

Healthwatch Bath & North East Somerset

Feedback report:

Non-emergency patient transport services

July 2019



Introduction

Acknowledgements

Healthwatch Bath and North East Somerset's Executive Board wish to express their gratitude to SWAN Transport (part of SWAN Advice Network) for helping Healthwatch to carry out this engagement work, and to the local residents who took part.

Purpose of this work

The purpose of this work was to hear from local people and understand their experiences of using non-emergency patient transport services in Bath and North East Somerset (B&NES).

What are non-emergency patient transport services?

Non-emergency patient transport is an NHS-funded service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport such as cars, trains, buses and taxis. For example, patients may require medical assistance during the journey, which would not be available on public transport.

NB - Non-emergency patient transport is not available for people to access primary care appointments, e.g. to attend their GP surgery, dentist, pharmacy or optician.

Why did we carry out this work?

How we plan our work

Each quarter Healthwatch holds a public meeting at a different community venue in B&NES. These meetings provide an opportunity for local residents to talk to us about their experiences of using local health and social care services.

Following each of these meetings, the Healthwatch B&NES Executive Board - a group of local residents who oversee how the Healthwatch project is run - meets to discuss the feedback that was received and considers whether further engagement work needs to be carried out in order to find out more.

If agreed, engagement work is planned and carried out by Healthwatch staff and volunteers. The findings of any engagement work are then written up into reports, which are then shared with local commissioners and providers of services in order to highlight best practice/ areas for improvements, as well as to seek a response. Reports are also published on our website so that the public can view them.

What did we hear?

At the public meeting in Saltford in July 2018, Healthwatch heard that access to non-emergency patient transport services was becoming more difficult for local residents, with some reports that people had been denied transport to hospital appointments despite having used the service before. Prior to the meeting, Healthwatch had received five phone calls from local residents stating similar experiences.

At the meeting, Healthwatch heard that local community transport providers were receiving an unprecedented demand for transport to hospital/ medical appointments from local residents and that this had increased exponentially in recent months. One attendee said that this is another example of where the voluntary sector is “plugging the gap”.

Attendees questioned whether changes may have been made to the eligibility criteria for non-emergency patient transport, which had resulted in these experiences. Attendees wanted to know what the eligibility criteria was, and whether there had been any local changes resulting in the experiences that were being shared.

Healthwatch heard that SWAN Transport has a team of volunteer drivers to assist with patient transport for people on low incomes, they do however ask for donations to help this voluntary service. There are one or two other organisations that do this too, who also ask for donations.

One attendee highlighted that most outpatient clinics at the Royal United Hospital (RUH) are held on a Thursday which can prove difficult for transport providers. The group heard feedback about users of the RUH Dialysis Unit having problems with non-emergency patient transport.

Seeking further information

Following the July 2018 meeting, Healthwatch B&NES met with Arriva Transport Solutions Ltd. - the provider of non-emergency patient transport in B&NES at that time - to share the feedback that we had received, find out what (if anything) had happened with the eligibility criteria in B&NES, and seek an update on the recommissioning process for non-emergency patient transport services that was being carried out by BaNES Clinical Commissioning Group.

Healthwatch was informed that the eligibility criteria for non-emergency patient transport had not changed, however adherence with the criteria had slipped over time and people who were not eligible had been allowed to use it. Clinical Commissioning Groups (CCGs) across the South West had been working together to ensure that NHS-funded patient transport was provided in a fair way for those who need help getting to hospital appointments. In 2017, the CCGs in B&NES, Swindon, Wiltshire and Gloucestershire worked together to develop a consistent approach to eligibility for non-emergency patient transport services. A patient/ public questionnaire helped form this process and responses were used to agree a way forward so that eligibility criteria would be applied consistently across the region.

Healthwatch also heard about a new service - the Patient Transport Advice Centre (PTAC) - which had been set-up by the NHS in April 2018 to help people arrange transport to local health services. Healthwatch was told that PTAC telephone operators assess each individual's eligibility for non-emergency patient transport services, and where they are not deemed eligible, they will suggest local alternatives including community transport and the Healthcare Travel Costs Scheme, where patients can claim help with travel costs if they receive certain benefits. A poster explaining the PTAC service and relevant contact details had been created and can be viewed online [W: https://bit.ly/332YJxO](https://bit.ly/332YJxO)

Healthwatch was informed that the recommissioning process was still ongoing at this time and was due to be completed during spring 2019, with the new contract starting on 1 June 2019. In June 2019 it was announced that E-Zec Medical Transport Services had been appointed to provide non-emergency patient transport services in B&NES, Swindon, Wiltshire and Gloucestershire. To read more **W:** <https://bit.ly/2T3SJAw>

Eligibility criteria for non-emergency patient transport services

The eligibility criteria for non-emergency patient transport services is set nationally by NHS England. These services are designed to provide free transport to and from hospital for people if:

- Your medical condition means that you cannot use other forms of transport without it being detrimental to your health
- Your mobility means that you would be unable to access any other healthcare by other means
- You need the skills or support of patient transport staff before, during or after the journey.
- A patient escort or carer can accompany the patient and in the case of a child, the child's parent.

To find out more about these services in B&NES, visit E-Zec Medical Transport Services webpage and read their frequently asked questions **W:** <https://bit.ly/2SXVMu4>

What did we do?

Having heard from local residents, voluntary sector partners and Arriva, the Healthwatch B&NES Executive Board agreed that they wanted to find out more about people's experiences of accessing hospital/ medical appointments in B&NES, including how they go about doing this, what barriers they face and how they are trying to overcome them.

Healthwatch worked in partnership with SWAN Transport to hold a public meeting focusing on this subject, which took place on 27 February 2019 at Radstock Methodist Church Hall.

SWAN Transport and other voluntary sector colleagues helped to promote the meeting to local residents, particularly those living in rural communities where access to services is already a recognised issue.

The public meeting was run by Healthwatch volunteers. In order to encourage people to share their experiences, it was agreed that all comments would be recorded anonymously. Volunteers' notes of the discussion were collated and shared with SWAN Transport and other community transport schemes in B&NES before being compiled into this report.

Notes from the public meeting 27 February 2019

Patient Transport Advice Centre (PTAC)

Representatives from SWAN Transport told Healthwatch that they had heard generally positive feedback about Arriva, however since the issues around adherence to the eligibility criteria were addressed, many patients who had seemed to be eligible were now being told they were not and made to feel that they had been “doing wrong” in having used non-emergency patient transport services.

Residents who had called PTAC explained that telephone operators appear to be reading set questions from a script. Healthwatch volunteers suggested that these questions may support the operator’s assessment of an individual’s needs against the eligibility criteria for non-emergency patient transport. Is it only PTAC that can assess people’s eligibility for patient transport, or can a GP or Health Professional still refer a patient?

There was a lack of understanding among attendees regarding PTAC, and it was felt likely that this would probably be repeated amongst the general public despite efforts to raise awareness.

Healthwatch heard that there have been some issues with PTAC. In particular it was felt that the service would be better for patients if PTAC telephone operators had a more empathetic approach to supporting the people who call. Many of the patients contacting them are vulnerable and need to talk to someone about their needs before they are told whether they can access non-emergency patient transport or not. It was requested that PTAC operators try to put people at ease and calmly talk them through the options, rather than just saying no.

Representatives from SWAN Transport told the group about many patients who upon phoning PTAC had been told that they are not eligible for non-emergency patient transport. These patients are often referred to SWAN Transport so they hear their stories. Many of these people are angry, upset and unsure about how they are going to get to their appointments. SWAN Transport have phoned PTAC on occasions to appeal on behalf of patients.

The first thing PTAC operators ask patients is ‘can you get into a car?’ If the answer is yes they are deemed to be able to access hospital appointments using family, friends, taxis or community transport irrelevant of whether they actually have access to this support or not. SWAN Transport emphasised the importance of the initial call and first contact in order to understand people’s needs. A Healthwatch volunteer expressed the view that some vulnerable people may not be able to question what they are being told or have the confidence to ask to speak with someone else.

Patients’ stories:

- The group heard about a gentleman who needed to access cancer treatment at Great Western Hospital in Swindon; unfortunately SWAN Transport do not have the funds to pay drivers to go so far and were unable to help. What other options are there for people in this situation? Healthwatch have heard that Macmillan cancer care can sometimes fund patients attending appointments for treatment.
- Other experiences were shared, including the case of a woman with visual impairments and mental health problems who needed urgent eye treatment in Bristol.

She expected to be taken by non-emergency patient transport for an appointment that had been arranged through PTAC. Her transport didn't turn up as PTAC had recorded both the wrong address and telephone number for her.

- Healthwatch had received similar feedback, with one individual stating that they had missed four appointments with the prosthetic clinic in Bristol due to their transport not turning up, or turning up so late that the clinic was no longer able to accommodate them that day and alternative appointments (plus transport) needed to be arranged.
- Healthwatch shared feedback that they had received from a GP who was trying to secure non-emergency patient transport for a patient who required a strop stretcher to help transport them from their home to a care home. Healthwatch put the GP in touch with PTAC who initially had said that this would be possible but then wanted to know who was going to pay. The GP had to find out whether the NHS could pay via Continuing Health Care funding, or whether the patient would have to pay themselves.
- Healthwatch heard about a patient who uses oxygen who was denied non-emergency patient transport. An attendee asked if Healthwatch could speak with the CCG to ascertain whether patients using oxygen should be eligible.
- The group heard about a woman who is hard of hearing and cannot hear what is being said on the phone when she is booking non-emergency patient transport for her husband. Luckily she lives in Radstock and is able to call into SWAN Transport for them to make the call. Healthwatch volunteers queried what other people with sensory impairments or learning difficulties living in B&NES do as they don't have access to support such as that from SWAN.

Other modes of transport

Attendees discussed the challenge of care home and independent living staff who are no longer able to take residents to medical appointments. Issues include health and safety and manual handling, particularly with lifting people and their wheelchairs. Other concerns include staff using their own cars to transport individuals and whether they have the adequate insurance cover to do so. An attendee, who lives in a supported living home, explained that she gets taken to appointments by staff from the home. That day she had been brought to the meeting by a volunteer driver from SWAN Transport.

SWAN Transport gave an example of the complexity of insurance for this kind of work: a patient travelling to the RUH with a volunteer driver is covered by the vehicle owner's insurance whilst being driven. Upon reaching the hospital, they are covered by SWAN Transport insurance whilst travelling from the car to the hospital, and are covered by RUH insurance once inside the hospital.

There was acknowledgement that wheelchairs can be an issue and potentially limit the support that can be offered to an individual, for example SWAN Transport's volunteer

drivers use their own cars and some volunteers with smaller cars cannot take large wheelchairs. Patients who use motorised wheelchairs require specialist vehicle transport with greater access, safety straps etc. Dial a Ride can often help but their resources are not limitless.

The conversation then turned to bus routes and how the re-routing and/or removal of some local buses has meant that public transport is difficult to access or unavailable entirely in some parts of B&NES.

Funding for transport services

Community transport is not mentioned in the Local Transport Plan, however it fulfils a vital function for many vulnerable people. Parish Councils are being encouraged to set up community transport in their local areas to try to address the issues that some rural communities have in accessing services. Funding for this will have to be sought externally or generated through other sources.

There is some local authority funding for community transport but there is no funding to support local people to attend primary care appointments (GPs, dentists, opticians and pharmacies). Community transport has been supported locally via Big Lottery funding, however funding such as this often requires services to secure sustainable long-term finance. SWAN Transport explained that volunteer transport schemes are not sustainable and will very likely always rely on charitable funding.

Parking at the RUH

The meeting concluded with a discussion about parking at the RUH. The parking system, Parking Eye, now photographs cars upon entry to the car parks. Many drivers are unaware that they get 20 minutes free, however this 20 minutes is included in any further parking, i.e. if you entered at 10.00am you must leave at 12.00pm not 12.20pm as the 20 minutes is always included in the time. A lot of SWAN's volunteer drivers have received fines because of this. There is volunteer parking at the hospital but this is always full.

Patient story:

A woman taking her elderly mother who has visual impairments to an appointment at the RUH could not find a space. She had to drop her mother off with hospital staff and go and find parking a long way away. She missed being with her mother during the examination and was worried about getting back to the car within the 20 minutes when picking her up.

Healthwatch told the group that they have a volunteer who links with the RUH and shares experiences such as this. This will be shared at the next Patient Experience Group meeting.

Conclusions

Through this work it is clear that transportation to medical appointments is a complex area; one that is exacerbated for people living in rural parts of B&NES where barriers to accessing services already exist, such as limited bus services and bus route coverage.

Through conversation with local providers we understand that the eligibility criteria for non-emergency patient transport services has not changed. Work undertaken by the CCGs and implementation of the new PTAC service aim to increase fairness of access to patient transport services for those who need them.

Through conversation with local people and community transport providers, it is clear that there is a significant number of people living in B&NES for whom NHS-funded transport is not an option, and in these instances alternatives are not always obvious. Community transport schemes run by community, voluntary and social enterprise sector organisations are funded primarily to provide support for people to access social activities, shopping etc. There are only a small number of providers in B&NES who are able to help people with access to medical appointments, and delivery of these relies heavily on support from volunteers and charitable donations.

With the population of B&NES set to increase, it is very likely that the demand for transportation to medical appointments will increase too. Healthwatch urges that a coordinated strategic approach is taken to the provision of transportation across B&NES, including interactions between non-emergency patient transport, community transport and public transport providers, in order to ensure maximum accessibility and opportunity for residents to get to where they need to go.

What will happen next?

This report will be shared with BaNES Clinical Commissioning Group, NHS England, Healthwatch England and the service providers that we consulted. The report and any responses received will then be shared via the Healthwatch B&NES website **W:** www.healthwatchbathnes.co.uk