



Travel and Transport Report

December 2018vs12

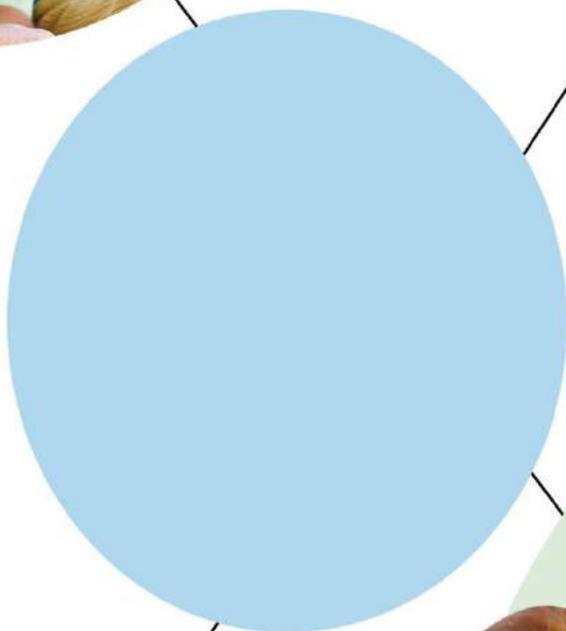


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1.0 Executive Summary

The clinical commissioning groups (CCGs) in Shropshire and Telford and Wrekin are proposing to transform acute hospital services for patients in Shropshire, Telford and Wrekin and Powys with the aim to improve care for local people (including people from mid Wales). The consultation, which ran from 30 May to 11 September 2018, asked for views on proposed changes to the hospital services provided at the Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. The proposals are that one hospital becomes a Planned Care site and the other hospital becomes an Emergency Care site (including women and children's consultant-led services) with a 24-hour urgent care centre at both sites.

During the formal consultation, one of the major concerns raised by people across the three areas, regardless of where they lived, was travel and transport and how they might access the two hospital sites following the transformation of services and the location of their delivery. It is widely acknowledged that there are already significant transport challenges experienced by local residents, including those in more rural locations. However, this Travel and Transport Plan aims to look only at additional negative or positive impacts as a result of the Future Fit proposals and not at travel and transport issues in general that already exist.

The first Future Fit IIA report looked four options identified as part of the Options Appraisal process and the potential impact of these on health, access, economic, social, environmental factors and equality. In September 2016 an Options Appraisal workshop took place with representatives from over 50 organisations across Shropshire, Telford & Wrekin and mid Wales. The panel looked at the non-financial impact that each of the four options would have on accessibility; quality; workforce and deliverability. As a result, two options (Option 1 and Option 2) received the highest scores on all four criteria.

In July 2017, a further IIA report was commissioned to specifically review the impact on Women and Children's Services to augment the information included in the 2016 report. Particular concerns were raised relating to travelling to maternity services, transfer between sites, longer journey times for those living in rural and deprived areas as well as concerns relating to increased travel costs.

Significant travel and transport analysis was undertaken as part of the development of the IIAs, setting out recommendations which required further exploration and mitigations to ensure that any options did not worsen the impact on patients as a result of changes to acute service provision. This further work resulted in the production of an updated IIA Action Mitigation Plan which was approved at the Future Fit Programme Board on 23rd May 2018. Furthermore, the development of the Equality Impact Assessment (EIA) in 2018 highlighted the considerations required in relation to the nine protected characteristic groups and four additional groups identified by the Programme Board :-

- People living in rural areas
- People living in areas of deprivation
- Carers
- Non-English first language speakers including Welsh Speakers

This Travel and Transport Report outlines progress made to develop mitigations for any impact. It also outlines the findings of the Ambulance Modelling work commissioned by Shropshire and Telford & Wrekin Clinical Commissioning Groups which was undertaken by Operational Research in Health Ltd (ORH.) For further information, the separate in-depth Ambulance Modelling Report is available.

Travel and transport will remain a key factor as the Future Fit Programme moves towards the development of the Decision-Making Business Case and a Mitigation Action Plan will continue to evolve and direct issues that may arise during the phases of implementation post decision making.

1.1 Overview

The key findings from the IIA assessments in 2016 and 2017 were formulated into an IIA Mitigation Action Plan and progress is monitored by the IIA Steering Group which meets monthly to review progress on the Plan.

The IIA Mitigation Action Plan stated the need for a Travel and Transport Group to look at the key issues. A group was convened prior to the start of the Future Fit formal consultation period. All key stakeholders from Shropshire, Telford & Wrekin and Powys were formally invited to attend and have representation on the group, along with patient representatives. In May 2018, an Independent Chair was invited to lead the group.

This Travel and Transport Report therefore formally updates on progress relating to actions from the IIAs, the refreshed Equality Impact Assessment 2018, key findings from the consultation themes, the Consultation Findings Report as well as the work of the group and its stakeholders through to the development of a Travel and Transport Mitigation Action Plan.

It should also be noted the group was also responsible for overseeing the Ambulance Modelling Report produced by an independent consultancy, ORH, which was commissioned by Shropshire and Telford & Wrekin CCGs and the standalone report and its core findings are an integral part of the travel and transport work and are referenced in this report.

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2.0 Introduction

The Travel and Transport Group was set up in May 2018 prior to the commencement of the Future Fit public consultation and appointed an Independent Chair to provide oversight and leadership for the group.

The key priorities set out within the Terms of Reference are as follows:-

- Review suggestions for improvements to existing access and travel arrangements identified during the 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 the community
- Review and take account of the relevant findings from the IIAs as part of any recommendations.
- Review existing and updated patient travel analysis
- Develop a Travel and Transport Mitigation Plan to consider key areas of concern and identify opportunities for improvement.

The membership of the group consists of local authorities and provider services from across Shropshire, Telford and Wrekin and Powys, voluntary sector public transport providers, ambulance services, non-emergency patient transport services, Healthwatch and CHC, CCG commissioners, Shrewsbury and Telford NHS Trust (SaTH) Sustainable Services Programme Team members, Sustran, SaTH estate and travel plan members, patient membership and the Future Fit Programme Team. Meetings are held monthly. Interested members of the public have also requested or have been invited to join the group.

It should be noted that Telford and Wrekin Council has been invited to all meetings and workshops and receives all correspondence relating to the work of the group but it has not engaged formally with the group to date.

3.0 Initial identification of key themes and priorities

The first meeting of the group took place on 4th May 2018. The purpose was to engage travel and transport providers from Shropshire, Telford & Wrekin and Powys and to discuss current issues with public transport, consider key themes and opportunities to improve services, particularly in areas likely to be affected or impacted by one of the options.

3.1 Priority Areas

Following the workshop five key priority areas were discussed and agreed by the group:-

1. Travel and Transport Times
2. Access to Transport
3. Availability of Transport
4. Parking
5. Hospital Appointments

Shropshire Council (SC) Transport Commissioning Manager and Principal Review and Procurement Officer were identified as lead coordinators, for priorities 1-3 above with the Shrewsbury and Telford Hospitals NHS Trust (SaTH) Director of Corporate Governance and the Clinical Programme Manager of the SaTH Sustainable Services Programme identified as leads for priorities 4-5 above.

Regular updates from the Future Fit consultation team at the meetings ensured the group remained up to date with any new or emerging themes arising from the consultation feedback received at public events and meetings.

3.2 Workstreams

The Travel and Transport Group identified three workstreams in order to commence consideration of any issues and mitigations and the requirement to develop a Travel and Transport Mitigation Action Plan:-

- 1) The need to map all transport services available to patients and their families across Shropshire, Telford and Wrekin and Powys and to identify opportunities and gaps in service provision.
 - Collate all information regarding bus companies operating across the area
 - Identify all patient and community transport services in operation and map service provision
- 2) To identify key themes and possible solutions to improve travel and transport services with a view to producing a Mitigation Action Plan which would consider the key positive and negative impacts of either option and how these could be mitigated.
- 3) To review and receive the draft ORH Report relating to the ambulance modelling before final submission to commissioners in November 2018.

The findings from these three workstreams are reported comprehensively in this document in order to provide progress on the work of the group to date.

4.0 Baseline Validation

The need to map all transport services availability was agreed as a priority for the group to better understand service provision, identify gaps and overlaps of services and identify opportunities for working in collaboration to mitigate for or improve travel and transport issues relative to the options identified within the Acute Trust reconfiguration proposals.

4.1 IIA Summary Analysis

The full IIA reports are available on the Future Fit website and comprehensively set out the travel analysis undertaken by independent consultants, ICF: www.nhsfuturefit.org/key-documents

The extracts below (4.2-4.5) set out the key baseline analysis already available from 2015/16 data prior to the work of the Travel and Transport Group which is captured from 4.6 onwards in this section.

4.2 Emergency and Urgent Care

The longest journey times currently are faced by patients from South Shropshire and Powys, followed by Bridgnorth, North Shropshire and Oswestry.

In the reconfigured service under either option, the majority of urgent and emergency care patients (76% - 108,133) would be unaffected.

Travel times for urgent care services are not expected to change as these will still be accessible on both sites. Therefore, the 78,488 urgent care patients currently treated via A&E (2015/2016 data) would experience no change in travel time by car or public transport. Waiting times on arrival may improve due to the separation of urgent care from emergency care and the availability of appropriate clinicians.

For emergency care, the following impacts are expected for each Option:-

Option 1 – Impact on Emergency Care

- 34,785 emergency journeys would be unaffected
- 27,746 emergency journeys would be to RSH instead of PRH
- Average emergency journey times would increase slightly to 25.7 mins (+4.8 mins)
- Of the displaced 27,746 journeys –
 - The localities adversely affected are North Shropshire (+9.2 mins), Bridgnorth (+10.8 mins), Lakeside South (+13.6 mins), The Wrekin (+15 mins) and Hadley Castle (+15.7 mins);
 - Journey times will increase by an average of 10.8 minutes;
 - mins)
 - 7,116 live nearer to an alternative emergency facility (+3.8 mins).

Option 2 – Impact on Emergency Care

- 29,645 emergency journeys would be unaffected
- 32,886 emergency journeys would be to PRH instead of RSH
- Average emergency journey times would increase to 25.3 mins (+4.4 mins)
- Of the displaced 32,886 journeys –
 - The localities adversely affected are South Shropshire (+10.1 mins), Shrewsbury & Atcham (+12.9 mins), Powys (+20 mins) and Oswestry (+20.1 mins);
 - Journey times will increase by an average of 8.5 minutes;
 - 10,143 live nearer to an alternative emergency facility

The CCGs commissioned ORH to model the impact of emergency ambulance services under Options 1 and 2 and a summary of the findings is included in this report.

4.3 Non-Complex Planned Care

Travel times for outpatients and diagnostics are not expected to change as these services will be accessible on both sites.

For non-complex planned care e.g. planned operations and other procedures, an impact was identified in both options.

Option 1 – Non-Complex Planned Care

The following impacts are expected on journeys for patients accessing non-complex Planned Care by car under option 1:

- 17,735 journeys would be unaffected
- 39,709 journeys would be to PRH instead of RSH
- Average journey times would increase slightly to 26.1 mins (+2.1 mins)
- Of the displaced 39,709 journeys –
- The localities adversely affected are South Shropshire (+9.3 mins), Shrewsbury and Atcham (+12.6 mins), Powys (+19.9 mins) and Oswestry (+20.1 mins);
- Journey times will increase by an average of 3.1 minutes;
- 10,534 live nearer to an alternative facility (9316 for public transport.)

Public transport journeys show an increase in overall access time (+2.9 mins) but with a very varied geographical impact, as for car journeys.

Option 2 – Non-Complex Planned Care

The following impacts are expected on journeys for patients accessing non-complex Planned Care by car under option 2

- 42,204 journeys would be unaffected
- 15,240 journeys would be to RSH instead of PRH
- Average journey times would increase slightly to 26.3 mins (+2.3 mins)
- Of the displaced 15.240 journeys –
- The localities adversely affected are North Shropshire (+7.9 mins), Bridgnorth (+10.8 mins), Lakeside South (+13.6 mins), The Wrekin (+15.2 mins) and Hadley Castle (+15.7 mins);
- Journey times will increase by an average of 8.8 minutes;
- 4,225 live nearer to an alternative facility (8131 for public transport.)

Public transport journeys show an increase in overall access time (+6.1 mins) but with a very varied geographical impact, as for car journeys.

The report also noted the potential disproportionate impact on certain groups in terms of projected journey times including young children, young adults, older people, people with a disability, lesbian, gay, bisexual and transsexual group, black Asian minority ethnic (BAME) groups and people living in an area of deprivation. As these groups are likely to be over-represented amongst patients requiring urgent and emergency care, they may be disproportionately negatively affected by increased journey times. There are also potential equality effects arising out of the distribution of certain groups in different geographical areas and the projected journey times for these areas. As a consequence of this, for example, there may be an increased negative impact on the higher number of older people living in Shropshire and Powys if they have to travel further, particularly those living in a rural area.

Similarly, there may also be an increased negative impact on women and children, particularly those in a deprived area who may have to travel further for the services they need. The potential impact on the protected characteristic groups have been further reviewed in the Equality Impact Assessment (EIA) 2018.

4.4 Women and Children's services

Key actions identified in the Women and Children's IIA have been incorporated into the IIA Mitigation Action Plan with proposed travel and transport mitigations included within the Travel and Transport Mitigation Action Plan.

In summary, the key travel and transport issues identified are as follows and concur with the findings from the IIA and Equality Impact Assessment:-

- Older women/BAME women/Women living in deprived or rural areas of Shropshire and Powys would have the same journey time as now under option 2 as W&C would stay at PRH.
- Women and children in North and South Shropshire and Powys would have a reduced journey time under Option 1
- Women and children living in Telford and Wrekin would have an increased journey time if the Women and Children's Unit is moved to Shrewsbury
- Costs of travel remain a concern, particularly for those living in rural and deprived areas.

A key recommendation from the IIA reports is to ensure that unnecessary journeys and transfers for women and children are reduced.

The Travel and Transport Group acknowledged the need to have an overview of public transport provision including local authority, voluntary and non-emergency transport services across Shropshire, Telford and Wrekin and Powys to be able to have a full and comprehensive picture of access and availability.

The analysis from the IIAs provided information to direct the work of the group and to ensure that site-specific, population and locality information is an integral part of the considerations for any proposed mitigations.

In addition to travel times by car, the IIA report sets out how the options would also have an impact on the convenience of public transport journeys to access non-complex Planned Care provision. This is currently provided at both Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH). Under either option this provision would be delivered at a single Planned Care Centre located at either RSH or PRH. This could result in journeys by public transport to access non-complex Planned Care provision becoming less convenient – i.e. requiring more changes to complete – from parts of the patient catchment area.

RSH is currently served by eight local bus services (1, 74, 12, 552, 553, 558, X3, X75) which directly travel to/from several areas across Shropshire and some parts of Powys. PRH is currently served by nine local bus services (4, 15, 16, 341, 342, 721, 860, WR16, WR69) which directly travel to/from most areas in Telford and Wrekin and some in Shropshire.

This mixed coverage means that, even currently, people living in some areas will need to change bus (or train) at least once in order to access the nearest non-complex Planned Care provision by public transport.

Overall, non-complex Planned Care provision can currently be accessed directly by public transport from just under a half of the catchment area, while from elsewhere one or more changes are required. Access is currently highest in Telford and Wrekin where it is possible to travel directly to PRH from most areas. Access is more mixed in Shropshire, partly reflecting the larger and more dispersed geography of the county.

Access is most limited in Powys. Although a minority of areas immediately bordering Shropshire have direct bus services to RSH, from most areas in Powys such a journey requires at least one change or multiple changes.

The vast majority of bus services in the catchment area are commercially operated, meaning provision is focused on corridors with a critical mass of potential users and popular destinations.

There will be both negative and positive impacts in relation to journey times depending on where people live. However, the overall impact of each of the options is likely to be negative. People living in some areas would have to undertake journeys that require more changes in order to access the one hospital site where Planned Care is located.

Under option 2, it would no longer be possible to access non-complex Planned Care provision directly by public transport from any area in Telford & Wrekin, and multiple changes would be required in most cases to access Planned Care at RSH. Shropshire and Powys would be largely unaffected.

Under option 1, the impacts are largely reversed. Access is unaffected in Telford & Wrekin but more changes would be required to travel from most areas in Shropshire and Powys to access Planned Care at PRH.

The IIA Report in 2016 made a number of recommendations and observations as follows:-

- Further work is required to understand particular difficulties that may be experienced by people needing to attend early in the morning / late in the afternoon for appointments when public transport is not available.
- Further work is required to understand the extent to which car ownership does not equate to ability / willingness to drive longer distances.
- Currently there is very limited public transport infrastructure to support out of hours and early morning / late evening appointments.
- Alternatives should also be explored through engagement with service users and voluntary groups in the next phases of work.
- Where services in the community are being considered, this may offer opportunities for more convenient and timely access and will need to be considered as these plans become more concrete.

The comprehensive IIA analysis from the 2015/16 and 2017 reports summarised above clearly set out the potential impacts on ambulance, car and public transport dependent on where patients and their carers live. They also highlight some of the challenges in identifying mitigations to reduce any negative impacts under either option on patients travelling to/from and between both sites.

4.5 Digital Mapping

To understand the spread of public transport services available, members of the Travel and Transport Group from Shropshire Council plotted population density showing the geographical spread of residents within the Shropshire local authority area initially with the darker dotted areas depicting the density of the population using digital mapping software – Diagram 1.

A mapping of all public transport provision is currently taking place. This work will be completed to show all modes of transport available across Shropshire, Telford and Wrekin and Powys to enable all transport providers to consider, how through collaboration and partnership working, improvements can be identified and coordinated to maximise viable opportunities for the whole population.

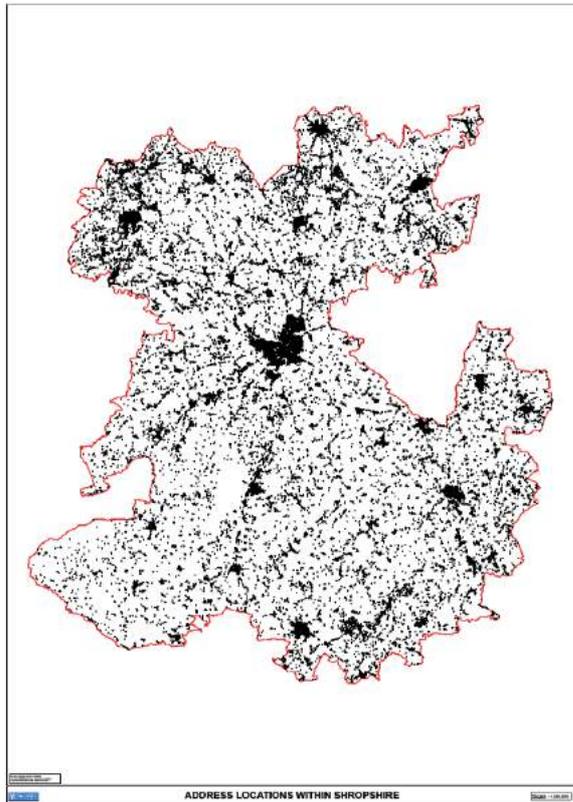


Diagram 1 – Digital mapping of population density

The EIA confirms the importance of considering the impact of access and travel on people belonging to one or more of the protected characteristics particularly people living in rural or deprived areas, older and younger people, people with a disability and homeless people. The baseline validation will therefore enable all transport providers to consider their local provision and how joint working could give rise to an improved spread of available public transport.

4.6 Bus Services

The availability and access to timely bus services has been raised as a priority theme both pre-consultation and during the consultation process.

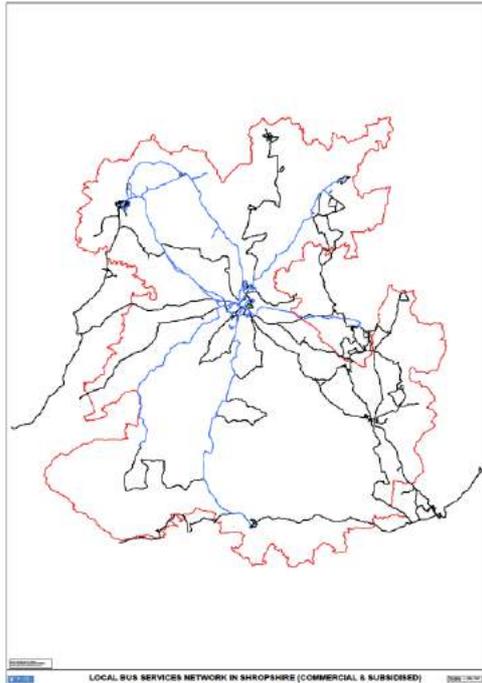
Diagram 2 below shows the current bus services network available to Shropshire local authority residents.

- The red area depicts the Shropshire County Boundary.
- The black line depicts bus services subsidised by Shropshire Council.
- The blue line reflects commercial bus networks without subsidy.

It is clear from the diagram that commercial service provision is centred in the areas with larger populations which is perhaps an indication of the need to be commercially viable and maximise use of services.

The mapping exercise also confirmed the findings of the IIA analysis indicating areas where little or no public transport is currently available.

Diagram 2 – Shropshire current local bus services network



4.7 Analysis of Digital Mapping

The formulation of a Travel and Transport Group has provided an opportunity to consider all forms of transport in a wider context than simply a single local authority transport area. As a result, any mitigation that is put in place may well have a benefit to the residents of Shropshire, Powys and Telford and Wrekin, beyond the Future Fit Programme.

An example of this is the potential mitigation that has been identified through the enhancement of the current Arriva Telford to Shrewsbury service, which would not only increase connectivity for passengers travelling from the wider area, but also see a reduction in current journey times and increased accessibility to both hospital sites.

This holistic approach, consulting with all our partners and stakeholders has allowed us to identify areas that currently have limited transport solutions, compared to others that may have multiple options. A greater utilisation of these transport resources will benefit both the programme and the wider communities.

A key message to come from this programme is not what new services could be developed and would in the main then be unsustainable, but by viewing transport in a wider context, how can we enhance and develop what we already have, to ensure it is both sustainable and fit-for-purpose for the programme and beyond.

The work to date has involved the gathering of data/information from a wide range of transport modes as well as various partners/stakeholders and these include:

- Public Transport
- Patient Transport Services
- Community Transport (via a number of community transport groups across the county)
- Volunteer Groups (e.g. Age Concern and The Red Cross)

- Rail Partners
- Park and Ride opportunities
- Utilisation of cycling solutions (mainly for staff travelling within urban areas)

To assist in producing the information in an easy-to-understand visual and digital format, we have used the ERSI ArcGIS digital mapping product to create a bespoke and specific project.

Within the project Shropshire Council, the lead partner for this activity, has utilised a number of different types of software which allow us to produce information such as travelling times and route optimisation via the Network Analysis tool.

4.8 Availability of core routes

Current core bus routes travelling into Shrewsbury from outlying towns and villages with the average travelling times of the core routes are set out below:-

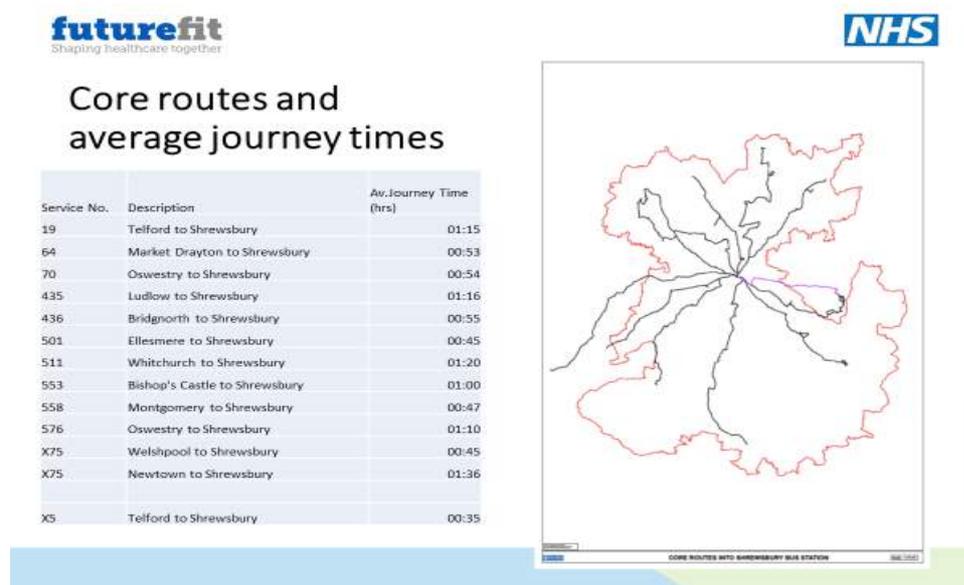


Diagram 3 – Core routes

The core routes show the significant journey times patients and their families have when using bus services across Shropshire, Telford and Wrekin and Powys from the shortest journey time on bus route X75 from Welshpool to Shrewsbury of 45 minutes to the longest travel time from Newtown to Shrewsbury of 1 hour 36 minutes.

The proposal of the group at this stage therefore is to enhance local service provision, particularly in relation to increasing the number of buses travelling to/from and between hospital sites.

SaTH and Shropshire Council are working collectively to encourage commercial and subsidised bus services travelling across the whole County of Shropshire to pass closer to the hospital and also to use bus stops on the hospital sites.

4.9 Community Transport Services

The group identified the need to make the most effective use of community transport services, whilst acknowledging the important role and availability of volunteers to meet the current and any growing demand for services.

It was reported that eight groups provide community transport services across the Shropshire Council area and that for some patients and their families in rural areas, community transport is the only

transport available to them. However, not everyone is eligible for community transport services or has access to a service in the area where they live.

It is clear that recruitment and retention of volunteers is a challenge and that Councils need to consider new and innovative ways to support and sustain services.

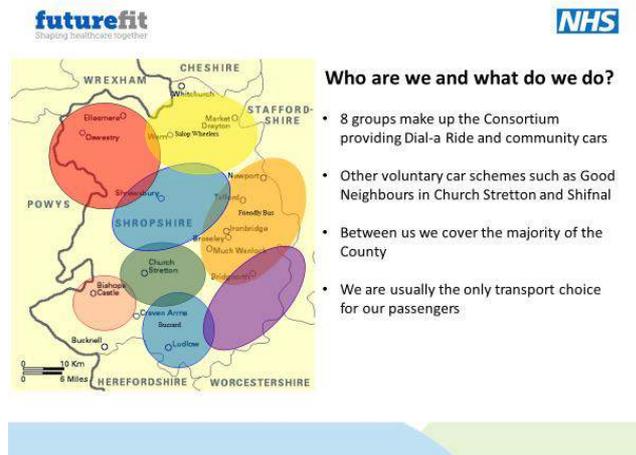


Diagram 4 – Community services provision and impact across Shropshire

Current community transport service provision will form part of the baseline validation to identify opportunities and gaps in services.

The baseline validation may also enable the community transport service to potentially extend its reach and/or reduce any duplication in areas where other similar services are already provided.

Table 3 below sets out sample community transport travel costs for patients travelling to sites from a variety of areas where public transport is limited. Whilst the costs of using community transport services are relatively low in comparison to taxi travel, it is acknowledged that the eligibility criteria limits those able to access the service, insufficient volunteers are coming forward and drivers could be travelling long distances to and from hospital sites as part of the service.

Sample Community Transport Costs	
Oswestry to PRH - QUBE Community Transport	£20.40 return
Church Stretton (limited taxi) – Good neighbours	£9.60. Good Neighbours £13.80 return
Broseley using Telford - Friendly Bus	£12.60. Friendly Bus £6 return

Table 3

The Future Fit public consultation also indicated public concern in relation to the costs of travelling to and from sites from rural areas with little or no alternative public transportation available.

4.10 Taxi services

Use of taxis has been identified as a mode of transport for patients in rural areas lacking any or little alternative public transportation and these can be expensive, particularly for longer journeys.

Where available, taxis were also being used due to lack of public transport in the early morning and late evening by families and their carers to attend appointments and visit relatives/friends due to the lack of public transport available during these times.

There is variance in relation to taxi fare prices with sample taxi prices obtained during November 2018 showing the costs of using this mode of transport.

The Travel and Transport group noted the high costs of taxi fares and the impact this could have on low income families, the elderly, people living in deprived areas and those living in rural areas with little or no alternative but to use taxi services to travel to hospital sites.

Although the councils are responsible for licensing taxis, prices are determined by the taxi companies, the group acknowledged its ability to influence pricing is limited.

Examples of current taxi fares are provided below:

- Oswestry to PRH £92-£135 return
- Church Stretton (limited taxi) – RSH £114 return and PRH £147 return
- Broseley using Telford based Taxis to RSH £43.60 return and PRH £21 return (@November 2018)

4.11 Train services

The group acknowledges that train services are a commercial service and therefore whilst requests could be made to improve train times and access, the train companies provide demand-led services and therefore the Travel and Transport Group is likely to have limited influence.

However, it was agreed both hospital sites should take steps to ensure patients are aware of trains that can take patients and their families close to hospital sites. For example there is an hourly train from Wellington to Shrewsbury which is not widely known and could benefit patients and their families in travelling to and from hospital sites. Similarly, Wellington Station is closer to PRH than Telford Station. The onward link to enable patients and their families to get to the hospital site through improved bus timetables and links to the sites is being explored by the group's Shropshire Council lead with core stakeholder group members.

4.12 Non-Emergency Patient Transport

Certain patients are eligible for local non-emergency patient transport services. More information is provided in the ORH report modelling the impact of service provision under both options.

4.13 Baseline Validation next steps

The group acknowledged there were negative and positive impacts under each option and the baseline validation would enable all stakeholders to work together to identify opportunities and solutions under either option.

The baseline validation has commenced and further work is required to ensure all bus and community transport service provider information has been included and that Telford and Wrekin Council's bus and community transport service provision has also been incorporated to provide a full and comprehensive view of services.

5.0 Development of Key Themes and Mitigations

A second workshop was held on 2nd November with the Travel and Transport Group members and Stakeholder Reference Group members. Attendees were updated on the transport and travel work to date relating to the five priority areas and consultation feedback themes relating to travel and transport.

This information enabled the group not only to discuss ideas and opportunities further but also identify actions required to mitigate any further adverse impacts related to implementation of either of the proposed options.

Following the end of the consultation and receipt of the Consultation Findings Report, further discussion took place during the period of conscientious consideration and whilst no new themes overall were identified, the specific need to consider the impact on protected characteristics, mental health service users, costs of travel and rurality/deprivation was restated.

In response to the consultation findings, the key themes are set out below with additional updates or mitigations proposed by the Travel and Transport Group.

The proposed solutions will form part of the Travel and Transport Mitigation Action Plan.

5.1 Travel times, distance and scheduling of transport

A summary of the key themes in relation to travel times, transport, distance and scheduling are below:

- Inability to utilise one ticket on Welsh and English buses and trains
- Lack of ability to request early/late appointments
- Easier to access bus services available the closer you live to Shrewsbury and Telford
- Poor early morning and late evening public transport schedules impacting on the use of concessionary travel passes, availability of buses to and from the hospital sites, early morning taxis unavailable due to contracting out for school runs
- Too far to travel for emergency services dependent on either option – perceived risk to life, quality of service provision and need to retain both A & E Departments

The above themes and proposed solutions are set out in the Travel and Transport Mitigation Action Plan and are outlined in further detail in other themes throughout this section of the report.

5.2 Access and availability of transport and costs

A summary of the key themes in relation to access and costs are below:-

- Option 1 positive impact on patients and their families accessing women and children's services and emergency services living in Shropshire (North and South) and Powys but concerns around travelling further for Planned Care services
- Option 2 no change in impact on women and children from Telford and Wrekin using women's and children's services at PRH but concerns relating to the perceived loss of A and E due to increased travel times to Shrewsbury.
- For Planned Care, there will be a positive impact on patients living near to PRH under Option 1 and a positive impact under Option 2 for people living in Powys and Shropshire
- Costs of travel including parking and alternative modes of travel need to be further explored.

SaTH's Travel Plan currently in draft will be submitted to the Trust's January Board meeting and sets out its plans relating to parking and costs.

The Travel and Transport Mitigation Plan will set out the proposed solutions for issues and concerns relating to access, availability and costs.

5.3 Capacity and availability of ambulance services

A summary of key themes relating to ambulance services are set out below:-

Feedback during and post-consultation highlighted public concern relating to the provision of ambulance services, particularly patients having to travel further to receive care and the perceived risk to life and quality of care as a result.

The CCGs have commissioned work to model the impact on ambulance service provision under both options.

The Travel and Transport Group was fully engaged in the ambulance modelling work undertaken by ORH and has had formal sight of the report and its recommendations prior to its final submission to the Programme Board. Meeting with ORH enabled the Travel and Transport Group to be actively involved in the modelling work and to raise any points of concern or clarification before the final report was submitted.

5.4 Rurality

A summary of key themes relating to rurality are set out below:-

- Lack of choice and access to public transport in general
- Dependent on where the public live, some will have to travel further to attend hospital sites and this will impact on access and costs of travel
- Whilst Shropshire and Powys are rural areas, it should be noted there are areas of rurality within Telford and Wrekin.
- Rurality is higher in Shropshire and Powys, but there are pockets of rurality in Telford and Wrekin
- Rural deprivation is higher in Shropshire and Powys
- Access to bus services is less in rural areas with taxi travel being expensive, low in availability and unlikely to be available to and from a hospital sites.

The impact of increased travel, particularly on those living in rural and deprived areas, older people and women and children needs to be mitigated as much as possible. The Travel and Transport Group baseline validation and proposed solutions, including improving access to and between hospital sites, raising awareness of help with travel costs and eligibility criteria for community transport are all areas which have been identified as proposed solutions to improve access and travel options from rural areas and these form part of the Travel and Transport Mitigation Action Plan.

5.5 Deprivation

A summary of key themes relating to deprivation are set out below:-

People living in deprived areas will potentially be affected by the changes, depending on where they live and the impact of travelling further for care particularly for older people, young people, women and low income families could be significant due to increased costs.

The EIA states the impact for access and travel on protected characteristics is likely to be greatest on people living in rural areas, older and young people, people with a disability and homeless people therefore the needs of these groups must be considered and evidenced in the Travel and Transport Mitigation Action Plan.

The Travel and Transport Group baseline validation will enable more collaborative work with bus and train providers to identify gaps and opportunities for improvements.

5.6 Impact of Planned Care consolidation onto one site

A summary of key themes relating to Planned Care are set out below:-

- Option 1 and 2 had either a negative or positive impact on access to travel dependent on where a patient or their families lived.

Key themes and issues relating to Planned Care are captured throughout this section of the report and proposed solutions set out within the Travel and Transport Mitigation Plan.

5.7 Lack of public transport available during weekends/Bank holidays

A summary of the key themes relating to weekend/bank holiday public transport is set out below:-

- Lack of or limited services available

The baseline validation will enable opportunities and gaps for improvements to be more clearly identified. However, transport services across the area are limited during this period and therefore there may be very little scope within the remit of the group to improve this further.

5.8 Connectivity of buses and trains in general

A summary of key themes relating to connectivity of buses and trains is set out below:-

- Poor connectivity of buses to/from and between sites
- Long waiting times for connections

The Travel and Transport Group baseline validation will enable more collaborative work with bus and train providers to identify gaps and opportunities for improvements.

Shropshire Council working with stakeholder providers is proposing to identify opportunities to improve the bus services available from Shrewsbury Bus Station to reduce waiting times and improve connectivity to hospital sites.

5.9 Lack of connectivity between hospital sites

A summary of key themes relating to connectivity between hospital sites are set out below:-

- Poor connectivity of buses to/from and between sites
- The need for a shuttle service running regularly between both sites

Work is already underway with Shrewsbury and Telford Hospital Trust, Shropshire Council and bus companies to improve connectivity between sites and to enable more buses to stop on both sites.

It is also proposed to enhance services between sites (development of a shuttle service) and seek to reduce the number of stops on some services to shorten journey times.

The Travel and Transport Group baseline validation will enable more collaborative work with bus and train providers to identify gaps and opportunities for improvements.

5.10 Limitations of bus passes in respect of time of use and inability to use tickets across borders

The limitations of time of use for bus passes and through ticketing were noted by the Travel and Transport Group.

Shropshire Council are involved with the West Midlands Combined Authority piloting through ticketing with a view to developing a similar approach

5.11 Lack and costs of parking

A summary of key themes relating to lack and costs of parking are set out below:-

- Insufficient parking at both sites which needs to be improved and plan sufficient parking facilities within the proposed options.
- Any new developments on either site must consider parking facilities and costs to service users.

An updated SaTH Travel Plan is to be submitted to its Board in January 2019 setting out the plans for future parking and costs.

SaTH is the Travel and Transport Group's workstream lead for parking and will provide updates on progress to the group.

5.12 Concessionary travel

The Travel and Transport group acknowledges the limitations of the eligibility criteria and times of use for concessionary travel passes. However, SaTH's plans to implement an electronic patient booking system will enable patients and their families to choose the time and location of their appointments wherever possible, which will in some instances offer more opportunity to travel using concessionary passes.

5.13 Eligibility criteria for non-emergency patient transport services

Further clarity is required to ensure patients and their families have access to information which informs them whether they are eligible to receive non-emergency patient transport or not. SaTH is committed to improving awareness of the criteria and the Trust's Communication and Engagement Team has been tasked with developing clearer and more readily available information.

Both CCGs have confirmed the contract for non-emergency patient transport will be re-tendered shortly and clearer guidance on eligibility will be available.

5.14 Availability of community transport and appropriate commissioning of services and support for the work the service undertakes

Access to community transport is limited in many areas, particularly rural areas and the service has to continue to attract and keep volunteers before it is able to consider expanding its services. It also has to ensure it can continue to secure adequate funding to continue to provide a good quality service before considering widening its services further.

The Travel and Transport Group baseline validation will identify gaps and opportunities which could enable community transport expansion. However, the councils and community services will continue to work together to develop and maintain appropriate services within funding availability.

5.15 Ability to influence national and local drivers

The group has noted the importance of the recently published Department of Transport - Inclusive Transport Strategy: Achieving equal access for disabled people 2018 which significantly supports improved services for disabled people and their families and will receive regular updates on how the strategy is being implemented locally.

Shropshire, Telford and Wrekin and Powys Local Development Plans will need to assess the impact of the Future Fit acute reconfiguration.

5.16 Greater consideration of the potential impact on Welsh users of services

A summary of key themes relating to the potential impact on Welsh users of services are set out below:-

- Mid Wales patients will travel further for Planned Care under Option 1
- Patients from Wales may prefer to travel to Aberystwyth/Cardiff for Planned Care under Option 1
- Free parking in Wales
- Free Welsh travel available for the over 60s

There are higher levels of car ownership due to rurality in Powys and lack of availability of public transport. Therefore, the groups most likely to be impacted on if they need to travel further for hospital services are older and young people and women/men who do not drive.

The Travel and Transport Group has Welsh stakeholder membership and this has enabled the group to be aware of issues and concerns that are relative to Powys and ensure the Travel and Transport Mitigation Action Plan seeks to address them.

5.17 Baseline next steps

It is clear that travel and transport is of significant concern to the public throughout Shropshire, Telford and Wrekin and Powys and whilst the reasons for the levels of concern are different dependent on where the public lives and the access they have to public transport, the Travel and Transport Group has sought to identify proposed solutions which can mitigate some of the impacts. Therefore, the key themes have been collated and proposed solutions developed through the Travel and Transport Mitigation Action Plan.

The Travel and Transport Mitigation Action Plan setting out proposed solutions under Option 1 and Option 2 can be viewed within Appendix 1.

6.0 Ambulance Modelling

The ambulance modelling was commissioned by Shropshire and Telford & Wrekin CCGs in order to quantify the impact on ambulance services following the decision to consult on the proposed changes to the services currently being provided at the Royal Shrewsbury Hospital and Princess Royal Hospital (Pre-Consultation Business Case, November 2017 – CCG Caveat, pg 33).

6.1 Approach

In order to assess the impact that either of the proposed options would have on emergency, routine and air ambulance provision, there was a need to be able to model the different options being proposed.

ORH (Operational Research in Health) was selected to undertake the modelling work for the Future Fit programme. ORH has, for many years, worked with ambulance services, amongst many other public bodies, and commissioners both in the UK and abroad to carry out work similar to that required by the Future Fit Programme Board as a result of potential service provision or activity changes.

To undertake this work, ORH collected data from the Office for National Statistics and engaged with the following providers:-

- Shropshire Patient Transport Services (Falck)
- West Midlands Ambulance Service (WMAS) (EMS and air ambulance)
- Welsh Ambulance Services (WAST) (EMS, PTS and air ambulance)
- Shrewsbury and Telford Hospital NHS Trust
- Travel and Transport Group

ORH also engaged with the following stakeholders from each provider:

- Clinical leads
- Operational managers
- Business Information leads
- CCG Commissioner Leads

Shrewsbury and Telford NHS Hospital Trust provided additional information to validate and confirm modelling assumptions outlining the proposed service sites under Option 1 and Option 2 as set out within Table 1 overleaf.

6.2 Collation of baseline data to support analysis

All emergency and non-emergency transport providers submitted comprehensive data to ORH for an agreed 12 month period setting out transport to and from the Royal Shrewsbury Hospital and the Princess Royal in Telford. This data included demand level activity along with the actual resources each of the services provided within the selected period. The data was then modelled and adjusted

until it broadly provided an outcome similar to that reported by each of the services in their normal key performance indicators (KPIs) to give assurance the modelling results would provide accurate assumptions.

The model accommodated the different KPIs used by each of the services, from the slightly different response times of the call categories used in Wales and England through to the time windows used in the routine patient transport services.

Once the model was able to consistently replicate the performance metrics of each of the individual services, each of the service changes was introduced in turn and the model re-run to assess the impact of the change. This model would produce an output with either an improvement or worsening of its service KPIs. The final run of the model would produce the amount of additional or reduced hours required to maintain the performance at the level reported. Modelling assumptions – see Table 2 below.

Two data review meetings were held on 16th August and 11th September 2018 to validate and confirm the approach before the final report was submitted to the CCGs on 8th November.

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6.3 Table 1 - Modelling Assumptions

OPTION 1 - Emergency Care site is: Royal Shrewsbury Hospital	Planned Care site is: Princess Royal Hospital
Services provided 24-hour Emergency Department Critical Care Unit Ambulatory Emergency Care Unit Emergency Surgery and Medicine Complex Planned Surgery Women and Children's consultant-led Inpatient Services	Services provided Planned Inpatient Surgery Day Case Surgery Endoscopy Breast Inpatient Services Medical Wards
At both sites 24-hour Urgent Care Centre Adult and Children's Outpatient Services Day Case Renal Unit Tests (Diagnostics)	
OPTION 2 - Emergency Care site is: Princess Royal Hospital	
Planned Care site is: Royal Shrewsbury Hospital	Planned Care site is: Royal Shrewsbury Hospital
Services provided 24-hour Emergency Department Critical Care Unit Ambulatory Emergency Care Unit Emergency Surgery and Medicine Complex Planned Surgery Women and Children's consultant-led Inpatient Services	Services provided Planned Inpatient Surgery Day Case Surgery Endoscopy Breast Inpatient Services Medical Wards
At both sites 24-hour Urgent Care Centre Adult and Children's Outpatient Services Day Case Renal Unit Tests (Diagnostics)	

PTS Providers

Some wards/clinics will be based only at the emergency site or Planned Care site. Patients taken to other clinics will either remain as-is, or if they are inpatients, 54% will be taken to the emergency site and 46% to the Planned Care site.

There are also an additional 17 transfers per day from the emergency site to the Planned Care site, which are assumed to be undertaken by Falck.

EMS Providers

Of all patients who attend either hospital in the base scenario, 82% of patients need to be taken to the emergency care site, and 18% could be taken to the Planned Care site.

Any patient being transported by WAST EMS will not bypass Royal Shrewsbury in option 1.

Note: Modelling is based on 2017/18 activity; any non changed factor is assumed to remain the same in option 1 and option 2

6.4 ORH Results

In broad terms the modelling indicates that both options are broadly similar in their additional resource requirement.

The non-emergency patient transport service in Shropshire and Telford and Wrekin, provided by Falck, for either option, require an additional 136 stretcher vehicle hours although Option 1 (RSH emergency care, PRH Planned Care) affects slightly more patients but still represents only 4.18% of all journeys undertaken by Falck.

In relation to Welsh (WAST) non-emergency patient transport, as the number of patients travelling from Wales is relatively low, the numbers affected are consequently low. Neither of the options produced sufficient evidence for more resource and the model concluded no additional resources are required as a result of either Option 1 or 2.

The model identified an impact on the emergency services provided by Welsh (WAST) and West Midlands (WMAS) ambulance services although either option has a very similar requirement in the total of additional resources required to maintain current levels of performance.

Table 2 below shows the impact of each option on each of the Emergency Service providers.

	Option 1 (RSH Emergency Care, PRH Planned Care)	Option 2 (PRH Emergency Care, RSH Planned Care)
WMAS	144 vehicle hours	90 vehicle hours
WAST	0 vehicle hours	32 vehicle hours
Total	144 vehicle hours	122 vehicle hours

Table 2

WMAS is affected by Option 1 more so than Option 2. WAST is unaffected by Option 1 but would be impacted by Option 2 if the Princess Royal is the Emergency Care site, creating a longer travel time for patients from Wales.

However, overall the impact of implementing either option is very similar when looked at in terms of total emergency medical services into Shropshire e.g. 144 hours where the Royal Shrewsbury provides emergency care or 122 hours where the Princess Royal provides emergency care.

It should be noted modelling is based on activity in the period April 2017 – April 2018 with the base scenario representing activity during this time.

All providers of services were given two opportunities to review and provide conscientious consideration to the development and submission of the report.

Table 3 below – Restoring Performance to baseline position summarises the additional service provision required for both options and both CCGs have received the final report.

A copy of the full ORH report is available from the CCGs and sets out the approach taken by ORH to produce an analysis of the resource implications now and what will be required in the future under both options. The report will be made available on the Future Fit website once published.

6.5 Ambulance Modelling Recommendations

The impact on non-emergency patient transport services provided by Falck and WAST are well defined in the ORH report with either option requiring more stretcher resource(s) to be based at Atcham although further work will be required on establishing the precise number of vehicles and their hours of working to ensure best fit.

The EMS impact requires further discussion with the various stakeholders to determine how the additional resource hours can be created. The following are some examples:

- Additional resources. The overall impact equates to a single 24/7 resource
- Conveyance rates. Do WMAS and WAST have plans to reduce their conveyance rates through, for example, new clinical interventions provided by paramedics or more opportunities to signpost patients to more appropriate pathways? Whilst this may not reduce the impact on ambulances due to job cycle times it may reduce the impact on emergency departments
- Handover times. Modelling by ORH has identified that reducing patient handover time to the national accepted standard of 30 minutes (clinical and crew turnaround) could recover between 40 and 50 vehicle hours.

All of the above potentially require system changes and therefore require wider engagement.

The final ORH report was submitted to both CCGs and provides conscientious consideration of the impact on ambulance services under both options with mitigations outlined within the DMBC.

Both Shropshire and Telford and Wrekin Commissioning Groups will commission the right level of ambulance and non-emergency patient transport services required.

Table 3 - Restoring Performance to Baseline Position

Simulation models for each provider were used to identify the additional vehicle hours required to restore performance to the baseline position under each option which are summarised overall as follows:-

Service		Option 1 (RSH Emergency Care/PRH Planned Care)	Option 2 (PRH Emergency Care/RSH Planned Care)
Falck PTS		136 additional stretcher vehicle hours per week	136 additional stretcher vehicle hours per week
WAST PTS		No resource requirement	No resource requirement
WMAS	No change in time at hospital	144 additional ambulance hours per week	90 additional ambulance hours per week
	Time at hospital reduced to 30 minutes at emergency site	100 additional hours per week required	40 additional ambulance hours per week
WAST EMS		No resource requirement	32 additional ambulance hours per week

7.0 Future Governance

The Travel and Transport Group has sought to identify proposed mitigations under both options and the next step following the decision of the Joint Committee of the two CCGs will be to revise the plan to ensure its focus is aligned to the decision of the Committee.

Oversight of the progress against the final actions within the Mitigation Plan is being proposed through the establishment of an Implementation Oversight Group under the umbrella of the STP governance structure.

8.0 Conclusion

The Group has identified the need for a comprehensive collation of all public transport service provider routes across Shropshire, Telford and Wrekin and Powys to enable a collaborative approach to improvements to be the baseline of any mitigations identified. Shropshire Council has agreed to lead on this work and has already begun to work with all transport providers providing community, bus and train services as a result.

This work will require the commitment of all stakeholders to obtain the required information working together across systems and processes to ensure proposed solutions can be delivered and improvements required to support the Future Fit Programme can be made.

In terms of the key themes and priorities, these have now formulated into a Future Fit Travel and Transport Mitigation Action Plan which will remain a live document, be regularly reviewed and updated to ensure the proposed solutions can be delivered to the timescales provided. It will also be further refined to ensure there is executive leadership and sponsorship for the proposed solutions.

The Ambulance Modelling Report from ORH has been submitted to Shropshire and Telford and Wrekin CCGs. The recommendations within this report will be reviewed by the commissioners who will work with the ambulance providers to commission the most appropriate services maintaining quality, capacity and performance based on good practice.

Finally, the Travel and Transport Group will continue to meet regularly with its role and membership reviewed to align with the work that will be required following the decision made by the Joint Committee of the two CCGs.

9.0 Recommendations

In considering the Travel and Transport Report and the proposed solutions, the Future Fit Programme must ensure that the views of the public in relation to the key themes identified have been considered.

Any agreed Travel and Transport Mitigation Action Plan must be viewed as a live document which may require development prior to and following the decision of the Joint Committee of the two CCGs.

The governance of the Plan should be agreed and supported within each organisation which will be required to advise, develop and implement the proposed solutions.