AGE London Concern

London Ambulance Service NHS Trust

Transportforall

PATIENTS' FORUM FOR THE LONDON AMBULANCE SERVICE

Patient Transport Listening Event

May 2007

Age Concern London, the London Ambulance Service, the Patient Forum of the London Ambulance Service and Transport for All would like to extend their thanks to all those patients, participants and speakers who attended and contributed to this event

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Executive Summary

Age Concern London, the London Ambulance Service, the Patient Forum of the London Ambulance Service and Transport for All have been in consultation about the provision of Patient Transport Services in London. As part of this process it was recognised that although commissioners and providers of these services are in regular dialogue on what and how to improve services, there was little or no involvement from patients.

The purpose of the "Listening Event" was to capture views from users of Patient Transport Services and look at ways in which to identify and quantify, where possible, good and bad practice. The event was open to patients, commissioners, providers and regulators of these services. It was acknowledged from the outset that this event would not in itself produce solutions. It would be a base for ongoing work which would include all interested stakeholders, including patients, to improve services provided across London.

The experiences of patients were captured on the day through 3 main exercises:

- Facilitated group work with patients;
- A question and answer session following presentations from a patient, commissioner and provider of patient Transport services; and
- An interactive voting exercise.

From these exercises we were able to conclude that the patient experience was variable and confused. In particular:

- Eligibility for patient transport depended on which treatment centre you attended and in some cases saw patients using social transport to meet appointments;

- It was difficult to differentiate between the different providers by sight; although the standard of care and timeliness varied considerably;

- Over half the patients (56%) consistently encountered problems with patient transport and over a quarter "always" made a complaint;

- Where complaints were made, 79% of the patients felt these were not resolved adequately and they were unsure on how to pursue these further;

- There was no minimum criteria or standards which applied to the provision of PTS and no particular body or agency to monitor or take action where failures in service occurred.

This report recommends that further work is carried out via specific work groups including a cross section of stakeholders to concentrate on:

- Patient communication;
- Patient Transport standards;
- Regulation and monitoring.

In addition it identifies a need to:

- engage with regulatory bodies across the capital. To make them aware of patient issues and promote action where necessary;

- encourage commissioners to consider the views of their patients whenever transport, or indeed any area that may directly affect them, is discussed. This could include the involvement of patients within user group forums and as participants in the tendering process; and

- seek the views of other patients on each of the key issues raised at this event; ensuring that the mix and diversity of patients reflect the make up and cross section of users and providers in London.

1. Introduction

It is estimated that approximately 3 million patient transport journeys take place in the capital each year. These journeys are often undertaken by those who have specific medical need during transport or whose mobility requirements mean that they would otherwise not be able to access their ongoing healthcare provision. The eligibility of patients to receive transport is decided by clinicians who make this judgement based on clinical need.

Patient transport services are provided free to patients and are commissioned, within London, by a variety of organisations including Primary Care Trusts, acute, general and private Hospitals.

Recently the London Procurement Programme, set up by the London Strategic Health Authority, estimated that this service across London was costing the National Health Service approximately £57 million per annum. This service is provided by numerous companies including; statutory Ambulance Services, in-house hospital services, private ambulance services, taxi companies, car hire services to name a few. The capital probably has the widest variation of providers within its catchment area and this has been an ongoing situation for a number of years.

London PTS services can be rather piecemeal and variable in provision. In the main this is based on the conditions placed on providers by differing commissioners on award of contracts for specific areas of work within the capital. Consequently, there are generally full and ongoing discussions between the provider and commissioner on the level and nature of the service provided which will consider financial and quality aspects of the service from their perspective.

For patients the quality of service provision is key. Following consultative meetings between Age Concern London, the London Ambulance Service, the Patient Forum of the London Ambulance Service and Transport for All, it was felt that patients were given limited, or no, opportunities to comment on the services they received and furthermore had no input into how services should be configured and utilised in the future. As a consequence it was agreed to hold a pan London PTS listening event to give patients an opportunity to have their say.

The aim of this event was to listen to patients experiences of the services currently provided to them by the various providers; to try and establish the problems they encountered and if possible to quantify this. It was also intended as an opportunity for commissioners and regulators to be involved in a process to enable better informed tendering of PTS, reflective of those needs and wants of the end users.

Invitations were issued to every acute hospital trust and PCT in London, and also to various organisations concerned with issues affecting disabled or older people in the capital. Transport users were invited via the London Ambulance Service and also through links with Age Concern London and Transport for All. Representatives from the Department of Health, Strategic Health Authority London and the Healthcare Commission were also invited.

It is important to recognise that, at this stage, this event was not designed to provide answers to patient's problems with patient transport services. Its purpose was to act

as a base from which to identify ongoing work in this area and consequently, this is reflective of the contents and recommendations of this report.

During the listening event, time was given to providing patients with an overview and perspective of patient transport services from both a commissioning and provider viewpoint. Details of the presentations given by these parties are included in this report for context, however, the focus of this report is firmly centred on the patients perspective and issues raised.

Patients who raised specific problems in respect of PTS, were given an opportunity to access the Patient Advise & Liaison Service (PALS) network via the London Ambulance Service PALS team who were present. Problems identified were passed on to the relevant hospitals PALS teams for comment or action as necessary. However this report has removed specific names of hospitals and providers as this event has concentrated on service London wide and hopes to identify learning points for all providers and commissioners alike.

2. The transport relationship & perspectives

It was suggested that there were three parties involved in the provision of each and every patient journey which took place; the patient, the commissioning body and the provider. Each party in the relationship had a responsibility to the others to ensure that the services provided were appropriate and effective for each and every journey.

To provide context for the day, presentations and video interviews were provided by the following:

Patients:	Talking Head 1 Pamela Moffett Helen Sibthorpe
Commissioner:	Diane Lee, Head of Facilities, Kingston Hospital NHS Trust
Provider:	Nic Daw, Head of PTS, London Ambulance Service

2.1 Key points from the patient perspective

From the video interviews taken prior to the event the main key points were:

- Both patients had fallen from wheelchairs which had not been strapped into the vehicle properly.
- Patients are unaware of the correct procedures for making a complaint: who to, who is responsible, what is the result?
- Late arrival for appointments causes patients considerable stress as they believe that they will not be seen.
- Both had many positive experiences of PTS and praised crew staff for doing a difficult job.
- PTS should make use of alternative vehicles. Smaller one wheelchair vehicles for nipping through the traffic, and dial a ride or black cabs but "*only if the NHS are prepared to fund such journeys".* Otherwise there is a double subsidy for PTS and this would also prevent people using dial a ride and black cabs for their originally intended purpose.
- Crews should have local knowledge of the area they are working in to prevent unnecessary delays.
- Uncertainty over when vehicle will arrive. This has improved with the introduction of crews phoning patients to give an expected time window for collection.
- Out patients should not be conveyed on the same vehicles as discharged inpatients who are often improperly dressed or incontinent etc.

- Neither had been consulted previously regarding PTS. One felt that patients should be surveyed in person but also felt that patients feared victimisation for making any negative comments.

Copies of these interviews can be found on the DVDs in appendix 1

Helen Sibthorpe, a user of patient transport services for many years, expanded on the patient experience in her presentation. In particular she raised the following points:

- Minicabs and non-statutory providers of ambulance services are not properly regulated and these companies provide an *inept* service. '**I**nefficient **N**on-**E**mergency **P**atient **T**ransport' service.

- The training they provide is inadequate, there are no formal checks made on the staff employed to undertake these services, standards of driving are poor and vehicles are inadequately equipped.

- The worst aspect is the time spent waiting for transport. One driver reported that 'there is little or no profit in putting one patient in a car' and patients spend many hours waiting for patients to fill cars before finally getting transport home.

- Concern over the lack of regulation for PTS providers. There should be an independent third party body overseeing performance targets and ensuring that minimum criteria are consistently met.

- Concern over the lack of consultation with patients whose views and experiences are essential to inform progress. 'Nothing about us without us'.

Helen's presentation is also available on the attached DVD and a hard copy can be found in appendix 2.

2.2 Key points from the commissioners perspective

Diane Lee gave a clear insight to the scale of operation of the Kingston Hospital trust. In particular, Diane highlighted the impact that failure of patient transport services had on the hospitals effectiveness and how they worked with patients in finding the right service. Key points of her presentation were:

- There are many considerations to be balanced when procuring PTS services: organisational culture/learning/capability, patient expectations, demand on services and budgets.

- Future PTS contracts will involve patients in the monitoring and reporting of performance and trust staff in drawing up PTS contracts, payments will be withheld for poor performance and there will be agreed collection and return times to reduce unnecessary waiting.

- Patients do not want to be in hospital but have no choice. Often they are frustrated, in pain, and receiving bad news.

- We have to look for different ways of doing things to improve the patient's experience.

- Finally, PTS is 'no one person's responsibility'. There are many people involved and they must work together to improves PTS services to patients.

A full copy of this presentation is in appendix 3.

2.3 Key points from the providers perspective

In his presentation Nic Daw set out who was eligible to receive patient transport services as set out in Department of Health eligibility criteria. In addition he highlighted how this was determined and by whom. He reflected on the need to increase understanding of the competing needs of all 3 parties in the transport relationship; whilst acknowledging that the greatest need was to focus on that of patients and their care. Key points of his presentation were:

- There is a balance between providing a first class caring service for patients and the financial constraints of the NHS and we must understand the needs of patients in order to get this balance correct.

- Concern with the quality of service provision once the tender process is complete and a provider installed. Often a good service is provided during the tender process but this deteriorates once the contract is awarded.

- Who monitors provisions of PTS? Hospitals often carry out some monitoring but there is no patient input in determining the outcomes for consistent poor performance.

- PTS involves a three way partnership between patients, commissioning Trusts and PTS providers and each needs to take responsibility for ensuring that PTS is carried out smoothly.

- Communication is an issue. Trusts block book patients for the same appointment time but this is not communicated to patients who experience additional stress when their appointment time passes and yet no transport has arrived. Lost journeys are also incurred for various reasons which impacts on the quality of service for the remaining patients and there needs to be communication flow in all direction to prevent such wasted journeys.

A full copy of this presentation is in appendix 4.

3. The patient experience

Throughout the course of the event patients were asked to relate their experiences of patient transport, give their views on how they believed the services could be improved and to take part in a system of interactive voting to produce quantitative data.

The exercises used were done to maximise the pool of information so that on analysis the main themes or elements requiring change could be identified for future work.

3.1 Table discussions

On the day the room was organised into 7 tables which included approximately 6 patients 2 facilitators, 1 commissioner or provider and at least 1 other healthcare professional. The purpose of the exercise was to encourage patients to relate experiences of patient transport, either good or bad, and to capture the underlying themes.

From the records produced on the day the following main themes were identified:

- Treatment of Patients

  In general terms, Ambulance crews were viewed as doing a good job although reception *("front of house")* staff were seen as being less helpful and required to be more customer focussed.

  There were concerns about the number of "*agency/contracted in/taxi drivers*" being used. In particular it was felt that these resources quite often did not know the area, were not trained to cope with medical need/behaviour and at times could be aggressive in their approach. It was commented in a number of occasions where these agency/external companies had been used, that there were language issues which complicated the process.

  Patients liked to have a "*regular*" driver/crew whom they got to know and trust. It was more likely now that different drivers would collect patients and therefore it was important that they were easily identifiable and clean. This was not always the case.

  Concerns were raised in respect of training standards of non-statutory Ambulance providers. Although there was no direct evidence of this, it was suggested that patients were under additional stress resulting from their concerns. A number of examples were given where, in particular, wheelchairs were not strapped in properly and/or Ambulance staff refused to listen to patients or carers on how certain wheelchairs should be secured to vehicles.

  Patients talked about their concerns with the way in which ambulances were loaded with lots of other patients. In particular there were fears regarding cross infection when discharged inpatients were put on the same vehicle as outpatients. Additionally it was stated that inpatients were often not properly dressed and this showed a lack of respect for the dignity

of patients. Dignity was seen as a key point in patient transport and one which was often overlooked.

The service to patients from minority and ethnic backgrounds was seen as something that was "*done to*" them rather than provided. They felt that specifically where language barriers existed they had more trouble in accessing and receiving patient transport.

- Complaints

  In lots of situations patients admitted that they were not sure who the patient transport provider was and therefore were unsure of whom to make a complaint to.

  Even where a complaint was made to the right person there was a feeling that they were being "*fobbed off*" and did not know where else to go. It was asked if there was a central point where all complaints were logged and providers scrutinised, outside of the commissioner and provider themselves.

  In some cases, because patients had an ongoing transport need, they felt worried about making a complaint as they did not know whether this would have an effect on the service they would receive in the future.

- Timeliness:

  Patients reflected that the time taken for the whole experience was too long "a *7 hour day for a 5 minute consultation".* For specific patient groups this caused particular problems such as wheelchair users spending inordinate amounts of time in their wheelchairs or diabetics where it disrupted medication or meal routines as examples.

  Examples were given when patients were picked up 2 to 3 hours before their appointment time and this was felt to be unacceptable as it extended the day.

  Particular issues seemed to surround the amount of time that was spent in the hospital waiting to return home. There were some general comments that waiting for transport between 15 to 90 minutes was acceptable. To quote one transport user, "You have to be a patient, patient". However there were examples where a number of patients had waited up to 3 or 4 hours in extreme cases.

  Waiting facilities at hospitals were generally viewed as being poor. Access to these facilities was not always good with examples of inaccessible areas to wheelchair users. Where there was a long period to wait for transport there was often no consideration for the patient in terms of food or drink which was a particular concern for diabetics. There was a suggestion for the need to have minimum standards for waiting areas around environment and facilities with a recognisable person from the hospital who was in charge of the area.

  There was a view that waiting times improved whilst services for a hospital were out to tender, although deteriorated again once the contract was won.

- Communications:

  There were 3 areas highlighted around communication:

  a. Communications about appointments. It was felt that there should be a single point or telephone number for patients to use to seek clarification about appointments. This was difficult given the number of different providers which operated in London.

     Although it was becoming more common it was felt Ambulance personnel should ring patients on the day to advise when they were going to pick patients up and when they thought they were going to arrive.

     That appointment times were specific and practicable. A number of examples were given where transport arrived late to pick up patients, however, on arrival at hospital they were still seen as predicted by the Ambulance Personnel. This suggested that the appointment times were not reliable, however, the thought of being late and missing medical treatment caused stress and anxiety.

     There appeared to be a lack of communication between hospital departments and providers resulting in poor service provision. Patients expected the patient journey to be a seamless part of the experience although this depended on where you were going. A number of examples were given, especially around out of hour's services, where the transport desk was closed and patients were not given any advice or support on how they would travel home.

     Other examples were given where hospital/booking staff did not relay messages to providers about difficulties in accessing patients homes i.e. lifts/stairs etc. This led to inappropriate vehicles and staff being sent and delays encountered while this was being rectified.

  b. Communications about services. There was a general view that there was not enough information about what services were available and to whom. This was especially true where patients were required to attend more than one hospital for their treatment. For instance patients found that they were eligible for transport at one hospital and found that they were ineligible at another.

     The type of services (use of ambulances/minicabs etc) provided varied greatly between hospitals. Patients reflected that there was a lack of standardisation in the services received and again this was not communicated to them. The feeling was you just waited to see what turned up.

     Patients and carers felt there was a lack of consultation either by individual hospitals when commissioning services or at a more strategic level when considering how services should be provided London wide.

  c. Communications between providers. It was generally felt that there was no communication between providers at different hospital sites and this therefore led to a disjointed approach. Patients travelling between sites in particular found that there were delays whilst

decisions where made on who was responsible for the transport and again there could be disparity in the level of service provided.

Patients discussed the need for different providers to interact more with each other and to spread good practice, although it was also accepted that this was difficult whilst they competed against each other for work.

It was also commented on that there was a need for greater communication with other agencies, outside of the health market, such as dial-a-ride and taxicard to increase the range of options for patients to get to hospital. Presently there was no co-ordination between health and community services.

- Vehicles

Examples were given of a wide variety of vehicles being used across London and questions raised regarding the suitability of some of these. There were numerous examples of unclean or soiled vehicles being used and fears expressed of how this may lead to cross infection; let alone how unpleasant it made the journey.

It was suggested that a move to smaller vehicles such as those being used by social transport would be preferable to large multi drop “buses”.

Wheelchair patients found that not all vehicles were able to cater for the variety of chairs used and/or that there was a lack of proper equipment to secure them in the vehicle properly. This led to examples of patients travelling without proper constraints.

- Patient Transport Policy

It was stated that there appeared to be only one solution in providing transport services i.e. taking the patient in an ambulance to hospital. Some patients suggested that providers needed to demonstrate some innovation in providing differing services, such as providing a free bus service from train stations to the hospital, for example, where patients were more mobile.

Patients gave examples of how inconsistent the provision for transport was; with some hospitals providing transport and others not for the same patient. Questions were raised over who makes the decision to grant transport. It was felt in many cases that this was done by administrators who had no knowledge of medical need or based the decision solely on the appearance of the patient.

Consequently it was voiced that many patients were turning to social transport such as Dial-a-Ride or using taxi cards to make journeys to hospital. In a few cases patients said that GPs and hospitals had encouraged them to use their taxi card to get to hospital.

Patients commented that given parking restrictions at hospitals and with costs of both parking and congestion charging it was increasingly difficult to rely on friends or family to provide transportation. It was suggested that where many patients who required on-going transport were pensioners,

the cost became a real factor and therefore eligibility criteria for provision of transport should also consider cost and social need.

Participants suggested that perhaps there was a need for a single body in London to control all journeys, both health and social, and direct the appropriate resource to carry out the transportation.

Due to the numerous providers of patient transport in London, a number of patients questioned who held the role for monitoring and measuring services within London. General views suggested that there did not appear to be a single standard for driving or first aid training across all providers. Also questions were raised about whether all providers carried out adequate checks such as the CRB and reference check, on staff.

A listing of the bullet points obtained during this exercise is shown in appendix 5.

3.2 Questions from the floor

Following on from the presentations from the patient, commissioner, provider and representative of the Patients Forum to the London Ambulance Service a question and answer session was held.

In a number of cases the questions posed related to specific PTS operations at particular hospitals. In these cases the panel were unable to give specific answers although responded with more general responses. Names of specific hospitals or operators have been removed from this report.

The questions asked and statements made from the floor were:

- How do you let patients know about the Patient Forum?
- How far and wide is the Patient's Forum represented in London?
- Individual budgets are coming in soon for patients which will enable users on direct payments to buy their services. How will commissioning strategies fit in with those patients? How will patients be able to purchase services at a price they can afford?
- Why don't patient transport services provide a bus type service from mainline train stations and bus terminals to hospitals in London?
- If a patient requires 3 hours to get ready in the morning it is not reasonable to send an ambulance at 7.00 am. Consider the patients needs.
- I have never seen anything on the Patient's Forum in PTS transport areas or GP surgeries where interested parties are likely to attend.
- Parties tendering for a contract should be monitored closely by commissioners. Services are likely to be great for three months and then deteriorate once the tender is awarded. How are they monitored?

- Patient questionnaires must be carried out at random and relate to general transport experiences, not a specific day when transport is operating exceptionally well. They should be carried out by an independent party.

- There is a dirth of information on all services and yet participant has never seen anything on the Patients Forum. Leaflets should be available in libraries, social services offices etc.

- Communication in general to patients is poor. Is there a code of practice? Everyone should be able to easily access information.

- Aren't patient forums ceasing to be this year?

- Experts will listen to you but will then do what they want.

- It is very powerful hearing users talk about their experiences and a good way to do this is via discovery interviews.

- There is a need for co-ordination and for a London wide standard for patient transport services.

- Why does Helen Sibthorpe think that there are delays on PTS services?

- How are abortive journeys calculated, and what is being done to address the issue?

- Patient transport services are run as a business. If you buy a packet of crisps from a shop and they are not nice, you do not return to that shop. That is what should happen with PTS.

- Market forces and community care services don't sit well together.

- Why is there no co-ordination point in the health industry to share good practice among PTS providers and commissioning Trusts. Good practice should be shared and standards imposed.

- Communication issues – Clinics do not let transport know when they have cancelled an appointment and communication between PTS providers and patients need to be improved. Patients should be phoned before hand.

- The Patients Forum has contacted the strategic health authority, the government, PCTs and commissioning Trusts to discuss national standards and monitoring but the answer is always, "sorry, the business is driven by market forces" and they do not seem to want to work together.

- The patient's forum has requested information from private providers regarding their standards and quality but has received no response.

- The Healthcare Commission should be funded and empowered to monitor PTS providers independently.

- Commissioning Trusts are driven by costs and often the Trust Board making the decision is disconnected from the Trust staff dealing with PTS and it is not always in their interest to have a level playing field.

- Why can't we have smaller vehicles? The LAS have smaller vehicles don't they?

- Husband was discharged from *hospital* to a block of flats after having a new knee fitted. Wife told the transport that he must have a wheelchair but he was delivered in a car and left hanging onto some railings to make his own way into flats. (Issue referred to PALS department).

- Sat navs often direct vehicles to one entrance on estates with flats and the estates are often not signposted well. Vehicles will often leave without finding the correct address.

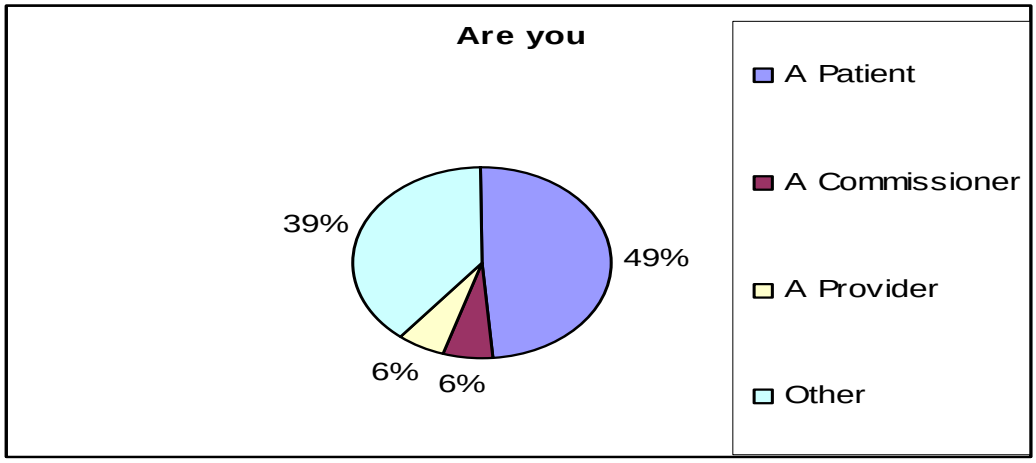
- There should be a guideline for health & safety on PTS vehicles, eg, cleanliness of vehicles and what happens in the event of an accident, particularly regarding cross infection.

3.3 Interactive Voting

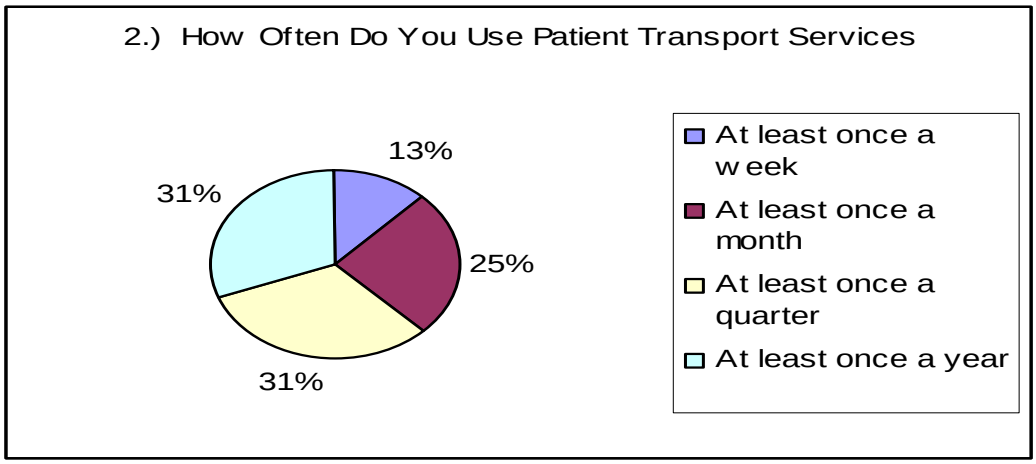
All participants were asked to take part in a system of interactive voting. Each individual was given a keypad with 4 responses. When guided to they could vote for the response which they felt best matched their experience or view of patient transport.

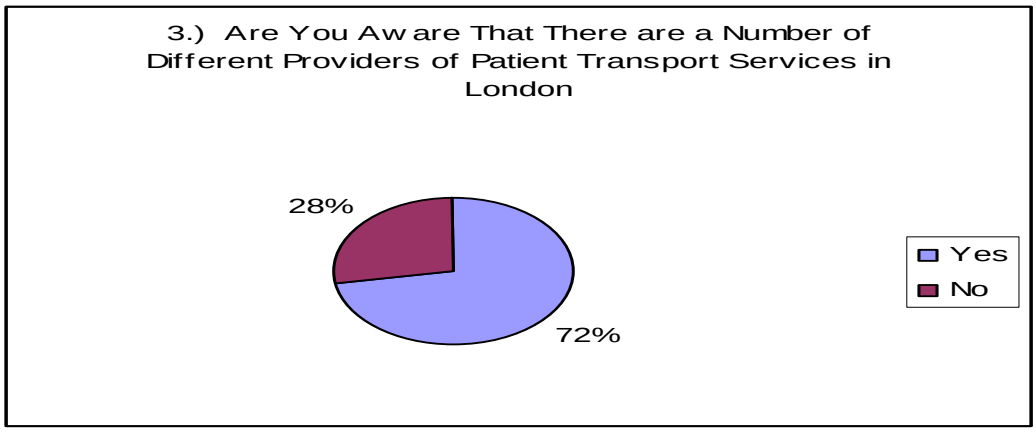
The questions were grouped for either patients, commissioners or regulators. However, given the low turnout of commissioners and regulators on the day, only the questions for patients were used.

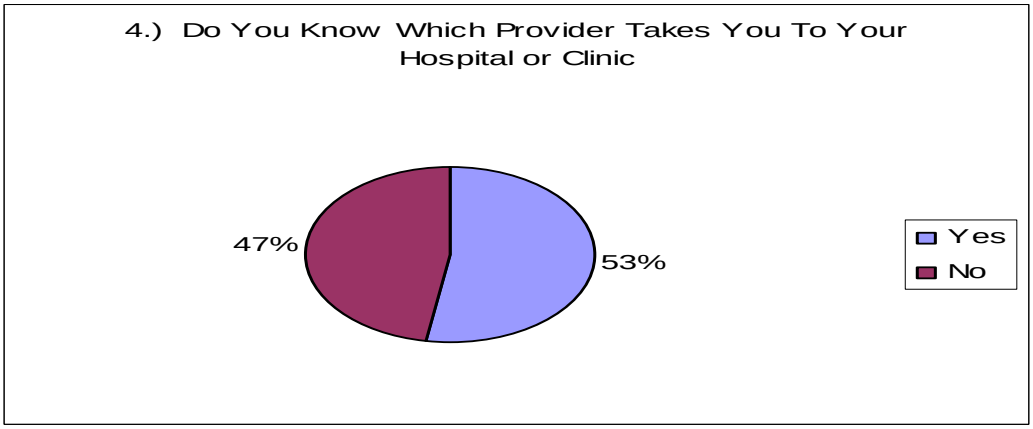
The questions and results were as follows:

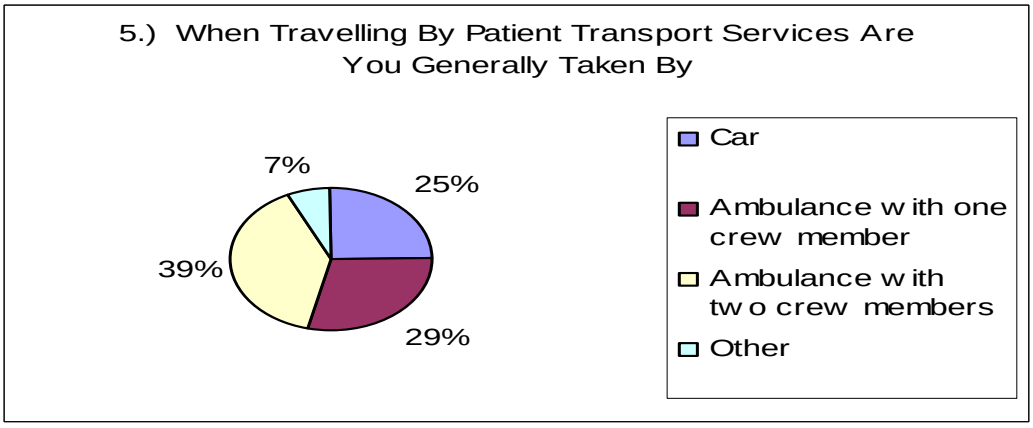


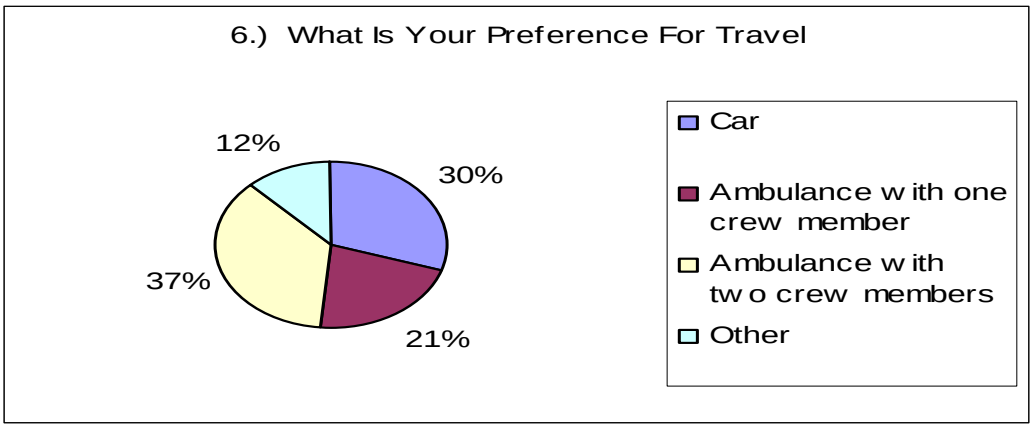
"Others" were made up of carers, other stakeholders but not in a commissioning role and facilitators from the events organising bodies.

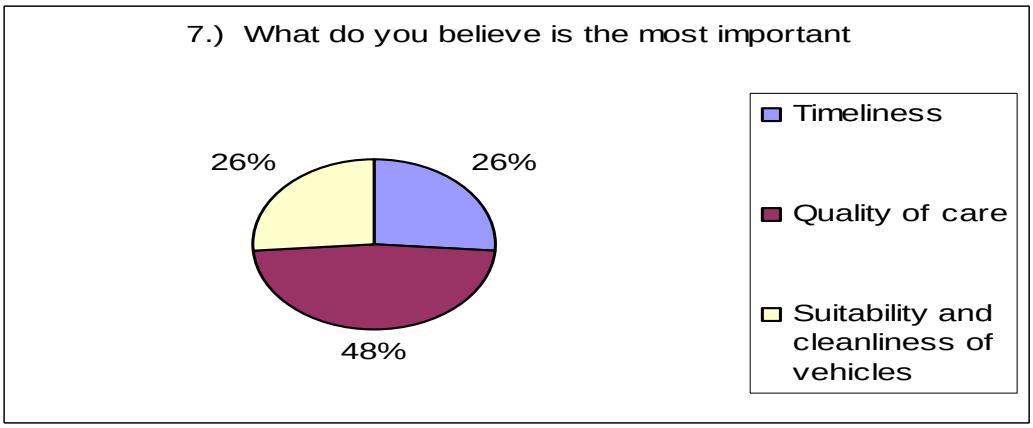

2.) How Often Do You Use Patient Transport Services
13%
25%
31%
31%
At least once a w eek
At least once a month
At least once a quarter
At least once a year

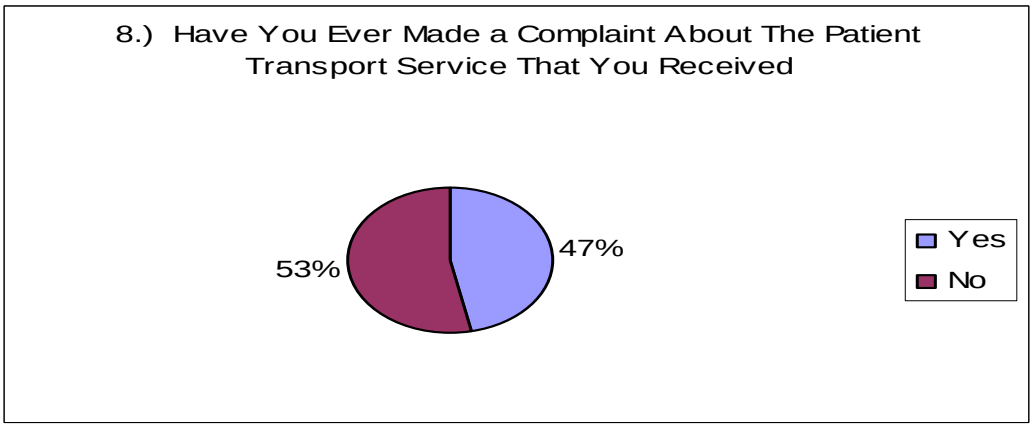

3.) Are You Aw are That There are a Number of Different Providers of Patient Transport Services in London
28%
72%
Yes
No

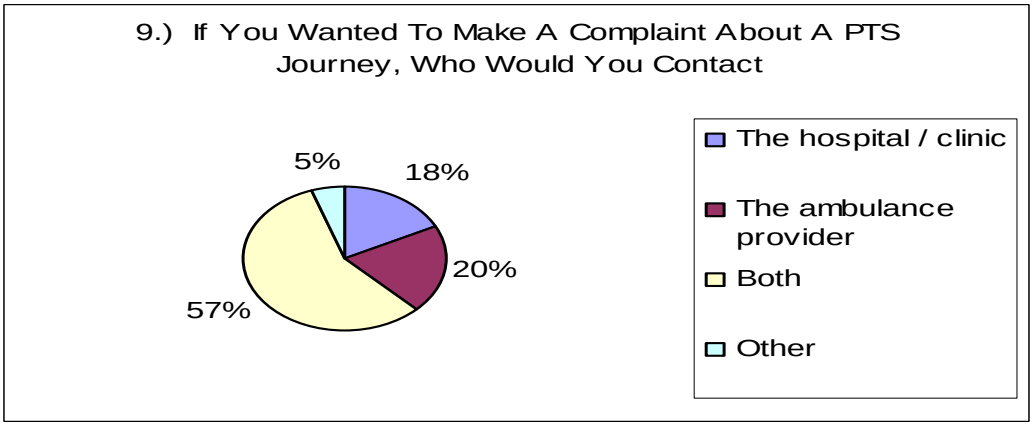

4.) Do You Know Which Provider Takes You To Your Hospital or Clinic
47%
53%
Yes
No

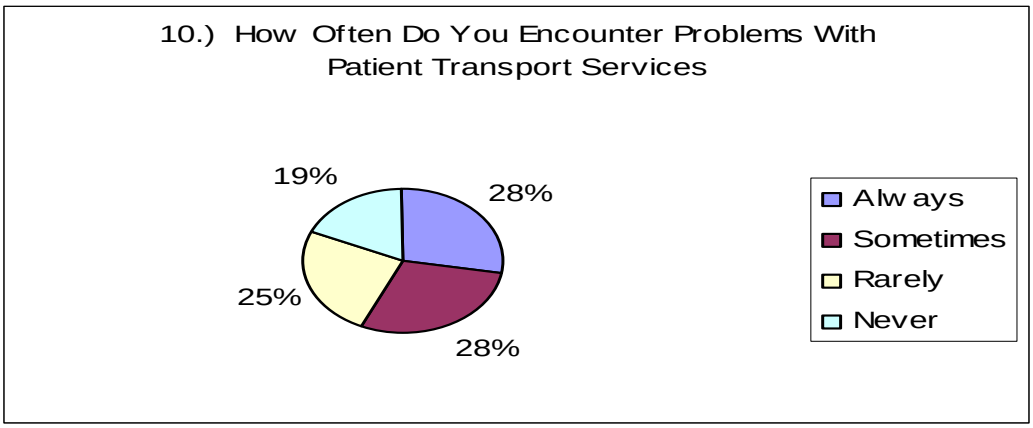

5.) When Travelling By Patient Transport Services Are You Generally Taken By
7%
25%
39%
29%
Car
Ambulance w ith one crew member
Ambulance w ith tw o crew members
Other

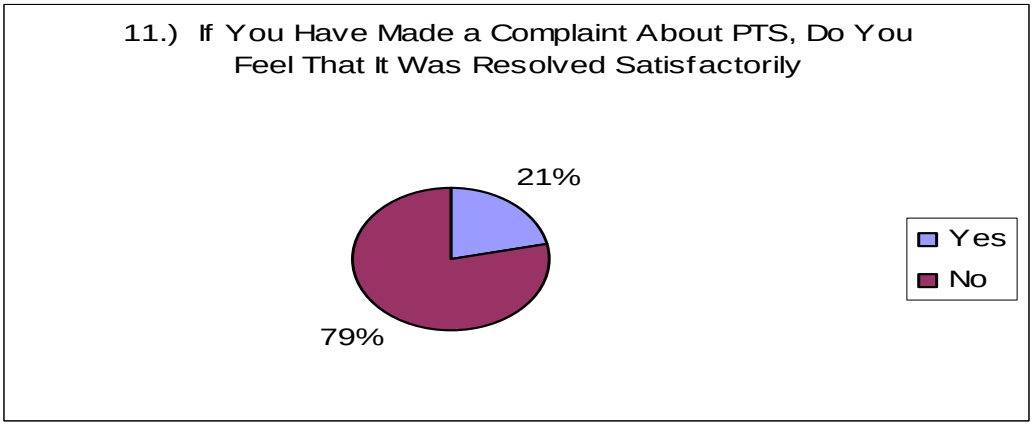

6.) What Is Your Preference For Travel
12%
30%
37%
21%
Car
Ambulance with one crew member
Ambulance with two crew members
Other

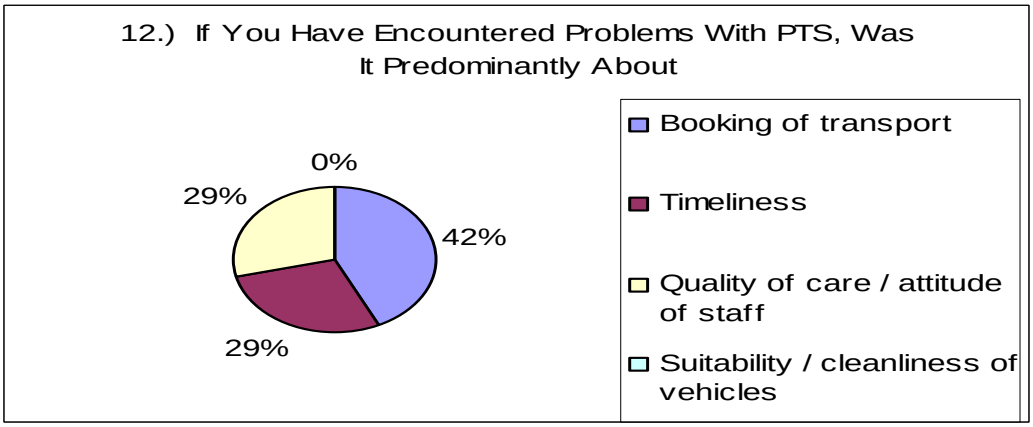

7.) What do you believe is the most important
26%
26%
48%
Timeliness
Quality of care
Suitability and cleanliness of vehicles

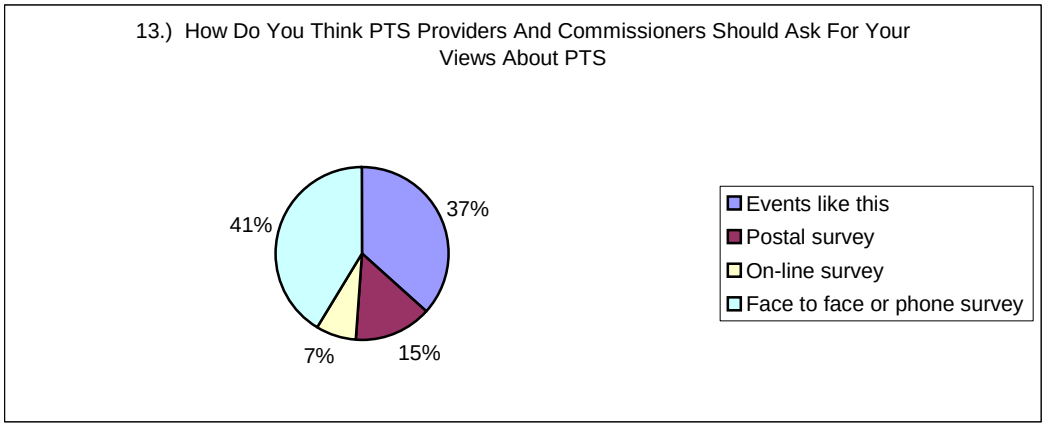

8.) Have You Ever Made a Complaint About The Patient Transport Service That You Received
53%
47%
Yes
No

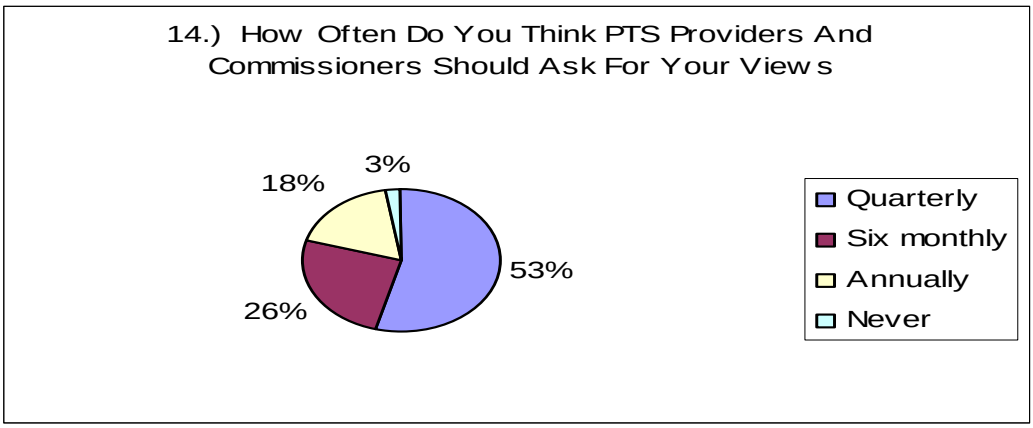

9.) If You Wanted To Make A Complaint About A PTS Journey, Who Would You Contact
5%
18%
20%
57%
The hospital / clinic
The ambulance provider
Both
Other

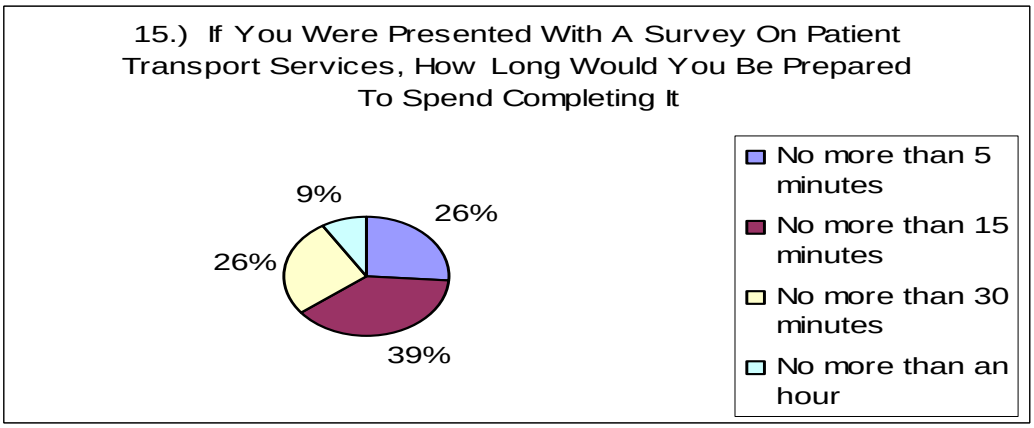

10.) How Often Do You Encounter Problems With Patient Transport Services
19%
28%
25%
28%
Always
Sometimes
Rarely
Never

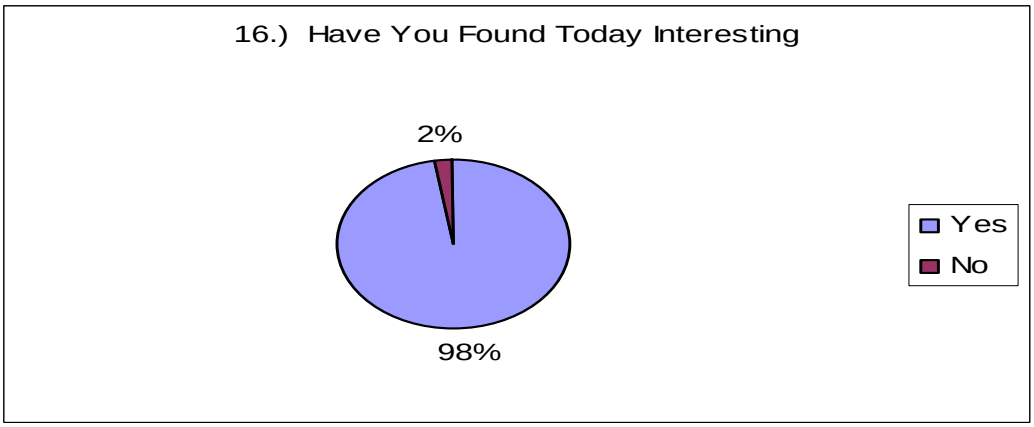

11.) If You Have Made a Complaint About PTS, Do You Feel That It Was Resolved Satisfactorily
21%
79%
Yes
No

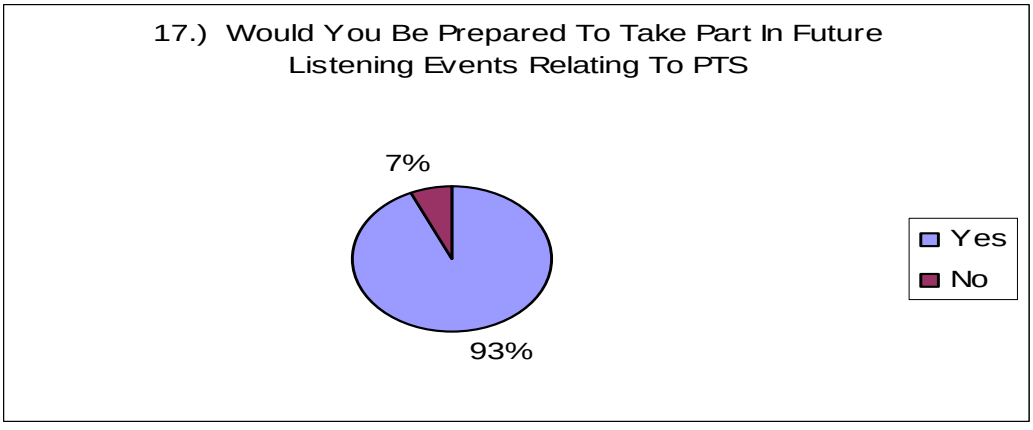

12.) If You Have Encountered Problems With PTS, Was It Predominantly About
0%
29%
42%
29%
Booking of transport
Timeliness
Quality of care / attitude of staff
Suitability / cleanliness of vehicles


13.) How Do You Think PTS Providers And Commissioners Should Ask For Your Views About PTS
37%
41%
7%
15%
Events like this
Postal survey
On-line survey
Face to face or phone survey


14.) How Often Do You Think PTS Providers And Commissioners Should Ask For Your Views
3%
18%
53%
26%
Quarterly
Six monthly
Annually
Never


15.) If You Were Presented With A Survey On Patient Transport Services, How Long Would You Be Prepared To Spend Completing It
9%
26%
26%
39%
No more than 5 minutes
No more than 15 minutes
No more than 30 minutes
No more than an hour


16.) Have You Found Today Interesting
2%
98%
Yes
No


17.) Would You Be Prepared To Take Part In Future Listening Events Relating To PTS
7%
93%
Yes
No

4. Conclusions

Throughout the activities to capture patient views there were a number of recurring themes. In particular, it was evident that there was a lack of consistency in the provision of services and the standards to which these were subsequently delivered.

The main themes were:

- Patients gave numerous examples of bad experiences when using patient transport services. Of those attending 56% stated that they (always/sometimes) encountered problems and consequently this led to over a quarter of them “always” making a complaint.

- Patients are very confused by the whole process of PTS provision and would welcome a new approach which provided a consistent approach to eligibility no matter where you live or where you are treated. Ideally, they wanted a single point of contact for all transport provision across London.

- Patients want to understand who will provide their transport services, what transport will be provided and when it will arrive. They also want to know that the vehicle will be suitable for its intended purpose; it will be clean and well equipped. That the staff manning the vehicle will be adequately trained to provide the necessary level of care.

- Nearly 50% of patients at the event who attended treatment centres in London by way of PTS did not know who had provided their transport services. Patients want a transparent PTS where providers are easily recognisable and accountable for the services that they provide.

- Where complaints were made; 79% of those attending felt that it was not resolved adequately. Consequently, patients want to clearly understand how to pursue complaints when they feel the initial response from a provider is inadequate.

- Patients are concerned about the lack of a perceived statutory body or agency responsible for monitoring patient transport provision in London. They felt that this was necessary to ensure that there are basic minimum criteria and standards applicable to all providers, which could be monitored and where necessary punitive action taken to rectify failures.

5. Recommendations

This event represented a starting point from which to establish patient issues in respect of patient transport. The following recommendations therefore reflect the issues raised and also consider what actions are required to expand on this piece of work.

It is recommended therefore to:

- establish a number of working parties to look at and recommend improvements. The working groups will look at:
    - patient communication,
    - patient transport standards,
    - regulation and monitoring.
- engage with regulatory bodies across the capital. To make them aware of patient issues and promote action where necessary;
- encourage commissioners to consider the views of their patients whenever transport, or indeed any area that may directly affect them, is discussed. This could include the involvement of patients within user group forums and as participants in the tendering process; and
- seek the views of other patients on each of the key issues raised at this event; ensuring that the mix and diversity of patients reflect the make up and cross section of users and providers in London.

We are very grateful for the valuable contributions made by all who attended this event and to those of you who have expressed an interest in remaining involved with the subsequent work groups we are setting up to look at specific areas of concern.

If you still wish to remain involved we would ask that you complete the form below, identifying which work groups you would like to be involved with, and return to the FREEPOST address below. Please note that you may choose to be involved in one or more groups as you wish.

FREEPOST NAT 10998
London Ambulance Service
Patient Transport Service
8-20 Pocock Street
SE1 0BW

LONDON AMBULANCE PATIENT TRANSPORT SERVICE
PATIENT & PUBLIC INVOLVEMENT

I am interested in taking part in patient and public involvement work to look at issues surrounding the provision of patient transport services across London. I would like to be involved in the following work groups: (please delete as appropriate)

- Communication
- PTS Standards
- Regulation & monitoring of PTS

Name: ……..

Address: ……..

……..

……..

Postcode: ……..

Telephone No: ……..

Mobile No: ……..

E-Mail Address: ……..

Appendix 2

NOTHING ABOUT US WITHOUT US

As a cancer survivor since 1972, I want to tell you about patient transport from the user's point of view. This is an important part of NHS services to some of the most elderly, frail, sick and vulnerable in our society and is particularly important for those with a chronic or terminal condition, such as cancer or renal failure.

What should we expect of the service? Well the Government's National Cancer Plan says:

> "By 2008 the NHS will provide patients in England with services that compare well with world class standards. Choice and responsiveness to individual needs will be a reality for all, not just the more affluent or better informed."

Well they aren't succeeding yet. As one patient told me:

> "I can cope with the cancer, but hospital transport is trying to kill me."

Patient transport falls into two categories: the emergency services and professional ambulances with trained staff and equipped vehicles on the one hand and the minicabs and dedicated hospital transport companies on the other. I have experienced all types in the last 12 months. I have nothing but praise for the former and considerable problems with the latter. To quote a Macmillan Cancer Support report:

> "Public transport and hospital transport are often neither adequate nor suitable for cancer patients."

The NHS loves acronyms and I have one for the second category: Inefficient Non-Emergency Patient Transport; INEPT. They are subject to commercial contracts that the hospital trusts will not discuss, but I have chatted 'innocently' to enough drivers to have gleaned the following information. There are two types of INEPT service: minicabs and dedicated hospital transport.

INEPT minicab drivers are monitored by the Public Carriage Office and the drivers have criminal record checks. INEPT dedicated hospital transport drivers are not obliged to be monitored or checked unless the service contracts with the hospital trusts require it. So next time you go to hospital, your driver could be a moonlighting robber or a paedophile. One driver boasted to patients he was carrying that he had lost his licence, but had got a new one under another name. So if the cancer doesn't get you, the driving might.

Neither type of driver has to have any first aid training and most don't. They do not have to carry a first aid box, tissues, water, oxygen or a bag to be sick into. So they don't usually. On the other hand, they will usually play loud music or radio talk shows to cheer you up and help get rid of your headache; they will tell you what you can and can't get into and out of, even though they have no medical training; and some of them will drive aggressively over speed bumps and kerbs, braking and accelerating and swinging round corners like a demented fairground ride.

One actually broke part of my wheelchair. I am still waiting for compensation.

Some of them, of course, will be kind, courteous and considerate; they will help you, give you time to walk slowly or push your wheelchair. They are not the problem.

The worst aspect of the INEPT system is the appalling amount of time you have to spend waiting around for the service. This contrasts sharply with the efficiency of the ambulance services.

You have to be ready for collection in the INEPT system 2½ hours before your appointment and there is still no guarantee that you will get there on time. The situation is so bad that St Thomas' Physiotherapy Department appointments are booked in for collection up to 3 hours early. I live in Zone 2 for London Buses (and we are in Zone 2 now), but I routinely deduct 15 minutes from my appointment times. In the last 16 visits for which I have been well enough to keep a record, I have been late 4 times, once being picked up 45 minutes after my first appointment and arriving 40 minutes late for my second.

At the end of a tiring day, with dialysis or chemotherapy, you can have to wait up to 2 hours for INEPT transport home in a badly lit and ventilated area, with a TV droning irritatingly and no chance of a cup of tea, let alone something to eat because otherwise you will miss a meal. In the same journeys, when there were no special health-related circumstances, my average wait varied from 45 minutes to 2 hours, a mean waiting time of 52 minutes and an average of 56 minutes. Please

remember this waiting time occurs when I am so exhausted that I ache from the roots of my hair to the soles of my feet, and my back pain can, at the same time, be devastating.

Why do we have to wait so long? In case the service company can make a bigger profit. I am lucky enough to know a former INEPT driver who is now a cancer survivor. He told me that there's little or no profit putting one patient in a car. Two give an average profit, but three is lucrative, apparently. I can't tell you how often I have sat for 90 minutes with someone I know lives near me, only for us to travel home together, simply because the company hoped to get a third patient. We suffer for their profits.

Who monitors the standard of their performance? The hospital trusts do in a sporadic and unreliable way. There is no independent third party authorised and tasked with overseeing performance targets and ensuring contracts meet reasonable minimum criteria. The major reorganisation of the NHS that has taken place did not include creating a watchdog. This should be a priority for government.

And it's not just me, however much I am prepared to speak up. To quote Macmillan Cancer Support one final time:

> "Patients hate using the hospital transport service. They have to be ready early in the morning, and then don't get home until late (maybe 10 p.m.) after treatment. Patients are sometimes 'forgotten about,' and miss an appointment. It is very distressing for them."

Most of the service users are to ill or too worried or to tired to speak up for themselves. Please use your voice to make the quality of their lives better. But remember, we who use the service are in many ways the experts on where and how it is going wrong. So, please, if you start monitoring this aspect of NHS service delivery, remember that you need the views and experiences of the service users as well as the statistics: nothing about us without us.

Thank you.

Patient Transport

Diane Lee
Head of Facilities
21st May 2007

A very sensible lady once said...

"…hospitals should do the sick no harm"

Florence Nightingale 1820 - 1910

Kingston Hospital NHS Trust:

- a single site Acute General Hospital situated 12 miles south west of Central London.

- population of 320,000 people in Kingston, Richmond, Roehampton, Putney, East Elmbridge and Wimbledon

- has a reputation for day surgery and maternity services

Vision & Strategy…

To deliver high quality, safe acute healthcare to our immediate community and beyond.

- This will be achieved through a 'Patient Choice' strategy resulting in repatriation of services and increasing market share within the catchment area and beyond

Activity 2005 / 06:

- Elective 18,660
- Non-elective 33,623
- Outpatients 226,822
- A&E 99,972

Key Statistics 2005 / 06:

- Income 162m
- Beds 523
- Staff (direct employed) 2,700

Current PTS Contract:

- £705k
- 27,540 Patient journeys
- 1644 Abortive journeys

Managing PTS

- Organisational culture/learning/capability
- Patient expectations
- Demands on the service
- Budgets

Future contract:

- Patients have a part to play in monitoring and reporting on standards of service
- Hospital staff will be involved in drawing up contracts
- The Hospital will have authority and power to withhold payment

Setting the standards:

- Staff vetted and trained
- Agreed collection for appointment times prior to patient appointment
- Agreed waiting times for return journey
- Time on vehicle standards

Contract Control

"…let whoever is in charge keep this simple thing in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?"

KHT staff

- Want to be there
- Paid
- Enjoy working there

Patients:

- In pain
- Frustrated
- Bad news
- Worst fears
- Poor anger control
- Don't want to be there

A.A. Milne 1926

Illustration E.H.Shepard 1926

"Here is Edward Bear,
coming downstairs now,
bump, bump, bump, on the
back of his head, behind
Christopher Robin.
It is, as far as he knows,
the only way of coming
downstairs, but sometimes
he feels that there really
is another way, if only
he could stop bumping for a
moment and think of it"

Strong Management

"…bad sanitary, bad architectural, and bad administrative arrangements often make it impossible to nurse"

It's Up to Us

- PTS
- Lots of people contribute to make it happen
- No 'one persons' responsibility
- We all have to do our bit

If it can be fixed today, fix it today!

*If it can't be fixed today, plan **now** to fix it **soon**!*

Any questions?

Diane.lee@kingstonhospital.nhs.uk

Thank you

Patient Transport Services

Nic Daw

Head of PTS Modernisation and Performance

London Ambulance Service

What is Patient Transport?

Non-Emergency Patient Transport allows people to access outpatient and other NHS services.

Users range in age and severity of illness, injury or disability with many being vulnerable and depending on the security and provision of free transport.

Eligibility

Eligible patients are those:

- Who require the skills and support of trained PTS staff
- Whose medical condition impacts mobility;
- Whose condition or recovery would be compromised by travel of other means.

Eligibility

Who else can travel:

- A parent or guardian where children are conveyed;
- A patient carer with particular skills and/or support;

Eligibility

Will be determined by:

- A healthcare professional; or

- Non-clinically qualified person who is clinically supervised.

Quality Standards

Patients should reach healthcare:

- In a reasonable time; and
- In reasonable comfort;

without detriment to medical condition both in terms of inbound or outbound journeys.

The London Market

- Competitive, with numerous providers both big and small:
  - Private providers
  - Charities/Volunteers
  - Statutory Ambulance Providers

Commissioning

Who commissions Patient Transport?

- PCTs
- Acute Trusts
- Mental Health Authorities
- Consortiums of NHS Healthcare bodies

Standards of Care

- Consistent level of quality care
- Reliability and delivery
- Professional
- Performance/Innovation
- Communication
- Cost Effectiveness

What are we doing?

- Move to selective re-centralisation
- Discussions about national licensing arrangements and agreements for private providers
- Standardisation of eligibility criteria
- National standard of training for PTS
- Establishing seamless patient journeys

The future

- Changes in Commissioning
  - London SHA?
  - Larger consortiums – hubs
- Integration with Other Transport Providers
  - Community
  - Public
  - Education and social
- Patient Choice

Conclusion

"Non-emergency PTS plays a key role in allowing people to access health services including some of the most vulnerable and disempowered people in modern society…. Managed effectively, non-emergency PTS thus contributes to promoting social inclusion."

AGE London Concern

Transportforall

London Ambulance Service NHS NHS Trust

PATIENTS' FORUM
FOR THE LONDON AMBULANCE SERVICE

APPENDIX 5

PTS LISTENING EVENT – MONDAY 21ST MAY

FEEDBACK FROM TABLE DISCUSSION

Time ••••••••

- Too long - not just the transport time, but the whole experience (eg: 7 hour experience for a 5 minute consultation). •
- Issues for diabetics
- Also wheelchair users spending 7 or 8 hours in a wheelchair
- Don't want to be picked 2-3 hours before appointment
- Better scheduling of journeys to allow time for patients living on higher floors etc.
- Waiting times for return transport between 15 and 90 minutes is acceptable. Be a 'patient patient'. •••
- The duration of a multi-drop journey can be too long. Patients are uncertain and anxious about arrival times and long journeys can mean missed medication •••
- Transport is always very late for homeward journey
- Waiting times can be good while going to tender and then bad once the company has won the contract •

Communication ••••

- Information provision should be improved
- One information point that can direct service users (not just health) to the most appropriate transport
- Patients shouldn't have to think about different aspects of care – should be a seamless service with necessary arrangements automatically made and communicated by healthcare professionals
- All aspects of healthcare services should dovetail to ensure seamless service ••
- Look at how health service providers interface ••

- Communication with local authorities re: speed humps etc which make transport difficult •
- Courtesy calls – patients should be phoned by the crew when they leave the previous patients address. This is an improving situation.
- Cancellations of appointments should be communicated to ambulance services to prevent delays for others. •
- How much communication is there between different providers?
- There should be one contact number to query appointments and transport arrangements at a hospital.
- There is poor communication between hospital departments and patient transport. ••
- Patient had to wait until 1.30 am in a hospital. The transport desk was closed and no taxi service was offered.
- Need to improve communication between different agencies on available options – dial a ride, taxicard, PTS, reimbursement of travel costs etc
- It is very important to have times to be picked up or taken home •
- Some patients do not know how to access PTS ••
- Patients no longer requiring transport should cancel – otherwise they should be fine
- Patients should be told what is happening and kept updated. Lack of information causes distress •••

Complaints

- Patients need to know how and where to complain if they have cause to do so.
- What is the process after a complaint has been made? Are they logged somewhere?
- Patients should be provided with clear information regarding the investigation and outcome after a complaint has been made.
- Patients are not clear who the PTS provider is, and therefore who to complain to •
- It is not easy to complain if you have had a bad experience •

Staff

- Crews on transport are generally excellent but 'front of house' staff are less helpful •••
- Training required on being customer focused for front of house staff.
- Front of house staff need to be more helpful and caring.
- Not clamping wheel chairs properly
- Lack of proper training •
- Lack of geographical knowledge from 'contracted in' drivers
- Patients are concerned about non-LAS providers and additional stress results from these concerns.
- Taxi drivers can be very aggressive and are often confused about which patients are going to which destination etc.
- The quality of some ambulance staff is poor and there can be language issues where they cannot speak fluent English •
- Some hospitals use a lot of agency drivers who do not know the local areas
- Some hospitals use mini cabs inappropriately
- Drivers should know more about the needs and possible behaviour of those they convey •
- Difficulty for crew getting to patient's home. Ie: lifts, passageways, unfamiliar estates •
- Porters should meet ambulances or ambulance staff should be contracted to take patients to the appropriate clinic
- Patients like to have a regular driver who they get to know and trust
- Most hospital staff are well thought of. ••
- All staff should be identified by a smart clean uniform – this is not always the case. •

Monitoring

- One body should be responsible for monitoring all ambulance services. •
- All ambulance staff should be CRB checked
- There should be a common standard of driver training for all ambulance services.
- There should be a common standard of first aid training for all ambulance services.
- Patients should be given a list of rights – a code of practice •

- Patient assessment eligibility criteria should be a national standard used by all NHS Trusts. •••
- Standards should be universal, not local to a particular service provider or commissioner
- There should be London wide quality standards for all PTS providers •
- Variation of service levels across different parts of London where there are different providers

Vehicles

- Older vehicles are not safe
- Low levels of hygiene in vehicles. Unclean vehicles, soiled seatbelts etc ••
- Lack of proper equipment •
- There should be a wider range of vehicles available, for example more smaller vehicles. ••
- All ambulance vehicles should have air conditioning. ••
- Ambulance and dial a ride vehicles should be exempt from bus lane restrictions •••
- Ambulance and dial a ride vehicles should be exempt from the congestion charge
- Some hospital providers use ambulances fit for use
- Vehicles are often too hot or too cold
- Vehicles cannot convey some wheelchairs
- CCTV would be desirable on ambulances
- Vehicles should all have 2 crew: 1 to remain with the vehicle and 1 to escort the patient
- Small vehicles preferred to multi drop ‘buses’ ••
- Vehicles should be able to take different types of wheelchairs, there are many different shapes and sizes ••
- Vehicles need to be cleaned ••
- Dirty ambulances, blood stains etc

Carers/Guardians/Partners

- Patients should be allowed to have someone accompany them. This would be a customer focused service
- Patients want support, reassurance and a hand to hold.
- Patients with language needs should have someone accompany them who speaks their language or from their own cultural background
- Carers travelling with patients should be given more say

Diversity

- Patients from minority ethnic backgrounds don't see it as their service. They feel more 'done to'.

Alternative Transport

- Dial a ride is generally seen as unreliable, limited, often not available and not flexible.
- Dial a ride should not be used for hospital trips.
- 15% of taxi card trips are used for hospital visits.
- Where people use taxis to make their way to hospital the system for claiming reimbursement is incredibly complex and this makes it difficult for people to apply.
- There is no procedure for claiming back costs for taxi card trips in the NHS.
- GPs and hospitals encourage patients to use taxi cards. Need the mixed messages to end.
- TfL and the Mayor should have an input into PTS, providing free public transport or alternative transport.
- There should be a centrally based call centre which decides what transport is issued. Ie: dial a ride, taxi, ambulance
- Is it funding or organisation restricting the use of dial a ride to hospital?
- It is very difficult to arrange for family to pick patients up when there are parking difficulties and costs involved and congestion charges to pay

Eligibility

- Car owners shouldn't be automatically ineligible. Often can't park or are too ill before and after treatment, or are too tired or upset to drive •••
- How do patients know that they are or are not eligible for transport? Patients get confused when transport is refused them
- How do patients know about the range of (transport) resources available in the NHS?
- Who should patients consult regarding eligibility? This should be the GP, Hospital Doctor or Consultant but many people think otherwise. ••
- Assumptions on eligibility should not be made based on appearances ••
- Wheelchair users seem to get transport easier than walkers
- Who decides whether a patient is entitled to transport? Telephone staff are often too young to decide ••
- Non-clinical staff have the power to grant or refuse transport
- All patients should be given transport home after an operation ••
- Disability training should be given to all staff responsible for agreeing transport

Hospitals

- Waiting facilities generally need to be improved and should include snacks and drinks etc for patients waiting a long time. ••
- Access to transport lounges within hospitals is not always good enough. For example there are steep ramps making the area inaccessible to wheelchair users without assistance. ••
- Transport lounges – no consideration is given to whether a patient has had food or drink when long waits are incurred
- Some hospitals make you hang on the phone for too long
- Some hospitals won't arrange transport home from A&E even at 1.00 am
- Waiting areas should have minimum standards ••

- Draught proofing
- Refreshments
- Toilets
- Comfortable seating
- Pleasant environment

- A person in charge
- Parking at hospital – if you use your own car you should be able to use the ambulance bays outside A&E. ••
- Why do certain hospitals refuse transport to patients who are disabled and have no relatives or friends to help ••

General

- There is not enough consideration for the patients and their experience.
- Use of alternative resources for appointments such as blood tests. For example take the Doctor to the patient rather than the other way around. •
- Transport should be provided for social needs.
- Different PTS providers should work together •
- Pensioners are subject to financial restraints preventing their use of alternative transport •••
- Sometimes property can be lost between ambulances and hospitals
- What should patients do when they have a problem?
- Wheelchairs must always be secured •
- Changes to the funding arrangements to give more personal choice may in fact lead to less choice ••
- Patients dignity is very important and should always count ••
- Why is transport not automatic when already using PTS to get to other appointments?
- There is concern about cross infection where discharged inpatients travel with out patients. Also patients are often not properly dressed ••••••
- Some patients can be disruptive. Eg: neuro disease, or mental health conditions
- Inflexibility of arrangements, particularly the return journey if treatment is longer or shorter than planned
- Transport to clinics is funded differently than hospital outpatients. Patients have to make their own arrangements or misuse dial a ride
- Who is responsible for arranging transport – GP, hospital, secretary, patient? •

- Who should check if transport will turn up? Hospital or transport desk should ring ••
- Patients with language barriers have more trouble trying to get transport ••
- Good practice should be shared with other Trusts
- Patients not happy about some hospitals
- Ambulance staff should listen to patients / carers as to how certain wheelchairs should be anchored to a vehicle •