

## **FoAHSW Transport Task and Finish Group**

### Summary Report for consideration by FoAHSW Programme Board

#### **Purpose and Scope of the Group**

The FoAHSW Transport Task and Finish group was established in November 2014 to explore how issues relating to transport arising from the proposed re-configuration of acute hospital services in Worcestershire could be mitigated. The Integrated Impact Assessment (IIA) conducted by Mott MacDonald and the pre-engagement consultation meetings clearly demonstrate that transport and accessibility issues are of particular concern to stakeholders. The IIA also found that these issues have the potential to impact disproportionately on some "protected" and vulnerable groups.

The role of the group was therefore to:

1. Explore transport issues arising from the proposed reconfiguration;
2. Consider the mitigations proposed by Mott MacDonald and make a formal recommendation to the Programme Board on actions to be taken;
3. Recommend how issues around transport and accessibility should be approached during the public consultation.

It was agreed that ambulance transfers (including both Patient Transport Services and 999 conveyances) would be outside of the scope of the work of this group.

It is important to note that the Group can only look at how the FOAHSW proposals will affect transport in the county and not transport issues as a whole.

The Group can make recommendations to NHS organisations, the County Council and providers of public transport but it has no authority to enforce those recommendations.

#### **1. Transport issues arising from the proposed reconfiguration**

##### **1.1 Findings of the Integrated Impact Assessment**

The IIA undertaken by Mott MacDonald identified that a number of groups with protected characteristics are likely to be disproportionately affected by the proposed service reconfiguration including: children, young people, pregnant women, older people, those with a disability, and people belonging to Gypsy, Roma Traveller communities, as well as those from socio-economically deprived communities. Their report also stated that those who do not have access to their own car will be affected to a disproportionate extent by proposed changes and this is likely to affect those from many of the equality groups listed above because they are traditionally less likely to have access to their own private transport when compared to other community groups.

In addition to this, Mott MacDonald suggested that the proportion of residents from BAME groups and deprived communities is generally higher in the areas most impacted on by the

reconfiguration – particularly by the increase in travel times - compared with the rest of the population.

Mott MacDonald reported that accessibility to hospital services was a topic frequently highlighted by stakeholders. The proposal to provide local urgent care, minor injury and PAU services was viewed positively by the stakeholders engaged as part of the IIA, as was the plan to consult on a Midwife Led Unit. However, particular negative impacts were highlighted:

On visitors of patients accessing emergency care (patients would be able to access services via ambulance.)

Children accessing overnight paediatric care who would have to travel longer distances to access services, particularly those from the north of the county.

Families of children who require an inpatient stay who may struggle to manage existing family commitments such as childcare for other members of the family.

Pregnant women who are considered high risk as they would have to travel further in an emergency situation.

Partners, birth supporters and visitors of women using the consultant led maternity services, especially if they are reliant on public transport.

Patients who have to travel further to access planned care services at particular hospitals.

As the list above suggests, stakeholders reported to Mott MacDonald that they were concerned for those who access services themselves (rather than by ambulance) particularly if they were reliant on public transport. The IIA considered this issue in some detail but also noted that analysis of existing travel patterns indicates low use of public transport modes to access all three hospitals in the county.

The travel survey conducted by Mott MacDonald found that the main mode of travel of both visitors and patients to all of the hospitals within the study area was by car, with 51% as car drivers and 34% as car passengers. Combined bus and train use accounted for approximately 5%. The key reasons for this preference for car use were stated as time savings (37%) and lack of (or unrealistic) public transport alternatives (30%).

The overwhelming reliance on the car to access hospital services led both the stakeholders consulted as part of the IIA and Mott MacDonald to highlight the potential implications for car parking of the reconfiguration proposals, particularly the centralisation of emergency services on the Worcestershire Royal site, although it was noted that there was unlikely to be a large impact on parking because the move of emergency patients from one hospital to another was likely to be offset by the move the other way of patients having planned operations.

## **1.2 Issues raised in pre-consultation engagement**

In October 2014, the FoAHSW Communications and Engagement Team attended a number of pre-consultation engagement meetings in order to capture the views of as many different groups as possible specifically including groups representing the nine protected characteristics included in the public sector equality duty and those most likely to be affected by the proposed changes.

A document with the full list of comments made in relation to transport was shared with the Transport Task and Finish Group who also received a presentation on the issues along with an opportunity to ask questions of the FoAHSW Communications and Engagement Team. The group noted the common themes:

- There is a concern that transport should be considered for visitors as well as patients
- Many people mentioned that transport may be more difficult for individuals from certain key groups in particular older people, disabled people, those on low incomes and those living in rural areas.
- There was a general lack of awareness of transport options and many people stated that they do not know what transport options are available.
- The most common theme mentioned was car parking, particularly at the Worcestershire Royal site, and around A&E and maternity. Concerns were also expressed about the cost of parking and the limited number of disabled spaces.
- There was a general lack of awareness of car parking concessions and many people felt they hadn't been made aware of these concessions.
- Transport options available often don't coincide with clinic times.
- Many vulnerable people (particularly elderly and disabled people) stated that they would like someone to accompany them to attend their appointment, including assisting them when inside the hospital.
- Gypsy, Roma and traveller groups felt that they were discriminated against when using public transport which was frequently not accessible where they live. They would prefer to travel to appointments with someone they know and said they would not feel comfortable using taxis.
- Disabled access around the hospital sites can be difficult.
- Patient transport needs to be improved as it is not available at the times when it is needed and patients have to wait.
- Signage to and inside the hospitals is often difficult to follow.

### **1.3 Other issues considered by the Task and Finish Group**

Most of the issues considered by the Task and Finish Group were covered by either the IIA or were raised in the pre-consultation events. However, the Group noted a tendency in both the IIA and the public comments to focus on transport issues for those travelling from the Redditch area to the Worcestershire Royal Hospital and on patients from groups protected under equalities legislation.

While the Group acknowledged these in its work, they also recognised:

- **Transport challenges for patients travelling from South Worcestershire to Redditch**

While transport from the Redditch area to Worcestershire Royal could be a challenge for some (families visiting children, women who are due to or have recently given birth, and patients admitted in emergency circumstances), transport is equally likely to be an issue for patients and their visitors travelling from the south of the county to visit patients who have had elective surgery at the Alexandra hospital in Redditch.

The small increase in elective cases at Kidderminster Hospital and Treatment Centre may also pose transport challenges for patients who are not accustomed to accessing services from this site.

- **Transport challenges for patients and their visitors who do not belong to any of the Protected Groups.**

The Group noted that transport issues are also likely to arise for patients and visitors who are not members of groups protected under equalities legislation and agreed their needs should be considered. This was felt to be most significant for those who do not have access to their own car.

## 2. Potential Mitigations

### 2.1 Consideration of proposals by Mott MacDonald

Transport issues were mentioned throughout the Integrated Impact Assessment produced by Mott MacDonald but a summary of the key recommendations was included in section 9.2. The Task and Finish Group considered each of these, incorporating some into the formal recommendations from the group and discounting others. The table below summarises the Task and Finish Group’s views on each of the proposals from Mott MacDonald.

Proposal from Mott MacDonald	View of Task and Finish Group
<p>Continuing, publicising and developing the services at the Sixways Park and Ride (Mott MacDonald estimated cost, recognising more detailed work needed, of £350-400k per annum).</p>	<p>While Mott MacDonald reported that most patients and visitors currently travel by car, the Task and Finish Group concluded that the implications for parking demand as a result of the reconfiguration will be limited. This is because car parking is not generally a problem at the Alexandra Hospital and the pressure at the Worcestershire Royal site is largely during the day as a result of out-patient appointments. The number and location of out-patient appointments will not change under the reconfiguration as patients will continue to access these appointments locally. Car parking is not normally an issue during visiting hours in an evening.</p> <p>The group agreed that the Park and Ride is likely to remain an expensive option that will require considerable subsidy in the medium term.</p> <p>Having noted the high cost of the Park and Ride and the limited implications of the reconfiguration for car parking demand, the group agreed it did not wish to support this option as a potential mitigation to the FoAHSW reconfiguration.</p>

<p>Improved promotion of car-sharing and development of these initiatives (e.g. guaranteed ride home) for Acute Trust staff to ease pressure on parking on the Worcestershire Royal site.</p>	<p>The group considered this proposal and felt that car-sharing has been shown to work well within other organisations and concluded that this should be promoted.</p>
<p>Increase car parking capacity at Worcestershire Royal site.</p>	<p>The reconfiguration is likely to have a limited impact on car parking demand and the Acute Trust is already progressing work to improve car parking at the Worcestershire Royal site. The group, therefore, recommends that no action is taken around this although it suggests that the FoAHSW programme consider including a summary of the acute trust work on car parking in the consultation document for information, including an explanation of car parking charges given that this is an issue frequently raised by the public.</p>
<p>Increase the availability of Patient Transport Services (PTS) for Black and Minority Ethnic and other equality groups who will experience increased travel times, with an emphasis on support for maternity and paediatric care patients.</p>	<p>The group noted that PTS operated according to strict eligibility criteria that are set by the Department of Health and the group did not feel it is appropriate to focus specifically on BAME groups.</p> <p>The group did, however, recommend that the FoAHSW programme considers utilising the 12 week consultation to ensure that those eligible for PTS are aware of this.</p> <p>The group also discussed how the transfer of services from the acute sector to primary care and other settings has the potential to deprive individuals who are eligible for PTS of this option. The FoAHSW Programme Board is asked to consider this issue carefully if this should take place as part of the reconfiguration.</p>
<p>Extend the 350 bus-operated service between Worcester and Redditch to provide a regular and predictable service that is suitable for staff, patient and carer use</p>	<p>The group recommends that a proposal to improve the current 350 bus service to a regular hourly 'clock face' service be included in the consultation document to seek public views (see more detail below under the recommendations from the group).</p>
<p>Improving the bus services in other areas</p>	<p>Given the high cost of improving bus services, and the fact that this proposal from Mott MacDonald does not relate directly to the reconfiguration, this proposal was discounted by the Task and Finish Group.</p>
<p>Acute Trust review of standard travel plan in light of the proposed re-configuration and</p>	<p>This recommendation was supported.</p>

<p>the scale of change including:</p> <ul style="list-style-type: none"> <li>• Promotion of public transport</li> <li>• Encourage staff and visitors to walk and cycle</li> <li>• Improve transport information and communication</li> </ul>	
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**2.2 Formal recommendations from the Task and Finish Group to the Programme Board for actions to be taken to mitigate any negative transport impacts of the proposed service reconfiguration**

**Task and Finish Group Recommendation 1: Improved promotion of car-sharing and Acute Trust review of standard travel plan in light of the proposed re-configuration and the scale of change including:**

- Promotion of public transport
- Encouraging staff and visitors to walk and cycle
- Improved transport information and communication

This is in line with the Mott MacDonald recommendations (see above).

**ACTION: Worcestershire Acute Hospitals NHS Trust to promote use of car sharing, public transport, cycling and walking and to improve transport communication and information.**

**Task and Finish Group Recommendation 2: Extend the 350 bus-operated service between Worcester and Redditch to provide a regular and predictable service that is suitable for staff, patient and carer use**

This is in line with the Mott MacDonald recommendation. The Task and Finish Group concluded that, given the high cost of delivering public bus routes, this was generally not a cost-effective solution. However, the group recognised that the proposed reconfiguration has the potential to have a negative impact for those wishing to visit patients who do not have access to a car. This would particularly affect those travelling from the Redditch area to Worcestershire Royal (to visit children, women who have recently given birth, patients admitted in emergency circumstances, patients travelling from the south of the county for surgery and visitors of patients who have had elective surgery at the Alexandra hospital in Redditch).

This is a particular issue given that the weakest link in the current Worcestershire public transport network is between Redditch and Worcester: the 350 bus service which runs between the two towns is irregular and, therefore, poorly used. The group recommends that a proposal to improve the current 350 bus service to a regular hourly 'clock face' service be included in the consultation document to seek public views.

The group recognised that this would require initial pump-priming of £206,300 per annum and would take a number of years (up to 6) to become self-sustaining.

**ACTION: Worcestershire County Council to scope the option for improving the 350 bus service**

### **Task and Finish Group Recommendation 3: Utilise Community Transport**

Having reviewed the options available, the Task and Finish Group recommends that Community Transport be considered as an option for those patients from vulnerable groups who may struggle to attend hospital appointments as a result of the changes brought about by the reconfiguration.

Public feedback during the pre-consultation engagement on community transport has been overwhelmingly positive and, given the high cost of bus solutions, the Task and Finish Group felt that this bespoke door-to-door service would be cost-effective.

There would, however, be costs associated with an extension of existing community transport provision. Depending on need, some schemes would be able to support the reconfiguration of acute hospital services with additional activity between hospitals, but would require some 'pump-priming' funding in order to recruit and reimburse the volunteers as well as to cover the additional management time required for induction / training / on-going support and supervision etc. (i.e. full cost recovery). This transport could be provided using volunteers driving their own cars making 1 or 2 journeys with 1 or 2 passengers or, if there is greater demand, an MPV could be used to transport 5 – 6 people – slightly less if there is a client in a wheel-chair. Depending upon the specific requirements (including number of passengers, time required for transport to be available and type of vehicle), the community transport scheme can respond /providing costs accordingly.

It is noted that Stoke/Stafford hospitals run a community transport service between the two hospitals. Patients are able to book a place on a community bus. There is a small charge for using the service.

**ACTION: Worcestershire Acute Hospitals NHS Trust, through its transport and car parking working group, to be asked to scope the possibility of providing an 'on-demand community bus' similar to the Stoke/Stafford model.**

### **Task and Finish Group Recommendation 4: Scheduling of Appointments**

The Acute Trust be asked to consider how the scheduling of appointments can be made more responsive to a patient's transport options. For example, appointments for those reliant on PTS, public or community transport to be scheduled taking account of transport operating times.

**ACTION: Worcestershire Acute Hospitals NHS Trust to be asked to scope the potential for rescheduling clinic start and finish times to enable people to attend using public transport.**

### **Task and Finish Group Recommendation 5: Car Parking**

While the Task and Finish Group did not consider it necessary to develop specific mitigations about car parking, the group agreed it would be beneficial to use the consultation over the reconfiguration as an opportunity to publicise car parking concessions and explain car parking charges across all three hospital sites (in particular how they are set to ensure

that money is not taken away from clinical care). It may also be worth highlighting that charges are comparable with other hospitals elsewhere.

**ACTION: Worcestershire Acute Hospitals NHS Trust to promote concessionary schemes and to provide more information on car parking.**

**Task and Finish Group Recommendation 6: Communication about transport options**

This could include action to ensure that patients are aware of eligibility for PTS, community transport and the Health Care Travel scheme.

The Task and Finish group also recommends that consideration is given to the production of Hospital Travel Maps.

- **Hospital Travel Maps** that provided patients with information on transport options to each of the hospitals have been successfully used in Worcestershire in the past. These are now outdated but, given that communication and information are issues being raised, the Group felt it would be worth producing new up to date Hospital Travel Maps following the implementation of the reconfiguration.

**ACTION: Worcestershire Acute Hospitals NHS Trust to update its hospital travel maps.**

### **3 Responding to transport and accessibility issues in the public consultation**

Given that there is limited information about the potential take up of services, the Group felt that the formal twelve week consultation should be used as an opportunity to test the public response to the proposed mitigations outlined above and that these should be reviewed and refined based on the feedback from patients and stakeholders.

In terms of specifics to be included in the consultation the Group recommends that:

- The consultation document includes information on typical journey times.
- Details around the proposed transport mitigation be as detailed and specific as possible and ideally include costings.
- The 12 week consultation be used as an opportunity to share information on transport including sharing information on potential travel options, the rationale behind hospital car parking charges, eligibility for parking concessions, the PTS service, Community Transport, and the Health Care Travel Cost Scheme.

### **4 Next Steps**

The Programme Board should be asked to consider the recommendations of the Task and Finish Group and to then specify what additional information they wish to be provided before the programme progresses to formal public consultation. This may include more information on particular mitigation proposals or more detailed costings for specific transport options.