

Customer Service and Operational Performance Panel

Date: 13 July 2017

Item: Review of Bus Services to London's Hospitals

This paper will be considered in public

1 Summary

- 1.1 This paper sets out the review carried out by TfL on the provision of bus services to London's hospitals. It describes the methodology used in the review and lists our proposed actions, ranked in levels of prioritisation.

2 Recommendation

- 2.1 **The Panel is asked to note the paper.**

3 Background

- 3.1 TfL receives many requests from stakeholders and the public for new or improved bus links to hospitals and works to address them. In line with the Mayor's aim of improving access to health services in London, TfL has undertaken a strategic overview of the delivery of bus services to London's hospitals.
- 3.2 The scope of the review includes a detailed analysis of London's 37 general hospitals. Two specialist and two lower tier facilities were also included in the analysis as they have had considerable stakeholder input. See Appendix 1 for a map of all the hospitals and facilities in scope.
- 3.3 The review was led by a steering group with members from TfL, GLA, London Councils and London Boroughs.
- 3.4 The outputs of this review will inform future development of the bus network.

4 Methodology

- 4.1 Based on requests by the public and stakeholders, the following criteria were examined for each of the 37 London hospitals:
- (a) current bus services (see Appendix 2);
 - (b) current bus passenger numbers (see Appendix 3);
 - (c) catchment area and population within travel time ranges (see Appendix 4);
 - (d) site specific issues, such as major redevelopments taking place nearby;
 - (e) places passengers travel to;

- (f) recent bus reviews and service changes; and
 - (g) stakeholder comments and suggestions.
- 4.2 The approach focused on patient travel. It should be noted that patient travel tends to be consistent with that of staff and visitors, with the main difference being in frequency of travel.
- 4.3 The review concentrated on bus journeys, as other mobility services such as Dial-a-Ride and Taxicard cannot be booked for journeys to hospital appointments.
- 4.4 To help us understand existing and future requirements for service provision to the hospitals, structured interviews were conducted with key stakeholders. These interviews took place with Age UK (London), NHS Improvement and NHS North-West London.
- 4.5 The review also considered current requests for improved accessibility at the in-scope healthcare sites.

5 Results

- 5.1 From this review, key potential actions for the bus network around each hospital were identified. These are listed in tables 1, 2 and 3 below. Actions for the selected specialist and community hospitals are listed in table 4.
- 5.2 The actions have been ranked into three suggested priority levels, based on the following factors:
- (a) value for money to customers and to TfL;
 - (b) feasibility, including infrastructure and other necessary support;
 - (c) the likely level of stakeholder support; and
 - (d) availability of funding.
- 5.3 For the top priority actions, the number of customers that will benefit and the additional annual operating and infrastructure costs have been evaluated. These top priority actions have been discussed with stakeholders. Some are already being actively progressed and all will now be taken forward as quickly as possible, although some will depend on other local changes, such as population and jobs growth, to ensure that sufficient new journeys will give value for money.
- 5.4 TfL will also now undertake more work on the second and third priority actions to establish their feasibility and costs. Where they prove not to be feasible TfL will explore suitable alternative options.

5.6 Table 1: Top priority actions

Hospital	Action	Estimated costs	Expected number of customers that benefit
Central Middlesex Hospital (Park Royal)	Provide better direct links to Wembley	£460,000 per year operating costs	150 new customers and easier journey for 50+ per day
Darent Valley Hospital (Dartford, Kent)	Divert route 96 to directly serve the hospital	Estimated zero extra operating cost	300+ customers per day benefit
Epsom Hospital (Epsom, Surrey)	Direct links to Sutton via route 470; requires new stand at hospital	£16,000 per year operating costs and infrastructure costs	60+ customers per day benefit
North Middlesex University Hospital (Edmonton)	Direct new bus links to Winchmore Hill and Enfield	£740,000 per year operating costs	100+ new customers per day and easier journey for 30+ per day
Queen's Hospital (Romford)	Provide new links to Barking via route 5	£200,000 per year operating costs	720 new customers and easier journey for 100+ per day
Queen Mary's Hospital (Sidcup)	Increase R11 frequency and restructuring	£370,000 per year operating costs	300+ customers per day benefit
Whittington Hospital (Highgate)	Extend an existing bus route to the hospital	Infrastructure costs unknown, estimated no extra operating costs	150+ customers per day benefit

5.7 Table 2: Second priority actions

Hospital	Action
Ashford Hospital (Ashford, Surrey)	Provide direct links to Feltham town centre
Chase Farm Hospital (Enfield)	Provide direct links to South East Enfield
Croydon University Hospital (Thornton Heath)	Extend an existing route to give a direct link to parts of Addiscombe
Ealing Hospital (Hanwell)	Provide direct links to Hillingdon Hospital
Hillingdon Hospital (Uxbridge)	Provide direct links to Southall
Kings College Hospital (Denmark Hill)	Traffic congestion in the area results in extended journey times and so bus priority measures could be implemented
Newham University Hospital (Plaistow)	Implement route restructuring to provide links to the Elizabeth line
Northwick Park Hospital (Harrow)	Provide direct links to Harlesden and Central Middlesex Hospital
Queen Elizabeth Hospital (Woolwich)	Provide direct links to parts of Kidbrooke Village
St Helier Hospital (Sutton)	Provide direct links to Epsom Hospital
West Middlesex University Hospital (Isleworth)	Provide direct links to Ealing
Whipps Cross University Hospital (Leytonstone)	Implement development plans in the grounds to allow double-decker buses to be used and provide space to terminate buses

5.8 Table 3: Third priority actions

Hospital	Action
Barnet Hospital (Barnet)	Provide better links to the south of London Borough of Barnet (e.g. Edgware, Mill Hill)
Central Middlesex Hospital (Park Royal)	Provide direct links to Northwick Park Hospital
Hammersmith Hospital (White City)	Consider the possible impact of White City / Westfield developments
Homerton University Hospital (Hackney)	Provide direct links to other parts of London Borough of Hackney (e.g. Stamford Hill)
King George Hospital (Goodmayes)	Provide direct links to the Becontree / Lodge Avenue area
Kingston Hospital (Kingston)	Provide direct routes to Hook and Epsom
Mount Vernon Hospital (Northwood)	Mitigate the minor bus timing issues
Princess Royal University Hospital (Orpington)	Provide direct links to West Wickham
Queen Elizabeth Hospital (Woolwich)	Provide an all week night service
Queen's Hospital (Romford)	Provide direct links to the Newbury Park area
Royal Free Hospital (Hampstead)	Provide direct links to Finchley
Royal London Hospital (Whitechapel)	Provide further links to the Elizabeth line
St George's Hospital (Tooting)	Consider impact of the redevelopment work in the area
St Mary's Hospital (Paddington)	Provide links to the Elizabeth line
University College London Hospital (Euston)	With the expansion of this hospital, consideration will be made to having Tottenham Court Road as two way
University Hospital Lewisham (Catford)	Extend route 178 from Lewisham

5.9 Table 4: Actions for the selected specialist and community hospitals

Hospital	Action
Royal Marsden Hospital (Sutton)	Ensure that there is sufficient bus capacity to the London Cancer Hub development (second priority level)
Royal National Orthopaedic Hospital (Stanmore)	Consider direct bus links from Stanmore London Underground Station (second priority level)
Finchley Memorial Hospital (Finchley)	Consider direct bus links to the main entrance of the hospital (third priority level)
Surbiton Heath Centre (Surbiton)	Consider direct bus links from the Chessington and Hook areas (third priority level)

6 Financial Implications

- 6.1 In general, any additional bus service subsidy would need to be funded from within TfL's current budget for the bus network.
- 6.2 External funding will continue to be sought wherever appropriate, for example through funding under Section 106 of the Town and Country Planning Act.
- 6.3 It would be expected that funding sources for infrastructure investment, such as bus stands or turning areas, would be identified by the site owner.
- 6.4 Contributions from TfL's bus infrastructure budget or similar budgets could be considered if justified.

7 Next Steps

- 7.1 Consider future marketing and information initiatives for existing connections.
- 7.2 Proceed with the top priority actions.
- 7.3 Consider carrying out another review at the next level of healthcare.

List of appendices to this report:

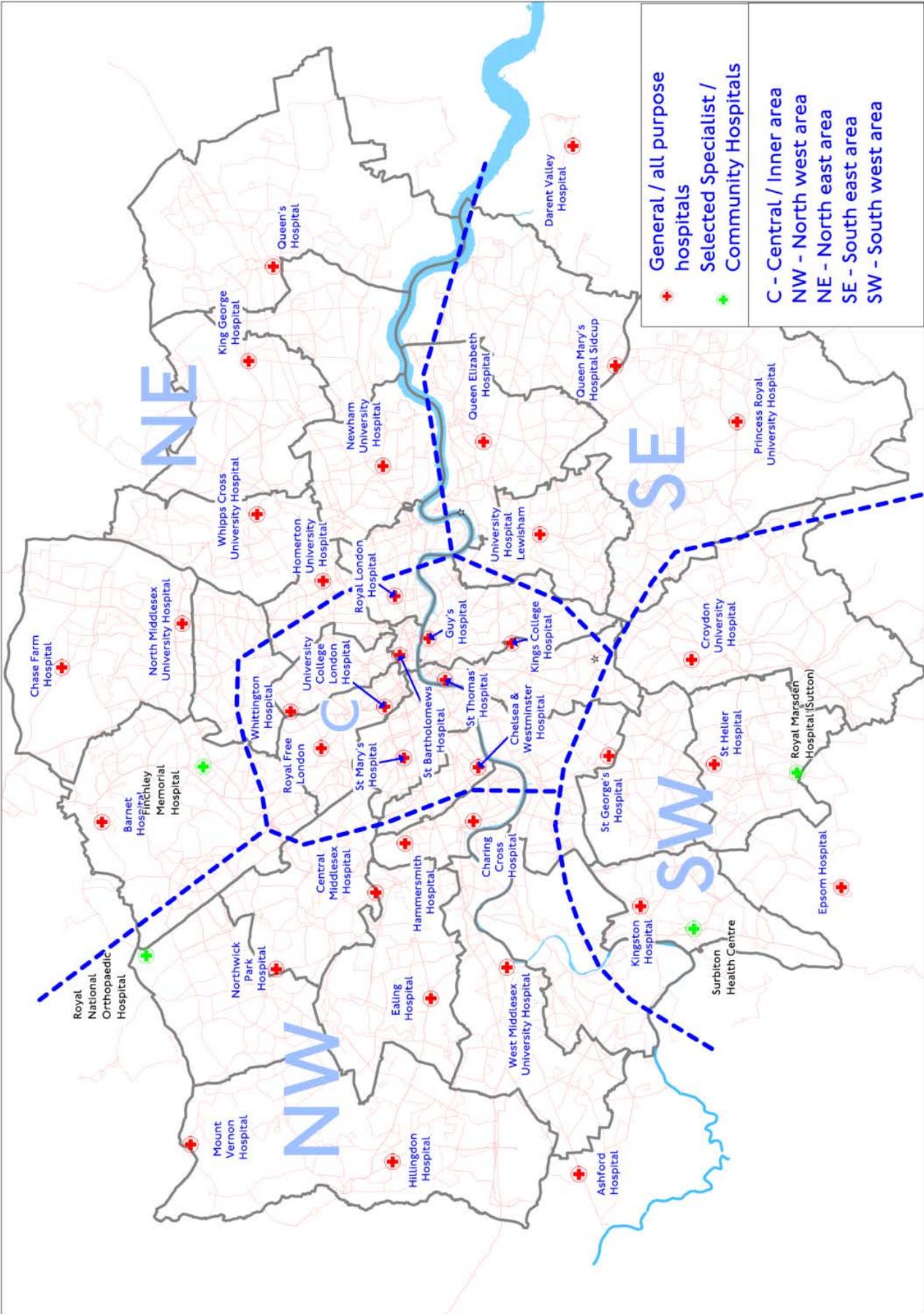
- Appendix 1 – Map showing scope of the review by area
- Appendix 2 – Map showing existing bus routes
- Appendix 3 – Table of current daily bus customer numbers at London's general hospitals
- Appendix 4 – Table of hospital catchment areas and population within travel time ranges

List of background papers:

None.

Contact Officer: Gareth Powell, Director of Strategy & Contracted Services
Number: 020 3054 8196
Email: GarethPowell@tfl.gov.uk

Map showing scope of the review by area, which includes London's 37 general hospitals and four selected community and specialist sites



Map showing existing bus routes that serve the 37 main London hospitals

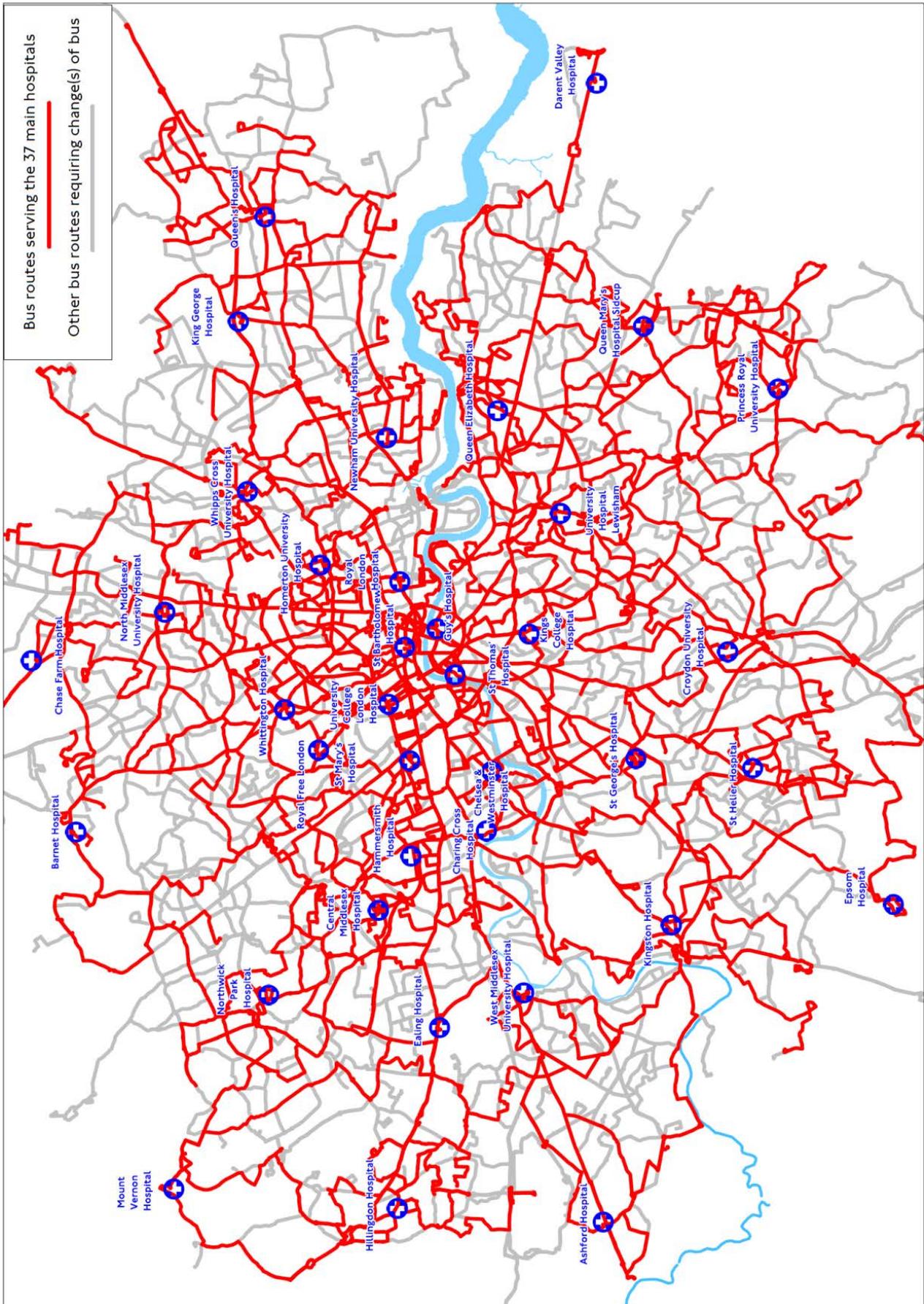


Table of current daily bus customer numbers at outer London general hospitals, where boarding is mainly dominated by hospital use (typically 1,500 – 3,000 boarders per day)

Hospital	Boarders
Newham University Hospital	4,700
Ealing Hospital	4,400
Croydon University Hospital	3,900
Hillingdon Hospital	3,500
Homerton University Hospital	3,200
Kingston Hospital	3,200
Queen Elizabeth Hospital	3,000
Charing Cross Hospital	2,800
North Middlesex University Hospital	2,800
Hammersmith Hospital	2,700
Queen's Hospital	2,600
Northwick Park Hospital	2,300
University Hospital Lewisham	2,000
Whipps Cross University Hospital	2,000
St Helier Hospital	1,900
Central Middlesex Hospital	1,800
Princess Royal University Hospital	1,700
West Middlesex University Hospital	1,600
Barnet Hospital	1,600
St George's Hospital	1,500
Queen Mary's Hospital Sidcup	1,400
King George Hospital	1,200
Chase Farm Hospital	1,000
Ashford Hospital	1,000
Mount Vernon Hospital	500
Epsom Hospital	400
Darent Valley Hospital	300

Table of Greater London population within 60 minutes bus travel time of hospitals

Hospital	GLA Population
St Bartholomews Hospital	2,271,000
University College London Hospital	2,171,000
St Thomas' Hospital	2,082,000
Guy's Hospital	2,049,000
St Mary's Hospital	1,867,000
Royal London Hospital	1,744,000
Whittington Hospital	1,559,000
Homerton University Hospital	1,496,000
Kings College Hospital	1,447,000
Chelsea & Westminster Hospital	1,365,000
Royal Free Hospital	1,362,000
St George's Hospital	1,330,000
University Hospital Lewisham	1,185,000
Whipps Cross University Hospital	1,184,000
Charing Cross Hospital	1,173,000
Hammersmith Hospital	1,084,000
North Middlesex University Hospital	993,000
Central Middlesex Hospital	986,000
Newham University Hospital	911,000
Croydon University Hospital	860,000
West Middlesex University Hospital	835,000
Queen Elizabeth Hospital	816,000
Kingston Hospital	778,000
Northwick Park Hospital	739,000
Ealing Hospital	731,000
King George Hospital	725,000
Queen's Hospital	701,000
Queen Mary's Hospital Sidcup	688,000
St Helier Hospital	608,000
Chase Farm Hospital	480,000
Barnet Hospital	448,000
Princess Royal University Hospital	382,000
Hillingdon Hospital	351,000
Mount Vernon Hospital	214,000
Ashford Hospital	195,000
Epsom Hospital	147,000
Darent Valley Hospital	5,000