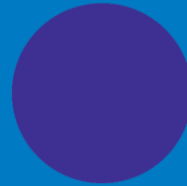


Travel and Transport Reference Group



RIGHT CARE
RIGHT TIME
RIGHT PLACE

Monday 19th June 2017
Brighthouse Civic Hall

Welcome

Mike Grady

Independent Chair

Travel and Transport Working Group

Housekeeping



Agenda

- 10:45 - Welcome and introductions – Chair
- 11:00 – Where are we now? – Jen Mulcahy
- 11:10 – What have people already told us?- Dawn Pearson
- 11:30 – Travel and Transport Working Group - Chair
- 11:35 – Comfort break
- 11:50 – Table activity introduction – Dawn Pearson
- 11:55 – Table activity and feedback - All
- 12:40 – Table activity introduction - Dawn Pearson
- 1:00 – Next steps, close and thanks - Chair
- 1:15 – Lunch and networking

We're here to talk and work together

- A few ground rules
 - Open discussion
 - Share information
 - Debate the issues
 - Hear different people's points of view
 - Listen to other people without interrupting
 - Seek clarification
 - Give time for people to have their say
 - Help everyone to take part



Travel and Transport Working Group

**To advise, inform and provide expert input
on transport and access matters**

- Representatives from
 - West Yorkshire Combined Authority (WYCA)
 - Council Highways & Transport
 - Healthwatch
 - Upper Calder Valley Sustainable Transport
 - Calderdale and Huddersfield Foundation Trust
 - Calderdale and Greater Huddersfield Clinical Commissioning Groups.
- Public input via reference group

Travel and Transport Working Group

- Independent Chair – Mike Grady
- Two meetings in May
 - Update on feedback from public consultation.
 - Plans for A629
 - WYCA Transport Strategy

Where are we now?



Jen Mulcahy, Programme Manager
Right Care, Right Time, Right Place

Where are we now?

Full Business Case (FBC) and other documents

- Capital FBC – Calderdale and Huddersfield Foundation Trust (CHFT)
- Other documents - CCGs
 - a) Any changes made to clinical standards are in the proposed model – check the outcomes are still the same
 - b) Refresh the Ambulance Travel Analysis
 - c) Community Services can support the proposal
 - d) Refresh the Quality Impact Assessment
 - e) Refresh the Public Travel Analysis

Where are we now?

Next Steps

CCGs' Governing Bodies – considerations

- Is the FBC in line with the model on which we consulted?
- Is the FBC affordable to Commissioners?
- Does the FBC improve the financial sustainability of the health system?

Joint Health Scrutiny – 21st July

- Consider whether their 19 recommendations have been addressed

Travel and Transport

Key themes



Dawn Pearson, Engagement Manager
NHS Calderdale and NHS Greater Huddersfield
CCGs

Key message from local people

‘Any barriers to parking, travel and transport should be addressed with a clear plan which takes account of diversity and locality when planning services’

What else do we know?

Engagement April –July 2014

- Travel and transport needed further consideration as people could neither afford the time to travel; the cost, or find suitable parking on premises. People want services to be based locally
- Participants were generally in agreement that they want services closer to home, delivered by the right staff in the right setting with transport and estates considered.

What local people told us

- **Local** As many services as possible close to home in local settings, e.g. doctors surgeries with better waiting and appointment times
- **Individual** Services coordinated & focused around a person's needs
- **Caring** Staff who are caring and competent and treat people with dignity and respect
- **Quality** Services properly planned and resourced, with quality maintained and a reduction in delays and waiting times
- **Prevention** More information about looking after themselves including mental health
- **Access** Services everyone can access, responsible and flexible, using technology to support people
- **Without Boundaries** remove any organisational boundaries that exist between different agencies providing care.
- **Transport** address travel and transport.



Travel and transport – considerations

Urgent care:

- 41% under 15 minutes
- 56% 15-60 minutes (42% wanting under 30 minutes)

Planned care:

- 32% under 15 minutes
- 60% 15-60 minutes (31% wanting under 30 minutes)

How people travel - average across all three responses:

- 80% use a car/taxi – concerns about cost – parking/journey
- 35% use public transport - concerns about getting to early appointment, services not on bus routes, cost
- 20% supported transport – concerns about access including wheelchair access, long journeys

Consultation Key Themes

Consultation March – June 2016

- Greater Huddersfield respondents particularly worried
- Impact of increased travel times on patient safety
- Main concern – Elland Bypass congestion
- Access to and cost of public transport
- Car parking at Calderdale Royal Hospital

Top 5 themes by service area

	Emergency	Urgent	Planned	Maternity	Children	Community
1	Travel	Implementation	Travel	Implementation	Travel	Access
2	Implementation	Operational	Implementation	Travel	Operational	Operational
3	Estates & Buildings	Staff	Estates & Buildings	Patient Experience	Access	Staff
4	Putting Lives at risk	Travel	Operational	Operational	Implementation	Implementation
5	Consultation Process	Access	Finance	Finance	Staff	Finance

Travel times – Concerns

- Greatly affect the length of journeys, particularly to emergency care
- How long it takes for people in Huddersfield to get to CRH in an emergency
- Travel time - important factor in patient wellbeing and mortality rates; people could die while travelling to CRH
- Access for visitors travelling to see patients
- Traffic congestion

Travel Access – Concerns

- Difficulty in accessing transport (public or private) for longer journeys to receive care
- Location and ease of access to public transport for the local population, including older people
- Roads and networks, particularly Elland Bypass
- Transport for visitors
- Cost of public transport, taxis and parking

Equality groups

Equality groups can be impacted differently by;

- cost of transport
- ability to travel
- access to private transport

including disabled people, BME, LGBT and carers, older and younger people and those living in poverty

‘Do you think you will be negatively affected by our proposed changes’

Travel access was a particular concern for;

- People aged 0-30 years and 61+
- Disabled people
- Women
- *‘Other White’ ethnic background and Mixed or multiple ethnic groups
- Christians and *Buddhists
- *People that have had a baby in last 6 months

*small numbers

‘Please tell us if there is something that you think we could do to improve travel, transport and parking?’

For equality groups these themes emerged;

- Disability – more spaces and free parking
- Wheelchair accessible taxi’s
- Think about impact on older people
- A free Shuttle bus which allows children
- Priority parking for parents, those with long term conditions or terminal illness
- Think about poverty and costs of transport

Healthwatch: key findings

Q1. How will the proposed changes affect you and your family?

- Further to travel
- Risk to personal health
- **Bad traffic/roads**
- **Transport issues**
- Difficult from certain locations
- Overloaded services

Overarching theme from responses is accessibility

Stakeholder Event: September 2016

Key messages/ green flags

- Communication
- Case studies and stories
- Explain the difference between EC and UC
- Impact on GP services
- **Travel concerns**
- Workforce planning

Solutions

- Sufficient car parking
- Park and ride schemes, including improvements to the shuttle service
- Improved bus service or dedicated service
- Road improvements – Elland bypass is the main concern and requires a solution to provide confidence it will improve
- People need assurance on ambulance journey times and confidence from the ambulance service it can work

Solutions

- Solutions to travel for people having planned care needs consideration – parking spaces, time of appointments and procedures and visiting
- Need to be clear on travel that we address both travel for urgent and emergency in an ambulance and routine travel to receive a service – different issues
- Relax parking charges
- Reduce the need to attend hospital and ensure care is closer to home or technology is an option for patients i.e. facetime/skype

Travel and Transport Working Group



Mike Grady: Independent Chair

Parking	Access	Travel between hospitals	Public transport	Reduce the need to travel	Discharge and patient transport	Greener transport
Improved parking at CRH – car park surrounding streets	Equality/ vulnerable groups have good access	Better journey time between the two hospitals	Improved bus links between sites. Including; more frequent & express buses, quicker journey times	Use technology to provide access to mental health advice	Improve patient transport with better access to hospital sites	A positive contribution to improved air quality
Staff parking	Effective travel information available	Regular, accessible shuttle bus between sites	Sustainable transport service	Access to virtual health advice and clinics	Consider length of journey and the times of discharge	Efficient transport movement
	'Where to go for what' information available - signposting	Know what good looks like following reconfiguration	Accurate and clear information about public transport	Skype/video technology used to reduce travel	Improve patient experience	Public transport service that reduces car use
	A range and choice of appointments for planned and outpatient care		Increase the types of public transport for both hospitals	An APP for a phone or tablet that can help plan your journey		
	Transport/ parking affordable		Park and ride facilities			

Comfort break

15 minutes



Activity 1

Table discussions

11:55-12:30

Q. Is there anything else we need to know?

Q. What do you think the key areas are?



Pop up feedback

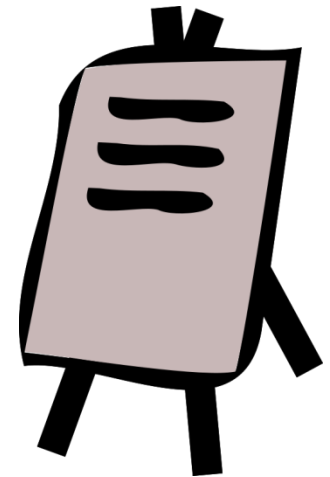
(2 green flags from each table)

Activity 2

12:40-1:00

You will all have a form to complete. We want to know a bit more about you and who you can represent. **Please fill in the form.**

Use the number (in the right hand corner of your form) **to tell us how you want to be involved** and what you want to be involved in.



Next steps, close and thanks

Mike Grady

Independent Chair

Travel and Transport Working Group

Lunch and networking

