

To: Health Overview & Scrutiny Committee – 23 July 2010

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Subject: **Item 6: Health and transport**

Classification: Unrestricted

Summary: A progress report following a presentation to the Committee in November 2009.

FOR INFORMATION

Introduction

1. In November 2009, a report was given verbally to the Committee in response to its request to be briefed about what was being done by the health economies in Kent and KCC to improve the arrangements that are made for patients to attend health facilities and for relatives, carers and friends to stay in touch with people when in hospital.
2. The Committee asked for a further report on progress in due course. The presentation of this report is very timely as it coincides with the publication of research by Kent LINK into transport access to health services, which will be reported to the Committee as part of this item on the agenda.

Policy and service background

3. Patient transport services – PTS (ie the provision of non-emergency, ambulance services) - are provided by the National Health Service to convey eligible patients from their homes to hospitals and other clinical settings to access treatment and healthcare services. Such transport can be provided directly by the NHS through an NHS body's own PTS or by a private company or organisation with whom it contracts.
4. Patients may occasionally be specifically assisted by a service provided by a voluntary organisation but in the main, volunteer-based schemes are utilised by patients who do not meet the PTS criteria set by the Department of Health but are signposted to volunteer-based schemes if attendance may be otherwise impeded by non-clinical reasons. Volunteer-based schemes are provided by a number of different organisations and being independent organisations, each will have their own 'rules' and ways of working and each will be funded by a different combination of funding sources.

5. From the patient's or carer's perspective, the issues about accessing healthcare are wider than just patient transport services – and as experience frequently has shown in Kent, accessibility can be for them a key (sometimes almost THE key) consideration in the matter of service reconfigurations. Similarly, although beyond the strict remit of patient transport services, issues such as public transport availability and car parking charges figure significantly in the accessibility issues as understood and experienced by patients attending healthcare facilities and, especially, by those without ready access to a means of private transport to visit someone who is a hospital in-patient.
6. The presentation to this Committee in November 2009 sought to show how health economies in Kent and KCC were striving to improve their planning and operational arrangements so that all agencies acted in a more joined-up approach that makes better sense to patients and the wider public. In particular, two events were highlighted – a seminar in May 2009 organised by Eastern & Coastal Kent PCT and another organised by KCC in September 2009, bringing together purchasers and providers, patients and patients' representative organisations, the NHS, the voluntary sector and local government. The seminars were intended to bring greater coherence to how patient transport services – and the wider access and public transport issues – are handled.
7. Much has been done. Much is still being done. Much remains to be done. Some of what has happened in the last 10 months is a continuation, hopefully an improvement, on what was already happening previously. Some of it is undoubtedly new and improved. What is clear is that better coordination of planning and commissioning, together with better communication (amongst NHS bodies and between NHS, voluntary sector and local government partners and between the agencies and the public) is beginning to be reflected in a better experience for users of patient transport services. The report being presented by Kent LINK will evidence this whilst making clear that there is no room for complacency.
8. Those preparing this report have been posed four key questions on behalf of this committee:
 - what are the main issues facing patients in accessing healthcare outside their homes?
 - what are the main issues facing family and friends in maintaining contact with those in hospital?
 - what work is being carried out to improve access and to make better use of the transport available?
 - what opportunities are there for agencies to work together more effectively?
9. The next two sections of the report set out specific response to these questions. Those with lead responsibilities for commissioning patient transport services in the two primary care trusts serving the east and the west of the county have prepared these responses regarding their respective health economies.

Eastern and Coastal Kent Non-Emergency Patient Transport Services (PTS)

10. The purpose of NHS Eastern & Coastal Kent, as set out in our strategic commissioning plan, is to improve how patients in our community are treated and cared for, to prevent ill-health and to reduce health inequalities. This is particularly relevant to the future model of elective care which seeks to deliver care closer to home in a way that maximizes effectiveness and efficiency. In addition, the wider health economy continues to seek to reduce variations in services to ensure a consistent, equitable and quality patient experience. Effective and efficient non-emergency patient transport services (PTS) are therefore integral to supporting this direction.
11. Whilst significant progress has been made in achieving this, it is inevitable that for some specialist services, delivering quality elective care services on a more localized basis is not practicable and there becomes a greater reliance on non-emergency patient transport services.
12. Delivering an effective non-emergency patient transport service requires more than merely transporting patients from their home to their chosen place of care; the wider health economy must also ensure that people know what services are available and how to access locally fast, appropriate assessment, treatment, care and support services.
13. NHS Eastern and Coastal Kent continues to work closely with partner agencies and public engagement groups to identify areas where patient transport services are most in need of improvement. In order to make informed decisions, the findings and feedback from the groups indicated below have been vital:
 - NHS- and KCC-led transport events (2009)
 - Transport for Health Working Group
 - Kent LINK Transport project (2010)
 - Patient and public feedback surveys
 - Harder to Reach Groups Register
 - Virtual Panel Groups
 - Health Matters Reference Group
 - Other stakeholder involvement, e.g. local GPs and practice-based commissioners.As a result of these engagement programmes, four key areas have been identified which provide the principle direction of travel for PTS.
 - Communication
 - Commissioning and Contracting
 - Eligibility criteria
 - Needs assessment

What are the main issues facing patients in accessing healthcare outside of their homes?

14. Whilst there are many issues in accessing healthcare services that are raised through a variety of media by patients and public, e.g. service quality, availability of particular services, proximity of services to a patient's home, accessibility or eligibility to a service, equity of provision across a wide geography, this paper addresses the specific issues that relate to non-emergency patient transport services.
15. Following a number of public engagement events and multi-agency work to assess current patient transport needs, the following highlights the key issues for residents of NHS Eastern and Coastal Kent in accessing non-emergency patient transport services. The challenges are multi-faceted and can range from specific issues with PTS providers, to coordination with healthcare providers to more generic issues e.g. with the location of new services and the availability of public transport networks.
 - The mixed urban and rural geography of Eastern and Coastal Kent makes delivery of an efficient and equitable PTS to all residents challenging.
 - There is a perceived lack of readily accessible and available information to patients and non-patients about health and non-health patient transport services that are available across all localities. This is particularly challenging for patients who are travelling longer distances in areas where they may be less familiar.
 - There is a perceived lack of information about alternative transport options, e.g. public transport or volunteer services (including accurate schedules and timetables) which are available for those patients who do not meet the eligibility criteria for PTS.
 - There are often complex and highly confusing processes for accessing PTS arrangements requiring patients to interact with multiple providers or multiple agents within the same provider.
 - Whilst feedback indicates that the vast majority PTS experience is of a high standard for the vast majority of patients, there are incidents of reliability and performance issues; examples of this have included excessively wide pick-up windows or unacceptably long journey times often accompanied by early pick-up times.
 - Poor patient experience of PTS is often more prevalent for patients living in rural localities, areas of deprivation and/or some distance from principal centres of health provision such as Margate, Canterbury, Ashford, Maidstone and Gillingham.

- This is often exacerbated by unsuitable sizing of public transport especially in rural areas e.g. reduce size/increase frequency in rural areas.
- Patient care plans, including appointment times, are often not coordinated with the patient's home locality and available transport options; PTS often considered as an after thought and this can be exacerbated with the patient's age and condition.

What are the main issues facing family and friends in maintaining contact with those in hospital?

16. Included in the public engagement events indicated in (1) above was the opportunity to identify the key patient transport and access issues for family and friends of those in hospital:

- Parking capacity – lack of availability in and around healthcare premises.
- Parking costs – exacerbated due to long stay patients. (NHS ECK has undertaken a review on parking charges in the South East Coast and charges in East Kent comparatively reasonable).
- Public transport arrangements for less mobile family and friends.
- Information to be better promoted about 'Green Travel' options.
- A national Car Parking consultation was undertaken earlier in the year to which East Kent Hospitals University Foundation Trust and Eastern & Coastal Kent NHS both. responded.

What work is being carried out to improve access and make better use of the transport available?

17. A Transport for Health Working Group (THWG) is in place – this is a multi-agency approach between Kent County Council, NHS Eastern and Coastal Kent, NHS West Kent, NHS Medway, Kent LINK, voluntary organisations, health and non-health transport providers including the patient/public representation. The focus is on four main priorities as follows:

- **Communication**
This project aims to improve communication about services available (funded or non-funded, health or non-health) to those who are eligible and alternative services for non-eligible patients. It also aims at communicating the eligibility criteria and the consistent use of this to referrers/GPs.

- **Commissioning and Contracting**

This project aims to ensure that a quality and value for money patient transport service is commissioned and to ensure that robust contracting is in place. A service specification is currently in development. This is in line with national and regional criteria. These are shared with the THWG in order to gain input from the multiple agencies, including patient and public input into the development of the local service specification. Regular performance management of Providers is now in place. This has been extended to include patient and public input to identify improvement opportunities.

- **Eligibility Criteria**

A patient's eligibility for PTS is determined against strict criteria. This project aims to ensure that the eligibility criteria, on the basis of clinical need, are reviewed regularly and are in alignment with national and regional criteria. In doing so, the use of consistent and fair eligibility criteria based on medical need is also ensured.

- **Needs Assessment and Feedback**

This project aims to understand locality transport needs and issues, and to identify any gaps to improve the existing services. In addition, feedback will also be gained from patient, public and stakeholder events, for e.g. in the form of patient satisfaction surveys to improve the service.

18. In addition, NHS Eastern and Coastal Kent has robust performance management processes in place with local providers of non-emergency patient transport services in order to ensure performance levels are maintained. Part of this process is to work closely with the NHS Eastern and Coastal Kent's Customer Services team and the respective providers to review any compliments, comments, criticisms and complaints and ensure opportunities for improvement are identified.

What opportunities are there for agencies to work together more effectively?

19. Kent County Council and NHS Eastern and Coastal Kent have jointly hosted two Kent-wide transport events. Outputs from these events have informed the direction of the THWG in order to identify opportunities for more effective multi-agency working. Examples of these opportunities include:
- Patient transport needs should be considered in all commissioning plans but are especially important for newly built or relocated healthcare services where services are remote from public transport links .
 - There are opportunities for greater integration between health and non-health transport planners.

- Robust and clearly communicated eligibility criteria are critical in ensuring effective and efficient PTS. Once established, criteria should be robustly applied, however there are opportunities to provide greater support to those patients not meeting eligibility criteria.
- Services should be near the patient wherever possible or practical, making better use of local capacity and reducing the need to travel.
- There may be opportunities to incentivise those patients who can use public transport, releasing capacity for those patients for who public transport is not a viable option..
- Opportunities exist to work more closely with patients, healthcare professionals and PTS providers to link transport to more personalised/individual care plans.
- There is a need to enhance the availability of up-to-date information regarding public transport in a way that is easily accessible to all residents to aid decision-making for and by the patient.
- Consider could be given to alternative, off-campus/out of town parking and shuttle services to main healthcare sites.
- Opportunities exist to improve integration with out-of-area providers, i.e. those providing PTS for eastern and coastal residents to out-of-area facilities.

West Kent NHS Non-Emergency Patient Transport Services

What are the main issues facing patients in accessing healthcare outside of their homes?

- 20. Availability of public transport.** Bus and rail services do not always link up to provide a seamless journey. Patients experience difficulties in accessing healthcare when faced with early morning appointments and by lengthy or arduous journeys. In cases where patients are attending the hospital for elective day case treatment they maybe required to arrive at 7am.
- 21. Car parking and associated charges.** The challenge that parking facilities and associated charges present to patients is most apparent with hospital trusts. Dartford and Gravesham NHS Trust (DAG) and Maidstone and Tunbridge Wells NHS Trust (MTW) are the two main hospital trusts utilised within West Kent.
- 22. Car parking facilities at Darent Valley Hospital** are managed by Meteor. Patients and visitors use the 400 space facility at daily charges ranging from £1 and £5 dependant on their length of stay. The concession offered is a weekly ticket for £20.

23. MTW applies a minimum charge of £1.50 and a maximum of £6.00 and offers concessionary rates for patients receiving radiotherapy, chemotherapy and dialysis. Of the 1,339 car parking spaces at Maidstone Hospital 504 are reserved for patients and visitors, 38 are disabled parking bays and 9 are drop off spaces. Of the 460 car parking spaces at Kent & Sussex Hospital 177 are reserved for patients and visitors, 38 are disabled parking bays, 14 are drop off point and 4 are reserved for voluntary drivers.
24. There is free onsite parking at four of the six community hospitals in West Kent with the exceptions being Gravesham Community Hospital (GCH) and Sevenoaks Hospital. At GCH charges range from 60p to £10. At Sevenoaks hospital there is pay and display parking on site, and some free on-road parking. There are free dedicated parking bays for blue badge holders apart from at Sevenoaks Community Hospital where disabled patients use the pay and display facilities. All hospitals in West Kent offer a porter and chair transportation service within the hospital buildings for patients who have mobility needs.
25. **Awareness of transport providers and help with transport costs.** Patients are often not aware of alternative means of transportation to healthcare sites and help available with travel costs. Where DAG and MTW transport offices assess patients as ineligible for transport, they provide the names and numbers for the volunteer transport agencies. Both transport offices have patient leaflets. MTW is in the process of producing an updated leaflet to reflect transport options that are currently available. In addition to public transport, patients may be eligible for the non-emergency patient transport service (PTS), volunteer transport services and may also be entitled to receive help with their transport costs through the Hospital Travel Costs Scheme and NHS Low Income Scheme.
26. **Patient Transport Services.** Non-emergency PTS activity is the non-urgent, planned transportation of patients with a medical need to and from a NHS health service provider, and between health service providers. This service is free of charge where the eligibility criteria, based on medical need, are met by the patient. The main providers in West Kent are the DAG and MTW Trusts. There is differing service provision of PTS across West Kent reflecting the services being offered, including operating times, and the different processes in place for the booking of transport. Some patients also find the requirement to be ready to be picked at least one hour prior to their appointment time inconvenient.
27. **Complaints and breaches in standards in West Kent.** Over the past two years NHS West Kent has received six formal complaints regarding PTS. These include lack of transport being provided by Kings, DAG and East Kent Hospital Trust, unclear processes concerning the booking of transport and patients not meeting the eligibility criteria for PTS. The provider of PTS must have the capacity to meet the demand from patients who meet the eligibility criteria, have robust processes for booking transport and ensure adherence to the SEC wide eligibility criteria.

What are the main issues facing family and friends in maintaining contact with those in hospital?

28. **Parking at hospital and associated charges.** MTW offers concessionary parking for visitors to patients in the Intensive Care Unit and parents and guardians of children in hospital and free parking for birthing partners, inpatients on maternity wards, and relatives of patients who have been in hospital for more than ten days. A recent update can be found at Appendix 1.
29. **Public transport.** Same as for patients' outlined at 1.1 above.
30. **Remote communication facilities.** Each bed bay at Darent Valley Hospital has a telephone with an individual telephone number enabling patients' family and friends to speak to patients directly without having to go through the nurses' station. Use of the internet is included in the television charge. The bedside telephone service at MTW sites is also operated by Hospedia (Patient line). While patients calling out are charged 10p per minute to UK landlines, family and friends are charged 39p or 49p per minute for off peak and peak calls respectively.

What work is being carried out to improve access and to make better use of the transport available?

31. **Commissioning for care closer to home.** The strategic direction of national health care policy is for the provision of care in local communities, closer to people's homes. NHS West Kent's commissioning arrangements reflect this shift in care setting which is aimed at providing healthcare that is more accessible and convenient to patients. Services available in primary and community settings include Ear, Nose & Throat, dermatology, cardiology, respiratory, minor surgery, vasectomy and ophthalmology. In line with the shift in care settings, NHS West Kent is reviewing its PTS contracting arrangements to ensure there is PTS available to and from primary and community care sites.
32. **Improved signposting.** The PCT's Primary Care Booking Office, commissioned transport and care providers signpost patients to alternative sources of transportation and help with travel costs should they be eligible. Providing more information to patients about their choices is intended to enable patients to make transport arrangements most suitable to their circumstances.
33. **Review of commissioning arrangements for PTS.** The work of NHS West Kent's PTS Steering Group informed the development of the South East Coast Strategic Health Authority (SEC SHA)-wide Service Specification and Eligibility Criteria for PTS. All nine PCTs within the SEC SHA have agreed to implement these with their PTS providers as a means of improving quality and patient experience.
34. **Utilisation of voluntary transport services.** In addition to signposting patients to voluntary transport agencies, NHS West Kent recognises the particular usefulness of commissioning services from voluntary transport agencies. Voluntary agencies are particularly useful in circumstances where patients need to get to local providers and do not need medical attention en route.

35. **Review of transport to Pembury.** MTW has appointed a designated Transport Officer for the new PFI hospital at Pembury who is undertaking a review of the transport links to the hospital with views to promoting improvements. Plans are to increase the number of car parking spaces available for patient and visitor use.
36. **Car parking facilities and associated charges.** It is expected the Department of Health's NHS Car Parking: Consultation on Improving Access for Patients which closed on 13 February 2010 will have an impact on the operation of facilities.

What opportunities are there for agencies to work together more effectively?

37. There are opportunities for the NHS to work more closely with Kent County Council, Kent LINKs and transport providers including voluntary transport agencies and Arriva. Opportunities include:
- Using the Steering Group as a forum for assessing need, reviewing service provision, designing services, shaping the structure of supply and planning capacity;
 - Increasing the level of voluntary transport agencies commissioned to meet demand;
 - Achieving greater clarity around transport for respite, continuing care and intermediate care patients;
 - Improving the level of patient and public engagement with transportation providers especially with regard to service design.

Conclusions

38. It is hoped that the updates that have been given in the preceding two sections can provide Members of the Committee assurance that sustained effort is being put into patient transport services and the other public transport and volunteer-based schemes to make the patient experience of accessing healthcare less fraught and to better ensure that people have ready and affordable access to assistance if they are not eligible in accordance with Department of Health criteria.
39. Agencies are also tackling the issues voiced by carers, relatives and friends but it is acknowledged that dissatisfaction will remain in some quarters where "NHS care free at the point of delivery" is interpreted as meaning entitlement to free transport or free car-parking. Agencies are working to ensure that there is a step-change improvement in the quality of information and sign-posting to affordable alternative means of access and ensuring that inability to pay for transport is not an obstacle to accessing healthcare or visiting a patient in hospital, whose recovery will often be aided by the benefits of regular visits for friends and loved ones.
40. The findings and recommendations presented to the Committee today from the research undertaken by LINK, who are actively involved in the key planning

arrangements in both the East and the West of the County, contain no surprises and will be invaluable in helping guide further service-improvement efforts.

41. That said, the future changes announced recently in the NHS White Paper are likely to have a significant bearing on the *how* if not the *what* regarding future arrangements for patient transport services. Budget constraint across the public sector for the foreseeable future will require unstinting efforts on improving efficiency and new and creative ways to make sure that access issues do not deter or discourage patients from taking up the health care they need.

Recommendations

Members are asked to **NOTE** the contents of this report.

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Background documents

None

Previous Committee References

Health Overview & Scrutiny Committee, 27 November 2009