
Secretariat memorandum

Author : Vincent Stops

Agenda item 8(a)

AT020

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Access to healthcare facilities

1 Purpose of report

- 1.1 To update members of the Access to Transport Committee on the work and progress promoting the issues of access to healthcare facilities. This report updates members on a similar report of June 2009.

2 Background

- 2.1 London TravelWatch and its predecessor bodies have for many years been concerned regarding transport access to hospitals.
- 2.2 In May 2007 a Taskforce was set up by the Board to investigate these issues.
- 2.3 The commencement of this investigation coincided with the launch of Lord Darzi's proposals to reconfigure healthcare in the capital. His proposals promoted the introduction of fewer specialist hospitals to treat acute illness, but more localised centres (polyclinics) to deliver more routine services such as blood tests, X-rays etc.
- 2.4 This would clearly affect travel to healthcare facilities in the capital and so members decided to investigate this issue with a series of meetings with the health community, TfL, the London boroughs, patient representatives etc. We were particularly pleased to be assisted by TfL officer, Belinda Danino, who gave us a great deal of support. We also paid site visits to several hospitals and researched their hospital travel plans.
- 2.5 This work culminated in our producing a report in January 2008 with four recommendations:
- that the London Strategic Health Authority and Transport for London should adopt accessibility planning when considering access to London's existing and planned healthcare facilities. Accessibility indicators should be developed. The London Strategic Health Authority and Transport for London should jointly issue guidance to Primary Care Trusts (PCT's) outlining the transport planning issues to be considered to assure accessible hospitals and major healthcare centres in London and outside of London where they serve London residents.

- that every hospital and major health care facility in London, or which serves London residents, existing or planned, should develop a travel plan which is independently audited for quality. Every hospital trust and healthcare management board should appoint a member to be the hospital travel planning champion.
 - that Local Planning Authorities must make permission for any new hospital and major healthcare centre development conditional upon the production of a travel plan demonstrating how it will serve its catchment area for patients, staff and visitors. Applicants should have to demonstrate that they have modelled their travel plan on Transport for London's: 'Best practice for workplace travel planning for new development' and that Transport for London is supportive of the travel plan.
 - that Transport for London should review its stance of treating all passengers' journey needs as being equal. It should adopt the principle of accessibility planning, and take account of the essential journey requirements of patients, visitors and staff travelling to and from hospitals and major healthcare centres.
- 2.6 Following the launch of our report we were invited by the Minister for Health, Ben Bradshaw MP, to meet with him jointly with the Transport Minister, Rosie Winterton MP. This was a successful meeting and led to further meetings with senior civil servants who accepted our recommendations and have acted upon them.
- 2.7 Joint guidance was issued by NHS London to health service managers and PCT's in London that it should take account of when reconfiguring services.
- 2.8 It became clear that NHS London had taken seriously our recommendations and were seeking to promote them, though it should be noted that the NHS is complex and hospitals, for example, are autonomous and have many other priorities.
- 2.9 We have made submissions to two Independent 'reconfiguration panels' looking at service change in north London and south east London.
- 2.10 The Chair of the Access to Healthcare Taskforce and the Streets and Surface Transport Policy Officer have attended meetings of NHS bodies established to consider the impacts of changes to the way in which the Health Service manages stroke and major trauma in London. We are hopeful that some of our recommendations will be taken on board in their final report.
- 2.11 The Chair of the Access to Transport Committee has presented a submission to the London boroughs' Joint Health Overview and Scrutiny Committee which is also considering the Darzi proposals for changes to the way in which the Health Service manages stroke and major trauma in London. Their recommendations have taken on board the two recommendations which we asked that it should.
- 2.12 As part of the Taskforce's work and subsequent to us completing the work on the Darzi report we undertook to visit several of the hospitals that London TravelWatch has historic casework on. We have produced a site survey for

each and are in the process of writing to the hospital / PCT's / local authority with our findings.

- 2.13 The review of several hospital travel plans revealed that hospitals in London were not doing these well. Most were simply staff travel plans, and one was just part of the justification for a car park adjacent to the site. Only two could be described as good, but even those were incomplete and awaiting visitor's surveys.
- 2.14 We have produced a short report on what a good travel plan looks like.
- 2.15 The fact that hospitals and major healthcare facilities are major generators of travel and that how patients get to these centres is important is generally accepted. However, it remains a low priority for hospitals and healthcare facility management.
- 2.16 The work of the Taskforce gave the Committee a sound basis for continuing to make the case to health providers. The Secretariat will continue to look for opportunities to promote this.

3 Update

- 3.1 In the last year we attended various NHS meetings looking at the impact of various service configurations happening in London, particularly: Health for N.E. London and A Picture of Health (reconfiguration of S. E. London healthcare facilities). Although these are narrowly focussed on the impact of changes to service provision which is generally minor transport has been a major topic of discussion. In both cases hospital managers are talking about quality travel plans including visitors and patients (not just staff) and also prompting London's strategic health authority to do more.
- 3.2 In the case of Health 4 N.E. London there is a specific proposal that commissioning PCT's require that hospitals produce a quality travel plan in consultation with Transport for London. Appended to the final report is our guide to what a Travel Plan should include.
- 3.3 We have kept in touch with progress in the production of Northwick Park's Travel Plan which we believe may be a model for others. This has been delayed, but we are still hopeful of progress.

4 Equalities and inclusion implications

- 4.1 Encouraging health providers to engage with transport providers and improve access to major healthcare facilities will be important to many that do not have access to private transport.

5 Legal powers

- 5.1 Section 248 of the Greater London Authority Act 1999 places upon London TravelWatch (as the London Transport Users Committee) a duty to consider - and where it appears to the Committee to be desirable, to make recommendations with respect to - any matter affecting the functions of the Greater London Authority or Transport for London which relate to transport (other than of freight).

6 Financial implications

- 6.1 There are no financial consequences for London TravelWatch.