

Travel and Transport Reference Group



Travel and Transport Working Group
7th July, 2017

Reference Group Meeting

- 26 people attended
- Right Care update
- Presented the feedback from engagement and consultation
- Presented the working group identified themes
- Workshop 1: What else do we need to know
- Workshop 2: How would you like to be involved

Lunch and networking

Travel and Transport

Key themes from the table discussions



Parking

Staff and patient/visitor issues considered:

- Cycle parking
- Drop off bay (half an hour)
- Reduce parking cost/cost cap/annual or monthly fees
- Increase availability of parking
- Designated bays: parents, blue badge (various designs) with enforcement
- Other designated parking and permits for specific conditions/episodes of care
- Reserved parking for regular visitors
- Space allocated as part of an appointment (London)
- Technology: parking payment/ signage
- Parking machines not accessible

Access

- GP facilities to support urgent care
- Communication is key: urgent, emergency, signage,
- Accessible leaflets and literature on travel and transport
- Work more closely with equality groups to understand access issues and improvements

Travel between hospitals

- Review the shuttle bus service:
 - Not advertised as part of the hospital service
 - Better access for all
 - More frequent, regular, visible service
- Regular bus from hospital to hospital
- Direct bus from both bus stations to both hospitals
i.e. Halifax/Huddersfield bus station to HRI/CRH
- Hub for direct buses in Elland

Public transport

- Address bus services in rural areas
- Attitude of drivers – people are rushed
- NHS subsidise direct bus routes
- Appointment times support public transport times
- Bus stops not in the right place – too far away
- No direct hospital bus from either bus station
- Can drivers announce hospital stops
- Can all passing buses go into hospital grounds
- A single hospital bus ticket for complex routes
- Transport information in a range of accessible formats/languages
- Public transport is part of an integral plan

Reduce Travel

- Use of skype and telephone technology
- Reduce referrals from NHS Direct and 111
- Good advice and sign posting from the hospital – PALS?
- More Care Closer to home with accessible parking – see parking list
- Better care pathways that reduce travel – one stop shop appointments

Discharge and patient transport

- After an appointment patient not taken to collection area (how do they get in?)
- People do not like the term discharge lounge
- Accessible transport not only for patients but visitors
- Continue Age UK 'Discharge form hospital scheme'
- Patient transport – notice when on the way to collect (i.e. within the area: 10-15 minutes)
- Patient transport: not always on time/reliable

Greener transport

- Greener travel options (electric car sockets and parking)
- Encourage use of cycles
- Consider air quality

Other

- Outline Business Case and transport strategy need to be submitted together
- Clear ambulance strategy
- Broader roadwork issue – crossings, traffic lights, junction improvements (not just Elland bypass)
- Travel in crisis – mental health
- Care closer home – isolation/staff determine visiting
- Care closer to home – not always accessible
- Better built environment for wheelchairs
- More mobile services/units
- Information on how people can travel in an urgent care situation
- Part of a longer term plan at least 2030

What could be done now

- **Parking:** cycle park, permits and reserved or pre-booked spaces,
- **Access:** communication: key messages urgent and emergency care, accessible literature, work with equality groups
- **Travel between sites:** Review the shuttle bus
- **Public transport:** attitude of bus drivers, announce hospital stops, appointment times, transport info, integral transport plan

What could be done now

- **Reduce travel:** use skype and technology, reduce referrals from NHS Direct/111, hospital sign posting
- **Discharge/PT:** Patient taken to discharge lounge, accessible transport for visitors, continue Age UK discharge scheme, notice given on arrival of patient transport
- **Greener:** cycle scheme
- **Other:** OBC and transport strategy to be considered together, ambulance strategy, travel in a crisis (mental health), travel in an urgent care situation, create a longer term plan 2030+

What could be in future plans

- **Parking:** drop off zone, parking charges, increase parking, designated bays/permits, technology, barrier access
- **Access:** Improve signage, accessible literature, work with equality groups
- **Travel between:** regular direct bus and hub
- **Public transport:** address service in rural areas, NHS subsidy, appointment times, bus stops, direct bus from stations, bus in hospital grounds, single hospital ticket, integral transport plan

What could be in future plans

- **Reduce travel:** use skype and technology, CC2H parking/access, better care pathways (one stop)
- **Discharge/PT:** Patient supported to transport collection lounge, change name of discharge lounge, address reliability and times of patient transport
- **Greener:** electric car parking and sockets, cycle scheme
- **Other:** improve junctions, crossings and traffic lights, accessibility of CC2H and appointment system, better built environment for wheelchairs, more mobile services

What can't we do?

- **Parking:** Charges
- **Access:** GP support for urgent care
- **Travel between sites:** regular direct bus and hub
- **Public transport:** address service in rural areas, direct bus from stations
- **Reduce travel:**
- **Discharge/PT:**
- **Greener:** air quality
- **Other:** address social isolation of CC2H

Considerations for the group

- **What can be done now:**

Q. if not this group who?

Q. If it is this group, are these the reference group conversations we want to have, and how?

- **What could be in future plans:**

Q. Do we want to explore these further with the reference group and make recommendations?

- **What can't we do:**

Q. What are our messages?



| RIGHT CARE | RIGHT TIME | RIGHT PLACE

How do people want to be involved?

How do people want to be involved

KEY THEMES		Paper	Virtual Group	Meetings	Social Media	Phone survey	Response (24)
	Parking	11	12	7	5	6	12
	Access	11	11	8	6	4	11
	Travel between hospitals	13	12	7	5	4	13
	Public transport	13	11	8	7	4	13
	Reduce travel	13	12	8	5	3	13
	Discharge / patient transport	11	10	6	5	2	11
	Greener Transport	12	10	6	5	3	12
	Response (24)	13	12	8	7	6	

Reach



Calderdale	11
Greater Huddersfield	14
Other/no response	4
Physical Disability	8
Sensory Disability	9
Mental Health	5
Learning Disability	3
Long term Condition	9
Young Carers	3
Adult Carers	5
Ethnicity	18
White British 12 BAME 2 All 4	18
Children (0-16)	4
Young Adult	8
Adult	13
Older People	17
Other age	0
LGBT	4
Other groups	7

Buddy scheme

- Using the themes and reach – can we identify who's experience we want to capture?
- Mode of transport/journey
- Representation from Greater Huddersfield and Calderdale
- Who would like to be involved?
- Create a story board – film, voice, story
- Set up the sessions through the Summer