

CHARLES HIGGINS PRIMARY CARE LTD

**WORKPLACE
TRAVEL PLAN**

**for the joint
Doctors' Surgeries
at
Canal Way,
Ilminster, Somerset**

January 2009

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Issue and Revision record;

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1. BACKGROUND

- 1.1 Charles Higgins Primary Care Ltd on behalf of the medical practices run by North Street Surgery and Summervale Medical Centre, have applied for planning approval from South Somerset District Council for the construction of a new joint medical centre on a site adjacent to Canal Way, Ilminster. The medical centre will comprise a surgery containing 20 consulting rooms, a pharmacy, treatment rooms including an operating suite, and other ancillary facilities for the staff and patients. The surgery will replace the existing two surgeries in the town centre at North Street and at Summervale Medical Centre located at the south end of Wharfe Lane. Both within 700 metres. The locations of the existing and proposed surgeries are identified in Figure 1.
- 1.2 The Travel Plan has been requested to accompany planning application reference : 08/04519/FUL registered on 18th October 2008.
- 1.3 This document contains the proposed Travel Plan (TP) and sets out the purpose of the plan and indicates the measures that will be introduced. The Plan incorporates and responds to a number of points raised by Somerset CC in a recent similar planning application.
- 1.4 There is no standard format for a TP and they also have a variety of titles, including green travel plan, company travel plan, green commuter plan etc. However their relevance to planning lies in the delivery of sustainable transport objectives aimed at reducing the dependence on car use (especially single occupancy journeys) and increasing the use of public transport, walking and cycling. Advice on Travel Plans is contained in various DfT publications and on the Somerset CC website. The SCC document 'A Guide to Travel Plans in Somerset' states ' *each organisation's travel plan is individually tailored to address the needs of its employees and site location*'. Unfortunately this general guidance does not consider the difficulties of a site where there can be ten times as many visitors as there are staff.
- 1.5 It is important to emphasize at the outset that the range of measures in this Travel Plan will be limited as there are only likely to be some 32 maximum persons employed over the course of the week in the Surgery, not all of whom are on-site at the same time, and many of these will be part time employed. As many will be working a shift and will need the use of a car to visit patients the

range of measures included in the TP will be limited. Similarly, many Travel Plans contain encouragement for home-working, the use of conference calls or remote working from the usual workplace. Many of these measures are inappropriate to a Surgery whose primary purpose is to provide a local health-care service on-site and to serve the surrounding rural area. Doctors and members of the practice health team are employed by the Primary Care Trust and not the doctors' practices. Health care professionals will normally work part of the day in the surgery, leave to do home visits, return to do further in surgery sessions and possibly further home visits. The building will also be a base for hospital employed and based staff driving to do a clinic before driving on to other localities for clinics. Nevertheless as part of the regular review of working practice the Practice will investigate opportunities for reducing the need for patients to travel into the surgery.

- 1.6 An important initial stage of any Travel plan is undertaking a Staff Travel survey, to inform the decision making process of what measures may be realistic. A sample Survey Form is included in an Annex to this plan.

2. ABOUT THE SURGERY

a) Existing surgeries

- 2.1 North Street Surgery is located in North Street in the town centre, and has on-site parking without manoeuvring space for some six cars tandem parked. Patients park in the North Street on-street spaces and in the town centre. Summervale Medical Centre is located in the south end of Wharfe Lane with some 24 marked spaces on site and they are almost opposite a public car park with some 57 spaces.
- 2.2 The practices now have some 10,000 persons registered and both are dispensing practices to patients outside Ilminster. The catchment area extends out to between 7 and 10 mile radius to include west of Yeovil to Chard and Crewkerne, and north towards Somerton and west towards Taunton (see plan included at Figure 2). Nearly 60% of the patients live more than one mile from the surgeries (and hence the Practice is able to dispense drugs to them). There are seven doctors in the practices, nine equivalent full time staff and thirty five part-time staff. The existing surgeries have seven consulting rooms between them.

2.3 The travel characteristics of the existing practice are;

- eight existing local staff walk or cycle to work and will continue to do so.
- One GP lives within Ilminster next to their surgery but intends to move when it relocates to the new site.
- other staff that do not live locally in surrounding towns and villages range from 3 to 25 miles away including Axmouth and Axminster and hence are unable to walk, cycle or catch the bus to work
- some patients walk to the surgery, but despite half of them living within one mile of the surgeries and there being little on site parking, the percentage is small – currently estimated at around 15% of all patients.

b) Proposed medical centre

2.4 The proposed site (also known as a PCC – Primary Care Centre) is located in the geographical centre of Ilminster on the south side of Canal Way. This site has been selected as it is on the town centre relief road, and the exit road for the new supermarket. It also provides a near-level walking and cycling route between east and west ends of the town. It is a bus route (albeit one way). The site is within 600m walking distance of the market cross – the town centre. The greatest majority of the town lies within 1000m of the site. The location of the new surgery is identified in Figure 1.

2.5 A new vehicular access and footway will be constructed off Canal Way into the site using an existing roundabout. The proposed car park is for some 87 vehicles (including mobility-impaired spaces), motor cycles and ample turning facilities. This scheme includes parking for the scanner trailer which visits periodically providing specialist drop-in clinics generating additional staff and patient visits to the site. This level of parking provision is less than what the consultants would normally plan for based on experience elsewhere. There would be 12 secure cycle stands adjoining the front entrances. Changing facilities with showers for staff will be provided on the first floor close to the staff rooms.

2.6 The roundabout already provides pedestrian crossing refuges with dropped kerbs. New dropped kerbs will be provided on the new fourth exit ‘arm’ from the roundabout.

- 2.7 The number of staff is similar to that described above and would comprise;
- PCC – surgery 7 doctors
 - PCC – surgery 25 nurses / admin / other
 - visiting healthcare professionals 48 (some one day / week, some one day per month)

Not all these staff will be on site at any one time. The receptionists will arrive around 7.45am, with the main surgery commencing at 8.30 and continuing at differing levels of activity until 6.30pm. This occurs on five days per week. The government has now increased this by at least one evening per week and Saturday mornings. As noted above there are regular and frequent visits by a combination of other healthcare professionals as well as medical representatives and maintenance staff.

- 2.8 Although the site lies on the south west edge of Ilminster, nearly all of the town is within a 1km walk of the Site. All roads within Ilminster have a footway along at least one side and so for most local residents it will be possible to walk to the surgery from within the settlement without having to cross a main road.
- 2.9 The site is only 600m from the town centre, First Group, and Stagecoach buses serving the town also serve the surgery. Both use Canal Way, but not for all services. A map showing bus routes and timetables is appended.

3. OBJECTIVES and MOTIVATIONS

- 3.1 The overall objectives of a Travel Plan are to promote more sustainable travel by offering and being aware of more realistic travel choices. The more detailed objectives can be defined summarised as:
- a) *increasing travel awareness.*
 - b) *to reduce the need to travel to work every day or during peak periods.*
 - c) *to minimise the dependence on use of the private car and vans.*
 - d) *to reduce the number of single occupancy journeys by car*
 - e) *to encourage the use of non-car modes of travel.*
 - f) *to maximise the safety of people travelling to the site.*
- 3.2 A general expressed benefit of Travel Plans is the advantage that accrues to staff, namely saving of money, improved health, benefit for the environment etc. Where realistic these aspirations have been incorporated into the Travel Plan.

4. NATIONAL AND LOCAL AUTHORITY POLICY

- 4.1 In the 1998 Transport White Paper 'A New Deal for Transport: Better for Everyone' the government indicated its intention of working with local authorities to encourage all major employers to introduce green commuter plans and green transport plans. Although the names have now changed, the 2004 White Paper 'The Future of Transport – a network for 2030' continued this theme by stating that it would continue to provide consultancy advice up to 2006 to any employer wishing to set up a Workplace Travel Plan.
- 4.2 The government planning guidance 'PPG13 Transport' (March 2001) advised that local authorities should set local targets for the adoption of travel plans by business and should also set an example by adopting their own plans. It also defined '*major employer*' by stating that B1 schemes of over 2500m² would have a *significant transport impact* and any planning applications for this scale of development should be accompanied by a travel plan.
- 4.3 Current national guidance is summarised on the DfT web-site (www.local-transport.dft.gov.uk/travelplans/index.htm) and at the web site www.transportenergy.org.uk/travelplannetwork.
- 4.4 Also of particular relevance is the report 'Using the Planning Process to secure travel plans – Best Practice Guide July 2002. Advice is given on the need to tie these proposals into any planning application and make their implementation enforceable either by incorporation into a condition or by legal agreement.
- 4.5 Local advice is contained in various Somerset CC documents relating to Travel Plans, including 'A guide to Company Travel Plans in Somerset', 'Travel Plan Commitment', Site Audit and a Travel Plan Checklist. These can all be found at www.somerset.gov.uk/ete/transport/travelplans. More general advice on increasing transport awareness and encouraging various initiatives is set out on another Somerset website called Moving Somerset Forwards (www.movingsomersetforwards.co.uk). As yet there is no advice on any NHS website about PCC Travel Plans outside London.

5. SCOPE AND INITIATIVES WITHIN THE TRAVEL PLAN

- 5.1 Because of the small number of employees (max 32) involved the emphasis of the Travel Plan will be to increase awareness of the consequences of travel by car and ensure awareness of all the travel options available. Patients will also be made aware of the times and availability of buses.

SCC standard Site Audit

- 5.2 SCC produce a standardised 'Site Audit' form on its web-site advice (see above). The information contained in this Travel Plan should cover the information included.

Evolution of the travel plan and proposed initiatives

- 5.3 The various initiatives appropriate to this site are set out below. As the SCC Travel Plan advice says, proposals are individually tailored to each site. Discussions can be held with the Local Authority to determine the best way of committing the occupiers to the selected proposals, but it must be emphasised that the size of the activity, with only about 32 employees over the course of a week, of which no more than 25 will be on site at any one time, and with most (the doctors and practice nurse and midwife) required to travel with their own car which is needed to undertake their duties, will make many of the standard SCC proposals unsuitable for the Practices. The practices have no control over their customers – the patients – who are for the most part either elderly, ill or parents with small children and babies, for whom waiting at a bus stop, walking or cycling will not be a practical solution.
- 5.4 The measures in this Travel Plan have evolved in consultation with the surgeries' Practice Managers. Drafts of this document have been circulated and discussions held with appropriate persons. The senior partners of the practices are aware of the need to comply with the planning condition and are committed to this document. The measures set out below are considered reasonable **for a local service whose primary aim is to provide a healthcare service for the local community**. Patients visit surgeries rarely and when they do they are generally anxious and stressed. It is not appropriate to enforce quotas on patients to travel by a less convenient means at a time when their concerns may lie elsewhere.

Travel Plan Co-ordinator (TPC)

- 5.5 The Travel Plan Co-ordinator for the site will be one of the two Practice Managers who work full time at the surgery. The Surgery telephone numbers are North Street 01460 52284 and Summervale 01460 52354. Email addresses will be advised at a later stage. The TPC will devote sufficient time to his/her Travel Plan duties to discharge his/her duties.
- 5.6 The TPC will report on a day to day basis to the Practice Manager who holds the overall responsibility for the Travel Plan.

Survey of staff travel

- 5.7 Prior to first occupation, a Staff Travel Survey will be undertaken to determine the characteristics of staff travel. A sample of a possible form is included in the Annex B.
- numbers of staff (full and part-time), normal hours of work, addresses (by postcode)
 - normal mode of travel to site ie
 - car driver
 - car passenger
 - car, drop off
 - bus / walk / cycle
 - whether the journey to work is constrained by other reasons (ie need car at work; drop children at school ; already provide lift; no public transport; distance too great , no alternative etc)
 - whether a vehicle is required during the day
 - time of travel
 - willingness to enter into car share scheme
 - availability of alternative means of travel
- 5.8 A summary of the results of the survey and any subsequent repeats will be made available to the local authority. The full survey detail will be available for their inspection.

Survey of Patient Travel

- 5.9 A survey of patient travel to the surgery will be undertaken at regular intervals (possibly over a week, annually) by the receptionist noting the mode of travel to site (walk / cycle / bus / car driver / car passenger etc) as well as the prevailing weather conditions. Over a period of time this will establish a year-on-year pattern.

Dissemination of information / marketing

- 5.10 As at present, travel advice (copies of bus timetables etc) will be available in the main waiting rooms. Similarly, general health advice will be available on notice boards within the waiting room of the PCC available for all visitors and staff to see, extolling the merits of prevention rather than cure through regular exercise such as walking or cycling.
- 5.11 The surgery produces Newsletters for patients to read in the practice surgeries. Any Travel Plan measures and initiatives can be described in the Newsletter. This document is not sent to patients, as it would be too expensive.
- 5.12 The Practices are creating a website. Once available, details of the various opportunities for non-car modes of travel to the site will be included, as well as a link to this Travel Plan.
- 5.13 There are monthly staff meetings. This will be an ideal forum to discuss new initiatives and proposals with the staff.

Travel Notice Board

- 5.14 In a suitable location accessible by all staff in the Surgery, there will be a Travel Plan Notice Board. This will contain the name of the Travel Co-ordinators; plans showing the nearest bus routes and bus stops; copies of the relevant bus timetable; cycle-ways; footpaths: copies of any information on discounted bus fares, travel initiatives and results of the travel survey.

Working practices

- 5.15 Once a year the Travel Plan Co-ordinators will, with senior management, review the working practices to see if there is any scope to adopt more flexible working procedures that may reduce travel needs. This can include investigating any opportunity to reduce the need for patients to travel to the PCC. However, as the Surgery/ PCC is primarily intended to provide a service to others at convenient times of the day, the scope for any changes will be limited.

Walking and Cycling

- 5.16 Realistically, it is only likely that staff living within Ilminster will be able to walk to work. Within the town the pedestrian facilities are good and most roads have a

separate footway alongside them. Every encouragement will be given to staff to walk to work.

- 5.17 A secure cycle storage facility (based on Sheffield stands) will be provided within the development (12 stands) for use by staff and patients. Within the building there will be lockers, changing facilities and showers provided for use by staff.
- 5.18 The Practices will consider a 'pool' cycle for use by staff within Ilminster. The use of this machine will be reviewed to see if there is a demand for additional cycles.
- 5.19 There will be lavatory facilities in both practices for use by patients, who may have walked, cycled or used the bus to the PCC and are faced with a longer journey time than car users.

Car sharing

- 5.20 The opportunities may be limited (because of the low number of staff) but as part of the annual travel survey, any staff prepared to enter into a car sharing arrangement will be identified. With such a small number of persons on-site these are likely to be known to one another anyway, but this option will remain available. The Travel Co-ordinator will keep a list of those people prepared to enter into a car sharing scheme, either as one offering lifts or one prepared to alternate use of their vehicle with someone else.

Parking

- 5.21 No realistic parking restrictions can be imposed (i.e. limiting staff parking on site) as staff and patients would otherwise park on the adjoining roads. However, staff parking will be designated away from the front of the building to ensure visitors to the surgery have access to the most convenient spaces.
- 5.22 However, the opportunity to encourage use of alternative means of transport (and car sharing) still exists through establishing a balance between the parking needs of the PCC and limiting the number of car parking spaces if on road parking is to be avoided. A target number of 87 is proposed based on the existing provision at existing premises (36no. allocated spaces) where the town centre provides off road and on street parking for all nearby. It is acknowledged that this is more than the standards set out in the LPT 2006-11 because of the wide patient and staff catchment in a rural area where only limited bus services

are available together with the increased level of services to be offered at the new facility through attached staff and visiting medical consultants.

- 5.23 The use of these spaces will be monitored by the TPC for a day at 3-monthly intervals for both day and evening surgeries for a 3 year period. If this identifies a surplus of spaces the appropriate number of spaces will be removed.

Recruitment

- 5.24 Where possible the practices will give preference to recruiting staff that can travel to the site in a sustainable way and are not reliant on use of a motor car. All applicants applying for positions at the PCC will receive a leaflet advising that a Travel Plan is operating on the site and that staff will be expected to comply with its initiatives.

Other

- 5.25 Somerset CC has provided a check list containing 35 typical actions contained within Travel Plans. Ten of these are appropriate to the PCC / surgery in this location employing just 32 persons. However, contrary to the requirements of SCC, this Travel Plan is not going to explain item by item why the other 25 initiatives (such as; the use of works buses; internet shopping ; block purchase of bus or rail tickets; etc, etc) are considered inappropriate.

6. TARGETS , MONITORING AND IMPLEMENTATION

Targets

- 6.1 The new surgery will have many sustainable travel features that will be available from first occupation, including;
- appointment of Travel Plan coordinator
 - provision of suitable footway access
 - disabled parking close to the entrance (and without having to cross roads)
 - secure Sheffield-type cycle stands
 - provision of changing facilities, shower and lockers for staff
 - provision of motorcycle parking facilities
 - for a minimum of five years, a Travel Plan in operation

In addition, many existing characteristics will be maintained;

- public transport information available in the waiting room
- ability for residents of Ilminster to walk to the surgery
- access to a 'pool' cycle for staff
- 87 parking spaces

6.2 The Travel Plan will also provide;

- an annual staff and patient travel survey with returns copied to SCC
- provision of web-based information on non-car travel opportunities and routes to the site – on launch of the web-site
- local recruitment strategy

6.3 Until the travel characteristics of the new site have stabilised it is unrealistic to put numerical values on the various targets. However, it is an aim of the Travel Plan to set reasonable targets aimed at reducing the reliance on the use of the private car. These could include a target to get staff to use fewer cars to get to work; a reduction in the number of car journeys undertaken by staff visiting patients; an increase in the number of patients walking from within Ilminster. These will be reviewed and assessed as the travel patterns settle down in the new site. These targets will be discussed with the Local Authority as part of the annual review and a realistic target set for this type of development in this location.

Time Frame

6.4 SCC has provided a Time-Frame matrix setting out the implementation programme for the Travel Plan. Many of the suggested actions (pedestrian improvements; cycle improvements etc) are implicit in the new PCC facility, but where possible, the first column of this form will be completed prior to the first occupation of the new building.

Monitoring

6.5 The staff Travel Survey will be repeated at least once per year.

6.6 At regular intervals, a survey will be undertaken by staff of the travel habits of patients travelling to the surgery. Patients will not be directly surveyed as this could add to the anxiety and stress associated with a visit to the doctor.

Implementation

- 6.7 The Travel Plan has to be submitted to and agreed in writing by South Somerset DC prior to commencement of development on site.
- 6.8 A staff travel survey will be undertaken prior to first occupation of the building and repeated at regular intervals (of not more than 12 months). Any new members of staff will be advised of the existence of the Travel Plan and will be expected to think about the options for travel from the outset before travel patterns settle down.

7. CONCLUSIONS

- 7.1 The key elements of the Travel Plan are;
- increasing travel awareness
 - to encourage the use of non-car modes of travel.
 - to maximise the safety of people travelling to the site.
 - to increase the journeys within Ilminster by non-car modes
 - to reduce the number of single occupancy journeys by private car during peak periods.
- 7.2 The other elements will take longer to achieve and the scope for a small development is less than a large one. Nevertheless it will remain as a target for all to achieve.