Project no.: 38

Country: United Kingdom

Title: **Addenbrookes Hospital Travel Plan**

Type of action: Engineering or infrastructural measures combined with publicity or motivational campaign and/or practical offers to promote active modes of transport

Scope	Local
Setting	Addenbrooke's hospital campus - 2.5 miles south of Cambridge City Centre
Target audience	Staff, patients and visitors
Target beneficiaries	Staff, patients and visitors
Driving force (project leader)	- University of Cambridge - Medical Research Council
Partners	- Addenbrooke's National Health Service Trust - Public transport operators
Timeframe	The ongoing 'Access to Addenbrooke's initiative was formalized in 1997 though some aspects of 'travel planning' was undertaken from 1993 i.e. car park charging.
Number of target population reached	(No information provided)
Financing/cost	Ring-fenced car park income

Description of initiative/action

Aims and objectives:

- To reduce the number of single occupancy vehicle trips to the Addenbrooke's campus by promoting alternative travel choices and investment in new infrastructure and services.

Description:

Addenbrooke's is based on the edge of Cambridge, sharing with Cambridge University and research institutes and employs half of the 9000 people on site. The Addenbrooke's hospital campus in Cambridge currently attracts over 16 000 person trips a day and yet the 67 acre site is planned to double in size by 2020 creating the Southern Cambridge Biomedical Campus. The surrounding road network is already at capacity, so the only way that the planned development can take place is by changing person trips away from the private car towards more sustainable travel choices.

The first travel plan set targets for changes in travel behaviour away from the car, to improve accessibility for staff, patients and visitors. An Access Bureau was established which now has 4.5 staff. The current travel plan runs from 2000 to 2005.

Activities:

Addenbrooke's invested in car sharing and sixteen pool cars, ran promotional events for bus travel, improved the walking and cycling infrastructure and worked with the main local bus

operator on a Quality Bus Partnership. The trust provides over 1300 cycle parking places and improved on-site cycle facilities link to the local cycle network.

Planning and implementation

Contribution of each sector/partner:

(No information provided)

Evaluation

100% headcount annually - Modal share is measured each year on the second Thursday of every October. All entrances to the site are videoed between 07:00 and 19:00 and all staff car park entrances are videoed along with all the bus stops. A sample of pedestrian and cyclists are interviewed for all pedestrian and cyclist entrances. The questions asked allow the Trust to distinguish patients and visitors from staff and whether or not they individual has cycled all the way. The videos at the bus station and bus stops allow bus patronage to be determined and car usage is determined from the videos at the staff car park entrances and the main vehicular entrances to the site. Car occupancy is determined in this way. By subtracting staff car occupancy from the general car occupancy at the main vehicular entrances, it is possible to determine car park occupancy for patients and visitors. Started October 1993 to current.

The aim of the evaluation is to prove to Cambridge City Council that the hospital is meeting it's planning modal shift targets.

Results:

Exceeded all targets set to date (e.g. staff target of reducing number of single occupancy cars to site to 45% by 2005 exceeded in 2003).

The impact has been significant; between 1993 and 2003:

- car use fell from 74% to 42%;
- bus travel rose from 4% to 23%;
- cycling went up from 17% to 25%; and
- walking from 4% to 7%.

Bus use rose steeply after 2001 due to service improvements, a new on-site bus station and a discounted ticket scheme. By January 2004 at peak times up to 60 buses per hour call at Addenbrooke's.

Health-enhancing physical activity outcomes:

See above.

Lessons learned

Sustainability:

The project is ongoing for several years and already had a sustainable effect on the modal share.

Transferability:

Used as best practice in the NHS - regularly present of give site visits to other NHS organizations.

Assessment of the collaboration from the view of the transport sector:

Used as example of best practice.

Assessment of the collaboration from the view of the health sector:

A lot of joint working with public transport operators and both local authorities - Cambridgeshire County Council and Cambridge City Council.

Additional information/ specific comments

- Announce of changes or developments well in advance of introducing them - no surprises.
- Communication is key.
- Partnership working helps the whole process.

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