosing to access their healthcare needs at other hospitals in the area has also been explored.
- 2.3 The primary form of assessment uses accessibility (journey time) modelling to determine how long it takes to travel to each hospital by public transport, car and walking. This inevitably involves a number of simplifications and assumptions including that public transport services run according to timetable and that the road network is operating in uncongested conditions. This may have the effect of underestimating journey times at busy times of the day.
- 2.4 Using the postcode locations of previous patients accessing the clinical services that are being reviewed enables the analysis to become more service specific rather than referring to the total populations of South Tyneside and Sunderland. These postcode datasets are used to calculate the number of visitors / patients that are located in different journey time bands (10 - 20 minute journey, 20 - 30 minute journey etc). By comparing the travel times to South Tyneside District Hospital and Sunderland Royal Hospital, it is then possible to assess the impact on travel time of the various service review options.
- 2.5 Staff travel survey data is currently being collected amongst staff working in the relevant clinical services however, brief snapshot, travel surveys have been undertaken with visitors and patients to understand how these different user groups travel to the hospital sites, the frequency of visits and the length of visitor stay. This data collection has been used to supplement the postcode analysis by examining whether people would make

different travel decisions if certain clinical services were relocated to another hospital, and to estimate what the impact on parking might be.

Stroke services

- 2.6 South Tyneside residents who experience an acute stroke, and their families, will be affected by the proposals to centralise acute Stroke services at Sunderland Royal Hospital.
- 2.7 As the majority of acute Stroke cases arrive at hospital by Emergency Ambulance, it is visitors to Stroke patients who will be affected predominantly. Visitors will be required to travel to Sunderland Royal Hospital, rather than South Tyneside District Hospital to visit a family member / friend who has suffered a stroke. The number of days that visitors will need to travel to Sunderland Royal Hospital, instead of South Tyneside District Hospital, will depend on the final Service option taken forward for implementation.
- 2.8 The analysis of postcodes of previous Stroke patients living in South Tyneside and treated at South Tyneside District Hospital shows that the average public transport journey time to / from Sunderland Royal Hospital (instead of South Tyneside District Hospital) would increase by 20 - 25 minutes. The average public transport journey to / from South Tyneside District Hospital is currently 23 minutes.
- 2.9 For journeys by car to Sunderland Royal Hospital, instead of South Tyneside District Hospital, the average travel time will be seven minutes longer. The average car journey to / from South Tyneside District Hospital is currently five minutes.
- 2.10 The Visitor Travel Survey results suggest that following the temporary location of acute Stroke services to Sunderland, approximately 40% of visitors travel by car on their own and a further 54% travel in the car with others. The remaining 7% (after rounding) travel to Sunderland Hospital by bus. A small proportion of these visitors reported that they would have travelled differently, including by walking, had the service been provided at South Tyneside District Hospital.
- 2.11 The relocation of acute Stroke services to Sunderland Royal Hospital is estimated to have a very small impact on parking demands at the hospital (and by extension on the local road network), with just 1-2 additional vehicles during afternoon visiting hours and 2 - 6 vehicles during evening visiting hours.

Paediatric services

- 2.12 South Tyneside parents who currently take their child(ren) to South Tyneside District Hospital Paediatric Emergency Department (ED) will be affected, particularly between the hours of 8pm and 8am the following day when no Paediatric ED or Nurse led Walk-in facility will be available at South Tyneside District Hospital.
- 2.13 Accessibility analysis focussing on the postcodes of previous Paediatric patients living in South Tyneside and treated at South Tyneside District Hospital shows that the average public transport journey to / from Sunderland Royal Hospital instead of to / from South Tyneside District Hospital increases by 18 - 23 minutes. The average public transport journey to / from South Tyneside District Hospital is 24 or 25 minutes depending upon the time of day. Car journeys to Sunderland Royal Hospital will take around six minutes longer on average, with the current car journey time to / from South Tyneside District Hospital taking six minutes.
- 2.14 Option 1 for Paediatric services involves the overnight closure of the South Tyneside Paediatric ED. The travel survey results suggest that parents / guardians would use slightly different ways of getting to Sunderland Royal Hospital, compared to how they currently access South Tyneside District Hospital, with slightly more using bus and metro and slightly less driving themselves to the hospital. There would be a small increase in parking demand at Sunderland Royal Hospital, but this would be overnight, when there is plenty of spare capacity and would not add a significant level of traffic onto the road network.
- 2.15 Option 2 for Paediatric services involves the replacement of Paediatric ED with a Nurse led Walk-in facility open from 8am till 10pm (with doors closing at 8pm to allow for the treatment and discharge of children). The impacts of this option are broadly similar to those of Option 1, with small increases in parking demand at Sunderland Royal Hospital.

Maternity services

- 2.16 South Tyneside mothers, and their visitors, will be the population category affected by this review. Depending on the option that is taken forward, it could be that all South Tyneside mothers will be affected (in the case of Option 2) or only those that are deemed to be having a high risk birth (Option 1) and will be required to travel to Sunderland Royal Hospital for the birth.
- 2.17 The accessibility analysis of the postcodes of previous Maternity patients living in South Tyneside and having their children at South Tyneside District Hospital shows that the average public transport journey to / from Sunderland Royal Hospital (instead of South Tyneside District Hospital) increases by 21 - 25 minutes depending on the time of day.

The current average public transport journey time to / from South Tyneside District Hospital is 22 or 23 minutes, again depending on the time of day. Car journeys to South Tyneside District Hospital currently take on average six minutes and will increase by six minutes if travelling to Sunderland Royal Hospital by car.

- 2.18 The travel survey results indicate that South Tyneside visitors / patients would use broadly similar modes of transport to get to South Tyneside District Hospital and Sunderland Royal Hospital, although slightly more people would use the metro and slightly less people would walk to Sunderland Royal Hospital.
- 2.19 Under Option 1, in which all high risk births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, it is estimated that there would be an increase in the demand for parking at Sunderland Royal Hospital of up to around 30 vehicles per day.
- 2.20 Under Option 2, in which all births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, the potential increase in parking demand at Sunderland Royal Hospital is up to around 50 vehicles per day.
- 2.21 The impact upon the local road network would be small and would be spread across the day.

Gynaecology services

Inpatients

- 2.22 South Tyneside Gynaecology inpatients will be affected by the service proposals and will be required to travel to Sunderland Royal Hospital instead of South Tyneside District Hospital for their treatment.
- 2.23 The accessibility analysis of postcodes of previous Gynaecology patients living in South Tyneside and treated at South Tyneside District Hospital shows that the average public transport journey time to Sunderland Royal Hospital would be approximately 20 minutes longer than the current 23 minute journey to South Tyneside District Hospital. The average car journey to South Tyneside District Hospital takes six minutes, and this journey time to Sunderland Royal Hospital would increase by six minutes.
- 2.24 The travel survey results suggest that 77% of Gynaecological in patients at South Tyneside District Hospital travel using a car based mode (33% as a passenger and accompanied inside the hospital, 44% as a passenger and dropped off) and the remaining 23% use a taxi. If the services were relocated to Sunderland Royal Hospital, the survey

indicates that a greater proportion, 89%, would travel by car as a passenger and 11% would use the bus. Additional parking demand at Sunderland Royal Hospital would be negligible due to the relatively small number of patients involved.

Day cases

- 2.25 Sunderland Gynaecology day case patients will be affected by the service proposals and will be required to travel to South Tyneside District Hospital for their treatment, instead of Sunderland Royal Hospital where they are currently treated.
- 2.26 The accessibility analysis of the postcodes of previous Gynaecology day cases living in Sunderland and treated at Sunderland Royal Hospital shows that the average public transport journey time to South Tyneside District Hospital would be 29 minutes longer compared to the average public transport journey to Sunderland Royal Hospital, which is 24 minutes. Journeys by car to South Tyneside District Hospital would, on average, be eight minutes longer, with the current average car journey time to Sunderland Royal Hospital taking six minutes.
- 2.27 The travel surveys suggests that if day case services were transferred to South Tyneside District Hospital, a greater proportion of Sunderland patients would drive themselves to South Tyneside District Hospital, although the impact on parking would be negligible, and a greater proportion of patients would use a bus too.

Potential measures to reduce the impacts

- 2.28 There are a number of measures that could be employed to help reduce the travel impacts of the proposed service changes, which include:
- Ensuring patients and visitors have accurate, up to date information about their travel choices, including public transport information, and are aware of journey planning tools and facilities
 - Ensuring patients and visitors have accurate information about parking choices and costs
 - Providing patients with information about schemes that offer assistance with travel costs
 - Providing travel information with appointment letters
 - Promoting the existing policy of allowing patients to discuss and schedule appointment times that ease their travel arrangements
 - Introducing improved bus services serving the two hospitals sites.

