

Surrey Coalition of Disabled People

Evidence submitted to the Health Scrutiny Committee on Patient Transport Services

20th November 2014

1. INTRODUCTION

Surrey Coalition of Disabled People has 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 in 2012. 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 October 2012.

During 2013 the PTS Patient User Group continued to meet with NHS Commissioners, SECAmb and the County Council's Central Booking Service to monitor implementation of the new PTS Contract.

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

We then submitted evidence again to the Health Scrutiny Committee in January 2014 on the significant problems still faced by patients 15 months after the contract was awarded to SECAmb.

Since then there have been several changes in managers appointed by NHS Commissioners while lead CCG responsibility for patient transport transferred from East Surrey to North West Surrey CCG, resulting in long periods when our patient representative was not involved in contract monitoring processes. Only more recently have we started to receive regular contract monitoring information again.

As a result the evidence we wish to submit to the Health Scrutiny Committee is not based on reports and statistics but on the actual experiences of very many of our members who have used the patient

transport service over recent months. This sadly shows that there has been very little improvement in the quality of the service received, two years after the new contract started.

2. EVIDENCE OF PATIENT'S EXPERIENCE OF USING PTS

Many individuals and care Home staff have written to us over recent months giving details of the problems they have faced. Examples of these are summarised below:

- Waiting time for return journeys was too long especially when escorting a patient living with dementia who became unsettled and tired, and missed a meal.
- Transport not turning up at all (care home had to cover staff shift at extra cost, this was in an SCC home).
- Transport turned up after the appointment time - involved care come in phoning the hospital to see if they would still see their resident.
- Resident was ready an hour and a half before appointment (as requested) – which often involves organising an escort to come in early, arranging early lunch etc. Problem in ensuring insulin is given to a diabetic resident before they left for the appointment, then transport arrived late.
- Next of kin had arranged to meet their relative at the hospital and scheduled their work around the appointment time – no show.
- Transported a resident and carer all around Surrey when their drop off was only 10 minutes away.
- Ambulance due at 2pm as appointment was at 3:15pm, but the ambulance didn't arrive until 3:00pm so patient missed their appointment.
- Patient discharged two days after operation – waited from 9:30 in the morning until 4:30pm to be picked up – waited in discharge lounge all day.
- “Transport was never perfect but in last two years it has become worse. As part of a care home group we are expected to deliver a professional service to our residents and it is a pity that SECamb cannot do the same”.

- “The service has been so unreliable, patients have asked their families/friends to help or have opted to pay for private transport” – even when they clearly met the eligibility criteria
- “The majority of the time the transport arrives late. In two instances the transport was hours late resulting in our residents missing their appointments”.
- “Nobody contacts the care home to explain that the transport is running late”.
- When phoning the SECamb helpline to enquire about the location of transport, the response is vague and unhelpful.
- Residents’ families were so appalled with the service that they have refused to use it again and either pay for a wheelchair accessible taxi to take their relative to hospital or use own car experiencing extreme difficulty in getting the resident in/out of vehicle.
- Incident of awful customer service from the crew who were rude, abrupt and unpleasant to a resident who was then upset for days afterwards.
- Residents who have had to wait for over four hours to return from outpatients, which is very distressing for people with dementia.
- Concern with the temperament and lack of patience and understanding of some of the transport staff – who on more than one occasion have complained that they are in a rush and do not have time to wait for a resident to simply be escorted down a corridor to the main entrance.
- Occasions when the transport has arrived whilst the resident is being assisted to the toilet – crew unwilling to wait.
- Care home staff have had to bring their resident back in an accessible taxi after waiting hours for transport – this cost then had to be passed on to the relatives, who are unhappy about this. “It is fast becoming the case that NHS transport is not providing an adequate service in any way.”
- “... lateness of pick ups, inability to wait when they arrive even though we have frail elderly people and transport not turning up at all”.

3. SUMMARY OF ISSUES

3.1. Continuing problems and concerns

The evidence shows that many people known to us are continuing to experience problems, and in our view the key issues are as follows:

- **Scheduling of journeys**

This appears to be the root cause of the very routine delays in people being picked up from home for their appointment. These delays in the early mornings cannot be attributed to demands from the acute trusts for patient discharges, so appear to be the result of poor scheduling of vehicles and crew.

There is also evidence of patients from different geographical areas being scheduled for the same vehicle, again, causing delays and long journeys.

- **Lack of capacity to provide prompt transport on discharge**

There are many examples of patients waiting for many hours in discharge lounges or at reception for transport home after discharge from both inpatient and outpatient treatment.

- **Notification of late pick up**

Although recommended by both the Health Scrutiny Committee and ourselves, SECAMB have not yet instituted a process for routinely notifying patients of delays, so many people are left worrying about whether transport will arrive at all or whether they will be late for, or miss, their appointment.

We have recently been contacted by a member of SECAMB's staff who has been tasked to look at improvements in communicating with patients to remind them of their pick up times and to notify them of delays. We will be meeting him shortly to give our views on the most accessible and appropriate ways of doing this.

3.2. Improvements

On a more positive note, there are some examples of good practice and improvement:

- **Attitude and competence of the crew**

Evidence from individual patients has shown that the crew members are usually polite, helpful and competent although very frustrated by the system which causes them to be late in collecting patients. The evidence from several care homes, however, shows that the crew are not always helpful and, due to time constraints, cannot even wait for frail elderly people.

- **Handling of complaints**

Several of the individual concerns reported to us from patients have been submitted to SECAMB for formal investigation. From this experience it would seem that the complaints procedure is working better and that patients are now receiving a formal response within the set timescale

4. OTHER REMAINING CONCERNS

4.1. Assessing eligibility for PTS

Whilst we believe that the staff operating the transport call centre in Surrey County Council are following the process map for assessing eligibility, we understand that this was to have been formalised through an IT front-end process which would assure greater consistency and to improve efficiency. We understand that this has not yet been implemented by SECAMB.

4.2 Patient Information about PTS

We helped to design a patient transport leaflet two years ago but, despite continued requests, these have not been produced either by commissioners or SECAMB to date.

However, we have just seen a draft leaflet produced by North West Surrey CCG which clearly aims to restrict eligibility for PTS even more, and may preclude people who have social issues as a consequence of their condition, particularly those with mental health problems.

We will discuss these concerns further with the commissioners.

5. EVIDENCE FROM HEALTHWATCH

The Healthwatch Surrey evidence received from people via the enquiries line and the Citizens Advice Bureau exactly reflects the summary of issues and concerns outlined in this report.

In addition, Healthwatch has also heard from people who attend such providers as the Royal Marsden and St George hospitals for treatment having problems with transport because of the increased distance. Some Surrey acute providers have expressed concerns that when this type of transport service is required for discharge it is for the most vulnerable group of patients and improvement is required especially for this group.

The most common quote from the experience stories is "Patient transport services are still a poor experience".

6. CONCLUSION

We remain very concerned that two years after the contract was awarded to SECamb the quality of service has not improved significantly. Although the statistics may show an improvement there remain hundreds of patients per month who experience delays and long waiting times as evidenced above.

We continue to hope that by working together the commissioners and providers can deliver a service to the standard which patients should reasonably expect.

Cliff Bush OBE, Chair
Nick Markwick, Vice-Chair

Jane Shipp

**Surrey Coalition of
Disabled People**

Healthwatch

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