



**healthwatch**  
in Sussex

# Patient Transport Services in Sussex

*A follow-up report to our patient engagement in 2020*





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### Healthwatch in Sussex

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Healthwatch teams from Brighton and Hove, East Sussex and West Sussex work in collaboration to deliver joint projects on Non-emergency Patient Transport Services which serves the population of Sussex.

We would like to express our thanks to Sussex NHS Commissioners and South Central Ambulance Service NHS Foundation Trust for their continued cooperation.

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## Preface

In August 2020, Healthwatch in Sussex carried out its fourth review of non-emergency patient transport services (PTS). In this report we take the opportunity to describe some of the impact that our subsequent reports had, and the work we have been doing on PTS since then. Importantly, it also describes how our findings - and your feedback - have influenced a national review of PTS, which highlighted the importance of the service:



*“Our experience of healthcare does not start and stop at the hospital door. Transport to and from treatment can make a significant difference to patients’ wellbeing, and sometimes to their safety and health.”*

- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021



## Introduction

The Non-emergency Patient Transport Service (PTS) for Sussex has been delivered by [South Central Ambulance Service NHS Foundation Trust \(SCAS\)](#) since 2017.

Responsibility for overseeing the PTS contract and appointing an organisation to run the service rests with [Sussex NHS Commissioners](#).

In 2020, NHS Commissioners asked Healthwatch in Sussex to carry out a survey of patients’ experiences of using or applying for PTS services, which we conducted throughout September. The CCG advised Healthwatch that our work would inform the recommissioning of the service, with a new contract due to begin in 2023. This work was carried out at the height of the coronavirus pandemic and the views we received reflected patient’s experiences of using the service during lockdown. During this period SCAS were following national COVID guidance and restrictions which it was recognised may have impacted on some patients and their experiences of using the service which were outside the control of the provider.

To support the survey, we carried out a separate literature review of PTS reviewing over 30 publications and documents on the operation of patient transport in Sussex as well as nationally. We presented the main findings in one report making these easily accessible for commissioners, providers of the service, and patients. We published a set of reports in January 2021 which can be found [here](#), where you can also read a two page [infographic](#).

### Highlights from our project include:



30 hospitals /sites reflected in our work



14 recommendations for improving things



130 people shared their views



## (1) Literature review



You can read our full literature review report [here](#).

We completed our literature review first to give us a clearer understanding of how PTS services were operating and some of the key challenges facing the service.

### What we did

We looked at existing findings and recommendations which had been made in over 30 publications on PTS. These included earlier Healthwatch reports (published in 2016, 2017 and 2018), Healthwatch England reports, reports produced by Kidney Care UK, The National Kidney Federation, The Renal Association and British Renal Society, and other independent reviews.

We decided to theme the large number of **existing findings** to make these easier to understand. We identified six themes which were supported by a number of recommendations.

Our literature review also enabled us to propose **new recommendations** which we again grouped together using the six themes.

### Our aim

Our work was designed to inform and support Sussex NHS Commissioners as they prepared to recommission the service.

We wanted to ensure that the new PTS contract for Sussex (commencing from 2023):

- Put patients at its heart
- Included robust performance targets, and
- That there was a smooth transition between future providers of the service (if a new provider was appointed).

**A full list of the findings and recommendations themed by Healthwatch in Sussex is available at [Annex A](#), but a summary of those we made following our literature review is displayed on the next page.**



**Recommendations themed by Healthwatch in Sussex following our literature review:**

**Recommendation 1** - the new PTS contract should put patients' and passengers' needs at the heart of the service design and operation ("a person-centred service"). This recommendation was supported by nine existing findings and 13 new recommendations. Our new recommendations were focussed on clarifying the eligibility for PTS and improving communications for patients so that they would always know when their transport would be arriving.

**Recommendation 2** - The new contract should improve the experience of renal patients who are regular users of the service. This recommendation was supported by eight existing findings, and four new recommendations. Our new recommendations stressed our belief that a dedicated renal PTS service should be created for this group of patients who have very specific needs.

**Recommendation 3** - The new contract should ensure that past mistakes, which affected service delivery in 2016, are not repeated. This recommendation was supported by seven existing findings. We did not make any new recommendations under this heading. We stressed that the development of the contract and process for appointing the future provider must build in findings from the NHS England [national review](#) of NHS Non-emergency Patient Transport Services.

**Recommendation 4** - The contract should strengthen performance targets for the service. This recommendation was supported by seven existing findings and three new recommendations including a new target which measured patient satisfaction. We supported the principal of a "no more than a 30-minute wait for pickup, a 30-minute journey, and to wait no longer than 30-minutes after treatment to be collected" for most journeys.

**Recommendation 5** - The process of appointing any provider - either new or working in collaboration with the existing provider of transport services in Sussex - must be conducted with due diligence. This recommendation was supported by six existing findings and one new recommendation. This recommendation was to ensure that all potential bidders are required to demonstrate their readiness to deliver the service from day one.

**Recommendation 6** - Transition to the new contract must be seamless including any transition to a new provider. This recommendation was supported by six existing findings and 11 new recommendations. This related to considerations such as the transfer of staff, staff release for training, data sharing, and plans by any new provider to communicate with existing patients about the transfer of the service. We also recommended that the contract should be implemented in stages, rather than all at once.





## (2) Survey findings



You can read a summary report of our findings [here](#), and the full report [here](#).

We asked patients about their experiences of using PTS, and what changes or improvements to the service they would like to see.

### What we found

Our survey of 130 patients identified high levels of satisfaction and that many aspects of the service were working well. For example, patients said that they rarely experienced problems with same day cancellations of their journeys, missing appointments due to delays or changes with their transport, having to make their own way home due to transport delays, or longer journey times to hospital than expected. Patients' experiences of using the service during the first COVID-19 lockdown were particularly good.

The results also highlighted areas where improvements might be made. We identified that satisfaction levels and recommendation ratings varied considerably across Sussex, with patients from Brighton being the least satisfied. In addition, 59% of people told us that they had experienced some delays, changes, or problems with their transport, and 68% of all passengers reported experiencing delays in being picked up from hospital.

**The findings from our patient survey led to eight further recommendations (in addition to the six we made following our literature review):**

**Recommendations 7-9 - Identify ways to improve the scheduling of transport** (incorporating three new recommendations). To facilitate the better planning of transport journeys, reduce journey times, and improve timeliness overall, we encourage Commissioners to require any provider to:

- (7) Undertake a full review of how transport is scheduled
- (8) Identify and deliver comprehensive training to support transport coordinators
- (9) Employ a full-time transport expert.

**Recommendations 10 & 11 - Improve patient communications** (incorporating two new recommendations). To improve communications with passengers and patients, and ensure that feedback is regularly obtained to improve the service, we encourage the provider to:

- (10) Invest in delivering a range of improved communications, including a mobile phone tracker app (to allow patients to track their vehicle's location)
- (11) Establish and host fully accessible patient forums.



**Recommendation 12** - Adapt the service so it that meets the varying needs of different patient groups (e.g., renal patients, patients with disabilities). Results from our patient survey showed what aspects of a transport service are most important to different patient groups. This information should be used by the provider to deliver a transport service which is adapted to meet their needs and preferences.

**Recommendation 13** - Incorporate positive learning from COVID-19 into the new contract. The COVID-19 lockdown period saw improvements to several aspects of the service such as shorter journeys and single-patient journeys, which benefited regular users, and the provider should build on these successes.

**Recommendation 14** - Deliver a more consistent service across the whole of Sussex so that all patients have a positive experience. Patients from West and East Sussex and Brighton and Hove have very different experiences of the service, and greater consistency is needed across the region.

The large number of findings and recommendations described above highlight the complexities of running a large PTS service across a region which has very different geography (i.e., urban conurbations versus remote rural areas) as well as meeting the needs of patients who have a wide variety of needs.

## What has happened since our report?



The following section describes how Healthwatch in Sussex used your experiences and feedback, and the impact this has had.

We raised your concerns and suggested improvements for the PTS service with Sussex NHS Commissioners and the current provider of the service (South Central Ambulance Service NHS Foundation Trust).

We also shared your ideas for changing the service with potential bidders for the new contract, and our results were fed back to those leading a national review of PTS, which we discuss below.

Since our reports were published, we have been working more closely with Sussex NHS Commissioners and SCAS who have provided responses to some of our findings. This collaboration has created a better shared understanding of running a PTS service.

Looking forward, we will continue to work with SCAS and Sussex NHS Commissioners to deliver patient forums.



## October 2020.

Ahead of publication of our reports, we shared high level interim findings with potential bidders for the new contract at a market engagement event hosted by Sussex NHS Commissioners. This event was attended by organisations who were interested in potentially bidding for the new PTS contract. This was an important event which allowed them to hear what Sussex patients wanted from a PTS service, such as improved methods of communication.

## January 2021.

We shared our reports with Healthwatch England who provided the findings to the national review of PTS (see [below](#) for more detail about this review).

We also published our reports and shared these with Sussex NHS Commissioners who accepted some of our recommendations in principle and agreed to incorporate these in the draft specification for the new PTS service:

- For more stringent performance targets to be added to the draft contract
- For improved and modernised communications to allow patients to track their transport
- To provide clearer guidance on the eligibility criteria for the service
- They also agreed to explore our recommendation of creating a dedicated renal transport service, and/or developing specific features for renal patients
- They stated our findings had highlighted that renal patients should have individualised care plans which includes their transport requirements and how these are delivered. This led the CCG to consider what constitutes a short, medium, and long journey for patients, and that understanding the impacts of journey length needs to be better understood e.g. any patient travelling in excess of 35 miles or up to 90 mins may need to be offered a comfort break. The CCG agreed that the time spent by patients in vehicles will be measured and used to improve the overall patient experience.

***\*\* It is important to note that the results of the [National Review of PTS](#) were issued after Healthwatch had published its reports. The national review will fundamentally change the development of the future contract for the service. This means that Sussex NHS Commissioners will need to review the earlier Healthwatch recommendations (summarised on page 5-7) to ensure that they reflect any national requirements. Nevertheless, the national review also highlights how the results from work, such as that conducted by Healthwatch in Sussex, has helped to deliver the wider suggested improvements and changes for all PTS services.***





## June 2021

- Representatives from South Central Ambulance Service NHS Foundation Trust (SCAS), who provide the PTS contract, delivered a presentation at the Healthwatch Brighton and Hove Board meeting on 7th June. Representatives from Healthwatch West and East Sussex joined us, together with Sussex NHS Commissioners. The presentation explained some of the challenges of running a PTS service, but also addressed some of the key findings from our review:
- **In response to the Healthwatch recommendations to improve patient communication, SCAS advised that better communications between the transport crews, the contact centre and with patients is a priority, and that:**
  - A text alert is sent when the vehicle is on route
  - Crews call ahead to the patient to ensure they are ready and still travelling
  - An on-line facility (patient zone) exists for patients to book and check a journey
  - A mobile phone app is being reviewed as a development for a future service.
- **In response to the Healthwatch finding that patients were experiencing delays in being picked up by PTS from hospital,** SCAS explained that COVID-19 had restricted the service's capacity to convey several patients at the same time than was previously the case, meaning that some delays were outside of their control. They also highlighted that an increase in unplanned discharges from hospital, with short notifications, had impacted on their resources. National guidance surrounding PTS remains the same and patients continue to be transported under social distancing rules. If this were to change SCAS may be able to increase capacity and move more patients in a timely fashion.
- **In response to the Healthwatch finding that patients across Sussex had expressed varying degrees of satisfaction with the service** and that notably patients from Brighton and Hove were the least satisfied, SCAS highlighted that the Royal Sussex County Hospital is the main Renal unit for Sussex and has had building work challenges for the last two years which have impacted on patient transport services.
- **In response to the Healthwatch finding that patient forums were not happening,** SCAS confirmed that they had held four engagement forums in Sussex, two in the east and two in the west. In the west the forums were held in St Richards Hospital and were attended by patients, members of the public and health care professionals. The two forums held in the east were focused groups and these were renal patients at Pacific House, Eastbourne and wheelchair users at Brighton Hospital. They had also held face to face engagement with renal patients in the Royal Sussex County Hospital, where patients commented that the service had improved, and was now at a good standard.



- SCAS recognise that they may not have been able to get engagement from all patient groups, but going forward and as a result of COVID-19, other forms of engagement are being explored, such as the use of technology via Zoom or Microsoft Teams calls to allow greater engagement from all patient groups.
- **In response to the Healthwatch recommendation that the provider should improve the scheduling of transport**, SCAS advised that this may reflect a lack of understanding of how the service is managed and delivered with the complexities and challenges posed. SCAS have offered Healthwatch the opportunity to visit contact centres to see the process of booking transport and conveyance so that we and others can fully understand the systems. SCAS acknowledge that existing processes are not perfect and that this could be something that Sussex NHS Commissioners, when going out to tender, asks bidders to provide details of how they will manage the scheduling of journeys etc.

### August 2021

- SCAS and Healthwatch agreed to work together to deliver further patient forum events in the autumn of 2021, providing an opportunity for SCAS to explain more about the how PTS works but also for patients to have their questions answered.
- In early August, NHS England and NHS Improvement [published a report](#) on its national review of non-emergency patient transport services (PTS). This new report highlights how the results from our Healthwatch in Sussex work has led to suggested improvements and changes for all PTS services. We describe this review in more detail below.
- This review will directly impact on the development of a new contract for PTS in Sussex. For example, it is likely that standardised eligibility criteria performance targets and service specifications with apply to all PTS services. We will continue to work with Commissioners to help them gather more patient insight on these themes.

### The NHS review of PTS

In autumn 2019, NHS England announced a national review of NHS Non-Emergency Patient Transport Services to improve commissioning and provision. At the same time Healthwatch England announced that it would conduct a formal review into PTS, following publication of the joint report on patient transport, '[There and Back](#)' produced with Age UK and Kidney Care UK.

Healthwatch teams from across the country fed into the review, including Healthwatch in Sussex.



The report found many instances of good practice but also scope for improvement and change:



*“For people with a medical or severe mobility need, non-emergency patient transport services (NEPTS) provide an essential means to access the NHS. In some places the services work well. However, there are also too many instances where patients do not receive a sufficiently timely and high-quality journey. These problems are often the consequence of poor commissioning, uncertainty about eligibility and a lack of information on service activity and performance.”*

*“The Non-emergency Patient Transport Review was launched in response to significant concerns highlighted by patient groups and charities, including Healthwatch, Kidney Care UK and Age UK, and by many in the patient transport sector themselves. The review has found that patient experience, service quality and service sustainability vary significantly across England. Many services are good, but there is often scope for significant improvement.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**



**A number of the measures included in the national review are also reflected in the findings that Healthwatch in Sussex made in its reports. Where progress has been made on the Healthwatch findings a tick symbol is shown.**

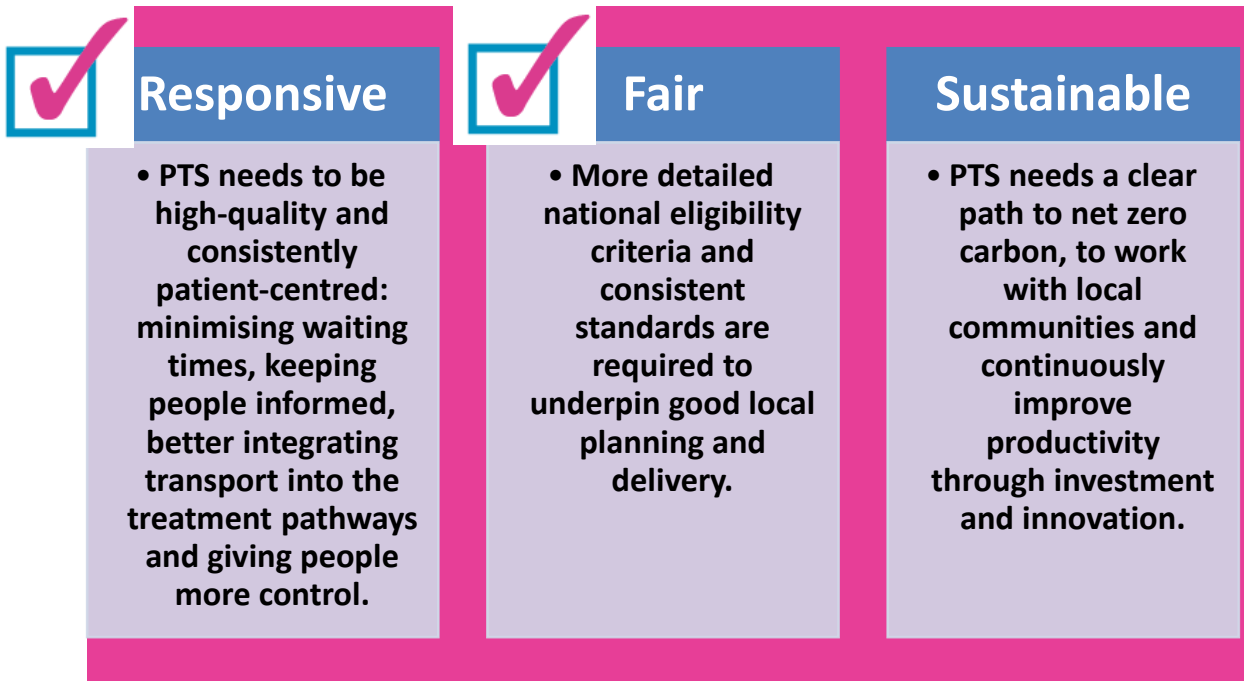
In addition to the progress made against the Healthwatch findings, SCAS have already progressed some of the additional areas identified by the national review. They now have a fleet strategy to bring in new electric vehicles across their contracts. This incorporates a number of different vehicles and is being trialled to ensure that the relevant infrastructure is there to support this. They also have a commitment to 100% zero emissions journeys by 2035. SCAS are also working on how it captures the right information to deliver comprehensive reporting against performance targets.

**Healthwatch is particularly pleased that the national review describes progress in the following areas:**

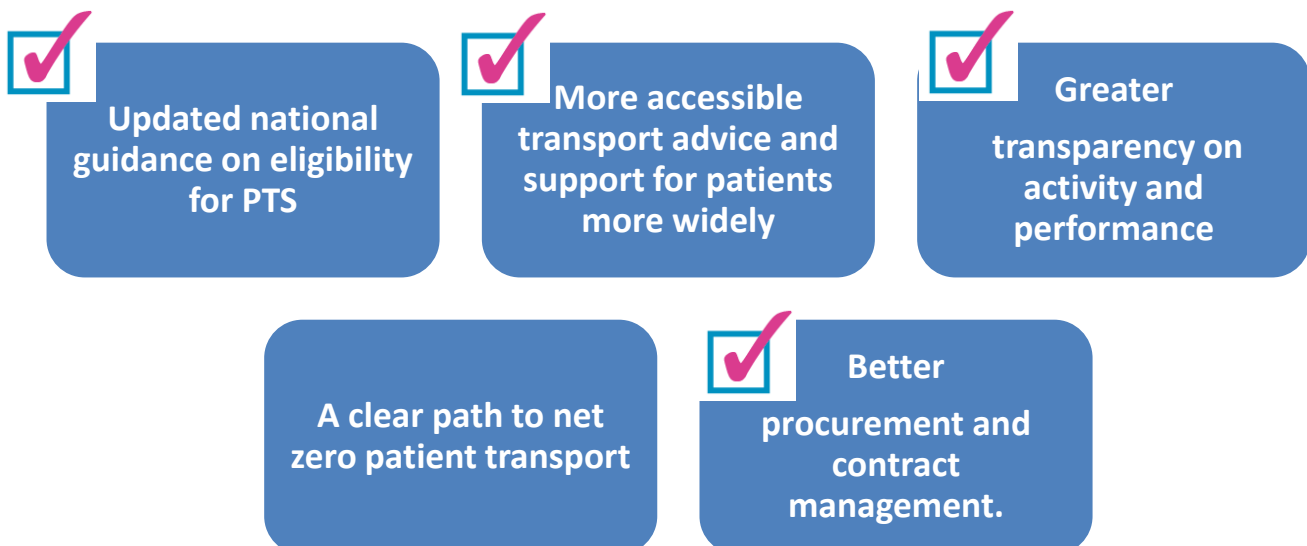
- A review of eligibility criteria for PTS
- Emphasis on sharing better information on alternatives to PTS
- A focus on providing transport for renal patients
- Improved use of technology, and
- Better procurement and contract management.



The national review sets out how non-emergency patient transport services can become consistently more responsive, fair and sustainable:



To deliver these objectives, the national review sets out a new framework for PTS, comprising of five components





**Specific measures mentioned in the national review include:**

A new universal transport support offer for patients travelling to and from renal dialysis as part of the updated national eligibility standards

Redesigning access to the Healthcare Travel Costs Scheme to make it easier for people on a low income to claim back journey costs

A commitment to 100% zero emissions journeys by 2035

**The national review also announced:**

Improved use of technology to improve people's experience of arranging and waiting for journeys

That Integrated Care Systems will be responsible for patient transport from April 2022, subject to legislation

Introduce a new universal commitment to transport support for all journeys to and from renal dialysis

A new national framework for PTS and improvements in data collection to increase transparency from services





On the next pages, we discuss how some of your feedback and our findings have been reflected in the national review of PTS.

### (a) A consultation on eligibility for PTS

#### **healthwatch** What Healthwatch in Sussex identified - in Sussex

One of the sets of recommendations made by Healthwatch in Sussex as part of its literature review were:



- “Deliver a person-centred service by improving eligibility criteria*
- a. Clear eligibility criteria should be published in full by the provider*
  - b. Existing eligibility criteria should be reviewed to ensure it is transparent and fair and meets the originally stated ambitions of the Department of Health for the service.*
  - c. As part of this review of eligibility criteria Healthwatch recommends that separate eligibility criteria for renal patients could be developed.*
  - d. Any eligibility criteria must be applied consistently to every applicant.”*



We reported that the way the existing criteria are applied in some regions has created some inequalities. For example, in some locations across England certain medical conditions, such as cancer, automatically qualify yet other serious and often debilitating conditions, such as dementia, do not. Every time a patient needs transport for a new appointment or a course of treatment, they are reassessed, even if they have a long-term condition that will not improve, making it a long and arduous process. Wheelchair users are often in receipt of mobility allowance payments, i.e., high-level Disability Living Allowance (DLA) or Personal Independence Payment (PIP) which means they are not eligible for the service.

We highlighted that the Department of Health and Social Care had set out national eligibility criteria for the PTS service to ensure everyone across the country had equal access. However, the criteria had been interpreted and applied differently across the country making it difficult to apply consistent standards.

#### **NHS** The 2021 NHS Review has stated -



*“Eligibility for PTS is inconsistently applied across England, with each Clinical Commissioning Group (CCG) typically developing their own interpretation of government guidelines.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**





## **NHS** What the 2021 NHS Review has proposed -

Healthwatch are pleased that the review has launched a [national consultation on eligibility](#) to ensure that patients, carers and social care service users agree with and understand the proposals on updated eligibility criteria. We are also pleased to see that the review highlights the need for discretion to the criteria be applied to support those whose transport burden is higher due to journey frequency, length, or costs.

We agree with the review that over the next few years, greater consistency is needed to help the NHS and patients fairly navigate these complicated assessments of need, while continuing to allow local adaption and, ultimately, clinical discretion.



The consultation will run until **25 November 2021** and the new eligibility criteria is scheduled to be published in early 2022 and implemented from April 2022.

Complete the survey here: [Eligibility criteria for non-emergency patient transport: A consultation - NHS England - Citizen Space](#)

## (b) Alternatives to PTS

### **healthwatch** in Sussex What Healthwatch in Sussex identified -

Our literature review highlighted a lack of information locally which was easy for patients to obtain on alternatives to PTS, which led us to recommend that:

*“Information on alternatives to Patient Transport Services should be made available by the provider and clearly promoted for those who may not be eligible so that people can make informed choices.”*

## **NHS** What the 2021 NHS Review has proposed -

We are pleased that the review has highlighted the importance of providing patients with some signposting to alternative transport providers. The review states that as a minimum, all patients should be able to access advice on alternative travel options, including community transport, and private transport options.

In this regard the review stresses the importance of significantly simplifying the process for accessing the Healthcare Travel Cost Scheme (HTCS) and indicates plans to integrate the scheme far more closely with PTS and wider transport co-ordination.



The HTCS aims to support people on a low income to cover the costs of transport to healthcare treatment. It forms part of the overall NHS low-income scheme. At present the scheme is often underused or under promoted and delays in accessing payments can be off-putting. The ambition is to process reimbursement in a matter of days, with an absolute maximum of 30 days for valid claims compared to up to 90 days at present.



*“Good local healthcare providers already offer patients information and guidance on travel options to treatment. The draft national eligibility guidance includes an expectation that, as a minimum, all patients who enquire about transport support should be provided with details of independent transport options including public transport, taxis, and community transport. At a minimum we expect that this will include providing easily accessible information on journey options. We recommend that trusts should also consider employing a transport co-ordinator if they do not already do so or enable coordination centres to provide details to patients looking for advice. There is also an opportunity to link with the increasing number of electronic platforms which enable people to better plan transport routes”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**



The review implementation programme will include measures to stimulate the contribution of community transport both as a wider transport option for patients not eligible for PTS and as an element of non-specialist PTS provision for patients who are eligible. This includes volunteer driving schemes and ride sharing.

### (c) Renal patients

#### What Healthwatch in Sussex identified -

Our survey report found that over 80% of renal patients would use a dedicated service specifically designed for renal patients, including specialist call centre staff. In our literature review we also highlighted that:



*“Evidence collected by Healthwatch since 2016, and others, reveals that it is often renal patients who often feel most let down by it. Healthwatch has repeatedly made calls for a dedicated transport service for renal patients, with their own contact centre and named drivers, but our calls have remained unanswered to date. Recently, a report produced by Kidney Care UK and others, has laid out a better way to commission transport services for renal patients and local commissioners are advised not to lose sight of these important recommendations.”*





This led Healthwatch in Sussex to make the following recommendation:



*“A dedicated service (including call centre) should be created for renal patients, who should also be provided with nominated drivers. Healthwatch has called for this facility for several years and renal patients have said very clearly in 2020 that they want to see this happen.”*



### **NHS** The 2021 NHS Review has stated -



*“We asked dialysis units for a high-level average waiting time as part of our survey and found the average waiting time to be around 45 minutes, but the range varied from 15 minutes up to 90 minutes for several units. The implementation team and evaluation will also contain a specific element on identifying and disseminating best practice on shared decision making for renal patients.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**



### **NHS** What the 2021 NHS Review has proposed -

We are extremely pleased that the review has identified the need for eligibility criteria to include specific measures such as a universal transport support offer for people receiving renal dialysis treatment. The NHS review states:



*“We will therefore introduce a universal commitment to transport support for all journeys to and from in-centre haemodialysis. Such an approach is already common in many parts of the country but not all, and our surveys indicate that around a third of dialysis patients currently receive no transport support. The universal commitment involves access to either:*

- *Specialist transport, when adapted vehicles or staff with particular training is required*
- *Non-specialist transport, when people need less support*
- *Simple and rapid reimbursement for the cost of journeys where people are able to drive themselves, their family or friends can take them, or they can use public transport, including any car parking charges not covered by the existing free car parking commitment.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**





## (d) Better procurement and activity monitoring

### **healthwatch** What Healthwatch in Sussex identified - in Sussex

In 2016, an organisation called Coperforma took over the running of the service in Sussex. The service experienced significant problems which led to urgent remedial action being taken by the lead Clinical Commissioning Group, including an independent review. This highlighted significant failures in the service, the commissioning process, the transition process, and Coperforma's planning and ability to run the service. The independent review found no evidence that Coperforma had adequately stress-tested its systems, and that the CCG had no "plan B" for when things went wrong.

Our literature review identified several key findings and recommendations from the independent review which we believed could support Sussex NHS Commissioners in delivering a robust process for appointing the next provider of the service and ensuring a smooth transition between providers. Currently, commissioning arrangements vary significantly across the country.

### **NHS** The 2021 NHS Review has stated -



*“Service commissioning, planning and management has been poor in some areas. We estimate around a quarter of journeys are cancelled or aborted each year - around 3 million trips - an indication that communication and integration between providers of healthcare, transport and patients could be much better. Commissioners and providers also expressed concerns about procurement and contracting. We are aware of four contracts being handed back or terminated in 2017 and 2018 alone.”*

- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021



### **NHS** What the 2021 NHS Review has proposed -

We are pleased that the NHS review has made a series of important findings around better procurement and contract management which can improve service responsiveness and enable investment and innovation.





*“The Review implementation team have set out detailed proposals, for comment on a new national system for measuring activity and performance, guidance on better procurement and contracting and core standards.”*

*“During 2022, we will publish good practice guidance on procurement, and... we will also publish example service specifications - these will complement the new core standards, minimum data set and best practice KPIs.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**



In terms of assessing bids, the NHS Review states:



*“Providers should be expected to demonstrate that their services offer the best possible value including considerations of price, access, co-ordination and integration, journey experience and timeliness, patient satisfaction and safety, sustainability and capacity. Prior to any comparatively low value bids being accepted, a financial review should be carried out to ensure the subsequent contract is sustainable.*

*“Procurement processes should involve key stakeholders notably including referrers to PTS e.g., acute trusts, mental health trusts and primary care to support design of services and KPIs.”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**



Healthwatch encourages you to sign up for the Improving Non-Emergency Patient Transport Services FutureNHS workspace, which acts as the platform for continued engagement on implementation. This includes more detailed proposals for national data collection, core standards for PTS and commissioning best practice principles.

The [FutureNHS platform](#) is open to all, whether or not you work in the NHS. To register, as well as for wider enquiries, please email the Review Implementation programme: [nhsi.neptsreview@nhs.net](mailto:nhsi.neptsreview@nhs.net)



## (e) Performance targets



### What Healthwatch in Sussex identified -

Our literature review identified a number of ways in which current performance targets (referred to as KPIs or Key Performance Targets) for the service might be improved. As a direct result of our reports, Sussex NHS Commissioners agreed to consider strengthening some draft targets for the revised contract specification which relate to timeliness. As part of our work, we stated that:



*“KPIs should be used to ensure the service achieves what is set out in the contract and these should be developed and agreed by all partners including patients and a regular monitoring structure involving all partners, including patients, should be used.”*

*“The future provider’s performance against targets should be routinely published so that service users can see this.”*



### What the 2021 NHS Review has proposed -

We are pleased that the NHS Review proposes a new national framework for non-emergency patient transport, comprising:



*“Increased transparency, to incentivise patient-focused provision and enable greater learning and accountability. This will include: (a) Model activity measures and key performance indicators (KPIs) to allow more consistent monitoring of patient experience, communications and satisfaction, journey delivery and value for money.”*



And that the NHS Review has stated the following:



*“Core information on PTS activity and performance is not available nationally, regionally or in many local areas today. As a consequence, commissioners often have insufficient understanding of activity and comparative performance, hindering management and effective contracting. Providers often have to bid for contracts with limited information on estimated journey volumes and activity. NHS England and NHS Improvement are unable to identify good practice, problems or inconsistencies. And, most importantly, it is hard for the public to hold the NHS to account. We want to make key information on system activity and impact more transparent, and ensure performance is measured in a balanced way. To achieve this, we will introduce recommended best practice activity measurement, including suggested domains for KPIs, to*



*be adopted at a local level to allow more consistent monitoring and management of services, as well as improved contracting.”*

*“... a national data collection process will be introduced, conducted twice annually. ...This will include the most important comparative metrics and indicators from the recommended local activity measures. Example activity measures ... include: ... Patient satisfaction, communication, and safety .... patient waiting and journey times, including a measure of long waits ...”*

**- Improving non-emergency patient transport services: Report of the non-emergency patient transport review, August 2021**





## Annex A

# Our recommendations to NHS Commissioners in 2020

**PART ONE:** Based on what people in Sussex told us, the following recommendations are made to NHS Commissioners and the provider of the Non-emergency Patient Transport Service for Sussex:

### Improve the scheduling of transport

To facilitate the better planning of transport journeys, reduce journey times, and improve timeliness overall, we encourage the provider to:

- 1 Undertake a full review of how transport is scheduled**

We believe it will help the provider better to schedule transport if it understands more about their patients' needs. We recommend that a review is conducted which produces a map of where patients live, where they need to be taken to, and what their transport needs are.
- 2 Identify and deliver comprehensive training to support transport coordinators**

Building on recommendation 1, the provider should identify and deliver comprehensive training to ensure that transport coordinators have a clear understanding of the local geography of Sussex. This knowledge could help to deliver more efficient transport scheduling and journey routes. This training could be developed by a newly employed full-time transport expert (see below).
- 3 Employ a full-time transport expert**

The provider should employ a full-time transport industry expert to assist in the effective planning and coordinating of journeys so that these meet patients' needs and preferences.

### Improve communications

To improve communications with passengers and patients, and ensure that feedback is regularly obtained to improve the service, we encourage the provider to:

- 4 Invest in delivering a range of improved communications**

The provider should invest in delivering improved communications in a range of accessible formats, including issuing clearer patient guidance around eligibility and how to apply, as well as providing regular service updates. Innovative technological solutions should be deployed such as mobile phone tracking apps and a patient online account facility.



## **5** Establish fully accessible patient forums

The provider should establish fully accessible patient forums for patients and host these every 3-4 months, and publish outcomes, minutes and learning from them.

## **Deliver a service that meets the needs of different patient groups**

Patients have told us what matters most to them about their transport, and the provider should design the service so that it meets different groups' needs.

## **6** Deliver an adaptive service

In our separate [detailed report](#), we have included results from our patient survey which show what aspects of a transport service are most important to different patient groups. This information should be used by the provider to deliver a transport service which is adapted to meet their needs and preferences.

## **Incorporate positive learning from the COVID-19 pandemic**

The COVID lockdown period saw improvements to several aspects of the service which benefited regular users, and the new provider should build on these successes

## **7** Build COVID-learning into the new service design

For example, during the first COVID lockdown period, patients told us that they often travelled alone which meant that their journey times were shorter in duration and that they got home sooner. We recommend that the provider identify how it can continue to deliver some of these improved aspects of the service for regular users as we come out of the pandemic.

## **Deliver a more consistent service across the whole of Sussex**

Patients from West and East Sussex and Brighton and Hove have very different experiences of the service, and greater consistency is needed across the region.

## **8** The provider must deliver consistent standards for all patients across Sussex

In our separate [detailed report](#), we identified significant variations in satisfaction levels with the service across Sussex. Residents from Brighton and Hove recorded lower satisfaction levels and reported experiencing a higher number of problems with their transport compared to residents from West and East Sussex. The provider should, as a matter of urgency, identify actions to understand and address these variations, and correct any problems.





**PART TWO:** Based on the literature review undertaken by Healthwatch, we make the following additional recommendations to commissioners of the Non-emergency Patient Transport Service for Sussex. We have asked commissioners to incorporate these into the upcoming contract tender i.e., that the new contract for the service incorporates these findings:

## The new contract should deliver a person-centred transport service - Patients' and passengers' needs must lie at the heart of the service design and operation

9

Clinical services, Sussex NHS Commissioners and providers should work together to ensure that transport is co-ordinated around the patient. This can be achieved by having early discussions with each patient about transport and including this in their care package where one exists. Each renal patient should have a care plan that includes their transport requirements which is individualised to their needs. In this way, communication should be focused on establishing patients' needs and enabling the patient to have more control. Also, as set out in recommendations 5, 13 and 14, regular patient feedback should be collected by the provider and acted upon.

In order better to support patients, a designated transport officer or champion should be in place at each main hospital unit that the service visits to act as a point of contact. In addition, Commissioners should ensure that patient advocates are involved at the contract preparation stage and that Patient Safety Groups are established which involve GPs, representatives from Healthwatch, local authority safeguarding, hospital Trusts and patients. It is recommended that Patient Safety Groups meet regularly following the commencement of the new contract.

The service should be subject to regular patient engagement. Service users' views should be routinely collated by the CCGs and future provider and used to improve the service. This should include an independent review of the new service conducted by Healthwatch in Sussex six months after the new contract has commenced, and a further review nine months later.

## The new contract should improve the experience of renal patients - renal patients use transport services more than any other category of patient and experience more problems - this must change.

10

Commissioners should use the results from the [Patient Reported Experience of Kidney Care in the UK report](#), and the Kidney Care UK (and others) report [Dialysis Transport Finding a way together](#), both published in 2019, which detail



ways to improve the experience of transport provision for renal patients, and use these findings when designing the new service specification.

As highlighted in recommendation 9, transport to and from a dialysis unit should be considered part of the episode of care, and transport should be co-ordinated around the renal patient, meaning that patients should be enabled to control their own transport and each patient should have a care plan that includes their transport requirements which is individualised to their needs. No renal patient should contribute to treatment costs by paying for transport as self-funding is against the NHS constitution as it would mean charging patients for a component of their care.

Clinical services, Sussex NHS Commissioners and providers should work together to ensure good and cost viable services, and it should be possible to 'map and zone' renal patients, so they receive treatment in their nearest and/or most accessible dialysis unit.

To better support this group, Sussex NHS Commissioners should consider a haemodialysis transport hub, and services should work to separate out the delivery of kidney transport from non-kidney transport.

**The development of the new contract should learn from past mistakes** - The new contract should set clear expectations and provide for foreseeable demands on the provider.

11

The development of the contract and procurement process must build in findings from the NHS England [national review](#) of NHS Non-emergency Patient Transport Services to improve commissioning and provision due to report back in early 2021.

The contract should provide for a phased transition approach from the existing to any new provider. And a professional patient transport expert should be employed to oversee the specification and transition of the contract.

The future contract must include an Information Sharing Agreement which is enforceable, so that the provider is required to share information about service performance with Sussex NHS Commissioners and in turn with the public.

Based on historic service failings, the new contract should provide for financial sanctions to be applied due to contract failure in terms of the number of journeys not properly delivered. Financial sanctions should apply to the under-achievement of targets up to a specified percentage of the overall contract.



## Contractual performance targets should be strengthened

Healthwatch considers there is significant room to improve targets for the service, which the provider must meet going forward.

**12**

Targets should be developed and agreed by all partners including patients, and a regular monitoring structure involving all partners should be used. Targets should be realistic but also hold the service provider to account. Sussex NHS Commissioners should publish clear guidance explaining how targets will be enforced and the penalties for missing these, including any financial penalties.

We recommend that a principal of no more than a 30-minute wait for pickup, a 30-minute journey, and to wait no longer than 30-minutes after treatment to be collected should be enforced for most journeys. Targets should also reflect the differences in average journey time, to account for rural and urban trips.

We are clear that patient reported experience should become a key target and that data is collected, evaluated, and acted upon.

## The tendering process for the new contract must be robust

The process of appointing the new contract of transport services in Sussex must be conducted with due diligence.

**13**

Based on historic service failings, all organisations who submit an interest in the contract should be required to submit detailed evidence of how they have adequately stress-tested their systems to instil confidence that they can operate the service from 'day one'. For example, that they have in place a robust system for handling an increase in calls from the public as well as managing and monitoring complaints and concerns; IT readiness including clear data sharing protocols and an approach to overcome firewall issues and how they intend to procure support services.

All organisations who submit an interest in the contract should be required to submit evidence of their preparations for a tight handover of staff from the current provider.

Sussex NHS Commissioners must develop and ideally publish a "plan B" in case things go wrong. The new contract should only 'go live' once all outstanding issues between Commissioners and providers have been resolved.

We recommend that a structured procurement and evaluation of bids is operated by a commissioning and procurement team, and comprising patients, Healthwatch, hospital Trusts and GP representatives, as well as subject matter experts from communications, quality, safeguarding, risk, health & safety,



information governance, information technology, and finance, and transport specialist.

## **The transition between contracts must be seamless**

Sussex NHS Commissioners must plan well for the smooth transition from the current contract to any new provision.

**14**

Should the new contract transition to a new provider then the current and any new provider must work collaboratively and share databases. The tendering process must ensure that transition terms and expectations are made clear for all parties. Attendance at transition meetings must be compulsory so that clear agreements can be reached around issues such as transfer of staff, and staff release for training, data sharing, and plans by any new provider to communicate with existing patients about the transfer of the service and its impacts for them.

As indicated in recommendation 11, the contracts should be implemented in stages, rather than all at once. A mobilisation period of 4 months for the contract in Sussex would be in line with other contracts in other counties. There should be prompt signing of contracts by all parties to avoid any delay in the transition arrangements from commencing.



## How to contact your local Healthwatch

### Healthwatch Brighton and Hove

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#### Social media:

Facebook - @healthwatchbrightonhove

Twitter - @HealthwatchBH

Instagram - healthwatchbh



### Healthwatch East Sussex

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### Healthwatch West Sussex

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