

## **Future of Acute Hospital Services in Worcestershire**

### **Programme Board response to final Transport Report**

**April 7<sup>th</sup> 2016**

#### **1. Background**

Worcestershire is a rural county and its three hospitals are all between 18 and 20 miles apart. Any changes to existing services which alters the site at which a service is delivered will have an impact on travel for staff, patients and visitors.

The Future of Acute Hospital Services in Worcestershire Programme understands that it has a responsibility to understand the impact the changes it is proposing will have with regard to transport and to propose mitigations.

Public transport links between the three acute hospital sites are poor. There is a train service between Worcester and Kidderminster, but the Worcestershire Royal Hospital is on the outskirts of the city and is 1.4 miles from Worcester Shrub Hill station. The number 350 bus runs between the bus depots in Redditch and Worcester and serves both the Alexandra and Worcestershire Royal hospitals but the service only runs three times a day in each direction and therefore does not meet the travel needs of staff travelling between the two hospitals for work or patients and visitors trying to access services at specific times.

All three hospitals have large public car parks but it is recognised that at peak times car parking can be an issue for the public and for staff, particularly at the Worcestershire Royal site.

Access to a private car or van varies across the county but research by the RAC in 2012 shows that 77.6% of households in Worcester; 79.7% of households in Redditch and 81.6% in Wyre Forest have access to a private car or van.

The most frequent reason for visiting a hospital is for an outpatient appointment or diagnostic test. Under the proposed clinical model all outpatient appointments and diagnostic tests will continue to be delivered from the same hospital site as now. It is expected that even if all the changes outlined in the proposed clinical model are made 95% of patients will continue to access all their treatment in the same hospital as now. It is accepted that children needing inpatient care, and their families, will be impacted by any centralisation of inpatient facilities but even with the changes proposed under the new clinical model 80% of children who currently access the Alexandra Hospital will continue to receive their care in Redditch.

It is important to note that although the Programme Board can make recommendations to NHS organisations, the County Council and providers of public transport, it has no authority to enforce those recommendations and the NHS is not funded to provide public transport.

#### **2. Developing the transport solution**

To understand how the planned changes would impact on travel The Future of Acute Hospital Services in Worcestershire Programme commissioned Mott MacDonald to undertake an Integrated Impact Assessment. The Assessment concluded that transport and accessibility are of particular concern to stakeholders and have the potential to impact disproportionately on some "protected" and vulnerable groups.

As part of the Impact Assessment Mott MacDonald undertook a survey of patients and visitors to identify their existing travel arrangements. The survey showed 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%).

Members of the programme team met with representatives from protected and vulnerable groups as part of pre-consultation engagement. The representatives were asked about how they currently travel to hospital and how they would want to travel in the future.

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. It was also recognised that outpatient and diagnostic tests, which account for the majority of visits to hospital, would be unaffected by the proposed changes and therefore would have no impact on parking.

The Programme Board established a transport Task and Finish Group which consisted of representatives from the CCGs, acute trust, Worcestershire County Council, community transport providers and the public and voluntary sectors, under an independent lay chair. The role of the group was to:

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

Research was also undertaken as to what transport solutions had been adopted in other areas where there had been similar changes to hospital services. The following are examples of transport schemes adopted by other providers undergoing change.

#### *Example A*

*Two hospitals 17.8 miles apart run an hourly bus service in each direction between 6am and 10pm on weekdays with a reduced service at weekends. Members of the public are charged £5 return. The service is predominantly used by staff (3,800 journeys per month) with just 21 public journeys per month. The cost to the NHS is £380,000 per year.*

### *Example B*

*Two hospitals 9.1 miles apart run an hourly bus service. Patients with an appointment letter can travel for free and members of the public are charged £5.20 return. The service is predominantly used by staff (2,820 journeys per month) rather than patients/public (190 journeys per month). The cost to the NHS is £138,000 per annum.*

## **3. Actions already being undertaken by Worcestershire Acute Hospitals**

### **3.1 Reducing staff demand for car parking on site**

The Trust is undertaking a number of initiatives to reduce the demand for on-site staff parking. This includes restricting the number of staff permits available and transferring more staff to the off-site Sixways Park and Ride scheme. The Trust actively promotes car sharing and alternative ways to travel to its staff and is also working with Worcestershire County Council on a potential joint solution for staff car parking.

### **3.2 Car parking**

There are currently 1,519 car parking spaces at the Worcestershire Royal and the Trust recognises that it has a current shortfall which needs to be addressed. The shortfall is primarily for staff parking. It has applied for planning permission for an interim solution which will increase the number of spaces available by 138.

### **3.3 Transport to support temporary emergency changes to maternity services**

The Trust ran a minibus for staff affected by the temporary emergency changes to maternity services. Demand for the minibus has dropped and it has now been replaced with a pre-bookable taxi service.

## **4. Transport Task and Finish Group Recommendations and FOAHSW response**

The Task and Finish Group made a number of recommendations which are printed here together with the response from the Future of Acute Hospital Services in Worcestershire programme.

### **4.1 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**

FOAHSW Response: This has already been put in place by Worcestershire Acute Hospitals

Action: No further action required

### **4.2 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**

FOAHSW Response: Worcestershire County has scoped the possibility of providing an hourly service between WRH and the Alexandra Hospital and it would cost £180,000 per annum. Worcestershire County Council would need to understand how many passenger journeys would be undertaken before a decision could be taken on the feasibility of increasing the service.

Action: To include reference in the consultation document to whether there should be investment in extending the 350 bus service, recognising that this investment would have to come from within existing budgets.

#### **4.3 Recommendation 3: Utilise Community Transport**

Having reviewed the options available, the Task and Finish Group recommended 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.

FOAHSW Response: We will ask Worcestershire Acute Trust as part of its implementation plan, engage with providers of community transport to scope the feasibility of providing additional community transport which would have to be self-funding.

Action: Worcestershire Acute Hospitals to engage with providers of community transport to scope the feasibility of providing additional community transport.

#### **4.4 Recommendation 4: Scheduling of Appointments**

FOAHSW Response: The Acute Trust will 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 to consider scheduling of appointments as part of its implementation plan.

#### **4.5 Recommendation 5: Car Parking**

The Task and Finish Group did not consider it necessary to develop specific mitigations about car parking but 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).

FOAHSW Response: Worcestershire Acute Hospitals is actively promoting its car parking concessions scheme.

Action: No further action required

#### **4.6 Recommendation 6: Communication about transport options**

FOAHSW Response: Worcestershire Acute Hospitals should update its hospital travel maps to ensure they have up-to-date information about transport options and costs.

Action: Worcestershire Acute Hospitals to update its hospital travel maps

## **5. Recommendations**

The Future of Acute Hospital Services in Worcestershire Programme Board is asked to NOTE and DISCUSS the transport report and AGREE the actions outlined in section four:

1. To include reference in the consultation document to whether there should be investment in extending the 350 bus service, recognising that this investment would have to come from within existing budgets.
2. Worcestershire Acute Hospitals to engage with providers of community transport to scope the feasibility of providing additional community transport.
3. Worcestershire Acute Hospitals to consider scheduling of appointments as part of its implementation plan.
4. Worcestershire Acute Hospitals to update its hospital travel maps