



Low Carbon Travel, Transport, and Access

Key actions

1. All Trusts should have a Board approved active travel plan as part of their sustainable development management plan.
2. The NHS should consider introducing a flat rate for business mileage regardless of engine size or even modal option (car, cycle and foot).
3. NHS organisations should establish consistent monitoring arrangements so reductions in emissions from road vehicles used for NHS business can be measured.
4. Mechanisms to routinely and systemically review the need for staff, patients and visitors to travel need to be established in all NHS organisations.
5. Healthcare delivery must continue to move closer to the home.

Vision

NHS organisations are exemplar in leading the population-wide shift to more active and low carbon travel such as public transport, cycling and walking.

Introduction

The NHS aims to reach every individual and community in the country. Consequently travel, by patients, staff and visitors, is a crucial part of the way the NHS delivers services. The NHS accounts for 5% of all road traffic in England¹ and travel is responsible for 18% of the NHS carbon footprint in England. This is an important area for reducing carbon impact, improving sustainability, convenience and safety, as well as saving time and money.

The economic advantages of more active travel for the NHS have been well studied. Research shows that money spent on creating an environment that

¹ Taking the Temperature-Towards an NHS response to Global Warning, 2007. London: NHS Confederation and NEF

encourages and enables walking and cycling directly saves NHS resources on preventable deaths from illnesses attributed to physical inactivity such as coronary heart disease, stroke and colon cancer².

Reducing the use of private cars, either travelling to the NHS or on NHS business, is one of the big opportunities to reduce our carbon related to travel. In total they account for over 50% of carbon emissions in the UK domestic travel sector. Fifty six per cent of all journeys by car are less than five miles and 23% are less than two miles³.

The Department for Transport has forecast that 'business as usual' transport related emissions in the UK will rise by 35% by 2030 and that NHS transport related emissions will match this trend unless action is taken now.

The results of the consultation show that 77% of NHS organisations felt that the measures proposed in the draft strategy were not sufficient to tackle this issue. The proposals in this strategy have therefore been strengthened to reflect the clear commitment from NHS organisations and staff to take action now in this area.

NHS organisations should be exemplar in leading the population-wide shift from sedentary travel to more active travel such as walking and cycling⁴. This supports the research evidence and policy call by many organisations to improve health and promote sustainability⁵.

Travel plans

Half of all NHS organisations have Board approved and corporately implemented sustainable travel plans. All NHS Boards should do likewise. Where staff do not need to travel to meet or do their work, there should be every incentive and opportunity available to reduce the time and distance travelled. This can increase productivity, improve safety, save money, and reduce carbon emissions. All NHS organisations should make training and equipment available that promotes tele, video and web-conferencing.

Staff groups and Trades Unions are crucial in helping the design and implementation of environmentally sensitive travel plans.

Built environment

New healthcare facilities and sites planned across England should be developed according to principles that promote active transport and healthy lifestyles, as recommended by the Commission for the Built Environment⁶.

² Taking the Temperature-Towards an NHS response to Global Warning, 2007. London: NHS Confederation and NEF

³ Towards a Sustainable Transport System - Supporting Economic Growth in a Low Carbon World, 2007. London: Department of Transport

⁴ Take Action on Active Travel, 2008. Bristol: Sustrans and the Association of Directors of Public Health

⁵ Take Action on Active Travel, 2008. Bristol: Sustrans and the Association of Directors of Public Health

All new buildings will need to reach or exceed excellent in the BREEAM travel and transport criteria (very good for refurbishments)⁷.

Partnerships

Travel is an area where cooperation and delivery with local authorities and other local partners is essential. Real progress is most likely to be made by NHS organisations working in strategic partnerships with local transportation planning authorities, planning and regeneration departments and the Department for Transport. Meaningful collaboration between local authority and NHS travel planners can deliver integrated travel plans. Closer collaboration with the Department for Transport and local authorities can help reshape access routes to healthcare sites so that more people can safely and enjoyably get to them by foot and bike.

Behaviour change

By providing incentives to staff and visitors to choose active travel, organisations should help remove the barriers that stop them from making the change to cycling, walking or travelling by public transport.

All websites that include directions to an NHS building should offer the low carbon options first and car travel as a last resort. Improving the information systems for staff and visitors to include low carbon options on websites, such as NHS Choices, will give people greater access to information to empower them to choose an active travel option.

Home working

Facilities for home working should be made available where appropriate and where there are adequate organisational and individual competencies to increase productivity and job satisfaction. These opportunities should extend to the ability for patients and the public to access services through mechanisms such as telemedicine and localised management of long term conditions.

Car Parking

Car parking at NHS sites is always contentious. Building and maintaining car parking facilities is costly for NHS organisations. Resources employed in building, maintaining, lighting, running and securing car parking is money diverted away from patient care. The NHS in England should limit free and subsidised car parking at all its sites, after alternative schemes have been trialled and introduced, to ensure that all staff can actively travel to and from work safely and efficiently at all times.

⁶ National Heart Forum in partnership with Living Streets and CABI, 2007. Building Health – A blueprint for action, London: The National Heart Forum

⁷ Building Research Establishment's Environmental Assessment Method (BREEAM) Healthcare, 2002 [Online] Available at: <http://www.breeam.org/page.jsp?id=105> [Accessed 07 January 2009]

Car sharing

Car sharing (at an average of 2-3 people per car) can be more carbon efficient than bus journeys. NHS organisations should encourage those people who must drive to take full advantage of car pooling, using one of the many systems that allow staff to easily interchange shared cars, walking, public transport, taxi, and cycling. Such systems can be highly successful in improving access, reliability and staff satisfaction, especially when combined with highly prominent multi occupancy car parking spaces and guaranteed ride home services.

Infrastructure for active travel

NHS organisations should have essential infrastructure for active travel such as showers, changing rooms, drying rooms, locker facilities, and covered secure cycle storage at every site. Such facilities should be complemented by safe cycle routes ensuring a genuinely sustainable transport system (see Partnerships and Networks).

Mileage allowances

The NHS should cease the practice of reimbursing travel in vehicles of a larger engine size at a higher rate. The NHS can provide travel allowances that incentivise the use of low carbon vehicles. If differentiated rates are maintained, the maximum rates should be paid for low carbon options such as cycling.

Buying power

The Office of Government Commerce Collaborative Procurement Fleet Strategy team and the DH can review the emission requirements for new ambulances and other NHS owned or leased vehicles so that the NHS can stimulate the market in this area and publicly demonstrate its commitment to a lower carbon society. The NHS can use its collective purchasing power to specify significantly low carbon vehicles where leasing or buying vehicles is necessary.

NHS organisations that have contracts with transport firms, including with taxi firms, should set ambitious criteria emission ratings or those fleets with whom they do business. Some NHS Trust have already begun this practice.

Alternative fuels

Opportunities exist for the NHS to explore much more environmentally sensitive fuels in essential vehicles, including hybrid and electric vehicles. There is an urgent need to support the action taken by Ambulance Trusts in this area. The opportunities and benefits are both economic (to the regions) as well as environmental. Regional NHS Enterprise and Innovation, Regional Development Agencies and the Environment Agency can help to exploit and develop these opportunities.

Travel for training

Significant amounts of travel are done in the NHS for professional development and conferencing. Conferences and meetings for NHS organisations, staff, and partners should be held in places and at times that

strongly favour travel by public transport and active transport options. Conference and meeting webcasting, podcasting and webinars, and related internet technologies, should be routine options. Air travel should only be undertaken in exceptional circumstances.

Monitoring and measurement

Tools for understanding NHS travel will be important in helping to calculate an emissions baseline and carbon footprint. Such tools will need to be able to feed into other carbon management tools, as demonstrated by the Carbon Trust.

Methods for capturing this data on travel (compatible with input to the ERIC system and other systems) will need to be further refined. They will also need to be fit for purpose for partner and government requirements (LAA and CRC). For instance, measures of travel and transport will need to move away from simple measure of miles travelled, to the more meaningful measure of carbon emissions.

Case studies

[1]

Winchester and Eastleigh Healthcare NHS Trust has introduced a patient travel bus saving 4000 patient journeys per annum, equating to a reduction of 68000 miles. This has been combined with a staff travel plan that has reduced staff car journeys by 1, 540 per week. Based on an estimation of 8 miles per journey this equates to 500000 miles per annum saved.

The Trust will shortly offer staff who cycle to work a free 'Loan-U-Lock' security system to better protect from bike theft. Initiatives such as this will appear regularly on the relevant section of the new Trust website. Both of these initiatives have led to a reduction in the number of cars travelling to the Royal Hampshire County Hospital site. This will work towards the trust travel plan to reduce car use and increase sustainable travel modes, thereby producing a positive effect on the environment and reducing carbon emissions.

[2]

The Addenbrooke's Travel Plan, launched in 1993, owes its success to some key factors; commitment by the board, strong leadership in introducing car park management, ring-fenced income from car parks, union support, effective communication with staff, patients and visitors and dedication to behaving as 'good corporate citizens' and reducing carbon emissions. Its main aim is to encourage and create opportunity for all staff, patients and visitors, to travel to work by alternative means to the car wherever possible, to reduce traffic onto site, to increase the travel choices so that they are safe, fair and accessible for all, to encourage healthier behaviour and to reduce carbon emissions

In 2007 there were over 18,000 return trips made to and from the campus each day. Changes in the mode of travel are measured annually as part of a

one-day, 100% headcount and traffic survey. To date, Addenbrooke's Travel plan has successfully reduced the number of staff travelling onto site by single occupancy car journeys from 50% in 2000 to 34% in 2007. Patients and visitors who travel by car have decreased from 92% in 2002, to 85% in 2007. Measuring success in the following ways ensures a good payback on this scheme:

- * Reduced need for car parking spaces
- * Less air and noise pollution
- * Less congestion
- * Fairness in the costs of travel
- * A healthier, fitter and happier workforce
- * Reduction in carbon emissions