

1. Purpose of the report

1.1. This report seeks to update Passenger Transport Authority about GMPTE's work with the health sector to ascertain future public transport needs and contribute to modal shift. Nationally, the NHS is undergoing major changes in the delivery of services through a programme entitled 'Healthy Futures'. This is being piloted in Oldham, Bury, Rochdale and North Manchester and has reached the public consultation stage. Further, the re-configuration of Women and Children's Services will be Greater Manchester wide through a programme called 'Making it Better, Making it Real'.

1.2. These proposals are to move some services from District General Hospitals to highly specialist services based within specific Greater Manchester hospitals and more hospital services being re-located out to new build local health centres. The four main hospitals will be affected, and in addition, there will be upto 45 new large scale health centres planned for the north east sector of the conurbation.

1.3. Over the past year there have been three major consultations held with patients, health care professionals and the wider community on the proposed changes. All these consultations of which have demonstrated that both transport and general access to health care is a primary concern to users and staff alike and, therefore, become a priority issue for the health authorities.

1.4. Examples of problems that can arise from the relocation of health facilities are detailed in Appendix 1

2. How public transport contributes to Health targets

2.1 'The NHS... generates a million patient trips a day, and has been estimated to be responsible for 5% of all journeys made in the UK'. (Department of Transport, Press Notice September 1996 'Transport secretary urges hospitals to reduce reliance on the car')

2.2. Traffic levels adversely affect health outcomes through: -

- reduced physical activity
- air pollution and climate change
- reduced accessibility which affects mental health and well being

2.3 The Social Exclusion Unit* estimates that over the course of a year over 1.4 million people miss, turn down, or simply choose not to seek health care because of transport problems (Do Not Attend – DNA's). This poor access to healthcare imposes a cost on both the patient and the health provider.

2.4 Many of the major hospitals will, under the 'Healthy Futures' & 'Women and Children's' proposals, offer a reduced number of general services and become more specialist in nature. This means that people will not necessarily attend their nearest local hospital for treatment. The effect will be that fewer people will have to attend hospital because services will increasingly be located in local Health Centres, but when they do travel to hospital, they will be travelling longer distances. In addition, staff will be expected to travel to different sites in the course of a working day, with increasing pressure on car parking spaces at health facilities.

*DETR 2000 Social exclusion and the provision of public transport – Summary Report

The changing nature of the health service means that GMPTA's subsidised service criteria to the nearest local hospital will no longer adequately cover people's health services needs. Additionally it is anticipated that a reduced number of people will be travelling to hospitals which may impact on the commercial network.

2.5 Greater Manchester Ambulance Service (GMAS), as part of a national programme, are currently undergoing a review of their eligibility criteria which may ultimately result in those passengers whose needs are 'social' rather than 'medical' no longer being eligible for Patient Transport Services (PTS). This may impact on the development of the Integrated Social Needs Transport Strategy and increase pressure to extend demand responsive transport to include visits to hospitals.

'The Audit commission has shown that a proportion of people using PTS do not need specialist transport. They could get to hospital by public transport, taxi or private car.' (SEU – Making the Connections p111)

2.6 Patients displaced from Patient Transport Service may no longer have transport access to these local services at health centres and hospitals. Alternatively, increased car use to hospitals use will impact on local traffic problems.

3. Health sector contributions to the transport sector:

3.1 Developments in the Health sector can directly impact on GMPTE's key objectives of modal shift and a socially inclusive public transport service.

3.2 More localised health services should help reduce traffic to major hospitals. However, access to local health services needs to be addressed. This is currently being examined by the Strategic Accessibility Partnership for Health and Fresh Food which is a partnership of related external agencies and GMPTE. A pilot project at Newton Heath Health Centre, with the GMPTE Health Coordinator working alongside staff, has produced a guide to

establishing a Travel Plan, written by and for Health Centre staff. This will be rolled-out to Health Centres throughout the conurbation.

3.3 NHS Direct is a nurse led telephone advice centre giving people greater access to health advice without the need to travel. Over 65000 calls were taken in the first quarter of 2006 for the Greater Manchester area, many of which would previously have resulted in a journey to a doctor's surgery or hospital.

3.4 Many major hospitals are now developing Travel Plans, particularly for hospital staff, as many will work around split hospital sites and health centres. This includes Manchester Royal Infirmary, Wythenshawe and Stepping Hill Hospitals.

3.5 The Hospital Travel Cost re-imburement scheme is now being reviewed at national level as part of the delivery of the White Papers and is to be extended to include accessing local health services, as opposed the current criteria of only being eligible for hospitals treatment.

4. GMPTE's Health and transport framework

4.1 In 2004 GMPTE organised an initial Health & Transport conference which attracted over 70 delegates, and was aimed at developing partnerships with the health sector.

4.2 The framework developed from this conference is outlined below. It allows for information sharing, generation of ideas and partnership working between the sectors.

- (i) Health and Transport Newsletter
A quarterly electronic newsletter administered by GMPTE and operating as an open forum for the sharing of information and best practice for transport in the health sector
- (ii) Health and Transport Forum
Meets quarterly with guest speakers in relevant subjects, giving an opportunity to share experiences and information. Recent activities include consultation for the LTP2 , the development of the GMPTE's cycling and walking action plan; and a presentation by the Regional European Officer for Health about the funding available for health and transport projects.
- (iii) Health Reference Group
An internal working group with some external representation from both the NHS Acute Trust and Primary Care Trusts, whose work is to coordinate joint working with the health sector across Departments. The Group's current projects include the production of a guide

to planning for public transport access to health centres considering re-location, the development of the walking and cycling action plan, and consultation for LTP2.

- (iv) Health & Fresh Food Strategic Accessibility Partnership (SAP)
Accessibility Planning is a Government initiative that emerged from the Social Exclusion Unit's report *Making the Connections – Transport and Social Exclusion* (Feb2003). Accessibility Planning is a tool to identify where members of society, particularly those who are disadvantaged, are unable to access health and fresh food, employment and education facilities. The Health Reference Group will implement the findings of research commissioned by the SAP.

5. National Context

5.1 The previous section outlined how the Health & Transport agendas are progressed within Greater Manchester. Within the national context there have been a number of reports from central government which will impact on this work.

5.2 Choosing Health White Paper: (2004)

The White Paper places an emphasis on the promotion of healthy lifestyles in order to prevent ill health. This includes reducing obesity, increasing exercise, improving mental health, general well-being, and preventing accidents.

- It encourages organisations to provide a range of health services in local settings, for instance schools, colleges and children's centres.
- The Paper looks to increase cross agency partnerships in order to achieve key government policies on helping people live healthier lifestyles, including the promotion of walking and cycling, to reduce heart disease and obesity.
- It also recognises that reductions in local traffic pollution would have positive effect in helping to reduce the rates of asthma and respiratory diseases and improve the quality of life within communities.
- These are translated into key performance indicators for the Health Partnerships of Local Strategic Partnerships (LSPs). These Partnerships are working towards joint commissioning of services from shared budgets. Central government will increasingly merge Health and local authority budgets to produce a seamless service for users.

5.3 Our Health, Our Care, Our Say: White Paper Jan 06

This White Paper explicitly states that Primary Care Trusts (PCT) and Local Authorities should be working together to ensure that new services are accessible by public transport and emphasises that greater prominence to access issues should be given when planning new health and social services.

- Existing facilities should work with accessibility planning partnerships to ensure that people can access health care

facilities at a reasonable cost, in reasonable time, and with reasonable ease.

- More care in the community should reduce the need to travel but care must be taken in ensuring that local people without access to a car or with mobility problems can still access these centres.
- Eligibility to Patient Transport Services and the Hospital Cost Scheme is to be extended to include primary care settings.
- Transport access to Social Care is also to be given greater consideration.

6. Implications for GMPTA/E of the White Papers

The delivery of the White Papers will have an impact on GMPTA's services by changing travel needs to access health services and may impact on a number of projects that are currently being undertaken by GMPTA:

6.1 Community Health

- Health centres to relocate, giving an opportunity for public transport access to be given greater consideration.
- Local health centres opening for longer in the evenings may impact on demand for evening transport services.
- Opportunity to promote GMPTA's Walking and Cycling Action plans through the obesity reduction programme.
- Fewer visits to hospitals may impact on commercial services.
- Joint target of reducing air pollution through reducing car journeys.

6.2 Hospital & Health Centre Re-configuration

See Action Plan in Appendix 1

7. Work to date

GMPTA is responding to the changing health agenda with continued support for the following projects:-

- Integrated Social Needs Transport Project - collaborative working with provider agencies in local authorities, community transport, non-emergency patient transport services and the voluntary sector to develop co-ordinated responsive services.
- Demand Responsive Transport (DRT – branded 'Local Link') services are both defining demand in local areas and widening the influence of public transport.
- Increased and improved public transport information in hospitals and Health Centres – hard copy and web based information, location maps and the continued installing of Information Kiosks.
- Work with the Strategic Accessibility Partnerships

- GMPTE's continued support for the development of Travel Plans and GMPTE's own Walking and Cycling Action Plan.
- A best practice guide is currently being compiled to help newly opened health centres in the development of local travel plans. This will be initially be distributed through the Health and Transport Group in an electronic format so that it can be added to as new developments occur. Hard copies will also be available.
- A guide to best locations for public transport access is being produced and will be made widely available to NHS/PCT Estate Departments and for smaller agencies planning the development of new sites such as health centres, G.P. surgeries and dentist.

8. Future developments

8.1 GMPTE will respond to the Reconfiguration of the North East Sector & Women & Children's hospital services by:-

- Continuing to support and work with the Healthy Futures Transport Group: (Action plan appendix 1)
- Producing a Support Action Plan from the 'Review of Public Transport facilities at the Pennine Acute Hospital NHS Trust'. This is being led by the Public Transport Development Officer.
- Supporting and fostering partnerships between Community Transport operators, the voluntary sector and PCT's/NHSAT.
- Jointly developing of a Communications Strategy with Oldham PCT
- Continuing to support Stockport DRT project

8.2. It is evident that further responses will be required of GMPTE as the health sector develops services in line with the recommendations of the White Papers. Further work will be coordinated by the Strategic Accessibility Partnership.

10. Recommendations

Recommendations are listed at the front of this report

Appendix 1 :Action plan resulting from the Healthy Futures Report, PAHNHST Four Hospital Site audit by GMPTE, Strategic Access Partnership Action Plan

Report origin	Issue	GMPTE	PCT	PAHNHST	LOCAL AUTHORITY	Time schedule
SAP	Stepping Hill Hospital DRT scheme	✓	Stockport		✓	2006/7
SAP	Review Information facilities at hospitals	✓				2006/7
SAP	Research access to hospital appointments for Mobility impaired	✓				2006/7
SAP	Review of public transport facilities and information at community primary care centres across county	✓				2007/8
SAP	Study: Select hospital site for greater development of an interchange hub Development 2008/9	✓				2007/8
HF	Obtain agreement on use of bus lanes for Patient Transport Services (PTS) – criteria for use under discussion with Local Authorities and GMPTE			✓	✓	2006

HF	Accessibility planning on the proposed new 45 health centres in the NE sector	✓				
HF	Provide data on projected patient flows to new sites		✓			
HF	Assess public transport network effects of LIFT proposals	✓				
HF	Audit and increase in targeted public transport information	✓				
HF	Training of GMPTE staff at bus stations about disability issues	✓				
HF	Free-phone taxi access at bus stations	✓				
HF	Promotion of large print timetables facilities at Travelshops	✓				
HF	Roll out of information kiosks in hospitals	✓		✓		