

# A Healthwatch in Sussex literature review provided to NHS Commissioners of Patient Transport Services



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Please also see the Annexes which accompany this report

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## Notable quotes on Patient Transport Services

“It is essential that people in Sussex have a patient transport service which they can rely on to get them to their hospital appointments safely and on time.”

- Prof Edward Baker, Deputy Chief Inspector of Hospitals, Care Quality Commission, 2016

“The overarching principle of Patient Transport Services is that patients who are eligible for transport will receive safe, timely, and clinically appropriate transport, without detriment to their medical condition.”

- Report: ‘Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex’ - TIAA, January 2017

“[Commissioners should ensure that] patient experience is at the centre of every new service commissioned and an integral part of the operational delivery... SCAS have introduced tangible improvements, but more is needed, particularly to ensure that services run better for renal patients.”

- Report: ‘Sussex wide Non-Emergency Patient Transport Service (PTS) provided by: South Central Ambulance Service NHS Foundation Trust’ - Healthwatch in Sussex, April 2018

“Healthwatch England carried out a nationwide conversation on the NHS Long Term Plan ... travel was a key issue, with nine out of 10 people telling us that convenient ways of getting to and from health services is important to them. Indeed, people put transport above other things, such as choice over where to be treated...”

- Report: ‘There and back What people tell us about their experiences of travelling to and from NHS services’ - Healthwatch England, 2019

## Preface

Healthwatch in Sussex involves Healthwatch teams from across Brighton and Hove, East Sussex and West Sussex working in collaboration to deliver joint projects on health and social care services which support the population of Sussex.

This is the first of four reports from Healthwatch in Sussex on Non-Emergency Patient Transport Services (the “service”). The first three Healthwatch reports are intended to advise NHS Clinical Commissioning Groups on the retendering of the service. The fourth report will advise the public and those who use the service on the outcomes of our work. It is our intention to publish the key reports in due course, together with responses from the Clinical Commissioning Groups to our findings.

### Report 1 (this current report)

Delivered on 30<sup>th</sup> September 2020 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 brings together the main findings and recommendations of these publications into one Healthwatch in Sussex report, so these are easily accessible for commissioners, providers of the service, and patients. **The report highlights the key aspects to be considered in the commissioning process and contract specification.**

### Report 2

To be delivered by 13<sup>th</sup> October 2020. **This report will provide a summary analysis of results to the Clinical Commissioning Groups from the Sussex-wide patient engagement undertaken in August and September 2020.** It will capture passengers’ experiences of the current service. This report (along with Report 1) will be provided ahead of a market engagement event for the future service contract to be held on 19<sup>th</sup> October 2020. (This interim report will not be published).

### Report 3

To be delivered by 16<sup>th</sup> November 2020 to the Clinical Commissioning Groups. **This report will provide a detailed analysis of the results from the Healthwatch in Sussex passenger engagement exercise.**

### Report 4

January 2021: **This will be a public-facing report** which will bring together the outcomes from the first 3 reports.

**Healthwatch in Sussex would like to thank the Clinical Commissioning Groups for their cooperation in delivering this project.**

**This report** is split into three sections:

### Section One: Introduction and background

Within this section we provide:

- An introduction to this report, and description of the work which Healthwatch in Sussex has agreed to carry out on behalf of our Clinical Commissioning Groups.
- A Healthwatch in Sussex perspective on Non-Emergency Patient Transport Services. This draws on our extensive patient engagement activities carried out since 2016, as well as the body of evidence we have examined.
- The aims of this report together with a description of the methodology we have applied in delivering this report.
- Some background to the service from a local and national perspective.

### Section Two: Recommendations identified from the literature review as themed by Healthwatch in Sussex

The recommendations contained in this section were identified from the publications which Healthwatch has reviewed. A significant number were identified, dating back to 2009, relating to both national and local services. Healthwatch has also looked back at the recommendations it made from our various patient engagement exercises carried out between 2016 - 2017.

A significant number of findings, lessons learned, and recommendations relating to patient transport have been made. Healthwatch has identified what it considers to be the key recommendations and grouped these together under themed headings (listed below), which we believe will make these easier for commissioners to consider and apply. We have referenced the source(s) of the recommendations.

- Recommendation One - Deliver a person-centred service
- Recommendation Two - Improve the service for renal patients
- Recommendation Three - Ensure the contract is water-tight
- Recommendation Four - Strengthen service targets (KPIs)
- Recommendation Five - Ensure the tendering process is robust
- Recommendation Six - Ensure readiness for the transition between providers

This means that Section Two contains summary recommendations only and Healthwatch in Sussex encourages commissioners and providers to read the complete set of recommendations detailed in the Annexes which accompany this main report.

### Section three: Additional Healthwatch in Sussex recommendations (2020)

These are additional recommendations to those listed in Section Two. These recommendations were not specifically made by any of the publications we reviewed, however they are all based on the weight of evidence which we identified through our literature review. We describe the sources of evidence and rationale for their adoption on a case-by-case basis in Section Three.

These additional recommendations have also been grouped by the above six themes.

## SECTION ONE

# Patient Transport Services in Sussex

- Introduction
- Healthwatch perspective on Patient Transport Services
- Report aims
- Methodology
- Background to Patient Transport Services (locally and nationally)



## A. Introduction

For people who meet certain criteria, the NHS offers a Non-Emergency Patient Transport Service (“the service”). [NHS Choices](#) explains that patient transport is designed for people whose condition means they need additional medical support during their journey to and from hospital and other medical appointments. In the last decade, the service serving Sussex has undergone change and been delivered by three different providers: South East Coast Ambulance Service NHS Foundation Trust (SECamb 2011-2016); Coperforma (2016-2017) and [South Central Ambulance Service](#) (SCAS 2017-present). It has been well evidenced that under Coperforma the service failed patients, but improvements have been seen in recent years since SCAS took over. Historically, issues with the service were so serious<sup>i</sup> that they triggered a highly publicised investigation by our Clinical Commissioning Groups (CCGs) which included a separate independent review, and questions were asked in Parliament. The service is scheduled to be re-commissioned during 2021, with a new 5-year contract worth up to £20 million beginning in April 2022.

It is vital that those responsible for commissioning the service understand what is working well and where improvements can be made, as well as learning lessons from the past. In June 2020, Sussex NHS Commissioners, representing CCGs in Sussex, approached Healthwatch in Sussex to help them gather people’s experiences of using the service. This is the fourth time since 2016 that Healthwatch has undertaken such work. Negotiations between Healthwatch and the CCGs had originally commenced in December 2019 but were subsequently halted by the coronavirus (COVID-19) pandemic. This has reduced the time available to conduct any patient engagement work and the restrictions of infection-control measures has also meant that usual Healthwatch activities such as visiting and talking to patients in hospital have not been possible.

### **Healthwatch in Sussex have agreed to deliver three reports to commissioners:** **1. This literature review**


Healthwatch has reviewed over 30 publications and documents on the operation of patient transport in Sussex as well as nationally (see Annexes). In this report we bring together the main findings and recommendations of these publications into one Healthwatch in Sussex report, so that these are easily accessible for commissioners, providers of the service, and patients.

### **2/3. Our upcoming patient engagement report**

In September, Healthwatch teams in Sussex launched a survey which had been jointly designed with the CCGs. The results from this work are being analysed and once we have a clearer picture of patients’ views of the current service and ideas for future improvements, we will share interim findings, and a follow-on detailed report including recommendations, with commissioners.



## B. Context: Patient Transport Services in Sussex from a Healthwatch perspective



This Healthwatch in Sussex report on Non-Emergency Patient Transport Services is targeted at local commissioners. We welcome the Clinical Commissioning Group's engagement with Healthwatch on this important piece of work.



### Healthwatch: our interest in Patient Transport Services across Sussex

Healthwatch has closely monitored 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 commissioners, service providers, and public scrutiny bodies.

In 2016, the poor mobilisation of the new contract awarded to Coperforma left many vulnerable patients waiting for transport (for many hours), missing vital health appointments and 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 serious failings with the service were identified. Between 2017 to 2018 and following the transfer of the service to South Central Ambulance Service (SCAS), all three Healthwatch teams came together working as Healthwatch in Sussex to conduct two further patient engagement exercises. Since 2017, our work has identified improved patient satisfaction levels with the service, but also continued to show that there is still room for improvement. In 2020, we will conduct a fourth patient engagement exercise on patient transport.

Concerns Healthwatch raised in our [2018 report](#) with providers and commissioners included:

- Poor pick-up times affecting some patients.
- Renal patients experiencing delays and uncertainties around pick-up times.
- Poorer service provision at weekends.
- Hospital staff facing long delays contacting the call/control centre.
- Accessibility issues raised by some wheelchair users.
- Whether the service is capable of adequately identifying vulnerable patients, such as those with caring needs, the elderly and those with multiple and complex needs.

Positive findings from our patient engagement work in 2017 included:

- Friendly, helpful staff and drivers.
- Positive booking experiences.
- Having regular drivers improved the patient experience of journeys.
- Examples of drivers ringing ahead to alert patients to any delays.
- The service was better organised and more efficient overall.

Locally, it is proposed that from 2022 a new contract will be awarded for a minimum of five-years, to run this service for Sussex eligible residents. This time around, the commissioning process and any transition arrangements must work well, and there can be no repeat of the situation which occurred when Coperforma took over: both Healthwatch and the public are clear that the future service must deliver real and immediate results and place people at its centre.

### The future of Patient Transport Services

Healthwatch is pleased to see that some of our previous concerns and recommendations, as well as those from other reports we have identified through our literature review, sit at the heart of the CCG's six set of values for the new service: with patient care and quality outcomes being at their core:



In addition, the CCGs stated outcomes for the service include:

- To provide a service for patients that meet the eligibility criteria and have a clinical need preventing them from using private or public transport.
- To represent good value for money.

It is possible that the decision by our CCGs to award a new contract will be made before a [NHS England review of Patient Transport Services](#) reports back, and that any new learning, recommendations or changes from that review will therefore be missed. This is not to say however that our CCGs cannot learn from the painful lessons of past failures and ensure that these are reflected throughout the new tendering, commissioning and transition arrangements for the service. This re-commissioning process represents a significant opportunity for local commissioners to create a more integrated service using the experiences of the past and the views of those who use it currently.

Healthwatch believes that the CCGs could make more informed decisions to improve transport services through stricter performance targets and better routine data collection. This will also help to ensure that the commissioning of the service can be scrutinised effectively. We are therefore pleased that the CCGs are considering more stringent performance targets for the new contract. In addition to this, Healthwatch recommends that a stringent data sharing clause is included in the contract to ensure that the provider is required to routinely deliver in-depth and ad hoc performance data to commissioners. Our upcoming engagement report on patient experiences of using the current the service will also provide a valuable source of new data for commissioners.

The future commissioning of the service must be water-tight, and potential providers must be challenged to show exactly how they intend to run the service from day one. In addition, we urge the commissioners to think longer-term so that the new contract is continually developed during the 5-year tenure.



### Renal patients

Transport is important for dialysis patients who, nationally, represent 50% of all non-emergency transport by volume. Individuals attend hospital three times a week for at least 4 hours at a time, which means six journeys to get them to life-maintaining treatment and back home again. The treatment can leave patients fatigued and make public transport usage or driving themselves to and from treatment centre inappropriate. The majority of the 25,000 people on haemodialysis at units rely on transport to enable them to also arrive safely.

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

Healthwatch is pleased that the CCGs are exploring changes to the service for renal patients including a new formal target for the future provider to contact patients and hospitals with an estimated time of arrival within 30 minutes of collection/inbound journeys.


**Healthwatch urges commissioners to fully engage with this report, and recommendations set out below and in the Annexes. We believe that this can help deliver a first-class service which better serves patients and our hospitals. Key areas the CCGs should focus on include:**



**Sussex**  
NHS Commissioners

- Fully stress-testing the ability and readiness of any tendering provider to ensure they are 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 provider works collaboratively with commissioners and 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 the services available but also in ensuring that patients and carers know what they should and should not expect.
- Developing a dedicated service for renal patients, and perhaps other regular users of the service.

**In addition, commissioners should consider:**


- Requiring the contracted provider to work with Trusts to establish how aligning appointments can improve patients 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 Assessments.
  - Working with planners and commissioners of transport, including public transport to develop new services or reconfigure existing ones.
- 



### C. In light of the above, this Healthwatch review aims to:

- (1) Provide an additional source of intelligence to commissioners as they develop the tender for the new contract. This report sits alongside our upcoming Healthwatch in Sussex patient engagement report.
- (2) Bring together the main findings and recommendations of the various reports we have reviewed into one Healthwatch in Sussex report, so that these are easily accessible for commissioners, providers, and patients.
- (3) 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, and we consider that it may be easier to apply these if they are related to different aspects of the service or process for commissioning the service.
- (4) Deliver new Healthwatch in Sussex recommendations where the weight of evidence identified through this literature review supports these.

#### By doing this we wish to ensure that:

- (5) Lessons learned, key findings, recommendations and suggested service improvements are embedded into the upcoming tender specification for the service due to be published in 2021.
  - (6) Ensure that the commissioning process itself is robust so that any organisation which wishes to bid for the contract is asked to explain upfront how it will deliver on all aspects of the service and provide the necessary reassurance.
  - (7) Crucial findings, past failings and lessons learned cannot be ignored by 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.
  - (8) The future provider can be held to account, whilst ensuring that commissioners and providers remain answerable to the public and local health scrutiny bodies.
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## D. Methodology: our approach to this review



Healthwatch has read a series of reports, publications and documents as part of this review. These are listed in the Annexes document which accompanies this main report. These date from 2007 until 2019 and consist of:

- Quantitative reports which describe engagement with patients and users of patient transport. These list findings and recommendations made to commissioners and providers of patient transport services.
- Independent reviews performed by other organisations who represent patients, as well as leading providers of assurance services to the public sector. These reports present findings from both qualitative and quantitative research and include findings, lessons learned and recommendations to commissioners regarding the future procurement of patient transport services.
- Public reports from Brighton and Hove City Council Scrutiny Committees. These are primarily Health Overview and Scrutiny Committees (HOSC) which are a committee of elected councillors and voluntary sector representatives that scrutinises (carries out an independent check on) healthcare services.
- We have examined documents produced by the Department of Health and also the current provider of the service in Sussex (SCAS). These relate to eligibility for the service and patient guidance.

In **Section Two** of this report, we bring together the key findings and recommendations of the various reports reviewed into one Healthwatch in Sussex summary report. The attached Annexes document to this report detail these in full. We have explored the various findings and recommendations from these reports and themed them as shown below. We believe this will make the large number of findings easier to consider and apply. We have also identified where the recommendations were taken from. The recommendation themes we have used are:

Recommendation One -	Deliver a person-centred service
Recommendation Two -	Improve the service for renal patients
Recommendation Three -	Ensure the contract is water-tight
Recommendation Four -	Strengthen service targets (KPIs)
Recommendation Five -	Ensure the tendering process is robust
Recommendation Six -	Ensure absolute readiness for the transition between providers



We have also used the reports and our background research to present a detailed timeline of key events and activities surrounding patient transport services in Sussex since 2011 (see Annex A in the Annexes document).

**In Section Three** we explore additional themed recommendations to those detailed in Section Two. These new Healthwatch recommendations are based on the weight of evidence identified through our literature review.

We start (below) by looking at what patient transport services are and explore this in the national context. We then look at the situation in Sussex and provide a brief summary of key dates and activities before looking at what went wrong with the Coperforma contract and what lessons were learned.



## E. What are patient transport services?

[NHS Choices](#) explains that Non-Emergency Patient Transport Services are designed for people whose condition means they need additional medical support during their journey to and from hospital and other medical appointments. This can

vary from patients who can walk to those who require a stretcher to support them. Patients may be eligible due to mobility, visual impairment, mental health or learning disability needs. These services pick up and drop off patients for scheduled appointments and treatment, primarily at hospitals. Only in some cases is a relative or carer able to accompany a patient in this form of transport.

Non-Emergency Patient Transport is primarily for planned transportation for patients needing life-saving treatments such as radiotherapy, chemotherapy or renal dialysis, although it is also used to manage demand, both through getting people away from hospital (planned discharges), and to manage appointments that have not been routinely scheduled, for example, to an urgent outpatient appointment. The service is often supported by other transport providers including community transport, volunteer organisations, friends, and family members.

Whilst the majority of people make their own way to appointments, Patient Transport Services are a lifeline for those with severe medical conditions who need to access care. At the same time, they are meant to be reserved for people who have no other way of getting to their appointments or need specialist assistance during their journey. The scope of the Sussex-wide service was temporarily adapted during the coronavirus pandemic to transport additional patient groups such as pregnant or shielding patients, where it was deemed too risky for such individuals to use public transport.



## National context

### Establishment of the service

The document 'Ambulance and other Patient Transport Services: Operation, Use and Performance Standards [HSG 1991(29)]' was published in 1991 and set out guidance for the NHS on the operation, use and performance standards for emergency and urgent ambulances. It also set out criteria for establishing which patients were eligible for Non-Emergency Patient Transport Services. A White Paper ('[Our health, our care, our say: a new direction for community services](#)', January 2006) made a commitment to extend eligibility for the service from 2007/8 to procedures that were available in a community setting, allowing eligible people referred by a health care professional for treatment in a primary care setting, with a medical need for transport, to also receive access.

### Cost

In 2015, the cost of Patient Transport was estimated to be at least [£150 million a year in England](#) although this could be far higher (up to £500 million across the whole UK). It is estimated that spending on the accounted for [0.5% of CCG budgets in 2016/17](#).

### Commissioning

Commissioning arrangements for the service vary but transport is commissioned by the Clinical Commissioning Group for patients registered in their geographical area. The CCG involved is that responsible for healthcare provision for the patients' GP practice. The position for renal dialysis patients is unique as there are more CCGs than dialysis services, and individual haemodialysis units can often sit across different CCGs. Dialysis units may be served by multiple CCGs, who may have different providers with different criteria for transport eligibility.

Since 2013, private companies have increasingly been commissioned to provide patient transport, although there have always been a few private providers of non-urgent patient transport and some hospitals have their own transport service. In 2017, [300 organisations were registered with the Care Quality Commission as providers of Patient Transport](#), a mixture of NHS and private companies.

In 2017, a report by Community Transport Action, "[Total Transport A Better Approach to Commissioning Non-Emergency Patient Transport](#)" found that the NHS could save up to £74.5m per year if transport was commissioned in a more joined up way. Addressing transport inefficiencies was identified as an opportunity to improve transport provision without any cost implications.

In a 2019 report, '[Dialysis Transport: Finding a way together](#)' research showed that 66% of 35 CCGs who responded had indicated that their transport provider was not

meeting any key performance indicators (targets), suggesting that current commissioning arrangements were not working.

### Eligibility

The Department of Health and Social Care sets out the [national eligibility criteria](#) for this service to ensure everyone across the country has equal access. However, the criteria are vague, making it difficult to apply meaningful standards. Eligibility criteria often vary by provider, and by contract.

### NHS - Long Term Plan and Review of Patient Transport

In January 2019, NHS England published the [NHS Long Term Plan](#), a vision for changing how the NHS operates and what it delivers for the public. Within this, there was limited policy focus on transport even though one of the most common and basic issues people face is physically travelling to and from appointments.

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 all is not well. This included the failure of Sussex-wide service in 2016 whilst under the control of Coperforma (who subsequently [entered administration](#)). Other services have faced similar issues in Dorset, Nottingham, Gloucestershire, Northamptonshire, and other locations.

### Importance of Patient Transport

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. Despite this, the evidence suggests that services do not always work well making this an extremely distressing experience for patients when it does not.

“When you are living with a long-term condition it can feel like your life is spent going to and from hospital appointments for treatment. This is stressful enough, but imagine being in a situation where, you have to take a long, painful and stressful bus journey every time you attend. Or, you may even have to cancel your appointments and risk your health because you have no way to physically get there. This is the reality every day for many older people across the country. We know from the older people we speak to that the patient transport system isn't working.”

- Caroline Abrahams, Charity Director, Age UK Healthwatch England report: *'There and back What people tell us about their experiences of travelling to and from NHS services (October 2019)*

## F. Patient Transport Services in Sussex

### A brief history of Patient Transport Services in Sussex



Non-emergency Patient Transport Services cover the whole of Sussex, which has a population in excess of 1.7 million. Patients are transported via pre-booked journeys to and from 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.
- Total journeys are attributed to approximately 36,500 individuals.
- Over two thirds of journeys are provided for those aged 65 and over.
- The split per CCG area is:
  - 13% Brighton & Hove (mid-2019 [ONS](#) population estimate, 290,000)
  - 43% East Sussex (mid-2019 ONS population estimate, 557,000),
  - 44% West Sussex (mid-2019 ONS population estimate, 864,000).

Locally, the Patient Transport Service is a Sussex-wide service jointly commissioned by the three CCGs (West Sussex, East Sussex, Brighton & Hove). All decisions are jointly made by all the CCGs.

Though our patient engagement work Healthwatch has observed a variation in satisfaction levels with the service, but are pleased to see that these have improved since 2017:

	Pre April 2016	April - September 2016	May - June 2017	November - December 2017	2019/20	September 2020
Measure	Data from Healthwatch reports				CCG data	Healthwatch
Provider	SECAmb	Coperforma	SCAS	SCAS	SCAS	SCAS
Satisfied or very satisfied with service	67%	8% - 42%	75%	85%	88%	78.5%
Would recommend service to family and friends	No data	44%	77%	80%	94%	86%

To better understand the current patient transport contract, it is useful to be familiar with key dates and activities for the Sussex service, which we have detailed below. A full timeline of key events is available at Annex A in the accompanying Annexes document.

#### In 2011

The then [Primary Care Trusts \(PCTs\)](#) across Sussex commissioned a new Patient Transport Service. A 4-year contract to provide the transport function was awarded to the [South East Coast Ambulance Service \(SECamb\)](#) but was supplemented as necessary by other private transport providers and volunteer drivers. The Patient Transport Bureau (PTB) was established to apply eligibility criteria and book transport for eligible patients. The service under SECamb was far from perfect but patients largely received a satisfactory service.

#### In 2012

Lead responsibility for commissioning the service for the whole of Sussex was inherited by [High Weald Lewes Havens CCG](#).

#### In 2014

The service underwent a review by the then seven joint Sussex Clinical Commissioning Groups after SECamb gave notice that it wished to discontinue providing the service from 1 March 2015. The CCGs undertook a range of public and staff engagement activities to better understand the experiences and needs of people using the service. This engagement fed into the development of a new service specification and the introduction of a Managed Service Provider (MSP) model to run the service.

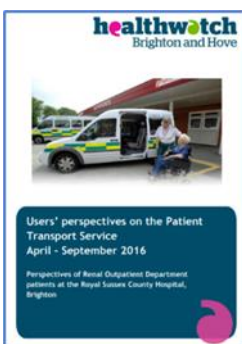
The MSP model included a separate Booking Hub; a single point of access to the service which applied eligibility criteria and managed bookings. The MSP delivered patient transport via multiple sub-contractual arrangements. The contract to run the service from 1<sup>st</sup> April 2015 was put out to tender under NHS procurement rules but despite significant initial interest only one contractor submitted an invitation to tender, Coperforma.

#### In 2015

The SECamb contract was extended by the CCG for one year, up to 31 March 2016. The CCGs then drew up a revised contract specification for the service and made changes including the move to a single accountable organisation, changes to eligibility and more stringent performance targets. Once again, only Coperforma submitted a full bid for the contract, and they were subsequently awarded this in November 2015.

## In 2016

Coperforma took over the running of the service in Sussex on 1<sup>st</sup> April 2016. However, within days the service experienced significant problems, with patients bearing the brunt of this failure. These events led to urgent remedial action being taken by the lead CCG, including an independent review. This highlighted significant failures in the service, the commissioning process, the transition process, and Coperforma's planning and ability to run the service. The [independent review](#) was conducted by [TIAA Ltd](#), one of the leading providers of assurance services to the public sector, which found no evidence that Coperforma had adequately stress-tested its systems, and that the CCG had no "plan B" for when things went wrong.



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 October 2016, Coperforma sought a managed exit from their contract on economic grounds which was accepted by the lead CCG.

In November 2016, A [CQC report](#) was published which required significant improvements to patient transport services in Sussex. The report listed 11 areas for improvement including that vehicles and equipment must be appropriate for safe transportation of patients including wheelchair users, and patients must receive timely transport services. Also, in November, a lessons learnt event was commissioned by the CCGs to inform future commissioning of the service.

## In 2017

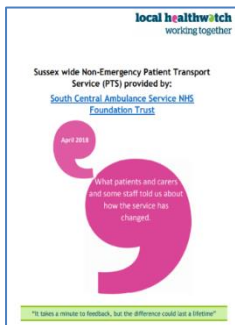
The contract with Coperforma was terminated and awarded instead to [South Central Ambulance Service NHS Foundation Trust \(SCAS\)](#) from 1<sup>st</sup> April 2017. A 4-year contract running until 31<sup>st</sup> March 2021 was awarded (NB in August 2020, a further one-year extension was awarded to SCAS to run the service until 31<sup>st</sup> March 2022). In January, the CCG published its report “Learning the lessons from the procurement and mobilisation of the new Patient Transport Services in Sussex”.

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 2018

The [Brighton and Hove Health Overview Scrutiny Committee](#) heard representation from Healthwatch about its concerns with the service. Questions were also asked in [Parliament](#) and an urgent formal investigation was demanded (although not granted).



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 2019

The CCG approached Healthwatch to conduct further patient engagement, but the work was delayed until **June 2020** due to COVID-19.

### Proposed for 2021

The 5-year contract (with the potential to extend for a further 2 years) for the service will be put out to tender under NHS procurement rules, with a decision expected later in the year.

### Proposed for 2022

The future provider will take over the running of PTS from 1<sup>st</sup> April 2022.



## **G. The story behind Coperforma: what went wrong?**

It is well-documented that from the moment Coperforma took over the running of the contract in April 2016 significant problems affected the service with patients bearing the brunt of this failure. Local NHS Trust's had to step in to cover the failure of the service including the use of private taxis and many local residents incurred significant costs in paying for alternative transport, and the latter inconvenience of trying to recover such costs. These events led to urgent remedial action being taken by High Weald Lewes Havens CCG, including an independent review.

**The review highlighted both good and bad practice on the part of the CCG in commissioning Coperforma, including:**

- A constructive dialogue approach to engaging with Coperforma during the mobilisation process, an approach which had been successful on other contracts.
- A detailed and jointly agreed mobilisation transition plan, on which the CCGs received written and / or verbal assurances.
- Monitoring arrangements put in place by the Sussex CCGs during the mobilisation period which identified potential issues.

**At the same time, the reviews highlighted failures in the service, the commissioning process, the transition process, and Coperforma's planning, readiness and ability to run the service.** The reviews concluded that the poor service delivery was a combination of a number of factors and that individually each of those factors would have been unlikely to cause such poor performance:

- A failure of Coperforma to flag any concerns they had immediately prior to 1<sup>st</sup> April 2016 on their readiness to run the contract with the lead CCG.
- An absence of comprehensive testing by Coperforma and its sub-contractors prior to 1<sup>st</sup> April 2016.
- A lack of suitable experience of commissioning a similar patient transport service contract in terms of scale and complexity. Prior to being awarded the Sussex contract Coperforma's experience of delivering patient transport was through a number of significantly smaller value contracts.

“

... on 1<sup>st</sup> April 2016 Coperforma had an insufficiently tested Sussex-wide infrastructure which was expected to be able to seamlessly bed in after the contract start date without any adverse impact on service delivery. Any concerns Coperforma may have had immediately prior to 1<sup>st</sup> April 2016 with these factors either individually or collectively on their readiness to deliver the PTS service were not raised with High Weald Lewes Havens CCG”  
- Report: 'Adequacy of the mobilisation arrangements for the new Patient Transport Service contract, TIAA (June 2016)

”



## H. The story behind Coperforma: what was learnt?

The independent review conducted by [TIAA in 2016](#) identified a number of lessons to be learned for future major projects, and made ten recommendations (refer to page 5 of the TIAA report which is reproduced as Annex C) including:

Engage a suitable independent professional consultant to oversee the technical aspects of the service and it would have been appropriate to consider engaging one to oversee the mobilisation process for a contract of this scale and complexity. (page 3 of the TIAA report)

Ensuring there is a 'Plan B' (contingency plan) in place for all major procurements. Contingency arrangements be built into the planning process for major contracts where significant service changes are anticipated, such as support provided by the outgoing contract holder for a specified time. (page 3 of the TIAA report)

Utilising a phased implementation where possible on any major procurements where there are significant changes to the contract and/or the service delivery model. (page 3 of the TIAA report)

Need to have in place a robust monitoring process to provide independent assurance to both the CCGs and the new provider that services will be ready to operate in accordance with the contract specification from the first day of the contract. (page 3 of the TIAA report)

In addition, their report highlights the benefits of:

- A period of parallel running prior to the contract start date (para 4 of the TIAA report).
- The Sussex CCGs may wish to consider requiring more tangible evidence of preparedness from providers (especially new ones) rather than accepting written and verbal assurances (para 34 of the TIAA report).
- Ensure attendance at transition meetings (para 26.21 of the TIAA report).
- The handover arrangements required a balance between SECamb being able to continue to deliver the service up until the handover day and the requests from Coperforma for the transferring staff to be released for training. Coperforma should have ensured there were appropriate mitigating actions in their mobilisation plan. (page 1 of the TIAA report).

## SECTION TWO

# Patient Transport Services in Sussex

Recommendations identified from the literature review as themed by Healthwatch



## I. Literature recommendations: themed by Healthwatch

The following recommendations were identified by Healthwatch from the publications we reviewed. A significant number were identified dating back to 2016 and they include those made following numerous independent and high-level reviews of both the national Patient Transport Service, and local service. Healthwatch has also looked back at the recommendations it made from our previous patient engagement exercises carried out in 2016 and 2017.

Due to the significant number of findings, lessons learned, and recommendations we have brought these together under themed headings, which we believe will make these easier to consider and apply. This means that these are summary recommendations only and Healthwatch would encourage commissioners and potential providers to read all of the recommendations detailed in the Annexes to this report.

We make these recommendations to both the CCG (to consider as part of the tendering process and the contract specification) and to interested parties who subsequently bid for the new contract.

The reports we have reviewed are listed in the separate Annexes document which accompanies this main report, but some of the key publications are:

- Healthwatch reports published in [2016](#), [2017](#) and [2018](#)
- [There and back: What people tell us about their experiences of travelling to and from NHS services](#), Healthwatch England (October 2019)
- [Dialysis Transport: Finding a way together](#), Kidney Care UK, National Kidney Federation, The Renal Association and British Renal Society (2019)
- Results from the national [Patient Reported Experience of Kidney Care in the UK 2019 report](#)
- The [CQC report into the performance of Coperforma](#) (November 2016)
- [Adequacy of the mobilisation arrangements for the new Patient Transport Service contract](#), TIAA (June 2016)

We have themed the recommendations into six areas:

Recommendation One -	Deliver a person-centred service
Recommendation Two -	Improve the service for renal patients
Recommendation Three -	Ensure the contract is water-tight
Recommendation Four -	Strengthen service targets (KPIs)
Recommendation Five -	Ensure the tendering process is robust
Recommendation Six -	Ensure absolute readiness for the transition between providers

<b>Recommendation One: Deliver a person-centred service</b>		<b>Source(s) / reference(s)</b>
<ul style="list-style-type: none"> <li>i. Clinical services, commissioners and providers should work together to ensure transport is co-ordinated around the patient.</li> <li>ii. Early discussions should be held with each patient about transport as part of their care, and each patient should have a care plan that includes their transport requirements which is individualised to their needs e.g., specifying travelling alone or with others, wheelchair user etc.</li> <li>iii. Communication should be focussed on enabling the patient to have control.</li> <li>iv. A designated transport officer should be in place at the level of the hospital unit or a nominated transport champion from the future provider.</li> <li>v. Patient advocates should be involved at the contract preparation stage.</li> </ul>		Kidney Care UK, 2019.
<ul style="list-style-type: none"> <li>vi. Patient Safety Groups should be established and led by a GP, with representatives from Healthwatch, local authority safeguarding, hospital Trusts and patients.</li> <li>vii. It is recommended that Patient Safety Groups meet regularly following the commencement of the new contract.</li> </ul>		Health and Overview Scrutiny PTS report, 2016. Healthwatch report, 2017.
<ul style="list-style-type: none"> <li>viii. Vehicles and equipment used by contracted services should be appropriate for safe transportation of patients, including wheelchair users.</li> </ul>		CQC report, 2017.
<ul style="list-style-type: none"> <li>ix. A dedicated service should be operated solely for renal patients</li> </ul>		Healthwatch reports (2017/18)
<b>Recommendation Two: Improve the service for renal patients</b>		
<ul style="list-style-type: none"> <li>i. Commissioners should use the findings from the Kidney PREM study to improve the experience of transport provision for renal patients.</li> <li>ii. Commissioners should apply learning from the positive case study of Kings College hospital (see report for details).</li> <li>iii. 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.</li> <li>iv. 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.</li> </ul>		Kidney Care UK, 2019.

v.	Patients should be enabled to control their own transport and each patient should have a care plan that includes their transport requirements and how these are delivered.	
vi.	Clinical services, commissioners and providers should work together to ensure good and cost viable services. It should be possible to 'map and zone' patients so they receive treatment in their nearest and/or most accessible dialysis unit and ambulance based non-emergency patient transport should be limited to patients with a medical need.	
vii.	Consider a haemodialysis transport communication hub. Services should work to separate out the delivery of kidney transport from non-kidney transport. This may only work for patients who do not need ambulance transport.	
viii.	The future provider should "Create a dedicated team to support renal patients who are regular users of the service".	Healthwatch report, 2018.
<b>Recommendation Three: Ensure the contract is water-tight</b>		
i.	The contract specification should provide for financial sanctions to be applied due to the contract failure in terms of number of journeys not properly delivered.	Health and Overview Scrutiny PTS report, 2016.
ii.	Financial sanctions should apply to the under-achievement of KPIs up to a maximum % of the overall contract. This may need to be apportioned over a twelve-month period of under-achievement.	TIAA report, 2016.
iii.	Consideration should be given to including within the contract specification for major contracts where significant service changes are anticipated that a phased transition approach by bidders would be welcomed.	
iv.	The CCGs should monitor performance closely and have short- and long-term contingency plans in place (plan 'B')	Health and Overview Scrutiny PTS report 2016. TIAA report, 2016.
v.	The CCG should require more tangible evidence of preparedness from potential providers (especially new ones) rather than accepting just written and verbal assurances.	TIAA report, 2016.
vi.	The CCG should employ a professional patient transport expert to oversee the specification and transition of the contract. This expertise would provide a critical independent friend and benefit both the CCGs and provider.	
vii.	There should be a clear data sharing agreement, which is enforceable.	

### Recommendation Four: Improve service targets (Key performance indicators, KPIs)

i. Healthwatch considers that the contract allows for what seem to be generous allowances for late journeys. We believe there is significant room to improve these.	Health and Overview Scrutiny PTS report 2018.
ii. KPIs should be used to ensure the service achieves what is set out in the contract and these should be developed and agreed by all partners including patients and a regular monitoring structure involving all partners, including patients, should be used.	Kidney Care UK, 2019.
iii. These should be realistic but also hold the service provider to account. A lack of adherence to KPIs continues is a problem and it is crucial that they are linked to contracts in order to maximise their effectiveness.	
iv. A principal KPI 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.	
v. KPIs can be developed to reflect the differences in average journey time (to account for rural and urban trips).	
vi. Patient reported experience should become a key KPI that are collected, evaluated and acted upon.	
vii. Clear guidance should exist explaining how KPIs will be enforced and penalties for missing these, including financial penalties	

### Recommendation Five: Ensure the Tendering process is robust

i. All organisations who submit an interest in the contract should be required to submit evidence that they have adequately stress-tested their systems.	TIAA report, June 2016.
ii. All organisations who submit an interest in the contract should be required to submit evidence of how they have preparation for a tight handover of staff from the old provider.	
iii. The CCG must develop and ideally publish a "plan B" for if things go wrong.	
iv. We recommend that a structured procurement and evaluation of bids is operated by a commissioning and procurement team, and comprising patients, local Healthwatch, hospital Trust 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.	Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex, 2017.

v. CCGs should insist on transparency from legacy providers, including open book access to cost data.	A National Audit Office report, July 2016.
vi. Do not 'go live' until all issues between commissioners and providers are resolved.	

### Recommendation Six: Ensure absolute readiness for the transition between providers

i. Commissioners should work to ensure the absence of a blame culture as happened during the transition from SECamb to Coperforma to SCAS. This can only be achieved by the current and future provider working collaboratively and sharing databases and potentially the transfer of staff. Any tendering process must ensure that transition terms and expectations are made clear	TIAA report, 2016
ii. Ensure a robust system is in place for handling, managing, and monitoring complaints and concerns.	CQC report, 2016.
iii. Large healthcare contracts should be implemented in stages, rather than all at once (the contract from Coperforma to SCAS took place in 2 phases)	TIAA report, June 2016.
iv. Attendance at transition meetings should require compulsory attendance to include clear agreement around issues such the transfer of staff, release for training and data sharing.	
v. There should be prompt signing of contracts by parties to avoid any delay in the transition arrangements from commencing.	
vi. A mobilisation period of 4 months for the contract in Sussex would be in line with other PTS contracts in other counties.	



## SECTION THREE

# The re-commissioning of Patient Transport Services in Sussex

Additional recommendations by  
Healthwatch in 2020



## J. Additional Healthwatch recommendations

In this part of the report, we have included additional Healthwatch in Sussex recommendations. These are additional to those listed in Section Two.

These recommendations were not specifically made by any of the publications we reviewed, however they are all based on the weight of evidence which we identified through our literature review. We subsequently describe the various sources of evidence and rationale for their adoption on a case-by-case basis.

These additional recommendations have also been grouped by the above six themes and relate to:

- Recommendation One - Deliver a person-centred service
- Recommendation Two - Improve the service for renal patients
- Recommendation Four - Strengthen service targets (KPIs)
- Recommendation Five - Ensure the tendering process is robust
- Recommendation Six - Ensure absolute readiness for the transition between providers

Recommendation three - Ensure the contract is water-tight.

We have not provided new recommendations under this heading but have included an outline of some key issues which commissioners need to be aware of.



## Additional Healthwatch recommendations: a summary

The table on the following pages is a summary of the additional Healthwatch in Sussex recommendations.

## Recommendation One: Deliver a person-centred service

- a) 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.

### Eligibility

- b) Clear eligibility criteria should be published in full by the provider.  
c) Existing eligibility criteria should be reviewed to ensure it is transparent and fair and meets the originally stated ambitions of the Department of Health for the service.  
d) As part of this review of eligibility criteria Healthwatch recommends that separate eligibility criteria for renal patients could be developed.  
e) Any eligibility criteria must be applied consistently to every applicant.  
f) Information on alternatives to Patient Transport Services should be made available by the provider and clearly promoted for those who may not be eligible so that people can make informed choices.

### Travelling by Patient Transport

- g) Vehicles used to transport patients should always be suitable for wheelchair users.  
h) Greater flexibility should be applied to the rules which permit patients to be accompanied i.e., to enable patients with a clear need to be accompanied by a primary care giver / or person they look to for support.  
i) The CCGs should review and reduce the permissible 'window period' which requires patients to be ready up to 2 hours prior to their pick-up time.

### Communications

- j) Improved patient guides to the service should be developed by the future provider:
- These should provide a clear explanation of how eligibility is applied, and how to book transport.
  - Guides should be easy to find and accessible on the future provider's website.
  - Patient guides should be made available in alternative formats such as Easy-Read, BSL and translated materials.
- k) The future provider should ensure that patient facing communications are always provided to meet unexpected need.  
l) Clear communications must be issued by the future provider to existing users of the service to explain any changes, and how any transition arrangements may affect them. These should be developed with the involvement of patients.

- m) The future provider should increase the use of patient forums so that meaningful engagement with service users is at the core of regular review and improvements. The frequency of such meetings should be monthly or at least quarterly.

## Recommendation Two: Improve the service for renal patients

- a) Commissioners should carefully consider the recommendations made by Kidney Care UK (and others) in their report [Dialysis Transport Finding a way together](#), and determine how these can be applied to the Sussex-wide contract.
- b) Commissioners should use the results from the [Patient Reported Experience of Kidney Care in the UK 2019 report](#) to identify how this data can be used to improve the local service, and take account of future PREM reports).
- c) The service should be improved for renal patients. The service should deliver a consistent service for renal patients with timely pick-up and take-home times; and better information concerning collection times.
- d) The CCGs should establish a dedicated renal team/hub for renal dialysis patients with specialist call/contact centre staff, dedicated vehicles and drivers, and a renal booking hub.

## Recommendation Four: Improve service targets (Key performance indicators, KPIs)

- a) We recommend that KPIs are re-evaluated and more stringent targets incorporated into the contract that deliver for patients.
- b) We recommend that CCGs consider setting all targets be set at 90% and above, and that thresholds are removed from the contract (for all but the first quarter).
- c) The future provider's performance against targets should be routinely published so that service users can see this.

d)

## Recommendation Five: Ensure the tendering process is robust

- a) As part of the tendering process potential providers should be required to demonstrate how they will prepare for
  - Transfer of staff, and training in new systems.
  - IT readiness.
  - Data sharing / overcoming firewalls.
  - Procurement of vital support services e.g., leasehold of property for call centre staff.
  - Communications with existing service users.

- Handling of an increase in complaint volumes.
- Handling of an increase in call volumes.

### **Recommendation Six: Ensure absolute readiness for the transition between providers**

- a) The future provider should be required to demonstrate their readiness during the transition period for:

#### **Transfer of staff, and training in new systems.**

- b) An agreement should be reached between the current and future provider concerning the release of staff to be trained in new systems well in advance of the 'go live' date.
- c) The future provider should identify how it intends to train Trust staff in new systems / processes.

#### **IT readiness, data sharing and overcoming firewalls.**

- d) An Information Sharing Agreement should form part of the contract and be signed by the current and future provider.
- e) The CCGs should determine how it can have a right of access to data so that they can confirm the accuracy and completeness of the data transferred.
- f) Data should be used to stress test systems and allow for accurate modelling of demand.
- g) Any issues with data access should be raised at the earliest opportunity.

#### **Communications with existing service users**

- h) See 'Recommendation One'

#### **Handling of an increase and complaint volumes.**

- i) The future provider should identify how it intends to handle any potential increase in complaints and feedback on services without there being any disruption of the running of the service.
- j) The future provider should identify how it intends to work with the Trust / staff when dealing with complaints.

#### **Handling of an increase in call volumes.**

- k) Potential providers should be able to demonstrate what mechanisms they will use to handle an increase in, or to limit, call volumes, for example, communications to patients, providing for the ability to book journeys online and / or any targeted training for staff to handle high call volumes - and what the roll-out of these measures will be to ensure they are effective.

## Additional Healthwatch recommendations

The following pages describe the various sources of evidence and rationale for the adoption of the above Healthwatch recommendations on a case-by-case basis.

### Recommendation One: Deliver a person-centred service

New Healthwatch recommendations under this heading relate to:

- A. Eligibility (for the service) - page 36
- B. Travelling by Patient Transport Services -page 40
- C. Communications - page 44

### Recommendation One: Deliver a person-centred service

Healthwatch supports the recommendation in the joint report '[Dialysis Transport Finding a way together](#)' that clinical services, commissioners and providers should work together to ensure that the service is designed, built and operated around patients who use the service. This can be achieved by placing greater emphasis on:

- Ensuring clarity and transparency around the eligibility for the service and ensuring that eligibility criteria is consistently applied.
- Ensuring that the travelling experience is a good one.
- Ensuring excellence in communication between the service and patients.

We also believe that the service can better support renal patients through the creation of a dedicated renal hub/team.

### New Healthwatch recommendations

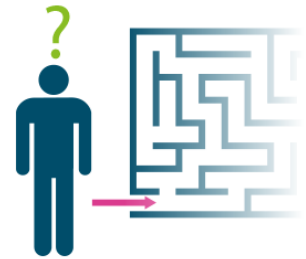
- a) The service should be subject to regular patient engagement. Service users' views should be routinely collated by the CCGs and future provider and used to improve the service. This should include an independent review of the new service conducted by Healthwatch in Sussex six months after the new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

## A. Eligibility criteria

### Recommendation One: Deliver a person-centred service

#### New Healthwatch recommendations

- b) Clear eligibility criteria should be published in full by the future provider.
- c) Existing eligibility criteria should be reviewed to ensure it is transparent and fair, and meets the originally stated ambitions of the Department of Health for the service
- d) As part of this review of eligibility criteria Healthwatch recommends that separate eligibility criteria for renal patients could be developed.
- e) Any eligibility criteria must be applied consistently to every applicant.
- f) Information on alternatives to Patient Transport should be made available by the future provider and clearly promoted for those who may not be eligible so that people can make informed choices.



The [NHS Choices website](#) explains that Patient Transport Services provide free transport to and from hospital for people whose condition means they need additional medical support during their journey; people who find it difficult to walk, and parents or guardians of children who are being transported. This can be interpreted as for ‘medical need’.

The Department of Health and Social Care sets out the [national eligibility criteria](#) for this service to ensure everyone across the country has equal access. However, the criteria are vague, making it difficult to apply meaningful standards.

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

Funding pressures on the NHS mean that non-clinical services have come under significant pressure, and CCGs are using their own interpretation of the criteria to tighten eligibility. As a result, there is significant variation in how the criteria are applied across the country. This can leave patients and families unclear about whether they are likely to be able to access help.



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Healthwatch, Age UK and Kidney Care UK hear from an increasing number of people with high-level health needs being turned down for patient transport. In some cases, this means people have to cancel their appointments, or appointments are missed because people are forced to use less reliable methods, such as public transport or asking for lifts from friends and family.

People who are denied patient transport can appeal and, because the eligibility criteria are so vague, previous decisions are frequently overturned. This is a waste of people's time and NHS resources, which could be better spent on providing more places on patient transport.

”

*Report, 'There and back What people tell us about their experiences of travelling to and from NHS services' - Healthwatch England, 2019*

**(b) Clear eligibility criteria should be published in full by the future provider.**

- Healthwatch has not been able to identify any detailed published information about eligibility for Patient Transport on their website. The only information we could find were some example criteria contained in the [SCAS Patient Zone Booking Guide](#) (page 3). It would therefore be difficult for patients to know if they are eligible for the service until they apply for it (or rely on someone else to apply on their behalf).

**(c) Existing eligibility criteria should be reviewed to ensure it is transparent and fair, and meets the originally stated ambitions of the Department of Health for the service, and**

**(d) As part of this review of eligibility criteria Healthwatch recommends that separate eligibility criteria for renal patients could be developed.**

- Healthwatch considers that eligibility for Patient Transport should not be seen as static and should regularly be reassessed to ensure that it delivers the service to those with a genuine need. This requirement to reassess could form part of the commissioning process. The CCGs must be satisfied with the systems and scrutiny in place around eligibility and satisfy itself that the system is being used appropriately and fairly.
- In their recent 2019 report, Kidney Care UK (and others) reported that only half of dialysis units which responded to their survey reported that eligibility criteria for patient transport were being used and whilst in some kidney services, all patients have support for transport in other kidney services this is not the case and variable eligibility criteria are applied. There is a clear

need for a more consistent approach to renal patients and a review of the local eligibility criteria for this group could be helpful.

“

Other units have transport providers who are commissioned to apply fixed national criteria where patients receiving dialysis are being assessed in the same way as a patient who requires a single outpatient appointment: this is causing distress for significant numbers of patients and leading to major variance.

”

There are currently no specific criteria or a standardised approach for NEPT that includes patients who require haemodialysis treatment. Recently there is evidence that CCGs that historically have provided access for dialysis patients to high quality transport are tightening inclusion criteria for patients to address financial constraints.

Other transport providers operate to support haemodialysis patients. These include community transport volunteer organisations, friends, and family members. Local services that have been sensitively developed for the needs of patients are being scored highly by patients.

Report: [\*Dialysis Transport Finding a way together\*](#), Kidney Care UK (and others), 2019

**(e) Any eligibility criteria must be applied consistently to every applicant**

- Healthwatch has previously collated anecdotal evidence from people who were initially turned down for the service who subsequently qualified when they reapplied and modified their answers. Data seen by Healthwatch showed that in August 2020, when eligibility criteria for Patient Transport were reinstated following their withdrawal in April due to the COVID-19 pandemic, that over 1,500 eligibility attempts were made of which 21% failed or where attempted multiple times. 10% who had failed then passed and qualified for the service. Unfortunately, this data (supplied to us by the CCGs) is not clear cut as failures were not always due to ineligibility and these figures also contain incomplete attempts. But the data does suggest that some people may be qualifying after initially being turned down.
- Healthwatch also received anecdotal evidence in 2017/18 that people for whom the service is not designed were able to successfully apply for it. This is to the detriment of those who truly need it and underlines the need for tighter monitoring.
- The CCGs shared information with Healthwatch which shows that since the start of the COVID-19 pandemic SCAS has begun to apply eligibility criteria

to nearly every applicant, and we understand that this is to be the intention going forward. Healthwatch considers this to be a sensible approach provided the criteria is transparent and fair. We therefore urge the CCGs to carry out a review of the current eligibility criterion to ensure that it meets the originally stated ambition of the Department of Health:

“

(Para 8). Eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.

(Para 10). A patient's eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are both:

- clinically supervised and/or working within locally agreed protocols or guidelines, and
- employed by the NHS or working under contract for the NHS

”

*Report, [Eligibility Criteria for Patient Transport Services \(PTS\) PTS eligibility criteria document Prepared by DH Ambulance Policy \(2007\)](#)*

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

- It is understandable that not everyone who applies for the service will be eligible. Where this is the case those applicants should be provided with information on alternative options to Patient Transport. Healthwatch has only been able to find the following information on the SCAS website:

***What if I'm not eligible? Are there any subsidised schemes?***

*If you are not eligible there are a number of subsidised community car schemes available. A number of these schemes do make a nominal charge for their service, so please enquire with the provider at the time of requesting transport.*

- If this is the extend of information on alternative services, then Healthwatch does not consider this to be an adequate response on the part of the current provider and more information should be available to allow patients to make an informed choice. We note that SCAS advice on page 3 of their [Patient Zone Booking Guide](#) is that patients will be given details of other transport options only if they are turned down for the service due to their not meeting the relevant criteria. It seems that this is also the only place where information on the NHS Healthcare Travel Scheme is provided. Information on the Healthcare Travel Costs Scheme should, as a matter of course, be easily available to anyone considering applying for Patient Transport. This information is readily available on the NHS website and this could easily be replicated on the provider's website:

[Click here for more information.](#)

*You can claim travel costs for an escort, if your doctor, dentist or consultant says that for medical reasons you need someone to travel with you. [Click here to download the claim form](#) for a refund of travel costs to receive NHS treatment*

## B. Travelling by Patient Transport

### Recommendation One: Deliver a person-centred service

Vehicles should always be appropriate to the needs, including medical needs, of the patient which can be achieved by creating individual care plans.



### New Healthwatch recommendations:

- g) Vehicles used to transport patients should always be suitable for wheelchair users.
- h) Greater flexibility should be applied to the rules which permit patients to be accompanied i.e., to enable patients with a clear need to be accompanied by a primary care giver / or person they look to for support.
- i) The CCGs should review and reduce the permissible 'window period' which requires patients to be ready up to 2 hours prior to their pick-up time.

The originally stated ambition of the Department of Health for the NEPT service was:

“

(para 7) Eligible patients should reach healthcare (treatment, outpatient appointment or diagnostic services i.e., procedures that were traditionally provided in hospital, but are now available in a hospital or community setting) in secondary and primary care settings in a reasonable time and in reasonable comfort, without detriment to their medical condition. Similarly, patients should be able to travel home in reasonable comfort without detriment to their medical condition. The distance to be travelled and frequency of travel should also be taken into account, as the medical need for PTS may be affected by these factors. Similarly, what is a “reasonable” journey time will need to be defined locally, as circumstances may vary.

”

*Report, [Eligibility Criteria for Patient Transport Services \(PTS\) PTS eligibility criteria document Prepared by DH Ambulance Policy \(2007\)](#)*

**(g) Vehicles used to transport patients should always be suitable for wheelchair users.**

- In our 2018 Healthwatch report we highlighted that transport was not suitable for some wheelchair users. And as we recommended in our 2016 and 2017 reviews, Patient Transport providers must ensure that all transport is suitable for those requiring stretchers and wheelchairs to avoid long waits to be taken home.
- In 2018, we also highlighted the specific case of a patient:

“

One patient told us that they have requested a car as they suffer vertigo and cannot travel by ambulance; however, an unsuitable vehicle is often sent in error. The patient refuses to travel by car following an earlier incident which required her to attend A&E.

”

*Report: [Sussex wide Non-Emergency Patient Transport Service \(PTS\) provided by: South Central Ambulance Service NHS Foundation Trust \(2018\)](#)*

- In our 2018 Healthwatch report we highlighted that specific concerns had been raised with us by some wheelchair users regarding the accessibility of some vehicles where transport was not suitable for some.

“

Two patients indicated that some of the vehicles only have one set of wheelchair straps meaning that the driver cannot take more than one wheelchair user and won't take anyone using their own wheelchair. The patient feels that SCAS are unaware of the needs of wheelchair users.

The patient (wheelchair user) had in the past been listed as requiring a stretcher (untrue), or not needing a wheelchair at all. The patient believes the service is “appalling”

Staff reported an incident where the wrong size ambulance was sent to collect an individual (they were brought to their clinic appointment in the correct size vehicle). This meant that the client was unable to access that particular ambulance and had to wait many hours for another suitable ambulance to collect them.

”

*Report 2018: Sussex wide Non-Emergency Patient Transport Service provided by: South Central Ambulance Service NHS Foundation Trust*

- The SCAS “[Non-emergency patient transport service patient zone booking user guide](#)” (published June 2018) now provides a detailed description of the type of vehicle which should be provided dependent upon individual need. This practice should always apply and can be achieved by the provider being required to create individual care plans for patients.

**(h) Greater flexibility should be applied to the rules which permit patients to be accompanied to enable patients with a clear need to be accompanied by a primary care giver / or person they look to for support.**

- For many people, such as those with long term conditions, older people, and people using a wheelchair or living with dementia, travelling alone can be very distressing. Yet because places on patient transport are limited, services tend to prioritise patients over relatives and carers.
- This is also an issue for people who may be physically able to get to appointments on their own, but who find the journey home difficult as a result of the treatment they receive. With the NHS looking to deliver more complex procedures as day cases, it is becoming increasingly important that the health service thinks more about people's support networks. By working with family, friends and carers to enable more people to have a travel companion with them, the NHS can help prevent unsafe journeys.



- In our 2018 report we highlighted the impacts of the current policy. An elderly patient told us:

“

...it would be good if my husband could come with me, he has to leave me on my own and get the bus from Portslade so that he gets to the hospital to be there for me.

”

*Report: Sussex wide Non-Emergency Patient Transport Service (PTS) provided by: South Central Ambulance Service NHS Foundation Trust, (2018)*

- Current SCAS guidelines controlling the [‘Conditions of travel’](#) specify that escorts are permitted only if there is a medical need. It is not clear what criteria is applied to assess this statement, or whether this is fairly and flexibly applied. Surely every patient using the service has a ‘medical need’? We therefore urge the CCGs to carry out a review of the current eligibility criterion to ensure that it meets the originally stated ambition of the Department of Health:

“

(para 9) PTS could also be provided to a patient’s escort or carer where their particular skills and/or support are needed e.g., this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator.

”

Discretionary provision such as this would need to be agreed in advance, when transport is booked.

*Report, [Eligibility Criteria for Patient Transport Services \(PTS\) PTS eligibility criteria document Prepared by DH Ambulance Policy](#) (2007)*

(i) The CCGs should review and reduce the permissible ‘window period’ which requires patients to be ready up to 2 hours prior to their pick-up time.

- Current SCAS guidance states that *“If you are a Thames Valley patient, we will give you a one-hour window when you need to be ready for collection. All other patients should be prepared for your journey two hours before the appointment time, to allow time for collecting other patients and travelling - you may be collected anytime within this 2-hour window. Patients who are not ready to travel can only be given 15 minutes to become ready before it will become necessary to leave your address to ensure prompt arrival for other patients on board to their destination.”*



- Healthwatch does not consider this is an acceptable amount of time for patients to be waiting around for their transport to arrive. Some patients are booked for very early pick-ups meaning that they would be required to be ready even earlier. This policy also fails to take into account the stress and anxiety this may cause for certain patients who rely on carers to help them wash and dress. As reported by Healthwatch in our 2016 and 2017 reviews we believe the provider should give timelier updates to patients concerning arrival timings of their transport. This would help patients to better plan ahead.
- Healthwatch has heard from patients about the impacts of these timings:

“

Last Tuesday, left in waiting room. Driver had arrived to collect but when he realised the patient was not finished, the driver cancelled the booking, but didn't tell the office by the waiting room or tell the patient. The patient's daughter had to be contacted to come and collect them.

A wheelchair user advised that her transport frequently turns up early before she is ready (patient has a carer who assists her)

”

*Reports, Healthwatch PTS reports 2017 and 2018*

- Data shared by the CCGs with Healthwatch from their survey of patients undertaken during 2019-2020 also reveals that 85% of patients said their transport arrived early or on time and 6% of patients reported arriving late to their appointments. Patients also highlighted issues with long waits, especially for return transport and not knowing when/if their transport will arrive.
- Healthwatch therefore supports the recommendation in the joint report '[Dialysis Transport Finding a way together](#)' that a “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. This reinforces the relevance of a Healthwatch finding in our 2018 report where we suggested that training for dispatch staff might be useful to help them understand the local geography and assist them when scheduling drivers' journey's and thus reducing travelling time - and waiting times - for patients.

## C. Communication

### Recommendations One: Deliver a person-centred service

#### New Healthwatch recommendations

- j) Improved patient guides to the service should be developed by the future provider:
  - These should provide a clear explanation of how eligibility is applied, and how to book transport.
  - Guides should be easy to find and accessible on the provider's website.
  - Patient guides should be made available in alternative formats such as Easy-Read, BSL and translated materials.
- k) The future provider should ensure that patient facing communications are always provided to meet unexpected need.
- l) Clear communications must be issued by the future provider to existing users of the service to explain any changes, and how any transition arrangements may affect them. These should be developed with the involvement of patients.
- m) The future provider should increase the use of patient forums so that meaningful engagement with service users is at the core of regular review and improvements. The frequency of such meetings should be monthly or at least quarterly.



(j) Improved patient guides to the service should be co-developed by the future provider and passengers.

- These should provide a clear explanation of eligibility, and how to book transport.
- Guides should be easy to find and accessible on the provider's website
- Patient guides should be made available in alternative formats such as Easy-read, BSL and translated materials
- SCAS have created a [Patient Zone Booking Guide](#). A separate [Sussex Patient Leaflet - 2018](#) also exists.
- It was not necessarily easy to find either of these guides and ease of access could certainly be improved, for example with a simple box or link called 'Patient Guides'.
- Healthwatch believes the booking zone guide is overly detailed, and it is not clear if the instructions would be easy to follow for all patients. The guide consists mostly of screen shots and is only suitable for those who are comfortable applying online and / or using technology. The eligibility section is also very light on detail.

- The patient leaflet provides a useful summary of the service, but this, and the booking guide, could be improved in terms of their being formatted better.
- It is not clear if patients were involved in developing these two documents, but we would strongly urge commissioners to require the future contract provider to create a patient/passenger group to review communications, and/or to utilise patient forums.
- Lastly, it is not apparent that the guides are available in alternative formats, such as Easy Read, and there is no evidence of BSL or translated materials on their website. This should be corrected.

**(k) The future provider should ensure that patient facing communications are always provided to meet unexpected need**

- In May 2020, Healthwatch Brighton and Hove asked SCAS how they were enforcing social distancing advice for people using their vehicles during COVID-19. We worked closely with the CCGs to obtain internal advice issued by SCAS to their staff which gave details of hygiene requirements, PPE, and socially distancing measures, and we shared details with the public.
- Healthwatch remained disappointed by the lack of any public-facing materials or Frequently Asked Questions (FAQs) having been produced by SCAS. In June, the CCGs approached SCAS for further information. We received reassurance that SCAS had been following robust national guidance. SCAS however did not offer to articulate what this meant from a patient perspective, or to produce any public facing guidance. We were informed that patients would be advised about COVID-19 precautions as part of the booking process only. It was also implied that SCAS did not want to produce public facing guidance as this could be subject to frequent change. Healthwatch does not find this to be an acceptable response by the current provider. We therefore recommend that the contract provider should be contracted to produce public facing guidance to meet any unexpected need.

**(l) Clear communications must be issued by the future contract provider to existing users of the service to explain any changes, and how transition arrangements may affect them. These should be developed with patients.**

- Clear and accurate messaging to existing and new patients must be issued in a timely manner to avoid the scenario which happened when the service transitioned to Coperforma. Miscommunications caused unnecessary worry for patients and an increase in call volumes to the call centre. It is evident that clear patient communications must lie at the heart of the service.

“

Patients being told that 40 to 50 per cent of renal patients would no longer be receiving NHS Hospital transport caused huge anxiety and understandably resulted in thousands of calls from anxious patients. Which resulted in hundreds of calls.

”

*Report: Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016*

**(m) The new contract should increase the use of patient forums so that meaningful engagement with service users is at the core of regular review and improvements. The frequency of such meeting should be monthly or at least quarterly.**

- This was a recommendation Healthwatch made in our 2017 report.
- We understand that, prior to COVID-19, service users could attend the Non-emergency Patient Transport Services Programme Board meetings on a monthly basis and feedback their experiences of the service and on specific topics during the meetings. The Programme Board is run by the CCGs but does not involve SCAS. The meetings would feed into Patient Transport contract review meetings.
- We understand that the current contract with SCAS includes hosting annual patient engagement forums, however, we understand that there have been difficulties in the past with patients being able to attend as they could not always get there, and transport was not provided.
- The CCGs are starting up a scheme for patient ambassadors which is run by their communications and engagement team and members of the public can apply for the role.
- Healthwatch welcomes the CCGs ambassador role, but we firmly believe that the future provider should be required to engage with service users on a monthly or quarterly basis as a minimum - once a year is insufficient and does not demonstrate that the current provider is actively listening to service users and using this intelligence to continually modify or improve the service.

“

Increase the use of patient forums and meaningful engagement so that service users can participate in service review and improvements. For example:

- Wheelchair users: those who require additional support with their mobility; those with complex medical needs, and those with caring responsibilities should all be involved in reviewing existing protocols
- SCAS to attend wheelchair user groups across Sussex meetings. We understand these are held biannually.”

In response the CCG advised:

We will continue to address the concerns regarding wheelchair users and vulnerable patients, building on work that has already started to ensure the service is inclusive and high quality for all eligible patients.

”

*Report: Healthwatch report, 2017*

- Data shared by the CCG with Healthwatch from their survey of patients undertaken during 2019-2020 indicates that patients are, overall, collected and reach their appointments on time. However, they also report feeling anxious because they do not receive confirmation about their journey. It would therefore seem pertinent for the future provider to develop a system to notify patients who will be collecting them and the expected pick-up time. We have not included this as a Healthwatch recommendation at this time as we asked a question about improving methods of communication in our patient survey on Patient Transport and the results from this exercise are still being analysed.

## Recommendation Two: improve the service for renal patients

### New Healthwatch recommendations

- a) Commissioners should carefully consider the recommendations made by Kidney Care UK (and others) in their report 'Dialysis Transport Finding a way together' and determine how these can be applied to the Sussex-wide contract.
- b) Commissioners should use the results from the Patient Reported Experience of Kidney Care in the UK 2019 report to identify how this data can be used to improve the local service and take account of future PREM reports.
- c) The service should be improved for renal patients. The service should deliver a consistent service for renal patients with timelier pick-up and take-home times; and better information concerning collection times.
- d) The CCGs should establish a dedicated support team / hub for renal dialysis patients with specialist contact/ call centre staff, dedicated vehicles and drivers, and a renal booking hub.

(a) Commissioners should carefully consider the recommendations made by Kidney Care UK and others in their report [Dialysis Transport Finding a way together](#), and determine how these can be applied to the Sussex-wide contract (and take account of future Patient Reported Experience of Kidney Care in the UK 2019 report ([PREM](#)) reports)

- A report produce by [Kidney Care UK](#) (and others) provides a framework for commissioners to support renal patients. Until its publication in 2019 there had been no specific guidance in place to support commissioners and patients. The CCGs should carefully review the report's findings.
- Patients receiving haemodialysis treatment make up around half of all Non-emergency Patient Transport journeys. The average haemodialysis patient makes 312 journeys a year, which is 156 return journeys. The costs for patients who are receiving transport are therefore high, as 50% of non-emergency transport is for journeys to and from dialysis.
- Research conducted by the Dialysis Transport Working Group showed why specific guidance around commissioning a renal transport service is needed:
  - Despite costing up to £250m per year, only half of renal units reported that eligibility criteria for patient transport were being used.

- Only 60% of services utilise key performance indicators.
- There are differences between units in how transport is organised.
- And there are also different policies for the reimbursement of patients.



The key recommendations from their report “[Dialysis Transport Finding a way together](#)” were:

- Transport to and from a dialysis unit is considered part of the episode of care - and transport should be co-ordinated around the patient
- No patient should contribute to treatment costs by paying for transport - self-funding is against the NHS constitution
- Patients should be enabled to control their own transport - each patient should have a care plan that includes their transport requirements and how these are delivered
- Clinical services, commissioners and providers should work together to ensure good and cost viable services - Map and zone patients so they receive treatment in their nearest and/or most accessible dialysis unit and ambulance based non-emergency patient transport should be limited to patients with a medical need
- Key performance indicators (KPIs) should be used to ensure the service achieves what is set out in the contract - these should be developed and agreed by all partners including patients and a regular monitoring structure involving all partners, including patients, should be used.



(b) Commissioners should use the results from the [Patient Reported Experience of Kidney Care in the UK 2019 report](#) to identify how this data can be used to improve the service

- Results from the national [Patient Reported Experience of Kidney Care in the UK 2019 report](#), which gathered the views of over 16,000 patients, in respect of transport showed that one of the top three issues which continues to impact most negatively on patient experience is transport. Negative patient comments related to waiting times and availability of suitable transport. One of the questions asked in the PREM survey was:

“If the renal unit arranges your transport:

31. Is the vehicle provided suitable for you?

32. Is the time it takes to travel between your home and the renal unit acceptable to you?

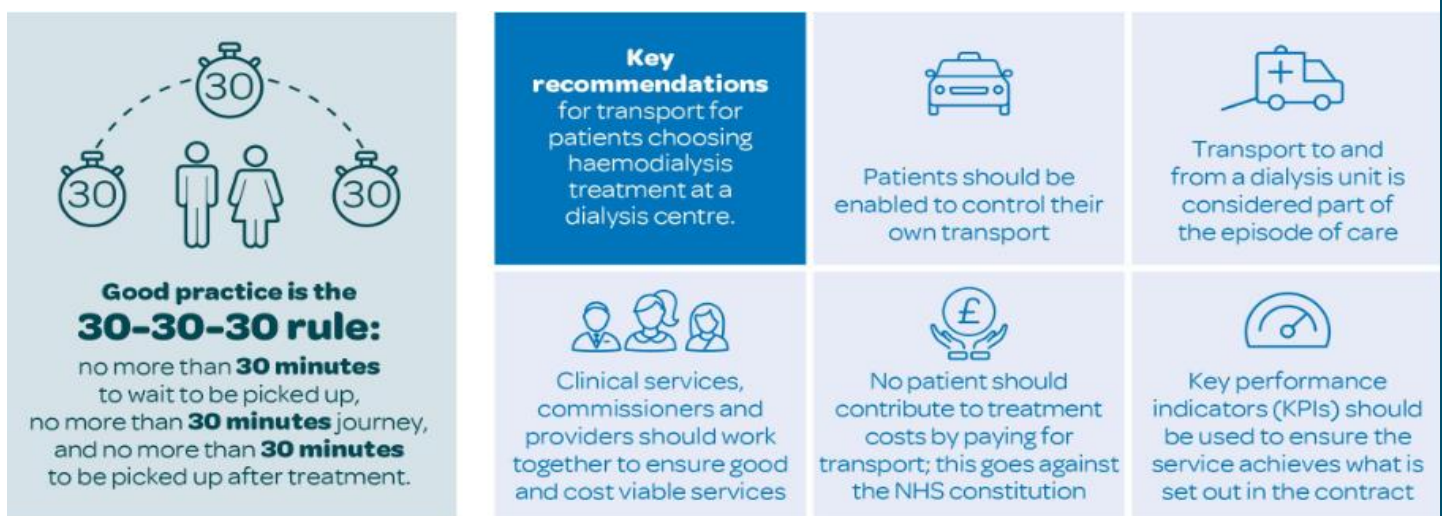
33. Once your visit to the renal unit is finished and you are ready to leave, are you able to leave within less than 30 minutes?”



- The mean score results for Brighton (which includes units at Bexhill, Brighton Main Unit, Crawley, Eastbourne and Worthing), was less than 5 out of 10, which meant that Brighton was rated as one of the worst performing of all Trusts which provide transport for renal patients in England.
- For this reason, we continue to recommend that the Sussex-wide contract does more to provide for renal patients and ensure that transport does not remain one of the key barriers to individuals experiencing a good overall care experience. At the end of this section, we have included an extract from the PREM report which describes how using the Kidney PREM data helped to improve the experience of transport provision for haemodialysis patients at Kings College hospital. There are lessons to be learned here for the CCGs.

**(c) The service should be improved for renal patients. The service should deliver a consistent service for renal patients with timelier pick-up and take-home times; and better information concerning collection times.**

- A further key finding from the Kidney Care UK report, which Healthwatch endorses, relates to reducing waiting times for renal patients to be picked up as shown in the infographic below.
- This also feeds into findings from Healthwatch patient engagement in 2016-2017 where we heard from renal patients about delays to their journeys, and the impacts this caused them - examples are given on the next page.



“

A 94-year-old man left waiting to be taken home for three hours in the Renal Reception area following dialysis.

A paraplegic woman who frequently arrived home late after her dialysis which meant that her carer had already left, meaning she sometimes had to remain in her wheelchair all night.

Renal patients arriving late for their appointment told us they sometimes lost their slot for dialysis - three patients told us about 90-minute delays before starting dialysis which resulted in an 8-10-hour treatment day.

A patient had to wait 3 hours after their dialysis finished before being picked up. The nurse had to ring and chase several times. The patient doesn't feel the scheduling works, and there aren't enough available crews.

”

*Reports: Healthwatch in Sussex patient engagement reports 2017 and 2018*

**(d) The CCGs should establish a dedicated support team / hub for renal dialysis patients with specialist call/control centre staff, dedicated vehicles and drivers, and a renal booking hub.**

- In 2017, renal patients told Healthwatch that they were less likely than non-renal patients to be 'very satisfied' with the service and were also less likely to recommend the service to others. Overall, renal patients continued to experience delays and uncertainties around pick-up times, despite being regular users of the service. If patients who are poorly, tired, and vulnerable, continue to suffer in these ways, can we truly say that the service is routinely meeting the needs of patients?
- In addition, in 2017, renal hospital staff reported that they still faced long delays in getting through to the call/control centre, distracting them from their important work caring for patients. In this regard, the call centre must be open early and late enough to assist with renal patients. A dedicated renal system would allow hospital staff to more easily track where vehicles are saving them considerable time and effort. SCAS have previously advised us this facility is available via their online booking portal which raises the question of staff awareness and training, and usefulness of this facility.

- The last Healthwatch report in 2018 clearly showed that SCAS had introduced changes which were delivering tangible improvements, but we believe that more is needed, particularly to ensure that services run better for renal patients. The reintroduction of regular, nominated drivers is one such example of a successful improvement that has delivered positive change for some passengers, offering them greater certainty and assurance. Such features clearly benefit patients, but we feel that more can be done.

#### Case study offering potential learning



#### **Using the Kidney PREM to improve the experience of transport provision for haemodialysis patients at Kings College hospital**

*Helen Cronin- Matron for satellite services, Kings College Hospital*

I meet with patients regularly at the satellite units and keep them updated on transport developments whilst addressing any individual issues they may have; it is the main area of concern for most patients and is an ongoing agenda item at our patient forum meetings.

When the Kidney PREM results came out for 2018, we shared the results locally at these patient meetings. We also discussed it at our dialysis Quality Improvement, Renal Care Group and Performance meetings where transport is always a key agenda item.

With the support of one of our haemodialysis consultants, who is also Corporate Medical Director for Quality, Governance and Risk, we presented renal transport updates at the Trust Patient Experience and Patient Safety Committees throughout the year. We had helpful steers from the Trust Governors. We work together at addressing transport provision and this joint working has played a huge part in the success of this project.

#### **What we did**

Firstly, we set up monthly meetings with the transport providers in July 2018, ensuring patient experience and performance data was top of the agenda and created an ongoing action tracker to capture activity and progress. The transport companies provided the data to review monthly. We tracked adverse incident and complaint rates, including time to respond. We created flow diagrams of how both would be managed between Trust and provider.

We obtained line by line lists of escort-requiring patients and aborted journeys, to maximise efficiency and reduce unnecessary wasted journeys.

#### **The outcome**

We managed to significantly reduce adverse incidents related to transport, as shown in the table above, and we work much more closely with Transport providers. We have reached a point where we can review individual patient journeys and work proactively at improving those that are problematic. Overall, we have improved the transport experience considerably from where it was when we set out on our journey in 2018.

Whilst we appreciate that this work is an ongoing project; the work to date has been a real team effort and we feel proud of what we have achieved for our patients.



### **Recommendation Three: Ensure the contract is water-tight**

There are a number of lessons to be learned from the process that awarded Coperforma the Non-emergency Patient Transport service:

The Sussex CCGs should consider requiring more tangible evidence of preparedness from potential providers (especially new ones) rather than accepting written and verbal assurances. Reassurance can be provided by employing a professional patient transport expert.

Close monitoring and regular reporting of performance is essential to identify, track and successfully manage emerging issues and risks. This will also enable financial reporting to avoid overspend. Built into the contract should be weekly reporting meeting in the first quarter, reducing down thereafter.

The future provider should alert the CCG to any issues. This will enable remedial Action Plans to be put in place. (e.g., a failure to alert the CCG to problems putting patients' details into its databases which occurred after Coperforma took over the contract).

Healthwatch has not made any new recommendations under this heading at this time.

A substantial part of the review into the collapse of the service under the management of Coperforma focused on overall contract readiness and the transition period. Within this section we highlight some of the key findings from the reviews which we believe commissioners should embed into the future retendering of the service. We then go on to discuss areas which all potential providers should be required to demonstrate their readiness to deliver during any transition period.

The TIAA report (June 2016) was clear that:

“ We would expect there to have been comprehensive testing by Coperforma and its sub-contractors prior to 1 April 2016. We suggest such testing could have highlighted some operational issues which would have enabled an interim solution to be put in place on 1 April 2016 to mitigate their impact

Previous experience of commissioning a similar Patient Transport Service contract in terms of scale and complexity should have provided for a tried and tested mobilisation process and timetable which would then have identified and assessed in a timely manner the cumulative effect of slippages on being ready for the 1 April 2016.

Prior to being awarded the Sussex PTS contract Coperforma's experience of delivering patient transport was through a number of significantly smaller value contracts.

- *Report: Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016*



**There are number of lessons to be learned from the Coperforma contract for future major projects.** The key lessons include:

- Engage a suitable independent professional consultant to oversee the technical aspects of the service.
- Ensure there is a 'Plan B' (contingency plan) in place for all major procurements.
- Utilise a phased implementation where possible on any major procurements where there are significant changes to the contract and/or the service delivery model.
- Have in place a robust monitoring process to provide independent assurance to both the CCGs and the future provider that services will be ready to operate in accordance with the contract specification from the first day of the contract.

- Need to evidence how the geography and road infrastructure across Sussex were sufficiently factored into their modelling so as to give confidence that they would operate in accordance with the Key Performance Indicators regarding service delivery and resilience required to service geographically dispersed Trusts.

The Sussex CCGs should consider requiring more tangible evidence of preparedness from potential providers (especially new ones) rather than accepting written and verbal assurances. Reassurance can be provided by employing a professional patient transport expert, who can consider and advise in terms of readiness for or evidence of:

- Field trials of systems prior to the 'go live' date. Details should be obtained which demonstrate the timing or extent of field tests of any new processes in advance of.
- Procurement of additional services such as premises required to deliver aspects of the service e.g., leases being signed on time and kitted out in readiness.
- Readiness reports (see below).
- Independent checks having been commissioned by the CCGs to confirm that assurances being provided are robust.

#### Recommendation Four: Improve service targets (Key performance indicators, KPIs)

Healthwatch endorses the recommendations made by Kidney Care UK (and others) in their report [Dialysis Transport Finding a way together](#) in respect of KPIs (included in the themed recommendations section of this report above)

##### New Healthwatch recommendations

- a) We recommend that KPIs are re-evaluated and more stringent targets incorporated into the contract that deliver for patients.
- b) We recommend that CCGs consider setting all targets be set at 90% and above, and that thresholds are removed from the contract (for all but the first quarter).
- c) The future provider's performance against targets should be routinely published so that service users can see this.





All three Healthwatch recommendations are discussed together below.

- SCAS has done well to consistently exceed key targets for inbound and outbound journeys, and performance has improved since the organisation first took over the contract in April 2017. They have however struggled to meet targets for both pre-planned and unplanned ward and A&E discharges (see table below), and they are not meeting the service indicator to contact all patients within 24 hours of planned pick up to confirm booking (this is not a formal target).
- Healthwatch considers that the current contract allows for overly generous allowances for late journeys. Thresholds (desired levels) are set at between 75-85%, whilst formal targets (Key Performance Indicators) range from 80-90%, and these would both seem to allow for the performance of the current provider to dip but still remain within acceptable levels. We understand that SCAS believes these thresholds and targets to be realistic, but as they are consistently over performing against most of these we do not agree.
- Healthwatch considers that all targets could be set at 90% and above, and thresholds should not be included in the new contract, other than perhaps for the first quarter after the future provider has taken over to allow for a settling in or grace period. The three current service delivery indicators should also become formal targets.
- Healthwatch is pleased to see that the CCG's plans for the new service include the following draft proposals (as of September 2020):
  - Making it a formal target for the provider to contact all patients within 24 hours of planned pick up to confirm booking.
  - A formal target for all journeys to arrive 45 minutes early.
  - A formal target for all outbound journeys to collect patients within 45 minutes.
  - A formal target for the future provider to contact patients by text/call within 30 minutes of collection/inbound journeys.
  - A formal target for the future provider to contact the hospital with an ETA of all inbound journeys.
- Healthwatch also considers that the future provider should be subject to a formal target that requires them to conduct a risk assessment for patients at least 48 hours before any journey. This would ensure that the system is capable of identifying vulnerable patients, for example those with caring needs, the elderly and those with multiple needs so that the service can respond in a timelier manner to any delays experienced by these individuals, and prevent scenarios identified by Healthwatch in our earlier patient reviews:



“

A 94-year-old man left waiting to be taken home for three hours in the Renal Reception area following dialysis.

A paraplegic woman who frequently arrived home late after her dialysis which meant that her carer had already left, meaning she sometimes had to remain in her wheelchair all night.

Renal patients arriving late for their appointment told us they sometimes lost their slot for dialysis - three patients told us about 90-minute delays before starting dialysis, which resulted in an 8-10-hour treatment day.

*Report: Healthwatch report, 2018*

”

- Healthwatch appreciates that it is a challenge for the service provider to meet all unplanned discharges, and we agree with the CCGs current thinking which would require hospitals to do more to limit these and to notify the provider earlier. The current target to collect patients within 2 hours of an unplanned discharge is deemed too long for sick patients to wait to go home, so we believe that more needs to be done. The future provider needs to work more closely with hospitals to better plan to for all types of discharges.
- Healthwatch also considers that performance data should be routinely published. Service users, the public, and other interested parties have a right to see how well the future provider is doing against contracted targets.
- Healthwatch endorses the recommendations made in the report produced by Kidney Care UK (and others) that:
  - KPIs should be used to ensure the service achieves what is set out in the contract - these should be developed and agreed by all partners including patients and a regular monitoring structure involving all partners, including patients, should be used.
  - 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.
  - KPIs can be developed to reflect the differences in average journey time (to account for rural and urban trips)
  - Patient reported experience should become a key KPI that are collected, evaluated and acted upon.
  - Clear guidance should exist explaining how KPIs will be enforced and the penalties for missing these, including financial penalties.

Key to ensuring a strong early performance by the future provider and meeting contractual targets, will be:

- Early and ongoing work with renal units to understand demand, peak periods, service user demographics etc.
- Early and ongoing work with the Trusts to understand pre-planned discharges, and to develop clear strategies for unplanned discharge.

Data obtained from the CCGs showing SCAS performance as of March 2020

KPI	Reference	Performance against	
		Threshold	Target
KPI 1 (formal)	Call answering within 60 secs met the target of 90%.	74.5% (85%)	74.5% (90%)
KPI 2 service delivery indicators	Provider to contact all patients within 24 hours of planned pick up to confirm booking (excluding renal/chemo patients who chose to opt out)	57.1% (No formal target)	
KPI 3 (formal)	Non-renal inbound journeys to arrive between 75-0 minutes early	95.3% (75%)	95.3% (80%)
KPI 4 (formal)	Renal inbound journeys to arrive between 45-0 minutes early	94.5% (75%)	94.5% (90%)
KPI 5 (formal)	Renal outbound journeys to collect within 30 minutes	93.1% (80%)	93.1% (85%)
KPI 5a service delivery indicators	Renal outbound journeys to collect within 60 minutes	98.2% (No formal target)	
KPI 6 (formal)	Non-renal outbound journeys (excluding discharges) to collect within 60 minutes	95.4% (75%)	95.4% (80%)
KPI 7 (formal)	Pre-planned ward discharges to be collected within 60 minutes	86.1% (75%)	86.1% (80%)
KPI 7a service delivery indicators	Pre-planned ward discharges to be collected within 90 minutes	91% No formal target)	
KPI 8 (formal)	Unplanned ward and A&E discharges to be collected within 120 minutes	86.6% (85%)	86.6% (90%)

## Recommendation Five: Ensure the tendering process is robust



### New Healthwatch recommendation

a) As part of the tendering process all potential providers should be required to demonstrate how they will prepare for the following:

- Transfer of staff, and training in new systems
- IT readiness
- Data sharing / overcoming firewalls
- Procurement of vital support services e.g., leasehold of property for call centre staff
- Communications with existing service users
- Handling of an increase in complaint volumes
- Handling of an increase in call volumes

The transfer of the contract from Coperforma to South Central Ambulance NHSFT (SCAS) took place in 2 phases, and it is recommended that a staged approach is also applied to the new contract. By way of example, the stages deployed during the transition to Coperforma were:

First phase (15% in total). Commenced 1 <sup>st</sup> March 2017	Second phase (remainder of activity). Commenced 1 <sup>st</sup> April 2017
<ul style="list-style-type: none"> <li>• transfers from treatment centres in Sussex to any other treatment centres</li> <li>• discharges from treatment centres in Sussex to a residence in Sussex</li> <li>• repatriations of Sussex patients back into the county from out of area</li> <li>• out of area placements of non-Sussex patients back to their home</li> </ul>	<ul style="list-style-type: none"> <li>• outpatient appointments</li> <li>• day cases including surgery</li> <li>• renal and oncology treatment</li> <li>• admissions for treatment</li> </ul>

The first phase of the transition went well, receiving generally positive feedback from acute and community trusts. However, a number of issues arose during this period which the CCGs and providers should be prepared for during the first few months after 'go live'. The areas, which were identified through independent review, are discussed in more detail in the following section.

## Recommendation Six: Ensure absolute readiness for the transition between providers

### New Healthwatch recommendation

- a) The future provider should be required to demonstrate their readiness during the transition period for the following areas:
- Transfer of staff, and training in new systems.
  - IT readiness, data sharing and overcoming firewalls
  - Communications with existing service users
  - Handling of an increase in complaint volumes
  - Handling of an increase in call volumes

### Transition: transfer of staff, and training in new systems

### New Healthwatch recommendations

- b) An agreement should be reached between the current and future provider concerning the release of staff to be trained in new systems well in advance of the 'go live' date.
- c) The future provider should identify how it intends to train Trust staff in new systems / processes.



- A number of staffing issues were identified by the TIAA review as having a negative impact on the smooth and successful transition of the service from SECamb to Coperforma, including an immediate lack of additional trained capacity to absorb the increased levels of calls received, partly affected by there being a moratorium on employment of new staff whilst existing staff decided whether to transfer over, and a lack of agreement about how staff could be released for training.

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The handover arrangements required a balance between SECamb being able to continue to deliver the PTS service up until the handover day and the requests from Coperforma for the transferring staff to be released for training. We suggest that this is not unusual in a TUPE situation and Coperforma should have ensured there were appropriate mitigating actions in their mobilisation plan.

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- *Report: TIAA, Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016*

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The opportunity to train up an adequate number of staff at the Trusts to make on-line bookings which would have assisted in reducing the number of calls

- *Report: TIAA, Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016*

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## Transition: IT readiness, data sharing and overcoming firewalls.

### New Healthwatch recommendations

- d) An Information Sharing Agreement should form part of the contract and be signed by the current and future provider.
- e) The CCGs should determine how it can have a right of access to data so that they can confirm the accuracy and completeness of the data transferred.
- f) Data should be used to stress test systems and allow for accurate modelling of demand.
- g) Any issues with data access should be raised at the earliest opportunity.



- The transition from Coperforma to SCAS identified errors in the live data that was transferred, and a lack of IT readiness.
- The TIAA review identified concerns around the level of IT readiness in terms of the NHS Trusts' firewalls allowing access to Coperforma's IT system and the Trusts' staff receiving training to enable them to access and use the online booking.
- TIAA also found that a possible contributory factor was poor data transfer required for demand modelling.
- Whilst an Information Sharing Agreement was signed by Coperforma and SECamb the subsequent data used by Coperforma to stress test their system and to provide modelling of demand patterns, was incomplete and contained a high level of discrepancies. Coperforma consequently created an estimate of the likely workload. This prevented seasonality analysis and workload peaks from being modelled.
- The CCG did not have right of access to this data as it included patient identifiable data and consequently were not in a position to confirm the accuracy and completeness of the data transferred.

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Data transfer of demand modelling: The migration from a primarily paper-based system to a technology-based system required significant data analysis to determine future demand and capacity patterns. The data transfer for this was direct from the PTB to Coperforma, as the CCG was not authorised to have access to the data. Due to issues with the quality of data Coperforma was unable to use the data for level of detailed demand modelling they have anticipated. However, Coperforma did not formally raise this as a significant issue with the CCGs that this was a potential no-go for going live. The reasons for this were that Coperforma had anticipated their contingency cover would have accommodated peaks in demand and capacity.

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- Report: TIAA, Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016

## Transition: an increase in complaints

### New Healthwatch recommendations

- i) The future provider should identify how it intends to handle any potential increase in complaints and feedback on services without there being any disruption of the running of the service.
- j) The future provider should identify how it intends to work with the Trust / staff when dealing with complaints.



- Following the last transition to SCAS a relatively low number of formal complaints raised by patients were received. This is in contrast to the high levels of complaints received following the transfer of the service to Coperforma. 111 complaints were received during the period 1<sup>st</sup> April - 30 April 2016.
- In 2016, the CQC said that the then provider (Coperforma) required significant improvements to patient transport services in Sussex. As part of their findings, they found that measures must be put in place to respond to all complaints in full and in a timely manner.

- Data shared by the CCG with Healthwatch indicates that in 2019-2020 there were an average of 8 complaints and 25 concerns raised by patients each month. These related to delays / non-attendance, staff attitude, patient handling and communication.

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In the first three months, CQC received 52 complaints which raised a number of concerns which included delays in pickups, cancellations without notification, inappropriate vehicles dispatched, vehicles not arriving leading to missed appointments and difficulties in getting through to the control centre. The commissioners were rightly concerned about the implications for patient safety.

Although the service had a system in place for reporting incidents, the learning and action points from incidents and complaints were not disseminated to staff. The service did not have a robust system for handling complaints

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- Report: CQC 2016

## Transition: an increase in volume of calls to the call centre

### New Healthwatch recommendations

- k) Potential providers should be able to demonstrate what mechanisms they will use to handle an increase in, or to limit, call volumes such as improved communications to patients, the ability to book journeys online and / or any targeted training for staff to handle high call volumes - and what the roll-out of these measures will be to ensure they are effective.



- When Coperforma took over the contract the on-line booking of transport by staff at Trusts was designed to reduce the number of calls made but records indicated that Coperforma had failed to roll out passwords for the Trusts' staff in a timely manner.



- The number of calls received after the transition from SECamb to Coperforma increased to an average over 500 calls day, when it would normally expect only 200 per day for a contract of this size. The situation was further compounded by the duration of the individual calls being longer than anticipated. Coperforma suggested this was one reason which led to poor performance early on, however, an independent review subsequently found that this issue should have been capable of being addressed in a number of days, not weeks.
- The records provided by Coperforma showed that for the first two weeks of operation, out of the 29,774 calls received, 18,402 were not answered (38% answered / 62% unanswered).

“ We suggest it would not have been unreasonable to expect an increase in calls at the start of a new contract and that appropriate resilience arrangements would have been made. However, the number of actual calls was higher than we suggest could have been reasonably expected and this increase also was exacerbated by Coperforma’s staff spending longer than planned in reassuring callers and as well as the knock-on impact of the failures in other areas of the service delivery. ”

- *Report: TIAA, Adequacy of the mobilisation arrangements for the new Patient Transport Service contract report 2016*

## How to contact your local Healthwatch

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**Social media**

- Facebook @healthwatchwestSussex
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- Instagram @healthwatchws

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<sup>ii</sup> A level 3 investigation is defined as 'Required where the integrity of the investigation is likely to be challenged or where it will be difficult for an organisation to conduct an objective investigation internally due to the size of organisation or the capacity/capability of the available individuals and/or number of organisations involved