

HTP PRH Travel & Transport Focus Group

Held on Friday 17th November 2023

10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

see

HTP PRH Travel & Transport Focus Group

SATH members of staff and external advisors responding to public questions:

Julia Clarke – **(JC) Director of Public Participation**

Adam Ellis Mogan – **(AEM) Technical Lead for the HTP**

Hannah Morris – **(HM) Head of Public Participation**

Matthew Neal – **(MN) Director of HTP**

Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP**

David Sandbach - **(DS) Joint Health Overview & Scrutiny Committee (Observer)**

Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead**

Robert Flynn – **(RF) Director of Development and Infrastructure, Midlands, SYSTRA.**

Q&A's FOLLOWING PRESENTATION

Q: The parking arrangements are always poor every time that I've been to PRH, with people parking on kerbs etc. Under HTP, what work has been done on estimating the people attending PRH that are going to need parking and how are they going to be accommodated?

A: With all the flows of patients and staff (and the focus on care closer to home and with some of our heavier users of the car park moving off-site for e.g., to Hollinswood House) we feel that parking at PRH will improve. This is constantly under review however, and recognising this is an issue we will continue to look at alternative solutions. From a HTP perspective the current estimates show there is no net increase for additional parking.

Q: There's only three disability car spaces outside the new entrance of PRH- why was this number reduced?

A: (AEM) – Several disabled parking spaces were displaced when the new front entrance at PRH was built, but we have now created 18 disabled parking spaces which have been put across the front edge of the visitor car park. There are also an additional two disabled spaces by the endoscopy entrance at the side of the main building.

Action 1

Q: Access to the site is difficult as you have debris from the trees and the signage by the crossing outside the hospital is not clear. Also, it is not very well lit during the night, it needs to be made more accessible for people.

A: (JC) – We will ask the Estates team to review about lighting and debris on the hospital site and any access if there are any access issues outside the hospital footprint to raise these with the Council.

ACTION: SaTH Travel Plan Coordinator (TPC) / Estates team to investigate and if action required raise issues with the Local Authority and with Estates as part of the wider travel plan (ie not specific to HTP).

Q: What time will day surgery arrival start at?

A: (ER) - Currently there are two sessions, this may increase to three sessions, but this has not been agreed yet. The timings and working patterns for the planned care clinical pathways are being considered.

Q: Will the current day surgery facility be used as well?

A: (ER) - It won't be part of the day surgery unit, all day surgery will be included as part of the new elective care hub which is being built on the first floor. There are a number of possible options for use of the current day surgery facility which are under discussion

Q: There doesn't seem to be any extra car parking spaces being provided at PRH, is that correct?

A: (MN) - In terms of our plans as a trust in the immediate future, I can't give an answer on that and will need to refer to colleagues in Estates.

ACTION: Mathew Neal to ask colleagues in estates about whether there are any immediate plans for extra parking to be provided at PRH

Q: In terms of the future, when HTP is implemented, apart from car parking that has been put in between now and the completion of the project, there's no actual intention to increase the number of car parking spaces as part of HTP?

A: (MN) – That's correct.

Action 2

Q: There are a lot of people that will be having surgery at PRH who are older and more frail than they were a few years ago and live further away. Will pre-op clinics be on both sites?

A: (ER) -I need to check with colleagues in surgery and get back to you. I know that there will be outpatients at both sites. We do recognise that patients from the west side of the county and Powys will be travelling further for surgical care under HTP.

ACTION: Ed Rysdale to discuss with surgery the arrangements for preop clinics and whether clinics will be provided on both sites.

Q: Will there be a free shuttle bus service between RSH and PRH?

<p>Action 3</p>	<p>A: (JC) – This issue is included as action #9 in the action plan following the RSH meeting in September to consider and assess the options for improving the bus connectivity between the PRH and RSH sites, which includes shuttle buses. This issue came up several times at the RSH Travel & Transport focus group.</p> <p>Q: <i>Is there a transport plan for the Hollinswood site?</i></p> <p>A: (MN) - Note subsequent to meeting that it was confirmed that the SaTH Travel Plan only relates to RSH and PRH and currently does not include any other site-travel issues</p> <p>Q: <i>Is there free parking for all Community Trust or just community cars?</i></p> <p>A: (JC) – It's for voluntary community transport providers, but they'll need to link into our facilities team as per the action that arose from the first Travel & Transport focus group.</p> <p>Q: <i>Has the HTP team discussed with the Integrated Care Board (ICB) the potential for pre-operative medicine for older people having surgery (POPS), perhaps based at RJAH, which already has geriatricians?</i></p> <p>https://cpoc.org.uk/sites/cpoc/files/documents/2021-09/CPOC-BGS-Frailty-Guideline-2021.pdf</p> <p>A: (ER) - We do need to look at these types of services going forward and another possible development over the next couple of years is the digital side of things and whether more consultations can be undertaken digitally although there are some issues as for some patients a face-to-face pre-op assessment clinic is needed. There's no easy way around that, because they do need to be seen to make sure that they are fit for theatre, but I will check with colleagues in surgery around the possibility of POPS clinics in the future as part of service development, rather than HTP-related.</p> <p>ACTION: Ed Rysdale to raise the development of POPS clinics with colleagues in Surgery (working between the surgeons and the geriatricians).</p>
<p>Action 4</p>	<p>Q: <i>How many patients will be discharged from RSH to PRH for their rehabilitation and how will the patients from Shrewsbury etc get home will non-emergency transport work in the new model?</i></p> <p>A: (ER) The modelling we've looked is that currently around 70% of RSH patients could be discharged to PRH (based on a series of audits done by the medical teams of patients based on who would be suitable to be treated at PRH after their acute phase). However this figure could change depending on what the patient needs and how quickly they are due to go home following their initial admission. So, for example if somebody's due to go home the following morning and they're from mid-Wales we wouldn't transfer them to PRH for one day. That's what the modelling is looking at, so we have the right flow of patients through the hospital. That's roughly the sort of numbers that we're looking. In terms of (non-emergency) transport going home, it would be much as it is at the moment, so those patients who are eligible for patient transport will still be eligible and that will be arranged. But this will not be emergency ambulances this will be non-emergency patient transport ambulance and eligibility for patient transport is not set by the trust, it's set by national criteria based on clinical criteria.</p>

Action 5	<p>Q: <i>Regards Hollinswood House and access for pedestrians, is this from the front of the building or do you have to walk up Hollinswood Court and then down the full length of the car park?</i></p> <p>A: (AEM) - The designated parking for Hollinswood House is at the far end, the parking is opposite the Hollinswood House building, so you don't park at the top, you park opposite the building itself. There are steps from the pathway outside, as you walk around into Hollinswood Court, there's another area that doesn't have steps, you don't have to go all the way to the top, you can get to Hollinswood House without having to do that.</p> <p>Q: <i>Can I ask how many people actually come to the hospital by train particularly from mid Wales? Has that number dropped in recent years? Is it down to reliability of the trains?</i></p> <p>A: (RF) - The trust does staff travel surveys, and we do every year, so we understand how many staff travel to the site by different modes of transport, but we currently don't carry out surveys with patients, but this is something we will need to look at to develop our Travel Plan.</p> <p>Q: <i>Has there been a drop in staff using the train?</i></p> <p>A: (RF) – We don't know this but we can say that the number of staff that travel to our sites by train is less than 5%. We intend on doing more to publicise all forms of public transport to access our sites in the future and work is ongoing to encourage this.</p> <p>ACTION: TPC to consider a travel survey of patient / visitor transport mode of arrival at both the PRH and RSH hospital sites (as part of Travel Plan – wider than HTP).</p>
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