## **BLOOMSBURY RESIDENTS' ACTION GROUP**

# **PROOF OF EVIDENCE 8**

## Problems caused to hospital patients and staff

## SUMMARY

To avoid repetitious documents, the summary version of this Proof of Evidence 8 is this whole document, minus the PDF letter dated 26<sup>th</sup> May 2017 on page 4.

# **FULL VERSION OF PROOF OF EVIDENCE 8**

#### **1.** Statement from co-Chair of the University College London Hospital's Cancer Patient Policy Advisory Group (CPPAG)

- a) I have been co-Chair of the University College London Hospital's Cancer Patient Policy Advisory Group (CPPAG) from July 2015 to July 2017. During this time I have been made aware of the serious concerns of UCLH Patient Transport Services, regarding the effects of the experimental traffic order imposed on Tavistock Place and Torrington Place traffic flow, without consultation with the Hospital, as an important local stakeholder. Our group has also heard growing complaints not only from mobility impaired disabled drivers attempting to access the Macmillan Centre and UCH but also from pedestrians and underground users (especially those using Euston Square station).
- b) The concerns we have noted from Patient Transport services (PTS) include:
- i) Patients being transported by its vehicles were suffering significant delays, resulting in treatment and procedure delays and increased patient anxiety.
- ii) Transportation times between the National Hospital for Neurology, the Royal National Throat, Nose and Ear Hospital and UCH have increased between 300% and 500%.
- iii) There was been significant increases in traffic congestion around the area of the hospital which has significantly increased the air pollution locally. This is at no time desirable, but is clearly most undesirable around hospital treating frail and significantly ill people.
- iv) Enormous anxiety and anger expressed by blue badge holders to PTS, regarding access to the hospital and local parking facilities, including the availability of single yellow line restrictions, in order to be able to employ Camden's Disabled Person's Parking Dispensation for the Hospital area.
- c) Additionally, our Group has been very concerned with the inability of Camden to clarify access to the Hospital from disabled drivers and PTS when the Tottenham Court Road redevelopment plans are instituted.

Camden appears to be displaying a serious lack of joined up thinking regarding the needs and requirements of UCH patients in general and Disabled patients in particular. Numerous complaints have been received about the danger of simply crossing the road (Gower Street) after exiting the South side exit of Euston Square Station in order to access the hospital, owing to the chaotic nature of the traffic filtering onto Gower Street in that area.

d) It should be noted by the Independent adjudicator that Cancer patients are statutorily disabled persons for the purpose of the Disability Discrimination Act. Camden has a responsibility to give primary consideration to those people defined under the Act as disabled when proposing any changes to road or transport services. In the instance of the Experimental order, Camden appear to have wholly abjured their statutory responsibility under the DDA, and they appear to be compounding this failure with their refusal to consider the permanent implementation of the traffic order with their yet unclear and inchoate plans for Tottenham Court Road.

Peter Storfer, Swinton Street.

#### 2. Statement from Solicitor appointed by Court of Protection

- a) I have lived in Bloomsbury for 40 years and at Judd Street for 20 years. I am writing to explain my opposition to the Torrington/Tavistock ETO.
- b) I work as a Solicitor and have worked as a volunteer driver for patients for some years. Seven years ago I was appointed by the Court of Protection to look after welfare matters relating to a friend disabled by a severe stroke and heart attack.
- c) This involves taking him to frequent hospital appointments at the Institute of Neurology in Queen's Square and UCLH.
- d) Before the ETO came into force the trip between the Neurological Hospital and UCH would take a maximum of 10 minutes. Now, deprived of any westbound route except for Euston Road, the trip can take as long as 45 minutes. This increase in journey time not only makes it difficult for me to continue as a volunteer but also causes a lot of stress to patients that are already in a very vulnerable state.
- e) Likewise any trips between anywhere east of Judd Street and west of Gower Street (whether it be to UCH, the Cancer Centre or Mortimer Market Centre ) involves patients in prolonged traffic congestion and, if they are not in a private car, greatly increases the cost of any taxi journey, adds to pollution and unnecessary congestion.
- f) I am describing my personal experience but I believe this is representative of the delays caused to many patients, carers and staff who have to move between the three major hospitals in our area (Great Ormond Street, The Neurological Hospital and UCH)
- g) I am angered by the proponents of the ETO that argue that our local streets are simply rat runs for drivers trying to avoid Euston Road. In fact these roads are mainly used by local people to access vital services such as healthcare; the removal of this westbound route is causing severe

disruption to the lives of the most vulnerable local residents.

John Camacho, Judd Street.

## **3. Statement from former Chair of Governors, University College** London Hospital Trust.

- a) For six years until September this year I was an elected public governor of University College Hospital NHS Foundation Trust. I was lead governor from April 2016 until this September.
- b) Almost as soon as the trial started, governors became aware from staff comments that east-west journeys between UCLH sites were being delayed. Journeys between Great Ormond Street Hospital and UCH are also taking longer. I support the statements made by BRAG in their Statement of Case, Section 2.3.4, paragraphs (a) to (g)
- c) This part of London has world class hospitals which work together to care for patients with complex needs. UCLH's importance will be even greater with the opening of the Proton Beam Therapy Centre and a new centre for head and neck treatment. Access to UCH sites on/around Tottenham Court Road must not be impeded.
- d) Some journeys to Tottenham Court Road sites may be time-critical for patients. Local residents must also be able to access UCH easily for outpatient appointments without paying for excessively long taxi journeys. Sometimes they may need to be taken by ambulance to A&E. The UCLH A&E department is where emergency cases are taken, if picked up around here.
- e) I share BRAG's concern about delays for patients caused by the experimental one-way system. UCLH have estimated that about 30 minutes has been added to a journey which used to take 20 minutes and that accords with my own experience of travelling between sites. I hope the Public Inquiry will take into account the needs of patients travelling west to hospital sites.

Diana Scarrott

## 4. Two letters to Camden Council from University College London Hospital Trust

#### See below

a) Letter dated 26.5.17

# University College London Hospitals NHS

#### **NHS Foundation Trust**

UCH Hospital (T4) Capital Estates & Facilities Directorate 235 Euston Road London NW1 2BU

David Joyce Director of Regeneration and Planning Camden Town Hall Judd Street London WC1H 9JE

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Email: robert.bexson@uclh.nhs.uk Website: www.uclh.nhs.uk

26<sup>th</sup> May 2017

Dear David,

#### RE: THE CAMDEN [TORRINGTON PLACE TO TAVISTOCK PLACE] [PRESCRIBED ROUTES, WAITING AND LOADING RESTRICTIONS AND LOADING PLACES] TRAFFIC ORDER [2017]

Further to your email dated 9<sup>th</sup> May 2017, UCLH provided responses on 5 February 2016 and 21 October 2016, copies of which are attached for ease of reference. Since that date we have continued to discuss the above proposals and their impact on our patients and staff.

We remain concerned about additional journey times from our Gray's Inn Road hospitals [Royal National Throat Nose & Ear Hospital and The Eastman Dental Hospital] and Queen Square hospitals [National Hospital for Neurology & Neurosurgery and The Royal London Hospital for Integrated Medicine] to UCH.

Although we have no data to provide for previous years on patient transport service, the PTS team advise that an average journey between the UCH and Queens Square, used to take below 20 minutes before the introduction of the one way system.

The current situation is as follows:

From hospital to UCH	Average of Time on vehicle	Number of journeys
National Hospital for Neurology & Neurosurgery	52	112
Royal National Throat Nose & Ear Hospital	35	19
Royal London Hospital for Integrated Medicine	47	35

There is continued support for the proposals from staff that cycle to and from work.

We wish to see good provision for cyclists but also need a solution that does not cause delay and stress for our patients.

If you have any queries or would like to discuss further or would prefer to meet to discuss in person, please contact myself or Tom Hughes.

Yours sincerely,

Uch University College Hospital

National Hospital for Neurology and Neurosurgery Eastman Royal National Dental Throat, Nose Hospital and Ear Hospital

Royal London Hospital for Integrated Medicine

Robert Bexson Head of Property and Advisors

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Cc: Tom Hughes, Operations Manager: Property and Transport Management

b) Letter dated 5.2.16

# University College London Hospitals

**NHS Foundation Trust** 

#### UCH Hospital (T4)

Capital Investment & Facilities Directorate 235 Euston Road London NW1 2BU

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London Borough of Camden Culture and Environment Directorate Transport Strategy Service FREEPOST RSLT-RJBR-TXAA London, WC1H 9JE

5 February 2016

Dear Sirs

#### **Torrington Place to Tavistock Place Experimental Traffic Changes**

I am writing on behalf of University College London Hospitals NHS Foundation Trust [UCLH]. My colleagues and I have discussed the above trial in relation to how it affects our patients. I list below concerns raised by UCLH Governors, Patient Transport Services [PTS] drivers and managers, clinical and non-clinical colleagues and would like to formally register these concerns and would be grateful if you could consider these points before any decisions are made.

The experimental one way system has caused lengthy delays in traffic going in the direction from National Hospital for Neurology and Neurosurgery [NHNN] in Queen Square to University College Hospital[UCH] campus at the junction of Tottenham Court Road and Euston Road. It is therefore adversely impacting patient's journeys and consequently appointments.

- Patients being transported by PTS vehicles from the NHNN to UCH were delayed, resulting in their procedures being delayed and increased patient anxiety.
- A young tracheostomy patient was delayed in returning from UCH for 3 hours due to transport issues as a result of this experiment.
- Previous ambulance journeys took around 10 minutes from NHNN to UCH campus. Since this experiment commenced the journey time has increased to 45 minutes on a good day and sometimes over an hour.
- During peak times, the average travel time from the Royal National Throat, Nose and Eye Hospital [RNTNEH] in Gray's Inn Road and the UCH campus has increased from 15 minutes to 37 minutes.
- The congestion around the area caused by the experiment has increased and consequently our CO2 emissions have also increased.
- London Ambulance Service and other emergency vehicles are experiencing delays. They have informed us they will be contacting you direct.

I would appreciate your view, solutions or suggestions to address these points. If you have any queries or would like to discuss further or would prefer to meet to discuss in person, please contact me.

u	C	n	University College Hospital	National Hospital for Neurology and	Eastman Dental Hospital	Royal National Throat, Nose and Ear Hospital	Heart Hospital	Royal London Hospital for Integrated Medicin
S	~		Hospital	Neurosurgery	Hospital	and Ear Hospital		Integrated Medicine

Yours faithfully,

Robert Bexson Head of Property and Asset Management

Cc: Tom Hughes, Operations Manager: Property and Transport Management

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