
Patient Transport –
Keeping the wheels in motion

Public and stakeholder engagement to inform the service
specification for Patient Transport Services in North and
North East Lincolnshire,
July - September 2015.

Engagement Feedback
Executive summary and Recommendations from Full Report

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Executive summary

The Clinical Commissioning Groups in North and North East Lincolnshire (the CCGs) want to ensure Patient Transport Services (PTS) will continue to meet what is a growing local need well into the future.

They intend to jointly commission a new Patient Transport for the area from October 2016. This means drawing up a new specification that is informed by the experiences of local patients, new ways of delivering health care and supports people to maintain their independence as much as possible during periods of ill health.

The intention of involving patients and others with an interest in health and care was to generate some recommendations of what the new service should look like and influence the procurement process of a new provider.

This report is a combination of views gathered from

- **535** people attending one of the **23** community and stakeholder groups

And the survey with the leaflet was sent to

- **500** stakeholder contacts representing **68** stakeholder groups with protected characteristics under the Equality Act
- **2780** Accord and Embrace members (CCGs Public Patient Involvement schemes) were sent the survey and it was promoted elsewhere,

which resulted in a total of **172** survey responses and **1083** comments.

The key findings are listed below:

People told us about their experience of travelling to appointments

More than 17% of the overall comments in the survey feedback were about the things that people said prevented them from getting to their appointment without Patient Transport.

The 6 main barriers they identified were:

- Accessibility – i.e. distance to/from bus stops
- Suitability – i.e. limitations imposed on them by their physical or mental conditions
- Affordability i.e. cost, in particular regular and/or out of town appointments
- Convenience – i.e. family/friends have busy work and social commitments
- Availability - i.e. time and location to match appointments
- Independence – i.e. reliance of family/friends reduces their independence and leads to feelings of being a “burden”

Comments from the public engagement described difficulties with current alternative methods of transport:

- Taxis are seen as an expensive option although have the added benefit of convenience;
- Public transport (buses and trains) are seen as the most inconvenient option for reasons such as timetables, distance to/from bus stops to home/hospital and time taken to travel, particularly if out of their home town;

“Public transport can be unreliable which is less than ideal when going for an operation. It may cause worry that the appointment could be missed. Also, if the appointment is missed due to unreliable public transport it will only incur further costs to the public sector as the appointment will need to be re-arranged.”

- Friends/family reduced independence and made them feel like they were being a burden;
- Patient Transport was favoured as the most convenient, supportive and affordable for patients.

How can we support more people to make their own way to appointments?

- **78%** of respondents supported the idea of *“Flexible appointment times so patients can arrange a lift with friend or relative”*.
- **77.25%** of survey respondents wanted *“A directory of useful numbers for transport providers”*.
- **75.25%** of survey respondents would like *“More community transport options”*
- **74.75%** of survey respondents felt *“Information about financial help that may be available for transport costs”*.
- **70%** of survey respondents *were are not aware of the Health transport Costs Scheme*
- **68.75%** of survey respondents wanted *“Advice on public transport times and links”*.

Comments from the public engagement events and survey:

- People want to see more information about eligibility for patient transport and alternatives provided ‘up front’
- Signposting to alternatives was high on the public list of support required
- People do not know about the Health Costs Travel Scheme
- Although hard to manage, penalise those who are seen to misuse the system
- Changing public perception about the use of Patient Transport is essential in encouraging the use of alternative transport methods
- Travelling to out of town and out of hours appointments can be difficult for patients who want to make their way on public transport
- Current parking and access at the hospital sites present a barrier to patients travelling ‘under their own steam’

“Explain any processes they may have to go through to get financial support and more importantly - give time scales of possible processes.”

“Just be as helpful and as informative as possible. Give as many options as possible to those who don't meet the criteria. Be a front line customer service for local transport if necessary! No one had ever complained about good customer service.”

“There is the perception that patient transport is more available than it is. If people no longer think this then it will be easier for them to think about other options.”

Applying the national criteria to Escorts/carers

- **60%** of survey respondents agreed or agreed to some extent that *“escorts/carers who do not offer particular skills to support during transport will not be allowed to travel on NEPTS”*, however, **33%** disagreed with this statement.

Comments from the public engagement events and survey:

- Escorts provide a valuable service to the NHS by assisting patients in the following areas: Emotional, Physical, Advocacy, Mental, Care and safety of patients and other patients/staff

"Elderly patients can have a tendency to not give sufficient information about their condition when quizzed, and can also be forgetful when receiving diagnosis or instructions. In these cases, a relative, friend or carer would be invaluable and save money in the long run."

"This is a distressful and worrying time for people who need "serious medical intervention" and anything to relieve their stress and concerns can only be helpful. Why add to their misery when there is no need to? It also takes away the pressure from the transport / ambulance staff and it is highly unusual for the vehicle to be so full that the seat is needed for another patient. I regard this as "win win" for everyone."

"Sometimes the escort/carer is needed at the appointment - however, it could be explained to them that they can meet them at the hospital/clinic."

Applying the national criteria to Patients

- **90%** of survey respondents agreed or agreed to some extent that *"Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays."*
- **89%** of survey respondents agreed or agreed to some extent that *"patients who can get to appointments under their own steam should not be eligible for Patient Transport."*
- **52%** of survey respondents said they would prefer the CCG to *"use the national criteria strictly to identify people for priority access to free Patient Transport, but also try to offer to arrange some form of transportation to others who do not quite meet the criteria if they make a reasonable payment for it."*

Comments from the public engagement events and survey:

- The criteria for accessing the service should be robust, clear, fair and easy to understand
- A patients medical need for transport can be influenced by the type, location and timing of their appointment so flexibilities should be built in to account for these
- Patient care and vulnerable patients should be considered over cost-saving and efficiencies
- Whilst there is support for a tightening of the eligibility criteria people recognise there is significant social need for transport to access health services

"Sometimes have to be cruel - full stop tell them straight not eligible."

"It is also important to make sound provision for one-way bookings, for example travel home following such circumstances as day case surgery and in patient stays. It is very important that Transport Providers realise that not everyone has an able driver or relative to collect them and that many people WILL try to get themselves TO the hospital without requesting transport and then are denied that facility to go home."

Priority access to Patient Transport

- **94.25%** of survey respondents agreed or agreed to some extent that *"in order to ensure a cost effective service Patients should expect to sometimes wait longer and share their journey with others"*
- **74%** of survey respondents agreed or agreed to some extent that *"the CCG should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others."*

Comments from the public engagement events and survey:

- Prioritisation was supported with a recognition that some medical conditions and circumstances don't lend themselves to sharing and waiting
- Waiting times should be monitored to ensure that they are not excessive for those deemed fit to wait a little longer

"Patients for general appointments should accept there may be a wait but extremely ill patients should ideally not be kept waiting too long and have priority."

"All patients should be treated the same - you cannot offer a 1st class and 2nd class service."

Views on affordable and sustainable Patient Transport

- **97%** of survey respondents agreed or agreed to some extent that *"Patient Transport needs to be affordable so we can continue to provide it into the future."*

Comments from the public engagement events and survey:

- There needs to be a balance between affordability for the patient and sustainability for the NHS.
- Patient Transport Services must be able to meet the needs of eligible patients accessing care, especially in the 'out of hospital' model

"If we do not get ill patients to hospital for vital appointments, admissions, emergency GP visits and 999 calls will go up. Therefore a cost saving will end up being a bigger bill elsewhere in the system. So affordable is not just the immediate expense, but the saving of more money elsewhere."

"However (respectfully) 'you' also need to understand that financial support may not be available e.g. People on DLA but not in receipt of other benefits often don't qualify for financial support, may fall into 'poverty trap' category, and may also need to attend many appointments at various hospitals which could be very expensive."

Payment towards travelling by Patient Transport

Comments from the public engagement events and survey:

- Frequency and distance travelled should be a consideration of payment with particular mention that hospital services that have been

"I also believe a reasonable payment scheme is also worthy of looking at. All the people who have arrived at their appointments, by their own means whether it be by car friend public transport whatever, these people have incurred some cost to do so without reliance on the NHS."

moved out of town

- Acceptance that even eligible patients could contribute towards the journeys for Patient Transport as a method of income-generation
- Means testing payments was favoured by some but not all who wanted to instil responsibility of own travel costs
- Payments for Escorts, on the whole, should only be applied to non-essential Escorts and not be applied where they are providing a vital service

“Visiting the Hospital is a serious matter and the majority of older and disabled people need the support of a friend or relative to have the comfort factor that they will be able to attend their needs, very much like a paid Carer/Nurse, it is only fair and reasonable for the NHS to pay for their voluntary support.”

Views on a fair Patient Transport System

- **96.75%** of survey respondents agreed or agreed to some extent that *“people who abuse the service are wasting money and inconveniencing other patients”*

Comments from the public engagement events and survey said:

- Change should not create situations where patients do not access appointments which will worsen their conditions and cost the system in the long run by accessing them emergency care.
- Abuse of the system was exaggerated in the leaflet and should not detract from ensuring those in need of the service get access to it
- Recognition that the service has been misused by some patients and carers and steps should be taken to minimise this
- Management of the routes and appointment times, with the hospital and transport providers working together

“It is a gross generalisation that cars parked in drive ways is an indication of transportation being readily available.”

“I sincerely believe, that much better understanding of logistics routes areas whereabouts of vehicles, and even some budgetary control (the giving of responsibility) by those involved would improve and reduce the costs of the service dramatically. Hospital Transport staff have as far as I can see have an “it’s only a job and not our money attitude” which affects all its users and wastes the NHS millions each year. If ever there was an area of the NHS to be scrutinised then this is it.”

Recommendations for service specifications and development

- 1. The criteria for accessing Patient Transport needs to be clear, fair and easy to understand.** People said they wanted to want to see information about eligibility for patient transport and alternatives provided ‘up front’. This can be achieved with the development of a comprehensive marketing strategy to promote

the service, raise awareness of eligibility criteria, the Health Care Travel Costs Scheme and alternatives to the public and all staff and community sign posters.

2. 'Firm but Fair'. Although some thought that the engagement information reporting of abuse had gone too far, there were reports and anecdotes of the perceived misuse by some Patients and Escorts/carers of Patient Transport. People wanted to see measures put in place to stop this without disadvantaging those in genuine need; which they recognised was difficult. Patient Transport providers must work with commissioners and patient groups to minimise inappropriate use of the system.

3. Development of clear 'Service Standards' for Patient Transport Service providers and users. Building on this engagement, standards for waiting times should be developed and patients notified 'up-front' of these so they can plan their visit (self-care). The standards should include what patients can expect when they are collected from their home, when they arrive at their appointment site, when they are collected and returned home.

Likewise, there was support and acceptance from the public that access to Patient Transport should come with its own responsibilities. These should include using the service appropriately; this includes only being accompanied by an Escort/carer when really necessary and telling the provider when they no longer require transport for whatever reason.

4. Consider the impact of service redesign when reviewing the way care will be delivered across Northern Lincolnshire; we need to take into account how people are going to get to their appointments. The Department of Health states 'Patient Transport Services should be seen as part of an integrated programme of care' and as we shift care "out of hospital", we must understand the impact this will have on patients' transport needs.

5. Integration of Patient Transport. There was evidence that integration should be two-fold :

- a. The hospital appointment system should co-ordinate Patient appointments to reduce the number of journeys required. This is of particular importance to vulnerable patients with multiple conditions in receipt of care from different departments.
- b. Providers of Patient Transport should link with hospital appointment systems and be proactive in developing systems to run an efficient, cost effective service.

6. Consider the value of Escorts/carers. Whilst some provided examples of the inappropriate use of the service by Escort/carers, there was more concern that any tightening of the eligibility criteria would not be beneficial as the support the Escort/carer provides for the patient during transport and at the appointment, outweighs this. If less Escorts/carers are going to be allowed to travel on Patient Transport, further consideration needs to be given to how this valued support will be provided.

7. Encouraging people to make their own way to appointments. The following steps would encourage people to make their own way:

- a. Improved parking and transport access arrangements at the hospital sites
- b. Flexible appointments times that are convenient for Patients accessing public transport and/or lift from Family/friends/carers
- c. Raising awareness of eligibility for Patient Transport and financial assistance including HTCS amongst public, healthcare professionals and potential signposting organisations

8. Social need for transport. Whilst there is public support for ensuring Patient Transport Services are used appropriately; there is also a clear significant social need for transport to health and care appointments.

The main benefits of the current Transport System was the support provided to those ill, or with physical and mental health conditions i.e. access and egress. However, the need for Patient Transport to go beyond the front door was also identified; some patients need assistance into their home or help to get to the hospital where they need to be for their appointment.

The “human” side of Patient Transport was an element of current alternatives that was missing and should be incorporated into any alternative developed, catering for those where public transport is not suitable and/or a lift with a family/friend is not suitable.

Patient Transport providers must work pro-actively with local community transport providers to develop integrated transport solutions for patients who do not meet the strict criteria but will have difficulties accessing their appointments.

9. Explore income generation powers to sustain Patient Transport System. There was support for extending access to Patient Transport for those not quite eligible as long as they made a reasonable payment for it. The criteria states *‘The NHS can use income generation powers to charge patients for the provision of*

*transport for 'social', rather than 'medical' needs.*¹ . As there is an identified 'social' demand for Patient Transport, as well as public support for making a contribution, the viability of payment schemes should be explored.

10. Ensure that alternatives are integrated, affordable and accessible. The Government has urged CCGs and local authorities to work together to ensure that people are able to access healthcare facilities at a reasonable cost, in reasonable time, and with reasonable ease. The Total Transport pilots in both North and North East Lincolnshire will look at the development of integrated community transport solutions. There is potential for these to meet the transport needs of any Patients who, under the new application of the criteria, are not eligible. Modelling of patient flow would help prevent those services being overwhelmed by this unexpected demand.

11. Further engagement work has been identified. The survey and leaflet was sent to Northern Lincolnshire and Goole hospitals (NLaG) as a stakeholder, but there was not any targeted face to face engagement with staff involved in the bookings of Patient Transport. Further engagement with this element of Patient Transport could explore the themes that the public identified around the inconsistency of the implementation of criteria, efficiencies in logistics and the concept of monitoring and communicating waiting times when prioritising the service.

¹ Department of Health Eligibility Criteria for Patient Transport Services (PTS) - 2007