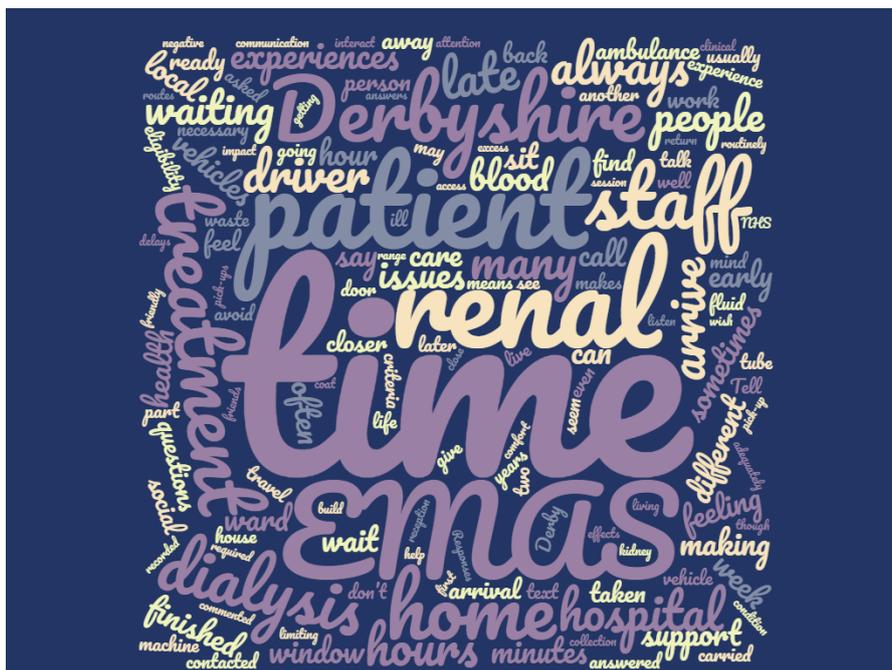




Experiences of using non-emergency patient transport in Derbyshire

Feedback from renal patients attending hospital for dialysis



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Helen Henderson-Spoors
Intelligence and Insight Manager

CONTENTS

	<u>Page No</u>
1. Thank you	2
2. Disclaimer	2
3. About us	2
4. Understanding the issue	2
5. What we did in brief	4
6. Key findings	5
7. What people told us	6
8. What should happen now	12
9. Response from service providers	12

1. Thank you

Healthwatch Derbyshire would like to thank the patients and their friends and family that spoke to us about their experiences of non-emergency patient transport services when attending hospital for dialysis. We would also like to thank the renal department at both the Royal Derby site of the University Hospitals of Derby and Burton NHS Foundation Trust, and Chesterfield Royal Hospital NHS Foundation Trust for accommodating our engagement staff and making us welcome.

2. Disclaimer

The comments outlined in this summary should be taken in the context that they are not representative of all people that use non-emergency patient transport, but nevertheless these comments offer a useful insight. The engagement was carried out within a specific time frame and therefore only provides a snapshot of patient experience collected at that point in time. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing and commissioning the services. We also ensure that organisations are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

To ensure a wide range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard. The Intelligence, Insight and Action Sub Group of Healthwatch Derbyshire make recommendations for engagement priorities based on the intelligence they receive.

This area of work was agreed as some negative feedback had been received from patients in regard to non-emergency patient transport services. It was felt that a targeted piece of engagement would help to explore the issues and give both the provider and commissioner a detailed picture of how patients experience the service. Renal patients were chosen as they use the patient transport service very frequently.

At the planning stage for this engagement, we spoke to East Midlands Ambulance Service (EMAS) as the provider, and Derbyshire Clinical Commissioning Group (DCCG), the commissioners. We also looked in detail at the themes from the feedback we had received. This helped us to develop a range of questions that we asked during an informal interview process with participants. Engagement was carried out between January and April 2018.

4.1 What is non-emergency patient transport?

EMAS provides non-emergency patient transport for patients who are registered with GPs in Derbyshire.

According to <https://www.emas.nhs.uk/your-service/patient-transport-service/> this service is for patients who need medical or clinical support to get to and from their healthcare appointments.

Entitlement to transport depends on whether the patient meets the eligibility criteria set out by the local clinical commissioning group.

All patients go through an eligibility criteria assessment when booking their transport.

Patient transport is available for patients who:

- require assistance from skilled ambulance staff, e.g. require access to oxygen whilst travelling
- have a medical condition that would prevent them from travelling to hospital by any other means
- have a medical condition that might put them at risk from harm if they were to travel independently
- have treatment with side-effects that requires support from skilled ambulance staff.

This criteria includes renal patients, who may travel to hospital several times per week for dialysis.

4.2 What is dialysis?

According to www.nhs.uk, dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often involves diverting blood to a machine to be cleaned. Normally, the kidneys filter the blood, removing harmful waste products and excess fluid and turning these into urine to be passed out of the body. If the kidneys are not working properly - for example, because of advanced chronic kidney disease (kidney failure) - the kidneys may not be able to clean the blood properly. Waste products and fluid can build up to dangerous levels in the body and left untreated, this can cause a number of unpleasant symptoms and eventually be fatal. Dialysis filters out unwanted substances and fluids from the blood before this happens.

Haemodialysis is the most common type of dialysis and the one most people are aware of. During the procedure, a tube is attached to a needle in the patient's arm. Blood passes along the tube and into an external machine that filters it, before it's passed back into the arm along another tube.

This is usually carried out three days a week, with each session lasting around four hours.

5. What we did in brief

We spoke to 37 people at Chesterfield Royal Hospital, and 55 people at Royal Derby Hospital.

A total of 53 people were male, and 39 female.

We only spoke to people who were currently using patient transport.

A number of people we approached commented that despite being eligible for patient transport they now make their own arrangements due to dissatisfaction with the service.

The age of participants was as follows:

17 and under	2
18 to 24	1
25 to 49	6
50 to 64	28
65 to 79	42
80+	9
Was not asked/unknown	4

The district that participants live in was also recorded, and, when known, was completed as follows:

Amber Valley	9
Bolsover	1
Chesterfield	18
Erewash	8
North East Derbyshire	9

North Dales	4
South Dales	1
South Derbyshire	25
Was not asked/unknown	19

6. Key findings

The key themes that emerged from the participants we talked to were as follows:

- Participants reported that they do not routinely receive a call or text letting them know when transport is on its way. Participants felt that this would make a big difference by taking away the feeling of watching and waiting for transport to arrive
- Some participants commented that despite being eligible for patient transport services, they now make their own arrangements due to dissatisfaction with the service. Others who were still using the service said that they were considering using alternative arrangements due to dissatisfaction
- Participants reported more issues to do with pick-ups and drop-offs on a Saturday than when compared to midweek
- Some participants spoke about stress and anxiety caused by the uncertainty around the provision of transport to and from appointments
- Participants were overwhelmingly positive about the attitude and support from EMAS drivers, and drivers from taxi companies offering a service on behalf of EMAS
- Several participants had noticed an improvement in vehicle comfort recently, particularly in the newer ambulances
- Some participants felt frustrated that the routes taken to pick people up do not always seem efficient and logical
- Many participants felt that it would make a real difference to have a pick-up time closer to their appointment time. This was especially the case for participants living very close to the hospital
- Participants shared different preferences with regard to arrival time, some wanting to be on time, and some early

- There was more negative feedback around being picked up after treatment to go back home than for arrival. Many participants spoke about waiting quite some time after treatment to leave, and how difficult this was when feeling ill after the effects of treatment
- Several participants also spoke about how much time dialysis takes, and so how precious their time is. This causes frustration when delays and inefficiencies with transport use up and cost valuable time
- Many participants spoke about the knock-on impact it has on elements of their life such as family and work when return transport is delayed.

7. What people told us

Our engagement officers asked participants a series of questions to find out more about experiences of using non-emergency patient transport to access dialysis.

Question One

How long have you been using patient transport?

From the participants that answered this question, more than half had been using the transport service for two years or more. Hence, use of the service is not only frequent, but in many cases long term.

Less than a year	16
1-2 years	22
2 years +	48

Question Two

Are you contacted when the driver is on their way?

From the participants that answered this question, 15 participants indicated that they were contacted, whilst 77 participants indicated that they were not. Most participants indicated that they knew roughly when transport would arrive, and sit ready and waiting to be picked up. Many participants reported that it would be really helpful if they received a call when they were on their way.

‘I was only contacted the first time to let me know that they were coming but since then I just have to sit and wait by the window and they come and knock on my door. I wish they would let me know more often.’

'I just sit and wait. I sit there with my coat on and everything. I would like to know when they are due to arrive.'

'I wish they did as my wife has Parkinson's and it makes her really anxious when someone comes to the door.'

Question Three

Are you picked up on time (within two hours of appointment time)?

From the participants that answered this question, 67 indicated that they were picked up on time, 20 were not. There were also many dissatisfied participants that said they were considering making alternative arrangements to avoid using patient transport. Several participants indicated that they had more problems with pick-up on Saturdays than midweek.

'Although I am picked up in time for my appointment, I feel that it is too early. My appointment is at 7am but I am picked up at 5:50am and after picking up another gentleman, I am dropped off at 6:30am which is before the ward actually opens. It is a nightmare. I have had enough, it is really frustrating. I have had two strokes so I am not fully well, yet have to wait outside for the ward to open and then have to wait after my treatment to be picked up. If things don't change, I will be making my own way to hospital.'

'I never know what time they will be coming, or whether I will be in an ambulance or a car or if sharing or not. I do not mind any of this, it is just the uncertainty that is quite disturbing. I get a bit agitated when they are late and the uncertainty affects me quite badly and makes me anxious.'

'Sometimes they are early, and sometimes late, this happens quite a lot (about twice a week over six journeys) and I often have to ring to see where the transport is. They often say 'about 20 minutes' but then sometimes it can be well over an hour. I would like them to be honest and tell me the truth. I find it very upsetting and because of the poor timekeeping and communication, I am considering taking my own transport even though I cannot afford it.'

Question Four

How does the driver interact with you?

The vast majority of participants indicated that they found the drivers to be very friendly, professional and very helpful.

'They have been alright up to now, almost perfect. The issues are not the driver's fault, it is the head office.'

'The driver is polite, helpful and really looks after you. On the way in he picks up a paper for me to read while I am on the machine.'

'They are lovely. They knock on my door and collect me from my house and offer a hand if needed.'

Question Five

Is the vehicle comfortable?

Participants had travelled in a variety of vehicles, including taxis and ambulances. Whilst most participants reported that all vehicles were comfortable, they generally found cars to be more comfortable than ambulances, although it was acknowledged by several participants that comfort in ambulances had improved in recent times.

‘It is a bit of a bumpy ride but the newer ambulances are much more comfortable than the ones we used to travel in.’

Question Six

Do the vehicles have all the necessary equipment/adaptations for your journey?

The majority of participants indicated that vehicles were equipped and adapted as required. However, one person felt that they were not always adequately strapped in.

Question Seven

How do you find the journey?

Some participants said that they were the only person using transport, whilst others shared with other people. Participants stated that they did not mind sharing - many said they quite liked this as they could talk to people and make friends, but some said routes taken did not seem logical or efficient.

‘I am picked up at 5:50am (I live around 10 minutes from the hospital), yet we have to pick up another gentleman who lives 20-30 minutes away from me in the opposite direction. It doesn't make sense.’

‘I generally get picked up with the same three other people each day, though sometimes we are picked up in a different order. I do not know why this happens or for what reason.’

‘I usually find it okay. I do not mind sharing and going to other places on the ambulance. You often go with the same people which is good as you get to know them.’

Question Eight

Tell us about any improvements that could be made to the pick-up to appointment process.

Participants identified two very clear themes.

One theme is to have a pick-up time closer to the appointment time, especially for participants living very close to the hospital when a two-hour window feels excessive and limiting.

The second theme is getting a call or text when transport is on its way, to take away the feeling of watching and waiting.

‘A pick-up time that is closer to my appointment time, as I only live 5 minutes away.’

‘To have a fixed time rather than a two-hour window, it is unacceptable as it is far too big of a window.’

‘You have to get ready very early, and you have no idea when they are arriving. If they could let you know say 10-15 minutes beforehand this would be a massive improvement.’

‘I would like a call or text from the transport to let me know they are nearby. This will give me time to go to the loo and put my coat on and be ready. It would save time for everyone.’

Question Nine

Do you arrive on time for your appointments?

From the participants that answered this question - 72 said yes, that they did arrive on time, and 15 said that they did not.

With regards to this question participants have different personal preferences. Many participants indicated that they do not like hanging around and waiting before their session starts, and felt that being there before this was a waste of their time. On the other hand, many other participants expressed a preference for being at their appointment early, so that they don't feel rushed and can settle down before treatment starts.

Question Ten

Does the driver escort you to the ward reception desk if necessary?

Everybody indicated that they were offered and received support from drivers.

Question Eleven

Tell us about any improvements that could be made to the arrival process

Responses to this question reflected question nine, and were divided, with some participants responding to say that they wanted to arrive closer to their appointment time to avoid hanging about, whilst many others said that they would rather arrive earlier to save rushing.

Question Twelve

Are you notified what time you will be picked up?

From the participants who answered this question, 11 indicated that they were told about a pick-up time, and 76 indicated that they were not.

Many participants acknowledged that would be difficult, as it is not always possible to know at what point treatment will be finished. Most participants seemed to feel as if they had an approximate time at which they expected collecting, and transport usually arrived around this time. A few participants felt that it was pot luck, and return transport could be several hours after treatment finished.

‘No, they just turn up, or not in some cases.’

‘No, I am not told what time I will be picked up; I can be waiting for two hours after I have finished.’

‘I am always picked up within 15-20 minutes of finishing treatment. As my treatment is the same time each time, I just know when I will roughly be picked up.’

Question Thirteen

Does the ward reception notify EMAS when you are ready to be picked up?

Most participants indicated that this worked well. Some participants were aware of checks being made by staff to help anticipate their collection time in advance, whilst others were unsure about the communication that took place behind the scenes and simply waited for collection.

Question Fourteen

Does the driver arrive on time to pick you up at the end of your appointment?

Experiences were very varied here. Although some participants were happy, many reported that pick-up was regularly later than the time expected. Saturdays were highlighted by several participants as being a particular problem.

‘Not always, it is never consistent. Saturdays are the worst.’

‘Quite late sometimes, we are just expected to sit there and wait. It is an awful feeling.’

‘Generally on Tuesdays and Thursdays but Saturdays seem to be a problem. Sometimes it has been two hours past my appointment time.’

Question Fifteen

Does the driver escort you from the ward to the vehicle if necessary?

As before, everybody indicated that they received support if they needed it, and that this was offered by drivers.

Question Sixteen

How does the driver interact with you on the way home?

Participants indicated that they were very satisfied by the care offered by EMAS drivers, and the support and attention that they received to get back safely into their house.

‘They always make sure I am safely back in my house, and are very patient.’

‘Very friendly, we get on with them, and have a laugh.’

Question Seventeen

Tell us about any impact that using the patient transport service has on your life that day

This question gave participants an opportunity to talk about transport, and dialysis, in the context of their life.

‘It is a seven-hour job when I only need to be here for four hours. I have no qualms coming in, it just seems to be going home. It is stressful enough, especially with my blood pressure due to dialysis but I think it goes up even more when I am stressed out waiting for the transport.’

‘When I have finished I just want to get home.’

‘I work full-time so if I am late home it means I am going to bed even later which makes me more tired the following day. I also have children, and if I get home late I do not get to see them until the following day so I end up missing out on important interactions with my family.’

‘I am tired, hungry and I feel awful when I have finished my treatment. My wife worries and it causes her a lot of grief as she has to sort out my carers. If I am late home, they can't come in to see me; this means my wife doing it when I get home.’

‘Getting home late and feeling ill is not nice, week in week out.’

‘They were always late and this began to get me down and it was awkward for my wife to pick up our grandchildren from school so I decided to use my own transport and stop the patient transport altogether. Sometimes I use a taxi and this is costly.’

‘I started to use my own transport, putting myself at risk driving home when I felt ill.’

‘You just want to try and make the best of your day when you have lost hours of it with the dialysis. With the transport delays to get home this takes it to seven hours of the day.’

Question Eighteen

Are there any improvements that could be made to the pick-up from appointment to home process?

The responses to this question reflected the comments made in question seventeen. The main theme here was to be picked up in a timely fashion to go home after treatment, especially for treatment later in the day and on a Saturday when participants have reported more challenges.

Question Nineteen

If you have experience of making a complaint, was the response and action taken satisfactory?

Most participants reported that they had seen information in the ambulances about how to complain, but in the first instance would talk to staff in the renal department or the driver about their issues rather than making a formal complaint.

8. What should happen now?

Based on the topics raised by renal patients, Healthwatch Derbyshire recommends that the following points should happen now:

1. Introduce a system of routinely calling/texting when transport is on its way
2. Monitor the number of people leaving the transport service, despite eligibility and endeavour to understand their experiences, and use them to develop and improve the service
3. Investigate and resolve issues around timely pick-ups and drop-offs on a Saturday
4. Look for solutions to streamline the process for renal patients to make journeys as time-efficient as possible.

9. Responses from EMAS and CCG

Recommendation	Identified area for supporting recommendation	Planned action	Progress	Review date
1. Introduce a system of routinely calling or texting when transport is on its way.	<p>PTS already have a system in place to send automated text's to patients; the text is an appointment reminder rather than the imminent arrival of the crew.</p> <p>It has been identified that it is not being used as efficiently as it should be.</p>	For future progress of this, it would mean the system that PTS use (Cleric System) would need to be developed to be able to send out the text to alert patients to the arrival of a driver (i.e. Your ambulance will be with you in 30 minutes and the drivers name is [X]).	In discussion with Cleric system owner	March 2019

		<p>This would have a cost implication. To scope the necessity of this development, there would need to be an audit to see how many patients have the facility to receive a text.</p>	<p>Currently our 'message of the day' on devices within the vehicles (PDA's) is: "Don't forget to call a head". Management drive to ensure all crews are completing the call ahead.</p>	<p>Continual</p> <p>Ongoing</p>
	<p>The calling of patients is within the EMAS contract (i.e. a courtesy check), staff are asked to call ahead to see if the patient still requires the transport. However, it is identified that this is not consistent across the service</p>	<p>Management drive for calling ahead. A communication to go out to all drivers to ensure this is completed. We will audit and monitor impact of this action.</p>		<p>October 18</p>
<p>2. Monitor number of people leaving the transport service, despite eligibility and endeavour to understand their experiences, and use them to develop and improve the service</p>	<p>To try to develop a way of capturing information for patients that have previously used the service, but prefer to use alternative methods of going to the hospital due to poor experience.</p>	<p>Patients with multiple concerns are reviewed and we look at trends and themes to better understand any issues with their transport on an individual basis.</p> <p>Multiple agency working will continue as well as the reviewing of cases and identifying themes and trends.</p>	<p>Currently there are Monthly Quality meetings, whereby participants review internal incident reports (IR1s), as well as PALS concerns received in to the Trust to identify lessons learnt and implement change.</p> <p>A Patient Survey was completed in 2017, and PTS took learning and developed the service as a</p>	<p>Ongoing</p> <p>Review / comparison against next survey November 18</p>

		<p>Monthly stakeholder meetings are also held with RDH, DCHS, Sheffield and Mental Health which links in to EMAS/CCG Contract Board Meeting.</p>	<p>result.</p> <p>To carry out a patient survey following on from the one carried out in September 2017, including Friends and Family Test.</p>	<p>October 18</p>
<p>3. Investigate and resolve issues around timely pick-ups and drop-offs on a Saturday</p>	<p>To better understand a patient's booked collection time against the time a patient is asked to be ready.</p> <p>Consider as to whether the ring fencing of vehicles are adequate.</p>	<p>Audit and review of the patients that get picked up/dropped off on a Saturday.</p> <p>Review current resourcing allocations after gaining results from above audit</p> <p>An introduction of a Patient Liaison Officer to facilitate pick-ups at the hospitals. The role will ensure that there is always a face to face point of contact for the patients; they will help support the patients, manage expectations and capture feedback. The Patient Liaison Officer will be based at RDH as a trial to give real time feedback,</p>	<p>Ongoing</p> <p>Individual identified to undertake this role. Experienced Patient Liaison Working with Renal unit to how this role would work</p>	<p>November 18</p> <p>October 18</p>

		manage expectations and they will be able to link in with the control room.		
4. Look for solutions to streamline the process for renal patients to make journeys as time-efficient as possible	<p>There is a current review of KPIs within the contract</p> <p>The current recommendations will support a more efficient use of all vehicle availability</p>	<p>Discussions with CCG/Stakeholders</p> <p>The introduction of the Patient Liaison Officer will help support streamlining the needs of the patients.</p> <p>Implement actions from the HW survey carried out 2018.</p>	<p>Ongoing</p> <p>As above</p> <p>Review of report and development of action plan Underway</p>	<p>January 19</p> <p>As above</p> <p>January 19</p>

Other comments from EMAS:

The fundamental key to the service is communication, ensuring that the PTS are managing expectations, and keeping patients informed regarding the service.

The Patient Liaison Officer is an important development within the service to help support the patients that are at the hospitals and ensure real time feedback is given for learning for the service.

The implementation of a Volunteer Service Improvement Lead, will also help support vulnerable groups of patients, this is also support the Renal Service in December 2018.

CCG Response

We have worked closely with EMAS over the past 2 years to consistently improve the service standards for our patients. There has been a concerted effort around the service provided to renal patients as they are on average the most regular users of the service. Commissioners are pleased with the progress made to date, whilst still understanding that there are further improvements that can be made. All plans for service improvement are made in conjunction with stakeholders and commissioners and we have seen a great deal of engagement with both renal patients and the renal departments, particularly at Royal Derby Hospital.

We appreciate the input from Healthwatch have reviewed the issues raised with EMAS, which has helped to pinpoint areas for further improvement. The actions described will be incorporated into our existing improvement plans and progress and actions will be monitored through our existing contract management process.