

Consultation on improving access for patients

Submission from Sustrans

Introduction

Sustrans is the UK's leading sustainable transport NGO. We work on a range of practical programmes in the UK, addressing the environmental and behavioural determinants of travel behaviour and facilitating the choice of healthy, active, sustainable transport. We produce, collate and deliver evidence and best practice to assist others in similar development. This work is carried out in collaboration with partners from a number of sectors, including organisations working on public health and NHS bodies.

We have elected to respond to this consultation by submitting the present document, rather than by using your prepared form, for the following reasons:

- the submission form implicitly assumes respondents to be individuals, requesting individual demographic data, whereas this is an organisational contribution
- we are primarily concerned with overarching principles regarding NHS transport policies and the philosophy behind them, rather than the details of implementation.

We hope that you will be happy with this form of submission and will be pleased, if you wish, to clarify or discuss any aspect.

Key point summary

- it is wrong to offer financial or other benefits only to private motor vehicle users: whenever any such benefit is offered, whether to staff, patients, visitors or others, an equivalent or greater benefit should be offered to pedestrians, cyclists and public transport users
- in calculating the cost to the NHS business of free or subsidised car parking provision, the cost value used should be whichever is higher: the cost of provision for each space or its open market realisable value
- car parking cannot be considered in isolation from other modes of transport: walking, cycling and public transport, and the need to support individuals in switching to these from car travel, should all be explicitly discussed in the consultation and in any new policy
- the NHS should be a beacon of good practice in public health terms as in others, and should ensure that any policy changes are in line with relevant NICE guidance: in this particular case it will clearly be difficult to avoid conflict with NICE PH008, Physical Activity and Environment, which is very explicit in calling for the promotion of active travel
- in line with UK targets for emissions reduction, new policies should aim for an aggregate reduction in car use: the changes may encourage certain individuals to drive more often but this should be compensated by measures encouraging others to drive less.

General comments on the consultation document

Sustrans welcomes the tone of this consultation document. We indicate below some details that we feel have been overlooked, but we feel the consultation takes a balanced and largely a complete view, and is admirably frank about the pros and cons of various policy options. This frankness is important.

Sustrans has a thirty-year history of engagement with the NHS and the health sector. We collaborate on travel plan development and implementation, infrastructure work to improve walking and cycling access to health estate sites, and the development of policy and official guidance on physical activity and health.

Over three decades of collaboration, we have become well aware of how emotive is the issue of private motorised access and specifically of car parking, among NHS staff. It is therefore important that the arguments be presented with the utmost clarity. The title of the consultation document is misleading: this is not a “Consultation on Improving Access for Patients”, it is a consultation as to whether and how patients, visitors and others using private motor vehicles to access health sites should have their form of transport subsidised. A consultation on improving access to NHS sites for patients and others, irrespective of the form of transport they may choose, is in fact sorely needed but this is not it.

We are also aware that many managers in healthcare (as in other sectors) suffer from the “Windscreen perspective” – a set of assumptions based on their own personal experiences and preferences around travel choice, which lead them to attach disproportionate importance to car use and, among other things, workplace parking. It is important for those managing the consultation to guard against this. This has on occasion led to the development of policies which appear to assume that all staff, for example, commute by car – it has been common for NHS bodies to provide free or subsidised car parking, but no equivalent benefit for staff travelling by other modes.

We are pleased to see the consultation document acknowledge that staff lobby groups will seek to expand the remit of this consultation and use it as a Trojan horse for further subsidies to staff car travel. This should be resisted or at least, as noted below, any (existing or new) staff car subsidy should be matched by at least equal perks for those who cannot or choose not to travel by car.

UK government policies, official guidance such as that produced by the National Institute for Health and Clinical Excellence, and NHS policy directions such as those on carbon now being brought in by the NHS Sustainable Development Unit, say the right things about travel choice: the NHS should be a beacon of good practice in the promotion of healthy, active and sustainable transport. However, a quick word search of the consultation document finds not one single mention of walking or of cycling, six mentions of public transport and over 100 mentions of “car”. We recognise that this is a consultation about car parking, but issues related to car travel should not be considered in isolation from the other modes.

Specific comments

Our most significant comment on the consultation is this: whatever may be done to facilitate and/or subsidise access to NHS sites by people choosing private motorised transport, ***at least as much should be done for those who travel by other modes.*** It is the poorest and the most deprived who have least access to car travel: subsidies to car use only will therefore increase inequality, including health inequality.

It is simply wrong to offer financial or other benefits only to private motor vehicle users: whenever any such benefit is offered, whether to staff, patients, visitors or

others, an equivalent or greater benefit should be offered to pedestrians, cyclists and public transport users

NICE guidance

Since NICE began to produce guidance on public health issues, a number of its work-streams have touched on transport, perhaps most notably PH008, Physical Activity and Environment. These have all been explicit in advocating a shift from sedentary motorised transport to the active travel modes, walking and cycling (including where these occur as components in public transport trips). Guidance now in development, on Spatial Planning and Health and on a “whole system approach” to preventing obesity, can be expected to back this up. We consider it important that the day-to-day operation of the NHS should be carried out in accordance with the NICE guidance, and should not (unintentionally) subvert it. At the moment, few NHS sites could claim to be in line with the NICE recommendations on walking and cycling.

Cost of car parking

In certain urban settings, the market rate for a car parking space can be £1,000 per annum or more. If the cost of provision of a NHS car space is lower than this, the space represents a potential income generator, which could contribute to the budgets for patient care and treatment. We recommend therefore that in calculating the cost to the NHS business of free or subsidised car parking provision, the cost value used should be whichever is higher: the cost of provision for each space or its open market realisable value.

Future-proof decision making: Peak Oil and climate change

It is now widely accepted that the era of cheap oil is ended. It would be wise to take this into account in all policy planning connected with transport. In the particular case of access to NHS sites, we suggest that it would be wise for new policies to promote progressive change in patient and visitor behaviour away from reliance on private motor transport.

We welcome the recognition of carbon targets (P9) but would like it to be more definitive. The existing UK stance on emissions reduction is enough to make clear that ***new policies should aim for an aggregate reduction in car use***: the changes may encourage certain individuals to drive more often but this should be compensated by measures encouraging others to drive less.

Philip Insall
Director, Health
Sustrans
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