Travel and Transport Impact Assessment for South Tyneside and Sunderland NHS Partnership

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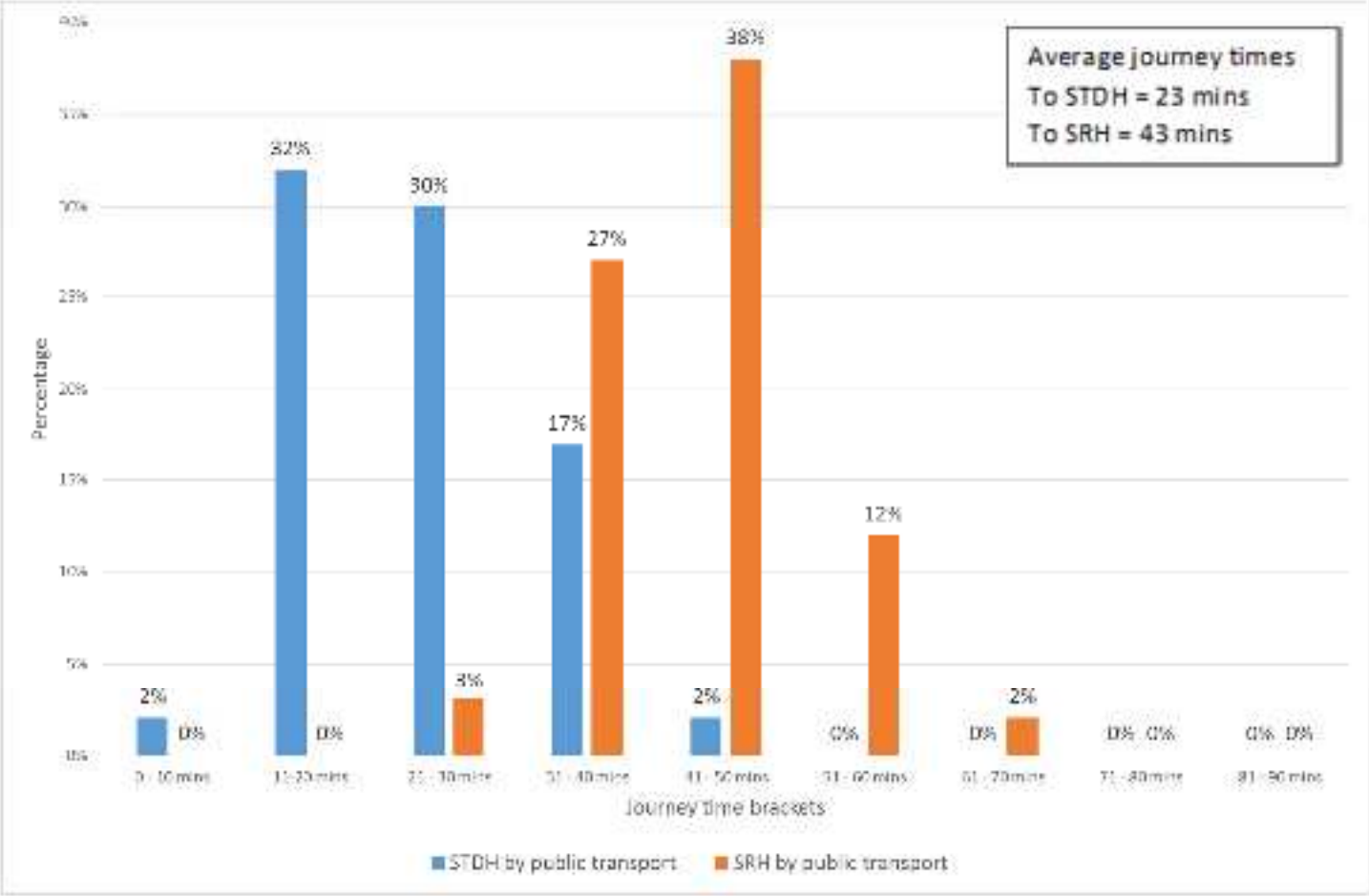
South Tyneside and Sunderland NHS partnership

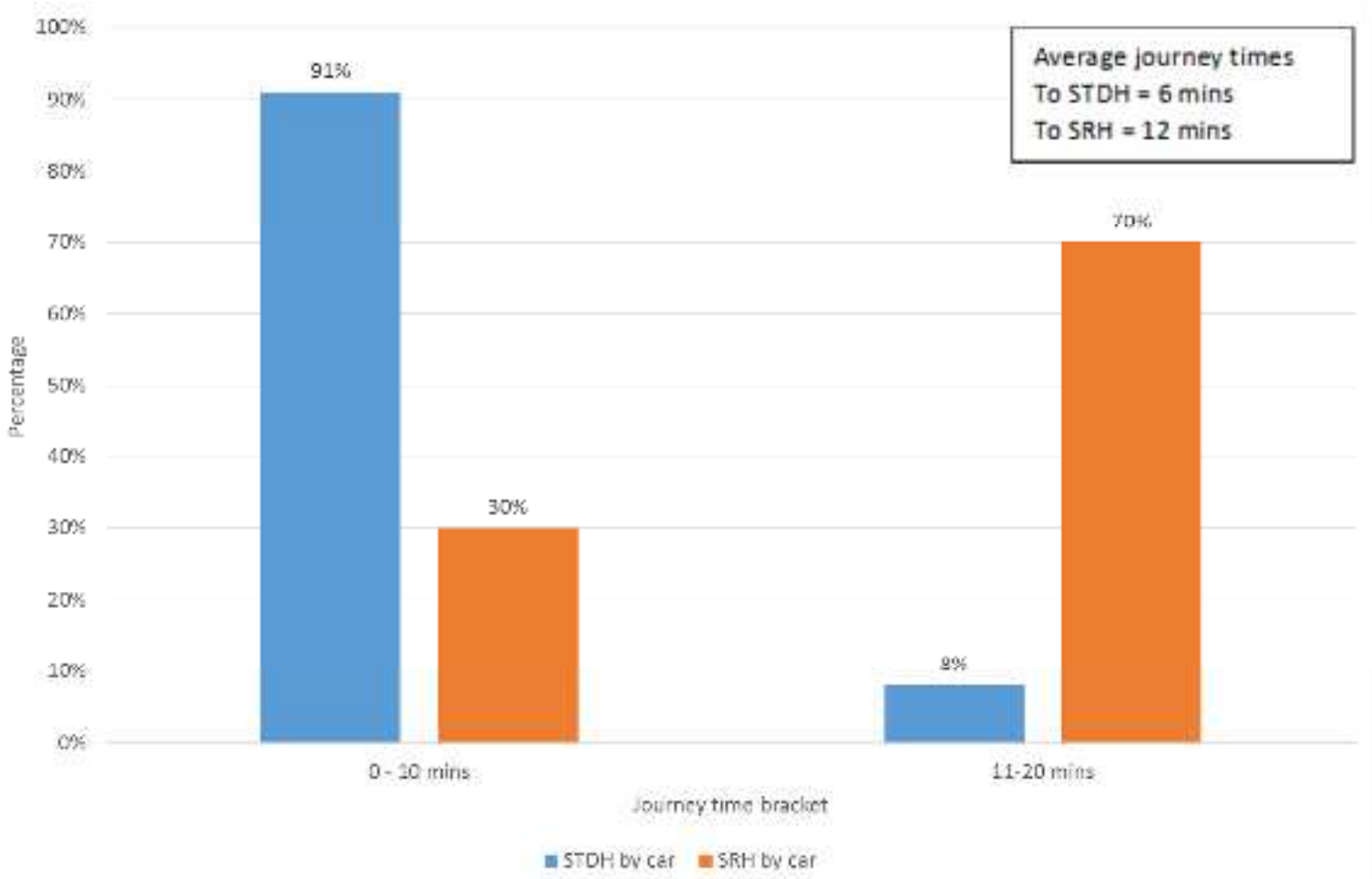
Overview

- The impact assessment has reviewed the potential options for clinical service changes and has assessed how these changes may impact on travel and transport needs of visitors and patients
- The primary means of assessment has been through comparing levels of accessibility (using the TRACC model) of
  - the South Tyneside population to both STDH and SRH
  - previous patients / service users to STDH and SRH
- Snapshot travel survey data of visitors and patients has helped to inform assumptions for modal choice for assessment exercises
- Estimated impacts on parking calculated

PT Accessibility to STDH and SRH (2pm – 4pm)



Car accessibility to STDH and SRH



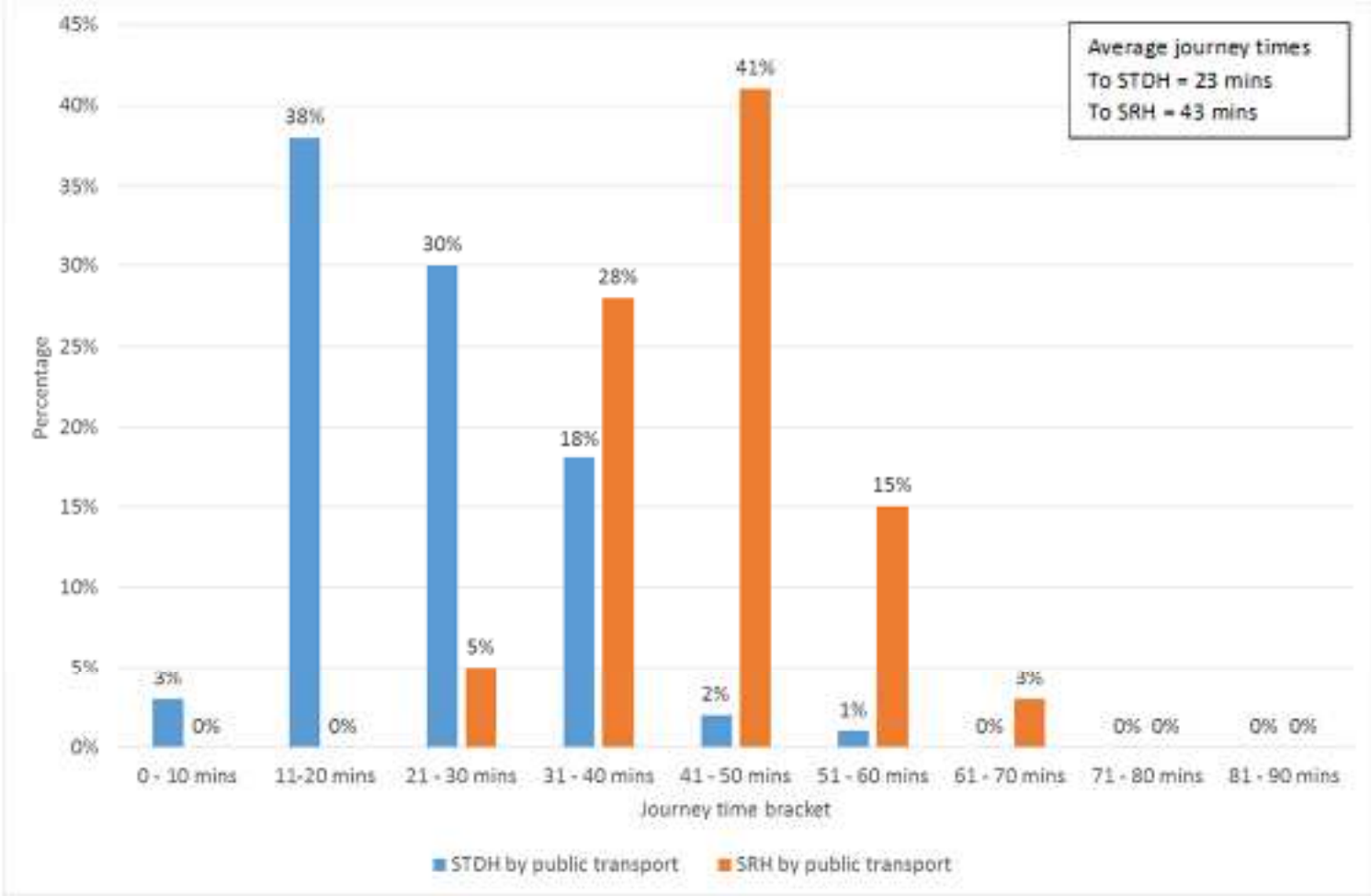
PT Field testing exercise

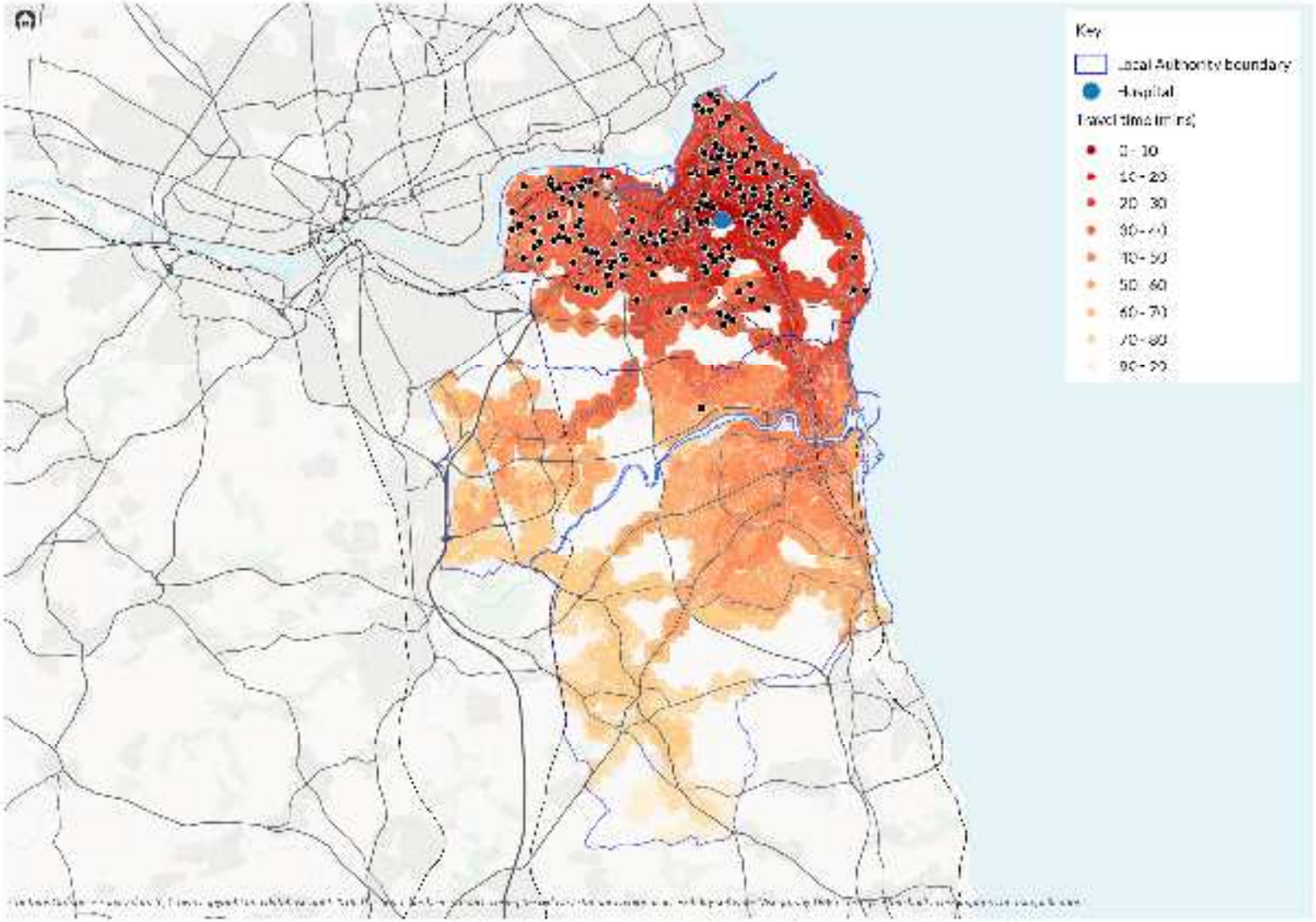
- Background
- Undertaken at the end of March over two days
- Origin points chosen at random
- 12 single leg journeys made primarily by bus
- Findings
- Observed journeys to STDH were longer than predicted in TRACC but align with Google journey planner
- Observed journeys from Jarrow and South Shields to SRH are closely aligned to predicted TRACC times
- TRACC journeys appear to relate more closely to Google metro journey times

Use of alternative hospitals

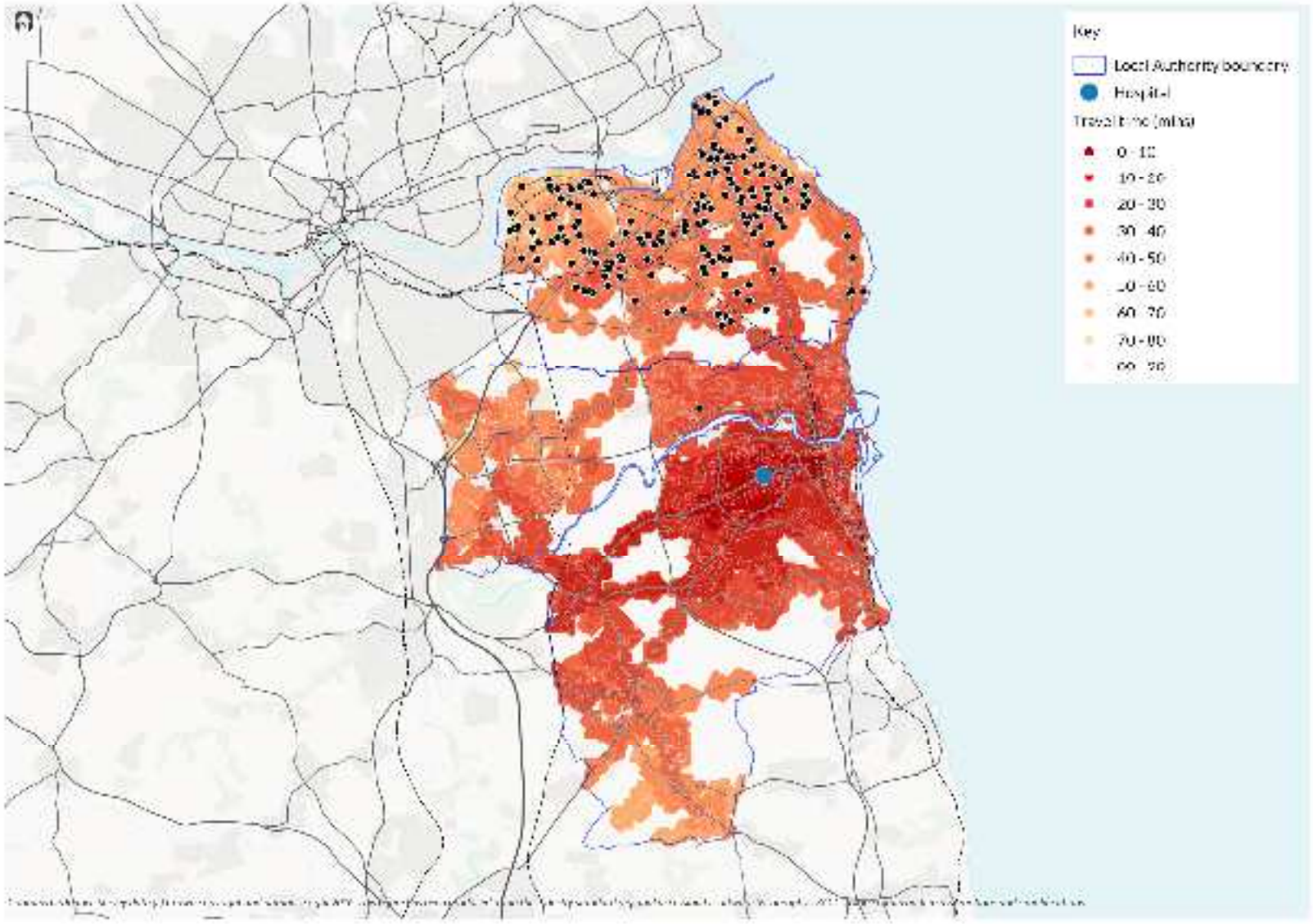
- Recognised that Jarrow and Hebburn residents, in particular, may choose to access to QEG or RVI for healthcare needs
- Google journey planner review of both PT and car journeys to STDH, SRH, QEG and RVI at various times of the day from 2 origin points
- Findings for Jarrow
  - Two miles closer to QEG than to SRH or RVI
  - Car journey times to SRH and QEG are comparable but slightly quicker to SRH
  - Bus journey times are quicker to QEG than to SRH
- Findings for Hebburn
  - Closer to QEG than to both STDH and SRH
  - Car journey times to QEG are comparable to STDH
  - Bus journey times almost twice as long to SRH as they are to QEG

Travel impact from Stroke service options - PT Accessibility of ST Stroke patient postcodes (2pm - 4pm)





Postcodes of previous South Tyneside based stroke service users and public transport accessibility to STDH.



Postcodes of previous South Tyneside based stroke service users and public transport accessibility to SRH.

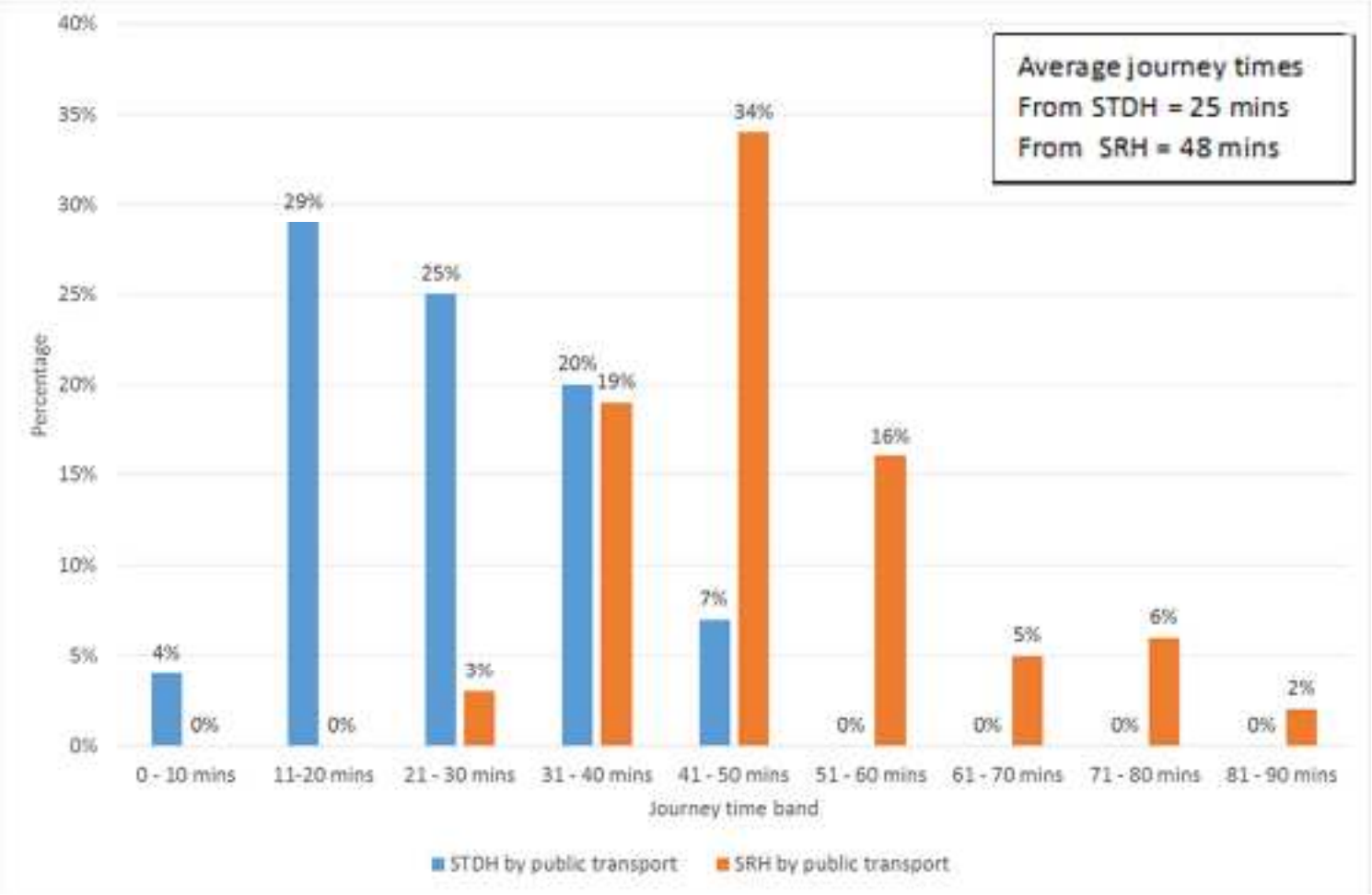
Stroke - visitor travel survey results

- 37 surveys completed, 15 of which were completed by individuals visiting a Stroke patient residing in South Tyneside
- 97% of visitors had made their trip to the hospital from home
- 93% of ST visitors had travelled by car either alone or with others
- 4 ST visitors had changed the way they travelled to visit patients at SRH rather than STDH including 3 previous pedestrians who now either drove, car shared or caught the bus.

Stroke - key findings

- Average public transport journey times will increase by 20 mins in the afternoon and 25 mins in the evening travelling to SRH rather than STDH
- Average car journey times to SRH will take 7 minutes longer than to STDH
- Additional parking demand from South Tyneside visitors is forecast to be 1 – 2 vehicles in the afternoon and between 2 and 6 vehicles in the evening (depending on the number of visitors received)
- Parking costs will vary depending on how often a person visits, how long they stay and the number of days that the Stroke patient is in hospital

Travel impact from Paediatric service options – PT Accessibility of ST Paediatric postcodes 7pm – 9pm



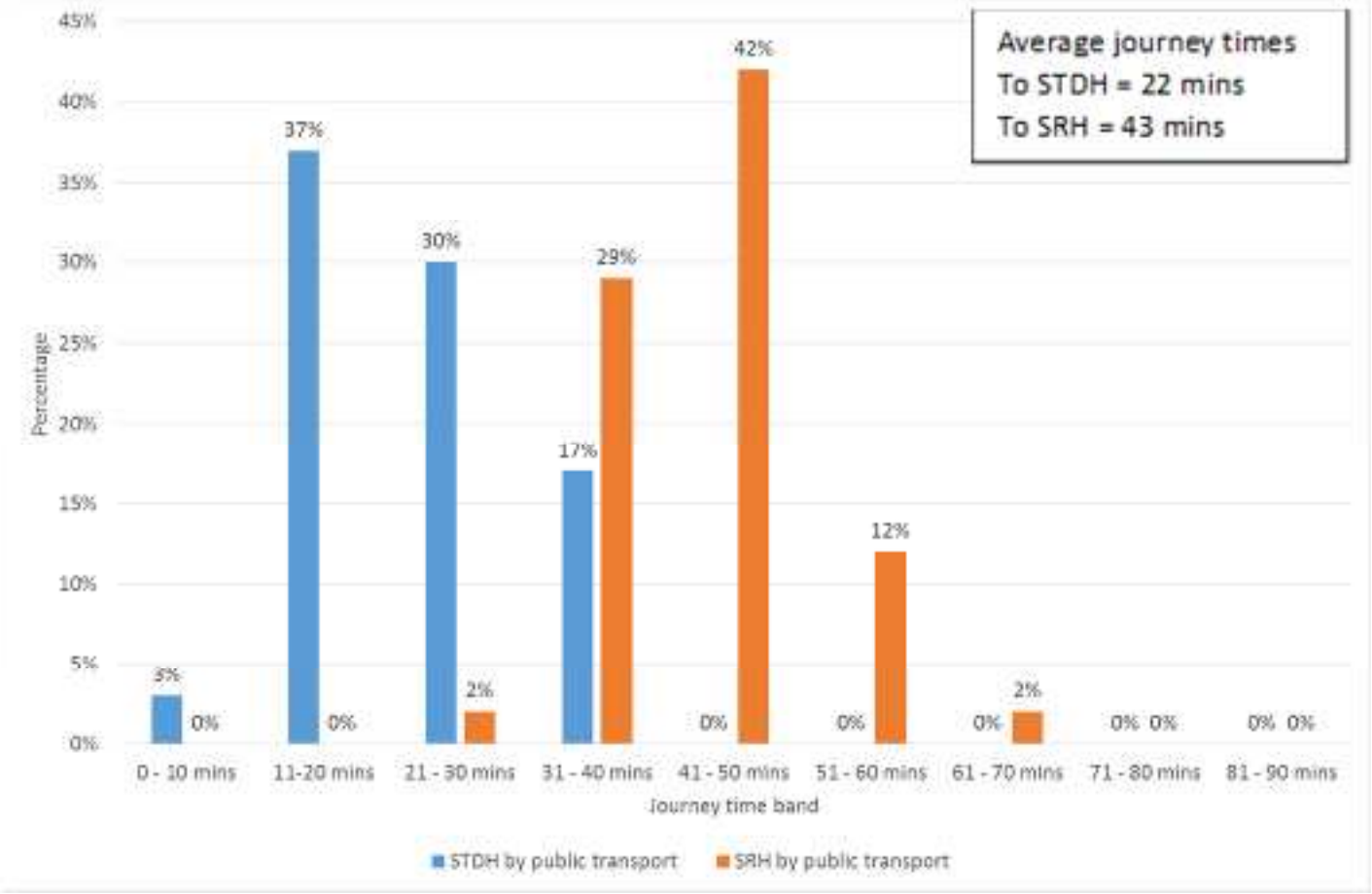
Paediatrics - key findings

- Option 1 (Travel to SRH between 8pm and 8am)
- Average public transport journey times travelling away from SRH in the evening (7pm – 9pm) will increase by 23 mins
- 78% of respondents would either drive or obtain a lift to SRH Paediatric A&E. 12% would travel by bus and 5% would use the metro.
- Estimated additional parking demand would be 7 vehicles through the course of the night time period.

Paediatrics - key findings

- Option 2 (Travel to SRH for Paediatric A&E treatment 24 hours)
- Average public transport journey times during the day (2pm – 4pm) will increase by 18 mins
- 83% would either drive or obtain a lift to SRH
- Assumed 40% current STDH ED presentations require ED treatment at SRH
- Estimated additional parking demand of 10 vehicles between 8am and 8pm
- Total estimated parking of 17 vehicles over 24 hr period

Travel impact from Maternity service options – PT Accessibility of ST Maternity postcodes (2pm – 4pm)



Maternity – key findings

- 69% of visitors stated they would travel to SRH Maternity services by car. 17% would use the bus and 5% would use the metro
- Option 1
- Estimated additional parking demand is between 1 and 4 vehicles per day (depending on the number of visitors per patient)
- Option 2
- Estimated additional parking demand is between 2 and 7 vehicles per day (depending on the number of visitors per patient)
- SRH parking costs are equal to or slightly higher than STDH depending on length of stay.

Gynaecology

- Average public transport journey times to SRH will increase by 20 mins during the day
- Average car journey times will increase by 6 mins
- Additional parking demand at SRH will be 1 vehicle per day

Potential impact reduction measures

- Travel planning / travel advice / journey planning tools
- Assistance with travel costs where possible through existing schemes
- Discussion and rescheduling of appointment times
- Investigation into improved bus routes and connections

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Additional work being undertaken

- Researching different evidence bases for car based modal shares
- Understanding the effect of different car based modal shares on the estimated additional parking impacts of different service proposals
- Comparison of car journey time data sources, e.g. google journey planning comparison to TRACC journey times.