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Draft Report Access (Transport) to Health Services

Introduction

Patient transport services (PTS)

Non emergency patient transport services are currently commissioned by each acute, mental health, learning disability and community trusts but from April 2010 commissioning responsibility will be passed to all Primary Care Trusts (PCTs) nationally.

Non urgent patient transport services to healthcare facilities is a key issue for patients, as it has a major impact on their experience of healthcare and their well being, and the NHS as it helps meet the strategic objectives of reducing health inequalities, improving access to healthcare and reducing non-attendance at appointments.

Changes to how healthcare is provided are impacting on the demand, the level of co-ordination required within and across trust boundaries and the need for flexibility within the system. New issues that PTS have to plan for include:

- Patients who travel to their GP for treatments that would previously have been provided by hospitals.
- Activities that are now being transferred to pharmacists eg medication reviews
- The patient choice agenda whereby patients can choose where their treatment is provided.
- Changes to opening hours of GP clinics, (now up to 8.00pm), and hospital clinics, (now up to 7.00pm)

Development of the Project

A great deal of work was done by the former Patient and Public Involvement Forums (PPIFs) around patient transport which was brought forward to the Kent LINK when it came into being in April 2008. Patient transport is historically an emotive subject for people across Kent and Medway and was raised with the Kent LINK at its Annual Meeting in May 2008. It was agreed at that meeting that a project be developed to look at patient transport.

Aims of the Project

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

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- To see what level of consistency exists between trusts in the provision they make for patient transport, car parking, patients who are stranded at A&E, links with community transport schemes and the quality of travel information given out to patients
- To initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent.

Methodology

The first two parts of this project were concerned with researching current patient transport options, what is available, where, when and to whom. The research was carried out by the Project Worker on behalf of Kent and Medway LINKs and was done in the following ways:

- i. Internet research
- ii. Attending meetings – Transport for Health Working Group and West Kent Patient Transport Services (PTS) Steering Group
- iii. Letters were sent to Chief Executives of the following organisations asking for information about their transport policies and plans:
 - NHS Eastern and Coastal Kent
 - South East Coast Ambulance Trust
 - Kent and Medway NHS Health and Social Care Partnership Trust
 - Kent County Council
 - Medway NHS Foundation Trust
 - Medway Primary Care Trust
 - West Kent Primary Care Trust
 - Maidstone and Tunbridge Wells Trust
 - Dartford and Gravesham Trust
- iv. Letters were sent to community and voluntary sector organisations known to provide transport requesting information about their schemes.

Once the information had been gathered it was collated and then summarised. This enabled us to identify consistencies and inconsistencies across Kent and Medway, highlight popular schemes and further issues people have with patient transport.

Patient Transport across Kent and Medway

Project aim:

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

Research has been carried out to begin looking at what options are available to people who are not eligible for free patient transport. This is an overview of the options available across Kent and Medway with further detailed information in Appendix X. Please note that this is not a comprehensive list and further information can be sought from the resources in Appendix X.

Transport Provided by the NHS

NHS patient transport services are currently commissioned by:

- Maidstone and Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust

- East Kent Hospitals University NHS Foundation Trust
- NHS Eastern and Coastal Kent

There are a range of providers including the Trust's own in-house services and services that they commission from private organisations such as Medicar and St. John's Ambulance. See Appendix X.

NHS patient transport is funded by the individual Primary Care Trust (PCT) depending which GP the patient is registered with.

East Kent Hospitals University NHS Foundation Trust runs a 'Health Hopper' service between hospitals for patients, visitors and staff. This is a scheduled service which is free to patients, but they need to show an appointment letter.

Kent and Medway NHS Health and Social Care Partnership Trust (KMPT)

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

Hospital Travel Cost Scheme (HTCS)

The HTCS is for patients with no medical need for an ambulance, not eligible for PTS and cannot meet the cost of travel to hospital or other health care facility where they need to receive NHS treatment. The scheme is available to those patients in receipt of income support, income based job seekers allowance, pension credit guarantee credit, working tax credit and / or child tax credit. In some circumstances patients on low income may be entitled to partial or full refund on their travel expenses. Escort's expenses could also be reclaimed where it is considered by a GP / consultant to be medically necessary for a patient to travel with an escort. Appendix X gives details of where to find more information about this scheme.

Kent County Council (KCC)

KCC transport services are procured primarily through commercial services under service level agreements and local contractual arrangements. The services are a mixture of private and voluntary coordinated transport schemes. They make direct provision of a driver escort service for some adults with learning disabilities.

Dial-a-ride

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

The scheme is available to people who:

- Have a medical condition that makes travelling on conventional public transport difficult (this must be authorised by a GP)
- Live in a rural area more than 500 metres from a conventional bus route.

Dial-a-ride operates a pre-booked, scheduled service collecting passengers along the route. The service will stop to pick up and drop off between stops where safe to do so. While they do take in hospitals and doctors surgeries, they can't take passengers at a specific time which means that appointments must be booked around travel rather than travel booked around appointments. The service operates Monday to Friday but the buses are used for school runs so are only available between 10.00am and 1.00pm during school term time.

The service must be booked at least one day in advance.

Voluntary sector

There is a range of transport provision made by the voluntary sector in Kent and Medway including volunteer car schemes and community buses. The most common uses of these services are to access day centres or healthcare services.

Volunteer Car Schemes

In their information audit of community transport provision in Kent, Action for Rural Communities in Kent identified 38 volunteer car schemes, "ranging in size from just two volunteer drivers to several volunteer bureaux with more than 50 drivers and staff." For the most part, their drivers volunteer on an 'as and when' basis, with the centres phoning round for a driver who is available and willing to undertake the journey.

Providers of volunteer schemes estimate that between one half and two thirds of their journeys are to healthcare settings, the remainder meeting social needs, including visits to day centres and shopping trips. The number of journeys made by each scheme varies according to their size; with the largest we identified (Thanet Community Transport Association) undertaking over 22,000 journeys in a year. Many volunteer car schemes are not advertised as they are already at capacity and are unable to take any more passengers.

Funding for the schemes is a mix of grants from KCC, local councils and the NHS, core contract work, applications to charitable trusts and fees charged to passengers.

Community buses

Community bus schemes are supported by KCC in areas that lack sufficient public transport services. Community groups bid for funding with an appropriate model for their locality, so the specifics of the services vary from scheme to scheme. They generally run a timetabled service, staffed by volunteer drivers, specific trips to shops, outings and excursions. The services are open to anyone to use and passengers pay a fare, which helps to fund the service.

Key issues raised (by all groups)

Journey times

"We had a friend who died a few weeks ago. She had to travel, by ambulance to Canterbury for Dialysis, three times a week. She was also diabetic. She was leaving her house in Walderslade (Chatham) at 11.00am (ish). The ambulance then went to Sheerness to pick up another person and then travelled on to Canterbury. There was usually a wait to get a bed and

then they did the same thing in reverse usually getting home after 7.00pm and on some dates returning hours after that”.

LINK participant, Chatham

“Residents of Worth and the Dover and Deal District areas encounter severe problems getting to QEQM hospital for appointments by public transport. Any one travelling by bus from the Deal area, or my own Parish Worth, is forced to go to Sandwich where they need to change for Ramsgate and then change again for Westwood and Queen Elizabeth the Queen Mother Hospital (QEQM). I have now had an opportunity to check this for myself. On the day I chose to travel from Worth, it took six separate buses and seven hours to make the round trip with a 40 minute break for lunch (equivalent to out patient appointment time) at the hospital. The equivalent journey by car was just 1 hour 20 minutes including 40 minutes appointment time. I met and talked to several out patients making similar journeys from the Deal and Dover District. They all found the experience extremely time consuming and expensive (over £5), to say nothing of demoralising when they are poorly”.

Parish Councillor, Worth

Arrangements for new Hospital in Pembury

“Transport is one of the ever present issues in this area and with a new hospital on the way on the Pembury Site, planned with a car park which is too small in the view of many of the local population, and a proposal for the NHS to support the first three years of an ‘improved’ bus service with a large subsidy from funds that should be used to treat patients”.

LINK participant, Tunbridge Wells

Awareness

“Have never been told about or offered NHS transport”.

LINK participant, Gillingham

Wheelchairs

“I have to use a footpath to reach the parking area near my bungalow, it is too far for me to go safely with the aid of my walking stick alone, and so the (Volunteer Car Scheme) driver has to take me in my push chair, this presents problems as they often have small cars and only the transit chair will fit”.

Member of the public by email

“I suffered a severe stroke five years ago last November, have left hand side paralysis, suffer from epilepsy, sleep apnoea, and brittle bones. No possibility of being able to drive. I have a battery powered electric chair, but the patient transport minibus crews say that they are not permitted to take it”.

Member of the Public, Gravesend

Carers / Escorts

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

Member of the Public, Gravesend

Comfort

"I will never forget my one and only ambulance journey recently - There were no extra blankets on board (and no explanation of why). I was very poorly and very cold".

Kent LINK member by email

Eligibility

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

Community Group, Tunbridge Wells

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

LINK participant, Gravesend

"We have heard of a young disabled mother who needs to take her 13 year old to a London hospital being refused transport, when her husband is unable to get time off work to take them. She was told her child could travel alone".

Patients Group, Sittingbourne and Sheppey

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

Eligibility criteria for patient transport services (PTS), DH Ambulance Policy (2007)

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

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

Eligible patients are those:

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

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

Eligibility criteria applied by trusts in Kent and Medway are summarised in Appendix X. Some are scored against the laid down criteria; others are at the discretion of the patient's lead practitioner. There is some small variation in the scoring procedures, for example, Dartford and Gravesham have a fairly heavy weighting (two of a total of four points that are needed to be eligible) for a patient that needs to be at DCU by 7.00am, Medway NHS Trust doesn't score against this criteria at all.

Under payment by results, each provider is responsible for one journey, therefore, the receiving hospital is required to arrange and fund transport one way – usually the return journey unless agreed otherwise. Although the differences are small, the fact that they exist and that others are at the discretion of the lead practitioner has the potential to create a situation where the patient is eligible for PTS for one half of the return journey and not the other (insert patient experience?)

East Kent Hospitals Trust goes beyond the DH criteria, allowing for 'exceptional non-medical need', defined as the lack of availability of other forms of transport and the distance to be travelled. This is at the discretion of the patient's GP or lead therapist. Medway NHS Trust allows scoring of one point against a criteria of 'is likely to be receiving bad news'.

Booking Procedures

"Now that I am well established as a frequent user of patient transport at Darent Valley Hospital booking future trips should be straightforward, I should only need to phone patient transport a few days before hand. They should only need to check with the hospital computer that I have got the right day and time, and perhaps I should phone again on the actual day to finally confirm. However, they now refuse to make arrangements directly with me saying that the booking can only be made by the no doubt overburdened ward clerk. The result is that I have to phone patient transport to see if I have been booked in, if not then I have to, phone the ward clerk, check that I have the right date for my appointment, and remind her that I need transport and ask her to book it for me, after a decent interval phone patient transport to make sure that every thing has been sorted out-if not, phone the ward clerk again, and so on until I am satisfied, phone on the day of travel to check every thing is still in order and to confirm that I still need transport. In fairness they do sometimes call me, but I cannot reach my phone before they hang up, usually without leaving a message. It would help if they called on my mobile or if they used a line where the number was not withheld which prevents me from returning the call or even knowing who has called".

Member of the public, Gravesend

Practices vary slightly from trust to trust but in the main:

- Patients must be signed off as eligible for PTS, by a health practitioner, often a GP in the first instance. They are then reassessed on a regular basis.
- Morning appointments picked up from 8.30am, afternoon appointments from 12.30pm.
- Bookings are made by clinicians, not directly by the patient.

Solutions

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

Transport for Health Working Group (THWG)

Quote from the terms of reference for this group:

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

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

The main objectives of the group are to:

- Improve partnership working between the voluntary sector, the NHS, KCC, district councils, transport providers and all other appropriate stakeholders
- Establish a document that links health and social transport provision in Kent, that is patient / public facing and which describes all available options and processes
- Act on any existing service modifications / improvements required to meet the needs of the differing localities
- Support a Joint Strategic Needs Assessment that advises on a set strategic direction for the PCT and partner organisations to improve Patient and Community Transport Services.

Organisations represented on this group are:

- NHS Eastern and Coastal Kent
- Kent County Council
- NHS Medway
- NHS West Kent
- Kent LINK
- Canterbury City Council
- Maidstone and Tunbridge Wells Transport
- Swale Borough Council
- East Kent Hospitals University NHS Foundation Trust
- South East Coast Ambulance Trust
- Medway Foundation Trust
- Ashford and Dover Volunteer Centres
- Age Concern
- Stagecoach
- Arriva
- East Kent Association for Older Citizens Forum
- East Kent Pensioners Forum.

The Kent LINK has secured opportunities for three LINK representatives to work with this group on their projects and for one of those representatives to sit directly on the THWG.

West Kent Patient Transport Services (PTS) Steering Group

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

The objectives of the group are:

- To inform the commissioning of PTS in NHS West Kent
- To act as a forum for discussing the gaps and inconsistencies in the level and quality of current service provision across NHS West Kent
- To define the common minimum standard of service patients should expect to receive
- To explore what terms need to be included in the service specification, eligibility criteria and minimum data set to affect a service which promotes equitable access and represents the best value for money.

Two LINK participants are on the group. Organisations represented on this group are:

- NHS West Kent
- Health Network
- West Kingsdown Medical Centre
- Tunbridge Wells Over Fifty Forum
- Medway LINK
- Kent County Council

Current Review

The South Coast Strategic Health Authority have facilitated the joining together of the eight PCTs from across the South Coast to review current and develop new consistent eligibility criteria and service specifications for PTS. This group of PCTs will then adopt the new criteria and standards from April when PCTs take on responsibility for commissioning PTS.

What works well (information to be taken from debates)

- Examples of best practice.

What needs improving (information to be taken from debates)

- Gaps in provision
- Support needed, what, where, when, how.

Debates

- To initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent; what, where, when, how many involved, discussions, outcomes

What happens next for LINK?

The Access (transport) to Health Services project is formally concluded with the publication of this report. The report will then be formally submitted to LINK participants, East and West Kent

Primary Care Trusts and NHS Medway. It will be submitted to the Transport for Health Working Group and the projects they plan to take forward as the outcomes of the report directly impact on their work. The report will also be available to the public, posted on our website and available in hard copy upon request.

The ongoing opportunities for local people to get involved in patient transport are we have secured three places for LINK representatives on the Transport for Health Working Group so that they can participate in the project work as well as one representative having the opportunity to feed directly into the main group.

Appendices

- Department of Health eligibility criteria
- NHS table
- Voluntary sector table
- Participant table
- Car parking consultation – LINK results / submission (Is this really part of this project?)
- Acknowledgements
- List of resources, websites etc where further information can be found.

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