



# ‘Right Care, Right Time, Right Place’ Travel and Transport Reference Group

## **Event report of findings**

13 July 2017

**NHS**  
*Greater Huddersfield  
Clinical Commissioning Group*

**NHS**  
*Calderdale  
Clinical Commissioning Group*

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## 1. Purpose of the Report

The purpose of this report is to present the findings from the event held on Monday 19<sup>th</sup> June to establish a 'Travel and Transport Reference Group' for Right Care, Right Time, Right Place.

The report explains the background to Right Care, Right Time, Right Place, the Travel and Transport Working Group and the establishment of a reference group.

The report provides information on the event set up to establish a Travel and Transport reference Group, the findings from this event and next steps.

## 2. Background

The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of the Strategic Services Review undertaken in 2013. From this case for change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future.

There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes have developed proposals for what the future community services in Calderdale and Kirklees and the future hospital services in Calderdale and Greater Huddersfield could look like.

The CCGs commenced public consultation on 15<sup>th</sup> March, 2016. Public consultation finished on 21<sup>st</sup> June, 2016. An independent report of findings was published by Midlands and Lancashire Commissioning Support Unit on the 25<sup>th</sup> August, 2016.

Travel and transport was one of the key themes from the consultation and it was agreed as part of the recommendations to proceed to explore implementation in the Full Business Case (FBC) for the proposed changes to hospital and community health .that a Travel and Transport Working Group should be set up in parallel to consider issues solely relating to transport and access.

## 3. Travel and Transport Working Group

The purpose of the Travel and Transport Working Group is to advise, inform and provide expert input on transport and access matters. The group is chaired by and independent chair and membership of the group is:

- Healthwatch
- Calderdale and Kirklees Council – Head of Highways , Engineering and Transport
- West Yorkshire Combined Authority – Head of Transport Operation
- Upper Calder Valley Sustainable Transport
- Mid YorkshiRE Hospital Trust (MYHT)
- Calderdale and Huddersfield Foundation Trust (CHFT)

- NHS Calderdale and Greater Huddersfield and North Kirklees CCGs
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Calderdale Council – Transport representative
- Kirklees Council – Transport representative
- A link to the public the reference group

The Travel and Transport Group will ensure that the programme considers and develops plans to address the implications of the proposed changes in relation to Access, Travel, Parking and Public Transport. The group will:

- Review suggestions for improvements to existing access and travel arrangements identified during public consultation and make recommendations.
- Identify the potential implications of the proposed changes in relation to Access, Travel, Parking, and Public Transport, taking account of the timing and potential impact of the sequencing of the movement of services into community and the proposed improvements to the A629.
- Review and take account of the relevant findings from the Equality and Health Inequality Impact Assessment as part of any recommendations.
- Review the existing and updated patient travel analysis .
- The group will only consider the additional implications of the option on which the CCGs consulted.

The remit of the group is to make recommendations to the Hospital Services Programme Board with regard to approval of plans to address the priority areas in relation to transport and access matters.

#### **4. Travel and Transport Reference Group**

The Travel and Transport Reference Group will be set up to support advise and consider any matters relating to transport and access. The aim of the group will be to ensure the public voice remains central to any future recommendations.

As part of this work it is important that we identify what people have already told us as part of any engagement and consultation work already delivered. This includes:

- Any patient opinion postings on travel and transport
- PALS or complaints intelligence
- Any reference to transport in other engagement activities

This information needs to be shared with the travel and transport reference group so they have the same information the working group have, and can use this intelligence as a baseline of public views.

## 5. About the Stakeholder Event

A plan was developed (see appendix 1) to deliver a joint event for both Calderdale and Greater Huddersfield in one central location to support the establishment of a Travel and Transport Reference Group. The event was supported and hosted by the independent chair of the Travel and Transport Working Group.

Stakeholders were invited by invitation (see Appendix 2) and through this invitation were asked to attend or nominate representatives to attend. This was to ensure there was representation from a number of local areas, protected groups, organisations and stakeholders.

The event took place on Monday 19<sup>th</sup> June 2017 at Brighouse Civic Hall, Brighouse from 10:30-1:15pm with lunch provided. In total 26 people attended the event. The content and delivery of the event is described below in more detail.

### 5.1 Purpose of the Event

The purpose of the event was to identify organisations and stakeholders from both Calderdale and Greater Huddersfield who have an interest in travel and transport, or are likely to be affected by the issues.

A range of groups representing geographical locations and protected groups were recruited using our existing networks. These networks have been involved in the development of the hospital and community service programmes for the past three years, often attending stakeholder events or supporting engagement and consultation activities. It is these networks who will help to identify the requirements of a reference group. The members invited to the initial event are listed below;

- Engagement Champions in Calderdale
- Community Voices in Greater Huddersfield
- Patient Reference groups in Calderdale and Greater Huddersfield
- Members of CHFT membership
- Third sector organisations in Calderdale and Greater Huddersfield

The aim of the event was to :

- Provide an overview of the Travel and Transport Working Group
- Present what we already know, and
- Identify involvement opportunities and who needs to be involved

The outcome of the event was to help determine how the interface with the Travel and Transport Group would work and how people felt they could be involved.

### 5.2 Presentations and Content

The event was delivered as part presentation and part discussion and 26 people attended the event representing a range of organisations and communities. The event content was as follows:

- Welcome, introduction and housekeeping
- Agenda for the day
- Introduction
- Overview of the 'Travel and Transport Working Group'
- Presentation - Where are we now? update on Right Care, Right Time, Right Place Hospital transformation programme
- Presentation – What have people already told us about travel and transport?
- Presentation – What have the working group already identified as key areas for improvement?
- Table discussions
- Next steps
- Close and thanks

The presentation from the event is included in the report (see appendix 6).

### 5.3 Gathering views

The mechanism for gathering views at the event were through facilitators on each table. Following the presentations we asked participants as part of a table discussion to answer the following questions;

**Activity 1:** Is there anything else we need to know? What do you think the key areas of improvement are?

**Activity 2:** What does a reference group mean to you?

Participants were asked to share comments or write comments on a post it note as part of a facilitated table discussion. The findings from the stakeholder event are captured below. The findings include all the feedback received from the table discussions and flags.

## 6. Findings from the 'Stakeholder Event'

Below are the findings from the stakeholder event. The findings are captured under each of the key travel and transport themes. In addition each table was asked to identify one key theme from the table discussion on a green flag. The green flag responses are recorded as a separate section.

**6.1 Activity 1:** Is there anything else we need to know? What do you think the key areas of improvement are?

Participants told us the following which were scribed or taken from post it notes by the note taker. The findings are the key themes from the table discussion, the full notes can be found in appendix 4. The findings are set out below under each themed heading:

### **Parking:**

For this area participants consider staff and patient/visitor issues considered:

- Cycle parking – for everyone

- Drop off bay (half an hour) – outside a barrier for people to park and drop off
- Reduce parking cost/cost cap/annual or monthly fees
- Increase availability of parking
- Designated bays: parents, blue badge (various designs) with enforcement
- Other designated parking and permits for specific conditions/episodes of care
- Reserved parking for regular visitors
- Space allocated as part of an appointment (London)
- Technology: parking payment/ signage – including signs that publicise availability of different spaces
- Parking barrier need to be more accessible – people with a disability can't get out of a car to operate

#### **Access:**

- More GP facilities and services to support urgent care
- Communication is key: we need to ensure people understand the terms urgent and emergency. We need to make sure future signage is clear
- Accessible leaflets and literature on travel and transport
- Work more closely with equality groups to understand access issues and improvements

#### **Travel between hospital sites:**

- Review the shuttle bus service:
  - Not advertised as part of the hospital service
  - Better access for all
  - More frequent, regular, visible service
- Identify a direct non stop regular bus from hospital to hospital
- Identify a direct bus from both bus stations to both hospitals i.e. Halifax/Huddersfield bus station to HRI/CRH
- A potential hub for direct buses could be in Elland

#### **Public transport:**

- Address bus services in rural areas
- Address attitude of drivers – people are rushed and don't want to take transport if they are unwell or frail for this reason
- Can the NHS subsidise direct bus routes
- Appointment times need to support public transport times
- Bus stops are not in the right place – too far away
- There is no direct hospital bus from either bus station
- Can drivers announce hospital stops as standard
- Can all passing buses go into hospital grounds
- A single hospital bus ticket for complex routes
- Transport information in a range of accessible formats/languages
- Public transport is part of an integral plan

#### **Reduce travel:**

- Use of skype and telephone technology for contact with healthcare services
- Reduce referrals to A&E from NHS Direct and 111
- Good advice and sign posting from the hospital via services like PALS
- More Care Closer to home with accessible parking – see parking list above as a standard

- Better care pathways that reduce travel – one stop shop appointments

#### **Discharge and patient transport:**

- After an appointment patient not taken to collection area, need to address this
- People do not like the term discharge lounge
- Accessible transport not only for patients but visitors
- Continue Age UK 'discharge form hospital scheme'
- Patient transport – to give notice on collection ( i.e. within the area: 10-15 minutes) so people can get the coat on, use the bathroom and not just sit and wait
- Patient transport: not always on time/reliable

#### **Greener transport:**

- Greener travel options (electric car sockets and parking)
- Encourage use of cycles by everyone
- Consider air quality

#### **Other:**

- Outline Business Case and transport strategy need to be submitted together
- Clear ambulance strategy
- Broader roadwork issue – crossings, traffic lights, junction improvements (not just Elland bypass)
- Identify solutions to travel when in crisis – mental health in particular
- Care closer home may create further isolation of some and result in staff determining visiting. An appointment system should still be in place
- Care closer to home for some may mean further away or not accessible
- Better built environment for wheelchairs
- More mobile services/units such as breast screening service
- Information on how people can travel in an urgent care situation
- Part of a longer term plan at least 2030

#### **Green flag from each table**

In addition to the discussions each table agreed to identify one agreed key message from each table. Key messages from each table were written on a 'green flag' and read out as part of the feedback at the end of the table discussions. The messages were;

- Blue Badge Parking
  - Spaces are at a premium often there are not enough
  - Parking spaces are not properly policed
  - Can people book a space when an appointment is booked
  - Parking bays are not always the right shape or size – some vehicles require greater rear access not side access
  - Drivers are sometimes unable to reach the barrier
- How does travel and transport fit in with regional and wider plans for road and transport improvements
- Better care pathways linked to travel – appointments and services that take into account travel and transport arrangements



- Could work with “departments” with an awareness of specific travel requirements arrangements to provide signposting and support – i.e. disability transport
- Reduce the travel time to the services that are used the most
  - More ‘Care Closer to Home’ but supported by specialists in hospital
- Treatment of people between hospital and Home
  - Let me know when due to arrive, 20 minutes before so that I can
  - Transport Providers – often make people feel they have to rush
- Can we ensure that any plans take into account services for the next 10-15 years (2020/2030). Make sure the vision for travel and transport is future proof
- To be responsive to patients, flexible and accessible. For a universal solution that is joined up.
- Look at the entire road network including junctions, filter systems and other initiatives such as the new Elland bus station which could act as a hub
- Communication is still the key to support the public in understanding what the changes are. Continue to support an understanding of the term urgent and emergency care and ensure future signage assures people
- Need to consider specific transport issues for example how do people in crisis who want to access mental health services travel?
- Parking should be more relaxed including a grace period and a range of concessions for various episodes of care.

## 6.2 Activity 2: What does a reference group mean to you?

We asked those attending to provide views on how a reference group could be set up and managed. The presentation included the key areas the ‘Working Group’ wanted to focus on. These key areas were captured into the key themes on the table.

The methods and approaches we may use to involve people were also discussed. The methods we could support were listed and included:

- Correspondence such as surveys
- Virtual group
- Meetings which supported conversations on set topics
- Social media
- Telephone surveys, conversations

People told us their preferred method of involvement as a reference group would be through correspondence either via email or post as a virtual group. Those attending agreed that meetings could be held to discuss specific topics and that social media or phone surveys can be used to reach specific groups, or a wider audience only. The responses are set out below in the table.

KEY THEMES		Paper	Virtual Group	Meetings	Social Media	Phone survey	Response (24)
	Parking	11	12	7	5	6	12
	Access	11	11	8	6	4	11
	Travel between hospitals	13	12	7	5	4	13
	Public transport	13	11	8	7	4	13
	Reduce travel	13	12	8	5	3	13
	Discharge / patient transport	11	10	6	5	2	11
	Greener Transport	12	10	6	5	3	12
	Response (24)	13	12	8	7	6	

The table represents **24 out of a possible 26 responses** on how people want to be involved. At least half the those attending want to be involved in discussions which take place on each service area. People could show interest in more than one method of involvement or key theme.

### 6.2.1 Who do you represent/ who can you reach?

We asked those attending to complete a profile which captured who they were, which organisation or group they represented if any and who they could reach if they were to facilitate or respond to a travel and transport conversation.

We received **24 responses** to the profile mapping and the results are set out below in the following table.

Calderdale	11
Greater Huddersfield	14
Other/no response	4
Physical Disability	8
Sensory Disability	9
Mental Health	5
Learning Disability	3
Long term Condition	9
Young Carers	3

<b>Adult Carers</b>	<b>5</b>
<b>Ethnicity</b>	<b>18</b>
<b>Children (0-16)</b>	<b>4</b>
<b>Young Adult</b>	<b>8</b>
<b>Adult</b>	<b>13</b>
<b>Older People</b>	<b>17</b>
<b>LGBT</b>	<b>4</b>
<b>Other groups</b>	<b>7</b>

From the figures we can see that we have a good reach into each local area, with one representative stating they could provide a view of both areas if needed. In order to support our equality duty and any previously under-represented groups the figures show that we have at least 3 representatives who can reach some of our protected groups with the maximum being 18 representatives who could reach different ethnic groups.

To ensure we have a range of views from our local community the reference group will also need to extend the reach to help to find solutions. Any plans to do this would be supported by reference group members and the methods determined by the Travel and Transport Working Group. Participants were also asked if they would also be happy to take part in a travel and transport buddy scheme with a member of the 'Travel and transport Working Group'.

At the end of the session participants were asked to complete an event evaluation and equality monitoring form. The forms used are in the appendix (see Appendix 4 – Event evaluation and Appendix 5 - Equality Monitoring Form).

## 7. How the findings will be used

The findings from the table discussions will be presented to the Travel and Transport Working Group. The content of the presentation will be considered and the areas which are part of the working group's remit will be used to inform the work plan for the group.

Any other findings that are not the remit of the group can be used to inform other service areas. These findings will be passed on to the relevant organisation and programme for consideration.

Findings that cannot be delivered or that are currently being delivered will form part of the communication back to reference group members, and/or the wider public if there is a lack of awareness relating to current arrangements.

## Appendix 1: Event Plan

### NHS Greater Huddersfield CCG and NHS Calderdale CCG Travel and Transport Reference Group

Monday 19<sup>th</sup> June 2017 at Brighouse Civic Hall

10:30am – 1:15pm

<b>Room Layout</b>	<p><b>Entrance Hall (upstairs)</b> – one table to sign in</p> <p><b>Main Hall</b> – Café style table (maximum 8 to each table) and 1 presenter table (3 chairs) – mints and bottles of water/cups, post it notes, 2 flags, pens, name labels and marker pens, flipchart paper, activity instructions for facilitator. Loop system for one table.</p> <p><b>Bar Area</b> – table for tea, coffee, biscuits, and juice for the following times 10:30, 11:45, 1:15 – lunch when it arrives</p>
<b>Equipment required</b>	<ul style="list-style-type: none"> <li>• Meeting sign – outside the building/ generic RC,RT,RP roller banners</li> <li>• Directional signs – inside the building</li> <li>• Toilet signs</li> <li>• Loop system sign</li> <li>• Signing in sign</li> <li>• Laptop, projector and screen – extension cable</li> <li>• Loop system – extension cable/tape</li> <li>• Table content and numbers</li> </ul>

Time	Activity	lead	Content	Resources required
<b>10.30</b>	Coffee/Registration	<b>All</b>	<p>Staff to welcome participants in the room (chair + 1 other)</p> <p>serve tea and coffee (1 person)</p> <p>Sign people in (2 people)</p>	<p>Minimum of 5 staff for set up and welcome. Signing in desk resources:</p> <ul style="list-style-type: none"> <li>• Signing in sheet</li> <li>• Agenda (including large print and any other requests)</li> <li>• Copy of presentation (including large print and any other requests)</li> <li>• Evaluation form (accessible version)</li> <li>• Equality monitoring form (accessible version)</li> </ul>
<b>10:45</b>	Welcome, introduction and	<b>Mike Grady</b> - Independent Chair, Travel and Transport	Any fire drills: evacuation instructions	Powerpoint presentation

	housekeeping	Working Group	Toilets: location including accessible toilet Phones on silent	
<b>10:55</b>	Agenda for the day and overview of the 'Travel and Transport Working Group'	<b>Mike Grady</b> - Independent Chair, Travel and Transport Working Group	Agenda  One slide on the 'Travel and Transport Working Group'	Powerpoint presentation
<b>11:00</b>	<b>Presentation</b> - Where are we now? update on Right Care, Right Time, Right Place Hospital transformation programme	<b>Jen Mulcahy</b> , Programme Manager- Right Care, Right Time, Right Place Programme  NHS Greater Huddersfield CCG and NHS Calderdale CCG	Slide describing what we have done (recap)  Slide on where we are in the process  Slides what are we doing now	Powerpoint presentation
<b>11:10</b>	<b>Presentation</b> – What have people already told us about travel and transport?	<b>Dawn Pearson</b> - Engagement lead NHS Greater Huddersfield CCG and NHS Calderdale CCG	Slides already presented at the Working Group	Powerpoint presentation  1 copy on each table – to circulate after the meeting
<b>11:30</b>	<b>Presentation</b> – What have the working group already identified as key areas?	<b>Mike Grady</b> - Independent Chair, Travel and Transport Working Group	Slide – Grid of themes	Powerpoint presentation  Copies on the table
<b>11:35</b>	Comfort break	<b>All</b>		Tea, coffee, juice and biscuits ( 2 staff serving) in the lounge area
<b>11:50</b>	Introduction to table activities	<b>Dawn Pearson</b> - Engagement lead NHS Greater Huddersfield CCG and NHS Calderdale CCG	Slide – activity instructions and questions	Powerpoint presentation
<b>11:55</b>	<b>Table activities 1</b> – Is there anything else we need to	<b>All</b>		1 facilitator for each table to manage and scribe table conversations

	<p>know?</p> <p><b>Table activities 2</b> – What do you think the key areas are?</p>			<p>Activity questions on tables</p> <p>Flipchart paper and pens to scribe table conversations – one for each conversation prepared.</p> <p>2 flags on each table – one key theme for each activity.</p> <p>Chair to circulate</p>
<b>12:30</b>	Pop up feedback – Flag up your key theme (2 from each table)	<b>Chair to facilitate</b>	<p>To gather the headlines from each activity:</p> <ul style="list-style-type: none"> <li>• 1 flag for activity one</li> <li>• 1 flag for activity two</li> </ul>	<p>2 flags from each table</p> <p>Stick them on a wall for people to look at afterwards</p>
<b>12:40</b>	<b>Activity</b> - What does a reference group mean to you?	<b>Dawn Pearson</b> - Engagement lead NHS Greater Huddersfield CCG and NHS Calderdale CCG	<p>Activity to identify:</p> <p>Approach to involvement: how would you like to be involved?</p> <p>Representation: where are the gaps?</p>	<p>Flipchart around the room with the following headings:</p> <p>Who is in the room (map who you are and who you can represent) Huddersfield and Calderdale localities/protected groups – who is missing solutions/ideas.</p> <p>How would you like to be involved voting with stickers on mechanisms.</p>
<b>1:00pm</b>	Next steps, close and thanks	<b>Mike Grady</b> - Independent Chair, Travel and Transport Working Group	<p>Round up of the day, reflections, evaluation and equality monitoring form</p> <p>Lunch and networking – continue to add to the flipcharts</p>	Powerpoint
<b>1:15pm</b>	Lunch and networking	<b>All</b>		Lunch to be set up with tea, coffee and juice (2 staff) in the lounge area

## Appendix 2: Invitation

### **The future delivery of healthcare services in Calderdale and Greater Huddersfield**

Dear Colleague/friend

**You are invited to attend a meeting to support the development of a Travel and Transport Reference Group on Monday 19<sup>th</sup> June 2017, 10:45-1:15 (registration from 10:30) at Brighouse Civic Hall, Bradford Rd, Brighouse HD6 1RW**

As you will be aware Calderdale and Greater Huddersfield CCGs launched a public consultation on the 15<sup>th</sup> March 2016 in order to gather views from the wider public and stakeholders on the proposed future arrangements for community health services and hospital services.

Following the consultation the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG made a decision in October to progress the proposed changes based on the proposals put forward in public consultation document. As part of the development of the proposed changes travel and transport was highlighted as a key aspect of consideration.

We are planning to hold this meeting to;

- Provide an update of where Calderdale and Huddersfield CCGs are with the proposed changes
- Present the public views on travel and transport that we have so far. This is information we have gathered as part of our engagement and consultation process
- Identify the best approach to developing a reference group to assist the Travel and Transport Group.

We want you to help us by getting involved in table discussions to consider the how we might take this work forward.

Once the reference group is set up, members will act as a support to the 'Travel and Transport Group'. The Travel and Transport Group are tasked with taking this work forward by advising, informing and providing expert input on transport and access matters to both CCGs. This group has representatives from a range of organisations and an independent Chair.

Your contribution at the meeting will help us to ensure we set up the right approach to identifying solutions and ensure the public voice is heard.

Please can you confirm your attendance by returning the attached 'reply slip' to the freepost (no stamp required) return address. Alternative ways to contact us are also listed at the end of the reply slip.

Places can only be booked in advance; unfortunately we won't be able to allocate places on the day. Please book your place by midday on Monday 12<sup>th</sup> June, 2017.

If you would like to nominate someone to attend on your behalf please contact us.

If you have any access requirements please add these to the reply slip or get in touch so we can ensure you can fully participate on the day. We have attached directions, parking information and public transport information from both Halifax and Huddersfield for your information.

We look forward to seeing you on the day.

Kind regards

A handwritten signature in black ink that reads "Mike Grady". The signature is written in a cursive style with a long, sweeping underline.

Mike Grady  
Independent Chair  
Travel and Transport Group  
On behalf of Calderdale and Greater Huddersfield Clinical Commissioning Group



## Appendix 3: Table notes

### Flipchart notes – tables 1-4

#### Table 1 - Question 1 and 2

- Joined up services and transport links
- A629 & Elland by pass
- Better care pathways that also links travel needs
- Dedicate liaison for disabled @ hospital (knowledge of service, transport, links to CC2H, services, pathways out of hospital).
- More person – centred, view of planning services. (don't put people in a group think logistically) - avoid just going via A&E.
- Better use of joined up technology.
- Links between services for families need improving
- Outpatients opt moving outside hospitals causes travel issues for wheel chair users. Main problem @ Leeds.
- How this fits into wheelchairs users in general.
- Need someone @hospital who can help sort travel issues for those with disabilities.
- How this fits into regional plans
- Issues for wheel chair users in general
- Need someone at the hospital who can help sort travel issues for those with disabilities i.e. someone you can call dedicated
- Where are things @ CC2H and more GP support
- People need more communication and publicity regarding mobile or CC2H services.
- More in mobile services in mobile units
- Need to know what's happening with A629, take into account link with council regarding road works. Need to resolve issues regarding road.
- Improve public transport – support reduction in issues regarding car travel

#### Table 2 – Question 1 and 2

##### Parking

- Cost, cap for day, billed per month/per/yearly
- Processes easier for parking – PNK
- Stress involved in case of charge
- More use of technology
- System needs to be informed.
- Drop of with more time for cares and valuables
- Parking rates to change
- More parking space
- Staff parking cost a lot

##### Access

- All has to be about the clinical absences. Does distance affect patient care?
- More use of GP's for more injuries
- Communication is key, different languages.
- Working across equality groups

- More spaces for A&E for Children

#### **Trial Between Hospitals**

- Should be from different locations
- Frequently shake up services but need to support public transport.
- Integral transport strategy

#### **Public Transport**

- NHS subsidies new bus routes
- Green Transport and electric sockets and parking
- Encourage cycling more

#### **Discharge and patient Transport**

- More use of logistics
- Improve P.E more specific

#### **Table 3 - Question 1**

- Joining up of transport services. Private companies
- Operation pts not always reliable (long waits)
- Need a holistic approach to transport (staff and patients)
- App or technology so people can see where spaces are available.
- Cycle parking or encourage styles not to bring car if you live close by.
- Greater use of technology to reduce travel
- Door to door move better and safer
- Single bus tickets for complex routes
- Reserved parking area for regular visitors
- WYCA strategy needs to be reflected in thinking - great travel/public transport. Air quality standard, too contractual in terms of solution.
- Need to understand low ambulance service in going to work.
- How patients get to hospital when they have an urgent need.
- Accessible responsive public transport.

#### **Question 2**

- Transport operated need to be part of solutions.
- 2020/2030 solution needed
- Air quality requirement
- Public health input? Where is it?
- Largest transport institute.

#### **Table 4 – Question 1**

- Road network
- Not just A629 include junction traffic light systems.
- Bus networks and stops not in the right place
- Right turning filter to New Hey Road, filter for example Calderdale.
- Liaise with Kirklees highways.
- Hospital buses not direct from bus stations

- Announcing the stop for hospitals if you arrive on public transport
- All services coming from surrounding areas enroute to go into hospital grounds as part of service.
- Metro bus from HRI to CRH running regularly. Also run from bus station and train station.
- Extended times of transport – out of (peak hours )
- Elland interchange - major hub for the hospitals (proposed to spend 20 million )
- Why doesn't the council review all parking charges around the hospital (how much did it cost when it took place)?
- Communication is key in everything we do; we must not let the newspapers usurp what he is trying to do.
- Accident or urgent needs explaining .
- Emergency needs explaining.
- Shuttle bus is 0.5 hours but need to arrive early because seats are unlimited, not good for getting appointment, not efficient but could be.
- Shuttle bus not advertised on time table post, should be on the hospital map.
- Use of shuttle bus for evening appointments
- Shuttle bus for people with a disability, patient transport shuttle. People who need extra care need support.
- Admitting you have a mental health crisis (involuntarily) transport is an issue.
- Designated parking for certain situations
- Parking created using different sizes of space
- Want to be involved in parking designs , multi-storey/undercroft
- Any other grounds not used that could be used.
- Cost of parking needs addressing
- If things are cancelled - reimbursement of parking
- Passes for certain conditions, other conditions not just cancers.

## **Question 2**

- Can the bids for transport funding solutions go at the same time as the full business case?
- Use more technology to get people out of hospital i.e. test results.
- Get more services in the community.
- Reduce Primary care referrals to emergency care (111 & NHS direct)

## **Parking**

- Barrier parking – can't access barrier, number of disabilities.
- Car park full sign - how to if accessible available
- Abuse when taking time to park
- Not keeping blue badge beyond allowed period and allowing others to use it.
- Consultants/Staff in blue badge parking
- London Hospital – when confirmed appointment –parking space allocated.
- Not enough blue badges designed. Also need chevrons at back as well as side.

## **Access**

- Rural areas – no disabilities access taxi last bus 17.30
- Charge for loading - not always accessible.
- Information available in different formats

- All NHS leaflets in small fonts on shiny white
- Not being taken to transport area after appointment.
- Once transport in area - no support, toilet/drink
- PTS notify when near so people can get ready
- Don't like term discharge lounge
- Accessible transport for people visiting

#### **Travel between Hospitals**

- Shuttle bus must be accessible
- A lot of transport providers - make people (disabled/elderly) feel they have got to rush.

#### **Public Transport**

- Time appointments to match
- Infor inaccessible formats
- Some rural areas - no public transport or infrequent
- West Yorkshire access does not go to the hospital.

#### **Reduce Need to Travel**

- CC2H – Removes choice.
- Home visit – their time scale, risk of isolation
- Not all CC2H accessible –
- Discharge – age UK and home from hospital

#### **Children**

- On hospital transport – how many /child care issues.

#### **PALS**

- Advice seems to have been lost

## Appendix 4: Event Evaluation

### Travel & Transport Reference Group- Evaluation Form

**Name & organisation** (Optional).....

<b>Q1. How did you rate the following presentations</b>	Please rate by circling/highlighting the appropriate number - 1 being very poor and 10 being excellent
<b>Presentation 1</b> - Where are we now? update on Right Care, Right Time, Right Place Hospital transformation programme	1   2   3   4   5   6   7   8   9   10
<b>Presentation 2</b> – What have people already told us about travel and transport?	1   2   3   4   5   6   7   8   9   10
<b>Presentation 3</b> – What have the working group already identified as key areas?	1   2   3   4   5   6   7   8   9   10
Is there anything else you would like to tell us?	

<b>Q2. Was the information presented in a way that you could understand?</b>	Please rate by circling/highlighting the appropriate number -1 being no understanding at all and 10 being completely understood
<b>Presentation 1</b> - Where are we now? update on Right Care, Right Time, Right Place Hospital transformation programme	1   2   3   4   5   6   7   8   9   10
<b>Presentation 2</b> – What have people already told us about travel and transport?	1   2   3   4   5   6   7   8   9   10
<b>Presentation 3</b> – What have the working group already identified as key areas?	1   2   3   4   5   6   7   8   9   10
Is there anything else you would like to tell us?	

<b>Q3. Please tell us about activity 1 – Is there anything else we need to know?’</b>
<b>3a. What would have improved the activity?</b>
<b>3b. What was missing from this activity?</b>
<b>3c. Any other comments?</b>

**Q4. Please tell us about activity 2 – What do you think the key areas are?**

**4a. What would have improved the activity?**

**4b. What was missing from this activity?**

**4c. Any other comments?**

**Q5. Please tell us about the final activity -What does a reference group mean to you**

**5a. What would have improved the activities?**

**5b. What was missing from these activities?**

**5c. Any other comments?**

<b>Q6. Please rate the following by ticking the appropriate box</b>	<b>Very good</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>
Registration				
Welcome				
Introduction				
Food				
Venue				
Is there anything else you would like to tell us?				
Any other general comments or thoughts that will help us in the future with this project?				
<b>Thank you for taking the time to complete this form</b>				

## Appendix 5: Equality Monitoring Form

### 1. What is the first part of your postcode?

Example	HD6 / HX3
Yours	

☐ Prefer not to say

### 2. What sex are you?

☐ Male ☐ Female

☐ Prefer not to say

### 3. How old are you?

Example	42
Yours	

☐ Prefer not to say

### 4. Which country were you born in?

☐ Prefer not to say

### 5. Do you belong to any religion?

☐ Buddhism

☐ Christianity

☐ Hinduism

☐ Islam

☐ Judaism

☐ Sikhism

☐ No religion

☐ Other (Please specify in the box below)

☐ Prefer not to say

### 6. What is your ethnic group?

#### Asian or Asian British:

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Other Asian background (please specify)

#### Black or Black British:

☐ Caribbean

☐ African

☐ Other Black background (please specify)

#### Mixed or multiple ethnic groups:

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other mixed background (please specify)

#### White:

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Other White background (please specify)

#### Other ethnic groups:

☐ Arab

☐ Any other ethnic group (please specify)

☐ Prefer not to say

**7. Do you consider yourself to be disabled?**

- ☐ Yes   ☐ No  
☐ Prefer not to say

**Type of impairment:**

Please tick all that apply

- ☐ **Physical or mobility impairment**  
(such as using a wheelchair to get around and / or difficulty using their arms)
- ☐ **Sensory impairment**  
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- ☐ **Mental health condition**  
(such as depression or schizophrenia)
- ☐ **Learning disability**  
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- ☐ **Long term condition**  
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ Prefer not to say

**8. Are you a carer?**

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- ☐ Yes   ☐ No  
☐ Prefer not to say

**9. Are you pregnant?**

- ☐ Yes   ☐ No  
☐ Prefer not to say

**10. Have you given birth in the last 6 months?**

- ☐ Yes   ☐ No  
☐ Prefer not to say

**11. What is your sexual orientation?**

- ☐ Bisexual (both sexes)  
☐ Gay (same sex)  
☐ Heterosexual/straight (opposite sex)  
☐ Lesbian (same sex)  
☐ Other  
☐ Prefer not to say

**12. Are you transgender?**

Is your gender identity different to the sex you were assumed at birth?


- ☐ Yes   ☐ No  
☐ Prefer not to say

**Once completed please either leave on the table with your evaluation form or hand them both to a member of the team.**



## Appendix 6: Presentation

# Travel and Transport Reference Group



Monday 19<sup>th</sup> June 2017  
Brighthouse Civic Hall

## Welcome

Mike Grady

Independent Chair  
Travel and Transport Working Group

## Housekeeping



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## Agenda

10:45	Welcome and introductions – Chair
11:00	Where are we now? – Jen Mulcahy
11:10	What have people already told us? – Dawn Pearson
11:30	Travel and Transport Working Group - Chair
11:35	Comfort break
11:50	Table activities – Dawn Pearson & all
1:00	Next steps, close and thanks - Chair
1:15	Lunch and networking

## We're here to talk and work together


- A few ground rules
  - Open discussion
  - Share information
  - Debate the issues
  - Hear different people's points of view
  - Listen to other people without interrupting
  - Seek clarification
  - Give time for people to have their say
  - Help everyone to take part



## Travel and Transport Working Group

To advise, inform and provide expert input on transport and access matters

- Representatives from
  - West Yorkshire Combined Authority (WYCA)
  - Council Highways & Transport
  - Healthwatch
  - Upper Calder Valley Sustainable Transport
  - Calderdale and Huddersfield Foundation Trust
  - Calderdale and Greater Huddersfield Clinical Commissioning Groups.
- Public input via reference group




## Travel and Transport Working Group

- Independent Chair – Mike Grady
- Two meetings in May
  - Update on feedback from public consultation
  - Plans for A629
  - WYCA Transport Strategy



## Where are we now?


**Jen Mulcahy**  
**Programme Manager**  
 Right Care, Right Time, Right Place



## Where are we now?

### Full Business Case (FBC) and other documents

- Capital FBC – Calderdale and Huddersfield Foundation Trust (CHFT)
- Other documents - CCGs
  - a) Any changes made to clinical standards are in the proposed model – check the outcomes are still the same
  - b) Refresh the Ambulance Travel Analysis
  - c) Community Services can support the proposal
  - d) Refresh the Quality Impact Assessment
  - e) Refresh the Public Travel Analysis



## Where are we now?


### Next Steps

CCGs' Governing Bodies – considerations

- Is the FBC in line with the model on which we consulted?
- Is the FBC affordable to Commissioners?
- Does the FBC improve the financial sustainability of the health system?

Joint Health Scrutiny – 21<sup>st</sup> July

- Consider whether their 19 recommendations have been addressed



## Travel and Transport: Key themes

**Dawn Pearson**  
**Engagement Manager**  
 NHS Calderdale and NHS Greater  
 Huddersfield CCGs



## Key message from local people

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

## What else do we know?

Engagement April – July 2014

- 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.

## What local people told us...

- **Local** As many services as possible close to home in local settings, e.g. doctors surgeries with better waiting and appointment times
- **Individual** Services coordinated & focused around a person's needs
- **Caring** Staff who are caring and competent and treat people with dignity and respect
- **Quality** Services properly planned and resourced, with quality maintained and a reduction in delays and waiting times

## What local people told us...

- **Prevention** More information about looking after themselves including mental health
- **Access** Services everyone can access, responsible and flexible, using technology to support people
- **Without Boundaries** Remove any organisational boundaries that exist between different agencies providing care.
- **Transport** Address travel and transport.

## Travel and transport – considerations

### Urgent care:

- 41% under 15 minutes
- 56% 15-60 minutes (42% wanting under 30 minutes)

### Planned care:

- 32% under 15 minutes
- 60% 15-60 minutes (31% wanting under 30 minutes)

### How people travel - average across all three responses:

- 80% use a car/taxi – concerns about cost – parking/journey
- 35% use public transport - concerns about getting to early appointment, services not on bus routes, cost
- 20% supported transport – concerns about access including wheelchair access, long journeys

## Consultation Key Themes

Consultation March – June 2016

- Greater Huddersfield respondents particularly worried
- Impact of increased travel times on patient safety
- Main concern – Elland Bypass congestion
- Access to and cost of public transport
- Car parking at Calderdale Royal Hospital

## Top 5 themes by service area

	Emergency	Urgent	Planned	Maternity	Children	Community
1	<b>Travel</b>	Implementation	<b>Travel</b>	Implementation	<b>Travel</b>	Access
2	Implementation	Operational	Implementation	<b>Travel</b>	Operational	Operational
3	Estates & Buildings	Staff	Estates & Buildings	Patient Experience	Access	Staff
4	Putting Lives at Risk	<b>Travel</b>	Operational	Operational	Implementation	Implementation
5	Consultation Process	Access	Finance	Finance	Staff	Finance



### Travel times – Concerns

- Greatly affect the length of journeys, particularly to emergency care
- How long it takes for people in Huddersfield to get to CRH in an emergency
- Travel time - important factor in patient wellbeing and mortality rates; people could die while travelling to CRH
- Access for visitors travelling to see patients
- Traffic congestion

### Travel Access – Concerns

- Difficulty in accessing transport (public or private) for longer journeys to receive care
- Location and ease of access to public transport for the local population, including older people
- Roads and networks, particularly Elland Bypass
- Transport for visitors
- Cost of public transport, taxis and parking

### Equality groups

- Equality groups can be impacted differently by;
  - cost of transport
  - ability to travel
  - access to private transport
- Including disabled people, BME, LGBT and carers, older and younger people and those living in poverty

### WHAT IS THE HEADER?

**'Do you think you will be negatively affected by our proposed changes'**

Travel access was a particular concern for:

- People aged 0-30 years and 61+
- 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

\*small numbers

### WHAT IS THE HEADER?

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

For equality groups these themes emerged:

- Disability – more spaces and free parking
- Wheelchair accessible taxi's
- Think about impact on older people
- A free Shuttle bus and allows children
- Priority parking for parents, those with long term conditions or terminal illness
- Think about poverty and costs of transport

### Healthwatch: key findings

**Q1. How will the proposed changes affect you and your family?**

- Further to travel
- Risk to personal health
- **Bad traffic/roads**
- **Transport Issues**
- Difficult from certain locations
- Overloaded services

**Overarching theme from responses is accessibility**

## Stakeholder Event: September 2016

### Key messages/ green flags

- Communication
- Case studies and stories
- Explain the difference between EC and UC
- Impact on GP services
- **Travel concerns**
- Workforce planning

## Solutions

- Sufficient car parking
- Park and ride schemes, including improvements to the shuttle service
- Improved bus service or dedicated service
- Road improvements – Elland bypass is the main concern and requires a solution to provide confidence it will improve
- People need assurance on ambulance journey times and confidence from the ambulance service it can work

## Solutions

- Solutions to travel for people having planned care needs consideration – parking spaces, time of appointments and procedures and visiting
- Need to be clear on travel that we address both travel for urgent and emergency in an ambulance and routine travel to receive a service – different issues
- Relax parking charges
- Reduce the need to attend hospital and ensure care is closer to home or technology is an option for patients i.e. facetime/skype

## Travel and Transport Working Group

Mike Grady

Independent Chair


Travel and Transport Working Group

Parking	Access	Travel between hospitals	Public transport	Reduce the need to travel	Discharge and patient transport	Greener transport
Improved parking at C201 – car park surrounding streets	Quality customer groups have good access	Better journey time between the two hospitals	Improved bus links between sites including more frequent & express buses/ quicker journey times	Use technology to provide access to mental health advice	Improve patient transport with better access to hospital sites	A positive contribution to improved air quality
Staff parking	Effective travel information available	Regular accessible shuttle bus between sites	Sustainable transport service	Access to virtual health advice and clinics	Consider length of journey and the times of discharge	Efficient transport movement
	Where to go for real information available signposting	Know what good looks like following reconfiguration	Accurate and clear information about public transport	Experienced technology used to reduce travel	Improve patient experience	Public transport service that reduces car use
	A range and choice of appointments for planned and independent care		Increase the types of public transport for both hospitals	An App for a phone or tablet that can help plan your journey		
	Transport parking affordable		Park and ride facilities			

## Comfort break

15 minutes







## Activity 1

### Table discussions


11:55-12:30

Q. Is there anything else we need to know?

Q. What do you think the key areas are?


31



## Pop up feedback

(2 green flags from each table)

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## Activity 2


### 12:40-1:00

You will all have a form to complete.

We want to know a bit more about you and who you can represent.

Please fill in the form.

Use the number (in the right hand corner of your form) to tell us how you want to be involved and what you want to be involved in.




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## Next steps, close and thanks

**Mike Grady**  
Independent Chair  
Travel and Transport Working Group

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## Lunch and networking

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