

M E E T I N G N O T E S

<b>Subject:</b>	<b>ACCESSIBILITY PARTNERSHIP - HEALTH SUB-GROUP</b>	
<b>Date of meeting:</b>	29 January 2009	
<b>Location:</b>	Metro, Wellington House, Leeds	
<b>Present:</b>	Roger Pollard	Airedale Hospital
	Helen Thornton	Bradford & Airedale Primary Care Trust
	Fiona Limb	Bradford Council (Transportation)
	John Sidebottom	Bradford Teaching Hospitals
	Tim Overend	Bradford Teaching Hospitals
	Peter Stubbs	Calderdale Council (Transportation)
	Louise Stewart	Leeds Council (Transportation)
	Adam Huszcza	Leeds PCT
	Kevin Westwood	Leeds Teaching Hospital / MLB
	Dorothy Sharp	Metro
	Clare Davies	Metro
	Sue Sheard	Leeds PFT
	Erica Ward	Metro
	Ian Goldthorpe	Wakefield Council
	Ian Hinitt	Bradford Hospitals Trust
<b>Apologies:</b>	Neale Wallace	Metro
	Steve Heckley	Metro
	Liz Bailey	Wakefield PCT
	Sue Scholefield	Calderdale & Huddersfield NHS Trust
	Paul Jones	Community Transport Calderdale
	Marjorie Tindale	Airedale Hospital
	Rhona Radley	Calderdale PCT
	Ian Cameron	Leeds PCT
	Sarah Ferguson	Leeds PFT

	<b>LTP Accessibility Partnership Health Sub Group</b>	<b>29 January 2009</b>	<b>Action</b>
<b>1.</b>	<b>Minutes of previous meeting</b> Minutes of the meeting of 04.09.08 were agreed.		
<b>2.</b>	<b>Matters arising:</b> Your Next Bus Multi stop displays still under development; may be another few months before a product is available.		
	Feedback from Liz Bailey that Wigan PCT have not made a great deal of progress to date on health trainers delivering travel training.		
	Terms of Reference had been circulated to the group, and no feedback received by email. Discussion highlighted: <ul style="list-style-type: none"> <li>TOR could be more proactive – lack of reference to action to address issues</li> <li>Lack of reference to accessibility strategy and wider partnership</li> </ul> Draft TOR to be amended to reflect feedback.  It was noted that the accessibility strategy was developed before there was a clear understanding of how the accessibility planning approach would work in West Yorkshire.  This group will have a key role to play in informing the development of Local		<b>Erica</b>

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	Transport Plan 3.		
	Letter to chief executives of NHS organisations to outline work of the health sub group: to be done once action plans are in place. Also consider reference to travel plans and need for patient surveys.		<b>Erica Ward</b>
	<p>Bus operator involvement in the group: Rep from CPT is not available. Approach bus operator group to seek alternative rep.</p> <p>Still no reps from Bradford District Care Trust. All suggestions of potential contacts welcome – please forward to <a href="mailto:erica.ward@wypte.gov.uk">erica.ward@wypte.gov.uk</a></p>		<b>Erica Ward</b>  <b>ALL</b>
<b>3.</b>	<p><b>Hospitals Access Audits/ Information Strategy Action Plans</b></p> <p>Five action plans drafted in partnership with hospital trusts and districts. Metro actions cut across a number of departments and are being discussed with individual managers. Actions will be incorporated in the business planning process and will be monitored through Metro's performance management system.</p> <p><b>Bradford Teaching Hospitals</b></p> <p>BTH and BMDC have already carried out improvements, including internal and external kerb and access improvements, protected routes for pedestrians. Further actions are longer term and will fit in with ongoing building programme.</p> <p><b>Airedale</b></p> <ul style="list-style-type: none"> <li>• BMDC are looking at Steeton station access issues.</li> <li>• Minor improvements have been made to wheelchair access</li> <li>• Real time information is being installed at stops on site</li> <li>• Transport pages on the web site have been updated. Staff have access to this information to advise patients and visitors of travel information.</li> <li>• Information is being included in outpatient letters</li> <li>• The trust is looking to identify staff travel champions</li> </ul> <p><b>Leeds</b></p> <p>Making progress, details at next meeting.</p> <p><b>Others</b></p> <p>No reps in attendance from Calderdale and Huddersfield or Mid Yorkshire.</p> <p><b>Progress Monitoring</b></p> <p>Outputs can be monitored through progress reports on action plans at future HSG meetings; outcomes are harder to measure.</p> <p><b>Key points</b></p> <ul style="list-style-type: none"> <li>• Baseline data is required</li> <li>• Patient &amp; visitor surveys – could incorporate additional questions in existing surveys or develop new surveys</li> <li>• Surveys of public transport and non-public transport users – could include additional questions in Metro's market research tracker surveys</li> <li>• Consistent process and sample size would be required across all trusts</li> <li>• Patient access surveys may be a requirement of guidance on travel plans to be developed through NHS carbon reduction strategy</li> <li>• Most trusts undertake staff snapshot survey in March (although response rate tends to be under 5%). Could Trusts undertake patient surveys at the same time as staff surveys?</li> </ul> <p>Developing a consistent approach and undertaking and analysing surveys</p>		

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	<p>will be resource intensive.</p> <p>Leeds Uni Transport students may be able to assist as a practical project. Students looking for a project to run through March/April as part of their accessibility planning module.</p> <p><b>Other partners</b></p> <p>Leeds PCT working with Leeds Uni (student dissertation) on analysis of service provision, site audits etc</p> <p>Bradford PCT have commissioned Bradford access Action to undertake disabled access audits of some health sites such as opticians, pharmacies, although this does not include health centres.</p> <p>Leeds PFT are working with Metro and LCC to look at access issues for staff and service users.</p> <p>NHS referrals to private hospitals are increasing; these have not been considered to date. Scoping exercise needed in the first instance to identify number of sites across WY.</p> <p><b>Actions</b></p> <p>Are hospitals, PCTs, PFT prepared to undertake a patient/visitor travel survey?</p> <p>Suggest progress monitoring/patient surveys as a project to Leeds uni transport students.</p> <p>Email locations of larger private hospitals taking NHS referrals to Erica</p>	<p><b>ALL</b></p> <p><b>Erica</b></p> <p><b>ALL</b></p>	
4.	<p><b>West Yorkshire Communities on the Move</b></p> <p>There was a presentation on the WYCOM project.</p> <p>Metro has commissioned the Community Transport Association (CTA) to lead on an action research project to develop the capacity and effectiveness of community-based transport organisations in West Yorkshire called “West Yorkshire Communities on the Move”. The first phase of the work has involved the CTA contacting participating Operators to ascertain the strengths, weaknesses, opportunities and threats facing them.</p> <p>The presentation identified a number of key questions for the health sector:</p> <ul style="list-style-type: none"> <li>• What opportunities are there for the Community Transport (CT) sector to improve access to health?</li> <li>• What standards does the health sector need the CT sector to meet?</li> <li>• Can the health sector contribute to a CT tendering / procurement guide?</li> <li>• What training / development do you think the CT sector needs to undertake?</li> </ul> <p>Metro is organising a seminar on <b>6 March</b> to mark the end of the Phase 1 research and discuss future activities which will be carried out in Phase 2, and is seeking contact details for NHS and local authority procurement /commissioning officers to invite.</p> <p>HSG members are welcome to attend and should register interest in attending the seminar and/or send contact details of procurement/commissioning officers to Clare: <a href="mailto:clare.davies@wypte.gov.uk">clare.davies@wypte.gov.uk</a></p> <p>It was noted that from 1st April non urgent transport services will be the responsibility of PCTs. This new responsibility is likely to include discussions on how the procurement process could be broadened and may be a good</p>	<p><b>ALL</b></p>	

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	opportunity to consider how community transport operators can be involved.		
5.	<p><b>Carbon Reduction Strategy</b></p> <p>The NHS carbon reduction strategy was launched on 27 January. It includes a target to reduce the carbon footprint of the NHS by 10% by 2015, and a requirement for NHS organisations to develop a board approved travel plan by 2010.</p> <p><b>Guidance</b></p> <p>It was noted that existing NHS travel plan guidance, HTM07, was published in 2006 and is not consistent with the Carbon Reduction strategy. This has been flagged with the SHA and further guidance may be issued.</p> <p>If guidance indicates that there is a requirement for a detailed travel plan, there may be opportunities for partners across West Yorkshire to cooperate e.g. wider context for travel plans, methodology etc</p> <p><b>Travel Plan Network</b> <a href="http://www.wytravelplan.com">www.wytravelplan.com</a></p> <p>There was a brief presentation the West Yorkshire Travel Plan Network, outlining the benefits of TPN membership, and including details of existing NHS members of the network (slides attached).</p> <p>The Network can assist in all areas of a travel plan, from assessing sites and identifying relevant measures to providing resources and discounts to promote green travel options.</p> <p>The presentation also highlighted the support available to non TPN members.</p> <p><b>Targets &amp; Data Collection</b></p> <p>It was agreed that it is important to set realistic deliverable targets when developing a travel plan. Traditionally, the travel plan process starts with a full staff survey and this can help to identify potential modal shift and targets.</p> <p>A number of health sub group members are already members of the West Yorkshire Travel Plan Network and take part in the annual snapshot survey.</p> <p>The Network provides support for members to undertake a web-based travel to work snapshot survey and free analysis of a manual travel to work snapshot survey when undertaken in March as part of annual programme.</p> <p>The snapshot survey tends to focus on staff travel to work rather than patient travel to sites, and partners in the NHS have tended to either promote the survey through staff newsletters, intranets or have piggy backed on other staff surveys such as safety and security.</p> <p>To date, most NHS members have found it difficult to extend the survey to patients.</p> <p>It was agreed that the snapshot survey could be a useful data collection tool for partners developing travel plans. There were clear links between the need to survey staff and the earlier discussions regarding patient and visitor surveys.</p> <p>It was agreed that the health sub group could be used as a sounding board for issues and problems in developing travel plans.</p> <p><b>Actions</b></p> <p>Kevin to provide link to existing NHS travel plan guidance, HTM07 for circulation to the group.</p>		<p><b>Kevin/Erica</b></p>

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	<p>Travel plans will need to be developed with cooperation from Metro and district councils. Key contacts to be identified (TPN/cycling officers etc)</p> <p>NHS partners were asked to consider if there is a need for/benefit in having a common approach to developing their travel plans in terms of:</p> <ul style="list-style-type: none"> <li>• Methodology</li> <li>• Data collection</li> <li>• Context/background information</li> </ul>		<p><b>Erica</b></p> <p><b>ALL</b></p>
<b>6.</b>	<p><b>Hospital Travel Costs Scheme</b></p> <p>The scheme has recently changed to allow patients to claim travel costs for any non-primary treatment , and now includes travel to non-hospital sites for non-primary services</p> <p>The revised scheme also includes a requirement to provide facilities to reimburse patients at all sites. This is proving to be challenging for primary health locations where this has not previously been a requirement (lack of cashiers offices, different processes within different sites).</p> <p>Partners are currently working to develop systems to comply with guidance, although this is proving to be a complex process.</p> <p>Leeds PCT have developed a model which may be effective, although it is yet to receive internal approvals.</p> <p>Progress to be fed back to this group.</p> <p>Additionally, guidance states that promotion of the scheme should be improved as take up is low.</p>		<b>Adam</b>
	<p><b>Next Meetings</b></p> <p>04 June 2009</p> <p>24 September 2009</p> <p>28 January 2010</p> <p><b>All from 2- 4pm in Committee Room A at Wellington House</b></p>		