



## **Response to Proposed Changes to Hospital A&E & Urgent Care at Huddersfield Royal Infirmary and Calderdale Royal Hospital**

### **Executive Summary**

This response proposes a programme of partnership working between the CCGs, the hospitals, WYCA, Calderdale and Kirklees MBCs, transport operators and a range of interested groups and bodies to:

- Formulate and implement a Comprehensive Transport Plan for staff, patients and visitors for the 2 hospitals
- Develop the proposed Transport Group as an integral part of the planning and implementation process (to include representation for the Sustainable Transport Group)
- Work to develop a range of sustainable bus and rail options for staff, visitors and patients, including an inter-hospital shuttle, new and enhanced bus services from the Upper Calder Valley, and direct train services between the Upper Calder Valley and Huddersfield
- Safeguard and, where possible, improve access to the hospitals for people most disadvantaged by geography, lack of access to a car and/or a bus service, and relevant disabilities

### **Introduction to the Upper Calder Valley Sustainable Transport Group**

The Group was originally formed as part of Yorkshire Forward's renaissance towns initiative just over 10 years ago. The Group addresses issues across all modes of transport affecting the Upper Calder Valley (UCV) and beyond. It is managed entirely by volunteers, all of whom have specialist interests and expertise in the modes of transport – car, bus, rail, water, walking and cycling.

### **Overview**

The proposals to re-configure hospital services, in particular A&E and Urgent Care, offer an opportunity to review current public transport services to each hospital. The Group is in a position to assist in developing an integrated transport planning approach and suggest a package of proposed enhancements which would mitigate some of the negative effects of the changes on public transport travel times for in-patients, out-patients and their visitors (see Jacobs, *Travel Analysis Report*, 2014).

There would also seem to be an opportunity to seek Government seed-corn funding to support enhanced public transport services as part of the hospital re-configuration proposals themselves. The Jacobs report appears to overestimate car ownership in the districts and underestimate car journey times from the UCV at weekday peaks, and so public, shared and social transport provision is even more critical than has been suggested.

The Group believes that, as a general principle, health and other services should be located as close as possible to service users in order to reduce travel times and in particular private car use. We therefore support a shift to community health services, wherever possible, using and expanding capacity in the UCV.

### **Key Principles**

**Patient-centred transport:** we support proposals for public and social transport provision that are patient-centred and determined by optimum health and social outcomes for the community

**Sustainability:** we put forward proposals which would make a positive contribution towards integrated, sustainable, public transport networks

**Cleaner air:** the CCGs should work to encourage modal shift from private car transport towards increased use of public, shared or social transport when accessing healthcare so as to take advantage of the known health benefits of emission reduction; vehicles providing public and hospital-specific services should be zero (or at least low emission) vehicles

**Partnership working:** the CCGs, West Yorkshire Combined Authority, the two metropolitan district councils, transport operators, patients and interested local and regional groups should work together to secure transport improvements in line with hospital reconfiguration

### **Initial Outline Proposals**

**Collaboration:** the Group supports the proposal to establish a Travel Group, as set out in the consultation document. We have already asked to join the group so as to make sure that implementation takes account of the travel needs of residents in the Upper Calder Valley and other remote rural districts.

We are using this opportunity to propose a number of possible transport solutions for consideration:

**Inter-hospital Shuttle:** There needs to be a dedicated, frequent, daytime and evening circular shuttle bus service – available to the general public – between Halifax bus station, Halifax railway station, Calderdale Royal Hospital (CRH), Huddersfield Royal Infirmary (HRI), Huddersfield railway station and Huddersfield bus station. This service should be specified for low-floor, low- or zero-emission vehicles with sufficient capacity at peak times, integrated into low-cost ticketing arrangements.

### **Patient transport Services:**

- 1) Local bus and train operators, including Calderdale Community Transport and other providers, should be consulted to establish an integrated approach to non-urgent patient and visitor transport, which reconfigures services to make best use of available capacity and resources.

**Public Bus Services:**

- 2) The current 'Hub & Spoke' model for public bus service patterns should be revisited in consultation with the Combined Authority (Metro), and a 'ring' or 'mixed' model considered, where more appropriate to the healthcare needs of the patient and visitor populations.
- 3) It would seem relatively easy to divert from King Cross two of the inbound and outbound 10min interval 590/2 buses from the Upper Calder Valley every hour to serve CRH, then Halifax railway station en route to and from their normal terminus at the bus station and vice versa.
- 4) The CCGs should approach the Combined Authority for a major review of the 900/1 bus routes from Hebden Bridge to Huddersfield to explore whether the service could be extended to include Todmorden, whether there could be a limited-stop express service at peak times through Copley and Elland or Greetland, and whether some or all journeys could be routed via the HRI site. This review should take into account planned remodelling of roads on the Salterhebble junction close to CRI, and should also explore the possibility of re-engineering of the A629 Elland Wood Bottom/ Calderdale Way to achieve priority for ambulances and buses .
- 5) Assuming greater emphasis on the use of Todmorden Health Centre and Hebden Bridge Valley Road Medical Centre, local 'hilltop' bus operators should enhance their services to these facilities.
- 6) If plans for improved bus/rail interchange at Halifax railway station bear fruit, then the opportunity should be taken to improve services which feed both hospitals outbound from the town itself and inbound from the surrounding communities.
- 7) There should be consideration of a new service to Halifax via Old Town, Heights Road, Midgley and Luddenden, Tuel Lane, Copley, CRH and the railway station to Halifax bus station.

**Rail Services:**

- 1) The CCGs should actively support rail service improvement. Major rail infrastructure and service improvements are currently being developed for both the Huddersfield and Calder Valley routes by Rail North, Network Rail, Arriva Rail North and TransPennine. Easy access to healthcare services needs to be considered as an integral part of these developments.
- 2) The group has long advocated a regular (at least hourly) direct rail service connecting the Upper Calder Valley with Huddersfield. This service should connect into the inter-hospital shuttle bus.
- 3) Rail services on the Penistone line into Huddersfield need improvement, and could again connect into the inter-hospital shuttle bus.

**Travel by road:** Major improvements to the A629 at Salterhebble should be seen as imperative and need to be completed before the hospital reconfiguration takes effect.

**Hospital parking:**

- 1) Consideration needs to be given to space-efficient means of increasing car parking provision at both hospitals.
- 2) In order to reduce emissions in the hospital area and encourage use of cleaner cars, electric charging points should be introduced and priority spaces allocated to low emission cars.

### **Conclusions**

The Upper Calder Valley Sustainable Transport Group is in a good position to participate in an integrated transport planning approach and assist the CCGs to review current transport provision for non-emergency in-patients, out-patients and visitors. There needs to be a Comprehensive Transport Plan which can be seen as an integral part of implementing changes to hospital services in the best interests of the districts' populations as a whole.

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### **References**

Jacobs Report, *Travel Analysis Report*, 2014

Urban Transport Group, *Making the connections: The cross-sector benefits of supporting bus services*, 2014 (esp. pp. 108-115)

### **Distribution**

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