“Sic transit………..”
Hamble to Hospital
The Hospital Travel Needs of Older People in Hamble le Rice
ACKNOWLEDGEMENTS

The Authors would like to thank the many people and organisations who have made this study possible:-

- The Eastleigh Southern Parishes Older People's Forum (ESPOPF) Transport Working Group, whose work over two years laid the foundations of the research.
- The 163 Hamble residents who returned their questionnaires and the 12 members who were interviewed.
- The Older People’s Project Support (OPPS) Team of Teesside University, Dr Sam Taylor and her Research Assistant, Lindsaye Smalley, without whose encouragement, support and advice, we could never have got started, and for training in research methods.
- Help the Aged for nominating ESPOPF for training with a Training Grant and whose joint funding with the University of Teesside made the project possible.
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- Judith Cam for proof-reading and helpful suggestions.
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Southampton Hospitals and the Six Eastleigh Southern Parishes
EXECUTIVE SUMMARY

In this Study of “The Hospital Travel Needs of Older People in Hamble le Rice”, questionnaires and invitations for interviews were distributed to 316 older people living in Hamble. Of these, 163 (52%) completed questionnaires and 12 accepted offers of interview. They were asked to comment on their experiences of hospital journeys during the previous year, i.e. April 2003-March 2004, and to suggest improvements, if any.

A profile of the sample shows that the ages of the respondents range from 54-94 years and 47% are between 75-85 years. There are twice as many women as men with little difference in their average ages, 76 years. Households with cars account for 73% of the total. Whereas 85% of men drive, only 35% of women drive.

The Survey shows that 77% of hospital journeys made by older people in Hamble are to the two Southampton hospitals, the Royal South Hants and the Southampton General, which are part of the Southampton University Hospitals’ Trust. However, 23% of journeys are made to Portsmouth, Winchester, Moorgreen (Eastleigh) and private hospitals offering NHS services in Southampton and Eastleigh. Also, 31% of respondents go to hospital as visitors, escorts and for other non-medical reasons.

Whatever the reason for the journey, most people complain about the lack of information from the hospitals: how to get there, how to park, how to pay, the times of the appointments, how to find the clinics, how to contact taxis for the return journey, what financial help is available and how to get it.

For their hospital journeys, 69% of respondents use private cars, not from choice, but necessity. Lack of information prevents informed decisions about other modes of transport. Lack of car-parking facilities, especially for the disabled, can cause stress and missed appointments. Parking charges seem exorbitant and the method of payment unnecessarily difficult, even obscure.

Public transport does not offer direct services to hospitals, the Hospital Car Service is limited to special cases, the new Subsidised Taxi Service seems designed to exclude people and is seen as expensive, even though it is cheaper than ordinary taxis. Only the Good Neighbour Scheme merits consistent praise, but it depends on volunteer drivers, an endangered species.

Recommendations are made to

Southampton University Hospitals’ Trust to establish an NHS Bus Service for all staff and users of the hospitals; to provide comprehensive information on all aspects of travel and an enhanced Hospital Car Service; to introduce Green Travel Plans for staff and more outreach services; to adopt a unified appointments system which considers patients.

Transport and local authorities to make hospital travel a priority in local and regional transport plans and local strategic plans.

Southampton City Council and partners, including bus operators, to provide direct, reliable, accessible, frequent, public transport services to hospitals for the benefit of all patients living within the catchment area of Southampton University Hospitals’ Trust.
INTRODUCTION

EASTLEIGH SOUTHERN PARISHES OLDER PEOPLE’S FORUM, (ESPOPF) was established on 18th July 2000. Its objectives are:

To consult with older people in the Southern Parishes of Eastleigh Borough.
To promote the interests of the older people resident in the Southern Parishes.
To consult with the statutory authorities on issues of concern to older people.
To bring to the attention of the statutory authorities any areas of unmet need affecting older people.
To bring to the attention of the public any issues of concern to older people in the area.

Currently, the ESPOPF’s business is conducted by a committee of 15 members drawn from the six southern parishes of Eastleigh Borough: Botley, Hedge End, West End, Bursledon, Hound, Hamble le Rice. ESPOPF’s concern about the transport problems of older people led to the formation of the Transport Working Group on 5th February 2002. A Health Working Group was formed in 2003 to pursue health-related matters, mainly with the primary care trusts.

The Transport Working Group members were drawn from the six parishes, which, though in Eastleigh Borough, skirt Southampton. It was soon apparent from sharing local information that the most serious transport problem facing older people was transport to hospital. Most journeys were to Southampton NHS hospitals, though patients were called to Eastleigh, Portsmouth and Winchester, even to London hospitals and, increasingly, to private hospitals supplying NHS services.

It was clear that public transport was rarely seen as an option and that, even if Good Neighbour schemes (Appendix 3, page 41) operated, the voluntary drivers, themselves retired, disliked driving long distances through city traffic and coping with congestion and parking difficulties at the hospitals. Many people, who were not able to drive themselves to hospital and did not want to bother their families and friends, thought they had no alternative but expensive taxis, which were prohibitive for frequent visits such as radiotherapy treatments or visiting terminally-ill relatives.

We decided that we must persuade the official transport providers that travel difficulties were leading to missed appointments at hospitals and such stress that it was likely that some patients were not benefiting from their appointments; that the problems were getting worse as the population was ageing and more older people were living independently at home; that the particular problems which older people experience when visiting terminally-ill patients were completely overlooked.

Attempts were made to contact providers of transport to seek their assistance with these problems. The preferred option at first was to extend the Hospital Car Service, (Appendix 3, page 42), about which older people knew little, and make it more widely available. The Patient Transport Manager for the Southampton General Hospital was invited to a meeting to describe his service and we soon realised that the shortage of volunteer drivers would rule out any extension.
We persuaded Hampshire County Council’s Community Transport Officer to introduce a minibus service to Southampton hospitals travelling through three parishes, but, unfortunately, this scheme failed to get off the ground for a number of reasons, such as poor marketing and an unreliable contractor.

Finally, in December 2003, we persuaded Hampshire County Council, Eastleigh Borough Council and Hamble Parish Council to pilot a Subsidised Hospital Taxi Scheme, (Appendix 4, page 45) funded in the main by the Countryside Agency’s Parish Transport Grant. The scheme was piloted in Hamble because the Parish Council agreed to become involved. It was hoped that the scheme would then be extended to other parishes if the pilot were a success. Again, there has been a poor take-up of this Scheme because it was not targeted at older people and most of them were excluded by the unnecessarily strict criteria for use. Instructions for using the Scheme lacked clarity. The Scheme is being revised currently.

We became extremely disillusioned about the willingness of the local authority professionals to listen to us and take account of our views, which were formed from listening to older people. How could we be advocates for our members if those with the resources to assist them would not listen to us?

When Help the Aged nominated us for training by the University of Teesside, which meant that we would learn how to do academic research, we were delighted to accept. At last, we would not have to rely on anecdotal evidence, which seemed to be inadmissible to those holding the purse strings. We could use evidence-based information in our lobbying to improve the quality of life for older people.

Thirteen ESPOPF members and one co-opted member volunteered to form a group known as the ESPOPF Researchers to undertake the training in research methods provided by Dr Sam Taylor of the University of Teesside. Five of the fourteen were members of the Transport Working Group. The Researchers had their first meeting in December 2003. A decision was taken to research the hospital travel needs of older people in Hamble, where the Subsidised Hospital Taxi Scheme (Appendix 4, page 45) was being piloted and where a Good Neighbours Scheme (Hamble Care) existed (Appendix 3, page 41.) Altogether, the Researchers met 20 times in a Community Centre between December 2003 and August 2004 – five times with Dr Sam Taylor for training. The Researchers’ commitment and hard work were rewarded by the presentation of University of Teesside Certificates by Debbie Beale of Help the Aged at ESPOPF’s AGM held in July 2004. A Draft Report was produced at the end of July 2004 and published in October 2004.

AIM OF THE STUDY

The aim of this Study is the improvement of hospital travel services, by assessing the hospital travel needs of older people in Hamble-le-Rice and writing and distributing a report about their experiences to influence those responsible both for making transport policies and implementing them.
METHODOLOGY

The Older People’s Project Support (OPPS) Team of Teesside University has assisted and advised the Research Group of ESPOPF throughout. This support covered a period of 9 months, December 2003 to August 2004. It consisted of five visits from the OPPS Leader, Dr Sam Taylor, for explanation, training and advice carried out in workshops. Lindsaye Smalley, Dr Taylor’s Research Assistant, was readily available on the phone or by email. We chose postal Questionnaires and Interviews for our Survey.

Design of Questionnaire

We designed a Questionnaire, taking into consideration: scope and limitations; open and closed questions; imprecise and confusing questions; design for validity and ease of analysis. This version was duplicated on ESPOPF’s own photocopier on folded, double-sided, A3-size yellow paper.

Pilot Study

In this Study, we gave the Questionnaires to a group of 12 elderly members of a local Lunch Club for completion. We then discussed the results of this Study, amended the Questionnaire and agreed the final version (Appendix 1, page 31).

Sample

We distributed these Questionnaires to as many elderly residents of Hamble as we could. In total, we sent out 316 Questionnaires and accompanying sheets at a 4-hour session. These residents fell into four categories:

- The members of ESPOPF in Hamble already on the database.
- Husbands or wives of existing members. We identified these non-members comparing the database membership list with the Electoral Roll
- Residents of sheltered accommodation in Hamble.
- New recruits to ESPOPF, following a recruitment drive in Hamble.

First Mailing  1st March 2004

ESPOPF March Newsletter with editorial about the survey
Notice of meeting with form for ordering meal and transport
Hamble-le-Rice Subsidised Taxi Scheme Pamphlet

Second Mailing  8th March 2004

Introductory Survey letter
Information (2 sheets)
Invitation(s) for Interview
Questionnaire(s) on yellow paper to identify it clearly
Stamped, addressed envelope.
Interviews

We devised and agreed a protocol and structure for the interviews. We had already sent out 316 “Invitations for Interview” with the Questionnaires. Twelve accepted the invitation. From these we allocated to each member of the Group, who wished to participate, one or two people to interview. The members then contacted their interviewees by phone for an appointment. We held the interviews in the interviewees’ homes and recorded them on a tape-recorder. We transcribed the resulting tapes later on Microsoft Word documents.

Towards the end of the Study, we agreed that we needed interviews with providers to describe the Hospital Car Service, the Subsidised Taxi Scheme and Hamble Good Neighbours. After carrying out the necessary procedures, we conducted these interviews. The Hampshire Community Transport Officer declined to be interviewed, having nothing to add to the Leaflet (Appendix 4, page 45).

Analysis

Of these 316 Questionnaires and Invitations for Interview, 52% (163/316) returned their Questionnaires. Apart from the 12 respondents willing to be interviewed, no follow up was possible because of anonymity. We gave each reply a unique reference number as it arrived. Two members of the Group were interested in analysing the results. They analysed the Questionnaires independently, one transferring the data onto a Microsoft Works Database and the other onto an Excel Spreadsheet. Not all the questions were answered and percentages were calculated from the total number of questions answered, not on the total questionnaires received, unless stated otherwise.

The Database and the Excel Spreadsheet both consisted of a grid. In the Database, the first Group member allocated fields to each record and then sorted the data by fields, e.g. by age, sex, car driver etc. The program counted, added up or averaged the numbers in the field columns, and then printed reports.

On the Excel Spreadsheet, the other member allocated the unique reference numbers to the X-axis and the answers to the questionnaires in the Y-axis. He referenced each cell using the X- and Y- co-ordinates. He programmed the Spreadsheet to make calculations from the contents of the cells, e.g. Totals, counts and percentages.

The Database was better at sorting and analysing data and the Spreadsheet better at numerical calculations and charts. In practice, we used a combination of the two, getting the best of both worlds.

We contacted the Planning Policy Department of Eastleigh Borough Council, for statistics about the population of Hamble for our analysis.

The two members of the Group then presented the results, as a preliminary to the Group agreeing the key issues and writing the Report.
Limitations of the Study
Our study of events, which occurred between April 2003 and March 2004, depends on the reliability of the memories of participants, whose average age is 76 years. Events and problems are recalled more easily than are dates.

We estimate that 1 in 6 of the older people in Hamble replied to our Questionnaire. This sample is self-selected and may not be typical of the elderly Hamble population as a whole.

It should also be noted that the age distribution of the sample differs from the age distribution shown in the 2001 Census (see Figure 1) particularly in the age groups 60-80 years. However, as is shown in Figure 5 (page 12), the frequency of hospital journeys appears to vary little with age.

Confidentiality and Ethics
We obtained Ethical Approval for the Study from the University of Teesside Ethics Committee. Throughout the Study, the Group took great care to explain and maintain confidentiality and anonymity and adhere to the Data Protection Act. Computer records were stored separately and securely and were not kept on file. The approved protocol for interviews and quotes ensured their accuracy and authenticity. These could then be used with authority in the Report.
FINDINGS

These findings result from the 52% (163/316) of the Sample of older people in Hamble who responded to the Questionnaires, and 12 who agreed to interviews.

I. PROFILE OF RESPONDENTS

Age Distribution
The age distribution shown in Figure 2 is based on 160/163 responses. The youngest respondent is aged 54 and the oldest 94 years. The age group 75-85 years comprises 47% (75/160) of the total.

Gender and Household
Table 1 shows that there are twice as many women 66.5% (107/161) as men 33.5% (54/161). Men are more likely to live with a partner, 76% (41/54), while women are more likely to live alone, 62% (66/107).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Average Age</th>
<th>Lives Alone</th>
<th>With Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>33.5% (54/161)</td>
<td>76 years</td>
<td>24% (13/54)</td>
</tr>
<tr>
<td>Female</td>
<td>66.5% (107/161)</td>
<td>75 years</td>
<td>62% (66/107)</td>
</tr>
</tbody>
</table>

Table 1
Drivers and Cars

The findings from the responses reveal that nearly three quarters of households have cars, 73% (118/162). In these households, 66% (82/125) are drivers. Where men live on their own, 92% (12/13) drive. However, where women live alone, only 35% (23/66) drive.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Drivers in Single Households</th>
<th>Drivers in Double Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>92% (12/13)</td>
<td>83% (34/41)</td>
</tr>
<tr>
<td>Females</td>
<td>35% (23/66)</td>
<td>34% (14/41)</td>
</tr>
</tbody>
</table>

Table 2

As the couple gets older, the husband is more likely to be the driver. This is shown by Figure 3 and is most marked in the age group 80-85 years, when 79% (11/14) of men drive, whereas only 8% (2/24) of women drive.

The Effect of Age on Driving Status of Men and Women

![Figure 3]

“At the time of completing this form, we have our own transport, but it would be nice to know that there is a service that can be used if by any chance we could not drive ourselves.” (88 year old)

“I can’t drive as far as the hospital but I keep the car. I can drive to Tesco and I can drive to the Surgery.” (Age unknown)

Phone ownership

Only 2% (4/162) do not have a telephone at home.
2. HOSPITAL TRAVEL

Frequency of Journeys

Table 3 and Figure 4 show conservative estimates of the number of visits made to hospitals in the previous 12 months by the 163 respondents to the Questionnaires. These hospitals include: Royal South Hants (RSH), Southampton General and a private hospital in Southampton; Moorgreen and a private hospital in Eastleigh; hospitals in Portsmouth and Winchester. Private hospitals are now supplying some NHS services.

We can estimate that the 163 respondents made at least 1,069 visits to hospitals last year. The 2001 Census shows a population of 954 over 60s in Hamble. Collectively, they could have made 6,250 visits a year, or 25 visits every weekday.

### Number of Journeys to Hospital in One Year

<table>
<thead>
<tr>
<th></th>
<th>Royal South Hants</th>
<th>Soton General</th>
<th>Moorgreen Hospital</th>
<th>Other</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Responses</td>
<td>135</td>
<td>138</td>
<td>79</td>
<td>63</td>
<td>415</td>
</tr>
<tr>
<td>Frequency of Journeys to Hospital by Respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>36    27%</td>
<td>34  25%</td>
<td>53    67%</td>
<td>44    70%</td>
<td>167</td>
</tr>
<tr>
<td>1-4 times</td>
<td>79    59%</td>
<td>72  52%</td>
<td>12    15%</td>
<td>13    21%</td>
<td>176</td>
</tr>
<tr>
<td>5-10 times</td>
<td>17    13%</td>
<td>26  19%</td>
<td>10    13%</td>
<td>5     8%</td>
<td>58</td>
</tr>
<tr>
<td>11+ times</td>
<td>3     2%</td>
<td>6   4%</td>
<td>4     5%</td>
<td>1     2%</td>
<td>14</td>
</tr>
<tr>
<td>Average Number of Journeys Made in One Year</td>
<td>366</td>
<td>459</td>
<td>161</td>
<td>83</td>
<td>1,069</td>
</tr>
</tbody>
</table>

Table 3

Figure 4 shows that most journeys were to the General Hospital, 43% (459/1,069), followed by the Royal South Hants, 34% (366/1,069).
Figure 5 shows the number of journeys made in one year by individuals in a particular age group. We are able to deduce that a Hamble resident over 60 years may expect to visit hospital 6 times a year, for whatever reason.

**Average Number of Journeys to Hospital Last Year by an Individual Older Person**

From this statistic, it would be possible to determine the viability or otherwise of new hospital or public transport services, assuming a similar take-up by older people in villages in the rest of the hospitals’ catchment areas.

**Method of Travel**

- **Private Car**: 69%
- **Hospital Transport**: 13%
- **Public Transport**: 18%

![Figure 5](image)

![Figure 6](image)
Table 4 shows the different methods of transport to different hospitals.

<table>
<thead>
<tr>
<th></th>
<th>Royal South Hants</th>
<th>Soton General</th>
<th>Moorgreen Hospital</th>
<th>Other</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responses</td>
<td>121</td>
<td>135</td>
<td>35</td>
<td>27</td>
<td>318</td>
</tr>
<tr>
<td>Train</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Bus</td>
<td>17</td>
<td>14%</td>
<td>14</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>Taxi</td>
<td>9</td>
<td>7%</td>
<td>10</td>
<td>7%</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26</td>
<td>21%</td>
<td>25</td>
<td>19%</td>
<td>4</td>
</tr>
<tr>
<td>PUBLIC TRANSPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Car</td>
<td>12</td>
<td>10%</td>
<td>12</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>Ambulance</td>
<td>2</td>
<td>2%</td>
<td>8</td>
<td>6%</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
<td>12%</td>
<td>20</td>
<td>15%</td>
<td>4</td>
</tr>
<tr>
<td>HOSPITAL TRANSPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own Car</td>
<td>39</td>
<td>32%</td>
<td>46</td>
<td>34%</td>
<td>14</td>
</tr>
<tr>
<td>Family Car</td>
<td>20</td>
<td>16%</td>
<td>22</td>
<td>16%</td>
<td>7</td>
</tr>
<tr>
<td>Friend’s Car</td>
<td>10</td>
<td>8%</td>
<td>13</td>
<td>9%</td>
<td>5</td>
</tr>
<tr>
<td>Hamble Good Neighbours</td>
<td>12</td>
<td>12%</td>
<td>9</td>
<td>1%</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>81</td>
<td>67%</td>
<td>90</td>
<td>66%</td>
<td>27</td>
</tr>
<tr>
<td>PRIVATE CAR</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- Table 4 also shows that 69% (220/318) use private cars for travel to hospital.

- Private cars are used by 2 out of 3 respondents travelling to the Royal South Hants, 67% (81/121), and to the General Hospital, 66% (90/135).

- Private cars are used by 4 out of 5 respondents travelling to Moorgreen Hospital, 78% (27/35), and to “Other”, 81% (22/27).
Reasons for Journeys

Table 5 and Figure 7 show that the majority of people making journeys to hospital are outpatients, 54% (183/337). This applies to all hospitals.

A significant number of people, 31% (103/337), also make journeys as visitors, escorts, or for other reasons not specified.

Only 10 respondents give “accident” as a reason.

Reasons for Journeys to Different Hospitals

<table>
<thead>
<tr>
<th>Reason</th>
<th>RSH</th>
<th>General</th>
<th>Moorgreen</th>
<th>Other</th>
<th>All</th>
<th>Reason</th>
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<td>1</td>
<td>3</td>
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<td>Non-Medical</td>
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<td>32</td>
<td>23</td>
<td>337</td>
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Table 5

Figure 7
Knowledge and Use of Three Travel Services

- Table 6 and Figure 8 show that in the sample of 163 older people, 88% (135/154) have heard of the Hospital Car Service; 77% (114/148) have heard of Hamble Good Neighbours; 67% (102/149) have heard of the new Subsidised Taxi Scheme.
- The Hospital Car Scheme and Hamble Good Neighbours are used by 22% of respondents, (32/148 and 32/147 respectively), while only 2% (3/143) have used the Subsidised Taxi Scheme.
- Less than half the sample knew how to contact these services: Hospital Car Service – 45% (65/145); Hamble Good Neighbours – 48% (69/143); Subsidised Taxi Scheme – 37% (53/144).

Table and Graph to Show the Extent of Knowledge and Usage of Services

<table>
<thead>
<tr>
<th></th>
<th>Hospital Car Service</th>
<th>Hamble Good Neighbours</th>
<th>Hamble Subsidised Taxi Scheme</th>
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<tbody>
<tr>
<td>How many heard of?</td>
<td>88% 135/154</td>
<td>77% 114/148</td>
<td>68% 102/149</td>
</tr>
<tr>
<td>How many used?</td>
<td>22% 32/148</td>
<td>22% 32/147</td>
<td>2% 3/143</td>
</tr>
<tr>
<td>How many knew how to contact?</td>
<td>45% 65/145</td>
<td>48% 69/143</td>
<td>37% 53/144</td>
</tr>
</tbody>
</table>

Table 6

![Figure 8](image)

It is clear that a large majority of respondents do not know how to contact travel services designed to assist them. It is remarkable, given the age of the respondents, that 78% (116/148) had not used the Hospital Car service.
Respondents were asked whether the three travel services meet their needs. 84% (118/141) agreed and 16% (23/141) disagreed. The majority of respondents (69%) use their own cars and do not use these services. They are therefore not really in a position to make an informed decision.

The following comments were made on the Hospital Car Service

“Free ... fantastic. I used to pay £5. Now free and not means-tested. I can take an escort.” (68 year old)

“... an excellent service, but can cause great anxiety over timing as the car picks up other passengers and therefore occasionally runs late.” (84 year old)

(Used while having radiotherapy) “... erratic, sometimes having to wait two hours for transport home.” (78 year old)

Respondents made various comments on the Hamble Good Neighbours (Hamble Care)

“... are O.K. for me.” (80 year old)

“There is no beating them.” (84 year old)

“... are reasonable and caring.” (71 year old)

“... is convenient and you have someone with you. Particularly if you are unstable on your feet or possibly need more assistance, it is more supportive.” (72 year old)

Comments received from respondents on the Subsidised Taxi Scheme

“It's the eligibility to use the Scheme if you live more than 400 yards from the bus stop. I think that is the wrong criterion. Quite frankly, it's whether or not you can actually reach the bus stop.” (74 year old)

(Also see Interview in Appendix 2, page 39).

“I do think, if you want to make a Scheme which is helpful to a lot of people, then you want to find out how to make it accessible to the many who need it.” (67 year old)

(Also see Interview in Appendix 2, page 39.)

“Taxi service no use to me as I need the driver to push me around (at the hospital).” (82 year old)

“Even with the subsidy for taxi from Hamble to RSH or SGH, the cost still puts a huge burden on some older people.” (64 year old)

“We haven’t tried it, because it seems such a hassle. You’ve got to book in first and then you’ve got to make an appointment and there’s no one with you, which doesn’t bother us but for more frail people it would be a problem. And then when you’ve finished, you’ve got to ring up somebody else and it means another wait. It seems too complicated to bother with.” (79 year old)
3. TRAVEL PROBLEMS

Figure 9 shows the range of problems experienced by the respondents when needing to travel to hospital. Of the 163 respondents to the Questionnaire, some do not report any problems and some report multiple problems. In total, 252 problems are mentioned, but some of them may have been experienced many times by the same person. For instance, 85 people reported parking difficulties though it is not known how many times this was experienced.

Number of Respondents who Report Problems

The quotations below are taken from Questionnaires and Interviews.

12 respondents had difficulty arranging transport.

“There is no direct bus service from Hamble to the hospitals … the main problem is that you have to change buses in Southampton to get to hospital. It’s just another hurdle for people having difficulties.”

(72 year old).

“For a deaf person, where phoning is a problem, so many contact numbers is confusing.”

(83 year old)

“Living in Hamble, I would like to know what bus connection I could get to take me to the General Hospital.”

(80 year old)
10 respondents had problems with the ambulance/hospital car not turning up:

“Sometimes I have a long wait, but it’s inevitable as others have to be picked up. Being taken door to door outweighs the waiting time. My driver always escorts me to and from my door and takes me to my appointment in hospital. I need a wheelchair, so the cars are outweighed by the benefits. I have been using the service for 17 years. On occasion, the Sister sent me home by taxi as there was such a long delay to take me home.” (77 year old)

22 respondents were unable to access public transport or it was not available:

“As a visitor to the Countess Mountbatten Hospice at Moorgreen Hospital, the return journey to Hamble on the 9a was difficult and frustrating, due to paucity of bus service in the evening and late afternoon. Occasionally, it did not run.” (70 year old)

“Travelling by buses is a bit scary, when bus drivers start before you sit down and when bus drivers are asked about times and places they look at you as if you’re daft when a lot of older people are hard of hearing.” (72 year old)

“I don’t know where I can pick up a bus that goes to hospital and I once unwisely travelled home from Southampton in a bus. Not only did it go all round the houses but it took me ages ...” (74 year old)

“I have phoned up Southampton City bus, or whatever they call themselves so many times when the bus doesn’t turn up and you get absolutely nowhere. They don’t even apologise. They “have to think of their shareholders” I was told by one … I was told the handbrake had failed. But, I said, “Haven’t you got another bus?” “Oh no, we don’t keep spares, we couldn’t afford to do that.” So it’s not a public service, now, is it? Did you know you could get from Hamble to Southampton quicker post-war 1940 than you can now … even with the floating bridge and trams, it was still quicker than it is now!” (79 year old)

“The only time I’ve actually had to use a taxi to get to hospital was when I had a very bad chest infection. I could hardly breathe. I couldn’t have got to a bus stop to save my life. But the bus stop is within 400 yards – it’s whether you are capable of getting to the bus stop that matters.” (77 year old)

10 respondents had no other means of transport and 4 needed an escort but none was available:

“I was taken by a friend one time. She brought the car round to the front door to wheel me to the car. When she pushed me out, she was just about to be clamped by a traffic warden as the car was parked by the front door. After arguing with my friend, a gentleman came up and asked the warden to stop harassing the ladies. So the warden let my friend go. I’ve never had a friend take me since.” (83 year old)

4 respondents found that taxis would not accept travel tokens
85 respondents had difficulty parking their cars:

“Once, at the General Hospital, as a visitor, my sister-in-law waited one and a half hours to get a parking space. If you had an appointment, this could be worrying.” (74 year old)

“It is possible for a patient to arrive on time at the hospital, but be late due to the inability to find a place to park.” (67 year old)

“It’s not so much the travel, as the parking mayhem on arrival at the hospitals.” (74 year old)

“The parking is abominable!” (63 year old)

“Car parking at the General is a total disgrace. On a visit as an outpatient, my appointment was at 9.45am. I arrived at the hospital at 9.05am, but could not park until 9.55am, this being late for the appointments as were dozens of other patients.” (80 year old)

“The only problems I’ve had with going into hospital myself, that’s only twice and only for an hour or so, is the difficulty in parking when you get there. If somebody was there to take me and drop me off at the door that would have suited me very well. Parking is the problem.” (76 year old)

24 respondents had difficulty getting from the car park to their appointment:

“When you have people who are frail on their feet and only stairs and a lift and a lot of people don’t like to travel in a lift alone. The South Hants had an escalator which is not now in use I was told because of the high cost in using it. First of all, it was boarded up and now it is gone. It’s a big hospital and for an elderly person finding their way to different departments is difficult.” (79 year old)

17 respondents found paying for car parking confusing:

“... The lack of clarity in the parking bays. When I got to the parking bays, I found I had no spaces and then I found I was in and I couldn’t get out without a ticket. So there I was, with a car, no space, and no way of getting out again. They don’t tell you that you have actually got 6 minutes and you can get out again ... so there I was in the car, couldn’t get out of it, couldn’t dump it, couldn’t get a ticket, feeling desperate.” (76 year old)

“All I was told if your stay was over 4 hours the Ward Sister would give you a note to pay the £4 fee only. After 3 weeks, I found out about the Travel Office to get reduced parking fees but waited about an hour in a queue to get pass-out tickets at reduced fee. They have got shot of disabled parking spaces. This is not good enough in this day and age. Parking at £4 a day while seeing my wife is £80 in three weeks. No one told me you can buy a £5 parking ticket for a week. This is excessive for citizens on low incomes to pay.” (78 year old)

8 respondents complained of lack of assistance on arrival at hospital and 7 found no wheelchair was available at hospital
12 respondents had difficulties getting back home after the appointment:

“Always a problem if delayed with the doctor late afternoon if using a hospital car.”
(83 year old)

“Recently, I was an inpatient and had to wait 4 hours to get home. No chance to book the Hospital Car Service. I paid cash (to the taxi) when I got home. I was cross because I forgot to use my bus tokens.”
(69 year old)

The length of journey was tiring for 7 respondents

Cost was an issue for 23 respondents:

“Unfortunately, pensioners have to pay out of their pensions for taxis (£32 tokens don’t go far). Cost of parking even with a disabled badge.”
(81 year old)

“Taxis are expensive and you have a long wait at the hospital for them to pick you up and bring you home.”
(85 year old)

“… private taxi is £18 each way to Southampton.”
(64 year old)

“When you have to get a taxi, it is dreadful if you have to go frequently. I mean we are lucky in that he goes twice a year and I have to go three times a year. So it’s not so bad when you think of people going regularly. The other year, I had to go in daily for three weeks.”
(82 year old)

“I know that even some years ago, people were using their year’s supply of tokens on just one taxi trip, even then. This person told me that they went there (Moorgreen Hospital) for £18 and it cost just over £20 coming back: the meter was running and they were stuck in traffic.”
(68 year old)

“You can park in the underground car park at the General – cost you a lot of money – so it’s up to you really.”
(76 year old)

“I went on a quiet day and parked in the road, put in the maximum amount of money and got away with it.”
(76 year old)

7 respondents mentioned “other” problems as indicated below:

“My family have to take time off work to take me. This is not always possible.”
(87 year old)

“I have to rely on the family car”
(82 year old)
“Cannot use car when visiting hospital for eye tests due to ‘drops’ application” (84 year old)

“If not by car, very difficult now underpass is closed” (75 year old)

“Car parking difficult and particularly confusing at Princess Anne Hospital” (67 year old)

Early appointments for day surgery a problem:

“Winchester Hospital 8.0 am, Haslar 8.0 am, General 8.0 am.” (82 year old)

NB The Survey has already revealed that the majority of respondents travel to Southampton hospitals by car, so it is not surprising that the major problems are revealed as car-related e.g. 85 had difficulty parking their cars.

Missed Appointments

Table 7 shows that travel difficulties contribute to cancellation and missing of appointments.

Because of travel difficulties:

3% of respondents (3/116) did not make further follow-up appointments
8% of respondents (10/119) had to cancel their appointments
10% of respondents (12/121) missed their appointments

<table>
<thead>
<tr>
<th>Follow-up appointment not made</th>
<th>3%</th>
<th>(3/116)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment cancelled</td>
<td>8%</td>
<td>(10/119)</td>
</tr>
<tr>
<td>Appointment missed</td>
<td>10%</td>
<td>(12/121)</td>
</tr>
</tbody>
</table>

Table 7

“Mercifully I was early for the appointment, otherwise it would have been a terrible disaster and you don’t need to go into an appointment feeling all hassle. I think that’s one point with a car, if you can get a lift with a calm driver you arrive there in one piece and ready to see the Doctor without worrying about anything else.” (76 year old)

“To us it is the parking at the General Hospital: dreadful - we have had to go home because my husband is disabled and I can’t park the car. So have gone home, sometimes after 1-2 hours trying!” (67 year old)
4. PATIENTS’ TRAVEL INFORMATION

Figure 10 shows that respondents referred to a lack of travel information and financial assistance on appointment letters. Unfortunately, it was impossible to identify those departments which did send information with appointment letters.

The data show that:
- 44% (56/127) were not sent location maps
- 68% (76/112) were not sent a plan of the hospital
- 89% (92/103) were not told about travel options
- 99% (108/109) received no information about financial help available for travel costs.

It is clear that little information about the location of the hospitals and their campuses, travel options and help with travel costs is made available for visitors and patients.

“Need information on buses which connect with Hamble Bus in Southampton to change to the Hospital Bus.” (63 year old)

“I was aware of it (financial help for hospital trips) because I was in Social Services for years. No help has ever been offered or asked for.” (74 year old)

“After searching around, I eventually discovered that I only had to apply to our local surgery for a hospital car. No one volunteered to inform me, but I was told about the Hamble Scheme, which was expensive and not available at the time. I now receive free hospital transport for both my husband and me. Still not everyone knows about it, I have discovered.” (80 year old)

“RSH is a big hospital for an elderly person finding their way is difficult.” (67 year old)

“Improved information from hospitals when sending appointments about travel from City Centre and parking.” (66 year old)
5. PATIENTS’ SUGGESTIONS FOR IMPROVEMENTS

Participants were asked to suggest improvements and 22% (36/163) made 104 suggestions as shown in Figure 11 below. The improvements relate to three main categories: hospital administration / information; hospital car parking; public transport.

Suggestions for Improvements by Respondents

The most frequent suggestions were:

- Better and more information, 24% (25/104)
- Improved car parking, 20% (21/104)
- Direct bus services, 15% (16/104)
- Reduction of travel costs, 12% (12/104)
a) Hospital Administration and Information

Respondents raised the following issues:

- **Reduce need for travel by extending local services at surgeries and clinics e.g. minor surgery, hearing-aid batteries.**
  
  “Keep certain supplies in local surgeries, e.g. hearing-aid batteries etc” (77 year old)

- **Improve hospital appointments systems with appointments at reasonable times**
  
  “Being able to rely on being seen and dealt with at the hospital at appointment time would keep car parking charges as low as possible, also making it easier for pick-up by taxi.” (78 year old)

  “What is the point of making appointments for patients who have to travel across the City at peak times and then are unable to park?” (80 year old)

- **Provide information re transport services and facilities, especially Hospital Car Service, Car Parking (in car parks), Bus Services (in buses), Travel Costs and re-imbursement**
  
  “Make knowledge of the facilities we have more widely available to people. Leaflets available in surgeries.” (74 year old)

  “To give public more details of availability - Hospital Car and Subsidised Taxi Scheme.” (76 year old)

  “Need info on the buses which connect with the Hamble bus in Southampton to change to the Hospital Bus” (63 year old)

  “Improved information from hospitals when sending information about travel from City Centre and parking.” (87 year old)

- **Provide Park-and-Ride for staff**
  
  “Survey all people who use the hospitals: patients, escorts, staff, visitors – times of travel to see if better provision of public transport could be managed. Present service not too draining if only needed now and then – but it must be dreadful if hospital travel happens frequently, either to attend or visit.” (68 year old)

  “There were solemn promises that they were going to have a Park-and-Ride for staff but I have never heard anything more of it.” (72 year old)

  “Bus direct to all hospitals from accessible point to outlying areas.” (75 year old)

  “To have a car park for hospital outpatients only, centrally to the two big hospitals, on a bus route embracing both hospitals. It is possible for an outpatient to arrive at the hospital on time, but be late due to inability to find a place to park.” (85 year old)
b) **Hospital Patient Transport and Car Parking**

Respondents raised the following issues:

- **Improved Hospital Car Service e.g. better vehicles, less erratic, more reliable, more volunteer drivers**

  "More volunteer drivers." (73 year old)

  "Getting people with cars who are older with time and who can afford it to take unfortunate other people to hospital." (76 year old)

- **Disabled car parking e.g. re-instate, free, near Main Entrances with room to put down wheelchairs**

  "Reinstate disabled parking and non-payment." (79 year old)

  "More room and time to put down disabled people from cars at Main Entrance." (62 year old)

  "It's disgusting that patients with a blue badge has to pay for car parking." (79 year old)

- **Improved parking generally and especially for volunteer drivers**

  "Hospitals should ensure that adequate car parking is available for persons directly involved in examinations or treatment, as the anxiety resulting from lack of space causes people to be upset and thus not capable of coping with the services for which they are attending." (84 year old)

  "More parking for voluntary cars." (72 year old)

  "Better parking facilities." (73 year old)

  "Better and more parking." (74 year old)

- **Official Taxi Pick-up Points**

  "Making it easier for pick-up by taxi." (84 year old)

- **Less expensive car parking**

  "At 82, on reduced pension income, free parking should be available." (82 year old)
c) Public Transport

Respondents raised the following issues:

- **Improved bus services: direct, reliable, cheaper, more frequent, late and weekends i.e. related to hospital hours**

  “A bus service related to hospital hours.” (83 year old)

  “Transport needs to be cheaper.” (88 year old)

  “A significant number of people tell me, who are quite capable of getting on a bus, that if only there was a decent bus service, they would be using it. Everyone is always saying, “You’ve got to get the cars off the road, but you can only do that with something to replace it with - decent public transport.”

  (72 year old) (From Interview 1, page 37.)

  “Direct buses from Hamble to hospitals, especially the General, as the journey is long and inconvenient.” (80 year old)

  “The First Bus Service, No 6, (Totton to Butlocks Heath) should continue to Hamble.” (67 year old)

  “Bus direct to all hospitals from accessible point for outlying areas.” (75 year old)

  “Direct bus from Hamble to both S.H. And G.H.” (66 year old)

  “Direct bus service.” (71 year old)

  “A direct bus service.” (74 year old)

  “A direct bus from Hamble to Southampton General.” (75 year old)

  “Free travel.” (78 year old)

  “Fares need to be cheaper, or free for pensioners, on a nominal fare.” (90 year old)

  “Shorter, more reliable bus service into Southampton.” (78 year old)

- **More information about services readily available and on buses (especially routes to hospitals)**

  “I don’t know where I can get a bus to take me to Southampton Hospitals.” (71 year old)

  “Improved bus service from the City Centre to RSH (at present once an hour) unless you know which buses to use.” (77 year old)
CONCLUSIONS

Eastleigh Southern Parishes Older People’s Forum, through this Study, has surveyed the hospital travel needs of older people in Hamble, one of the six parishes in ESPOPF’s catchment area. It is clear that older people have welcomed the opportunity to voice their experiences of hospital travel through questionnaires and interviews.

The survey shows that older people experience considerable problems in getting to and from hospital. Obviously, the general public have the same problems, but older people are less able to cope with them because of their age, failing powers and associated disabilities. Most people travel to hospital by private car because it appears to be the best option, in spite of all the attendant difficulties.

The survey reveals that hospitals cause difficulties with their rigid appointment systems and their lack of comprehensive patient information about their sites, travel options, hospital car services, help with travel costs and car parking. Their failure to promote the dispersal of goods and services to community locations encourages unnecessary journeys. Their unwillingness to divert staff to park-and-ride locations means that patients have to suffer parking problems disproportionately on site. Older people find travelling to hospital and car parking very expensive. Most patients and visitors do not receive information from the hospitals, which would assist them to make travel choices, to receive parking charge reductions or relief through the Help With Hospital Travel Costs Scheme. Disabled people, especially, need far more consideration than is shown to them at present.

Public transport is difficult for most older people because bus and train services are limited, inaccessible and do not provide direct routes to and from hospitals. Buses do not enter most hospital grounds and stop at a distance from the hospital entrance. For most people, taxis are too expensive, particularly at busy periods.

The Hospital Car Service and Hamble Good Neighbours Scheme are appreciated very much by those who use them. The escort service provided by the Good Neighbour Scheme drivers is valued greatly. However, both services rely on volunteer drivers, who appear to be an endangered species. Shortage of drivers is the reason why the services are not advertised more widely. The people who benefit from these services are very grateful, but what of the others who do not know how to access them? The Hospital Car Service is subject to delays and long journeys when several patients are involved and this creates difficulties for those who need to access toilet facilities fairly frequently. There is strong criticism of the eligibility criteria of the Subsidised Hospital Taxi Service and the lack of clarity about return arrangements. Both have affected take-up.

The difficulties outlined above can lead to cancelled and missed appointments and constructive suggestions are made about how hospital travel could be made easier. Many people speak of the stress caused by travel difficulties which prejudices the benefits of the hospital visit. They are also very concerned about their ability to cope with hospital travel as they get older.
DISCUSSION

On an average weekday, 25 Hamble residents over 60 years set out for hospital, most of them to the Outpatient Departments of the two major Southampton hospitals. Of these older residents, 17 will probably travel by private car, 4 will catch a bus, 3 will be taken by Hospital Car and one will take a taxi. The experiences and difficulties of respondents using each method of transport have been recounted in this Survey.

For many people, the problems with Hospital Travel begin with the arrival of an appointment letter. The letter will ask the patient to come early, mentioning parking difficulties. Often, it will be an early appointment leading to older people having to get up early, drive through rush-hour traffic, search for and then occupy car-parking spaces - if they are lucky - and wait for hours in clinics with people who have been brought in at the same time. Often, the appointment will be brief. The patient will be given a follow-up appointment and can look forward to the same difficult experience a few months later. Patients requiring daily treatment - and their escorts - are even worse off.

Who is responsible for the administration of appointments? Has any administrator looked at the wider picture, considering, for example, when and where the journeys of patients begin and end and the age of the patients? Has anyone considered the advisability of providing information on the appointment letter which will offer options for appointment times, modes of travel, parking facilities and how to pay for them, details of financial assistance and a plan of the hospital itself?

Are administrators in hospitals aware of the difficulties reported in this Survey? If they are not aware, why are they not evaluating the services they provide? If they are, why are they not bringing forward solutions? Providing information is relatively simple and inexpensive if applied across the board. All appointment letters could have necessary information printed on the reverse side or be accompanied by a leaflet. This would relieve anxiety. As evidence that customer care is part of the hospitals’ culture, it would be helpful if directions could be given on arrival and wheelchairs provided if necessary. It would appear that there are no lines of communication through which these requests could be made.

If the situation in Hamble is typical of other villages around Southampton, then it is not surprising that the hospitals suffer congestion and car-parking difficulties. Most people travel by private car to hospitals, but travelling by car is neither desirable nor sustainable in environmental, human or economic terms. Increasing car parking is not a logical option: provide more car parking on site and more car parking will be needed. In any case, more of the possible sites are likely to be needed for the development of more medical facilities and other non-patient uses. The increasing recruitment of hospital volunteers is adding to the pressure on existing car-parking spaces.

At present, patient car parking is expensive and very limited and many older people on fixed incomes regard the car-parking charges as an unacceptable tax on the sick and people in distress visiting terminally-ill spouses or relatives. Many of the car-parking spaces are clearly reserved for staff and there appears to be no evidence that the University Hospitals’ Trust has adopted Green Travel Plans for its Staff. Will the park-and-ride proposals mentioned in Interview 1 (page 35) ever be implemented?
Given the current emphasis on the local delivery of health care, the University Hospitals’ Trust should be transferring more clinics, services and goods to community locations, such as Moorgreen Hospital, the Sylvan Clinic, health centres and surgeries to avoid unnecessary travelling by patients.

The development of direct, reliable, accessible, public transport services in the semi-rural areas around Southampton for necessary hospital journeys would seem to be an obvious solution. However, heavy subsidies and increased passenger numbers would be required to make this initiative appear viable to bus operators. It must also be borne in mind that many older people are not mobile enough to use public transport.

However, there are many local examples of imaginative, subsidised, transport schemes, which have been introduced to cater for particular groups of people: CANGO services in rural Hampshire; Eastleigh’s Nitebus; the Southampton Saints’ Football Club and Hampshire’s Rose Bowl park-and-ride facilities for football and cricket matches; the bus travelling between the Royal South Hants and the General for hospital staff only. Surely patients deserve similar consideration for their hospital journeys? A radical solution is required which will meet the needs of everyone, now and in the future, so that it will be easier for all to get to and from hospitals within the catchment of the Southampton University Hospitals’ Trust.

As Southampton University already provides a Uni-Link Service within the City of Southampton, why do they not introduce a discrete bus service serving staff and users of the Southampton hospitals, operating in line with hospital hours between satellite park-and-ride sites – perhaps using the existing afore-mentioned park and ride sites or using parking space surplus to requirements in super stores - thus removing the need for people to travel into Southampton by car?

Addenbrooke’s Hospital in Cambridge has shown the way by providing an NHS Hospital Bus Service, (Appendix 5), the first NHS hospital to do so. The Hospital is the largest single generator of traffic within the county, with 18,000 journeys on and off site each day. Addenbrooke’s stated aim is to get people to leave their cars at home and save car-parking spaces for people who really need them - the sick, the frail and the elderly. It has set up a website and produced leaflets offering information about bus services, cycle paths and walking routes to the hospital. It offers a “spaceman” phone service giving information about how to get to hospital without using a car and describes three Park-and-Ride locations with accessible bus routes.

Now that we have revealed the hospital travel problems of older people, we ask the Board of Southampton University Hospitals’ Trust to focus on the urgent need to address this situation, where more and more old, disabled and vulnerable people are being caused unimagined distress and expense at a time when they are least able to cope.
RECOMMENDATIONS

1 That Hospital Transport become a priority of Regional and Local Transport Plans and Local Strategic Plans (see DfT Guidance on Accessibility Planning in Local Transport Plans, Appendix 6).

2 That Southampton University Hospitals’ Trust address the travel problems of all users of their hospitals by providing:

- an NHS Bus Service to serve the staff, patients, volunteers and visitors living in the catchment areas of the hospitals, operating to match the hospitals’ hours and in conjunction with an improved and unified Appointments System
- an enhanced, well-advertised Hospital Car Service to meet the needs of all older and disabled people, who cannot travel independently
- comprehensive Patient Information for all those called to the hospitals on appointment letters, leaflets in doctors’ surgeries, posters, website etc.
- more outreach clinics and services in communities to reduce journeys to hospital
- a response to this Survey and a strategy for regular patient and visitor consultation and feedback in communities
- implementing a Green Travel Plan for its staff, which removes staff cars from hospital sites and includes provision of satellite park-and-ride facilities.

3 That Southampton City Council give urgent consideration to working with the Southampton University Hospitals’ Trust, Primary Care Trusts, bus companies and other local authorities to provide direct, reliable, accessible frequent public transport bus routes from areas outside Southampton’s boundaries into hospitals within Southampton and to use all available opportunities to advertise the new services.

“The principle that should apply is that a patient should be able to reach hospital in reasonable time, reasonable comfort and without detriment to their medical condition.”

Health Care and Accessibility: Setting the Policy Context
Department for Transport
Please answer all these questions:

7. What were the reasons for your visits?

Please tick all that apply

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<thead>
<tr>
<th>ROYAL SOUTH HANTS</th>
<th>SOUTHAMPTON GENERAL HOSPITAL</th>
<th>MOOR-GREEN HOSPITAL</th>
<th>OTHER (SPECIFY)</th>
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<tbody>
<tr>
<td>As out-patient</td>
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<td>As in-patient</td>
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<td>Accident</td>
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<tr>
<td>Taking someone</td>
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<td>Visiting patient</td>
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<td>Other (please specify)</td>
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8. How did you travel?

Please tick all that apply

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<th>ROYAL SOUTH HANTS</th>
<th>SOUTHAMPTON GENERAL HOSPITAL</th>
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<td>Ambulance</td>
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<td>Taxi</td>
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<td>Own Car</td>
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<td>Family Car</td>
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<td>Friend’s Car</td>
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<td>Hamble Good Neighbours</td>
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<td>Other (please specify)</td>
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9. Have you ever experienced any of the following problems?

Please tick all that apply

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<th>MOOR-GREEN HOSPITAL</th>
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<td>Difficulty arranging travel to hospital</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Hospital car or ambulance did not arrive</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Public transport not accessible or not available</td>
<td>Yes</td>
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<tr>
<td>No other means of transport</td>
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<tr>
<td>No escort available</td>
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<td>Cost of escort’s travel</td>
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<td>Yes</td>
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<tr>
<td>Taxi would not accept travel tokens</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Difficulty parking car</td>
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<tr>
<td>Difficulty getting from car park to appointment</td>
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<td>No</td>
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<tr>
<td>Paying for parking confusing</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Lack of assistance upon arrival at hospital</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Problems when sharing transport</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Journey too long or tiring</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Travel too expensive</td>
<td>Yes</td>
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<tr>
<td>Any others (please specify)</td>
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10. Did hospitals send with your appointment letter:

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<th>SOUTHAMPTON GENERAL HOSPITAL</th>
<th>MOOR-GREEN HOSPITAL</th>
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</thead>
<tbody>
<tr>
<td>a map showing where the hospital is?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>a plan of the hospital?</td>
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<td>Yes</td>
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<tr>
<td>travel options?</td>
<td>No</td>
<td>Yes</td>
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11. Have you ever, because of transport difficulties:

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<th>ROYAL SOUTH HANTS</th>
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<th>MOOR-GREEN HOSPITAL</th>
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<tbody>
<tr>
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<td>cancelled appointments?</td>
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<tr>
<td>missed appointments?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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Thank you for completing your questionnaire.
Please send it in the stamped address envelope to:
Diane Andrewes,
Orchard Hill
Salterns Lane
Old Bursledon
SOUTHAMPTON  SO31 8DH

OR
Bring it with you to the Open Meeting on 16th March

If you would like to speak to someone about the issues raised in this questionnaire, either in person or on the phone, please telephone Diane Andrewes on 80403311.
APPENDIX 2

Interviews with Older People – I

Volunteer Driver for Hamble Good Neighbours (Hamble Care)

I should explain I am a volunteer driver here – indeed I am a founder member of Hamble Care some 11 years ago. When I arrived here there was no voluntary scheme here so I formed it by myself for some years but we’ve now had one, two, three and now total four drivers which is a big difference when you start from one, you know as far as load is concerned, and so all my experience of hospital difficulties are hearsay from the passengers I am taking, who have had to use us because there is no direct bus service from Hamble to the hospitals which is one major concern, as well, of course, as the patients one takes are not sufficiently active to use the bus anyway. I would have thought the main problem is that you have to change buses in Southampton to get to the hospital. It’s just another hurdle for somebody who is already having difficulties. So we, I know this is perhaps irrelevant to this thing, but we, as a group proposed a scheme that’s turned out to be this concessionary taxi service. What was launched was not what we proposed in the first instance. It was better than nothing and it was a pilot scheme. Indeed, only last week, we met with Hampshire County Council and Eastleigh to review how it’s gone because it’s been a failure and suggested changes to make it more likely to be used in the future.

And what are those changes?

Well, they’ll be minuted but basically the scheme was limited to those with appointments only when we felt they should be available to people who were visiting as well. Also to expand it to other hospitals in Southampton, namely Moorgreen. A bit more flexibility. It will probably involve private hospitals as well as we have had one or two cases where, because of the way it was being administered in Winchester, someone who, for instance, had an appointment at the Eye Hospital because they were getting behind, or whatever, they were funding it privately, so they, the hospital, put them over to the Nuffield and the scheme rejected that person because it wasn’t on the list.

That’s your scheme you’re talking about?

No, that’s the subsidised taxi scheme. We’ll take anyone anywhere.

But that’s not what you do, yours is voluntary - and people pay for that do they?

Yes, and I get told by Winchester and tell the other drivers what the rate is – it hasn’t changed for years. The key thing the tax people, of course, and the Advisory people inform us how much we can charge up to because more than a certain amount you are deemed to be making a profit. Then, of course, you’d have to have a licence for hire and reward and all that sort of nonsense and then your insurance would be invalid, so we are careful to arrange rates for hospitals that are purely on the mileage rate that the income tax tells us we can.

Is that cheaper than the taxis?
About half the price.

So how do you see the way forward?

In a way, I feel a bit guilty in a sense about this subsidised thing because - this has been going on for years - because when you start getting involved with councils things takes years, you’ve got to appreciate and when we first came up with the need for a working group at a presentation by the County Community Transport Officer who was at one of our open meetings over at the British Legion in Netley and I was slightly concerned that all our drivers were getting older - three of the drivers are over 70 and Hampshire County Council don’t really approve of drivers over 70, but they don’t actually prevent us, although you wouldn’t be allowed to be a hospital driver over 70, for example. So with this business of the potential for us drivers falling off the perch, we felt there should be something to follow it up and, putting it bluntly, the question is, which I think applies across the country, where’s the next generation of volunteers coming from because people don’t seem to be coming up behind us, ten years younger than us. So, we started this working group and arrived at this subsidised taxi scheme which we thought might be able to take over when we old chaps failed to continue driving. But it hasn’t happened like that. A) At the time we only had a couple of drivers and since then we have doubled the number of drivers which is an enormous difference, of course, and B) we haven’t fallen off the perch yet, so we are able to keep going. In fact, with the two other drivers we are ticking over nicely. I’ve done 21 hospital trips in this last six months. In total I’ve done over 50 trips but most of those are to local surgeries – about 9 were to clinics. It’s manageable and one of the other drivers says he’s not busy.

Do the other drivers do what you do?

I think one other driver is busy. He always speaks about how busy he is. I have no knowledge of our fourth driver who is a young lady, but I gather from our co-ordinator that she is not very busy.

Oh! You have a co-ordinator do you?

Yes, but we do have a slight problem that our co-ordinator is away quite a lot and people get into the habit of calling someone regularly. I took someone to the dentist over at Sholing the other week and she is going to need five or six weeks of appointments every Monday. Now, I’ve got her card there and she asked me if I could do it. So we don’t go through the co-ordinator every time. You go the hospital and the guy says “I’ve got to be back in the hospital in three weeks time, can you do it”. So you check your diary, you can, so you say yes. It would be a bit miserable of you to say “Well, hang on, you’ll have to ring the Co-ordinator, then she’ll have to ring me, then she’ll have to ring you back”.

The care group at Winchester who advises us how we should operate don’t approve of what we do at all. They don’t approve of drivers picking up requests for lifts and so on, it should all go back to the Co-ordinator and I can understand that.
I used to drive for people up in Camberley when I first retired and they had countless drivers, but I started here with myself and there was no point in ringing myself and then I had one other and then I had two, so they were added one by one and it’s never reached the stage where we have to say to our passengers who are known to us “Stand back. You will now have to do this more formally.” At one time Winchester promised they were going to recruit us another twenty volunteers and the whole thing was going to change. I accept that had that happened we would have had to get out the book of rules and start doing things properly.

Why didn’t it happen?

Because people aren’t prepared to volunteer. The lady did a lot of good work and came up with twenty odd names in the end of which something like six or eight troubled to put their names forward but when I made contact directly with these people they were happy to volunteer but not appear on a list of regular drivers. If we were stuck “You can always call us”. It’s not the same, I’m afraid, to be able to ring and know one those will be able to take someone. I’m afraid there’s a tendency for people to like to say they are volunteers but when it comes to it they are not available, sadly. I can see when the Co-ordinator does get the calls she doesn’t want to keep ringing the people she knows nine times of ten aren’t going to be available so she rings the people she knows. Going through the Co-ordinator isn’t the problem of getting somebody to drive, in fact from their point of view it’s easier to ring me and I can say. It’s easier for them than to ring through the co-ordinator but the correct formal way is to go through the Co-ordinator because we keep a list of them but strictly we are not covered by third party insurance if as an individual we just decided to go and take someone to hospital. But we’ve got over that because I’m listed as a co-ordinator anyway, so I can call myself. I keep a list and every six months, which is why it is nearly complete now; I send that to the official Co-ordinator - dates names and where I took them to.

……….I took someone to hospital the other week and there was a car parked in his driveway and I had to say, politely I hope, “You’ve decided not to drive yourself?” It was his wife’s appointment anyway. “Oh no!” he said, “I can’t drive as far as the hospital but I keep the car. I can drive to Tesco and I can drive to the surgery”, which is about a mile away, and he has that feeling of independence but there is no way would he “fight his way” into the General Hospital. There are phases of incapacity, if that’s the right word. People are quite happy to drive themselves, but people who feel they can’t go into hospital but only short local trips. Of course, there are people, quite a few still, who use the bus and one or two actually say to me, “With the weather as it is would you be able to take me to the surgery? I would normally walk.”

What happens when you get them to hospital, what do you do then?

Park and take them wherever they want to go.

And how do you find that?

At the General Hospital there are about six places specifically for volunteer drivers, so if, God help us, because of the traffic at that time of the day you have to get there early then the positive side of that is there is most likely to be a space. With a pass you get from Winchester, you are allowed to park free, so if you have to park somewhere else
you can always shout at the attendant that you are Hamble Care and there is a number on the pass and I quote that number then you park free. But at the Royal Hants there are more than six, in fact all the area in front are now for volunteer drivers and for League of Friends, so, touch wood, I have been able to park in there each time lately.

But if you weren’t a volunteer driver?

Again this is hearsay but you hear it all the time. People say they have been driving round and round the hospital for the last half-hour trying to find somewhere to park. And I, certainly in the early days, at the General and perhaps when my knees were better than they are now, I have dropped people off at the main entrance who were quite happy knowing where they were going to go and they didn’t require wheelchair assistance and that sort of thing, and gone back up the road and walked back. I have had some long walks at times, I remember.

They are aware of that and again we have had our meetings and I can’t remember which hat I was wearing whether it was ESPOPF or something else. I think it must have been for the Transport Working Group because there were solemn promises that they were going to have a park-and-ride for staff which would make parking easier, but I’ve never heard anything more of it. Funnily enough, the other week when I was at the General I asked and they looked at me as if I was speaking a foreign language. Clearly who I was speaking to was Security and they had never heard of park-and-ride for staff. But one of the managers in the distant past said they had this scheme. So, yes, parking is a problem.

Of course, not blowing our trumpet, compared to any taxi scheme, we do, and this is quite necessary at times, this sort of escort service. We normally, park, take the patient with the wheelchairs, if necessary, to where they need to go and sit with them and talk to them…..

There is a bit of nervous tension with people going to hospital and it’s appreciated.

What happens with the taxis, do you know?

Well, taxis drop them at the door, of course. The scheme we proposed still the subsidised one still required, of course, because the taxi couldn’t hang about for an hour or whatever, the patient to then ring when they had finished for the return service. We talked at this meeting and some more experts than I were talking about recasting the leaflet to make that much more obvious, much more user friendly to make it clear that that is the number you have to ring to get the trip and to note that when you’ve finished ring this number again for the return trip. It’s got to be made a lot clearer because I know some of the people from my own experience of driving them to different places say “I’m not going to get back. I’m just going to be dropped there”.

That’s true but the scheme was, of course, to get them back but they have to ring again.

Thinking about this interview this morning, the thing that I felt was a fraud because I’m not a public transport user. In fact, I am a provider of transport to hospital.
But you see a lot of what goes on?

But I only have hearsay knowledge of other people’s problems

But you have knowledge of what you do and that’s helpful too?

“What of course it’s a regular topic taking people to surgery who regularly attend and the difficulties they have.

What about people who have people in hospital and want to go visit?

Certainly it was one of the things that had been excluded from the subsidised scheme. It was one of the things we pressed last week for that to be lifted so that it was available for those visiting. We have made the point regularly that the trauma with someone with a terminal illness would want to visit frequently. From my own experience sadly when one takes someone regularly to hospital you often take them on their last trip …………… I can immediately think of some 15 people who have died on me in that sense, so you see them through the stages of the surgery, then hospital, then death but there is a change at that stage and that is that a lot more relatives appear out of the woodwork and friends because of this case. Although I don’t disagree at all that there is a great need, in my own experience, people who have got to that stage seem then to get a lot more support from relatives primarily and, of course, neighbours, friends and so on, and the actual demand on ourselves has not gone up to that extent.

What is your opinion of the subsidised taxi service?

Well, it has its limitations, but let’s be positive about it - we proposed it for God’s sake and it was a pilot scheme. We proposed it for the elderly only, but the Council couldn’t restrict it to the elderly; it wasn’t legal if they were putting money in. But they’ve had no take up. They said they’ve had one person using it. It is expensive which is why people are still using us. It’s roughly half of the price of an ordinary taxi and we are about half of that. We charge £10 return. I am told people can be spending in the high thirties depending on the traffic. This person told me that they went there for £18 and it cost just over £20 coming back. It was Moorgreen anyway, and the meter was running and they were stuck in traffic. The scheme, of course, pays £10 each way off the taxi fare, which is roughly half the price and we are half that. I know that even some years ago people were using their £32 tokens just on one taxi trip even then.

I’ve often made the point when booking the next appointment when it’s been early to say we are coming from Hamble but some physio, osteo or whatever always say get there before 9 and then you can get a kind of walk-in service and I did that regularly from the flats over here at Hamble for months and months and months, some time ago. It is a pain in the rush hour. I always estimate an hour to get to the General because there is nothing worse if you are getting a bit late. The tension builds up with your passengers. There’s always been enough time, but only just sometimes but, of course, on a good day you are round there in 20 minutes to half an hour.
What in your opinion would persuade people to leave their cars at home?

Decent public transport there. A significant number of people tell me, who are quite capable of getting on a bus, if only there was a decent bus service they certainly wouldn’t be using us. Everybody’s always saying you’ve got to get cars off the road, but you can only do that with something to replace it with - decent public transport. You get bus tokens so it’s virtually free and you have no problems parking, so it’s convenient.”

Interviews with Older People - 2

74 year old Organiser of Hamble Shopping Bus

(Her husband died in April this year.)

I’m not only speaking for myself; I’m speaking for all the ladies and gentlemen who use my little community bus to go to Tesco. I organise that and have done for 23 years. I’ve asked them all how they feel about it, so it’s really a communal feeling. When my husband was alive, it didn’t really apply to me. I drive. I’ve got a car so I was able to take him but with myself I’m pretty fit and the only appointments I ever have are eyes – to the Eye Hospital. This means …..drops in so you can’t see, so I can’t drive myself. So I have to get someone to take me. I think it must be over 50% of elderly people really do go to the Eye Hospital – the most regularly visited is the Eye Hospital. It’s attached to the General. They can’t see, they do need an escort.

I think this taxi service is fine but it’s way ahead of time because in Hamble we still have a community spirit where someone will help someone out, but it’s coming to an end. I’m afraid. My next door neighbour does the hospital run, so he’ll take people in and it’s cheaper than the taxis……Hamble Good Neighbours…….so they take people in but they stay with them and this is the main thing – someone stays with them all the time. They are not left and they are brought back home to their door, so it’s not a stranger taking them its someone they know. It’s an escort; it’s someone with them all the time.

I’m lucky my daughter takes me but I have been with another driver and he just sits with you. Because when you’ve had eye drops in you can’t see. You couldn’t even see to ring the taxi or anything, and they need someone with them. Hospitals are a bit intimidating.

As you get older, your hearing’s not so good and they feel more comfortable with an escort. The top and bottom of it is that there’s someone with them all the time.

That’s the ideal. How would that be run? What do you see for the future?

I’ve no idea until we can get the community spirit back.

What about other forms of transport?

It’s too exhausting for people to try to get there by bus or any other means really. It’s either got to be family or friends.
What about hospital car?

Yes. The majority are old enough and infirm enough to go to the doctor and arrange a hospital car. Again, they haven’t got the escort. The majority of them use the Good Neighbours. The Organiser runs it.

Do they ring her up?

No, I think the majority go direct to the driver, they’re in, but with the Organiser, she does so much it’s a job to catch her home……it’s much easier to contact the driver.

So when your husband was ill, you were taking him yourself?

Yes. Sometimes I would need someone to give me a hand with him but then I always had my daughter.

Can you suggest any improvements?

I think if parish councils, borough councils, any councils, would channel a bit of money into a good neighbour scheme I’m sure they’d get the drivers. I think if a little bit of help was given for car expenses by local councils that might be a better scheme. If there was more money in it, people retiring early, it’s a little job people can think, “Well I can do that.”

When you took your car, did you have any problems when you got there?

I didn’t do too bad really. My husband was disabled and we had the badge. The South Hants was the shocker trying to park there… Now they’ve altered the car parking in the General and the disabled is very close to the entrance….but I found that by putting it where they have it was very difficult because my husband was a big man and to push him out of that car park in a wheelchair was very difficult. It’s uphill into the entrance…. I thought that the planning there for the disabled was not good.

Interviews with Older People –3

View about the Subsidised Taxi Scheme

Was there a special reason why you asked for an interview?

Because my comments are as valid as anyone else’s. I thought that leaflet was written to stop people applying. We were fairly angry.

There are six stops along Hamble Lane before you get to the end of the bus route. How many people are going to live outside those parameters? I did try with a map – my maths is not very good – but I would think very few people live outside that distance, and, anyway, is it as the crow flies, or is it walking round the roads? It doesn’t take into account the difficulty of the land – my husband has a breathing difficulty. He has to have two “breathing stops” going up the road.
I do think if you want to make a scheme which is helpful to a lot of people, then you want to find out how accessible it is to many who really need it. It has to be easy to apply for, and you don’t feel bad about applying. It needs to take into account:

Where are the hills?
How frequently do buses run?
Where will they wait between buses?

My husband took two-and-a-half hours to get home (from hospital). If he goes for an eye appointment, he can’t drive, because they use atropine drops, so he has to use the bus. This is someone who has a severe chest infection, and this was in the middle of winter.

The other area I was concerned with was cost. We used the taxi when my husband had his acute chest infection and had to go to hospital for an immediate chest X-ray. That cost £28. Once in a while, you take it as a matter of course, but suppose you had to go twice a week? Suppose you had to go for regular tests or treatment? What about people on radiotherapy or dialysis? What if you’ve got someone who is ill? If my husband was in hospital for a long time, however would I manage?”

We asked for visiting to be included. In fact, we argued for it to be included.

When my husband has been in hospital, it has been a nightmare. We do live a long way from the hospital.

**Interviews with Older People – 4**

View about the Hospital Car Service (part of longer interview).

*So what do you think about the costs of travelling to hospital?*

Dreadful! When you have to have a taxi, it’s dreadful, if you have to go frequently. I mean, we are lucky in that he goes twice a year and I have to go three times a year. So it’s not so bad but when you think of people going regularly ……..

Now the other year, I had to have radiotherapy and I had to go in daily for three weeks and I said at the start, “How would this affect me?” and they said I would be sleepy afterwards and I said that I don’t like to drive in traffic and they said I shouldn’t drive anyway. I said, “The buses aren’t that reliable” and at that time I’d have had to taken two buses, whereas now I can take one bus to St Mary’s Street. “No! At your age” the Consultant said, “you’re entitled to hospital transport,” which seemed to work fine.

However, one time I was taken in and unbeknown to me, there was an accident with the car, so I was hanging around for three hours and no one had told me there was a problem. I finally found out about the accident from an orderly friend and had to get a taxi home. I was feeling poorly anyway. I should have been told there was no car. Several times I had a long wait. Of course Hamble is quite out of the way.
Then there was the time when we had to go from the South Hants to the General to pick up some other patients, sometimes it took all day just for a few minutes of treatment. I've had them arrive late on more than one occasion and even arriving two hours early! One time they were late and I was getting quite worried because you have to be at hospital on time to use the machine. I phoned them up and they said they had no volunteer drivers but they would find someone to get me, then this lady turned up in an ambulance who had had to drive over from Hythe, and I thought this was so uneconomical.
APPENDIX 3

Interviews with Providers of Services – 1

County Adviser, Hampshire Care Groups (including Hamble Good Neighbours).

I’m the County Adviser for the north and south west of the county at the Hampshire Care Groups Advisory Service. My job is to help and support the care groups, of which there are 105, around the county. What they actually do, each care group varies – shopping, changing library books, walking dogs, sometimes handyman service, anything that’s going to keep people independent and in their own homes. Sometimes short bursts of help, when people come out of hospital, maybe helping people get to and from hospital appointments, which is crucial in this day and age with the centralisation of services in different areas.

From the perspective of Hamble Good Neighbours, the group has been running for many years and was set up because the need for good neighbourly help was identified, I believe, in the beginning by the Parish Church. The actual history attached to that is better answered by the local group. My contact there is the Chairperson, and my involvement with that care group is to support them in their work, provide them with relevant information, be an advocate on their behalf if they have any problems, and arrange, provide public liability, personal accident and monetary loss insurance.

We also give grants of £100 a year, to care groups. The Chairperson does receive that £100 per year, and, as I say, we provide area meetings, which we regard as training days, because we are very concerned about the quality of the service they provide. We provide best practice guidelines for all care groups. This focuses heavily on the transport aspect. We are very comprehensive in the information we give, in terms of health and safety in regard to the type of work they carry out to make sure they are at minimum risk.

Well, thank you for that. I think you have covered most of the first few questions, actually! Are there criteria about who can have the help from these groups, or is everyone covered?

The criteria for each care group are different. It depends on the availability of help, and the ability to do each type of jobs. Hamble Good Neighbours have, to my knowledge, a precious few volunteers, who provide for transport needs, and basically, we try to support them in the work they do, and try to encourage others to join the team.

How do people get to know about the service? Do you advertise?

We advertise it heavily with Social Service, Health, Local Authorities, any agency that may be trying to find this kind of support for people in their communities. We also advertise it, you know, via the general public, so we provide a directory that lists all Care Groups, the duties they perform and contact details.

Are there problems with the delivery of this service?

Problems are the need for volunteers to keep up with demand. The one speciality of the care that is provided, above everybody else, they provide a Rolls Royce service in terms of
escort. They marry up with an individual, they pick them up from their front door, go back and collect their walking stick and shopping basket to help them in to the car, they take them to their appointment, to the necessary department of the hospital, they stay with them, and see them into their home, safely. That is where Care Groups come into their own.

That’s very much appreciated by the users we’ve interviewed, I must say. So ‘Well done’ to Hamble Good Neighbours. Would you like to see enhancement of the service as it exists at the moment, or do you think it fulfils the need?

I think the groups and I are pretty much in agreement on the fact that more helpers is the crucial thing to enhancing the service they provide. It’s a catch 22 in so much as if you advertise a service too heavily, you haven’t got the helpers to give the time. We are looking at – between the Care Groups and the Advisory service - to see how we could attract more volunteers.

Thanks for that. Are there reasons why the service can’t expand? That’s obviously the need to recruit more volunteers. Is there anything else you’d like to say, because that is the end of my questions?

Only the fact that if I’m needed to help with any other part of this survey, I’m more than happy to do so.

That’s very kind of you. Great. Then I’m supposed to say that I shall send you a copy of my interview report for your approval and a copy of the report when it is published. We hope it will open people’s eyes about the problems experienced by older people in getting to and from hospital, and make a real difference for people. I’m immensely grateful to you for coming to me at such short notice. Thank you very much indeed.

Interviews with Providers of Services – 2

Senior Receptionist of local Surgery - Hospital Car Service.

Please can you say who you are and what your involvement in this service you provide?
This is about getting people to hospital.

I’m Senior Receptionist so I book hospital transport for everybody who needs to get to any of the hospitals.

Would you describe the service please? What does that mean what you have just said?

Patient transport is a service with either cars or ambulances to get patients to hospital that can’t use public transport or find it difficult to get to places to help them get to their appointments.
What are the aims of the service?

To get people to their hospital appointments.

Who is the service meant to help?

Basically it is anybody elderly who can’t use public transport or who hasn’t got any relatives to take them.

So that is the criteria they must meet?

Yes.

How do people get to know about the service? Do you advertise it?

We did have notices up in the waiting room but when a patient receives an appointment through the hospital it should say, “If you need transport, please contact your GP to arrange transport.”

It should, does it?

A lot of them do, they are getting better and a first appointment often the hospital arranges it for them.

Do you find people ask you if they have a problem?

Yes.

Are there any problems with the delivery of the service, or is it satisfactory in all respects?

In all respects? It’s limited to either Moorgreen Hospital, Southampton General or the Royal South Hants. If it’s anywhere other than that we sometimes run into problems whose going to pay for the transport. Ambulances – I don’t know whether this would include patients who have wheelchairs or anything like that. We arrange ambulances to get them there.

You mean even if it’s not an emergency?

Yes. The big minibus kind of ambulances where people can go in their wheelchairs. If it’s anywhere other than to hospital we sometimes run into problems whose going to finance it. Apart from that we don’t run into too many problems.

Going back to the criteria, what about people who own cars?
Officially they’re not strictly entitled to. I mean sometimes for example if they are going to the Eye Hospital and are having drops then obviously they weren’t allowed to drive and they have no other way of getting there, then we would arrange that for them.

OK. Would you like to see any enhancements or expansion of the service?

It’s all run by volunteer drivers, so they are very restricted and limited to the cars they’ve got, so more volunteers would be the best way forward, but if they put posters up asking for people, but that’s a difficult one…. Really though it’s not very often they say no. Whenever we arrange transport then I would say 99% of the time they book it for us and often the patients are allowed to take an escort….

And do they have to pick up other people, or is it straight runs?

They fill the car. They can’t always guarantee they can get you there for your appointment time. Sometimes there’s a bit of a delay obviously they have a wide area to pick people up but we have an agreement with the hospital that if the patient is getting patient transport then they will still be seen.

Even though they’re late? Can you give me a percentage of people who get there, or how successful for people it is? Do they all manage to get there?

Well. Yes. It’s very rare…. We don’t have many…. Sometimes there are problems with the traffic and we get patients ring up but by the time you’ve chased the transport up to see where it is and get back to them the transport has turned up. I would say 95% of the transport is successful if not more really.

Expansion and enhancement. How likely is that to happen?

I don’t know. A lot of them have retired (drivers) so it’s making people aware really that they can give up a few hours of their time, but I don’t know how.

I’ve finished my questions, so is there anything else you’d like to say?

I don’t think so. I know Hamble have got a new taxi service that they provide on top of the patient transport but really the criteria seems to be the same but I do know they have to pay for that.

I’ll send you a copy of the interview – you are going on holiday for a week aren’t you – and we’ll send you a copy of the report when it’s published. Thank you very much for seeing me.
APPENDIX 4
**What is the Hamble-le-Rice Taxi Scheme?**

A subsidised taxi scheme which will pick you up from your home and take you to and from appointments at the Royal South Hampshire or Southampton General Hospital at times agreed with you.

The scheme is aimed at people who do not have their own private transport, find using public transport difficult and are not eligible to use the Patient Transport Service (see back page).

**Who can use it?**

You can register to use the scheme if you live in the parish of Hamble-le-Rice, have an appointment at either the Royal South Hampshire or Southampton General Hospital and meet one of the following criteria:

- You live more than 400m from an available bus stop.
- You are disabled or have a mobility or sensory impairment which makes using buses difficult.
- You do not have access to a car and there is no bus service running when you need to travel.

If you are unsure about whether you can register to use the scheme then please ring the call centre on 0845 602 4135 who will be able to advise you.

**How much notice do I need to give?**

You should provide as much notice as possible, although you may be able to book journeys on the day of travel. If you book an appointment more than a month in advance, you should contact the call centre nearer the day of travel to confirm your booking.

**How do I use the service?**

You will need to register. Registration is free and to do this telephone the call centre on the number below. Once you are registered you can book a journey by simply telephoning the call centre.

**How much will the journey cost?**

Each journey to hospital is subsidised. The subsidy levels are:

- **to / from Royal South Hampshire Hospital**
  - £6.00

- **to / from Southampton General Hospital**
  - £8.00

You will need to pay the difference between what the taxi driver charges and the level of the subsidy. For example, if a journey to Southampton General Hospital costs £18.00 then £8.00 will be paid for you and you will need to pay the driver the remaining £10.00.
APPENDIX 5

ACCESS TO ADDENBROOKE’S HOSPITAL: REDUCING TRAFFIC CONGESTION

Addenbrooke’s Hospital is a thriving three-star NHS Foundation Trust based in Cambridge. With a budget (2004/05) of £308 million and over 1000 beds, it employs more than 6,000 members of staff who are dedicated to the provision of a wide range of clinical and non-clinical services.

Addenbrooke’s is the local district hospital for people who live in the Cambridge sub-region and the surrounding district, approximately 500,000, providing comprehensive acute and maternity services.

It is also a leading international centre for biomedical research and medical education, and shares its site with the University of Cambridge, the Medical Research Council, the Wellcome Trust, The British Heart Foundation, and Glaxo Smith Kline. The Trust has plans to develop Addenbrooke’s as a major centre for treatment, research and scientific development on a European scale.

The hospital site has over 18,000 traffic movements each day and is reported to be the largest single generator of traffic in Cambridgeshire. The hospital has limited car parking capacity in accordance with planning regulations and reflecting the County Council’s green transport plans. At the moment there are 3,200 car-parking spaces for staff, patients and visitors.

For ten years the trust has been running an Access to Addenbrooke’s programme to reduce traffic congestion on the site, and to ensure effective and efficient management of traffic. Over the years Addenbrooke’s has worked hard with partners in transport and the local authorities to improve access and to encourage everyone to consider using alternatives to the car for getting to hospital, such as buses, park & ride, cycling and walking.

Like hospitals up and down the country, Addenbrooke’s wants to provide hassle-free parking for those who really need to come by car - the sick, frail and elderly. In order to achieve this, those who are fit and well are encouraged to use alternative forms of transport.

The hospital has its own bus station, which sees nearly 60 buses an hour coming from the city and surrounding areas. Park & Ride services also stop at the bus station and the hospital has recently introduced its own Addenbrooke’s park & ride bus, which has significantly improved the service.

Staff are encouraged out of their cars through a range of incentives such as special offers on bus tickets, loans to buy a bicycle or moped, the use of pool cars for off-site business, and priority parking for those who car share.

When the first travel survey was carried out in 1993 it showed that 74% of staff used their cars to travel to work. The last annual travel survey, carried out in October 2003, revealed a dramatic shift with only 42% of staff bringing their cars on to the hospital site. The figures for patient and visitors using cars is still high at 90%, which shows that considerable effort is needed to persuade the more able-bodied patients and visitors out of their cars. But, things are moving in the right direction and traffic congestion on the hospital site is reducing.

Ruth St John-Murphy, Head of Communications, Addenbrooke's Hospital 8 October 2004
APPENDIX 6

Relevant Websites

Accessibility Planning Guidance: Summary
www.dft.gov.uk/stellent/groups/dft_control/documents/contentservertemplate/dft_indexhcst?n=8588&l=2
www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_032254.hcsp

Making the Connections: Final Report on Transport and Social Exclusion
www.socialexclusionunit.gov.uk/publications/reports/pdfs/SEU-transport_Main.pdf

Addenbrooke’s NHS Shuttle Bus and Information Service
www.addenbrookes.org.uk/directions
www.spaceprogramme.org.uk

Green Travel Plans
www.transportenergy.org.uk/bestpractice

Health Inequalities: a Programme for Action
www.doh.gov.uk/healthinequalities

Help with Health Costs
www.nhs.uk/england/hospitals/travellingtohospital.cmsx

Hospital Travel Cost Scheme
www.camden.gov.uk/living/hospital_travel_scheme.htm

Keeping the NHS Local
www.doh.gov.uk/configuringhospitals
STATEMENT OF AUTONOMY

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