



## Non-emergency Patient Transport Service Survey Results

# About Healthwatch Central Bedfordshire

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***Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.***

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

HWCB engages and consults with all sections of the local population so that a wide cross section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and we all belong to a network of local Healthwatch.

Healthwatch England leads supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.



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## Introduction



The Bedfordshire Clinical Commissioning Group (BCCG), as part of a consortia of local authorities, including Luton and Hertfordshire commission an external organisation called the Private Ambulance Service to provide the non-emergency transport service (sometimes abbreviated to NEPTS) in the locality.

The organisation is contracted to provide accessible transport for those with eligible support, medical and mobility needs to enable them to attend health appointments. The service is for non-emergency, pre-planned appointments and inpatient discharge/transfers.

Patients can self-book; follow up appointments, and regular transport may be organised by clinic staff.

## Background

The Private Ambulance Service was awarded a short term contract for 12 months, when the previous incumbent stepped down and handed back the service to the BCCG. During the changeover period there were some challenges with data information and systems, however the mobility plan aimed to minimise patient disruption.

In the early stages Healthwatch Central Bedfordshire was made aware of some local patients who had difficulty with the service. In particular, one patient asked to progress their issues with the BCCG. This patient was a regular user of the transport service, due to their health difficulties and had evidence of poor service that was continuing beyond what could reasonably be expected.

It was clear from the patient feedback that others have had similar experiences and it was decided that a snapshot survey be conducted to gather evidence from a wider sample of patients.

The survey results and report will be shared with commissioners of the service, as well as those services visited during the survey. A number of patients have also requested copies of the report. The report will therefore be published on the Healthwatch Central Bedfordshire website at [www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk)



## Methodology



The aim of the survey was to collate views and opinions of patients who had utilised the non-emergency patient transport service since the beginning of the new contract period.

The survey was developed with the support of one of the patients affected by the issues with the service. It was designed to illicit satisfaction levels about all aspects of the service, from booking and communication with the office through to journeys, vehicles and driving staff.

The survey was published on Survey Monkey, on the Healthwatch website and made available in paper copy. Responses were also taken on the telephone, if people rang in to raise their concerns.

As the survey period progressed it was identified that a cohort of patients undergoing dialysis were experiencing a high level of issues with transport. After discussion with staff at the Bedford Renal Unit, Healthwatch were invited to visit and meet with patients to fill in the survey face to face.

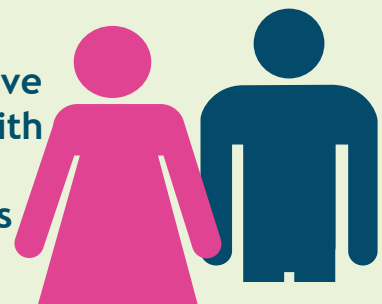
The renal unit is a service for patients across Bedfordshire. Although Healthwatch is in Central Bedfordshire patients who lived in Bedford Borough were included in the survey. A total of 34 responses form the evidence for this report, though some did not identify their place of residence, there was a reasonably even split between Bedford Borough and Central Bedfordshire. Please see Appendix D for a map reflecting the respondents.

# Non-emergency Patient Transport Service Survey at a glance

34 users of the service completed the survey



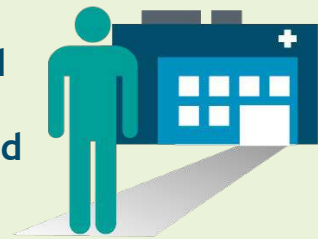
The largest representative age group with 46% was 65 - 74 years



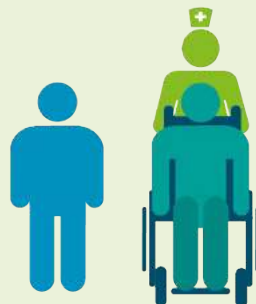
70% were either dissatisfied or very dissatisfied with communication from the service



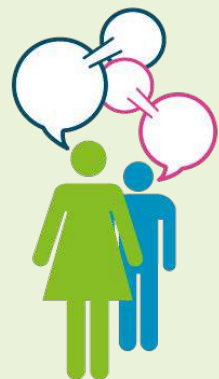
67% were either dissatisfied or very dissatisfied that the transport arrived in a timely manner



76% were either satisfied or very satisfied with the drivers



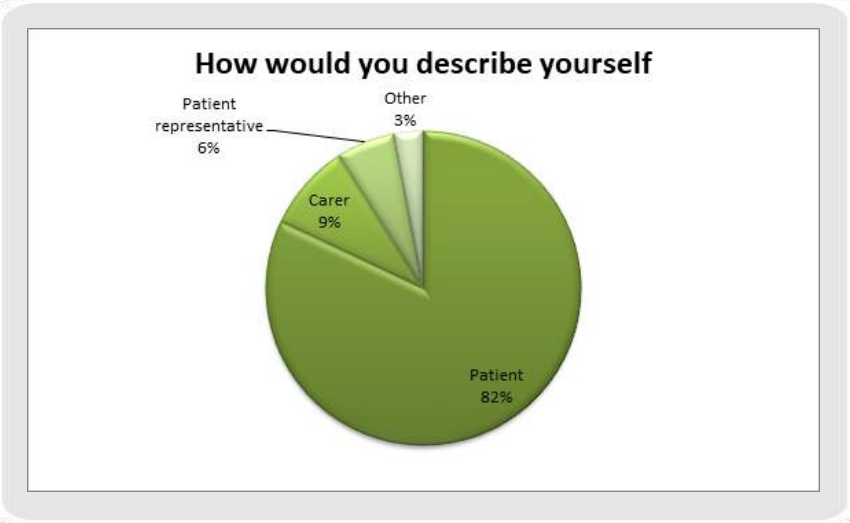
Satisfaction levels with the service overall were low, with 55% being either dissatisfied or very dissatisfied



# Analysis of Surveys

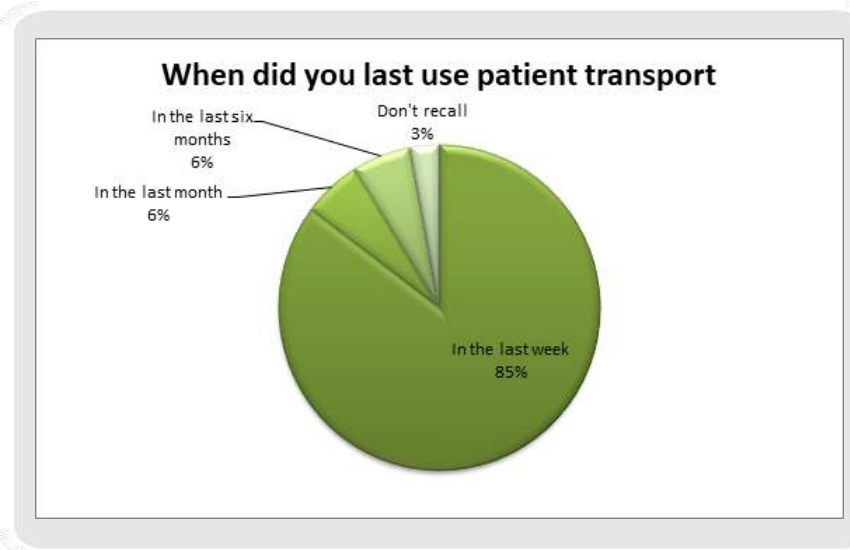
The survey draws together information from a range of respondents. From those within the renal dialysis service, who are regular users, as well patients who needed transport less frequently. The analysis is presented as a percentage result and the quotes included in the report have been anonymised to ensure that there is no identifying information.

## Question 1: How would you best describe yourself?



The aim of this question was to understand the profile of the respondents to the survey. 82% identified as patients, with the remaining described as carers, or patient representatives.

## Question 2: When did you last use the patient transport?



A significant number had used the transport in the last week - 85%, this correlates with the higher number of regular transport users at the renal unit.

Those that had used it less often had all done so in the last month. This confirms all respondents were giving feedback about the PAS service and not the previous contract holder.

### Question 3: How satisfied were you/are you with the booking arrangements for the transport?



Over three quarters of the respondents (78%) were neither satisfied nor dissatisfied. These relate directly to those at the renal unit. The transport for these patients is generated and confirmed by staff at the renal unit.

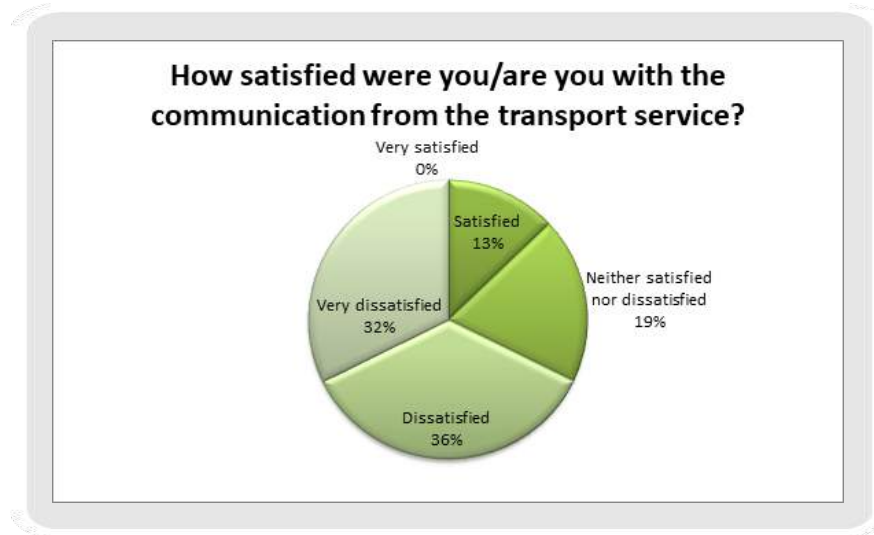
For those who were dissatisfied or very dissatisfied (19%) with the arrangements the primary concern was waiting time, where patients quoted up to 30 minutes or more to get through to an operator.

A small number of patients have experienced difficulty understanding the eligibility criteria applied by the service. Some who have been eligible at one time, have at other times found they were not and have challenged the decision. In most cases transport was provided.





## Question 4: How satisfied were you/are you with the communication from the patient transport service?



Just over 70% of those surveyed were either dissatisfied or very dissatisfied with the communication. The majority of issues related to:

- Difficulty getting an answer;
- Contacting the service with the same issues when things keep going wrong and nothing changes;
- More than one patient expressed concern with the honesty of the responses, with different 'excuses' given by different people;
- Poor attitude of the staff.

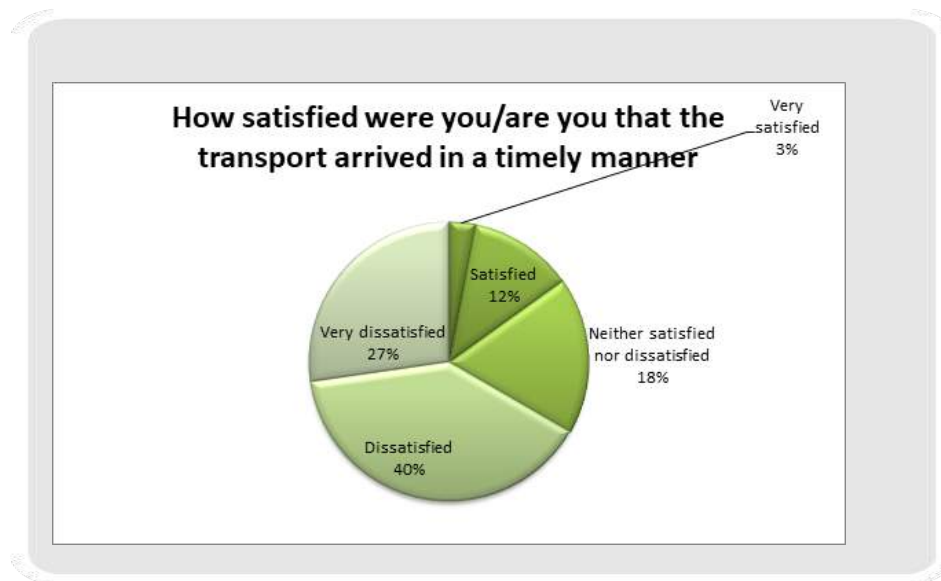
One patient related their experience in mid-May; *"Its lies, total lies. I'm not looking forward to getting my phone bill, I can tell you. This morning I was at number 49 at 1pm and when I called back later I was number 12 and still no answer. I was told by the unit at 12.30 that they were told the driver would be with me in five minutes. I was two hours and twenty minutes late for my appointment today. They never tell you when they are going to be late, not once"*.

A number of patients felt that the service was less responsive on Saturdays and they were less likely to get through to speak to anyone.

It is clear from these responses that the communication from the main office does not meet the needs of those making contact with the service.



## Question 5: How satisfied were you/are you that the transport arrived in a timely manner?



A small percentage of the respondents (15%) were satisfied or very satisfied that the transport arrived on time.

Over 65% of those who answered were either dissatisfied or very dissatisfied with the timeliness of transport. Patients had experienced late pick up and drop off times, in some cases up to five hours.

Some patients had missed healthcare appointments, or had been very late arriving and were not confident that future commitments would be met by the service.

At the renal unit there were examples of patients with consistent issues with transport. The staff had worked to make changes to their dialysis slots to minimise the impact on their treatment and home life. However, this is not a practicable solution for all patients as there are limits to the timetable options.

The effect on the lives of patients using the service was significant. There were examples of patients going home late into the evening, on one occasion in the early morning hours. Those who were receiving care support at home had missed the care workers scheduled time and had on occasion slept overnight in their clothing.

Some patients felt it was difficult to make plans on days that they were using transport. One patient told us - *"You need food, medicine, rest, all at the right time, you can't do this if you don't know where you are"*



# Question 6: How satisfied were you/are you that transport staff were able to meet your needs for the journey?



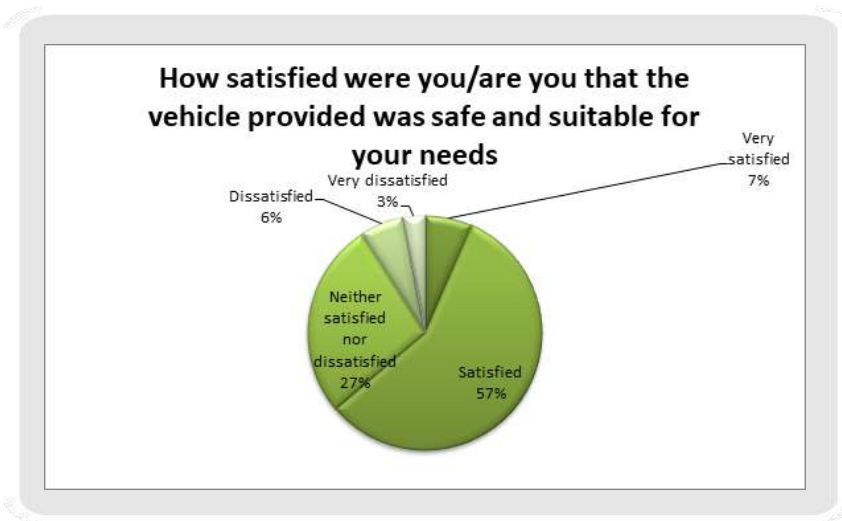
Satisfaction with driving staff was particularly high, with 76% of respondents confirming they were either satisfied or very satisfied that transport staff were able to meet their needs.

One particular driver, who provided some regular journeys for the renal unit was singled out for praise. This driver received positive comments about his timekeeping, friendliness and overall care.

Those using the transport on a regular basis felt that there were some regular staff, but that continuity overall was not guaranteed.

Where concerns were highlighted the issues were related to the staff driving patients to the wrong unit. People felt that this was more likely to happen when drivers from other geographical areas were brought in. There were examples of drivers coming from; Peterborough, London, Basildon, Harlow and Harrow.

## Question 7: How satisfied were you/are you that the vehicle provided was safe, clean and suitable for your needs?



Overall satisfaction with the vehicles was good with 64% being either satisfied or very satisfied.

Patients had experience of the range of vehicles provided through the service, in the main they felt that they were clean and in good condition.

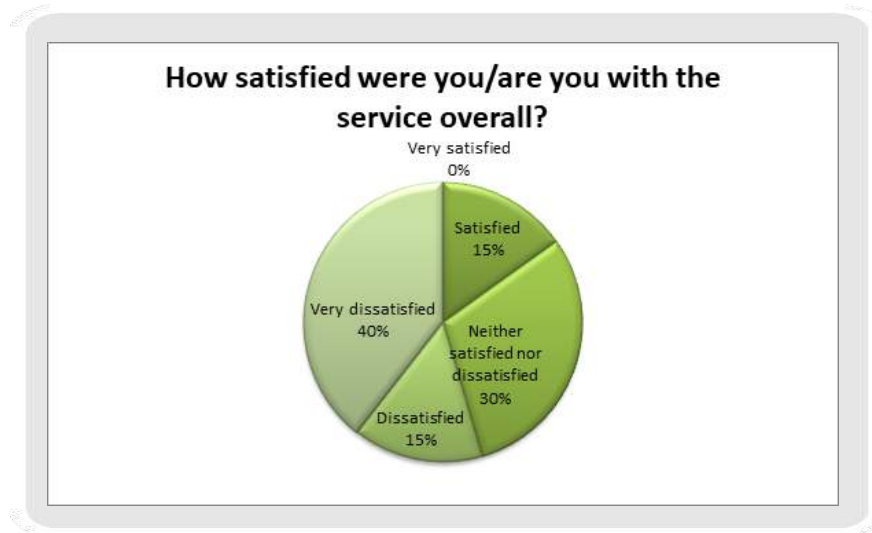
Where transport included multiple pick-ups patients had experienced issues with less leg room. Some patients had wide wheelchairs that were not suitable for smaller vehicles, there had been occasions when this wasn't made clear on the transport request, meaning waiting longer for a second vehicle. One patient told us; *"You sometimes have to share with people with higher needs and it's not always workable for some trips"*

Staff and patients alike raised the issue of infection control. The cars have fabric seats and there is no way to adequately clean bodily fluid spills to ensure no contamination.





## Question 8: How satisfied are you with the service overall?



Over half of the respondents (55%) were either dissatisfied or very dissatisfied with the service overall, a further 30% felt it was difficult to be positive and preferred to say that they were neither satisfied nor dissatisfied.

People felt that there were a range of issues relating to the quality of the service and solutions should be sought - one said; *“All these problems have a knock on effect. Sort out the phones - you need to get through and speak to someone, share the complaints procedure, have a manager you can address issues with and regular drivers for the service”*.

Many of the respondents commented on how the service impacted poorly on their life, causing anxiety and stress.



## Finally we asked for any further comments including suggestions on how the non-emergency transport service could better suit their needs

Respondents provided a great deal of feedback in this section. The comments, though broad ranging, were themed as follows;

- The excessive time and costs involved when trying to contact the company;
- Positive feedback about the driving staff;
- Late and missed journeys;
- Training for staff - to better understand the needs of patients and the geographical area covered;
- Help for patients to understand the eligibility criteria and complaints process.

More than one patient asked that they be involved in any discussions with the service provider, to help inform service improvement.

A full account of the comments can be found at Appendix C.



## Summary

Overall the satisfaction with the non-emergency patient transport service was very low across a majority of the survey questions, however it must be noted that patients were happy with both individually named drivers and driving staff in general.



There were significant issues with the service supplied to the renal unit. The transport here is required for the same patients, on the same days, at the same times on a weekly basis, which is arguably a simple scheduling programme, with little or no change. However, patients have been occasionally missed, with some transport needing 'chasing' and the service continues to be disrupted.

As the survey period progressed, there was evidence of some improvement across all services. However, this was not consistent across all respondents and there was little confidence that this was a sustainable, long term improvement.

The service is provided to some of the most vulnerable, unwell people across Bedfordshire, it is not a mere pick up and drop off job, the transport is integral to the patient experience and a problematic service will continue to have a detrimental effect on those who receive it.

## Key Findings

The results of this survey would suggest the following:

- Feedback about the service, from patients, their carers and staff was negative, suggesting that satisfaction was considerably low and confidence equally so. That patients had experience of late and missed calls, some on more than one occasion and some, in the case of the renal unit, on a regular basis;
- A majority of patients, who had called the service had difficulty getting through on the telephone, with many quoting long waiting times to speak to a member of staff;
- During the time of the survey, a minority of people felt there had been some improvement in the service. However, a significant number had little confidence in the service sustaining this.



## Staff Feedback

Staff at both the renal unit and the hospital gave their feedback on the service. Although there were no specific staff questionnaires the themes of the issues were similar to those from patients:

- Lateness of transport;
- Spending time chasing transport took staff away from clinical care time;
- Long waiting times when calling through to the service;
- Concern that vehicles were not infection control compliant due to fabric seating;
- Mixed messages from the service when following up on behalf of patients.

In addition, the staff at the renal unit and at the hospital confirmed that late arrivals had a significant impact on the service overall, not only for those on transport, but also for those who travel independently for treatment. All staff recommended that the schedule should be revised and patients be called to come in later. This would potentially negate the need for staff to stay beyond the end of their shift.

At the renal unit there were also a number of patients who had diabetes. There is no facility for food on site, other than hot drinks and biscuits. This means that when patients are picked up late they were potentially at risk of mismanaging their illness.

In some cases the unit has used taxi services, at the expense of the service users to ensure that patients get home. This is more likely to happen in the evening.



A number of hospital staff expressed concern that the eligibility of patients for the transport service is not consistently applied, with more than one staff member saying,

*“they turn down more people some weeks than others”*

This perception cannot be measured within either the survey or report. More work would be needed to understand whether this is the case.

It was felt that there was some improvement in the service towards the end of the survey period, however a number of staff were concerned that the service could not sustain quality in the long term.



## Recommendations/Suggested Actions

The general feedback from all those who have either received, or had interaction with the service has been negative. It was felt that there could be improvement in the following areas:

- The service needs to ensure that the eligibility criteria is transparent and applied with equity across the services;
- Where patients raise concerns about the service, the company should apply the contractually agreed complaints procedure, with clear expectations communicated to the patient. The company could consider complaints taken through a dedicated phone line, as opposed to the current practice, which advises patients to call on the regularly used line for all patient contact;
- Patients have asked to be involved in any service improvement discussions, so that the service can appreciate their difficulties and all parties can work toward workable solutions. At the end of the contract period when the service is re-tendered, patients have asked to be included in the process;
- The service needs to review the vehicle stock to meet infection control guidelines. During the survey period the service has looked at removable plastic seating, as of mid-July these have yet to be introduced.
- It is also recommended that Healthwatch Central Bedfordshire be included in any future negotiations to procure a Non Emergency Patient Transport Service.



## Contact

If you have any comments or queries relating to this report please contact Healthwatch Central Bedfordshire as follows:

Capability House,  
Wrest Park,  
Silsoe,  
MK45 4HR.

Email: [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)

Tel: 0300 303 8554

[www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk)

# Appendix A

## Non-emergency Patient Transport Survey April 2017

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The new Patient Transport provider - Private Ambulance Service began in early March 2017. The service is in place to provide accessible transport to those with eligible medical and mobility needs to enable them to attend health appointments.

Please tell us about your experience of the Private Ambulance Service

### Question 1:

How would you best describe yourself?

- Patient
- Carer
- Patient representative
- Other, Please describe:.....

### Question 2:

When did you last use the patient transport?

- In the last week
- In the last month
- In the last six months
- Don't know

### Question 3:

How satisfied were you/are you with the booking arrangements for the transport?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional comments: .....

.....

## Appendix A

**Question 4:**

How satisfied were you/are you with the communication from the patient transport service?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional

comments .....

.....

.....

**Question 5:**

How satisfied were you/are you that the transport arrived in a timely manner?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional

comments .....

.....

.....

## Appendix A

**Question 6.** How satisfied were you/are you that transport staff were able to meet your needs for the journey?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional comments .....

.....

.....

**Question 7:**

How satisfied were you/are you that the vehicle provided was safe, clean and suitable for your needs?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional comments .....

.....

.....

**Question 8:**

How satisfied were you/are you with the service overall?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Any additional comments .....

.....

.....



# Appendix A

Please add any further comments including suggestions on how the non-emergency transport service can better meet your needs

.....  
.....  
.....  
.....

Finally, please tell us a few details about yourself;

Your Gender

Male

Female

Please indicate your age range

18 - 24     35-44     55 - 64     75 - 84

25 - 34     45 -54     65 -74     85 and over

Please tell us which area of Central Bedfordshire you live in  
e.g. Biggleswade, Flitwick, etc.

.....  
.....

If you would like to have a follow up discussion about your comments, or to know more about Healthwatch Central Bedfordshire please give us your contact details and we will be in touch;

Name: .....

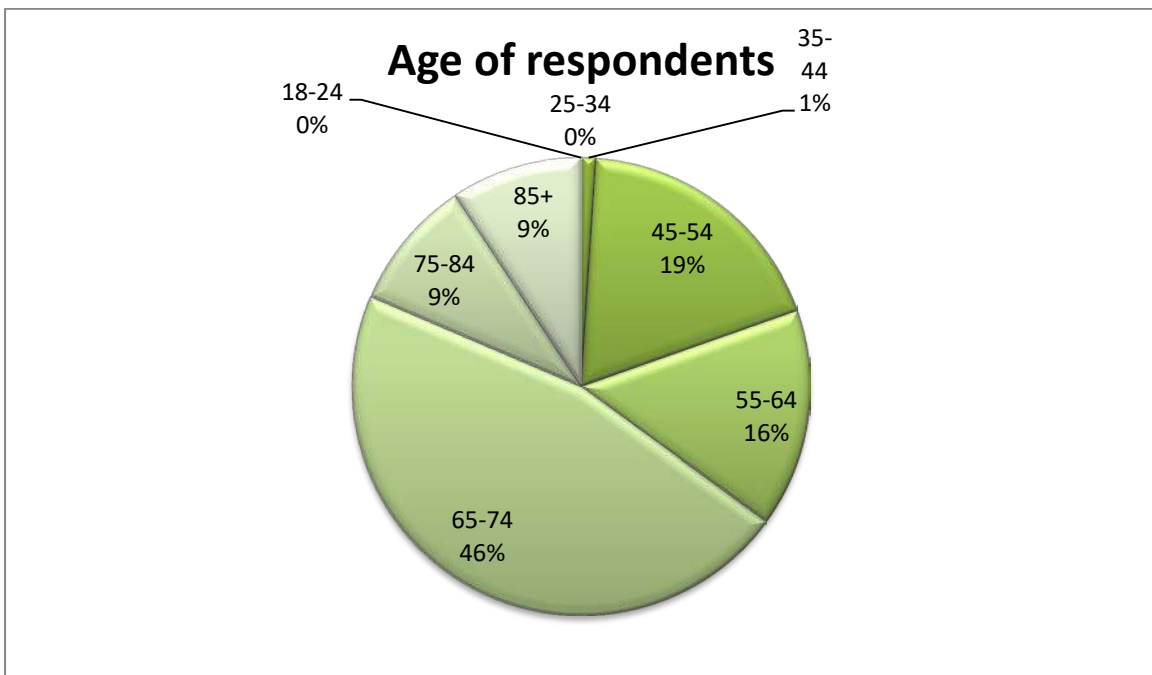
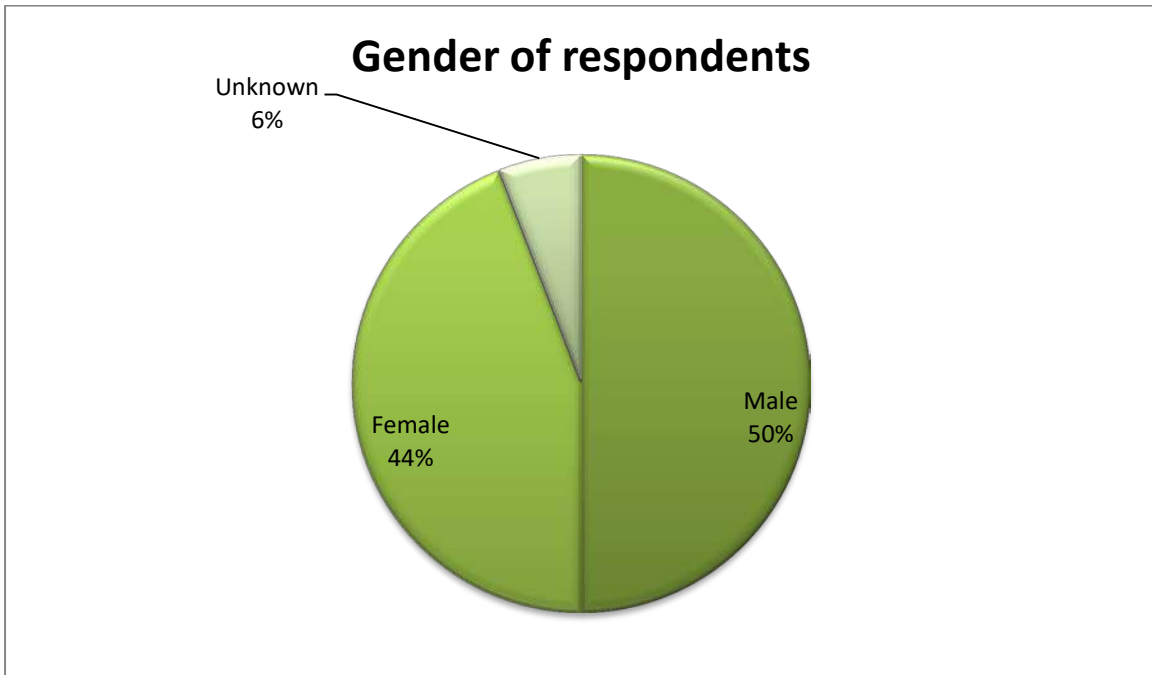
Address: .....

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Telephone:..... Email:.....

# Appendix B

## Additional Demographics



Finally we asked for any further comments including suggestions on how the non-emergency transport service could better suit their needs. Comments as follows;

- Change back to the previous company/organisation
- You urgently need to sort out your booking system. It costs patients a fortune hanging on for hours, as well as the enormous frustration
- Ambulance crews are always very helpful and kind
- We've had drivers from Basildon and sometimes Harrow
- They have turned up repeatedly when I was in hospital, despite being told and told
- Come when they are needed, I don't think it can get any worse
- They need to do better, drivers and vehicles are coming from all over the place. The system seems flawed, is it the office staff?
- There shouldn't be a problem, its the same patients day in day out
- Getting me home, I would want to go home
- They need to get it right, its the same patients the same time, three times a week, postcodes are not the way to do this. The planners don't know the area, they are based in Essex
- The timing could be better
- Train staff to be more compassionate and understanding
- The criteria they asked - have you got Mental Health issues? do you need an ambulance? have you got a carer? can you transfer into a car? are you visually impaired - I think there was something else as well. They need to trust the drivers
- Why don't they have more than one phone line, so you can speak to someone? They used to have Renal drivers, that was better
- The transport is not just A-B, its an integral part of the patient experience. I'm not optimistic that the service can be consistent with any improvements
- Turn up on time. Maybe they need more drivers
- Co-ordinators and the chief executive should come in and speak to us here. They have no idea about the area, you can't go off postcodes. I've known them send 4 vehicles for 5 people in the same local area
- I think they ought to listen to their drivers more, you need local controllers
- If we are in same days and the same times, can't they have the same drivers? The office needs to listen to the drivers
- They don't plan the routes, you need to put people in same areas, its not good enough. I don't think they listen to their drivers, I know they've given them lists on best ways to do things. If they drivers had shifts, like earlies/lates, you'd get more continuity
- They are getting a lot better
- I'd like to go home straightaway when I'm finished
- They should have a controller here on the unit, with dedicated cars and drivers
- They need to do route planning and answer their phone and give their drivers a full run for the day
- They need to get around the table with the staff here (at the renal unit) and talk about better ways of arranging the pick-ups after treatment
- Once registered as being eligible it should not be necessary to argue the case again Patients should be informed about the complaints procedure
- Get a grip on reality and stop trying to save money. You are affecting the lives of vulnerable people

# Appendix D

Geographical map of respondents

