Non-Emergency Patient Transport: Public Perceptions in Suffolk
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Healthwatch Suffolk has the role to listen to local people about views and experiences of health and social care services. It aims to give people real influence over decisions about services by ensuring that what patients and carers experience is seamlessly fed into them. It has statutory powers and the strength of the law behind it, which means that the people who run and pay for health and social care services must respond to concerns from Healthwatch Suffolk explaining what action they will take. It also provides information and signposting to help people navigate the health and social care system and understand what to do when things go wrong.
A note from the board

Healthwatch Suffolk are pleased to present this report which captures the experiences of people travelling to and from health and social care facilities in Suffolk for non-emergency appointments.

The findings of this report bring into sharp focus the inter-play between the difficulty people face when accessing appropriate transport and the consequences a lack of transport to healthcare services has on service users. It offers a timely reminder of the importance of transport in supporting healthcare services, particularly for vulnerable groups.

For example, a quarter of respondents living with disabilities said they missed a healthcare appointment in the past year due to a lack of transport.

Missed appointments or stressful journeys caused by transport issues have a negative impact on the health and wellbeing of people who are often already frail and vulnerable.

As always, this report would not have been possible without the contribution of service users; we offer our sincere thanks to everyone who took part in this work and offered their experiences and their stories. Healthwatch Suffolk wish to see the Department of Health, NHS England, Suffolk County Council, The East of England Ambulance Service and the many other service providers in health and transport work together to reflect and build on the findings of this work.

We recognise that we all want to achieve a better transport service for people travelling to and from healthcare facilities, reducing stress for people while reducing costs for the Healthcare services.

In the interim, this report gives services users a voice; we will work with all relevant organisations in taking forward its recommendations to make that voice count.
During 2014, Healthwatch Suffolk received feedback from various organisations and members of the public in Suffolk who expressed their concerns regarding the costs and difficulties of arranging travel to healthcare appointments.

This included comments from Age UK Suffolk’s Voice Reference Panel made up of over 80 elderly people - the majority of whom are at the higher end of the immobility scale - who have noticed an increasing rigidity to the Non-Emergency Patient Transport Service’s (NEPTS) eligibility criteria.

In light of this, Healthwatch Suffolk have actively sought the views of people in Suffolk in an attempt to gain a clear and pragmatic understanding of the whole range of services which help people to travel to their healthcare appointments, the impact on those currently using the service and those that may need it in the future.

This report gives a voice to the service users whose access to transport is determined by the NEPTS criteria, the wider public, those in the voluntary sector who provide alternative transport services (Community Transport Operators) and the views of the East of England Ambulance Service.

Healthwatch Suffolk did not focus on public transport because it is outside of its remit and capacity.

**So, what is Non-Emergency Patient Transport?**

Non-Emergency Patient Transport Services (NEPTS) allow people to travel to NHS healthcare services.

A range of people use them, including the young and elderly, some of whom may have physical or other disabilities, and may be seriously ill or injured. Many of the service users are vulnerable and depend on the free transport that they receive; some of whom are...
unable to travel alone and may need to be accompanied by a carer, relative or friend.

Poor access to health services due to a lack of, or infrequent, public transport, or high transport costs, is a major factor in social exclusion and rural isolation. Non-Emergency Patient Transport helps to overcome this problem.

It also brings other benefits. It may help to increase attendance rates at outpatients’ clinics (by patients who might find it difficult to, or forget to, attend if transport was not provided). This, in turn, can reduce hospital non-attendance levels and improve the effectiveness of treatments and the efficiency with which the NHS uses resources. Fundamentally, Non-Emergency Patient Transport and other transport services ensure that people leave hospital safely as soon as they are fit to do so.

This has been a key focus of the Healthwatch network as highlighted in a recent national report that revealed the human and financial cost of getting discharge wrong.
The NHS and independent companies are the main providers of healthcare transport, but charities such as St John Ambulance have recently become serious commercial competitors in a highly complex market. They all tender for contracts on the inherent promise of safe, effective and professional care for patients but price is a key factor in commissioners’ final decisions.

There are two distinct types of services: 1) emergency transport, and 2) Non-Emergency Patient Transport.

Non-Emergency Patient Transport (Provided by independent companies) covers the following:

- Transfers between hospitals;
- Journeys home from hospital after discharge;
- End of life transfers;
- Planned transport for the less mobile to health appointments;
- Moving patients into care facilities.

NEPTS is not provided to people who requires transport to GP appointments in Suffolk.

So, who provides Non-Emergency Patient Transport in Suffolk?

The East of England Ambulance Service provides Non-Emergency Patient Transport in Suffolk. The Trust also serves the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, and Norfolk.

There are two elements to the Non-Emergency Patient Transport, which are let as separate contracts:

- PTCAAS - Patient Transport Clinical Assessment and Advice Service (delivered by the East of England Ambulance Service from September 2011); and

The East of England Ambulance Service’s geographic area is made up of:

- More than 5.9 million people;
- 7,500 square miles;
- 19 CCGs;
- 17 acute trusts; and
- One health authority

In 2013/14 the Trust:

- Received 912,474 emergency calls;
- Handled more than one million non-emergency patient journeys;
- Delivered primary care services to more than 450,000 patients; and
- In addition to emergency and non-emergency ambulance provision, provided GP out of hours care in Norfolk.

In Suffolk last year (2014-2015), the East of England Ambulance Service undertook 57,008 non-emergency patient journeys (including escorts).

Who is eligible?

In 2007 The Department of Health set out the eligibility criteria in a document titled ‘Eligibility Criteria for Patient Transport Services (NEPTS)’.

It states that a non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

It recognises that patients should be able to get to and return from both primary and secondary healthcare settings in a reasonable time and in reasonable comfort, without detriment to their medical condition. The distance to be travelled and frequency of travel should also be taken into account. However, a “reasonable” journey time is defined locally by the East of England Ambulance Service, as circumstances may vary.

Eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of Patient Transport Services staff on or after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means;
- Where the patient’s medical condition affects their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient’s condition or recovery to travel by other means;

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1 http://iaauk.org/docs/perspective.pdf
• Recognised as a parent or guardian where children are being conveyed; and
• NEPTS can also be provided to a patient’s escort or carer where their particular skills and/or support
  are needed; e.g., this might be appropriate for those accompanying a person with a physical or
  mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this
  would need to be agreed in advance, when transport is booked.

A patient’s eligibility for NEPTS should be determined either by a healthcare professional or by non-
clinically qualified staff who are both:

• clinically supervised and/or working within locally agreed protocols or guidelines, and
• employed by the NHS or working under contract for the NHS.

Who regulates patient transport?

Patient transport is largely unregulated. Since April 2011 independent ambulance companies have been
regulated by the Care Quality Commission and held to the same standards of care as NHS ambulance
trusts. They look at how safe, effective, caring, well-led and responsive to people’s needs each service
is. If the Service fails to meet the required standard, the CQC has the power to take action against them.

At present, much of the CQC’s judgement on how well the service performs appears to be based on the
reports of the contract manager and/or provider, not from service users. However, the CQC are currently
trialling a new approach to inspecting patient transport which they will roll out in 2015. It is anticipated
that this will be more rigorous, including gathering opinions and experiences from patients and clinicians
and also travelling with patients on journeys. This is an extremely positive development which should
result in improvements to patients’ transport experiences.

What does the literature say?


Although there have been many regional reports conducted by CCGs on Non-Emergency Patient
Transport, the last national report was produced by The Audit Commission in 2001, which was entitled
‘Going Places’. It summarises the context of NEPTS:

‘Free Non-Emergency Patient Transport is used for a wide variety of purposes. These
include bringing people to and from treatments such as renal dialysis, radiotherapy
and physiotherapy; for attendance at mental health units; for other outpatient
attendance at clinics and day hospitals; for x-rays and other tests; and for day surgery’.

‘Although some hospital trusts provide Non-Emergency Patient Transport Services in-house
or use private sector providers, ambulance service trusts provide or arrange the great
majority of non-emergency patient journeys. English ambulance service trusts provide
about 14 million non-emergency patient journeys a year. The number carried has changed
little over the last decade and equates to taking approaching 30,000 people to and from
hospital each working day. This is far more patients than use emergency
ambulance services - non-emergency PTS accounts for over 80 per cent of all patient
journeys by ambulance in England. In spite of the much higher numbers carried,
non-emergency PTS often has a much lower profile than the emergency service both
within ambulance services and in the NHS overall’.

See http://iaauk.org/docs/perspective.pdf
The Audit Commission’s Report set out five main areas for improvement in Non-Emergency Patient Transport Services:

1. The need to move from a finance driven to a quality driven service;
2. The need to increase patient focus and flexibility of service provision;
3. The need to pursue opportunities for co-operation with other agencies and authorities;
4. The need to raise the status of NEPTS across the health community; and
5. The need to create the ability to meet rising expectations of user groups.

The Social Exclusion Unit highlighted the importance of developing effective transport systems to facilitate equitable access to healthcare. The report noted ‘31 per cent of people without a car have difficulties travelling to their local hospital’ and ‘over 1.4 million people say they have missed, turned down or chosen not to seek medical help […] because of transport problems’.

In summary, the report states: ‘Too often, accessibility has been seen as a problem for transport planners to solve rather than one that concerns and can be influenced by other organisations for example by locating, designing and delivering services so that they are easily and conveniently available’.

‘Transport for Health and Social Care’, Audit Scotland (2011):
Despite the fact that a country-wide study on Non-Emergency Patient Transport has not been completed recently, some of the findings in Audit Scotland’s Report echo several of the topics patients raised with Healthwatch Suffolk. These include the fact that ‘transport services for health and social care are fragmented and there is a lack of leadership, ownership and monitoring of the services provided’ and that ‘joint working across the public sector and with voluntary and private providers is crucial for the successful and sustainable development of transport for health and social care’.

Audit Scotland also expressed concern that reducing or removing funding from transport services could have a significant impact on people on low incomes, older people and those with long term conditions; a finding that this report echoes.

The following extract highlights the response by the East of England Ambulance Service NHS Trust and NHS Norfolk to questions raised on behalf of the Norfolk Health Overview and Scrutiny Committee paper published in 2013:

Please note that Healthwatch Suffolk have highlighted Norfolk’s Scrutiny Committee paper for several reasons: 1) the East of England Ambulance Service serves both Norfolk and Suffolk, among others, 2) Norfolk has a similar demography and rurality to Suffolk, and 3) the paper raises the issue that Non-Emergency Patient Transport is still a contentious issue.

On the 26th September 2011 NHS Norfolk and NHS Suffolk jointly launched the Patient Transport Clinical Advice and Assessment Service (PTCAAS), following a procurement process. This service was commissioned by NHS Norfolk and NHS Suffolk to ensure consistent and equitable access and an advice service to Non-Emergency Patient Transport Services. EEAST won the contract to provide this telephony screening service. This service is purely a telephony service that screens for eligibility, books where appropriate and provides advice on alternative transport options and should not to be confused with Patient Transport Services who actually provide the Transport.

Prior to the PTCAAS launch it was realised that one of the measures of success within the first 12 months would be a rise in the level of complaints. People who had historically received patient transport but

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7 See http://www.norfolk.gov.uk/view/norfhealth170113item6pdf
The Norfolk Health Overview and Scrutiny Committee asked six questions of the East of England Ambulance Service. The questions and answers are summarised below:

Reports that people who were formerly eligible for patient transport, and had received it on a routine basis in the past, were now being told that they did not qualify.

This is the case for some patients. If the patient had not been adequately screened previously they may no longer be eligible.

Only people with learning difficulties, mental health conditions, or those physically unable to enter the hospital without the aid of the driver were now eligible for transport.

This is not correct. All patients are screened and if they meet the requirements under section 8 of the DoH guidance they will be eligible.

All complaints are reviewed by the relevant Patient Clinical Team and are discussed at a monthly contract meeting between the commissioners and the providers to monitor trends, to ensure the service is constantly reviewed to meet the needs of the patient within the eligibility criteria.

Left: FOI figures from the East of England Ambulance Service Trust and the percentage ineligible for hospital transport.
The eligibility criteria did not appear to take into consideration the distance the patient has to travel to hospital, the rurality of their home, or the time of their appointment which may be very early in the morning, when community transport is not available.

The DoH guidance section 14 explains that NHS funded transport has not been extended to patients who do not fit the medical need for NHS funded transport (i.e., social need for transport is not included which includes rurality or journey distance/time). If the appointment time is particularly early or late the patient may be asked to rearrange the appointment time.

The news that people were no longer eligible was being given over the phone when they called up to arrange transport. Regular users were not being proactively notified, or given a written explanation of why they no longer qualify.

At implementation an information leaflet was produced and sent to health providers including GP surgeries for distribution to patients.

People who were not eligible for NHS funded transport were not immediately being given details of community transport schemes or other options they could try.

NHS Norfolk and EEast have proactively worked with Norfolk County Council to provided alternatives for NHS Norfolk patients. A specially created Directory of Services was created and this is used to signpost NHS Norfolk patients for alternative services. (This does not happen for NHS Suffolk patients due to Suffolk County Council wishing to deal with their patients in a different way).

Patients who were also carers were no longer able to bring their cared for person on the patient transport with them.

Non-emergency Patient transport is for the patient and any escort that is deemed essential to the travel of the patient. Some of [the] seats have been occupied by people who do not require treatment or are not a relevant carer.

The findings of this report, seen in Chapter Four: Healthwatch Suffolk’s Findings, show that the issues raised at the Norfolk Health Overview and Scrutiny Committee in 2013 are relevant to Suffolk and still cause concern among the communities being served.
Methodology
A mixed methods approach was used under the framework of Community Based Participatory Research to gain both a quantitative and qualitative insight into the current non-emergency transport landscape.

The methodology implemented for this project utilised a two-stage approach:

1. A questionnaire
2. Semi-structured interviews

The Questionnaire

The questionnaire was designed by Healthwatch Suffolk in collaboration with a panel of Non-Emergency Patient Transport and Community Transport service users. Due to the core demographic of non-emergency transport service users being over the age of 65, the service user reference panel thought it best to limit the number of open-ended questions. Therefore, the questionnaire consisted of nine closed questions (quantitative) and one open-ended question (qualitative).

The questionnaire was created and uploaded to www.surveymonkey.com, an online survey service. However, hard copies of the questionnaire were also made available and disseminated to all of the relevant organisations in Suffolk.

The questions within the survey aimed to explore the following themes:

- How people in Suffolk travel to and from healthcare facilities;
- The use of non-emergency transport (i.e., the call centre/accessibility);
- The cost of travel;
- Reimbursement under the 'Healthcare Travel Costs Scheme' (HTCS);
- Missed health care appointments due to lack of transport;
- How people in Suffolk access information on health care services; and
- Overall sentiments regarding transport to and from health care facilities in Suffolk

One-to-One Interviews

The one-to-one interviews followed semi-structured scripts and were conducted face-to-face with eight service users.

As a relatively small population were interviewed Healthwatch Suffolk acknowledge that the qualitative transcripts cannot be generalised beyond the interviews conducted. Additionally, Healthwatch Suffolk note that there was a selection bias among respondents as only respondents who had said they wished to be contacted were interviewed. However, to offset any selection bias, a further eight service users were interviewed.

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8 Community-based participatory research (CBPR) is an applied collaborative approach that enables community residents to more actively participate in the full spectrum of research (from conception - design - conduct - analysis - interpretation - conclusions - communication of results) with a goal of influencing change in community health, systems, programs or policies. Community members and researchers partner to combine knowledge and action for social change to improve community health and often reduce health disparities.

9 Semi-structured interviews were chosen as they are conducted with a fairly open framework which allow for focused, conversational, two-way communication. They can be used both to give and receive information. Unlike the questionnaire framework, where detailed questions are formulating ahead of time, semi structured interviewing starts with more general questions or topics. Relevant topics are initially identified and the possible relationship between these topics and the issues such as availability, expense, effectiveness become the basis for more specific questions which do not need to be prepared in advance.
bias, an equal number of “negative” and “positive” scoring respondents were contacted.

**Dissemination and Respondent Sample**

2,000 questionnaires were printed by Healthwatch Suffolk and delivered to various organisations that had agreed to aid in the dissemination process.

Additionally, the questionnaire was advertised via Healthwatch Suffolk’s website, other voluntary organisations throughout Suffolk, Healthwatch Suffolk’s community development team, and electronically to Healthwatch Suffolk’s existing network of contacts within the community. The dissemination process was carried out over a three month period (April to June).

The survey was also circulated by the Healthwatch Suffolk Information Team in the following ways:

- An article in the Healthwatch Suffolk quarterly newsletter issued to Friends and Members (the newsletter and bi-weekly update reach over 3,100 local people who have registered as friends or members of Healthwatch Suffolk);
- Repeated articles in Healthwatch Suffolk electronic fortnightly updates;
- Regular social media updates on Facebook and Twitter; and
- Front-page feature on the Healthwatch Suffolk website including a banner animation with supporting updates on the news, consultation and surveys page.

Targeted Sampling\(^\text{10}\) was used when disseminating the questionnaires as it was seen as the most efficient way to contact those using non-emergency transport. Healthwatch Suffolk received a response rate of 17% (337 respondents).

Respondents were asked to answer 6 questions that invited them to share demographic information about themselves. The following information was collected about each service user:

![Postcode Map](image)

\(^{10}\) Targeted sampling uses pre-existing indicator data (qualitative and quantitative) to construct a sampling frame from which recruitment sites are then randomly selected. There are several limitations: 1) sampling may be bias due to the population using non-emergency transport and difficult to replicate; 2) geographic areas may not be sampled in proportion to the number of members in the population of interest; 3) the probability of selecting a member of the population of interest may not be known.
Demographic Information

**Gender**
- 25% Male
- 71% Female
- 4% Did not say

**Age**
- 59% 51-64
- 37% 36-50
- 13% 26-35
- 3% 19-25
- 3% 18
- 1% Under 18

**Disability**
- 51% Physical
- 35% Mental Health
- 9% Sensory
- 1% Learning difficulty
- 3% Learning disability
- 5% Not to say

**Ethnicity**
- 94% White British
- 2% White Other
- 3% Prefer not to say

**Religion**
- 54% C of E
- 5% Methodist
- 3% Christian
- 2% Spiritual
- 10% Did not say
- 1% Buddhist
- 3% Other
- 5% C of E
- 3% Catholic
- 3% Methodist
- 1% Christian other

**Sexual Orientation**
- 79% Heterosexual
- 0% Lesbian Women
- 0% Gay Man
- 0% Bisexual
- 10% Did not say
- 11% None of the above

**Gender**
- 71% Female
- 29% Male
- 4% Did not say

**Age**
- 59% 51-64
- 37% 36-50
- 13% 26-35
- 3% 19-25
- 3% 18
- 1% Under 18

**Disability**
- 51% Physical
- 35% Mental Health
- 9% Sensory
- 1% Learning difficulty
- 3% Learning disability
- 5% Not to say

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- 5% C of E
- 3% Catholic
- 3% Methodist
- 1% Christian other
The questionnaire sought to find out how the general population of Suffolk travelled to and from health care services, their use of Non-Emergency Patient Transport, issues of missed appointments and the way in which respondents prefer to receive health and social care information. The following pages present the key findings of the survey.

Please note that although 337 people have responded to the survey, not all answered every question. In light of this, each graph will include a figure which represents the number of respondents who answered the question (i.e., N=100 indicates that 100 out of 337 people responded to the question).

Graph 1: How do you get to your GP and/or hospital appointments? (N = 337)

At a glance it is apparent that a minimal number of respondents (6%) have used NHS Transport. However, as shown from the responses to the following question, the number of respondents that have tried to access NEPTS via the Patient Transport Clinical Assessment and Advice Service is 94 (28% of all respondents). It is apparent that using the terminology ‘NHS transport (ambulance or car)’ may have been misleading and it is evident that respondents did not relate to this. Moreover, the total number of respondents who have used or have attempted to use NHS provided transport is 177 (53% of total respondents - please see Question Two). Therefore, deducting those who were ineligible (see Q3 N=54) from those who have tried to access Non-Emergency Patient Transport Services (see Q2 N=177), it is palpable that 36% of respondents have used Non-Emergency Patient Transport.
For those over 65, Healthwatch Suffolk found that just over 1 in 4 (26%) depend on family and friends, while 30% depend on public transport. Nonetheless, half of all respondents use their own transport, while 1 in 4 respondents walk to their health care appointments. Interestingly, however, just over 1 in 4 respondents receive a lift from a family member or friend (28%) or use public transport (27%).

Those respondents who listed ‘Other’, responded as follows:

- As I currently am unable to stand, my GP has to visit me.
- Support or care worker x5
- Park & Ride
- Mobility scooter / vehicle x 3
- Bicycle x 2
- No public transport from Haverhill to Suffolk only Cambridge Hospital
- Rely on lift from FOBS car service on occasion

Question 1 - Over 65s (N = 193)

Of the total number of respondents, 57% (193 respondents) were over the age of 65. When these responses are filtered, Healthwatch Suffolk found that just over 1 in 4 (26%) depend on family and friends to take them to healthcare services, while 30% depend on public transport. When this is scaled up to the total number of people over 65s living in Suffolk - 158,046 in 2013 - it is wholly conceivable that 41,092 over 65s in Suffolk rely on family and friends for transport to and from health care services, while 47,414 rely on public transport.

When addressing those respondents that have a disability, which accounted for 35% (119 respondents) of the total respondents, there were markedly different modes of transport compared to the general population surveyed.

As may be expected, a higher proportion of the disabled cohort use their family or friend and taxis to transport them to healthcare appointments compared to the wider sample. However, people with a disability are less likely to use public transport compared to those that are over 65 or those without a disability (21% compared to 30% and 27%, respectively).

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11 Data gathered from the Suffolk Observatory (see http://www.suffolkobservatory.info/)
12 Those that answered ‘physical disability’, ‘mental ill health’, sensory impairment’ or ‘learning disability’ were filtered and created the ‘disability’ cohort.
Question Two (N = 177): If you have used or have attempted to use NHS provided transport, did you call the Non-emergency Patient Transport Service (NEPTS)?

Of the total number of respondents (337), 177 (53% of the total number of respondents) have used or attempted to use NHS provided transport. Of these respondents, just over 1 in 4 contacted the Patient Transport Clinical Assessment and Advice Service in Norwich. This means that almost 3 out 4 respondents (73%) had used or attempted to use NHS provided transport via other means. Therefore, one can only assume that those respondents that answered ‘no’ would have had someone (i.e., family members, GP or hospital staff) book their transport.

Question Three (N = 94): Were you eligible for transport?

Of the total number of respondents (337), 28% of respondents answered question three. Of these respondents 10% were ‘sometimes’ eligible for Non-Emergency Patient Transport (n=9). 1 in 3 respondents (33% - 31 respondents) were eligible for Non-Emergency Patient Transport, while 57% (54 respondents) were not eligible for Non-Emergency Patient Transport.

3 out of 4 respondents who had tried to access NEPTS did not use the Patient Transport Clinical Assessment and Advice Service.
Question Four (N = 74): Were the call centre staff friendly and polite?

Of the 337 respondents, 22% answered the question ‘were the call centre staff friendly and polite?’

Although the majority of respondents (60%) thought that the Patient Transport Clinical Assessment and Advice Service staff were friendly and polite, 2 out of 5 respondents (40% - 29 respondents) thought that they were not. This should concern the provider.

The performance of employees is pivotal in ensuring a good overall customer experience. As more and more straightforward customer transactions are automated or moved online, employees spend more time on complex transactions requiring judgment and discretion. A study by Ipsos MORI has shown that a larger proportion of the population believe friendly service is more important than professional service (53% compared with 38%) and two thirds believe service is becoming too automated and impersonal (67%).

Question Five (N = 138): If you get a taxi to and from hospital and/or GP appointments, how much does it cost you each time?

Of the 337 respondents, 41% (138 respondents) answered question five, which sought to find out how much respondents pay for their journeys to and from health care services.

One in four respondents (25%) pay over £40 for their return journey to healthcare services, while almost 1 in 5 (17%) pay over £50. Many respondents noted that the higher cost of transport came as a result of having to travel further afield for specialist services (i.e., Addenbrooke's Hospital or Papworth Hospital). The lower cost associated with travelling to and from health care facilities (i.e., 22% of respondents paying less than £10), were predominantly for GP appointments.

One in four respondents (25%) pay over £40 for their return journey to healthcare services.

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14 1 in 4 represents an aggregated response of those respondents who answered ‘£41- £50’ and ‘£50+'.
The average cost of travel per healthcare appointment for all respondents that answered question five is £26.52, while for those respondents with disabilities it is £27.42, and for those respondents aged over 65, an average of £30.06 was spent per return journey to healthcare appointments.

These costs would particularly effect people with long term conditions; cancer patients or haemodialysis patients, for example, have frequent hospital appointments, which can often total 8 healthcare visits per month. They may also need to visit a range of other healthcare professionals for treatment, rehabilitation and follow-up care. Because of reduced immunity, public transport is often unsuitable, forcing them to travel by car or taxi.

Macmillan Cancer Support research\(^\text{15}\) indicates that costs associated with outpatient appointments hit almost three-quarters (71%) of people with cancer. The cost of travel to and from appointments affects 69% of people with cancer and costs them, on average, £170 a month. However, given the rural nature of Suffolk and as Healthwatch Suffolk’s research demonstrates that the over 65s spend, on average, £30.06 per return journey, these figures could be viewed as conservative, especially for those living outside urban areas. In light of this, and the fact that the maximum state pension is £115.95 per week\(^\text{16}\), it is evident that those over 65 with a serious illness and on a state pension are disproportionately affected by the strict criteria of NEPTS.

**Question Six (N = 195): Do you know how to get transport costs reimbursed (If you qualify)?**

Of the 337 respondents, 58% answered question six. Question six relates to the Healthcare Travel Costs Scheme (HTCS), which is a Scheme that helps support individuals on low income or elderly individuals with minimal savings. However, the question was reworded as the service user reference panels thought that jargon would confuse respondents.

Alarmingly only 6% of respondents who answered knew how to get their transport costs reimbursed.

Although Healthwatch Suffolk recognise that not all respondents have a need to know about, or do not qualify for, the ‘Healthcare Travel Costs Scheme’ (HTCS), a lack of awareness among respondents may conceal hidden HTCS eligibility and would be even more alarming if it was a direct result of poor dissemination among the population that need it most.

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\(^{16}\) See https://www.gov.uk/state-pension/what-youll-get
Question Seven (N = 312): In the last year have you missed a hospital and/or GP appointment due to lack of transport?

Of the 337 respondents who completed the survey, 93% answered question seven which asked ‘In the last year have you missed a hospital and/or GP appointment due to a lack of transport?’ and of these only 16% (49 respondents) had missed an appointment. However, when Healthwatch Suffolk isolated those respondents with disabilities and those that are over 65, the findings became more intriguing.

It is apparent that of the respondents with disabilities (119 respondents - 35% of the total 337 respondents), over 1 in 4 (27%) had missed a hospital or GP appointment due to a lack of transport.

When isolating those respondents that are over the age of 65 (185 respondents - 55% of the 337 respondents), it is apparent that comparatively fewer had missed appointments due to a lack of transport (14%). However, if we assume that everyone over the age of 65 attends one healthcare appointment a year, which is a cost of £17.50 for a GP appointment and/or £108 for outpatient hospital appointments, missed healthcare appointments due to a lack of travel cost Suffolk NHS between £387,213 and £2,389,656 per year.

Healthwatch Suffolk acknowledge that these figures are hypothetical and cannot be seen as verbatim. However, it is evident that missed appointments due to a lack of transport cost Suffolk an untold sum of money. This is an area that needs greater attention and would markedly improve after Cost-Benefit Analysis.

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17 See http://www.cps.org.uk/files/reports/original/141028143252-HowMuchDoWeUseTheNHS.pdf
18 These figures are hypothetical calculations based on all 158,046 of Suffolk’s over 65 population (ONS, 2013) attending one appointment a year. The cost incurred relate to 14% of the total over 65 population in Suffolk.
Question Eight (N = 304): Have you ever had an appointment changed at short notice by the hospital/GP that meant you could not access transport to the rearranged appointment?

Of the total number of respondents, 90% (304 respondents) answered question eight.

Although the majority of respondents (77%) did not face any problems when arranging transport to their rearranged appointments, almost 1 in 4 respondents had an appointment changed at short notice which meant that they could not access transport to the rearranged appointment provided.

Moreover, of the 112 respondents with disabilities that answered question eight, 1 in 3 (33% - 37 respondents) could not arrange transportation to their rearranged appointments. This, as previously seen, could be a result of 37% of those with disabilities using friends and family for transportation to healthcare facilities, while 30% use taxis. Nonetheless, it is an issue that GP surgeries and hospitals should be aware of, and in turn it could be argued that those with a disability should be given preferential treatment in regards to the time of their appointments and special arrangements should be in place for them if it is necessary to change appointments at short notice (i.e., the use of NEPTS).

Question Nine (N = 309): How do you find information on healthcare services?

The responses to this question did not indicate any significant difference between the sources of information used by those under or over 65. However, this question did not include the option of ‘online’ (i.e., the internet, social media, email, etc), so replies which referred to “online sources” were collated under the option of ‘other’. Healthwatch Suffolk found that 1 in 5 respondents (19%) of under 65s had used the internet to find information on healthcare services compared to just 1% of over-65s.

This highlights a need for all healthcare services to adopt an approach that caters for all ages. As more of the dissemination of information for healthcare services are beginning to move online, it will be important to understand how people of different ages access information.
Qualitative Insights:

The following paragraphs document the open-ended questions asked of the respondents and those who attended focus groups and one-to-one interviews. All of the respondents and interviewees have been anonymised. The graph below highlights what people said to Healthwatch Suffolk over the three-month period of collecting data.

Out of the total number of respondents, 38% (129 respondents) had further comments to make regarding transport to and from healthcare facilities. Although many of the comments focused on issues which have been covered elsewhere in the report, the following quotes reveal the strength of feeling members of the public have on the subject. There are clear expectations of a more caring response to frailty and a demand for better customer service.

“I have tried to get transport but without success. I am 77 and falling down a lot, but apparently this is not a reason for transport.”

“As I live in a remote area and can no longer drive I struggle to find help to get to Ipswich Hospital. My wife can drive to the surgery but not long distances. My friends are now getting older and I understand that my wife cannot accompany me to the hospital if I use NHS transport. I am quite disabled.”

“My mother had a broken leg and was staying with me instead of at the hospital but she had to go back for physio, I phoned when we needed transport explaining her requirements, two times they didn’t turn up another time they came in a car when I had clearly specified she needed an ambulance and help due to her break, it was very stressful for me and especially my mum.”

“...it is absolutely ludicrous that there is no public transport to the new [Sudbury] health centre from Great Cornard.”

“If I could not use a car getting to hospital/ doctors would be a problem due to lack of buses especially to the health centre. Having to change buses while feeling unwell is not on. As I live in Great Cornard it means changing buses.”

“I get hospital transport but although I am now eligible at one stage when I rang I was sometimes not eligible even though my condition had not changed.”

“We have great difficulty getting to Adenbrooks. My husband is due a hip replacement and we have to get taxis or a lift from a friend. We are very disappointed with the NHS.”

“It is around 30 miles from where I live to any of the local hospitals, so it takes a lot of time and effort getting to and from appointments. Most people from this village either drive themselves or have to depend on neighbours to get them to and from appointments. This problem can be greatly exacerbated when one has to attend appointments on different days for different purposes. There appears to be no co-ordination of appointments at the hospital end, it would make life much easier if there were. It is very frustrating to attend an appointment one day and have to go back again the next for another reason.”

“Up until now I have been able to ride in my daughter’s car, but unfortunately I can no longer walk so I will soon have to get hospital transport. Although I do not yet qualify at this point for some unknown reason.”
“I believe that the need for hospital transport is now too high. I know of visually impaired people that have been refused transport, and quite often the hospital appointment letters arrive too late and transport cannot be arranged.”

“My husband has had a stroke and he has hospital appointments in Bury. I have been told that he does not qualify for hospital transport and a return journey costs us between £50 - £60.”

“Last year I was having chemo and radio therapy. Everyday for about 2 to 3 months and visits to the doctors etc. But since then I have to attend Papworth and Addenbrookes to see doctors and have scans. My daughter and son have arranged to take me, but if I find it difficult, I have to get the bus. I can’t always get there and need help.”

“I have no immediate family close by which makes life very difficult at times, and accessing hospitals is very hard as I live in a rural community.”

“I am not blind nor do I have a life threatening illness, so the answer from the hospital transport is “tough, get a taxi”, which I feel is an awful attitude. I can walk short distances with the aid of a walker, but still I do not qualify. The service offered is dreadful and so in-compassionate.”

“Elderly gentleman used to receive NEPTS, but recently has been refused in a rude manner - he told the staff that he had recently had heart surgery and prostate surgery, but they refused and hung up on him. Their response was to use his pension money for a taxi, but he responded saying that he didn’t have enough money. Thereafter they hung up.”

“The lack of hospital transport is appalling. The criteria used does not take the patient’s age, location, lack of public transport into consideration. As far as they are concerned, if you can get into a car unaided then you are ineligible for transport and you must make your own way to the hospital [...] even if I could have used public transport it would take me some 2/3 hours to
get to the hospital. Just what an unwell person needs. It would cost me around £50 (return) for using a taxi. I do not mind contributing towards the cost of transport but £50 or so is extremely excessive.”

“I worked for 21 years in Patient Transport in London before moving to Suffolk 5 years ago. NEPTS was always underfunded then and required patients to meet strict criteria which did not take into consideration distance to be travelled or frequency of travel. Rural transport is much less frequent if at all to/from some locations and can require many changes. As the population is ageing, mobility becomes more of an issue but criteria for non-emergency patient transport is strict and procluces most people. It will be necessary in the future to have more services especially those such as Chiropody, xray, blood tests closer to patient’s homes so that they can make their own arrangements.”

“My driving licence was withdrawn 2 years ago by virtue of the effects of glaucoma. I now need to rely on public transport for essential journeys. Friends are very good, but there is a limit to the extent to which I can call upon them for help. My greatest concern relates to the possible impact on public transport of further cuts in local authority budgets after the General Election. If there was to be a significant reduction in subsidisation of rural transport bus routes, that would have major implications for my independence and ability to keep appointments at the James Paget and other distant hospitals. Taxi costs would be prohibitive and I am aware volunteer drivers are not always readily available.”

“Phoned NEPTS and they asked if I get DLA, and because in receipt of DLA they wouldn’t provide transport. The bus from Leiston doesn’t stop outside the hospital site. So I have to get a bus into Tower Ramparts central Ipswich and then another bus that will stop in the Ipswich Hospital site. With very limited mobility essential to have a bus that stops on the hospital site.”
Community Transport Operators

Community
What is community transport?

Community transport is a term covering a wide range of transport solutions usually developed to cover a specifically identified transport need, typically run by the voluntary sector for the local community on a not for profit basis.\(^{19}\)

Why is community transport being used in a healthcare context?

Community transport is about providing flexible and responsive solutions to unmet local transport needs and often represents the only way in which particular user groups can access a range of essential services. Because community transport is regulated under different rules from ‘conventional’ bus services, it is particularly well placed to offer innovative solutions where commercial services are not available. As a result it can provide the connectivity needed to get to a range of destinations for otherwise isolated or excluded groups of people, helping to develop sustainable communities and contributing to social inclusion.

How can community transport help?

Users of community transport include people of all ages, disabled people, unemployed people, people in communities that don’t have access to public transport, children and young people as well as older people. Because community transport is embedded in the communities in which it operates, it is well placed to focus on very local needs and on one-to-one help, providing both choice and quality services.

The following Chapter relates to comments received from Community Transport Operators. The responses to the questions posed allow for a better insight into the current hospital transport landscape. Moreover, they highlight the need for a review of hospital transport on a wider level as the rigidity of non-emergency transport is creating a shift in the role of the Community Transport Operators.

Please note that the responses to the following questions are anonymous as requested by the respondents.

Thinking about transport to and from healthcare services (i.e., GPs and hospitals), what is your current understanding of the situation and how has it affected Community Transport Operators?

Respondent One: Most of our clients are elderly with mobility problems.

Since the criteria for hospital transport was tightened, our request to hospital appointments has trebled. Bearing in mind it is a 50 mile + round trip at 45p per mile this can be expensive for clients. It also puts a strain on requests to local appointments for our volunteers.

Respondent Two: Hospital transport is less accessible for patients, particularly when they might need an escort - hospital transport is not available for early morning admissions - we are lucky to have some drivers who don’t mind this.

Respondent Three: We have always provided transport to hospitals and GP surgeries since our organisation started in 1997. However, we have seen a real surge of requests for hospital transport over the last 2/3 years. The effect of this has resulted in knock on effect for other journey requests as we can only undertake so many journeys each week with our volunteer drivers.

Hospital appointments are difficult to plan for as for us they are at least 45 - 60 mins away and then a driver may be at the hospital for over 2 hours - so effectively a lot of their day is taken up with maybe one passenger when they would otherwise have taken about 4 passengers on more local trips e.g. shopping, visiting friends, hairdressers etc.

\(^{19}\) For more information, please see http://www.ctauk.org/UserFiles/Documents/Consultancy/CTA_ValuingCT_Brochure-final2.pdf
There has been no extra funding made available for administering the hospital trips, yet they have made the role of the community car co-ordinator so much harder and time consuming.

**Respondent Four:** We understand (or believe) that NHS have set up a call centre staffed by non-medical staff. Patients are being directed to the call centre by GPs. Patients are being given “the run around” and denied any transport or positive help. The effect on patients has been quite alarming. The effect on [our company] has been a significant increase in unmet need and a growth of bad feeling amongst drivers some of whom are concerned about patients and some who are getting stressed at what they see as excessive demand because NHS are so ...select own rude words!!!

**Respondent Five:** Current clients are being told that they have to meet strict criteria to qualify for hospital transport, many of the people calling us are told they do not meet this criteria.

Community transport details are being given to these people telling them we will assist them, which isn’t always the case. Often they are not told that there is a cost to us providing transport so they are not happy when they find this out.

**Respondent Six:** The hospital requests seem to come in batches, which is difficult to plan. The criteria for not offering NHS transport is sometimes inconsistent. Patients are not told that if they have treatment the Hospital is obliged to arrange their return journey. Many are referred to us too late, we rely on volunteer drivers and short notice is often not possible for them.

**Respondent Seven:** There is an assumption from healthcare services that transport will be provided for patients by others. When asking to speak to someone from West Suffolk Clinical Commissioning Group about Community Transport, to explore any ways that we could work together we were told “oh, no Suffolk CC passenger transport does all that for us”

We do get good support from Suffolk CC for Dial-A-Ride type services. They give an admin fee per journey for Community Car Service journeys but this in no way pays for the admin heavy service.

The vast majority of Car journeys are for hospital appointments. The Health service take the view that as passengers have already fallen beyond their strict criteria - those that they happily refer to us are therefore on their own. However almost without exception our passengers are older people, who would not otherwise be able to attend their appointments.

We are based in Newmarket, we have a small hospital with a few visiting consultants, thus any hospital appointment is at least 20/30 mins away, outside our district. There are no direct buses to any hospital, all require changes, which is difficult for older people.

We had an 86 year old lady with a broken ankle who was declined free transport and told to get the bus. I resolved that one but it’s not uncommon to wonder how on earth these people are expected to travel on public buses.

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**What would encourage or assist with hospital transport provided by CT operators?**

**Respondent One:** We are always struggling to recruit new volunteers. We cover 28 Parish’s in very rural areas and sometimes travel up to 15 miles before picking the client up. Hospital transport needs to understand we are not a replacement but an alternative as we also provide transport for shopping, Day centres, meeting public transport, visiting relatives etc.
Respondent Two: Did not answer

Respondent Three: Additional funding and assistance with identifying more volunteers. Given that volunteers are not readily available, then funding to provide paid drivers by the CT groups would be an alternative option.

Respondent Four: A serious change of attitude by NHS and in particular by East of England Ambulance service and their appalling call centre in Norwich. This place appears to be staffed by a bunch of soulless pen pushers. Funding would be welcome and useful if for no other reason as recognition of savings CT has made for NHS by helping to reduce NHS costs and by ensuring patients get to hospital appointments - reduced cancelled appointment costs!

If NHS could come down from their splendid isolation and communicate, if they could see that by using their computer capacity to manage appointments from a given area (use post codes!) a great deal more could be achieved. COMMUNICATION skills are sadly lacking within the NHS

Respondent Five: Not giving the patient false information, by telling them we CAN help them. Collect correct information about our services before talking to the patients

Respondents Six: More notice. More consistency on criteria for NHS transport. Indication of whether treatment is performed and how long an appointment may take.

Respondent Seven: Funding. That simple. We are quite accomplished at running the service and recruiting volunteers but I need staff in place to do that. Blue badges - would be great to have them for our DAR buses but we have been refused.

Please could you indicate passenger numbers and frequency of trips?

Respondent One: Last year we travelled approx. 61,000 miles transporting 5,644 clients. Of these miles 29,000 were to Hospital appointments & 14,000 to medical appointments.

Respondent Two: We made 1375 trips to various hospitals in the year 1/4/14 - 31/3/15. Most occurred on Mon - Fri but sometimes weekends as well.

Respondent Three: Over the last 12 months we have undertaken about 3,317 passenger journeys (single) over 63,300 miles taking passengers to both the Norfolk and Norwich University Hospital or the James Paget University hospital. This has all been undertaken with volunteers driving their own cars.

Respondent Four: We average 45 passenger journeys per month to hospitals and a variable number to GPS. We are well aware that we are only scraping the surface of demand.

Respondent Five: We make hospital/GP visits most days of the week; we do individual journeys so it can be up to 6 per day.

Respondent Six: Monthly average of 20/30 passengers, we are at the Hospitals almost every other day in a month.

Respondent Seven: LAST YEAR
Newmarket DAR 13003 passenger journeys
Haverhill DAR 4179 passenger journeys
Brandon DAR 1965 passenger journeys
Newmarket based Car Service 2129 passenger journeys, cover Forest Heath and neighbouring east Cambridgeshire
Haverhill Car Service 2768 passenger journeys
Estimated number of refusals, and due to what reasons? (i.e., no driver, timing, etc)

Respondent One: Refusals vary but an average would be 10 per month. Usually due to being overbooked and no volunteers available. Sometimes its timing early pick-ups i.e. 6.00am not acceptable for a volunteer or Weekend bookings or short notice.

Respondents Two: Over the past year we have been unable to cover 7 hospital trips - this is due to late request and no driver available.

Respondent Three: On average we probably refuse about 2 hospital trips a week due mainly down to a lack of volunteer drivers.

Respondent Four: SCC have collected figures on refusals for last two years. Our experience suggests that we are probably only meeting 50% of demand. Biggest problems lack of drivers, and short notice for appointments. Not a vehicle problem since on some days we have vehicles standing ready and available to go.

Respondent Five: Up to 5/6 per week, usually due to them having to pay.

Respondent Six: Monthly average 10 refusals for lack of driver, vehicle or late notice.

Respondent Seven: We keep refusals to a minimum - most likely reason is that we have no driver, usually because people have only called the day before. This happens far more recently; likely as letters tend to arrive giving just one days’ notice for passengers. One can hope this means there is a faster turnaround in organising appointments however - with little notice given, relying upon letters is nonsensical. If they called passengers for short notice appointments they would have more chance of them actually being able to attend.

What do you regard as the main priorities facing transport to healthcare services over the next two years?

Respondent One: For us in a very rural area, lack of public transport. Also elderly people who cannot access a bus rely on community transport. Recruiting new younger volunteers is a problem as the retiring age is increasing every year. Funding for the administrative cost; wages, phone, office facility’s etc, all have to be paid for by small grants, subsidies & fundraising.

Respondent Two: As our community ages, more people are needing extra help such as wheelchairs to get them to their clinic. More and more people are showing signs of severe memory loss and/or dementia and need an escort from pick up at home to returning them there after their appointment.

We do not have adequate numbers of volunteers to provide a driver plus escort for each trip; as the volunteers age, there are less and less who are able to cope with using a wheelchair, and with the refusal from District Council to re-issue Blue Badges for our drivers to use make parking and caring for the passenger extremely difficult. This is not going to get any easier as time progresses.

Respondent Three: Essential that rules are fair for all and that patients understand who is eligible and who is not. Instructions for hospital transport are clearly given (we recently had a lady who we transport regularly in our car service found wandering round the hospital having had hospital transport to get her there but not having an idea how she was going to get home - she was told that she would only get transport in with the driver!).

Further pots of funding need to be identified from Health services to assist community transport schemes to administer the additional journeys which are nowadays being requested.

Respondent Four: Finance. We have lost the small limited support we had from SCC
was a paltry 10p per mile now a fixed fee of £1 per journey. The “reasoning” was that by paying 10p SCC was duplicating service provision which was (once upon a time long long ago) also provided by Health Service.

We are in effect cross subsidising services in order to be able to keep hospital transport afloat. This probably means we are breaching the principles of the 1985 Road Traffic Act by cross subsidising services.

Increase in demand because of even further withdrawal of limited (non-existent service provision) by NHS.

Increase in number of upset passengers on phone, often crying in sheer desperation, because of way they have been spoken to by call centre staff.

A decrease in number of volunteer drivers who will be prepared to drive to hospitals. There is a growing feeling that the NHS are taking volunteers for a ride!!!!!!

Further erosion of the very strained relationship that exists between Voluntary sector and the NHS.

Respondent Five: It will be the same issues that we have now, enough volunteers to run the service, budgets, and patient’s willingness to pay for transport.

Respondent Six: Much closer liaison and co-ordination between the different services offering transport to and from Hospitals.

Respondent Seven: Moving to a point where health service acknowledge that they do rely upon Community Transport to ensure their patients can attend - and look to actively support us financially. There is of course scope for them to contract
The Bigger Picture

In 2014, the NHS released a report entitled ‘Five Year Forward View’, which included a section regarding the engagement of communities.

The NHS made four commitments:

1. Better support for carers;
2. Creating new options for health-related volunteering;
3. Designing easier ways for voluntary organisations to work alongside the NHS; and
4. Using the role of the NHS as an employer to achieve wider health goals.

Specifically, Healthwatch Suffolk are interested in commitment two, which entails encouraging community volunteering. It is clear that volunteers are crucial in both health and social care. The Report states that three million volunteers already make a critical contribution to the provision of health and social care in England; for example, the Health Champions Programme of trained volunteers that work across the NHS to improve its reach and effectiveness. The Local Government Association has made proposals that volunteers, including those who help care for the elderly, should receive a 10% reduction in their council tax bill, worth up to £200 a year. Healthwatch Suffolk support testing approaches like this, which could be extended and adapted for those who volunteer on behalf of hospitals and other parts of the NHS (i.e., staff of Community Transport Operators).

As seen in the previous chapter, Community Transport Operators spend a considerable amount of their time transporting people to healthcare appointments, but often have to refuse transport as they do not always have enough volunteers. Approaches such as this may enable Community Transport Operators to recruit a sufficient number of volunteers.

Stronger partnerships with charitable and voluntary sector organisations is also highlighted in the Report. When funding is tight, NHS, local authority and central government support for charities and voluntary organisations is put under pressure. However, these voluntary organisations - such as Community Transport Operators - often have an impact well beyond what statutory services alone can achieve. Too often the NHS conflates the voluntary sector with the idea of volunteering, whereas these organisations provide a rich range of activities, including

information, advice, advocacy and they deliver vital services with paid and unpaid expert staff.

Often they are better able to reach vulnerable or hard to reach groups, and are a source of advice for commissioners on particular needs. This is a pool of knowledge that commissioners should utilise.

Lastly, the Report states that the NHS will seek to reduce the time and complexity associated with securing local NHS funding by developing a short national alternative to the standard NHS contract where grant funding may be more appropriate than burdensome contracts, and by encouraging funders to commit to multiyear funding wherever possible. Healthwatch Suffolk encourage and support this mechanism as many of the Community Transport Operators in Suffolk have spoken of the timely and often over-complicated processes that are required to secure funding.

However, all NHS funding crises boil down to the health service having too much work to do with not enough money to do it - a consequence of rising patient demand. The NHS is entering this crisis at the end of the longest spending squeeze in its history; there has been a staff pay freeze, management costs have been cut and fees that hospitals are paid to carry out treatments have been reduced. The NHS saved nearly £11 billion between 2011 and 2013 through these and other measures. In terms of cutting costs, the “low hanging fruit” has been picked. The only things left to cut are things patients care about: staff and services.

As stated in a report delivered by the Nuffield Trust, entitled ‘A decade of austerity? The funding pressures facing the NHS from 2010/11 to 2021/22’, it is unrealistic to think in terms of simply meeting a need. It is clear that due to current austerity measures, parts of the NHS, including Non-Emergency Patient Transport, have to be curtailed or made more cost effective. It is clear that there are no easy options for health beyond the current spending review period. The global population is increasing and ageing, resulting in greater demand for health care, while the pressures on the health budget from rising chronic conditions and increasing input costs (principally pay) will remain.
Therefore, particular attention should be placed on improving quality and performance, and turning these improvements into cash-releasing efficiency savings. As mentioned earlier in this Report, Non-Emergency Patient Transport is just one small cog in the NHS, but it will be the small pockets of savings such as improving NEPTS to ensure that there are minimal missed medical appointments that will, over time, create a more efficient and cost effective NHS.

Conclusion

In concluding this report, three overarching themes have been distilled that express the views of service users and community transport operators. These are communication, coordination, and criteria.

Communication

The inconsistencies in communication can be seen in three ways: 1) the lack of communication regarding the Healthcare Travel Cost Scheme, 2) Poor communication from the Patient Transport Clinical Assessment and Advice Service staff, and 3) a lack of communication between all healthcare transport service providers and commissioners.

1. The Healthcare Travel Cost Scheme

Healthwatch Suffolk’s findings show that there is a lack of communication and information surrounding the Healthcare Travel Costs Scheme. Alarmingly only 6% of respondents who answered knew how to get their transport costs reimbursed. It is evident that an unknown number of missed GP and hospital appointments come as a result of individuals not being able to access affordable transport. Therefore, raising public awareness of the Healthcare Travel Cost Scheme is a necessity.

2. Patient Transport Clinical Assessment and Advice Service staff

Healthwatch Suffolk found that 2 in 5 people thought that the Patient Transport Clinical Assessment and Advice Service staff were not friendly or polite. This is a point that has been made continuously over the three months of data collection. Healthwatch Suffolk acknowledge that the majority of respondents were satisfied with the manner in which they were spoken to. However, the findings in this report show that there is a need for improvement.

Also, as seen from the qualitative insights, people wish for a more communicative service that signposts effectively. Although the East of England Ambulance Service note that they offer signposting if a patient is not eligible, Healthwatch Suffolk’s findings highlight that the signposting service may need reviewing and updating.
3. A lack of communication between all healthcare transport service providers and commissioners.

As seen in this report, Community Transport Operators have limited communication with the Non-Emergency Patient Transport Service, Clinical Commissioning Groups and Suffolk County Council. As one Community Transport Operator suggests ‘[Community Transport Operators] are breaching the principles of the 1985 Road Traffic Act by cross subsidising services’ as Healthcare services ‘continually put costs across to SCC’.

This leaves Community Transport Operators in a precarious position and has a negative impact on the availability and productivity of Community Transport Operators. However, service users face the most significant impact when services have limited communication networks. A stronger communication network between those that provide healthcare transport will strengthen overall coordination and undoubtedly have a positive impact on service users.

Coordination

Healthwatch Suffolk’s findings highlight a lack of coordination within the Non-Emergency Patient Transport Service. Also, there is a lack of coordination by hospitals due to rearranged appointments at short notice. This is due to a lack of systematic processes.

For example, as one respondent explained ‘my mother had a broken leg and was staying with me instead of at the hospital but she had to go back for physio. I phoned when we needed transport explaining her requirements, two times they didn't turn up another time they came in a car when I had clearly specified she needed an ambulance and help due to her break. It was very stressful for me and especially my mum’. This quote highlights a lack of coordination within the East of England Ambulance’s Non-Emergency Patient Transport Service.

Healthwatch Suffolk’s findings also show that there is a lack of reactive coordination from hospitals in Suffolk as almost 1 in 4 respondents had an appointment changed at short notice which meant that they could not access transport to the rearranged appointment provided. Moreover, of the 112 respondents with disabilities that answered question eight, 1 in 3 could not arrange transportation to their rearranged appointments. It is evident that there is a need for a more coordinated approach to rearranging appointments.

There is also a lack of coordination between all providers and commissioners of healthcare
transport. As typified by one Community Transport Operators remark -

‘There is an assumption from healthcare services that transport will be provided for by others. When asking to speak to someone from West Suffolk Clinical Commissioning Group about Community Transport, to explore any ways that we could work together, [I] was told “oh, no Suffolk CC passenger transport does all that for us”’ - it has become apparent that there is poor coordination of services from the top, down. Moreover, it is clear that many of the transport services work in silos, which creates a confusing landscape for service users to navigate.

Criteria

Clear criteria to determine the nature of transport services provided are very important. Not all patients require or want to use NEPTS and many patients could travel with a carer if this was appropriately reimbursed. Assessment of need against eligibility criteria is an ongoing process and should continue to be undertaken by clinical teams. However, the feedback gathered from people living in Suffolk highlights that the Non-Emergency Patient Transport criteria does not provide equality. Several of the people Healthwatch Suffolk spoke to had severe mobility issues but were still refused transport. Furthermore, several respondents that had diminishing health who were once eligible are now ineligible.

A topic that was also discussed regularly related to carers, friends or family being able to accompany patients that are using the Non-Emergency Patient Transport Service. Although the East of England Ambulance Service states that a carer may accompany a patient if they meet strict criteria, Healthwatch Suffolk have spoken to many individuals who have explained that there is a necessity for those living with sensory impairments or conditions such as dementia to be accompanied by someone that they know and trust. A simple solution to this is to charge a flat rate for those that are accompanying a patient.

It is evident that there are a number of different transport providers offering different elements of the overall service. However, Healthwatch Suffolk’s findings show that all forms of healthcare patient transport are predominantly used by those aged over 65 who, by-and-large, do not use the internet. This means that many service users cannot access the eligibility criteria before calling for Non-Emergency Patient Transport. Therefore, an easily accessible form of information needs to be provided to list all other options for this customer base. Thus, criteria and choice are intrinsically linked to coordination, consistency and communication.

There is a need for a consistent approach to be adopted both locally and nationally. This does not mean uniformity as one size does not fit all but it will ensure a fair and equitable service meeting at least minimum national standards is available to all patients. Although the eligibility criteria has not changed since 2007 and the East of England Ambulance Service has noted a
reduction in those refused transport on the grounds of ineligibility, Healthwatch Suffolk has seen an increase in service user comments noting that they were once eligible but no longer warrant transport. A growing number of individuals with severe mobility issues have been refused transport (i.e., an 86-year-old lady with a broken ankle), while others have reported receiving non-emergency transport for lesser conditions. At the time of writing this report, the East of England Ambulance Service’s Non-Emergency Patient Transport fails to implement its criteria consistently.
Non-Emergency Patient Transport is just one small cog in an ever-growing NHS machine. Therefore, it is beyond the scope and power of Healthwatch Suffolk to dictate that Non-Emergency Patient Transport Services or Community Transport Operators should receive increased funding. However, one thing that is apparent is the need for better information systems and a holistic approach to the access of Non-Emergency Patient Transport.

Our findings have clearly highlighted that there are several key improvements that can be made which will not only improve the lives of would-be service users, but increase efficiency resulting in reducing the service’s running cost - an unknown sum that would be better spent improving the existing service or being put into another part of the NHS. Who wouldn’t want that?

However, one thing is clear. The recommendations that were proposed fourteen years ago in The Audit Commission’s 2001 Going Places Report were not implemented and still exist today. These are:

1. The need to move from a finance driven to a quality driven service;
2. The need to increase patient focus and flexibility of service provision;
3. The need to pursue opportunities for co-operation with other agencies and authorities;
4. The need to raise the status of NEPTS across the health community; and
5. The need to create the ability to meet rising expectations of user groups.

Healthwatch Suffolk have broken the recommendations into two sections:

1. Recommendations that Healthwatch Suffolk will implement.

**Actions for Healthwatch Suffolk**

- Healthwatch Suffolk will actively publicise the Healthcare Travel Cost Scheme in the hope of spreading awareness.
- Healthwatch Suffolk will list all relevant information concerning Non-Emergency
Patient Transport services including an easy-read version of the eligibility criteria, a contact list of Community Transport Operators including their base and where they travel to, and what patients can do if they are facing problems travelling to and from healthcare appointments.

- Healthwatch Suffolk will continue to signpost patients accordingly.

**Recommendations for West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups**

1. Healthwatch Suffolk recommend a review of the current eligibility criteria.

The Non-Emergency Patient Transport Service is commissioned by the two Clinical Commissioning Groups (CCG) in Suffolk. They set the parameters of what the service should deliver and to whom it should be delivered.

Currently, East of England Ambulance Service NHS Trust are commissioned to provide the service based on medical need and not on other aspects such as rurality, financial security or a patient’s access to alternative transport options.

As seen in the Department of Health document Eligibility Criteria for Patient Transport Services (PTS), CCGs - the successor to Primary Care Trusts - can develop detailed local criteria. A review of publically available literature has found no revision to the following statement:

“Primary Care Trust’s are responsible for commissioning ambulance services (which could include patient transport services) to such extent as the PCT considers necessary to meet all reasonable requirements of the area for which they are legally charged with providing services. It is for the PCT to decide who receives patient transport services in their area. PCTs should therefore apply the principles outlined in this document either to consider each case on its merits or to develop more detailed local criteria for PTS use.”

Based on our findings, we recommend that commissioners review the current eligibility criteria.

In particular, we recommend that the Clinical Commissioning Groups work with the East of England Ambulance Service NHS Trust, Suffolk County Council and other community providers of transport to identify how those who struggle to access appointments for valid reasons other than a particular medical need, may access transport to their appointments.

2. Work with providers and other stakeholders to identify and address gaps in service.

It is recommended that improved partnership working between commissioners and providers would help to ensure that there is a seamless and responsive service for patients and the public.
Initially, Healthwatch Suffolk would be happy to facilitate a meeting between all parties to discuss the current situation and begin to address gaps in services.

Such a forum should include Suffolk County Council, West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups, the East of England Ambulance Service NHS Trust, Community Transport Operators, Commercial Transport Operators and, where possible, representation from providers of NHS services (e.g. acute hospitals).

3. Increasing public awareness of the Healthcare Travel Cost Scheme.

Healthwatch Suffolk found that only six per cent of respondents knew of the Healthcare Travel Cost Scheme. Increased public knowledge of this Scheme could result in fewer missed appointments by individuals that cannot afford transportation. Therefore, a concentrated effort on spreading awareness of the Scheme is a necessity for commissioners.

Recommendations for the East of England Ambulance Service NHS Trust

1. Improve signposting and links with alternative services.

Feedback from patients and the public indicates that people are not adequately informed about the full range of alternative services available to them should they be ineligible to access Non-Emergency Patient Transport Services. Furthermore, as seen in our report, a growing number of patients are refused Community Transport as the operators do not have capacity.

Specifically, the East of England Ambulance Service need to review the manner in which people are directed to alternative options. This is particularly true of older people, those in rural locations and those living with conditions that mean they have to visit healthcare services regularly.

2. Signposting people to the Healthcare Travel Cost Scheme.

Initially, Healthwatch Suffolk would be happy to facilitate a meeting between all parties to discuss the current situation and begin to address gaps in services.

The Forum should include Suffolk County Council, West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups, the East of England Ambulance Service NHS Trust, Community Transport Operators, Commercial Transport Operators and, where possible, representation from providers of NHS services (e.g. acute hospitals).

Recommendations for Suffolk County Council

Suffolk County Council has a wider remit to ensure transport provision for the population of Suffolk. Therefore, it must invest time and effort in collaborative working with all providers of transport.

In July 2013, the Roads and Transport Policy Development Panel (PDP) was asked to develop recommendations as to how Suffolk County Council could best support people’s travel needs in the future and how it could best use the available resources to do this.

To undertake this work, the PDP set up a subsidiary Task & Finish Group of councillors with a particular interest in public transport. This included taking evidence from
representatives of NHS Hospital services and Community Transport Operators in Suffolk. The need for a more collaborative approach to dealing with a whole range of transport issues was identified in the PDP and the recommendation was to establish a Public Transport Forum.

Suffolk County Council envisaged that there would be workstreams to the Public Transport Forum. Healthwatch Suffolk therefore recommends that a Health Workstream of Suffolk County Councils Public Transport Forum is established. Initially, Healthwatch Suffolk would be happy to facilitate a meeting between all parties to discuss the current situation and begin to address gaps in services.

The workstream should include the West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups, the East of England Ambulance Service NHS Trust, Community Transport Operators, Commercial Transport Operators and, where possible, representation from providers of NHS services (e.g. acute hospitals).

The workstream should work towards the following:

1. Identify gaps in service provision and seek methods through which they may be addressed.
2. Increase awareness of transport options and costs among the residents of Suffolk.

At the moment all transport operators are falling short of good information dissemination and public awareness.

There is a lack of partnership working between the East of England Ambulance Service NHS Trust and Community Transport Operators. As both serve to transport patients to healthcare appointments, service users would benefit if there was up-to-date signposting and an integrated approach between the organisations, including all alternative transport options and any cost that may apply.

Ensuring good information and advice for local people is a key element of the Care Act 2014 and a responsibility of Local Authorities. Thus, it is considered that Suffolk County Council has a significant role to play in seeking improvements in this area.

2. Increase public awareness of the Healthcare Travel Cost Scheme.

Healthwatch Suffolk found that only six per cent of respondents knew of the Healthcare Travel Cost Scheme. Increased public knowledge of this Scheme could result in fewer missed appointments by individuals that cannot afford transportation. Therefore, a concentrated effort on spreading awareness of the Scheme is a necessity.

Recommendations for the Suffolk Health and Wellbeing Board

The State of Suffolk report published by the Suffolk Health and Wellbeing Board highlights improved access to transport solutions and community engagement as a key element in the prevention of social isolation and loneliness.

The Board are asked to note the report and use it to inform future discussions about how local transport issues may affect health and wellbeing in the county.

Healthwatch Suffolk will be writing to all relevant stakeholders to ensure that these recommendations are reviewed and actioned.
Thank you

Healthwatch Suffolk would like to thank everyone that has helped to inform the production of this report including our partners, staff, volunteers and participants.

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