

The Path to Excellence travel and transport stakeholder event on Wednesday 11th October was attended by 27 people.

Q&A from the room 1

- In terms of consulting the easy read document for disabled people was only published last week, how have you consulted with people who will be adversely affected?
 - Reply from Caroline Latta to say the document was published to be used in the VCS focus group fortnight and this event is around travel and transport.
- What work has been done on figures for people – staff, visitors, patients travelling to Sunderland? We used to have direct bus routes but these have been withdrawn. Need to look at where we put accurate info on travel, e.g maps in doc surgeries.
- These are average times, many places in South Tyneside are less affected so home in on areas more affected, not a blanket approach to the problem.
- What research (benchmarking) has been done nationally to inform this work? Solutions found elsewhere?
- If a dedicated service cannot be provided – why?
- More local clinics in South Tyneside would reduce travel.
- Great to see you are looking at journey times, but what about the actual journey for people with hidden disabilities? What work has been done on this as people with alzheimer's may forget the stop.
- What success have you had with improved bus services? The bus companies do not listen in my experience.

Q&A from the room 2

- Scrutiny have many concerns around transport. JHOSC asked for field testing. Today has shown real opportunities for people to work together in new and creative ways for residents. This area has high level deprivation, low car ownership and limited money and resources. Working together is imperative to solve concerns for residents.

Q&A from the room 3

- A travel coordinator is a good idea – bespoke for people with disabilities etc to crack travel issues
- A lot of travel companies have live data and journey planning

Table 1

Facilitator/Scribe – Alex Rodger

Table comprised of 7 people – 5 male 2 women

- 3 x Councillors
- 1 x NEAS
- 1 x South Tyneside & Sunderland Foundation Trust
- 2 x NEXUS

Table discussion 1

- All boils down to cost. Transport operators are not providing profitable journeys, councils are strapped for cash and there is a limit to services we can fund. Operators are to look at projections. -
- Staff were not included on the last slide, cater for staff to get to work -
- Staff work long hours and have to pay for parking -
- Journey viable at specific times -
- Time limit for stroke – 20 mins? -
- Actually 4.5 hours for thrombolysis – paramedics used to issue – arrival at acute ward +
- What is the golden hour for stroke? –
- Golden hour is more around trauma –
- We have seen similar improvements (e.g. trauma centre) in clinical expertise. Clinically stroke centralisation is the right thing to do +
- Moving staff to move to one unit for stroke – does that mean Sunderland will become a centre of excellence? –
- How long do you wait for a transfer from hospital? Hospital no longer is a place of safety for transfer from hospital to a specialist hospital? –
- Low income – don't know about recompense scheme? –
- Make clear what is available to claim for those on low income? –
- If present during night at STFT how do they get to Sunderland? –
- Not practical for SRH to STDH direct bus as people do not start journey at hospitals -

NEAS

- Understanding stroke issues and timings. Not a matter of minutes to make a difference. Interesting to hear about relatives and visitors travel.
- 999 calls, no longer available to use hospital as a place of safety (e.g. self- present at hospital). Not able to use hospital and must meet response times.

STAGECOACH

- Lots of work to be done close together. In Newcastle we have shown we can do this.
- Secured bus services. Let's look at what's needed and come up with a solution.

GO NORTH EAST

- We will work with the NHS organisations for ticketing for staff. Look at similar for change to South Tyneside and Sunderland. The next step will be announcements and training.
- Accessibility is the issue. All buses now have disabled access and are DLA compliant. Joint work with NHS communications.

NEXUS

- Tyne and Wear has good public transport – metro/bus/ferry. A change takes time for public transport links to catch up. New provision is required and funding has been spoken about. Adjust current service or responsive to individual needs.

HOW DO WE EVALUATE SOLUTIONS?

- Focus on those who have the biggest problems – journeys are about individuals E.g disability, cost, route (eg having to change 3 times).
- Set up a focus group in South Tyneside to solve issues.
- Identify people with the biggest problems and deal with them.

- Patients and families separate them bring the two together for solution.
- Bespoke work – one size won't fit all.
- How many people it benefits is more important.
- Address biggest needs emerging from changes.
- Look at areas of care separately e.g maternity planned, stroke not likely to self present. Paediatrics likely to self-present at South Tyneside.
- Complexity of journey.

Table 2

Facilitator/Scribe – Andrea Hetherington/Liz Davies

Table comprised of 3 groups of people from:

- Healthwatch South Tyneside
- Healthwatch Sunderland
- Sunderland People First

Table Discussion 1

- Reasonable adjustments to patient journeys - surgical day care unit eg at SRH , plan with each patient. Speak to Steve Bell/Sunderland People First.
- NEAS – can't take an electric wheelchair (999) – need to take in to account individual needs
- PTS doesn't operate weekends
- Involve Sunderland Uni – local expert in transport
- Capacity – NEAS – impact of increased handover time?
- Have you mapped the waiting time/handover time?
- Make parking more of an 'experience' – make it as easy as possible
- Familiarity of transport service/environment – particularly organisations, 'The Wise Group' – speak to Sunderland People First.
- Accessible information

Evaluation Criteria

- Frequency of use
- Quality
- Safety
- User feedback
- Benefits
- Unit/total cost

Consulting with people with disabilities

- Easy read only out last week
- What other consultation has taken place with learning disabilities

Questions

- What work has been done on projecting the figures for travel times between hospitals for staff, patients and visitor?
- Where are we putting information on transport and travel? – need more detail in GP practices and health centres with routes/details of how to get to hospital
- Bus routes were in place but not longer – feels like we are going backwards not forwards
- Use of average times from South Tyneside – need to hone in on the areas that we know will be affected more – rather than a blanket approach
- What research has been done in advance of any of this work to compare with what's already out there internationally?
- Why can't we have a direct bus route between the hospitals?
- More outpatient clinics in South Tyneside can be held in community venues and not just in the hospital. Dementia friendly – what are the bus companies doing to support people with dementia and autism?
- What success have you had introducing new bus services and what success do you think you'll have with the bus companies?
- There are a lot of concerns about transport – scrutiny have asked for the field testing to be carried out.
- This is undoubtedly a key issue which concerns all residents.
- Today has shown that there are real opportunities to work together and this is heartening.
- Working together in new and innovative ways to overcome deprivation issues.

- Surely we can see the need for working together to solve the real and worrying concerns that residents do have.

Table 3

Facilitator/scribe: Anisah Sharmeen

Table comprised of:

- Go North east
- Stagecoach
- Sunderland City Council
- South Tyneside Council
- Alzheimer's society
- NEAS

General notes from stakeholder session

- The Alzheimer's Society is already working with NEAS and travel companies.
- Should be looking at what has already been done.
- Workshops like these are the start to finding the solution. Bringing people together to work together.
- We are looking at the travel and transport impact now, in reality this has always been an issue, and should have been looked at before.
- The evidence shows that time is the only real travel impact, what about the actual journey. This should be looking at all the other issues people find when on the journey.
- The travel and transport impact will put people off from going to appointments, causing an increase in DNA's.
- It is almost certain that specific health cases such as stroke and maternity will most likely use car as a mode of transport.
- People using public transport will face barriers such as having to change buses.
- If you have some sort of policy to get visitors using public transport then this will help free up car parking spaces.
- The main issue is to raise awareness around what facilities are currently in place, and how we can connect up the services to make a single point of contact.
- We shouldn't lose the fact that Buses are a commercial business.
- There have been inter-hospital public transport links which were used. Who is actually going to pay to set up this type of system?
- You need awareness and communications around which hospital people should be using, to avoid the travel impact of people having to transfer when turning up at the wrong hospital.
- Use social media, back of buses, metro boards to communicate the changes and to show people where they have to go.
- Need to increase the awareness around travel routes.
- Having a big media campaign will help to raise awareness. For example the Cramlington hospital went through a huge awareness campaign around the three hospitals.
- Localise the information you are providing to easily convey the message across.
- Need to specify bus rates clearly around the hospital you use.
- There is better value around getting people using existing services.
- There are good transport links to get you from ST to Sunderland. But the bus routes and times changing will create barriers.
- People from ST are currently using services which will need them to change over anyhow.
- The local authority causes issues by changing road infrastructure.
- Research will help change the commercial networks.
- Have you considered the parking costs? Do people get reimbursed? What about fines? Need to look at sustainable ways to improve transport for staff and patients.
- What measures are in place to of set the parking demand?
- This seems like most pressure is on ST patients to travel to Sunderland.
- People parking in local streets to avoid hospital costs will cause residents to get angry.
- Have you considered a park and ride scheme for staff and patients? Or a shuttle bus?
- What about the considerations around travel and concession passes>

- The information on the nexus site is difficult to use, so imagine people who have to plan their journey ahead of time. Using the phone gives you a much better response.

Table 4

Facilitator/Scribe – Sheena McGeorge

Table comprised of 7 people – 4 male 3 women

- 2 x South Tyneside Councillors
- 1 x South Tyneside Council Rep
- 1 x South Tyneside & Sunderland FT rep
- 1 x Scrutiny lay member
- 2 x Tyne & Wear Public Transport Users Group representatives

Discussion 1

We need to take a holistic approach – the list of issues apply whether the hospital services move or not. Someone with dementia for example has issues anyway regardless of which hospital. The ambulance service are also suffering from cutbacks and there is a worry amongst members that their performance is suffering and their capacity to deliver safe services. St John's ambulances are still being used. An example given was a man had a stroke in a post office – when the ambulance came it was a St. John's ambulance and post office staff had to help carry the man to the ambulance. It was also mentioned that not every patient needs A&E which gives time back to the ambulance service.

We then asked the representative from NEXUS to answer any questions on travel.

The NEXUS rep informed us that Metro has had very little to do with this and that they can't do a specific timetable. The table asked him 'how do we pull a case together for Metro, what is the dynamic, and how do we process it'?

Another NEXUS rep came to the table and told us:

- Metro routes are a layer above the public routes – the budget is reducing and is fully spent creating a major challenge. They need to 'fill in the gaps and prioritise'.
- The NHS trusts need to put money in to transport – maybe even for a limited amount of time
- The public network is not perfect but based on where towns, cinemas etc are currently. When there is a change, it does not cause an automatic change and needs resources

The table asked – how can we influence changes to routes/availability of more buses? – The response was the 'working group' needs to influence the CCG to provide funding. We need to think broader – if transport isn't improved, people might stay at home and worsen, causing more demand to NEAS. NEXUS need to tweak the existing service to improve it.

- Think smart – if there is more demand for the service, this is more compelling to bus companies.
- If people are poorly how will they react to an hour's journey?
- NEXUS constantly evaluates and reviews companies when the re-elect contracts as circumstances change. They need to be flexible and reactive if they are removing transport from areas.
- Staff transport is just as important. The table asked him: 'Newcastle has a dedicated hospital bus which is predominantly used by staff – who provides and pays for this service' – this was funded by the NHS trust. There was a funded service from NSEC in Cramlington to Rake Lane – this was only for a certain period of time, and withdrawing the bus has been perceived to be possibly worse.
- How far are we from getting a 'loop' service between South Tyneside, Coalfields and Sunderland Royal Hospital?
- Looking at the metro from South Tyneside to Sunderland – need to fill in the gaps but not replicate what is already there.
- Discussion 2 – How do we evaluate solutions?
- What sort of criteria would we need to apply around risks?
- The main criteria is the complexity of the journeys. One Councillor had to take 3 buses via Park Road interchange to Sunderland Royal Hospital which took 1 hr 10 minutes from Boldon.

- The 35 bus used to be a fantastic service but no longer runs.
- The table felt that there should be that Path to Excellence undertakes to do some case studies/patient stories with a significant number of people to discover how people get to their care and see where the problems are.
- The eye infirmary in Sunderland needs to be treated as a special case – there is little parking. One councillor said they had to be in the eye infirmary for an 08.15 appointment. There was no public transport available to get him there in time and if he had not taken a taxi, he would have missed his appointment.
- It was suggested one solution could be to have a community bus where people are able to log on to a site and leave details of where they were going and when they needed to get there
- Another suggestion was to have cross ticketing – a single ticket to use all the bus companies in the area. One example give was that a lady had to get a bus to the eye infirmary. She used her stagecoach ticket which dropped her off 20 minutes walk away from the hospital – only Go Ahead buses pass the hospital and she didn't want to pay the £7 or £8 to use both.
- It was then pointed out from a representative from Go Ahead that these tickets do actually exist.