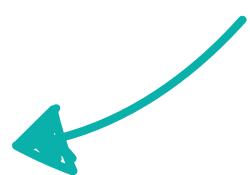


The Path to Excellence

Public consultation

Travel and transport impact review

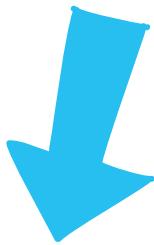
A summary of an independent review of transport and travel issues relating to options being proposed in the Path to Excellence public consultation starting in July 2017.



Summary document

5th July – 15th October 2017

www.pathtoexcellence.org.uk



From July to October 2017 a public consultation is taking place around four areas of hospital care. These are:

- **Stroke services specifically hospital care (acute) and hospital-based rehabilitation services**
- **Maternity services covering hospital-based birthing facilities i.e. where you would give birth to your baby**
- **Gynaecology (women's services) covering inpatient surgery where you would need an overnight hospital stay**
- **children and young people's (paediatrics, urgent and emergency) services**

This public consultation has been put together by four local NHS organisations.

NHS South Tyneside Clinical Commissioning Group

NHS Sunderland Clinical Commissioning Group

South Tyneside NHS Foundation Trust

City Hospitals Sunderland NHS Foundation Trust

Between us we plan, commission and deliver many of the major healthcare services across the area.

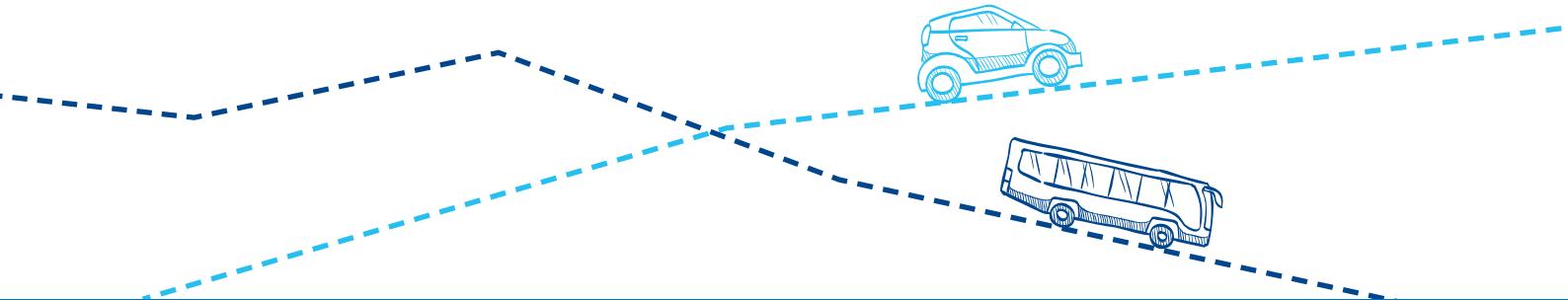
We're improving your local NHS services by working together to deliver safe, high-quality care that will make the best use of resources and meet the needs of our population both now and in the future.

You can find out more about this public consultation and how you can get involved in giving your views by visiting our website.



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Introduction to this document

We know from conversations with the public that people are concerned about how they may travel to alternative places as a result of any proposed changes to the way NHS services might be arranged in the future.

Because of this we have commissioned an independent review of travel and transport issues so that we have good quality robust information to help inform people's views of the NHS proposals.

The review has looked at the following aspects of travel and transport:

- **The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites
(South Tyneside District Hospital and Sunderland Royal Hospital)**
- **Levels of access to public and private transport including car ownership and the barriers to access**
- **How patients, staff and others currently travel to access services including the mix of private/public transport, walking and cycling**
- **How much travel already happens from one area to another**
- **The costs of public transport**
- **The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence**

- **Patient transport access criteria and take up**
- **Review of community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc.**
- **National and local NHS policies for providing assistance for travel**
- **Review of existing travel and transport policy for both trusts – for patients, carers and staff**
- **Information about what other organisations have done to improve access in terms of transport following reconfiguration of services**
- **The practical challenges of travelling between the two sites, obtained through field-testing**

The travel and transport impact assessment was carried by an independent company as to ensure impartiality and objectivity as well as providing expertise in this area.

This is a summary and a full comprehensive report is available on our website:
www.pathtoexcellence.org.uk

We will continue to update the travel and transport impact as we learn more during the public consultation period.

We have included information in this summary about how we are seeking to understand the potential impact on ambulance services run by North East

Ambulance Service NHS Foundation Trust. The Path to Excellence NHS organisations will continue work together to fully understand ambulance impact, however it is important to note that it is not included in the scope of the independent travel analysis company.

We very much welcome comments and feedback on the travel and transport impact work we have done to date. Please let us know your comments or questions by attending a public event or get in touch via email, social media or by telephone.

This is a summary and a full comprehensive report is available on our website: www.pathtoexcellence.org.uk





Travel and transport review

In November 2016 a review of the bus services serving South Tyneside District Hospital and Sunderland Royal Hospital was undertaken.

This review showed that South Tyneside District Hospital is served by a total of 12 bus services, 10 of which have frequencies of between 10 minutes and one hour. Sunderland Royal Hospital is served by a total of 18 bus services, 12 of which operate at frequencies between 10 mins and 30 mins. Both hospital sites are also within 800 metres of a metro station.

This level of transport access is broadly in line with similar hospitals in the north east, or, in the case of Sunderland Royal Hospital, slightly higher.

The review also found there were many ticketing options available, covering various timescales, companies and types of public transport, for example the metro and bus services. There are also a number of transport options for carers including various travel cards providing free travel/concessions and discounted travel.

Compass Community Transport, based in Sunderland, operate a number of Group Travel contracts on behalf of NEXUS, some of which serve Sunderland Royal Hospital. In addition, NEXUS operate the TaxiCard scheme, which is available to eligible individuals enabling them to use approved taxi companies at a discounted price.

Accessibility analysis has been undertaken to model transport journey times across South Tyneside and Sunderland using the computer based accessibility modelling tool

Visography TRACC, which has a number of inherent assumptions and limitations including the use of published timetables for public transport journeys and generic road speeds for car journeys.

57% of Sunderland residents are within a 30 minute public transport journey of Sunderland Royal Hospital, as are 39% of all South Tyneside and Sunderland residents. Around 80% of South Tyneside residents live within a one hour public transport journey of Sunderland Royal Hospital. Around 70% of South Tyneside residents are estimated to be able to get to and from Sunderland Royal Hospital by car within 11-20 minutes.

38% of households in South Tyneside and 35% of households in Sunderland do not have access to a car (overall figure for England of 26%).

The travel impact consultants found that the proportion of households across the South Tyneside and Sunderland areas without access to a car or van varies for example, Jarrow and Hebburn in South Tyneside have a relatively high percentage of households with no access to a car, as is also the case in some areas of South Shields.

The same applies across Sunderland where certain areas of the city have a relatively high proportion of households with no access to a car, particularly in some areas north of the River Wear and eastern parts of Sunderland. The consultants held a workshop with stakeholder groups where they learned about the barriers to accessing both public and private transport at different healthcare facilities, including:

- **People who experience mobility issues**
- **Out of hours transport needs**
- **The cost of travel**
- **Longer journey times**
- **Parking capacities and parking space allocations**
- **Reduced frequency of public transport**
- **Unfamiliarity with new areas, new hospitals, interchange locations etc.**
- **Parking**

Further afield, parts of Washington also have a high proportion of households with no access to a car or van.

South Tyneside and Sunderland Royal Hospitals allocate their parking spaces in different ways with more allocated staff parking facilities at South Tyneside District Hospital, and more flexible parking space allocations at Sunderland Royal Hospital meaning that more spaces are available to staff, patients and visitors.

Short term public parking fees are similar at the two hospitals, however longer term parking ticket options (longer than 24 hours) are different with South Tyneside District Hospital offering a weekly pass at £10 and Sunderland Royal Hospital offering a monthly parking pass at £20.

Data analysis shows that parking at both hospitals is approaching capacity but only at certain points during the day. Parking

demand is highest during afternoon visiting hours, between 2pm and 4pm.

As part of the review, consideration was given to possible new journey patterns, particularly amongst South Tyneside residents who may, in future, need to travel to Sunderland Royal Hospital for their health care needs instead of South Tyneside District Hospital, and journey time and cost comparisons were examined. There is expected to be no travel impact for Sunderland patients.

The review included a postcode analysis of those South Tyneside patients who had previously accessed the clinical services that are currently under review. This information allowed the travel consultants to relate findings more specifically to services rather than referring to the total populations of South Tyneside and Sunderland. By comparing the travel times to South Tyneside District Hospital and Sunderland Royal Hospital, it was possible to assess the impact on travel time of the various service review options.

Brief, snapshot, travel surveys with visitors and patients were undertaken to understand how these different user groups travel to the hospital sites, the frequency of visits and the length of visitor stay. Some caution is required around the travel survey results in some of the clinical areas where there are lower response rates and further work is being undertaken to fully understand current and future likely modes of travel.



Stroke services

The proposals to centralise acute stroke services at Sunderland Royal Hospital will have the greatest impact on residents of South Tyneside who experience an acute stroke, and their families.

As the majority of acute stroke cases arrive at hospital by emergency ambulance, it will be visitors to stroke patients who are most affected by this change of location, needing to travel to Sunderland Royal Hospital, rather than South Tyneside District Hospital. The research has shown that 83% of South Tyneside people aged over 60 will be able to reach Sunderland Royal Hospital by public transport within 60 minutes (the same number that can currently get to South Tyneside District Hospital) however, the number of over 60s able to get to hospital by public transport within 30 minutes falls from 61% to 5%. The average public transport journey time to and from Sunderland Royal Hospital (instead of South Tyneside District Hospital) would increase by 20-25 minutes. The average public transport journey to or from South Tyneside District Hospital is currently 23 minutes.

For journeys by car to Sunderland Royal Hospital, instead of South Tyneside District Hospital, the average travel time will be six minutes longer. The average car journey to or from South Tyneside District Hospital is currently six minutes.

As stroke services have already been temporarily relocated to Sunderland it has been possible to survey visitors and the results suggest approximately 40% of visitors travel by car on their own and a further 54% travel in the car with others. The rest travel to Sunderland Hospital by bus. A small proportion of these visitors reported that they would have travelled differently, including walking, had the service been provided at South Tyneside District Hospital.

The relocation of acute stroke services to Sunderland Royal Hospital is unlikely to have much impact on parking demands at the hospital (and by extension on the local road network), with just 1-2 additional vehicles during afternoon visiting hours and 2- 6 vehicles during evening visiting hours expected. Enough car parking spaces are available to cope with extra cars at this time.

Maternity (obstetrics) services

South Tyneside mothers, and their visitors, will be affected by this review. Depending on the option that is taken forward, it could be that all South Tyneside mothers will be affected (in the case of option 2). Alternatively, only those who are deemed to have a high risk birth (option 1) will be required to travel to Sunderland Royal Hospital for the birth.

The accessibility analysis, using postcode locations of previous maternity patients living in South Tyneside and having their children at South Tyneside District Hospital, showed that the average public transport journey to or from Sunderland Royal Hospital (instead of South Tyneside District Hospital) increases by 21-25 minutes depending on the time of day. The current average public transport journey time to or from South Tyneside District Hospital is 22 or 23 minutes, again depending on the time of day. 85% of previous maternity patients from South Tyneside could get to Sunderland Royal Hospital by public transport between within 60 mins, compared to 87% of patients who could get to South Tyneside District Hospital, however the number of maternity patients who could get to Sunderland Royal Hospital within 30 minutes reduces from 70% to 2%.

Car journeys to South Tyneside District Hospital currently take on average six minutes and will increase by six minutes if travelling to Sunderland Royal Hospital by car. 70% of South Tyneside maternity patients would be able to reach SRH by car in between 11-20 mins.

The travel survey results indicate that South Tyneside visitors or patients would use broadly similar modes of transport to get to South Tyneside District Hospital and Sunderland Royal Hospital, although slightly more people would use the metro and slightly less people would walk to Sunderland Royal Hospital.

Under option 1, in which all high risk births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, it is estimated that there would be an increase in the demand for parking at Sunderland Royal Hospital of up to around 4 vehicles per day.

Under option 2, in which all births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, the potential increase in parking demand at Sunderland Royal Hospital is likely to be around 7 vehicles per day. Capacity exists to accommodate the additional expected cars under both proposed options.

The impact upon the local road network would be small and would be spread across the day.



Women's healthcare (gynaecology) services

Inpatients

South Tyneside gynaecology inpatients would be affected by the service change proposals as they would be required to travel to Sunderland Royal Hospital instead of South Tyneside District Hospital for their treatment.

The postcode locations of previous gynaecology patients living in South Tyneside and treated at South Tyneside District Hospital were used to measure accessibility and showed that the average public transport journey time to Sunderland Royal Hospital would be approximately 20 minutes longer than the current 23 minute journey to South Tyneside District Hospital. 86% of South Tyneside gynaecology patients could get to Sunderland Royal Hospital by public transport within 60 minutes, compared to 87% who could get to South Tyneside District Hospital by public transport within one hour. Accessibility to Sunderland Royal Hospital within 30 minutes by public transport was 2% of South Tyneside patients, compared to 69% who could reach South Tyneside District Hospital within the same timeframe.

The average car journey to South Tyneside District Hospital takes six minutes. 70% of previous South Tyneside gynaecology patients are estimated to be able to access SRH within 11-20mins by car. The additional time to travel to Sunderland Royal Hospital would mean the existing journey time increasing by six minutes.

The travel survey results suggest that 77% of gynaecological inpatients at South Tyneside District Hospital travel by car (33% as a passenger and accompanied inside the hospital, 44% as a passenger and dropped off) and the remaining 23% use a taxi. If the services were relocated to Sunderland Royal Hospital, the survey indicates that a greater proportion, 89%, would travel by car (67% as a passenger and 22% would drive themselves) and 11% would use the bus. Because of the relatively small number of patients involved little or no additional parking demand would be seen at Sunderland Royal Hospital.

Children and young people's healthcare (urgent and emergency paediatrics) services

South Tyneside parents who currently take their child to South Tyneside District Hospital Paediatric Emergency Department (ED) would be affected, particularly overnight from 8pm to 8am the following day if there wasn't a paediatric ED or nurse-led walk-in facility available at South Tyneside District Hospital.

Postcode locations of previous Paediatric patients living in South Tyneside and treated at South Tyneside District Hospital were used to measure accessibility, which showed that the average public transport journey to or from Sunderland Royal Hospital instead of to or from South Tyneside District Hospital increases by 18-23 minutes depending on the time of day. The average public transport journey to or from South Tyneside District Hospital is 24 or 25 minutes depending upon the time of day.

84% of South Tyneside patients could get to Sunderland Royal Hospital by public transport within 60 minutes during the day time, compared to 86% who can access South Tyneside District Hospital by public transport within 60 minutes. Accessibility by public transport within 30 minutes falls from 65% to 4% of South Tyneside paediatric patients.

Car journeys to Sunderland Royal Hospital will take around six minutes longer on average, with the current car journey time to or from South Tyneside District Hospital taking six minutes. 67% of previous South Tyneside paediatric patients could continue

to access urgent care services at Sunderland Royal Hospital by car in between 11-20 minutes.

Option 1 for Paediatric services involves the proposed overnight closure of the South Tyneside Paediatric ED. The travel survey results suggest that parents or guardians would use slightly different ways of getting to Sunderland Royal Hospital, compared to how they currently access South Tyneside District Hospital, with slightly more using bus and metro and slightly less driving themselves to the hospital. There would be a small increase in parking demand at Sunderland Royal Hospital, but this would be overnight, when there is plenty of spare capacity and would not add a significant level of traffic onto the road network.

Option 2 for Paediatric services involves the replacement of the Paediatric ED with a nurse-led walk-in facility open from 8am till 10pm (with doors closing at 8pm to allow for the treatment and discharge of children). The impacts of this option are broadly similar to those of option 1, with a small increase in parking demand at Sunderland Royal Hospital.



Potential measures to reduce the impact of the proposed service changes

The report also suggested a number of measures that could help reduce the travel impacts of the proposed service changes, these include:

- **Ensuring patients and visitors have accurate, up to date information about their travel choices, including public transport information, and are aware of journey planning tools and facilities**
- Ensuring patients and visitors have accurate information about parking choices and costs
- Providing patients with information about schemes that offer assistance with travel costs
- Providing travel information with appointment letters
- Promoting the existing policy of allowing patients to discuss and schedule appointment times that ease their travel arrangements
- Introducing improved bus services serving the two hospitals sites
- Increase the number of out-patient clinics at South Tyneside District Hospital to minimise travel to Sunderland.

Some of these suggested improvements would involve organisations external to the NHS. The Path to Excellence programme would welcome the opportunity to discuss these ideas with other partners with the view to developing actions together in order to make improvements.



Impact on ambulance services

North East Ambulance Service (NEAS) is a key NHS partner in sharing their views on how these proposals may affect the care they provide. NEAS has looked at the individual effect of the different options on their patient care and is considering the impact of any changes combined together. NHS organisations will continue to work together in the coming months to ensure ambulance service impact is more fully understood. This will be important information that the clinical commissioning groups will need when making their final decision.

Stroke care services

Some patients who have suffered a confirmed stroke are eligible for treatment with a clot-busting drug. This is called stroke thrombolysis. NEAS routinely publish the number of patients who arrive at a thrombolysis centre within 60 minutes of their 999 call.

We know from the temporary change that the transport of stroke patients in South Tyneside taken to Sunderland is longer and we are reviewing this with NEAS and will ensure this does not impact on patient care. The additional time travel for some patients with stroke symptoms to reach hospital should have no direct impact on their recovery as thrombolysis (clot-busting treatment) should be given within 4.5 hours of the onset of stroke symptoms.

The total additional time associated with the patients being transported to Sunderland Royal Hospital amounts to approximately 110 hours a year.

Maternity (obstetrics) services

Women in labour arriving by ambulance to South Tyneside District Hospital number under 10 patients per month on average.

Should either of the maternity options be chosen, due to those low numbers it would not be expected to have an adverse impact on the ambulance service.

Some patients under option 1 may need to be transferred during labour from South Tyneside to Sunderland.

Women's healthcare (gynaecology services)

Only a very small number of women with gynaecology problems arrive by ambulance at South Tyneside District Hospital, and therefore at an individual service level the changes are not expected to have an adverse impact on the ambulance service.

Children and young people's healthcare (urgent and emergency paediatrics) services

Under option 1 with out of hours (after 8pm) emergency paediatric department services being relocated to Sunderland Royal Hospital, it is not expected that the onward transfer to Sunderland Royal Hospital of those cases requiring transfer will significantly impact on services provided by NEAS.

Under option 2, it is expected that 60% of the paediatric activity currently experienced during 8am-8pm would be suitable for the proposed nurse practitioner led service. It is not expected that the onward transfer to Sunderland Royal Hospital for those patients who need to, would cause a problem.



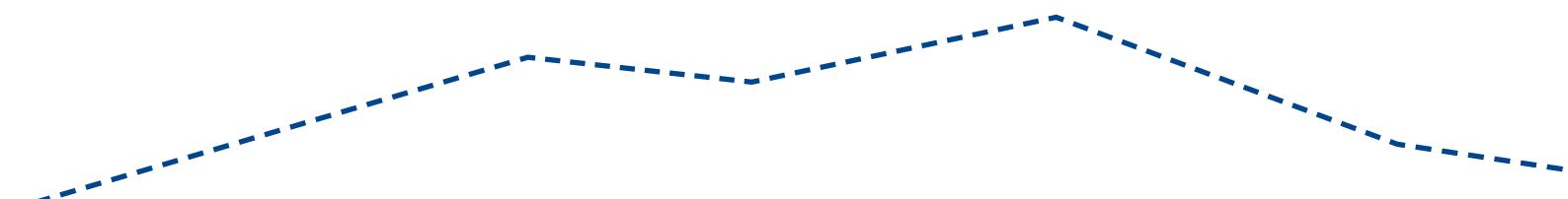
Considering travel and response times as a whole

The ambulance service will continue to work with the Path to Excellence team and NHS partners to understand how its services might need to change to deliver the proposed options and what impact this will have on its service overall. It will consider how staff may need to work differently, what implications there may be for vehicle movements across communities as well as understanding what work may be required to continue to ensure timely ambulance responses.

What happens next?

All the feedback from the public consultation, including comments on travel and transport impact, will be analysed into themes.

We will publish this report and hold feedback events later in the year. The feedback will influence the final decisions which will be made by the two clinical commissioning groups later in early 2018.







Website: www.pathtoexcellence.org.uk



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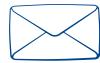
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