

# **Surrey Coalition of Disabled People**

## **Evidence submitted to the Health Scrutiny Committee on Patient Transport Services**

**9<sup>th</sup> January 2014**

### **1. INTRODUCTION**

Surrey Coalition of Disabled People have represented the interests of patients with long term conditions on NHS Surrey's Patient Transport User Group for many years. Patient representatives monitored the performance of the Patient Transport Service (PTS) previously provided by G4S, and were involved in developing the specification for the new service which was re-tendered last year. We were also involved in the procurement process which resulted in the PTS Contract being awarded to South East Coast Ambulance Service (SECamb) from 1<sup>st</sup> October 2012.

Since then the PTS User Group has met with NHS Commissioners, SECamb and the County Council's Central Booking Service to monitor implementation of the Patient Transport Service.

We reported to the Health Scrutiny Committee in March 2013 on our disappointment that the new PTS was not delivering the service we had expected.

We then submitted evidence to the Health Scrutiny Committee on 18<sup>th</sup> September 2013 on the significant problems still faced by patients one year after the contract was awarded to SECamb.

We are grateful to members of the Health Scrutiny Committee for taking our concerns so seriously and for the recommendations made by the Committee to seek

improvements in the service. We are also grateful to Cllr Bill Chapman (HSC Chairman) for following up on these recommendations informally with NHS Commissioners and SECAMB since then.

This report now provides further evidence on behalf of patients on the extent to which any improvements have been made, and on problems which remain to be resolved.

## **2. RESPONSES TO COMMENTS ON THE RECOMMENDATIONS MADE BY HEALTH SCRUTINY COMMITTEE ON 18<sup>TH</sup> SEPTEMBER 2013**

### **2.1. Suitability of PTS vehicles for wheelchair users**

We were informed a few weeks ago that SECAMB had at last accepted that the wheelchair clamping mechanism installed in their new fleet of ambulances a year ago was inadequate. We have also been advised that a new system has been installed. A patient representative experienced the new system in early December. The tie down system is an improvement on the previous system, however as the existing floor tracking has not been amended (widened) or added to, tying down different width wheelchairs is still challenging for the crews. SECAMB also need to source headrests for wheelchairs for these vehicles to prevent whiplash in the event of an accident.

### **2.2. Notification of late pick ups**

We cannot confirm whether or not drivers now give fair warning of lateness as mandatory practice, as recommended by the Health Scrutiny Committee. However we have an example of a patient due to be provided PTS for an outpatient appointment in October, who was not contacted to explain they would be late, and furthermore neither did the driver call ahead to the hospital to notify the clinic that the patient would be late. Fortunately the patient herself phoned the hospital so that she did not miss her appointment.

### **2.3. Handling of complaints**

We do not have any evidence of an improvement in complaints handling, and understand that SECAMB acknowledge there is a problem in responding within agreed timescales. For example, we have not yet received information on the outcome of a complaint submitted on behalf of a patient on 29<sup>th</sup> October 2013, seven weeks ago.

## **3. OTHER REMAINING CONCERNS**

### **3.1. Patient eligibility for PTS**

We were involved in designing a flowchart to explain eligibility and a protocol for eligibility assessment some eight months ago, but are very concerned that this has yet to be included in the IT system for the booking service. This means that there is still no standardised system for assessing patients' eligibility for PTS against the national eligibility criteria.

### **3.2. Patient information about PTS**

Despite continual requests over the past eighteen months there is still no patient information leaflet to explain eligibility for PTS, how to access it, or to provide information on other options. Again, we have been involved in designing a leaflet, but this has not yet been produced.

### **3.3. Timeliness of PTS**

We gave evidence of a wide range of concerns and complaints about timeliness in our report to the Health Scrutiny Committee on 18<sup>th</sup> September. We understand that SECAMB have achieved some improvement in recent months and are now achieving 85% on the KPI for arrival time for appointments and collection following the appointment. The target however is to achieve 95%, and we remain concerned for the 2250 patients on average per month who are late for their appointments or miss them altogether.

An example of the impact of lateness resulted in a complaint to SECAMB in October. In this case the husband was so late arriving for an appointment in the morning at one hospital that his wife (who had to accompany him due to his dementia) missed her own appointment in the afternoon at another hospital. A month later transport for another appointment did not arrive at all.

Also, one of our patient representatives gathered evidence during a recent inpatient stay at Royal Surrey County Hospital:-

- The Discharge lounge reports ongoing excessive waits to pick up patients to take them home, frequently in excess of 2 hours (often 4), which is a daily occurrence. The patient representative himself observed that a chemotherapy patient was having to wait 5 hours to go home. This is not uncommon, and is not acceptable.
- The physiotherapy department reports of patients being either picked up late and missing the cardiac exercise clinic (a group one hour class) or patients refusing to travel because the transport is late and there is no point wasting their time.

### 3.4. Drivers views

Speaking to some of the PTS crews who transferred across from the previous PTS provider, G4S, they gave the following opinions as to why the system is falling down:-

- a. The dispatchers in the Dorking centre do not have an adequate grasp of the geography of the county and are sending vehicles inefficiently back and forth across the county with only one patient
- b. The number of vehicles in the fleet is considerably lower than used by G4S, thus leading to capacity issues especially later in the day

- c. The drivers see the management of the system as disinterested in listening to experiences and information coming from the bottom up
- d. There appears to be little or no encouragement to improve the patient experience

#### **4. CONCLUSION**

We have met with the new PTS Contract manager and know that he has prepared a new Performance Plan to address the many concerns. We also have a patient representative on both the Contract Performance Management Group and the Operational Delivery Group, set up recently to improve the governance arrangements.

We hope that these processes, together with influence from the Health Scrutiny Committee will ensure the patient transport service soon delivers the standards which patients should reasonably expect.

Cliff Bush OBE  
Chair  
Surrey Coalition of Disabled People

16 December 2013

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