
Patient Transport – Keeping the wheels in motion

Public and stakeholder engagement to inform the service
specification for Patient Transport Services in North and
North East Lincolnshire,
July - September 2015.

Engagement Feedback
Full Report

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Executive summary

The Clinical Commissioning Groups in North and North East Lincolnshire (the CCGs) want to ensure Patient Transport Services (PTS) will continue to meet what is a growing local need well into the future.

They intend to jointly commission a new Patient Transport for the area from October 2016. This means drawing up a new specification that is informed by the experiences of local patients, new ways of delivering health care and supports people to maintain their independence as much as possible during periods of ill health.

The intention of involving patients and others with an interest in health and care was to generate some recommendations of what the new service should look like and influence the procurement process of a new provider.

This report is a combination of views gathered from

- **535** people attending one of the **23** community and stakeholder groups

And the survey with the leaflet was sent to

- **500** stakeholder contacts representing **68** stakeholders groups with protected characteristics under the Equality Act
- **2780** Accord and Embrace members (CCGs Public Patient Involvement schemes) were sent the survey and it was promoted elsewhere,

which resulted in a total of **172** survey responses and **1083** comments.

The key findings are listed below:

People told us about their experience of travelling to appointments

More than 17% of the overall comments in the survey feedback were about the things that people said prevented them from getting to their appointment without Patient Transport.

The 6 main barriers they identified were:

- Accessibility – i.e. distance to/from bus stops
- Suitability – i.e. limitations imposed on them by their physical or mental conditions
- Affordability i.e. cost, in particular regular and/or out of town appointments
- Convenience – i.e. family/friends have busy work and social commitments
- Availability - i.e. time and location to match appointments
- Independence – i.e. reliance of family/friends reduces their independence and leads to feelings of being a “burden”

Comments from the public engagement described difficulties with current alternative methods of transport:

- Taxis are seen as an expensive option although have the added benefit of convenience;
- Public transport (buses and trains) are seen as the most inconvenient option for reasons such as timetables, distance to/from bus stops to home/hospital and time taken to travel, particularly if out of their home town;

“Public transport can be unreliable which is less than ideal when going for an operation. It may cause worry that the appointment could be missed. Also, if the appointment is missed due to unreliable public transport it will only incur further costs to the public sector as the appointment will need to be re-arranged.”

- Friends/family reduced independence and made them feel like they were being a burden;
- Patient Transport was favoured as the most convenient, supportive and affordable for patients.

How can we support more people to make their own way to appointments?

- **78%** of respondents supported the idea of *“Flexible appointment times so patients can arrange a lift with friend or relative”*.
- **77.25%** of survey respondents wanted *“A directory of useful numbers for transport providers”*.
- **75.25%** of survey respondents would like *“More community transport options”*
- **74.75%** of survey respondents felt *“Information about financial help that may be available for transport costs”*.
- **70%** of survey respondents *were are not aware of the Health transport Costs Scheme*
- **68.75%** of survey respondents wanted *“Advice on public transport times and links”*.

Comments from the public engagement events and survey:

- People want to see more information about eligibility for patient transport and alternatives provided ‘up front’
- Signposting to alternatives was high on the public list of support required
- People do not know about the Health Costs Travel Scheme
- Although hard to manage, penalise those who are seen to misuse the system
- Changing public perception about the use of Patient Transport is essential in encouraging the use of alternative transport methods
- Travelling to out of town and out of hours appointments can be difficult for patients who want to make their way on public transport
- Current parking and access at the hospital sites present a barrier to patients travelling ‘under their own steam’

“Explain any processes they may have to go through to get financial support and more importantly - give time scales of possible processes.”

“Just be as helpful and as informative as possible. Give as many options as possible to those who don't meet the criteria. Be a front line customer service for local transport if necessary! No one had ever complained about good customer service.”

“There is the perception that patient transport is more available than it is. If people no longer think this then it will be easier for them to think about other options.”

Applying the national criteria to Escorts/carers

- **60%** of survey respondents agreed or agreed to some extent that *“escorts/carers who do not offer particular skills to support during transport will not be allowed to travel on NEPTS”*, however, **33%** disagreed with this statement.

Comments from the public engagement events and survey:

- Escorts provide a valuable service to the NHS by assisting patients in the following areas: Emotional, Physical, Advocacy, Mental, Care and safety of patients and other patients/staff

"Elderly patients can have a tendency to not give sufficient information about their condition when quizzed, and can also be forgetful when receiving diagnosis or instructions. In these cases, a relative, friend or carer would be invaluable and save money in the long run."

"This is a distressful and worrying time for people who need "serious medical intervention" and anything to relieve their stress and concerns can only be helpful. Why add to their misery when there is no need to? It also takes away the pressure from the transport / ambulance staff and it is highly unusual for the vehicle to be so full that the seat is needed for another patient. I regard this as "win win" for everyone."

"Sometimes the escort/carers is needed at the appointment - however, it could be explained to them that they can meet them at the hospital/clinic."

Applying the national criteria to Patients

- **90%** of survey respondents agreed or agreed to some extent that "Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays."
- **89%** of survey respondents agreed or agreed to some extent that "patients who can get to appointments under their own steam should not be eligible for Patient Transport."
- **52%** of survey respondents said they would prefer the CCG to "use the national criteria strictly to identify people for priority access to free Patient Transport, but also try to offer to arrange some form of transportation to others who do not quite meet the criteria if they make a reasonable payment for it."

Comments from the public engagement events and survey:

- The criteria for accessing the service should be robust, clear, fair and easy to understand
- A patient's medical need for transport can be influenced by the type, location and timing of their appointment so flexibilities should be built in to account for these
- Patient care and vulnerable patients should be considered over cost-saving and efficiencies
- Whilst there is support for a tightening of the eligibility criteria people recognise there is significant social need for transport to access health services

"Sometimes have to be cruel - full stop tell them straight not eligible."

"It is also important to make sound provision for one-way bookings, for example travel home following such circumstances as day case surgery and in patient stays. It is very important that Transport Providers realise that not everyone has an able driver or relative to collect them and that many people WILL try to get themselves TO the hospital without requesting transport and then are denied that facility to go home."

Priority access to Patient Transport

- **94.25%** of survey respondents agreed or agreed to some extent that *"in order to ensure a cost effective service Patients should expect to sometimes wait longer and share their journey with others"*
- **74%** of survey respondents agreed or agreed to some extent that *"the CCG should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others."*

Comments from the public engagement events and survey:

- Prioritisation was supported with a recognition that some medical conditions and circumstances don't lend themselves to sharing and waiting
- Waiting times should be monitored to ensure that they are not excessive for those deemed fit to wait a little longer

"Patients for general appointments should accept there may be a wait but extremely ill patients should ideally not be kept waiting too long and have priority."

"All patients should be treated the same - you cannot offer a 1st class and 2nd class service."

Views on affordable and sustainable Patient Transport

- **97%** of survey respondents agreed or agreed to some extent that *"Patient Transport needs to be affordable so we can continue to provide it into the future."*

Comments from the public engagement events and survey:

- There needs to be a balance between affordability for the patient and sustainability for the NHS.
- Patient Transport Services must be able to meet the needs of eligible patients accessing care, especially in the 'out of hospital' model

"If we do not get ill patients to hospital for vital appointments, admissions, emergency GP visits and 999 calls will go up. Therefore a cost saving will end up being a bigger bill elsewhere in the system. So affordable is not just the immediate expense, but the saving of more money elsewhere."

"However (respectfully) 'you' also need to understand that financial support may not be available e.g. People on DLA but not in receipt of other benefits often don't qualify for financial support, may fall into 'poverty trap' category, and may also need to attend many appointments at various hospitals which could be very expensive."

Payment towards travelling by Patient Transport

Comments from the public engagement events and survey:

- Frequency and distance travelled should be a consideration of payment with particular mention that hospital services that have been

"I also believe a reasonable payment scheme is also worthy of looking at. All the people who have arrived at their appointments, by their own means whether it be by car friend public transport whatever, these people have incurred some cost to do so without reliance on the NHS."

moved out of town

- Acceptance that even eligible patients could contribute towards the journeys for Patient Transport as a method of income-generation
- Means testing payments was favoured by some but not all who wanted to instil responsibility of own travel costs
- Payments for Escorts, on the whole, should only be applied to non-essential Escorts and not be applied where they are providing a vital service

"Visiting the Hospital is a serious matter and the majority of older and disabled people need the support of a friend or relative to have the comfort factor that they will be able to attend their needs, very much like a paid Carer/Nurse, it is only fair and reasonable for the NHS to pay for their voluntary support."

Views on a fair Patient Transport System

- **96.75%** of survey respondents agreed or agreed to some extent that "people who abuse the service are wasting money and inconveniencing other patients"

Comments from the public engagement events and survey said:

- Change should not create situations where patients do not access appointments which will worsen their conditions and cost the system in the long run by accessing them emergency care.
- Abuse of the system was exaggerated in the leaflet and should not detract from ensuring those in need of the service get access to it
- Recognition that the service has been misused by some patients and carers and steps should be taken to minimise this
- Management of the routes and appointment times, with the hospital and transport providers working together

"It is a gross generalisation that cars parked in drive ways is an indication of transportation being readily available."

"I sincerely believe, that much better understanding of logistics routes areas whereabouts of vehicles, and even some budgetary control (the giving of responsibility) by those involved would improve and reduce the costs of the service dramatically. Hospital Transport staff have as far as I can see have an "it's only a job and not our money attitude" which affects all its users and wastes the NHS millions each year. If ever there was an area of the NHS to be scrutinised then this is it."

Recommendations for service specifications and development

- 1. The criteria for accessing Patient Transport needs to be clear, fair and easy to understand.** People said they wanted to want to see information about eligibility for patient transport and alternatives provided 'up front'. This can be achieved with the development of a comprehensive marketing strategy to promote

the service, raise awareness of eligibility criteria, the Health Care Travel Costs Scheme and alternatives to the public and all staff and community sign posters.

2. **‘Firm but Fair’.** Although some thought that the engagement information reporting of abuse had gone too far, there were reports and anecdotes of the perceived misuse by some Patients and Escorts/carers of Patient Transport. People wanted to see measures put in place to stop this without disadvantaging those in genuine need; which they recognised was difficult. Patient Transport providers must work with commissioners and patient groups to minimise inappropriate use of the system.

3. **Development of clear ‘Service Standards’ for Patient Transport Service providers and users.** Building on this engagement, standards for waiting times should be developed and patients notified ‘up-front’ of these so they can plan their visit (self-care). The standards should include what patients can expect when they are collected from their home, when they arrive at their appointment site, when they are collected and returned home.

Likewise, there was support and acceptance from the public that access to Patient Transport should come with its own responsibilities. These should include using the service appropriately; this includes only being accompanied by an Escort/carer when really necessary and telling the provider when they no longer require transport for whatever reason.

4. **Consider the impact of service redesign** when reviewing the way care will be delivered across Northern Lincolnshire; we need to take into account how people are going to get to their appointments. The Department of Health states ‘Patient Transport Services should be seen as part of an integrated programme of care’ and as we shift care “out of hospital”, we must understand the impact this will have on patients’ transport needs.

5. **Integration of Patient Transport.** There was evidence that integration should be two-fold :

- a. The hospital appointment system should co-ordinate Patient appointments to reduce the number of journeys required. This is of particular importance to vulnerable patients with multiple conditions in receipt of care from different departments.
- b. Providers of Patient Transport should link with hospital appointment systems and be proactive in developing systems to run an efficient, cost effective service.

6. Consider the value of Escorts/carers. Whilst some provided examples of the inappropriate use of the service by Escort/carers, there was more concern that any tightening of the eligibility criteria would not be beneficial as the support the Escort/carer provides for the patient during transport and at the appointment, outweighs this. If less Escorts/carers are going to be allowed to travel on Patient Transport, further consideration needs to be given to how this valued support will be provided.

7. Encouraging people to make their own way to appointments. The following steps would encourage people to make their own way:

- a. Improved parking and transport access arrangements at the hospital sites
- b. Flexible appointments times that are convenient for Patients accessing public transport and/or lift from Family/friends/carers
- c. Raising awareness of eligibility for Patient Transport and financial assistance including HTCS amongst public, healthcare professionals and potential signposting organisations

8. Social need for transport. Whilst there is public support for ensuring Patient Transport Services are used appropriately; there is also a clear significant social need for transport to health and care appointments.

The main benefits of the current Transport System was the support provided to those ill, or with physical and mental health conditions i.e. access and egress. However, the need for Patient Transport to go beyond the front door was also identified; some patients need assistance into their home or help to get to the hospital where they need to be for their appointment.

The “human” side of Patient Transport was an element of current alternatives that was missing and should be incorporated into any alternative developed, catering for those where public transport is not suitable and/or a lift with a family/friend is not suitable.

Patient Transport providers must work pro-actively with local community transport providers to develop integrated transport solutions for patients who do not meet the strict criteria but will have difficulties accessing their appointments.

9. Explore income generation powers to sustain Patient Transport System. There was support for extending access to Patient Transport for those not quite eligible as long as they made a reasonable payment for it. The criteria states *‘The NHS can use income generation powers to charge patients for the provision of*

*transport for 'social', rather than 'medical' needs.*¹ . As there is an identified 'social' demand for Patient Transport, as well as public support for making a contribution, the viability of payment schemes should be explored.

10. Ensure that alternatives are integrated, affordable and accessible. The Government has urged CCGs and local authorities to work together to ensure that people are able to access healthcare facilities at a reasonable cost, in reasonable time, and with reasonable ease. The Total Transport pilots in both North and North East Lincolnshire will look at the development of integrated community transport solutions. There is potential for these to meet the transport needs of any Patients who, under the new application of the criteria, are not eligible. Modelling of patient flow would help prevent those services being overwhelmed by this unexpected demand.

11. Further engagement work has been identified. The survey and leaflet was sent to Northern Lincolnshire and Goole hospitals (NLaG) as a stakeholder, but there was not any targeted face to face engagement with staff involved in the bookings of Patient Transport. Further engagement with this element of Patient Transport could explore the themes that the public identified around the inconsistency of the implementation of criteria, efficiencies in logistics and the concept of monitoring and communicating waiting times when prioritising the service.

¹ Department of Health Eligibility Criteria for Patient Transport Services (PTS) - 2007

Introduction

Non-Emergency Patient Transport Service (NEPTS) service is the non-urgent, planned, transportation of patients with a medical need for transport to and from secondary care appointments and from hospital in-patient stays to their place of residence and between NHS healthcare providers. Patient Transport covers a range of vehicle types and levels of care according to the patients' medical needs.

North and North East Lincolnshire Clinical Commissioning Groups (CCGs) intend to jointly commission Patient Transport Services for the area from October 2016. The purpose of this public and stakeholder engagement was to develop a specification for the service that will meet local needs and is sustainable.

The public engagement was launched on July 17th and closed on September 15th 2015.

Background

In August 2007 the Department of Health published revised eligibility criteria for access to Patient Transport. Eligibility is determined by a patients a medical need for transport and does not extend to those with a social need; with the government calling for local transport plans to address issues of access to health services and encouraging health commissioners to work with local authorities to develop integrated transport solutions.

There are around 100,000 journeys a year in North and North East Lincolnshire and commissioners estimate that approximately half of these do not currently strictly meet the eligibility criteria. There are various reasons for this which includes the fact some people do take advantage of the service and, equally, the system has catered for other patients who, while not strictly meeting the criteria, nevertheless have genuine transport needs to access secondary healthcare. There is clearly a gap in current provision which the NHS locally can no longer fill.

A recent scoping of previous stakeholder engagement, patient experience and provider intelligence by commissioners and North and North East Lincolnshire Healthwatch organisations identified the following key themes:

- The need to take into account changing transport needs if in the future more services are moved out of hospital premises into community health provision
- Waiting times and the length of individual journeys
- Eligibility criteria for the service and how these were applied
- The position around escort/carers and family members accompanying patients on journeys
- Hours of operation
- Abuse of the service by some patients

The landscape of health care in North and North East Lincolnshire is undergoing significant change. Stakeholders have been engaged in developing a model for safe, sustainable, quality

service for future through the Healthy Lives Healthy Futures Programme. This activity has included engagement and research into the transport needs of patients, their Escorts/carers and families.

Approach

As part of the review of the way patient transport is arranged and delivered in North and North East Lincolnshire, commissioners wanted to have a frank and open dialogue with stakeholders about how NHS resources should be used to provide a safe, quality, sustainable service for those with the greatest health need.

Specifically the key issues we wanted the public and stakeholder to consider were:

Criteria

- Should we apply the criteria strictly in such a way that only those people who meet it are provided Patient Transport? or;
- Should we use the national criteria to prioritise people for Patient Transport?

Waiting Times

- How long do you think it's reasonable for each patient to wait for their transport given that the quicker the response time, the more expensive the service?
- Individual journeys cost more. Do you think it's reasonable for patients to spend longer in transport as other patients are dropped off and picked up?
- Do you think we should prioritise which patients need an individual transport and which patients can wait longer and share their journey with others based on the national criteria?

Escorts/carers

Some patients need an escort; others like to have someone accompany them.

- How can we be fair in the way we decide whether the NHS should pay for patients to bring escorts and/or carers with them on Patient Transport?

Misuse of the system

Some people book transport knowing they have an alternative way of getting to their appointment. Some people don't let us know when they no longer need their transport.

- People who abuse the service are wasting money and inconveniencing other patients. How can we put a stop to this?

Supporting people to make their own way

- How can we help people who are not eligible for Patient Transport understand there are alternative ways of getting to their appointments and find out if there is financial help available?

Methodology

The information leaflet 'Keeping the wheels in motion' (See Appendix 1) set out the current situation, why things needed to change and asked people to consider how the service can continue to be provided into the future. This leaflet was produced digitally, in hard copy, large print and Easy Read version.

A survey (See Appendix 2).was developed which was made available online or in hard copy. Publicity materials also invited people to telephone a local number if they require support to complete the survey, had any questions or comments or wanted the survey in an alternative format.

A PowerPoint presentation (See Appendix 3) was developed to structure discussion groups at public, stakeholder and community meetings.

The 'Keeping the wheels in motion' leaflet was delivered to GP practices, dentists, pharmacies, libraries, local authority access centres and community venues across North and North East Lincolnshire.

The leaflet and survey link was sent digitally to:

- 275 stakeholder contacts in North Lincolnshire CCG area
- 226 stakeholder contacts in the North East Lincolnshire CCG area,

including 68 stakeholder groups representing protected characteristics under the Equality Act.

Stakeholders and members were asked to share the information with their networks thus extending the reach of the engagement, and commissioners would like thank them for their support in raising the profile of this activity across our communities.

Information about the engagement and link to survey was sent out to 2780 members of the CCGs' public and patient engagement networks in their preferred format.

Information about the Engagement was shared with staff, NEL Council of Members and GP practices via Practice Dispatches (NLCCG) and the GP portal and Weekly Global (NEL CCG).

The engagement was also promoted via both CCG's Twitter accounts and the NEL Accord membership Twitter and Facebook page. A media release was sent to local media outlets and information was featured both the Scunthorpe and Grimsby Telegraph and was aired on Lincs FM.

Public meetings

In North East Lincolnshire drop-in sessions were held at Roxton Practice at Immingham and Heritage House in Grimsby. About a dozen members of the public engaged with the project team at Immingham, however the Grimsby session did not attract any interest.

In North Lincolnshire the public were invited to attend the CCG's Health Matters public and stakeholder engagement event on August 10th in Scunthorpe. Engagement consisted of a market stall with information with commissioners on hand to discuss the issues individually with participants and a formally facilitated group discussion of the issues. This session was attended by 96 patients, carers, providers and community groups which provided a lively debate with people sharing their first-hand experiences and views.

Engagement with community and stakeholder groups

Members of the engagement team also visited 23 community and stakeholder group meetings engaging with 535 people (See Appendix 4).

The engagement was also promoted at Grimsby Pride event and Shoreline Fun day in Immingham.

The approach at these meetings was to go through the key issues with members and discuss the engagement questions in depth if time allowed. In some sessions the PowerPoint presentation was used, in other where less time was available participants were taken through the leaflet and invited to give their views. Participants were also encouraged to complete the survey and were directed to the online link or given a hard copy.

Feedback from engagement with stakeholder groups

North Lincolnshire Overview and Scrutiny Committee

The NL OSC provided written feedback to commissioners. Key points were:

- Support for some tightening of the criteria to allow the service to focus better on those with genuine need, including those with a need, but who are not currently receiving PTS.
- Suggested amendment to the statement "Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays" to read "...who would otherwise be physically unable to travel, or who are under the care of a specialist mental health team or registered mental health practitioner". ..."
- Concern that a tightening of eligibility criteria may result in further delays in hospital discharge, as agreement is sought on whether a patient who is able to be discharged meets the revised criteria.
- Support for efforts to provide alternative transport options for people who require healthcare, but who do not meet the eligibility criteria.

“To summarise....we support the argument that eligibility criteria should be tightened towards the national standards. However, we believe that local commissioners and providers should maintain operational flexibility to go beyond these, where required, in the interest of providing a practical, good quality, value-for-money, supportive service.”

HLHF Transport Group

In 2013 NHS organisations in North and North East Lincolnshire joined forces to create Healthy Lives, Healthy Futures (HLHF) in 2013 to work with patients, carers and the wider public to look at all aspects of local health and care to develop an improved health and care system that continues to deliver safe, quality and affordable services for years to come.

A HLHF integrated transport group was formed to look at access to transport to health services in detail to inform the programme development. This group comprised of stakeholders from the statutory, voluntary and private sector and was invited to discuss and comment on the Patient Transport engagement at a meeting along with senior representatives from health and social care provider organisations (See Appendix 4).

HLHF is currently working with commissioners and providers across North and North East Lincolnshire to develop their approaches to out of hospital care, what this will mean in terms of patient flows and where services will be provided in the future. There is a need for a coherent transport strategy that is aligned to the clinical plans moving forward.

Key Points:

- How suitable is the DoH eligibility criteria in light of health system reorganisation? Changes to service delivery to improve efficiencies make it difficult for the patient. The current appointments system is inconvenient for patients as it has been developed to suit and meet the needs of health care providers. Is planning underway to alter hospital booking systems to allow patients the flexibility to plan appointments around access to suitable means of transport? Patients with multiple conditions may have a number of appointments with different outpatient clinics on different days, better coordination of appointments would reduce use of PTS and improve patient experience.
- Recognition that it is difficult for a call taker to determine patient eligibility on face value – people will demand it as their right and it’s difficult to challenge that. Should decisions on who should receive it be made by clinicians, as this is harder to refute? Others disagreed as clinicians are not patient transport experts. One option would be to develop the appointment system to enable eligibility to be flagged in the appointment letter and this can then be used as eligibility status?
- The word ‘escorts’ is not helpful – having someone accompany a patient to an appointment can be very beneficial and have a huge impact on wellbeing and compliance. The NHS should pay for an escort as is cost effective due to benefits to patient. If there are empty seats, why not let Escorts/carers travel with the patient?
- Is there a system for feeding back or recharging those who have been found to be abusing the system? Re-charging could be problematic and may not be cost-

effective. Another option would be to contact patients/carers that have been found to misuse the service to make them aware of the costs and warn that the service will be withdrawn if repeated

- Must give specific consideration to meet needs and expectations of renal patients
- Need to commission a specialist signposting service to support this process, particularly if large numbers of people will no longer be eligible and will need to find alternative means of travel - could this have access to "choose and book"? also car sharing schemes could ease the pressures on parking, particularly at the hospital sites
- There is potential for the Total Transport pilots in NL and NEL to pick up some of the displaced activity from the Patient Transport System review, however we need to be aware that this could also overwhelm those services and make them unsustainable - modelling of patient flows is required to understand this

Summary of feedback from the survey questions

A total of **172** people completed the survey. This part of the report presents the main findings of the survey, split into the following sections:

- Applying the national criteria to Patients
- Applying the national criteria to Escorts/carers
- Priority access to Patient Transport
- Current experience of travelling to appointments
- Supporting more people to make their own way to appointments
- Views on what makes a fair, affordable and sustainable Patient Transport System

The **1803 comments** from the open ended questions have been categorised into **8 Main themes** and **55 sub themes** and are summarised in below:

| 100% | 8 Main themes | Top 5 Sub-themes | 46.25% |
|-----------------|--|--|--------|
| 24.25% (436) | Current experience of travelling to appointments | Barriers of using Alternatives | 17.25% |
| 20% (362) | Supporting more people to make their own way to appointments | Signpost to Alternatives and HTCS | 11% |
| | | Support for prioritising the service | 4.5% |
| 13.75% (248) | Applying the national criteria to Escorts/Carers | Escorts/carers provide valuable assistance | 7.75% |
| 12.5% (227) | Applying the national criteria to Patients | Criteria should be applied flexibly | 5.5% |
| 10% (180) | Priority access to Patient Transport | | |
| 7% (128) | Views on affordable and sustainable Patient Transport | | |
| 7% (124) | Payment towards travelling by Patient Transport | | |
| 5.5% (98) | Views on a fair Patient Transport System | | |

They are explained in full in the ‘Description of the main survey themes’ section below.

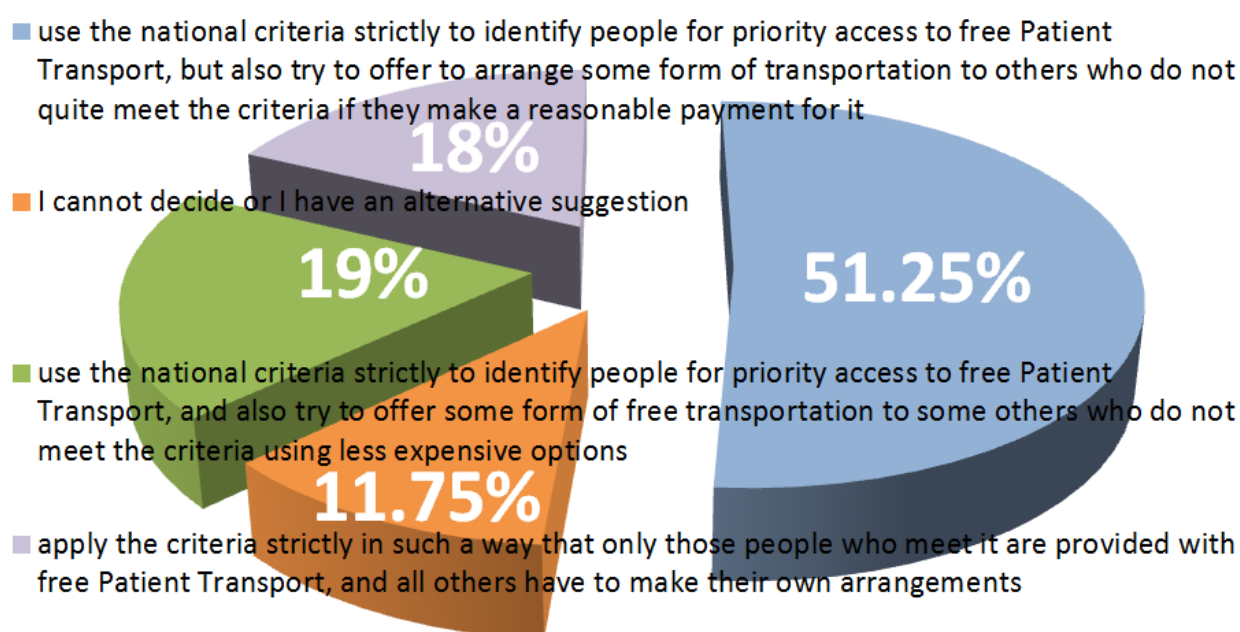
The results for the questions where respondents were asked to select options have been represented by the percentage (%) of respondents per question (not the total number of respondents for the survey) as not all respondents answered every question.

Applying the national criteria to Patients

12.5% (227) of the total comments described how respondents wanted the national criteria applying and who they thought should be eligible for Patient Transport. It received the fourth highest number of comments and is broken down into the following subthemes:

| Applying the national criteria to Patients | % of overall comments | Number of comments |
|---|-----------------------|--------------------|
| Criteria should be applied flexibly | 5.5% | 99 |
| Criteria should be applied strictly | 2% | 35 |
| Agree it should be for those who need it | 1% | 18 |
| Extend to those where there is no available alternative | 1% | 18 |
| Who should decide eligibility of Patient Transport | 0.75% | 15 |
| Agree it should be for those physically unable | 0.75% | 13 |
| Agree it should be for those with mental illness | 0.5% | 9 |
| Extend Patient Transport to all NHS services | 0.5% | 8 |
| Agree it should be for those too ill | 0.25% | 6 |
| Extend to those who can't afford alternatives | 0.25% | 6 |

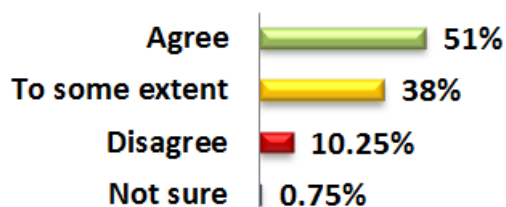
In addition to the overall comments, further insight is gained from Question 2 & 3.



(Question 3, n=162)

Almost 90% agreed that:

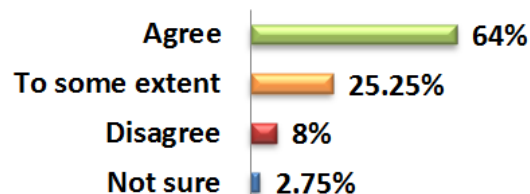
"Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays."



(Question 2, n=165)

Almost 90% agreed that:

"patients who can get to appointments under their own steam should not be eligible for Patient Transport"



(Question 8, n=150)

Further insight into the respondent's views on applying the criteria to Patients can be found in the 'Description of main survey themes' section.

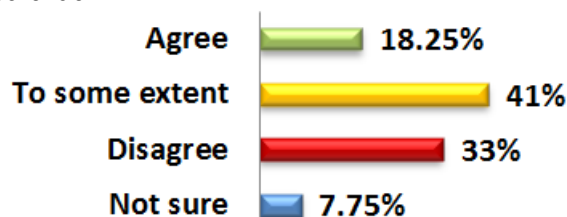
Applying the national criteria to Escorts/carers

13.75% (248) of the total comments described how respondents wanted the national criteria applying and which Escorts/carers they thought should be eligible for Patient Transport. It received the third highest number of comments and is broken down into the following subthemes:

| Applying the national criteria to Escorts | % of overall comments | Number of comments |
|--|-----------------------|--------------------|
| Escorts/carers provide valuable assistance | 7.75% | 138 |
| Clarification around what essential skills are | 1.5% | 28 |
| Only essential Escorts/carers should be allowed | 1.25% | 21 |
| Criteria should be applied strictly | 1.25% | 21 |
| Criteria should be applied flexible | 0.5% | 12 |
| Escorts/carers should not be allowed | 0.5% | 10 |
| Any Escort/carers should be allowed | 0.5% | 10 |
| Only registered carers should be allowed as Escorts/carers | 0.5% | 8 |

In addition to the comments, **almost 60%** agreed that :

"escorts/carers who do not offer particular skills to support during transport will not be allowed to travel on NEPTS "



(Question 4, n=158)

Further insight into the respondent's views on applying the criteria to Escorts/carers can be found in the 'Description of main survey themes' section.

Priority access to Patient Transport

10% (180) of the total comments gave views on how happy they were with

- waiting longer for Patient Transport
- sharing transport with others

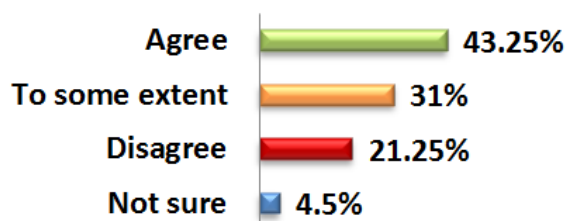
to give priority access to those who strictly meet the national criteria.

It received the fifth highest number of comments and is broken down into the following subthemes:

| Priority access to Patient Transport | % of overall comments | Number of comments |
|--|-----------------------|--------------------|
| Support for priority access | 4.5% | 81 |
| Support with conditions, for priority access | 4% | 70 |
| Do not support priority access | 1.5% | 29 |

Over 70% agreed that

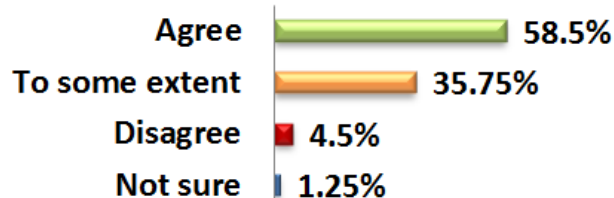
"the CCG should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others"



(Question 7, n=155)

Over 90% agreed that:

"in order to ensure a cost effective service Patients should expect to sometimes wait longer and share their journey with others"



(Question 6, n=157)

Further insight into the respondent's views prioritising Patient Transport can be found in the 'Description of main survey themes' section.

Current experience of travelling to appointments

24.25% (436) of the total comments described their experience and perception of the benefits and barriers of current methods of transport and financial assistance. It received the highest number of comments and is broken down into the following subthemes:

| Applying the national criteria to Patients | % of overall comments | Number of comments |
|--|-----------------------|--------------------|
| Barriers of using Alternatives | 17% | 311 |
| Benefits of using Patient Transport | 2% | 37 |
| Barriers created by service re-design | 1.25% | 22 |
| Barriers of using Patient Transport | 1% | 19 |
| Examples of current Alternatives used | 1% | 19 |
| Benefits of using Alternatives | 1% | 14 |
| Review of using HTCS | 1% | 12 |

In addition to the overall comments, further insight can be gained from Question 11-14 of the survey.

Benefits and barriers of current alternatives

325 separate comments were generated, mainly from Question 14 which asked respondents what they think are the main barriers to travelling by public transport, taxi and asking friends or family for a lift. There were 6 main barrier/benefits identified in the comments and these are depicted in the table below, providing the number of comments per barrier/benefit of each mode of transport to show the differences between these alternatives.

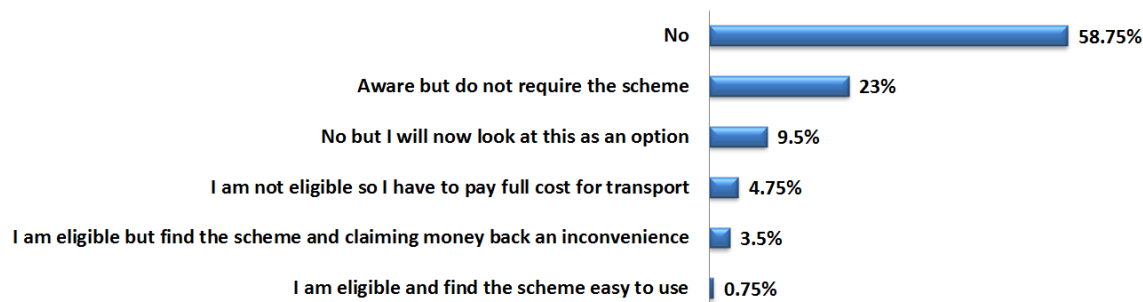
| | Benefits and barriers of using alternatives | | | | | |
|---------------|---|----------|------------------|----------|----------|----------|
| | Car or lift with Family, friends and carer | | Public transport | | Taxi | |
| | Barriers | Benefits | Barriers | Benefits | Barriers | Benefits |
| Accessibility | 7 | 0 | 75 | 1 | 3 | 0 |
| Suitability | 4 | 2 | 53 | 0 | 2 | 1 |
| Affordability | 10 | 0 | 30 | 1 | 39 | 3 |
| Convenience | 25 | 1 | 5 | 3 | 2 | 0 |
| Availability | 50 | 0 | 0 | 0 | 0 | 0 |
| Independence | 6 | 0 | 0 | 0 | 0 | 0 |

Benefits and barriers of financial assistance

0.75% (12) of the overall comments was around the Barriers of using HTCS.

Question 11 – 13 established the level of familiarity with the Health Transport Costs Scheme (HTCS) and how best to help those not eligible for Patient Transport to understand how to find out if there could be financial support available.

Almost 70% of respondents (including health professionals) were not aware of HTCS ('No' and 'No but will look at this as an option').



(Question 12, n=148)

This lack of awareness was also evident from some of the comments made in Question 12 & 13, confusing HTCS with Patient Transport and describing their experience of Patient Transport instead. Feedback of the scheme was therefore limited and is covered in the 'Description of main survey themes' section.

The next section details how awareness of this scheme could be raised.

Supporting more people to make their own way to appointments

20% (362) of the total comments described how respondents thought that changing public perception and raising awareness of alternatives alongside suggestions for new alternatives would direct more people toward alternative methods than Patient Transport. It received the second highest number of comments and is broken down into the following subthemes:

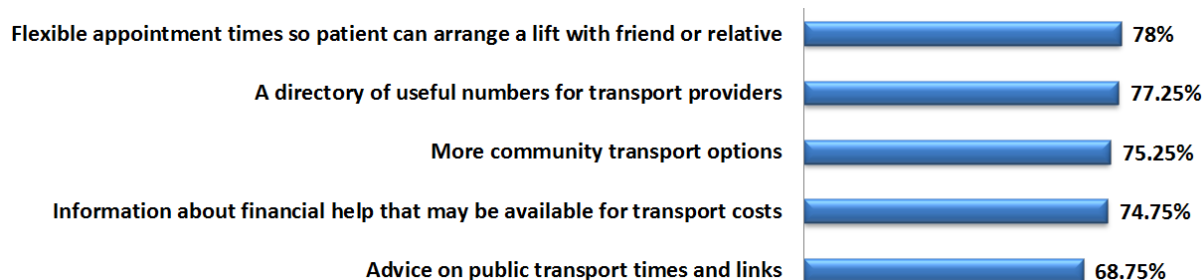
| Supporting more people to make their own way to appointment | % of overall comments | Number of comments |
|---|-----------------------|--------------------|
| Improve signposting to HTCS | 9% | 163 |
| Change public perception to reduce wastage | 2.75% | 51 |
| Suggestions for new Alternatives | 2.5% | 44 |
| Improve signposting to Alternatives | 2% | 38 |
| Penalise those who misuse transport | 1.75% | 31 |
| Alternatives should be accessible to the patient | 1% | 18 |
| Clarify/communicate Patient eligibility | 1% | 17 |

In addition to the overall comments, further insight can be gained from the Question 10 & 11.

Question 10 asked respondents which of 5 proposed ways would to provide best provide information and support to enable those not eligible to make their own way to medical appointments.

They were well received, with all but one receiving **over 70% support**:

Best ways to provide information and support



(Question 10, n=150)

A summary of suggested promotion methods and suitable locations from the comments of Question 10 & 11 is detailed in 'Description of the main survey themes' section.

Views on what makes a fair, affordable and sustainable Patient Transport System

There are 3 Main themes which describe what respondents think a fair, affordable and sustainable Patient Transport System should look like. Individually they received the lowest number of comments, but collectively they account for **19.5% of the overall comments** and are detailed below in order of prevalence:

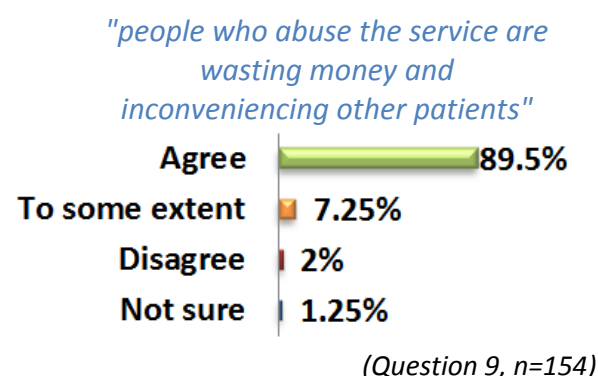
| Payment towards travelling by Patient Transport System | % of overall comments | Number of comments |
|--|-----------------------|--------------------|
| Agree with payment for Patients | 2% | 35 |
| Agree with payment for any Escort/carers | 1.75% | 33 |
| Do not agree with payment for Escort/carers | 1% | 17 |
| Do not agree with payment for Patients | 0.75% | 15 |
| Agree with payment, but if must be affordable | 0.75% | 15 |
| Agree with payment for all non-essential Escort/carers | 0.5% | 9 |

| Views on an affordable and sustainable Patient Transport System | % of overall comments | Number of comments |
|---|-----------------------|--------------------|
| Affordable for the NHS | 3.5% | 62 |
| Support the use of Alternatives | 2% | 36 |
| Affordable for the Patient | 1% | 17 |
| Non-eligible should front costs of alternatives | 0.5% | 11 |
| Someone has to pay | 0% | 2 |

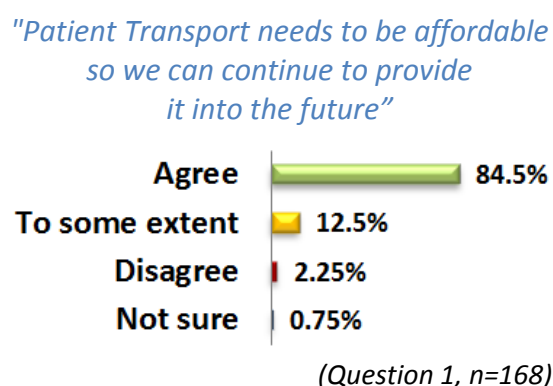
| Views on a fair and Patient Transport System | % of overall comments | Number of comments |
|--|-----------------------|--------------------|
| Change the system to reduce abuse | 2% | 36 |
| Change system to reduce waste/cost effective | 1.5% | 25 |
| Changes should not penalise vulnerable users | 1% | 19 |
| Abuse has been exaggerated | 1% | 18 |

In addition to the overall comments, Question 1 & 9 provided further insight:

Almost 100% agreed that:



Over 95% agreed, wholly or to some extent that:



Description of the main themes from the engagement comments

The survey generated **1803 comments**, the percentage (%) of which has been used to determine the order in which the **8 Main and 55 sub-themes** (generated by the engagement; survey, events and community meetings) are shown below:

Current experience of travelling to appointments

This main theme was made up of **24.25% (436)** of the overall comments from the survey were about the public perception of the benefits and barriers of the current transport methods used. It also provides a review of the Health Transport Cost Scheme (HTCS).

Barriers and benefits of current alternatives to Patient Transport

This sub-theme made up **20.25% (366)** of the total survey comments and was also discussed in the engagement events and the combined feedback is as follows:

For most, taxis are seen as an expensive option although it has the added benefit of convenience; Public transport (buses and trains) are seen as the most inconvenient option for reasons such as timetables, distance to/from bus stops to home/hospital and time taken to travel, particularly if out of their home town. It also has the added limitations with regards to

those with mobility and medical conditions. Some barriers of asking friends/family/carers were unique and have been detailed at the end of the section.

The comments were mostly generated by Question 14 which asked what respondents saw as the main barriers to travelling by public transport, taxi and asking friends or family for a lift.

The comments are represented in table form as 6 main barriers/benefits in the 'Summary of feedback on survey questions', and this section provides further insight behind these numbers:

Availability and accessibility

Some patients shared that they always tried to get to their appointments under their own steam as they wanted to retain their independence. As a rule they were able to attend local appointments independently but they did use Patient Transport for out of town appointments as public transport was not available, too onerous or they did not feel able to drive themselves longer distances.

People noted an increase in the number of appointments that are scheduled at weekends and outside of 9 to 5 hours in the week. Weekend appointments are very challenging for some patients at public transport services in some areas are reduced and taxi fares from rural locations can be prohibitive.

Public transport

- ✖ *"Lack of public transport at the right times."*
- ✖ *"More than one bus and not connecting. Unreliable. Need at least an hour to get to appt."*
- ✖ *"All of the above can be unreliable, making the patient late for their appointment."*
- ✖ *"Public transport can be unreliable which is less than ideal when going for an operation. It may cause worry that the appointment could be missed. Also, if the appointment is missed due to unreliable public transport it will only incur further costs to the public sector as the appointment will need to be re-arranged."*
- ✖ *"Inconvenience with public transport not necessarily going where it is needed."*
- ✖ *"There is a definite lack of easily accessible bus routes and timetables especially to and from out of town destinations."*
- ✖ *"Sometimes if you have to get multiple*

Car and lift with friends and family

- ✖ *"There is more to consider here than driving along the road."*
- ✖ *"It may be possible to drive to the appointment / clinic / hospital with the patient but then where do you park the car? clinic/hospital car parks are busy and often full. So then you have to find somewhere else to park, at some distance and make your way back, with the patient, who is unwell."*
- ✖ *"Car parking is a massive issue and probably explains why some people who are actually capable ask for transport. It is*

Taxi

- ✖ *"There are taxis, however, it is a struggle to get wheelchair taxis in Grimsby and they are reverting to saloon cars, too much like hard work?"*
- ✖ *"Told to try the local car service, many of those drivers are based in Cadney and the availability is not matched until 1--2 weeks prior to the appointment and apparently if no one available it is -tough luck as my neighbour discovered -was told to ask around the neighbours for help-- just where is care in the community --- even had this*

buses for the journey, this can deter people."

✗ "Travelling from Grimsby to Scunthorpe the public transport is expensive, and involves many changes or long walks. It's not ideal."

✗ "Patients who could may not be safe to do so."

✗ "Public transport depends on where you live and what time appointments are out of town hospitals because 6pm appointments on dark nights don't want to walk to the next TOWN to get next bus. When there thugs, drunks etc."

✓ "Many already do! It is far quicker and more convenient!"

✓ "Why wouldn't you make your own way? Especially if you want to take a friend or relative along with you for support."

extremely stressful not knowing if you can get a car parking space, particularly when bringing an elderly / frail person for an appointment."

✗ "Parking is expensive and difficult. Dad would struggle to use the park and ride."

neighbour managed the car service it was going to cost in excess £ 47 costs start from the drivers house."

✓ "Taxi okay if you can afford one and get a good company to help you."

Affordability

Public transport

✗ "Those people living in the Lincolnshire countryside and without a car of their own etc. May not have access to public transport or be able to afford a taxi."

Car and lift with friends and family

✗ "The £4 parking fee must lead to patients seeking alternatives. I recently went to the hospital 12 times in 3 months and paid a fortune in parking fees."

✗ And people on a fixed income not only have to drive to the hospital but have to pay car parking charges as well, unless they park at Glanford Park and get on the bus."

✗ Bridge toll and the horrendous parking charges at all local hospitals eg Castle Hill £7 all day. You should be campaigning to reduce these to no more than local authority prices."

Taxi

✗ "Some patients are not very mobile but can get into a car without assistance and would not qualify for transport on those grounds but have no other means of getting to hospital especially elderly patients who live quite some distance away and cannot afford the cost of a taxi and have no one else to bring them or access to public transport."

✗ "Affordability issues for people with low income particularly if requiring frequent appointments."

✗ "The barrier to using taxis is the cost; it is horrendously expensive, no matter the length of the journey. If this can be subsidised, it would be a massive help and I am sure will be given more support."

Suitability

Transport was perceived as not suitable due to distance to/from bus stops, physical and mental health conditions and its related equipment e.g. wheelchairs.

✗ "There will also be people who cannot access public

✗ "Patient

✗ "Taxi fares

transport for many reasons. These may be reasons such as agoraphobia, dementia, Alzheimer's, or they may live alone and be afraid to travel on public transport alone. There may also be people who cannot comprehend a bus timetable, or afford public transport."

✘ "Many of us who rely upon hospital transport are disabled and therefore qualify for a free bus pass but due to our disabilities we can't use public transport and to use taxis is expensive as well as needing a companion to travel with us to ensure our safety and wellbeing."

✘ "Some people do not have the physical ability to get to buses or the cognition to know when to change buses."

✘ "A person who has to bring a lot of equipment for their conditions may also not be able to easily use public transport."

✘ "Need to allow though for the fact that someone who might be able to catch say one bus on a familiar journey may not cope with making connections on an unfamiliar route, particularly when there is a clinical condition affecting their ability to do so e.g. mental or physical frailty or practical issues like frequent access to toilets if public transport will take much longer."

✘ "Cannot get on by myself."

✘ "My medical needs, e.g. taking my equipment on board, my risk of seizures (and subsequent memory loss), dealing with my medical needs and knowing what to do, physically manoeuvring me etc."

✘ "Feeling too ill. Needing to travel in a state of partial dress?"

✘ "As mentioned previously, public transport could be a health & safety problem as they will not help patient get to clinic, provide wheelchair, help with using lift if person is blind or deaf etc."

✘ "Public transport - buses may not be suitable for people with mobility problems. Can be dangerous if find balancing difficult. Wheelchair users not guaranteed a place. Not suitable if need to carry equipment or any other items."

✘ "Public transport such as buses could pose a hygiene

comfort and safety has to be considered. Some patients could not travel by car adequately."

✘ "Those employed by PTS are given training as drivers and attendants. Your preamble is suggesting that a relative, i.e. one person can simultaneously fulfil both roles - without any such training; an impossible task! "

✘ "Treatment often comes with the advice "do not drive". Also some drug regimes make the recipient "feel ill" So public transport is out as an alternative."

✓ "The greatest advantage is that invariably they will accompany the patient to and from the consulting rooms or ward."

can be very expensive and obviously only provide a service to the entrance. Sometimes people need assistance to get to the department on arrival."

✘ "Public transport may be too arduous and asking for help from a taxi driver may be embarrassing for some."

problem it there has been surgical intervention and most certainly the step-up or down when getting on or alighting. The seat space is too compact at the best of times and this could be worsened because of medical constraints."

✖ "The embarrassment of using public transport if you are slower or have more obvious health needs."

✖ "Confidence, inability to negotiate public transport."

Barriers associated with involving a lift with family, friends and carers

Convenience

Words such as "burden", "bother", "embarrassment", "pride" and "inconveniencing" were used to describe reasons why asking friends and family for a lift was not always considered as the first option. Others wanted to maintain their independence.

✖ "Frail elderly often have to rely on taxis, family, friends and neighbours, but there is a limit to how many times you can ask them and they often need to take time off work or travel big distances to do this."

✖ "Family and friends always offer local transport but it is unfair to expect them to give up the time let alone offer their vehicle to help you access treatment in Hull, Leeds, and Sheffield etc."

✖ "Indeterminable waiting times at clinics etch for friends /family to wait for a patient."

✖ "In the end I managed to stagger my work with a colleague (I am a professional person) drive 12 miles from work take my neighbour to the clinic sit for 1 hr there, take him home return trip to Brigg to his house 30 miles. Then I had to return to work and then home again at the end of my duty - I There was more than one person disadvantaged in this scenario. The cost of petrol in the great scheme of things is not the whole issue it is the time factor, not only the clinic trip but telephone calls and the cost of these calls - I actually spoke to the organising of the car service and it was clear she had no intention of trying to find an available car. You need to improve the existing service rather than grappling with a new one. The present patient transport is good it just needs to be commissioned to be inclusive of all clinics."

Family and friends are not available

Busy lifestyles

✖ "Family Commitments, Work, Children, Finances."

✖ "Re asking for a lift, it often has to be at times to suit that person and not the appointment."

✖ "Friends and relatives do have their own lives and commitments and work. Clinic times/outpatient treatment do not always fit conveniently with work schedules ALSO remember that there is a growing population of people who may have been able to help, now share family child care to save young family members incurring child care costs. I think it is now called "essential bonding with your grandchildren"

✖ "Family have their own lives to lead and do not want to (or are unable to) have the hassle of

taking the patient to hospital (especially if they have to go every day, not just once in a while."

Work commitments

✖ "Family and friends would often have to miss work in order to provide a lift so it requires a close-knit network for family and friends, i.e. you are less likely to miss work for someone who you do not have a strong connection with."

✖ "As manager of a care home we are always escorting Residents to hospital appointments due to families being unable to attend due to work commitments."

✖ "Friends/family have a life to lead which may involve work and they find it difficult or costly to them to take time off work."

✖ "No support from employer for family to have time off work."

Not able to provide a lift

✖ "I have no family and all my friends are more or less of the same antiquity."

✖ "No family anywhere and friends are all too old."

✖ "The only friends I have that would help, aren't in a position to. The ones that could help, won't. Not everyone has a family that would support them, and some healthcare professionals could stand to remember that when it comes to dealing with patients, rather than question those who haven't as if they are lying, and making them feel worse about the situation. (Yes that last part is based on my own personal experience)."

✖ "Family living away. Friends not always available".

✖ "Friends all elderly and don't drive anymore - close family would have to take time off work and this can be done for one off appointments but not if have regular appointments as they don't live close by and work is very strict about taking time off"

✖ "My family live abroad and friends work in the daytime."

Difficulties with travelling to appointments further from home

✖ "The budget should be linked to the design of the services, the cost of transport will depend on where services are offered if the service retired is not on a local site due to service redesign i.e. you have centralised a service at DPOW or sigh then the cost will increase and the savings made by centralisation should be used to support transportation costs."

✖ "People are sometimes able to drive around their local villages but no way would they be able to drive to such places as Sheffield. As this can increase the patients stress levels and affect any test results."

✖ "Patient transport is a service and need should always be the key factor. I have used it when I was admitted to Castle Hill for an operation `at a time when public transport is not available. As more and more tertiary care is going to Hull and Leeds there needs to be transport."

✘ *"Specialist appointments can be a significant distance away from N E Lincs provision and so patients who are not deemed too ill or physically unable but who, after treatment, may be too tired to drive themselves may not be able to access these treatments if this approach is taken."*

✘ *"Agree, providing services are at the local hospital, but if you are requiring patients to travel due to service redesign then transport cost should be factored into that change in service."*

✘ *"Make sure hospitals/medical centres are on bus routes and have a large car park."*

✘ *"Less need for people to go to the hospital - more appointments in community venues, GP surgeries etc."*

✘ *"My most recent treatment was in Leeds, 70 miles away and I was lucky that my daughter was able to take me otherwise I would have had to try to get there by train and taxi - an incredible drain on someone who is ill and just above the income to receive benefits."*

✘ *"Local treatment is not always available due to concentrating services at specific sites. As a consequence transport to the various sites needs to be available."*

Examples of other alternatives currently used

In addition to car (including lift from family/friends/carers), taxi and public transport, other alternatives were praised for the service they offered and most agreed that their availability could be improved as a way to provide viable options to Patient Transport (See 'Supporting more people to make their own way to appointments' for further details of other ideas that the public had).

Voluntary Car Scheme:

✓ *"The journey is also 10 minutes either way, costs £5 return and has the added bonus of the driver waiting for me. However, the major setback is being a voluntary organisation, advance notification is two days so unless appointments are known in advance, it cannot be used which is always the case with doctors' appointments."*

✓ *"Voluntary car schemes do sterling work already. More could be made of such schemes."*

✓ *"It is also for this very reason I choose to use the "voucher taxi" as the costs are covered by the voucher."*

Dial a ride:

✓ *"Dial a ride is good but normally full to capacity and not taking on new people."*

✓ *"Offer free/low cost door to door travel."*

Local car service:

✘ Can't book in advance

✘ Lack of availability

Cancer charity service:

✓ *"I have been on free transport provided by a charity for cancer this year and have been out of the house sometimes 6 hours for a ten minutes appointment in Sheffield. But that far outweighed the stress of driving."*

Rapid response:

✓ *"Make use of rapid response as they often take patients to the hospital, always with a smile, Angels all of them."*

Benefits and barriers of the current Patient Transport System

This sub-theme made up **3% (56)** of the overall survey comments

Comments about the benefits of the current Patient Transport Service far outweighed those detailing the limitations, a factor that the public thought influenced the decision making process around choosing patient transport over alternatives. The main element of the service valued was the care, expertise and friendliness of the staff supporting patients, especially where they do not have the support of an Escort. Words such as "invaluable", "friendly" and "efficient" were used to describe the current service.

Although the limitations were fewer in number than the benefits, most forgave these for the value that they put on the service, and there are lessons we can take from these. The main concern was the training the workforce had to care for those with complex health conditions. A need for Patient Transport should go beyond the front door was identified; some patients need assistance into their home or help to get to the hospital where they need to be for their appointment.

The limitations do not include the opinions on waiting times which are dealt with separately in the context of the 'Priority access to Patient Transport System' section.

Benefits - (1% of survey comments)

Reasons why Patient Transport is the preferred option

✓ *"When you're ill travelling on public transport is impossible. We need specialist vehicles and trained medical drivers to understand our needs such as carrying oxygen, specialised wheelchairs, seizures etc."*

✓ *"Patients using service should not queue jump appointments - some users of the service that I know would prefer to travel independently but find that they wait longer whilst users of the service are in and out - therefore they choose to the service."*

✓ *"Some elderly patients are mobile but may be afraid or unsure about using public transport and have no one else to take them to appointments."*

✓ *"I think that disability should be criteria over age as I know from my own experience a few mobile older people use patient transport because it's cheaper and door to door as opposed to the hassle of the bus to get to appointments which disadvantages [younger] people with disabilities."*

✓ *"I drive in when I can but when I am being seen in the morning, must have PTS."*

Barriers – (2% of survey comments)

✗ *"Not sure that it's appropriate for people that are "too ill" as far as I'm aware the drivers don't have medical training and would they have the appropriate equipment?"*

✗ *"It depends if anyone available to help people with disabilities."*

✗ *"I have picked people up that have waited 6+ hrs and then as a taxi its been after Hospital Transport closing time, these people have basically been abandoned. Others have said about the time multiple drops take through the ambulance service, highlighting the lack of route coordination."*

✗ *"Mother in law apparently not eligible despite having Parkinson's and dementia some*

✓ *"For me without hospital transport I would not be able to get to my appointments easily. I would have to arrange for a friend or carer to take me who has a car and know how to handle my disabilities. Hospital transport is amazing and the staff are great. They help get me out the house comfortably and effectively and take me right to the right department and help check me in at reception and then pick me up from the clinic after my appointment. Because of their expertise as trained paramedics they can handle my equipment in their vehicle as well as allow me to still attend appointments when I'm having a bad day with my health. If I was having a bad day [with my health] and didn't have hospital transport I would have to cancel the appointment delaying my care."*

✓ *"Remember also that patients will still be seen at the clinic if they are travelling by PTS and are late for their appointment. This makes a big difference!"*

✓ *"I assume that the staff and volunteers are trained and able to provide the care and support it could be reasonably expected that passengers will need."*

✓ *"Using hospital transport is not just a financial need. Public transport or taxi would only drop patient off outside the hospital. Hospital transport drivers will escort patient to clinic, get a wheelchair for them or any other help required. This could be essential to someone who is disabled, I'll or frail."*

✓ *"One of the aspects of medical need is that the ambulance staff provide monitoring throughout the journey for those who need it. 'Under their own steam' must include an assessment and agreement that alternative forms of transport do not jeopardise the safe transportation of the patient."*

Patient Transport is an essential and valued service

✓ *"Some people have no way of getting to hospital appointment without this service."*

✓ *"Staff are great and knowledgeable of my needs. They work well with the outpatient departments. They are friendly, polite and professional. I am confident with the care and support they provide me. I feel a great sense of independence through being able to get to my appointments. They have never let me down. Never had any issues at all with the drivers or vehicles. The hour before appointment wait for picking up is fine and I am happy with this as it's better than not being able to go to my appointment at all the same for car sharing."*

days she can't even walk!"

✗ *"This is my father's experience, mum rang a couple of weeks ago to arrange transport for him (83&85 years old) person on phone was sharp with mum asking why he couldn't come by taxi. It was a big enough trauma for her having to phone in the first place. I (off sick because of breast cancer) therefore had to get him to hospital for half 7, it wasn't explained to her that transport could not be arranged so early and put her in a right panic."*

✗ *"Another blind/deaf friend has had problems being understood and what her needs are."*

✗ *"There does, however, need to be a balance. I have personally suffered this very dilemma. I had spent a month in hospital owing to suffering a perforated bowel and the medical staff insisted I went home by hospital transport otherwise they would not release me as I live on my own. I had to "hang around" for over eight hours before I was taken home and promised myself "NEVER AGAIN" and though sadly I have had to spend "spells in my now second home", I arrange to get collected immediately after discharge."*

✗ *"Also it needs to run later to cater for these appalling late night discharges from SGH."*

✗ *"If a carer is not allowed*

✓ *"Very good even when waited 2 and half hours for someone else."*

✓ *"Patient transport is a valuable asset to patients that have a medical need and cannot use public transport."*

✓ *"Not a personal experience but a family member has used this service. The service was invaluable as I didn't have to take time of work to support the important appointment. It was also reassuring knowing that the service was safe and reliable with competent staff."*

✓ *"Car drivers and ambulance drivers have always been very pleasant, helpful, caring and efficient."*

✓ *"I consider it a privilege to have transport provided for me, as otherwise I could not get to my appointments. I have nothing but praise for the lovely drivers (both male and female) who ensured I got to hospital (and back) every day. I thank you all."*

would a transport staff member look after a sick person, a mentally challenged person or physically disabled person."

✗ *"Where someone is deaf or needs help yes - but there are people who don't need any assistance and they should not have an escort receive patient transport. We should make sure volunteer drivers do the job they are paid to do which is pick them up at home and take them to the unit there appointment is on and not just leave them at the hospital door."*

Review of using the HTCS

This sub-theme was made up of **1% (14)** of the overall survey comments.

Over 65% of survey respondents were not aware of the HTCS and only 4% had used the scheme.

Those that had accessed the scheme had mixed views about it; some did not find it easy to use and the comments described the process of claiming as "inconsistent", "intimidating", "stressful" and "lengthy". Comments were made about the difficulties people on low income may have paying up front for their transport even if they were then able to claim it back. (See 'Create financial incentives to make alternatives more appealing' for suggestions on new alternatives.) One person stated that they found it easy to use and 2 comments highlighted that the service was "Very good and helpful".

The comments from the survey :

✗ *"For those patients who may claim back transport fees, this process may need to be looked at? I believe that patients who are eligible for this have to pay the cost up front and claim it back? Problems occur when patients cannot afford to do this"*

✗ *"Include information about fare refunds etc. in all appointment letters and make the system for those refunds far more workable and simple. Cash offices close early benefit letters are refused because they are older than 6 weeks all sorts of problems arise and if fares are sent off for the wait can be weeks even months."*

✗ *"The cost of claiming back transport costs often does not cover the actual costs. Also, some people cannot afford to lay out the money beforehand to then claim it back. Recently I had to wait just short of 6 months to get my money back. Many people cannot afford to wait that long."*

✖ *“If you claim at the individual hospital it varies greatly if you apply by post for a refund it is long winded and intimidating.”*

✖ *“I struggled to office using my 2 walking sticks and with very blurry vision. Was sent to wrong office, needed to be at other end of hospital. Helpful security guard who could see I was struggling offered a wheelchair and accompanied me to office. I got refunded thus costing NHS £17 when transport would have been much cheaper. I went to PALS office to discuss situation for future appointments but was told I needed ambulance PALS office at other end of hospital! By then I felt very ill, admitted defeat and went to wait for transport home. The physical and emotional stress this put me under made me ill for the next few days. Ironically at eye clinic I sat next to lady who had used hospital transport through place where I live and there was space in car for me and therefore would not have cost NHS anything.*

✖ *“Claiming fares can be difficult, offices are shut staff can be intimidating etc. you are not able to claim back fares for taxi journeys.”*

✖ *“To have a direct fund available at the hospital, or through social services. Sheffield Children's Hospital do this.”*

✖ *“I was only told after complaint, that I could get help with my transport costs to hand surgery and have transport from it. What was described to me was that I would have to pay and then present bill which would be approved elsewhere and a cheque issued later. It assumes you have the finance to outlay in the first place and the repayment was bureaucratic in terms of administration. I simply paid for private transport to my surgery (which I could ill afford) and didn't claim, most people won't, perhaps this is why the system exists.”*

Supporting more people to make their own way to appointments

This main theme received **20% (362)** of total survey comments.

Signposting dominated the majority of comments in this section, both to alternatives but mainly HTCS as many were not aware of it. Secondly, the respondents thought that alternatives would become a more obvious first option if public perception could be changed, including penalising those who abuse the system.

Improve signposting to alternatives and financial support

The majority of comments (**201, 11%** of survey overall survey comments) came from Question 10 (alternatives) and 11 (HTCS) which asked respondents in the survey and at the events, how the CCG can provide information and support and help them understand what alternatives and financial support was available. Phrases such as “reasonable choice” and “customer service” were used to describe how information and support about alternatives should be promoted.

Most people felt that providing patients with information about the eligibility criteria and alternative options ‘up front’ would enable people to make an informed decision about the most appropriate means of transport for them to attend their appointment. Respondents

wanted information to be “accessible” and “easy to understand”, especially the eligibility, process and timescale involved in claiming travel reimbursements.

There was a minority view that the NHS should not shoulder the responsibility of providing information and support to people to enable them to make their own way to appointments. This was considered too expensive and complicated to administer and Patient Transport services should just concentrate on eligible patients; as they thought people should be able to find this information themselves. Those who support the promotion of information suggested places such as “at assessments and appointments”, “GP surgeries”, “Direct mail/emails”, “Pharmacies”, “Online”, “hospital waiting areas”, “radio” and various community locations. Workforce knowledge and promotion was also perceived as an important way to increase take-up.

Make the public aware of alternatives and HTCS at the earliest opportunity

| Alternatives | Financial assistance |
|---|---|
| <i>Methods</i> | |
| <i>“Information given - perhaps by leaflet handed out at the surgery when hospital visits are discussed.”</i> | <i>“Information card that are easy to understand in different languages and pictorial format.”</i> |
| <i>“With reference to transport providers it would be useful to have a list of people who have wheelchair access.”</i> | <i>“Have a standard information sheet with financial support options/alternative transport options on it and send it out with the appointment letter.”</i> |
| <i>“Provide details of support schemes available if they are not entitled. Possibly at the time they fail to be approved.”</i> | <i>“Direct them to either information websites or telephone numbers so they can find out more information. Be clear about the places you are directing them to and don't give vague responses. Explain any processes they may have to go through to get financial support and more importantly - give time scales of possible processes.”</i> |
| | <i>“Information in GP practices, PALS team as a contact point, information on Services4Me, information sent out with their appointment details.”</i> |
| | <i>“Give out leaflets on it with when confirming they aren't eligible? Adding some questions in regarding finances to eligibility assessment, to identify those who might benefit from a financial option, and offering appointments.”</i> |
| <i>Promotion</i> | |
| <i>“I don't think that you should necessarily provide other “cheaper” or free methods for others however ensure that the department is able to advise patients of where to find cost effective alternatives for them e.g. bus timetables, dial a ride etc.”</i> | <i>“The personal or social circumstances of patients should not be taken into account although patients who have difficulty in covering the cost of transport for treatment should be signposted to possible sources of assistance outside the NHS.”</i> |
| <i>“All possible avenues for signposting assistance to patients who do not meet the patient transport</i> | |

qualifying criteria must be explored."

"People may need to be told where they can access safe transport such as taxi's or buses to take them to appointments."

"I think that while only offering free transport to those that really need it we shouldn't shy away from offering guidance and signposting those people who don't meet the criteria appropriately, and be helpful."

"Perhaps better promotion of the park and ride - although that is not suitable for everyone."

"A 'bank' of other methods would be useful if available within budget."

"Just be as helpful and as informative as possible. Give as many options as possible to those who don't meet the criteria. Be a front line customer service for local transport if necessary! No one had ever complained about good customer service."

"Need to provide clear and user friendly information on what can be accessed and community help that may be available."

"Include information about fare refunds etc. in all appointment letters and make the system for those refunds far more workable and simple."

"On referral - this should be made available at the point of initial contact with the patient."

"Info around the hospital, leaflets, and redirection when they call hospital transport but are turned down on eligibility."

"Why do you not publicise more widely the eligibility criteria? Then include options for the non-eligible on the same leaflet etc.?"

"I am a health professional and not heard of health transport cost but will look into this and see if it can be helpful for my patients."

Ensure the service is used by the right people

This sub-theme made up **5.5% (99)** of the overall survey comments.

Engagement feedback stated that in order to ensure that Patient Transport is used by the right patients, respondents thought that the following three approaches would work; Changing public perception, penalise those who misuse and clarifying patient eligibility.

Public perception of Patient Transport also featured in 'Priority access to Patient Transport' where some stated that waiting times are not acceptable and expected a service similar to that of a personalised taxi. (This expectation is distinguishable from those who accepted longer waiting times but suggested that they were monitored to ensure they were reasonable). Payment for Patient Transport (dealt with in 'Payment towards travelling by Patient Transport') was also thought to contribute to a more responsible attitude towards using the service, as was penalising patients which were described with words such as "fine", "banned", "excluded", "charged" and "not tolerated". There were a number of suggestions for tackling no-shows, such as

- Charging patients who do not cancel their transport (like Dentists do), but other questioned if this was practical or affordable
- Send warning letters to no-shows and withdraw the service if repeated
- Appointment letter should explain to patients they should give 24hours notice if they have to cancel transport or pay a fine

- Raise awareness of the costs involved from wasted journeys without causing concerns for genuine patients – this could be in GP practices on screens
- Do not repeat the steps taken with reducing the abuse of the GP appointment system and end up with an inaccessible system for those with a genuine need

Integral to this change is ensuring that eligibility criteria are clear and easy to understand, in addition to the signposting covered above. People told us they do not understand enough about the service - who it is intended for and how it is accessed.

Changing public perception about patient transport

“But people need to understand that they may have to share and go at a time to fit in with their appointment and the transport.”

“Patients should be aware that this is not a taxi service.”

“For patients to make a given amount of contribution towards the cost of transport would make them have more responsibility about using the service wisely and appropriately.”

“It's also a culture issue in that people have come to expect transport and like everything else it's abused by some.”

“People must be made aware that if they continue to waste resources, eventually, there will be no NHS.”

“Ask in a leaflet for patients to think carefully how they usually get out and about and why they think they should not pay for a hospital transport when they are happy to pay to fetch their shopping/visit town/go to the hairdressers or dentist.”

“Whatever system the NHS use someone will always find a way to abuse the system.”

“This issue is not black or white. There will be people that abuse the system, but there will also be people who are too proud to access the system. I feel that people should not be 'begging' for help, it should be offered as part of our NHS system.”

“This is an extremely helpful and valuable service so the people using it MUST protect its availability and ensure its sustainability by protecting it against those not eligible to use it.”

Examples of public perception that transport is a right!

“The only bad few times have been from other users of the services seemingly misusing the service, e.g. taking non-essential carers with them, moaning about time and the bus would of been quicker and being verbally abusive to drivers who in reality have no control over the situation.”

“And ability to pay should be a consideration, an example called to DPW Hospital Grimsby Out of Hours Service one Sunday at 14.00 hrs, instructed to go in and get the patient. Patient more than able to walk unaided, the fare was £16.00 x 2 journeys so £32.00, on arrival at patients home a £40,000 car in the drive of their detached 4 bedroom home and someone at home. This transport was authorised by the Out of Hrs Practitioner. The lady in question was more than

able to pay, from what I gathered talking to her she thought it was her right, I don't believe so. A gross misuse of hospital transport."

"Some patients can afford to pay but see the free transport as a cash cow and it is there right to use it."

"However it is not a taxi service for single individuals to be able to dictate what time they want to be home by."

"As a taxi driver every day many hundreds of journeys are conducted to GP surgery's at the patient's own expense. Yet when it comes to a hospital appointment they almost expect the onus to be on the NHS."

"People have been conditioned to expect everything to do with the NHS is free."

"Attitudes of patients to ambulance transport, I have heard people saying it's their RIGHT, this attitude must be addressed."

"If something is available free we must have it."

"I don't see there is one except the fact that there is the perception that patient transport is more available than it is. If people no longer think this then it will be easier for them to think about other options."

"I have personal knowledge of people using this transport when they are perfectly able to otherwise get themselves to the shops, their friends and other social visits. For some reason, they think they are "entitled" to this transport or it somehow proves how ill they are."

"I personally know of people who are more than able to drive and do so for their social life and yet think they are entitled to patient transport. If they can take a taxi to the hairdressers, they can take a taxi to hospital."

Penalising those who misuse

"This is a premium service that should be valued by its service users - information around costs should be made available."

"Who deems who can get to appointments under their own steam? Having a car does not always mean the person is safe driving it when ill. This smacks of making everyone pay for the shortcomings of a few."

"I see no reason not to take action against "defaulters":

- i. Charge those perpetrators half the amount who cannot provide a legitimate reason for "not meeting their obligation" such as not being at home. I would go further and "demand" proof of legitimate absence such as an urgent visit to the hospital or doctor's surgery.*
- ii. Charge them full price for the second consecutive misdemeanour*
- iii. Refuse transport after a second consecutive misdemeanour."*

"Missed pick-ups should be charged for."

"A standard letter to be sent out to inform of the inconvenience and avoidable costs they have incurred by not attending or cancelling the transport in a timely manner. It could be pointed out that they may be refused subsidised transport in future."

"I respectfully suggest the decision is made on basic simplicity - common sense, strengthened by the four core values of "openness (transparency)", "honesty", "fairness" and "justice" agreed upon by "a meeting of the minds" from both sides - in other words, a verbal compact / "contractual obligation" that if this is broken without a legitimate or justifiable reason, the service will be terminated with immediate effect."

"They should be red carded! If they are abusing the system the next time they ask for it they should be told we are not taking you."

"They should be required to reimburse costs."

"If transport has been arranged and it is later discovered it was not used because other arrangements had been made by the patient, then the inconvenience must be drawn to the attention of the patient that transportation costs are involved and can be withdrawn under these circumstances."

"The "service user" has to prove their eligibility for being given the service as previously explained and if this is found to be "dishonest", "not true", "fraudulent", they are to be charged in full for services received and refused future transport until such time as their circumstances change and become legitimately eligible."

"If you apply an 'oyster card' principle, than you can apply a small penalty for wasting time, helps to educate."

"Self-explanatory. I have gone to some length to offer my views / suggestions as to how "eligible service abusers" and "fraudsters" - the scammers not entitled to use the service - should be dealt with. I doubt very much if they will be taken into consideration in this "politically correct do-gooder" society and it is as a result of "this transgression" that we find ourselves in this situation today because instead of the welfare system being used as it was designed to do in the first place, it has been allowed to "become a way of life" where people are "molly-coddled" and discouraged from taking ownership, accountability and responsibility for their lives and actions. For many, it has become a way of life "to live off the efforts of the contributors of society" without reciprocating themselves"

"Have some consideration for the transport driver and other patients. Do not be selfish. At the end of the day the wonderful drivers are doing you a favour. Always remember that."

"Totally and utterly agree, unfortunately the nanny state created by previous government has entrenched the many lesser educated people of this country in the mind-set that everything for nothing is their right and as far as they are concerned everything is there to abuse. Which unfortunately resonates right down the line, people see people getting away with something and think why not me."

"I believe that anyone who abuses our NHS be financially, time wasting, taking up appointments that others could have used need to be dealt with, easier said than done."

"This sliding scale needs to be looked and used to make it fairer to those that need it most to ensure they aren't disadvantaged."

"For those who find themselves in genuine need, help and support should be available. Why should their destiny be "the gutter" whilst those who have no intention to contribute to society be allowed to get away with it. This "culture and attitude" should have been stopped before it escalated into what is now but at least there is an opportunity "to put things right". It is critically important to ensure this "transformation" is not undertaken at the expense of those who have done no wrong."

Clarifying and communicating Patient eligibility criteria

"I reiterate there has to be clarity about "eligibility" and any "grey areas" resolved. It is vital to ensure there is no "over lapping" of the two categories. The more the confusion, the more the heartache, the animosity and the dissatisfaction by patients who feel they have been wronged through no fault of their own."

"Information card that are easy to understand in different languages and pictorial format."

Improving and extending alternative methods of transport

This sub-theme was made up of **3.5% (62)** of the overall survey comments.

Part of the solution to a sustainable Patient Transport system was thought to be to make alternatives a more accessible and described creating more viable alternatives with words such as "available", "reliable", "practical", "choice", "investment" and "realistic". Suggestions also included changes to the hospital sites. (See 'Current experience of travelling to appointments' for details of respondents current experiences of transport methods.

Skills provided by Escorts/carers

This Main theme was made up of **9.25% (166)** of the overall survey comment.

Escorts/carers provide a valuable service

7.75% (138) of overall survey comments argued that Escorts/carers provide a valuable service to the NHS by assisting patients in the following areas: Emotional, Physical, Advocacy, Mental, Care and safety of patients and other patients/staff.

Examples of the benefits are:

- Providing re-assurance to the patient before and after the appointment
- Knowledge of the patient's needs and medical condition(s)
- Listening to the health care professionals
- Helping with communication and understanding
- Reminding/ensuring the patient complies with any medical advice provided
- Support for patients who may have received upsetting or life-changing news at their appointment

Some people were of the view that even if the Escort/carer went along to keep the patient company that this was so important to the patients wellbeing that whether or not that carer

provided any specialist skills in transport was not as important.

There were strong feelings among some groups that if the patient met the medical criteria for Patient Transport and wanted an Escort/carer to accompany them this should be provided irrespective of the role of that carer on the journey as the needs of the patient should always be paramount.

Some respondents also asked for clarification over the definition of the skills that are required within the criteria and who decides this. Ideas to help the NHS be fair in the way it decides if Escorts/carers access to Patient Transport. Some ideas were:

- Registered carers should be automatically eligible
- GPs to act as gatekeepers to access – the GP making the referral to secondary care assesses need and provide a reference for the patient to quote when booking
- Consider the distinct needs of patient with mental health conditions

The following comments show further support of the value placed on Escorts:

Emotional support

“Hospital appointments are worrying enough for the individual and the support of an escort or carer can make the experience less stressful.”

“Patients can be frightened and stressed so emotional support from a known escort/carer can be a necessity for them.”

“It will probably be stressful to both parties to be separated at a time when they will no doubt both be very anxious so this may cause problems to either parties.”

“Some patients can get quiet nervous about going to hospital, and would like the support of their carer, but if they are capable of travelling in a taxi with their carer, they should do so.”

“Many people may be nervous about treatment, or even news, they may receive, indeed it might be painful or very upsetting for them. Therefore it is reassuring to have a familiar person with them.”

“Surely, this need is common sense and obvious. This is a distressful and worrying time for people who need "serious medical intervention" and anything to relieve their stress and concerns can only be helpful. Why add to their misery when there is no need to? It also takes away the pressure from the transport / ambulance staff and it is highly unusual for the vehicle to be so full that the seat is needed for another patient. I regard this as "win win" for everyone.”

“Patients get worried when porters may not be available, or are 'dumped' at the clinic.”

“It can be stressful to both carers /clients to meet up at appointments, which may already be causing anxiety and stress for clients which could cause issues during transportation.”

“Some people just need a little moral support, which doesn't require any particular skills other than to perhaps keep an anxious person calm for instance, but they shouldn't be discriminated against for it. That being said, if transport is shared, and there are limited spaces, then the

patient with the highest needs should get priority in that circumstance.”

Physical support

“If we are truly trying to help patients (rather than just bean counting) to access us and they need someone with them to assist physically or with understanding info given to them by health care providers then escorts/carers do need access.”

“It could be a false economy! Given that the patient is unwell, is it not better to have another person who can help to find the right location, take note of the advice and if necessary fetch a wheelchair; rather than have the patient struggle, fall down and hurt themselves? Do think carefully about this!”

“If they are very incapacitated then a carer would need to accompany them.”

Advocacy and listening support

“Take a clinical / social care view as to whether the patient needs someone with them either to give physical help and to help with communication / decision making / emotional support. Often allowing a patient to have someone with them will make for a more effective appointment and better understanding of the situation both for the patient and the medical staff.”

“However, some elderly frail people are anxious and also need support at appointments, if their hearing/understanding is an issue. Some older people cannot always understand what doctors are telling them, and their family members therefore need to attend.”

“A carer/escort provides support, gives the patient confidence and ensures that instructions are followed - be that medication or further appointments. Also excellent when passing information to other clinicians at a later date.”

“This is requires considered thought. It is often not the skills but the person who the patient trusts if they are frail, or have some degree of dementia. Just remember that the patient has to come home with information regarding another appointment/ future/further treatment etc. so someone else may have to do the remembering/organising for the future.”

“Elderly patients can have a tendency to not give sufficient information about their condition when quizzed, and can also be forgetful when receiving diagnosis or instructions. In these cases, a relative, friend or carer would be invaluable and save money in the long run.”

Support for those with mental health conditions

“If patients are severely disabled or have bad dementia then putting them in the care of strangers just increases their anxiety. E.g. my mother is blind deaf and has dementia I would not want a stranger taking her to hospital currently she is in a home where a carer always accompanies hospital visits. This should still continue.”

“There needs to be some flexibility here e.g. a carer of someone with dementia may have the expertise to be able to keep the patient calm when facing an unfamiliar experience.”

“Carers and escorts may be crucial to an individual that may not be immediately obvious i.e in supporting an individual with dementia, who is attending oncology, attending a particularly

crucial appointment to hear a clinical outcome.”

Support with care

“The person may not be able to find the room they need to be in or access it if they can't drive their wheelchair or walk independently. They may also be taken ill e.g. With epileptic fit, breathing problems, continence or dementia problems which their carer would be able to deal with. Without a carer hospital staff would have to take the time to look after the patient.”

“If travelling without a carer is going to cause the patient distress, then the carer should travel free. In similar circumstances, in the hospitals, would you charge visitors for visiting patients? No? Well, when visiting patients in hospital, the visitor can provide a great deal of help, i.e.: feeding the patient, taking the patient to the toilet, getting the patient a drink. These are the same services that an escort/carers could provide when accompanying a patient on Patient Transport. This frees up time which would otherwise involve nurses carrying out these tasks”.

“As a patient that had a carer I would not use the transport if my carer couldn't come as well (regardless of whether they give physical/emotion support). The patient and the carer have to come as one package. Especially if the patient is only able to get the treatment at another hospital.”

Ensuring safety of patient and other Patients/Patient Transport staff

“If a carer is essential to the health & safety of the patient they should be able to accompany the patient without financial barriers being put in their way.”

Clarification of what skills are required and who decides if they are relevant

This sub-theme makes up **1.5%** of the overall survey comments

Defining specialist skills

“Depends what the definition of particular skills e.g. someone accompanying a person with dementia may not have skills in the sense of professional training but will make a huge difference to how the person copes with the journey and whatever appointment they are attending.”

“The skills required to meet the needs of vulnerable users are many and infinitely variable ranging from clinical support by trained persons to the simple hand holding and reassuring conversation of a family member, friend or neighbour. Assessment is difficult and liable to subjectivity.”

“Listen to the case and apply common sense, if in doubt seek the support of a clinician or other key worker and DONT make judgments in isolation of the facts.”

“Difficult. Perhaps assessment of the patient by the GP when arranging a hospital visit. They should be able to assess the mental & physical state of the patients whether or not they need some support.”

“You'd have to be very clear in what you meant by offering 'particular skills'. I think emotional as well as physical needs need to be met with patients.”

"It should be clear what is meant by "specific skills" - someone who has dementia should be accompanied because they may become agitated. There are other conditions that would necessitate having an escort otherwise the PTS staff or other patients could be at risk."

"Who is going to define precisely which 'particular skills' are needed by that patient to get them to and from that appointment? Are you going to demand formal qualifications and inspect exam certificates?"

"Set criteria or ask doctors to decide when they book appointment/ refer for transport."

"Would it be possible for the person arranging the appointment to stipulate that the individual should be accompanied by an escort/carers and provided with a card for the appointment?"

"Identifying "particular skills" would surely be outside the remit of Transport Co-ordinators. Doctors, Social Workers, the patient themselves and indeed the carer would be the ones best able to make those choices. "

Confirming the need for an Escort/carers

"Charge a reimbursable fee which the doctor could decide on if the patient and their escort meet the criteria."

"On the appointment as to whether the patient needs help that can't be given by staff."

"On the patients transport record list named escorts/carers so only these people can be booked in for travel with the patient."

Public view of which Escorts/carers should be eligible

This sub-theme made up **2.75% (49)** of the overall comments from the survey.

59.5% (94) of survey respondents also agreed/agreed to some extent that "escorts/carers who do not offer particular skills to support during transport will not be allowed to travel on NEPTS" and 1.75% (29) of the overall survey comments supported this concept.

There was a mix of comments support allowing any and not allowing non-essential Escorts/carers to travel on Patient Transport. Of those that thought any Escort/carers should be allowed includes those who mentioned the Escorts/carers who provide a valuable service within the hospital and not necessarily those offering skills for the duration of the transport should still be allowed. The % split for survey comments on each of these opinions is shown below with a sample of relevant comments:

| Allow any – 0.5% | Allow only essential – 1.75% | Do not allow non-essential -0.5% |
|---|---|--|
| <p>✓ "If patients fit the criteria anyway the carer should automatically be allowed to travel with the patient."</p> <p>✓ "It is not about being fair, it is a human right to</p> | <p><i>Only essential carers</i></p> <p>"As a patient that had a carer I would not use the transport if my carer couldn't come as well (regardless of whether they give physical/emotion support). The patient and the carer have to come as one package. Especially if the patient is only able to get the treatment at</p> | <p>✗ "As stated before people have come to expect that an escort travels in the vehicle when in fact the escort's role is one of assisting with communication at the appointment and support at that time not in transit."</p> <p>✗ "There are others who seem to treat it as a day out and add nothing, other than company, to assist the patient."</p> |

have some support from family, friend, carer."

✓ "Just make it policy you can bring one person who accepts he/she is responsible for the patient."

✓ "By adhering to strict guidelines on patient who meet criteria then carers shouldn't be an issue. You could state that unless it's a physical need that only one carer per patient is allowed to travel with the patient."

✓ "If required at other end and have no other means of transport then should be allowed to travel at bus fare cost."

another hospital."

"I think limiting to 1 carer who is with the person, if that carer is not eligible themselves."

However if the person needs more carers due to noted skill requirements for support, these should also be allowed."

Only allow registered carers

? "It would be better for carers to accompany but it should be registered carers and not relatives who don't care for the patient."

? "Residents of care homes requiring appointments should always be accompanied by an escort."

? "If someone is in receipt of carers allowance for helping someone then they should be able to accompany the person for whom they receive the allowance, if the patient would be at risk due to mental or physical disabilities then a carer should be able to accompany them."

✗ "It takes up the space that could go to someone who needs to be transported."

✗ "Someone along to hold the patients hand is not a necessity, although comforting."

✗ "I've had issues before with delays in getting to appointments because of non-essential carers being there, e.g. friends just coming along. On time it meant that my carer couldn't travel with me as the patient before brought their friend as they decided to go for coffee after their clinic appointment! I need my carer to advocate for me and to be available to attend to my needs such as administering medication, or deal with my seizures."

✗ "If the system is very stretched, then priority must be given to patients only."

✗ "Sometimes the escort/carers is needed at the appointment - however, it could be explained to them that they can meet them at the hospital/clinic."

How strict should the criteria be?

This sub-theme made up **1.75% (33)** of the overall survey comments.

More comments in the survey supported the concept that the criteria should be applied strictly than allowing flexibility. Those who wanted the criteria applying strictly did so because they wanted the service to be an efficient use of resources. Some people shared experiences within public events of being assessed as ineligible for the service which they felt was wrong. There was recognition that the guidance was open to interpretation and telephone assessments could be difficult for both the patient and the assessor. (Also see 'Views on an affordable and sustainable Patient Transport System').

Those who wanted flexibility thought that individual circumstances should be taken into account. Examples of people being turned down for Patient Transport who was in need and who they felt did have bona-fide medical need for were given.

Criteria should be flexible - 0.75% of survey comments

✓ "Base each case on an

Criteria should be robust – 1.25% of survey comments

✗ "There needs to be an assessment tool that looks at how

individual basis and perhaps request the patients reasoning for wanting an escort or carer."

✓ *"This is quite a grey area as to making the decision where to draw the line on allowing non-essential carers to travel with the patient, a certain amount of discretion would have to be taken on individual circumstances."*

✓ *"Must be taken on an individual basis, which is time consuming."*

vulnerable patients may feel without the support."

✗ *"You need to be very clear and consistent in stating what it is a carer/escort is expected to do when accompanying a patient."*

✗ *"Clinical guidelines should be developed to determine whether patients with particular conditions or degrees of frailty require an escort. In addition escorts should be transported in respect of all patients under the age of 18."*

✗ *"According to need, e.g. someone who is deemed as needing an escort due to physical factors and mental health/autism who need an escort due to dangerous behaviour should get priority. Case by case would probably be too expensive, so general guidelines such as those above and a quick appeals procedure."*

✗ *"Every individual's needs should be looked at. All people are different and remember one rule does not fit all. However, wherever possible criteria should be adhered to because once you via away from criteria, just once, a precedent would be set."*

Applying the national criteria to Patients

This Main theme made up **12.5% (227)** of overall survey comments.

This section details views on how strictly the national criteria for eligibility should be applied to Patients, with examples on where flexibilities should occur and the service be extended for those who have no alternative transport available or affordable.

How strict should the criteria be?

This sub-theme made up **7.5% (134)** of the overall survey comments:

89% of survey respondents agreed or agreed to some extent that *"Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays."*

While some people agreed with it in its entirety others had reservations recognising that some patients do have difficulties accessing alternative forms of transport to their appointments. Frail, those with mental health conditions, elderly people and those living in rural locations were of particular concern; and those with mobility problems who needed support getting on and off transport and to reach the location of their appointment. Comments urged the CCG to consider patient care and vulnerable people in any decision they make as patient care is paramount over cost-saving and efficiencies. They perceive that restrictions in service could create situations where patients do not access appointments which will worsen their conditions and cost the system in the long run by accessing them emergency care.

Those who wanted criteria applied strictly did so because they wanted the service to be an efficient use of service (Also see 'Views on an affordable and sustainable Patient Transport System'). Those who wanted flexibility wanted it for reasons of supporting genuine cases of health needs and vulnerable people. The main example given was those of Chemotherapy/cancer patients who are capable of getting themselves to their treatment, but the ill effects of the treatment affect their ability to make their own way home. They argue that transport should be allowed, even if one way, for circumstances when treatment their ability to use alternatives.

A few also thought that further flexibility should be allowed for those where there is no available transport and/or cannot afford alternatives; discretion was needed to meet individual patient circumstances. Some elderly people do not have family living locally that could help with transport and if they were considered ineligible would struggle to attend their appointment. . (See 'Supporting more people to make their own way to appointments' for a different view to this).

| Criteria should be flexible - 5.5% of survey comments | Criteria should be robust - 2% of survey comments |
|--|---|
| <p><i>Consider individual circumstances</i></p> <p>✓ <i>"The assessment process should be one that is not set in pillars of stone - Patients needs and health may change on a daily basis It should be a fair process for all."</i></p> <p>✓ <i>"Some patients may own a car but are too unwell to drive themselves particularly after certain treatments, so this needs to be taken into consideration."</i></p> <p>✓ <i>"It is also important to make sound provision for one-way bookings, for example travel home following such circumstances as day case surgery and in patient stays. It is very important that Transport Providers realise that not everyone has an able driver or relative to collect them and that many people WILL try to get themselves TO the hospital without requesting transport and then are denied that facility to go home."</i></p> <p>✓ <i>"The criteria will dictate who is eligible. However some illnesses are not life threatening but may be life disabling. Assessors should have the autonomy to 'think outside of the box'."</i></p> <p>✓ <i>"These should be the priority however there are also additional factors that influence a patients ability to travel safely."</i></p> <p>✓ <i>"In general, I agree that the group identified above is the most vulnerable and deserving for this service. However, there are situations where, while not impossible physically for people to make their appointments, it would be remarkably hard for individuals to get to appointments, and therefore to look after their health. Perhaps they have very restrictive use of transport and other</i></p> | <p>✗ <i>"Offering this service with clear criteria to BOTH suggested groups is an investment worth making to allow access to the right care, by the right person, in the right place, at the right time."</i></p> <p>✗ <i>"Patients who do not meet the national criteria should not be transported."</i></p> <p>✗ <i>"If people who can make</i></p> |

responsibilities like caring to consider, leaving tiny windows of opportunity to get to places and no transport options.”

✓ “There are certain patients that do not quite make the criteria i.e. chemotherapy patients, they are able to get to their appointment but after treatment they are physically unable to get back home unaided they need help yet fall through the national criteria. so using the criteria strictly but making allowances for people that need help in emergencies.”

✓ “Every case should be viewed individually. No single case is the same.”

✓ “If the issue the patient is attending an appointment has affected their driving ability and they have no public transport access at appropriate times then they should be allowed transport. Each request should be questioned appropriately before being sanctioned.”

✓ “The type of appointment and the possible reaction to the diagnosis. When we were given the diagnosis of prostate cancer, neither my wife nor I was fit to drive home for quite some time even though all we needed was to be home together.”

✓ “With the proviso that if their intended or normal transport arrangements are compromised then the PTS provision is available to them until own transport arrangements are reinstated.”

✓ “I am 79 years of age, reasonably fit, own a small car and could make my own way to Grimsby Hospital in normal circumstances. If however, for any reason e.g. eye drops, day surgery, I were unable to drive home, that would leave me with a problem as my family live a four hour drive away and i live alone. Neither would I like to drive to Castle hill, Hull Royal Infirmary or Scunthorpe Hospital, especially in winter or after dark. I live in Immingham.”

✓ “However on the rare occasion I have needed it I have had problems. I had an appointment for hand surgery and clearly could not drive after surgery, we live in a rural location and I cannot travel on public transport due to my disability (higher rate mobility), but still I was told I did not meet the criteria for hospital transport, after complaint and challenge it was agreed I did meet the criteria for ambulance transport from the surgery but not for transport to it!”

✓ “I'm afraid from my experience there was a severe lack of understanding of disability i.e. If I need two sticks to walk and have an operation on my hand and am in a sling post op how DO I walk, why should I have to explain this to NHS staff.(I did! and then told I don't meet criteria) I'm afraid it feels like firm exclusion criteria are being applied to drive down cost.”

Patient care is paramount

✓ “If we do not get ill patients to hospital for vital appointments, admissions, emergency GP visits and 999 calls will go up. Therefore a cost saving will end up

their own way are holding up people who genuinely need to the service then I think it's important the criteria is set to ensure abuse of the service doesn't happen.”

✗ “Sometimes have to be cruel - full stop tell them straight not eligible.”

✗ “Sudden deterioration of illness, it doesn't always fit into a convenient time, hence transport availability and needs to be variable/flexible and available at short notice.”

✗ “I rang for an elderly lady for a hospital appointment and was informed she didn't fit the criteria and the receptionist

being a bigger bill elsewhere in the system. So AFFORDABLE is not just the immediate expense, but the saving of more money elsewhere."

was not helpful then a week later I rang, got a nice gentleman who said she was eligible."

✓ *"People on low incomes need it to be affordable for them and if they have no family or friends to transport them to where they need to be they more than likely won't Attend."*

✓ *"It is so easy for people to sit around a committee table or in an office to make decisions and forget what it is like (or even know what is like to be socially isolated or disabled either in then long or short term)."*

✓ *"I'm a Grimsby GP and wholeheartedly support the continuation and further development of patient transport. I believe this an essential service to allow the patients most in need to access relevant care. When they access the right care at the right time and place it will prevent deterioration and subsequent use of care at the wrong time and place, which inevitably is more expensive and unnecessary had they been able to do it right in the first place. Cutting this service is a mistake and will lead to more expense in the long run!! KEEP IT RUNNING!"*

✓ *"Muslim women cannot be in a car alone with a male. Some women might PREFER a female driver."*

✓ *"Older and disabled people when very ill should be given total respect and support to attend hospital appointments, some people are blind or poor sighted, hard od hearing, cannot walk very well and often need a wheelchair."*

✓ *"Very disabled person who cannot move arms to drive wheelchair and who has dementia and so was disorientated and who needs 24 hour care, being left unaccompanied with no support in discharge lounge."*

✓ *"To ensure people have access to health care promptly and not deteriorate / get worse and so cost more / suffer more."*

✓ *"If a patient is fit to travel then a carer/escort should not be required, if the patient requires a full time carer then they should not be expected to travel anywhere for treatment."*

Consider flexibility to criteria where public transport is not available or affordable for the individual

This sub-theme made up **1.25% (46)** of the overall survey comments.

Alternatives aren't available

"Some patients are not very mobile but can get into a car without assistance and would not qualify for transport on those grounds but have no other means of getting to hospital especially elderly patients who live quite some distance away and cannot afford the cost of a

taxi and have no one else to bring them or access to public transport.”

“I don't believe patients should be caused hardship to attend hospital appointments. A 20 mile exclusion zone, but no more than 3 changes of public transport, if patients reside 3-4 miles from any form of public transport (we are looking at rural areas here).”

“Patients who have other ways available to them for getting to appointments should use it. Transport should only be provided where individuals have no other way of getting there.”

“Patient transport should also be available to persons without their own means of transport outside of say a 20 mile radius of the hospital or no transport connection within 3-4 miles of their home. Persons should not be expected to make more than 3 changes of public transport to attend appointments.”

Patients can't afford alternatives

“However those that are in financial difficulty should be considered.”

“If someone just falls outside the qualifying criteria but is still on a relatively low income, and can't afford the travel costs.”

“A number of people may not quite meet the criteria but not have the financial means to pay for taxis and be unable to use buses due to routes or physical difficulties in boarding them.”

“Therefore need some flexibility for those that cannot afford to pay taxi rates but are unable to use other public transport.”

Public view of which Patients should be eligible

This sub-theme made up **2.5% (46)** of the overall survey comments.

89% (147) of survey respondents agreed that *“Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays”* (Question 2) and 2% survey comments confirmed support of this concept:

“I think transport needs to be available but health care must take priority when budgets are limited.”

“Patient transport should be there for the elderly, infirm and those with no other means of transport.”

“It is imperative that patients are able to keep appointments or inpatient stays as for some public transport or taxi is not an option.”

“It should be limited to those confined to beds or receiving maximum mobility payment.”

“Someone of 80 who is frail may not be able to cope with public transport- and would it be unreasonable to provide transport for a frail elderly patient?”

“Being mentally able and physically able can be 2 different things.”

Who should decide eligibility for Patient Transport

This sub-theme made up **1% (15)** of the overall survey comments.

Some wanted clarification over who decides how strictly the criteria is applied, with a few stating that it should be the GP/Consultant who knows the patient and their capabilities that decides on who should be eligible for transport and having an Escort/carer with them. Some groups at the public events discussed the role of clinicians (GP's in particular) as potential 'gatekeepers' to accessing Patient Transport. Some patients know how to answer the assessment questions to 'tick the boxes' when calling for Patient Transport and it is difficult for a call taker to determine eligibility on face value, some people demand Patient Transport as their right and it is difficult to challenge that. It was suggested that this could be overcome if the GP making the referral to secondary care were to assess the clinical need for Patient Transport and provide a reference for the patient to quote when booking. However, some felt that clinicians are not transport experts and may not have the appropriate knowledge or time to carry out this function effectively.

Another suggestion was to have an eligibility register for patients with long term conditions who meet the criteria, which would be updated regularly. This would be on the understanding that where that the patient could be trusted to use their own transport when able enabling them to retain some independence, and access the service when they felt they needed to. *"Transport should only be provided for those who are too ill or unable to travel certified by doctor."*

"This is about definition, what would be the criteria that meets with these two descriptions? Who would decide whether a patient met the criteria or not? I would hope that it would be a medical professional. There are clearly going to be 'grey areas' and these are what concern me."

"If there is previous knowledge of the patient (where it is known they need to have someone with them) then that is the decision made. Otherwise perhaps contact with the patient's GP or social worker if applicable may give you some idea as to whether an escort/carer is needed."

"Many people, for whatever reason, need the transport and the assistance that comes with it to get to appointments. So, if the GP/consultant could indicate the patient's eligibility on the appointment letter, it would prevent a lot of misunderstanding."

"Who decides if a person is able to get to a appointment themselves is it the same type of person that decides that ill people are able to work?"

"This is about definition, what would be the criteria that meets with these two descriptions? Who would decide whether a patient met the criteria or not? I would hope that it would be a medical professional. There are clearly going to be 'grey areas' and these are what concern me."

"If there is previous knowledge of the patient (where it is known they need to have someone with them) then that is the decision made. Otherwise perhaps contact with the patient's GP or social worker if applicable may give you some idea as to whether an escort/carer is needed."

Extend service to other NHS services

This sub-theme made up **0.5% (8)** of the overall survey comments.

A few thought that that Patient Transport should be extended to include services within primary care:

“And also for transport to the GP surgery, where care is effective, efficient and much more cost effective, or 'cheaper' in plain English, than in the hospital!!! Extend this service to primary care please!”

“Shouldn't be limited to outpatient, specialist appointments and inpatient stays. Should be available to access all NHS services.”

“Extend it to access to Primary Care as well please, as I know from working as a GP at the 'coalface' that this service helps patients and staff, helps to prevent a delay in care seeking and subsequent deteriorations. I cannot stress strongly enough how important this service is for all involved and that we must keep and extend it!”

Priority access to the Patient Transport System

This Main theme made up **10% (180)** of total overall survey comments.

74.25% (115) of survey respondents agreed/agreed to some extent that *“the CCG should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others”*. The comments were also in favour of prioritisation, outweighing the concerns raised about waiting and longer journey times not being suitable for some due to medical conditions.

There was agreement that it was an acceptable and an appropriate use of NHS resources to ask patients who were able to share their journeys with others; be prepared to wait for patient transport to ‘fill the bus’ and spend longer on Patient Transport to enable multiple pick-ups and drop-offs. Though participants were mindful that individual’s patient circumstances must be taken into consideration a wait of one to two hours was seen as tolerable. People were keen to ensure that Transport got them to their appointments on time and were less worried about having to wait afterwards. There were some exceptions:

- Where the patient is a carer and has time-limited respite care being provided in their absence
- If a patient has had treatment that leaves them either uncomfortable/nauseous and distressed
- Patients with diabetes who need to eat at set intervals although this was challenged by other participants who stated that diabetes patients should always carry emergency supplies with them no matter where they are visiting as part of their own self-care

Support for prioritising the service

This element of the sub-theme made up **4.5% (81)** of overall survey comments.

Question 6 and 7 asked them their views on waiting longer and sharing transport to enable the cost-effective provision of timely and free transport to priority patients. The majority of respondents agreed with both principles (See ‘Summary of feedback of survey results’)

describing their reasons as “makes sense”, “best use of resources”, “cost-effective” and “efficient”.

There was a distinction between those who thought that waiting was ‘not suitable’ (due to health conditions) as opposed to ‘not acceptable’ (perceived that a timely service as a right and unwilling to wait) (See ‘Changing public perception’). A few did not support prioritisation, highlighting that it would be hard to manage and/or thought that those eligible should have equal access to a timely service. (See ‘Payment towards travelling by Patient Transport’ for more detailed feedback for views on providing free transport.)

Sharing is acceptable

“People need to understand that they may have to share and go at a time to fit in with their appointment and the transport.”

“The service has to fit realistically within available resources; waiting or sharing is not unreasonable expectations. Indeed sharing can be positive and might provide opportunities to reduce social isolation.”

“Clearly it is unreasonable to expect a bespoke' chauffeur driven' service.”

“With adequate forward planning, one vehicle should be supplied to cater for as many patients as possible at one time. It is not economical to have a vehicle half empty.”

“Within reason attempts should be made to minimise the number of vehicle journeys by expecting patients to share transportation with others going to the same destination.”

“People cannot expect to have door to door service on their own with no others.”

“Sharing journeys with others has to be just as you would with any bus journey.”

“PTS is not an emergency response so it is likely that most patients do not have an urgent need for transportation on their own.”

“Multiple occupancy vehicles are the norm in current patient transfer providers such as the ambulance service, Amvale, British Red Cross (elsewhere in the county). I think patients are already acclimatised to this expectation.”

Longer waiting times are acceptable

“As long as the patient arrives in time for their appointment I do not see that it is unreasonable for them to have to wait to be transported home. If this can mean they are at the hospital etc. for the majority of the day it is unfortunate but not necessarily unreasonable.”

“As long as it doesn't impact on their appointment times.”

“If you used public transport you would expect to wait and also share. It might also help to prevent patients asking for transport when they have access to alternative transport which is more convenient.”

"People could be fairly expected to wait longer or share journeys but only if they are well enough to do so. The patient's finances should not come into the equation."

Agree that the service should be prioritised

"Money is tight and we need to make sure it goes to those who need the services most."

"If this is appropriate and can meet the appointment date/time and venue of the patient at a hospital etc."

"Patients for general appointments should accept there may be a wait but extremely ill patients should ideally not be kept waiting too long and have priority."

"Clinical need- a condition will have more effect on the ability to wait."

Support for prioritising the service, with conditions

This element of the sub-theme made up **4% (70)** of overall survey comments.

The views expressed in this section support prioritising the service, but would like the CCG to be mindful of a few conditions when deciding who has priority. Longer waiting times and sharing are not suitable for some patients such as those with mental health conditions or patients who have received Chemotherapy treatment. Some also ask that longer waiting times are both monitored and communicated, a view distinguishable from those who stated that longer waiting times were not acceptable and do not support prioritisation.

Longer waiting times are not suitable for all

"If assistance or support to access services is needed on clinical grounds, any variation in service level should also only be on the basis of clinical need."

"Dementia and behavioural problems will be more trouble if kept waiting too long and may become very upset or disruptive. Common sense."

"This depends on whether some medical needs are seen as requiring transportation over the shortest period possible e.g. where the movement of the ambulance aggravates their condition. PTS is not an emergency response so it is likely that most patients do not have an urgent need for transportation on their own."

"The only problem with waiting longer is how long is long? If you meet the criteria for PTS it means that you have special needs and in some cases feeling unwell especially after treatment such as chemotherapy/radiotherapy. If you've been over at Castle Hill for radiotherapy that has taken say no longer than 1 hour and to then wait 4-5 hours (or longer) for transport back when you feel ill that might be considered a wait too long."

"A disabled or ill patient should never be expected to wait for long whether they meet national criteria or not."

"For some patients the journey to and from hospital is quite harrowing. Getting them there and back as quickly as possible can help reduce the chance of their condition getting worse, often these very ill people are also going home to look after someone who is in their care."

"I have no problem with this but please take into account young children or vulnerable people who may not be comfortable travelling in such a way."

"However there will be a lot of variables such as the physical ability to sit around for long periods without experiencing pain. Fatigue could also be a problem and if a procedure has been carried out or bad news received it could be very difficult for some people. Again some with mental health issues could also experience difficulties."

"Also, for patients living alone, they should not be returned to their homes hungry, or late in the evening. Whilst collecting my mother, we actually took another patient home (a stranger to us) , because as a diabetic , he was concerned that he would miss his lunch."

Longer journey times are not suitable for all

"It depends on what their appointment is. You wouldn't expect someone who has had chemotherapy, for example, to have to sit and wait or go around the houses on their journey. Someone who has had a simple outpatients appointment should be able to share."

"This has to be reasonable - it would be unfair to expect poorly people to sit on transport for a long time, due to their needs, such as continence issues."

Waiting times should be monitored.

"I accept that resources have to be organised to be cost effective as a basic rule, however it has to be against some form of criteria, I would not find it acceptable for a seriously ill older person to be kept waiting for long periods simply on the basis of cost."

"There should be an agreed and stipulated maximum wait time."

"I do not think an excessive wait should be necessary however. I have known of patients having to wait several hours for transport as another patient lives in the same area but they are not ready for transport for some time, this is not acceptable."

"It is normal practice that up to 5 patients are picked up to attend various out-patient appointments and rational that some will have to wait a little longer at hospital before all have been seen. However this has to be 'reasonable' - say a maximum of two hours for the longest waiter - bearing in mind that no food/drink provision is typically made for these out-patients."

"In my experience of patient transport to Hull, it is already potentially a day's journey for a 10 minute appointment and journeys are shared. I agree totally with journeys being shared but I think there should be a cap on how long patients have to wait after their appointment as, after treatment, the patient can already feel quite ill without having to wait endlessly for transport."

"Waiting times should be limited to maybe 1/2 an hour tops (on return journey) As it can be frustrating to have to wait for someone else for a long time when your actual treatment is finished. You just want to get home after your treatment."

"Waiting, it depends on what you mean by waiting longer. To one hospital where I saw a consultant regularly, I was told to be ready up to 2 hours before the appointment was due, the travelling time was approx. 45 to an hour depending on traffic, if it was just me to take, and if it meant that I had to wait in the hospital an hour because the driver had other patients to take elsewhere, that's fair enough, but much longer than 2 hours before the appointment wouldn't be very fair, nor would asking them to wait around for that length of time for the journey home either."

"Some waiting times are unacceptable - there should be a max imposed on how long you expect a patient to wait. Some patients at the moment have waiting 4 hours for a half hour journey!"

Sharing is not suitable for all

"Also that they may have to share with others as long as their health or dignity and privacy is not compromised."

"Problems do arise especially those having chemotherapy / radiotherapy sickness - sharing transport - embarrassing for the person ill also uncomfortable for those travelling together."

Waiting times should be communicated

"Provided you tell them when they will travel. No good making someone sit poised on a hard chair for hours when they could have gone to the cafeteria for a cup of tea and returned at a given time!"

"Patients should be clearly informed of this before booking transport."

"If they know in advance that there will be a delay, that's better as they can book an earlier than needed slot to ensure that waiting longer and sharing the journey doesn't cause them to miss appointments."

"The service should be well organised so this does not happen. If it is going to happen a patient should be made aware of this beforehand so they can organise themselves by bringing food and drink with them etc."

"Unless the patient has a condition which makes them extra anxious if they have a longer journey or have to share it, then patients should expect to wait longer. However, it would be good if they are kept up to date about estimated times of collection for taking home. I have witnessed elderly patients being sat on their own waiting for sometimes two hours for transport home. After what may be a stressful visit, this just adds to the misery. And if they have no escort, they cannot get to the toilet or get a drink which further adds stress and anxiety."

"The people who wait longest would have to be notified . A lot of dialogue, a lot of mistakes."

Do not support prioritising the service

This element of the sub-theme made up **1.5% (29)** of overall survey comments.

The views expressed in this section provide reasons why they do not support a prioritised service, amongst these was the perception that the service should not make them wait. These views were distinguishable from those who stated that longer waiting times were acceptable and should be expected, but should be monitored so that they remain reasonable.

Longer waiting times are not acceptable

"Life's too short to wait."

Longer journey times are not acceptable

"I would put "this balance" as no more than two hours especially if the destination is on or at the edge of the county boundaries which by its very nature extends the "scenic journey" time dropping off or even collecting along the way. In my case, a genuine five minute drive took nearly an hour so it was not surprising "I was not a happy bunny at all!"

Do not support a prioritised service

"Any person who is deemed eligible and accepted to qualify for this service MUST be treated equally the same - no if's, no but's, no exception to the rule, no "two tier service" otherwise what is next and where does it stop?"

"If everybody is entitled everybody should have the same treatment regardless of their medical condition."

"All patients should be treated the same - you cannot offer a 1st class and 2nd class service."

"The NHS is free to all, not to some more than others. One service for all. If people want specialised healthcare, then they should have to pay for private healthcare."

"Criteria doesn't come into it - transport is being provided to get a patient to their appointment and then home. However it is not a taxi service for single individuals to be able to dictate what time they want to be home by."

"Either we have transport available or we don't, no criteria should be put on this service. A patient able to transport themselves or readily use bus services would not be willing to wait but a patient with no other option will be willing to wait their turn."

Prioritised service will be hard to manage

"This might be a bit of a logistics nightmare though. A person would need to be sure sharing was to the same or a very nearby place, or factor in the added journey time to their booking needed to drop off the sharing person."

"It depends on how fair the system for deciding the criteria is!"

"From my own experience the national criteria was not applied on a judgment made by the call handler, later accepted as a wrong judgement. I fear that ad hoc judgements made upon individuals is a recipe for some unjust decisions being made and transport being withheld and let's be honest that these individuals are in the main ill and unlikely to challenge and complain."

Views on an affordable and sustainable Patient Transport System

This Main theme made up **7% (128)** of total survey comments.

This section deals with the recognition that someone has to pay for Patient Transport, but wherever this cost falls, it should be affordable to ensure that the service can be sustained into the future. It includes views on the balance between making the transport to hospital affordable for the patient but also the NHS so that it can remain. Respondents accepted that the budget for the NHS is as limited as it is for those on low incomes. They generally support NHS cuts but urge that any change should not penalise those in need of the service, affect patient care and/or create demand at other points of the service by patients not accessing care at the right time.

There were a few comments that the cost of alternative transport should be fronted by the individuals and not subsidised, especially for those claiming benefits for such occurrences.

Affordable for whom?

This sub-theme made up **4.5% (79)** of overall survey comments.

This section combines comments around reasonable Patient and Escort/carer payment for those not eligible for Patient Transport and making the service affordable for the NHS. There is also an element of taking responsibility for cost of transport, with some stating that patients who are eligible would also be willing to pay.

Others appreciated the reality that someone has to pay for the service, and monies used to support Patient Transport will inevitably reduce money available for other services.

| Affordable for the Patient – (1% of survey comments) | Affordable to the NHS – (3.5% of survey comments) |
|---|---|
| <i>"All NHS services should be affordable and patient transport is no different."</i> | <i>"The wrong question. CCGs are obliged to provide patient transport to patients who meet the national criteria. The challenge is to provide the service in the most economical way possible needs in order to maximise resources available to fund other priorities."</i> |
| <i>"It is vital to have affordable transport as some patients would not be able to attend hospital without this facility."</i> | |
| <i>"The problem is that there are few affordable alternatives. Many people have to spend a large amount of money on frequent visits to their GP practices let alone hospital appointments. Many</i> | <i>"All affordability needs to be considered, not just the cost of providing the transport. What costs are</i> |

don't receive benefits to help offset the cost. If those hospital appointments are at Castle Hill and Hull Royal (or further) the costs can be exorbitant and lead to DNA issues."

"We have to take into account the current economic downturn, where people may have to make a choice between eating or paying a bus/taxi fare."

"Apart from the mobility component for disability living allowance and some people on benefit can claim the costs back for transport there is no financial support for transport costs."

"However (respectfully) 'you' also need to understand that financial support may not be available e.g. People on DLA but not in receipt of other benefits often don't qualify for financial support, may fall into 'poverty trap' category, and may also need to attend many appointments at various hospitals which could be very expensive."

incurred to the NHS by not providing transport at times?"

"If we do not get ill patients to hospital for vital appointments, admissions, emergency GP visits and 999 calls will go up. Therefore a cost saving will end up being a bigger bill elsewhere in the system."

So affordable is not just the immediate expense, but the saving of more money elsewhere."

"The alternative is what? home visits?"

"Patients must get to their appointments on time and in the right frame of mind to answer questions and understand information given, thereby saving the NHS valuable resources through missed appointments."

Someone has to pay

? "Everything incurs a cost whether it is to a service provider, manufacturer, distributor, developer, inventor retailer etc. as well as the medical sector and to everyone who uses and/or buys goods and services, no matter who they are or what the goods and services are."

? "For some people, their financial or physical status puts them into the category of "eat or heat" - that is to say, in this case they cannot afford the "burden" of the extra costs transport can incur if this has to be "bought in" such as taxis and though there is the provision of a free bus pass for senior citizens, bus services are not available to every residential suburb and are time restricted to most destinations whilst not forgetting not everyone requiring medical attention is eligible for a bus pass. Not everyone has the convenience of family or friends to take them to where they want / need to go and it is here that free transport becomes a "must" otherwise they will "go without" or not attend and for many - the frail, elderly and disabled, could be "the end of them".

? "The cost of getting to appointments could be prohibitive and so they may not attend at all thereby costing the NHS more in missed appointments and the patient may in the end cost the NHS more in having to have future treatment. However I feel a cut-off point has to be used but perhaps with some discretion as regards to people's financial position."

? "Surely it is not wrong to also test whether the person can afford to arrange and fund their own transport?"

? "However are we just transferring the cost onto another department and addressing the issue."

Support the use of alternatives for those who are not eligible

This sub-theme made up **2.5% (47)** of the overall survey comments.

In addition to using alternatives, a few **(0.5%)** went further to state that no financial support should be provided and that they should front the costs themselves.

"Others who claim disability allowance and carers support should schedule visits into their allowance and money."

"Surely it is not wrong to also test whether the person can afford to arrange and fund their own transport?"

"I don't think that you should necessarily provide other "cheaper" or free methods for others however ensure that the department is able to advise patients of where to find cost effective alternatives for them e.g. bus timetables, dial a ride etc."

"Many elderly would be perhaps willing to pay a small cost towards the transport if it took them door to door and they did not have to ask a relative or friend all the time."

"I also think the third option of making a reasonable payment would be welcomed by patients who may have to travel some distance and cannot afford taxi or don't have public transport."

"I think subsidised transport should be available for people on low incomes but I feel that people in receipt of DLA/PIP mobility component should pay for their transport. Many receive this benefit but also have a free bus pass too so I feel that they should use their benefit to pay for transport to appointments."

"This is not a taxi service although individuals believe it to be a given. Benefits support some people and they should be utilising these for transport. "

"There is no need to go further on this one. Anybody in this category would have been assessed to be capable of looking after they so do not need "public help and support".

Payment towards travelling by Patient Transport

This Main theme made up **7% (124)** of total survey comments.

52% of survey respondents agreed or agreed to some extent with the statement that the CCG should *"use the national criteria strictly to identify people for priority access to free Patient Transport, but also try to offer to arrange some form of transportation to others who do not quite meet the criteria if they make a reasonable payment for it"*.

This section deals with the response to this concept, and although not indicated in the survey, people were not averse to those eligible for free transport paying, provided this was

reasonable and affordable for the Patients. Some of the ideas from public meetings included:

- Asking for voluntary donations or a standard charge of £1 to £2 per journey
- Charging carers/escorts of eligible patients
- Asking all patients to make a financial contribution to their transport even those that fully meet the eligibility criteria
- If there are any empty places on the transport offering these to patients with a social need for a charge
- Introduce a voucher system for payment
- Development of a Patient Transport passport scheme similar to those in use in other areas

However, similar to the concept of prioritising the service, there were questions about how the system could be managed: how will payment would be collected and the cost of administration?

Payment from Patients for Patient Transport

This sub-theme made up **3.5% (65)** of the overall survey comments.

The majority of comments put forward arguments and reasons why they agreed with a reasonable charge. Some believed that means testing was a way forward for Patients and Escorts, including those eligible for free transport, to help towards making Patient Transport sustainable. However, some stated that charges should not be applied and/or consideration should be given to frequency and distance travelled.

| Agree with charging for Patient transport - 2% of survey comments | Do not agree with charging for Patient transport – 0.75% of survey comments |
|---|--|
| <p><i>Charge those not eligible for free transport</i></p> <p>✓ <i>“For those who genuinely need the transport, with no other way to get from one appointment to another, the service must be available. But it has to be a sustainable thing, and if this means a small charge, then that's acceptable, if affordable for all.”</i></p> <p>✓ <i>“I think that people who are able bodied, and have family support, should be charged a small contribution. “</i></p> <p>✓ <i>“My reasoning is because some frail people may not meet the exact criteria but be physically or mentally able to use public transport- costing out may prove more expensive than the bus- so I would be happy of the cost did not exceed public transport but otherwise it would need to be free.”</i></p> <p>✓ <i>“It would also be good if patients, who have the financial means, made a donation or a set fee.”</i></p> <p>✓ <i>“A contribution should be given. If you had a car it would cost you!”</i></p> | <p>✗ <i>“I think the people who are seriously ill, and have no support to attend hospital appointments should receive full support without transport costs.”</i></p> <p>✗ <i>“This is difficult, but NHS is supposedly free at the point of delivery and that should also refer to other areas not just a hospital bed or treatment. If one cannot attend clinic etc. then how can treatment results be assessed/ reviewed.”</i></p> |

✓ *"Reasonable payment if in line with public transport fares is my suggestion."*

✓ *"I also believe a reasonable payment scheme is also worthy of looking at. All the people who have arrived at their appointments, by their own means whether it be by car friend public transport whatever, these people have incurred some cost to do so without reliance on the NHS."*

✓ *"Only patients that are entitled to transport under the national criteria should be considered for free transport. If there were to be surplus capacity then others could be charged an appropriate fee to as a subsidy towards the cost."*

✓ *"If not quite eligible should be willing to pay at least something."*

✓ *"A contribution to costs other than for emergency transport could ensure the widest possible availability. Anyone not requiring this transport service will incur cost whether they travel by private or public transport so a reasonable charge is equitable to all."*

✓ *"I and many others I'm sure would be happy to make reasonable payments in preference to spending hours waiting for public transport."*

✓ *"A modest fee to non-critical users could be the basis of a fund to cover the fuel and fair wear & tear costs to voluntary owner drivers willing to provide a marginal service."*

Charge those eligible for free transport

✓ *"She has always said she would be happy to pay towards it, just for the convenience of going door to door, even though she is on basic pension."*

✓ *"As I understand it Patient Transport has skilled staff who can care for a patient when needed (but are stable) and is therefore different from other forms of transport. In such cases I don't see why this service should be free compared to anyone else who needs transport."*

✓ *"Without the public being prepared to pay for some services they will soon find that other services may not be around much longer."*

✓ *"I'm not sure that any transport should be free even Patient Transport unless it is a 999 situation but if that was found to have been used inappropriately a charge should be made."*

✗ *"Patient transport free at the point of delivery should remain in place for those whose medical needs qualify them for Patient Transport Services (contracted by Clinical Commissioning Group)."*

✗ *"Providing the services are at the local hospital, if services have been centralised at DPoW or SGH then transport costs should not be put on the patients."*

✗ *"I feel somebody who has to go 35/37 times - Monday to Friday to Castle Hill for radiotherapy - everyday could not afford it and shouldn't be expected to."*

✗ *"Whilst I appreciate there will always be the minority who abuse the service, by definition the majority don't! I feel this is more budget led and am totally against the principle of charging for access to the national health service and transport is a key issue in accessing services. I fear that any form of charging is privatisation via the back door."*

If chargeable, Patient transport should be affordable – 0.75%

"I think that it should perhaps be means tested and that this would greatly reduce the number

of people who use it as an easy and convenient option, or fail to cancel when it is no longer required."

"A charging system for those able to contribute should be put together, one which is affordable and helps offset costs for the service."

"I know of people that are on mobility allowance and have a car but still use Patient Transport to save on petrol. This should be means tested."

Payment from Escorts/carers for Patient Transport

This sub theme was made up of **3.5% (59)** of the overall survey comments.

Question 5 raised the concept in the survey and at public events of the CCG being fair in the way they decide whether the NHS should pay for patients to bring Escorts and/or carers with them on Patient Transport. Although it was not suggested that a payment for Escorts/carers using Patient Transport was an option, there was support for this.

There was a clear distinction between those who thought that Escorts/carers for emotional and social support should be allowed access and those who thought that Escorts/carers should be restricted to those offering care, advocacy and/or only extend to registered carers. As Escorts/carers were perceived as a valued, free service provided by friends and families of Patients using transport, some did not agree with applying a payment on this basis. Those who supported asking Escorts/carer for a payment did so because they take up space, benefits are received to pay for their Escort/carer and alternatives are not free.

| Agree with charging for Escorts/carers transport - 2.5% of overall survey comments | Do not agree with charging for Escorts/carers transport – 1% of overall survey comments |
|---|--|
| <p><i>Support a payment for any Escort</i></p> <p>✓ <i>"Those who require a carer or escort to attend the appointment with them could be asked to pay a small charge for this."</i></p> <p>✓ <i>"We should not pay for their carer, if they are in need of a carer, they get extra benefits to pay for things like this."</i></p> <p>✓ <i>"If the people are not on any benefits then perhaps they could pay some cost for the carer/escort to travel with them."</i></p> <p>✓ <i>"Maybe a contribution as they take up a seat!"</i></p> <p>✓ <i>"Make a pass system like buses have but make it where they have to pay to have a pass."</i></p> <p>✓ <i>"I believe that escorts/carers should be asked for a contribution to the cost. This could be on a "voluntary" basis initially to "test" the market."</i></p> | <p>✗ <i>"If it would mean a paid employee would otherwise be needed then NHS should pay as it would be more cost effective."</i></p> <p>✗ <i>"If a patient needs a carer or escort to accompany them it should be free."</i></p> <p>✗ <i>"If it is only way for carer to get there as not able to drive, then should be paid for as their presence will benefit patient."</i></p> <p>✗ <i>"If a carer is essential to the health & safety of the patient they should be able to accompany the patient without financial barriers being put in their way."</i></p> <p>✗ <i>"It is fair that it is free if the</i></p> |

- ✓ *"Sort out a annual 'transport pass', like a bus pass with a nominal fee for this group and explain why, they wouldn't expect to go free in all public transport or taxis or their own car."*
- ✓ *"Those who need their escort/carers will get some form of benefit that supports them with mobility/transportation so paying a minimal fee shouldn't be a problem."*
- ✓ *"Maybe sending a survey out to all patients to gain feedback of whether they would contribute a payment to be escorted using patient transport."*
- Support a payment for all non-essential escorts*
- ✓ *"If not required then charge them the equivalent taxi fare they would have had to incur."*
- ✓ *"If a person does not need the person, say a relative who chooses to accompany them, a small charge to that person would be reasonable."*
- ✓ *"If patients require an escort or like to have a friend or relative with them for an appointment, then they should be accommodated and contribute by way of a nominal payment."*
- ✓ *"If it is just the case that a patient wants an escort for companionship or moral support they (the escort) should not travel free. The place could be taken by another poorly person."*
- ✓ *"Perhaps base charge on taxi rates to discourage freeloaders."*
- ✓ *"Charge the same as bus fares for patients. The same as taxi fares for the hangers on."*
- ✓ *"This is the Achilles heel of the issue. However, a modest charge applied to non-specialist escorts could contribute to an extension of the service criteria. It would also deter freeloading and promote a self-help culture."*
- ✓ *"Where space is available, and reasonable payment is charged, escorts/carers should have the option to travel."*
- ✓ *"Very physically frail or disabled should have a free escort. So perhaps a graduated payment system for others could be the answer."*
- patient has a medical need and a carer has specific skills to facilitate transportation."*
- ✗ *"Unless there are factors I am not aware of other than "common sense", I find this question "has gone beyond the realms of nit-picking" and am deeply saddened it is even being considered."*
- ✗ *"If it is only way for carer to get there as not able to drive, then should be paid for as their presence will benefit patient."*
- ✗ *"Visiting the Hospital is a serious matter and the majority of older and disabled people need the support of a friend or relative to have the comfort factor that they will be able to attend their needs, very much like a paid Carer/ Nurse, it is only fair and reasonable for the NHS to pay for their voluntary support."*
- ✗ *"I find this an utterly stupid and senseless question. Where does the added cost come in?? The cost to man the transporter - driver + assistant - is the same whether it carries passengers or not. If it is a 08 or 10 seater and is running empty, half or full, the only factor that influences the cost of a particular trip is the length "of the scenic drive" to collect or drop off the passengers. It costs no more to collect / drop off two people than it does one from the same address. I would make / insist on one stipulation and that is the carer MUST be collected and dropped off at the same address as the patient to ensure no extra costs in time and fuel are incurred."*

Views on a fair Patient Transport System

This Main theme was made up of **5.5% (98)** of total survey comments.

This section details what the public view a fair system for Patient Transport to be.

3.5% of survey comments supported changing the system to reduce abuse and wastage. The current Patient Transport System was described by words such as “wasteful”, “waiting”, “abuse” and “loops in the system”. They wanted Patient Transport organised in a way that used it to its full potential for those eligible and more accountable for its cost.

Although respondents thought that Patient Transport should be closely monitored they did not want to create a system that was too strict and penalises those in need of the system due to the misuse of others.

1% also challenged the examples provided in the ‘Keeping the Wheels in Motion leaflet’, stating that too many assumptions have been made and that there could be legitimate reasons. For example, patients with Dementia could unknowingly book more than one form of transport and that people with mental health conditions may struggle to remember/comply with appointments and transport arrangements. Some felt that if the criteria were applied more strictly, Patients would react negatively if they were turned down and that understanding why would help mitigate disappointment and confusion over the decision. A transparent appeals system would also help to ensure decisions were fair and understood. (See ‘Supporting people make their own way’ and ‘Views on a fair Patient Transport System’).

| Support change to the system – 3.5% Of overall survey comments | Cautious about change - 2% Of overall survey comments |
|--|---|
| <p><i>Manage Patient Transport to maximise its capacity</i></p> <p>✓ “Pointless running transport with one person in, need to be economical with fuel.”</p> <p>✓ “As a taxi driver involved in patient transport I come across gross cases of abuse of the system not by patients but the incompetence of transport control. There is a very evident and visible case of it’s not our money, so controllers FAIL miserably in the coordination of vehicles. 2 examples 1) Hull Royal Infirmary Renal unit, several taxis from the Grimsby area dropping multiple passengers then a patient being called for by a Hull taxi for transport to Grimsby, the Grimsby vehicles returning to Grimsby empty. This is not about a fare it’s about logistics. 2) Just about to set off home in Cleethorpes, I get a call to attend Scunthorpe Renal Unit. Its 16.45 hrs I have to be there at 17.15 hrs, no problem I just make the time the patient is ready and waiting for transport to GOOLE. He informs me an Ambulance Service Vehicle was there for him at 17.00 hrs, but would not wait because they had to book off at 18.00 hrs IN GOOLE, a journey of less than 30 minutes.”</p> <p>✓ “Surely if the bus is full it would help with costs etc. regardless whether you are too ill or not if you are on a low income then it would be free however if your income is higher a fee would be paid</p> | <p><i>Don’t penalise others</i></p> <p>✗ “When people are assessed for free Patient Transport, please do not make them feel that they’re 'scrounging'. The majority of these people will have worked hard all their lives, contributed to the NHS, and we should not make them feel guilty for accessing a service when they really need it”.</p> <p>✗ “I can't even believe you're asking this! This disgusts me! Patients penalised for wanting/needing help or support? Wow!”</p> <p>✗ “I understand the need to cut costs in some areas</p> |

has to be cheaper than taxis !"

- ✓ *"I sincerely believe, that much better understanding of logistics routes areas whereabouts of vehicles, and even some budgetary control (the giving of responsibility) by those involved would improve and reduce the costs of the service dramatically. Hospital Transport staff have as far as I can see have an "it's only a job and not our money attitude" which affects all its users and wastes the NHS millions each year. If ever there was an area of the NHS to be scrutinised then this is it."*
- ✓ *"Can't just take 1 person due to fuel costs etc... better to take 2/3 at one time."*
- ✓ *"Design the service to manage the expected flow of patients."*
- ✓ *"There will always be people who abuse the system, but regular checks with healthcare staff to check that they are still eligible, should ensure that this does not happen."*
- ✓ *"Are such details recorded to ensure such incidents do not recur with the same individual?"*
- ✓ *"Including 'thank you' when someone cancels on time and hence makes space for another."*
- ✓ *"I am sure that the national criteria is only a guideline and surely a little leeway would be acceptable. If patients who will pay will fill the transport, it will maximise the efficiency of the journey and it will also subsidise the cost. I am sure common sense is supposed to be used alongside the guidelines."*
- ✓ *"There should be a stand-by list of people to pick up so that as many as possible can benefit from the service."*

Making Patient transport more efficient and reducing waste

- ✓ *"We need to cut down on the wastage side of it, both by patients and by people controlling it. Should be better coordination of routes especially around use of volunteer drivers."*
- ✓ *"If transport is available then it should be able to be accessed by all, some patients will require transport every trip others will only be temporarily incapacitated to transport themselves. I believe it would be more costly to put in place a criteria than to just have transport available for all if required, we should not put a means test on health."*
- ✓ *"Obviously this is a case by case issue which is costly. Possible*

in order to save cuts to more crucial areas.

However I also worry that some who need transport may be excluded."

✗

✗ *"I respectfully suggest some serious thought be given to define "eligibility" and "those not eligible". I am concerned that genuine cases needing help and support will be overlooked because they do not meet the "tick box criteria" instead of using common sense."*

✗ *"I think there is a danger that too much emphasis is put on people who allegedly abuse the system. Should maybe ask why some people ask for transport when they seem to not need it, consider if they truly do not need it and don't put a lot of store on gossip and assumption - I really object to the sentence in the leaflet about volunteer drivers seeing 'more than one car' in a person's drive....so what??? They and you don't know what the circumstances are in that house hold. There may be carers there to look after someone whilst the patient goes to hospital, the patient might simply be too worried about not getting a parking space to take their own car or many other reasons for*

have a system similar to 'Blue Badge scheme with a 'plus one' option."

those cars."

✓ "It is not always the fault of the patient when the expected transport does not arrive as arranged. It is a good idea for the people responsible to check the day before that the transport is still required as people do not know where to ring to cancel."

✓ "Who is going to check which patients are eligible and which patients are not, and to what cost?"

Change the system to reduce abuse

✓ "Too much money is being wasted on people who could manage to make their own arrangements."

✓ "People can say anything when they ring up and it is difficult for the call handlers. The volunteer drivers should report abuse of the system and then when the person rings again they should be challenged."

✓ "Too many patients can use public transport but know how to lie to get it for free."

✓ "Cannot keep absorbing increasing costs by providing a service to users who are not eligible to use it."

✓ "Cannot be bothered to use public transport if there is a better service available."

✓ "For the hospital to book patients transport instead of the patient."

✓ "Patients using service should not queue jump appointments - some users of the service that I know would prefer to travel independently but find that they wait longer whilst users of the service are in and out - therefore they choose to the service."

✓ "Question patient when booking transport their needs for requesting a carer to travel with them rather than currently where no questions re carers are asked)."

✓ "If those who don't need the service are using it because it's "easier" than doing it for

Abuse has been exaggerated

✗ "Not all gardens with 1 or more cars parked in them are indicative of available transport for people attending clinics. People often allow others to use their drive ways, visiting relatives may not have the time to take people to appointments and sit and wait - in some instances 2-- 3 hrs to be seen in a clinic . It is a gross generalisation that cars parked in drive ways is an indication of transportation being readily available."

✗ "People found to gone shopping! An elderly neighbour of mine forgot about an appointment and went in a taxi the short route of less than 2 miles (so could afford a taxi for that distance) to buy some milk and bread --luckily he returned in time for the him to be collected."

✗ "However assumptions must not be made i.e. if other cars are in the drive it would not always mean that they could have been used to get to appt. I know from personal experience that they could be cars of care workers who are needed to look after disabled person who patient normally looks after, or the driver could be another family member who has walked to work and is not available to transport the patient, etc. The transport driver could ask the patient about the cars in the drive so that they know if the system is being abused or not."

✗ "I can't imagine there would be much abuse to be had. I don't think ever going to a hospital appointment can be seen as a 'jolly'."

✗ "I find the question leading to say the least and presumably asked to generate and

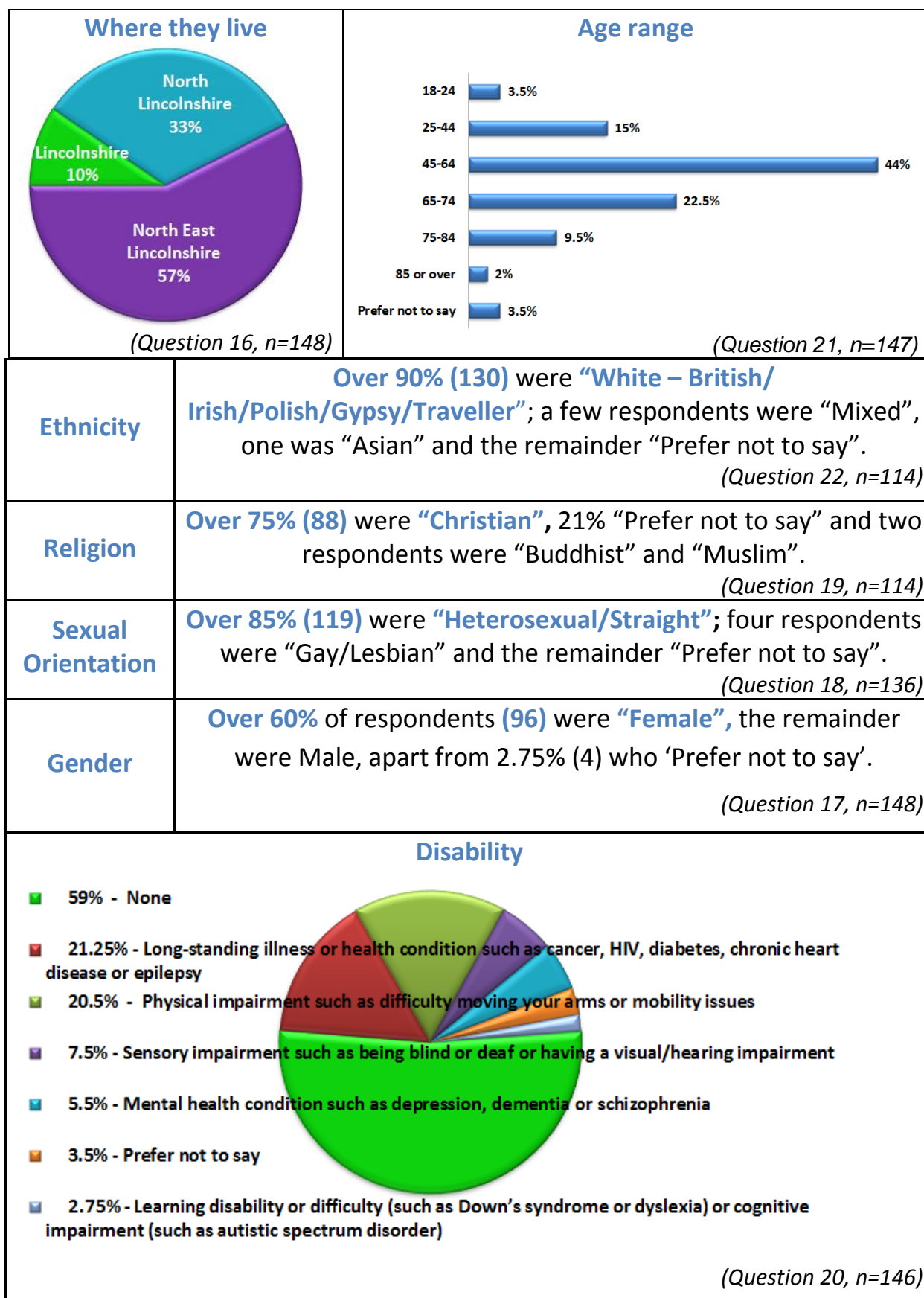
themselves, they are wasting a resource and putting others with a genuine need back further in the queue."

✓ *"I also think that people are "enabled" sometimes to abuse the system by the system itself."*

✓ *"This is a premium service that should be valued by its service users - information around costs should be made available."*

perpetuate perception of abuse! How do you identify who is abusing the service?? Is this based on evidential fact or assumptions? Provide evidence and statistics of abuse and then ask the question. You could as easily ask to what degree the service is saving money from individuals who are entitled to transport but are not provided it."

Demographics of respondents



Appendixes

Appendix 1: Patient Leaflet – Keeping the wheels in motion

NHS funded Patient Transport is there so people can get to appointments that their GP or Consultant has referred them to when they are too poorly or are physically unable to get there otherwise.

There are national guidelines about who is eligible. These are medical criteria and it isn't about how much people can afford to pay. People on certain benefits can already claim back travel costs.

Because we know it is often difficult for people to make their own way to appointments, we have not been very strict in the past about how we apply these guidelines.

Unfortunately, this means Patient Transport costs the local NHS a lot of money. If we are to keep providing transport for people who genuinely need it then we can't continue as we are. This leaflet explains some of the problems we are having, why we need things to change and how you may be able to help us.

What's the problem?

Some people still find travel difficult even if they don't meet the criteria for patient transport. They might have another way of getting to their appointment but perhaps want to give their carer a break, feel bad about asking relatives to book time off work to take them or are worried they won't feel well enough to drive home afterwards.

Additionally, some people take advantage of the system. NHS drivers tell us they often go to pick up patients to find more than one car parked in the drive or discover the patient has gone out or no longer needs the transport.

This means the service isn't as reliable or convenient as it could be for those who genuinely need it. Poorly people have to wait longer after treatment when they need to be home recovering or face longer journeys as their transport calls to pick up other patients who may not even be at home.

Did you know?

There are about 100,000 patient transport journeys in North and North East Lincolnshire every year. We estimate about half of these journeys do not meet the national guidelines.

What do you want to change?

Patient transport is expensive. The NHS is facing a big financial challenge and has to look at what it can do to make sure it can afford to provide quality services in the future.

People are living longer than ever before. However, this often comes with long term health conditions and loss of independence and this means more patients will rely on services like patient transport in the future.

To ensure we are able to do this, we need to look at how we apply the national criteria from now on. If we apply the criteria strictly, it means some people who have been able to get transport will no longer qualify.

What do I need to remember?

Patient Transport will continue to be available for people who really need it. We want you to help us look at how we can support people who are not eligible to find alternative transport or whether they could be asked to make a contribution towards the cost.

If you have another way of getting to your appointment remember to leave patient transport free for people who have no alternative.

Appendix 2: Survey questions

NHS Patient

Transport Survey 2015

Keeping the wheels in motion

We want to ask for your help in the way we decide how to run the Patient Transport service in the future and ensure it is fair for everyone.

North and North East Lincolnshire Clinical Commissioning Groups (CCGs) intend to jointly commission Non-Emergency Patient Transport Services (NEPTS) for the area from April 2016 onwards. The service provides transport for eligible patients to attend NHS-funded non-primary services to which they have been referred to by a GP or consultant.

We want to hear from people who use patient transport, and people who don't use it but might have an opinion.

This survey should be answered in conjunction with the Leaflet "NHS Patient Transport – Keeping the wheels in motion" as it explains some of the problems we are having, why we need things to change and how you may be able to help us. If you have not read the leaflet, you can find it within our online survey, ring us for a copy or find it on our website (contact details below).

Alternative ways to give your views

This survey can be completed through our online survey:
<https://www.surveymonkey.com/r/NHSPatientTransport>

There are three events across North and North East Lincolnshire where you can come along and speak to us in person about NHS Patient Transport.
(Please book your place by calling 0300 3000 567)

Tuesday 21 July, drop in anytime between 10am and 12 noon
Roxton Practice, Pelham Road, Immingham

Thursday 23 July, drop in anytime between 10am and 12 noon
Heritage House, Fisherman's Wharf, Grimsby

Tuesday 4 August 1pm to 3pm

Wortley Hotel, Rowland Road, Scunthorpe

If you would like a paper copy of the survey or would like to receive it in large print or easy read format; or if you would like help in answering the questions, have any comments or concerns you want to talk about, please ring us on 0300 3000 567.

You can keep an eye on our website for more details of this campaign, our membership groups and follow us on twitter:

<http://www.northeastlincolnshireccg.nhs.uk/>

<http://www.northlincolnshireccg.nhs.uk/>

@northlincscg

@nelincscg

NHS Patient Transport - Survey

Criteria for Patients:

North and North East Lincolnshire CCGs cannot alter the national criteria for accessing Patient Transport. We want to be much more specific about the way patients are assessed against the criteria to ensure access to the service is fair, consistent, and that NHS resources are used appropriately. We want to provide information to support those not eligible for Patient Transport to make their own way to medical appointments and understand there is financial support available for people in receipt of certain benefits.

1. To what extent do you agree that
"Patient Transport needs to be affordable so we can continue to provide it into the future."?
(Please circle ONE)

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

2. To what extent do you agree that
"Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays."? (Please circle ONE)

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

3. Which of the following (tick ONE only) would you prefer the CCG to apply with regards to the criteria?

Should we

- ☐ *apply the criteria strictly in such a way that only those people who meet it are provided with free Patient Transport, and all others have to make their own arrangements?*
- ☐ *use the national criteria strictly to identify people for priority access to free Patient Transport, and also try to offer some form of free transportation to some others who do not meet the criteria using less expensive options?*
- ☐ *use the national criteria strictly to identify people for priority access to free Patient Transport, but also try to offer to arrange some form of transportation to others who do not quite meet the criteria if they make a reasonable payment for it?*

☐ I cannot decide or I have an alternative suggestion below

Please explain your answer or provide details of an alternative

Criteria for Escorts:

Some patients need an escort; others like to have someone accompany them.

4. To what extent do you agree that
"Escorts/carers who do not offer particular skills to support during transport will not be allowed to travel on NEPTS."?

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

5. How can we be fair in the way we decide whether the NHS should pay for patients to bring escorts and/or carers with them on Patient Transport?

Please explain your answer

Waiting Times

6. To what extent do you agree that
"In order to ensure a cost effective service Patients should expect to sometimes wait longer and share their journey with others."?

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

7. To what extent do you agree that
"The CCG should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others."?

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

Reducing abuse of the system and supporting people to make their own way

Some people book transport knowing they have an alternative way of getting to their appointment. Some people don't let us know when they no longer need their transport.

8. To what extent do you agree that
"Patients who can get to appointments under their own steam should not be eligible for Patient Transport."?

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

9. To what extent do you agree that
"People who abuse the service are wasting money and inconveniencing other patients?"

| | | | |
|----------------------------|----------------|----------|----------|
| Agree | To some extent | Disagree | Not sure |
| Please explain your answer | | | |

10. How can we best provide information and support to enable those not eligible to make their own way to medical appointments? (Tick all that apply).

- ☐ Flexible appointment times so patient can arrange a lift with friend or relative
- ☐ More community transport options
- ☐ Advice on public transport times and links
- ☐ Information about financial help that may be available for transport costs
- ☐ A directory of useful numbers for transport providers

Other, please state

11. How can we best help those not eligible understand if there could be financial support available?

12. Are you aware of the Health Transport Costs Scheme? (Tick the MOST appropriate description or describe in the box below)

- ☐ No
- ☐ No but I will now look at this as an option
- ☐ I am not eligible so I have to pay full cost for transport
- ☐ I am eligible and find the scheme easy to use
- ☐ I am eligible but find the scheme and claiming money back an inconvenience
- ☐ Aware but do not require the scheme

Other, please describe your knowledge if above are not applicable

13. Please tell us about your experience of using the HTCS in the last 12 months (good and bad).

14. What do you see as the MAIN barrier to travelling by public transport, taxi and asking friends or family for a lift?

Future services

15. We want to ensure that future discharges are in no way affected by and do represent the diverse needs of our population. Do you think there are any issues concerning diverse needs in terms of the quality of discharge (e.g. race, disability, age, and religion)?

About Your Current Status

This section is optional and you are under no obligation to provide the following information. It is important to us to know whether we are supporting or providing services fairly to all groups of people. These questions are intended to help us to find out about that. The information you give us will be kept confidentially and stored securely and will only be used to monitor the fairness and effectiveness of our service delivery and employment practices. You do not have to complete this form or some of the questions if you do not want to and it will not affect your access to services or how we treat you. **Thank you.**

16. Which area do you live in?

| | |
|--|--|
| <input type="checkbox"/> North Lincolnshire | <input type="checkbox"/> Lincolnshire |
| <input type="checkbox"/> North East Lincolnshire | <input type="checkbox"/> Other (please state)..... |

Gender

| | |
|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Heterosexual/ straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay/lesbian | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Prefer not to say | |

Religion or belief

| | |
|------------------------------------|---|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other (please state) |
| | <input type="checkbox"/> |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to say |

Do you consider yourself to have a disability?

| |
|---|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Physical impairment such as difficulty moving your arms or legs |
| <input type="checkbox"/> Sensory impairment such as being blind or deaf or having a visual/hearing impairment |
| <input type="checkbox"/> Mental health condition such as depression, dementia or schizophrenia |
| <input type="checkbox"/> Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy |
| <input type="checkbox"/> Learning disability or difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) |
| <input type="checkbox"/> Prefer not to say |

Note - The Equality Act 2010 considers a person to be disabled if they have a "mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". You do not need to be registered disabled.

17. **Age**

| | |
|--|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-44 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 45-64 | <input type="checkbox"/> 85 + |
| <input type="checkbox"/> Prefer not to say | |

18. **Ethnic group**

| | |
|---|---|
| <input type="checkbox"/> White -British/Irish/ Polish/Traveller | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mixed/multiple ethnic groups | <input type="checkbox"/> Black - British/African/ Caribbean |
| <input type="checkbox"/> Asian –British/ Indian/ Pakistani/Bangladeshi /Chinese | <input type="checkbox"/> Other ethnic group (please state) |
| | |

Please complete and return this survey

before the 15th September 2015 to:

FREEPOST RTJR-UYBY-BCUC
Humber Commissioning Support, Health House,
Grange Park Lane, Willerby, HULL, HU10 6DT

Please contact 0300 3000 567 if you have any problems with this survey.

Thank you for your time.

Appendix 3 : Public event and meetings PowerPoint presentation


North Lincolnshire
Clinical Commissioning Group


North East Lincolnshire
Clinical Commissioning Group

Keeping the Wheels in Motion - NHS Patient Transport

Engagement to inform the specification for non-emergency patient transport services in North and North East Lincolnshire

What is non-emergency patient transport (NEPTS)?

- Non-urgent, planned transportation of eligible patients to attend NHS-funded services to which they have been referred to by a GP or consultant
 - Outpatients appointments
 - Discharge from hospital to home, nursing or care home
 - Inter-hospital transfers
- Eligibility criteria set by Department of Health - based on medical needs

Free at point of delivery

Why are we talking to people about NEPTS?

- North and North East Lincolnshire Clinical Commissioning Groups (CCG's) are responsible for planning and buying local NHS services
- Contract is being re-commissioned
- Patient Transport costs in excess of £1.5 million per year –
- Service is provided by East Midlands Ambulance Services

- We need to look at how we can keep the wheels in motion to ensure people with a medical need for transport continue to receive it

Why do things need to change

- NHS facing a big financial challenge nationally
 - Locally, funding gap £100m+ in 2018/19
 - This means we have to look at doing things very differently to deliver services to meet local needs
 - Current Patient Transport is expensive and not sustainable
 - Some patients do abuse the system
 - More demand for the service
 - Aging population & more people living with long term conditions
 - If we start to apply the national criteria strictly
- = some people who have Patient Transport now will no longer receive it

What is the National Criteria?

- Where the medical condition of the patient is such that they require the skills or support of NEPTS service staff on/after the journey:
and/or where it would be detrimental to the patients' condition or recovery if they were to travel by other means;
- Where a 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 patients' condition or recovery to travel by other means;
or
- Recognised as a parent or guardian where children are being conveyed

Other considerations..

Other patients who do not have access to public/private transport are assessed on an individual basis.

Such as:-

- Patients in wheelchairs;
- Patients with psychiatric or learning difficulties who are unable to use public transport
- Patients with a medical condition that would compromise their dignity or would cause public concern if public transport were used
- Patients who cannot walk without continual support; or
- Patients who experience side-effects as a result of the treatment they receive.
- Assessment based on medical needs not on age, distance to travel or financial circumstances

Escorts

- Escorts are permitted where the patient:
 - Is aged under 16 years;
 - Has a psychiatric or learning difficulty and needs constant supervision on the journey;
 - Requires specialist medical staff to provide clinical care on the journey; or
 - Is dependent on the help of a relative or carer (e.g. blind, mentally impaired, or elderly with dementia/acute confusion)
- Escorts shall not be conveyed by Patient Transport purely because:-
 - They are related to the patient;
 - They are on a ward/unit at the same time as the patient is leaving;
 - They are on a limited income; or
 - They suffer from mobility problems

Healthcare travel costs scheme

- If in receipt of certain benefits/allowances
 - Income support
 - Working Family Tax Credit
 - Income based Job Seekers Allowance
- Claim a cash refund (upon receipt)
 - Public transport costs
 - Estimated fuel cost if use private car

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

Reality Check

- CCGs are not looking to change the eligibility criteria
- We cannot – the criteria is set nationally by the department of health
- We want to ask you to help us make sure what we decide to do is
- fair to everyone and NHS resources are used appropriately

Facts and figures

- 100,000 journeys per year
- Around half of these do not meet the strict national eligibility criteria
 - Some patients abuse the system
 - Others do have genuine difficulties getting to their appointments
 - Don't want to inconvenience family/friends

- Worried might not be well enough to drive after treatment
 - Public transport availability
- 5% all journeys are wasted
 - Patient not in when transport arrives
 - Patient forgets to cancel transport if not going to appointment
- **Bottom line is**
 - Current service is not sustainable

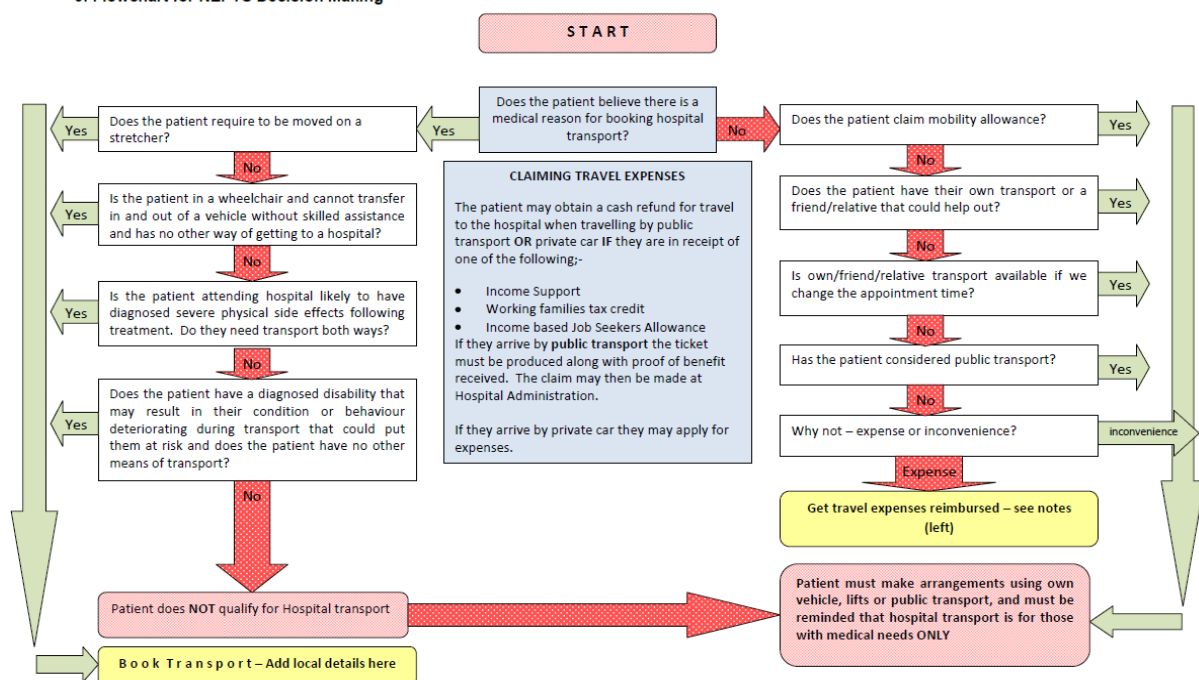
#Taking us for a ride?

- Unfortunately , some people do abuse the system...
 - use Patient Transport rather than own car to avoid the parking fees and difficulties finding a space;
 - have patient transport pick them up from work and back again;
 - take a friend/relative with them for company not because they need an escort.
- So, what does this mean for people with genuine medical need?
 - the service isn't as reliable or as convenient as it could be for someone who really needs it;
 - ill people have to wait longer after treatment when they should be at home recovering;
 - people face longer, more roundabout journeys as their transport calls to pick up other patients who may not even be home.

Assessing Patient/Escort Eligibility for Patient Transport



9. Flowchart for NEPTS Decision Making



Do you agree that...?

- Patient Transport should only be for those people who are too ill or who would otherwise be physically unable to travel to and from outpatient and specialist appointments or inpatient stays
- the way we make decisions about Patient Transport should be clear, fair and easy to understand
- people who need Patient Transport should be able to access it in a timely and reliable manner
- Patient Transport needs to be affordable so we can continue to provide it into the future
- people have transport needs beyond the scope of normal “office hours”, we need to be able to offer Patient Transport that goes beyond a 9 to 5 service.
- For people who are not eligible for NEPTS we should provide information and support to enable them to make their own way to medical appointments and understand if there could be financial support available (subject to being in receipt of certain benefits).

Question – applying the national criteria

- Should we apply the criteria strictly in such a way that only those people who meet it are provided with free Patient Transport, and all others have to make their own arrangements? or;
- Should we use the national criteria strictly to identify people for priority access to free Patient Transport, and also try to offer some form of free transportation to some others who do not meet the criteria using less expensive options? or;
- Should we use the national criteria strictly to identify people for priority access to free Patient Transport, but also try to offer to arrange some form of transportation to others who do not quite meet the criteria if they make a reasonable payment for it?

Question – Waiting times

- How long do you think it’s reasonable for each patient to wait for their transport given that the quicker the response time, the more expensive the service?
- Individual journeys cost more. Do you think it’s reasonable for patients to spend longer in transport as other patients are dropped off and picked up?
- Do you think we should prioritise which patients can expect timely and free transport based only if they fully meet the national criteria, and expect that other patients can wait longer and/or share their journey with others?

Question – Escorts

- Some patients need an escort, others like to have someone accompany them

- How can we be fair in the way we decide whether the NHS should pay for patients to bring escorts and/or carers with them on Patient Transport?

Question – Abuse of the system

- Some people book transport knowing they have an alternative way of getting to their appointment
- Some people don't let us know when they no longer need their transport
- People who abuse the service are wasting money and inconveniencing other patients. How can we put a stop to this?

Question – Supporting people to make their own way

- How can we help people who are not eligible for Patient Transport understand there are alternative ways of getting to their appointments and find out if there is financial help available?

Remember - Patient Transport will continue to be available for people who really need it

- How can we support people who are not eligible but still have transport needs find alternatives?

CCG is working with partners to look at integrated community transport solutions

- Healthy Lives, Healthy Futures
- NLC Total Transport Pilot

How you can have your say?

| | |
|--|---|
| <p>Online Survey www.surveymonkey.com/r/NHSPatientTransport</p> <p>Hard copy survey on request Write to us Engagement Team North Lincolnshire CCG Health Place, Wrawby Road Brigg DN20 8GS Email us NYHCSU.Talk2Us@nhs.net</p> | <p>Telephone us 0300 3000 567</p> <p>In person Drop-in's at Immingham & Grimsby Health Matters 2 event Tuesday August 4th between 1pm and 3pm at the Wortley Hotel, Scunthorpe</p> <p>Ask us to visit your community group or organisation to discuss our plans 0300 3000 567</p> |
|--|---|

What happens next

- Gather all the views from this engagement
- Report findings in September
- Use to inform the service specification
- Feedback to participants on outcomes
- In person
- Via your community groups/forums
- On our websites
- <http://www.northlincolnshireccg.nhs.uk/>
- <http://www.northeastlincolnshireccg.nhs.uk/>

How to get more involved in local health and care issues

| | |
|---|--|
| In North Lincolnshire <ul style="list-style-type: none">• Join Embrace• www.northlincolnshireccg.nhs.uk/get-involved/embrace-patient-network/• NYHCSU.Talk2Us@nhs.net• 0300 3000 567  | In North East Lincolnshire <ul style="list-style-type: none">• Join Accord• www.nelccg-accord.co.uk• Nelccg.accord@nhs.net• 0300 3000 567  |
|---|--|

Appendix 4 : List of Skateholder groups represented

In North Lincolnshire:

- Carers Support Centre
- NLC Adult Partnership Board
- MS Society support group
- North Lincolnshire Homes Community Voice
- North Lincolnshire Homes Sheltered and Retirement Panel
- Winterton Disabled Club
- Brigg Seniors Forum
- Winterton Seniors Forum
- Isle of Axholme Physically Handicapped Society
- Hibaldstow lunch club

- NLC Cross- Provider group
- NL GP Practice Managers meeting

And in North East Lincolnshire:

- NEL CCG Community Forum
- Accord Annual members meeting
- MS Society support group
- Healthier Communities
- Community Voice
- NEL Older People's steering group
- Care Homes providers meeting
- NEL Voluntary, Community and Social Enterprise (VCSE) Forum
- One Voice Immingham
- Live at Home groups
 - Cleethorpes
 - Grimsby
 - Humberston
- Friendship at Home

The Healthy Lives, Healthy futures Transport Group:

- North East Lincolnshire CCG
- Northern Lincolnshire and Goole hospitals
- CPG – Care Plus Group
- RATC – Richard Armitage Transport Consultancy Limited
- TAS – The TAS Partnership Ltd
- NLC – North Lincs Council
- HWRCC – Humber and Wolds Rural Community Council
- East Midland Ambulance Service
- Yorkshire and Humber Commissioning Support