

Travel & Transport Focus Group

Held on Tuesday 28th September 2023
15:00 – 17:00hrs via MS Teams

Meeting Notes and Actions

	<p><u>Travel & Transport Focus Group</u></p> <p>SATH members of staff responding to public questions</p> <p> Julia Clarke – (JC) Director of Public Participation Adam Ellis-Morgan – (AEM) Technical Lead for HTP Rob Flynn – (RF) Director of Development and Infrastructure, Midlands, SYSTRA Susan Hambleton – (SH) Facilities Business Manager Hannah Morris – (HM) Head of Public Participation Matthew Neal – (MN) Director of HTP Ed Rysdale – (ER) Emergency Medicine Consultant and Clinical Lead for HTP Rachel Webster – (RW) HTP Nursing, Midwifery and AHP Lead </p>
PART 1	<p><u>Q&AS FOLLOWING PRESENTATION</u></p> <p><i>Q: Have we thought about working with local hotels in respect of the Trust's patients who have to travel for day surgery and other procedures that start early in the morning, for example could patients stay overnight at a reasonable rate?</i></p>
Action 1	<p>ACTION:- To review the feasibility of holding discussions with local hotels around hotel accommodation rates for patients/visitors.</p> <p><i>Q: What is meant by single deck car park?</i></p> <p>A: (JC) - Single deck means two tiers of car parking with one single deck above the existing ground floor so we're not creating a larger car parking ground area, it's just doubling up the existing space.</p> <p><i>Q: In the past community transport drivers have been able to have free parking when taking patients to appointments. Will it be possible to introduce this again as it is often a difficult issue to manage?</i></p>

<p>Action 2</p>	<p>ACTION: To establish the current parking arrangements for community transport drivers when taking patients to appointments and feedback.</p> <p><i>Q: On Community transport, when we take a passenger in a wheelchair, we often need to use a minibus and there is difficulty in parking up [at the RSH site]. Could there be spaces made available?</i></p> <p>A: (SH) – There are currently 30 minute drop off spaces at RSH. We appreciate that it can be difficult to use these spaces at certain times during the day, however we will ensure this is raised with our Facilities Management colleagues and provide a response.</p> <p><i>Q: Who sets the criteria for non-emergency patient transport?</i></p> <p>A: (JC) – There are national criteria/guidelines and the service is funded by the Commissioners.</p> <p><i>Comment: The signage at Shrewsbury bus station needs considerable improvement. It's very difficult for strangers and people with disabilities to find the right bus. It's not a pleasant environment and there never seems to be anybody there to help.</i></p> <p>A: SaTH is reviewing the location of the bus stop at the RSH site. We have also heard from staff and the public that journey time, reliability, and service frequency in respect of buses is also important. We can feedback the comment to the highway authority, but we cannot directly affect signage at the bus station.</p>
<p>Action 3</p>	<p>ACTION: Liaise with the highway authority as part of the proposed Travel Plan Liaison Group to consider what can be done to improve signage, wayfinding, and access for mobility impaired people at Shrewsbury bus station.</p> <p><i>Q: Is there any data about the train usage to access the hospital?</i></p> <p>A: (RF) - Yes, the Trust conducts annual staff travel surveys. The percentage that travel by rail is reported at less than 1% with bus use less than 5%.</p> <p><i>Q: The real access issues are not being able to get to and from each of the hospital sites from various market towns and villages, what do we do?</i></p> <p>A: (MN) The hospital is not responsible for providing public transport to the hospitals – we do not receive the funding for this, and its provision is outside of the scope of NHS services. This means it's important that we work with our partners in the local councils and with bus transport operators to consider how we can improve public transport accessibility to the RSH site.</p>

<p>Action 4</p>	<p>ACTION: - Discuss transport access issues to both hospital sites with highway authorities</p> <p><i>Q: What are the peak times for parking demand?</i></p> <p>A: (RF) - We did an extensive car parking survey, which was a 24-hour survey of all of the major car parks at the RSH site as part of our planning application. The busy period on weekdays is between 09:00 – 17:00. Before and after these times there is less demand for parking and more spaces are available.</p> <p><i>Q: Could there be some incentive offered to staff to start cycling?</i></p> <p>A: (JC) – The trust offers a tax incentive to staff who purchase bikes (Cycle to Work Schemes) and they are exempt from staff car parking charges, but we could consider other incentives if they have the potential to free up parking spaces.</p>
<p>Action 5</p>	<p>ACTION: In addition to existing and planned incentives, the latter to be introduced as part of the HTP development, consider further incentives for staff to cycle to work.</p> <p><i>Q: From the numbers that (RF) gave, around 95% of traffic to the site is by car. How big a percentage reduction is realistic in the opinion of the panel?</i></p> <p>A: (RF) - The travel surveys indicate that for staff single occupancy vehicle use is around 80% rather than 95%. As part of the travel plan process, we've set targets to reduce single occupancy mode share to the hospital site by 7% and we've set out a number of measures which will be implemented to reach these targets, assuming planning consent is granted.</p> <p><i>Q: In reference to traffic surveys, what is the breakdown between patient, visitor, staff and other car usage?</i></p> <p>A: (RF) – We have a breakdown in terms of the parking survey numbers for staff going into the car parks and people going into the patients and visiting car parks.</p>
<p>Action 6</p>	<p>Action: Provide a breakdown of parking utilisation in both staff and patient / visitor car parks.</p> <p><i>Comment: Footpaths around the hospital are not all suitable for motorised wheelchairs and there is a lack of suitable drop downs. Some of the pavements are too narrow or have too great a camber. There is not enough access to departments such as orthotics and x-ray without having to travel through the car parks.</i></p> <p>A: (RF) – This issue has been recognised and included in the transport assessment and we're committed to addressing these issues.</p>

<p>Action 7</p>	<p>Action: Jenny Horner (Focus group attendee) to review any plans around this so that there is a patient perspective and if anybody else is interested in this or know of others who would be, please email: sath.engagement@nhs.net</p> <p><i>Q: When will the role of Transport Coordinator of Estates working across both sites be in place?</i></p> <p>A: (MN) - We already have somebody that works on our green travel plan and there's a commitment from us to continue with that and make sure that they lead on this piece of work.</p> <p><i>Q: There are not enough assurances that buses will be running to the site to encourage people away from using the car. The number 11 bus, which is the most popular to come from Shrewsbury as it is every 15 minutes, is more often than not cancelled or delayed. Will there be assurances from partners that we have a reliable bus service to cope with the demand of patients living in Powys and North/South Shropshire? You can only get a bus every 2, 3, 4 hours, so they are reliant on reliable connections.</i></p> <p>A: (RF) - Some of these issues are within the Trust's remit, such as site and pedestrian infrastructure, because the Trust owns the land, however this issue is outside our control. We can use our influence and work with stakeholders to raise these points, but we cannot resolve them. We will raise this matter with the highway authority and bus operators to consider ways in which accessibility can be improved.</p> <p>A: (JC) - We'll need to work with local authorities and the Community transport providers to see what can be done.</p>
<p>Action 8</p>	<p>ACTION: - To raise this matter with the Highway authority and other stakeholders.</p> <p><i>Q: Is the bus connection between the two hospitals, RSH and PRH in the plans and will it be free?</i></p> <p>A: (RF) – We want to come up with a plan to improve bus connectivity between the two sites. And we've made a commitment to do that in our planning application. We need to look at the detail and engage with staff, patient groups and other stakeholders to assess what might be the most suitable way forward in respect of the plan.</p>
<p>Action 9</p>	<p>ACTION: To consider and assess options for improving bus connectivity between the PRH and RSH sites.</p>

	<p>Comment:—Travel and Transport in the wider organisational context is part of our Estates team’s responsibilities. So, when we talk about 2026, that's around the deliverables related to HTP. Some of the issues that have been raised in this Focus Group are more immediate and so will be raised now.</p> <p><i>Q: Will the use of the ‘Attend Anywhere’ facility (a virtual video patient consultation) reduce travel to the site?</i></p> <p>A: (ER) – Whilst I haven’t used it in ED, this facility is available to some of our clinical teams to do “virtual appointments” – during COVID19 lockdowns this was used quite widely. For some patient appointments this is a really useful tool as patients can have their appointment at home and without needing to come into the hospital – this also reduces travel to and from our hospital sites.</p> <p><i>Question: There are places where GP practices in the big centres, have systems whereby minibuses go and pick up patients who can't get to the surgery. Surely it could be done for the hospital.</i></p> <p>Action 10 ACTION: Understand the practice and raise with ICB colleagues responsible for non-emergency patient services</p> <p>COMMENT: The criteria for establishing patients transport needs, should be reviewed.</p> <p>Response: (JC) - That might be something we could ask our colleagues at Healthwatch to pick up, who provide the patient voice/advocacy. We can take that forward and discuss who would be best to address that. Guidelines (https://www.england.nhs.uk/publication/non-emergency-patient-transport-services-eligibility-criteria/)</p>
<p>Action 11</p>	<p>Action: To link with Healthwatch to discuss the feedback around the criteria for accessing non-emergency patient transport</p> <p><i>Q: Is there going to be congestion on the RSH site due to the increased ambulance activity?</i></p> <p>Response: (MN) – In terms of the impact on the highway, Mytton Oak Road, it isn't as heavily used as some of the other alternative roads into and around Shrewsbury. We have been working very closely with the Highway Authority.</p> <p>A: (ER) - In terms of the plans from ED, there will be an increase in emergency ambulances coming in to the RSH site, so we are increasing the number of ambulances drop off bays, which as part of HTP will have a canopy so patients can be transferred under cover.</p> <p>Comment: We need to agree about the need to increase the use of technology to help ease transport issues, plus increase in outreach clinics.</p>

Action 12

Q: This session has been focused on travel & transport issues on the RSH site – is the Trust planning to hold a similar meeting for the PRH site?

Action: There will be a similar focus group for the PRH site to arrive at one integrated action plan [subsequently arranged for 17 November 10am-12noon MS Teams]