Secretariat memorandum	Agenda item 7
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Hospital travel plans – draft report

1   Introduction

1.1.   Travel planning is now an established process by which organisations can manage the traffic and transport impact of their operation or site. They are widely produced by schools, businesses (often as a condition of planning permission), car-capped or car-free residential development, by hospitals and more recently station travel plans have been promoted.

1.2.   The health service is said to generate 5% of all trips in London. Reducing the number and length of car trips is clearly an objective of transport policy, but also of hospital and major healthcare facility managers wanting to reduce the demands on their on-site car parking and improve access to the site by public transport, cycle and walk. Travel planning is a great tool to do this, and this report looks at best practice and lays out the key components of a good travel plan.

1.3.   Although hospital travel planning has been promoted since the 1998 Transport White Paper, 'A new deal for transport: better for everyone' (Department for Environment, Transport and the Regions), the hospital travel plans London TravelWatch has examined over the course of its work on access to major healthcare facilities are generally poor. Often they are just staff travel plans and do not include patients nor visitors despite these being overwhelmingly the largest proportion of trips to and from hospitals.

2   Best practice

2.1.   There is much best practice available. Transport for London has produced comprehensive guidance in 'Developing and implementing travel plans, A good practice guide for the NHS', (c. 2004) which it has promoted to hospitals. Despite this, much poor practice prevails.

2.2.   Travel plans are useful in their own right, but they also enable hospital management to be able to negotiate better with transport providers. TfL have told us that hospital managements can request improved services, but have no data with which TfL can justify service changes.

2.3.   Hospitals are not transport providers. That is clearly the role of TfL and other transport operators, but hospitals should have an interest in how staff, patients and visitors access their facilities.

2.4.   The Social Exclusion unit identified a problem of access to healthcare in: 31 per cent of people without a car have difficulties travelling to their local hospital, compared to 17 per cent of people with a car. Over 1.4 million people say they have missed, turned down, or chosen not to seek medical help over the last 12 months because of transport problems.

2.5.   Below is a short summary of what London TravelWatch believes makes a good health care facility travel plan. Those wishing to implement a Hospital TravelPlan are advised to refer to the excellent TfL publication mentioned in paragraph 1.4 above.

3 Components of a good health care facility transport plan

3.1.   Senior management support

A key recommendation following our work on access to hospitals is that senior management support is essential. We recommended that the hospital / major healthcare facility Board should appoint a travel and access champion at Board level.

3.2.   A budget

Travel planning should be an important part of a hospital's management of its site and access to it. There needs to be a revenue budget associated with travel planning to manage the process and promote improved facilities.

3.3.   A steering group

A good hospital travel plan will have a group associated with it taken from the hospital management, local authority, local transport operators (the bus and rail companies), patients and staff representation.

3.4.   A travel plan coordinator

It is essential that there is a member of staff able to devote sufficient time to focus on this important aspect of providing health services. Too often a Travel Plan is produced as a one-off project and not progressed.

3.5.   A site assessment

This will be site specific, but will probably include an assessment of:

- the footways – are they continuous and level, if not is there a step-free alternative?
- signs – are they clear, up to date and consistent both on and around the site, is the site legible?
- are there good cycling facilities: parking, showers changing room? Is there a users group established?
- bus stops and stands – are they close to the site entrances, well signed, have step-free access? If bus services do not come onto the site is the walk to / from the stop a good step-free one?

- rail station – is there a short and step-free one, signed to and from the hospital?
- car parking – is it managed by price and permit (blue badge, staff etc.), with the priorities well founded and rational that ensures some availability at all times? Is illegal or inappropriate parking managed on the site?

3.6.   User survey

A staff, patient and visitor survey of how users are travelling and where they are coming from is vital if hospital managers want to properly negotiate with transport providers.

It should detail:

- How staff, patients and visitors are presently travelling
- Where staff, patients and visitors are travelling from
- What are the arrival and departure times of staff, patients and visitors
- What issues do staff, patients and visitors have in travelling to and from the hospital.

This survey should be repeated periodically.

Input from focus groups looking from staff, patient and visitor perspectives should inform any plans.

3.7.   Travel Plan measures

These should respond to the various surveys and site assessments. They may be actions:

- for the hospital on their site and in how they manage their site
- by TfL and the transport providers
- by the local authority.

Most travel plans have associated promotional and awareness raising events.

3.8.   Objectives and targets

It is important that a travel plan has stated objectives and targets. These may be changes in travel behaviour, user satisfaction with travel to the site etc.

3.9.   Monitoring

Targets and objectives need to be monitored. This is best done by the steering group.