

# Health Overview and Scrutiny Panel

Thursday, 28th February, 2013  
at 6.00 pm

## **PLEASE NOTE TIME OF MEETING**

Conference Room 3 - Civic Centre

This meeting is open to the public

### **Members**

Councillor Pope (Chair)  
Councillor Lewzey (Vice-Chair)  
Councillor Claisse  
Councillor Jeffery  
Councillor Parnell  
Councillor Tucker  
Councillor Keogh

### **Contacts**

Karen Wardle  
Democratic Support Officer  
Tel: 023 8083 2302  
Email: [karen.wardle@southampton.gov.uk](mailto:karen.wardle@southampton.gov.uk)

Caronwen Rees  
Policy & Performance Analyst  
Tel: 023 8083 2524  
Email: [Caronwen.rees@southampton.gov.uk](mailto:Caronwen.rees@southampton.gov.uk)

# **PUBLIC INFORMATION**

## **Role of Health Overview Scrutiny Panel**

The Health Overview and Scrutiny Panel is responsible for undertaking the statutory scrutiny of health across Southampton. This role includes:

- Responding to proposals and consultations from NHS Trusts and other NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises
- Liaising with the Southampton LINK and responding to any matters brought to the attention of overview and scrutiny by the Southampton LINK
- Scrutinising key decisions of the health agencies in the City and the progress made in implementing the Health & Well-being Strategic Plan and Joint Plans for Strategic commissioning
- Considering Councillor Calls for Action for health matters

## **Southampton City Council's Seven Priorities**

- More jobs for local people
- More local people who are well educated and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities
- Reshaping the Council for the future

## **Public Representations**

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

**Smoking policy** – the Council operates a no-smoking policy in all civic buildings.

**Mobile Telephones** – please turn off your mobile telephone whilst in the meeting.

## **Dates of Meetings: Municipal Year 2012/13**

<b>2012</b>	<b>2013</b>
21 June 2012	31 January 2013
15 August	28 February
10 October	21 March
29 November	

**Fire Procedure** – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

**Access** – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

## CONDUCT OF MEETING

### **Terms of Reference**

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

### **Quorum**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

### **Business to be discussed**

Only those items listed on the attached agenda may be considered at this meeting.

### **Rules of Procedure**

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

## **DISCLOSURE OF INTEREST**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Personal Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

### **DISCLOSABLE PERSONAL INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

## **Other Interests**

A Member must regard himself or herself as having a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

## **Principles of Decision Making**

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

## AGENDA

Agendas and papers are now available via the City Council's website

### **1 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **2 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **3 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **4 STATEMENT FROM THE CHAIR**

### **5 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **6 PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL**

Report of the Senior Manager, Communities, Change and Partnerships for the Panel to note evidence from stakeholders in relation to public and sustainable transport provision to Southampton General Hospital and to provide any written comments and thoughts on emerging recommendations to the Policy and Performance Analyst by 8 March, attached.

Wednesday, 20 February 2013

HEAD OF LEGAL, HR AND DEMOCRATIC  
SERVICES



# Agenda Item 6

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
<b>SUBJECT:</b>	PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL		
<b>DATE OF DECISION:</b>	28 February 2013		
<b>REPORT OF:</b>	SENIOR MANAGER, COMMUNITIES, CHANGE AND PARTNERSHIPS		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	Name:	Caronwen Rees	Tel: 023 80832524
	E-mail:	Caronwen.rees@southampton.gov.uk	
<b>Director</b>	Name:	Dawn Baxendale	Tel: 023 80917713
	E-mail:	Dawn.baxendale@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

## **BRIEF SUMMARY**

This paper provides details of who will attend the Panel to provide evidence in relation to the Public and Sustainable Transport Provision to Southampton General Hospital review and a summary of a meeting with the University Hospital of Southampton NHS Foundation Trust (UHS).

## **RECOMMENDATIONS:**

- (i) The panel receives evidence from stakeholders in relation to public and sustainable transport provision to Southampton General Hospital.
- (ii) The Panel agree to provide any written comments and thoughts on emerging recommendations to Caronwen Rees by 8 March.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. The Panel agreed to undertake a review into public and sustainable transport provision to Southampton general hospital.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None.

## **DETAIL (Including consultation carried out)**

3. The Panel agreed to hold an additional meeting on 28 February to gather evidence for the review of Public and Sustainable Transport Provision to Southampton General Hospital.
4. The following stakeholders have been invited to address the meeting and take questions:
  - Harry Dymond –Chairman, Southampton LINK
  - Anne Meader, Carers Together

- Michael Woodward - Joint Staff Side Chair/Unite UHS
- David Smith – Consultant Anaesthetist, & Maria Johnston – Radiographer Staff Reps UHS
- Anita Beer, Interim Deputy Director of Commercial Development and Sarah Jones, Assistant Project Manager, UHS
- Ian Taylor, Unilink Manager
- Paul Coyne, Operations Manager, Bluestar & Uni-link
- Chrissie Bainbridge, Service Delivery Director, First South Coast
- Simon Bell, Public Transport & Operations Manager and Dale Bostock Active Travel Officer, Southampton City Council

5. A background paper received from Harry Dymond is attached at appendix 1.

6. The Chair of the Panel recently met with Anita Beer and Sarah Jones from UHS. The key points raised during the meeting included:

- The Hospital has up to a total of 75000 staff, a number of these work shifts or are on call. In addition there are University employees and students who regularly have need to visit the SGH site. By the size and nature of the Hospital and its activities, the Trust is one of the major employers in Southampton, with staff demographics showing large local staffing levels, whilst also attracting a large proportion of staff from outside the city from many locations around the whole of the UK.
- In the region of 6000 patients are seen at the hospital each year. The demographics of patients are local, nationwide and international due to the complex mix of acute, trauma centre and specialist healthcare services that UHS provides. Visiting times are generally the same for all wards. There is limited information available regarding how patients and visitors travel to the hospital.
- In 2009 the trust had significant problems with parking on the site. They developed a Transport Strategy to resolve the issues. A consultation group was established to take the changes forward and this included staff representatives. A summary of achievements since that time is available at appendix 2. The travel plan is currently being updated and the new version will be launched in the next couple of months.
- UHS formed part of the Transport for South Hampshire bid for the Local Sustainable Transport Fund. A copy of their bid paper is at appendix 3. The funding that has been received will be used to improve cycling facilities.
- By engaging in closer working links with various commercial bus providers since 2010 through direct bus company contact and the Travel Planners Forums, the Trust has worked to influence, where possible, bus timetabling and better information sharing to enable more staff and patients to be aware of all their bus travelling options to and from work.
- The companies are regularly invited to the Trust "Bus Week" held on



average every 6 months, to directly engage with staff regarding their travel enquiries, such as timetabling, route or smart card advice.

- UHS also funds, manages and runs its own small fleet of mini-buses and vans, some of which provide dedicated cross-site working staff with easy accessible transport between hospital sites such as the Royal South Hants' and Southampton General Hospital, which reduces single car on site parking requirements and local traffic congestion and emissions.
  - Information about the patient transport service, parking changes and the NHS Healthcare Travel costs scheme are at appendix 4 – 6 respectively.
  - The trust is working on the development of the site to meet its 2020 vision. Currently planned developments include house providing accommodation for families of paediatric inpatients. Discussions regarding future parking demand and provision are underway. A site map is at appendix 7.
7. Members agreed previously that the report of the review would be presented to the panel for agreement at their meeting on x March 2013. Given the short timescales involved members are asked provide any written comments and thoughts on emerging recommendations to Caronwen Rees by 8 March 2013.

## RESOURCE IMPLICATIONS

### Capital/Revenue

9. None.

### Property/Other

10. None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

11. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

### Other Legal Implications:

12. None.

## POLICY FRAMEWORK IMPLICATIONS

13. None

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	
------------------------------------	--

## SUPPORTING DOCUMENTATION

### Appendices

1.	Southampton LINK – Transport Issues Paper
2.	Summary of Transport Strategy Achievements

3.	Local Sustainable Transport Fund Bid Information
4.	Patient Transport Services
5.	Parking Charges Information
6.	NHS Healthcare Travel Costs Scheme
7.	General Hospital Site Map

**Documents In Members' Rooms**

1.	None
----	------

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
--	--------

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	N/A	
----	-----	--



## Transport issues

---

Southampton LINK has received many concerns from the public about the transport to health service facilities for a number of years. Concerns are generally about the poor standard of transport to hospital, especially the SGH and about car parking at the SGH.

As the review is concentrating on public transport I will not include matters of car parking other than in passing.

Probably our first major awareness of transport as a serious issue was during the consultation on the change of operating hours for the Bitterne Walk-in-centre. This resulted in many adverse comments such as *“Residents in the east of the city (The “Cinderella” of Southampton) cannot easily access emergency medical facilities.”*

Our report contained the following statements:

‘... a large number of respondents expressed their view that health services such as the Minor Injuries Unit at the RSH, and A&E at Southampton General are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children.’

‘Many responders commented on the absence of alternative services in the east of the city. There was a general feeling that their needs were not being met, with a particular series of negative comments on the lack of public transport to access SUHT and other services based in the centre and west of the city. Bus transport was especially criticised as well as high taxi fares and distinct lack of suitable parking if private car access was possible.’

We concluded:

‘Southampton LINK understands that this is a difficult issue and that the majority of public transport is operated on a purely commercially basis. Nevertheless, it is right that the concerns of the public on the East of the City are noted and that the NHS and City Council should co-operate to attempt to improve the situation especially in respect of health related transport needs.’

This report was issued to the scrutiny panel at the time.

Similar comments have been received at almost every public event that we have organised. Our most recent event was entitled 'Your Views Count' at which Transport and access to hospitals was heavily criticised, predominately because of:

- Poor bus links
- Constant route changes
- Poor timetabling.
- Insufficient service to SGH.

In passing it is interesting to note that criticism was also given to parking within hospital grounds. Main concerns were

- Availability.
- High cost of parking at SGH.
- At SGH handicapped parking was both inadequate (hence always full) and too far away from the hospital main entrance

Attendees of the event emphasised significant improvements were needed if people were to rely on public transport to get them to hospital. Suggestions put forward:

- Hospitals should support people to plan their journey beforehand.
- Improve the availability of transport information.
- Offer information and reduced cost taxi service as operates in Eastleigh, for the whole of Southampton.

They also suggested that improvements could be made and cost could be reduced if practitioners minimised delays to patient appointments, (thus preventing unnecessarily high parking charges)

Southampton LINK has also reviewed the report conducted by SVS for NHS Southampton City on Urgent care. The survey engaged 42 families in different locations across the City. Although the survey was specifically about unscheduled care and not specifically about transport issues it is nevertheless interesting to consider the findings and relevant in that it is everyone's interest to see emergency facilities used appropriately. It is no surprise that transport played a major part of the feedback and was raised in most sessions.

For families living in the west of the city access to the Walk in Centre or Minor Injuries Unit entailed using two or even three buses, which run on an irregular basis. This proved difficult in terms of both time and cost. Added to this was the difficulty of having to take more than one small child on this long journey, particularly taking into account one of them was ill. Use of the Minor Injuries Unit was further compounded by the families' perception of the St Mary's area as being unsafe, with them being particularly unlikely to visit the area in the evening. In this instance families were more likely to use urgent care services inappropriately if they were unable to get a GP appointment.

Families on the east of the city felt it relatively easy to access the Bitterne Walk in Centre, with its close proximity to bus routes. They felt the service in Bitterne enabled them to gain a trusted opinion quickly, to see if they needed to take further action. Inappropriate access of A&E was unlikely due to the travel involved (again two or three buses) and the related issues as reported by the families from the east. Similarly to families on the east this group of families were also reluctant to use the services provided at the RSH Minor Injuries Unit due to perception of the area as unsafe and the difficulties of travelling there by public transport.

A further comment was received that it was difficult returning home from A&E after the buses had stopped running.

It is also worth noting that Help the Aged conducted survey of 12,418 people of which 97% were over 60 years old. They reported:

- Local bus usage increases with age.
- Limited access to public transport means 37% of Registered Disabled people are forced to use taxi services compared to only 5% of the able - bodied.

The Principal problems were:

Difficulty in getting from/to home and the bus stop.

Problems getting to a seat before the bus moves off.

Inconvenient bus schedules and hard to read timetables.

Poor service to SGH from the East of Southampton.

This page is intentionally left blank

**2009 Transport Strategy achievements to end 2012:**

- a. Reduction of major queues to the hospital Patient & visitor car parks by removing nom' 200 staff cars from Patient car parks per day.
- b. Reduction of inherent overflow onto surrounding residential road systems and local vehicle service impact from those queues.
- c. Reduction of 400 staff car parking permits and therefore cars on site.
- d. Implementation of a new and equitable staff parking permit allocation criteria & enforcement.
- e. Investment in new data management system for better car park capacity management.
- f. Investment in vehicle recognition car parking technology & car parking permit management.
- g. Investment in new chip & pin payment systems to all the patient and visitor car parking pay on foot machines to facilitate easier and faster egress for patients from the site, whilst saving on cash handling costs for the Trust.
- h. Procuring and partnering with local organisations to provide staff with 2 x Trust subsidised Park & Ride services with parking for nom' 320 staff, removing those cars from the hospital site and also local Southampton road networks.
- i. Close working links with the University and their Uni-Link bus supplier to launch a faster 20minute interval bus service timetable for students, staff and public visiting the hospital, University and Southampton city area.
- j. Investment and partnership working with Portsmouth Hospitals to buy and construct a Fastpark modular car park deck build providing an additional 100 spaces on site and additional car parking CCTV & lighting coverage
- k. Introduction of a Trust Cycle to Work Scheme in May 2009 with 83 applicants in its first 6 months of the scheme and 338 applicants from May 09 to May 2012.
- l. Continued addition and review of cycle storage and hoops.
- m. Refurbishment of communal staff female & male shower, change and locker areas – ongoing.
- n. Continued free to staff inter-site daily mini-bus service between the RSH & SGH Southampton hospitals.
- o. Investment in improved staff and patient communications & publications via staff and public web-access, travel links and discount packages from public transport providers.
- p. Linking better with, and inviting all the major commercial public bus operators inviting them on site for regular "Bus Weeks" enabling direct engagement with staff about their travel to work planning options.
- q. Partnering closely with Southampton City Council and their sustainable work travel team and My Journey getting around Southampton promotional scheme.
- r. Working closely with the My Journey team to establish the Trusts first "Bike Week" held during National Bike Week on site promoting cycling and non car travel, whilst enabling the Trust to gather travel behaviour surveys from our staff.
- s. Installed a second Fastpark2 car parking deck on site 2012 to alleviate increase in staff cars on site who are eligible for a permit, as staff are travelling further to engage in their jobs.
- t. Review and then publish the Trusts Travel Plan in 2013 to encompass all the above completed projects and initiatives and develop the ongoing Active Travel Measures programme going forwards.
- u. Continued yearly ring-fenced investment no-car and the management of sustainable travel projects and solutions

The Trust's staff continue to have the ability to access their place of work, whilst also encouraging staff to take personal ownership of alternative methods of travel and imbue sustainability throughout the Trust.

**2009 Transport Strategy achievements to end 2012:**

This page is intentionally left blank



## Department for Transport's Local Sustainable Transport Fund

University Hospitals Southampton NHS Foundation Trust encompasses Southampton General Hospital, Princess Anne Hospital, Countess Mountbatten House & the New Forest Birthing Centre. The Trust's current Transport Strategy links in with, and works in parallel with, the approach adopted by our local partners the University of Southampton and Southampton City Council.

The Trust has been an advocate of sustainable transport, and publishing its first Traffic Management Initiative in 1994. A 3 year Commuter Plan implemented in 1997 and incorporating a Traffic Management Policy. The Commuter Plan was revised and published in 2000; which successfully reduced staff driving to the Hospital site by nom' 700 cars and starting to change staff and their travel behaviour.

The Trust further reviewed car parking in 2004, consulting with staff and obtaining Trust Board approval by encouraging a "trade in" of onsite parking permits to staff for free Park & Ride facility partnering with Sainsbury, Lordshill to support the service.

After 2 years of further research and review the Trust's 2009 Transport Strategy and £2m investment was approved by Trust Board and continues to form one of the key challenges for the Trust in delivering it's 2020 Vision and meeting increasing legislative requirements around sustainability and carbon management. The major elements of this strategy focus on the patient pathway starting with effective site accessibility for patients hospital care.

## 2009 Moving Forward - The Challenges:

- a. Patients and visitors: hospital of choice, access, quality & efficiency
- b. Staff: recruitment & retention, equity of access & efficiency
- c. Public: corporate citizenship & our neighbours.

## An Integrated Solution:

- a. Reduce: reduce the need to travel & pressures on current facilities
- b. Manage: manage existing assets & spaces
- c. Invest: invest in sustainable solutions that deliver the requirements of the Trust's 2020 Vision, the Climate Change Act & the NHS Carbon Management Plan.

## Transport Strategy achievements:

- a. Reduction of major queues to the hospital Patient & visitor car parks by removing nom' 200 staff cars per day
- b. Reduction of inherent overflow onto surrounding residential road systems & local vehicle service impact from queues
- c. Reduction of 400 staff car parking permits and therefore cars
- d. Implementation of new and equitable staff parking permit allocation criteria & enforcement
- e. Investment in new data management system for better car park capacity management
- f. Investment in vehicle recognition car parking technology & management & chip & pin payment systems
- g. Procuring and partnering with local organisations to provide staff with 2 x Trust subsidised Park & Ride services with parking for nom' 300 staff removing those cars from the hospital site and local road networks
- h. Close working links with the University and Uni-Link bus supplier to instigate better timetabling

- for students, staff and public visiting the hospital, university and Southampton city area
- i. Investment and partnership working with Portsmouth Hospitals to buy and construct a Fastpark modular car park deck build providing an additional 100 spaces on site and additional car parking CCTV & lighting coverage
  - j. Introduction of a Trust Cycle to Work Scheme with 83 applicants in its first 6 months of the scheme
  - k. Continued addition of cycle storage and hoops
  - l. Refurbishment of all-user access female & male shower, change and locker areas
  - m. Continued free to staff inter-site daily mini-bus service between the RSH & SGH Southampton hospitals
  - n. Investment in improved staff and patient communications & publications via web-access, travel links and discount packages
  - o. Continued yearly ring-fenced investment no-car and the management of sustainable travel projects and solutions

The Transport Strategy and Task and Finish working groups have worked effectively and continuously to reduce the unnecessary demand for parking whilst ensuring the patients and visitors can access the hospital effectively.

The Trust's staff continue to have the ability to access their place of work, whilst also encouraging staff to take personal ownership of alternative methods of travel and imbue sustainability throughout the Trust.

Every year 7,500 staff:

- Treat around 112,000 inpatient and day patients including about 50,000 emergency admissions
- See approx' 375,000 people in Outpatients, and
- Deal with around 110,000 cases in our Emergency Department.

As one of the country's top acute hospitals, the University Hospitals Southampton NHS Foundation Trust attract staff from a wide catchment within the Southampton area and the South of England and beyond and therefore through the Trust's continued involvement with all our partners we aim to review and continually improve our sustainable travel planning.

SJ2 111214 V2

## PATIENT TRANSPORT SERVICES

Enabling our patients to access the point of their healthcare is one of the Trust's priorities and an important part of the patient healthcare pathway. Due to the nature of the healthcare services that this Trust provides many of our patients arrive at the hospital by car, often with a carer or relative.

Therefore following on from the 2009 Transport Strategy deliverables (Appendix xx) the priority from a Travel Planning perspective is to continue to deliver alternative transport and travel solutions aimed directly at staff and students who attend the site, in order to make car parking spaces available for our patients and visitors.

In cases of non-emergency patients, i.e.: those who have a non urgent need to be at the hospital but who cannot get to the Trust without help, can have booked for them by their GP a non-emergency patient transport vehicle and driver. If the patient is too immobile, a driver and carer is supplied with the Patient Transport vehicle and assists the patients to and from the hospital, removing the

The regional non - emergency Patient Transport Service (PTS) is managed by the primary care trusts and currently provided by South Central Ambulance Service (SCAS) and X9 for all patient transport to UHS patients.

The Patient Transport Service is provided for eligible outpatients, admissions, discharges and transfers and is a pre-booking-in system with an eligibility criteria and a minimum of 24 hours booking before transport is required.

There is a strict criteria of patient eligibility which is individually approved by the GP resulting in the robust management of PTS vehicles to and from and on the site. The Trust recognizes that the provision of suitable PTS drop off points around the hospital site are important in getting the patient to their clinic location with the minimum of distance to travel into the buildings upon arrival, whilst also avoiding any congestions on the site whilst non-emergency drop offs take place.

It is known that the demographics of these non-emergency patients are from NHS Hampshire, Southampton City, Portsmouth City, Wiltshire, from NHS Bournemouth and Poole, NHS Dorset and NHS Sussex PCTs. There is a published process for patients not registered in any of the above PCTs.

Frontline Emergency "999" ambulances are currently provided by South Central Ambulance Service (SCAS) and X9 and are accommodated with a restricted access route once on the site with a dedicated Emergency Department (A&E) parking area.

The Trust recognizes that there maybe future requirement to review the Emergency Department (A&E) restricted car parking provision for those following by car, a relative in a "999" ambulance, dependant upon any future site developments.



This page is intentionally left blank

### Parking Charges – Extract from UHS Website

Car parking charges at Southampton General Hospital and Princess Anne Hospital.

Parking charges

#### Period of stay Charge

Up to 1 hour £2.00

Up to 2 hours £3.50

Up to 3 hours £4.20

Up to 4 hours £5.20

Up to 5 hours £6.20

Up to 6 hours £7.00

Up to 24 hours £31.00 ([patient and visitor discounts available](#))

The **maximum charge for patients and visitors is £7** for one visit in any 24 hour period. If you stay longer than 6 hours, please obtain a parking discount voucher from the ward or department you have been visiting and take it to the [Travelwise department](#) or the security desk (out of hours), which is located at the main entrance to the hospital.

There are [special concessions available for some of our patients](#).

If you are [parking at Princess Anne Hospital](#), the pay-on-foot station will automatically reduce a stay of between 6 and 24 hours to £7. Every subsequent 12-hour stay incurs a £7 charge.

#### Long stay parking

If you need to use the car park for more than a few days, it may be worthwhile considering purchasing a long-stay ticket. Long stay tickets allow unlimited parking for 7, 14 or 30 days.

Long stay parking charges

#### Number of days Long stay ticket price

7 £16.80

14 £31.50

30 £46.00

Please obtain an authorised long stay voucher from your ward and bring it to the [Travelwise office](#).

#### Where the money goes

Revenue generated through car parks is used for the upkeep and security of the car parks, and the remainder is ploughed directly and immediately back into frontline patient services.

This page is intentionally left blank

### The Healthcare Travel Costs Scheme - Extract for NHS Choices Website

You may be able to claim a refund under the 'Healthcare Travel Costs Scheme' (HTCS) of the cost of travelling to hospital or other NHS premises for NHS-funded treatment or diagnostic test arranged by a doctor or dentist.

To qualify for help with travel costs under the HTCS, you must meet three conditions:

1. At the time of your appointment, you or your partner (including civil partners) must be receiving one of the qualifying benefits or allowances, or meet the eligibility criteria of the [NHS Low Income Scheme](#).
2. Your journey must be made to receive NHS-funded non-primary medical or non-primary dental care services, to which you have been referred to by a GP, dentist or hospital consultant.
3. For referrals made by a primary practitioner such a GP or dentist, the service must be provided on a different day and in premises other than those occupied by the practitioner who made the referral.

You can claim travel costs for your children if 2 or 3 above applies to them and you are in group 1 above at the time of the appointment. Any young person aged 16 or over may make their own LIS claim – there is more information in [leaflet HC11- Help with health costs](#) (PDF, 420 kb).

**Note:** PCTs will cease to exist from 1 April 2013. Clinical Commissioning Groups (CCG) will then make payments previously undertaken by PCTs. If you have been referred by a primary care practitioner to a public health organisation other than a trust or foundation trust then claims have to be sent to the relevant CCG.

You can claim travel costs for an escort, if your doctor, dentist or consultant says that for medical reasons you need someone to travel with you.

You **cannot** claim help with travel costs, if

- you are visiting someone in hospital. However, visitors in receipt of one of the qualifying benefits may be able to receive assistance in the form of a Social Fund payment. Further information about this assistance can be obtained from Jobcentre Plus offices
- you are visiting your local GP or dentist for routine primary care services, such as check-ups, vaccinations, cervical cancer screening or minor surgery, as these are excluded from the scheme. Urgent primary care services during the out of hour periods (i.e. between 6.30pm and 8.00pm weekdays, at weekends or on bank holidays) are also excluded.

### What are the qualifying benefits and allowances?

You or your partner (including Civil partners) receive

- Income Support,
- Income-based Jobseeker's Allowance,

- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit, or
- you are named on, or entitled to (use your award notice as evidence), a NHS tax credit exemption certificate, or
- you have a low income and are named on certificate HC2 (full help) or HC3 (limited help). To apply for this certificate, you should complete form HC1 available from your local hospital, Jobcentre Plus offices, or from the DH publications order line on 0300 123 1002.
- you are [awarded Universal Credit](#)

Find out more about the [NHS Low Income Scheme](#) (LIS).

### **What form of transport can I use?**

You should use the cheapest most appropriate means of transport, which in most cases will be public transport. If you travel by car you will be reimbursed the estimated cost of fuel used plus unavoidable car parking and toll charges.

Where you are using a taxi for transport it is recommended that you check with the hospital or PCT before you travel to agree this.

**Note:** PCTs cease to exist from April 1 2013. Instead you'll have to get in touch with the relevant Clinical Commissioning Group (CCG).

Patients in London may be able to claim congestion charges – You can find here further information on the [Congestion Charge NHS Reimbursement Scheme](#), operated by Transport for London.

### **Help with travel costs before your appointment**

You should be able to receive payments in advance of travel to your appointment. Please contact the hospital or PCT concerned for further information on how to do this.

Note: PCTs will cease to exist from April 1 2013. Instead you'll have to get in touch with the relevant Clinical Commissioning Group (CCG).

### **How do I claim a refund?**

You should take your travel receipts, appointment letter or card and proof that you are receiving one of the qualifying benefits to a nominated cashier's office to claim your reimbursement.

**Note:** In some hospitals, the name of the office that you need to go to may be different e.g. the General Office or the Patient Affairs Office. If you are not sure, ask reception or [Patient Advice and Liaison Services](#) (PALS) staff where you should go.

Alternatively, you can complete an [HC5 form - claim travel charges](#) (PDF, 35 kb) and post this together with your travel receipts to the address given in the form. You can make a postal claim up to three months after your appointment has taken place.



# Agenda Item 6

## Appendix 7



This page is intentionally left blank