
Medical Non-Emergency Transport Services

Public and stakeholder engagement to inform the service specification of medical non-emergency patient transport services for NHS Vale of York CCG and NHS Scarborough and Ryedale CCG

April 2017

Engagement Feedback Report
Version 1

Contents

Executive Summary.....	4
Recommendations for service specification and development	6
Waiting times.....	6
Keeping people informed	6
Consistency	6
Eligibility Criteria - Clear and concise, easy to understand.....	6
Staff training	6
Cancellations and changes.....	6
Working with healthcare service providers.....	7
Additional (fill in) services.....	7
Booking	7
Introduction	8
Background	8
National Context	8
Local Context.....	9
Approach.....	9
Methodology.....	10
Working Group.....	10
Surveys.....	10
Engagement with community and stakeholders	10
User Group.....	10
Media and Web Communications	10
Feedback from Stakeholders	11
York Community Transport.....	11
North Yorkshire Wheelchair Users Forum	11
Other considerations in the procurement process include:	11
York Parent Carers Drop In Forum.....	12
Scarborough Disability Action Group.....	13
Yorkshire Coast Sight Support.....	13
Ryedale over 50s Forum	13
Scarborough MS Society	13
York Mental Health Forum.....	13
Survey.....	13

Medical Non-emergency Transport
Engagement Feedback Report

Feedback from Patients 14

 York Medical Group Water Lane Surgery 14

 Tadcaster Medical Centre 14

 Millfield Surgery at Easingwold..... 15

 York Hospital..... 15

 Survey..... 18

Demographics of respondents 22

 Vale of York CCG 22

 Scarborough and Ryedale CCG 27

 Vale of York CCG 30

 Scarborough and Ryedale CCG 40

Appendix 1 41

Appendix 2 42

Appendix 3 43

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Executive Summary

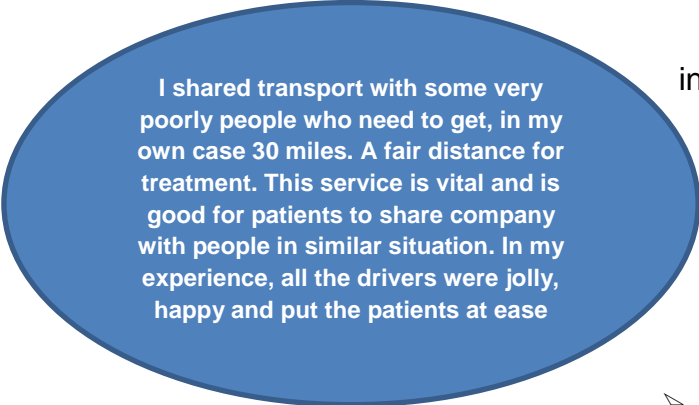
The Clinical Commissioning Groups in the Vale of York and Scarborough and Ryedale (the CCGs) intend to jointly commission a new patient transport service for the area which will commence in April 2018 and will be known as the Medical Non-emergency transport (MNET) service. The CCGs want to ensure that the MNET service will meet growing local needs now and into the future.

A new specification for this service will be drawn up to achieve these objectives and it will be informed by the experiences and views of local patients and stakeholders, and new ways of delivering health care that supports people to maintain their independence as much as possible.

This report is a combination of views gathered from:

- 114 patients spoken to during Vale of York GP practice visits
- Patients at 3 Scarborough and Ryedale GP practices
- 98 patients spoken to during York hospital site visits
- 70 stakeholders spoken to at York community forums representing groups with protected characteristics
- 9 community groups in Scarborough and Ryedale representing stakeholders and patients with protected characteristics
- A total of 133 survey responses (94 patient surveys and 39 stakeholder surveys)
- 75 comments from face to face interactions
- Surveys were posted to 244 stakeholder & patient groups
- 71 stakeholder contacts representing groups with protected characteristics were posted surveys
- The surveys were promoted by the CCGs websites and Twitter accounts. A press release promoting the surveys was sent out and this featured in the Darlington and Stockton Times and on the Minster FM website and the York ME community website.

The key findings are listed below:



I shared transport with some very poorly people who need to get, in my own case 30 miles. A fair distance for treatment. This service is vital and is good for patients to share company with people in similar situation. In my experience, all the drivers were jolly, happy and put the patients at ease

➤ Roughly half of all journeys in the Vale of York and Scarborough and Ryedale are in saloon cars.

➤ 95% of those patients surveyed indicated that they would be happy to share a vehicle with other patients.

➤ 90% preferred to make a booking by telephone but only 41% felt that the current service made good use of technology – for example confirming pick up times.

Medical Non-emergency Transport
Engagement Feedback Report

- Waiting between half an hour and an hour was considered acceptable by 55% of respondents.

Improve the attitude of the staff, some are wonderful others not so and I use to feel demoralised.

- Experience of the patient transport staff was mixed. Feedback highlights that the quality of staff is inconsistent.

- Many of those who responded to our surveys highlighted booking difficulties as an area for improvement.

On one occasion I checked in to go home to Barlby. Two other ladies, who had been behind me in the clinic, were then checked in. They went first, in two separate vehicles, both of which would pass within yards of my home. I finally travelled on a third vehicle, having waited 3 hours and 10 mins. Being booked on a Saturday clinic I arrived at the ambulance desk a 16:00 to find all closed up, though my home journey was booked. Due to eye infections, my sight was impaired. I finally got home at 19:30. Returns are a bit of a lottery, but I don't mind up to 1 1/2- 2 hours. Usually its less but when you are alone and can't see properly, it can be stressful.

Difficult to book – have to wait on the phone a long time, other means of booking eg online would be better

Difficult to arrange...

Recommendations for service specification and development

Waiting times

- To reduce waiting times, both pick up from home and pick up from
- To communicate to all patients and carers their responsibility to be on time and ready for pick up as delays can impact on others' care.

Keeping people informed

- Letting patients, carers and healthcare professionals know if delays arise.
- Ensuring patients understand their responsibilities.
- Communicating eligibility criteria and booking, cancellation and changes processes to the public, patients, carers and other providers

Consistency

- Consistency in applying eligibility
- Consistency of staff approach – both call handlers and drivers
- Consistency in letting patients and stakeholders know about changes, cancellations, timings etc

Eligibility Criteria - Clear and concise, easy to understand

- Communicating eligibility criteria to the public, patients, carers and other providers clearly, consistently and regularly

Staff training

- Training for drivers – equipment needs – moving and lifting – space required and time required, mental health awareness, physical impairments that can cause pain – driving carefully
- Training for call handlers – equipment needs – space required and time required, ascertaining eligibility in an empathetic and non-judgemental manner, helping all patients regardless of eligibility
- Offering services or signposting to services for patients who are not eligible to receive NHS patient transport. Providing a single point of access for patients, carers and healthcare professionals to receive advice and guidance around transport.
- Working closely with local authorities and voluntary organisations to effectively match patients with services that can assist them

Cancellations and changes

- Cancellations and changes are communicated promptly to users
- Making a cancellation or a change has a clear and easy process for users
- Who holds the responsibility for informing the provider of a cancellation or change should be made clear at the time of booking
- Close links with health providers to pick up on cancellations and changes

Working with healthcare service providers

- Working closely with healthcare services to effectively manage timings, cancellations and changes
- Working closely with healthcare providers to stay up to date with users changing needs (eg equipment, escort etc) and eligibility

Additional (fill in) services

- Signposting to alternative local transport options other than a taxi
- Providing reduced cost transport for patients that do not meet the eligibility criteria but may face journey issues (such as long and complex journeys)

Booking

- Bookings can be made on the same day if required
- Booking can be completed quickly and easily (patient records should be kept and updated regularly)
- Information given out at booking is consistent and clear
- Booking staff to establish eligibility in a sensitive manner
- Booking staff to signpost patients to other services if required
- Booking staff to have sound knowledge of local geography

Introduction

Background

Patient transport services have been in place nationally to support journeys to and from NHS facilities and care for some time. Significant numbers of patients use the services available nationally, but there is little consistency between provision in different areas. During that time the technologies involved in logistics management have moved on significantly and a number of areas are now looking to capitalise on these improvements to the benefit of patients.

Where patient transport services work well they support smooth flow of other service provision, enable patients to get the most benefit from regular treatments and interventions, and ensure elderly, ill and vulnerable patients are transported home safely. The provision of an effective and safe service will enable regular attenders to get the most out of their treatments, clinics to run to time, and patients to know that they will be picked up and returned home when they expect.

These services provide eligible patients who require non-urgent and planned treatment with free transport to an NHS site. It is intended for patients where medical or mobility needs mean that it would be detrimental to their condition or recovery if they were to travel by other means. This may be, for example, because they need staff support during or after the journey or because their level of mobility means they would be otherwise unable to access healthcare.

National Context

The cost to the NHS of non-emergency patient transport is at least £150 million per year. Evidence suggests that there is considerable scope for improvement in terms of efficiency, value for money and passenger experience.

A survey of patient transport users in London found that 37% had missed an appointment due to patient transport in the last two years. Equivalent data is not available at national level but given that 7.1 million patients across the country received planned hospital transport in 2012/13, the cost to the NHS of missed appointments caused by patient transport problems would be immense even if proportions were just a fraction of that found in London.

Equally the quality of different non-emergency patient transport varies widely across the UK; there is no recent guidance on applicable standards, and what there is does not reflect the changes in medical practice, particularly for outpatients and day-case surgery that have occurred over the last decade.

Applicable national standards:

Care Quality Commission (2013) "Transport Services, Triage and Medical Advice Provided Remotely" in The Scope of Registration available from:
http://www.cqc.org.uk/sites/default/files/documents/20130717_100001_v5_0_scope_of_registration_guidance.pdf;

NICE (2014) Quality Statement 6: Patient Transport in Renal Replacement Therapy Services QS72 available from:

<http://www.nice.org.uk/guidance/qs72/chapter/quality-statement-6-patienttransport>

NHS England (2014) Ambulance and Patient Transport in The Friends and Family Test (Publications gateway Ref: No: 01787);

Medical Non-emergency Transport Engagement Feedback Report

MHRA (2005) Guidance on Wheelchair Stability, available from:
<http://www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON2018055>;

Department of Health (2009) Summary infection control guidance for ambulance services during an influenza pandemic. (Publications gateway Ref: No: 12221).

Local Context

Vale of York CCG serves a population of 333,323. The population is growing and aging. During 2016/17 there were 59,525 journeys for patients within the Vale of York, the average mileage of these journeys was 22 miles and the service was provided by four different organisations.

A population of 119,128 is covered by Scarborough and Ryedale CCG. This population is also aging, with the additional challenges of rural locations and high levels of deprivation. In Scarborough and Ryedale there was a figure of 27,886 journeys forecast for 2016/17, the previous year's journey had an average mileage of 21 miles and this service was provided by 3 different organisations.

In 2016 Scarborough and Ryedale CCG and Vale of York CCG agreed to review their services and work together to improve them.

During deliberation sessions and engagement events with providers and clinicians the following key themes were identified:

- The need to take into account changing transport needs if in the future more services are moved out of hospital premises into community health provision
- Waiting times and the length of journeys
- How eligibility criteria for the service is applied
- Hours of operation

Approach

NHS Vale of York CCG and NHS Scarborough and Ryedale CCG, commissioners wanted to have a frank and open discussion with patients and stakeholders about how NHS resources should be used to provide a safe, quality and sustainable service for those with the greatest health need. Specifically the key issues we wanted the public and stakeholders to consider were:

- Are the current waiting times acceptable? What impact do longer waiting times have on patients and their carers?
- How can we ensure that patients, carers and health professionals can easily and quickly book patient transport?
- Can we harness technology to improve efficiency and patient experience?
- How to ensure that people aren't booking transport if they have alternative methods of transport available they could use.
- How to ensure that people let the transport provider know if they no longer require the transport that they have booked.
- How can the criteria ensure that those with the greatest health need are able to access the service and should the criteria be changed?
- How can we best ensure that criteria are met, managed and reviewed?

- How can we help people that are not eligible for patient transport access alternative services that can help them and find out if financial assistance is available?

Methodology

Working Group

An Engagement and Communications Working Group was set up with members from each CCGs' communications and engagement teams and a member of the MNET project team.

Surveys

2 surveys were developed, 1 for patients and 1 for stakeholders, both of which were made available online or in hard copy (See Appendices 1 & 2). The survey included an overview of the service explaining its function and the reason for the survey.

Promotion of the survey and letters accompanying the hard copies sent out also invited people to call a number or email if they wished to receive a survey in a different format or language.

The online links and paper surveys were sent to 244 stakeholder contacts in Vale of York CCG area, including 71 stakeholder groups representing protected characteristics under the Equality Act 2010.

Engagement with community and stakeholders

CCG staff visited stakeholder groups, GP practices and hospital sites during March 2017 to gather qualitative and face to face feedback.

Stakeholders and members of local groups and forums were asked to share information with their networks and the CCGs would like to thank them for their support.

Information about the engagement was shared with staff, GP practices and the York Teaching Hospital Foundation Trust.

User Group

The working group is proposing to set up a user group to continue to engage with the service users of the patient transport service.

Media and Web Communications

Both surveys were also available to complete online. Posters (see Appendix 3) featuring a QR code and website address were sent to 244 stakeholders, including GP practices. A press release (see Appendix 4) promoting the survey was sent out to the local media outlets and this was featured on both CCGs websites and social media accounts.

The engagement and the surveys were promoted via both CCGs' websites and Twitter accounts. A media release was sent to local media outlets and information

was featured in the Darlington and Stockton Times and on the Minster FM website and the York ME community website.

Feedback from Stakeholders

York Community Transport

- A meeting of local voluntary groups and the local council to pool transport resources and join up services. The overall feedback from this group was that the service offered by NHS patient transport was valuable but that it needed to be clearer to users who was eligible and also the service needed to integrate with other forms of local community transport.

North Yorkshire Wheelchair Users Forum

- This forum suggested that the patient transport service could be improved with crew training for a more holistic approach to dealing with patients and to reassure those anxious about their hospital visit.
- It was suggested that there should be better communication between the hospital and crew to specify a person's needs and deal with unforeseen circumstances, for instance:
 - What is required; 1 man crew/2 man crew
- The issue of how to communicate with people who are blind or partially sighted; a code of safety is really important if you can't see
- If a person is anxious about being late for appointment they need reassurance that the patient and the hospital can be contacted if transport is going to be late
- Multi-person buses v individual transport: for some multi-person pick up can pose challenges particularly when the order of pick up/drop off means they are first on the transport. For instance a person with spinal injuries would find it difficult to be on a bus for a long period of time.
- Lift/ramps for ambulances are a must
- Treatment of patients: The service needs friendly staff, which will help patients, take their time, reassure them and ensure they have their keys and anything else they need

Other considerations in the procurement process include:

- Operating hours; there are plans to move to a 7 day service eventually – with a Saturday service as a starting point. Currently out of hours services are sub-contracted out to private companies; this is expensive and not great for continuity of service.
- Waiting times – time slots, tracking systems, how long is it acceptable to wait to go home after an appointment?
- More information must come from the control centre. Can they update the driver about the patient – e.g. the patient cannot see, has learning difficulties and is a wheelchair user
- Important for equipment to go with the patient
- Hot days – is there water for the patients on the ambulances
- Bariatric provision – what is currently available? What has been considered for the future provision of bariatric patients?

Medical Non-emergency Transport Engagement Feedback Report

- Lifting protocol – are the ambulance staff able to lift patients as one lady said that she was told they were not allowed to lift her.
- Colleague used the patient transport and anecdotal feedback included that they had a midday appointment but didn't get back until past 17.30pm which made for a long day and increased anxiety.

York Parent Carers Drop In Forum

Victoria attended and held a stall.

Audience was organisation and parent carers

Comments:

One lady praised the PTS service. Her son needed to go to Manchester once a week for treatment. She was driving each week and it was exhausting and a really difficult drive along the M62. When she realised she was eligible it took a huge strain and pressure off her and was great for her son. The man driver was really responsive

One lady needed an ambulance for her daughter who had severe learning difficulties and was a wheel chair user. Her daughter did not like it when an ambulance turned up to transport her and the fact that they were in uniforms. It is really scary for a little girl and she 'freaked out'. A car would have been much better.

One lady: Her daughter needs a hoist to get in and out the wheelchair, so it is important to know when the ambulance is arriving.

Vehicle was old and rickety and was not good for a 90 year old.

York against Cancer arranges a mini bus to Leeds which is 'fantastic'.

- Lovely people
- Pick up and wait for you
- Volunteer driver

The hospital needs to have more accessible parking for patients with wheelchairs and disabilities. This lady struggled with parking at the hospital as her vehicle is too big for the York Trust car park. She has a large vehicle as it needs to fit her child's equipment in. However even though she gave feedback when the hospital was planning the multi-storey car park – her car cannot fit there so she struggles to park. Sheffield Hospital has a great example. There is also a shuttle bus point at the hospital so that people can park out of town and ride to the hospital in an accessible bus.

Scarborough Disability Action Group

Yorkshire Coast Sight Support

Ryedale over 50s Forum

Scarborough MS Society

York Mental Health Forum

Survey

Feedback from Patients

York Medical Group Water Lane Surgery

Ambulance provision for getting home from out-of-hours GP appointments. Neighbour had been picked up after a fall, and did not want to go to A&E. Unfortunately she was not very mobile and if her neighbour hadn't been on hand to pick her up, the ambulance service would not have been able to take her to the OOH service, as they would not accept patients if they could not make their own way home

Mother uses patient transport services to get to hospital appointments. She said that as she had a spinal problem, it was not very comfortable for her mum to be in the ambulance for long journeys. If she was in a vehicle with other patients and was the last drop off, it could be a really painful ride, because her mum would feel each bump on the journey.

- For those who are anxious travellers – it would be good to know how many journeys/drop off there would be on a PTS minibus. EG if there were five pickups and the patient was number two of five, then they would at least have an idea of how long they would be on the vehicle for.
- Make room/provision for wheelchairs and special cushions
- Categorise calls according to need
- Training for staff on various conditions – e.g. her mum has a back problem and needs to sit on special cushions and not have a bumpy ride. If the ambulance staff knew/were aware of this then it would make her experience better
- If they are running late, is there some way of communicating with the patient
- Understand what is wrong with the patients
- Training for learning disabilities and ADHD

I have cancer and my wife takes me to the hospital every day. Its 'difficult' and 'time consuming' for her and the 'parking is expensive' every day. She has to wait for me to finish my treatment and it takes all day.

- Not sure of if I would be entitled – no information about it
- Coordination – who would be in charge of booking ambulance?
- People who have no family or help should be entitled
- Dignity is important
- Helping people with low mobility is important

Tadcaster Medical Centre

Number of people talked to: 48 (approx.) and we received 19 individual comments

Alright getting there – but not getting back

My husband used it. It was fine when being picked up, but waited a long time when being picked up - 2 hour waits. He was very ill after his treatment, so waiting was not nice.

We used it a couple of times, but had to get taxis in the end as they would pick us up three hours before appointments – which was too long. There should be a penalty for those who book but forget to cancel if they don't need it.

People are very lucky to have that sort of services

This gentleman worked for the voluntary car service in Tadcaster taking people to and from hospital appointments. He picks up patients that are not very mobile to take them to and from appointments. It's a 'back up for people who can't use hospital transport'. 'We have time to wait for the people, whereas taxis would charge them waiting time.'

Biggest problem is that you get picked up in a morning but it takes all day to get back. If you had morning and afternoon slots that would be ok. However, elderly people do not want to wait all day.

My voluntary car service is excellent. They take me to the door of my appointment which is really important as my husband used to come with me when he was alive. I don't know what I would do without the voluntary car service as I use them every week.

Medical Non-emergency Transport Engagement Feedback Report

I had a hip replacement and used the transport services. I am very happy with the service. Lucky to have any sort of service. There were delays but everyone was doing the best they could.

I used embrace for a baby transfer to Leeds. It was very good. The NHS service couldn't do it so I had to use embrace

Excellent service. Really useful. Waits were frustrating.

Hasn't had to use it, but presumed the GP would arrange if needed it.

Wife used it a while ago. There was a fair bit of waiting around, but it was to be expected.

Lady across the road uses it and seems happy with it.

Use Tadcaster voluntary service which is excellent.

Raised questions about whether the service would pick you up from rural areas. How long would the wait be?

It doesn't seem cost effective to have one person sat in a large ambulance with many seats. Can't expect a personal service, wouldn't mind a couple of stops, but not lots.

I am eligible, but get the bus as have to wait for ages.

Supported living at Wilberforce Trust. The lady we spoke to assumed it was just easier to get a taxi and hadn't even checked if they were eligible. As we spoke to her it became obvious that the thought of going in an ambulance alarmed the lady in her care.

Millfield Surgery at Easingwold

Number of people talked to: 33 (approx.)

My sister in another county uses it and has to wait a long time. She has an issue with having to get up so early to be picked up hours before her appointment. As she is elderly, it takes her a long time to get ready.

My husband had to go to for heart surgery, the driver was clearly in a rush and drove like a maniac, and we were thrown around in the car for the whole journey, I asked him to slow down and he ignored me. When my husband was due to come back but his treatment had run over the driver harassed the nurse treating him. The whole experience was unpleasant and very stressful at what was a horrible time for us anyway. After that we started getting the train even though it was so expensive and we would avoid using the service again.

I use the Easingwold Voluntary Transport service and they are brilliant, they even take me to have my hair done. I would recommend them to anyone.

We don't use the service as my family members and I take it in turns to drive Mum to where she needs to be. However there may be times when we can't do this and she can't drive.

Knowing there is a service like this available takes the pressure off a bit.

York Hospital

Total people spoken to:

- Morning – 48 people
- Afternoon – 50 people

We have only included comments relating to people who have used the patient transport services however we have a full verbatim recording if needed.

Morning session 9.30-11.20

Female resident of Dunnington. "I know someone who did recently. She lives in Dunnington too and finds it difficult to make her own way down to the hospital. We don't really talk about it, but she mentioned that it's very handy".

Off duty staff member – female working in the Breast Unit. Our patient's think it's great, as far as I can tell. They never seem to be late".

Female resident of York. "I used it 5 or 6 years ago and I suspect it's probably changed a lot since then. When I used it they picked up 2 other people, but I didn't feel like this was a problem. If given the option, I'd prefer a single pick up. Do you do this? Otherwise I don't

Medical Non-emergency Transport Engagement Feedback Report

have an issue with it. It's such a long time ago anyway".

Female. "A few years ago my mum used it a few times. I don't remember her having any problems with it. Haven't used it myself, but you never know. I wouldn't worry if it was like it was for my mum. I imagine budgets are an issue at the moment, from what you hear in the news".

Female. "I've used them a few times, always with multiple pickups. One of these pickups was delayed getting to the hospital because an elderly lady struggled to get out of her house. She wasn't well, plus she had mobility issues as far as I could tell. It didn't mind though, as I kind of expect some people to have difficulties like that. Who knows, I could be like that one day".

Female. "I used it myself a few years ago. It was offered because I had no way of getting home that day. It was great, in and of itself, and while I don't want to sound negative, it might have been easier in my case to just grab a taxi. I had to hang around until the end of the day before I could leave York DH. Do you reimburse taxi fares? I can't remember".

Female. "Today's the first time I've used the transport service. I was picked up on my own and it was very good - comfortable and not rushed

Female 90 years old: I once got the ambulance to an appointment but had to wait a long time so I now get a taxi.

Female approx 70 (lives YO30): 'Very good service. Drivers are excellent. I have only just started to use it and have had to get it twice this week. 1st time was a two hour slot 7-9am and the driver didn't turn up until 8.45am. So I was waiting for a while downstairs not knowing when it would arrive and I didn't dare go to the toilet in case I missed him. This morning (the 2nd time I have got the ambulance) it was great, the driver rang me and said he was 20 minutes away, so I knew when he was coming and it was much better. It was fantastic.'

Female sat in ambulance waiting area approximately 40 years old: I have been up since 5am this morning as the ambulance had to pick me up early for a 9am appointment. I am tired now and have been waiting over an hour and a half to go home. (it was 11.00am). Last time the ambulance staff forgot to lock my front door – which was not good.

Number of patients asked – 32.

7 answered 'yes' to using or having a family member who used Transport Services.

Interviews – 6 (One took a survey to fill in later)

Response from: 1 Male & 1 Female (individuals, not a couple) who had both travelled on the East Yorkshire Patient Transport Service from Beverley/Pocklington/Holme on Spalding Moor. Age range: estimated over 65

Summary: POSITIVE comments about a similar service run by East Yorks

- We use the service from Beverley/Pocklington (tel. 03456 455959).
 - It's a fantastic service!
 - We pay a £5 contribution. That's going to change from April to £2.50 each way, and that'll be even better.
 - It's a minibus service, door-to-door. Today there's only 3 of us, but there can be up to 8. It's a great service.
 - They are always on time!
 - They phone the night before to confirm the time. They said 7.50am and they were at my door at 7.50am.
 - I can bring my own mobility aid (walker), which is good.
 - It works well. Driver (Tina) will come and find us here in the entrance area if she can't spot us.
 - Another useful thing is that we can book our transport for the next appointment with
-

Medical Non-emergency Transport Engagement Feedback Report

the driver, which makes it very easy and useful.

- Very positive feedback about Tina: “Tina’s the best driver!”

I got the impression of a very friendly and personal service that worked well – and they mentioned driver Tina several times

Response from: 1 Male – lives in Escrick, age range: estimated over 65

Summary: POSTIVE/NEGATIVE – two separate experiences

- Very disappointed: I had a bypass in Hull in August 2015. I attempted to book Patient Transport to bring me home after the Op (my daughter had taken me there). We spoke to Patient Transport in the afternoon but they said they couldn’t come until 10pm, and then later they estimated after midnight! We were very disappointed and made alternative arrangements.
- I have used it one other time only – for a planned appointment in Leeds, and that worked fine.
- I currently use 2-3 buses and walk to get to my appointments usually.

Response from: 1 Male – lives in Askham Bryan. Age range: estimated over 65

Mobility: (he was using a hospital wheelchair when I spoke to him, but uses mobility aids such as walking sticks at home)

Summary: POSTIVE

- I can’t praise it more!
- They came on time and it’s been efficient and quick. They’ve helped me all the way.
- They have a lift to get me into the ambulance – it’s taken a great weight off my wife.
- It couldn’t be better. “Thank God for YAS!”

Response from: 1 Male. Age range: estimated over 60

Summary: POSTIVE

- I used the service for 6weeks to get to Castle Hill for treatment.
- Pick up times were excellent.
- Coming home times were a bit more varied, but I don’t think that can be helped.
- It was both by car and sharing with others (in larger vehicle)
- No problems whatsoever.

Response from: 1 Female – lives Malton. Age range: estimated over 60. Mobility: she was using a hospital wheelchair when I spoke to her, but uses mobility aids such as ‘walker’ at home. She mentioned multiple health problems (co-morbidities)

Summary: MAINLY NEGATIVE (SOME POSITIVE)

- I don’t mind sharing.
 - It is a valuable service because a taxi to Malton is very expensive (£80). I had to pay that the other week because I forget to book my transport in time.
 - You have to do all the organising/communicating by phone, which seems daft. There is no desk here at the hospital to sort things out! I had a problem a few weeks ago and was here and asked about it but was told to phone. It costs a lot on the mobile to phone! It would’ve been much easier if there was a helpdesk here in the hospital.
 - I have a walker to aid mobility at home but I can’t bring that because apparently it takes up too much room in the ambulance – which doesn’t make sense! If I was able to bring my walker I could get a drink, sit and wait in the café, and mobilise myself (to the toilet, etc.) [patient was sitting in a hospital wheelchair and waiting a considerable time. At the end of the interview she asked me if I could help her get to the toilet – there was no evident way she could do that, and I went to arrange assistance from a nurse]
 - In a way it could be more efficient – I’m waiting for Transport to get home after my appointment. “I’m getting fed up now. I’ve been here over 1.5hours. I’ve got things to
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Medical Non-emergency Transport Engagement Feedback Report

do!”

Afternoon Session 11:30 – 13:30

I had to sit down in the ambulance and wasn't allowed to lie down even though there was an empty stretcher and I was feeling unwell

The service treated my wife very well

I was discharged in the morning and was home by 11 – I think it is a good service

We don't use the service for my mum as we can drive her, however the car park is too far away to help her walk to the hospital and the drop off points are always full of taxis and ambulances. The hospital car park is full this morning so I have had to park even further away.

After chemotherapy treatment I called for patient transport and was told I couldn't have it as I hadn't booked in advance. My lift had fallen through and I couldn't afford a taxi. In the end the discharge nurse arranged a lift from Age UK but I still had to pay.

A female in her 70s went to Easingwold and enjoyed her experience with patient transport, the route was scenic, and the driver was pleasant and helpful. She thinks she is lucky to have such a service available and as such she will only use when really necessary.

A male in his 60s had a good experience, he had to wait for around an hour but felt that was acceptable particularly as he was able to get a cup of tea at the hospital. His wife had also used the service both in a saloon car and an ambulance and had a good experience. The couple have no immediate family so rely on each other – his wife drives but he doesn't, so if she is ill he needs to use the service.

A male in his 70s described the service as excellent, friendly and with ideally designed vehicles.

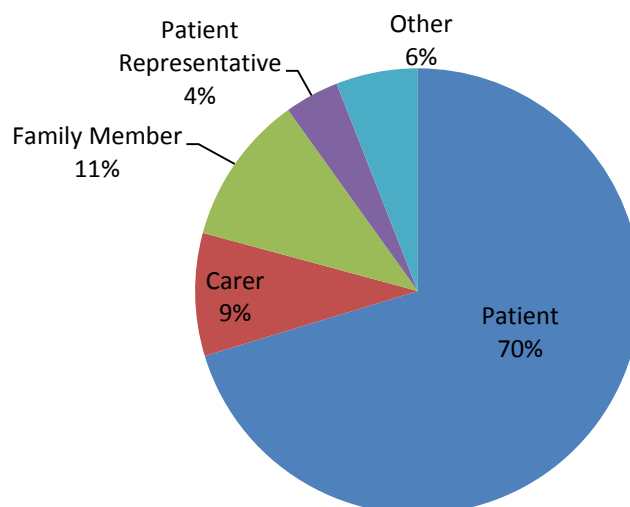
A man who is registered blind reported calling the patient transport service and being told very abruptly that he would have to pay for a taxi and wasn't eligible.

A woman told us that she didn't like to call the patient transport service as the way they speak to her makes her feel like a 'scrounger'

I use the service regularly and we often pick up other patients on the way. One of these patients is always late – they are never ready when the transport arrives. They know what time they will be picked up and it isn't fair for other patients who are then made late.

Survey

The response across Vale of York and Scarborough and Ryedale was a mix of patients, carers, family members and patient representatives.

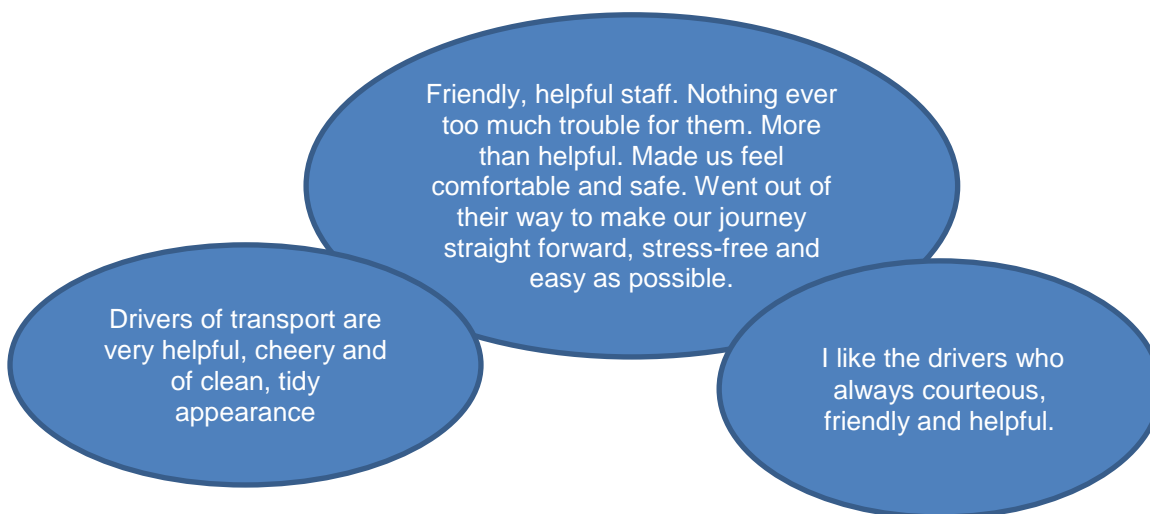


'Other' included unspecified and allied health professionals.

- 70% of those surveyed used the service only occasionally or during periods of ill health. Many commented that they would only use the service when they were unable to have help from family members or friends or if public transport options were unavailable.
- In York 30% of those serviced used the service regularly (at least once a month), of those 17% use the service more than once a week. In Scarborough the figure was lower with 14% of those surveyed using the service on a regular basis.
- The majority of York users (over 50%) used saloon cars, with 42% requiring a wheelchair accessible vehicle, 15% of these required the help of one member of staff. Only 5% required additional help (more than 1 member of staff or a stretcher).
- In Scarborough & Ryedale saloon cars were used by 42%. 30% required wheelchair accessible vehicles, of these 10% needed the help of 1 member of staff and the help of 2 members of staff was necessary for another 10%.
- Across Scarborough and Ryedale, and the Vale of York of those surveyed 95% indicated that they would be happy to share a vehicle with other patients.
- 90% preferred to make a booking by telephone but only 41% felt that the current service made good use of technology – for example confirming pick up times.
- 31% felt that 30 minutes or less was an acceptable time to wait for transport.
- Waiting between half an hour and an hour was considered acceptable by 55% of respondents.
- Less than 14% thought that a wait of more than a 1 hour was tolerable.

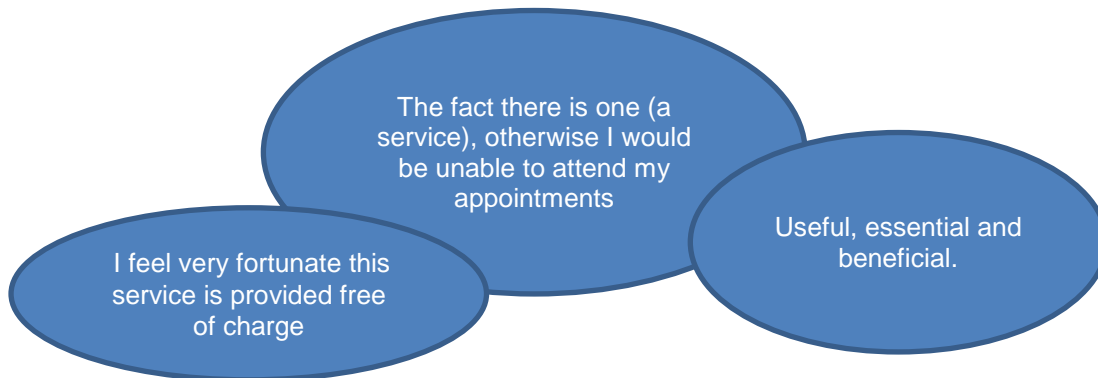
What do patients like about the current service?

Over half of those surveyed praised the patient transport staff, particularly the drivers. Although some comments highlighted that whilst the majority of staff are excellent; compassionate and helpful, this is not always the case.



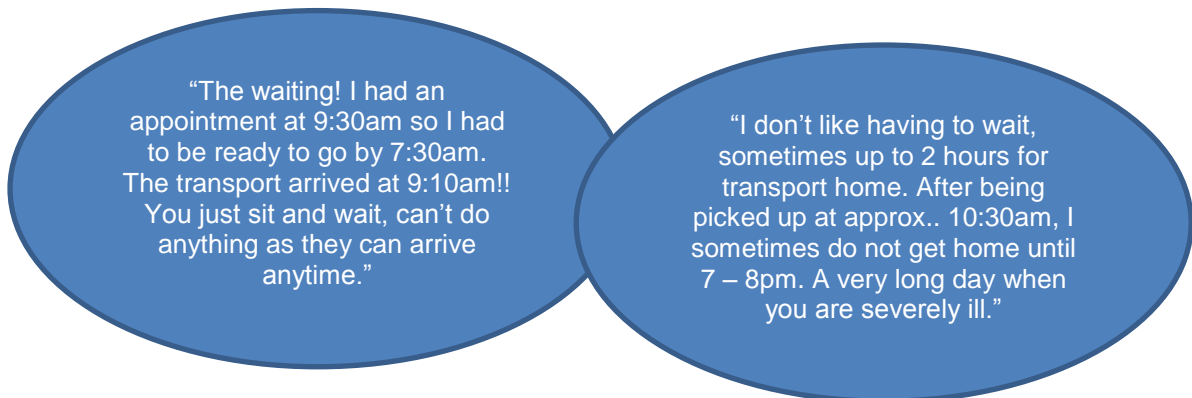
Medical Non-emergency Transport Engagement Feedback Report

The provision of the service was praised by many respondents.

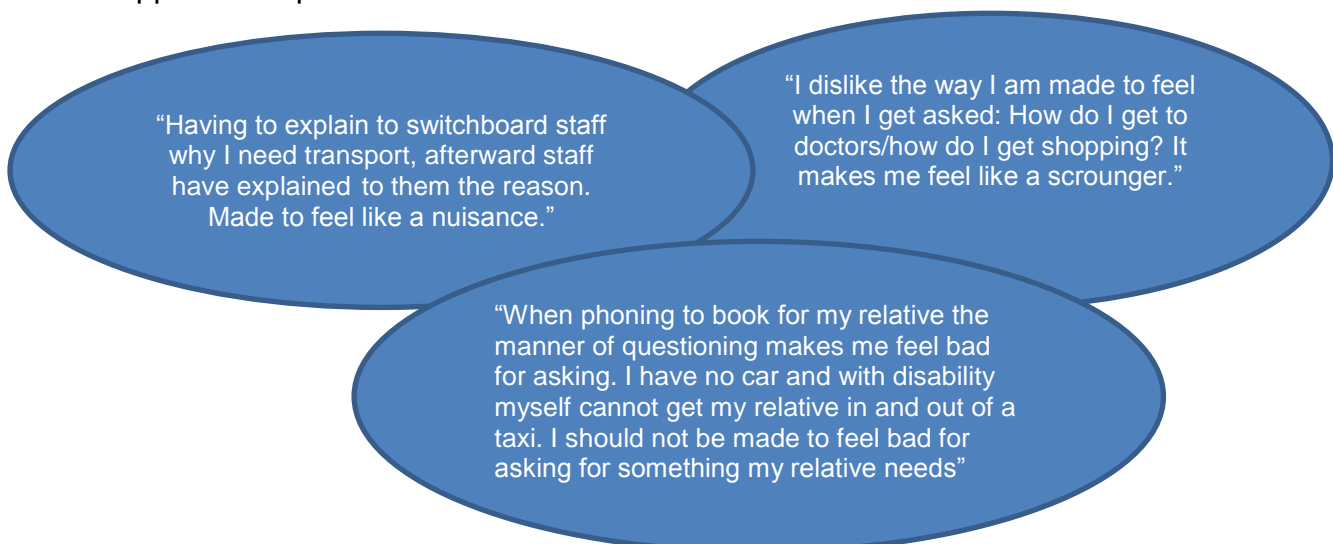


What do patients dislike about the current service?

Nearly 50% of respondents cited waiting times as the thing they most disliked about the service



The second most common complaint was booking patient transport; from waiting for calls to be answered to the approach of the call handlers. Many York residents complained that no records were kept of their previous journeys and eligibility meaning they had to go through a long process every time, in contrast patients in Scarborough reported that their records were held, highlighting an inconsistent approach at present.



Medical Non-emergency Transport Engagement Feedback Report

“When you ring to book you have all the questions to answer. Even though I am allowed to book transport.”

Patients also disliked the having to book transport so far in advance and felt there should be a same day service available. A lack of communication was highlighted as an area of concern, patients were not told of cancellations or changes and there was no joining up of the providers of the healthcare (ie hospital appointment) and the transport providers.

What part of the service would patients improve if any?

The responses focused on waiting times again. Some respondents highlighted poor staff attitude in direct contrast with the positive comments regarding staff suggesting inconsistency in service users' experiences.

Those who had experience of sharing transport raised an issue that collecting others could make them late for their appointments and in turn cause them anxiety and stress. This was due in part to lack of geographical knowledge on the part of the driver and booking office and also because other users that were not ready when transport arrived.

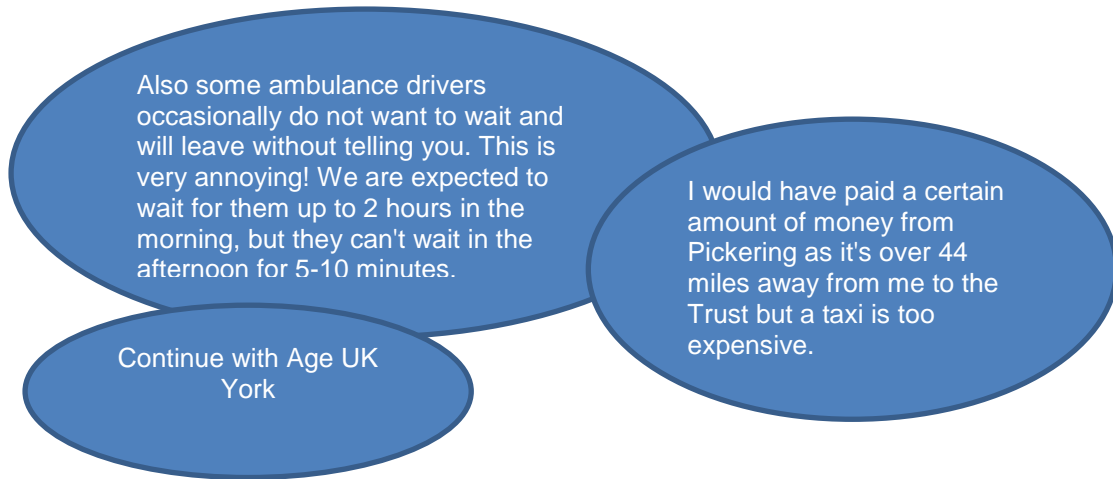
In addition the particular issues faced by regular users such as renal patients where highlighted.

As a renal patient – to dispense with the standard instruction of being ready at 06:00 for inward journey. Only once in all the time I have made the journey has any transport mode been present at that time.

Reduce waiting times to go home. I have had to wait in excess of 2 hours after my dialysis (4 hour treatment). I would like feedback on complaints I have made – this hasn't been forthcoming. PTS needs a better understanding of the needs of dialysis patients who come 3-4 times a week, every week.

The passengers grouped together on transport are not always sensible. You can wait 2 hours for transport to come, and then you have to drop off other patients who live in other areas. This makes the whole day away from home for me – sometimes up to 10 hours out of my house for a four hour appointment at the hospital. I think renal transport should be kept separate from the main hospital. I also think it should run from York and not Wakefield, they have no idea where we live.

Some patients had ideas for improvement and also mentioned areas that they thought should be held onto.



Demographics of respondents

Vale of York CCG

Patient Survey - ** responses

What is the first part of postcode

LS24	YO17	YO10	YO23	YO24	YO31	YO32	YO43	YO8	YO8
LS24	YO17	YO11	YO23	YO24	YO31	YO4	YO43	YO8	YO8
LS25	YO18	YO15	YO24	YO24	YO31	YO41	YO62	YO8	
Y026	YO18	YO17	YO24	YO24	YO32	YO41	YO62	YO8	
Y030	YO10	YO19	YO24	YO26	YO32	YO42	YO8	YO8	
YO1	YO10	YO23	YO24	YO30	YO32	YO42	YO8	YO8	

What GP surgery are you registered with?

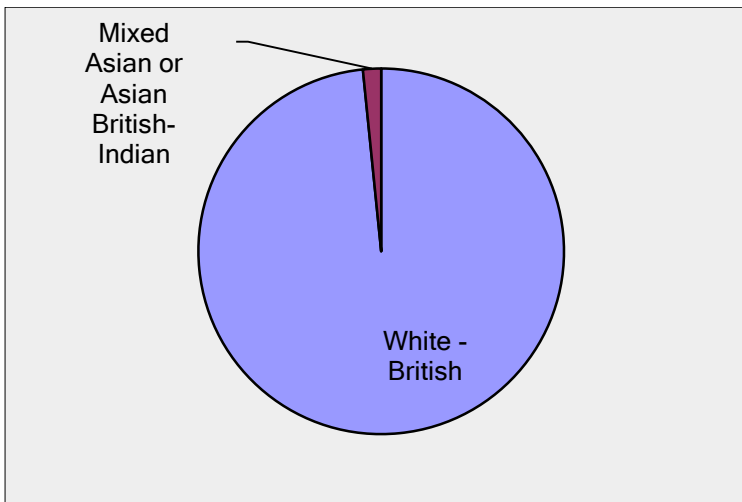
Dalton Terrace	Helmsley	Posterngate
Haxby	Beech Tree Surgery	Kirkbymoorside
Posterngate	Jorvik Gillygate	Posterngate
Pocklington	Dalton Terrace	Haxby
Jorvik Gillygate	MyHealth	South Milford
Priory	Priory	Tadcaster Medical
Pocklington	Beech Tree	Jorvik Gillygate
Tadcaster Medical	MyHealth	York Medical Group
Dalton Terrace	Beech Tree Surgery	Tollerton
Strensall	Beech Tree Surgery	MyHealth
Scott Road	Pocklington	Pickering
Haxby	Haxby	South Milford

Medical Non-emergency Transport
Engagement Feedback Report

Dalton Terrace	Pickering	Pocklington
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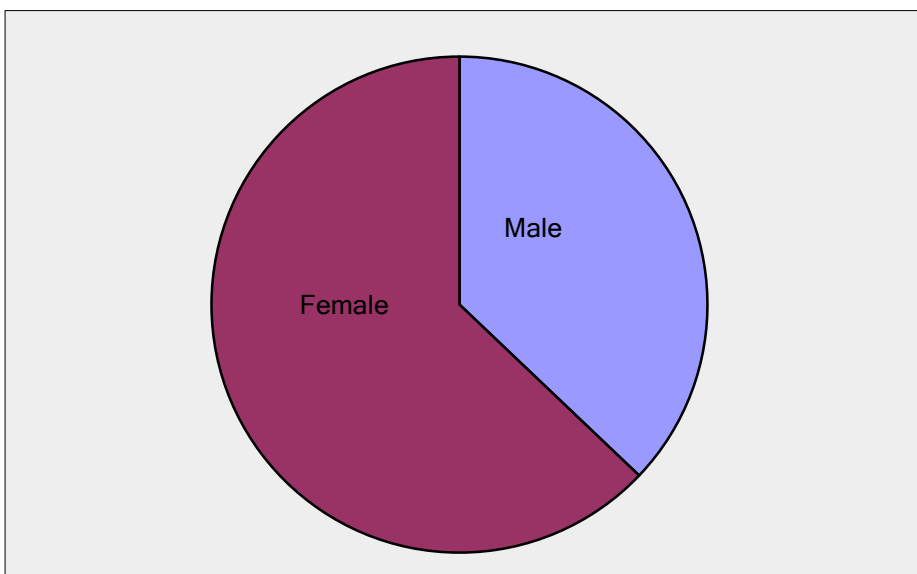
Q15. Ethnicity

Answer Options	Response Percent	Response Count
White - British	98.4%	63
Mixed Asian or Asian British-Indian	1.6%	1
<i>answered question</i>		64
<i>skipped question</i>		4



Q16. Gender

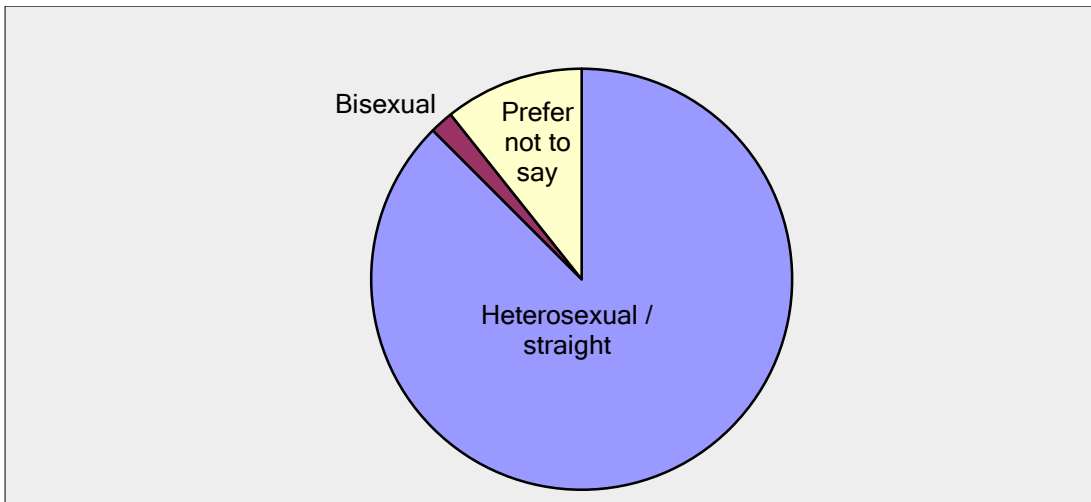
Answer Options	Response Percent	Response Count
Male	37.1%	23
Female	62.9%	39
<i>answered question</i>		62
<i>skipped question</i>		6



Medical Non-emergency Transport Engagement Feedback Report

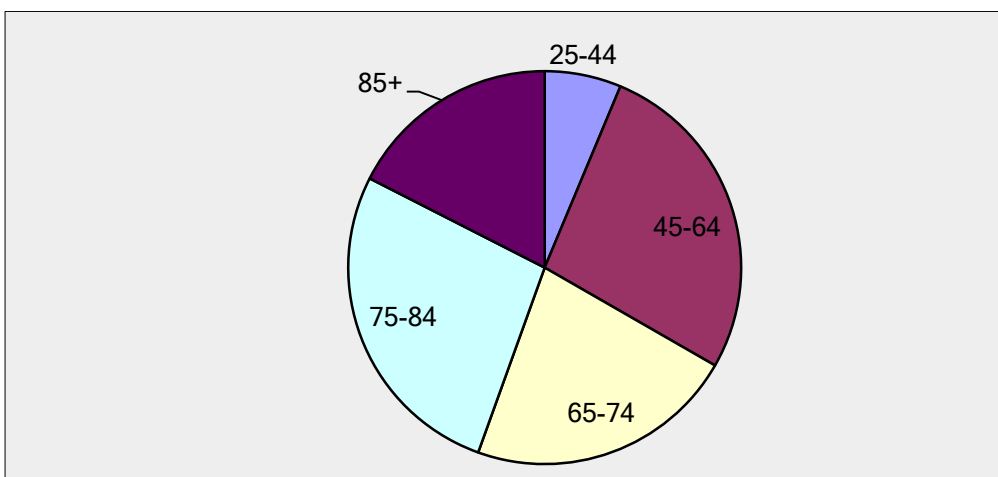
Q17. Sexual orientation

Answer Options	Response Percent	Response Count
Heterosexual / straight	87.5%	49
Bisexual	1.8%	1
Prefer not to say	10.7%	6
answered question		56
skipped question		12



Q18. Age Range

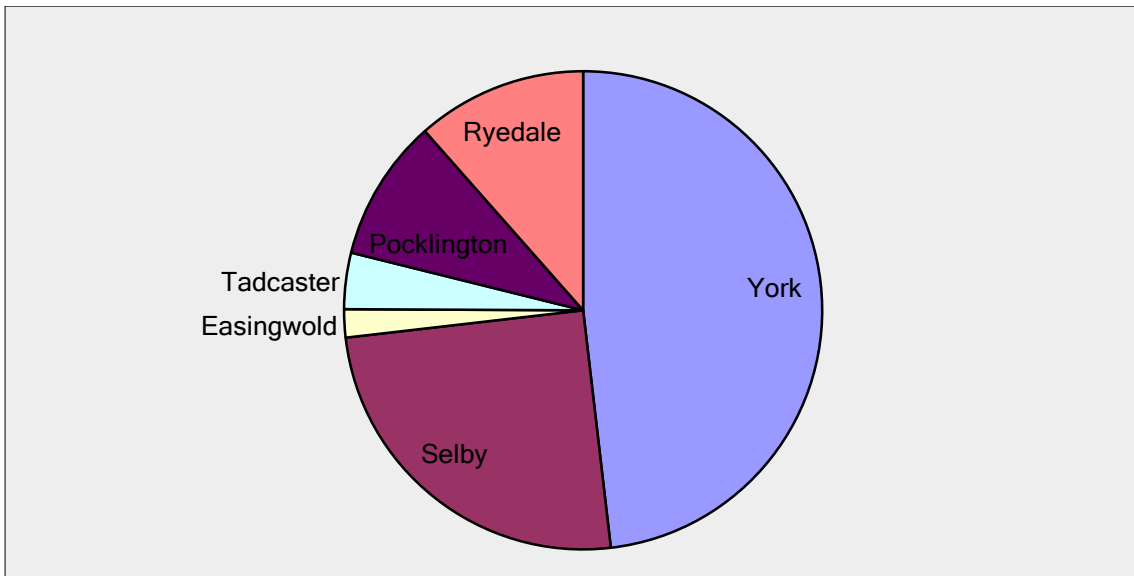
Answer Options	Response Percent	Response Count
25-44	6.3%	4
45-64	27.0%	17
65-74	22.2%	14
75-84	27.0%	17
85+	17.5%	11
answered question		63
skipped question		5



Medical Non-emergency Transport Engagement Feedback Report

Q20. Are you a resident of:

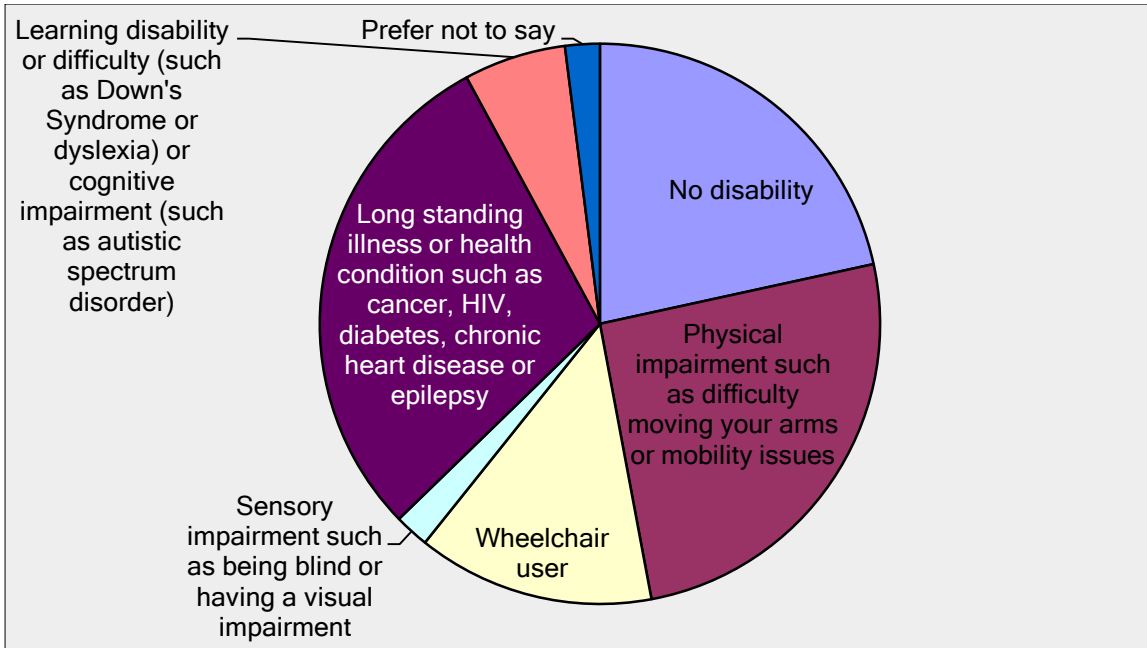
Answer Options	Response Percent	Response Count
York	48.1%	25
Selby	25.0%	13
Easingwold	1.9%	1
Tadcaster	3.8%	2
Pocklington	9.6%	5
Ryedale	11.5%	6
<i>answered question</i>		52
<i>skipped question</i>		16



Q21. Do you consider yourself to have a disability? Please tick most appropriate

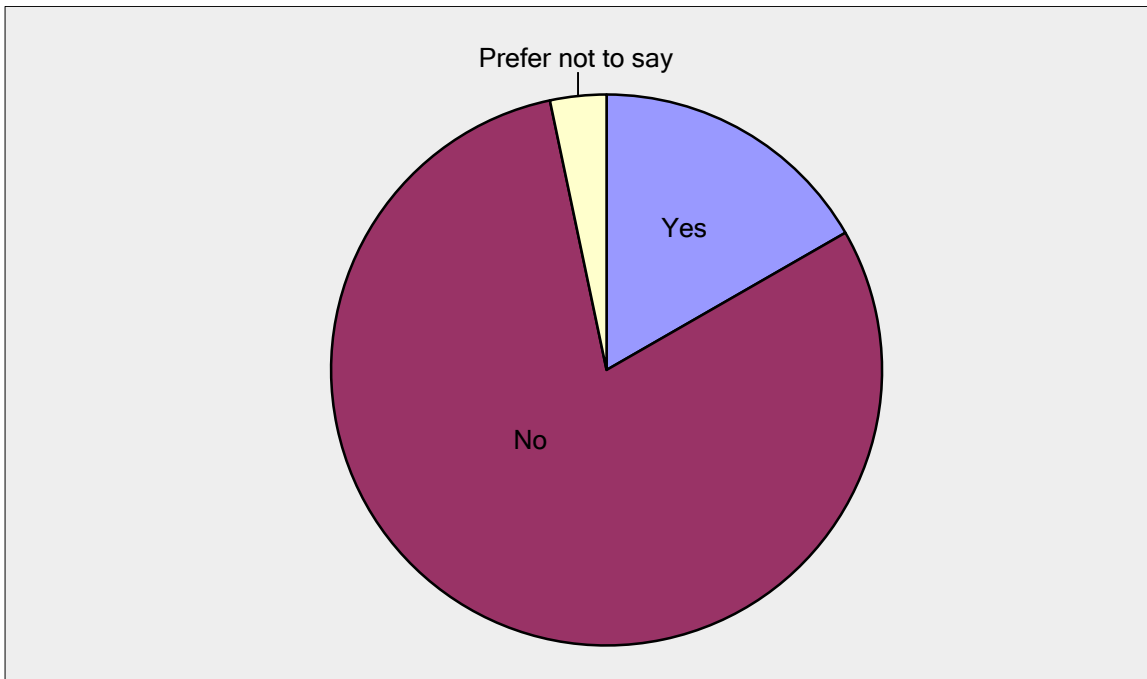
Answer Options	Response Percent	Response Count
No disability	21.6%	11
Physical impairment such as difficulty moving your arms	25.5%	13
Wheelchair user	13.7%	7
Sensory impairment such as being blind or having a	2.0%	1
Long standing illness or health condition such as cancer,	29.4%	15
Learning disability or difficulty (such as Down's	5.9%	3
Prefer not to say	2.0%	1
Other (please state)		15
<i>answered question</i>		51
<i>skipped question</i>		17

Medical Non-emergency Transport Engagement Feedback Report



Q22. Do you consider yourself to have a mental health condition such as depression, dementia or schizophrenia?

Answer Options	Response Percent	Response Count
Yes	16.7%	10
No	80.0%	48
Prefer not to say	3.3%	2
<i>answered question</i>		60
<i>skipped question</i>		8



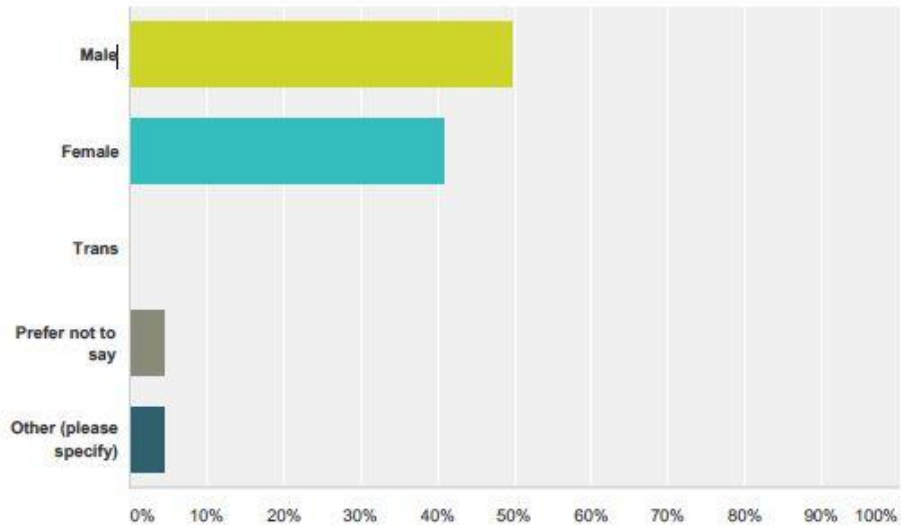
Medical Non-emergency Transport
Engagement Feedback Report

Scarborough and Ryedale CCG

Patient Survey - ** responses

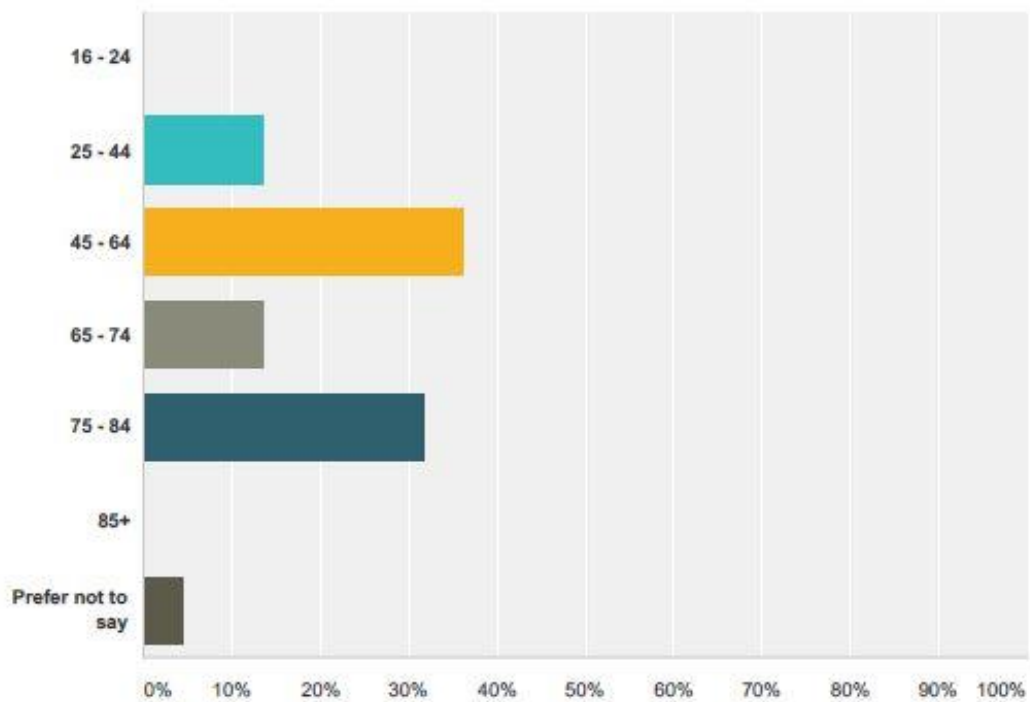
Q16 Gender

Answered: 22 Skipped: 5



Q17 Age range

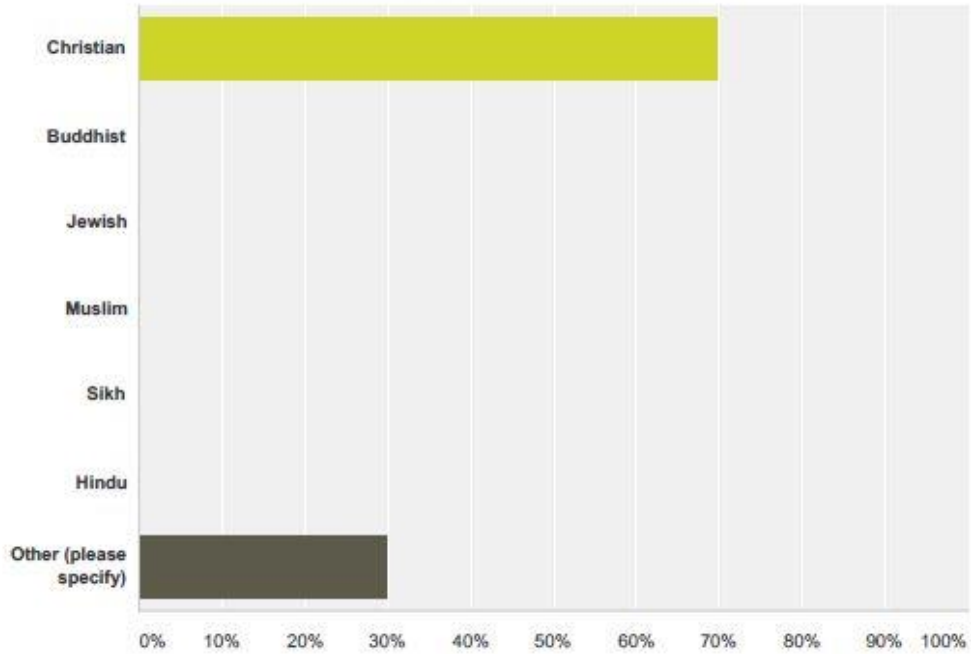
Answered: 22 Skipped: 5



Medical Non-emergency Transport Engagement Feedback Report

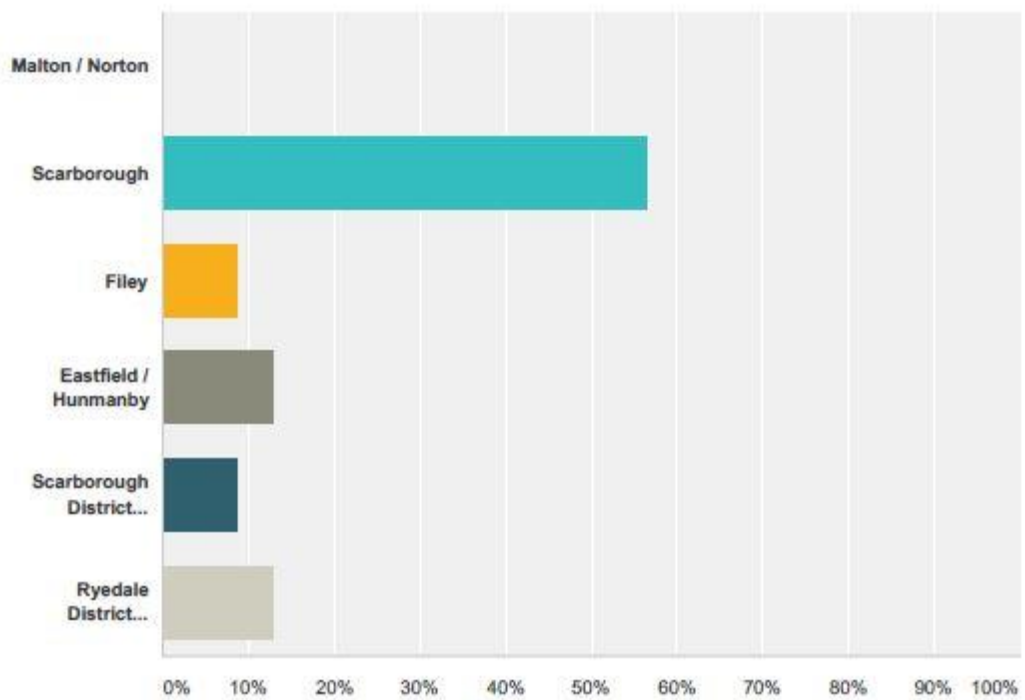
Q18 Religion or belief

Answered: 20 Skipped: 7



Q20 Are you a residents of.....

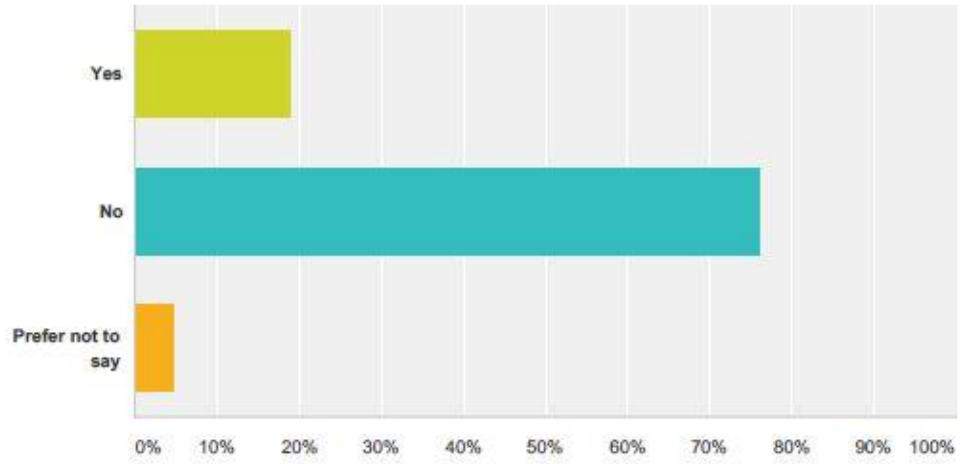
Answered: 23 Skipped: 4



Medical Non-emergency Transport
Engagement Feedback Report

Q21 Do you consider yourself to have a mental health condition such as depression, dementia or schizophrenia?

Answered: 21 Skipped: 6

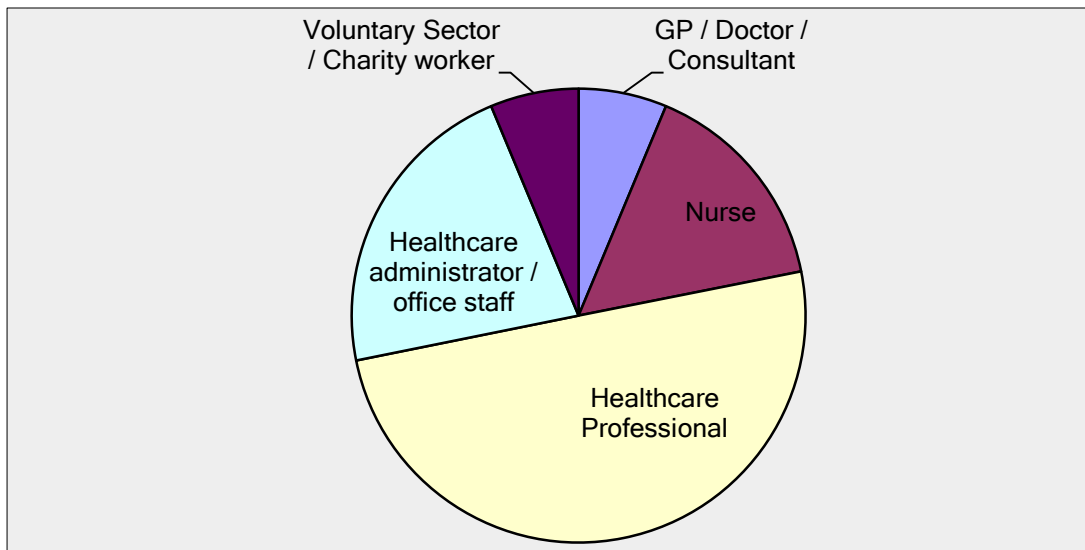


Medical Non-emergency Transport
Engagement Feedback Report

Vale of York CCG

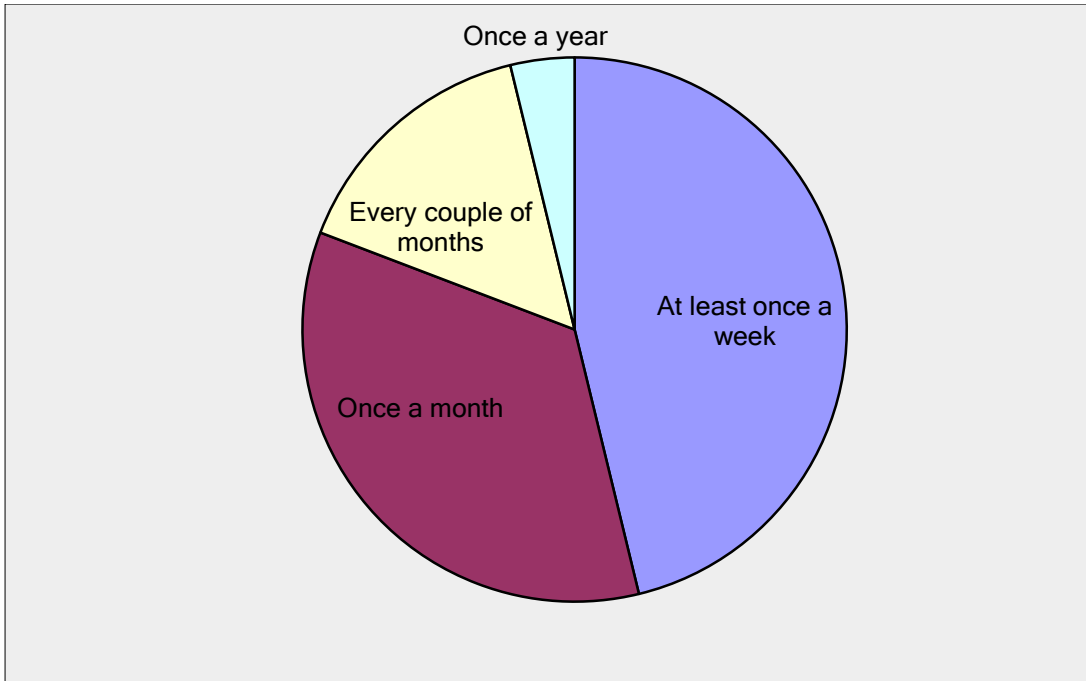
Stakeholder Survey – 33 responses

Q1. How would you best describe yourself? I am a:		
AnswerOptions	ResponsePercent	ResponseCount
GP / Doctor / Consultant	6.3%	2
Nurse	15.6%	5
Healthcare Professional	50.0%	16
Healthcare administrator / office staff	21.9%	7
Voluntary Sector / Charity worker	6.3%	2
AnsweredQuestion		32
SkippedQuestion		1



Q3 How often do you request Patient Transport Services?		
Answer Options	Response Percent	Response Count
At least once a week	46.2%	12
Once a month	34.6%	9
Every couple of months	15.4%	4
Once a year	3.8%	1
Other (please specify)		13
answered question		26
skipped question		7

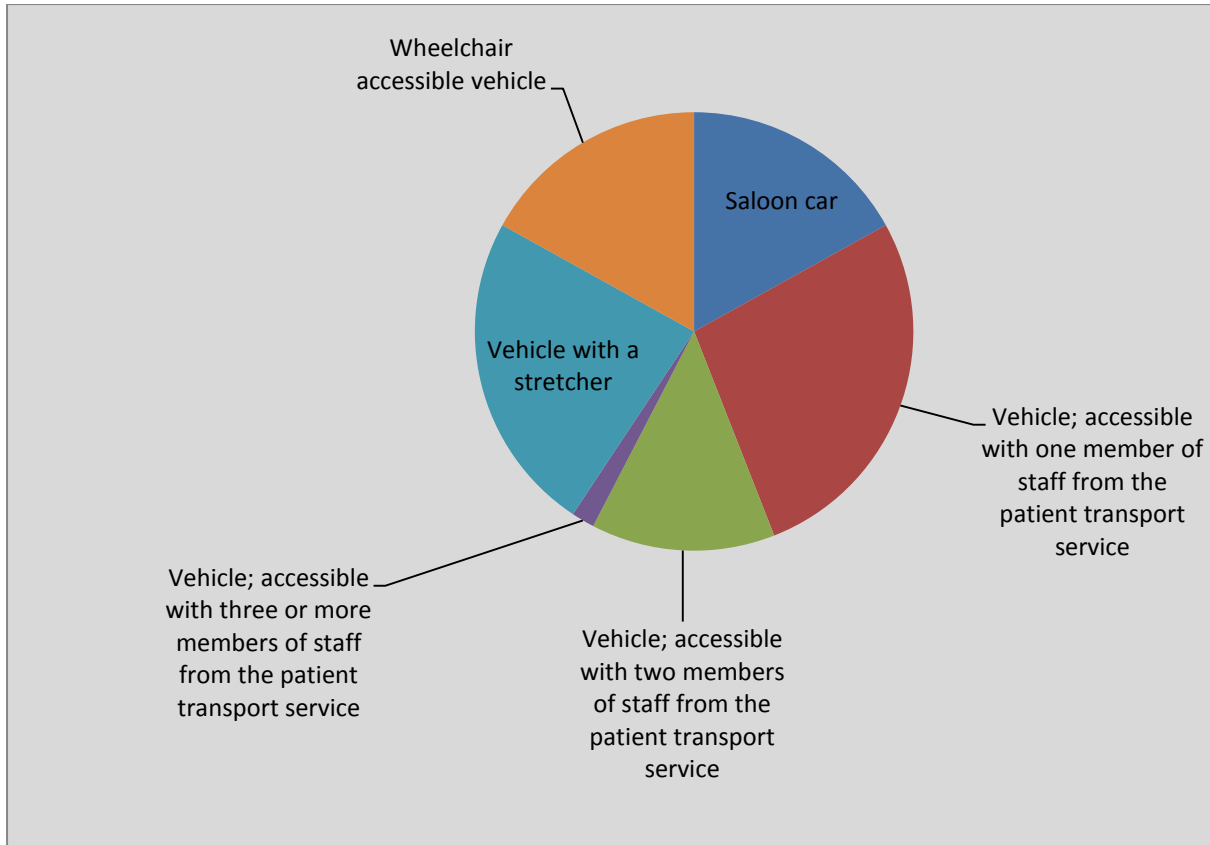
Medical Non-emergency Transport
Engagement Feedback Report



Q4. Please choose the type of vehicle that you usually request (you can select more than one):

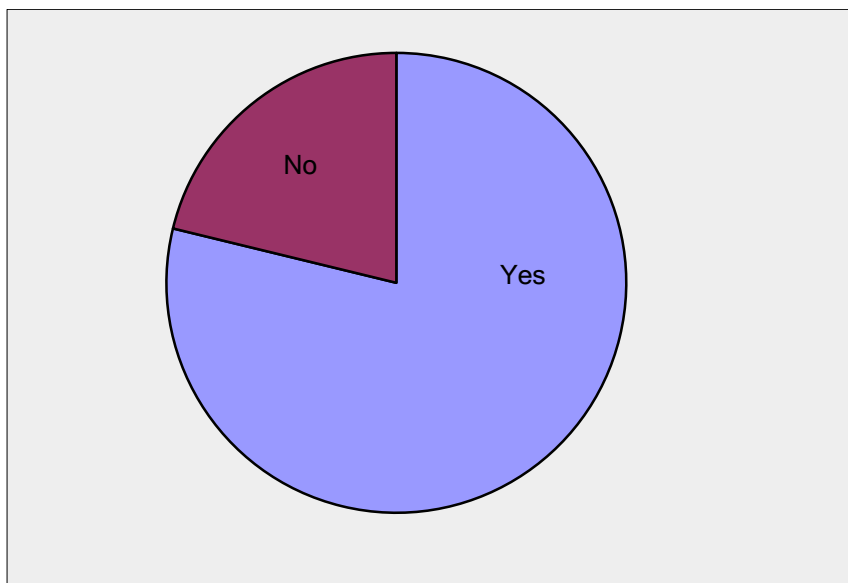
AnswerOptions	Response Percent	Response Count
Saloon car	35.7%	10
Vehicle; accessible with one member of staff from the patient transport service	57.1%	16
Vehicle; accessible with two members of staff from the patient transport service	28.6%	8
Vehicle; accessible with three or more members of staff from the patient transport service	3.6%	1
Vehicle with a stretcher	50.0%	14
Wheelchair accessible vehicle	35.7%	10
AnsweredQuestion		28
SkippedQuestion		5

Medical Non-emergency Transport Engagement Feedback Report



Q5. Would you consider booking transport for those in your care that is shared with other patients?

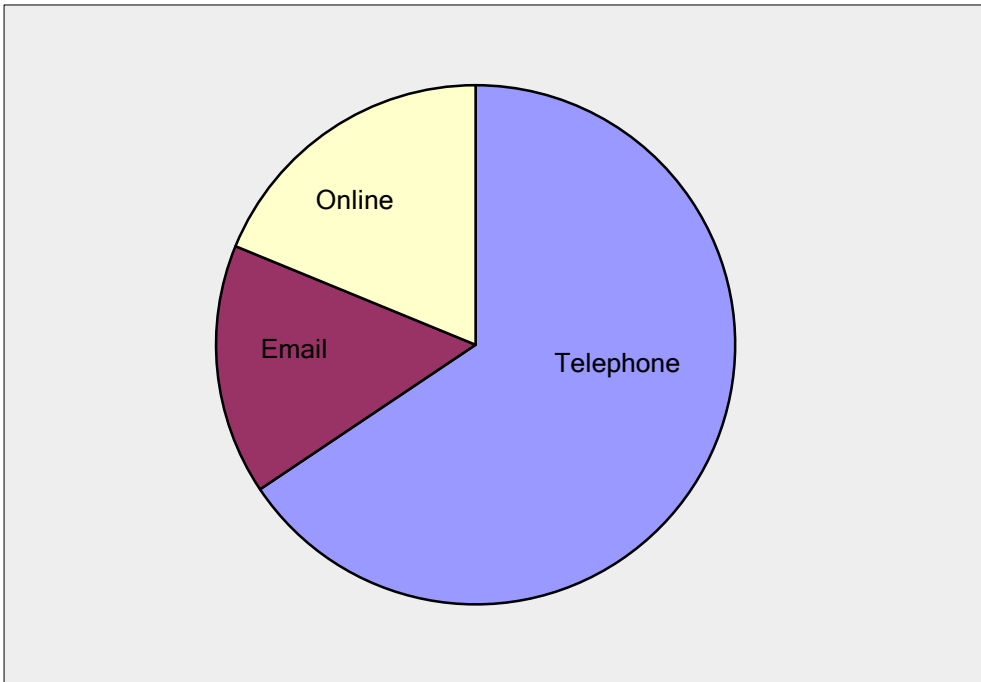
AnswerOptions	ResponsePerc ent	ResponseCoun t
Yes	78.8%	26
No	21.2%	7
If no, please explain why:		12
AnsweredQuestion		33
SkippedQuestion		0



Medical Non-emergency Transport Engagement Feedback Report

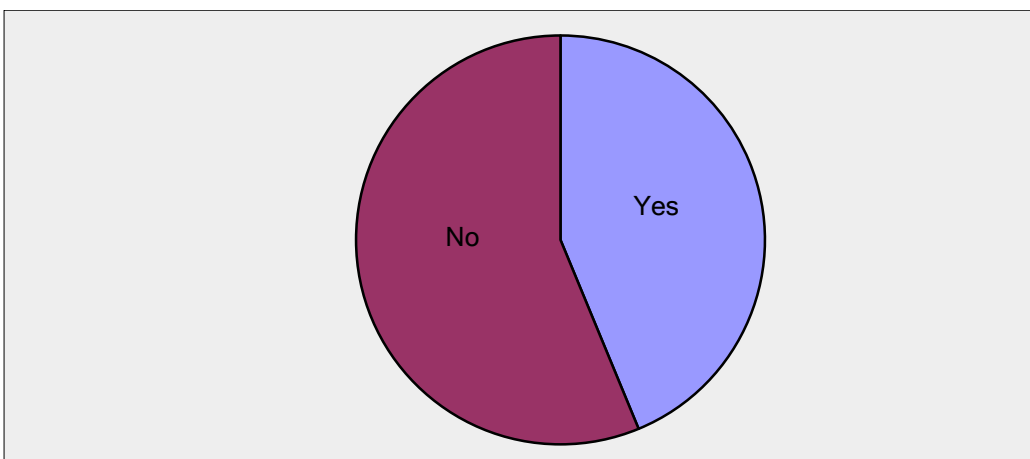
Q6. What would be your preferred method for booking transport?

AnswerOptions	Response Percent	Response Count
Telephone	65.6%	21
Email	15.6%	5
Online	18.8%	6
AnsweredQuestion		32
SkippedQuestion		1



Q7. Would you like to have greater input into patient eligibility for transport?

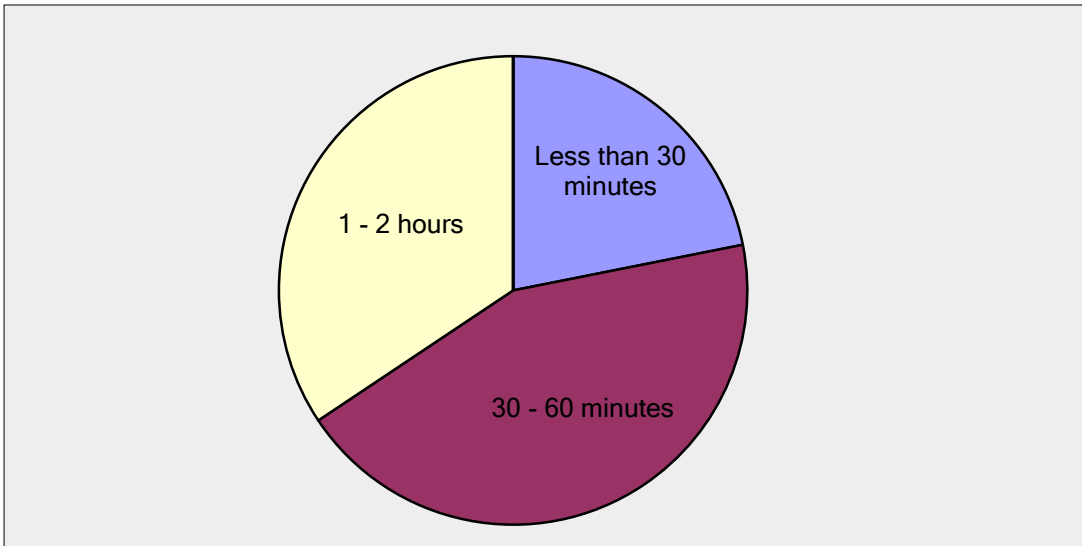
AnswerOptions	Response Percent	Response Count
Yes	43.8%	14
No	56.3%	18
AnsweredQuestion		32
SkippedQuestion		1



Medical Non-emergency Transport
Engagement Feedback Report

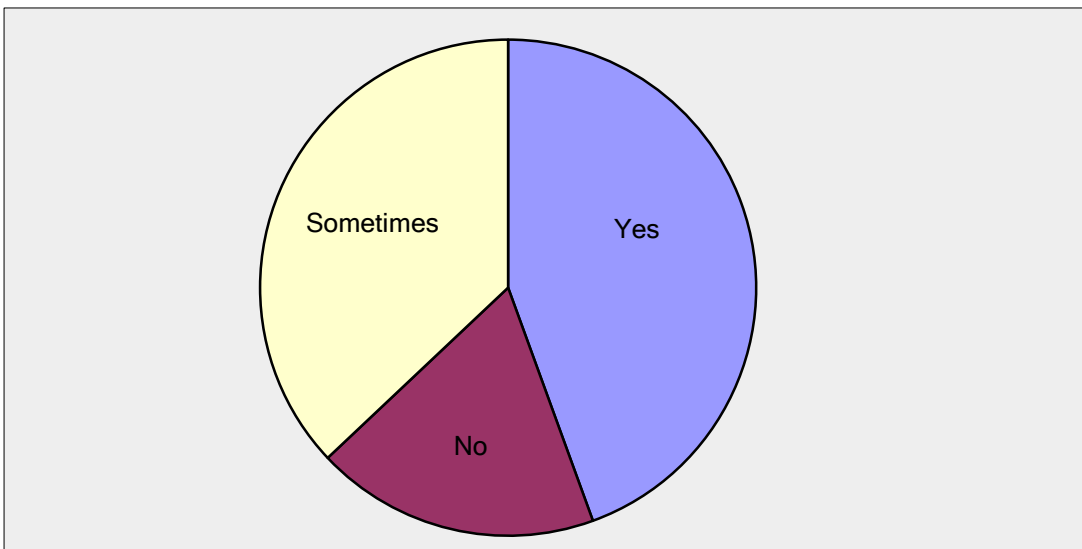
Q8. How long do you think it is acceptable to wait for the patient transport service?

AnswerOptions	Response Percent	Response Count
Less than 30 minutes	21.9%	7
30 - 60 minutes	43.8%	14
1 - 2 hours	34.4%	11
AnsweredQuestion		32
SkippedQuestion		1



Q9. Do you think that the patient transport service makes good use of technology? For example: phoning patients in the morning to confirm pick up time

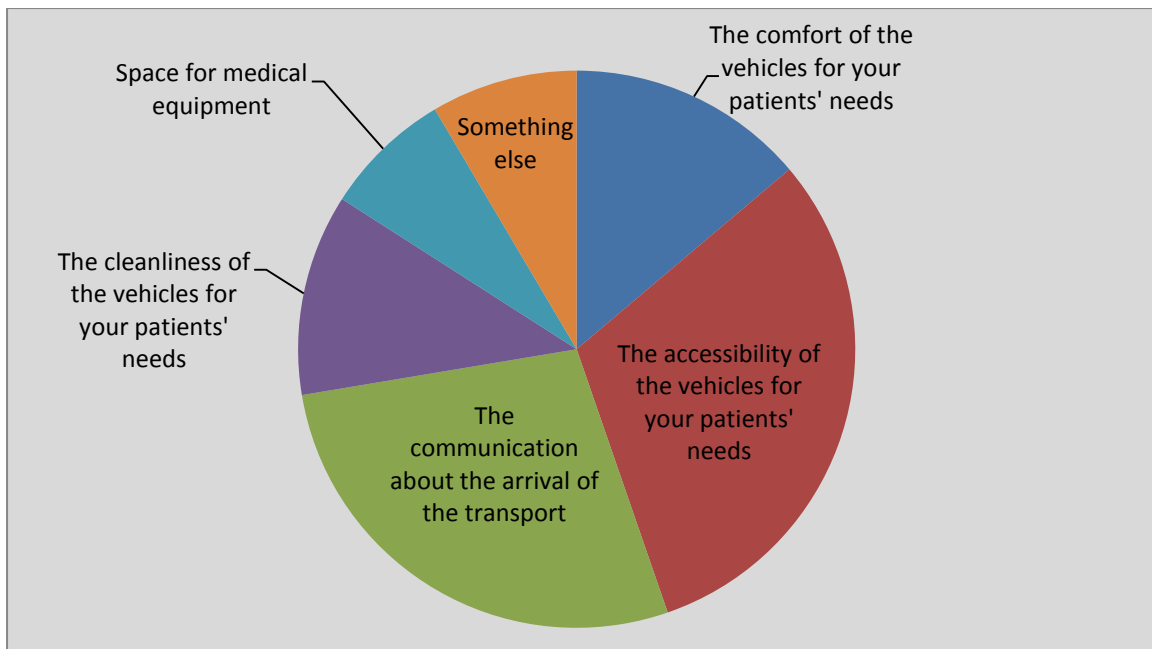
AnswerOptions	Response Percent	Response Count
Yes	44.4%	12
No	18.5%	5
Sometimes	37.0%	10
AnsweredQuestion		27
SkippedQuestion		6



Medical Non-emergency Transport
Engagement Feedback Report

Q13. For patient transport vehicles what are the most important factors from the following list in your opinion? (Please choose up to three)

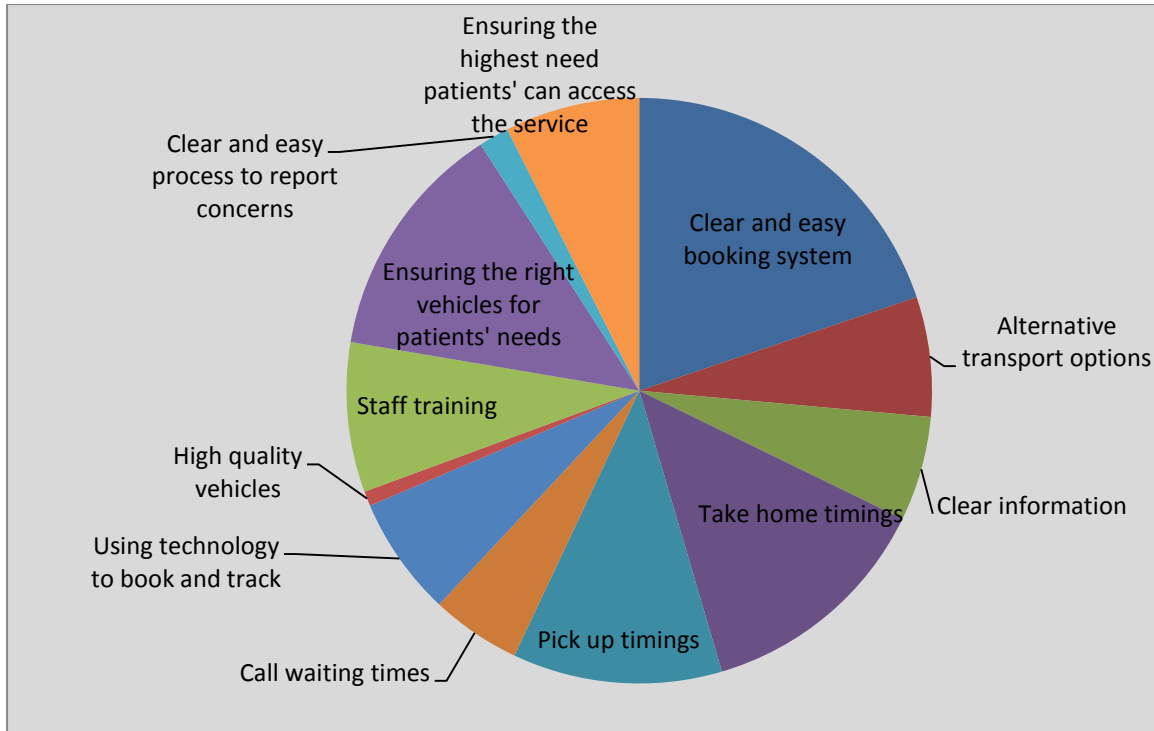
AnswerOptions	Response Percent	Response Count
The comfort of the vehicles for your patients' needs	39.4%	13
The accessibility of the vehicles for your patients' needs	87.9%	29
The communication about the arrival of the transport	78.8%	26
The cleanliness of the vehicles for your patients' needs	33.3%	11
Space for medical equipment	21.2%	7
Something else	24.2%	8
AnsweredQuestion		33
SkippedQuestion		0



Q14. What areas of the service from the following list are the most important in your opinion? (Please choose up to three)

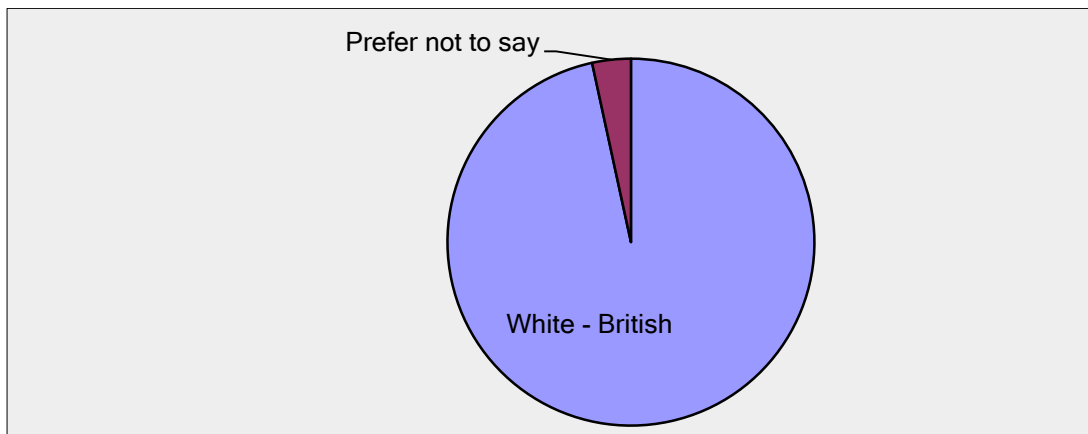
AnswerOptions	Response Percent	Response Count
Clear and easy booking system	72.7%	24
Alternative transport options	24.2%	8
Clear information	21.2%	7
Take home timings	48.5%	16
Pick up timings	42.4%	14
Call waiting times	18.2%	6
Using technology to book and track	24.2%	8
High quality vehicles	3.0%	1
Staff training	30.3%	10
Ensuring the right vehicles for patients' needs	48.5%	16
Clear and easy process to report concerns	6.1%	2
Ensuring the highest need patients' can access the service	27.3%	9
AnsweredQuestion		33
SkippedQuestion		0

Medical Non-emergency Transport Engagement Feedback Report



Q16. Ethnicity

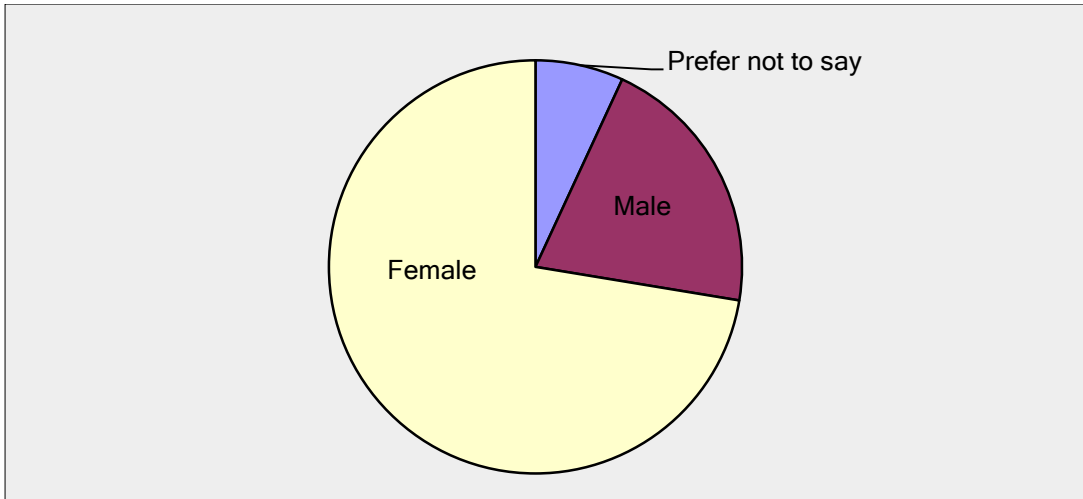
AnswerOptions	Response Percent	Response Count
White - British	96.6%	28
Prefer not to say	3.4%	1
AnsweredQuestion		29
SkippedQuestion		4



Q17. Gender

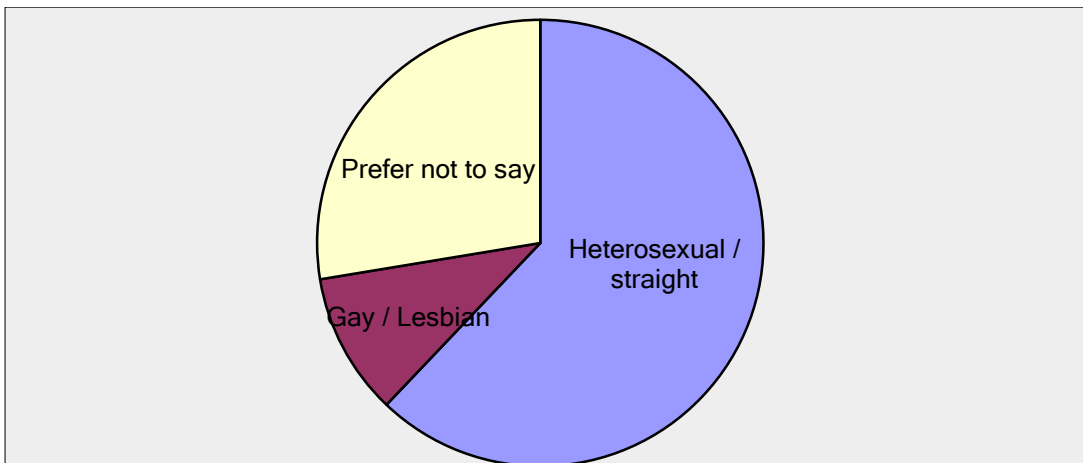
AnswerOptions	Response Percent	Response Count
Prefer not to say	6.9%	2
Male	20.7%	6
Female	72.4%	21
AnsweredQuestion		29
SkippedQuestion		4

Medical Non-emergency Transport
Engagement Feedback Report



Q18. Sexual orientation

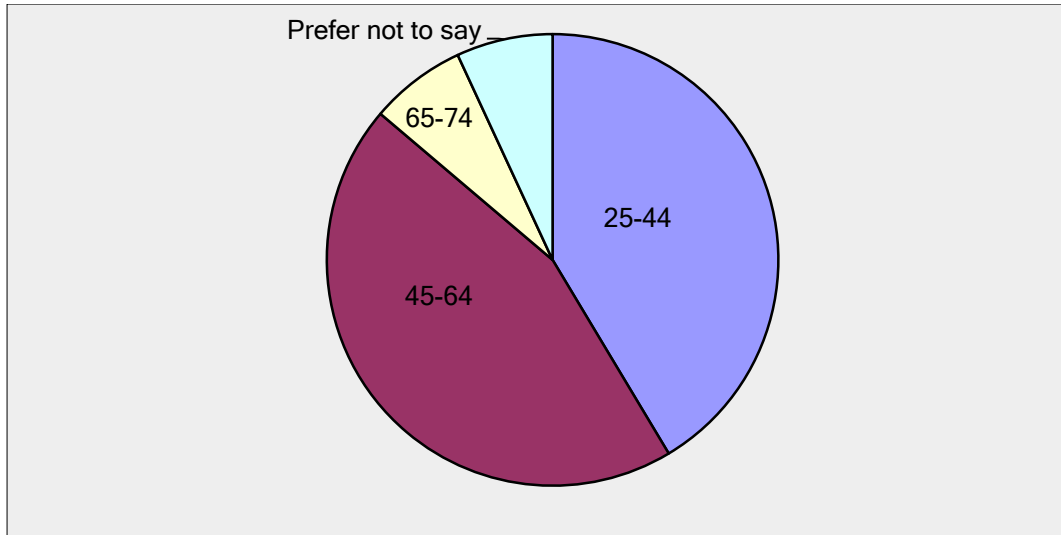
AnswerOptions	Response Percent	Response Count
Heterosexual / straight	62.1%	18
Gay / Lesbian	10.3%	3
Bisexual	0.0%	0
Prefer not to say	27.6%	8
AnsweredQuestion		29
SkippedQuestion		4



Q19. Age Range

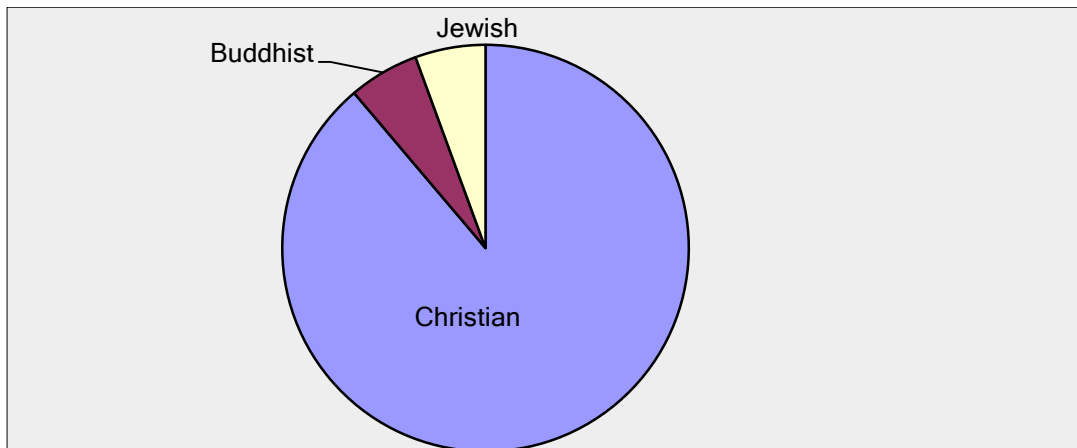
AnswerOptions	Response Percent	Response Count
25-44	41.4%	12
45-64	44.8%	13
65-74	6.9%	2
Prefer not to say	6.9%	2
AnsweredQuestion		29
SkippedQuestion		4

Medical Non-emergency Transport
Engagement Feedback Report



Q20. Religion or belief

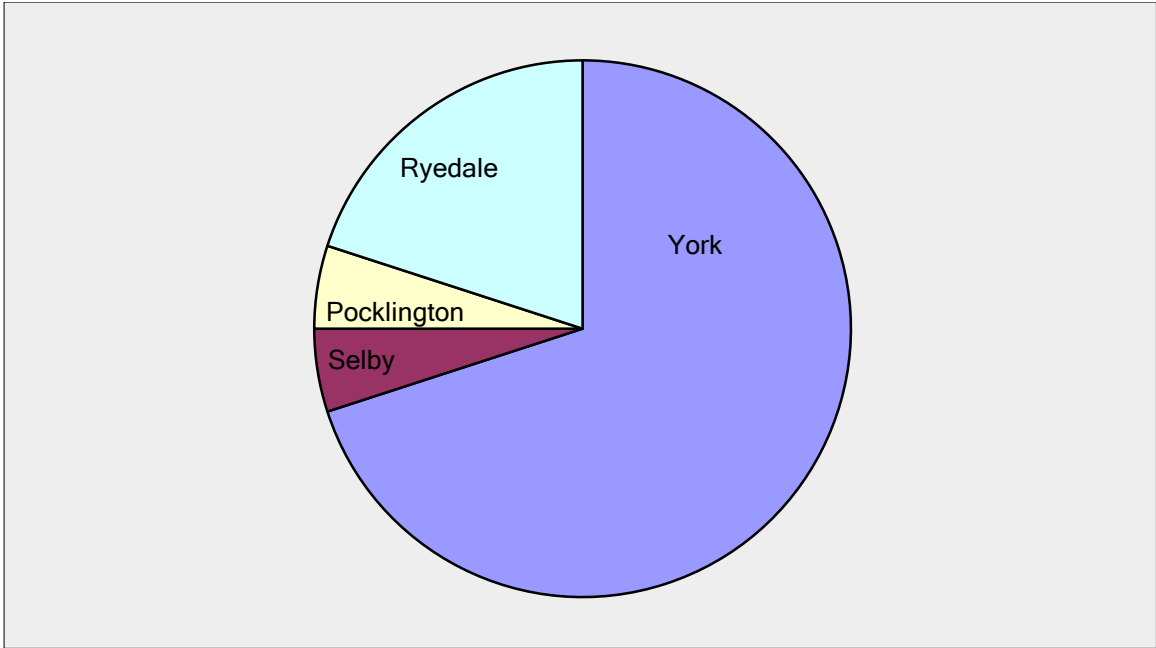
AnswerOptions	Response Percent	Response Count
Christian	88.9%	16
Buddhist	5.6%	1
Jewish	5.6%	1
AnsweredQuestion		18
SkippedQuestion		15



Q21. Are you a resident of:

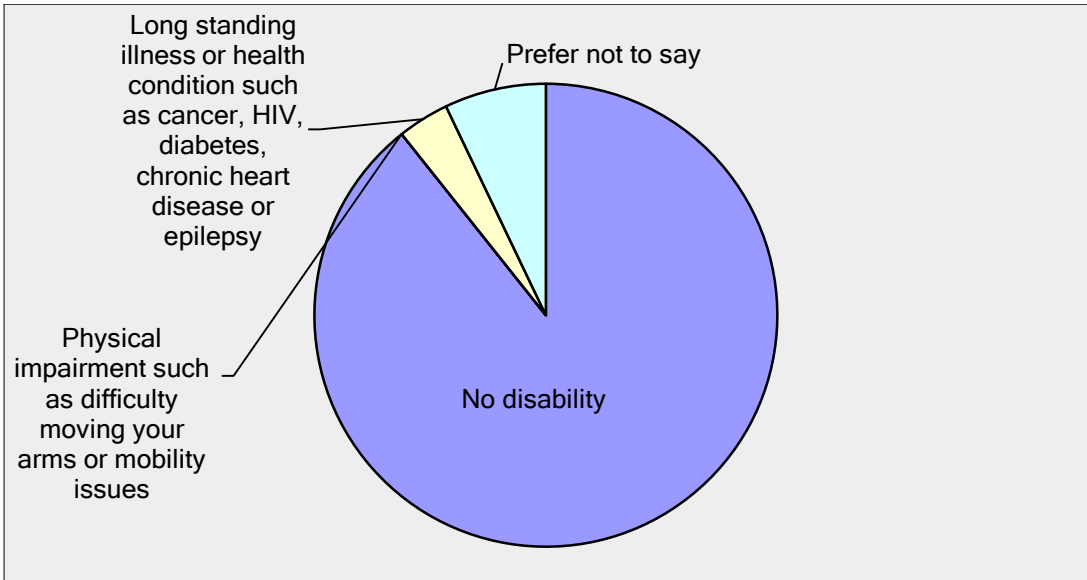
AnswerOptions	Response Percent	Response Count
York	70.0%	14
Selby	5.0%	1
Pocklington	5.0%	1
Ryedale	20.0%	4
AnsweredQuestion		20
SkippedQuestion		13

Medical Non-emergency Transport
Engagement Feedback Report



Q22. Do you consider yourself to have a disability? Please tick most appropriate

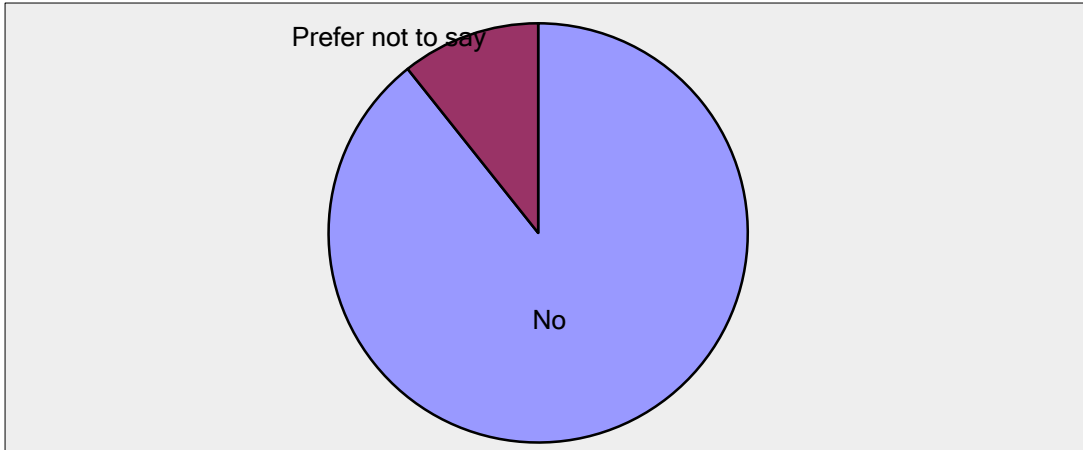
AnswerOptions	Response Percent	Response Count
No disability	89.3%	25
Physical impairment such as difficulty moving your arms	0.0%	0
Long standing illness or health condition such as cancer,	3.6%	1
Prefer not to say	7.1%	2
AnsweredQuestion		28
SkippedQuestion		5



Medical Non-emergency Transport
Engagement Feedback Report

Q23. Do you consider yourself to have a mental health condition such as depression, dementia or schizophrenia?

AnswerOptions	Response Percent	Response Count
No	89.3%	25
Prefer not to say	10.7%	3
AnsweredQuestion		28
SkippedQuestion		5



Scarborough and Ryedale CCG

Stakeholder Survey –responses

Appendix 1

Appendix 2

Appendix 3