

NHS Heal Thyself

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Is Safe Routes to Healthcare the prescription for a healthier population?

With rising levels of obesity, the spiralling cost of related healthcare and a general trend towards a sedentary lifestyle we look at the potential for the NHS to take the lead in active travel, for all our benefit.

How much of a health issue is NHS travel and transport?

It is well documented that physical activity offers protection against many cancers, heart disease and related illnesses.¹ And the Chief Medical Officer in England is clear that “at least 30 minutes a day of a moderate activity, such as brisk walking, will only be achieved by helping people to build activity into their daily lives. Addressing transport to ensure that walking and cycling can be built into daily life will be key”.²

Increased car use is also a concern. During the 90s the sharp rise in car ownership in China had a direct impact on obesity, with men who acquired a vehicle experiencing a 1.8kg greater weight gain and a 70% greater risk of becoming obese than those who did not.³

Transport, and the UK’s tendency for travelling without actually being active, is therefore clearly a health issue, with the cost of providing healthcare to an increasingly inactive population increasing year on year. The annual cost of physical inactivity is estimated by the

Chief Medical Officer at £10.7 billion, including the contribution of inactivity to the obesity epidemic.⁴

It could be argued that health professionals and the Department of Health have little influence on transport policy generally, but what about all the transport generated by the NHS?

In 2001 NHS staff, patients and visitors in England and Wales travelled an estimated 25 billion passenger kilometres. Car and van travel accounted for 83% of passenger kilometres, with the majority of travel (70%) being by visitors, 25% by patients and 5% by staff.⁵

And the numbers of people involved are staggering; the NHS as a whole employs over 1.3 million people, with this figure growing by many thousands every year. The Government is currently committed to recruiting 15,000 doctors, 35,000 nurses, and 30,000 more therapists and scientists, with all the support staff that this expansion requires.

Add to this the 46 million outpatient attendances annually in England and Wales, the users of the 47,000 GP practices, community pharmacies, dentists and opticians, and the scale of the problem becomes clear. Travel to and from health facilities in the UK is vast. The government itself has estimated that as much as 5% of all UK transport is generated by the NHS.⁶ The way we currently travel to and from medical facilities

¹ Healthy and Active Travel, Sustrans, 2001

² Annual report of the Chief Medical Officer 2002, Department of Health, 2003

³ The road to obesity or the path to prevention: Motorised transportation and obesity in China, Bell, Ge and Popkin, Obesity Research, 10(4)

⁴ “At least five a week” Chief Medical Officer’s report on Physical Activity, Department of Health, 2004

is clearly an environmental problem, but there are also direct health implications. Sedentary lifestyles, air pollution, road casualties and the impact of busy roads on communities are among them, and while it is not certain that, say, 5% of all road casualties can be laid at the door of the NHS, the scale of this transport problem guarantees that the healthcare sector is creating much ill-health through transport.

This focus on the car also costs the NHS valuable space - 17% of the total land area occupied by children's trusts is car parking⁵ - and money. One typical PCT has 230 car park spaces, worth £950 a year each, some staff paying as little as 10% of that for their use, with no equivalent perk for staff who don't drive. I can name the PCT however, without shaming it, for Exeter PCT is actually a fine example of facing up to problems of this kind: since April 2003 new starters have been paying a market rate if they use the PCT car park, and natural staff turnover will eventually remove this wasteful and unfair subsidy altogether.⁷

Can NHS travel be reformed?

As a neighbour, an employer with responsibility for staff welfare, a service provider meeting the needs of its customers, and the body with the lead role in promoting public health, the NHS has ample reason to address its travel impact, but does it have the tools?

It has the Travel Plan. For a decade now, the government has been urging and supporting employers in all fields to develop workplace travel plans, whose primary objective has been to shift journeys from the car and so reduce peak hour congestion.

There are examples from the NHS of effective and well-managed travel plans, but they are generally developed to meet planning conditions imposed by the local authority. There is little evidence that most Directors of Public Health recognise their potential as a health promotion tool for employees or customers.

The best of travel plans incorporate a whole raft of measures. These range from improving on-site walking and cycling infrastructure, reducing subsidies for car use, giving travel information to staff and visitors, and special deals for users of public transport, to working with local authorities and public transport providers on improvements to walking and cycling routes, better crossings, traffic calming, improvements to bus route timings and stops. Larger employers have pool cars and bikes for business travel – really large sites can have pool bikes for cross-site journeys – car sharing schemes, and a get-you-home pledge to cover emergencies. What the best travel plans have in common is senior management commitment and a dedicated travel plan coordinator.

⁵ Material Health, Best Foot Forward Ltd, 2004

⁶ "Transport Secretary urges hospitals to reduce reliance on the car", Department of Transport Press Notice, September 1996

⁷ Healthy Travel issue 8, Sustrans 2003

“...89% of people just want a good hospital within easy reach⁸”

The motivation for change

As the major provider of health information and advice in the UK, and with a strong health promotion remit, shouldn't it be a core part of the NHS corporate strategy to get people out of their cars and into more active and healthy travel? Increased walking, cycling and public transport use should be a sign of success, with NHS facilities required to offer safe, active travel to staff and to patients, many of whose healthcare needs are at least in part due to a lack of activity in their own lifestyles. And high levels of car use should be recognised as failure: failure to promote public health, and failure to operate to environmental standards.

The Wanless report 'Securing Good Health for the Whole Population' specifically recommends that the NHS take more account of the health of its employees. As it points out, "The NHS employs more than 1 million people and has relatively high levels of sickness, costing the Department of Health an estimated £1 billion per annum.

"In addition, the NHS has many low paid staff, so NHS action to improve employee health would impact on many low-income individuals who are at higher risk of developing preventable chronic diseases. The NHS should seek to illustrate the case for employer engagement in staff health by piloting and evaluating programmes." What better way than through creating safe routes to healthcare, for staff, patients and visitors, and implementing a state-of-the-art travel plan.

Implementing successful travel plans within the NHS is clearly not easy. Primary Care Trusts face specific difficulties, with split sites staffed by small numbers of people, often in rural locations with poor access by public transport. Management attention is naturally focused on service delivery, managing difficult finances, political and media criticism, and permanent structural upheaval.

Patient choice now allows people to travel long distances to access health services, working against any travel plan to increase active travel and reduce car use. But what patients want is better access – a Which? poll conducted in early 2005 was clear: 89% of people did not want

choice, just a good hospital within easy reach.⁸

However, the main reason for lack of progress on transport is lack of will and leadership. Where these are present, dramatic progress is made.

The Addenbrooke's Example

Addenbrooke's NHS Trust in Cambridge has had enormous success in implementing its award-winning travel plan. The plan clearly stated at the outset the adverse consequences for public health of excessive traffic and congestion, and targeted not just staff commuting, but also staff business travel, patient and visitor travel and deliveries.

The figures speak for themselves. Between 1993 and 2003 single occupancy car use fell from 74% to 34%. Over the same period bus travel (which includes an active walk at both ends of the journey) rose from 4% to 23%, and the number of staff cycling to work has risen from 17% to 25%. This despite the campus' location on the southern fringes three miles from Cambridge city centre.

The prescription

So where should the NHS go from here? Leadership is the key word: ministers and senior NHS management should be setting targets for reduction in motor travel by staff travelling to work, in the course of business, by patients, visitors and contractors. Parking subsidies should be removed. The NHS should dynamically market all the advantages – environmental and health-related, individual and societal – of a shift away from car dependency. And finance directors should be instructed to control financial waste on subsidies to sedentary transport – if any forms of transport are to be subsidised, it should be the healthy and environmentally friendly ones.

Really intensive and strategic long-term travel plans need to be implemented for all NHS facilities, from local GP surgeries to major acute hospitals. Congestion cannot be the only driver - the NHS should follow the Addenbrooke's example and bring healthy, active travel right to the top of the outcomes for a travel plan.

⁸ www.which.net/press/releases/health/050801_choices_nr.html

There is also a lot to be learned in terms of what works and what doesn't. Charging more for car-parking is a major incentive for encouraging a shift in travel behaviour, but so are improvements to the environment and infrastructure - from well-marked and maintained walking and cycle routes to good signage. This helps people feel safe as well as showing them where to go.

For those who have to drive, such as staff working unsocial hours, or patients who need to travel by car, car-parking availability should be based on need. As Dick Barry, Policy Officer for Unison says, "NHS staff support for travel plans will be easier to achieve if they are fair and do not automatically give privileges to senior staff.

"Parking criteria should be based on job requirements and transport needs, rather than seniority. It should be remembered that providing car parking, with no support for alternative travel, discriminates against staff without access to a car."

In ten years' time healthy, active travel to hospitals and all NHS facilities by staff, visitors and patients should be the norm. Or will the NHS still be encouraging car travel with all the road casualties, air pollution and community severance that this produces? The best choice appears to be obvious, but the question remains: can the car-addicted NHS heal itself?

Addenbrooke's Hospital - Case Study

Addenbrooke's Hospital and its campus is the centre of the Cambridge University Hospitals NHS Foundation Trust. Located on the southern fringes of Cambridge, three miles from the city centre, Addenbrooke's is also a teaching hospital, with a large research presence on campus.

In total around 9,000 staff work on campus, and in 2003/2004 the Trust treated 385,000 outpatients and 62,000 inpatients. The result is 16,000 return trips each day to and from the campus. This makes Addenbrooke's one of the largest traffic generators within Cambridgeshire.

In 1997 the Trust embarked on Access to Addenbrooke's, drawing together initiatives to encourage staff to reduce travel to work by car. A travel plan was born.

The objectives of the plan were:

- to reduce the need to travel
- to increase travel choices and make them safe and accessible for all
- to reduce demand for car parking
- to encourage healthy transport options
- to reduce the environmental impact of the travel needs of the campus

Actions included both carrot and stick:

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| 1993-2001 | Controlling car parking with price increases
More secure cycle parking, building cycle lanes on campus, and interest free loans for the purchase of bikes |
| 2001 | New bus station built on campus
New bus route direct from the Trumpington Park & Ride to the campus
Staff bus tickets jointly subsidised with Stagecoach |
| 2003 | Awareness raising of the benefits of travelling to the campus by means other than private car
Improved information available to all on the different travel options available
Improved signage around the campus |

There are now ambitious plans to expand the campus over the coming years. The travel plan is continually evolving to adapt to these changes, with the Trust broadening the scope of the plan in 2004 to include:

- patients and visitors
- travel on business
- deliveries

There's a lot still to do, particularly in relation to visitors and patients, as the figures below show, but the travel plan includes clear targets for reducing these trips, and we will report on progress in coming issues of The Network.

**Staff travel to Addenbrookes 1993 – 2004:
growth in green and active modes**

