

Our Ref:
Your Ref:

25 February 2008

Cllr. Mary O'Connor
Chairman of the Joint Overview and Scrutiny Committee
London Borough of Hillingdon
Civic Centre
High Street
Uxbridge UB8 1UW

Dear Cllr O'Connor

Healthcare for London' review

Thank you for your letter of 25 January 2008 inviting a submission from London TravelWatch to the joint overview and scrutiny committee (JOSC) of 'Healthcare for London'. We are grateful to be able to comment.

London TravelWatch is the statutory watchdog set up by Parliament and sponsored by, but independent of, the London Assembly to represent transport users in London.

In March last year we convened an Access to Hospitals Task Force to consider the issues of access to hospitals because for many years we have received representations regarding the difficulties patients, staff and visitors have in getting to hospitals, particularly by public transport. In the light of the publication of the Darzi report and the subsequent PCT 'Consulting the Capital' programme we have made our response to these documents our first priority.

As an organisation concerned with travel and transport, we will not express views on the reorganisation of healthcare facilities in London except to say that world class healthcare will remain an aspiration for many Londoners if they cannot reasonably get to the sites from which those services are provided. We therefore believe it is paramount that the accessibility of any new, or reconfigured facility should be considered at the earliest possible planning stage, giving particular regard to travelling by public transport, bicycle and on foot.

London TravelWatch and its predecessor bodies have accumulated much anecdotal evidence that access to hospitals has not been taken account of early enough in the planning process. Too many hospitals have been relocated to places remote from public transport on the assumption that the transport provider, often Transport for London (TfL) buses, will be able to introduce new routes or divert others. Often this is not the case.

We know of nine particular hospitals with existing access problems, the most recent being the relocated Princess Royal University Hospital (PRUH), Orpington, which has ongoing access deficiencies.

Other issues include the non-validity of Freedom Passes for reaching out-of-London facilities (Darrent Valley Hospital, Dartford); access issues from local streets (Ealing Hospital); reluctance of hospital authorities to provide the bus stands and stops required (PRUH), and site management issues where hospital grounds have become parked up to such an extent that the bus route has narrowed to barely wide enough for the vehicle to pass and the bus stopping area at the hospital entrance is often congested (St Georges Hospital, Tooting).

Public policy on this topic is best summarised in an NHS publication by the National Institute for Health and Clinical Excellence (NIHCE) : 'Accessibility Planning and the NHS, improving patient access to health services'. It defines the aim of accessibility planning as being to promote social inclusion by helping people from disadvantaged groups or areas to access jobs and essential services (a definition derived from a report by the Government's Social Exclusion Unit in 2003).

NIHCE regards accessibility as being whether people – particularly those from disadvantaged groups and areas - are able to reach the jobs and key services they need, particularly health care, education and food shops, either by travelling to those services or by having the services brought to them (a concept derived from a Department of Health publication in 2004).

It is worth noting that outside London accessibility planning is a key principle of the Local Transport Plan process.

NIHCE proposes a specific health sector accessibility indicator, viz :

“Access to hospitals : percentage of households without access to a car, within 30 and 60 minutes from a hospital by public transport.”

From our investigations we found no evidence that the concept of accessibility planning is recognised in the health service in London.

It is clear that joint working is needed between the NHS in London, TfL and the London boroughs, at the earliest planning stage of new facilities and where changes to the siting of existing services are planned, in order to enable joined up planning for improved access to hospitals and major healthcare centres in London.

Our first recommendation is made to encourage and promote greater joint working between the health service and TfL and get the concept of accessibility planning adopted. We recommend that :

the London Strategic Health Authority and TfL should adopt accessibility planning when considering access to London's existing and planned healthcare facilities. Accessibility indicators should be developed. The London Strategic Health Authority and TfL should jointly issue guidance to primary care trusts outlining the transport planning issues to be considered to assure accessible hospitals and major healthcare centres in London and outside of London where they serve London residents.

To plan for access to hospitals and major healthcare centres, it is essential that the facility managers understand their catchment areas and have travel data for staff, patients and visitors.

Hospital travel planning is a well established process for doing this. There are examples of best practice, and committed practitioners at some hospitals. However, we believe that hospital travel planning does not get the senior management support it requires across all of London's hospitals. It is imperative that the senior management team at hospitals and major healthcare centres accept their responsibility in managing how staff, patients and visitors access their facility.

Our second recommendation therefore seeks to raise the priority that hospitals and major health care centres give to travel planning. We recommend that:

every hospital and major health care facility in London, or which serves London residents, existing or planned, should develop a travel plan which is independently audited for quality. Every hospital trust and healthcare management board should appoint a member to be the hospital travel planning champion.

Hospitals and primary care trusts are not routinely planning for travel to newly located hospitals as part of the process of developing their plans for new hospital sites.

Our third recommendation seeks to ensure best practice travel plans are a planning condition for new hospital and major healthcare centre development. We recommend that :

local Planning Authorities must make permission for any new hospital and major healthcare centre development conditional upon on the production of a travel plan demonstrating how it will serve its catchment area for patients, staff and visitors. Applicants should have to demonstrate that they have modelled their travel plan on Transport for London's: 'Best practice for workplace travel planning for New Development' and that TfL is supportive of the travel plan.

Presently TfL takes the view that all passengers' journey needs are of equal value. This view however, may conflict with the concept of accessibility planning which treats journeys to hospitals and major healthcare centres as essential and therefore as having greater priority. TfL suggested to us that one mechanism to prioritise trips to hospitals and major healthcare centres may be to increase the 'value of time' for such trips in their planning models.

Our final recommendation therefore seeks a review of how TfL models passenger trips to hospitals and major healthcare centres in its planning. We recommend :

that TfL should review its stance of treating all passengers' journey needs as being equal. It should adopt the principle of accessibility planning, and take account of the essential journey requirements of patients, visitors and staff travelling to and from hospitals and major healthcare centres.

I hope this is helpful to your scrutiny. If you require further information from us or have any questions please contact, Vincent Stops at London TravelWatch, on 020 7726 9956.

Yours sincerely

Sarah Pond
Chair of the Access to Hospitals Task Force