



Access to Health Sites Overview and Scrutiny Task Group

November 2008

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Index

| | |
|---|-----------|
| Chair's Foreword..... | 3 |
| Executive Summary..... | 4 |
| Recommendations..... | 6 |
| Review Scope..... | 9 |
| Methodology..... | 11 |
| Context..... | 12 |
| Key Findings | |
| a). Strengthening Working Relationships..... | 15 |
| b). Healthcare for London..... | 16 |
| c). Service Planning..... | 18 |
| d). Service Location..... | 20 |
| e). Northwick Park Hospital..... | 21 |
| f). Central Middlesex Hospital..... | 24 |
| g). Transport Improvements..... | 25 |

Chair's Foreword

There are likely to be many changes to healthcare in London in the coming months and years, as Primary Care Trusts and healthcare providers implement Lord Darzi's vision of health services set out in *Healthcare for London – A Framework for Action*. Londoners deserve world class healthcare and it will be a significant challenge to ensure that services reach that level.



However, even if London does have a world class healthcare system, it will be irrelevant if people are not able to access those services. The access to health sites task group has focused on public transport access to health services in Brent. There are major plans and ambitions for health services in the borough that could result in the reconfiguration of services. Services traditionally provided in a hospital could be moved to primary care settings. Hospitals could become specialist centres in certain disciplines, but stop providing some services altogether. It is crucial that health commissioners engage with transport providers to ensure transport services are able to respond to the new demands that will be placed on them by patients, staff and visitors.

I believe that the task group's work will raise the profile of public transport issues within the NHS and lead to strengthened working relationships between health and transport organisations. We have made a number of recommendations aimed at doing this, but foremost in our minds is the need to improve public transport services to health sites for patients, staff and visitors. I hope that this task group will have a real impact on service provision for the benefit of all Brent residents.

I would like to thank those people who met with the task group during the course of the review, and all those who sent information to the task group. I would also like to take this opportunity to thank the other members of the task group, Councillors Janice Long and Eddie Baker, for their contribution to this review. Finally on behalf of all members of the task group I would like to thank Andrew Davies from Brent Council's Policy and Regeneration Unit for his invaluable help and support though out.

Councillor Chris Leaman
Chair, Access to Health Sites Task Group

Executive Summary

The access to health sites task group has completed its investigation into public transport access to healthcare facilities in Brent. This report sets out the task group's findings and recommendations.

Good public transport access to health facilities plays a vital role in helping people, especially those from poorer communities, get the care they need to maintain healthy lives.

Problems with bus routes to health facilities can reinforce social exclusion as people from poorer communities are more likely to rely on public transport, especially buses, for travel. Poverty and social exclusion are experienced by many of Brent's residents. The borough is ranked 53rd in the Index of Multiple Deprivation. A Social Exclusion Unit, report entitled "Making the Connections"¹ states that nationally over a 12-month period, 1.4 million people admitted to missing, turning down or choosing not to seek medical help because of transport problems.

Healthcare in London is on the cusp of major change and development following the agreement of Lord Ara Darzi's vision for health services, *Healthcare for London – A Framework for Action*. The London wide Joint Overview and Scrutiny Committee set up to scrutinise Darzi's vision identified good public transport access as crucial to a world class healthcare system.

In carrying out this review, the task group has focussed on two key issues:

- Public transport access to health sites and the work that is taking place to improve access. This included hospitals in Brent and hospitals outside of the borough used by Brent residents and primary care facilities within the borough.
- How work is progressing to adapt transport services and improve access to health sites, as they are reconfigured to implement the vision of health services set out in *Healthcare for London*.

The task group carried out a series of interviews with stakeholders and carried out desk based research to inform its findings. A variety of organisations and individuals contributed to the review, including Brent Council's Transportation Unit, London Buses, NHS Brent, North West London NHS Hospitals Trust, London Travel Watch and the Campaign for Better Transport. The task group's findings and recommendations have been split into seven themes:

- Strengthening Working Relationships
- Healthcare for London
- Service Planning
- Service Location
- Northwick Park Hospital
- Central Middlesex Hospital
- Transport Improvements

The issue that the task group believes should be addressed above all others to improve public transport access to health sites is to strengthen working relationships, particularly between NHS Brent and Transport for London, where the task group found that relationships were fragmented. Improving working relationships is particularly important if health services are to be reconfigured to implement the vision of health services in London, set out in

¹ Social Exclusion Unit: Making the Connections, Final Report on Transport and Social Exclusion, 2003

Healthcare for London – A Framework for Action. Early involvement of transport providers and Brent Council's Transportation Unit in health service planning needs to be addressed. Identifying potential transport issues when services are in the planning stage allows all parties to work on solutions before new services are opened. The task group has made a number of recommendations aimed at improving and strengthening working relationships.

The task group found that there is already a great deal of work taking place to improve access to health sites in Brent, particularly in the acute sector. The Northwick Park Public Transport Liaison Group is working to improve transport access to the hospital site. The task group supports the work that this committee does, and has called on Transport for London to work with the group to find solutions to the two major transport issues affecting the site, from Brent's perspective – the 182 bus route and step free access at Northwick Park Underground Station. Other improvements to the transport system, such as the proposed FastBus between Park Royal and Wembley Park, will also have benefits for health services.

Improving public transport access to primary care presents more of a challenge given the number of sites involved. The task group has made recommendations about the location of services and travel plan requirements for primary care facilities to try and address some of these issues.

The task group hopes that by carrying out this review, and making recommendations directly to NHS Brent, North West London NHS Hospitals Trust, Transport for London and Brent Council, it can raise the profile of transport issues and ensure that they are fully considered when services are being planned. The task group will continue to monitor its recommendations to check that they're implemented and will ask the Health Select Committee to carry out formal follow up in 12 months time.

Recommendations

The access to health sites task group recommends that:

a). Strengthening Working Relationships

1. NHS Brent takes steps to improve engagement with Transport for London and Brent Council's Transportation Unit during the early stages of service planning. The Health Select Committee should follow this up with Transport for London and the Transportation Unit in 12 months to check whether this is happening.
2. NHS Brent nominates a senior officer to be responsible for ensuring public transport considerations are included in the commissioning process. The task group suggests the nominated officer is a director, to reflect the importance of this issue.
3. Brent Council holds a Public Transport Liaison meeting on a quarterly basis with representatives from Transport for London. As an interim measure representative from NHS Brent should be invited to attend these meetings, to help develop working relationships with Transport for London and Brent Council and to raise the profile of public transport issues within the primary care trust.

b). Healthcare for London

4. NHS Brent work with Transport for London and Brent Council's Transportation Unit to consider the transport implications of the proposed polyclinic developments at Willesden Centre for Health and Care and Central Middlesex Hospital. This is linked to recommendation 1, that engagement should be early on in the service planning process.
5. NHS Brent asks the service provider at the GP led health centre in Wembley to develop a travel plan for the centre, to identify ways to improve accessibility and promote use of the service.
6. NHS trusts in Brent should consider using the H-stat transport modelling tool when planning service developments. The tool has been developed by Transport for London and NHS London specifically for health service commissioners and providers and will help build working relationships.
7. An analysis of transport needs is written into the terms of reference for the joint acute commissioning strategy, so that transport is given a higher profile in service planning from the beginning of this work.
8. NHS Brent raises the issue of eligibility criteria for ambulance transport with NHS London and lobby for the rules to be changed. The task group believes that eligibility criteria should be changed so that those who currently receive ambulance transport to hospital outpatient appointments should continue to receive the service if the location of their appointment moves from a hospital to a primary care facility. Lord Darzi believes that "funding should follow the patient", but at present patients are not allowed to use ambulance transport to get to a primary care facility.

c). Service Planning

9. If service provision from existing buildings change, then health commissioners or providers should still consider the transport implications for patients, staff and visitors, including the production of a travel plan if the service change is significant.

10. Brent Council should not grant planning permission for a new hospital or healthcare facility in the borough, unless a travel plan is produced demonstrating how it will serve its catchment area for patients, staff and visitors.

d). Service Location

11. NHS Brent considers public transport access assessments when it is planning the location of new services. This is to ensure that people who live in areas with poor public transport access are still able to get to essential services.

e). Northwick Park Hospital

12. London Buses continue to work with the Northwick Park Public Transport Liaison Group to see if a case can be made to divert the northbound and southbound 182 buses into the hospital site.

13. If the northbound 182 bus cannot be diverted into the hospital grounds, then the task group hopes that an alternative solution can be found to improve access to the hospital. Ideally, the northbound bus stop should be moved closer to the hospital, next to the controlled crossing opposite the hospital entrance.

14. If the northbound bus stop can't be relocated, then the task group believes that the underpass next to the current bus stop has to be improved. It is too steep for wheelchair users and can be intimidating for other users, particularly in the dark. This should be addressed if other solutions can't be implemented.

15. Because of the small number of buses from Brent to Northwick Park Hospital, London Buses reconsiders extending the 18 from Sudbury Town to terminate at Northwick Park Hospital. Additional buses may be required if the hospital attracts more services as a result of *Healthcare for London*.

16. London Underground adds Northwick Park Underground Station to its development programme to make access to the station step free. As the station serves a major hospital and university campus and has over 3.5 million users each year, it should be given a higher priority.

17. North West London NHS Hospitals Trust works with Transport for London to improve bus facilities for patients at Northwick Park Hospital. If possible, real time information should be installed in the reception area of the hospital and on the bus stands to provide up to date information on bus services for passengers.

18. North West London NHS Hospitals Trust continue to work with Brent Council's Transportation Unit and Transport for London and keep them informed of planned developments at the Northwick Park site. The task group will follow this up in 12 months time to check this is happening.

f). Central Middlesex Hospital

19. Brent Council's Transportation Unit and London Buses consider whether there is a case for implementing bus priority initiatives to improve poor performing bus services in the borough, particularly those serving hospitals.

g). Transport Improvements

20. London Buses change the displays and announcements for buses stopping close to the Wembley Centre for Health and Care on Ealing and Harrow Road, so people are aware that they should alight for the GP led health centre.

21. Signage for pedestrians directing them to health sites in Brent is improved. There are three specific issues that need to be addressed:

- Brent Council and NHS Brent should put up signs for pedestrians walking to the GP led health centre from Harrow Road. At present, there are no signs.
- Signs for pedestrians walking to the Willesden Centre for Health and Care should be put in place from Willesden High Road, particularly if services there are expanded in the future.
- Signs from Northwick Park Underground Station to the hospital need to be made clearer. The task group believes that at present it is easy to confuse the hospital and university sites from the exit at Northwick Park Underground Station.

22. NHS Brent consider whether patients should be able to access the GP led health centre from Harrow Road. At present, people who approach that way have to walk around the site to get into the building.

23. The North West London NHS Hospitals Trust consider offering patients the choice of a later appointment (if they do not do so already) so they don't have to travel on public transport at peak hours to make an early morning appointment.

Review Scope

Good public transport access to health facilities plays a vital role in helping people, especially those from poorer communities, get the care they need to maintain healthy lives.

Problems with local bus routes to health facilities can reinforce social exclusion as people from poorer communities are more likely to rely on public transport, especially buses, for travel. Poverty and social exclusion are experienced by many of Brent's residents. The borough is ranked 53rd in the Index of Multiple Deprivation. A Social Exclusion Unit, report entitled "Making the Connections"² states that nationally over a 12-month period, 1.4 million people admitted to missing, turning down or choosing not to seek medical help because of transport problems.

This can lead to poorer health, late diagnosis or healthcare not being sought. Costs are also transferred to the health provider due to wasted resources through missed appointments, delayed discharge from hospital, unnecessary home visits and delayed treatment of illness that could potentially have been treated much earlier.

Healthcare in London is on the cusp of major change and development following the agreement of Lord Ara Darzi's vision for health services, *Healthcare for London – A Framework for Action*. The London wide Joint Overview and Scrutiny Committee set up to scrutinise Darzi's vision identified good public transport access as crucial to a world class healthcare system. The JOSOC recommended that:

"London Ambulance Service (LAS) and Transport for London (TfL) are involved from the outset in developing proposals for specialist care in order to advise on travel times. NHS London must work with these organisations to agree a travel plan to underpin any expansion of a hospital's services."³

The Overview and Scrutiny Committee and Health Select Committee established the access to health sites task group partly in response to the Joint Overview and Scrutiny Committee recommendation, and because of local concerns regarding transport access to health sites in Brent. The Committees are also keen to promote active travel, encouraging people not to drive where possible and use sustainable, environmentally friendly travel options.

In short, the task group's work has focussed on two key issues:

- Public transport access to health sites and the work that is taking place to improve access. This included hospitals in Brent and hospitals outside of the borough used by Brent residents and primary care facilities within the borough.
- How work is progressing to adapt transport services and improve access to health sites, as they are reconfigured to implement the vision of health services set out in *Healthcare for London*.

The task group's aim at the start of its work was to focus on these issues, explore ways to improve partnership working on transport issues and increase the profile of transport within health services. It set out to make recommendations that:

- Encouraged health providers to work with TfL as they are planning service changes, both at the primary care level and for acute services
- Influenced London Buses to improve bus routes to local hospitals and other health sites in Brent

² Social Exclusion Unit: Making the Connections, Final Report on Transport and Social Exclusion, 2003

³ Joint Overview and Scrutiny Committee review of Healthcare for London, April 2008

Access to Health Sites Overview and Scrutiny Task Group Report

- Helped to improve partnership working between health commissioners and providers, transport planners and Brent Council.

Methodology

The task group has carried out a wide range of interviews and research during the course of its work. Its aim has been to gather robust evidence to base its recommendations to health service providers, TfL and Brent Council.

Interviews were carried out with:

- Jim Lawman, Senior Public Transport Officer, London Borough of Brent
- Gerry Devine, Transport Advisor to North West London NHS Hospitals Trust
- Devji Vekaria, owner of Global Pharmacy, Dollis Hill
- Sarah Ponds, Board Member, London Travel Watch
- Vincent Stops, Surface Transport Policy Officer, London Travel Watch
- Jo Ohlson, Director of Primary Care Commissioning, NHS Brent
- John Barry, Head of Network Development, London Buses
- Philip Sutcliffe, Director of Corporate Services, North West London NHS Hospitals Trust
- Phil Rankmore, Director of Transportation, London Borough of Brent
- Jimmy Telesford, Brent Association of Disabled People

Two site visits were carried out, one to the Global Pharmacy at Dollis Hill and one to Northwick Park Hospital. This was to see first hand the transport issues that were raised throughout the course of the task group's work.

The task group considered current bus networks, which areas of the borough were well served by bus routes and which areas are not. Route maps were supplied by the Brent Council Transportation Unit, as well as analysis that considered accessibility to all forms of public transport in the borough. Desk top analysis of the main bus routes serving hospitals in Brent was carried out, looking at the number of routes, the reliability of routes and the hospitals they served. This helped the task group to better understand the nature of bus network coverage in Brent, and how it relates to the major health sites in the borough.

The task group researched examples of best practice in transport planning to improve access to health sites and heard from Greenwich Council and Hackney Council on their approach to these issues. The Campaign for Better Transport was also able to provide best practice examples and advice to the task group.

The Beechcroft Medical Centre in Wembley surveyed their patients over a week in August 2008 to find out how they travelled to their GP appointment. This gave the task group a snapshot of patient access to this surgery. The task group was also able to consider analysis of GP locations and population density in Brent, and compare this to public transport accessibility.

Finally, the task group considered health policy in London, particularly *Healthcare for London* and considered how this might impact on transport and travel needs for patients and families in the future. The group was able to discuss the implications of *Healthcare for London* with those people interviewed.

Context

Brent

There are two major acute hospitals in Brent, Northwick Park and Central Middlesex, plus two smaller Health and Care Centres at Willesden and Wembley. Patients in Brent also use a large number of hospitals across London for acute care. NHS Brent spends approximately £185 million on services including accident and emergency, outpatient and elective and emergency care. North West London NHS Hospitals Trust which includes Northwick Park and Central Middlesex Hospitals is the largest provider of services to Brent patients accounting for 47% of outpatient activity, 48% of elective activity, and 62% of non-elective activity. Imperial College Health Care Trust which includes Hammersmith, Charing Cross and St Mary's hospitals is the next biggest provider accounting for 26% of outpatient activity, 27% of elective activity, and 22% of emergency activity⁴. A large number of Brent residents are travelling out of the borough for their healthcare.

There are 166 GPs working in 72 practices in the borough (as of 1st January 2008)⁵. Kingsbury has the highest number of GPs per 100,000 people, Willesden the lowest⁶.

Appendices 1 and 2 are two maps that show the location of primary and secondary care services in Brent and the location of GP surgeries compared to population density.

There are a number of public transport issues in Brent that are well known and there are groups working to resolve them. The Northwick Park Public Transport Liaison Group works on public transport issues relating to the hospital and Westminster University. Its main focus is on improving access to the hospital and university using bus transport, specific work on improving access via the 182 bus, lobbying for access improvements at Northwick Park Underground Station and improving the hospital site for pedestrians and cyclists. Membership is drawn from the hospital trust, Brent and Harrow Council, London Travel Watch, Westminster University and TfL.

Brent Council runs a Public Transport Liaison meeting, which works with TfL to suggest changes to the public transport network in the borough to improve services. Although its remit is much wider than access to health sites, health related issues are also picked up by this group.

The council's Transportation Unit also employs a Senior Public Transport Officer whose role is to work with TfL on public transport issues. The Public Transport Officer is also a member of the Northwick Park Public Transport Liaison Group, providing a link between the council and hospital transport issues.

London

In London nearly one million trips are made each day either to or from health services, which equates to almost 5% of all trips. This compares to 13% of trips being for education and 19.5% for shopping.

Of those journeys made to or from health services:

- 51% are made by car, either as a driver or passenger
- 19% are walking trips

⁴ Joint Strategic Needs Assessment, 2008

⁵ Joint Strategic Needs Assessment, 2008

⁶ Joint Strategic Needs Assessment, 2008

- 14% are made by bus
- 10% are made by tube and rail.

31% of people without a car have difficulties travelling to their local hospital, compared to 17% with a car.⁷

The sheer number of visits each day to health facilities demonstrates the importance of good quality and accessible health services. As stated above, 1.4 million people will miss, turn down or not even seek hospital appointments because of problems with transport. This has significant cost implications for the health sector, as well as a detrimental impact on peoples' health. As health services in London are reconfigured in line with *Healthcare for London*, the importance of good public transport access to facilities cannot be overstated.

Primary Care Trusts in London have agreed Lord Darzi's vision for health services in London, set out in his paper *Healthcare for London – A Framework for Action*. At the heart of Darzi's vision of health services in London was the creation of a world class health service, with a strong focus on quality and giving patients more choice over the services they receive. The main proposals he put forward included:

- Specialist care for children (such as high dependency medical or nursing care, or where admission for observation of more than 24 hrs is anticipated) should be concentrated in fewer hospitals.
- Units in a small number of hospitals should be established to provide:
 - Specialist trauma care (between three and six hospitals)
 - Specialist stroke care (up to seven hospitals)
- Access to GP surgeries should be improved, especially before and after working hours and at weekends.
- More outpatient care, minor procedures and tests should be provided in the community. Local hospitals should provide most other types of secondary care.
- The polyclinic service model should provide improved primary healthcare in London. The nature (for instance networked, single-site, hospital-based), location and precise services offered should be determined by appropriate local engagement, consultation and decision-making.

Lord Darzi has emphasised the need to localise services where possible, centralise services where necessary. This has obvious implications for patients and visitors travelling to relevant sites to receive appropriate healthcare, or visit family and friends.

The first consultation to follow the agreement of the principles in *Healthcare for London* is on stroke and trauma services and will begin in January 2009. Primary Care Trusts in London have already agreed that specialist services (such as stroke, trauma, paediatrics, emergency surgery etc) should be concentrated in fewer hospitals. This consultation marks the beginning of the implementation of Darzi's vision, and implementation is likely to accelerate in the coming months and years. There are four other *Healthcare for London* projects already underway. They are:

- Developing polyclinic models of community based care.
- Establishing the feasibility of local hospitals
- Exploring how delivery of unscheduled care can be improved.
- Improved model of care for long term conditions – The first project will be aimed at tackling diabetes and will focus on the diabetic care pathway, from prevention to specialist care.

⁷ Mark Humble, NHS London – Transport Issues for Polyclinics presentation, 21st May 2008

It is clear that these projects could have far reaching implications for health services in London. The task group appreciates that providing world class healthcare will always be the priority for health commissioners and providers. However, NHS London (the strategic health authority for the borough) and TfL are keen that commissioners consider the transport implications of their service plans, and work to ensure services are accessible. As the organisation London Travel Watch has pointed out in their response to the consultation on *Healthcare for London – A Framework for Action*, “world class healthcare will remain an aspiration for many Londoners if they cannot reasonably get to the sites from which those services are provided”.⁸

TfL responded positively to the *Healthcare for London* consultation. Their view was that reconfiguration of healthcare services should:

- help to reduce the need to travel, especially by car
- help influence a shift towards more sustainable modes of transport
- encourage access on foot or by bicycle wherever possible – including through the design of healthcare sites
- reduce inequalities in access to healthcare⁹.

Whether TfL’s hopes for health services in London become a reality remain to be seen. But, with significant changes to health services likely it is important that transport is recognised as a crucial factor when decisions are made on service location. NHS London has acknowledged this and in partnership with TfL developed the Health Services Travel Analysis Toolkit (HSTAT). The toolkit will support the NHS as they redesign services by demonstrating the effects that different locations for services have on people’s travel time. NHS London is clear that health service reconfiguration won’t happen unless a travel analysis is carried out when services are in the planning stage.

⁸ London Travel Watch submission to Healthcare for London – Consulting the Capital consultation, 28th February 2008.

⁹ Mark Humble, NHS London – Transport Issues for Polyclinics presentation, 21st May 2008

Key Findings

a). Strengthening Working Relationships

It is clear that providing an efficient and effective transport network that serves hospitals and primary care sites in London requires good working relationships between healthcare providers and commissioners, TfL and local authorities. The task group is not convinced that these working relationships are sufficiently developed which has implications for the planning of future health services and appropriate transport services.

London Travel Watch has been running an Access to Hospitals Task Force and has produced an interim report. Among its findings was:

- TfL has difficulties working with the NHS. TfL told the task force that finding the correct person to discuss transport issues at a strategic level is problematic. The structure of the NHS was also difficult to work with. TfL believed planning at the early stage was imperative. TfL has shown it could work well with the NHS when the correct people were identified.¹⁰

This view was repeated to the task group during the course of the review. John Barry, Head of Network Development at London Buses commented that working relationships with the acute sector in Brent are more developed than with the PCT. North West London NHS Hospitals Trust, who run Northwick Park and Central Middlesex Hospital, have a director with overall responsibility for transport issues, plus a consultant who provides advice to the Trust on transport issues. NHS Brent does not have an equivalent officer and acknowledged to the review group that their relationship with TfL was fragmented and needed to be addressed. London Buses would appreciate the council's support in helping to develop the relationship with NHS Brent. John Barry told the task group that he believes the council is well-positioned to help in build the relationship on areas of mutual interest between the council, health commissioners and transport providers.

Working relationships between the NHS, TfL and the local authority need to be sound and systematic given the changes that are likely to occur in the health service in the coming years. One of the recurring themes during the course of the review was the need for TfL and the local authority to be involved at the earliest stage possible when the health service are planning service changes. For this to happen, transport has to become a bigger priority for the NHS. The task group would like steps to be taken to address this issue.

The task group has been impressed with North West London NHS Hospital Trust's commitment to transport issues. As well as giving staff clear responsibility for transport issues, the trust is reviewing and updating its travel plan. The Trust has had three travel plans, which have provided the framework for transport infrastructure improvements at the Northwick Park and Central Middlesex Hospital sites such as the new bus stops at both hospitals.

The task group would like NHS Brent to make a similar commitment to transport issues and build effective working relationships with TfL and Brent Council's Transportation Unit. The task group appreciates that travel planning may be an easier concept for the Hospital Trust to address – its services are mainly provided from two sites, each of which are attended by thousands of people each day. The PCT, on the other hand, provides services from many different locations, all of which are smaller than an acute hospital and receive fewer patients

¹⁰ Access to Hospitals Task Force – London Travel Watch, March 2008

and visitors. However, the PCT makes incremental changes to services that cumulatively can have a significant impact on patient movements, but the overall impact on transport can be overlooked. The task group would like NHS Brent to address this, and start working with transport partners when it is planning service changes.

Recommendations

The task group recommends that:

1. NHS Brent takes steps to improve engagement with Transport for London and Brent Council's Transportation Unit during the early stages of service planning. The Health Select Committee should follow this up with Transport for London and the Transportation Unit in 12 months to check whether this is happening.
2. NHS Brent nominates a senior officer to be responsible for ensuring public transport considerations are included in the commissioning process. The task group suggests the nominated officer is a director, to reflect the importance of this issue.
3. Brent Council holds a Public Transport Liaison meeting on a quarterly basis with representatives from Transport for London. As an interim measure representative from NHS Brent should be invited to attend these meetings, to help develop working relationships with Transport for London and Brent Council and to raise the profile of public transport issues within the primary care trust.

b). Healthcare for London

The task group found that service commissioners and providers in Brent are still uncertain how *Healthcare for London* will impact on health services in the borough. TfL want to be engaged early in the process to ensure transport needs are addressed as services are reconfigured. It should be noted that it takes approximately 18 months to two years to plan and implement a medium to large scale change on a bus route in London (changes that require two or more buses to be added to the route). Therefore, if London Buses are to be involved in the early stages of service planning they would need a lead in time of at least 18 months, if routes are to be adapted.

The task group has some concerns about whether TfL will be involved, based on previous experience. In recent years NHS Brent has built two new health centres, at Monks Park and Vale Farm. It is currently in the process of commissioning a GP led health centre at the Wembley Centre for Health and Care. It has earmarked Willesden Centre for Health and Care and Central Middlesex Hospital as locations for polyclinics. Each of these developments will lead to changes in patients transport needs, and yet consultation with TfL hasn't occurred on a formal or informal basis.

As PCTs develop polyclinics and GP led health centres, TfL will be interested in the sites chosen for these new services. If NHS Brent decides in the future to commission a single site polyclinic there will be constraints on appropriate sites and there needs to be a balance between affordability and transport connections. A site on an industrial estate may be the cheapest option, but public transport access is likely to be relatively poor. TfL will want to be consulted during developments of new primary care services. They would also appreciate information on "virtual" polyclinics (i.e. the hub and spoke model) to be shared with them as early as possible. This is so transport planners can consider the transport challenges they present.

NHS London has identified what they believe PCTs need to do when planning polyclinics. PCTs need to:

- “carry out a comprehensive analysis of the potential travel impacts of reconfiguration
- address the impacts on transport – including travel plans for all polyclinics and larger sites”.¹¹

Working in partnership with TfL, they also set out objectives for TfL in the service planning process:

- “influence the design of healthcare sites – to prioritise those arriving on foot or by bike, and to actively manage parking in the context of Travel Plans
- for criteria to be developed for selecting suitable sites for polyclinics and larger facilities to ensure they are located where accessibility is good”.¹²

The task group believes that the same criteria can be applied to GP led health centres, which NHS Brent is in the process of commissioning. The task group would like NHS Brent to ask the service provider to develop a travel plan for this new facility at Wembley Centre for Health and Care to improve accessibility and encourage people to use it, rather than attend accident and emergency or not seek primary care treatment at all.

TfL has been working with NHS London to develop the strategic connections between the two organisations. This has been driven by *Healthcare for London*. London Buses and NHS London have developed an NHS transport modelling tool, (Health Service Travel Analysis Tool or H-stat) which can be used by health service providers and commissioners to model different travel scenarios. This tool is being promoted to PCTs across London. At the moment around seven have expressed an interest in using it, but NHS Brent is not one of these.

The benefit of H-stat, as explained to the task group is that it helps health services provide information to TfL in the form that they need to assist them in their service planning. To make evidence based decisions, London Buses will want to know about person-journey frequencies and origin of journeys as much as basic postcode data on staff and patients which is usually supplied to them.

TfL are looking to change their relationship with the NHS, which has traditionally been event led. For example, responding to a major planning application. The organisation wants to work more proactively with health commissioners and providers and they recognise that working with NHS London is not the most appropriate way to do this, as they are not responsible for decisions on the location of services across London. TfL needs to engage with PCTs on these issues. Using the H-stat transport modelling tool could be an effective way for PCTs to build good working relationships with TfL. The task group would encourage NHS Brent to consider using this when planning service developments, including the GP led health centre.

NHS Brent, Harrow PCT and the North West London NHS Hospitals Trust are to prepare an acute commissioning strategy. This work will begin in November 2008. The strategy will set out the vision for acute services in the borough over the next five years. *Healthcare for London* will have a significant impact on the strategy – there is a commitment to provide services in local settings where possible, rather than in acute centres.

NHS London has asked Primary Care Trusts in London to think about ways to strengthen acute commissioning arrangements, and the North West London strategy is part of this

¹¹ Mark Humble, NHS London – Transport Issues for Polyclinics presentation, 21st May 2008

¹² Mark Humble, NHS London – Transport Issues for Polyclinics presentation, 21st May 2008

process. Whilst the focus of the acute strategy will rightly be on health services, the task group is keen that an analysis of transport implications is written into the terms of reference for this review and that the transport implications of any proposals are properly thought through and considered.

The task group has identified a number of issues that would benefit from further work. Under current rules, those eligible for ambulance transport to hospital for an outpatient appointment will not receive the service if their care is transferred to a primary care setting. Ambulance transport cannot be used to transport outpatients to primary care facilities. If, as Lord Darzi envisaged, funding is to follow the patient, then this should be addressed. Until this is changed, PCTs need to be aware that for some patients they could be making access to health services worse if they are moved from acute centres, particularly if public transport access to the primary care centres isn't as comprehensive.

The full impact of *Healthcare for London* is still to be realised. London Travel Watch do not believe that if Lord Darzi's vision is implemented in full that it will result in fewer patient journeys. Health service commissioners, transport providers and local authorities need to begin planning to ensure patients are able to access the healthcare they need.

Recommendations

The task group recommends that:

4. NHS Brent work with Transport for London and Brent Council's Transportation Unit to consider the transport implications of the proposed polyclinic developments at Willesden Centre for Health and Care and Central Middlesex Hospital. This is linked to recommendation 1, that engagement should be early on in the service planning process.
5. NHS Brent asks the service provider at the GP led health centre in Wembley to develop a travel plan for the centre, to identify ways to improve accessibility and promote use of the service.
6. NHS trusts in Brent should consider using the H-stat transport modelling tool when planning service developments. The tool has been developed by Transport for London and NHS London specifically for health service commissioners and providers and will help build working relationships.
7. An analysis of transport needs is written into the terms of reference for the joint acute commissioning strategy, so that transport is given a higher profile in service planning from the beginning of this work.
8. NHS Brent raises the issue of eligibility criteria for ambulance transport with NHS London and lobby for the rules to be changed. The task group believes that eligibility criteria should be changed so that those who currently receive ambulance transport to hospital outpatient appointments should continue to receive the service if the location of their appointment moves from a hospital to a primary care facility. Lord Darzi believes that "funding should follow the patient", but at present patients are not allowed to use ambulance transport to get to a primary care facility.

c). Service Planning

One issue that was raised by all stakeholders interviewed by the task group was the need for collaboration on projects between health services, local authorities and TfL at the earliest stage possible so that the transport implications can be addressed. As discussed earlier, TfL would prefer a lead in time of at least 18 months if they are to reconfigure bus services. The

task group has already stated its views on the importance of early involvement from TfL in health service projects.

The task group's view echoes that expressed by the London Travel Watch Access to Health Sites Task Force. Their interim report states that:

"It is clear that joint working is needed between the NHS in London, TfL and the London boroughs, at the earliest planning stage of either new facilities or changes to the services existing facilities provide, if there is to be improved access to hospitals and major healthcare centres in London."¹³

The task group was told in its interview with Jo Ohlson, Director of Primary Care Commissioning at NHS Brent that the organisation is carrying out an audit of its GP sites (approximately 75) to evaluate the buildings from which primary care in Brent is delivered. The results of this audit will inform NHS Brent's plans as they look to make best use of existing building stock in the borough. There are a significant proportion of GPs, particularly in the Wembley area that are close to retirement. This gives NHS Brent the opportunity to review the locations from which services are delivered.

It is this kind of issue that would benefit from early involvement from TfL and the council's Transportation Unit so that potential problems can be addressed as early as possible, particularly if decisions are taken to relocate services.

The task group believes that consulting TfL or submitting a travel plan once the formal planning stage has been reached in the development process is too late. By that stage, the location of a new facility and the services to be provided from it will have been agreed. If the health service is to properly engage with transport providers, then they need to do this as early as possible in the planning process, before firm decisions have been reached. This will allow TfL time to respond to new service developments.

Many of the points raised about early involvement in service planning have been addressed in the Healthcare for London section of this report. However, there are some points that the task group would like highlighted:

- The council's Transportation Unit is not routinely consulted by NHS Brent or North West London NHS Hospitals when they are planning service developments or changes so that transport needs can be assessed. The task group would like this to be addressed.
- Planning applications for health facilities usually require submission of a transport assessment. The task group would like health services to carry out a transport assessment when they are changing services provided from existing buildings, such as the creation of the GP led health centre at Wembley Centre for Health and Care or the polyclinics at Willesden Centre for Health and Care and Central Middlesex Hospital, which may not require planning permission.

London Travel Watch would like all healthcare organisations to produce a travel plan. Their Access to Hospitals Task Force report says:

"London Travel Watch recommends that every hospital and major health care facility in London, or which serves London residents, existing or planned, should develop a travel plan which is independently audited for quality."¹⁴

The report also recommends:

¹³ Access to Hospitals Task Force – London Travel Watch, March 2008

¹⁴ Access to Hospitals Task Force – London Travel Watch, March 2008

“London Travel Watch recommends that Local Planning Authorities must make permission for any new hospital and major healthcare centre development conditional upon on the production of a travel plan demonstrating how it will serve its catchment area for patients, staff and visitors.”¹⁵

The task group agrees with London Travel Watch on these issues. It wants health organisations, particularly primary care providers and commissioners that haven't done as much work on travel planning as the acute sector, to be more aware of the transport implications of their services. TfL has a Smarter Travel Unit that works with organisations to develop transport plans. Organisations in Brent should consider the help that this unit can provide.

Recommendations

The task group recommends that:

9. If service provision from existing buildings change, then health commissioners or providers should still consider the transport implications for patients, staff and visitors, including the production of a travel plan if the service change is significant.

10. Brent Council should not grant planning permission for a new hospital or healthcare facility in the borough, unless a travel plan is produced demonstrating how it will serve its catchment area for patients, staff and visitors.

d). Service Location

A map of Brent showing public transport accessibility across the borough has been developed by Steer Davis Gleave¹⁶ and is included as an appendix to this report. Each part of the borough has had its level of public transport access assessed. White and dark blue shaded areas on the map show the parts of the borough where public transport accessibility is poorest (these tend to be in large areas of parkland or open space, such as Fryant Country Park or Gladstone Park). However, there are residential areas that have been shown to have poor access to public transport. These include much of the north of the borough (north of the Welsh Harp), North Wembley, Sudbury, Dollis Hill, Tokyngton and Stonebridge ward. The areas with the best access to public transport are Wembley central and Wembley Park, Harlesden and the South Eastern corner of Brent (Kensal Green, Kensal Rise, Kilburn and Brondesbury Park).

Service planners need to bear this in mind when planning the location of services, particularly primary care. If services are to be reconfigured, and primary care settings rationalised then planners should take into account public transport accessibility, to ensure people aren't cut off from vital services.

There is a view that most people will walk or drive to primary care appointments, as they are usually provided in community settings. Between 7th and 14th August 2008 the Beechcroft Medical Centre in Wembley Park carried out a patient's survey to find out how they got to their appointment. Whilst this was not a statistically robust survey, most people who visited the GP in this mainly residential area walked or drove. The survey findings are set out below:

¹⁵ Access to Hospitals Task Force – London Travel Watch, March 2008

¹⁶ Steer Davies Gleave – West Trans Voluntary Travel Plan Strategy and Marketing Plan, 2007

| Walking | Car | Public Transport | Other |
|----------------|------------|-------------------------|--------------|
| 76 (54%) | 50 (35%) | 14 (10%) | 1 (1%) |

The impact of service closures in areas where public transport access is poor has already been seen in Brent. The Burnley Road practice closed unexpectedly in 2002, and has been replaced by the Burnley Surgery in the Willesden Centre for Health and Care. The task group met Devji Vekaria, who has been campaigning for the surgery to be relocated back to the Burnley Road area. One of the local residents concerns is that access to GP facilities from the area around Dollis Hill Underground Station isn't easy, and public transport to alternative facilities in the area is poor. This is demonstrated in the Steer Davis Gleave map, where the area is shown to have poor public transport accessibility.

Although the circumstances leading to the closure of the Burnley Road practice were beyond the NHS Brent's control, they do have to be aware of access if services are reorganised. In parts of the borough, outlined above, public transport access has been shown to be poor. If services are relocated away from these areas it could have a detrimental impact on the local population.

Recommendations

The task group recommends that:

11. NHS Brent considers public transport access assessments when it is planning the location of new services. This is to ensure that people who live in areas with poor public transport access are still able to get to essential services.

e). Northwick Park Hospital

Northwick Park Hospital is the largest hospital in Brent, with approximately 600 beds. It's situated in the north west corner of the borough, on the boundary with Harrow. The hospital is part of the North West London NHS Hospitals Trust, which also runs Central Middlesex Hospital in Park Royal.

There have been public transport access issues affecting Northwick Park Hospital for a number of years. In summary, the main problems are:

- The dropping off point for the northbound 182 bus service, which currently stops approximately 300 yards from the hospital entrance, on the other side of the road. Access to the hospital is via an underpass that is too steep to be used by people in wheelchairs and can be intimidating for other users.
- Northwick Park Underground Station does not have step free access.
- Access to the hospital site from Northwick Park Underground Station is via a narrow tunnel, which can be intimidating for users. During the course of the review, a woman was attacked by the tunnel as she walked to the Underground Station.

It should be noted that despite these problems, significant improvements have been made to the Northwick Park Hospital site, specifically the building of a new bus station at the front of the hospital, which allows southbound buses to enter the site to drop off and pick up passengers. However, the southbound 182 service does not enter the hospital grounds, but picks up passengers from just outside the hospital entrance.

The North West London NHS Hospitals Trust Brent Council, Harrow Council and the University of Westminster have been lobbying TfL for a number of years on these access issues. The Northwick Park Public Transport Liaison Group has been established to work on access and public transport issues affecting both the hospital site and the University of Westminster campus, immediately adjacent. It is starting to achieve some welcome outcomes, such as the improvements to paths and cycle routes through the grounds of the site. The three issues listed above are proving harder to resolve.

The position of the northbound bus stop is perhaps the most well known transport issue affecting the hospital. It has been suggested that the stop is moved south from its current location to a position nearer the controlled crossing at the entrance to the hospital. However, the land next to the road at this point is owned by Harrow School. Negotiating a strip of land for a bus stop could be problematic. Putting a bus stop on the carriage way is likely to lead to further congestion on an already busy road. However, London Buses would support moving the northbound bus stop closer to the hospital entrance if it can be done within all the other constraints which exist.

John Barry explained to the task group the reasons why London Buses have opposed re-routing the northbound 182 service into the hospital. They believe that on balance, diverting the service into the hospital would have negative effects on bus passengers (such as extended journey times) as around 2,900 people a day make the trip from south of Northwick Park Hospital to Harrow without getting off at the hospital. Additionally an extra bus may well have to be added to the route to ensure that the current frequency can be maintained. This would cost around £200,000 per year.

Whilst the task group cannot disagree with these arguments, what isn't known is the number of people who would make the journey to Northwick Park Hospital on the bus if it diverted into the hospital grounds. The task group would like London Buses to investigate this to see if a case can be made for diverting the northbound 182 into the hospital.

The task group also discussed alternative ideas with John Barry, such as extending the 18 service from Sudbury Town to terminate at the hospital. The task group was told this would cost around £800,000 a year, in order to fund additional buses to keep the service running at current frequency. The number of extra trips needed to ensure that this met the cost-benefit threshold (not cover the entire cost) was around 1000 a day. London Buses consider it unlikely that this route would generate 1000 extra trips per day, particularly as much of the extension would run on the same route as the 182.

Again, whilst the task group appreciates that London Buses has to consider the financial case for extending routes, Northwick Park Hospital is not well served by buses from Brent and thinks there is merit in investigating this service variation further. If people were aware that the service ran up from Sudbury Town to Northwick Park Hospital, additional users could be encouraged to use it.

The task group (along with the members of the Northwick Park Public Transport Liaison Group) is surprised that the Northwick Park Underground Station is not on the list of stations to be upgraded and made step free. As a station that serves a major hospital (and a university campus), and has 3.5 million passengers a year passing through it, the task group's view is that it should be given a higher priority. It calls on London Underground to reassess its original decision and add Northwick Park Station to its programme of work to make it a step free station.

The tunnel at Northwick Park Underground Station is a more complicated matter because of the number of parties involved. Although Northwick Park is a London Underground Station, Chiltern Railways use the line that runs over the tunnel and so Network Rail will be

responsible for the track at the station. It would not be a simple task to upgrade the station, including the tunnel. But it is an aspiration the task group supports.

The task group feels there are changes that could be made at Northwick Park Hospital to improve public transport facilities for patients and visitors. The bus station at the hospital doesn't show real time bus information. It would be useful if displays could be placed in the hospital reception to inform passengers when their bus is due, before they walk out to the bus stops.

It is worth noting that in other parts of London, specifically Hackney and Greenwich, solutions have been found to public transport access issues relating to hospitals. Hackney Council has negotiated the diversion of a number of bus routes off Homerton High Street to run round past the front of Homerton Hospital as contracts have been renegotiated. Each new service in the area (the 394, the 308, and the 425) also follow the same route, via the hospital. Hackney use a 4Ps approach - persistence, persuasion, promotion, and patience, there are now eight bus routes (two 24 hour) which serve the hospital directly. The council is also working with London Overground to improve facilities at Homerton Station. A street CCTV scheme has been established to cover the most direct walking route between the Hospital and station, and also link the station's CCTV system into the council's control centre for follow-on/follow-off surveillance. They are also looking to introduce a feed off the station's new Customer Information Screens into the Hospital to improve information for passengers.

Greenwich Council had worked with Queen Elizabeth Hospital in the borough to improve transport connections. Section 106 developer contributions were used to subsidise the extension of the 386 route from Greenwich to Blackheath and which served the Queen Elizabeth hospital and for highway improvement measures in Baker Road and Stadium Road which provide the direct bus link to the hospital.

The council was originally considering using S106 funding to finance the provision of a community bus service prior to the 386 extension to provide the missing Greenwich/Blackheath link. TfL preferred to take the service in house and could also veto the issue of the bus permit required for the community service.

Whilst the task group appreciates that no two hospital sites are the same, these examples show that solutions can be found to transport issues, with all partners effected contributing to resolve the issues.

The North West London NHS Hospitals Trust still has ambitions to redevelop the Northwick Park Hospital site. The trust is working on a clinical strategy that will set out the vision for health services at the hospital. To compliment this, the trust is also working on an estates strategy, which will be informed by the clinical strategy. It is crucial that the trust has the appropriate buildings and estate to deliver its healthcare ambitions. The Health Select Committee has been told that the trust hopes Northwick Park will become an acute stroke centre and it is possible that it bids to become a specialist centre in other disciplines as Healthcare for London bring forward projects.

The trust had previously planned to move the hospital site east from its current location, away from the Watford Road and submitted a planning application to do this. This idea has been set aside and a wholesale redevelopment is less likely now. However, a multi-phased development is possible. The trust has a working relationship with TfL, via the Northwick Park Public Transport Liaison Group, and it is important they are kept informed of plans for the site. The task group was told that TfL are usually opposed to hospital entrances being moved away from main roads, and in Northwick Park's case, this could compound existing public transport access issues.

The task group has been left with the perception that it is easier to get to Northwick Park Hospital by car than by public transport. The task group appreciates that for some people, car access always will be the most appropriate way to get to the hospital. However, there are clear messages coming from the hospital trust, Brent and Harrow Councils and the University of Westminster on improvements that could be made to public transport access. The task group supports the work that the Northwick Park Public Transport Liaison Group is doing and hopes that transport providers can continue to work on possible solutions with the group.

Recommendations

The task group recommends that:

12. London Buses continue to work with the Northwick Park Public Transport Liaison Group to see if a case can be made to divert the northbound and southbound 182 buses into the hospital site.
13. If the northbound 182 bus cannot be diverted into the hospital grounds, then the task group hopes that an alternative solution can be found to improve access to the hospital. Ideally, the northbound bus stop should be moved closer to the hospital, next to the controlled crossing opposite the hospital entrance.
14. If the northbound bus stop can't be relocated, then the task group believes that the underpass next to the current bus stop has to be improved. It is too steep for wheelchair users and can be intimidating for other users, particularly in the dark. This should be addressed if other solutions can't be implemented.
15. Because of the small number of buses from Brent to Northwick Park Hospital, London Buses reconsiders extending the 18 from Sudbury Town to terminate at Northwick Park Hospital. Additional buses may be required if the hospital attracts more services as a result of *Healthcare for London*.
16. London Underground adds Northwick Park Underground Station to its development programme to make access to the station step free. As the station serves a major hospital and university campus and has over 3.5 million users each year, it should be given a higher priority.
17. North West London NHS Hospitals Trust works with Transport for London to improve bus facilities for patients at Northwick Park Hospital. If possible, real time information should be installed in the reception area of the hospital and on the bus stands to provide up to date information on bus services for passengers.
18. North West London NHS Hospitals Trust continue to work with Brent Council's Transportation Unit and Transport for London and keep them informed of planned developments at the Northwick Park site. The task group will follow this up in 12 months time to check this is happening.

f). Central Middlesex Hospital

Central Middlesex Hospital is the second hospital in Brent, with approximately 200 beds and is situated in Park Royal, on the southern edge of the borough. Unlike Northwick Park Hospital, Central Middlesex doesn't have a public transport liaison committee. Transport issues are picked up through the Park Royal Partnership, of which North West London NHS Hospitals Trust is a member. There are transport issues at Park Royal, such as poor bus

access, poor cycle access, a poor environment for walking and traffic congestion in the area, but it is the partnership that works to address these.

The North West London NHS Hospitals Trust believe that there have been more public transport successes at Central Middlesex Hospital than at Northwick Park Hospital because funding has been available to make changes. Central Middlesex is in a regeneration area, and funding has paid for developments such as the new bus stop at the front of the hospital. Opportunities open to Central Middlesex are not available for Northwick Park.

That said, the task group is aware of public transport access issues at Central Middlesex. Access to the hospital by direct bus from the north of the borough is problematic. The hospital is served by the 224, PR2, 487 and 440 from the north of the borough (i.e. north of the North Circular Road) and by the 226 and 260 from the north east of the borough that run through the Willesden / Dudden Hill area. There are also a number of services that begin and terminate at Willesden Junction Station. However, the main routes that run primarily through Brent and stop at Central Middlesex Hospital are the 224, PR2, 226 and 260. According to TfL statistics, the 487, 224 and PR2 are among the most unreliable bus services in London¹⁷. The proposed FastBus from Wembley Park to Acton would cover part of the 440 and 487 routes, taking some pressure off these service and improving access to the hospital by bus. In the meantime, TfL and Brent Council should consider whether the poor performing routes in the borough could be improved through bus priority initiatives, such as additional bus lanes.

Recommendations

The task group recommends that:

19. Brent Council's Transportation Unit and London Buses consider whether there is a case for implementing bus priority initiatives to improve poor performing bus services in the borough, particularly those serving hospitals.

g). Transport Improvements

The task group has been focussed on public transport access to health sites, but during the course of the review it has considered general improvements to the transport system that should have a positive impact on access to health services in Brent.

There are a number of initiatives that are already planned which should improve access to health facilities in the borough. The 182 route is to have almost £24million spent on it over the next 10 years, improving the bus priority over other traffic along the length of the route (which will benefit other buses that use the same route). Notwithstanding the issues relating to the 182 at Northwick Park Hospital, this is a welcome development.

Plans for a FastBus route, from Wembley Park to Park Royal and possibly beyond to Acton, are in development. The new Mayor of London supports the principle of FastBus in outer London, and an existing FastBus route, the X26 from Croydon to Heathrow Airport is to have its frequency increased from hourly to half hourly. The council has met with representatives from TfL to discuss the FastBus proposals. There are some issues that need to be addressed from TfL's perspective in order to move the project forward. They are not convinced that a robust business case for the route has been put together, or that the route can become self financing. However, they have agreed to do a gap analysis using their methodology, which the council (and task group) believes is a positive step.

¹⁷ Transport for London Bus Performance Statistics, 2006/07 and 2007/08

If the FastBus from Wembley Park to Park Royal becomes reality, it will link the north of the borough with Central Middlesex Hospital. The task group hopes that this project is seen through to completion.

The task group investigated the issue of information displays and announcements on buses. There is a specific issue regarding the Wembley Centre for Health and Care, which is to become a GP led health centre. The building is on Chaplin Road and has only one direct bus running to it. However, it is between Harrow Road and Ealing Road, which are much better served by buses. The task group would like buses that stop at appropriate points on Harrow and Ealing Road to announce that passengers should alight for the Wembley Centre for Health and Care, particularly when it becomes a GP led health centre. This will raise the profile of the new service, and make it much easier for people to find.

Signage from Harrow Road and Ealing Road for pedestrians approaching the centre also needs to be improved. At the moment, signs from Harrow Road are non-existent. If people are to access the new facility from Harrow Road, NHS Brent should consider opening up the back of the site to allow patients to get to reception. At the moment (as the chair of the task group found out on a visit to the centre during the review), patients have to walk around the building to get in if they approach from Harrow Road.

During the course of their work, the task group contacted the Campaign for Better Transport looking for examples of good practice in improving access to health sites. The Campaign for Better Transport forwarded details of the task group's review to their members, and as a result, a number of useful replies were received.

The Friends of Capital Transport Campaign believe that one potential barrier to health care is the practice of hospitals of giving patients 9 o'clock appointments. Because of the high DNA (did not attend) rate, this is necessary for the efficient running of the hospital but it means that freedom pass holders are unable to travel free of charge and are obliged to travel on crowded peak hour buses or tube. From January 2009, Freedom Passes will become 24 hour, but the issue of crowded transport remains.

This point was passed on to Gerry Devine at North West London NHS Hospitals Trust, who agreed to raise it with the Trust board. It was noted that Central Middlesex Hospital and Northwick Park Hospital already have a system of later appointments in the evening for some clinics, to allow people who are at work all day to attend without taking time off.

Recommendations

The task group recommends that:

20. London Buses change the displays and announcements for buses stopping close to the Wembley Centre for Health and Care on Ealing and Harrow Road, so people are aware that they should alight for the GP led health centre.

21. Signage for pedestrians directing them to health sites in Brent is improved. There are three specific issues that need to be addressed:

- Brent Council and NHS Brent should put up signs for pedestrians walking to the GP led health centre from Harrow Road. At present, there are no signs.
- Signs for pedestrians walking to the Willesden Centre for Health and Care should be put in place from Willesden High Road, particularly if services there are expanded in the future.
- Signs from Northwick Park Underground Station to the hospital need to be made clearer. The task group believes that at present it is easy to confuse the hospital and university sites from the exit at Northwick Park Underground Station.

22. NHS Brent consider whether patients should be able to access the GP led health centre from Harrow Road. At present, people who approach that way have to walk around the site to get into the building.

23. The North West London NHS Hospitals Trust consider offering patients the choice of a later appointment (if they do not do so already) so they don't have to travel on public transport at peak hours to make an early morning appointment.