

Travel and Transport Report

1. Purpose of the report

The purpose of the report is to present the findings relating to travel and transport that have emerged from previous engagement and consultation as part of the hospital and community services Right Care, Right Time, Right Place programme. The views of local people have been gathered throughout the period of March 2013 to June 2016.

The report will describe the level of responses received, the key overarching themes and in particular the equality considerations that need to be taken into account as part of any future service development.

2. Travel and Transport Findings

2.1 Key emerging themes from the composite report

A composite report was produced which highlighted all the key themes from previous engagement and consultation activity between March 2013 to December 2015. From these findings the organisation identified 12 key themes that we should take into account when planning any future service. The key theme for transport is below:

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

Targeted engagement with people who use 'Patient Transport' services has been included in the composite report. It is worth reporting however, the key themes from this specific piece of engagement. Responses were received from **406 patients** living in Calderdale and Greater Huddersfield, people told us:

The things that work well:

- Majority of patients are happy with the service and are very appreciative of the service
- Many patients have a high praise for the staff who they describe as friendly, polite, helpful, caring and pleasant.
- Most patients explained how they are extremely grateful of the support from the drivers
- Advance calls from drivers to inform patients they were on their way or if there was a problem was valued highly

The things that could be improved:

- Timing of journeys – particularly for outpatients and renal either too late or too early, or long waiting times to go home without refreshment or assistance for toileting
- More staff and greater knowledge of local area.
- Not knowing when vehicle is going to turn up to collect them for appointment
- Wrong type vehicles being ordered – GP and Hospital issues

- Renal patients have particular issues pertinent to their condition. Longer waiting times impacts adversely on their treatment
- Safety and comfort, vehicles being described as old, uncomfortable and seatbelts not feeling secure
- Accessibility – lack of access for wheelchairs if manual or not specified acceptable type

2.2 Key emerging themes from engagement and pre-consultation engagement

The first phase of engagement took place between April and July 2014. The focus of the Providers' engagement was to gather views on the ideas set out in the Strategic Outline Case (SOC). The full SOC document was made public on the Right Care, Right Time, Right Place website. The focus of the Commissioners' engagement was to gather views on the commissioning intentions as part of the five year plan.

In total we received **2,475 responses** with the majority 85% of these responses on the Strategic Outline Case (SOC) and the remaining 15% on the CCGs commissioning intentions. The key themes for transport were:

- 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.

As part of our pre-consultation engagement process we wanted to ask more questions on hospital care. This included the services people think are best delivered in a hospital setting and what services are better placed in the community. We needed to do more engagement to help us understand the following service areas:

- Emergency and urgent care
- Hospital services
- Services as part of the Care Closer to home model for Calderdale and Greater Huddersfield, and
- Maternity and paediatrics

From this activity the CCG wanted to further understand any impacts for service change, including what will work, how far people are prepared to travel to receive different types of service and any planned or unplanned care they may need. In total we gathered **654 responses**.

We asked how far people would be prepared to travel to receive treatment in an urgent care situation or to receive services for planned care. The responses we received are as follows:

In an **urgent care** situation those responding told us:

- 41% of people want to travel under 15 minutes,
- 56% of people will travel 15-60 minutes (42% of those wanting under 30 minutes)

This response coincides with the findings from previous urgent care engagement that told us most people want to receive an urgent care service in a local setting close to home. In addition that the highest priority for an urgent care situation is to be seen and to access a service straight away.

We then asked people how far they would be prepared to travel to receive treatment in an planned care situation. The responses we received are as follows:

In a **planned care** situation those responding told us:

- 32% of those responding wanted to travel under 15 minutes,
- 60% of those responding wanted to travel 15-60 minutes (31% wanting under 30 minutes)

In comparison to urgent care the distance people were prepared to travel has increased for planned care. We asked people how they usually travel, the figures told us:

- 80% use a car or taxi – those responding had concerns about cost of parking or journey cost
- 35% use public transport - those responding had concerns about getting to early appointment, services not on bus routes, and the cost and convenience of travel for a long distance
- 20% had supported transport – for this service there were some concerns about access including wheelchair access and journeys on patient transport taking too long.

2.3 Travel and transport – focus group response

We held a number of focus groups as part of the engagement process. Focus group responses provided extra intelligence on travel and transport. People told us:

- I would travel as long as the service is good and I receive the appropriate care
- I will travel as long as I am seen at my appointment time or within 15 minutes of the time given
- Concerns that patient transport does not take wheelchairs other equipment to support independence on arrival at hospital
- Patients also need to get home safely, not just arrive in hospital safely
- A many services as possible should be within a 15 mile radius
- Journey times were exhausting, early collection, long journeys and the same again to return home, a full days travel to have a 10 minute appointment
- Travelling too far can make an illness worse
- People want to understand the risks of longer journeys
- Cost of travel and affordability needs to be considered on an individual basis – solutions to help people in these circumstances need to be put in place
- Parking charges should be exempt for people whose relatives are in hospital for a long period or with a serious condition or require over 2 weeks stay
- Any services that can be delivered closer to home should be

Travel and transport in relation to maternity services

- Transport and travel are key including getting about in the latter stage of pregnancy and considering people who have other children and also don't drive. Designated parking spaces with longer waiting allowances for parents
- Parents want to have good equipment in the right location with access to services if things go wrong – this included home birth transfers and access to consultants whilst in hospital

Travel and transport in relation to paediatric services

- Parents want services close to home with limited travel time and have described their GP practice as their preferred contact point in an urgent care situation which has the right equipment and staff to deal with a range of urgent care situations
- Children and young people also prefer the GP as the first point of contact in an urgent care situation and want to be seen straight away in services near to where they live or close to home on good bus routes

Travel and transport in relation to carers

- Travel and parking was raised as an issue. Carers said that parking concessions are important and that carers can be restricted from travelling further away.
- Relatives / carers would appreciate parking concessions if patient has a longer stay in hospital.

Travel and transport for people with a disability

- Location of services was noted as important to consider – the area has many hilly areas which can be inaccessible for people with mobility impairments. Accessibility should be considered in a wider context than the building itself.
- Access to wheelchair friendly transport, many wheelchair users require a carer to accompany them, consider whether wheelchair accessible travel is available after 5pm
- 'Disability equipment' (e.g. wheelchairs and other mobility aids) should be transported with the patient both to and from the hospital / point of care. This was important for the dignity and independence of the patient. It was noted that currently separate transport for equipment was needed for homeward transport.
- Hospital transport was noted as particularly requiring improvement, with very long journeys involving many stops that could mean a hospital appointment resulting in a pick-up at 9am and a drop off as late as 7pm. This could have a particular impact for patients with diabetes who need to eat regularly.

2.4 Key emerging themes from consultation

The consultation for hospital and community services ran from March to June 2016. In total there were 7,582 survey responses with 27.8% of residents responding living in Calderdale, 69.1% from Greater Huddersfield. There were 3.1% were classed as 'other'. From this 342 (4.5%) respondents

said that they were a member of staff, mainly from Calderdale and Huddersfield NHS Foundation Trust and NHS Greater Huddersfield CCG.

The independent report of findings set out six key areas for focus, taken from all the evidence reviewed. One of these key areas was travel and transport which stated that:

- Respondents from Greater Huddersfield were worried about the impact of increased travel times, in particular for access to emergency treatment at Halifax. This was seen as a reason for A&E services to be retained in Huddersfield.
- Ease of travel between the two towns was also raised by respondents. Congestion on the Elland Bypass, which is the primary route between Huddersfield and Halifax was frequently raised
- Access to public transport. Increased travel costs and adequate facilities for car parking at Calderdale Royal Hospital were also mentioned by respondents.
- The additional demand on ambulance services led respondents to believe that there would be a delay in response times and availability to transport those with life threatening conditions.

The most commonly reported themes relating to travel and transport from the consultation on hospital and community services, are also listed below. The themes predominantly relate to two areas; travel times and travel access.

Travel times:

- Responses state that the proposal would greatly affect the length of journeys the public take to receive care, particularly emergency care
- Comments relate to either the length of time taken to reach CRH or another proposed site, or relate to the distance to travel
- Respondents express concern over how long it would take for Huddersfield residents to reach CRH in the case of an emergency and state that travel times are an important factor in patient wellbeing and mortality rates
- Respondents state that people could die while travelling to CRH because of the length of time taken to reach the emergency centre
- Responses link travel times with putting lives at risk and also with a proposal for services to remain as they are (especially A&E in Huddersfield)
- Respondents link travel times with access and express concern for visitors who would be travelling to see patients
- Respondents express concern over the extra ambulance travel time and response times
- Responses state that traffic congestion would have an effect on the length of journeys.

Travel access:

- Responses state that the population would face difficulty in accessing transport (public or private) in order to make longer journeys to receive care, in particular from Huddersfield to Calderdale. This is a common response throughout all questions.

- Responses express concern about location and ease of access to public transport for the local population, including the elderly.
- Responses highlight access to roads and networks, particularly the Elland Bypass, as a problem when travelling. Responses link with those about travel times/distance
- Responses express concern about access to transport for visitors who would be worried about visiting family or friends who could be based at either site
- Responses link with those about the cost of public transport and taxis, with many explaining that having to use either would incur extra personal costs

2.5 Key findings and themes relating to each proposal on travel and transport

Proposal	What worries you/do you not like about our proposed change to...? <input type="checkbox"/> I will not be able to travel to get the care I need	What do you like about our proposed change to...? <input type="checkbox"/> I will be able to travel to get the care I need	Travel and transport themes
Emergency	Calderdale: 24.7% Greater Huddersfield: 58.7%	Calderdale: 37.9% Greater Huddersfield: 5%	<p>Ambulances – times: Responses that are linked to the length of the journey it would take ambulances to reach destinations</p> <p>Travel – access: Responses that relate to how changes will effect access transport to travel (including public transport) to ultimately access to services</p> <p>Travel - car parking at Calderdale: Responses linked to the current problem of parking at CRH</p> <p>Travel – costs: Responses that express concern over the cost of travel</p> <p>Travel – evidence: Responses that critique evidence used to explain or inform travel times</p> <p>Travel – times: Responses that relate to how changes will effect travel times (including distance)</p> <p>Using technology to overcome physical distance: Responses that suggest better use of technology to overcome distance and current challenges</p> <p>Shuttle services: Responses suggesting a shuttle service from one hospital site to the other</p>

Urgent	Calderdale: 19.3% Greater Huddersfield: 36.7%	Calderdale: 40.7% Greater Huddersfield: 14%	Ambulances – times: Responses that are linked to the length of the journey it would take ambulances to reach destinations Travel – access: Responses that relate to how changes will effect travel and ultimately access to services Travel - car parking at Calderdale: Responses linked to the current problem of parking at CRH Travel – times: Responses that relate to how changes will effect travel times (including distance)
Planned	Calderdale: 28.9% Greater Huddersfield: 27.5%	Calderdale: 31.8% Greater Huddersfield: 18.5%	Travel – access: Responses that relate to how changes will effect access transport to travel (including public transport) to ultimately access to services Travel - car parking at Calderdale: Responses linked to the current problem of parking at CRH Travel - car parking at other sites: Responses that express concern over the car parking (spaces, access) at the other sites Travel – costs: Responses that express concern over the cost of travel Travel – times: Responses that relate to how changes will effect travel times (including distance)
Community	Calderdale: 15% Greater Huddersfield: 22.9%	Calderdale: 42.4% Greater Huddersfield: 22.7%	Travel – access: Responses that relate to how changes will effect access transport to travel (including public transport) to ultimately access to services Travel - car parking at Calderdale: Responses linked to the current problem of parking at CRH Travel – times: Responses that relate to how changes will effect travel times (including distance)
Paediatrics	Calderdale: 13.2% Greater Huddersfield: 37.2%	Calderdale: 26.5% Greater Huddersfield: 6%	Travel – access: Responses that relate to how changes will effect access transport to travel (including public transport) to ultimately access to services Travel – costs: Responses that express concern over the cost of travel Travel - times: Responses that relate to how changes will effect travel times (including distance) Travel – visitors: Responses expressing concerns of difficulty for people visiting
Maternity	What would improve our proposed change to maternity services? Please tick all that apply. <input type="checkbox"/> Being able to travel to get the care I need Calderdale: 20.9% Greater Huddersfield: 25.4%		Travel – access: Responses that relate to how changes will effect access transport to travel (including public transport) to ultimately access to services Travel – times: Responses that relate to how changes will effect travel times (including distance) Travel – visitors: Responses expressing concerns of difficulty for people visiting

2.6 Travel and transport question

As part of the consultation document the CCG asked a specific question on travel and transport. There were **2542 responses** to this open question. The comments tended to reflect the general concerns already highlighted throughout the consultation responses. Nearly all the responses set out concerns relating to travel and access when considering the proposed changes. The question and responses are set out below.

Question 11 asked: ‘Please tell us if there is something that you think we could do to improve travel, transport and parking?’

The following tables of ranked themes for travel ideas shows little difference between themes for residents living in Calderdale and Greater Huddersfield.

Table showing themes across question 11 - all residents:

Rank	Top themes for all residents	Number of people responding
1	Travel – car parking at Calderdale	1829
2	Travel – access	1563
3	Travel – alternative suggestion	1165
4	Travel – costs	1012
5	Travel – car parking at other sites	794

3. Equality – Key themes for travel and transport

To determine those protected groups most affected by the impact of travel and transport an analysis was undertaken of the EHIA to extract the issues raised through the consultation. Given so many people raised concerns about travel, transport and parking it has been hard to identify any particular groups feeling differently to the majority.

3.1 Key themes

Open question responses;

For people **whose postcodes indicate they are living in a deprived area** the key themes identified for this group;

- **Travel times** for people needing emergency care
- People in Greater Huddersfield feel concerned by **increased travel**
- They felt that no ideas were presented on how to deal with **travel impact**

Emergency and Acute Care closed questions:

Summary of feedback includes;

Disabled people

- 706 disabled people responded they were worried that they will not be able to **travel** to get the care they need.

- The highest areas of concern were about **travel** to get the care needed (29.4% of all responses)
- Carer's responses mirrored disabled

Urgent Care closed questions

- People aged 65 and above responded **slightly higher to not being able to travel to get the care needed (25.9%)**

Disabled people and Carers

- The highest area of concern for **disabled people is around travel** to get the care needed (25.7%)

Religion

There is **no significant variation** from people with differing belief and religions. There are some small fluctuations from the general responses for **Muslim people**. They are most worried about **travel**

Pregnancy and Maternity

The highest area of concern is around **travel to access (45 people) urgent care**

Planned Care – closed questions

- The highest area of concern generally was **travel**

Disabled people and Carers

- The highest area of concern is **travel**.
- The highest area of concern for **carers is travel**

Ethnic groups

- There is no significant variation in the responses across different ethnic groups, however **Asian/Asian British - Pakistani** people (46.7% from those giving responses to this question - 86 responses) and **African heritage** (50% from 5 responses) felt concerned about **not being able to travel** to get the care needed

Paediatric Care – closed questions:

Age

- Generally people responded more negatively to this area of the proposal. (8673 negative responses compared to 5767 positive). The highest area of negative responses were for **travel**, and been seen and treated quickly

Disabled people

Responses for disabled people and carers follow the general trend for this area of the proposal

- The highest area for concern is **travel** and not been seen or treated quickly. 27.6% of responses from disabled people raised travel concerns

Community Services – closed questions:

Age

- For positive views, **the highest response was for travel**. This may be due to people being able to access services within health centres that may be closer to home

Disabled people and Carers

- The highest responses for **positive views are for travel**, this may be because it is closer to home
- There were similar numbers of carers responding **positively to travel**. This suggests that personal circumstances that affect travel may differ

3.2 Themes by proposal

Areas of proposal	Variations of responses from people with protected characteristics compared to all responses for each open ended question
<p>Question 10</p> <p>‘Do you think you will be negatively affected by our proposed changes’</p> <p>If yes tell us more;</p>	<p>Top themes from all respondents include travel times, putting lives at risk, feasibility of proposal, meeting population needs and concern how decisions are made.</p> <p>From analysing data from protected groups further information includes:</p> <p>Travel Access was a concern for;</p> <ul style="list-style-type: none"> • People aged 0-30 yrs, 61 yrs and above • 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
Emergency and Acute Care	Top themes include travel times , feasibility of proposal, putting lives at risk, wanting services to remain and travel access.
Urgent Care	<p>The top themes for Urgent Care raised by all responses include: feasibility of proposal, access to staff, concern with GP capacity, NHS 111 service and Proposal for services to remain.</p> <p>From analysing data from protected groups the exceptions to the above themes include:</p> <p>Travel and transport:</p> <ul style="list-style-type: none"> • Disabled people are concerned with travel access • Asian/Asian British people are concerned with travel access • Young people are concerned with travel access
Planned Care	<p>The top themes for Planned Care raised by all responses include Feasibility of proposal, Travel access, Urgent and emergency care impacts, travel times and funding concerns.</p> <p>From analysing data from the protected groups the exceptions to the above themes include:</p>

	<p>Travel and transport:</p> <ul style="list-style-type: none"> • *Buddhists were concerned with travel costs • *Sikh people were concerned that there would be travel difficulties for people visiting patients in hospital.
Maternity Services in the community	The top themes for maternity services raised by all responses include concerns with feasibility of proposal, service reduction, personal care budgets, travel times and irrelevance of question.
Paediatric Care	The top themes for Paediatric Care raised by all responses include travel times , wider services impact, support for the proposal, travel costs and travel for visitors.

*small numbers

3.3 Travel and transport question

Question 11 'Please tell us if there is something that you think we could do to improve travel, transport and parking?'

There were 2542 responses to this open question. The comments tended to reflect current concerns regarding travel and access for the proposed changes to services. Looking in detail at the comments for equality themes the following themes emerged;

- Disability – more/free parking
- Wheelchair accessible taxi's
- Older people
- Shuttle bus – free - Children
- Priority parking for parents, those with long term conditions – terminal illness
- Poverty and costs of transport

3.4 Narrative on responses about improving travel, transport and parking

However we do know that some groups are impacted differently due to a number of factors; **cost of transport** will have a different impact on those in poverty and some people are **less likely to have access to private transport**, for cost or other reasons.

These groups are likely to be; **disabled people and carers, older and younger people. Poverty** is the major factor in this impact many **BME, LGB, disabled and younger and older people** in the area are likely to be living in poverty.

Travel, Transport and Parking	
Evidence	Mitigating / Remedial Actions
The most likely area for negative impact is for those groups who are high users of Accident & Emergency services, such as younger, older	<ul style="list-style-type: none"> • The provision of a specialist Paediatric Emergency Centre should ensure the speedy

people and locally Asian/Asian British groups.

Travel, access and parking were consistently raised as across all groups.

The negative impacts of travel are more likely to adversely affect the following people:

- Those **living furthest away** from services where public transport may be limited
- **Disabled people and those with long term conditions or reduced mobility**
- **Carers**
- **People without private transport, such as those on low incomes such as older people and young people**

Mitigation needs to address the following travel concerns raised by responses from the public consultation:

- Road infrastructure
- Travel times to access services
- Costs of travel and car parking
- Car parking for patients and visitors and disabled people

Consideration of different ideas and suggestions from consultation responses including:

- Improving road infrastructure
- Improving car parking at proposed sites
- Improving access through public transport
- Improving ambulance service and patient transport

and appropriate treatment of children and young people.

- Treatment at Urgent Care Centres in the existing locations should mean that only a very minimal number of people are travelling further to the Emergency Centre. Most will travel by ambulance, be treated on arrival of the ambulance team and in transit.
- The provision of more care locally in the community should reduce the requirement to travel for clinic appointments.
- The concerns raised about the Elland bypass may be ameliorated by works that are scheduled.
- Work with local stakeholders and representatives to develop and publicise travel information to reduce people's worries about additional travel.
- Address concerns around parking and impact on disabled people, due to current limited number of disabled parking bays.
- Ensure that priority car parking is available to families of patients who require long stays in hospital.
- Provide information in accessible formats about transport options for patients and visitors, to be available in a range of languages and formats.
- Collaboration with voluntary and community advocacy services for those who require support when using public transport. Some respondents suggested the CCGs explore supporting volunteer car schemes, particularly in rural areas.
- People on low incomes should not be disadvantaged by traveling further to a specialist hospital site using public transport. Explore opportunities to support patients and visitors travelling to hospital sites using community transport services. The CCGs should play an active role in coordinating partners to explore possible improvements.

3.5 Equality considerations

The analysis concludes that the people most affected by the issues related to travel and transport and therefore whose views should be actively sought to support the work of the travel and transport group are;

- Disabled people and carers
- Older and younger people (? parents)
- People living in deprived areas/in poverty (inc - people without access to private transport)
- Some BME groups – Asian/Asian British (inc– Pakistani), Other White groups