

## Review of Patient Transport Services

### Draft Report

#### Background

1. The Patient Transport Service (PTS) is the non urgent transportation of patients with medical needs to and from NHS premises and between healthcare providers. The service uses a wide range of vehicles including ambulances, taxis, staff buses, hospital courier services and volunteer car drivers and often involves carrying more than one patient at a time. PTS is currently commissioned by the Royal Derby Hospitals Trust from the East Midlands Ambulance Services. However this responsibility will be transferred to NHS Derby City (PCT) when the current contract expires next year.
2. The Adult Services and Health Commission decided at its 22 September meeting to review the patient transport services following a request by the Chair of the Disabled People's Diversity Forum to look into the difficulties faced by some Forum members in booking the service to attend hospital clinic appointment. According to the Forum PTS can only be booked exactly two weeks in advance of the date of travel and is not always available for the return journey home. This has caused problems for some people to attend who have difficulty in using public transport.
3. The Commission reviewed patient transport service at the 19 October meeting and received evidence from a range of stakeholders. Recommendations are based on the evidence received by the Commission.

#### Evidence to the Review

4. Evidence for the Commission was provided by a range of individuals and organisations including, senior managers from Royal Derby Hospital and Derby City PCT about the current and future commissioning processes; East Midlands Ambulance Service on managing the service delivery; and Derby City Council's Transport Division on contract with Derby Community Transport Services to assist patients with visits to health services such as GP's, dentist, opticians and hospital clinics etc. The Commission also received evidence from service users who have experience of using the transport service. Derby LINK was also asked for its input and they were expected to conduct a survey of patients attending the hospital as well as providing views of their member of their experiences of using patient transport services. Evidence was also sought from Derby Racial Equality Council and Derby Millennium Network about the service

based on their member's experiences particularly from ethnic minority users' perspective.

## **Service Users**

5. Two members of the Disabled People' Diversity Forum, Mr Walsh and Ms Gilbey attended the 19 October 2009 Adult Services and Health Commission meeting and spoke about their experiences of using the patient transport service. They stated that their biggest complaint and that of other service users was the length of time it takes travelling to and from hospital clinics using the patient transport service. Patients are expected to be ready for collection from their homes at 8am for an 11o'clock appointment. They said that patients are also unhappy about the long waiting times for the return journey home.
6. The other main complaint by some users was not being able to use the PTS for the return journey home. Mr Walsh gave an example of having to make his own arrangements for the journey home following a visit to the eye clinic at the DRI. He said losing sight is a traumatic experience in itself and therefore the service should be made more accessible to people problems. It would be more appropriate to make transport available for the journey home particularly for people with sight problems.
7. Mr Walsh asked that agencies should have greater involvement of service when designing services, particularly when designing services for blind people. Ambulance drivers should interact more with blind patients as there has been an incident where a patient has fallen after being dropped off by the ambulance. This is not only dangerous for the patients but can also affect their confidence of going out again. It is important to identify the needs of the patient and offer the right type of help they need. It was stated that the transport driver should lead the blind person into the home to minimise accidents. Also in some circumstance a car would be more appropriate for transporting patients than an ambulance.
8. The second service user Ms Gilbey said that she required regular transport around June/ July when she was visiting the hospital on a daily basis. Due to where she lives, she needs to change two buses to get to Derby Royal hospital. This requires her to get up an hour early. She said she was fortunate that there was someone usually available to give her a lift home. Ms Gilbey said she experienced great difficulties in booking PTS. She was required to book the service exactly two weeks in advance of her appointment and there was no guarantee that it would be available. On occasions when PTS was unavailable, she travelled in a taxi. Ms Gilbey also stated that PTS has one car for the whole of Derby which in her opinion was insufficient to meet the needs of the city and suggested there should be at least two cars, preferably one covering north of the city and the other south.

9. Ms Gilbey also queried why both of the Hospital Link buses travelled along the same route between City and DRI and not use different routes.

### **Health Ring and Ride**

10. Mr Hegarty gave evidence about the Health Ring and Ride Service operated by Derby Community Transport. This is funded by the City Council at £72,000 per year and supported by fares charged to passengers using the service. One vehicle is used exclusively for the Health Ring and Ride service in the city.
11. Fares for single trip (one way) covering the passenger and a carer where appropriate are charged as follows.
- Local journey (under 3 miles) - £3
  - Longer journey in Derby City - £5.
12. The Health Ring and Ride service operates Monday to Friday between 7am and 5pm. This is a door to door service available to anyone who is unable to use other forms of public transport service for whatever reason. It is offered to anyone who has difficulties in travelling to hospital, health centres, dentist opticians or any other health facility. Patients need to be registered with the Health Ring and Ride scheme and must have an appointment booked with the health body they wish to travel to.
13. Bookings can be made up to 2 weeks in advance of the appointment. It is important to inform service of the time of the appointment when making bookings to ensure they arrive on time .
14. Mr Hegarty stated that that the current usage of the Health Ring and Ride service is low with approximately 100 people using it each month as shown by the passenger numbers below. The service is used by different people which is evidenced by different pick up and set down points. The service is busier in the morning and early afternoon compared with the rest of the day.
15. Derby Community Transport a total receives a grant of £280,000 annually for running community transport services. This income is topped up by fares paid by the services users every time they use the service. It is understood that Derby Community Transport would be unable to operate without the Council's contribution. It was stated that use of all services was low with approximately 600 journeys per month. However, those who use the service do actually need them.

<b>Month</b>	<b>Patients</b>	<b>Companions</b>	<b>Total</b>
October 08	101	34	135
November 08	94	26	120
December 08	54	11	65
January 09	86	12	98
February 09	73	9	82
March 09	84	14	98
April 09	99	23	122
May 09	82	15	97
June 09	98	20	118
July 09	111	24	135
August 09	100	23	123
September 09	112	20	132
<b>Total</b>	<b>1094</b>	<b>231</b>	<b>1325</b>

List of service users between October 2008 and September 2009

16. Mr Hegarty said the service was extensively publicised within the health community including GPs and other health clinics when it was launched couple of years ago. The contract with Derby Community Transport ends next September and he will be reviewing its effectiveness and whether it offers value for money before making decision on the future.
17. Ms Gaskin stated that from her experience many people are unaware of the existence Health Ring and Ride scheme and that she only found out after talking to the Patient Advice and Liaison Services (PALS).

### **Evidence from Health Bodies**

18. In response to a members question whether the Hospitals Trust could also take on the contract to provide Ring and Ride services, Mrs Prescott explained that the responsibility for PTS falls on the PCT who will be commissioning this service after the expiry of current contract next year.
19. Ms Prescott stated that patient transport is provided only for medical needs. Social needs should be met through mobility allowance and are not covered by PTS. The number of patients using the transport service is determined by the level of medical need. The Trust spends approximately £2.2m each year on patient transport and currently 5% of the outpatients use PTS commissioned from the East Midlands Ambulance Service. A hospital link bus is operated by the Trust which contributes towards patient transport which they not obliged to provide.

20. The Trust was not aware of problems with return journeys home and doesn't normally arrange transport to the hospital without knowing arrangement for patients' return journey home. The problems may be due to individual departments misunderstanding the rules and promised to investigate and rectify the situation.
21. It was stated that the patient transport services have been abused by some patients at the DRI who have gone shopping after attending their appointment. This has caused delays in trying to find them for the return journey home.
22. The suggestion that Trust was more interested in collecting patients from home for treatment and not interested in the return journey was strongly refuted. It was stated that the Trust occasionally pays for taxis to take patients home.
23. The Trust contracts with East and West Midlands Ambulance Services and are in the final of three years contracts. From 2010 the responsibility for commissioning non urgent patient transport in the city will be exercised by the NHS Derby City.
24. Some of the current issues around patient transport involves scheduling of service following hospital move to the Derby City. There is increased patient choice which results people arriving with different ambulance services. Patients come with different medical needs which makes timing difficult to predict. One of the main challenges for the transport service is to provide appropriate service that meets the needs of the patient, such as requirements of renal patients where the focus is on quality of transport. Patient behaviour is also an issue for the Trust as some patients abuse the service. They use the service to come to the hospital and then go shopping.
25. Ms Prescott confirmed that the main concern expressed by patients is around the length of journey time and arrival times. When asked to comment on what the Hospitals Trust would do if it continued to have responsibilities for commissioning this service, Ms Prescott stated that the Trust would seek to reduce journey times even if this meant reducing the number of patients using the service. It is important to focus on the right people needing the service.
26. Jason Massey, Service Delivery Manager East Midlands Ambulance Service told the Commission that EMAS provides urgent care and specialist patient transport to nearly 5 million people across the region, covering a vast geographical area of 8,450 square miles. It employs over 3000 staff at more than 70 locations.
27. Mr Massey explained that PTS are part of the operations directorate of EMAS and are the second largest aspect of core business after Accident & Emergency. EMAS provides high quality planned care and transportation for patients with medical needs to hospitals and health

care facilities across the region. It supports A&E services with civil contingencies agenda, providing transport for large volumes of patients. EMAS also provides integrated transport across county boundaries and longer distance transport. It provides non-core services such as Emergency Department Transfer crews and GP Visiting Service (Leicestershire & Rutland)

28. During the first four months of 2009-10, EMAS undertook more than 387,000 patient transport journeys to treatment centres across the country. This equates to around 1.16 million contracted journeys for eligible patients.
29. Within PTS, patients are categorised in accordance with their mobility and clinical need, as follows:

**Stretcher Patient** - Due to clinical need, the patient must travel in a recumbent position for the duration of the journey.

**Wheelchair Patient** - The patient must travel in their own wheelchair and is unable to transfer to a vehicle seat. There are two categories of wheelchair patient, a single crew wheelchair patient and double crew wheelchair patient. The difference being the clinical need (e.g. condition requiring oxygen therapy during the journey) and access from and to the residential address.

**Ambulance Patient** - Patients who's mobility prohibits them from travelling in a car, or those patients who require wheelchair assistance between the residence or treatment centre and the vehicle.

**Car Patient** - Patients who require little or no support in transferring between vehicle and residence/treatment centre and are physically able to enter/exit a car. There are also two categories of car patients, those who require the skills and support of ambulance service staff, and those who do not.

## **Patient Access**

30. Patients access the service through the hospitals and PCT's who enforce eligibility criteria in line with Department of Health Guidance. NHS staff booking transport on behalf of the patient can do so by telephone, fax and on-line directly into the CAD system. Eligible patients are those:
  - Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
  - Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access

healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.

- Recognised as a parent or guardian where children are being conveyed
31. A patient's eligibility for PTS should be determined by either a healthcare professional or by non-clinically qualified staff who are both;
- clinically supervised and/or working within locally agreed protocols or guidelines, and
  - employed by the NHS or working under contract for the NHS
32. Mr Massey stated that the performance of the PTS is measured against national standards which look at performance for 60 minutes and 90 minute journey. Key performance indicators for 30 minutes journey are -15 or +10 minutes. Waiting time after the appointment is 30 minutes and 60 minutes.
33. Process times depend on the number passengers being picked up during the round and the distances travelled. Delays depend on a number of factors such as traffic flows and clinics running late. PTS is aware that patients are unhappy about the time it takes to get to the hospital but this could be minimised if they are informed in advance about the time it may take. In response to the service user who needed to be ready for collection at 8am for the 11am appointment, it was stated that Derby is a compact city and getting ready 3 hours before the appointment is unusually long. It should be around 2 hours.
34. It was stated that there are no national comparisons between ambulances as not all provide the same service.
35. Warren Simms, Commissioner for NHS Derby City stated that Patient Transport Service is being reviewed by the PCT as it takes over the responsibility for commissioning of the service. The new process will involve:
- Review of the EMAS Service Relationship
  - Specification Review (across all health sectors)
  - Service Improvement Analysis (inc Eligibility Criteria)
  - Stakeholder Engagement (inc Patient Groups etc)
  - Review Market Intervention Strategy
36. The review process has started and the PCT is working with partners to establish the eligibility criteria. There will be options to consider whether more patients should be provided with access to the service or to tighten the criteria and provide a better level of service with shorter

travel time for users. The Commission will be fully involved in the process.

### **Derby LINK**

37. Local Involvement Networks (LINKs) have been established by the Government to enable the public and service users to have a say in the design, quality and delivery of health and social care services. They are expected to have a wide membership, be closer to service users and therefore in a better position to gain their views.
38. Derby LINK routinely sends out consultation questionnaires to its membership of 74 and contact list of 361. The Commission requested Derby (LINK) for its comments on patient transport services and in this instance a total of 13 completed forms were received by Derby LINK. As part of its consultation process Derby LINK also spoke to local groups who it thought may regularly access PTS (appendix 2). It also attended the Mackworth family fun day and other events at Derby West Indian centre, Sahara Project, Hadari Nari Project and Derby women's Centre.
39. It is understood that the LINK requested permission to conduct a survey at the discharge suite of Derby Royal Hospital, however following telephone and email conversations it was unable to secure support for this. This reduced the number of people they were expecting to be able to talk to which is disappointing and as a result the figures don't give a true picture of issues associated with patient transport.
40. The survey shows that of the relatively small number of people who responded 93% found booking straight forward and 7 % found booking difficult. With respect to journey times, 84% had positive experience whilst 16% found journey times too long due to multiple pick ups. 7% of the respondents felt the vehicle was inappropriate for their needs. For the return journey 76% had a positive experience whilst 24% were dissatisfied with the length of wait for the pick up.
41. A significantly large proportion, 93% of the responders were not aware that Derby Community Transport offered similar services. Only 7% were aware but never accessed the service.
42. The LINK also stated that when asking people to take part in the survey the most common response was "I don't use the ambulance, I get my family or friends to take me."
43. The Commission also requested Derby Racial Equality Council and Derby Millennium Network for their comments as they were felt to have better access to minority ethnic communities. Unfortunately they did not provide a response during the preparation of this report. Their report was received on the last day of the mail of the papers and is attached for information.



## **Conclusion and Recommendations**

44. The Commission received evidence from a range of individuals which confirmed the importance of the patient transport service in enabling many patients to access healthcare services. The main area of complaint about the PTS relates to the length of journey times, from time it takes for patients to be ready for collection to actually arriving at the clinic for their appointment. The Commission also learned that commissioners and providers of the service should consider the types of vehicles being used to transport patients to ensure these are appropriate and meet the needs of those that use it.
45. It was fairly clear from the evidence that that improvement need to be made to the patient transport service to ensure it meets the needs of the users.

### **Length of journey times**

46. The Commission is of the view that the journey times to and from clinics are unacceptably long and should be lower. Derby is compact city with a diameter of approximately 12 miles and even with heavy traffic at peak hours it should not take patients three hours to get to the hospital from any point in the city. The Commission therefore recommends that journey time should be reduced and should not be more than two hours. This should be reflected in the new contract being negotiated with EMAS. The Commission also recommends that measures are put in place to closely monitor journey times to ensure the provider complies with the requirement and patients receive good quality services.

### **Transport for return journey home**

47. The Commission was informed some patients have experienced problems with the return journey home. This can cause problems for users particularly those with sight impairment. Although the Trust was unaware that this was happening, it is important to ensure return journeys are made available to patient that user PTS unless they have other confirmed arrangements.
48. There is a likelihood that some clinics may be running late and these circumstances it is important to keep patient transport informed so that they may be able to respond accordingly.

### **Advance bookings**

49. Prior to the start of the review the Commission was informed that that there was inflexibility in booking PTS and that patients were required to book exactly two weeks in advance of the date of appointment. From

the evidence received by the Commission position could not be substantiated. However baring in mind the practical process of organising transport and minimise pick up points, the PTS should be given sufficient notice to make the arrangements. The Commission also feels that the PTS should provide more flexibility should be provided to enable patients to book the service.

50. Patients with sight problems should be reminded a day or two in advance of their appointment by phone. Reminding people about their appointments will not only help to improve attendance at clinics but should also help to speed up the journey times for those that are travelling by PTS as they will be ready for collection.

### **Suitable Transport**

51. The Commission learned patients required different types of transport depending on their specific needs. However, in terms of vehicles there was only one car available to the patient transport service and difficult to book as it was always in use. The Commission recommends the type and level of demand for vehicles should be carefully assessed to ensure appropriate vehicles are used that better meet the needs of the users and provide an effective and efficient service. The Commissioners should also consider seeking a better mix of vehicles so that there sufficient cars are available to better meet the needs of the city. Although the number of patients that can use the car at a time is small, the car should provide more journeys than a large minibus.

### **Raising Awareness of Health Ring and Ride**

52. Derby City Council operates a Health Ring and Ride Service which further improves access to local health services. However evidence received by the Commission shows that this service is not fully utilised and only around 100 patients use the service each month. This position is also confirmed Derby LINK who show that a vast majority of potential users are unaware of the this provision. The Commission therefore recommends that Health Ring and Ride service should operate alongside the PTS and is regularly promoted to provide a comprehensive transport service to enable Derby residents to access local health services.
53. The Commission also recommends that should the PCT consider as one of their options to change the eligibility criteria for who accesses PTS then this should be presented to the Commission for its comments before it is implemented.

### Who is Eligible for PTS?

According to the criteria published by Department of Health eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.

There is an expectation that eligible patients should reach healthcare premises in reasonable time and in reasonable comfort, without detriment to their medical condition. Similarly, patients should be able to travel home in reasonable comfort without detriment to their medical condition. This takes into account the distance and frequency of travel. The term reasonable journey time is to be defined locally as circumstances may vary.

Provision of PTS for patient escorts or carers where required is discretionary and would need to be agreed in advance, when transport is booked.

A patient's eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are both:

- clinically supervised and/or working within locally agreed protocols or guidelines, and
- employed by the NHS or working under contract for the NHS

In most cases the patient is assessed by the GP for requiring PTS and will when booking to the hospital who contacts the PTS service at the hospital.

### **Derby LINK report on public experience of Patient Transport Services (PTS) For Derby Health Overview and Scrutiny Committee (OSC)**

#### **Background**

Local Involvement Networks (LINKs) are the most recent development in the Governments plans to ensure the general public and service users are able to have a say in the design, quality and delivery of Health and Social care services. This ensures the services are open and transparent with decision making and are accountable to the public and service users.

LINKs replaced Patient and Public Involvement Forums in 2008 and have a much wider remit covering social care as well as health care.

The patient transport service is the non emergency element of the service which transports patient on vehicles with clear windows and without blue flashing lights.

In September 2009 Derby LINK was asked by OSC to gather public opinion on and experience of PTS.

LINK agreed to this and developed a short questionnaire (appendix 1) asking

“How did you find”;

1. Booking
2. Journey time
3. Arranging a return journey

At the request of OSC we also asked

4. Are you aware that Derby Community Transport offers a similar service?

And finally we asked for responder’s comments about their experiences of PTS.

#### **Method**

As with all LINK consultation exercises we routinely sent the questionnaire to our membership of 74 and our contact list of 361. A total of 13 completed forms were received by Derby LINK.

We also spoke to local groups who we thought may regularly access PTS (appendix 2). We attended the Mackworth family fun day, Derby West Indian centre, Sahara project, Hadari Nari project and Derby women's centre.

We requested permission to conduct the survey at the discharge suite of Derby Royal Hospital; however following telephone and email conversations we were unable to secure support for this. This has reduced the number of people we were expecting to be able to talk to which is disappointing but we are still able to offer the following findings.

## **Results**

### **How did you find booking your journey?**

93% of responders found the booking straight forward or had the booking made for them by a service provider

7% found the booking difficult

#### **Comments**

"Booking was difficult and stressful, staff not helpful"

### **How did you find the journey time?**

84% of responders had a positive experience of their journey

16% found the journey time too long due to multiple pick ups as a cause. Of these

7% felt the vehicle was inappropriate for their needs

#### **Comments**

"Inappropriate vehicle for needs and long journey due to pick ups"

"Too long waiting"

### **How did you find arranging a return journey?**

76% of responders had a positive experience of arranging their return journey

24% were dissatisfied with the experience with length of wait for pick up the main concern.

#### **Comments**

"Many hours waiting for return journey"

"Bit of a wait"

### **Are you aware that Derby Community Transport offers a similar service?**

93% of responders were not aware of the service

7% were aware of the service, but none of these had ever accessed it.

### **Do you have any further comments?**

Drivers especially hospital cars are wonderful

Usually aware from home for four hours

We would like a bus LINK from Normanton road to the hospital

Would normally get family or friends to take me

### **Conclusion**

As a LINK we were surprised at how few people with perceived mobility needs access patient transport services.

When talking to people and asking them to take part in the survey the most common response was "I don't use the ambulance, I get my family or friends to take me."

Of those that do use PTS the vast majority (consistently more than 75%) are happy with most aspects of the service they receive, which would indicate a good quality service. However there is clear scope for improvement as those that express dissatisfaction with the service site the same problems, namely;

- Waiting times for pick up
- Length of journey
- Unsuitability of vehicle

These conclusions are those drawn from a small sample of responders to our questionnaire and may not be wholly representative of patient or public experience. However, anecdotal evidence seems to mirror our findings and a larger scale study could be carried out with greater support from service providers if required.