

# **'Patient Experience'**

## **Introduction**

This appendix documents the valuable comments and experience brought to the Kent LINK by participants as part of the Access (Transport) to Health Services Project. The information has been intentionally kept anonymous apart from when a community group has come forward with information. The quotes and comments are taken directly from the workshops, individual interviews or group discussions and accurately reflects the concerns of people across Kent and Medway.

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## **A selection of comments and quotes from people with experience of Patient Transport Services:**

### **General**

"I really do appreciate the Benefits I receive from the Patient Transport and the unfailing kindness shown to me by the drivers and their assistants without this service it would be virtually impossible for me to get to the hospitals" Individual, Gravesend

### **Journey times**

"We had a friend who had to travel, by ambulance to Canterbury for Dialysis, three times a week. She was also diabetic. She was leaving her house in Walderslade (Chatham) at 11am (ish). The ambulance then went to Sheerness to pick up another person and then travelled on to Canterbury. There was usually a wait to get a bed and then they did the same thing in reverse usually getting home after 7pm and on some dates returning hours after that." LINK participant, Chatham

"Emergency Dental Services are now only available at certain places and these are usually along way away from Maidstone - anyone experiencing emergency dental pain / problems who have other physical or mental health issues can find real difficulty in getting to the clinic. Many specialities are now only available at certain hospitals - i.e. Pain Management Clinics - travelling a long way for someone in acute pain can be very difficult." Voluntary Sector organisation, Maidstone

### **Public Transport**

"Residents of Worth and the Dover and Deal District areas encounter severe problems getting to QEQM hospital for appointments by public transport. Anyone travelling by bus from the Deal area, or my own Parish Worth, is forced to go to Sandwich where they need to change for Ramsgate and then change again for Westwood and QEQM. I have now had an opportunity to check this for my-self. On the day I chose to travel from Worth, it took 6 separate buses and 7 hours to make the round trip with a 40 min break for lunch (equivalent to out patient appointment time) at the hospital. The equivalent journey by car was just 1hour 20 mins including 40 minutes appointment time. I met and talked to several out patients making similar journeys from the Deal and Dover District. They all found the experience extremely time consuming and expensive (over £5), to say nothing of demoralising when they are poorly." Parish Councillor, Worth

"I know of a Patient who has eye Problems who makes the journey From Tunbridge Wells to Maidstone hospital for a consultation which means an early start and two changes of Bus with a walk from Barming to Maidstone hospital. I advised her to seek treatment in London with the Choose and book process as that would be a simpler." LINK participant, Tunbridge Wells

"To get to Medway hospital I get a bus to Sittingbourne and change to one that goes to the hospital. The bus to the hospital very often has steps. When I was on crutches and having to visit the hospital I found it very difficult to get on the hospital busses. There are some easy access busses but not always so for people with poor mobility, wheelchairs or with pushchairs the journey can be a nightmare, or a no go. To go to Canterbury I catch a bus into Faversham, change to the Canterbury bus and take another bus, which has steps, at Canterbury bus station. Ashford hospital is like juggling time bombs as nothing connects. Canterbury now does Sunday scanning. The first bus from Teynham is 10.15 am, my appointment is for 9.10 am.

So I have no choice but to pay SCVS to get me there or risk making another appointment, and they can be like gold dust.” Individual from Teynham

“Buses from Sheppey are reserved for school children between 8-10am and 2.30 – 5pm. The council also block books taxis, meaning that travel to appointments around these times is impossible”. Debate at Swale Seniors Forum.

“There is no public transport whatever to get to Maidstone hospital from Sevenoaks and parking there has been much reduces making it impossible for patients visiting the eye department and for daily radiography treatment in the Oncology department.” Voluntary sector group, Sevenoaks

### **Arrangements for new Hospital in Pembury**

“The new Hospital on the way on the Pembury Site (has been) planned with a Car park which is too small in the view of many of the local population. (There is) a proposal for the NHS to support the first three years of an ‘improved’ Bus service with a large subsidy from funds that should be used to treat patients.” LINK Participant, Tunbridge Wells

“Get the Kent bus map and time tables and look at the difficulty of bus journeys from Bat & Ball, Dunton Green, Riverhead to Pembury two buses becomes three or may be train and bus combinations Tonbridge and Sevenoaks rail stations are DDA compliant but I do not recall Bat & Ball and or Dunton Green being so.” Who was this from?

### **Information**

“Have never been told about or offered NHS transport.” LINK participant, Gillingham

### **Wheelchairs**

“I have to use a footpath to reach the parking area near my bungalow, it is too far for me to go safely with the aid of my walking stick alone so the (Volunteer Car Scheme) driver has to take me in my Push Chair, this presents problems as they often have small cars and only the transit Chair will fit.” Member of the Public by e-mail

“I suffered a severe stroke five years ago last November, have left hand side paralysis, suffer from epilepsy, sleep apnoea, and brittle bones. No possibility of being able to drive. I have a battery powered electric chair, but the Patient Transport Minibus Crews say that they are not permitted to take it.” Member of the Public, Gravesend

“My wife uses a specially adapted wheelchair. On several occasions I have been told that it can’t be carried despite the ambulance being empty.” Individual, Maidstone

### **Carers / Escorts**

“Letters about patient transport make it clear that Carers are not welcome to accompany patients, except in special circumstances. That rule is too harsh, often there are spare seats available; frequently the crew/driver and I are the only occupants. I am certain that Patient Care would benefit from carers being encouraged to hear the consultant's advice themselves rather than rely on the vague recollection of a bewildered Patient.” Member of the Public, Gravesend

### **Comfort**

"I will never forget my one and only ambulance journey recently - There were no extra blankets on board ( and no explanation of why). I was very poorly and very cold." LINK participant by e-mail

### **Eligibility**

"We are often asked by frail and elderly people if we can take them to their hospital/GP appointments. We always ask if they have asked for transport from the hospital/surgery and we are usually told that they are advised that if they can walk or are not blind then they are not entitled to the limited transport available." Community Group, Tunbridge Wells

"My sister lives in Higham which seems to fall between two stools; i.e., neither Medway nor Gravesend seem to be willing to take responsibility for the area. Public transport to and from Higham/Gravesend is almost non-existent. When my sister has to visit Darent Hospital she has to rely on myself or her in-laws. We recently enquired about hospital transport only to be told that as my sister can walk she is not entitled to such transport." LINK participant, Gravesend

"At one hospital appointment, the consultant surgeon asked me to try and walk to the ambulance, to assess how far I could walk with two sticks. After a long and painful struggle, I made it to the PTS desk. The next day I received a call from the PTS Manager to say that he was no longer eligible for PTS, but was given no reason. After involving the CAB, I discovered it was because I had managed to walk through the hospital." Individual, Tenterden

"We have heard of a young disabled mother who needs to take her 13 yr old to a London hospital being refused transport, when her husband is unable to get time off work to take them. She was told her child could travel alone!!!" Patients Group, Sittingbourne & Sheppey

"I have ME, sometimes I can travel on my own and sometimes I can't and need help. How would my eligibility be assessed?" LINK participant, Grain

### **Booking Procedures**

"Now that I am well established as a frequent user of Patient Transport at Darent Valley Hospital booking future trips should be straightforward. I should only need to phone a few days beforehand and perhaps on the day to confirm. However, they refuse to make arrangements directly with me saying that the booking can only be made by the Ward Clerk. The result is that I have to phone patient transport to see if I have been booked in, if not then I have to, phone the ward clerk, check that I have the right date for my appointment, and remind her to book transport for me. Then phone Patient Transport to make sure that every thing has been sorted out. If not, phone the Ward Clerk again, and so on, In fairness they do sometimes call me, but I cannot reach my phone before they hang up, usually without leaving a message. It would help if they called on my mobile or if they used a line where the number was not withheld which prevents me from returning the call or even knowing who has called." Member of the Public, Gravesend

The individual, a disabled woman, was in Medway Maritime Hospital and needed to be transferred to a London Hospital. Neither Trust would take responsibility for transporting her which resulted in her not going. Discussion with LINK participant, Medway

The individual has spinal arthritis, meaning that he has a loss of feeling in his hands and his feet are totally numb. He also has diabetes, which has led him to lose most of his sight. He is

able to walk a short distance using walking sticks but normally uses a wheelchair to get around. He makes the 40 minute journey to Ashford a round 40 times a year. He often tries to contact PTS to arrange transport, but says that the phone can ring for 15 minutes without being answered. He has lots of experiences of transport not turning up and him missing appointments, including with consultant surgeons. It can take 3-4 calls to clarify that PTS isn't coming. He is often picked up too late for early appointments, sometimes after the appointment time. The driver will often call ahead to let the clinic know that he is running late, when he arrives the clinic denies ever receiving the call and the appointment is cancelled. This means that he can be in transit or waiting for up to eight hours for nothing. He was recently received a letter giving him given one days notice for appointment in Folkestone. PTS said they were unable to take him as they require two days notice, he spent £100 on a taxi as this was his only option. On one occasion he was discharged after an operation. PTS were called half an hour before discharge, but he waited for five and one half hours without being offered food or drink. Conversation with Individual from Tenterden

"Kings College Hospital made no objection to sending my husband home by patient transport, but I did receive some objections from nursing staff because according to them the cost came out of their ward budget." Voluntary sector organisation, Sevenoaks.

"I was in a (telephone) queue for 45 minutes. When I finally got through, I was asked the age of the passenger, which I didn't have to hand, so I had to start the whole process again" Care Manager, Folkestone

### **Timing of transport**

"His Wife, who has osteoporosis and epilepsy, had an out patient appointment at 3.15pm, the transport arrived at 3.05pm, too late for her to get there on time. The transport crew insisted on taking her saying, "you will be seen anyway". At the hospital they had to wait two hours for all the other appointments to end before they were seen. By this time, the x-ray unit had closed necessitating a separate visit. Patient transport services were also closed, and they had to wait until an alternative was arranged. That night she had a massive seizure that the individual feels was brought on by the stress of the day". Individual, Bearsted

"Staff seem to pay no attention...to the distance the patient has to travel. For example a 9.30am appointment at Kings in London, no amount of telephone calls has enabled me to change this so we will have to travel through the rush hour in London with a sick man with heart and lung problems." Voluntary sector organisation, Sevenoaks

"My mother-in-laws experience of patient transport services. The transport turned up at 9am instead of 10am for a 12pm appointment. She was the only pickup. When I spoke to the lady making appointments for the clinic she said that transport was a law unto themselves despite being given clear instructions." Senior Citizens Forum Swale

### **Appointment times**

"Admin staff seem to pay no attention whatsoever when making appointments to the distance the patient has to travel. For example a 9.30am appointment at Kings in London, no amount of telephone calls has enable me to change this so we will have to travel through the rush hour to London with a sick man with heart and lung problems" Link participant, Sevenoaks

## **Car Parking**

“Medway Hospital is very good with Blue Badge holders. They have a pay on exit system and will validate the tickets of blue badge holders allowing them free parking. However, the badge holder must be present, meaning there are problems if someone is rushed in or late for an appointment.” LINK participant, Grain

“Transport is one of the ever present Issues in this Area and with a new Hospital on the way On the Pembury Site, planned with a Car park which is too small in the view of many of the local Population, and a proposal for the NHS to support the first three years of an "improved" Bus service with a large subsidy from funds that should be used to TREAT patients.” LINK participant, Tunbridge Wells

‘I am unable to walk very far. I have driven to my GPs surgery 3 times this week and been unable to find an empty disabled parking bay and have had to rearrange the appointment each time.’ Member of the public by telephone.

## **Information from Debates / Workshops**

### **Rainham – 24 March 2010**

#### **General Comments**

- Volunteer car scheme works well although not enough volunteers so limited to the number of journeys they can carry out. One off registration fee then 40p/mile. Local and London hospital journeys.
- GPs not statutorily obligated to do anymore than give patients information about transport, it is the patient’s responsibility to take it further and go through the booking system.
- SECamb is the Medway provider, negotiations on start time of drivers, review taking place to help get patients to their appointments on time.
- SHA discussions about patient contributions.
- All sector integration of transport schemes.
- Service Improvement Plans in contract between commissioners and provides informed by patient feedback, will help with future service planning, contracts – 5 year tender process.
- People want accessible transport not necessarily for free.

#### **Booking System/Logistics**

- Medway booking system does give information on other options available to patients who aren’t eligible. Is information sufficient? Work in progress and being reviewed.
- If no physical / visual disability it is assumed patients are able to make their own way.
- Initial diagnosis at Medway, transferred to London hospital but no transport offered to get home, couldn’t walk, picked up by car but painful for patient.
- Patients not always asked how they got to hospital in the first place.
- Escorts are permitted but it is based on patient’s assessment and resulting decision.
- PTS booking system is based at hospital – discharge notes will include pts if medical need for patient.

## **Information / Communication**

- People on benefits eligible to Local Authority refund on transport costs.
- Every GP surgery should advertise transport options, key phone number / helpline.
- Patients in hospital not necessarily made aware of transport alternatives.
- Service users discharged from ward, wait for medication can be long, patients worried about getting home.
- No adequate support for patients who don't have family / friends.
- Flyers rather than leaflet especially in GP surgeries as leaflets not always accepted in places due to Swine Flu.
- Helpline to talk you through the process.
- 0800 but also a landline for those who only have mobile phones.
- QEQM leaflet is good.
- Countywide leaflet being developed locality based.
- Information not easily accessible at moment.
- Information should be at source, health facilities, and options for those not eligible for PTS.
- PALS – not always good or helpful.
- Patients not necessarily understand the role of departments but have different expectations.
- On internet.
- Business card style is popular.
- Laminated posters are easy to keep clean.
- Libraries – health noticeboard in each library.
- Directory needed in Medway, providers would have to keep it updated though.
- Hard copy and on the internet.
- Texting service.
- Email.
- Contact sheet on websites.
- Instant messenger.
- Gateways.
- Trained volunteers could give advice and sign post people.
- Entry point needed / starting point, people don't know where to start.

### **Mental Health**

- Chatham to Maidstone – MH issues / awareness. Travel to a new area hard for people to do along, cancelled appointment, patient given number but no further support.
- New criteria takes into consideration MH patients needs
- Appropriate support for MH patient to support their varied needs for attending appointments / clinics.
- MH – Self presented at A&E have to wait to see MH Team / psychiatric, no transport to get them home, taxi service provided by hospital not promoted to patients.

### **Access**

- Isle of Grain, issues attending specific clinics.

### **Eligibility**

- Patients not necessarily aware of PTS if they are eligible or not. GPs not all aware of options open to patients.
- Clinicians recommends patient is well enough to go home.
- Visually impaired patients are eligible to pts but escort (wife) wasn't able to go with patient.

- Disabled parent but child not eligible for pts, were told child should travel alone, parent couldn't take public transport.

### **Questions**

- Is transport part of care plan for patients staying in hospital? Is there a medical need?
- Patients not eligible for PTS, no money, how do they get home?

### **Support**

- Even when taking a taxi drivers not appropriately trained for some patients.
- Same taxi company used so same drivers do have an understanding.
- Taxi drivers – providers responsibility for ensuring contractual arrangements with taxi firm. Commissioner contractual – sub contractors must apply same rules eg CRB checks.

## **Chatham – 25 March 2010**

### **General Comments**

- Drivers friendly / helpful, no complaints, not been late for appointments - Help Hands – volunteer driver scheme.
- PTS late, drivers overworked, not their fault, appointment cancelled, drivers helpful though.
- London hospital ambulances / drivers poor, St Thomas / Guys Hospitals.
- Private cars are good.
- Volunteer driver services in Medway – Hands
- Medway volunteer drivers have been clamped whilst dropping off patients at hospital.
- Cross roads and dial ride are volunteer schemes.
- Medway Council 'out and about'.
- Volunteer drivers are scarce but are more caring – would prefer to use volunteer drivers rather than PTS. PTS drivers have targets to meet where volunteers do it because they want to.
- 'Feels like bums on seats = money'.
- Consideration not often given to patients conditions.
- PCT will now have overall responsibility for PTS.
- Currently has contract with SECAMB.
- Financial arrangement changing in Medway.
- THWG - Holistic review to include volunteer drivers and procedure for dropping off at hospital.
- Volunteer centres who run volunteer driver schemes – what is insurance / liability implications? Also liability of carer if patient falls etc disclaimer?
- If transport on tap may be misused by those not needing it necessarily.

### **Booking System / Logistics**

- Booking problems, patients being left in waiting rooms for hours waiting for PTS.
- Logistics of pick ups /tying in with patients appointments.
- Timing of appointments unrealistic – affects public transport and the cost of taking public transport.
- Choose and book doesn't allow times to be chosen just location.
- Booking system – breakdown between links in the chain if you see different doctors / consultants
- Logistics of picking patients up / dropping off. Who and what type of patient?

- When booking transport better communications needed between patient / clinician and person on booking line.
- NHS Medway mapped patient process last August. Booking system centralised PTS and community transport – SECAMB does both.

### **Information / Communication**

- PTS finishes at 4.00pm but patients aren't told that.
- GPs are not always referring patients for PTS. Comes out of their budget?? Affects priorities as they think 'can someone else pay for it?'
- No apparent communications across departments, hospitals, GPs, breakdown in communications.
- Patient feedback – performance review meetings quarterly, Service Improvement Plans, key performance indicators – financial penalties.
- Leaflets, pictures for LD, English not first language etc.
- Needs to be simple.
- Point and pick example.
- Phone booking line, simplify, not multi options, person to person better.
- Booking system needs to be easy for people understand
- Write information from simple perspective – outside / in and consider visually impaired.
- Did speak to a person on the Medway / Maidstone booking line.
- Need one number.
- Process needs simplifying for new users. Can be easy to use if you've used it before.
- Not seen literature of PTS at hospitals.
- Infection control reduce number of leaflets.
- Laminated posters are okay.
- TV screens throughout hospitals and GP surgeries.
- Leaflets could be circulated to libraries.

### **Mental Health**

- MH – Patient sectioned not always picked up until last, if sectioned should be ambulance and police. LD patients in similar situation.
- KMPT have separate contract arrangements for pts.
- Patients with MH not offered the right transport options whether sectioned or not.

### **Questions**

- How does NHS Medway assess / review current service process? - Looks at aborted journeys / delays. Results not published. Comparable information so choices of providers can be made based on information. Providers under contract to report on aborted / delayed journeys. PCT holds them to account.
- A&E admittance = how do they get home? Taxi contract and acute pays for it. Taxi contract has own criteria – not a free service, paid for by acute for those who meet criteria.
- SECAMB driver are they obliged to ensure patient is delivered to their home / through the door? Insurance liability?

## **Canterbury – 26 March 2010**

### **Group One**

#### **General Comments**

- Drivers are wonderful.
- More patients very happy with service.
- It's the system not the service.
- Voluntary sector – shortest, not quickest route.
- Forgotten – had to get taxi (PTS).

#### **Booking System/Logistics**

- Pick up times 6 – 8, ready by 5.30pm.
- Long wait for service to get home. All packed up together so have to wait for person who takes longest at appointment.
- Providers getting dates wrong resulting in extra week in hospital.
- Unable to get through to providers.
- Late (pm) provision unsuitable for patient with dementia resulting in extra night in hospital
- Appointments for 9.30am – not picked up until 9.30am turning up early for return.
- Drivers can't always take patient to the door (if there are still passengers on board).
- Missed transport appointments to back of queue and left waiting until slot available.

#### **Information / Communication**

- Information not accurate, leaflet to be updated, free bus pass not until 9/9.30am, bus route wrong.

#### **Eligibility**

- Triple bypass – discharged, delivering letter to doctor and told to attend surgery, but no transport available.

#### **Recommendations for Improvements**

- Information should be sent out with outpatients appointment (initial appointment).
- Need map of hospital showing where to enter.
- Age of service group – may not have access to net or even telephone – how to communicate, need to talk to them and ask.
- Communicate with care workers.
- Have one point of entry for information.
- Have regular driver who knows patients (regular patients).
- Large print format.
- Legible map.
- Contact numbers for providers (that are answered), not premium numbers, not automated 'pick a number' services, alternative number if they can't get through to initial number.
- Complaints – who to contact.
- Info should be on web, age concern day centres, library, bus station, post office.
- In a credit card format.
- Contractual agreement with providers to be more specific for example max length that patient will wait (under discussion by PCT / provider).
- Transport planners at providers, rather than computerised system – duplication of services.

- Range of providers need to talk to each other.
- Mental health trust need own transport with drivers who have awareness of mental health issues.
- Clarification of responsibility of provider re duty of care (dropping at door).
- Pre booking needs to take into account patient requirements – distance / timing.
- Discharge times to be when pts is operating.
- Ward staff to make booking asap – waiting for medication adds to time waiting for PTS, should be taken into account.
- Patients need to know who to contact and communicate own needs (may have changing needs that impact on transport) concerns about late transport and missing appointments.
- Make sure that people using pts are given appointments at similar times so can travel together.
- Make sure that appointment timings take into account – public transport, bus passes, people at work.
- Regular feedback from users on experience, not just numbers, qualitative rather (or as well as) quantitative.
- New ambulances – lights obscured by wheelchair lift – EKHUFT
- Renal transport – ambulances taken home therefore not available when driver on leave or ill.
- Communicate with discharge nurses and integrate into process.

## **Group Two**

### **General Comments**

- Drivers and care received by ambulance and volunteer car drivers very good, kind
- Even if experience is bad – drivers are good.
- 999 ambulance response very quick, care good, fantastic service.
- Given choice of transport at St Martins (independent hospital) taxi was paid for as patient was eligible .
- Paramedics good services, rapid response (999).
- Volunteer drivers have more time to care, be on time etc.
- Voluntary schemes are short of drivers, so drivers coming from out of area which costs the patient more.
- Volunteer drivers organisations some logistical problems.
- Hopper under used, not advertised, patients might be able to get to local hospital to get on hopper bus to go to other hospitals, subsidised/free service for patients, KCC, EKHUFT.
- Estuary View – no transport to health services, transport not included in planning, Tesco bus running but only four mornings a week. Assumption people can get to GP which is not true.
- Withdrawal of transport services an issue to save costs, facilitated discussions, patients out spoken about it being vital. Patients offered to contribute but NHS said no because its provided by NHS that should be 'provide at point of need' and not allowed to charge patients. Affordability criteria for contribution if patients want to.
- Buses increased into Canterbury hospital during the day.

### **Booking System / Logistics**

- Collecting from home by car is prompt.
- No specific times given to patients just time frame.
- Logistics of picking patients up needs looking at, made more effective.

- Patients in hospital not told what time being taken home so waiting around.
- Inappropriate transport for patients on occasions.
- Pts – lack of information given to drivers as to patients conditions.

### **Information / Communication**

- Patients not asked if they need transport of any kind.
- GPs not asking or telling people of options.
- Lack of information about patient's condition for transport, allocation of appropriate transport compromised, also need information about how patients can get into transport eg from ward, do they need wheelchair etc.
- Patient should be told how long they will have to wait.
- Kent & Canterbury no waiting place for people being picked up, no where to sit and wait to be collected. Lack of information, there is space allocated but no signs.
- No information/waiting areas.
- Staff in WHH didn't know where to get on, hadn't heard of bus.
- Bus not clearly marked as inter hospital bus (hopper bus) KCC/EKHUT.
- WHH hard to get information at reception area.
- Patients not told how much luggage they can take into hospital/home on patient transport – holistic approach needed.

### **Mental Health**

- YP mental health ward closed at Thanet now at WHH but patients directed to PALS for travel information but PALS don't have that information.

### **Eligibility**

- Reviewed eligibility criteria more generous than expected now allows for clinicians to have more scope – not too restrictive.
- Patients not told about eligibility criteria.

### **Questions**

- If GPs refer a patient for pts who pays?
- WHH inter hospital (hopper) bus (with Kangaroo picture) hard to find information in hospital or on website. No pick up/drop off information.
- Will report go to HOSC? – Yes! Martyn is taking a report on 'transport and health' to HOSC in July. We should get in touch with the Local Medical Committee (LMC) because GPs are their statutory responsibility.

### **Recommendations for Improvements**

- Raise awareness of eligible and what alternatives are.
- Carers feeling pressured to take MH patients to hospital because of waiting times for PTS and this isn't appropriate if MH patient needs more appropriate transport and support.
- Circulate information via Age Concerns, Pensioner forums, PALS and other networks who can disseminate.
- Leaflets are available for non eligible patients but not readily available.
- GPs need to be using common sense about referring patients for transport – could administrator in surgery do that/be responsible for offering advice and information to patients? GPs should be asking patients if they need transport as part of referral to secondary care.
- Stand/notice in all hospitals, clear signposting for patients wanting transport.

- Appointment letters to include transport information, more consistently if being done already.
- Phone number – couldn't get through, couldn't talk to someone.
- Each NHS organisation has its own booking system – review looking at possibility of one integrated booking system.
- Local volunteer centres with local knowledge organise their transport more effectively, centralised system in East Kent. More local intelligence for logistics, 'local is more efficient'.
- TV sets in local surgeries to advertise information.
- Online information? Not necessarily the first place people will look.
- Word of mouth very effective.
- Speakers at forum meetings, community events, fayres, community centres, KCC gateways, KCC wardens.
- Could hopper bus be used by visitors and staff as it is under used?

### **Notes from Isle of Grain Disabled and Carers Group**

One participant said that the island has a high incidence of diabetes, cancers, ME, MS etc possibly to do with the high levels of industry and agricultural chemical in use around Grain.

They had a couple of issues that started to emerge. The main one is about access to phlebotomy services, but this was indicative of the general problems they have accessing healthcare.

The Brice centre has the nearest Phlebotomy Clinic, a 24 mile round trip on an unreliable bus service. It can take 45 minutes to get there, they can wait 2 1/2 hours for their appointment and then the journey home including waiting for the bus. over four hours out when you are fasting.

One person was given an appointment at Maidstone hospital. To get there requires a bus, then a train and then two more buses. A 12 hour round trip including the appointment.

There was conversation around the need for carers to travel so that they can help cope with information about the medication that the patient is given.

They said that they had no idea who to contact about PTS. They also said they wouldn't know who to complain to. But if they did they would be too ill or worried about 'being blacklisted' to complain.

They would like simple information about what is available, the basic options available with a telephone number of someone they can speak to. I have since e-mailed Joy with this information. They felt this information should be on A4 posters and displayed in doctors surgeries. They also suggested that the information is carried in local community publications, for example Grain has the 'Grain Village News' which is published by the Parish council. This would mean that the information could be kept up to date.

One participant said that he left hospital unable to walk after a leg operation and wasn't offered PTS. They felt that Doctors and nurses needed to be educated about transport and be more aware of patients needs in this regard.

A participant with MS asked how the eligibility criteria would be applied to her as sometimes she can cope, other times she can't.

Medway Hospital was very good with Blue Badge holders. They have a pay on exit system and will validate the tickets of blue badge holders allowing them free parking. However, the badge holder must be present, meaning there are problems if someone is rushed in or late for an appointment.

## **Notes from Winslow Forum, Kent & Medway NHS and Social Care Partnership Trust**

We were invited to attend the Winslow Forum meeting to listen to members' issues and concerns regarding patient transport.

There were two main areas for concern that came forward.

### **1. Booking process:**

- The booking process has changed from being done over the telephone, to being done by fax and now it is done via email. There were few problems, patients left waiting etc when bookings were done over the phone but faxes went missing leaving patients without transport. The email system seems better because it is easier to follow them up.
- "if booking repeat journeys for repeat appointments patients not always picked up for second appointment."
- Regular appointments are an issue, emailed PTS Booking system with full details.
- Bookings used to be done on telephone and then had few problems. Then asked to fax bookings through but often they went missing so patients would be left waiting and no transport would come, now been asked to email which has made chasing up easier as there is proof of email.

### **2. Logistics**

- Patients left waiting to attend day treatment, picked up late, taken back early so don't benefit from full treatment. Miss out on social benefits of day centre.
- Not drivers fault, not organised logistically enough, coordinated properly.
- People spending long time sitting on minibus.
- Patient ambulances used now / EKHUT minibuses.
- Good experiences, fleet of cars.
- People wait around a long time after appointments, some times even until staff are closing up for the day, KMPT have taken people home in this situation on their minibus.
- Ambulance drivers don't always take patients up to the front door, people have been left in Arundel Unit reception and then wandered off.
- Drivers are supposed to handover patients to ensure their safety but they don't, patients get left in reception.
- Mini bus drivers are under pressure to pick people up in a short space of time. Different locations to different destinations, now have to seek management permission to take someone not on their list even if they live in the same street as someone who is on the list, drivers have to take the first patient and come back so they have permission to take them.
- Main problem is logistics not necessarily drivers, needs better planning.
- Decisions to pick up / take home down to managers not drivers which causes delays.

- KMPT pay for volunteer drivers in West Kent but system is different across East Kent.
- Drivers not mental health awareness trained, lack of understanding, when a patient refused to go with a new driver the KMPT staff had to go and pick him up.
- Example: a patient attending the day clinic for anxiety therapy was kept waiting at home beyond the pick up time, arrived late for the therapy and then had to wait a long time after the session which made her situation worse.
- Canterbury and Thanet have their own minibus for collecting patients but it means staff are away from the centre during sessions.
- Repeat transport is treated as a one off booking; transport has to be rebooked every week.
- Transport often arrives too late to get there in time for appointment meaning that the treatment is rushed.
- I have seen two different drivers picking up two people in the same street.
- My next door neighbour travels to ten hospital for something different and is sent in a separate bus.
- Central logistics means that there is no space for local decision making.
- The routes are sometimes badly planned; I have gone from Hythe to Dymchurch and then back to Hythe.
- Waiting and long journeys increase problems for people having therapy for anxiety. Particularly when transport is late for the appointment or people are left waiting a long time for their journey home.
- Transport has arrived after staff are supposed to have finished working for the day. Staff from the unit end up taking people home in the unit minibus.
- Handover is insufficient. Patients don't get taken to their front door. One patient was found wandering outside the hospital by a relative.
- A patient with Dementia asked the driver to drop him in town, which the driver did.
- People are grateful for the service and tend not to complain.
- Some provision of volunteer car service, costs covered by KPMT. However the patient doesn't know whether they will be picked up by bus or car.
- First visits by anxious or agoraphobic people are unlikely to happen without transport.
- It is unclear whether drivers are trained in mental health awareness.
- It would make more sense for the day hospital to have its own transport co-ordinator.

## Information from Online and Paper Surveys

### Online Surveys

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
<p>We have a lot of satisfied clients that use our service constantly.</p>	<p>Not enough parking - we have drivers that will not go to Maidstone Hospital at the moment because of the lack of parking. Our drivers are using a parking permit that is long out of date, because there has been a new company take over parking at Maidstone hospital, and nothing has been done to address this issue. Appointments at the last minute - hospitals etc do not take into account patients having to organise transport for these last minute appointments. Cancellations &amp; re-bookings - there are an awful lot of cancellations and re-bookings made by hospitals, doctors etc and again it is not taken into account the costs incurred by the volunteer transport when having to re-arrange, and also it is not taken into account that last minute cancellations may have prevented another patient from getting transport to a different appointment.</p>	<p>All of the above needs addressing - parking designated for voluntary transport would be a start. All hospitals operating the same system for voluntary car schemes so that one card or similar could be used to cover all hospitals, which would make administration and use a lot easier.</p>			<p>Who is entitled to what transport, and what clients should do if they are not entitled. Any costs involved. How much notice is needed for each transport scheme and what times they operate from and to.</p>	<p>On-line Leaflets at relevant places e.g. hospitals, doctors surgeries etc. Posters explaining the options in the same places, plus in the local community</p>	<p>see above + local radio and hospital radio</p>

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
	Bariatric transport - delay in vehicle from Folkestone and lack of staff training in use - stretcher too narrow	use approved contractors like London do with AST who can send appropriate trained staff with correct equipment a lot quicker cutting down stress etc to patients	none		details on ways people can be moved giving a database to regular users at control so to avoid in appropriate vehicles being sent and that way cutting delays and costs to service		at control centre and a web giving community place to register and fill in info / update
None.	Ambulance took 4 hours to arrive.	Patients should be told that transport is available, what form it will be, and will it be a minibus full of people being delivered all over the Medway towns, taking over an hour for the last person, or individual transport for one person.	None.	Everything . Have never even been told that transport was available.	The fact that transport is available, when and how do you get it.	On line, and in a discharge information pack.	To the patient.

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
Using Swale Volunteer Centre's Social Car/Volunteer Transport Scheme. I find the volunteer drivers that provide the transport using their own cars very friendly and helpful and nothing is too much bother. The costs are very affordable and I find the service a real lifeline and don't know how I would get to my hospital appointments without it.	In the past when I was younger I used public transport but living on the Isle of Sheppey - it is very difficult to use public transport to get to Medway Hospital.	The Swale Volunteer Car Scheme I mention above is only open to take bookings in the morning - it would be very helpful if they had more grants and money given to them so they were open all day and you could then book cars more easily. It would also be good to be able to book transport at short notice.	A friend told me about Swale Volunteer Car Scheme and I have used it ever since - it would be helpful if better information about these types of services were sent to you with appointment information.		About all the various means of getting transport to Hospitals	A variety of different formats including poster, leaflets and also on the internet.	Libraries, community centres, Doctor's surgeries and posted to you with appointment information
none	none	none	none	none	disabled	large & braille	Library, hospitals, doctors council offices

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
Transport of husband to Robert Bean Lodge Day Centre Tuesdays very reliable and with friendly staff.	N/A	N/A	Visit from Day Centre Staff at our home	N/A	What we already have, e.g.. phone number of Day Centre, names of staff.	Printed sheet.	Given to Carer at patients home.
no experience	no experience	no experience but suggest that to protect taxpayers' money a nominal fee is charged to prevent potential misuse of this as a free taxi service (when everyone has to pay to get to hospital)	no experience	no experience	relevant charges	websites and via GP verbally	websites and via GP verbally
I live in Medway but I had an accident in London and was a patient at the Chelsea and Westminster Hospital for 5 days. When I was discharged they sent patient transport for me on three	My sister in law with advanced dementia and incontinence is being cared for at home with occasional relief visits to a nursing home. Transport is needed but not co-ordinated, causing great anxiety and avoidable delays and confusions. Council based social services for the elderly/care and nursing homes/NHS hospital transport/domiciliary services do not interface smoothly at all in Medway and it seems to me there is no one person who has overall	Stop ticking boxes about "putting the patient first" and actually start doing it.	Without asking - none	Someone with the authority and the time to co-ordinate actions			

occasions to take me in for checks, x-rays and plaster cast removal. This was a great help to me.	authority to organise it - not the GP nor the Care Manager or anyone else I have come across.						
Being dropped close to clinic	The cost of using the Volunteer Bureau		None had to search, age concern referred me to vol. bureau after I phoned them a couple of times	Any information. Have higher rate mobility allowance, but Dr. ticked box for no transport needed, I walk with 2 sticks and cannot get on a bus-steps are a great problem. In same GP practice, a car owner/driver was organise a hospital car for a follow up appointment, although already back at work ! Consistency would be nice.	Who is eligible Where to apply and maybe the cost	All that is needed	with any and all appointments sent out Dr's surgery

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
2 Occasions .....NO	1) told to get myself to A&E K&C Hospital by nurse at Dr's surgery.....suspected deep vein thrombosis.... and to take overnight bag. I had to call an acquaintance to take me. I was kept in.... congestive heart failure.....patient transport not mentioned. 2) follow up visit to cardiac for echo cardiogram.....again patient transport not mention....had time to set up.....had to take private taxi ..... £14.00 each way....	Suggest better publicity for BOTH cases..... at Surgery, at Ward, at Appointments everywhere!!	Nothing	Information about service.....pretty basic	WHO to contact WHERE to contact WHEN to contact HOW to contact EMERGENCY CONTINGENCY	POSTER S HANDBILLS CLUSTER POINT WEB SITE	at point of service in appropriate style and language for distribution to individuals who are there in person or who are written to for appointment
Ambulance Service works Well	Not aware of anything not working .Some local's comment about the Out Patient Ambulance Service and having to be ready to go hours before it arrives then going on long journey picking up other Patients.	Not so much of change . Being aware that in the Maidstone Tunbridge Wells area the distances between the Hospitals and therefore the different Services provided by each of the sites, Could mean quite long journeys on slow bumpy Busses and two or three of those on a journey which could take all day in some cases, and by	Available information not the best. Appointments should contain information on all routes to the Site. Bus Rail Car and details of Parking costs. If a local Park and ride service is available it should be published. I.E As far as I know	Info' on Car Parking and Bus Services To / from any of the local hospitals.	Everything to do with getting to and from the Hospital Site including maps	Leaflet with Diagram + some information on distances.	Should be sent when appointment is made by the hospital or GP

		Patients who are not well.	there is NO service from Maidstone Park and Ride to Maidstone Hospital, But Why Not have such a service.				
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We run a volunteer transport service at the Volunteer Bureau and are overwhelmed by people who need transport to hospital appointments as well as to doctors/dentists/chiroprpodists etc. People who use our service do so because they are unable to use public transport for reasons such as health (mental and physical) and finances.	I am constantly surprised at the types of people turned down for hospital transport. Recent example is a pensioner turned down despite the fact she had to go every day for 4 weeks to Maidstone from Tunbridge Wells for cancer treatment. She couldn't afford a taxi and felt too ill to use a bus. She had no relatives available to take her.	Service needs to be expanded.	n/a	n/a	phone numbers for all local transport should be on appointment letters	Leaflet and on hospital web sites	hospitals, doctors surgery
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**Paper Surveys**

What worked well, did you have a positive experience?	What didn't work so well, were you unhappy about something relating to the patient transport?	What do you think needs changing to ensure the patient's experience improves?	What information was available to you and where?	What wasn't available that you feel would have been helpful?	What information do you think should be included?	What format should that information be available in?	Where should it be available?
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					Full details of public transport at the information desk.	Bus and train timetables	Front Foyer
My neighbour has had excellent service from car transport, necessary to organise and have cataract operation.	<p>The above mentioned neighbour did not know that she had to request transport in the first place!</p> <p>I will recount a sorry saga about my blind cousin who has recently had a spell in Maidstone Hospital. The phoned his wife to say that he would be home at 12pm, then 2pm then 4pm. She said 'don't bother' I will get my son-in-law to come and get him.</p>					<p>The main format must be telephone. People with cataracts for instance can't read printed matter, then deaf may not hear the phone</p> <p>There needs to be a link up with the patient's doctors and carers to ensure no wasted transport.</p>	
I travelled by local bus. Original appointment made at hospital to suit bus times. That appointment cancelled by hospital. New appointment	Return bus infrequent. I was able to walk up to A2 road to catch 132 bus (every 10 mins) but physically disabled patients could face a long wait for return buses.	Hospital appointments staff need to be aware of bus timetables and discuss suitable appointment times with patients, especially disabled. The real solution is a much improved public transport service.	Bus timetables available from Council contact points.	Some indication of how long I was likely to be in outpatients so that I could plan my journey home.			

made which didn't fit bus times, but I caught an earlier bus and took a book to fill in hours wait.							
Netcare treatment (as NHS patient), Netcare provided free taxis to/from their unit to/from home on three occasions (as a matter of course). Excellent service.	Polyclinic Estuary View - appalling lack of transport resulted in me having privately funded transport. Now partly changed - Tesco provide free bus service Tues-Fri mornings only; hardly an adequate service.	Pre-building planning of how patients are going to get to any new services  Parking - paying in advance (at certain hospitals) is most unsatisfactory, as length of visits are rarely predictable  Giving free parking to patients needing ongoing visits to hospitals, clinics etc.	GP mentioned (in passing) that Tesco was now providing a (limited) bus service to Estuary View.	Old health centre (Whitstable) failed to give travel information - was not even raised by them (all car owners perhaps!)	Eligibility for free transport  Cost - if appropriate  Availability	Verbally (notices are rarely read by the public) and some can't see anyway.	At GP surgeries and all health facilities and to be given at time of booking appointments/automatically.

<p>When my operation was cancelled at the last minute due to the snow in December the ward arranged for transport to take me home as there were no buses available. The driver and assistant were excellent and got me home safely and made sure I got down the steps and into my house.</p>	<p>I haven't had any other experience as I'm usually collected by family or arrive by bus. I have to get two buses and have to make sure I leave an hour before my appointment.</p> <p>I have heard that patients find that they can be collected and have to go round collections of other patients which can be annoying or uncomfortable. waiting to be picked up or waiting to be taken home. Also, some missed their appointment say for physio.</p> <p>I was at one appointment and talking to a lady who had arrived and had two appointment or was sent off for an x-ray and missed her return transport by a few minutes and although staff had sent to arrange transport she was waiting for a very long time. A nurse saw her and was surprised she was still there and went to find out why.</p>	<p>Communication between departments</p> <p>Patient collecting and return times more flexible</p> <p>Making sure patients arrive in time for appointments and are seen on time.</p>	<p>None.</p>	<p>Information when coming into a hospital for an appointment as to what? I could be entitled to hospital transport, but who would arrange it?</p>	<p>Who and when patient transport is available. Who to contact. Is there a costs. Is there a voluntary organisation that could be used?</p>	<p>Leaflet.</p>	<p>As above. At Doctors surgeries and information centres.</p>
			<p>None available</p>	<p>Transport to hospitals and psychiatric clinics, GPs surgeries .g. Ramsgate to Canterbury needing physical support.</p>	<p>Times and places for pick up in walking distance from house (limited).</p>		<p>In GPs surgeries information desk!, local papers, link news, mencap news.</p>