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## Access (Transport) to Health Services Report

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Kent LINK Project no: 04

Medway LINK Project no: 02

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## EXECUTIVE SUMMARY

### Introduction

Patient transport to health services is an emotive subject for people across Kent and Medway and was raised by LINK participants at the Kent LINK Annual Meeting in May 2009. It was agreed at that meeting that a project be developed to look at the issues people are experiencing with Patient Transport Services (PTS). This was a joint project between Kent and Medway LINKs because patients living in some parts of Kent use services in Medway and vice versa.

The aims of the project (detailed at section 2.1 of this report) were to focus on PTS and provision by Hospital Trusts. The research and consultation for this project took place at a time when commissioning of NHS Patient Transport Services (PTS) was passing from Hospital Trusts to Primary Care Trusts (PCTs) and the PCTs were undertaking a review of local services, focussing on PTS, community transport schemes and public transport. As a result, this project was able to look at the state of existing provision of a range of transport options and give a voice to the experience of service users to help ensure that the outcomes of the reviews reflected these experiences.

### Key Issues Identified

A lot of people found that the transport systems worked well for them, were convenient and provided by caring staff and they were keen to praise the work of the PTS crews and, in particular, volunteer drivers.

However, there were a large number of people who had less positive experiences. During the consultation stage of the project a range of issues was raised including journey times, lack of integration of appointment times with transport options, the inadequacy of public transport and difficulties with car parking. Concerns that were specific to PTS included the inflexibility and resulting inconvenience of the service, problems with the transport of carers and escorts, confusion around eligibility and problems with the transport of wheelchairs.

It became clear over the course of the project that awareness of PTS, community travel schemes and volunteer car schemes was low and needed to be addressed as a priority.

### Key Recommendations

The following recommendations are a result of the community engagement and involvement activity carried out during March, April and May 2010 where patients and the public had the opportunity to talk about their experiences of patient transport, raise concerns about the services and make suggestions for improvements. They are not listed in priority order.

#### ***Recommendation One: PTS Booking System***

- Appointment times need to take into account the condition of the patient, the length and timing of their journey, by whatever means they travel.
- Ongoing assessments need to be made of the patient's eligibility for transport services by clinicians.
- Bookings of PTS should be made by clinicians not patients.

#### ***Recommendation Two: Better Support for Voluntary Sector***

- The capacity of volunteer schemes should be audited with a view to providing financial and other support to build their capacity and extend their availability to the less wealthy members of the community.

***Recommendation Three: Improve Information about Eligibility Criteria***

- Be open and clear about eligibility criteria
- Eligibility criteria and assessments for PTS need to take into account that people's needs change over time, make allowance for people with mental health issues and social factors.

***Recommendation Four: Review Car Parking***

- Disabled badge holders should be able to park anywhere in car parks at hospitals and health facilities without charge if disabled bays are taken.
- Trusts should review car parking in terms of sufficiency of supply, appropriateness of systems and learn from best practice, for example paying on exit rather than in advance.

***Recommendation Five: Improve Information about Alternative Transport Options***

- Up to date information on local public and community transport services should be available at all healthcare settings, with someone available to interpret the information for patients.
- A central information provider should be established to help signpost patients through the options available to them.

***Recommendation Six: Work with GPs and Other Points of Referral to Improve Information and Communication for Patients about Transport Options***

- All GPs, booking staff, receptionists etc. should be trained to signpost patients to all transport options whether patients are eligible for PTS or not.

***Recommendation Seven: Improve Flexibility of PTS***

- Ensure transport services are as flexible as possible to meet the challenges created by the changes in the way that people access healthcare.

***Recommendation Eight: Improve Integration between Services***

- Communication between providers needs to be improved with a view to better integrating provision of services across Kent and Medway.

**Next Steps for LINK**

The Access (Transport) to Health Services project is formally concluded with the publication of this report. The report has been submitted to LINK participants, NHS Eastern & Coastal Kent Primary Care Trust (PCT), NHS West Kent Primary Care Trust (PCT), NHS Medway Primary Care Trust (PCT), East Kent Hospitals University Foundation Trust, South East Coast Ambulance Service NHS Trust (SECamb), Kent County Council's Health Overview Scrutiny Committee (HOSC), Medway Council and the project group. It will be submitted to the Transport for Health Working Group (THWG) to give a community voice to the projects they plan to take forward as the outcomes of the report directly impact on their work. LINK representatives will continue to be involved in this working group until the conclusion of its work. The report will also be available to the public, posted on our website and available in hard copy upon request.

# CONTENTS

	Page
<b>1. Introduction</b>	<b>5</b>
<b>2. Access (Transport) to Health Services Project</b>	<b>5</b>
2.1 Aims of the Project	
2.2 Outcomes of the Project	
2.3 Methodology	
<b>3. Patient Transport across Kent and Medway</b>	<b>6</b>
3.1 NHS Patient Transport Services (PTS)	
3.1.1 Provision for Patients Stranded in Accident & Emergency (A&E)	
3.1.2 Links with Community Transport Schemes	
3.2 Eligibility Criteria	
3.3 Hospital Travel Costs Scheme (HTCS)	
3.4 Information Provision	
3.5 Kent and Medway NHS and Social Care Partnership Trust	
3.6 Kent County Council and Medway Council	
3.6.1 Dial-a-Ride	
3.6.2 Medway Mobility	
3.6.3 Community Buses	
3.7 Volunteer Car Schemes	
3.8 Hospital Car parking	
3.9 Public Transport	
<b>4. Current Service Improvements</b>	<b>11</b>
4.1 Transport for Health Working Group (THWG)	
4.2 West Kent Patient Transport Services Steering Group	
4.3 NHS South East Coast Strategic Health Authority (SHA)	
4.4 Kent County Council Review	
<b>5. Public Consultation</b>	<b>13</b>
5.1 Methodology	
5.2 Key Issues Raised During Consultation	
5.2.1 Journey Times	
5.2.2 Inflexibility of PTS	
5.2.3 Appointment Times	
5.2.4 Public Transport	
5.2.5 Information	
5.2.6 Wheelchairs	
5.2.7 Carers/Escorts	
5.2.8 Eligibility	
5.2.9 Booking Procedures	
5.2.10 Car Parking	
5.3 Canterbury City Council Health Scrutiny Panel – Patient Transport to Hospitals Review 2009	
<b>6. Summary and Recommendations</b>	<b>17</b>
<b>7. Next Steps</b>	<b>18</b>
<b>8. Acknowledgements</b>	<b>18</b>
<b>Appendices</b>	
One	- Patient Experience
Two	- Department of Health Eligibility Criteria
Three	- Summary of Each Trust's Eligibility Criteria
Four	- Hospital Travel Costs Scheme Information
Five	- Kent LINK's Response to Car Parking Consultation
Six	- Canterbury City Council Health Scrutiny Panel - Transport to Hospitals Review 2009

## **1. Introduction**

Patient transport to health facilities is an important issue for patients as it has a major impact on their well-being and overall experience of healthcare. It is also an important service for the NHS as it helps them to meet their strategic objectives of reducing health inequalities, improving access to healthcare and reducing non-attendance at appointments.

There are now a lot more services being provided in community settings, and the increase in patient choice is impacting on the demand for transport as well as the level of co-ordination required within and across trust boundaries. For example:-

- Patients who travel to their GP for treatments instead of local hospitals
- The Choose and Book system where patients can choose where their treatment is provided so not necessarily at the nearest facility
- Changes to opening hours of GP clinics and hospital clinics
- Activities that are now being transferred to pharmacists e.g. medication reviews

## **2. Access (Transport) to Health Services Project**

A great deal of work was done by the former Patient and Public Involvement Forums (PPIFs) around patient transport which was brought forward to the Kent LINK when it was launched in December 2008. Patient transport is historically an emotive subject for people across Kent and Medway and was raised again by LINK participants at the Kent LINK Annual Meeting in May 2009. It was agreed at that meeting that a project be developed to look at patient experience of patient transport services. This was a joint project between Kent and Medway LINKs because patients living in some parts of Kent use services in Medway and vice versa.

### **2.1 Aims of the Project**

1. To find out what systems trusts have in place to minimise transport problems for their patients, particularly the use of innovative approaches to addressing these problems, including working with partner organisations.
2. To see what level of consistency exists between trusts in the provision they make for patient transport, car parking, patients who are stranded at A&E, links with community transport schemes and the quality of travel information given out to patients.
3. To initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent.

### **2.2 Outcomes of the Project**

The key outcomes of this project and this report are to highlight best practice, areas for improvement and make recommendations based on the views and experiences of communities across Kent and Medway. Those recommendations will then be put forward to the appropriate organisations and a response requested as to how they will take those recommendations forward.

### **2.3 Methodology**

2.1 The first two aims of this project required research to be carried out into patient transport, what is available, where, when and to whom. The research was carried out in the following ways:-

1. Internet research into how and by whom services are provided, what the eligibility criteria is, how services are publicised, what costs are involved to the patients, Government guidelines and existing research
2. Attending meetings – Transport for Health Working Group and West Kent Patient Transport Services (PTS) Steering Group

3. Contact was made with the following organisations:
  - NHS Eastern & Coastal Kent PCT
  - South East Coast Ambulance Service NHS Trust
  - Kent & Medway NHS Health & Social Care Partnership Trust
  - Kent County Council
  - Medway NHS Foundation Trust
  - East Kent Hospitals University Foundation Trust
  - NHS Medway PCT
  - Medway Council
  - NHS West Kent PCT
  - Maidstone & Tunbridge Wells NHS Trust
  - Dartford & Gravesham NHS Trust
4. Letters were sent to community and voluntary sector organisations known to provide transport requesting information about their schemes
5. Information was gathered using the Community Transport Directory produced by Action with Rural Communities in Kent

The information was then summarised and included in this report enabling consistencies and inconsistencies across Kent and Medway to be identified, to highlight popular schemes and raise issues communities have with patient transport.

The final stage of the project was to find out what works and what needs improving based on patient experience. A series of mini debates/workshops were set up across Kent and Medway to give people the opportunity to have their say and share their experiences of PTS. Eight sessions were organised, two in East, two in Mid and two in West Kent and two in Medway. The discussion points from the debates were also put into online and paper survey formats to enable as many people as possible to have their say.

Visits were also carried out to community groups in their own settings including disability and carers groups, mental health service user groups, the Alzheimer's & Dementia Family Support Group, the National Council for Women and a number of Age Concern day centres. Visits and interviews with individuals who are regular users of health and transport services were also carried out at their homes. The information gathered throughout this part of the project can be found as Appendix 1 "Patient Experience". The take up by participants varied in different areas but nearly 200 people took part in the consultation. A further 18 people formed a project group which was involved in supporting the project and commenting and inputting into the report.

### **3. Patient Transport across Kent and Medway**

*Project Aim 1: to see what level of consistency exists between trusts in the provision they make for patient transport, car parking, patients who are stranded at A&E, links with community transport schemes and the quality of travel information given out to patients*

#### **3.1 NHS Patient Transport Services (PTS)**

The commissioning and performance management of non emergency patient transport has recently been taken on by Primary Care Trusts (PCTs) from organisations such as acute, mental health, learning disability and community trusts which had responsibility for them until April 2010. The PCTs have undertaken reviews of the services locally and are feeding outcomes into the Strategic Health Authority with the objective of developing a standard set of eligibility criteria and service level agreements with providers. This work is being done in partnership with NHS providers, Councils, Public Transport operators, the LINKs and other community and voluntary sector organisations.

As well as the changes in the way healthcare services are delivered that were outlined in the introduction, PTS providers face a number of challenges in delivering services, for example arriving to pick up a passenger and finding them undressed and not ready to travel. Rather than leave the passenger, the crew will help prepare them for travel putting them behind schedule.

East Kent Hospitals runs a 'Health Hopper' bus service between hospitals for patients, visitors and staff. This is a scheduled service which is free to patients if they show an appointment letter.

### **3.1.1 Provision for Patients Stranded at Accident and Emergency (A&E)**

PTS is available 24 hours a day, 7 days a week and it is only booked PTS services that finish at 4pm. So people who miss their return journeys due to appointments running late or over, or who are stranded in A&E, still have the patient transport service available to them. People have raised the issue of being stranded at A&E but this seems to be a lack of knowledge amongst NHS staff and a lack of communication with the public.

### **3.1.2 Links with Community Transport Schemes**

We identified very few links with community and voluntary transport schemes but one example of collaboration is that some hospitals provide free and convenient parking spaces for volunteer car schemes. Other community schemes have links to the hospitals, for example the SUN bus scheme in Swale which visits a number of healthcare settings including hospitals.

## **3.2 Eligibility Criteria**

The Department of Health (DH) Eligibility Criteria is attached at Appendix 2. In summary, they state that:

Patients should travel "in a reasonable time and in reasonable comfort, without detriment to their medical condition".

Eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.
- Where a patient's escort or carer's particular skills and/or support are needed.

A patient's eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are clinically supervised and/or working within locally agreed protocols or guidelines, and employed by the NHS or working under contract for the NHS."

Eligibility criteria currently applied by some Trusts in Kent and Medway have some variations in the scoring procedures. For example, Dartford and Gravesham Hospitals have a fairly heavy weighting (2 of a total of 4 points that are needed to be eligible) for a patient that needs to be at hospital by 7am, Medway NHS Trust doesn't score against this criteria at all and East Kent Hospitals goes beyond the DH criteria, allowing for 'exceptional non-medical need', defined as the lack of availability of other forms of transport and the distance to be travelled. This is at the discretion of the patients GP or lead therapist. Medway Hospitals allows scoring of 1 point against a criterion of 'Is likely to be receiving bad news. See appendix 3 for examples of scoring and decision making criteria.

Although the differences are small, the fact that they exist and that others are at the discretion of the lead practitioner has the potential to create a situation where the patient is deemed eligible for transport at one trust and not at another. This should be addressed when the NHS South East Coast SHA produces new and consistent eligibility criteria (see section 4.3 of this report). However, care must be taken to ensure that local interpretation of the criteria doesn't allow for this kind of discrepancy to re-emerge as it greatly impacts on the patient.

### **3.3 Hospital Travel Costs Scheme (HTCS)**

The HTCS is for patients with no medical need for an ambulance, who are not eligible for PTS and cannot meet the cost of travel to hospital or other health care facility where they need to receive NHS treatment. The scheme is available to those patients in receipt of Income Support, Income Based Job Seekers Allowance, Pension Credit Guarantee Credit, Working Tax Credit and/or Child Tax Credit. In some circumstances patients on low income may be entitled to partial or full refund on their travel expenses. An escorts expenses could also be reclaimed where it is considered by a GP/Consultant to be medically necessary for a patient to travel with an escort. Appendix 4 gives details of where to find more information about this scheme.

### **3.4 Information Provision**

Availability of information about PTS and other transport options is patchy. The three East Kent Hospitals provide a leaflet which, while not mentioning PTS, details a range of options including Public transport, volunteer schemes and Kent Karrier. It also includes details of the Hospital Travel Costs Scheme and a warning that parking is limited at hospital sites. Maidstone & Tunbridge Wells Hospitals make a leaflet available to each patient at their bedside which gives information on service times, eligibility and details of additional services. They also have a summary available online and further information at outpatient clinics. East Kent relies on a contractual requirement for providers to place leaflets in health settings.

Information from GPs appears to be extremely variable, with some surgeries booking transport for the patient and others offering no unprompted guidance to patients.

All the Kent and Medway hospital websites mention PTS with some direct links on the home page, others require more searching. The information available ranges from East Kent Hospitals which publishes its eligibility criteria to Maidstone & Tunbridge Wells Hospitals which directs people to their GP. This inconsistency is often confusing and unhelpful to patients and their carers making PTS inaccessible to some.

It is also questionable whether the demographic requiring PTS is likely to have access to the internet.

### **3.5 Kent and Medway NHS and Social Care Partnership Trust (KMPT)**

The way in which PTS is delivered across Kent and Medway varies a great deal for mental health service users. In West Kent services are commissioned and paid for by KMPT whereas in East Kent transport is provided by the staff of the trust collecting patients in the Trust's minibuses. This in itself raises problems with staff being unavailable to attend sessions because they are transporting patients. It also means there is no consistency across the Trust's area. Issues have been raised with the LINK around the booking of transport, the logistics of carrying Mental Health patients by drivers without appropriate training and the carrying out of the contracted process for handover of patients once they arrive at hospital.

### **3.6 Kent County Council (KCC) and Medway Council**

Council funded transport services are mainly provided through commercial services under local contractual arrangements with other organisations. The services are a mixture of private and voluntary coordinated transport schemes.

Some direct provision of driver escort services is made for adults with learning disabilities. There are also a number of ways in which councils fund travel to hospital as a by product of other provisions made for care. For example, Crossroads provide a respite care service and when appropriate, the care worker will take the client to hospital. This service may be funded by the client's social care package through Medway Council, by direct payment or through the organisation's charitable funds.

#### **3.6.1 Dial-a-Ride**

KCC subsidises the The Kent Karrier service which is a fully accessible dial-a-ride service that takes its members directly from their door to the nearest town centre. Membership is £5 per year, with a small fee payable for each journey.

The scheme is available to people who have a medical condition that makes travelling on conventional public transport difficult (this must be authorised by a GP).

Dial-a-rides operate a pre-booked, scheduled service collecting passengers along the route. The service will stop to pick up and drop off between stops where safe to do so. While they do take people to hospitals and doctors surgeries, they cannot take passengers at a specific time which means that appointments must be booked around travel rather than travel booked around appointments.

#### **3.6.2 Medway Mobility**

Medway Mobility, a dial-a-ride service, is a weekly bus service operated by ASD Coaches on behalf of Medway Council which is specifically designed for people in the Medway area who are frail and elderly or have a disability. The driver assists passengers on and off the bus, although it has been designed for easy access and is wheelchair-friendly. Users must register with the council for a pass and journeys must be booked at least a day in advance. The service takes passengers from as close as possible to their front door to the centres of Chatham, Rochester, Strood or Gillingham. It also serves Medway Maritime Hospital and Hempstead Valley. It operates from a different area each day of the week between 9.30 and 10am and returns between 12.30 and 1.30pm, again meaning that appointments can only be booked at specific times.

#### **3.6.3 Community Buses**

Community bus schemes are supported by KCC, Medway Council and the Voluntary Sector in areas that lack sufficient public transport services. Community groups bid for funding with an appropriate model for their locality, so the specifics of the services vary from scheme to scheme, area to area. They generally run a timetabled service, staffed by volunteer drivers, specific trips to shops, outings and excursions for members of the operating organisation.

These include schemes like the SUN (Swale Unified Network) Bus in Swale, a wheelchair accessible service operated by KCC in conjunction with Swale Borough Council. The service is available to any resident in a rural area of Swale who lives more than 500 metres from a normal bus route, or to residents in rural or town areas who have a mobility difficulty which means they cannot use standard bus, rail, or taxi services. However, this service is only available on specific days and times. The scheme also offers SUN car hire which is available at a discounted rate. SUN travel club membership is required to use the scheme

for which there is an annual membership fee of £5.00, which includes the use of the SUN Kent Karrier Minibus.

Another example is the Community Bus Scheme run by Thanet Community Transport Association which undertakes over 22,000 journeys in a year.

### **3.7 Volunteer Car Schemes**

In their information audit of community transport provision in Kent, Action for Rural Communities in Kent identified 38 volunteer car schemes, “ranging in size from just 2 volunteer drivers...to several volunteer bureaux with more than 50 drivers and staff.” For the most part, their drivers volunteer on an ‘as and when’ basis, with the centres phoning round for a driver who is available and willing to undertake the journey. Generally there was a positive response to the volunteer drivers with people saying they felt they were more caring and had more time to spend with them. Providers of volunteer schemes estimate that up to two thirds of their journeys are to healthcare settings, the remainder meeting social needs, including visits to day centres and shopping trips.

Funding for the schemes is a mix of grants from KCC, local councils and the NHS, core contract work, applications to charitable trusts and fees charged to passengers. Most charge passengers around 40p a mile, which goes directly to the driver. There is also a mix of administration charges and membership fees which are used to support core funding.

Many volunteer car schemes are not advertised as they are already at capacity and are unable to take any more passengers; this is mainly due to the number of volunteers available. Concerns were expressed about drivers having their expenses capped at 40p a mile and the impact this is having on recruitment. The cap was introduced in 2002 when petrol was around 80p a litre.

### **3.8 Hospital Car Parking**

Hospital car parking is an issue that was raised at every contact made with participants. The Kent and Medway LINKs’ response to a recent government consultation on the subject can be found at Appendix 5.

Parking services at Hospital Trusts in Kent and Medway are provided either directly by the Trusts or under Private Finance Initiative schemes. Parking costs vary from site to site as does the method of payment. Some operate a payment on exit scheme, others require payment in advance. The latter presents problems for people who don’t know how long they are going to be at appointments.

The amount of disabled parking bays at hospitals and GPs clinics was raised by a number of participants. Medway Maritime Hospital operates a system where all official disabled badge holders are entitled to free parking onsite, whereas it was reported that at the William Harvey Hospital if all disabled spaces are taken up blue badge holders are required to pay to park in standard bays.

### **3.9 Public Transport**

The majority of bus services in Kent and Medway are provided by private, commercial bus companies, for example, Arriva Southern Counties and Stagecoach in East Kent, although companies such as ASD Transport, Chalkwell, Kent Top Travel, Nu-Venture and others also provide services.

The operators provide many of the daytime routes without a subsidy and therefore the operator decides the route, timetable and fares. Both councils provide financial support for a number of bus services that are not commercially viable and would not otherwise be

provided. There are an increasing number of super low-floor buses in service, giving easy access for all users.

Train services are predominantly provided by the commercial provider Southeastern. Many of the stations that they operate from lack step free access. In order to meet their obligations under the Disability Discrimination Act, Southeastern offer an assisted travel service whereby passengers are met by a member of staff and assisted into and out of the station and on and off the train as necessary. At unstaffed stations or where no member of staff is available, they will meet the cost of a taxi from the nearest accessible station. However, it was commented that Southeastern ask for 24 hours notice for this scheme.

Public transport presents a particular issue for people living in isolated areas of Kent. A resident on Grain reported that a recent appointment at Maidstone hospital required a bus, then a train and then two more buses, a total 12 hour round trip including the appointment. There appears to be a growing use of 'Choose and Book' to address these issues, with people choosing to travel to London as the journey is often easier than travelling across Kent and Medway. It also presents an issue for frail and elderly people who don't qualify for PTS, particularly when they have appointments during rush hour and school travel times. Several older people told us that they just don't go to appointments that are made in these times. Accessibility also presented a major problem for some people, particularly when the journey requires one or more changes.

Issues around how public transport to healthcare impacts on people with mobility issues was highlighted by a report on older people's experiences of transport across the Borough of Swale. The report was produced in April 2010 by Swale Seniors Forum in partnership with Canterbury Christchurch University (Swale Seniors Forum c/o Swale CVS, Sittingbourne).

#### **4. Current Service Improvements**

*Project Aim 2: to find out what systems trusts have in place to minimise transport problems for their patients, particularly the use of innovative approaches to addressing these problems, including working with partner organisations*

##### **4.1 Transport for Health Working Group (THWG)**

This is a multi agency group led by NHS Eastern & Coastal Kent PCT and whose terms of reference state:

*"The main purpose of the THWG will be to facilitate effective communication between 'transport for health' stakeholders across the NHS Eastern and Coastal Kent area, including specific links with Medway and West Kent. This partnership service improvement group will collaborate to deliver the NHS Eastern and Coastal Kent Non Emergency Transport Action Plan."*

The focus for the group is all patient transport services, community transport schemes, and public transport, with service improvement being the cornerstone of the partnership work.

The main objectives of the group are to:

- Improve partnership working between the voluntary sector, the NHS, KCC, district councils, transport providers and all other appropriate stakeholders;
- Establish a document that links health and social transport provision in Kent, that is patient/public facing and which describes all available options and processes;
- Act on any existing service modifications/improvements required to meet the needs of the differing localities;

- Support a Joint Strategic Needs Assessment that advises on a set strategic direction for the PCT and partner organisations to improve Patient and Community Transport Services.

Organisations represented on this group are:

NHS Eastern & Coastal Kent PCT	South East Coast Ambulance Service
Kent County Council	Medway NHS Foundation Trust
NHS Medway PCT	Ashford/Dover Volunteer Centres
NHS West Kent PCT	Age Concern
Kent & Medway LINKs	Stagecoach
Canterbury City Council	Arriva
Maidstone & Tunbridge Wells Transport	East Kent Association of Older Citizens
Swale Borough Council	Forums
East Kent Hospitals	East Kent Pensioner's Forum

The Kent LINK has secured opportunities for its representatives to work with this group on their projects and to feed directly into the THWG.

#### **4.2 West Kent Patient Transport Services (PTS) Steering Group**

The overarching purpose of the Steering Group is to guide the development and design of non-urgent Patient Transport Services across the NHS West Kent area.

The objectives of the group are:

- To inform the commissioning of PTS in NHS West Kent.
- To act as a forum for discussing the gaps and inconsistencies in the level and quality of current service provision across NHS West Kent.
- To define the common minimum standard of service patients should expect to receive.
- To explore what terms need to be included in the Service Specification, Eligibility Criteria and Minimum Data Set to effect a service which promotes equitable access and represents the best value for money.

Organisations represented on this group are:

NHS West Kent PCT Health Network  
 West Kingsdown Medical Centre  
 Tunbridge Wells Over Fifty Forum  
 Kent & Medway LINKs  
 KCC

#### **4.3 NHS South East Coast Strategic Health Authority (SHA)**

NHS South East Coast SHA has facilitated the joining together of the eight PCTs across the South Coast to review current and develop new consistent eligibility criteria and service specifications for PTS. This group of PCTs will then adopt the new criteria and standards from April 2010 when PCTs take on responsibility for commissioning PTS.

#### **4.4 Kent County Council Review – Health Overview and Scrutiny Committee**

Kent County Council has been working with the PCTs to develop a joint approach to patient transport services. This work has figured significantly in the development of the more robust planning and coordination arrangements referred to in paragraphs 4.1 and 4.2. A progress report on this work is being presented to the Health Overview & Scrutiny Committee at its meeting on 23 July 2010.

## 5. Public Consultation

*Project Aim 3: to initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent.*

### 5.1 Methodology

A series of mini debates/workshops were set up across Kent and Medway to give people the opportunity to have their say and share their experiences of PTS. Eight sessions were organised, two in East, two in Mid and two in West Kent and two in Medway. The discussion points from the debates were also put into online and paper survey formats to enable as many people as possible to have their say. The discussions focussed on the following set of questions:

- What worked well, did you have a positive experience?
- What didn't work so well, were you unhappy about something relating to patient transport?
- What do you think needs changing to ensure the patient's experience improves?
- What information was available to you and where?
- What wasn't available that you feel would have been helpful?
- If new information resources are to be developed what information do you think should be included? What format should that information be available in? Where should it be available?

The take up by participants varied in different areas but nearly 200 people took part in the consultation. Also 18 people formed a project group which was involved in supporting the project and commenting and inputting into the report.

### 5.2 Key Issues Raised During Consultation

This report already mentions some of the issues faced by patients and the public when accessing healthcare services, particularly those that are disabled, frail, elderly or who live in remote areas. The following is a representative sample of quotes, comments and extracts from the consultation which is available in 'Patient Experience' in Appendix 1.

#### 5.2.1 Journey Times

Journey times, by whatever form of transport emerged as a key issue, particularly for those people that live in outlying areas, those that require treatment that is only available at certain locations or have medical conditions that make long journeys difficult. For example, travelling to phlebotomy clinics for diabetics as they are required to fast in advance of the test or people who have outpatient appointments that take a long time to complete, for example, dialysis.

*"Our friend, who was diabetic, had to travel to the Kent & Canterbury Hospital three times a week to receive dialysis. She had to travel by PTS, leaving her house in Walderslade (Chatham) at approximately 11am, the ambulance then went to Sheerness to pick up other patients and then travelled on to the hospital. There was usually a wait to get a bed and then treatment time. The return journey was similar with our friend often returning home after 7pm and on some occasions later than that."* LINK participant, Chatham

#### 5.2.2 Inflexibility of PTS

The most common issue with PTS was around its inflexibility, with patients being told to be ready to travel at a specific time, with no indication of when they would be picked up. The

ambulance will then make a number of pick ups meaning an early start, a long journey and late return for some patients.

Pressures on the service mean that when a patient's appointment overruns, rather than be left to stand idle, the transport is allocated to be used for another journey, leaving the patient to try and resolve the situation with busy ward staff. This becomes a particular problem when shifts change and the patient often has to start again.

*"Transport has arrived after staff are supposed to have finished working for the day. Staff from the unit end up taking people home in the unit minibus."* Patient, William Harvey Hospital

### 5.2.3 Appointment Times

These rarely take the transport needs of the patient into account. We had many examples of people who had inappropriate appointment times or the length of the journey involved for their condition.

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

### 5.2.4 Public Transport

For many patients, who are not eligible for PTS, particularly those who are elderly and/or disabled or live in outlying areas, public transport presents a number of problems.

*"Residents of the Dover and Deal District areas encounter severe problems getting to Queen Elizabeth, Queen Mother Hospital (QEQM) by public transport. Anyone travelling by bus from the Deal area is forced to go to Sandwich where they need to change for Ramsgate and then change again for Westwood and QEQM. Research has shown that on the day I chose to travel to the QEQM, it took 6 separate buses and 7 hours to make the round trip with a 40 min break for lunch (equivalent to out patient appointment time) at the hospital. The equivalent journey by car was just 1 hour 20 mins including 40 minutes appointment time. I met and talked to several out patients making similar journeys from the Deal and Dover District. They all found the experience extremely time consuming and expensive, to say nothing of demoralising when they are poorly."* Parish Councillor, Worth

### 5.2.5 Information

Information about the availability of transport to hospital whether by PTS or voluntary car schemes was poor. Visits to day care centres for the elderly revealed that even those who knew that the services existed had no idea how to access them, if there were charges or if they were eligible. Many are dependent on friends and family and have never been offered PTS or given appropriate information.

Provision of information by GPs surgeries was variable with some participants reporting that they had been told about services by their GP and others offering no unprompted advice or having little knowledge of what is available.

*"I have never been told about or offered NHS transport"* – LINK participant, Gillingham

### 5.2.6 Wheelchairs

Having appropriate transport available for wheelchair users was an issue that arose time after time. This is a particular issue where the patient uses a specialised chair.

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

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

#### 5.2.7 Carers/Escorts

Carers and patients raised a number of concerns around the need for more flexibility for carers to travel with patients.

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

#### 5.2.8 Eligibility

There was very little understanding of which patients are eligible for PTS. There were also concerns about the way in which eligibility criteria are applied and the narrowness of the criteria across Kent and Medway.

Some patients had been told that they were no longer eligible, but had been given no reason, been informed of any right of appeal or told about alternative options.

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

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

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

#### 5.2.9 Booking Procedures

Booking patient transport presents problems for many people, particularly the frail, elderly or disabled. Many complained about the length of time it took to get through to the call centre, some found it difficult to cope and others had lost confidence in the system.

*"I am a frequent user of Patient Transport at Darent Valley Hospital which should make booking future trips straightforward. However the booking clerk now refuses to make arrangements directly with me saying that the booking can only be made by the no doubt overburdened Ward Clerk. The result is that I have to phone Patient Transport to see if I*

*have been booked in, if not then I have to phone the ward clerk to check that I have the right date for my appointment, and remind her that I need transport and ask her to book it for me, after a decent interval phone Patient Transport to make sure that every thing has been sorted out, if not, phone the Ward Clerk again, and so on until I am satisfied, phone on the day of travel to check every thing is still in order and to confirm that I still need transport. In fairness they do sometimes call me, but I cannot reach my phone before they hang up, usually without leaving a message. It would help if they called on my mobile or if they used a line where the number was not withheld which prevents me from returning the call or even knowing who has called.”* Member of the public, Gravesend

#### 5.2.10 Car Parking

As can be seen from the LINKs’ response to the Government’s Car Parking Consultation at Hospitals, made in April 2010 (Appendix 5), this is an issue that divides opinion. What is clear is that it is an important issue in terms of availability, accessibility and cost, particularly for those who are regular users of healthcare facilities.

The issue isn’t confined to hospitals, with respondents reporting parking issues at GPs surgeries.

*“Transport is one of the ever present issues in this area and with a new hospital at Pembury, planned with a car park which is too small in the view of many of the local population, the problem will continue.”* LINK Participant, Tunbridge Wells

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

### **5.3 Canterbury City Council Health Scrutiny Panel - Patient Transport to Hospitals Review 2009**

The Health Scrutiny Panel at Canterbury City Council carried out a review into patient transport in the Canterbury and District area focussing on the patient’s experience of non-emergency transport to the local hospitals. A copy of the full report can be found as Appendix 6.

The Panel’s concern was that the quality of patient transport to local hospitals needed to be improved in terms of timing, punctuality, journey length, cost, comfort and information on transport choice.

The Panel held a series of meetings to gain an understanding of non-emergency patient transport services operating within the district. The Panel met with representatives from Canterbury, Herne Bay and Whitstable Volunteer Centres, NHS Eastern and Coastal Kent PCT, Kent County Council, Kent Karrier, Pensioners Forum and South East Coast Ambulance Service.

The Panel’s review highlighted the key issues as: journey length and comfort, communication, booking of transport and patient satisfaction.

As a result of the Panel’s review they have made the following recommendations

- Improvements to the patient transport booking system
- Improvements to communication between the different agencies
- Patient transport needs must 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.

## **6. Summary and Recommendations**

The Department of Health guidelines state that patients should travel in a reasonable time and in reasonable comfort, without detriment to their medical condition. This should apply to all patients whether travelling by PTS or other means. Care should be taken to ensure that patients' transport needs are considered as part of the delivery of their medical care.

There are a range of organisations providing services, including Local Authorities, commercial public transport, community transport, charities and the NHS. There appears to be very little communication or co-ordination between them, either in provision or information about services. This leaves patients, who are often frail or vulnerable, to navigate their way through a maze of options.

The way that people access healthcare is changing, transport services do not currently reflect these changes.

Eligibility criteria and assessments for PTS are mostly based on physical ability (mobility, sight, hearing and speech), with little or no allowance for mental health or other issues. Awareness of the transport options available is low, with many people dependent on friends and family, struggling on public transport or paying for taxis that they can't afford.

Car parking arrangements vary from trust to trust and many do not meet the needs of their patients or their visitors even though they may meet the minimum standards required of them.

The following recommendations are a result of the community engagement and involvement activity carried out during March, April and May 2010 where patients and the public had the opportunity to talk about their experiences of patient transport, raise concerns about the services and make suggestions for improvements. They are not listed in priority order.

### ***Recommendation One: PTS Booking System***

- Appointment times need to take into account the condition of the patient, the length and timing of their journey, by whatever means they travel.
- Ongoing assessments need to be made of the patient's eligibility for transport services to be made by clinicians.
- Bookings of PTS should be made by clinicians not patients.

### ***Recommendation Two: Better Support for Voluntary Sector***

- The capacity of volunteer schemes should be audited with a view to providing financial and other support to build their capacity and extend their availability to the less wealthy members of the community.

### ***Recommendation Three: Improve Information about Eligibility Criteria***

- Be open and clear about eligibility criteria
- Eligibility criteria and assessments for PTS need to take into account that people's needs change over time, make allowance for people with mental health issues and social factors.

### ***Recommendation Four: Review Car Parking***

- Disabled badge holders should be able to park anywhere in car parks at hospitals and health facilities without charge if disabled bays are taken

- Trusts should review car parking in terms of sufficiency of supply, appropriateness of systems and learn from best practice, for example paying on exit rather than in advance.

***Recommendation Five: Improve Information about Alternative Transport Options***

- Up to date information on local public and community transport services should be available at all healthcare settings, with someone available to interpret the information for patients.
- A central information provider should be established to help signpost patients through the options available to them.

***Recommendation Six: Work with GPs and Other Points of Referral to Improve Information and Communication for Patients about Transport Options***

- All GPs, booking staff, receptionists etc, should be trained to signpost patients to all transport options whether patients are eligible for PTS or not.

***Recommendation Seven: Improve flexibility of PTS***

- Ensure transport services are as flexible as possible to meet the challenges created by the changes in the way that people access healthcare.

***Recommendation Eight: Improve Integration between Services***

- Communication between providers needs to be improved with a view to better integrating provision of services across Kent and Medway.

## **7. Next Steps**

The Access (Transport) to Health Services project is formally concluded with the publication of this report. The report has been submitted to LINK participants, NHS Eastern & Coastal Kent PCT, NHS West Kent PCT, NHS Medway PCT, South East Coast Ambulance Service, Kent County Council's Health Overview Scrutiny Committee (HOSC), Medway Council and the project group. It will be submitted to the Transport for Health Working Group (THWG) to give a community voice to the projects they plan to take forward as the outcomes of the report directly impact on their work. LINK representatives will continue to be involved in this working group until the conclusion of its work. The report will also be available to the public, posted on our website and available in hard copy upon request.

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