



healthwatch
in Sussex

Patient Transport Services in Sussex

What patients and passengers told us about the service in 2020





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Healthwatch in Sussex

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

We would like to thank the Clinical Commissioning Groups for their cooperation in delivering this project, and staff across our local hospitals for their help in sharing the Healthwatch in Sussex questionnaire and ensuring that patients' voices were heard.

Report author: Alan Boyd, Healthwatch Brighton and Hove



Non-emergency Patient Transport Services - a statement from Healthwatch in Sussex



Non-Emergency Patient Transport Services are a lifeline for those whose condition means they need additional medical support during their journey to and from hospital and other medical appointments. Since 2011, the service has been transporting people from their homes to medical appointments across Sussex, and sometimes outside of the county. In September 2020, Healthwatch undertook its fourth review of the local Non-Emergency Patient Transport Service and we are pleased to report that a large proportion of patients told us that they were satisfied with most aspects of it; and that most people would also recommend it to their family and friends. Feedback on the service during the first COVID-19 lockdown period was also positive, which is testimony to how well the service adapted to this unprecedented challenge. Healthwatch commends the staff who worked so hard to continue to deliver the service throughout this difficult time.

Whilst many aspects of the service are working well, we are disappointed that satisfaction levels with the service have dropped on those we recorded in 2017 and that they continue to vary across the Sussex region. It remains unclear why a high proportion of residents from Brighton & Hove are experiencing more issues with their transport than their counterparts in East and West Sussex, but we believe this may in part be due to how transport is currently scheduled. Renal patients also continue to tell us that they are experiencing problems with their transport, and they remain one of the most affected groups.

Our recent engagement exercise has revealed that some of the recommendations made by Healthwatch in Sussex in 2017/18 have not been fully corrected by the current provider. This means that patients continue to experience poorer pick-ups from hospital, and they are still not being routinely notified of any changes or delays to their transport. Separately, we have identified what aspects of a non-emergency transport service are most important to patients and captured your ideas to change the service so that it can better meet your needs and expectations.

The local service is due to be re-commissioned next year, which represents an opportunity to rectify those aspects of the service which are currently letting patients down, but also to improve and modernise the service. The CCG's willingness to engage with Healthwatch demonstrates that they are keen to make improvements. Healthwatch will be closely working with commissioners throughout the re-tendering process to ensure that your voices are heard.

Healthwatch in Sussex, January 2021





A statement from NHS Commissioners



The Sussex CCGs have had a close working relationship with Sussex Healthwatch for a number of years, and we value the engagement expertise they bring to developing and enhancing the voice of patients and citizens in the services provided by the CCGs.

Non-Emergency Patient Transport is key to supporting eligible patients to easily access medical appointments and to be returned home from hospital. The Project Team responsible for Non-Emergency Patient Transport therefore commissioned Healthwatch to inform the development of specification and modelling for the new contract to undertake a series of engagement activities with current users of the service and those patients who, as part of their current treatment, may benefit from accessing the service.

This report and earlier reports produced by Healthwatch is the outcome of that engagement and is very much welcomed by the commissioners. It has already been used to inform the development of the new specification that will be used to secure the future service, for example new draft targets have been developed which relate to more timely arrivals and pick-ups from hospital.

It is pleasing that the Healthwatch survey shows that a large proportion of patients are satisfied with most aspects of the service, currently provided by South Central Ambulance Service (SCAS). The results reflect well on the work of SCAS to deliver improvements since they took over the contract in 2017, and it is particularly pleasing that patients expressed high levels of satisfaction during the COVID pandemic.

However, we recognise that there are always areas where further improvements can be made. These have been clearly flagged in the report. We have taken this feedback and are working with SCAS to improve the offer patients receive now.

In particular, we have noted the feedback from patients that communication is a crucial part of the service - as it is for hospital staff. This was an area of the service that we were already aware had its challenges. Patients and their support networks need to know where and when they will be picked up and to be confident they will arrive at their appointments at the right time.

Patients have said that they would like to see the increased use of innovation and technology to help improve this aspect, using phone calls, mobile phone APPs, text messages and online bookings. These will enable patients, hospital staff, family, and carers the ability to track their allocated vehicle in real-time at each stage of the journey and allow for them to be notified of any delays. These improvements have been incorporated into the new service specification.



While the focus of this service for Commissioners is often the journey to and from the treatment being accessed, for patients this is only part of their daily lives. The Healthwatch report highlights that the journey forms part of the overall care package for patients. It is clear that the length of the journey and the time being transported needs to be built into that individual's plan for their day and therefore they need to know how they will be supported during the journey and what they can expect. This is a further change to the service specification which will be explored.

Consideration of what constitutes a short / medium / long journey across and throughout Sussex between the various hospital and renal sites and the impact of that journey length needs to be understood - for example, any patient travelling in excess of 35 miles or up to 90 mins may need to be offered a comfort break. The time spent by patients in vehicles will be measured and used to improve the overall patient experience.

The Healthwatch report has clearly identified that patients who are receiving renal dialysis need to have nominated renal transport drivers and staff, as they will need to build relationships as part of their care. Patient experience is at the core of any service provision. The service needs to ensure that patients are sufficiently engaged to help plan for a better service and to make improvements. The recommendation of creating a dedicated renal transport service, and/or developing specific features, for renal patients, is something we will continue to explore.

The Sussex CCG will continue working with Healthwatch, and using their recommendations, to ensure that patient engagement is maintained whilst we move into new service provision.



A statement from South Central Ambulance Services



SCAS very much welcomes the opportunity to receive feedback from our service users. The engagement piece of work was undertaken in September when we were and still are very much under the remit of NHSE and Government national pandemic guidance to deliver a safe transport service. Although the survey was small in numbers in comparison to the number we transport, we take on board the comments made within the report and we continually work with the Sussex Commissioners to review our service model and make any appropriate changes. SCAS looks forward to the opportunity of responding to the impending tender that is due for issue in early 2021.

Healthwatch are welcome any time when Covid-19 allows to review our processes and service delivery to enable a more informed understanding of delivering a Patient transport service from a Providers perspective.





Healthwatch in Sussex response



Healthwatch in Sussex thanks NHS Commissioners for their detailed response, and for their cooperation in delivering this important project. We welcome their engagement with the findings, and for acting on these by making amendments to the draft service specification. We look forward to working with them to deliver a successful new contract.

Healthwatch in Sussex thanks SCAS for their response to the 30 reports on Non-Emergency Patient Transport Services that it reviewed, and the recent feedback gathered from 130 regular transport service users from across Sussex. The Healthwatch reports also take into account the CCGs data from over 400 patients in Sussex who were surveyed by them during 2019/20. We welcome the fact that SCAS is committed to working with Sussex Commissioners to review the service model and make any appropriate changes. We urge both organisations to act on the findings, and clear recommendations, set out in our reports which reflect patient experiences' and the results from independent research.

In 2020, Healthwatch collated feedback from 130 users of the service. The sample size is smaller than in previous years, but this was undoubtedly the result of the COVID pandemic which impacted on our ability to speak directly with patients, and the lower demand for the service overall. Healthwatch did ask SCAS to support us in gathering patient views but they declined to do so. Nevertheless, the patients we reached have provided us with very clear messages about the service, and improvements they would like to see in the future.

We acknowledge that SCAS remains under the remit of NHSE and Government national pandemic guidance, but we encourage them to explain in more detail how they intend to act on these findings and also our recommendations, so that we may share this with patients.



You can read the report on the following pages



Executive summary

Welcome to our report about Non-Emergency Patient Transport Services (“the service”) in Sussex. A new contract to run the local service will be awarded in 2022. Healthwatch in Sussex asked for your experiences of using the service and ideas for future improvements. We also scrutinised a series of reports about how Non-Emergency Patient Transport Services should be successfully commissioned. We have shared our findings with NHS Commissioners who are already acting on them. We wanted to ensure that:

- patients’ experiences lay at the heart of the new service as it was being re-designed
- that NHS Commissioners learned from past failures when appointing a future provider.

Highlights from this project include



We gathered patient’s experiences of using the service across over 30 hospitals and other locations.



We have made 14 Healthwatch in Sussex recommendations, and produced four separate reports.



We collected 130 patient experiences, using a survey developed with the involvement of NHS Commissioners.

What impact is Healthwatch having?

As well as delivering this project and discussing our findings with the NHS Commissioners, we have:



Agreed to prepare a joint briefing with Commissioners for city leaders and decision-makers to raise awareness of the issues.



Shared results from our work at a market-engagement event attended by potential bidders for the new contract in October.



Been asked to review the draft service specification; and evaluate the questions which potential bidders need to answer and fulfil.

Recognition of our work by the CCG

“ The Sussex CCGs have had a close working relationship with Sussex Healthwatch for a number of years, and we value the engagement expertise they bring to developing and enhancing the voice of patients and citizens in the services provided by the CCGs.

- **Sussex NHS Commissioners**





Our recommendations to NHS Commissioners in 2020

The Healthwatch in Sussex recommendations can be summarised as follows:

Based on what you told us about the service in 2020:

1. Improve the scheduling of transport by:

- a) Undertaking a full review of how transport is currently scheduled.
- b) Identifying and delivering comprehensive training to support transport coordinators when scheduling transport.
- c) Employing a full-time transport expert to assist in the effective planning and coordinating of journeys so that these meet patients' needs and preferences.

2. Improve patient communications by:

- a) Investing in delivering a range of improved communications, making full use of traditional methods (such as improved patient guides), and technological innovations such as online accounts and mobile phone tracking apps.
- b) Establish fully accessible patient forums, host these every 3-4 months, and publish outcomes, minutes, and learning from these.

3. **Adapt the service** so it that meets the varying needs of different patient groups. Our public engagement has identified 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.

4. **Incorporate positive learning from COVID-19.** The service underwent several changes in response to the coronavirus pandemic which improved overall timeliness. The provider should identify how it can continue to deliver some of these improved aspects of the service as we come out of the pandemic.

5. **Deliver a more consistent service across the whole of Sussex** so that all patients have a positive experience. The provider should, as a matter of urgency, identify actions to understand and address variations in satisfaction, and correct any problems.

Based on our separate literature review of Non-emergency Patient Transport Services:

1. The new contract should deliver a person-centred transport service i.e., the patient should be at the heart of the new service as it is being re-designed.
2. The new contract should incorporate changes which improve the experience of renal patients.
3. NHS Commissioners must learn from past mistakes when developing the new contract.
4. Contractual performance targets should be strengthened.
5. The tendering process for the new contract must be robust and undergo exacting scrutiny.
6. Any transition between current and future providers must be seamless.

You can read our recommendations in full in Annex A on pages 41-46



Introduction

Background

The Non-emergency Patient Transport Service for Sussex is provided by [South Central Ambulance Service](#) (SCAS). The service is scheduled to be re-commissioned during 2021, with a new 5-year contract worth up to £20 million beginning on 1st April 2022. Sussex NHS Commissioners, representing NHS Clinical Commissioning Groups (CCGs) in Sussex, are responsible for this service.

In June 2020, the CCGs approached Healthwatch in Sussex to help them gather people's experiences of using the current service and their ideas for the future of the service. Throughout September we engaged with patients and passengers who use the current service, or had applied for it.

Separately, we have also undertaken a review of national and local reports and publications on patient transport to identify best practice and key learning. Using this wealth of information, we have written four Healthwatch in Sussex reports. The first three reports were produced between September and November and delivered to the CCGs to advise them on the retendering of the service. These are available on local Healthwatch websites. This latest report is to advise people across Sussex of our work, its outcomes, and next steps.

What has happened so far?

Local Healthwatches have collected the views of 130 people from across Sussex and provided the CCGs with a detailed report that lets them know what you think is good about the current service and what could be improved. We have also provided them with your views and ideas about how you would like the service to change or improve in the future. Our recommendations are shown on pages 41-46.

130 people from across Sussex shared their experiences and ideas with us

Healthwatch provided two reports - findings from a literature review (see page 38), and our interim results report - to the CCGs ahead of a market engagement event for the new service contract which was held on 19th October 2020. This event was attended by organisations who were interested in potentially bidding for the new contract. Your views about the future of the service were shared with these organisations so that they are aware of what changes you would like to see.

We shared your ideas and feedback with potential bidders for the new contract.



Using your feedback, and our research, we have provided 14 recommendations to NHS Commissioners about how they could improve both the commissioning process (e.g., how the future provider of the service is chosen) and the operation of the service itself. We have discussed these with lead officials at the CCGs and received recognition for our work.

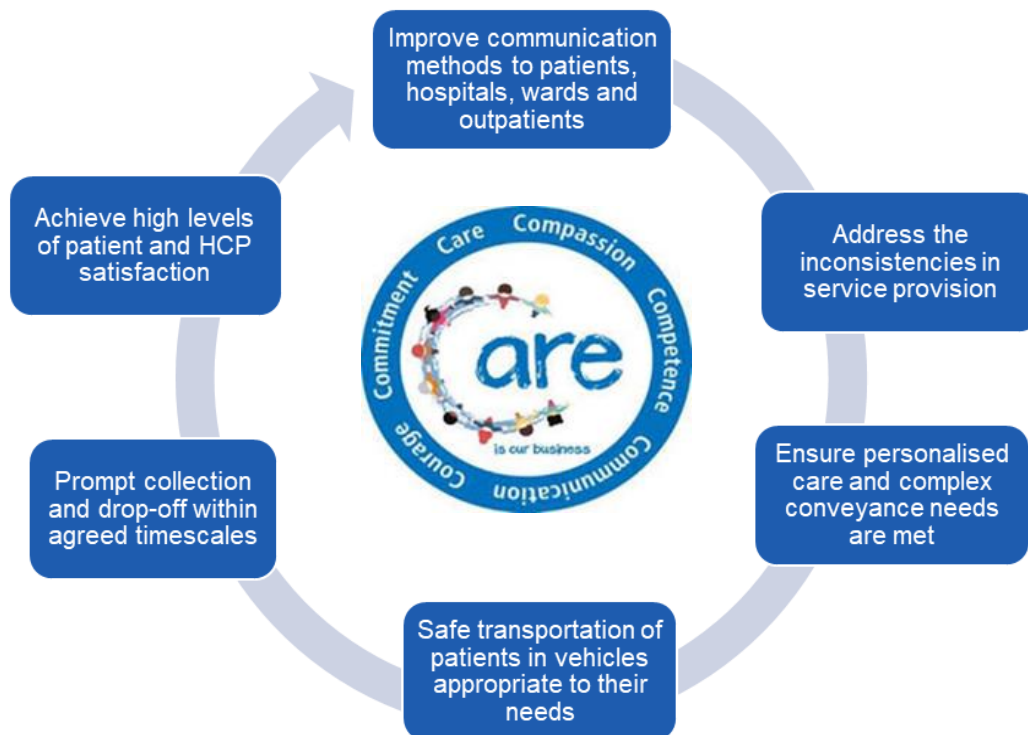
We have made 14 recommendations, shared with NHS Commissioners.

The CCGs have already used our findings to review their draft contract specification. They are clear that patient communications need to improve. They have also strengthened some draft targets which relate to timeliness.

Our recommendations, and findings, form part of the ambition for the new contract.

Healthwatch is pleased to see that some of our concerns and recommendations sit at the heart of the CCGs' set of values for the new service, with patient care and quality outcomes being at their core, as shown in the diagram below:

Our recommendations, and findings, form part of the ambition for the new contract.





What's next?

We have agreed with the CCGs to provide a joint briefing for key decision makers across the Sussex region. This will include advising Councillors, MPs, Directors of Adult Social Care, Directors of Public Health, MPs, and Chairs of local Health and Wellbeing Boards and Health Overview Scrutiny Committees.¹

We will issue a joint briefing with NHS Commissioners to city-leaders and decision-makers.

This briefing will provide an opportunity to share the efforts that have been made to include the public and patient voice in the retendering process and give added assurance that lessons have been learnt from the past.

Healthwatch has been invited to review the draft contract specification and to assist in setting the procurement questions - these are the questions which potential bidders for the contract will need to answer to explain how they will deliver the service. Healthwatch will also assist in evaluating the bids.

Healthwatch will review the draft service specification ensuring patients' voices are reflected

We will continue to work with the CCGs throughout the re-commissioning process to ensure that your voice is heard. Where Commissioners decide not to adopt our recommendations or apply previous learning, they will be asked to explain that decision and Healthwatch will consider using our statutory positions on local scrutiny committees and national escalation routes to achieve this.

Healthwatch will continue to work closely with NHS Commissioners

Healthwatch in Sussex will undertake a further review of Non-emergency Patient Transport Services once the new contract has commenced to make sure that things are working, and that the system is meeting patients' needs.

Healthwatch will undertake a further review of the new service.

¹ These committees work to strengthen the voice of local people and improve the health of residents by examining and scrutinising proposals that change how local NHS services are run. As part of this the committee consults a variety of external bodies such as Healthwatch.



A brief history of Patient Transport Services in Sussex

Healthwatch has closely monitored Non-emergency Patient Transport Services across Sussex for the last 5 years. In that time, we have heard directly from patients about what has worked well and what has not and reported our findings and recommendations to NHS Commissioners, service providers, and public scrutiny bodies. The last time that Healthwatch carried out patient engagement was in November/December 2017 with our report being published in April 2018. You can access all of our earlier Healthwatch reports via the links in Annex B on page 47.

Locally, the Non-emergency Patient Transport Service is a Sussex-wide service jointly commissioned by the three CCGs: West Sussex, East Sussex, and Brighton & Hove. The service covers the whole of Sussex which has a population of over 1.7 million. Patients are transported via pre-booked journeys to and from NHS Trusts, seven days a week, including Bank Holidays. The service is free at the point of use for all eligible patients. The service in Sussex provides around 300,00 journeys a year, equivalent to 25,000 per month. Roughly 13% of journeys are provided to residents of Brighton & Hove, 43% to residents of East Sussex and 44% to residents of West Sussex.

A detailed history of the service is available in the [Annex to our literature review](#), but in the last decade, the service serving Sussex has undergone numerous changes and been delivered by three different providers.

- 2011-2016, South East Coast Ambulance Service NHS Foundation Trust (SECamb).
- 2016-2017, Coperforma.
- 2017 - present, [South Central Ambulance Service](#) (SCAS).

In 2016, the contract was awarded to a company called Coperforma who failed to adequately deliver the service which ultimately left many vulnerable patients waiting hours for their transport, missing vital health appointments, and feeling considerably distressed by the lack of transport. This triggered [Healthwatch Brighton and Hove](#) to carry out its first engagement exercise with renal patients who attended the Royal Sussex County Hospital, in which we identified serious failings with the service. These were shared with key decision-makers in the city. The contract was subsequently handed over to South Central Ambulance Service (SCAS) in 2017 which has worked hard to improve the service.

The collapse of the service under Coperforma led to an independent review to identify what went wrong, and how to prevent a similar failure from happening again. In January 2017, the CCGs published a report which detailed the lessons to be learnt from the procurement and mobilisation of the Non-emergency Patient Transport Services in Sussex. This review remains one of the key sources of information to guide NHS Commissioners. These documents are all available in the [Healthwatch in Sussex Literature Review report](#).



The importance of Non-emergency Patient Transport Services cannot be underestimated. In 2019, [Healthwatch England](#) carried out a nationwide conversation on the [NHS Long Term Plan](#), engaging with over 30,000 people across the country. Nine out of 10 people said that convenient ways of getting to and from health services was important to them, and transport was more important than choice over where to be treated.

In autumn 2019, NHS England announced a [national review](#) of NHS Non-Emergency Patient Transport Services to improve commissioning and provision. That review closed in March 2020 but has yet to report. The review is in response to several high-profile failures in the Non-emergency Patient Transport market throughout England, along with other indications that all is not well. This included the failure of the Sussex-wide service in 2016 whilst under the control of Coperforma (who subsequently [entered administration](#)) and other services which have faced similar issues in Dorset, Nottingham, Gloucestershire, Northamptonshire, and other locations.

Since 2017, all three Healthwatch teams have worked together as Healthwatch in Sussex to gather patients' experiences of using the local service and to identify where change was needed. Since 2016, through our combined work we have identified improved patient satisfaction levels with the service, but also continued to show that there is still room for improvement. Satisfaction levels with the service since 2016 are shown in the table below:

Historic satisfaction levels and recommendation ratings	Pre April 2016	April - September 2016	May - June 2017	November - December 2017	September 2020
<i>Measure</i>	Data from Healthwatch reports				
<i>Provider</i>	<i>SECamb</i>	<i>Coperforma</i>	<i>SCAS</i>	<i>SCAS</i>	<i>SCAS</i>
Satisfied or very satisfied with service	67%	8% - 42%	75%	85%	78.5%
Would recommend to family and friends	No data	44%	77%	80%	86%

Methodology and engagement

Healthwatch in Sussex produced a questionnaire-based survey which was jointly designed with the CCGs. The survey was open between 1st to 28th September 2000. In total, **130 people responded to the questionnaire (69 people completed the questionnaire online, whilst 61 people completed paper-based copies).**

The CCGs had asked Healthwatch to gather data and use this to advise it on:

- what elements of the current service are working well?
- what elements of the current service are not working as well?
- key improvements and future changes to the service that patients would like to see.



The CCGs also asked Healthwatch to conduct analysis of the results provided by bariatric and renal patients but, unfortunately, we did not receive any responses identifiable as being from bariatric patients.

We have conducted analyses across five categories of patient/passenger who responded to our questionnaire:

- (i) renal patients
- (ii) regular users of the service (who were not renal patients)
- (iii) those who had used the service to attend just a handful of appointments
- (iv) people who needed a vehicle which could accommodate their wheelchair so that they could get to their appointments ('wheelchair passengers')
- (v) those who had used the service during the first COVID-19 lockdown period.

Healthwatch has also compared some of results from 2020 with those it published in April 2018, which followed the last patient engagement on transport services that we conducted in November/December 2017. This has allowed us to make comparisons.

Healthwatch has produced a series of [reports](#) on Non-emergency Patient Transport Services, which you can on your local Healthwatch website.

You can view our questionnaire in Appendix A which accompanies our full report.

What people told us about Patient Transport Services in Sussex in 2020



The full report that we provided to NHS Commissioners is available [here](#), but on the following pages we have included some of the key data and findings. You can also view a 2-page summary of our findings by clicking [here](#).

Our process of engagement looked at people's opinions of using or applying for the service during the period September 2019 to September 2020, focusing on five areas:

1. **Satisfaction** - Satisfaction levels and recommendation ratings for the service (see page 17).
2. **Application** - How people first found out and subsequently applied for the current service and their satisfaction levels with the application process. What they thought about any information they were provided with about the service (see page 21).



3. **COVID-19** - Their experiences of using the service during the first COVID-19 lockdown period (23rd March - 4th July 2020), and how they rated this experience compared to any other times when they had used it (see page 25).
4. **Any problems** - Their experiences, if any, of any delays, changes, or problems with their journeys and the impacts that such incidents may have had for them (see page 28).
5. **Your ideas** - The future of the service and thoughts for how it might be improved going forward (page 32).

We begin by looking at the people who responded to our survey.



(1) The people who responded to our survey

130 people responded to the Healthwatch in Sussex questionnaire.

119 respondents provided their gender, of which 54% identified as female and 45% male.

108 respondents provided their age and 52% of these respondents were aged 65 and over. However, the ages of respondents ranged from 9-90, and the average age was 65.5.

84% of respondents who provided the information said that they were 'White British'. In 2020, we reached more people who identified as Black, Asian or being from a minority ethnic group (11%), an increase of 6 percentage points on 2017 levels.

89% of respondents identified themselves as having a long-standing health problem or disability.

Where patients who completed our surveys are from

The location of the 130 respondents who completed our Healthwatch in Sussex survey varied across the three Healthwatch areas:

- East Sussex Healthwatch - 65 people, or 50% of our total sample.
- West Sussex Healthwatch - 40 people, or 31%
- Brighton and Hove Healthwatch - 23 people, or 17.5%.
- 2 respondents did not identify where they were from.

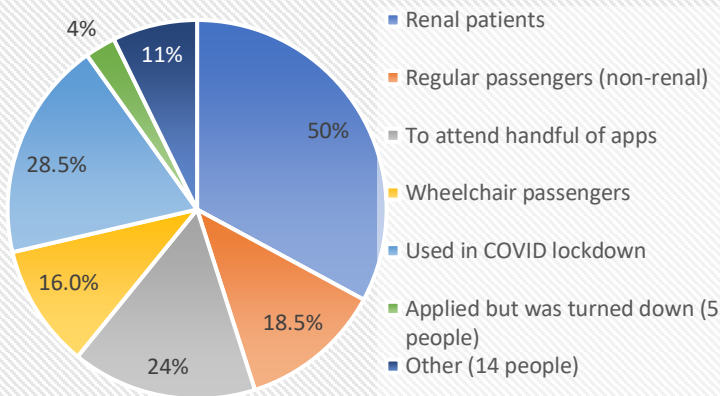
These numbers are representative of how the service is actually used by residents from across the Sussex region.

Why people used the service

We asked people to tell us why they used the Non-emergency Patient Transport Services. People could provide multiple answers and we received a total of 197 answers to our questions. As can be seen in the pie chart on the next page, 50% of respondents indicated that they were renal dialysis patients.



Why passengers use patient transport (Q2)



A further 28.5% of respondents told us that they had used the service during the first COVID-19 lockdown period (23rd March - 4th July 2020).

24% of respondents said they had used the service to attend just a handful of appointments i.e., these were people who did not use the service regularly.

18.5% of respondents had used the service to attend other types of regular appointments (but these were not renal dialysis patients).

Smaller numbers of patients told us that had used the service for ‘other’ reasons which included:

- attending hospital for cancer treatment (3 patients)
- to be taken home after being discharged from hospital (2 patients)
- people who said that they needed support to travel to an appointment (4 patients)
- five respondents who completed our survey said that they had applied for the service but had been told they did not qualify (4%).

Hospitals or clinics to which people were transported to by the service

We asked people to tell us which locations they had been taken to using the Non-emergency Patient Transport Service i.e., which hospitals or clinics they had visited.

Respondents told us that they had been transported by the service to the following locations:

- renal dialysis patients were transported to six different locations in Sussex
- all other categories of patient (i.e., those who are not renal patients) were transported to 24 different locations
- 11 patients had attended more than one location using the service
- five patients from the Sussex area were transported to hospitals outside of the county i.e., to hospitals in London, Southampton, and Kent.

“This service is wonderful. Having to travel miles to London for cancer treatment would of been extremely costly but that is not the important part. When you are extremely poorly, vulnerable and having intense treatment, you cannot possibly use public transport. The service was so incredibly important and I’m so thankful this is a service you provide.” - East Sussex resident

You can read more about the people who answered our survey in our detailed report, pages 24-30.



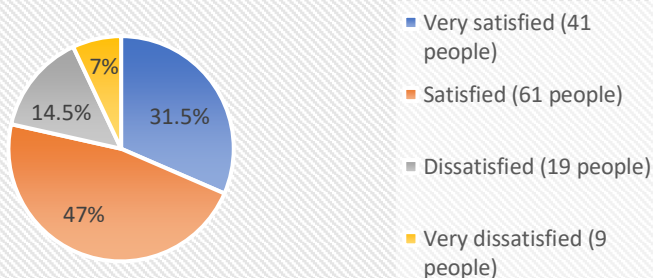
(2) Satisfaction levels with the service

We asked patients to tell us, based on their experiences of using the current service, how satisfied they were with it, and how likely they would be to recommend family and friends to apply for it. Healthwatch in Sussex asked the same questions in our patient engagement exercises conducted between 2016-2017 allowing us to compare results and identify any trends.

Overall satisfaction levels and recommendation ratings

The graphs below show overall satisfaction levels with the service, and overall ratings for how likely people were to recommend the service to others. At 78.5% and 86% both levels were high.

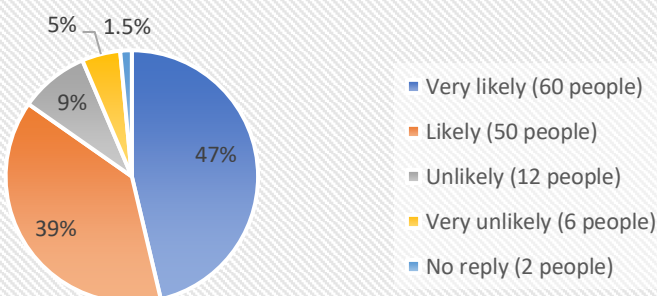
Overall satisfaction levels with the service in 2020



“The service that I have received has been excellent. Friendly, caring people who make my time with them feel special.” - East Sussex resident

Overall, 78.5% of people who completed our survey said they were ‘very satisfied’ or ‘satisfied’ with the service.

Overall recommendation ratings in 2020



Overall, 86% of people who had used the service in 2020 said they were ‘very likely’ or likely’ to recommend family and friends to apply for it.

We examined these results in more detail and found that:

- in 2020, overall patient satisfaction levels (78.5%) were 6.5 percentage points lower than levels recorded by Healthwatch in November/December 2017 (85%). However, they were higher than they were in May/June 2017 (75%) and considerably higher than in 2016 (which ranged from 67% before April 2016, to just 8% between April-July 2016)
- the proportion of patients who would recommend the service (86%) is 6 percentage points higher than in November/December 2017 levels (80%). This is also higher than results recorded by Healthwatch in May/June 2017 (77%) and 2016 (44%).



Satisfaction levels and recommendation ratings by Healthwatch area

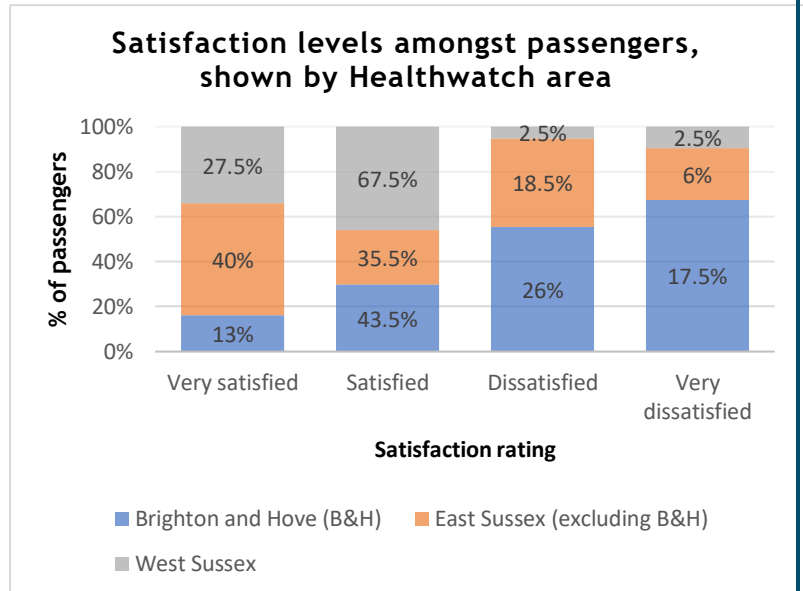
We identified wide variations in satisfaction levels and recommendation ratings recorded by people from across Sussex. These differences are shown in the graphs below.

Satisfaction levels

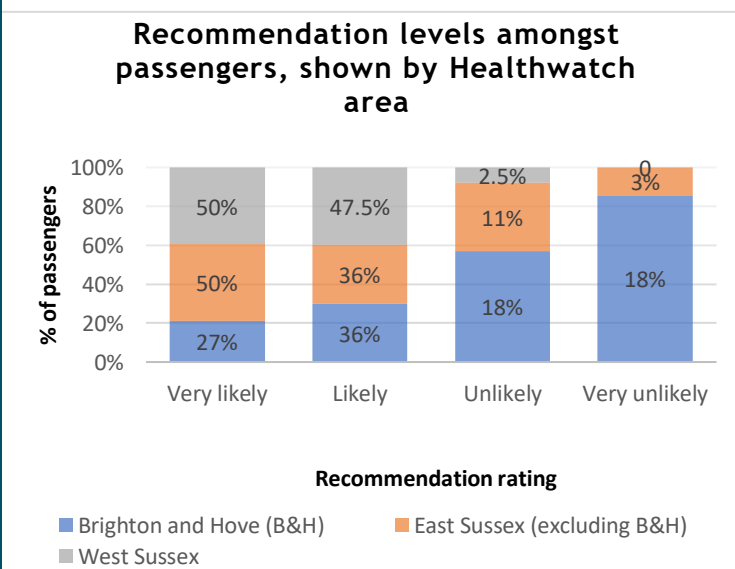
In 2020, just 56.5% of people from **Brighton and Hove** said they were satisfied with the service. This is the lowest satisfaction level recorded across Sussex. This represents a 27.5-percentage point decrease on the levels recorded by people from the area in November/December 2017 (84%).

In 2020, people from **West Sussex** recorded the highest levels of satisfaction with the service, at 95%. This is 6-percentage points higher than the 89% recorded in November/December 2017.

In 2020, patients from **East Sussex** recorded a 12-percentage point drop in satisfaction levels with the current service, down from the 87% seen in November/December 2017, but satisfaction remained high overall at 75%.



Recommendation ratings



People from **Brighton and Hove** were the least likely to recommend the service in 2020, at just 64%. This represents a 12-percentage point decrease on levels recorded in November/December 2017, when 76% of people said they would recommend the service.

People from **West Sussex** were the most likely to recommend the service to others, at 97.5%. This rating is 9.5 percentage points higher than that recorded by people from the area in November/December 2017 (88%).

86% of people from **East Sussex** would recommend the service. This is three-percentage point higher than in November/December 2017 (83%).



Satisfaction levels and recommendation ratings by patient group

In 2020, and at 85%, the highest satisfaction levels were recorded by renal dialysis patients. This is welcome news as in 2017 Healthwatch reported that renal patients were less likely than non-renal patients to be 'very satisfied' with the service. In fact, Healthwatch has raised poor satisfaction levels amongst renal patients as an issue since 2016 and we are pleased that renal patients are finally reporting improved satisfaction with the service.

Patients who had used the service during the first COVID lockdown period recorded the second highest satisfaction levels with the service at 84%.

Slightly lower satisfaction levels were recorded by the remaining three patient groups:

- 78% of patients who used the service 'to attend just a handful of appointments' were satisfied, whilst 22% were not
- 76% 'wheelchair passengers' were satisfied, whilst 24% were not
- 67% of 'regular users of the service (non-renal)' were satisfied, whilst 33% were not.

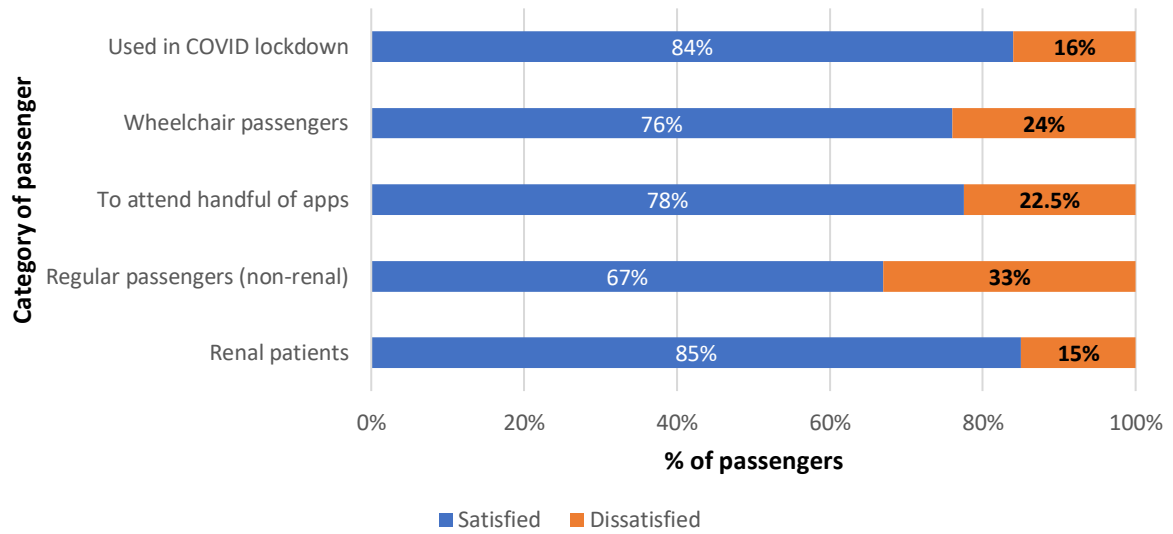
We have also looked at what patient groups from each Healthwatch area told us. This analysis revealed some notable differences:

- satisfaction levels amongst all five categories of patient from Brighton and Hove were low, ranging from just 50% to 57%. Patient groups from West Sussex recorded the highest satisfaction ratings ranging from 75%-100%
- significantly lower proportions of renal patients from Brighton and Hove were satisfied with the service, at just 57%. This is compared with 84% of renal patients from East Sussex and 97% of renal patients from West Sussex
- significantly lower proportions of regular (non-renal) patients from Brighton and Hove and East Sussex were satisfied with the service (50% and 67% respectively). This is compared with 75% of these patients from West Sussex. In fact, regular (non-renal) patients awarded the lowest overall satisfaction rating out of the five categories of patient who completed our survey
- 100% of wheelchair passengers from Brighton and Hove and West Sussex would recommend the service, whilst 85% from East Sussex would do so
- the lowest recommendations ratings were given by Brighton and Hove residents who were renal dialysis patients (64%), or those who had used the service during the COVID-19 lockdown period (65%).

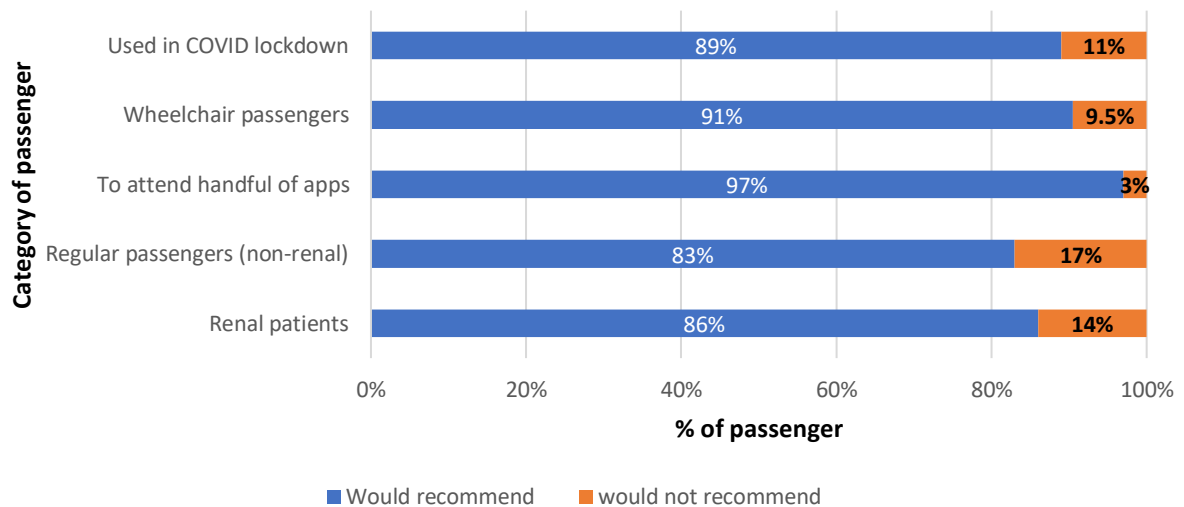
This information is shown in the two graphs on the next page.



Satisfaction levels with the service amongst different categories of passenger



Recommendation ratings amongst different categories of passenger



You can read more about patients' satisfaction with the service in our detailed report pages 31-45.



(3) Patients' experiences of applying for the service

We asked people to tell us how they had first found out about the service, and for their experiences of applying for it. People who had not used the service were ineligible to answer the questions.

How people found out about the service.

The data reveals that over half of patients were first told about the service by hospital staff (56%), and almost a quarter had been referred to the service (23%).

Small numbers of patients had found out about the service themselves (11%), or via friends or family (7%), or through their GP (8%).

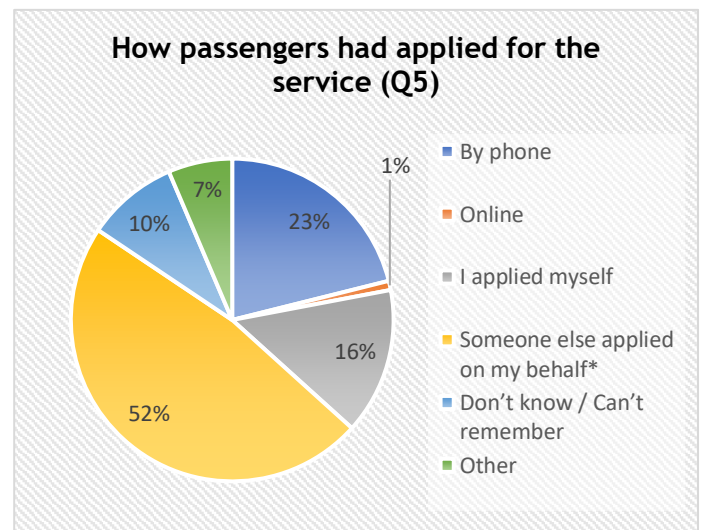
Four (3%) people said they had found out about the service in other ways, including via a disabled people's Facebook page (1) and through a Renal Welfare Officer (1).

How people applied for the service

52% of respondents indicated that someone else applied for the service on their behalf. 16% of respondents had applied themselves, which is just 20 people.

Renal patients were the largest category of patient who said that someone else had applied for the service on their behalf.

Only one person had applied for the service online, and relatively small numbers of patients had applied for the service by phone.

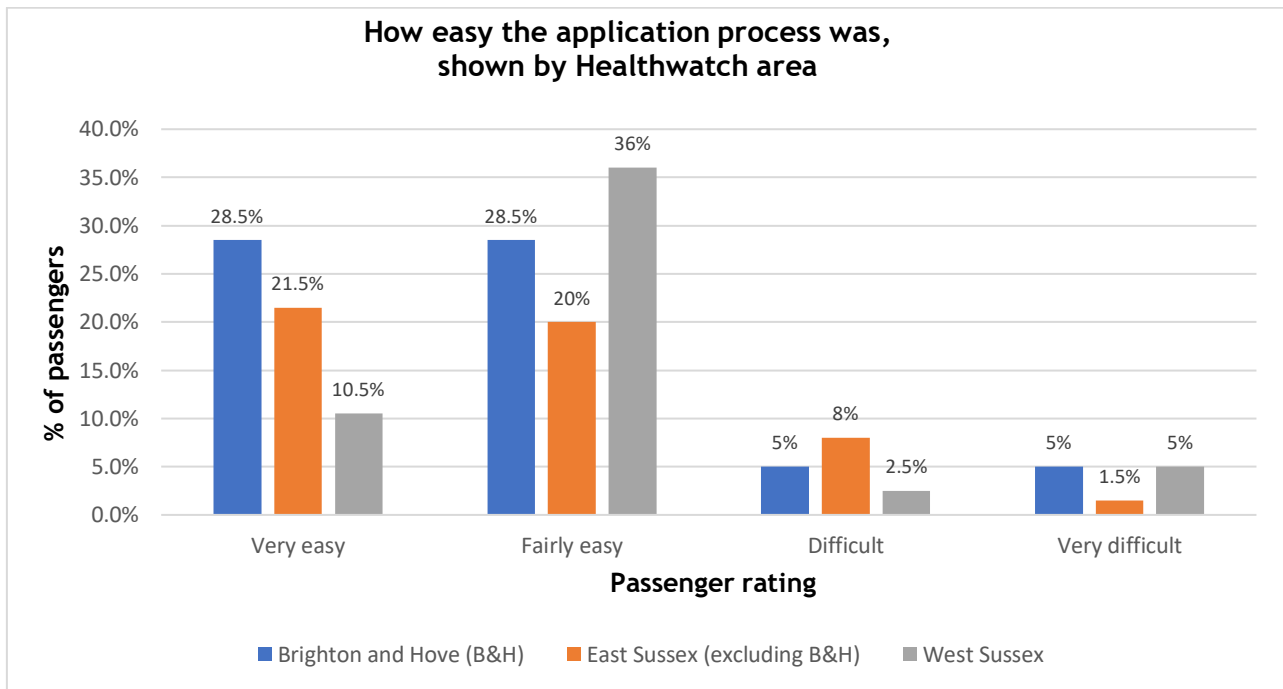


How easy was the application process?

83% of respondents told us that they felt the application process overall was easy, whilst just 17% felt that the application process was difficult.

Higher proportions of residents from East Sussex (21.5%) and Brighton and Hove (28.5%) areas were likely to say that the application process was 'very easy' than residents from West Sussex (10.5%).

This information is shown in the bar chart on the next page.



We identified some common themes from those respondents who felt that the application process was ‘very easy’ or ‘easy’, and these included:

- it was easy because someone else applied on my behalf (15 respondents)
- it was easy because the phone call was quick and easy and clear (10 respondents)
- it was easy because I was given clear instructions / information (7 respondents).

*“Easy because someone else at the hospital filled it all out for me.”
Hove resident*

“Instructions were clear and concise, easy to follow, and not too long-winded.” - East Sussex resident

We also identified some common themes from those respondents who felt that the application process was ‘difficult’ or ‘very difficult’ included:

- it was difficult because there were too many questions and it was too long (4 respondents)
- it was difficult because it was hard to get through on the phone (4 respondents)
- it was difficult because there was no clear explanation of the service given (3 respondents)
- ‘other’ reasons which indicated it was difficult (5 respondents).

*“Nothing is explained.”
- Hove resident*



Phone applications

We asked people who had applied for the service by phone, either in full or in part, some specific questions about their experience to determine how good this was overall, and to identify any areas for improvement.

*“Just one easy phone call.” -
West Sussex resident*

High proportions of patients (75% or higher) told us that they were satisfied with the following aspects of their phone applications:

- 85% of people told us that that they had found it easy to answer the questions
- 83% of people told us that they did not consider the questions they were asked to be overly personal or intrusive
- 83% of people told us that their call handler had been helpful
- 82% of people told us that they were happy with the total number of questions they were asked
- 79% of people said they were happy with the explanation of the service they were given.
- 76% of people said it had been easy to get through on phone.

However, nearly one third of patients overall (28%) said they lacked confidence that their personal needs were being adequately taken into account by the call handler.

In addition, the data indicates that nearly one fifth or more of patients expressed dissatisfaction with the following aspects of their phone applications:

- 24% said it had not been easy to get through on the phone
- 21% said they were unhappy with the explanation they received about how the service operates
- 18% felt that they were asked too many questions
- 18% said they did not find their call handler helpful
- 17% said that the questions they were asked were overly personal or intrusive.

We looked at what different patient groups told us. This analysis revealed that a majority were satisfied with all aspects of their phone application. Of note however are:

- the fact that 43% of regular (non-renal) patients were dissatisfied with the number of questions they were asked, and 55% said they were not confident that their personal needs were being fully taken into account by the call handler, whilst 55% felt that the questions they were asked were too intrusive
- the fact that 67% of patients who had only used the service to attend a handful of appointments said they were dissatisfied with how helpful the call handler was; 43% were dissatisfied with the explanation they received about how the service worked, and 50% were not confident that their personal needs were being fully taken into account by the call handler
- 42% of wheelchair passengers felt that the questions they were asked were too intrusive, and 57% were dissatisfied with the ease of getting through on the phone.



These findings imply that the questions people are asked would benefit from being adapted for different categories of patient i.e., regular users may find it frustrating to be asked to answer the same questions each time they apply.

“I was using the service from 2008 but they keep on asking questions every time.” - East Sussex resident

We looked at patient satisfaction with the application process conducted over the phone by Healthwatch area. This analysis revealed that patients who are from West Sussex were more satisfied with their phone applications than those from East Sussex and Brighton and Hove. These findings may go some way to explaining why overall satisfaction levels with the service amongst Brighton and Hove residents were so low at just 56.5%, and why satisfaction levels amongst residents from East Sussex have dropped by 12 percentage points. At the same time, it may help to explain the very high satisfaction levels with the service recorded by West Sussex residents.

Information people were given about the service

Over one third of patients (37%) told us that they were not given, or did not find, any information about the service. Of note is the fact that 55.5% of individuals who told us that someone else had applied for the service on their behalf said that they were not provided with any information about the service by the person who arranged it for them.

Just over a third of patients said that any information they had been given, or had found, had been clear and easy to understand (35%, n42/121).

In addition, patients who had accessed information indicated in small numbers that this was:

- accessible, 16% (i.e., it was available in the formats they needed)
- ‘Helped manage my expectations’, 15% (i.e., adequately described the service and / or answered their questions)
- easy to access, 13% (i.e., it was easy to find the information they needed)

These results indicate that current information about the service should be improved.

Satisfaction with the application process overall

Lastly, we looked to see whether patients’ satisfaction levels with the service overall varied according to how they had first applied for it. This revealed that 70% of those who had applied themselves were satisfied with the service overall. This rose to 79% of those who had applied by phone were satisfied; 85% for those where someone else had applied on their behalf, and 100% for the one patient who had applied online. Overall recommendation levels were 85% or higher, irrespective of how patients had applied for the service initially.

You can read more about peoples’ experiences of applying for the service in our detailed report pages 45-57.



(4) Patients tell us about the service during the COVID-19 lockdown period

We asked people if they had used the service during the first COVID-19 lockdown period, 23rd March to 4th July 2020, and to tell us about their experiences of using the service during that time.

Satisfaction with the service during the first COVID-19 lockdown period

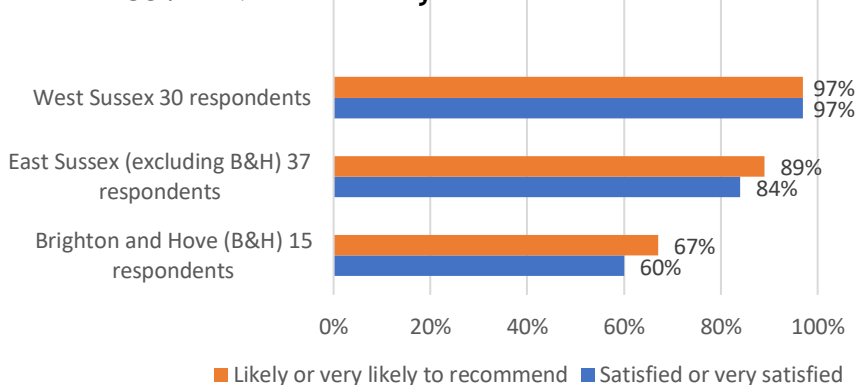
Overall, 84% of all patients who had used the service during this period indicated that they were 'very satisfied' or 'satisfied' with it, whilst 88% were 'very likely' or 'likely' to recommend others to apply for the service. These results are higher than the overall satisfaction levels and overall recommendation ratings recorded with the service which are 78.5% and 86% respectively. This implies that the service was better overall during the lockdown period.

All five categories of patient who had used the service during lockdown indicated that they would recommend the service to others. Particularly high **recommendation ratings** ranged from 87% for renal patients, up to 100% of patients who had used the service to attend a handful of appointments only.

Satisfaction levels with the service during lockdown were more varied with renal patients recording the highest ratings (85%), followed by those who had used the service to attend a handful of appointments only (79%), and regular (non-renal) patients (78%). However, only 64% of wheelchair passengers were 'very satisfied' or 'satisfied' with the service meaning that one third were not.

However, once again satisfaction with the service during lockdown was not consistent across Sussex. Our analysis revealed that:

Passengers' satisfaction with their transport during COVID-19 lockdown by Healthwatch area



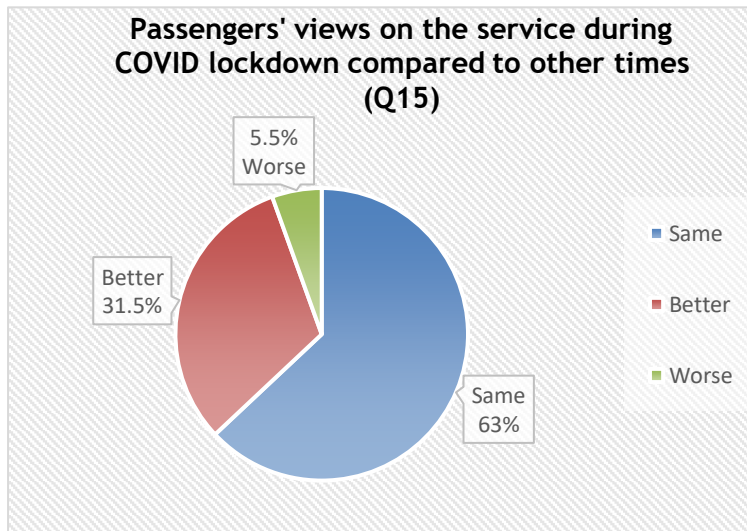
Nearly all patients (97%) from **West Sussex** who had used the service during lockdown would recommend the service and were satisfied with it.

A high proportion of patients from **East Sussex** who had used the service during lockdown would recommend the service (89%) and were satisfied with it (84%).

Patients from **Brighton and Hove** who had used the service during lockdown were less likely to recommend the service (67%) or were satisfied with it (60%).



We then asked respondents who had used the service during lockdown why they felt it was either better, the same, or worse, compared to other times they had used it. 73 respondents answered this question.



- 63% said the service had been the **same** during lockdown as at any other time
- 31.5% respondents said the service had been **better** during lockdown
- 5.5% respondents said the service had been **worse** during lockdown.

POSTIVE COMMENTS

“More reliable and consistent pick up. - Brighton resident

“Less people using the hospital so more transport.” - East Sussex resident

“Infection control was very carefully thought through and transport disinfected. Staff were fantastic.” - East Sussex resident

People were asked to provide comments to describe why they felt the service had been better during lockdown. This revealed some common themes including the fact that **people preferred single patient pick-ups or travelling alone; journey times being shorter, and improved timeliness of picks / drop offs overall.**

The pandemic clearly resulted in temporary changes such as quieter roads, the need for social distancing, but also possibly a smaller pool of drivers. However, none of these changes are expected to continue longer-term. But as the service returns to normal, we recommend that the provider identifies how it can continue to deliver some of these improved aspects of the service, notably for regular users of the service.

How did patients rate the service during lockdown?

We asked respondents to consider ten different aspects of their transport or journeys made during lockdown and we specifically asked if they were satisfied or not with these ten aspects. This data is shown in bar chart on the next page and indicates that 80% of patients

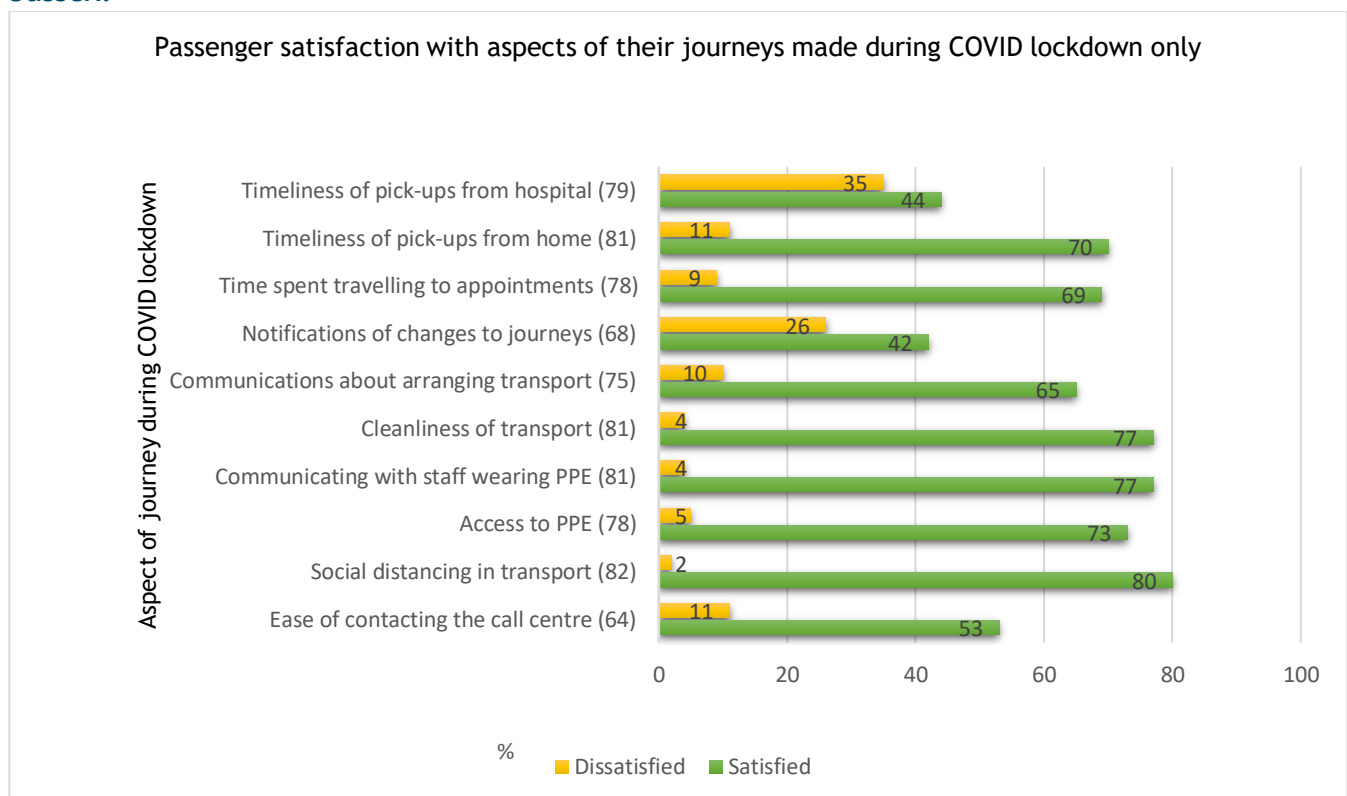


were ‘satisfied’ or ‘very satisfied’ with eight of the ten aspects of the service during lockdown that we asked them to consider.

Over 35% of people were ‘dissatisfied’ or ‘very dissatisfied’ with the remaining two options: any notifications they had received about delays or changes to their scheduled journeys (38.5%), and the timeliness of their transport when being picked up from hospital (44%). Renal patients and residents from Brighton and Hove were more likely to be dissatisfied with these two aspects of the service. In fact, two thirds of residents from Brighton and Hove who had used the service during lockdown were dissatisfied with the timeliness of their pickups from hospital.

Overall, just 62% of patients who had used the service during the lockdown period were satisfied with any notifications that they had received about delays or changes to their scheduled journeys, whilst just 56% were satisfied with the timeliness of their pickups from hospital. These results mirror wider problems with the service that patients told us about (discussed below).

These results help to explain the differences in satisfaction levels recorded by patients across Sussex.

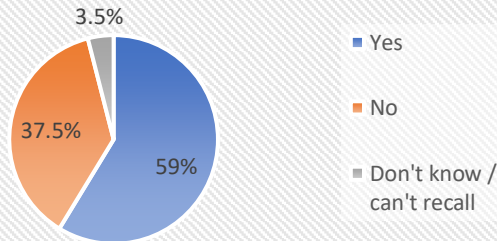


You can read more about peoples’ experiences of using the service during the first COVID-19 lockdown period in our detailed report pages 57-66.



(5) Patients tell us about any problems they had experienced

Passengers who said they had experienced delays, changes, or problems with their scheduled journeys (Q17)



We wanted to understand if people had experienced any problems with their transport or journeys, and if they had what impacts this caused them, if any.

59% of patients (74 people) told us that they had experienced some form of delay, change, or problem with their transport or journeys. 37.5% (47 people) said they had not experienced any delays, changes, or problems, and 3.5% could not recall.

72 people then went on to describe what impacts transport problems had caused them, if any.

Types of problems people experienced

The 74 patients who had experienced any problems were asked a series of follow-on questions to explore 15 specific different aspects of their transport or journeys. Ten of these aspects related to different scenarios which could affect the timeliness of their transport or journeys (Q18), whilst the remaining five aspects related to wider issues that might be important to patients, such as whether their transport was appropriate for their needs (Q20). When answering these questions people could choose from one of four options to say whether they had 'never' experienced problems, or that they had experienced problems 'rarely', 'often', or 'very often'.

We combined responses from people who said that they had '**never**' or '**rarely**' experienced problems with aspects of their transport or journeys. This revealed that high proportions of patients had not experienced problems with the following:

- not being able to take essential belongings with me - 95%
- having to make my own way to hospital due to transport delays - 91%
- travelling alone without my carer/other support person - 88%
- transport being inappropriate for my needs - 87%
- same day cancellations of my journeys - 86%
- travelling with others where this was not appropriate for me - 86%
- drivers appearing untrained to manage my condition - 86%
- missing my appointment due to transport delays or changes - 81.5%
- having to make my own way home due to transport delays - 81%
- longer journey times to hospital than expected. - 80%

Similarly, we combined responses from patients who indicated that they had experienced problems with aspects of their journeys made by the service '**often**' or '**very often**': This revealed that patients had experienced problems with:

- delays in being picked up from hospital - 68%
- changes to my scheduled vehicle - 38%



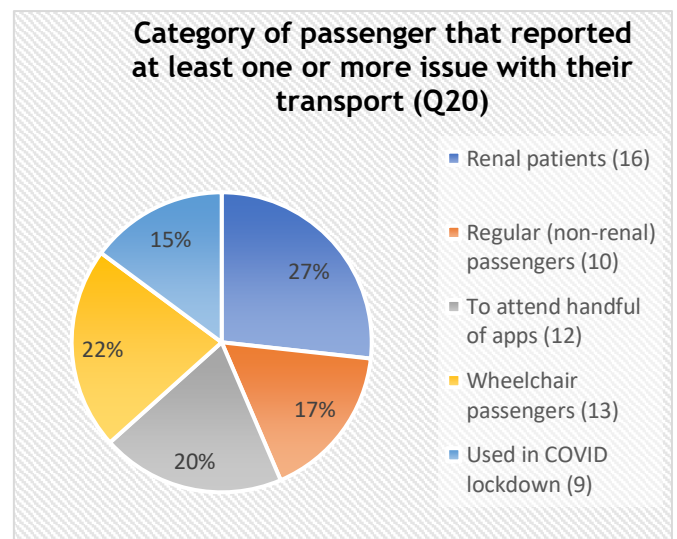
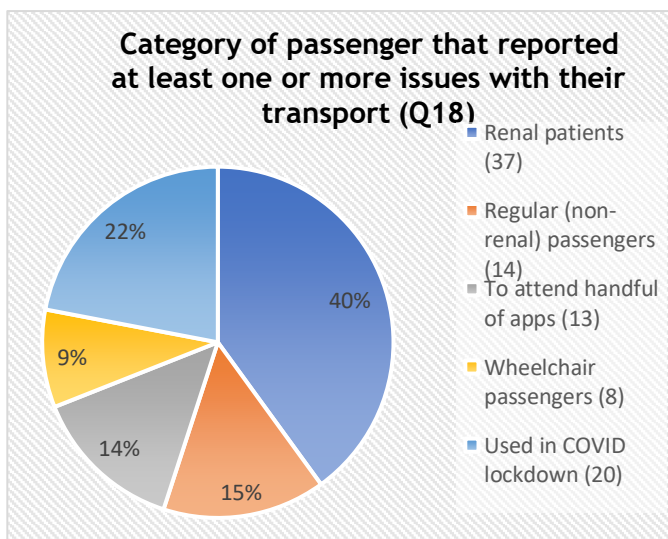
- longer journey times home than expected - 33%
- delays in being picked up from home - 32%
- difficulties finding out the whereabouts of my transport - 26%
- drivers appearing untrained to manage my condition - 14.5%
- travelling with others where this was not appropriate for me - 14%
- transport being inappropriate for my needs - 13%
- travelling alone without my carer/other support person. - 12%

Of particular concern to Healthwatch is the high proportion of patients (68%) who reported experiencing a delay in being picked up from hospital. This was the only issue which residents from all three Healthwatch areas told us that they had experienced ‘often’ or very often’. This ties in with our earlier finding that 56% of respondents had experienced issues with the timeliness of their transport when being picked up from hospital during the first COVID lockdown.

Who was most affected by transport problems?

Overall, renal patients reported experiencing issues with their transport more often than any other group. Wheelchair patients were also slightly more likely to report experiencing issues with their transport than any other group. However almost all groups experienced issues to some degree.

Renal patients were more likely to say they had been affected ‘often’ or ‘very often’ by changes to their scheduled vehicles and having to make their own way home due to transport delays. They were also the group who were most likely to experience transport not being inappropriate for their needs.



Residents from **Brighton and Hove** experienced a greater number of different issues compared to residents from East Sussex or West Sussex. 36% of Brighton and Hove residents reported experiencing 5 or more issues with their transport or journeys. High proportions of residents from Brighton & Hove experienced issues ‘often’ or ‘very often’ with ‘changes to my



scheduled vehicles', and *'longer journey times travelling home than expected'*. This latter issue may imply that some Brighton and Hove residents are being dropped off at home after other residents who must travel further distances. The fact that few residents from Brighton and Hove experienced issues with *'longer journey times to hospital than expected'* would point to some discrepancies affecting the planning of their journeys to hospital and home again. This could suggest that better geographical planning of transport would be of benefit to these residents.

Around 50% of residents from **East Sussex** and **Brighton and Hove** experienced issues 'often' or 'very often' with *'difficulties finding out the whereabouts of my transport'*. **West Sussex** residents were more likely to report 'never' or 'rarely' experiencing any issues.

This deep dive into the data further explains why different satisfaction levels were recorded across the three Healthwatch areas (Brighton and Hove: 56.5%, East Sussex 75%, West Sussex 97%).

Impacts of any delays, changes, or problems

55 patients said that delays, changes, or problems with their transport or journeys had resulted in negative impacts for them, whilst just 17 people said there had been no impacts for them.

The 55 patients described experiencing the following impacts (as multiple answers were possible then the percentages add up to more than 100%):

- 46 people (84%) said they had experienced anxiety or stress
- 19 people (34.5%) said they had missed meals
- 13 people (23.5%) said they had incurred a financial cost
- 9 people (16%) said they had missed medication
- 7 people (13%) said they had missed their carer.

Comments we received from patients which described the impacts that they had experienced included:

"Extreme pain because of having to wait so long for the journey back." - West Sussex resident

"Urgent appointments cancelled and not informed." - Hove resident

"I had to cancel my colonoscopy." - East Sussex resident

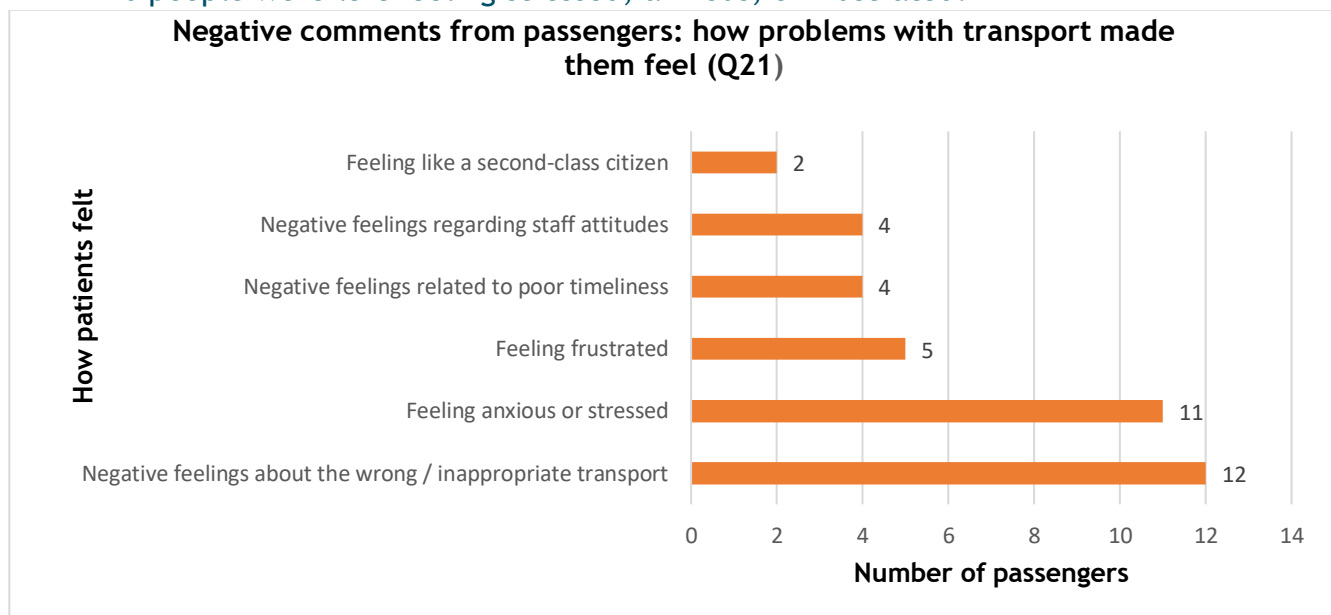
"Partner's job at risk." - Brighton resident

"After dialysis I don't feel well at times and tired. I just like to rest asap." - Hove resident

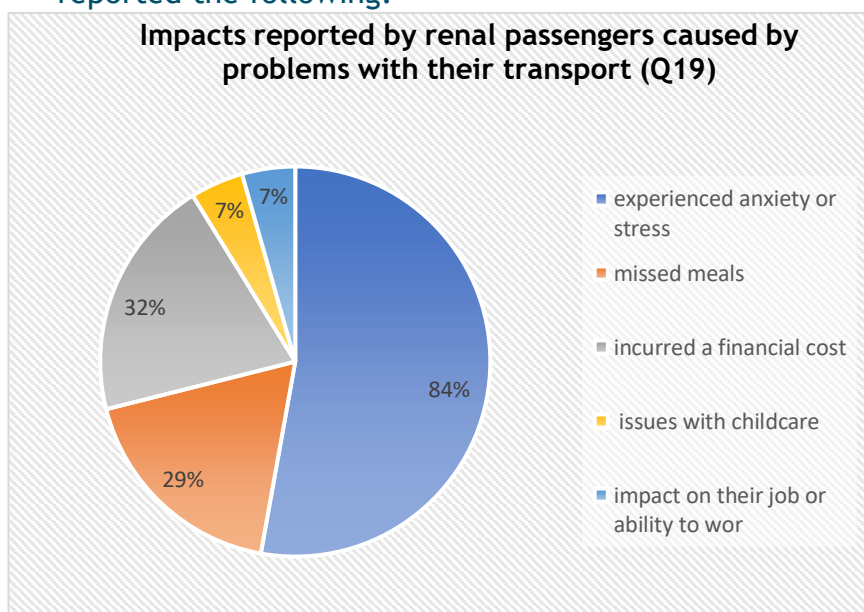


Overall, we received 39 negative comments from people who had experienced problems with either their transport or journeys. We have themed these comments to identify how these problems made patients feel, with the results shown in the graph below. This analysis reveals that:

- 12 people reported having negative feelings about their transport which meant that their transport was not appropriate for their needs, and
- 16 people were left feeling stressed, anxious, or frustrated.



As renal patients were the group most likely to report being affected by transport issues, we looked in more detail at the types of issues they had experienced. 31 renal dialysis patients reported the following:



- 84% (26) had experienced anxiety or stress
- 32% (10) had incurred a financial cost
- 29% (9) had missed meals
- 13% (4) had missed their carer
- 2 renal dialysis patients reported that they had experienced negative impacts on their job or ability to work or had experienced issues with childcare arrangements.

You can read more about the problems which people experienced in our detailed report pages 66-81.



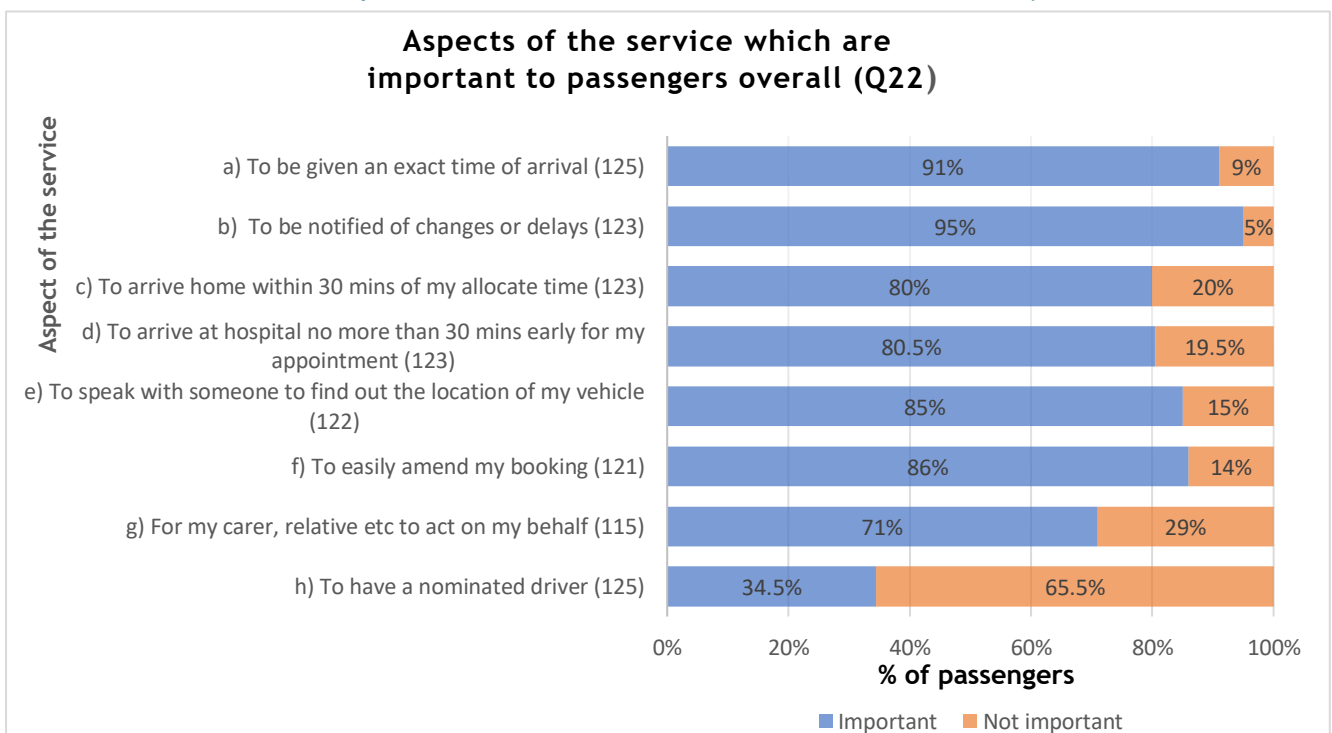
(6) Patients tell us their ideas for improving the service

We asked people a series of questions about how the current service could be changed or improved. We also wanted to know what aspects of the service were most important to patients. By asking these questions we wanted to provide NHS Commissioners with information and ideas to adapt the service so that the future provider can deliver it in a way which better meets patients' expectations and needs. People who had not used the service were also invited to answer these questions.

What aspects of the service are important to patients?

Question 22 of our questionnaire asked people to rate eight different aspects of a patient transport service and tell us which of these were most and least important to them. We were not asking patients to rate the current service, but to consider what features they would like a future transport service to offer. The bar chart below shows that over 80% of people indicated that six aspects of a patient transport service that we asked them to consider were important to them.

- 95% said it was important to be notified of changes or delays to my journeys
- 91% said it was important to be given an exact time for when my vehicle will be arriving
- 86% said it was important to be able to easily amend my booking
- 85% said it was important to speak with someone at any time to check where my vehicle is
- 80.5% said it was important to arrive at hospital no more than 30 minutes early for my appointment
- 80% said it was important to arrive home within 30 minutes of my allocate time.





The fact that 95% of patients indicated that being notified of changes, or delays to their journeys is an important aspect of the service to them, supports our earlier finding which found that only 62% of patients who had used the service during lockdown were satisfied with the notifications they had received.

In addition, the high importance attached by patients to being given an exact time of arrival for their transport (91%), and to speak with someone to find out the location of their vehicle (85%), also supports two earlier findings, namely that that some respondents had experienced delays in being picked up from hospital and difficulties finding out the whereabouts of their transport.

The data we have collected also demonstrates what is important to different patient groups. For example:

- 80% or more of all categories of patient indicated that it was important for them to be given an exact time of arrival for their transport, and to be notified of any changes or delays
- at least 70% or more of all categories of patient indicated it was important for them to be able to speak with someone to find out the location of their vehicle, and to easily amend their booking. However, 86% of wheelchair passengers said that being able to speak with someone to find out the location of their vehicle was important to them. And 84% of patients who used the service just a handful of times to get to appointments said that the ability to easily amend their booking was important to them. These last two findings may point towards the fact that those who are regular users of the service are less likely to need to amend their booking, whilst for infrequent users this ability is more important
- 60% or more of all categories of patient indicated that it was important to them to arrive at home or hospital within 30 minutes of their allocated time. However, over 90% of wheelchair passengers indicated that both aspects were important to them. Approximately 90% of renal patients said that to arrive home within 30 minutes of their allocated time was important to them. Other patient groups rated these aspects as being less important to them. These results could indicate that arriving home or at hospital on time is linked to the type of treatment that the patient may have had
- at least 50% or more of patients indicated that it was important to them for their carer/other support person to act on their behalf. However, this feature was important to 90.5% of all wheelchair passengers who completed our questionnaire. As a priority, the service should provide this feature for wheelchair passengers
- at least 50% or more of patients indicated that it was not important to them to have a nominated driver. The exception was renal patients. 66% of renal patients said this was either 'important' or 'very important' or 'slightly important' to them. This data shows that

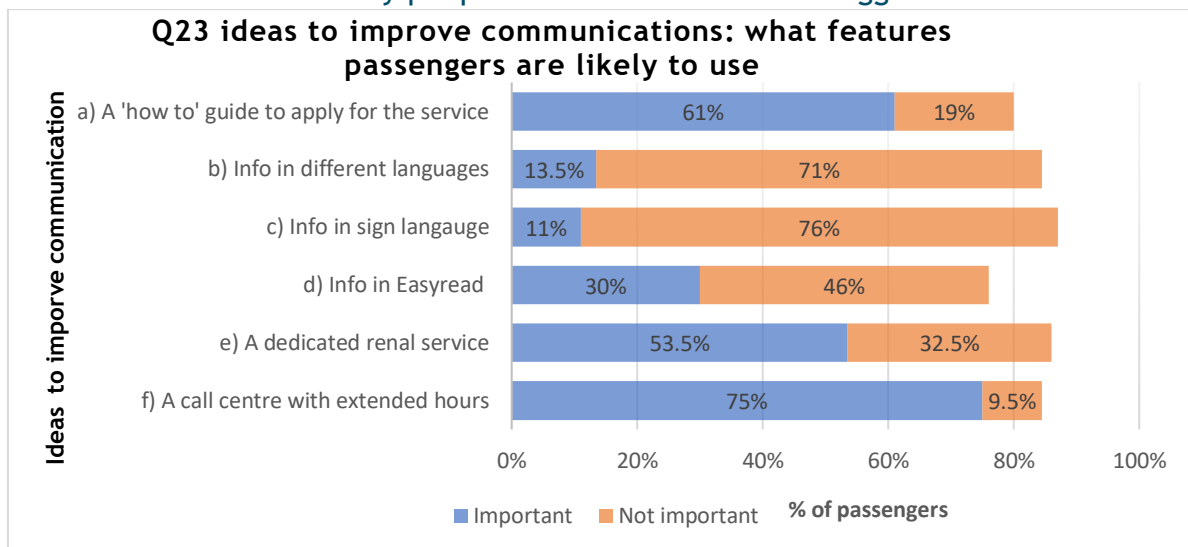
“After dialysis I don't feel well at times and tired. I just like to rest asap.” - Hove resident



having a nominated driver is important to renal patients who use the service three times each week.

Patients' ideas for the future of the service

Question 23 of our questionnaire explored six ideas to change the current service. We asked people to tell us how likely they would be to access or use these features if they were available to them. The ideas largely related to different ways that people could access information about the service. There were multiple options for respondents to consider. The bar chart below shows how likely people were to use these six suggested features:



The data reveals that higher proportions of patients said they were likely to use three features:

- a 'how to' guide to applying for the service (61%)
- a dedicated renal service (53.5%)
- a call centre with extended opening hours (75%).

Lower proportions of patients indicated that they were likely to use the remaining three features of the service if they were available:

- information in different languages (13.5%)
- information which was available in British Sign Language (BSL, 11%)
- information in Easyread² format (30%).

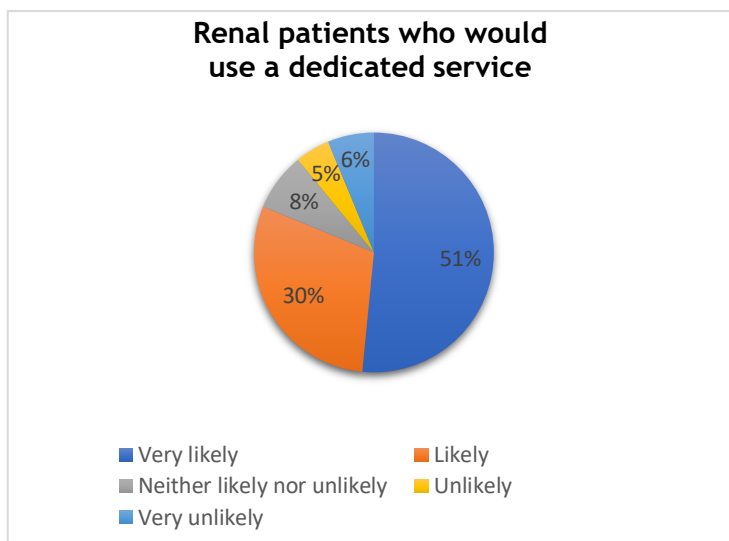
Some of these results are to be expected. For example, we would expect a smaller number of people to require information about the service that is available in Easyread format, translated into languages other than English, or signed (British Sign Language, BSL). It is worth stressing however that between 10% - 30% of respondents indicated that they were 'very likely' or 'likely' to use these features if they were available. This would suggest that these accessible formats are required and should be provided by the service provider.

² The easy read format, using clearly written words with pictures, helps people with learning disabilities understand information easily.



High proportions of residents from all three Healthwatch areas indicated that were ‘very likely’ or ‘likely’ to use three features: a step-by-step guide to help them apply for the service; a dedicated service specifically for renal patients including specialist call centre staff; a telephone call centre service with extended operating hours (open longer than 9am - 5pm). However, the data we have collected demonstrates that different patient groups are more or less likely to use these features, which implies that the service should be adapted to meet these differing needs. For example:

- at least 65% of all categories of patient indicated they were ‘very likely’ or ‘likely’ to use a telephone call centre service with extended operating hours (open longer than 9am-5pm). But of note is the fact that 80% of renal patients said they were ‘very likely’ or ‘likely’ to use this feature if it was available to them
- at least 40% of all categories of patient indicated they were ‘very likely’ or ‘likely’ to use a step-by-step guide to help them apply for the service. However, 71% of regular (non-renal) patients said that they were ‘very likely’ or ‘likely’ to use this feature. It is worth remembering that 52% of people said that the service had been arranged for them by someone else, and in particular that 68% of renal dialysis patients indicated that this was the case. Just 16% of respondents to our questionnaire told us that they had applied for the service themselves. Those individuals who did not apply for the service themselves might be less likely to say that that they would use a step-by-step guide. Of note however is the fact that 45% of people who had applied for the service themselves said that they would use a step-by-step guide. Therefore, a guide should be of benefit and should be produced
- over 80% of renal patients said that they were ‘very likely’ or ‘likely’ to use a dedicated service specifically designed for renal patients, including specialist call centre staff. The service should ensure that it delivers this feature for renal patients. Healthwatch has called for this facility for several years and the data we have

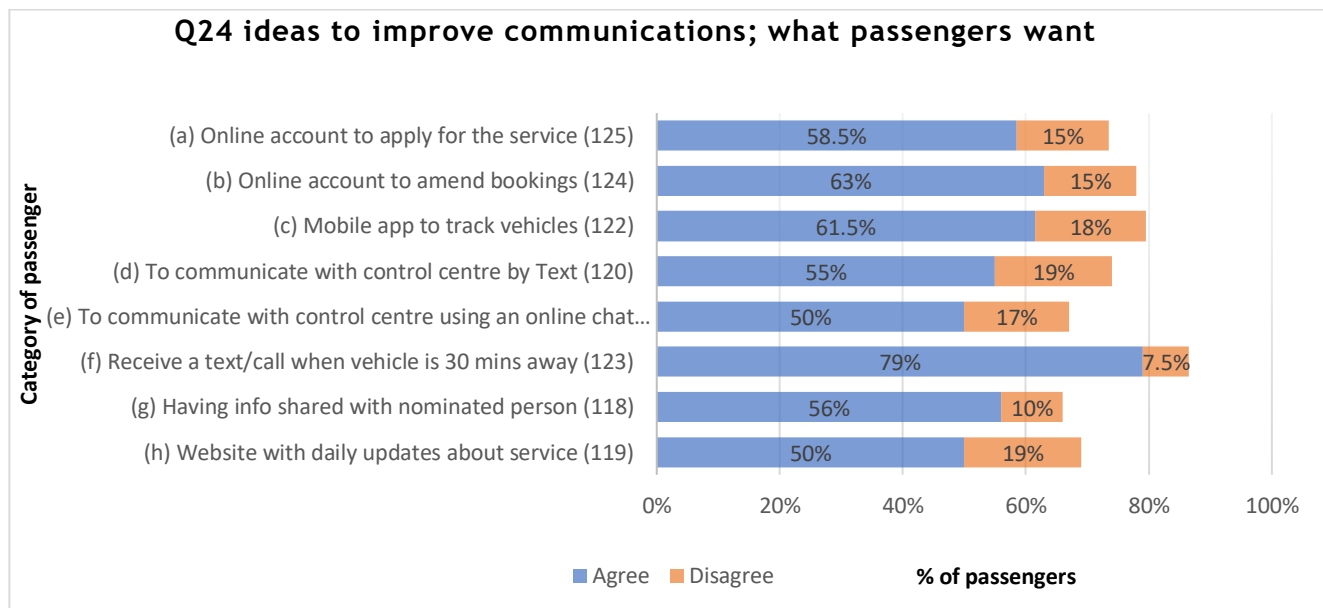


collected in 2020 firmly supports this. In total 52 of 64 renal patients said they were ‘very likely’ to use this feature. This means that 81% of renal patients who responded to our survey said they would use a ‘dedicated service specifically for renal patients, including specialist call centre staff’. Only 7 (11%) of renal patients said they were ‘unlikely’ or ‘very unlikely’ to use this feature, while 5 (8%) were ‘neither likely nor unlikely’ to use it.



Patients' preferences towards communications

Question 24 asked people to consider eight Healthwatch ideas for enhancing communications between the service provider and patients. The ideas related to ways to apply for the service, share information about bookings, and tracking or being notified about vehicles and journeys. The graph below shows that 50% or more of people 'agreed' or 'agreed strongly' with all eight suggestions. We have excluded any 'neither agree nor disagree' responses from the results. A higher proportion of residents from all three Healthwatch areas showed agreement with all eight suggestions for improving communication.



Over 60% of respondents showed higher levels of agreement with the following three options which they felt would improve communications:

- 'to receive a text or call telling me my vehicle is nearby (up to 30 minutes away)' (79%)
- 'an online account facility which allows me (or a person I nominate) to amend/cancel my bookings' (63%)
- 'a mobile phone app to track the whereabouts of my vehicles' (61.5%).

Our data has identified that communication needs differ by patient group. This indicates that the service should adapt its methods of communication so that it can respond to these different requirements.

Wheelchair passengers showed the highest levels of agreement with five of the eight different options. They were the only patient group where agreement levels with all eight ideas exceeded 50%. Of particular note is the fact that 75% of wheelchair passengers agreed that the following ideas would help to improve communications: 'an online account facility which allows me (or a person I nominate) to apply for the service and amend bookings', and the option of 'having information shared automatically with a nominated carer, friend, or relative'.



Over 90% of wheelchair and regular (non-renal) patients of the service agreed that it would improve communications to receive a text or call telling them when their vehicle is nearby (up to 30 minutes away). This was also the only suggestion which 65% or more of all categories of all patients agreed would help to improve communications.

It is important to note that at least 15% of respondents ‘disagreed’ or ‘strongly disagreed’ with six of the suggestions for improving communications between the provider and themselves. The highest level of disagreement, 19%, related to the idea of a website that provided daily updates about the service. An analysis of the characteristics of those who showed less agreement with the eight Healthwatch suggestions indicates that 49% were aged 65 years or over and that female respondents were more likely to show less agreement with the proposals. There were no noticeable differences in the data for those identified as having a long-term health condition. This data reminds us that technological developments in communications may only suit a proportion of people. These results link to a recent report by Healthwatch in Sussex [‘Accessing health and care services - findings during the Coronavirus pandemic’](#) which focused on establishing people’s experiences of digital or remote consultations during the COVID-19 period and crucially, their expectations and preferences for service redesign and delivery in the restore and recovery stages post COVID. Our report found: *“There is a need to ensure that communication is in appropriate formats, is received and understood.”* This crucial finding must be taken into account by NHS Commissioners and the service provider when designing the future service.

In more detail, the data revealed that:

- 76% of wheelchair passengers and 67% of regular (non-renal) patients ‘strongly agreed’ or ‘agreed’ that having an online account facility to apply for Patient Transport Services or amend bookings would improve communications. But less than 50% of renal patients also agreed
- at least 68% or more of all categories of all patients indicated that to receive a text or call telling them when their vehicle was nearby (up to 30 minutes away) would improve communications between the provider and patients. High proportions of wheelchair passengers (90.5%) and regular (non-renal) patients (92%) agreed that this feature would help to improve communications, whilst nearly three quarters of renal patients (71%) and those who had used the service to attend just a handful of appointments (68%) also agreed. The service should ensure that it delivers this feature for every patient
- at least 51% or more of all categories of patient ‘strongly agreed’ or ‘agreed’ that a mobile phone app to track the whereabouts of their vehicle would improve communications between the provider and patients. Of note is the fact that high proportions of wheelchair passengers (76%) and regular (non-renal) patients (79%) agreed that this feature would help to improve communications



- at least 42% or more of all categories of patient ‘strongly agreed’ or ‘agreed’ that the ability to communicate with the call centre by text would improve communications between the provider and patients. Of note is the fact that 67% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications, but just 44.5% of renal patients and 42% of those who had used the service to attend just a handful of appointments also agreed
- 62% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that the ability to be able to communicate with the call centre online using an online chat facility would improve communications. However low proportions of all other patient groups also agreed
- 76% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that the option of having information shared automatically with a nominated carer, friend, or relative would improve communications between the provider and patients. However, 50% or less of all other categories of patient also agreed that this feature would help to improve communications
- at least 35% or more of all categories of patient ‘strongly agreed’ or ‘agreed’ that a website with daily updates about the service would improve communications between the provider and patients. This feature attracted the lowest support overall, although 52% of wheelchair passengers and 54% of regular (non-renal) patients ‘strongly agreed’ or ‘agreed’ that this feature would improve communications.

You can read more about people’s ideas for changing the service in our detailed report pages 82-110.



Results from our literature review

In this section we briefly describe the literature review which Healthwatch performed in August and September 2020. You can read our full report [here](#).

Healthwatch reviewed over 30 publications and documents on the operation of Non-emergency Patient Transport Services in Sussex as well as nationally.

The purpose of the review was:

- (1) To provide an additional source of intelligence to NHS Commissioners as they develop the tender for the new contract.
- (2) To bring together the main findings and recommendations of the various reports we reviewed into one Healthwatch in Sussex report, so that these were easily accessible for NHS Commissioners, providers of services, and patients.
- (3) To provide a themed summary of the key recommendations from the various reports. A significant number of findings and recommendations have been published, particularly in



the last 4-5 years. To make it easier for NHS Commissioners to apply these we have related them to different aspects of a Patient Transport Service, as well as to the process for commissioning the service.

- (4) To deliver new Healthwatch in Sussex recommendations to NHS Commissioners based on the weight of evidence that we identified through the literature review.

By doing this we wished to ensure that:

- lessons learned, key findings, recommendations, and suggested service improvements are embedded by NHS Commissioners into the upcoming tender specification for the service due to be published in early 2021
- the commissioning process itself is robust so that any organisation who wishes to bid for the contract is asked to explain upfront how it will deliver all on aspects of the service and provide the necessary reassurance
- crucial findings, past failings, and lessons learned cannot be ignored by NHS Commissioners or providers (it will not be possible to say “we didn’t know”). Where Commissioners decide not to adopt previous learning etc., they will be asked to explain that decision. Healthwatch will consider using our statutory positions on local scrutiny committees and national escalation routes to achieve this
- the future provider can be held to account, whilst ensuring that NHS Commissioners and providers remain answerable to the public and local health scrutiny bodies.

Following our review, we made several recommendations which we themed:

1. The new contract should deliver a person-centred transport service i.e., the patient should be at the heart of the new service as it is being re-designed.
2. The new contract should ensure that it improves the experience of renal patients in particular.
3. NHS Commissioners must learn from past mistakes when developing the new contract.
4. Contractual performance targets should be strengthened.
5. The tendering process for the new contract must be robust and undergo exacting scrutiny.
6. Any transition between current and future providers must be seamless

Key areas which we believe that NHS Commissioners should focus on include:

- fully stress testing the ability and readiness of any new provider to ensure it is capable of delivering the service from day one
- incorporating meaningful performance targets for the service, by which we mean targets that deliver what patients have a right to expect
- exploring and introducing new and innovative models of transport provision, which will necessitate greater digitalisation and use of technology
- continually collating patients’ feedback and using this to modify and enhance the service.



- ensuring the new provider works collaboratively with NHS Commissioners and NHS Trusts, which we believe will necessitate a stringent data sharing clause being included as part of the new contract
- providing improved patient communications, and transparent and consistently applied eligibility criteria. Access to accurate information for patients and carers is essential in not only explaining who the service is available to, but also in ensuring that patients and carers know what they should and should not expect
- developing a dedicated service for renal patients, and potentially other regular users of the service.

In addition, Commissioners should consider:

- requiring the new provider to work with NHS Trusts to establish how aligning medical appointments can improve the patient experience and save costs, as well as to improve performance for planned and unplanned discharges
- ensuring that data on health needs and the links with transport are fully considered as part of Joint Strategic Needs Assessments³
- working with planners and commissioners of transport, including public transport to develop new services or reconfigure existing ones.

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

³ Joint Strategic Needs Assessments look at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area



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 new 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, 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 as part of their overall care package; and each 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. 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, 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, 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 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. 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 next provider 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.

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 providers must be seamless

NHS Commissioners must plan well for the smooth transition from the current to any new provider.

14

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.



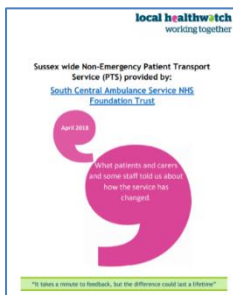
Annex B: Healthwatch reports on Patient Transport Services



In September 2016, Healthwatch Brighton and Hove issued a [report](#) which examined the poor experiences of renal patients at the Royal Sussex County Hospital who were “[badly let down](#)” by the service run by Coperforma. An immediate resolution of the issues was sought.



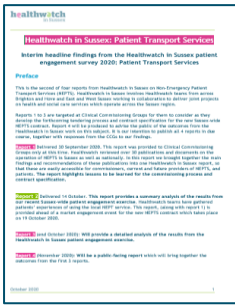
In September 2017, Healthwatch in Sussex published its first [joint report](#) examining the experiences of patients who had used the service in the initial months after SCAS had taken over the contract (covering the period May to June 2017). High levels of satisfaction were seen (75%), but some notable concerns were also observed particularly affecting renal patients.



In April 2018, Healthwatch in Sussex published its second [joint report](#) examining the experiences of patients who had used the service provided by SCAS between June to December 2017. High levels of satisfaction were seen (85%), but once again renal patients were found to experience a poorer service.



In September 2020, Healthwatch in Sussex delivered a report to Clinical Commissioning Groups. Healthwatch reviewed over 30 publications and documents (written since 2009) on the operation of the service both in Sussex and nationally. This report brought together the main findings and recommendations of these publications into one report, so these were easily accessible for commissioners, current and future providers of the service, and patients. The [report](#) highlighted the key aspects to be considered in the commissioning process and contract specification



In October 2020, Healthwatch in Sussex provided a summary analysis of results to the Clinical Commissioning Groups from the Sussex-wide patient engagement undertaken in August and September 2020. It captured patients' experiences of the current service. This report, along with the literature review report, was provided ahead of a market engagement event for the new service contract which was held on 19th October 2020. We have not published this interim report.



In November 2020, Healthwatch in Sussex delivered a [report](#) to Clinical Commissioning Groups which provided a detailed analysis of the results from the Healthwatch in Sussex patient engagement exercise.



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