Department of Health

ACCESSIBILITY PLANNING

An Introduction for the NHS

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Health Inequalities Unit
Department of Health

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INTRODUCTION

WHAT IS THIS GUIDE FOR?

Improving the accessibility of health and other key local services will be a key feature of the next round of Local Transport Plans for the period 2006/7 – 2010/11. A new process of Accessibility Planning is being introduced to support the development of local accessibility strategies.

Local transport authorities will look to PCTs, Trusts and Foundation Hospitals to contribute to the process.

This introduction to Accessibility Planning is designed to help the NHS understand and contribute to the process of Accessibility Planning. It has been informed by a work programme commissioned by the Department for Transport on Accessibility Planning. This included the piloting of Accessibility Planning in eight areas both urban and rural. Two of these pilots, in Merseyside and Lincolnshire, focussed on 'access to health services' examining the link between social exclusion, transport and the location and delivery of health services.

This introduction to Accessibility Planning:

- Points to the Department for Transport guidance on Local Transport Plans;
- Describes the policy background and what Accessibility Planning is designed to achieve;
- Provides an overview of the process and what NHS engagement may entail; and
- Draws on learning from two health pilots.

This guide should be read in conjunction with:

- Department for Transport guidance on Accessibility Planning in Local Transport Plans that can be found on the Accessibility Planning website www.accessibilityplanning.gov.uk;
- Department for Transport guidance on Local Transport Plans www.dft.gov.uk/localtransport; and
- Modernisation Agency guidance on Commissioning Ambulance services, which can be found on their website www.modern.nhs.uk.

WHAT IS ACCESSIBILITY?

Accessibility, in this context, is whether people, particularly those from disadvantaged groups and areas, are able to reach the jobs and key services that they need, particularly health care, education and food shops, either by travelling to those services or by having those services brought to them.

WHY THIS MATTERS TO THE NHS

The problems connected with poor accessibility represent huge costs for individuals, communities and the state. It is particularly problematic as it makes it difficult for people to access health care services and has implications for the NHS in seeking to achieve its' targets. The headline statistics from the Social Exclusion Unit's 2003 report "*Making the Connections"* show that during the course of a year 1.4 million people will miss, turn down or not even seek hospital appointments because of problems with transport. Also 31 percent of people without a car have difficulties travelling to their local hospital, compared to 17 percent with a car.

Accessibility Planning can also make a significant contribution to the achievement of the DH aim to 'transform the health and social care system so that it produces faster, fairer services that deliver better health and tackle health inequalities'.

TIMETABLE FOR ACTION

Accessibility Planning will be incorporated within the second round of Local Transport Plans that are due to be submitted in July 2005. Local transport authorities are already working on their next Local Transport Plans and began their accessibility strategies in summer 2004. The most important time for the NHS to be involved in the process is summer 2004 - mid-2005; the period during which to ensure that the approach taken to access to health services by Local Transport Authorities (LTAs) is consistent with, and contributes towards, health aims. However, Accessibility Planning will be an on-going process and should not stop with the development and implementation of the accessibility strategy. The cross sector links will be important to ensure that the transport system best meets the needs of patients and their families and carers and that health services are delivered to maximise their ability to meet people's needs.

DRIVING CHANGE: COMMISSIONING PATIENT TRANSPORT SERVICES

The Modernisation Agency's Improvement Partnership for Ambulance Services (IPAS) has produced guidelines on commissioning non-emergency patient transport services (PTS). These emphasise the fact that multi-agency working can provide effective patient and service user focussed transport services. They stress that *"PCTs need to take full account of what is happening in the other parts of the local transport system as a joint approach with other key service providers has the best chance of delivering services to people that actually take account of their needs and deliver cost effective solutions".*

The guidelines outline key steps in successful commissioning of ambulance services. One of these key steps being the identification and engagement of stakeholders including those from local authorities, housing, education and private providers. There is scope for PCTs and local authorities to manage PTS jointly including through setting up pooled funding arrangements.

Underpinning the drive for PCTs to provide integrated care and transport services is the 'National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08'. In his introduction to this, the NHS Chief Executive, Sir Nigel Crisp, emphasises that health organisation and local authorities need to work even more closely together and to pay attention to the whole range of health and social care services.

ACCESSIBILITY PLANNING – PURPOSE

POLICY BACKGROUND

Improving public services, creating access to new opportunities and enabling individuals and communities to realise their potential are at the heart of this Government's ambitions. That includes making sure everyone in society can get to work, good schools, quality healthcare, affordable healthy food and live in a safe environment.

Great strides have been made in widening access, including improvements to public transport and changes to the way we deliver services. But some people still face what can seem insurmountable barriers in simply getting to where they need to go.

The Social Exclusion Unit's *"Making the Connections"* report on transport and social exclusion was published in February 2003. It found that poor transport combined with poor location and delivery of services often excludes people from jobs and services that the rest of us take for granted.

This can impact on many socially excluded groups, often making it harder for people to access key locations and services such as work, healthcare, healthy affordable food shops, leisure and other activities that are part of everyday life. Significant problems also exist around child pedestrian accident casualties. This contributes to poor health and health inequalities and can be a barrier to achieving health of the public targets.

For all too many people, problems like these are still part and parcel of everyday life. Solving them has the potential to open up enormous opportunities. If we don't do more, people and whole communities can be trapped in a spiral of social exclusion and reinforcing health inequalities.

Why does this happen?

There are five key barriers to accessing services and jobs:

1 The availability and physical accessibility of transport

For some people there is no public transport, or it doesn't go to the right places or at the right times, or it does not go often enough or reliably enough, or vehicles are not accessible to those with mobility problems. People living in rural areas without access to a car can face particularly acute problems. To date, only 29 per cent of buses meet the accessibility regulations applying to new vehicles under the Disability Discrimination Act.

2. Cost of transport

Some people find the costs of personal or public transport are very high or unaffordable. Bus fares have risen by nearly a third since 1985. Motoring costs account for 24 per cent of the weekly expenditure of households in the lowest income quintile who have cars.

3. <u>Services and activities located in inaccessible places</u>

Developments including housing, hospitals, business and retail are often located in areas not easily accessible to people without a car. Between 1986 and 1997, the number of out-of-town shopping centres increased four-fold.

4. <u>Safety and security</u>

Some people are unwilling to use public transport or walk to key services because of fear of crime or antisocial behaviour, or fear of road accidents. For example, 53 per cent of women and 23 per cent of men feel unsafe waiting on a train platform after dark. Accessibility Planning can also look at improvements to cycling and walking environments, which in turn can have a positive impact on pedestrian accidents, on health improvement through physical activity and on the environment.

5. <u>Information and travel horizons</u>

Some people are unwilling to travel long journey times or distances, or may not know about or trust transport services. The average distance to work for people on low incomes is three miles compared with eight for the general population.

CROSS-SECTOR INVOLVEMENT

Accessibility Planning combined with the other cross-government policy changes set out in *Making the Connections* should help to tackle these barriers. Ministers across Government signed up to the report, which sets out a cross-government agenda of 37 policies, involving changes not only to transport but also for policies connected with healthcare, work, learning, land use planning, crime and so on.

ACCESSIBILITY AND HEALTH

The SEU report concluded that hospital facilities have tended, over recent years, to be moved out of town centre locations to out of town areas, which are more cost effective and offer greater scope for expansion. However, this trend has made it harder for people, especially those reliant on public transport, to access these services.

In rural areas, access to hospital services can involve very lengthy trips. More than ten per cent of rural households outside the south-east live over 7.5 miles away from their nearest hospital.

Poor access to health facilities can mean that people miss health appointments or suffer delays in being discharged from hospital – both of which incur significant costs to the NHS. Key facts include:

- Around 20 per cent of people find it difficult to travel to hospital. A much higher proportion (31 per cent) of people without access to a car have this difficulty.

- 3 per cent of people (**or over 1.4 million**) have missed, turned down or not sought medical help because of transport problems experienced in the past year. This rises to 7 per cent of people without access to a car. A survey in one market town found that half of those without a car never go to the dentist, compared with 15 per cent of those with a car.
- More than half of older people travelling to hospitals and dentists in London experience some difficulties in getting there, as do a third of those attending GPs or health centres.

The costs associated with health access difficulties can impact greatly on the state and the individuals themselves. Not only do the significant number of people missing appointments cost the health service a great deal, but this can also mean that people do not present as early as possible and can often require more expensive medical intervention later on.

ACCESSIBILITY PLANNING – PROCESS

OVERVIEW

Accessibility Planning aims to ensure that there is a clearer, more systematic approach to identifying and tackling the barriers that prevent people, especially those from disadvantaged areas, accessing the jobs and key services that they need. By being based on a partnership approach, with partners active at all stages of the process, Accessibility Planning will be able to consider a wider range of solutions to accessibility problems than just transport and so be more effective.

Accessibility Planning is designed to improve the development of policies and service delivery to meet the needs of local communities. *Making the Connections* makes it clear that poor accessibility has significant impacts on the life opportunities of those in disadvantaged groups and areas, and that improving accessibility can help to contribute to meeting a range of sectors aims and objectives. Improving accessibility is not just about transport as the location, design and delivery of services have a significant impact on people's ability to access services. Siting key locations such as schools, hospitals and employment areas on the outskirts of towns away from public transport links can hamper people's ability to access them. Whilst the timing of services can also affect whether people are able to make use of services even when there is adequate public transport.

ACCESSIBILITY IN LTPs

Local transport authorities (unitary authorities, county councils in two tier areas and passenger transport executives in metropolitan areas) in England, outside London, will be expected to pay greater attention to accessibility in their next Local Transport Plans (LTPs) that are due to be submitted in July 2005 and cover the years 2006/7 - 2010/11.

Local transport authorities will be expected to take the lead in the Accessibility Planning process and include an accessibility strategy in their LTP submission.

To produce these accessibility strategies the DfT is recommending a five-stage process:

- A strategic accessibility assessment at the unitary, county or metropolitan area;
- Local accessibility assessments, focussed on priority areas, groups and issues identified in the strategic assessment;
- Appraisal of options to address these priorities;
- The development of joint-accessibility action plans; and
- The monitoring and evaluation of those action plans.

The involvement of NHS bodies as a partner will be key at each of these different stages, although the extent and nature of the role is likely to change with the differing stages.

NHS ENGAGEMENT – HOW YOU CAN CONTRIBUTE

The Strategic Assessment

Local transport authorities will undertake a strategic accessibility assessment of their Local Transport Plan area. This assessment should include a strategic mapping audit and its consideration alongside existing information that local transport authorities and partners might have.

Local transport authorities are likely to produce theme-specific accessibility maps i.e. maps of accessibility for the destinations identified as having the greatest impacts on life opportunities in the SEU report (work, healthcare, learning and food shops) as well as other destinations that are of particular local significance (e.g. places of worship, leisure facilities etc).

A theme-specific accessibility meeting to consider the results of the accessibility mapping and how accessibility impacts upon the health sector will then follow. These will consider strategically where action is needed to improve accessibility and to meet the needs, aims and objectives of your sector. Effective participation in this process can ensure that the priorities and areas for activities identified meet the needs of NHS bodies. Accessibility Planning seeks to utilise existing partnership arrangements so if there is an existing body that would be appropriate for the consideration of these theme specific accessibility issues this should be used.

Illustrations of these maps can be found on pages 34 - 39 of the Department for Transport's guidance on Accessibility Planning in Local Transport Plans

The local transport authorities will provide these maps but mapping exercises have their limitations and do not necessarily give a complete picture of accessibility. Local health system's knowledge and experience can help to interpret, support, or temper, the results. It is important that information about the health sector is provided to ensure that resulting strategies will meet the needs of patients etc. This information is likely to include:

- The main accessibility challenges;
- The problems and opportunities related to accessibility from current policies, projects and initiatives; and
- Areas of uncertainty where new work is needed?

In addition to these, NHS bodies could bring any relevant consultation responses that might be useful in helping to establish the accessibility problems and priorities for local health economies. A detailed literature review is not necessary; input should concentrate on consultations that are, or have been, carried out as part of normal activity. This could include Health Equality Audits. Consideration could be given to building questions on accessibility into further planning and consultation exercises to inform the future development of Accessibility Planning.

Using these maps and the information provided will enable authorities and partners to identify and prioritise the issues and areas that will be addressed in the accessibility strategy. It is likely that this prioritisation will target action where deprivation is great, or target groups are located and accessibility to health care is poor.

The Local Assessment

Having identified the areas or issues to focus on it is likely that additional work will be needed to identify the accessibility problems more clearly and help inform the development of actions to tackle the identified problems.

These exercises are likely to be small-scale and focussed and could involve:

- Reviewing existing relevant detailed studies or reports eg previous research, results of consultations with jobseekers, patients, students and staff.
- Refined mapping to examine other factors other than travel time that might affect accessibility – eg travel cost, information, security, delivery/timing of services.
- New surveys and public consultation to understand the local significance of particular problems and obtain data on services and facilities not covered by existing data sources.

It may be helpful to review all available data, research projects and consultation responses and present the relevant information to the partners. These might also include surveys and audits undertaken.

NHS staff time and expertise could be contributed to any additional mapping or survey work. Facilitating surveys/consultations with your front-line staff/customers would also be very helpful.

Option Appraisal

Having identified where and what the accessibility problems are authorities and their partners should consider the range of options available to address them. These options might include transport interventions, the mobile delivery of services, changes to the timing or design of services and changes to the location of services. Partners should consider any changes that rest within the authority of any member of the group to ensure that the best option is taken to address that problem.

Once a range of options have been generated they need to be appraised to determine what is the most practicable and effective solution. Authorities and their partners should consider a range of factors in doing this:

- The impacts of the proposed actions, both on accessibility/social exclusion and their wider impacts.
- The barriers to implementation that exist for the proposed actions and ways that these can be overcome.
- The resources available across the partnership to support the proposed action.
- The stakeholders necessary to take forward the proposed action.

Development and appraisal of options is likely to be an iterative process as options will depend on what resources are available and resources will be available dependent on what options are chosen.

Resources in this context means more than just funding streams although clearly these are important. Resources might include:

- Time - staff time and commitment to help develop and take forward actions will be very important for the success of initiatives to improve accessibility.
- Skills - Accessibility Planning utilises a range of skills from partnership working to technical GIS modelling.
- Data - data and information plays an important role in the assessment and monitoring of accessibility. Information held in health systems will inform the process and options for building collection of information concerning activity into existing data collection exercises could be explored.
- Funding commissioning of patient transport services will need to take place in the context of Accessibility Planning.
- Policy decisions – the impact of policy decisions on accessibility should be recognised, particularly those on the way services are located and delivered. Accessibility could be included as a criterion in local decision making.
- Freedoms and Flexibilities - The 1999 Health Act give the NHS new powers to work more effectively with local authority partners. These flexibilities allow NHS bodies and local government to pool budgets, integrate services and delegate the commissioning of particular services to a lead partner. It enables money to be transferred from the NHS to any health-related function of local councils (or the voluntary sector) where the PCT or Trust is satisfied that "the purpose of the transfer is related to NHS functions or the health of individuals; and that such a transfer is to fund services to improve the health of the local population more effectively than the equivalent expenditure in the NHS". PCTs and Trusts should consider whether use of this power might be appropriate to improve access to health care.

Implementing Actions

Having identified any actions, these should be taken forward in the local transport authority's jointly agreed transport plan. The NHS will be expected to make a contribution to this plan in respect of access to the NHS.

It is likely that the actions agreed will be a combination of transport related actions and actions connected to the way that services are designed, delivered and located. NHS bodies will be expected to support the delivery of these agreed actions and, if appropriate, lead on particular actions that are within the health compass.

BENEFITS TO HEALTH

HEALTH AGENDA

Providing health services that are of consistently high quality and responsive to the needs of the patient lies at the heart of the Government's vision of a modern and dependable health service. Ensuring that people can access those services when they need them is crucial to good health.

Improving access to health care, particularly for those from disadvantaged groups and areas, can contribute to good health by helping to ensure that appointments are not missed and that medical help is sought at an early opportunity. It is also recognised that, for some, the inability to access work and key services contributes to poor health and reinforces health inequalities and other forms of disadvantage that persist across England.

Improving access to a healthy diet can also contribute towards the achievement of key health outcomes, as outlined in the Government's consultation *Choosing Health? Choosing a better diet: A consultation on priorities for a food and health action plan*, launched in May 2004. The plan is aimed primarily at improving health through better nutrition and emphasises that all Primary Care Trusts are to establish the DoH's 5 A DAY initiatives.

Improving access to leisure facilities, and promotion of cycling and walking, can help to encourage a healthier lifestyle and support Government's aim to increase levels of physical activity for both adults and children. The Department of Health and the Department for Culture, Media and Sport launched a consultation, *Choosing Health? Choosing Activity*, on these issues in May 2004.

The NHS Plan sets out a ten-year programme to transform the health service so it is redesigned around the needs of patients and so that patients are given greater choice over where and when they receive their treatment. While recognising the need to maintain specialist treatment centres, the drive is to improve accessibility through the development of primary care services, particularly in disadvantaged areas and the provision of more local treatment. *Keeping the NHS Local-A New Direction of Travel* helps the local NHS to find high quality, sustainable solutions for local services, including solutions for smaller hospitals to secure their role at the centre of local communities.

LEARNING FROM PILOTS

The access to health care pilots focussed on a range of different methods for addressing accessibility problems. The Merseyside pilot looked at:

- Hospital Redevelopment - A mapping exercise formed part of the option appraisal for selection of a site for the redevelopment/rebuilding of a major hospital. The information led to a decision to redevelop on the existing site, as alternative sites under consideration had poorer access by public transport.

A partnership has been formed with transport operators on future service provision and a dedicated Travel Plan Officer appointed.

- Hospital Travel Plan – A number of access issues were identified e.g. poor signage from a nearby railway station. Talks have been held with key bus operators to begin negotiating changes to services. Work continues regarding the potential to change the physical layout and access to the site.

- Primary Care Developments – Development of a new generation of primary care facilities is under way. The Pilot was used to help inform decisions on the location of some facilities. There is an intention to have site-specific travel plans in place by the time the centres are in operation.

The pilot in Lincolnshire focused on access to health care in a rural setting. Priority issues were:

- The development of co-ordinated resources for access to health in Lincolnshire, covering patient transport services, Social Services transport, public transport and community transport. This could cover co-location of services, joint commissioning, joint booking, appointment/journey planning systems, coordination of transport and health-service timing, information for users and training for front line staff.
- Assessment of where to locate future health services in Lincolnshire, so that people's access to these services is preserved or improved.
- Improved access to care for Under Fives in East Lindsey including: acute ill health, chronically ill patients, well child clinics and special needs.
- Improved access to care for Coronary Heart Disease in East Lindsey, including acute and chronic conditions and information on management of CHD.

<u>How Accessibility Planning can help PCTs/NHS Trusts</u>

Increasing understanding of transport related accessibility issues:

- The Accessibility Planning Guidance will provide a focus and stimulus to the health community in developing an understanding of accessibility issues.
- It will provide professionals with a greater knowledge of how the various transport systems can support patients.
- There will be a need to develop a process for informing relevant bodies e.g. LIFT Boards, PCT Boards, Local Strategic Partnerships.

Informing service planning decisions:

- Improved transport links are not always the only/most appropriate solution to access problems e.g. moving services closer to the community; multi-agency centres; reducing need for journeys by arranging as many tests as possible at the same appointment.
- Transport/travel access should be a major factor in decisions about relocation of services.
- Better linkage between spatial and service planning systems.

Engaging local transport planners and providers in the health agenda:

- Effective Accessibility Planning requires joint working and a mutual understanding of needs.
- In this context, the Health Agenda includes both access to health care and the prevention of poor health by making healthy choices easier (e.g. access to leisure facilities or shops selling fresh fruit and vegetables).

Supporting work to improve access and meeting access targets and Choice:

- Accessibility Planning can be used to maximise attendance at health services e.g. timing appointments to link with public transport, providing patients with individual journey plans, providing travel passes.
- Ease of access is likely to be a factor in patients' choice of service provider for elective treatment.
- IT solutions to link transport into booking and advice exist.

Supporting work to improve health and reducing health inequalities, and meeting targets:

- NHS as a Corporate Citizen – demonstrating the benefits of sustainable transport solutions.
- Making healthy lifestyle choices easier e.g. increased access to fresh food and leisure opportunities.
- Tackling the underlying causes of poor health through improved access to training and work opportunities.

Encouraging greater awareness of healthy travel options, i.e. walking and cycling:

- Improved access will not just be about better public transport. Walking and cycling would also be options, with the potential for additional health benefits from increased physical activity.

Developing better relationships with local partners:

- Accessibility Planning provides an opportunity and focus for joint working to mutual benefit.

<u>What accessibility planning will entail?</u>

Skills and knowledge development for the task:

- The range and level of skills readily available will vary Work and time commitments.

- There is likely to be a long lead-in time in terms of bringing together the right partners and agreeing the way forward. Lessons from the pilots should help share good practice and prevent repetition of unhelpful actions.
- Staff involved need the support of senior management in prioritising the work and allocating the necessary time.

Financial investment:

- The key cost at the planning stage is likely to be in staff time. Actual costs will depend on the scale and level of the work.
- Mapping facilities should be available via local planning and/or transport authorities.
- The costs of implementing the outcome of the planning will again vary. In some cases this will be negligible e.g. if the required action is a system refinement, such as appointments.
- In all cases, the financial investment needed in undertaking Accessibility Planning should be set against the potential saving in resources through more efficient services and reduced non-attendance at appointments. In the longer term, there would be further savings in costs to health services due to timely diagnosis and treatment.

Partnership activity:

- Accessibility Planning cannot effectively be undertaken in isolation. Identifying and securing the involvement of key partners is essential. A lead person is needed to facilitate this.
- Successful partnerships require time and commitment from all concerned.
- Partners for Accessibility Planning would include:
    - Local planning authority;
    - Local transport authority; and
    - Transport providers (including PTS and Community Transport).

<u>Problems and pitfalls you may encounter</u>

Health not on the agenda/PCT not invited to play a full role:

- PCTs and Hospital Trusts may need to be proactive in seeking involvement in Accessibility Planning.
- NHS Trusts in each LTP area could link together to achieve a stronger voice.
- NHS Champions are needed to advocate internally and externally.

Expectations of partners too high:

- Expected outcomes should be agreed at an early stage.
- Accessibility Planning is not a panacea, but can be an effective tool.

- It is important to understand the working practices and constraints of potential partners e.g. bus operators are unlikely to attend joint meetings as this could expose commercial information. Separate meetings would be needed, adding to the time involved.

Resources not available:

- It is likely local transport authorities will have some resources available to support Accessibility Planning.
- NHS Trusts could work in clusters on common elements of the process, sharing good practice and minimising duplication of effort.

Pressure to relocate services:

- Accessibility Planning takes time and may not be possible to fully activate if plans are already well advanced or there is an unexpected, urgent need to relocate services (e.g. after a fire). The underlying principles of good access should be taken into account as far as circumstances allow, with a commitment to making further improvements when time permits.
- Alternatively, Accessibility Planning could highlight a need for relocating services where no such change had been planned. The outcome of the Accessibility Planning process would form part of the business case for relocation.

FURTHER INFORMATION

Tackling Health Inequalities: A Programme for Action, published in July 2003, emphasises that health service providers, with Primary Care Trusts in the lead, will have a key role in supporting transport planners and contributing to the Accessibility Planning process.

The Health Development Agency report, *Improving Patient Access to Health Services: a National Review and Case Studies of Current Approaches*, provides a summary of national policies and local action to improve patient access to health services either by travelling to those services or by services being brought to them. It emphasises that improving patient access will often have the added benefit of enabling visitors and NHS employees alike to reach healthcare facilities.