

WEST OF ENGLAND PARTNERSHIP

8 DECEMBER 2006

Report by Chief Executive

BRISTOL HEALTH SERVICES PLAN – TRANSPORT & ACCESS

Purpose of the Report

1. To report the work done by the Joint Strategic Planning and Transportation Unit to assess the travel effects of the Bristol Health Services Plan. This report is submitted at the request of PTEG.

The Bristol Health Services Plan

2. This Plan is one of a number of projects across the country to bring healthcare services closer to the communities they serve, in response to Government guidance. It involves expansion of a number of GP Group Practices and Health Centres, to provide a much wider range of services, and some rationalisation of acute treatment, including reducing the role of Frenchay Hospital.

Travel and Access Studies

3. The Bristol Health Services Plan (BHSP) Team approached the Joint Unit in early 2005 for help in examining the travel effect of the Plan, when the Unit was already working on access to health services in developing the Joint Local Transport Plan Accessibility Strategy. The work was of joint value in building lasting links between the local authorities and the NHS Trusts through, initially:
 - enabling the Strategic Health Authority to include transport effects in the Outline Business Case for pursuing the Bristol Health Services Plan in North Bristol and South Gloucestershire¹;
 - enabling the Joint Local Transport Plan Team to include the BHSP as the first Action Plan in its Accessibility Strategy, after establishing that BHSP will have continuing accessibility benefits to 2013.
4. Much of the data provided by the BHSP Team had not been analysed before. Some time was spent looking at accessibility to existing hospitals for various patient, staff and visitor groups, followed by a study of the effects of the forward Plan in North Bristol and South Gloucestershire.

¹ North Bristol and South Gloucestershire Healthcare Services Development Programme, Outline Business Case, NHS January 2006

5. This study concluded that there were travel benefits for the majority of the population served by the North Bristol NHS trust. It also highlighted areas in outer East Bristol where journey times would increase by up to 10 minutes. Travel times for outpatient services, 77% of all patients, reduced from a wide area as these services shift to community sites. As part of this, the study found areas where there were no practically available bus services to access hospitals.
6. The report identified areas where access problems will remain, and made recommendations for bus service improvements, particularly to serve Southmead Hospital, which will need to be addressed in Section 106 agreements for planning consents at individual hospitals. Problems identified in east Bristol will be addressed in the forthcoming consultation on developing healthcare in Kingswood and district.
7. The study looked at populations of each ward separately. It assessed travel times for people using cars, taxis, buses, cycles, and those walking. Travel times for people using buses were often much longer than for other people, and provision for people without access to a car was foremost in the study analysis.
8. Presentations on the results of the study were made at meetings of: -
 - Avon, Gloucs and Wilts Strategic Health Authority 2 February 2006
 - South Gloucestershire Primary Care Trust 27 February 2006
 - Joint Health Scrutiny Committee 3 March 2006
 - South Gloucestershire PT&SE Select Committee 12 April 2006

Recommendation:

The Partnership is invited to note the travel and access studies and their findings on the need for improved transport services to accompany the Bristol Health Services Plan.

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