Canterbury City Council Health Scrutiny Panel
Patient Transport to Hospitals

1. Introduction

The Health Scrutiny Panel agreed the scope for a review into patient transport in August 2009. The Health Scrutiny Panel Members that took part in the review were Councillors Seath (Chairman), Bissett, MacCaul, Calvert-Mindell, Jackie Perkins and Sonnex.

As patient transport is potentially a vast and complicated topic, the scope of the review was limited to looking at the qualitative patient experience of non-emergency transport to the local hospitals. This had been the subject of Member and public comment over the past year. The Panel's concern was that the quality of the patient transport experience to the local hospitals could be improved in terms of: timing: punctuality and journey length, cost, comfort and information on transport choices.

During the early stages of the review, the Panel became aware of a wider review of patient transport that was to be conducted by the Kent Local Involvement Network (LINk). The Kent LINk is an independent network of local people and community groups that work to influence and improve Kent's health and social care services. LINks have statutory powers to investigate the NHS.

The Development Worker for the East Kent area of the LINk attended a meeting of the Panel's investigation to explain about the review and how patient transport had come to be a priority in the LINks programme. It was explained that the LINks review was wider in scope and the geographical area it would cover. As part of the LINks evidence gathering the Health Scrutiny Panel could participate by providing local information to this wider review. The Panel therefore agreed to submit its findings to the Kent LINk's review of patient transport to provide local evidence and avoid any potential duplication.

2. Summary of key findings

The Panel's key findings are set out in section 5 of this report. They are summarised as follows:

- *Opportunities for improving communication between the different agencies must be incorporated into the next review of contracts between the Eastern and Coastal Kent PCT and transport providers.*

- *Patient transport needs must to be monitored and re-evaluated during treatment.*

- *The PCT must ensure that a consistent approach to monitoring patient satisfaction is taken by the various transport providers through the next review of contracts.*

3. Conduct of the review

The Panel held a series of meetings to gain an understanding of the non-emergency patient transport services operating within the district. The Panel met with representatives from the following organisations:

- Canterbury and Herne Bay Volunteer Centre
- Eastern and Coastal Kent Primary Care Trust
- Kent County Council
- Kent LINk
- Kent Karrier
- Pensioners Forum
- South East Coast Ambulance Service
- Whitstable Volunteer Centre

The Panel would like to thank those who gave their time and insight to the review.

4. Background to patient transport services

Non-emergency patient transport services to hospitals are provided through a number of contracts agreed with multiple commissioners.

In the Canterbury district, patient transport is primarily commissioned by the Eastern and Coastal Kent Primary Care Trust and delivered by the East Kent Hospitals University NHS Trust. Other providers include South East Coast Ambulance Service, Volunteer drivers, Kent Karrier, public transport and taxi drivers.

A summary of these organisations and their role with regard to non-emergency patient transport is provided below:

4.1 Eastern and Coastal Kent Primary Care Trust

The Eastern and Coastal Kent PCT commission patient transport services based on the needs of the population. The PCT covers over 700 square miles and encompasses the Canterbury, Ashford, Dover, Shepway, Swale and Thanet areas.[1] The PCT was created in October 2006 and replaced the five former PCTs of Ashford, Canterbury and Coastal, East Kent Coastal Teaching, Shepway and Swale PCTs.

The contracts between the PCT and transport providers are currently being reviewed in terms of service specifications and funding. The PCT holds monthly performance meetings with transport providers to ensure that the specifications in the contracts are being fulfilled. However, currently information on patient satisfaction is not a requirement of the contracts

[1] http://www.easternandcoastalkent.nhs.uk/about-us/nhs-eastern-and-coastal-kent/

between the PCT and transport providers. Therefore, no information on patient satisfaction is currently received by the PCT.

It was explained to the Panel that the number of transport providers commissioned by the PCT was largely historic and had arisen out of bringing together the five former PCTs. It was intended that in the long term, the PCT would tender for one contract to encompass the entire PCT area. However, there was currently a mixture of different transport providers that require co-ordination.

4.2 East Kent Hospitals University NHS Trust (EKHU NHS Trust)

East Kent Hospitals University NHS Trust is the largest provider of non-emergency patient transport across the PCT area. The Trust provides free non-emergency transport to people too ill or immobile to get to hospital by car or public transport. The service operates 24 hours a day, seven days a week.

The Trust has 46 ambulances and also uses Medicar, volunteer drivers and private taxis to support its service. Two types of ambulance are used; large ambulances capable of carrying people on stretchers and smaller vehicles that take up to five people. The Trust undertakes 200,000 patient journeys each year including taxi and volunteer driver journeys. Journey lengths are calculated using an IT system called CLERIC. Patients should not be in the vehicle for longer than one hour and should not have to wait longer than two hours before being picked up from their homes to be taken to the hospital. It was explained to the Panel that 94% of patients were picked up within two hours (the national target is 96%), 75% within one hour and 34% within half an hour.

4.3 South East Coast Ambulance Service (SECAMB)

The Eastern and Coastal Kent PCT commission South East Coast Ambulance Service to provide non-emergency transport. Overall they provide 436 000 journeys per year, although a significant proportion of these are outside of the district. Within the district SECAMB focus on transport to and from the cottage hospitals including Gregory Day Unit in Canterbury and the Queen Victoria Memorial Hospital in Herne Bay.

In addition to their own vehicles and drivers, SECAMB use volunteer drivers to support the service they provide. Approximately 20% of journeys are undertaken by volunteer drivers. The current quality standard is that no patient journey should be longer than one hour and should arrive within 30 minutes of the appointment time.

Patients are requested to be ready 1.5 hours in advance of their appointment. If the transport is running late, SECAMB contact the hospital to ensure they are still able to see the patient before they are transported.

SECAMB operate between the hours of 8am and 6pm. Outside of these hours it is possible for patients to travel on emergency vehicles. However, generally transport is not provided outside of these travel times.

4.4 Volunteer Drivers

Both the Canterbury and Herne Bay Volunteer Bureau and Whitstable Volunteer Bureau offer a driver service that can be booked directly by the patient or by the patient's G.P or hospital. Volunteer drivers are primarily used by patients who are not eligible for free transport provision and passengers are charged approximately 40 pence per mile.

Patient transport providers rely on volunteer drivers to supplement their service. The EKHU NHS Trust and SECAMB both employ volunteer drivers. The EKHU NHS Trust use 37 volunteer drivers and provide them with basic training on hygiene and customer care. SECAMB use 136 volunteer drivers. They are CRB checked and have their driving ability assessed. Volunteer drivers are not expected to lift patients and are therefore not provided with manual handling training.

Because the service is run by volunteers, transport has to be pre-booked and the drivers are normally not able to respond to immediate transport needs in the same way as the PCT commissioned transport. The difficulty in recruiting enough drivers to fully support the service was also highlighted.

It was explained to the Panel that patients mobility and need were monitored by the volunteer centres to ensure that the appropriate driver and vehicle were booked. It was reported that patients often establish a rapport with particular drivers. Also that the service was preferred by patients as they could be picked up at a more specific and convenient times and travel individually. The drivers stay with the patient whilst they wait for their appointment or arrange with them a time to be picked up. Therefore the patient is able to travel straight home after their treatment. The volunteer drivers also help patients by carrying out additional tasks such as picking up prescriptions from local pharmacies, although this is at the discretion of the individual driver.

4.5 Kent County Council

Kent County Council (KCC) both arrange and procure transport primarily between home and schools. However, access to healthcare is a key criteria when commissioning public transport services. The government target NI 175 sets a percentage target for the number of households that are within 30 minutes of a hospital by public transport. KCC's five-year plan for this target is that 55% will fall within the 30 minute radius.

KCC's spends £40 million each year on transport provision. Of the bus services across the county, approximately 80% are commercial services and 20% are supported by KCC. Access to health is one of the four criteria KCC use to assess whether bus services should be subsidised along with employment, education and essential food shopping.

This necessary bus service budget is £7.5 million. Of this approximately £2 million is allocated from the rural bus subsidy grant awarded by the government.

People who do not live on a bus route can claim for the cost of alternative transportation through the hospital travel cost scheme. All public buses are required by legislation to be accessible for people in wheelchairs by 2017. It was reported that Kent is on target to achieve this.

The East Kent Integration Transport Group which consists of County representatives and bus operators produce three leaflets on transport options to the Kent and Canterbury, William Harvey and Queen Elizabeth Queen Mother hospitals. The leaflets include information on public transport, volunteer schemes and Kent Karrier (see 4.6 below) as well as the hospital travel cost scheme. Each leaflet is distributed widely at GP surgeries, railway stations, public libraries, and Gateways. The Panel considered it particularly important that these leaflets were displayed clearly in all GP surgeries across the district to ensure transport options are communicated clearly to patients.

4.6 Kent Karrier

Kent Karrier is a membership transport scheme funded by KCC and the city council. Canterbury district has the most extensive service across the county and the highest Membership with approximately 420 Members. Like the volunteer service, the Kent Karrier provides an alternative to those people who do not qualify for non-emergency patient transport. The Kent Karrier operates one return journey per day Monday to Friday from different areas of the district to Kent and Canterbury Hospital. It also operates a return journey to Herne Bay and Tankerton Hospitals on Monday, Tuesday and Friday.

5 Key findings

A summary of the key findings which the Panel would like the Kent LINk to consider as part of its review of patient transport is set out below:

5.1 Journey length and comfort

The evidence received by the Panel was that generally patients were picked up from their homes and transported to hospital within the time period targets set in the contracts between the PCT and transport provider. However, this still means it can take up to three hours between the time the patient has to be ready for and arrival at the hospital. This wide time window also means that patients often arrive either early or late for their appointments extending the amount of time they spend in hospital waiting for treatment. However, the Panel did note that in cases where the transport is late, the transport provider liaises with the hospital to check whether it is still possible for the patient to be seen for treatment.

It was reported that it was more challenging for transport providers to meet the demand of patients waiting for transport once they have been discharged as

there was less scope to plan journeys in advance. For example, a member of the public stated that following discharge they had waited approximately eight hours for transport to arrive before having to cancel it due to the late time. They finally arrived home at 8.40pm the following day.

In addition, the target wait time between the patient being discharged and their transport arriving does not include the time they may have already waited to collect prescriptions at the hospital. For example, in accordance with the East Kent Hospitals University NHS Trust's target, patients should not have to wait more than two hours from the time they are discharged to when their transport arrives. However, the reality is that they may have waited longer than this once the time waiting for medication is included. The wait time monitored between discharge and transportation does not therefore give a full picture of how long a patient may have waited in total.

5.2 Communication

The Panel learnt that due to the large number of different agencies and people involved in booking and providing patient transport, communication between them is extremely critical. Several people and agencies are normally involved in booking an appointment, for example, G.P, hospital and transport provider. In addition, each of these has individual computer systems with patient and journey information. Finally, there are multi transport providers.

The Panel considered that whilst patients do not mind which agency is supplying the transport, there was a lack of awareness and sometimes confusion caused by the number of different providers involved. The Panel felt that patients should where possible, be made aware which transport provider will be collecting them and given a telephone number they can ring.

In addition, examples of where communication had broken down were reported to the Panel by both transport providers and members of the public. For example, more than one vehicle being booked for the same patient, inappropriate vehicles being booked or no transport arriving at all. This was attributed to the number of different agencies involved in booking patient transport and an indication of poor co-ordination. Commissioning one patient transport provider for the PCT area could help overcome this potential confusion. Therefore the Panel welcomed the PCT's long-term plan to commission one provider.

The Panel welcomed the fact that a Transport for Health Working Group has been established to overcome these communication issues. The Group is jointly chaired by the PCT and KCC and its intention is to co-ordinate the various work streams and communications. *The Panel considered that opportunities for improving communications between the different agencies must be incorporated into the next review of contracts between the PCT and transport providers.*

5.3 Booking patient transport

The importance of matching the right type of vehicle to the patient was highlighted to the Panel. Also that patients needs should be continuously monitored throughout their treatment as the type of vehicle required may change. The Panel found that there were examples of inappropriate transport being booked due to communication issues. Patient transport needs are initially assessed by a doctor, midwife or approved social worker. *However, the patients' transport needs are not re-evaluated during treatment and the patients' mobility needs do not always match the transport booked.*

Patient transport is booked through a Patient Transport Service located at Ross House in Folkestone. If a patient needs to discuss their transport provision they also contact Ross House. However, it was reported to the Panel that patients can experience difficulty getting through. The Panel also noted it was difficult to find information about this service. There are plans to upgrade the telephone system, as it was acknowledged the service is not as effective as it could be.

5.4 Patient satisfaction

The Panel considered a more consistent approach to monitoring patient satisfaction must be introduced via the contracts between the PCT and transport providers. Currently the transport providers monitor satisfaction to varying degrees. SECAMB monitor patient satisfaction once a month for non-emergency transport and twice a month for the service provided by volunteer drivers. However, the East Kent Hospitals University NHS Trust do not have a mechanism for monitoring patient satisfaction with their service and it is not a requirement of their contract with the PCT. Nor does Kent Karrier. In addition, the contracts should ensure action plans are introduced and regularly monitored to address any issues arising out of patient satisfaction results and comments.

The Panel considered that any review or future contracts between the PCT and transport providers must clearly specify that information on patient satisfaction should be regularly monitored and reported to the PCT.

6. Conclusion

The Panel welcomes the review of patient transport being conducted by the Kent LINk and expects that this short review will highlight some of the issues regarding patient transport experienced in the Canterbury district. In particular, the Panel would like the Kent LINk through its review, to seek improvements to the way patient satisfaction is monitored and communication between the various agencies involved in booking patient transport and the patient. Currently the various providers and types of provision can be complicated and confusing to patients. *The Panel recommends improvements to the patient transport booking system to include all service elements: patient need, method of booking, communications to relevant parties, monitoring of performance and capability of booking systems.*

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