



# Patient Transport: Moving Forward

A qualitative study of people's experiences of using patient transport in Sheffield

**Healthwatch Sheffield**

(December 2014)

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**Objective: To discover patients' views of non-emergency patient transport and reflect their comments.**

### **Key Findings**

- The majority of regular service users are satisfied or happy with the service offered by all providers and reported that transport services get them to where they need to be at the right time.
- Several of the people we spoke to who use Patient Transport Services (PTS) are confused about what is or isn't classed as PTS, and they may not necessarily know which firm is responsible for transporting them.
- Many of the people we spoke to, especially those waiting in the discharge lounge, think they are experiencing a long wait for transport when they may also be waiting for other things, such as medicines.
- Satisfaction with information and communication varies depending on the company used. A higher percentage of users who knew which provider they travelled with that day rated City Taxis communication as excellent when compared to other companies.
- 27% of people we spoke to stated that they would have been able to find an alternative method of getting to their appointment if patient transport was not available.
- While the majority of people rated the helpfulness of their driver as good or excellent (83%) we did observe some practices which could be improved e.g. people being moved without warning, people being spoken about rather than to.

### **Recommendations**

- All staff providing PTS should wear a name badge and introduce themselves to the patient. They should ensure they directly address the patient at all times.
- When moving patients in wheelchairs they should routinely let the patient know that they are about to start moving, especially when travelling backwards.
- Transport providers and commissioners should explore the possibility of an effective central assessment system to establish whether an individual should be provided with transport – people told us strongly that this is something they would want, and not everyone who is using transport necessarily needs to use it.
- Transport providers and commissioners should explore the possibility of implementing a 10 minute ringback / textback to let people know when they are near (collection from home only).
- Sheffield Teaching Hospitals and transport providers should be encouraged to work together to provide eye-catching information on patient transport in areas where people are waiting.

- Healthwatch Sheffield to convene a meeting between transport providers and Sheffield Teaching Hospitals to discuss simple ways of partnership working to improve information to patients about reasons for waiting and waiting times.

## **Introduction**

### **What are Patient Transport Services?**

“Non-emergency patient transport services, known as PTS, are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare providers. [sic] This can and should encompass a wide range of vehicle types and levels of care consistent with the patients’ medical needs.

Eligible patients should reach healthcare (treatment, outpatient appointment or diagnostic services i.e. procedures that were traditionally provided in hospital, but are now available in a hospital or community setting) in secondary and primary care settings in a reasonable time and in reasonable comfort, without detriment to their medical condition. Similarly, patients should be able to travel home in reasonable comfort without detriment to their medical condition. The distance to be travelled and frequency of travel should also be taken into account, as the medical need for PTS may be affected by these factors. Similarly, what is a “reasonable” journey time will need to be defined locally, as circumstances may vary.”

*(Eligibility Criteria for Patient Transport Services, DoH, 2007)*

### **Context – National**

The largest study in recent years has come from Audit Scotland. Despite the fact that no similar study has been carried out in England recently, some of the findings echo several of the topics patients raised with us. These include “Transport services for health and social care are fragmented and there is a lack of leadership, ownership and monitoring of the services provided.” *(Transport for Health and Social Care, Audit Scotland, August 2011.)*

Recommendations include integration and sharing of services and resources, including an integrated scheduling system.

### **Context – Local**

This study deals only with PTS for the purposes of health, and not journeys made as part of social care provision. This is because people had told us that health was the area they had experienced some difficulties in.

There are four main providers of PTS for health services in Sheffield operating services to and from home, care homes, primary and secondary care and other healthcare venues. These are City Taxis and UK Event Medical, who provide transport for Renal patients, Arriva (discharge from hospital on the day, other routine primary care appointments) and Yorkshire Ambulance Service (planned discharge from hospital and planned Patient Transport).

## **Context – Individual Providers**

### **Arriva**

We requested information on patient experience from Arriva and were provided with a copy of their most recent patient experience report for Sheffield (June 2014). Although the sample size was small (19 responses of a possible 550) it was notable that 26.6% of respondents were not satisfied with the comfort of the ride. Arriva state that “The comments from this survey will be studied and acted upon to make improvements to patients’ comfort.” All patients agreed that they were satisfied with the communication and care provided by Arriva staff.

### **YAS**

We requested information on patient experience from Yorkshire Ambulance Service who supplied copies of their last six months patient experience data. The response to the question “Would you recommend the patient transport service to friends and family if they required transport to hospital?” was very positive, with 74% reporting that they would be extremely likely, and only 1% responding that they would be unlikely to do so.

### **UK Event Medical**

We requested information from UK Event Medical who supplied their two most recent yearly user surveys for 2013 and 2014. Although the numbers of users are relatively small due to the specialist nature of the transport provided (9 people in 2013, 16 people in 2014), satisfaction rates were high. 94% of respondents in 2014 rated their care as excellent or very good, and 94% of people said they were definitely treated with dignity (the remaining 6% answered YES – to some extent).

### **City Taxis**

We requested information on patient experience from City Taxis who confirmed verbally that they did regularly collect patient experience but had not provided this at the time of publication.

## *What did we do?*

We consulted with members of the public in the period November to December 2014 in a number of different ways to try and gather a wide range of views on the topic of Patient Transport.

**Social Media** – We tweeted to ask people for their views and publicised it on our Facebook page.

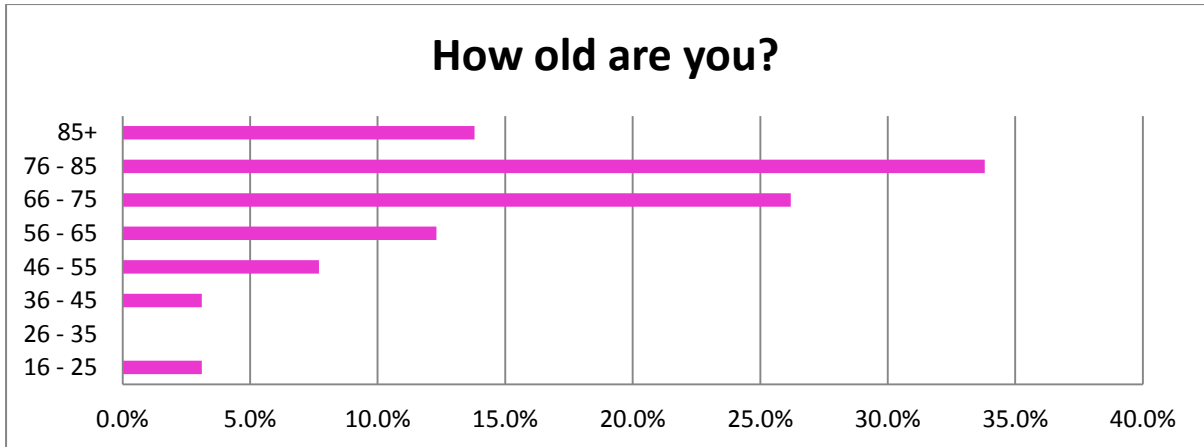
**Media** – We asked people for their views through our Newsletter, the CCG Newsletter and the Health and Wellbeing Board Newsletter. Our chair contributed to a programme on Radio Sheffield to raise awareness of the topic, and we had a short piece published in the Sheffield Star.

**Work in the Northern General Hospital (NGH), Sheffield Teaching Hospitals** – We selected the Northern General Hospital for our small study as we had limited resources, and had heard anecdotally from patients and transport staff that the NGH presented more of a challenge for PTS providers than the city's other hospitals. We used five volunteers and four members of staff to conduct questionnaires with people in the following areas of the NGH; Renal Outpatients, Brearley Outpatients and Firth Discharge Lounge. Additionally, we conducted some structured observation work. The questionnaire was devised by a small team of Healthwatch Community volunteer evaluators and was subject to a small scale trial prior to use. Copies of the questionnaire used and observation guidelines can be found in the appendix.

## *Who did we speak to?*

- We received one tweet from an anonymous member of the public.
- We conducted 6 semi-structured telephone interviews.
- We received seven emails to the Healthwatch Sheffield inbox.
- We received one text to the Healthwatch mobile phone number.
- We completed five observations at the various departments of NGH, and completed 66 questionnaires with PTS users.

Of these, 43% were male and 54% were women. Their ages were as follows:



The majority of people we spoke to (60 of 66) described their ethnicity as White British, followed by two people identifying as being White Irish, one Any Other White and one Indian.

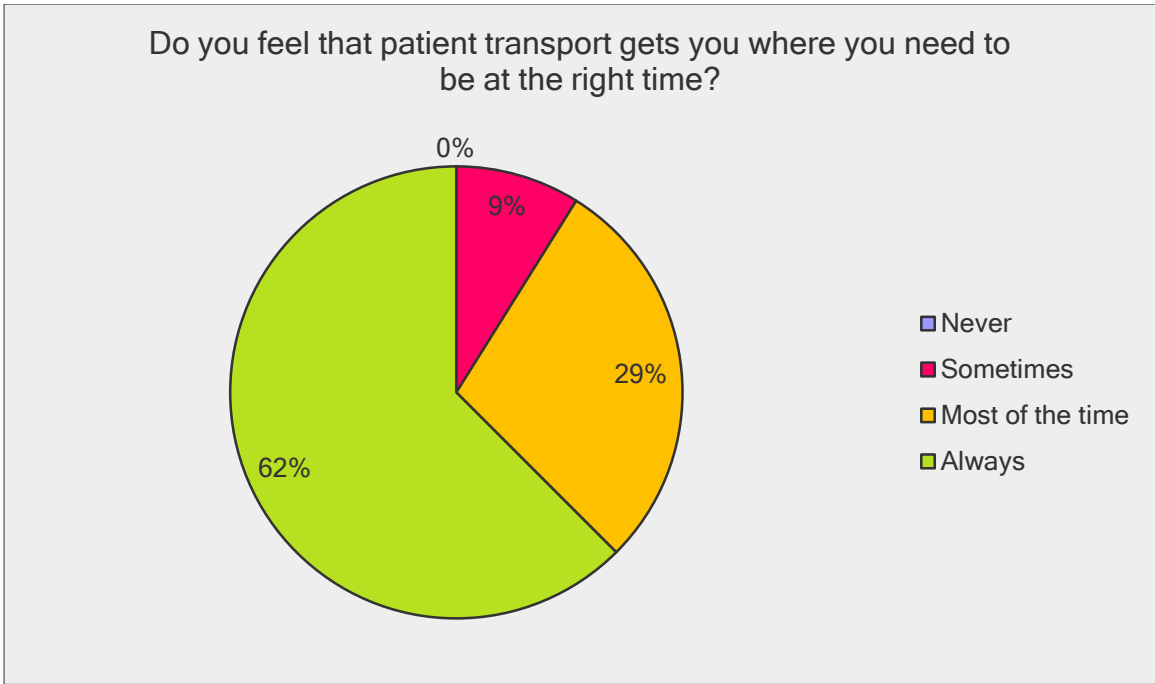
### *What did people tell us and what did we observe?*

#### **Timekeeping**

When Healthwatch first initiated a piece of work on Patient Transport, it was because people had told us that they felt they had to wait a long time for transport. As a result, we asked people two specific questions about timekeeping;

- Do you feel that patient transport gets you where you need to be at the right time?
- Do you feel you are kept waiting for transport?

We also used our time based at NGH to observe actual waits for transport, and received several other comments about timekeeping through the other evidence gathering methods. Written notes from all observations can be found in Appendix 3.



As the chart above shows, the majority of people do feel that patient transport does get them to where they need to be at the right time. The majority of those completing the survey were frequent users of transport (having travelled by PTS more than five times in the last year). Comments were received about specific incidents of extremely long waiting times (seven hours being the longest stated), but the main message from patients is that they don't mind, and indeed expect some element of waiting, as long as they are kept informed.

***"It helps to know how long you have to wait."***

***"In my opinion it is, at times very difficult to achieve anything more firm than an estimated time of arrival, and 'regular customers' like myself understand and appreciate this."***

When we observed waiting times, particularly in Firth discharge lounge, we noted that people's perception of waiting times for patient transport was different to the reality. Several people thought that they were waiting solely for transport, but in fact they were waiting for other things, usually medicines. On one occasion we witnessed transport turn up to collect a patient, only to be asked to return later as the patient had not yet received their medicines. When we spoke to patients, some people did not know for what or why they were waiting, but those that thought they knew all thought it was transport they were waiting for. Our researchers' perception was that some of this arose from the fact that people were sitting in the 'discharge' lounge, which gives the impression that you are just waiting to go home.



## RECOMMENDATION

**Healthwatch Sheffield to convene a meeting between transport providers and STH to discuss simple ways of partnership working to improve information to patients about reasons for waiting and waiting times.**

We also received two specific comments relating to Care Homes, one from someone who works in a care home, and one from a member of transport staff. Care home residents typically make up a substantial portion of PTS journeys.

***“Usually residents are waiting hours before their transport arrives. For example, if they have an appointment at the hospital at say, 11.30a.m, they are told to be ready from 8 a.m. This means they are sat waiting with their coat on in the foyer for up to 3 hours. Most of the time the transport arrives after their appointment time so they are late on arrival at the hospital. They are still seen but it causes a lot of distress. Also they have not had anything to eat or drink and may also need the toilet due to the extreme waiting time.”***

***“Often patients aren’t ready when I pick up at nursing homes, sometimes I can be waiting 20 minutes with another patient already in the back with the doors open, which isn’t great for them in this weather.”***

## Good Practice

We witnessed elements of good practice from all four of the companies and hospital staff we observed working at NGH. These included;

- A two person crew who introduced themselves to the patient (first names), checked the patient’s full name and address, helped them into a chair Good team managing the process – making sure everybody waiting had drinks / sandwiches at lunch. Warm, enough seats for all (although with walking frames, luggage and medication for every seat taken a second seat was needed to accommodate belongings – only 15 seats in lounge in total), music playing, quiet environment.
- Transport staff were seen taking time with patients, telling them not to rush, ensuring they have all their belongings and medication with them and helping patients position their legs in wheelchairs.

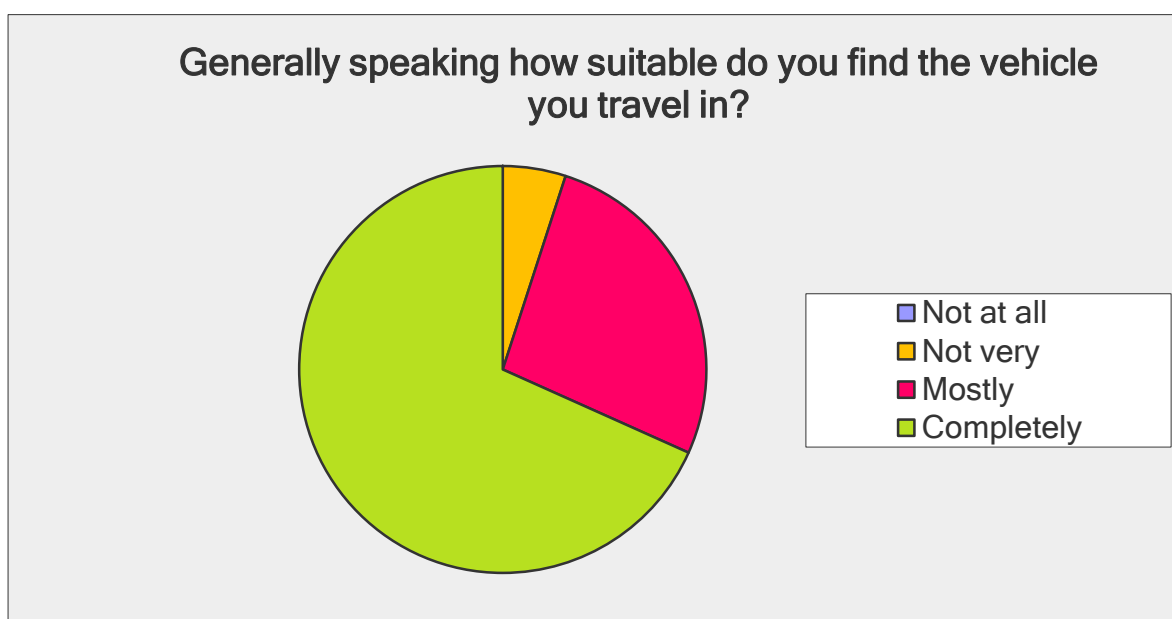
Patients also reported specific examples of staff ‘going above and beyond’.

***“I don’t recall the name of the driver....but I would say that he was someone who habitually did go above and beyond the call of duty. In fact, I think that would be true of the majority of the drivers and attendants that I encountered.”***

***“Driver from Huddersfield was very good in every aspect, although relied heavily on sat-nav. This form of transport was best for me as I needed a front seat in order to get in and out of the vehicle. Don't remember his name but would say most drivers went above & beyond the call of duty.”***

## Vehicles

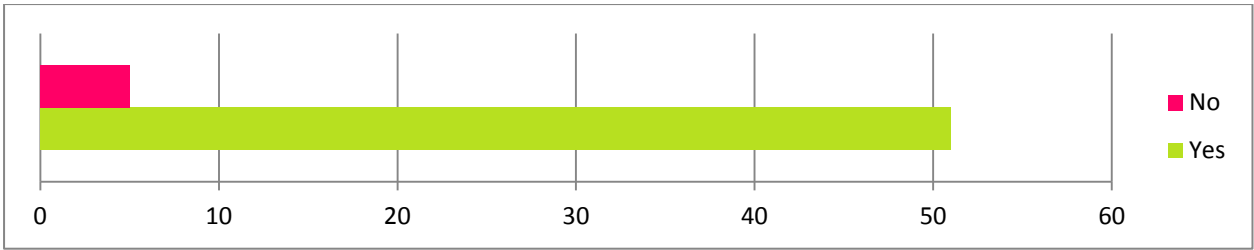
The people that we spoke to told us that generally, vehicles provided were suitable for their needs. Only three of the 60 people who answered this question felt that the vehicle was not very suitable.



When asked what improvements could be made to the vehicles people were transported in, the most commonly mentioned word was ‘suspension’. Most of the comments were about ride quality, mentioning ‘bumpy rides’ and ‘shock absorbers’. The age of vehicles was mentioned by three people, and heating was mentioned by two people, one was too hot, the other too cold. This illustrates the importance of communication between patient and driver.

## Drivers

The majority of people that responded to our question “Do you feel the staff provide enough assistance?” felt that they had. All of these people were speaking specifically about the driver.



Most additional comments supplied about drivers were positive. The following is a typical example;

*“I was best served by the drivers who used their own private vehicles to provide the transport. The driver concerned was very good in every aspect, although he was heavily reliant on his sat-nav as he didn't always know the locations too well and quite often his journeys were lengthened by not always knowing the shortest and quickest routes to take.”*

A care home worker highlighted a specific problem;

*“Sometimes the transport doesn't turn up and when I have phoned to see why not, I have been told the resident was not there which I have told them is a lie as they were waiting near my office and indeed, no-one came to our front door. On one such occasion after investigation by the hospital, it was found that a taxi had been sent for the resident and he couldn't find the scheme so he just reported back that they weren't there. That person had been waiting for 5 hours for transport to arrive, and was deemed a 'no-show' at the hospital which lost him his place on the waiting list.”*

We asked this person if they could tell us which company this related to but they did not know.

### Communication and Information to patients

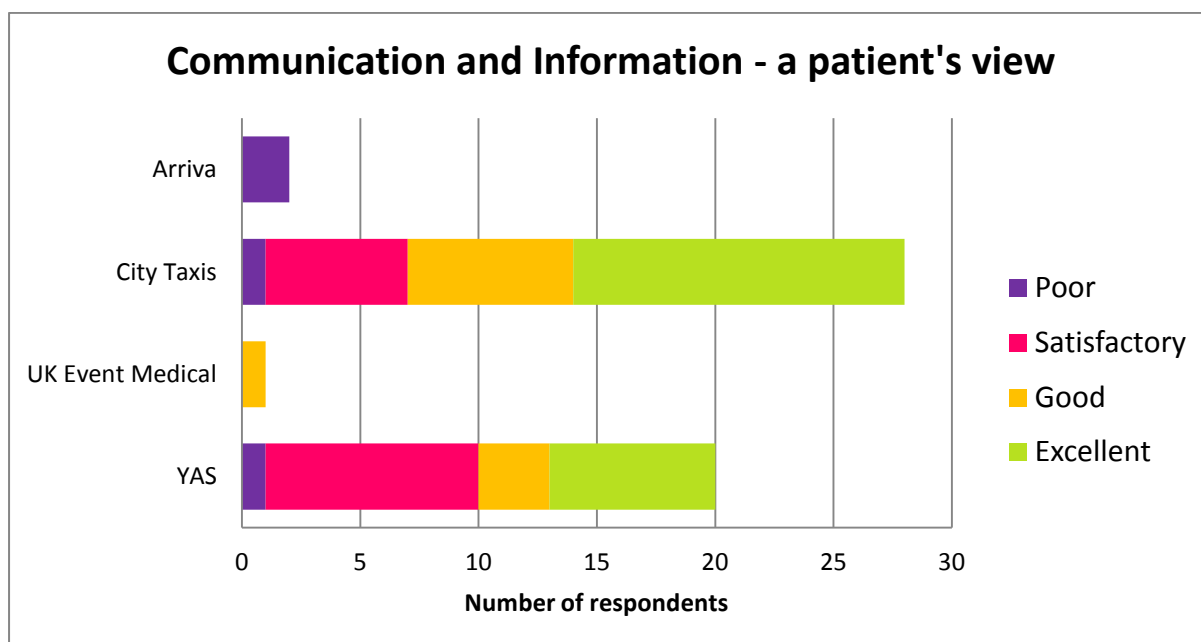
We asked people over the week at the hospital to rate the communication and information they received. Most people were happy with the communication and information they received.



However, we noticed that there was a variation in responses according to which provider people said they had travelled with. The graph below shows the same responses, having removed those people who did not know who they travelled with, displayed by provider.

It must be noted that the table must be treated with caution as two providers had very low numbers of people responding; UK Event Medical (1 person) and Arriva (2 people). YAS (20 people) and City Taxis (28 people) had greater numbers of respondents. We know from our observations that there were no more people transported by UK Event Medical when we were there, so this figure is an accurate one. However, we also know that more people (than the two who knew they were transported by Arriva) left with Arriva members of staff, and we would suggest that therefore some of the people who completed this question but didn't know who transported them were probably with Arriva.

We feel it is still noteworthy that despite only two respondents, both ranked communication and information from Arriva as poor – which is 50% of all people who selected that option.



When asked what could have improved communication, 13 of the 49 respondents stated “nothing”.

Those who did raise issues included;

*“The hospital not the taxi drivers tell us info, so it is second-hand info. Prefer taxi drivers to say.”*

*“Could be clearer.”*

***“They do not ring.”***

***“Letters informing patients of transport service booked are ambiguous, resulting in some older patients in particular thinking they were definitely going to be collected 2 hours before appointment time.”***

During our observations we noted that a minority of patients were not spoken to in a way we felt represented best practice. We observed that very few drivers introduced themselves to the patient, although some ‘regulars’ did know the drivers’ names. We saw several instances of drivers checking which patient they were collecting with hospital staff, but then not checking with the patient themselves, which we felt would have been an appropriate thing to do. We saw some staff speaking **about** an individual rather than **to** them e.g. “has SHE got her medication? Does SHE know where she’s going?” We also saw patients helped into wheelchairs in an area where the most practical way to exit was to take the patient backwards, but then the transport staff did not warn the patient when they were setting off. We felt it would have been more appropriate to let the patient know when they are going to be moving off.

***“Not very reassuring. Hardly spoke to me.”***

***“In the morning, the driver sits in his seat and waits for you to get out, even if you have a lot of baggage. He was on the phone.”***

## **RECOMMENDATIONS**

**All staff providing PTS should wear a name badge and introduce themselves to the patient. They should ensure they directly address the patient at all times.**

**When moving patients in wheelchairs they should routinely let the patient know that they are about to start moving, especially when travelling backwards.**

### **Internal communication within and between providers of services**

Some of the people we spoke to highlighted issues where their requirements or needs had not been recorded or had not been passed on, either within the organisation that was transporting them, or confused messages between services.

*“On one occasion, the ambulance driver refused to find anything for me to rest my leg on, I'd got a Fixator at the time, saying he hadn't received any special instructions. So I had to endure a journey which lasted 90 minutes in pain.”*

*“Recently when my mum was discharged from NGH, I was assured more than once (by ward staff and by the ambulance staff) that they would contact me when she arrived. I never got that call. It would have been helpful to know and I imagine quite easy to arrange. If it's not feasible to let carers know when their cared-for person is in the ambulance on the way home from hospital, it would be much better if the hospital staff didn't promise that they would do that!”*

### **‘Round the Houses’**

The final issue that the people we spoke to identified was being the last drop-off on ‘the run’ and having a long journey as a result. Because of the way that routes are organised, those people who are last to be dropped off may have to go to two or three different addresses before reaching their own home or care home. For some people this was a problem.

*“It was quite often a bit frustrating after a long wait to then have fairly long and circuitous journeys which had to take into account the various drop-off locations that had to be visited and, so it would seem, I nearly always was one of the last to be dropped off.”*

For others, it was not, which illustrates the need for a truly patient-centred approach. Some people actively enjoy a longer journey, which was not something we had anticipated we would find.

*“In fact, there are sometimes unexpected benefits of simply 'enjoying the ride'. I have lived in Sheffield all of my life, yet this is a changing city. Many, myself included regularly remark with Patient Transport they end up visiting parts of Sheffield they have never seen before. With the right crew and patients journeys are often much more enjoyable than the appointment itself.”*

### **Eligibility and Triage**

We asked people to tell us if they would have been able to keep their appointment if they hadn't been able to access PTS. This was an attempt to establish if all those using the service needed to do so.

*“If patient transport hadn't been available today, would you have been able to keep your appointment?”*



27% of those who responded said they would have found an alternative way to get to their appointment. However it would not be appropriate to assume that all who responded in this way did not need the service so we also asked them what other arrangements they would have made, to establish whether they could have reasonably done so. Most people who told us what other arrangements they would have made would have included reliance on family members or taken a taxi, which would have incurred some cost in terms of additional time or monetary resources. We are also aware that not all responders may be appropriately self-assessing their ability to travel independently safely. However, it was clear that for some people, transport may not have been strictly necessary.

- I'd get the bus, no potential problem.
- Husband drives. Parking - not enough spaces. Walking problematic if long distances.

Latest publicly available figures from YAS (Monthly Integrated Performance Report – October 2014) shows that 19% of aborted journeys were because the patient had decided to make their own way to their appointment.

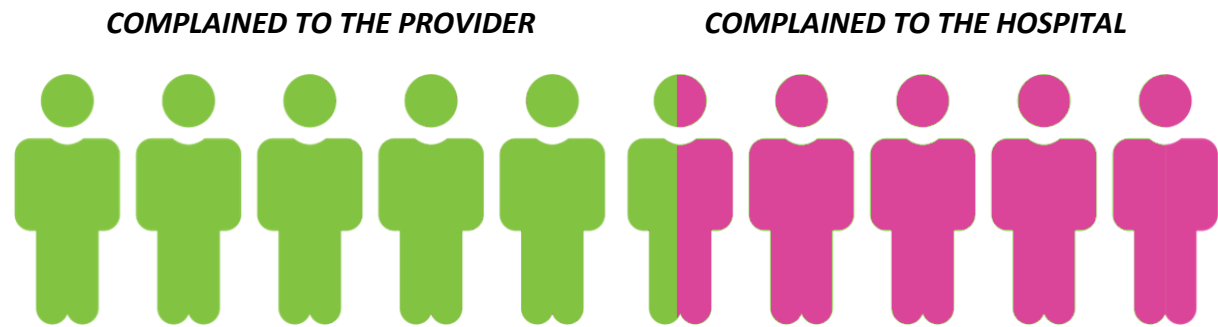
#### RECOMMENDATION

**Transport providers and commissioners should explore the possibility of an effective central assessment system for all service users – people told us strongly that this is something they would want, and not everyone who is using transport necessarily needs to use it.**

#### Complaints

We asked people if they had ever complained about patient transport, and if so, who they had complained to. We asked this question because we were aware that the most effective

route for complaints should be directly to the provider, but that if the hospital has arranged transport, they may receive the complaint and need to pass it on.



Just under half of all transport complaints made by the people we spoke to were made to STH, although the majority of our respondents (83%) had not made a complaint. In the areas we worked in we did not see any literature about PTS complaints displayed.

**RECOMMENDATION**

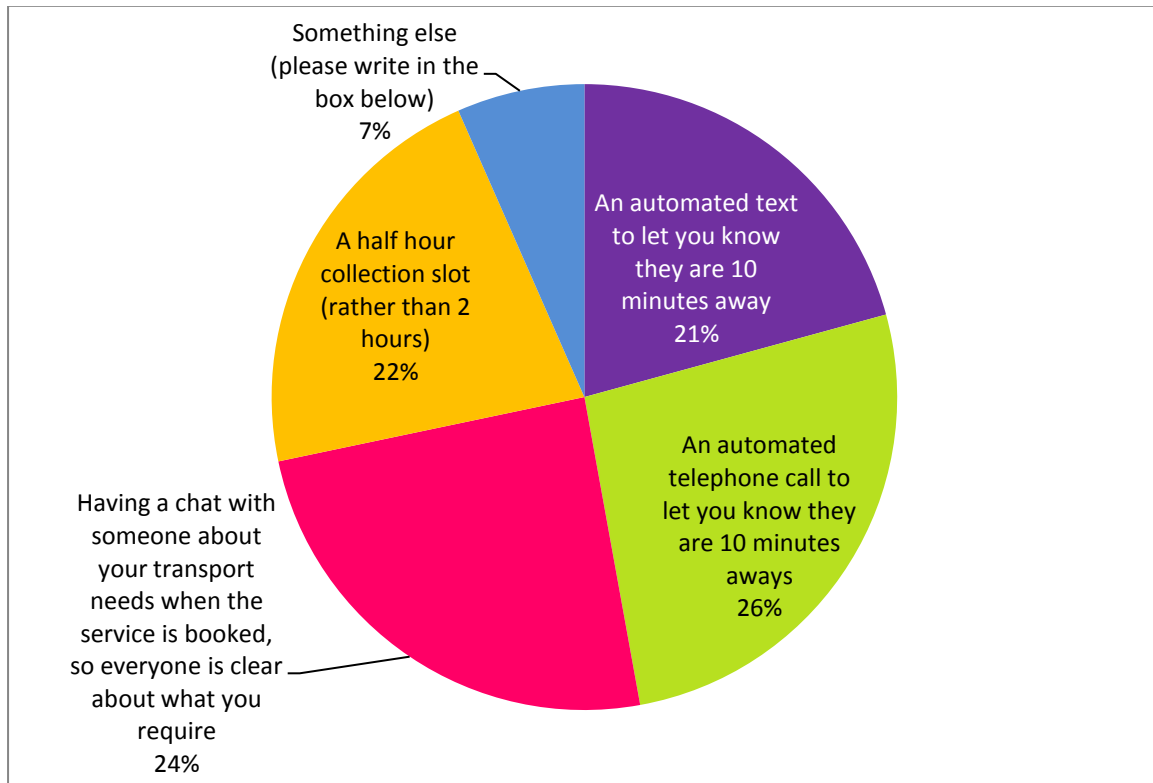
**Sheffield Teaching Hospitals and transport providers should be encouraged to work together to provide eye-catching information on patient transport in areas where people are waiting.**



## What would help you? Recommendations from Patients

As part of our work on PTS we were keen to hear from people what they thought would make transport work better for them. People chose from a number of options as follows;

### *Which of these things would help you?*



Of these, when asked to choose only one, the most popular option was an automated telephone call (28%) closely followed by having a chat with someone about your transport needs when the service is booked, so everyone is clear about what you require (25%).

Of those people who did suggest 'something else', suggestions included having a regular or named driver, and a central telephone number for all transport.

### RECOMMENDATION

Transport providers and commissioners should explore the possibility of implementing a 10 minute ringback / textback to let people know when they are near (collection from home only).

## Thanks

We would like to thank our team of Community Researchers, Jenny, Omer and Laura for helping to design and deliver this piece of work. Thanks to Sue Butler and Chris Morley from Sheffield Teaching Hospitals for facilitating our week at the Northern General Hospital, and Paul Palfreeman and his team at Yorkshire Ambulance Service for hosting a visit and ride out to better understand some of the workings of PTS. Thanks to all the staff at STH, YAS, Arriva, UK Event Medical Services and City Taxis for their time.

And lastly, but most importantly, thanks to the people of Sheffield who took the time to tell us their views on patient transport. Your views matter, and we hope we have represented them fairly.

## Patient Transport Survey

1<sup>st</sup> to 5<sup>th</sup> December 2014

We're conducting a survey of people's experiences of using patient transport. We're looking for people whose transport here today, or at any time in the last year, has been provided for them by the NHS. This includes lots of different types of vehicles, provided by organisations such as Arriva, Yorkshire Ambulance Service, UK Event Medical, City Taxis and others.

**Hospital Department:**

Roughly how many times have you used patient transport in the last year?

Once  Twice  Three to five times  More than five times

### QUESTIONS ABOUT THE QUALITY OF YOUR JOURNEY

What sort of vehicle did you travel in today?

What company did you travel with today? Which of these have you used in the past? (RESEARCHER – CIRCLE ALL USED IN PAST, TICK THE ONE USED TODAY)

ARRIVA  YORKSHIRE AMBULANCE SERVICE

CITY TAXIS  UK EVENT MEDICAL

ANOTHER COMPANY (please state)

I DON'T KNOW

Generally speaking, how suitable do you find the vehicle you travel in?

**Not at all**  **Not very**

**Mostly**  **Completely**

Could any improvements be made to the vehicle you travelled in?

How would you rate the helpfulness of your driver?

**Poor**  **Satisfactory**

**Good**  **Excellent**

If there was more than one member of staff, how would you rate their helpfulness?

**Poor**  **Satisfactory**

**Good**  **Excellent**

Do you feel the staff provide enough assistance?

How comfortable do you feel asking for assistance?

**Not at all**  **Slightly**

**Mostly**  **Entirely**

If patient transport hadn't been available today, would you have been able to keep your appointment?

**Yes**  **No**

**IF YES – ASK...**

Would this have caused you difficulty (e.g. financially, in terms of time lost, calling on favours etc)? What would you have had to do to get here?

### QUESTIONS ABOUT TIMEKEEPING

Do you feel that patient transport gets you where you need to be at the right time?

**Never**  **Sometimes**

**Most of the time**  **Always**

Do you feel you are kept waiting for transport?

**Never**  **Sometimes**

**Most of the time**  **Always**

Which of these things would help you? (tick as many as apply)

- An automated text to let you know they are 10 minutes away
- An automated telephone call to let you know they are 10 minutes away
- Having a chat with someone about your transport needs when the service is booked so everyone is clear about what you require
- A half hour collection slot (rather than two hours)
- Something else (please write in box below)

Which one of these is the most important to you?

**RESEARCHER – PLEASE CIRCLE OR UNDERLINE**

**QUESTIONS ABOUT WHO TRAVELS WITH YOU**

Do you need support from someone you know (e.g. friend, relative or carer) to attend an appointment?

Yes    No    Sometimes

**IF ANSWER IS YES – ASK...**

Is that person allowed to travel with you?

Yes    No    Sometimes

**QUESTIONS ABOUT HOW TO FIND INFORMATION OR COMPLAIN**

Do you know who to contact about your transport if you need to cancel, want to know where they are or change something?

Yes    No

How would you rate the communication and information you've had regarding your transport?

Poor    Satisfactory     
Good    Excellent  

What (if anything) could have been better about the information or communication you received?

Have you ever complained about patient transport?

Yes    No

**IF ANSWER IS YES – ASK...**

Who did you complain to? (tick all that apply)

- The company that provided the transport
- The hospital
- My GP
- Local Councillor

Would you like to tell us anything else about patient transport that we haven't covered?

## ABOUT YOU

It helps us to know a little bit about you to help improve services. As we're not taking your name, and this piece of paper is not kept with the rest of your answers, this information is all anonymous. You do not have to answer anything you're not happy with.

How old are you?

- 16-25    26-35    36-45    46-55    56-65    66-75  
 76-85    85+

Are you...

- Female    Male    Transgender

Which of these best describes your ethnicity?

RESEARCHER – SHOW THE PERSON THE ETHNICITY SHEET (OR READ TO THEM IF THEY INDICATE THEY PREFER THIS). PLEASE NOTE THE NUMBER NEXT TO THE ETHNICITY THEY IDENTIFY WITH.

Ethnicity Code:

**If answer is 4, 8, 13, 16, 18, please use box below for extra information.**

**THANK YOU FOR YOUR TIME**



## **ETHNICITY SHEET**

### **White**

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

### **Mixed / Multiple ethnic groups**

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

### **Asian / Asian British**

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

### **Black / African / Caribbean / Black British**

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe

### **Other ethnic group**

17. Arab
18. Any other ethnic group, please describe

## **Appendix 3 – Observation Notes**

### **Day 3 and 4 - Firth – General Discharge**

This area is for patients who are well enough to go home but may be waiting for a number of things, one of which may be transport. YAS deal with the pre-booked appointments, Arriva do on the day.

One of the things that is not fully explained is that if you are in the discharge lounge, you still may not be ready to go home. People we spoke to thought that if they are sat in a discharge lounge, they are only waiting to be collected, and may not appreciate how long they may be there, nor that there are other things that could be holding up their discharge. STH staff on the discharge lounge also told us that people needing larger crews do sometimes wait longer.

Ambulance staff from both services were observed to be kind and respectful to the patients they transported. Staff from both YAS and Arriva were seen taking time with patients, telling them not to rush, ensuring they have all their belongings and medication with them and helping patients position their legs in wheelchairs.

We noted that there were two notices in the waiting area telling people that the wait could be up to half a day. Patients were offered water, tea or coffee while they were waiting to be collected.

We noted one patient who had waited from 12.30 until 2.20 p.m. We didn't observe any longer waits than this on the day we were there.

One patient was waiting for medication to be delivered from the pharmacy when PTS turned up to collect her, they were asked to come back as she was not ready.

We didn't observe any information on patient transport services visible in this area.

People helped into wheelchairs, but then not warned that they are going to be setting off – they are taken out backwards – would be better to let them know.

### **Day 5 – Firth – General Discharge**

Arrived at 10am – very quiet until after 11.30am / 12pm in terms of numbers of patients entering lounge

Most people we spoke to were brought in ambulance following fall / incident following 999 call and did not have much recollection of journey arriving and didn't have much experience

of patient transport. All interviewed were elderly, rather frail, some disorientated, hard of hearing so data collected had limitations. Predominantly conversations as a consequence focused on their journey home and the wait they were experiencing and as we were approaching them at arrival in the lounge their experience was limited here as well.

Good team managing the process – making sure everybody waiting had drinks / sandwiches at lunch. Warm, enough seats for all (although with walking frames, luggage and medication for every seat taken a second seat was needed to accommodate belongings – only 15 seats in lounge in total), music playing, quiet environment.

Everybody seemed to be spoken to with kindness – ambulance staff arriving to take patients away appeared to be well briefed in individual situations and supported them into wheelchairs. I think everybody left in a wheelchair.

Some staff speaking **about** an individual rather than **to** them e.g. “has SHE got her medication? Does SHE know where she’s going?” – may be a habit that’s formed because of many patients being disorientated or with dementia (but not all were)

Lady that was there from 10.15am was picked up at 1pm

Lady and gent in at 11.20am were picked up after 20 mins.

Lady in at 11am was picked up at 1pm.

One lady was delivered to lounge but nobody had informed the team of destination or arrangements so there had been some breakdown in communication. The ward had not made any arrangements and this had to be done by the Sister in the discharge lounge. This she appeared to do extremely efficiently and did not appear to lengthen the wait too long.

How are expectations managed when they leave the ward? – are they told they are going straight home or that there will be a wait? People’s frustration was mainly in the not knowing and when people were talking to each other and hearing about >2 hour waits that what was unsettling for them.

Had a 101 year old lady waiting for quite some time on the day before we were there – could any processes be implemented for special cases such as this?

Volunteer who supports with drinks, chatting to those that want some company – very friendly and supportive for all individuals passing through.

No literature about transport in the lounge beyond posters saying there would be a wait

All ambulance staff in uniforms to identify themselves

Didn’t call patients from the door – would speak to staff and approach individuals with the nursing staff.

None of the staff hurried the patient out the door – collections seemed calm and unhurried.

### **Day 1 - Brearley – Outpatients**

Small area, 12 chairs around two tables. There were leaflets on tables about quitting smoking and other magazines, but no noticeable information on patient transport. There was a TV in the lounge and tea and coffee facilities.

We observed two PTS (one taxi driver) use people's first names only when collecting people in this area. Although numbers are small this may cause confusion, though this was not something we observed.

### **Day 2 - Renal Outpatients**

A City Taxis driver came into the waiting room wearing a fleece with company logo. He was friendly with the patient and staff, staff told him where the patient was and he collected her less than a minute later.

City Taxis driver – liaised with staff as he was looking for two patients who regularly travel together. He couldn't remember the name of the second person but knew where they lived. The two patients self-identified and were collected without incident.

All the city taxi drivers wore their fleece or bodywarmer so were identifiable.

One driver ended up taking someone else as one of the patients he was due to collect was having a dizzy spell.

UK Event Medical – 2 ambulance men assisted a patient in a wheelchair into the waiting room. They were helpful and the patient was on time.

One man had a taxi booked for 11a.m. and was still there at 12.30p.m. He could have been the person who had not been able to travel because they were dizzy, but he was not clear why he was still there and the nurses agreed he shouldn't still be there and chased it up for him. We were not able to stay past 12.30p.m. to check when he left.

## Appendix 4 – Notes for Observers

### NOTES FOR OBSERVERS – PATIENT TRANSPORT

Please set yourself a half hour slot (do this as many times as able in the time available) and position yourself somewhere where you can see most of the waiting area but also see and hear what is taking place at reception. In this time slot, please make notes on the following:

How many patients were collected by patient transport providers in this time?

In each case – please note as many details as you can about each patient collected;

How did they call the patient? (e.g. did they just walk into the waiting area and shout? Did they have any conversation with reception?) How many times did they call each patient? If the patient wasn't there or didn't respond, what did they do then?

Did they double check any details with the patient as far as you can tell (e.g. their D.O.B or address?) Did they introduce themselves by name to the patient?

Were they wearing an easily identifiable uniform which told you which company they were from? Did they have a name badge?

Did they offer to assist the patient by taking an arm, pushing chair etc?

Did they appear to be in a hurry or communicate to the patient that they were late or in a rush?

Were there enough chairs in the waiting area? Was there ever a time when people had to stand (either through politeness, bags on chairs or a genuine lack of seats.) Was there any literature in the waiting area about patient transport as far as you could see?

Did you notice anyone approaching the reception desk to ask specifically about patient transport? Did you hear any of the reception staff having to telephone transport companies for any reason during that time?

Please make any other notes / observations you think will be relevant to report.

## **Appendix 5 – Responses from Providers and Commissioners**

We provided the opportunity for all of the organisations mentioned in the report, or those who commission them to respond to the issues raised. The following responses were received, and are published unedited, in full. We would like to thank all who responded.

### **UK EVENT MEDICAL SERVICES**

UK Event Medical Services Ltd welcomes the opportunity to participate in any evaluation of our services by those who use them.

This independent survey by Healthwatch Sheffield is very helpful and valuable information that can be used to inform and develop our existing services.

Thank you.

### **YORKSHIRE AMBULANCE SERVICE**

Yorkshire Ambulance Service (YAS) welcomes this in-depth report and the insight it gives into patient transport services in the Sheffield area from a service-user perspective.

Patient care is at the heart of everything that we do and this valuable feedback will help us as we develop our service for the future.

We absolutely recognise the findings of the report, although we are also conscious of the need to bear in mind the relatively small sample involved. For context between April and November 2014, YAS PTS transported an average of 24,500 patients per month.

#### **PTS Drivers**

We are pleased to see that the dedication and care of many members of staff is recognised and that the vast majority of patients feel that they are given sufficient assistance.

We recognise the importance of addressing patients directly and of treating each person with courtesy and respect. Drivers are taught as part of their basic training to introduce themselves to patients and to keep them informed throughout the process of moving and handling so they feel safe and confident at all times. This is reinforced during refresher training and through the Trust-wide publicity given to Dr Kate Granger's #hellomynameis campaign. Further to the learning from your report, we will use some of the examples given in staff communications to reinforce the need for good practice at all times.

#### **Eligibility**

The eligibility guidelines are set out in the 2007 Department of Health document: Eligibility Criteria for Patient Transport Services (PTS). We fully support the need for good eligibility screening to ensure that the service is available for those with a clinical need for transport

and journeys are not taken up with those who could make their own way to hospital. In Sheffield eligibility is overseen by hospital clinic or GP surgery staff who make the bookings. In some areas the local clinical commissioning group commission YAS to provide a screening service – but this is not the case in South Yorkshire.

#### Information and Communication

We recognise that good information and communication is at the heart of a good patient experience. We are committed to supporting our CCG and Acute Trust colleagues to ensure that information is displayed in hospitals – working around the challenges such as the 28 separate pick-up and drop-off areas at Northern General Hospital.

The feedback from patients about the benefits of text updates and pre-alert telephone calls is helpful. We have the technology to implement this system, but it is vital that in doing so we make sure that people's personal information is kept safe. In Sheffield patient information with a booking is uploaded directly from the hospital or surgery patient information system. Initial risk assessment suggested that explicit consent for PTS to use the contact number given should be obtained before making contact regarding a booked appointment. The PTS team, YAS information governance manager and CCG colleagues are in the process of reviewing this decision based on the risks and benefits for patients and national best practice.

#### Partnership Working

YAS PTS is committed to working in partnership with all NHS and other colleagues to deliver a seamless and integrated service to patients. Sheffield CCG is at the heart of the engagement process with patients as they design and deliver their commissioning plans. We meet regularly with our commissioning colleagues to plan future developments and monitor current service quality and will be including the learning from this report in our forthcoming discussions. We welcome the contribution made by Healthwatch Sheffield and look forward to working in partnership as we take forward the learning from this report.

#### Sheffield Teaching Hospitals

Overall, the study provides helpful feedback and observations and the report is well presented with the findings clearly outlined.

We are pleased to see that areas of good practice have been identified along with areas for improvement and we will be feeding these back to the relevant staff.

We welcome all of the recommendations within the report and we look forward to contributing to the proposed actions to improve services. We know from feedback we receive from patients and families, how important it is that they are kept informed of issues

such as waiting times and we welcome the opportunity to work with transport providers to improve the provision of information for patients who use patient transport services.

It is pleasing to see the positive comments from the observers regarding volunteer support for patients awaiting transport. This is something we are looking to increase as part of our planned expansion of volunteer roles over the next 18 months.

It would have been preferable to have received more feedback from patients using transport provided by Arriva. Most of the negative feedback we receive in relation to patient transport is regarding this particular provider.

We will be interested to see the patient experience feedback received by those providers who have not yet provided this information.

We look forward to receiving the final report.

### **Arriva Transport Solutions**

We welcome this report from Healthwatch looking at patients' experiences of using the patient transport service and whilst the sample of Arriva Transport Solutions' patients spoken to was very small, there are useful recommendations made about better provision of patient information and improvements that could be made to communication overall, which we would be happy to work with Healthwatch with in the future. We regularly survey our patients on the areas of comfort, communication and care and we will use the information in the report alongside the feedback we gain directly to focus on areas that matter most to our patients.