

LTP Accessibility Target Review Progress Update

This briefing note provides an update to the review of the LTP Accessibility Target.

The current target is:

'89.5% of households without access to a car should be within 30 minutes of a hospital by public transport by 2011'.

The baseline was '89.5%. The target envisaged no change.

Background

- The LTP2 development process required at least one target to be set relating to Accessibility.
- Guidance at the time pointed towards 'accession' based targets being looked upon more favorably than output-based targets.
- The target relating to hospitals in West Yorkshire was chosen for a number of reasons:
 1. Political prioritization – and a perceived chance to engage with the NHS and influence their reorganization process. (In practice this has been difficult).
 2. A well-defined and small dataset set out by the DfT as "hospitals with an A&E department" meant that Accession could be used for the whole sub region. (Larger datasets could cause problems with the software).

Reasons for reviewing the target

- The latest accession monitoring result (June 2008) for accessibility to hospitals is 75.4 %
- The target is not being met in part as a consequence of bus operators (informed by real time information) lengthening running times to accurately reflect the impacts of traffic congestion.
- Questions have been raised over the meaningfulness of target, as defined by the DfT in light of NHS reconfiguration and provision of more local services
- Questions have been asked of the relevance of a target relating only to hospitals - this may have limited the opportunities to engage with partners on other accessibility issues such as education and employment.

Review Methodology

- Bradford District was used as a case study to look at access to NHS services in partnership with Bradford and Airedale PCT.
- A Desktop study of targets and indicators set by authorities rated as 'excellent' for Accessibility in LTPs was carried out.

Review Findings

- The NHS is moving towards more local service provision for secondary healthcare (out-patient services), meaning that the need to attend a traditional large hospital is reducing.
- The introduction of patient choice for secondary healthcare and diagnostic services means that patients may not choose to attend their nearest hospital. However, transport and ease of access is still a primary contributory factor on choice.
- It has proved very difficult to gather a full set of data on the services available in the different NHS facilities, as this is an ongoing process of change.
- New facilities being built do not fit the traditional idea of a hospital or GP facility. There is an increasing range of types of healthcare facility and the definition of a hospital set out by the DfT is decreasing in relevance for healthcare delivery. Should other facilities be included in the target measured?
- The perceived reduction in accessibility as shown by the target not being on track can be justified, and may not reflect a reduction in accessibility in real terms on the whole.
- Many of the authorities rated as 'excellent' for accessibility in their LTP's included a range of accessibility targets and included output targets as well as 'accession' targets

LTPOG 20.06.08 Briefing note

- A common 'accession' target chosen by excellent authorities was access to local service centers as this encompassed a range of services.
- Previous reports to LTP steering Group Consultation revealed that:
 1. Members wished to keep the access to hospitals target but questioned the relevance of the current definition and wanted more clarity.
 2. A West Yorkshire based target was identified as less relevant at a local level and setting more local targets would be a useful tool to engage with partners.
- The above views were shared by the Accessibility Partnership, Health Sub-group together
- Officers are coming to an understanding that output based targets and indicators could be used to track progress on delivering Accessibility in a more meaningful way.

Limitations to Investigation

- Support and feedback from NHS was limited, there is still a lack of definition of a hospital from the NHS perspective.
- Any changes to the target would need to be backdated to the baseline of 2006 and it is likely that the target would still not be on track due to the reason outlined above.
- There was a lack of feedback and guidance from other partner organizations through the partnership or suggestions for local targets.

LAA Indicators and Local Targets

- None of the five WY authorities have picked Accessibility indicators NI175 and NI176 as one of their 35 target indicators. However, they will need to be reported on.
- Wakefield has however adopted a local Accessibility target and there is scope for the other authorities to look to do the same in the future.
- Kirklees has also adopted a local (output) target that relates to improving access through provision of local and community based bus services.

Suggested ways Forward

- Keep the current Access to hospitals target for the duration of LTP2 as it provides an overall indication of accessibility in West Yorkshire and helpful refinement appears unlikely
- Take the opportunity to address more appropriate target or set of targets in preparation for LTP3 / Integrated Transport Strategy (– as DfT guidance emerges)
- To focus / aid delivery in the remaining years of LTP2, develop a set of supplementary output based targets that relate to a revised action plan(s) and work programs being progressed. e.g.:
 1. Develop and implement action plans to improve access to hospitals as a result of the Hospital Access Audits. (This could include targets related to implementation of:
 - dropped curbs / pedestrian crossings implemented
 - Bus stop /shelter improvements
 2. Implementation of the Travel to Healthcare Information Strategy:
 - Real time public transport information displays within sites / at bus stops