Travel and Transport Plan

Update to Trust Board
26 July 2012
# Shaping Travel and Transport

<table>
<thead>
<tr>
<th>Period</th>
<th>Activities</th>
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<tr>
<td>Autumn 2011 to Summer 2012</td>
<td>Articles in “A Healthier Future” newsletter (Oct 2011, Jan/Feb 2012)</td>
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<td>Travel and Transport questionnaires</td>
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<td>Future Configuration of Hospital Services briefings and focus groups</td>
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<td>Workshops on Travel and Transport</td>
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<td>Scrutiny by the Joint Health Overview and Scrutiny Committee</td>
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<td>June/ July 2012</td>
<td>Listening period on “Shaping Your Travel and Transport”</td>
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<td>August 2012</td>
<td>Listening period with staff on Travel and Transport</td>
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**Detailed Travel and Transport Plan**
“Shaping Your Travel and Transport”

- Rural health and integrated care
- Telehealthcare
- Alternatives to car travel
- Getting to hospital in an emergency
- Car parking
- Shuttle Bus
Lots of helpful feedback

- Nearly 100 letters, emails and comments
- E.g. patients, members of the public, staff, Local Involvement Networks, community and voluntary organisations, Health Overview and Scrutiny Committees
- A wide range of helpful views, ideas and suggestions
- Lots of consistency with what we had heard in workshops and focus groups
- The majority of comments focused on car parking
Rural Healthcare and Integrated Care

- Care needs to be more joined up around the needs of patients.
- Opportunities for bringing more care outside hospital settings (e.g. Wrekin Community Clinic in Telford).
- Hospital Trust and Community Trust need to work more closely together – more integrated care pathways, more use of community hospitals for minor procedures and outpatients.
- Make best overall use of the estate – but focus on services not buildings.
- Challenge of moving some services off hospital sites (e.g. fixed costs, clinical adjacencies, capital costs of equipment, clinicians less available to inpatient/theatre).
- Doctors surgeries should be open longer hours and at weekends to prevent people needing to go to hospital.
Telehealthcare

- “A great idea” - “Stop talking about it and do it”
- Patient needs to be at the centre – it may not be suitable for everyone.
- Brings patient and clinician together remotely – the clinician can still be in hospital to see inpatients and emergencies
- Concerns about the evidence base – is there enough evidence that it is worth doing?
- Making sure that we have the right pathways in place, the right systems for clinical audit and clinical governance, and buy-in from clinical staff
- Learning from other health communities – particularly those providing care over much larger distances
- Needs good joined up working – e.g. between SaTH, Community Trust, GP practices, Powys Teaching Health Board.
- It can be very expensive. The financial costs and risk need to be shared to deliver benefits. It can go out of date quickly.
- More options for booking my own appointment at a place and time convenient to me.
- Better patient portal to medical records – “I can enter data online that my consultant can see, so she can decide if she needs to see me”
Getting To Hospital In An Emergency

- A significant area of concern, particularly in rural Shropshire and mid Wales
- Cross-border issues – ambulance availability and response
- Service changes need to be communicated clearly – “where do I go in an emergency”?
- Involvement of ambulance services in clinical pathways
- Continue to work with patients, parents and families until the new Women and Children’s Unit opens in 2014
- Important to have information about the hospital you may be transferred to as you and your family may not be familiar with it
Shuttle Bus and Park and Ride

• Could this be provided by an existing public transport provider?
• Various views on pricing, e.g. it should be free if you have already paid to park; it should be free to pensioners, or free to everyone.
• Timing for Shuttle Bus or Park and Ride needs to link with visiting hours, appointment times and staff shift times. It needs to be flexible to respond to need/demand.
• The Shuttle Bus should link up with local park and ride as well as town centres (e.g. main bus and train hubs).
• Not sure shuttle bus idea will work as people will have to leave their cars at one of the car parks to access bus.
• Various sites suggested for Park and Ride
Public Transport

- More choice of appointment time to fit in with travel options.
- Take account of longer journey times when services move.
- Walking and cycling are not options for many patients but should be encouraged more for staff.
- Cannot use free bus passes before 9.30am.
- More support for community transport schemes.
- For many people a journey by public transport takes a long time and involves multiple stages (e.g. walk-bus-bus).
- A shuttle bus could link with town centre hubs (bus stations, train stations) to reduce the number of steps in the journey.
Car Parking – Management

• Agree with payment on exit.
• More ways to pay - electronic payment by card, phone and text message would be welcome.
• Number plate recognition system is a good idea.
• Should be managed by the Trust not an external company.
• Better promotion of concessions.
• More information available in appointment letters, hospital entrances etc.
• Ability to pre-book spaces.
• Tickets / “Season Tickets” should be transferrable between cars and between hospital sites.
• Car parking attendants need to provide more time offering assistance.
Car Parking – Layout and Access

- Multi-storey too costly or unsightly.
- Needs a better balance between patient car parking and staff car parking – “Putting Patients First”.
- Spaces too small.
- Signage needs to be improved – which is the best car park for my appointment.
- Easier drop-off bays / better designated drop-off or disabled zones by every entrance.
- Include better family / mother-and-baby parking in the new facilities at PRH.
- Improve road layout and surface.
- There should be more spaces / there is not room for more spaces / more spaces are too expensive.
- Invest in clinical services not car parks.
Car Parking – Charges

- The main topic of feedback, with a lot of anxiety.
- Car parking should be free, increases are too high, increases seem fair.
- There should be a flat rate / there should be a tiered rate.
- 1 hour for minimum tariff is too short. What if appointments run over?
- 20 minutes OK for drop-off / not enough for drop-off / need better drop-off near hospital entrances.
- Better promotion of concessions is needed.
- Tickets should not expire at midnight.
- Single charge for multiple visits in one day (rather than £2.50 per visit).
## Car Parking Charges: Original Proposal

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<tr>
<th>Time</th>
<th>Shrewsbury and Telford</th>
<th>Russells Hall</th>
<th>Hereford</th>
<th>Queen Elizabeth</th>
<th>RJAH</th>
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<td>Up to 30 mins</td>
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Going Forward

- Introduce a tiered tariff system from this Autumn.
- Reduce our costs so that we can bring tariffs down below the original proposal.
- Pay on exit, not on entry and flexible payment options.
- Improved signage and way finding.
- Increased visibility of concessions.
- Attendants focused on customer support rather than enforcement.
- Improved design and layout of car parks.
- Annual review of car parking charges.
- Increase free period to 30 minute drop off zones at all major entrances (and free 30 minute drop off anywhere on site).
- More car parking at PRH as part of the new Women and Children’s facilities development.
Going Forward (continued)

- Continue to work with local authorities and Arriva on the development of a shuttle bus, discounted tickets and Park and Ride.
- Shuttle Bus will be free where people have already paid to park (or are eligible for parking concessions).
- Continue to develop Shuttle Bus arrangements based on need and demand.
- Take forward patient/public feedback into a staff discussion document.
- Continue to develop telehealthcare and more care outside hospital settings.
- Work more closely with Shropshire Community Healthcare NHS Trust to offer joined up care.
- Improve booking and scheduling systems.
- Develop a detailed travel and transport plan.