

**Princess Royal
Hospital bus use**

08068

July 2009



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Research conducted by Synovate

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1 Executive Summary

The Transport for London Smarter Travel Unit (STU) wish to understand how they can increase the use of and satisfaction with bus services in general and the 358 route in particular to the Princess Royal University Hospital in Orpington. This post campaign survey follows a pre-campaign scoping study which measured the extent of bus use and explored motivations and barriers to use. This post-campaign survey aims to measure the impact of the promotional activities carried out by the STU. The promotional activities included press coverage, posters and leaflets at the Princess Royal hospital and local GP surgeries, promotional events at the hospital for staff, patients and other hospital visitors. Additionally, there were direct communications with members of staff and for patients; communications were sent with appointment letters.

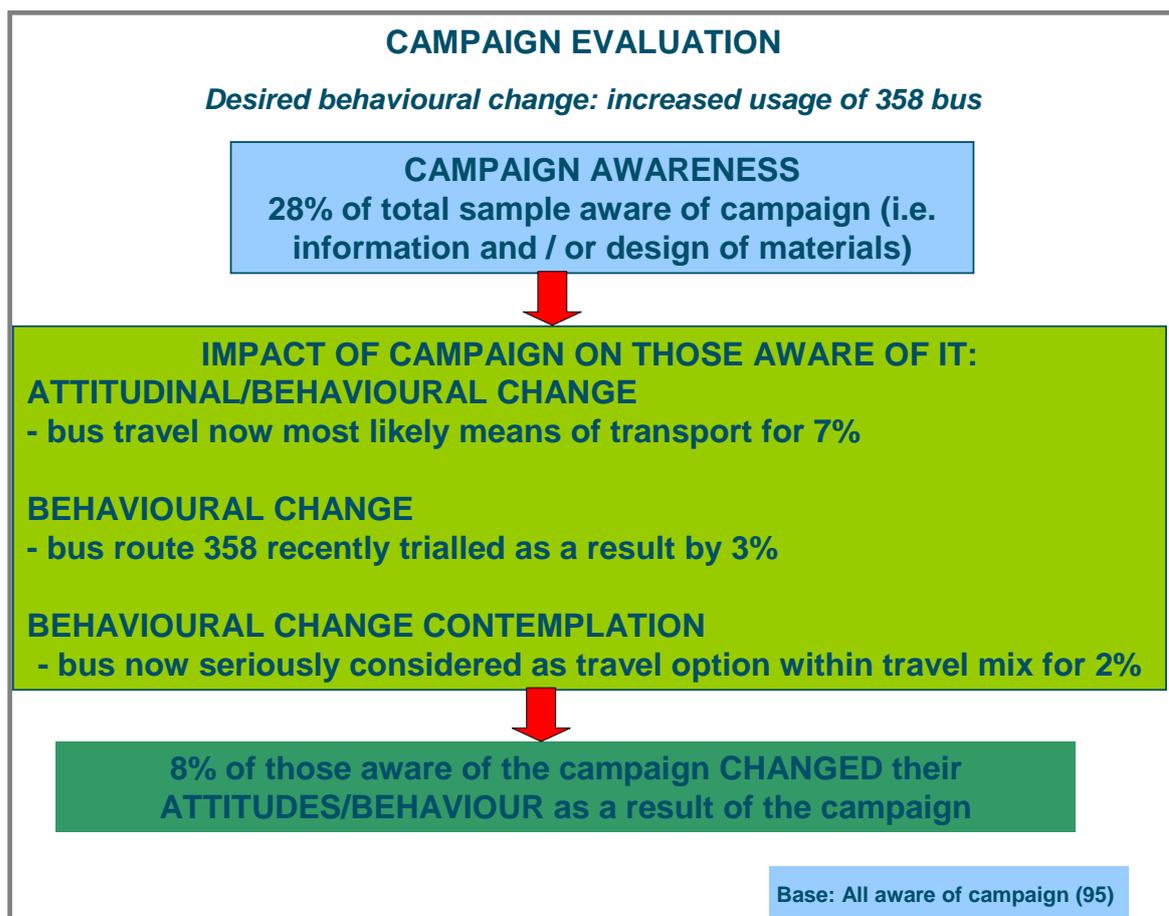
Exactly a half of hospital attendees and staff were aware of the 358 bus route, with recalled awareness of the route being particularly high among bus users. At an overall level, over a quarter of all hospital attendees interviewed reported being exposed to information, either on the bus route and/or the new pedestrian crossing or to the design used on the promotional materials (prompted and unprompted recall). Recall of the design of the promotional materials was particularly high among staff, with around a half recognising the design.

The most frequently cited sources of information were leaflets and posters and people were likely to have been exposed to these at the hospital. Although other sources were used, i.e. GP surgeries, there was low recall for such places. Over a third of those aware of the design could recall at least one of the key campaign messages.

Overall, 7% of *all hospital attendees* and staff took away at least one key message being conveyed in the promotion. The key unprompted and prompted messages gleaned from the information seen were that *'the 358 has a frequency of 12 minutes during the day'* and *'there is a new crossing outside the hospital'*.

Overall, around one in eight of those who recalled seeing any information or were aware of materials reported some impact. For one in ten who had seen the campaign, they had actually changed their attitudes / behaviours as a result. Of these, seven per cent felt the materials had a lot of impact and they now saw bus travel as their most likely means of travel to the hospital and three per cent indicated that they had already given bus travel a try, because of the materials. A further two per cent were contemplating a behavioural change, indicating that the materials had made them consider bus travel as an option.

The diagram below gives a visual illustration of the campaign; highlighting impact, change and contemplation among those reporting awareness of the campaign.



2 Research Overview

The Transport for London's Smarter Travel Unit (STU) is working to encourage people away from car use by understanding public need for transport and responding to the need with appropriate services. Ensuring high levels of awareness of non-car alternatives is also a key part of its role.

In 2008, the STU commissioned a scoping study with the aim to understand the attitudes and behaviours of patients, visitors and staff towards their travel options to The Princess Royal University Hospital in Orpington. The STU wished to understand how they could increase the use and satisfaction of bus services in general and the 358 route in particular to The Princess Royal Hospital.

This follow up piece of research aims to measure the impact of the promotional activities carried out after the 2008 baseline survey with particular emphasis on the awareness, satisfaction and behaviour towards the 358 bus route. In addition, the survey measures awareness of a new pedestrian crossing and other promotional activities around route 358.

In the past, it had been believed possible that the lack of a pedestrian crossing was a barrier to using the bus route. With the pedestrian crossing now in place, the perceived barrier of using the 358 is now removed as there is a safe option for people who have to alight from the 358 service at a bus stop on the opposite side of a busy main road.

The STU has commissioned Synovate to conduct research among patients, visitors and hospital staff to better understand the reasons for modal choice and awareness of alternatives as well as to measure awareness of the promotional campaign around the 358 bus route and the new pedestrian crossing.

This research draws on the 2008 findings where possible as a way to measure change in behaviour and perceptions over time.

2.1 Objectives

This research primarily had two core objectives, to understand and explore how people are traveling to the hospital and their reasons for their choices and to measure awareness of the promotional activity carried out by the STU. It also sought to measure:

- their awareness of the available alternatives
- their attitudes and any barriers to the use of alternatives
- Impact of promotional activity

2.2 Research Design

A total of 336 face-to-face interviews were carried out at, and around, specified areas around the Princess Royal Hospital. The sample consisted of the following groups:

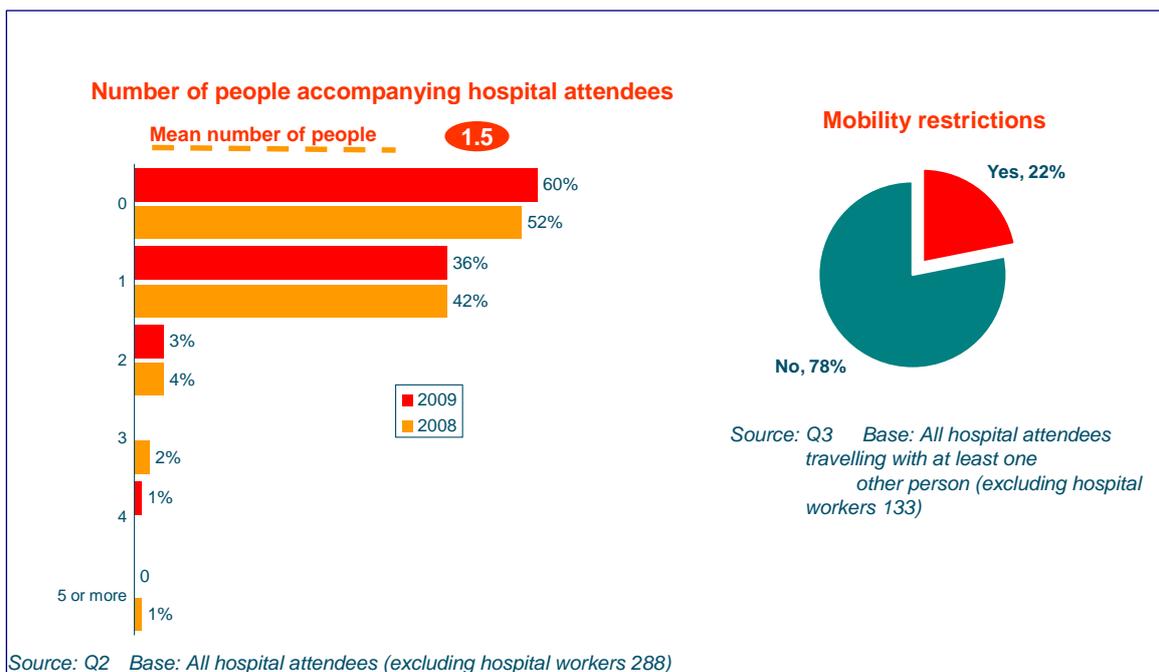
- Princess Royal Hospital staff
- Out-patients
- In-patients
- People accompanying outpatients
- People visiting inpatients
- Volunteers

Interviews took place between the hours of 7am and 8pm over three days, from Wednesday 1st of April to Friday 3rd of April inclusively.

3 Main Findings

3.1 Travelling and modes of transport

When hospital attendees were asked whether they had travelled to the hospital with other people, six in ten (60%) indicated that they had travelled alone, whilst just over a third of people (36%) travelled with one other person. As is shown in the chart below, the numbers of people attending alone or accompanied remains unchanged from 2008.



Around one in five (22%) hospital attendees travelling with at least one other person, had travelled to the hospital with a person with mobility restrictions. This equates to 9% of all hospital attendees and staff.

On average, hospital attendees had been to the site 3.5 times. Perhaps unsurprisingly, attendance was highest among those visiting inpatients. The findings for 2009 were very much in line with those from 2008.

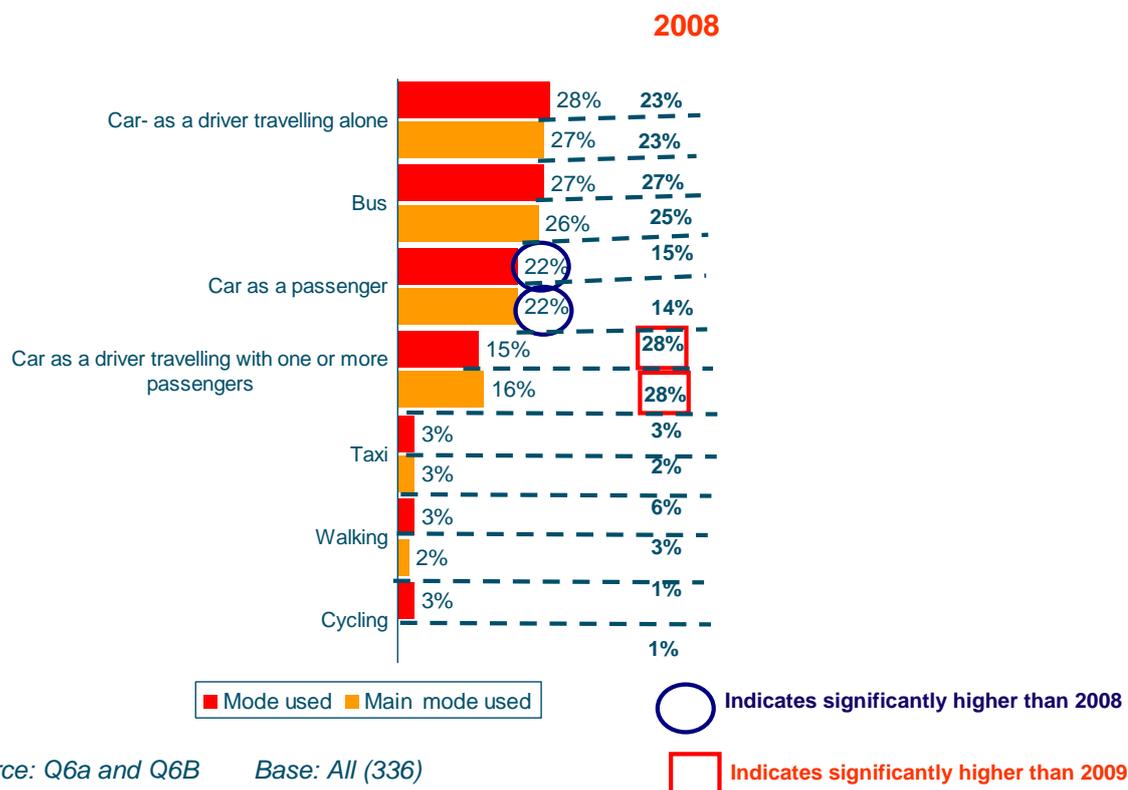
Average visits to The Princess Royal Hospital in the last 3 months	2009	2008
Base: All hospital attendees -excluding hospital workers (288)	Mean score	Mean score
Total	3.5	2.6
Outpatients	2.7	2.3
Inpatients	2.1	2.0
Accompanying an outpatient	2.8	2.6
Visiting an inpatient	4.3	3.6
Volunteering	6.0	4.6

Source: Q4

Overall, two thirds travelled to the hospital by car, either as a driver travelling alone (28%), as a car driver with one or more passenger(s) (15%) or as a car passenger (22%). Over a quarter of hospital attendees and staff travelled to the hospital by bus (27%). A third of all hospital attendees and staff reported owning an Oyster Card. Interestingly, car users were just as likely as bus users to report Oyster Card ownership which suggests that buses and other public transport are utilised for other journeys taken. Oyster card ownership was particularly high among staff.

As is illustrated in the chart overleaf, other modes of transport were used by 3% or fewer people. When asked for the main transport used, car as a driver travelling alone (27%), bus (26%) and car as a passenger (22%) were the three most used main modes.

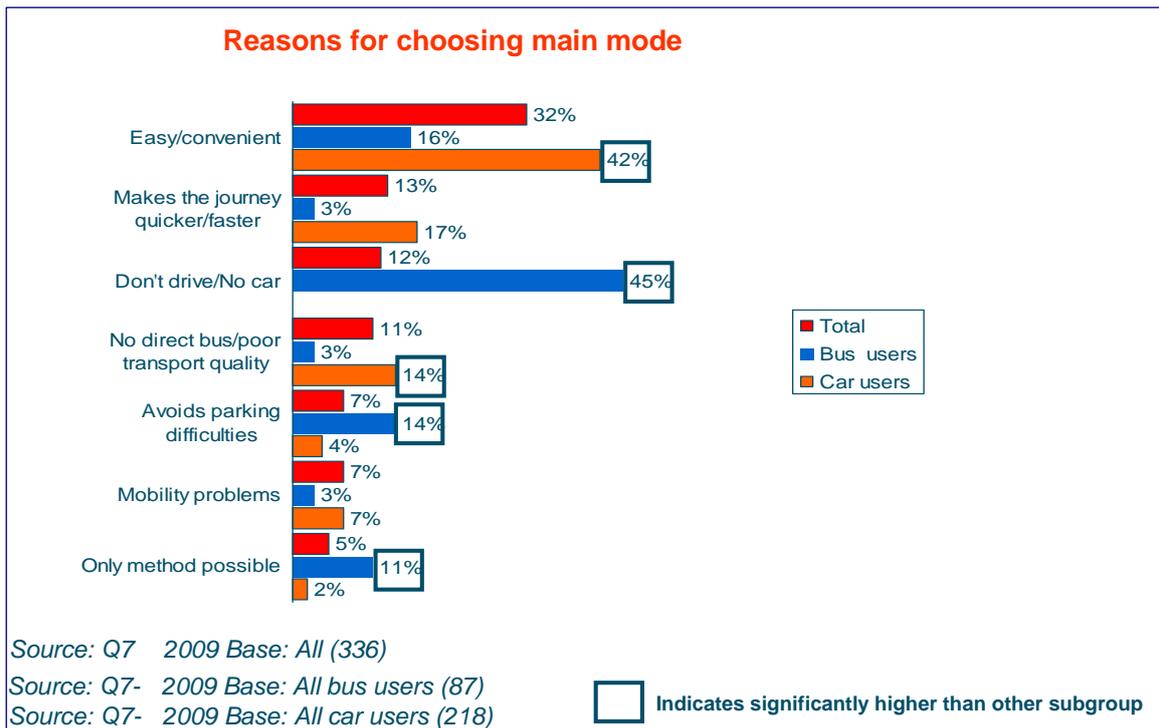
Mode of transport used



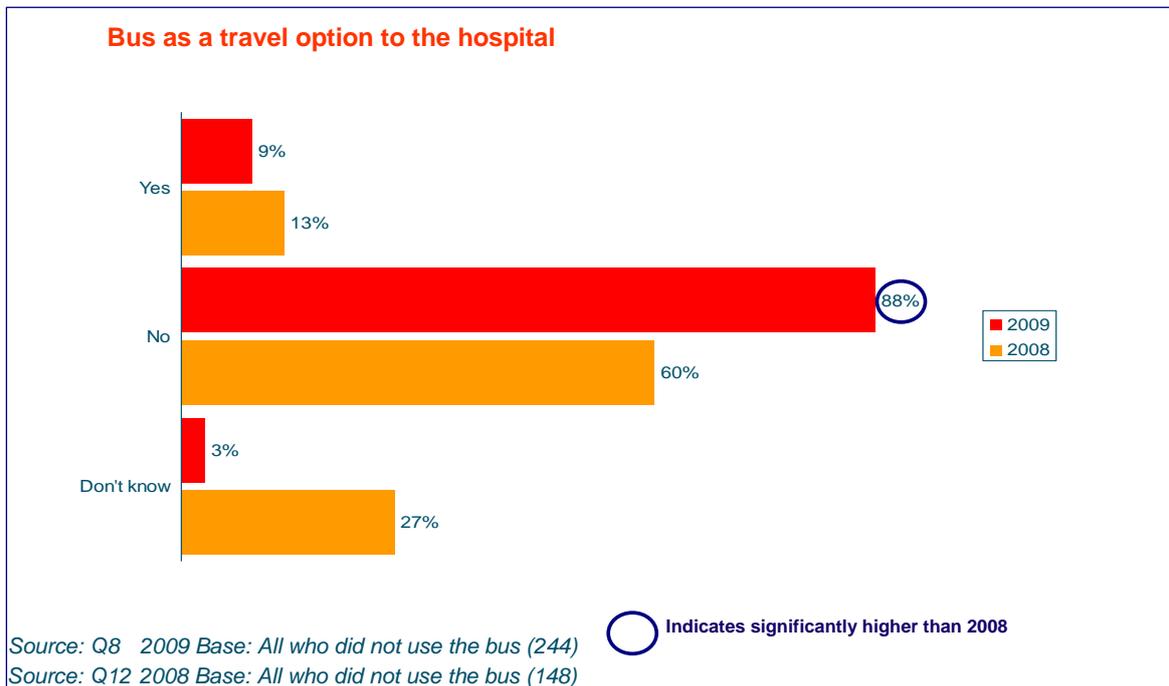
The chart above shows the modes used and the main mode used to get to the hospital on the day of the interview. There was very little variation in the car/non-car split, though more of the people we spoke to this year were car passengers rather than drivers.

When asked why they had chosen their main mode of transport to travel to the hospital, overall, the most mentioned reason was ease and convenience (32%). Car users were significantly more likely to say they chose to use this mode for its ease and convenience. Car drivers were also more likely to say they chose the car (17%) as their mode of transport because it makes the journey quicker or faster, this view was less prevalent among bus users (3%). Bus users on the other hand reported that they use the bus because they don't drive or have no access to a car (45%), this group was also likely to

be using the bus as a means of avoiding car parking difficulties. The chart below gives a more visual illustration of these findings.



Around one in ten of all hospital attendees and hospital staff travelling to the hospital using another mode reported that they seriously considered travelling to the hospital by bus; this finding is statistically in line with the 2008 results.



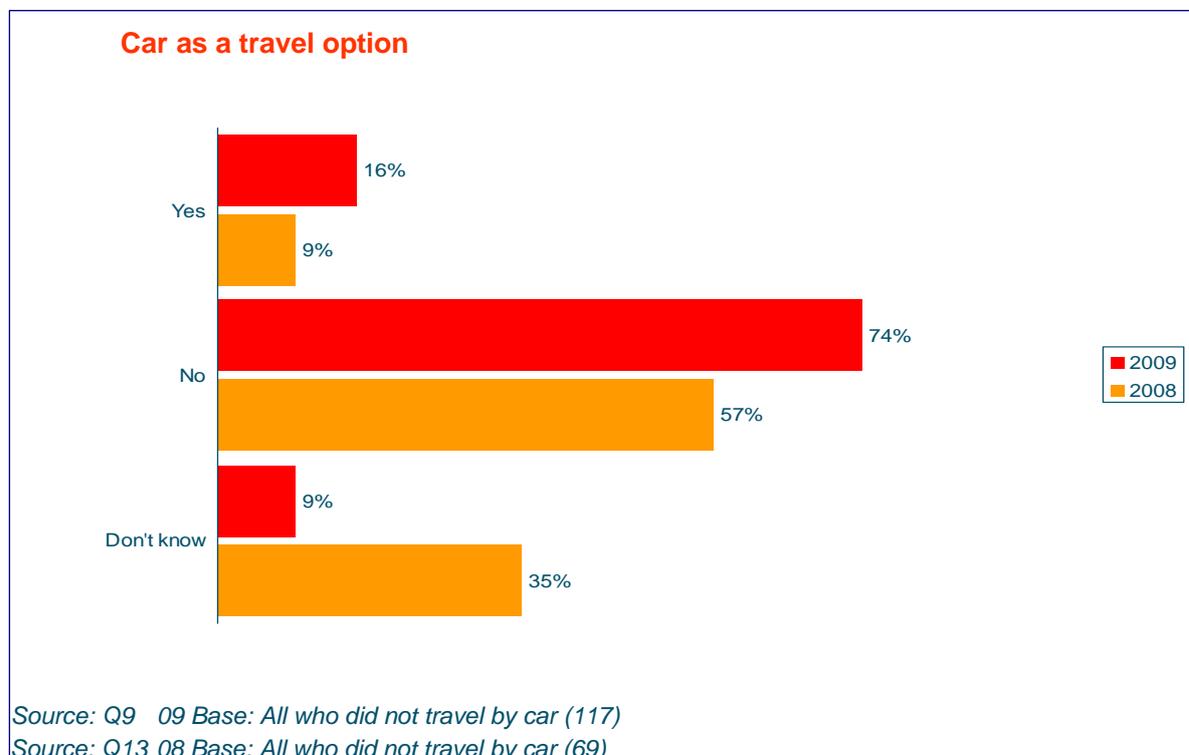
The table above shows differences in bus consideration between 2009 and 2008. In 2009 a lot more people *clearly* stated they had not seriously considered the bus as an option to travel to the hospital (88% 'no' vs 60%), while 2008 was characterised by more uncertainty (27% don't know vs 3% don't know). The reasons behind this shift are beyond the scope of the survey findings.

Those aware of bus 358 were more likely to have considered the bus as a way of travelling to the hospital than those not aware (15% and 5% respectively). Although not statistically reliable because of the low bases, proportionately more of those who recalled seeing information on the bus route and/or the new pedestrian crossing were likely to seriously consider the bus as an option for travelling to the hospital on the day

we spoke with them (20%). Just 7% of those who could not recall seeing any information indicated that they had seriously considered the bus.

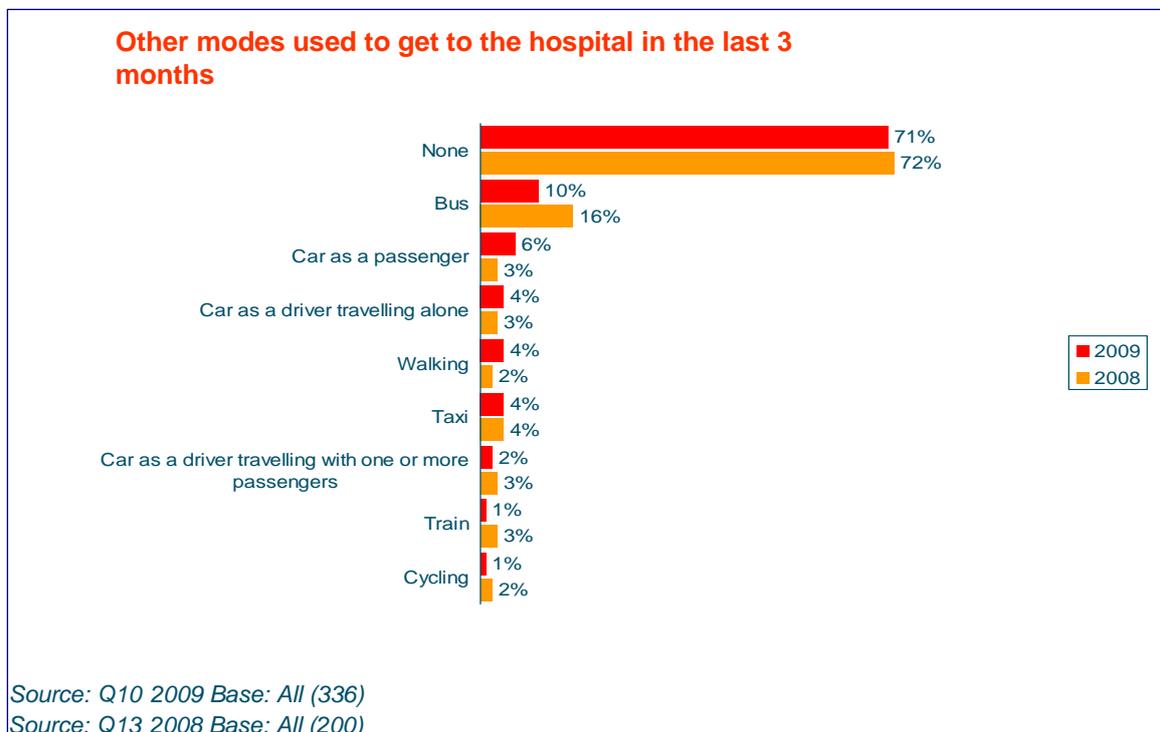
Awareness of the new pedestrian crossing did not have any impact on the consideration of using the bus. Similarly, mobility did not influence consideration. This finding suggests that there are limited barriers (if any) among people with mobility impairments as they are just as likely to consider using the bus as all other hospital attendees.

Just one in six of those who travelled to the hospital using another mode of transport reported that travel by car was an option; most (74%) did not have this option and were most likely to have travelled by bus.



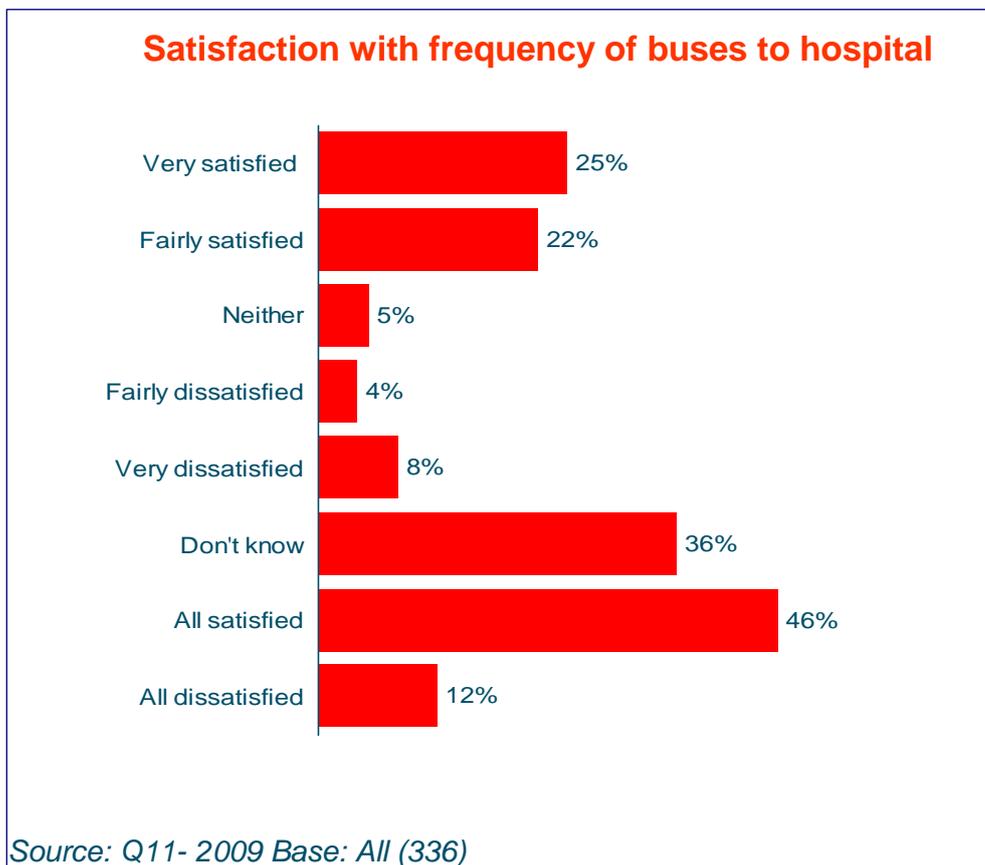
The base size for 2008 is too low to allow for reliable comparisons. However, looking at the data very crudely, in 2009, proportionately more people did not have the option to use a car.

Seven in ten hospital attendees and staff had not used any other mode of transport to get to the hospital in the last three months, than the one they had used to get to the hospital on the day they were interviewed. One in ten (10%) used the bus in the last three months, although they had used another form of transport on the day they attended the hospital. The table below gives a visual illustration of all alternative modes used in the last three months.



Of the 48 hospital staff, just over a half (54%) had not used any other means of transport other than the one they were using on the day of the interview in the last three months. As shown in the table above, the findings for 2009 were in line with those from 2008.

Nearly half the hospital attendees and staff were very (25%) or fairly (22%) satisfied with the frequency of the buses to the hospital. Overall, just over one in eight (12%) were dissatisfied with the frequency of the buses.



Those reporting awareness of the 358 (63%) were significantly more likely to report satisfaction with the frequency of buses running to the hospital. Satisfaction levels were lower among those not aware of the 358 service (30%).

Bus users were more likely to be satisfied with the frequency with which buses run to the hospital (89%), whilst those who had mainly travelled to the hospital by car were less inclined to report satisfaction (30%). As is shown later on in the report, the frequency of the bus route 358 was the most recalled message by those who saw promotional information about the route and/or the new pedestrian crossing. This suggests a correlation between satisfaction and frequency.

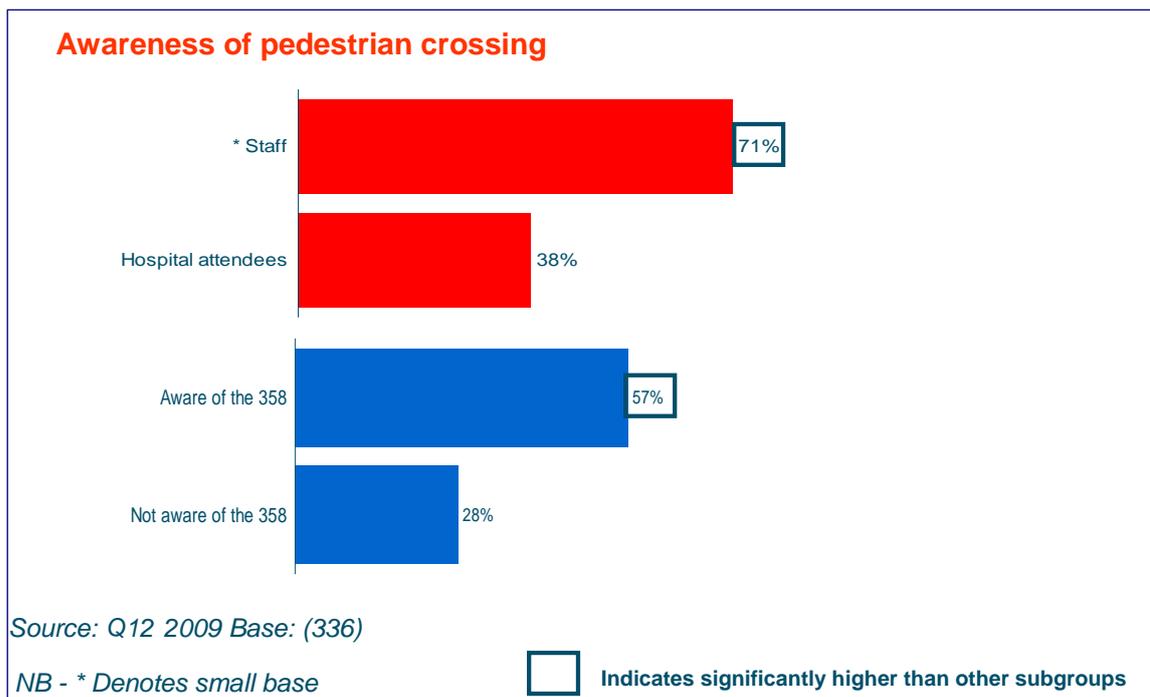
Although not statistically reliable due to the low bases, proportionately more people aware of the campaign (unprompted and prompted combined) had higher levels of satisfaction (54%) than those unaware (44%)

Although not statistically reliable due to the low base, it is worth noting that on this issue, those with mobility impairment were proportionately more likely to be satisfied with the frequency of the buses (64%). Around four in ten of those with no mobility impairments were satisfied with the frequency of the buses.

Around a half of those living in BR1, BR2, BR3, BR5 and BR6 were likely to be satisfied with the frequency with which buses run to the hospital. In other Bromley areas, satisfaction stood at 32%.

Awareness of the new pedestrian crossing which has been installed across the road from the hospital stood at 42%. Awareness stood at 38% among hospital attendees and perhaps unsurprisingly, most staff (71%) were aware of the crossing. Those reporting awareness of the 358 were significantly more likely to be aware of the pedestrian crossing than those not aware of the bus route (57% and 28% respectively).

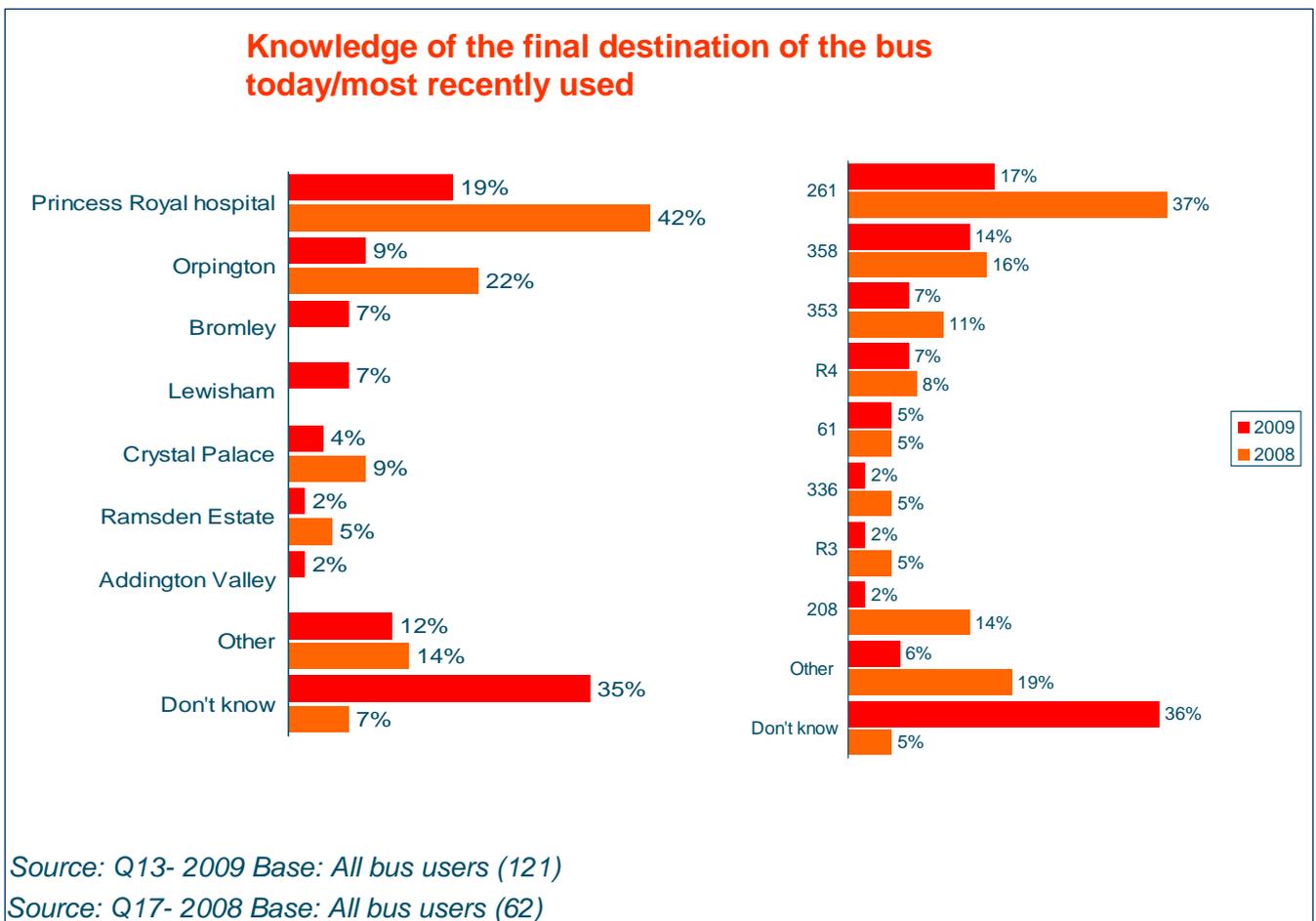
Those who recalled seeing information on the bus route and/or the new pedestrian crossing were more likely to be aware of the pedestrian crossing (67%), whilst awareness was lower among those who did not recall seeing any information (37%).



Interestingly, mobility did not have an impact on awareness of the pedestrian crossing.

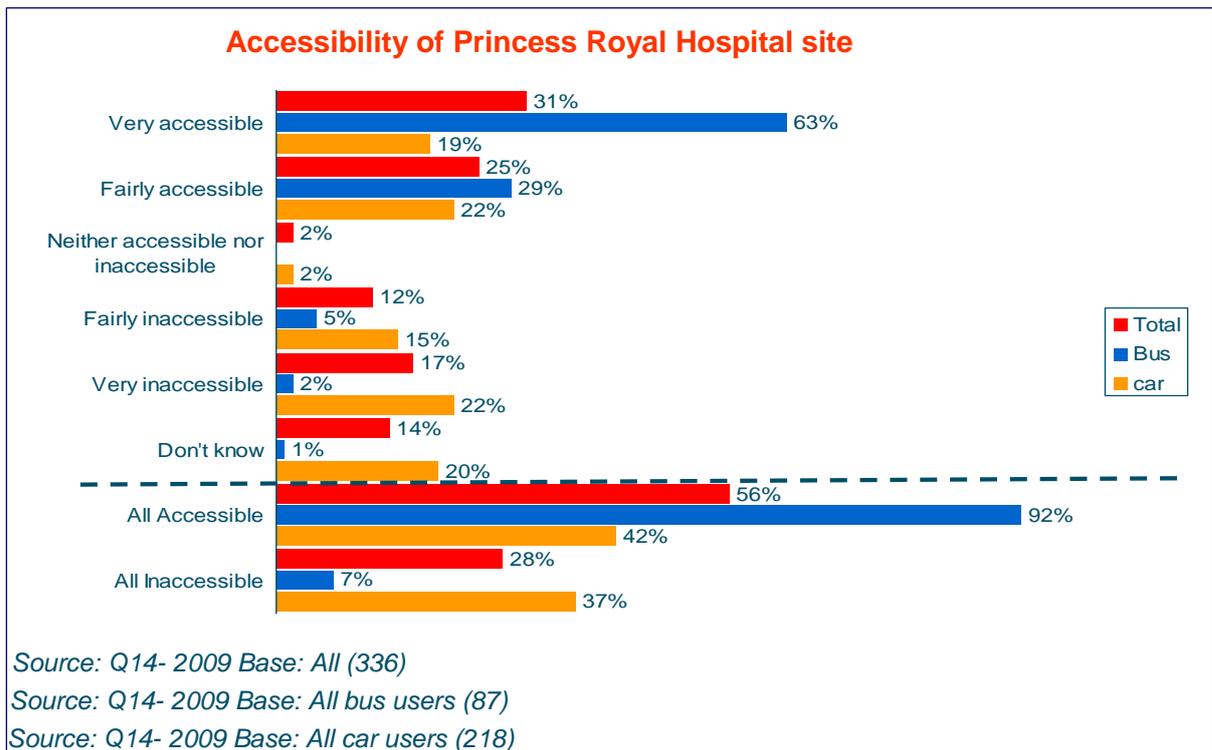
Around two thirds (64%) of all bus users knew the bus number and final destination of the bus they used to get to the hospital, whilst a third could not name the bus number or the final destination.

As illustrated below, the most mentioned final destinations were The Princess Royal Hospital and Orpington, whilst bus 261 and 358 were the most mentioned routes.



In 2008 more people named the Princess Royal Hospital as the final destination of the bus they used. The proportion naming the 358 route in 2009 is in line with 2008.

Overall, over half of hospital attendees found the hospital site very (31%) or fairly (25%) accessible from their home by bus. Those using the bus were more inclined to say they found the bus accessible with 92% stating this. Car users were less likely to say the hospital site was accessible by bus, with just over four in ten reporting accessibility.

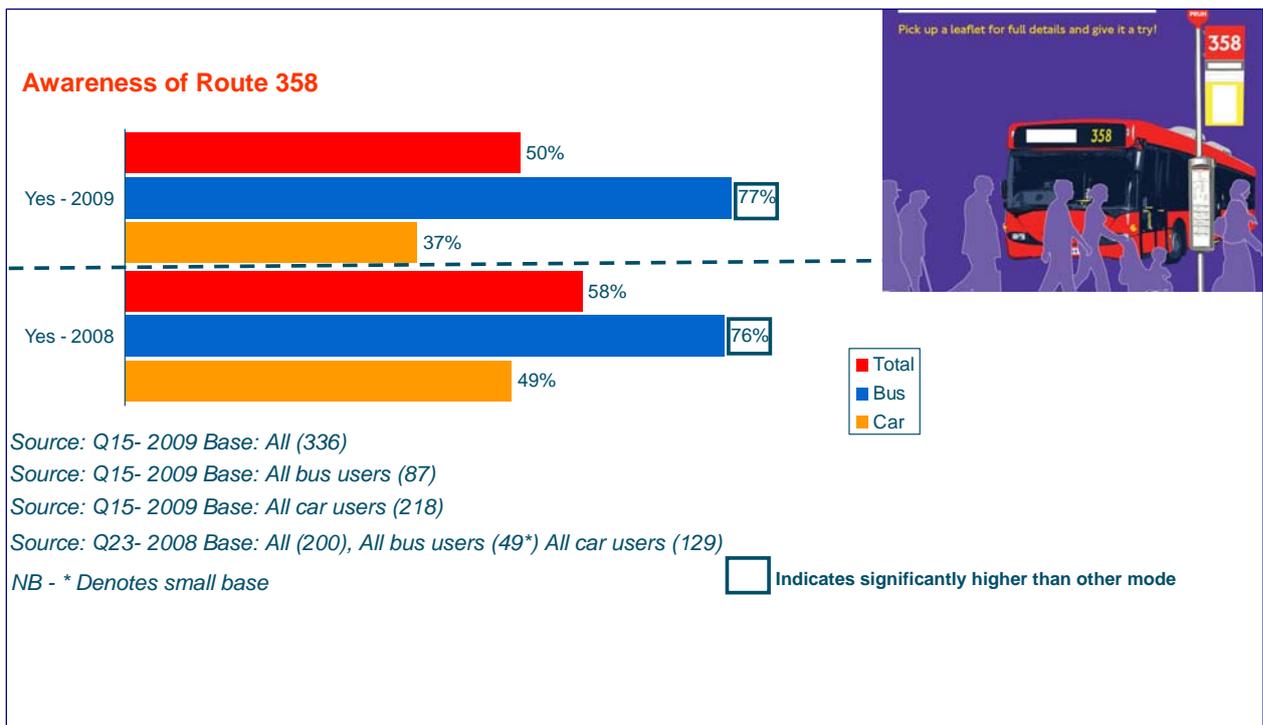


Those aware of the pedestrian crossing were more likely to think that the hospital was accessible (68%); whilst those not aware of the crossing were less positive, with around a half (48%) thinking the hospital site was accessible from their home by bus. Those aware of the 358 bus route were more likely to say the hospital was accessible from their home by bus, than those not aware of the route (69% and 43% respectively).

Those living in areas with a BR1 (61%), BR2 (63%), BR3 (61%), BR5 (64%) and BR6 (74%) postcode were likely to say the Princess Royal Hospital site was accessible. Those living in other Bromley areas were less inclined to think that the hospital site was accessible with just 36% reporting accessibility.

3.2 Awareness of route 358 and promotional campaign

A half (50%) of all hospital attendees and staff were aware of the 358 bus route, with around 5% spontaneously mentioning the route number. Awareness of the route was more prevalent among staff (75%) than patients (45%). This finding is not surprising given that staff have more exposure to any activities that may be carried out in and around the hospital.



As shown in the chart above, there was a greater awareness of the route 358 among bus users, with over three quarters (77%) reporting awareness of the route. In 2008, overall awareness stood at 58%, statistically, this is in line with the overall 2009 awareness levels (50%).

The majority (90%) of those who recalled seeing information on the bus route and/or the new pedestrian crossing were aware of the 358 bus route, whilst just four in ten (41%)

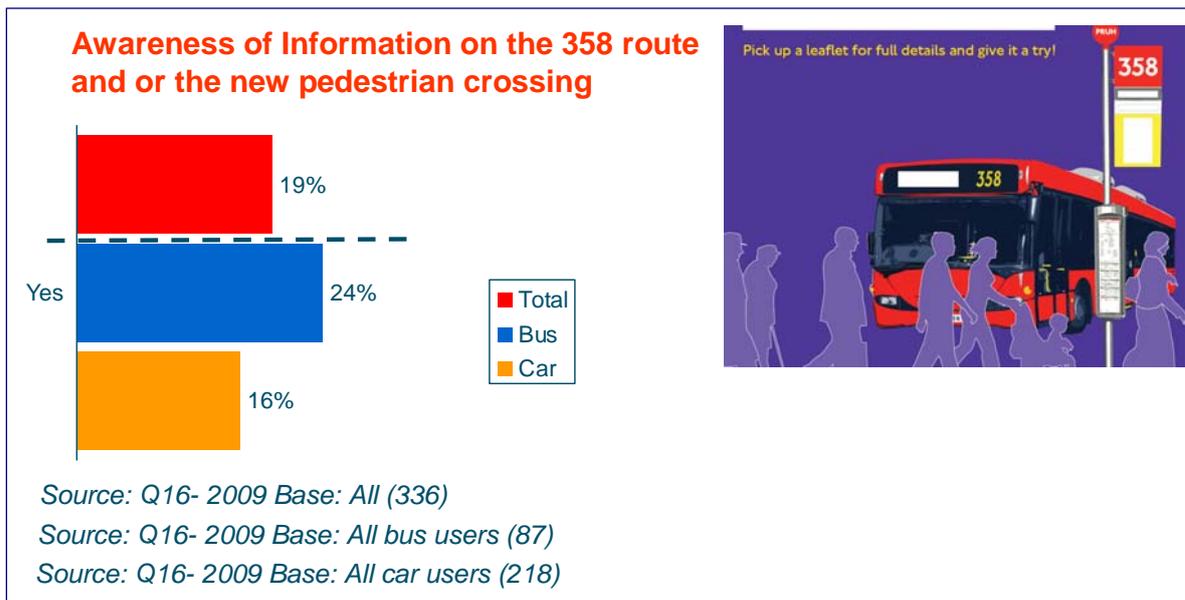
of those who could not recall seeing any information were aware of the route. Again, mode of transport used was a differentiator in 2008, and perhaps unsurprisingly bus users reported the greatest awareness of the 358 bus route.

Those aware of the pedestrian crossing were more likely to be aware of the bus route than those not aware of it (67% and 37% respectively).

There were no differences in awareness of the 358 route among those with a mobility impairment and those without.

Awareness of the 358 route was particularly prevalent in BR6 (87%), BR3 (76%), and to a lesser extent BR5 (57%). In BR2 (46%) and BR1 (28%) fewer people reported awareness of the route, similarly, 37% in other Bromley areas reported awareness.

As illustrated in the chart below, around one in five (19%) recalled recently seeing information on the 358 bus route and/or the new pedestrian crossing which has been installed across the road from The Princess Royal Hospital.



Promisingly the campaign reached car users as well as bus users with no real differences in awareness between car and bus users. Of the 48 staff, exactly a half (50%) recalled seeing some information, whilst 14% of all other hospital attendees recalled seeing information on the 358 bus route and/or the new pedestrian crossing. Those aware of the 358 route were more likely to recall seeing information on the 358 bus route and/or the new pedestrian crossing (34%), recall was much lower among those not aware of the bus route (4%).

Recall was also higher among those who were aware of the pedestrian crossing than those who were not aware (30% and 10% respectively). Awareness levels were similar among those with a mobility impairment and those without.

Recall of information on the 358 bus route and/or the new pedestrian crossing was particularly low among those living in the BR1 post area (7%) and to a lesser extent

those in other Bromley areas (15%). Recall peaked at 32% in BR6, for BR2 recall stood at 24%, BR3 18% and BR5 26%.

Hospital attendees and staff reporting awareness of the bus route or the new pedestrian crossing were asked unprompted where they had seen this information. Leaflets (40%) and posters (25%) at the hospital were the most mentioned sources of information. Other sources commanded lower recall; these sources included leaflets (6%) and posters (5%) in GP surgeries, communications for staff (5%) and promotions in the hospital car park (3%). One in six mentioned *'other'* information sources whilst one in ten of those who had seen information could not remember where they had seen it.

Both hospital attendees and staff were likely to indicate that they had seen leaflets and posters at the hospital. Equally, awareness of the new pedestrian crossing did not impact reported sources of information. Due to the low bases, there are no identifiable subgroup differences by mobility impairment and awareness of route 358.

The table below gives a visual illustration of reported information sources. The table also shows that unfortunately at an overall level, only 7% of all hospital attendees and staff recalled seeing leaflets and 5% remembered posters at the hospital. All other sources of information were mentioned by 3% or fewer people attending or working at the hospital.

Source of information	All aware of information = (63)	All Hospital attendees (336)
	%	%
Leaflets at the hospital	40	7
Posters at the hospital	25	5
Leaflets in GP surgery	6	1
Posters in GP surgery	5	1
Communications for staff	5	1
Promotion in the car park	3	1
Leaflets- can't remember where	2	*
Information stand at the hospital	2	*
Other	17	3
Don't know/can't remember	10	2

Source: Q17

Hospital attendees and staff who recalled seeing information on the bus route or the new pedestrian crossing were then asked, unprompted, what messages they could remember from the information they had seen. Overall, 55% of those who recalled seeing information stated that they could recollect the message the information portrayed. This equates to 10% of all hospital attendees and staff who were interviewed recollecting a message.

The unprompted message mentioned most was that bus route 358 has a frequency of every 12 minutes during the day; this message was mentioned by 19% of those who recalled seeing some information. Around one in seven (14%) remembered that there is a new crossing outside the hospital, whilst 8% remembered the message that the bus

stop for the hospital is on the A21/Fanborough Common. Six per cent picked up the message that the route is now easier and 5% that there was a prize draw.

Over four in ten of those who recalled seeing some information could not remember (37%) or did not take away any messages (8%). Looking at these findings at an overall level, as is shown in the table below, the most mentioned recollection was that the 358 has a frequency of every 12 minutes during the day which was mentioned by 4% of all hospital attendees and staff.

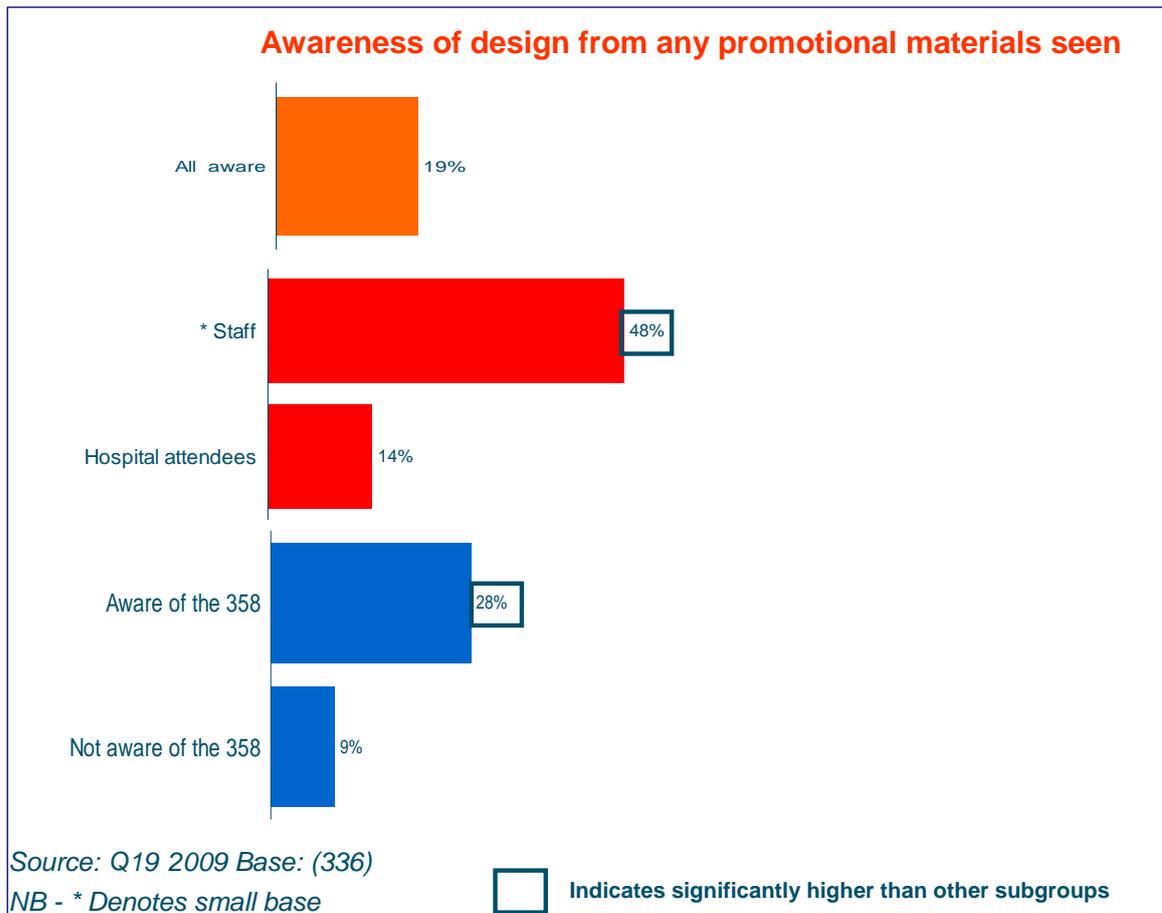
Messages remembered	All aware of information = (63)	All Hospital attendees (336)
	%	%
The 358 has a frequency of every 12 minutes during the day	19	4
There is a new crossing outside the hospital	14	3
The bus stop for the hospital is on the A21/Farnborough common	8	1
The route is now easier	6	1
There was a prize draw	5	1
The service costs £1 per ride with Oyster pay as you go	2	*
Other	19	4
Nothing	8	1
Don't know/can't remember	37	7

Source: Q18

The messages taken from the campaign were consistent for both hospital attendees and staff. Similarly, awareness of the pedestrian crossing did not influence messages remembered.

The base sizes for awareness of the route 358 and mobility impairment do not allow for any reliable inferences.

All hospital attendees and staff were shown the 358 promotional leaflet and asked if they had seen the design from any materials recently. One in five (19%) recognised the design, with a half of those who recalled seeing some information also recognising the design.



As is shown in the chart above, around a half of staff recalled seeing the design from materials. Recall among hospital attendees stood at just 14%, so staff appear to have had greater exposure to the campaign. Whilst the small base size for staff means that the comparison with awareness levels for other hospital attendees is somewhat skewed, these findings still give good awareness indicators. Awareness levels of the design were higher among those who were aware of the 358 (28%), whilst just one in ten of those not

aware of the bus route recalled seeing any materials. Similarly, those who recalled seeing information on the bus route and/or the new pedestrian crossing were more likely to recognise the design than those who had no recall (51% and 11% respectively).

Similarly, those aware of the pedestrian crossing (26%) were significantly more likely to recall the design from the promotional materials. Recall of the design stood at just 14% among those not aware of the pedestrian crossing.

All those who recognised the design on the leaflets were asked where they had seen materials using the design. The most mentioned place people recalled seeing materials was the hospital, with 38% saying posters and a third (33%) saying leaflets at the hospital. A quarter could not remember where they had seen the materials. The table below visually illustrates places where people recalled seeing materials.

Where materials were seen	All aware of information = (64)	All Hospital attendees (336)
	%	%
Posters at the hospital	38	7
Leaflets at the hospital	33	6
Press coverage	6	1
Promotion in the hospital car park	3	1
Leaflets in the GP surgeries	3	1
Posters in the GP surgeries	2	*
None	3	5
Don't know/can't remember	25	5

Source: Q20

Again, the materials seen were consistent for both hospital attendees and staff. Awareness of the pedestrian crossing did not have an impact on where materials were

seen. The low bases do not allow for mobility impairment and awareness of route 358 inferences.

Hospital attendees and staff who recognised the leaflet design were then asked if they could remember some of the key messages from the materials they had seen. As with information recently seen on the 358 bus route and/or the new pedestrian crossing, the frequency of the route was the most recalled message. Over one in five (22%) remembered the message that the 358 has a frequency of every 12 minutes during the day. Around one in six (16%) mentioned that there is a new crossing outside the hospital, 14% remembered that the bus stop for the hospital is on the A21/Fanborough Common. Nine per cent remembered the message that the service costs £1 per ride with Oyster Pay As You Go. Two thirds could not recall any messages.

Messages remembered from materials	All aware of design from materials = (64)	All Hospital attendees (336)
	%	%
The 358 has a frequency of every 12 minutes during the day	22	4
There is a new crossing outside the hospital	16	3
The bus stop for the hospital is on the A21/Farnborough Common	14	3
The service costs £1 per ride with Oyster Pay as You Go	9	2
None	13	2
Don't know/Can't remember	52	10

Source: Q21

Hospital attendees were more likely than staff to say they don't remember the messages conveyed in the materials they had seen (61%), this view was less prevalent among staff (35%). Similarly, those who were not aware of the pedestrian crossing were likely not to remember any messages (64% vs. 43%).

The low bases do not allow for any other mobility impairment and awareness of route 358 inferences.

Hospital attendees and staff who recalled seeing any information about the 358 bus route and or the new pedestrian crossing and those aware of the material design were asked how they would best describe the impact the materials had on their consideration of bus travel as a means of travelling to and from the hospital. Over four in ten (43%) still could not see bus travel being their main means of travel to the hospital, and a further third (35%) did not know what impact the materials had had. One in ten could not see any impact, as bus travel was already their most likely means of travel to the hospital.

Overall, around one in eight of those who recalled seeing any information or were aware of materials reported some impact. **For one in ten who had seen the campaign, they had actually *changed* their attitudes / behaviours as a result.** Seven per cent felt the materials had a lot of impact and they now saw bus travel as their most likely means of travel to the hospital and three per cent indicated that they had already given bus travel a try, because of the materials. A further two per cent were contemplating a behavioural change, indicating that the materials had made them consider bus travel as an option. The tables that follow give a more visual picture of impact.

Impact from materials	All aware of information or design from materials = (95)	All <u>Bus Users</u> aware of information or design from materials = (34)	All <u>Non-Bus Users</u> aware of information or design from materials = (61)	All Hospital attendees = (336)
	%	%	%	%
None- I cannot see bus travel being my main means of travel to the hospital	43	24	54	12
None- bus travel was already my most likely means of travel to the hospital	10	24	-	3
A lot - because of the materials I now see bus travel as my most likely means of travel to the hospital	7	12	5	2
Some- because of the materials I have given bus travel a try as a means of travel to the hospital	3	6	2	1
Some- they have made me consider bus travel seriously as an option	2	-	3	1
Don't know/Can't remember	35	35	34	10

Source: Q22

Finally, hospital attendees and staff who were aware of information or materials and were willing to consider the bus, were asked how they would best describe the impact the materials had on their consideration of the 358 bus specifically, as a means of travelling to and from the Princess Royal Hospital.

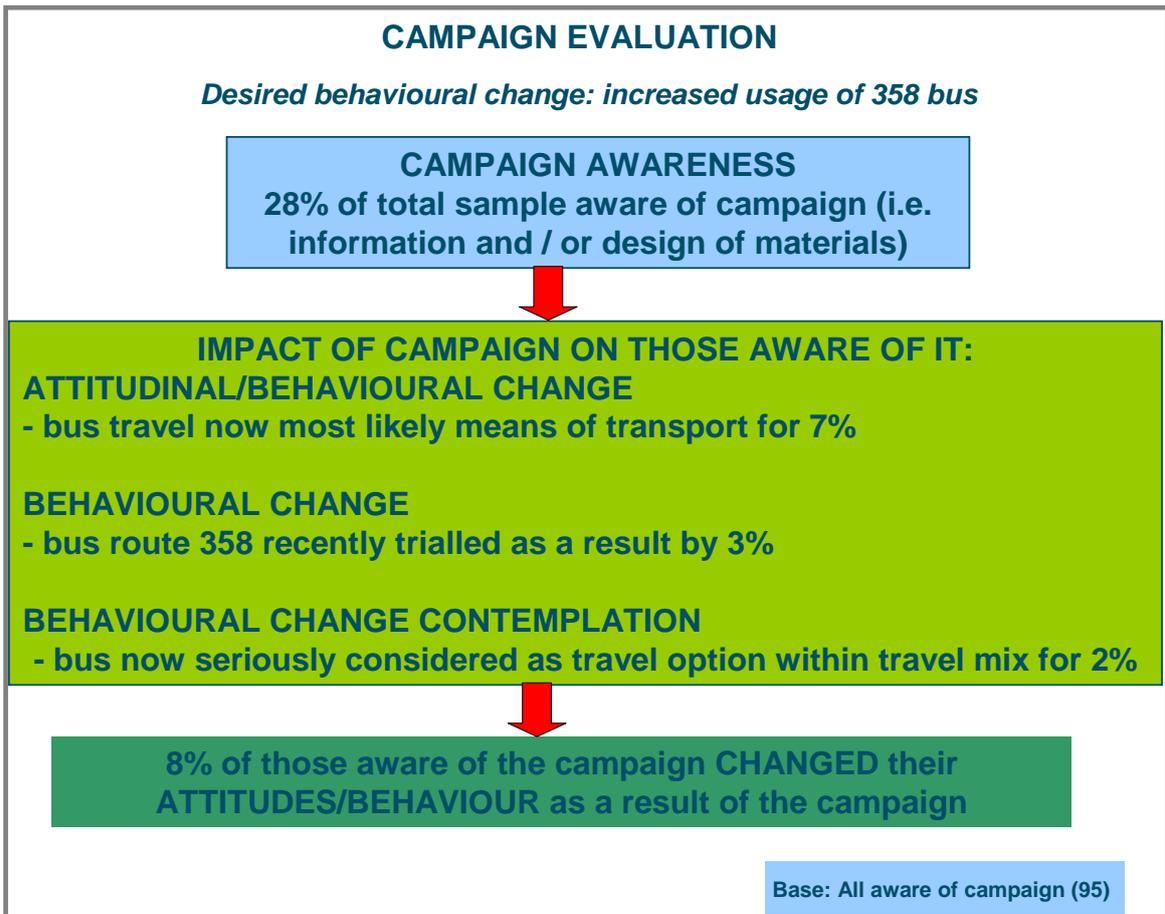
The majority reporting that the materials had made an impact did not know what impact the materials had had (82%). Seven per cent (3 people) said the materials had had some impact and had made them consider the 358 bus seriously as an option. Another seven per cent (3 people) said there had been some impact, as they had already used the bus as a result and 4% (2 people) said a lot of impact as they now see the 358 as their most likely means of travel to the hospital.

Impact from materials	All reporting impact as a result of exposure to information or design from materials and would consider travelling by bus = (45)
	%
Some – they have made me consider the 358 bus seriously as an option	7
Some- because of the materials, I have given the bus 358 a try as a means of travel to the hospital	7
A lot- because of materials I now see the 358 bus as my most likely means of travel to the hospital	4
Don't know	82

Source: Q23

The low bases do not allow for reliable subgroup inferences; however, looking at the data very crudely, it is clear that non-bus users reporting that the materials they had seen had some impact, did not know whether the materials would influence their use of the 358 bus as a means of travelling to the hospital.

The diagram below gives a visual illustration of the campaign; highlighting impact, change and contemplation among those reporting awareness of the campaign.



4 In Summary

In summary, as in 2008, this survey showed that the car is still the most preferred mode of transport, with two thirds of all hospital attendees and staff using it. The bus was again the second most commonly cited mode of choice with around a quarter using it. Those using the car mainly utilised this mode for its ease and convenience.

Generally those not using the bus as a means of travelling to the hospital (mainly car users) did not even consider it as a means of travelling to the hospital. This group was also likely to think that the hospital was not accessible by bus from their home. Conversely those travelling to the hospital by bus were likely to think that the hospital site was accessible from their home and were likely to say that the bus was the only means of transport which was available to them. Car users have choice, and the findings from this research suggest that there is a reluctance for those travelling by car to use the bus. That said, a third of those using the car to travel to the hospital have an Oyster Card which would suggest that they are not averse to using public transport in its entirety. It is worth noting that people attending hospital, particularly on their own, can sometimes be too poorly to use public transport, therefore the choice to use the bus can be outweighed by the need for solitude and comfort.

Those using the bus were likely to be non-drivers, or not to have access to a car, and they were also likely to report that the option to use a car was not available to them. However, they were likely to be satisfied with the frequency of buses to the hospital, with an overwhelming nine in ten reporting satisfaction. Just a third of non-bus users reported satisfaction with the frequency with which busses run to the hospital. When unprompted, one in five hospital attendees and staff recalled seeing information on the bus route and/or the new pedestrian crossing. Promisingly the reach of the bus route and the new pedestrian crossing campaign was similar among car and bus users. When prompted, one in five hospital attendees indicated that they had been exposed to the design from the promotional materials.

At an overall level, over a quarter of all hospital attendees reported being exposed to either the bus route and/or the new pedestrian crossing or to the design used on the promotional materials. The most popular sources of information were leaflets and posters and people were likely to have been exposed to these at the hospital. Although other sources were used, i.e. GP surgeries, there was low recall for such places. Half of those who were aware of the design did not remember the message being conveyed and over one in ten did not take away a message. Overall, 7% of *all hospital attendees* and staff (irrespective of whether they were exposed to the campaign or not) took away at least one key message being conveyed in the promotion.

Overall, around one in eight of those who recalled seeing any information or were aware of materials reported some impact. For one in ten who had seen the campaign, they had actually *changed* their attitudes / behaviours as a result. Of these, seven per cent felt the materials had a lot of impact and they now saw bus travel as their most likely means of travel to the hospital and three per cent indicated that they had already given bus travel a try, because of the materials. A further two per cent were contemplating a behavioural change, indicating that the materials had made them consider bus travel as an option.

5 Profile

	Total	Staff	Other hospital attendees
Base	336	48	288
Gender	%	%	%
Male	35	31	35
Female	65	69	65
Age			
16-34	16	31	13
35-54	32	50	30
55-64	18	15	19
65+	34	2	39
Ethnicity			
White	94	85	95
BAME	6	15	5
Working status			
Working	56	100	49
Not working	44		51
Social status			
AB	26	33	25
C1	37	33	37
C2	17	21	16
DE	19	8	20
Disabilities			
Yes	22	2	23
No	78	98	77
Oyster Card ownership			
Yes	33	60	28
No	67	40	71

6 Quality Assurance

- This work was undertaken in accordance with the standards laid out in ISO 20252
- Ensuring consistent quality of work to the highest standards in the industry and annual inspection by external assessor
- Over 6,000 market researchers globally
- Membership of all key MR bodies

