

Travel and transport update report

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Pre-consultation engagement

The NHS partners know from conversations with the public both before and during the public consultation on the Path to excellence that people are very concerned about how they will reach hospital services as a result of any future changes to the way services are arranged.

In the pre-engagement period, from November 2016 to March 2017, a number of activities were carried out in order to develop how the issues related to travel and transport could be understood.

A scope to commission an independent review was developed by the Path to Excellence communications and engagement task and finish group, with input from Health Watch organisations. The scope was shared with the Joint Overview and Scrutiny committee.

The scope was then used to procure a specialist company with expertise in travel and transport – elected members from the Joint Health Overview and Scrutiny Committee were invited to take part in this procurement assessment.

The scope included looking at the following aspects of travel and transport:

- the current level of availability of public transport, including frequency, hours of operation, variety of routes between (South Tyneside District Hospital and Sunderland Royal Hospital)
- levels of access to public and private transport and the barriers to access
- how patients, staff and others currently travel to access services
- how much travel already happens from one area to another
- the cost of public transport
- parking arrangements, capacity, use and costs at the hospital sites, including any concessions already in existence
- patient transport access criteria and take up
- review of community interest transport or volunteer transport arrangements, for example dial a ride

- national and local NHS policies for providing assistance for travel
- review of existing travel and transport policy for both trusts – for patients, carers and staff
- information about what other organisations have done to improve access following reconfiguration of services
- the practical challenges of travelling between the two areas

Integrated Transport Planning (ITP) Ltd were successful in winning the contract.

In November 2016, a travel and transport stakeholder event was held in order to assist ITP to make contacts to carry out the review, and provide an opportunity for stakeholders to raise issues of concern and interest.

During this period, the Path to Excellence programme was carrying out targeted engagement with local area ward committees, patients with experiences of the services under review, and travel and transport issues were being identified through this activity to inform the independent review. Travel and transport issues from the equality impact assessment were also captured and incorporated into the travel and transport review, to include for example levels of deprivation, car ownership.

ITP's independent report suggested different measures that could 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 schedule appointment times that ease their travel arrangements
- introducing improved bus services serving the two hospitals sites

Consultation phase

During the consultation phase from July to October 2017 the programme shared the work carried out on travel and transport, and the public have helped the NHS understand the further risks in relation to travel and transport and what might be needed to mitigate some of these risks.

Views, comments and suggestions were collected through-out the public consultation period and these were collated to inform a dedicated public event specifically focusing on travel and transport issues on 4th October 2017. This work was further developed with participants ideas and issues collected from this event and are included as appendix 1.

The public event informed agenda for a second travel and transport stakeholder event held on 11th October 2017. In attendance were bus operators, council transport officers, the Tyne and Wear public transport users group, Nexus (the passenger transport authority), North East Ambulance Service and South Tyneside and Sunderland elected members with portfolios from travel and transport, and local Health Watch.

There was broad agreement to establish working groups to take matters around transport and travel forward, the details of all this activity has been published on the path to excellence website.

People attending agreed to create two new working groups – one to specifically around NHS issues such as clinical transport, ambulances, car parking and a second group to focus on public transport such as bus, metro, interchanges and ticketing.

Working group

The travel and transport working group met for the first time on 24 November 2017 at Sunderland Royal Hospital and 17 members of the group attended.

Agenda items for the meeting included:

- Recap of October stakeholder event
- Draft terms of reference - included as appendix 2
- Review of issues and ideas log to assess
 - Quick wins
 - Medium priorities
 - Complex issues
- Consideration of task and finish groups to take issues forward

The group provided the following feedback on the travel and transport issues and ideas log

- Information needs to be made widely available to the public, not just online.
- Travel companies are working together to ensure cross ticket.
- Bus companies are prepared to engage and an update this week received around a bus from Hebburn to STDH – very positive.
- Use local papers to tell people where information is.
- Look to reduce number of transfers.
- Secured bus services not an option for Council to fund.
- Key service users are staff and they help create sustainable routes for transport companies.
- Journey planning tools to be utilised.
- Reassuring to hear we are also concerned about people to get from Sunderland to South Tyneside District Hospital.
- We need the numbers of people travelling for us to create proposals.
- Feedback around bus numbers being slightly confusing around bus services using the same bus numbers.

Key tasks to help minimise travel and transport impact

A number of early key tasks have been identified to date and these include:

- Co-ordinated communications and marketing strategy – NHS and transport operators to work together to develop information tools together.
- Mapping and leaflets – bus operators are willing to prepare a leaflet that summarises the bus and Metro links that serve each hospital, along with other helpful information about

public transport access. Nexus is willing to take the lead in distributing the leaflet to established recipients within each hospital

- Personalised journey planning – through the Nexus Livemap, a resource exists to provide individual journey plans for people’s appointments, which can be included in appointment letters. Nexus can provide relevant Trust staff with training on how to prepare these individual journey plans. Nexus can also work with the Trust to source a system that can automate this process for a large number of appointments in a single database;
- Discounted staff travel tickets – bus operators and Nexus can work with the Trust to promote existing and develop new discounted travel offers for Trust staff. Trusts already benefit from some corporate travel schemes on offer in the area. The use of a staff card as proof of eligibility for these discounted products can be considered;
- New patient/visitor travel tickets – should there be a demonstrable demand, bus operators can consider developing a multi-operator day ticket for people accessing the two hospitals, which could be helpful for people who need to interchange between a Stagecoach and a GNE bus to access the hospital;
- Bus stop information – Nexus can explore the opportunity to add a Hospital Access logo to bus stop information boards where they are served by frequent routes that link directly to hospitals;
- Bus information displays in hospitals – Nexus is developing a simple piece of equipment that can display real-time information about forthcoming bus departures from nearby stops. This equipment could be made available for the Trusts to display bus information on their existing TV screens and displays; and
- Travel planning resources – if Trusts make available resources from their travel planning teams, initially to co-ordinate the production of personalised travel plans and distribute leaflets across the health sector. This commitment will hopefully develop into a resource for the Trusts that, based on experience elsewhere, can develop into a Travel Plan Co-ordinator role. This co-ordinator can work with bus operators and Nexus to develop extended and amended bus services, and other transport initiatives, that will further improve access to the hospital sites.

Appendix 1 Issues and idea log

Updated 03/11/17

The information below has been collated from public consultation feedback during the path to excellence consultation programme to date.

This log will be updated with further information as it becomes available, for example from focus groups and survey work. Please contact the programme with further issues and ideas to be included in the log.

Issues raised so far

Theme	Category	Issue	Who can influence this?
Clinical transport – ie Ambulances and emergency response	All clinical areas	What would be the increased need for ambulance services as a result of changes?	<ul style="list-style-type: none"> • NEAS. • What has been the impact on NEAS since stroke services? • Community transport services. • St. John’s Ambulance. • Involve the University in

Theme	Category	Issue	Who can influence this?
			Sunderland, looking at stroke data and NEAS prepare for the change.
Clinical, patient and visitor/relative transport	All clinical areas	What can the NHS and/or CCG fund around transport? What are the LA able to subsidise?	Can they fund this? NUTH have a bus funding by the trust that is predominantly used by staff. Direct buses and transfers between hospitals are two different things. <ul style="list-style-type: none"> • Director of finance – CCG • Have they got any money for this or will they have with the shift into primary care?
Patient and visitor/relative transport	All clinical areas	What is the position of the PTA (nexus) and all public transport operators? Are they able to help? What are their views on what they can do to minimise the impact of these changes?	<ul style="list-style-type: none"> • Bus companies – what can they provide? • BUT they want a public service • NEXUS – have a budget but it is being reduced, money has to come from somewhere else. • Staff transport issues. • Ask and publish response.
Patient and visitor/relative transport	All clinical areas	What are the local authorities' role in supporting changes to transport to minimise impact on local people who need to use public transport?	<ul style="list-style-type: none"> • Free area for park and ride.
Patient and visitor/relative transport	All clinical areas	Are there community interest or third sector transport providers that could be funded?	<ul style="list-style-type: none"> • What always fascinates me is the taxi services run at supermarkets – how do they do it?
Clinical transport	Stroke	If time is important in a stroke, it would increase the time for South Tyneside patients to go to Sunderland – could this cause harm?	
Clinical transport	Stroke	What happens if someone presents to South Tyneside with a stroke – how long would	

Theme	Category	Issue	Who can influence this?
		<p>it take to transfer? How would this be done? A hospital is considered a place of safety by the ambulance service so what is the target time to transfer?</p>	
Clinical transport	Maternity	<p>Concern of change from low risk to high risk or develop complications during labour which would need obstetric care - how will mum and baby be transferred? How long would it take? A hospital is considered a place of safety by the ambulance service so what is the target time to transfer?</p>	
Visitors and relative transport to visit patients in hospital – ie particularly for longer periods of time	Maternity	Concern about travel for fathers and relatives to visit	<ul style="list-style-type: none"> • Involve young fathers group, young parents groups run in various locations organised by social services – go and listen.
Patient transport – ie getting to and from hospital without the need for emergency ambulance	Paediatrics	Concern about travel to and from Sunderland during the day and late at night on public transport	<ul style="list-style-type: none"> • Reasonable adjustments and flexibility. • CCG and NEAS responsible. • Not on the bus and raise the profile.
Clinical transport	Paediatrics	What would happen if a child attended South Tyneside and should have gone to Sunderland – how would they transfer?	
Clinical transport	Paediatrics	Concern about transferring children and newborn babies from South Tyneside District Hospital (STDH) to Sunderland Royal Hospital (SRH) will there be a paediatric trained paramedic on transfer as children are different to	<ul style="list-style-type: none"> • NECTAR can help and influence this (neonatal transport). • Fund the transport services correctly. • Focus on reducing anxiety around parking.

Theme	Category	Issue	Who can influence this?
		adults?	
Patient transport	Paediatrics	Concern about driving to Sunderland with a poorly child	<ul style="list-style-type: none"> • Named local supporters.
Visitors and relative transport	Travel costs	Concern over additional public transport costs for people on low incomes – ie longer bus/metro or taxi Particularly in relation to night time	<ul style="list-style-type: none"> • Local authorities/hospitals – ensure information is available about access to travel schemes and permits for monthly parking charges. • Maximise the benefits system. • Have low income people been consulted because not everyone has a car.
Visitors and relative transport	Travel costs	Concern about parking costs and parking eye	<ul style="list-style-type: none"> • Hospitals. • Radically change the policy – parking is important, not just an income stream.
Visitors and relative transport	Travel costs	Car parking capacity at both hospital sites	
Patient transport	Accessibility	Access to NHS patient transport service – requires 5 days' notice and has a strict eligibility criteria	<ul style="list-style-type: none"> • NEAS • Go private. • Not flexible, not accessible for people with disabilities.
Patient transport	Travel costs	Help with health care travel costs scheme only a narrow group of people benefit plus it is not widely known	<ul style="list-style-type: none"> • Widen the group.
Patient transport	Travel costs	Costs for taxi travel with no prospect of being reimbursed	<ul style="list-style-type: none"> • How does the scheme running from supermarkets do it? It amazes me at Morrison's in Jarrow.
Visitors and relative transport	Accessibility	Concern with lack of familiarity of Sunderland Royal and this will cause barriers and fears for relatives to visit	<ul style="list-style-type: none"> • 'The Wise Group' – organisation can train people with leaning disability/autism to overcome fears. • Sunderland People First can also help with this.

Theme	Category	Issue	Who can influence this?
Clinical transport	All clinical areas	Concern that there will be an increase of people dialling 999 because they are not able to travel themselves	<ul style="list-style-type: none"> • Discuss with the police.
Patient transport/ Visitors and relative transport	Accessibility	Not all buses are wheel chair accessible – need to ensure hospital routes are	<ul style="list-style-type: none"> • Increase in number of accessible buses. • NEXUS/bus companies – also raise issue that bus drivers don't wait for wheelchair users to be settled before driving off. • Discuss with wheelchair users and transport providers and wheelchair manufacturers – Champion in this areas Sir R Dyson.
Visitors and relative transport/staff transport		Concern about increased parking in residential areas around hospital sites and impact on local residents	<ul style="list-style-type: none"> • Are there areas where lay-by parking could be established?

Ideas for potential solutions – sources – equality impact, travel impact and public consultation feedback

Theme	Category	Idea/suggestion	Who can influence this?
Patient transport/ Visitors and relative transport	Accessibility	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	<ul style="list-style-type: none"> • Hospitals and bus companies • Leaflet (easy read) to outline how to travel from South Tyneside (all routes) to Sunderland Royal Hospital. • Use social media. • NHS travel coordinator.
Patient transport	Accessibility	Provide travel information with appointment letters	<ul style="list-style-type: none"> • Leaflet (easy read) to outline how to travel from South Tyneside (all routes) to Sunderland Royal Hospital. • And more eg. Parking.
Patient transport/ Visitors and relative transport	Accessibility	Undertake patient and public information campaigns to maximise the benefits of any new transport service	<ul style="list-style-type: none"> • Bus companies, local authorities, CCGs and trusts. • Use local radio.

Theme	Category	Idea/suggestion	Who can influence this?
Patient transport/ Visitors and relative transport	Accessibility	Future service user experience surveys to monitor and evaluate travel needs and experiences with reference to differences between equality groups in South Tyneside and Sunderland	<ul style="list-style-type: none"> • Make this ongoing, set up like trip adviser – use fee info.
Patient transport/ Visitors and relative transport	Accessibility	Oversight arrangements to be introduced to scrutinise user experience and ensure that this information is translated into appropriate service developments where necessary.	<ul style="list-style-type: none"> • Use members and potential governors of both institutions, the hospital will have a list and can get your permission.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Ensuring patients and visitors have accurate information about parking choices and costs	<ul style="list-style-type: none"> • Create an app.
Patient transport	Travel cost	Providing patients with information about schemes that offer assistance with travel costs	<ul style="list-style-type: none"> • Several leaflets and on app.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Promoting the existing policy of allowing patients to discuss and schedule appointment times that ease their travel arrangements	<ul style="list-style-type: none"> • Build it in to how the hospital works.
Patient transport/ Visitors and relative transport	Accessibility	Introducing improved bus services serving the two hospitals sites Request to have direct to hospitals	<ul style="list-style-type: none"> • Dedicated services and well run park and ride could offer much to solution.
Patient transport	Accessibility	Increase the number of out-patient clinics at South Tyneside District Hospital to minimise travel to Sunderland	<ul style="list-style-type: none"> • Use the large primary care premises, there must be at least four in South Tyneside.

Theme	Category	Idea/suggestion	Who can influence this?
Patient transport	Travel cost and accessibility	Consider charitable transport for example daft as a brush	<ul style="list-style-type: none"> • Could plug gaps for particular areas, such as paediatrics.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Hopper service subsidised and wheel chair friendly	<ul style="list-style-type: none"> • Service provider.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Through ticketing from ST hospital to Sunderland Hospital and vice versa	<ul style="list-style-type: none"> • Transport providers.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Better bus access on to each hospital site – dropping off at each main entrance	<ul style="list-style-type: none"> • Trusts and bus companies. • Design in to future changes, they are for CEO of trust.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	<p>Improve car parking, number of disabled bays and parking costs on both sites – request to scrap charges</p> <p>Provide cheaper parking for long term visitors</p> <p>Build a multi-story at South Tyneside</p>	<ul style="list-style-type: none"> • Hospitals (trusts) to decide. • Impossible to improve at Sunderland. • Too much staff parking at South Tyneside, told it would cost £60,000 to change to public spaces. • Don't provide parking but a close and excellent park and ride service. • Ask experts in field.
Visitors and relative transport	Accessibility	Better information for visitors to SRH as it is a large site in particular around stroke, maternity and paediatrics	<ul style="list-style-type: none"> • Travel information should be included with an appointment letter and also clear information on which entrance to use and where to go. This would be for the Foundation Trusts to do. • Information on an app, google, interactions.
Patient transport	Travel cost and accessibility	More telehealth and video links	<ul style="list-style-type: none"> • Central government, Department of Health. • 111 – NEAS have a similar service with skype to patients and crews can stream to the control room.

Theme	Category	Idea/suggestion	Who can influence this?
			<ul style="list-style-type: none"> • Involve providers and expert users.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Employ a travel co-ordinator – other local trusts have done so – job to ensure travel strategy works for people and improve patient experience	<ul style="list-style-type: none"> • Good to work with partners as a specific point of contact. Not a full time permanent role though. • CEO of Trust and AO CCG. • Fund through Healthwatch i.e. contract a service through Healthwatch.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	What do other trusts with multiple sites do? Are their ideas from eg Northumbria Healthcare when they opened their new hospital?	<ul style="list-style-type: none"> • Hopper bus and patient transport. • Increased transfer between sites (NEAS). • Parking profit could be reinvested. • Park and ride scheme. • Transport providers.
Patient transport	Travel cost and accessibility	Suggestion of a travel medical card – for example allowing £120 credit per year	<ul style="list-style-type: none"> • Means testing is complicated and unfair. • Transport committee to influence. • Oyster works, talk to Transport for London or metro/other providers.
Patient transport/ Visitors and relative transport	Accessibility	Introduction of a direct bus service between two hospital sites	<ul style="list-style-type: none"> • Not practical, journey does not start at each hospital. • Multiple routes to hospital, not just direct. • South Tyneside's new interchange could be a place for the direct route. • Ask those who have done this and do literature research. • Use community transport, minibus based at South Tyneside cheaper than bus company.
Patient transport/ Visitors and relative transport	Travel cost and accessibility	Special considerations for parents on a low income – how can they get their child to Sunderland quickly with no car – could a charity scheme be introduced?	<ul style="list-style-type: none"> • Make claim information available and easily accessible. • Publicise scheme. • Minibus running through the night. • There is an issue around

Theme	Category	Idea/suggestion	Who can influence this?
		Would need to have child/baby seats etc Could this also take them home?	<p>paying first and claiming back.</p> <ul style="list-style-type: none"> • CCGs and NEXUS to influence. • Involve the benefits agencies.
Clinical transport	Response times	<p>New policy around ambulance response times – can this be used to have a new local response time for a hospital transfer?</p> <p>‘Place of safety’ could potentially cause harm if the stroke patient does not get to the specialist unit to benefit from the specialist care – or similar for mum who goes from low to high risk and needs a transfer from home birth to MLU or from MLU to obstetric centre</p>	<ul style="list-style-type: none"> • Commissioners (CCGs) • Can’t buy a perfect system, a dedicated vehicle could be great of patient one and not patient two. • Look at the Friarage model (vehicle to transfer with staff at hospital). • See if there already is one. • Volunteer car service.

Appendix 2 draft terms of reference travel and transport stakeholder group

[Terms of reference for travel and transport stakeholder group DRAFT V1.1](#)