

September  
2017

The New Sussex-  
wide Patient  
Transport Service

*“A report of what you told us”*

“It takes a minute to feedback, but the difference could last a lifetime”

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# Executive summary

## Introduction

Non-Emergency Patient Transport Services in Sussex are provided by South Central Ambulance Service NHS Foundation Trust (SCAS) since April 2017. The performance of the previous provider (from April 2016 - April 2017) was of great concern to patients, members of the public and organisations across the health and care system.

Healthwatch in *Brighton and Hove, East and West Sussex* visited health services in Bexhill, Brighton and Hove, Crawley, Eastbourne, Hastings, Haywards Heath, Polegate and Worthing over three weeks in May to June 2017. We spoke to patients, carers and some staff about their experiences of using PTS. 218 respondents were interviewed, 71% (152) were regular users of the service from different postcodes in Sussex.

## Key findings

***Overall 75% of patients spoken with were satisfied with the quality of service they received, including 44% who were very satisfied.***

### Arriving on Time

82% (165) of patients said they arrived on time for their appointments, with 18% (39) arriving late. 24 of these 39 late arrivals were at least 15 minutes late and five were more than an hour late.

### Booking PTS

42% of patients found the process of booking PTS easy to do and found it a positive experience. The most common problems encountered were with the automated telephone process, access via key option menus, cost of calls and long waiting times.

### Vehicles

Responses to questions on the vehicle and journey experience were overwhelmingly positive. Everybody commented the vehicles that picked them up were clean and tidy and in 95% of cases vehicles were suitable for their individual needs. In a small number of cases vehicles were unsuitable for taking wheelchairs.

## Recommendations

There are several areas that local Healthwatch would recommend the provider and the commissioner to seek to address, as a priority, to ensure patients continue to receive a consistent quality service, for example;

- Improve experiences for patients (and staff) accessing the contact centre
- Improve service for patients over the weekend period
- Provide patients with additional support with their mobility where needed.

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# Background

From the 1<sup>st</sup> April 2017 the contract for this service is being provided by a new provider; South Central Ambulance Service NHS Foundation Trust (SCAS), referred to in this report as ‘the trust’.

Prior to these arrangements, the performance of the previous provider was of great concern to patients, members of the public and organisations across the Sussex health and care system.

The lead commissioner, NHS High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) formed a Patient Safety Group to respond to the early concerns. The activities of the group have since ceased and the report of their findings ([Patient Safety Group Report](#)) made the following recommendations (amongst others) for the lead CCG and other commissioners:

- Increase use of patient forums and meaningful engagement so that service users can participate in service review and improvements; and
- Ensuring Clinical Quality and Patient experience is at the centre of every new service commissioned and an integral part of the operational delivery.

A learning event with wider stakeholders was also convened to ensure any learning identified from the outgoing provider was considered when recommissioning a new provider.

Report 1. *Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex*. Author: High Weald Lewes Havens Clinical Commissioning Group on behalf of all Sussex Clinical Commissioning Groups [view website](#)

Report 2. *Lessons learnt; Patient Transport Services Contract*. Author: **tiaa** click here to [view website](#).

The lead commissioner, NHS HWLH CCG asked local Healthwatch in Brighton and Hove, East Sussex and West Sussex to undertake an evidence gathering activity using its statutory resource to enter and view services. The evidence and insight gathered will provide the lead commissioner, the new provider, wider stakeholders and patients and the public with a report of patient experiences it has independently gathered, together with an overview of the quality of the service from the lay/patient perspective.

The report findings will be made available to commissioners, local scrutiny committee’s wider stakeholders and the public to ensure patient experience is at the centre of the new service.

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# Objectives

To seek the views and experiences of patients, carers and relatives using non-emergency PTS, delivered by SCAS across Sussex during a pre-identified period using the following methods:

- Develop on-line and social media forums to capture real time feedback over a three-week period in May and again in December 2017.
- To engage face to face specifically with patients where we could find most people using PTS, mainly oncology, renal and outpatient's departments (including experiences of wheelchair users) in a variety of acute and community services.
- To offer patients and carers the opportunity to tell their story with Healthwatch representatives and present as a case study.
- To repeat the activity after the six months of the first engagement activity to provide comparable data on patient experiences with which to assure commissioners that patients are receiving a quality service.
- To produce and publish a report of the findings following each activity.

## Methodology

Our findings are based on observations and conversations with patients, carers and staff, supported by statistical data captured during interviews with patients. They also include case studies and comments gathered from patients who wanted to tell their story and some staff where patient and carers responses were low.

### *What is Enter and View?*

Enter and View was used to identify a sample of patients who make up the 218 respondents, using the Patient Transport Service on randomly selected days during a three-week period.

Part of the local Healthwatch programme is to carry out [enter and view](#) visits. Local Healthwatch Authorised Representatives (ARs) carry out these visits to health and social care services to find out how they are being delivered, promote positive experiences, and make recommendations where observations highlight areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch ARs to observe service delivery and talk to patients, service users, their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place when people tell us there is a problem with a service but also, they take place when people speak highly of a service so that we can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

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Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with each local Healthwatch organisations safeguarding policies. If at any time an AR observes anything that they feel uncomfortable about they will inform their lead who will in turn inform the service manager, who will end the visit.

If any member of staff wishes to raise a safeguarding issue involving their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

This programme of visits was planned and delivered using Healthwatch Enter and View methodology. A **total of 25 Authorised Representatives** covered 56 sessions, at 13 services across Sussex starting on Monday 22<sup>nd</sup> May and finishing on Friday 9<sup>th</sup> June 2017. (*For list of services visited please refer to page 22*).

### **Survey Methodology**

A questionnaire was developed to seek the wider views and experiences of patients and carers in collaboration with NHS, HWLH CCG, as the lead CCG, and the new provider. The questionnaire was conducted face to face during the visits by Authorised Representatives and was also made available online via the Healthwatch East Sussex website.

Questions were framed in the same format as the new provider's Patient Experience survey, with the added scope to gather more qualitative information from patients and carers.

As well as asking about a recipient's overall satisfaction, booking and timekeeping of the service, further questions included topics around safety and comfort of their journey were also included. All local Healthwatch used the same survey questions in their interviews with patients and carers.

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## Observations and findings

This section provides an overview of findings from the surveys, with narrative to support these where this adds to the context of the question. *A full breakdown of the results can be found in Appendix 3. alongside the questionnaire.* Where percentages are included in the narrative, the number relating to this shown in brackets will reflect the combined response for the question, not by locality. Also, all responses reflect those who responded to the question, in some instances not all totals will reflect the whole survey response number.

A total of **218** people completed the survey across the three Healthwatch localities and online. Shown below is the breakdown of where these responses were from with their percentage of the combined total also reflected.

**Table 1.**

Healthwatch Locality	Number	%
East Sussex	68	31%
West Sussex	19	9%
Brighton	105	48%
Online	26	9%
<b>Total Respondents</b>	<b>218</b>	

Please note the low return rate for West Sussex was due to the availability of patients using PTS services at the time of visiting locations. Brighton & Hove has a large renal unit with people using the service and West Sussex has fewer patients using commissioned non-emergency patient transport services than East Sussex.

### **Booking and using the service**

Overall **71%** (152) people said that they were regular users of the Patient Transport Service, with **35%** (75) of these stating that they booked the service for themselves.

Of all respondents when asked about the booking process, **42%** (77) of people responded that they did find it a positive experience, citing “friendly and helpful” staff and an “informative” approach to gathering their details and requirements and easy to do.

Where problems were encountered, they were with the automated phone process, with access via telephone key option menus and call waiting being an issue.

In one case a respondent stated “its cost me over £7 in calls which is a lot when you're a pensioner. I have to hang on a long time.” Some people stated that they waited for over an hour.

Some also felt that there were quite a few numbers to call to book their service and that these did not appear to be well advertised. However, when people

booked in advance, in many cases a week, this seemed to be a positive interaction.

Arrival times for appointments is a key factor of ensuring a good experience for those using this service and shown below is the breakdown of the answers to those who responded to the question “Did you arrive to your appointment on time?” Overall 82% (165) of people said that they got to their appointment on time.

**Table 2.**

Did you arrive for your appointment on time?	Yes	%	No	%
East Sussex	58	<b>88%</b>	8	<b>12%</b>
West Sussex	13	<b>81%</b>	3	<b>19%</b>
Brighton	81	<b>79%</b>	21	<b>21%</b>
Online	13	<b>72%</b>	5	<b>28%</b>
All respondents	165	<b>82%</b>	37	<b>18%</b>

Where people stated that they did not arrive on time for their appointment, 71% (24) people said that they were at least 15 minutes late, with nearly a quarter of those who said they were over an hour late for their appointment. In some cases, traffic problems were the reason, however in some cases booking mix-ups or drivers running late due to picking up other patients were the reasons given. (See table 6a on Page 26 for full the breakdown of arrival times).

A smaller number of people completed the question asking about their journey home, as at the time of asking they were still awaiting treatment. Those who responded said that 69% (116) of their booked transport arrived to take them home on time.

**Table 3.**

Did your transport home arrive on time?	Yes	%	No	%
East Sussex	46	<b>85%</b>	8	<b>15%</b>
West Sussex	9	<b>82%</b>	2	<b>18%</b>
Brighton and Hove	49	<b>58%</b>	36	<b>42%</b>
Online	12	<b>67%</b>	6	<b>33%</b>
All respondents	116	<b>69%</b>	52	<b>31%</b>

Where people responded that their transport arrived outside of their scheduled time, 11% (5) said that their transport arrived between 15 minutes and more than an hour early. No reasons were given why when asked.

40 people said that their transport arrived late, with 51% (23) of these stating that their transport was more than hour late. Very few reasons appear to have been offered, in one instance the transport was double booked. Narratively, waiting times of up to three hours were often commented on, with one wait being given as over five hours.



Although not directly asked, some responses to the questions about timely arrival and pickup mentioned in some cases that Saturdays were the worst days for timely transport. This would be something to consider asking in the future.

### The vehicle and journey

People were asked about their views of the vehicle that picked them up, the suitability and comfort of the vehicle and how safe they felt. Responses to these questions were overwhelmingly positive. In all cases **95%** and above of the respondents were positive and felt that the vehicles were suitable and safe. Where some problems were cited about the suitability of the vehicle for their needs, the reasons included wheelchair access and size of required transport. In some cases, an ambulance was sent where a car would have sufficed and vice versa. Some also felt that the suspension of the vehicle, particularly ambulances, was too harsh and made the journey uncomfortable.

**99%** (186) of people who responded to the question asking if they felt that they were driven safely responded positively, with a further **94%** (186) saying that they driver took the most appropriate route.

Upon arrival to their appointment, **74%** (147) said that the driver escorted them to the reception desk upon arrival. A further **21%** (41) of people said that they did not require escorting. Where respondents said that they were not escorted, some answers stated that the driver took them into the building, but not to the desk or that the driver had other patients in the transport to look after and we unable to take them any further. Some patients also stated that they did not require escorting either.

### Satisfaction and Recommendation of Patient Transport

Overall **75%** of those who responded said that they were either “Very Satisfied” or “Satisfied” with their experience of Patient Transport Services at the time of completing the survey. Shown below is the breakdown of answers by locality and completion.

**Table 4.**

Overall how satisfied are you with the quality of service you received?					
	Very Satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied
East Sussex	<b>67%</b> (42)	<b>19%</b> (12)	<b>6%</b> (4)	<b>5%</b> (3)	<b>3%</b> (2)
West Sussex	<b>44%</b> (8)	<b>50%</b> (9)	--	<b>6%</b> (1)	--
Brighton and Hove	<b>32%</b> (33)	<b>35%</b> (36)	<b>20%</b> (20)	<b>8%</b> (8)	<b>5%</b> (5)
Online	<b>32%</b> (6)	<b>26%</b> (5)	<b>5%</b> (1)	<b>16%</b> (3)	<b>21%</b> (4)
All respondent	<b>44%</b> (89)	<b>31%</b> (62)	<b>12%</b> (25)	<b>7%</b> (15)	<b>5%</b> (11)

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At the end of the interview, every patient spoken to was given information about their local Healthwatch in Sussex along with details of how to share more detailed feedback with either Healthwatch or the provider. They were also asked to complete an equality monitoring form separately. The results of these are shown in appendix 4 on page 28.

## Case Studies

A total of 25 authorised representatives from across Sussex visited 13 services to engage with patients and carers to gather their experiences using PTS.

### Notable Observations

A local Healthwatch can add value to any engagement activity using enter and view by including observations and conversations our trained ARs encounter on each visit relevant to patient care and experiences. These can be with staff members, relatives or other allied health and care professionals.

In East and West Sussex, the volume of patients using the service during the survey period was significantly lower, than in Brighton & Hove. We also identified lower rates of satisfaction in Brighton & Hove than in the two county areas.

The following observations were reported and presented below as case studies and comments:

### Case Studies East Sussex

27 patients in East Sussex made **positive comments** on the PTS service, with 13 remarking upon the helpfulness and friendliness of staff. Eight responses reported how the SCAS service was an improvement on the previous provider. Some examples of these comments appear below:

*“Overall, I was very impressed with the service given the difficulty in co-ordinating pick-ups from different areas for different treatments”*

*“Lately been having the same person picking me up who knows me and the best route. Infinitely better than different people every time - works much better”*

*“All very helpful and go out of their way to get her indoors and check everything is ok. Sees the same people more than with Coperfoma which she likes as you can build up a good rapport”*

#### **1. Engagement at Bexhill Hospital 29<sup>th</sup> to 31<sup>st</sup> May 2017**

Bexhill Community Hospital (including Bexhill Dialysis Unit provided by Brighton and Sussex University Hospital NHS Trust (BSUHT)). As reported by the AR undertaking the visit.

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The first visit on Monday 29th May was used to get a picture of the best times to talk to renal dialysis patients, who are regular and frequent users of the Patient Transport Service. This was about 08.30 hours for the morning sessions and 14.00 hours for the afternoon session. Patients have dialysis Monday/Wednesday/Friday or Tuesday/Thursday/Saturday, so that four sessions would capture the views of all. However, talking to all would bias the sampling of the whole picture.

On Monday 29th May there was time to talk to two drivers. One told me that only ten vehicles were available out of a fleet of 38 vehicles. The other said they normally work in the Brighton and Hove area but were helping on the occasion.

On Tuesday 30th May, I was approached by the South Coast Ambulance Service (SCAS) **Hospital Liaison Officer (HLO)** based in the hospital, (they had ten years' experience working on the Transport Desk at the Conquest Hospital). They had a list of those expected to arrive by PTS each day, apart from patients arriving at the renal unit. There were three due that day and four due on Wednesday 31st May. They told me that there were similar roles in the Royal Sussex County Hospital (RSCH), Eastbourne District General Hospital and Bexhill but there is no one in post at Conquest Hospital. The role of the HLO is to be re-defined.

**The HLO informed me of incidents recently reported to them, as follows:**

*Example 1.* On Saturday 4th May the afternoon clinic was due to finish at 17.00 hours but four patients were not picked up until approximately 20.30 hours. I spoke to one of these patients and they described how they find the whole worry of transport arrangements very stressful. This was confirmed by nursing staff who quantified the effect on their blood pressure during the clinic.

*Example 2.* On Monday 29th May at the Morning clinic there was no transport arranged or expected. One patient, who suffers from epilepsy, had walked for twenty minutes. The nursing staff told me that they had only recently persuaded this patient to stop cycling in and they had had a seizure during that clinic.

The general patient view is that the service works well when it works. They were complimentary about the drivers, but universally disparaging about the call centre staff.

“you ring up to find out where your transport is, you are put on hold, transferred, put on hold and when you get to speak to someone, and what you are told is not always correct.”

“The staff at the call centre do not have any knowledge of the local geography”

“I used to be a logistics manager in a distribution company. I could do better with a large-scale wall map, some coloured pins and a length of cotton.”

“We are the same day, same time, same pick-up, same drop-off - why not just make us the base-load”

The consensus was that the previous provider got it about right at the end with the same drivers and consistent pick-ups and drop-offs.

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## **Engagement at Eastbourne Dialysis Centre, 1st June 2017.**

This clinic is operated by Diaverum on behalf of BSUHT. Diaverum operate 15 specialist dialysis clinics across the country.

The views of patients regarding PTS are the same as were found at Bexhill. The drivers are good, service from the call centre is variable and the worst day late pick-up is Saturday.

## ***2. Lewes Victoria Hospital and Uckfield Community Hospital***

### **Conversations with a Matron at Uckfield Hospital**

We were told that there were not many patients using the PTS provided by SCAS in the outpatient's department.

Since 1st April 2017 the service was running smoothly, but recently there have been problems with patients not being picked up from appointments (within the last month). When hospital staff are ringing up they are being held in a queue, one member of staff had been on the phone for approximately 30 minutes. The problem of not picking up patients happened at Uckfield once, Lewes once and Crowborough once within this timeframe.

They also mentioned the problem of finding the correct telephone number to call. I was shown an A4 sheet taped to the wall from SCAS with handwritten notes of the telephone numbers to call for SCAS.

### **Experiences shared from a Ward Clerk's perspective**

I then spoke to a ward clerk responsible for booking transport on line and who tracks transport journeys. They gave a detailed account of one patient's experience (and of their own trying to sort out the transport). The patient's appointment had finished earlier than anticipated and so they wanted to arrange transport for them to go home. They telephoned SCAS but were told to send an email. When they sent an email, but did not receive a response; on telephoning a second time, they were able to book appointment over the phone. Next day they received an email (which also explained the instant messaging system).

The ward clerk said that "they had found booking on line complicated and the site didn't flow". They had had received no training in how to use the system and had only received a document from SCAS which they had not found helpful, however, they now understand how to use the instant messaging system.

They also added that with the previous provider, they had been able to track the whereabouts of a patient online which they had found helpful. But this facility is currently not an option with SCAS.

## ***3. Experiences shared from Receptionists at Lewes Victoria Hospital***

The receptionists who spoke to us thought that there had been no improvement with SCAS, based on their experiences. There was a problem with answering

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telephone calls; last week during one telephone call, they were left 'hanging on' for approximately 45minutes and another 30 minutes.

They described an incident where patients were waiting until 18.15 hours to go home and one patient was in tears. As Lewes hospital closes at 17.00 hours, a member of staff had to stay late to wait with them. In another reported incident, a patient was shouting about where their transport was and was upsetting the other patients in the reception area. The patient was moved to a quiet space.

On the day of the visits, patient transport activity went smoothly. They said that one problem with SCAS was that they did not know that Lewes hospital closes at 17.00 hours, therefore appointments should not be booked for after 15.00 hours, otherwise the hospital needs to stay open past 17.00 hours waiting for the transport to arrive. They said that they have raised this with SCAS.

They also said they had not had any training on the SCAS IT system and instant messaging system (had found out for themselves what to do). They do not know if they are missing other things they should be doing etc. on the systems.

#### **Lewes Staff Nurse, Outpatients**

They said that the services had "not been great recently". They gave an example from Friday (19th May) of a patient waiting for transport; the patient arrived 11.00 hours, booked transport home 12.20 hours, transport arrived 15.45 hours. The patient was very unhappy.

They also added that the difficulties were almost entirely with the pickup and not the arrival for appointments. However, they gave an example of a patient not being picked up. The hospital had been told that they had been picked up and so five staff including a consultant stayed until after 17.15 hours to wait for the patient. Then a member of staff rang the patient on their mobile and they said they were still at home as SCAS had not come.

These issues are being shared with the SCAS.

To conclude, the main issues identified from conversations at Lewes Victoria are about the time taken to answer the phone; lack of training for the staff to use Datix; SCAS booking appointments post 15.00 hours at Lewes.

#### ***4. Observations from the acute sites in Eastbourne and Hastings***

Generally, from talking to patients, carers and nursing staff there was a consensus that the service had improved, however some patients have stopped using the service due to previous experiences of bad timings and transport not turning up.

One AR commented the Patient Transport office on site were very helpful in providing lists of departments and approximate arrival times for patients we wanted to talk to (whilst maintaining patient confidentiality). Matrons and nurses also helped if they had been informed of a patient arriving using the PTS. However, at the time of the visit there were some 'no shows' which we did not have any information indicating the reason why.

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Some views from patients and carers captured included:

- One patient commented '*the old company was just getting it sorted, now it was all messed up again*'
- One driver commented '*how much easier it was with the new company although they are not given as many pick-ups as before, which means lots of waiting about and time wasted*'
- Another example included a car sent from London to pick up in Hampden Park, to go to the District General Hospital in Eastbourne, which was the only job for that driver that day

## Case Studies West Sussex

### **1. Non-Emergency Patient Transport Service, West Sussex, June 2017**

George attends clinic for regular dialysis. The day we met him, he told us that he had only just made it in for the 7.00am start of his treatment. This was only because his daughter had been late for her work and had been able to give him a lift to the clinic.

Normally the transport service picks him up at around 6.00am and then picks up another patient who is more local to the clinic. The other patient had been picked up and had got to the clinic in time. George was anxious to know if he had transport to take him back home and the staff had phone the services to find out.

We learnt that the transport booking team had the morning pick-up as being an 'aborted' job. They informed the hospital team that the passenger, George, had *refused transport* when it arrived at his home at 7.20am. The hospital staff were able to relay that this information could not be correct, as he had been at the clinic since 7.00am.

George told us that during the week the transport service is normally very good but that he has had problem on Saturdays, with transport not arrived in time to get him to the clinic for 7.00am.

### **2. Crawley Dialysis Unit Non-Emergency PTS, June 2017**

The Crawley Dialysis Unit does not have a dedicated telephone number to contact the patient transport service and staff have to use the same number as patients. The staff we spoke to feel that the transport either is getting some of the patients to the clinic way to early, for example one lady yesterday with an afternoon appointment arrived 2.75 hours too early.

Staff also feel that no allowance is given to the fact that the patients have had to be on dialysis for 4 hours and that Brighton transport is taking too longer to pick them up. This is particularly a problem for patients who are diabetic, as the clinic does not have access to any additional food or snack (there are no vending machine or café facilitates on site and the shops are 5-10 walk from the site).

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One nurse shared a story about a patient who comes in for 5pm dialysis and always cuts his treatment short because of the transport and then has to wait in the reception area as it's normally late.

## Case Studies Brighton and Hove

### Feedback from patients attending clinics or as outpatients at the Royal Sussex County Hospital, Brighton

#### *Discharge lounge*

90-year-old woman with an X-ray appointment should have been picked up from X-ray in the Barry Building at 4pm was brought to the Discharge Lounge (DL) for reasons unknown. The DL staff changed her pickup location on the PTS system and immediately the pick-up time was delayed until 5pm. In the end the transport arrived at the earlier scheduled time of 4pm.

#### *Cancer unit*

A patient described to us his experience over the last 4 weeks

Week 1: His transport did not arrive, which meant he had to undergo a double treatment at his next appointment. This made for a very long and tiring day

Week 2: He felt that the service was improving, but still found it frustrating that he couldn't find out when the transport was coming. He indicated that he had managed to locate details of the drivers' schedules on the internet.

Weeks 2, 3 and 4: Pick-ups from home were perfect, but pick-ups from the hospital were "diabolical". In week 4 on Friday he was two hours late being picked up and arrived at the hospital very late. After this experience, he cancelled PTS on the Saturday but the transport nevertheless turned up at his home on the Monday. The driver also attempted to cancel future pick-ups without success and transport continued to arrive at the patient's home on 4 separate occasions thereafter.

Suggestion from the patient: He feels that the problem lies with dispatch as they don't seem to know the local geography. Why don't the dispatchers go out with the drivers as part of their training?

#### *Haematology Unit*

1. A patient advised that they were still at home at 2pm, which was the time of their dialysis appointment. The patient had called up, and was told that the driver was 10 minutes away, but no one ever turned up and his friend ended up bringing him in. The patient was told that he, personally, had cancelled the job, which was untrue.

Another time, the patient was told that the driver had aborted the job because he couldn't find his address, but the patient was never informed of this. Last Saturday, the patient called up and was told that the hospital had cancelled his transport which wasn't true. He was told to make his own way in as they had no available transport. Again, his friend had to bring him in.

Today, the patient had called PTS at 8am and was told that his transport would arrive at 5pm even though his appointment was at 2pm. He was told

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(again) that the hospital had changed the time, which was incorrect. The patient was told by telephone that it was not possible to change the time of his transport at such short notice, and that he should make his own way in. The patient finds the service totally 'hit and miss', and is reliant on friends and family to get him in. The patient did highlight that for the first few weeks it had been "a brilliant service".

2. Patient used to have a dedicated driver who picked them up between 5:30am and 5:50am but SCAS stopped providing dedicated drivers. Patient stated that drivers don't start until 6am and when they have another pick up they don't arrive at patient's home until 7:30am, which means that they don't start dialysis until 8am. The patient has tried to call the call centre but finds it almost impossible and gives up. The call centre doesn't open until 7am, which is too late for renal patients according to this patient.
3. A patient finished his dialysis at 5:30pm and had to wait until 9pm to get home. He was not offered anything to eat or drink. As he needs help to walk, he had to wait for somebody pass by to help him to the toilet.
4. 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.
5. A patient informed PTS that she no longer required the service. Despite this notification, transport continued to arrive at her home. Previously, the patient had travelled in alone, despite knowing there were two other dialysis patients living nearby, and who attended on the same days as her.
6. Patient advised that after SCAS had taken over operations, his transport had been cancelled. This had become a permanent cancellation and no one seemed able to explain what had happened, or correct it. Patient had to keep phoning up when their transport didn't arrive. The patient feels that the drivers are excellent, whilst the organisation is not.
7. 85-year-old patient advised that her transport had not arrived today and that she had come in by private taxi at a cost of £10. Despite this she also described the service as "marvellous".
8. 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.

Patient advised that their transport this morning had arrived on time but the driver had to pick up 3 patients in total despite there only being room for 2 passengers, meaning one patient was left behind. This had also happened the week before. 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".



- 
9. A wheelchair user advised that her transport frequently turns up early before she is ready (patient has a carer who assists her). Patient has pressure sores and should be hoisted, but drivers are not allowed to do this, making the patient's sores much worse. Patient advised that SCAS are aware she has a carer and their working hours. Patient often arrives home late and after her carer has finished working. Last week a driver had told her "they weren't a taxi service". The patient reported this incident.

## Conclusions

Overall, we are pleased to report that patients and carers told us they were either very satisfied or satisfied with the quality of the service they receive. However, there are regional variations in levels of satisfaction as highlighted in respondents in Brighton.

There were several areas that local Healthwatch would recommend the provider, SCAS and the CCG commissioners seek to address as a priority to ensure patients continue to receive a quality service: to improve experiences for patients and staff accessing the contact centre, the experiences for patients using the service over weekends and where patients require additional support with their mobility.

- Local Healthwatch to undertake visits to the provider's contact centre before the second wave of this activity in December 2017.
- The Trust should ensure any allied staff responsible for arranging patient transport have received training to use their online systems.
- The Trust should review its contact centre protocols for ensuring all calls are responded too in a timely manner.
- The Trust should explore how it can make better use of local information when planning patient journeys, including better training for staff despatching vehicles; and
- For frequent users of the service, strive to provide greater consistency in 'pick up times' and staff.

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## Closing Remarks

Healthwatch across Sussex welcome the opportunity from the lead commissioner for Non-Emergency Patient Transport Service to undertake this very important activity on behalf of local people to demonstrate how, using a social enterprise model, the value independently gathered feedback can provide.

It was very apparent from talking to patients and carers that there remains a legacy of negativity surrounding the previous provider and with the new provider, there is an element of scepticism, that the South Central Ambulance Service NHS Foundation Trust (SCAS) can provide an improved quality service for patients and carers.

Looking forward; the second wave of this activity in December 2017, will hopefully be able to report those inconsistencies identified in this report are being addressed and that confidence levels from patients using the service are also improving.

**Local Healthwatch across Sussex**

**With thanks to all the organisations who welcomed Healthwatch representatives from Sussex to their various wards, clinics and departments, to the staff and to the volunteers who gave their time.**

**With special thanks to the service users, carers and staff who provided such valuable insights.**



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## Partner's comment

We welcome this report and would like to thank Healthwatch for their work on behalf of local patients. Overall, we are pleased to see that the majority of patients spoken to said they were satisfied with the quality of the service. We have also had largely positive feedback from Trusts and the number of patient complaints about the service is very low for a contract of this size.

This positive feedback reflects the fact that the quality of the service has generally improved month on month since April and it is significantly better than at the same time last year. However, we recognise that it is still not where SCAS and the CCGs want it to be and we will continue to work together to ensure the progress that has been made carries on.

SCAS are proactively working with Trusts to look at where the service can do better, particularly around planned discharges, and we will also be looking closely at the recommendations highlighted in this report to see where further improvements can be made.

*Dr Sarah Richards*

Chief of Clinical Quality and Performance  
High Weald Lewes Havens  
Clinical Commissioning Group

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## Details of the visits

### Date and time of the visits:

Monday 22<sup>nd</sup> May - Friday 9<sup>th</sup> June 2017

### Service Provider

South Central Ambulance Service NHS Foundation Trust (Southern Headquarters)  
North Wing, Southern House  
Sparrow grove  
Otterbourne  
Hampshire  
SO21 2RU

10. Telephone: 01962 898000

Monday to Friday 9am - 5pm

[www.scas.nhs.uk](http://www.scas.nhs.uk)

### Services visited:

#### *East Sussex:*

Authorised Representatives completed sessions at Eastbourne District General Hospital, Conquest Hospital, Hastings, Bexhill Community Hospital Lewes Victoria Hospital, Uckfield Community Hospital and Crowborough Community Hospital.

#### *Authorised Representatives*

John Curry, Christine Marks, Deidre Prower, Peter Dacomb, Danial Iota, Jane Gorringer, Paula Cohen, Suzan Vernon, Rosemary Boucherat, Sarah Hickey, Glwadys Mabb, Ruth O'Keefe and Tony Moore.

#### **Brighton and Hove:**

Authorised representatives completed 12 sessions over the three weeks, in the Royal Sussex County Hospital visiting the Renal Unit, Cancer Centre, Eye Hospital, General Outpatients, Fracture and Trauma Outpatients, Physiotherapy, Orthopaedics and Haematology, Cardiac services.

#### *Authorised Representatives*

Alan Boyd (staff member), Mike Doodson, Nick Goslett, Sylvia New, Vanessa Greenway, Sue Seymour, Maureen Smallldridge and Roger Squier.

#### **West Sussex:**

Authorised Representatives completed four sessions over the three weeks covering Crawley Kidney Unit, Worthing Renal Clinic, Worthing Outpatients Department, Queen Victoria Hospital, East Grinstead, Princess Royal Hospital, Haywards Heath.

#### *Those taking part included*

Katrina Broadhill (staff member), Sue Morton, Sarah Owen, Virginia Wood.

### Acknowledgements

Healthwatch in Sussex would like to thank our volunteers, ESHT, patients, visitors and staff members for their contribution to this Enter and View programme.

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# Contact us

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## Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report publicly available by **19<sup>th</sup> September 2017** by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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## Appendix 1: Learning the lessons HWLH CCG report

Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex. Author: High Weald Lewes Havens Clinical Commissioning Group on behalf of all Sussex Clinical Commissioning Groups



PTS Lessons Learnt  
Report.pdf

## Appendix 2: Learning the lessons report appendix

- Report 2. Lessons learnt; Patient Transport Services Contract. Author: **tiaa** click here to [view website](#).



Lessons Learnt  
report Appendix B.p



## Appendix 3: Response Tables

The following tables represent the answers received from the Authorised Representative engagement activity and online responses for the Patient Transport Service survey.

<b>Q1: Thinking about Patient Transport Services, do you consider yourself to be a:</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Regular User	32%	28%	16%	26%	71%
Occasional User	27%	71%	80%	74%	22%
Other	41%	1%	4%	0%	7%

<b>Q4: Who usually books your non-emergency transport?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yourself	55%	44%	26%	37%	35%
Carer/relative	10%	13%	10%	11%	11%
GP	0%	1%	0%	0%	0%
Hospital	15%	7%	9%	0%	8%
Other	20%	34%	55%	53%	45%

<b>Q4a: If you have booked the transport yourself, did you find it easy to do?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	58%	52%	27%	63%	42%
No	5%	6%	27%	6%	16%
N/A - I did not book transport myself	37%	42%	45%	31%	42%

<b>Q5: Does your journey involve a child or young person who requires additional seating to meet legal requirements (e.g. car seat)?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	6%	2%	0%	0%	1%
No	94%	98%	100%	100%	99%

<b>Q6: Did you arrive for your appointment on time?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	72%	88%	79%	81%	82%
No	28%	12%	21%	19%	18%

<b>Q6a: If you arrived early/late please indicate the approximate time;</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
More than an hour early	0%	29%	5%	0%	9%
30 minute - 1 hour early	25%	0%	10%	67%	15%
15 - 30 minutes early	0%	14%	5%	0%	6%
15 - 30 minutes late	25%	43%	20%	33%	26%
30 minutes - 1 hour late	25%	14%	25%	0%	21%
More than an hour late	25%	0%	35%	0%	24%

<b>Q7: Did your transport home arrive on time?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	67%	85%	58%	82%	69%
No	33%	15%	42%	18%	31%

<b>Q7a: If you arrived early/late please indicate the approximate time;</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
More than an hour early	20%	14%	3%	0%	7%
30 minute - 1 hour early	0%	0%	0%	0%	0%
15 - 30 minutes early	0%	0%	6%	0%	4%
15 - 30 minutes late	0%	14%	6%	50%	9%
30 minutes - 1 hour late	0%	43%	29%	50%	29%
More than an hour late	80%	29%	55%	0%	51%

<b>Q8: Was the vehicle that picked you up clean and tidy?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	94%	100%	100%	100%	100%
No	6%	0%	0%	0%	0%

<b>Q9: Was the vehicle that picked you up suitable for your needs?</b>					
	<b>Online</b>	<b>East Sussex</b>	<b>West Sussex</b>	<b>Brighton</b>	<b>Total Respondents</b>
Yes	88%	100%	95%	82%	95%
No	12%	0%	5%	18%	5%

<b>Q10: Was the vehicle comfortable?</b>					
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	Online	East Sussex	West Sussex	Brighton	Total Respondents
Yes	76%	100%	95%	82%	94%
No	24%	0%	5%	18%	6%

**Q11: Was the vehicle that picked you up driven carefully?**

	Online	East Sussex	West Sussex	Brighton	Total Respondents
Yes	94%	100%	99%	100%	99%
No	6%	0%	1%	0%	1%

**Q12: Did you feel the driver took the most appropriate route to your appointment?**

	Online	East Sussex	West Sussex	Brighton	Total Respondents
Yes	88%	98%	92%	100%	94%
No	13%	2%	8%	0%	6%

**Q13: Did the crew/driver escort you to the reception desk of your destination and ensure that staff were made aware of your arrival?**

	Online	East Sussex	West Sussex	Brighton	Total Respondents
Yes	59%	73%	74%	88%	74%
No	12%	2%	7%	12%	6%
Not required	29%	25%	20%	0%	21%

**Q14: Overall how satisfied were you with the quality of service you received?**

	Online	East Sussex	West Sussex	Brighton	Total Respondents
Very satisfied	32%	67%	32%	44%	44%
Satisfied	26%	19%	35%	50%	31%
Neither satisfied nor dissatisfied	5%	6%	20%	0%	12%
Dissatisfied	16%	5%	8%	6%	7%
Very dissatisfied	21%	3%	5%	0%	5%

**Q15: How likely are you to recommend the Patient Transport Service to family and friends, if they need similar care and treatment?**

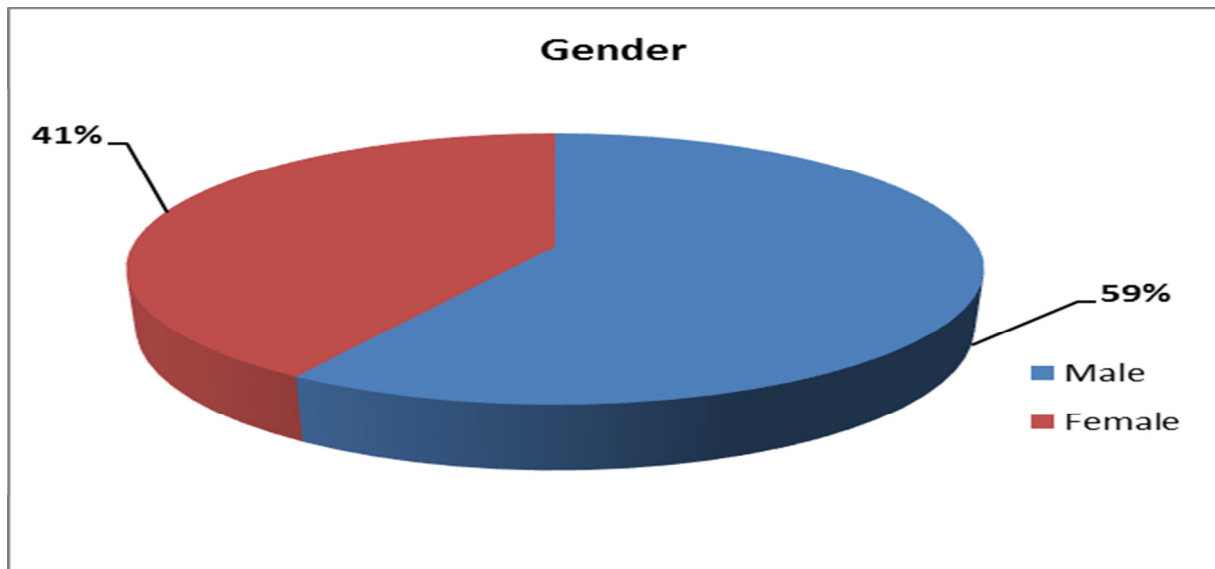
	Online	East Sussex	West Sussex	Brighton	Total Respondents
Extremely likely	40%	59%	33%	39%	43%
Likely	20%	25%	41%	44%	34%
Neither likely nor unlikely	5%	8%	14%	17%	11%
Unlikely	10%	3%	6%	0%	5%

## Appendix 4: Equalities Information

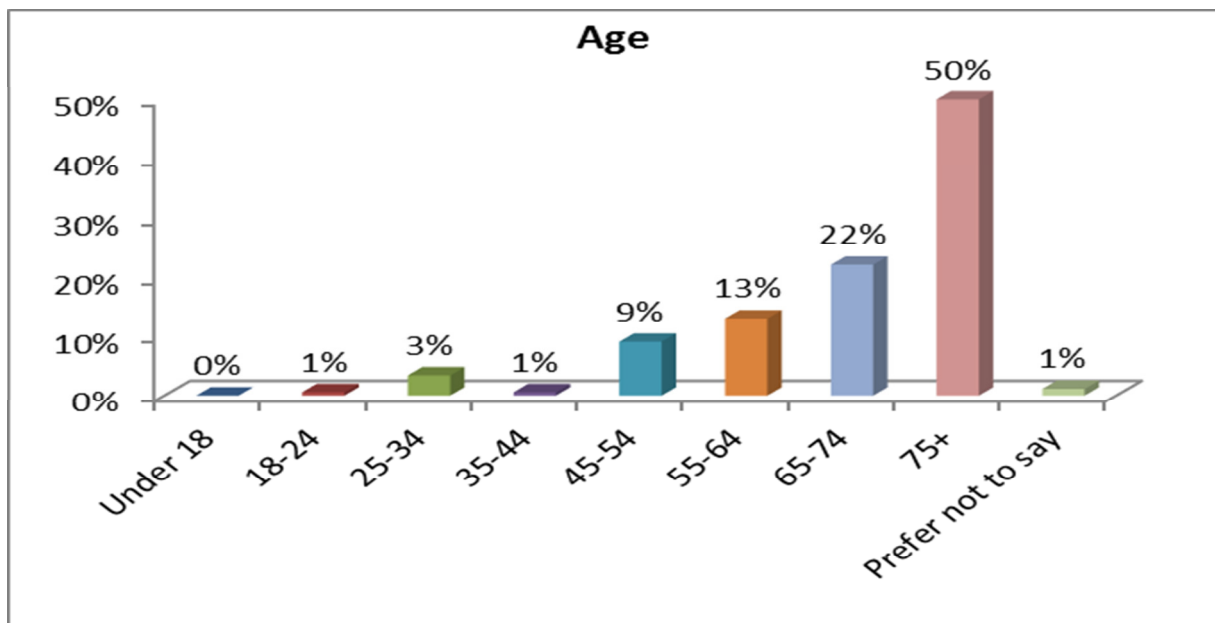
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The following information provides the headline equality monitoring information for the activity shown within this report. At the time of contact, a respondent was invited to complete an equality monitoring form. The answers given were anonymous and not collated with the main responses, only by the locality in which they were collected. No responses were received for the online activity. Unless stated, the responses shown below relate to the whole respondent number.

## Gender



## Age Range



Across the three Healthwatch localities over 70% of the respondents were 65 or over

## Marital Status

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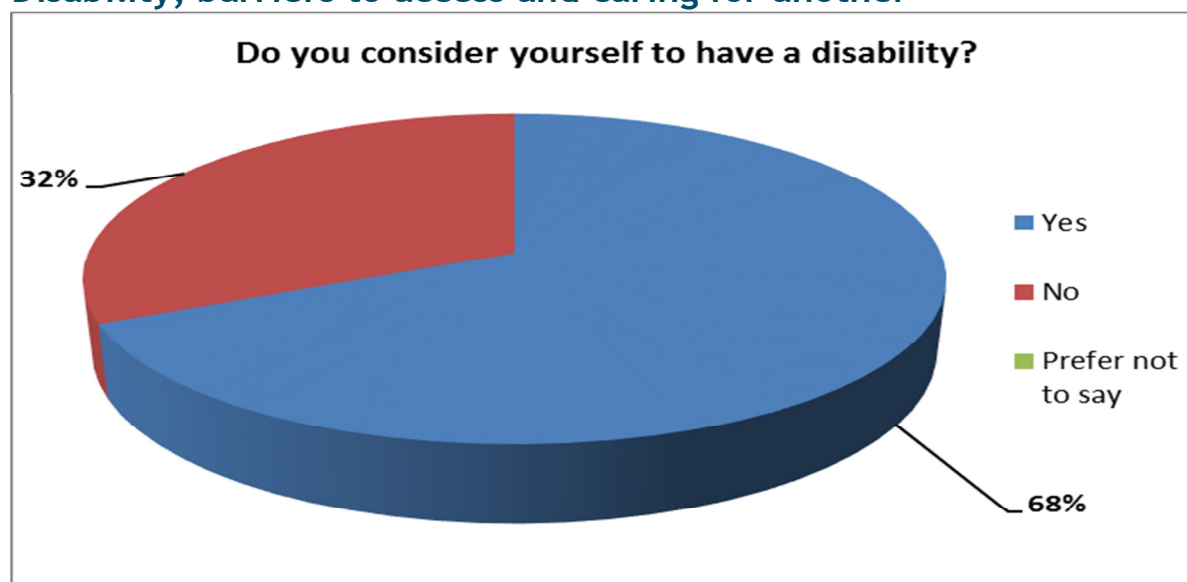
37% of the people who responded said that they were married, with a further 43% indicating that they were widowed or divorced.

## Ethnicity

94% of respondents indicated their ethnicity as 'White British', with a further 3% indicating that they were 'Any other ethnic group'. People who indicated that they were Black African, Caribbean, any other black background, Bangladeshi, Pakistani or Any other Asian background were found to be less than 1% for each group. Healthwatch Brighton had the lowest response of 'White British' with 91% of respondents indicating this with a higher rate of response for 'Any other ethnic group', at 4.1%.

Where indicated as 'Any other ethnic group', people responded that they were Greek, Iraqi and White European.

## Disability, barriers to access and caring for another



Healthwatch West Sussex had the highest number of respondents who declared that they felt they had a disability, with 90% indicating so.

Overall where a disability was indicated, many responses declared their primary disability as a physical impairment.

Overall 88% of people when asked said that they did not feel there were any barriers when trying to access the services that they use.

Healthwatch East Sussex had the highest positive response rate for this, with 93% of people saying they did not experience a barrier, with Healthwatch West Sussex indicating the lowest at 81%.

89% of people when asked said that they did not have caring responsibilities for a family member or loved one, with Healthwatch West Sussex having the highest positive response rate that they did have someone to care for, at 18%.

## Religion

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61% of those who completed this question said they were Christian and a further 30% of people said that they had no religious belief. Healthwatch Brighton showed the greatest range of diversity, with 7% of people responding 'Other Religion' and 3% indicating Jewish or Muslim respectively.

### **Sexuality**

Overall 94% of respondents declared themselves as 'Heterosexual'. 3% responded 'Gay' and a further 3% declined to say.

### **Armed Forces Service**

Local Healthwatch recognise the links between serving in the armed forces and mental health issues in later life or after discharge. To help in some early research into this locally, several questions about armed forces service are included as part of the equality monitoring. They do not ask about links to mental health or medical issues but are included to try to gather some data about the number of people in any given activity who are, or have been, a member of an armed service. 3% of respondents said that they were a current serving member of the UK armed forces. 16% said that they had previously served, many of these stating that this was over 20 years ago, when they were active. 9% also said that a member of their immediate household was either a current or former service personnel.