Non-Emergency Medical Transport Engagement Report
Introduction

Non-Emergency Medical Transport Services, (NEMTS), are typified by the non-emergency, planned transportation of Service Users with a medical need for transport to, from and between premises providing NHS Healthcare. Nationally these services are known by many different names; however the most common being Patient Transport Services (PTS) or Non-Emergency Patient Transport services (NEPTS). Locally it has been determined that the service shall be known as NEMTS.

The current contract for Non-Emergency Patient Transport Service (PTS) is due to expire in March 2017. This service does not include ‘999’ ambulance services. Over 4000 patient journeys a month are made to Hull and East Yorkshire hospitals by those within NHS Hull Clinical Commissioning Group’s catchment area. There is anecdotal evidence to suggest inappropriate access to the current service. There are two priority groups of patients who access this service; those attending renal dialysis at Hull Royal Infirmary, and those attending oncology services at Castle Hill Hospital.

Goals

By undertaking this engagement exercise we hope to gain an understanding of;

- People’s current experience of the service, what people value in the service and what they feel could be improved.
- Attitudes towards the eligibility criteria, from services users, non-service users and Healthcare Professionals.
- Who should determine entitlement to access the new Non-Emergency Medical Transport Service

The information in this report should help inform the service specification, and service design; however further engagement should be employed during the procurement process and mobilisation of any changes to NEMTS.

Methodology

Three questionnaires were developed; one for users of the current Patient Transport Service, one for patients who had attended the same health services as Patient Transport Service Users but travelled by other means, and one for Healthcare Professionals and other staff who refer Service Users to the Patient Transport Service.

Two focus group sessions were conducted with Priority Service Users of the Patient Transport Service, one with 6 Oncology Patients and one with 4 Renal Patients undergoing dialysis. The discussion guide for both sessions can be in appendix (iv) on page 27, and a record of the discussion in appendix (vii) on page 39.
Questionnaires were handed to every Service User, using the Patient Transport Service between Friday 13th May and Sunday 29th May 2016 by the drivers of the patient transport; Service Users who made multiple journeys within that time were only given one questionnaire, 700 Service User questionnaires were sent out. 500 questionnaires were sent to Service Users who attended the same health services as those using the Patient Transport Services, but travelled by other means; this group was surveyed in an attempt to gauge a “reasonable expectation” for things like arrival time prior to service, also to gauge the views of those who might qualify for the Patient Transport Service, but did not use it.

Healthwatch Kingston-Upon-Hull had recently undertaken some engagement work relating to this group of Service Users, and experienced a low response rate; in order to try and overcome this participants were given a freepost envelope with their questionnaire, participants also had the opportunity to complete the survey online; the online version could also be accessed via smartphone.

Response rates for the two Service User questionnaires were low, with 37 being returned from Patient Transport Service Users and 5 from non-service users. An online questionnaire was sent to the following healthcare professionals; all NHS Hull CCG GPs, and staff at Hull and East Yorkshire Hospitals NHS Trust who interact with the Patient Transport Service, 70 were returned. Questionnaires can be seen in appendices (i) (ii) and (iii) on pages 13, 17 and 21. Full demographics of respondents can be seen in appendix (v) on page 29.
Results

Service user experience of the current service

Journey to Health Services

Chart 1
Graph to show journey start
(n=36)

Chart 2
Graph to show journey end
(n=37)

Journey from Health Services

Chart 3
Graph to show journey start
(n=31)

Chart 4
Graph to show journey end
(n=33)

Chart 5
Graph to show when journeys where made
(n=37)

Charts 1-4 indicate that the majority of journeys undertaken by participants were return journeys from their place of residence to health services and back again. Chart 5 shows that almost all return journeys were made on the same day. Chart 6 shows that the majority (91%) of collections were made on time, of those that were late; the longest delay was 1 hour and 10 minutes, the shortest 30 minutes.
Users of the existing service, value the service received, this can be seen in the free text responses in the questionnaire (appendix (vi) page 31), with a number of respondents praising the drivers and staff; the main issues raised related to comfort and waiting times for transport. Participants in the focus groups stated that they were given a 2 hour time frame for patient transport collection, there were mixed feelings about this

“The problem with being given a two hour pick up time window was that it means an early start – to be ready for 8am. Sometime only having a 10 minute appointment mid to late morning and then because of waiting around not getting back home until 2.30pm.”

“No, up to 2 hour wait at home for pick up but that isn’t such an issue as at least you are at home.”

Chart 7 shows the amount of time Service Users waited for their return transport, just over a quarter (28%) waited over an hour, of those 6% waited 2 or more hours. The distribution of waits indicates that Service Users’ return journeys are not booked at the same time as the outgoing journey, if this was the case one waiting time bracket would have more responses; the information suggests that Service User need to wait for transport to become available.

This was echoed in the focus groups; with participants explaining that the long wait for transport home had a negative impact on their quality of life.

“Main issue is long waits for journey back. Can sometimes be waiting around for hours after your appointment has finished.”

“I pay for transport going home as I cannot rely on transport to get home. I can wait up to 2.5 hours to get home and therefore I choose to pay for my own travel home. When I am feeling poorly I do not want to wait for such a long period to get home.”

A need for improved comfort was raised in the free text responses in the questionnaire; this was also discussed in the focus groups with the participants stating that taxis were more comfortable particularly after receiving treatment, and that they were always clean.

Non-Service User behaviour
The engagement with Non-Service Users that attended the same health services as Patient Transport Service Users was intended to give an insight into their behaviours to determine what would be a reasonable expectation of the level of service. Unfortunately due to the extremely low response rate, little can be determined. One thing that can be taken from these results is how much time people
arrive before their appointment, this ranged from 10 – 30 minutes. This would be a reasonable benchmark, however further engagement on this would be recommended.

Healthcare staff experience of the current service

Chart 8 and 9 shows that a number of different staff groups regularly refer to the Patient Transport Service. The majority (91%) of respondents are aware that there are eligibility criteria for the Patient Transport Service, however only half those are fully aware of the specific criteria. Just over a quarter (27%) of respondents feel the criteria are unclear (Chart 11).

Although only 9% of respondents feel that the criteria exclude some Service Users that they feel should be entitled to Patient Transport Services, 37% are unsure, this may mirror they lack of awareness of the specific criteria. 54% feel the criteria do not exclude those who they feel should be entitled to the service (Chart 12). The Service Users that respondents feel could be excluded are list in appendix (vi) on page 34.
Attitudes to the National Guidance

Charts 13, 14 and 15 show degrees of agreement with statements relating to aspects of the Patient Transport Service. The majority of people agree with the statements:

- “Non-Emergency Medical Transport Service should only be for those people who are too ill or who are physically unable to travel to and from health services”, 74% agree or strongly agree
- “To make sure the Non-Emergency Medical Transport Service is cost effective, patients should expect to wait, and share their journey with others”, 85% agree or strongly agree
- “Patients who can get to health services by their own means should not be eligible for Non-emergency patient transport”, 71% agree or strongly agree.

For all 3 statements more healthcare professionals opted for agree rather than strongly agree, this may be due to this group feeling that there are cases in their experience that are exceptions to the criteria, this is highlighted in the groups identified that may be excluded by the criteria (appendix (vi) page 34).

Chart 13 shows that the majority of Service Users feel that only those who are too ill or physically unable to travel to services should be eligible for Patient Transport Services, this is echoed in the free text responses in the questionnaire, where a number alluded to the fact that they use the service at the moment but this was only temporary.

Chart 13
Graph to show agreement with the statement “Non-Emergency Medical Transport Service should only be for those people who are too ill or who are physically unable to travel to and from health services”

Chart 14
Graph to show agreement with the statement “To make sure the Non-Emergency Medical Transport Service is cost effective, patients should expect to wait, and share their journey with others”
Chart 14 shows that the majority feel Service Users should expect to wait, and share their journey, this is mirrored in experience outlined in the free text responses, and the focus groups. The amount of time currently expected to wait is too high based on responses to previous questions, and focus group discussion. This is the only statement that healthcare professionals stated strongly disagree, it is reasonable to assume this relates to wellbeing, based on previous responses, and that sharing transport and waiting should be appropriate to the individuals condition.

Chart 15
Graph to show agreement with the statement “Patients who can get to health services by their own means should not be eligible for Non-emergency patient transport” (n=86)

Chart 16
Graph to show awareness of transport alternatives (n=27)

Chart 17
Graph to show agreement with the statements relating to patient transport users by engaged group (n=76)

Chart 15 shows that the majority of respondents feel that if a Service User can make their own way to the service they should not be eligible for the Patient Transport Service. However in responses to free text questions from service users and healthcare professionals as well as the focus groups; there is a feeling that some people who are entitled do not use the service and rely on the support of others. Chart 16 shows that although alternative modes of free transport are available awareness of these are limited, with the majority reporting that they had not heard of the services listed.
Chart 17 shows that the majority of respondents feel that Non-Emergency Medical Transport should prioritise those that meet the criteria, and some free transport should be available for those who don’t meet the criteria. Chart 13 seems to contradict this, stating that only those too ill to travel should be eligible; however, Chart 16 shows a lack of awareness of other free transport options available to people. It would be fair to assume that if there was improved awareness of alternatives these would cover those people who have a need for free transport but do not quiet meet the national eligibility.

Chart 18
Graph to show agreement with the statements relating to patient transport and carers by engaged group (n=77)

Chart 19
Graph to show who healthcare professionals think should determine eligibility for patient transport? (n=49)

Chart 21
Graph to show the proportion of service users who felt they met the criteria (n=29)

Chart 18 acknowledges the need for someone to travel with the Service User, the majority feel that this should only be someone who has a particular skill, and should not be an automatic entitlement. This is an area that has been highlighted in the Healthcare professional free text responses, and mirrored in some previous responses which identifies that some patients needs differ from the majority, and some provision for this should be considered.

Chart 19 shows that healthcare professionals believe they should determine eligibility for patient transport (36%), and the justification for this can be seen in the "Justification free text response" in appendix (vi) on page 35, and relates to the professional being best placed, and best informed about the Service User to make that decision. This conclusion however, complicated by conflicting responses, relating to existing work pressures of healthcare professionals (GPs in particular).
Some staff felt they had been put under pressure by the Service User to book the transport for a number of reasons, including perceived right to free transport, and that the Service User would not attend without it, these can be seen in the free text appendix. The next largest group was the transport provider, this throws up concerns relating to how appropriate it is that the transport provider should determine eligibility. Although 25% felt patients should book the transport, there were a number of comments stating the opposite, with good reason. Although there were reasons given against Service Users booking their own transport, chart 21 shows that when directed to the eligibility criteria, many Service Users identify as being eligible, the reasons given to justify eligibility can be seen in (appendix vi) on page 32, and on the whole these responses demonstrate that existing Service Users do meet the eligibility criteria. Those Service Users who do not appear to be eligible provide a narrative that suggests their needs could be met by the existing voluntary transport provision or reimbursement scheme.

When looking at eligibility it is important to be clear about the difference between determining eligibility and booking the transport. Based on the evidence in these engagement exercises, it would be reasonable to suggest that the assessment could be carried out by the transport provider, if the assessment were produced with input from healthcare professionals. That way the assessment would be rigorous, and should take into account any extenuating circumstances that are the concern of the healthcare professionals and would not put them in the position where they would be put under pressure to book transport, or have an additional duty added to their existing workload.
Conclusions

- Due to the low response rates for the questionnaires, additional engagement is recommended; this should form part of the mobilisation of a revised service, or implementation of service development. The utilisation of Service Users or the public as part of the procurement process could also be considered.
- Attitudes towards the eligibility criteria, from Services Users, Non-Service Users and Healthcare Professionals, are positive. There is evidence to suggest that the criteria should be followed, however, some free transport should available for those who exhibit a need but don’t quite meet this. This could be achieved by close links with the voluntary sector, and providing information relating to alternatives when it becomes clear the individual does not meet the criteria.
- Determination of eligibility; it is clear that there is a feeling that healthcare professionals should be involved in determining eligibility for patient transport. This is a complicated issue, although it is agreed across healthcare staff that clinical staff are best placed and informed to make the decision, identifying an individual staff group who should have “the final say” is extremely difficult, as the key practitioner changes over the course of treatment, and indeed the Service User’s life. Also how often this should be reviewed is a difficult to find agreement on, and to make meaningful. The findings of this engagement would suggest that an assessment developed with clinicians carried out by the transport provider would be an option that could address some of the issues raised with regards to eligibility.
- The need to wait for patient transport has been identified and accepted by service users and healthcare professionals. This exercise has also found that at the present time there are instances where this is too long, in particular waiting for the return journey home. Reducing the waiting for a return journey, and a more specific collection time or notification or collection time would improve the service user’s quality of life; the possibility for improvement in these areas should be reviewed.
- Communication of the eligibility criteria, and alternatives to NHS provided transport need to be communicated to Healthcare Professionals, NHS staff, Service Users and members of the public. These messages should be tailored to each group and targeted, particularly if there are changes to the existing service.
- Throughout the engagement exceptions and examples of the particular needs of service users have been highlighted. Consistency of service, as also appeared in a number of free text responses and the focus groups. Although there is an identified need for a more consistent service, there is also a need for the service to be able to take into account an individual Service User’s needs when considering the length of wait, a need for a carer / support / advocate, and the type of vehicle. This is an example where a patient centred service has had specific areas of focus highlighted.
Appendices

i. Service User Questionnaire
ii. Non-Service User Questionnaire
iii. Healthcare Professional Questionnaire
iv. Priority Service User Discussion Guide
v. Demographics of respondents
vi. Free text question responses
vii. Summary of semi structured interviews
Appendix (i) – Service User Questionnaire

Questionnaire

Patient Transport Services – Your views and experience.

This questionnaire is about the Patient Transport Service, this is transport provided by the NHS, and does not include ‘999’ ambulance services. We would like to hear your views to help improve the service in the future.

Completing the Questionnaire

Taking part in this questionnaire is voluntary and anonymous. For each question please tick the box that is closest to your views or closest to your experience. Don’t worry if you make a mistake; just cross the mistake out and put a tick in the right box. Please do not write your name or address anywhere on this questionnaire sheet.

Only complete section 1 if you travelled to the health service on patient transport, only complete section 2 if you travelled from the health service on patient transport. Everyone should complete section 3 and 4.

If you have any questions about this questionnaire please ring the Communications and Engagement Team for help on: 01482 344700.

You can take part in the following ways, the questions are the same, you can complete:

• Online, by going to: www.surveymonkey.co.uk/r/PatientTransport2016 (also available on smart phones)
• This sheet and return in the freepost envelope provided, or to:

FREEPOST Plus RTGL-RGBEB-JABG
NHS Hull Clinical Commissioning Group
2nd Floor,
Wilberforce Court,
Alfred Gelder Street
Hull
HU1 1UY

The closing date for the questionnaire is Sunday 29th May 2016. Responses received after this date may not be used.

Non-Emergency Medical Transport Service (NEMTS)

This is sometimes called the Patient Transport Service (PTS). It is non-emergency transport provided by the NHS, and does not include the ‘999’ ambulance service. It is for patients with a medical need for transport to and from healthcare services. Some examples of people who might use this service are: someone who is unable to travel without help or special equipment, or someone who has a condition that could get worse if they move or travel.
Section 3:
About your journey(s)

Q12 Please rate the following aspects of your journeys

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Waiting</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Convenience</td>
<td></td>
<td></td>
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<tr>
<td>Comfort</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Q13 What would make your journey easier?

Q14 What mode of transport do you usually use day to day? E.g. commuting, shopping

☐ Walk
☐ Mobility scooter
☐ Cycle
☐ Motorcycle
☐ Drive alone
☐ Drive with others
☐ Passenger in car
☐ Taxi
☐ Bus
☐ Train
☐ Park and ride
☐ Other

Q15 Please use the space below for any comments about your journey today

Section 4:
About Non-Emergency Medical Transport Service

The national criteria for Non-Emergency Medical Transport Service are:

- Where the medical condition of the patient is such that they require the skills or support of NEMS 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.

Q16 Do you feel you fit this criteria?

☐ Yes
☐ No

If yes please explain why

How much do you agree or disagree with the following:

Q17 Non-Emergency Medical Transport Services should only be for those people who are too ill or who are physically unable to travel to and from health services

Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree

Q18 To make sure the Non-Emergency Medical Transport Service is cost effective, patients should expect to wait, and share their journey with others

Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree

Q19 Patients who can get to health services by their own means should not be eligible for Non-Emergency Medical Transport Service

Strongly Agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree

2016/NEMTS/14
Q20 Which Statement do you agree with the most (please pick one)

☐ The national criteria should be strictly followed, only those who are too ill to travel, or those physically unable to travel should be able to use Non-Emergency Medical Transport Service

☐ Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria, and some free transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own

☐ Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria; and transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own, for a small payment

☐ I cannot decide, or have an alternative suggestion or comment: (please specify)

Q21 Which Statement do you agree with the most (please pick one)

☐ All patients who meet the criteria for Non-Emergency Medical Transport Service should be able to have someone travel with them for free e.g. Family member, Friend, Carer

☐ Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for free if they are needed for support or because they have a particular skill

☐ Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for a small payment

☐ I cannot decide, or have an alternative suggestion or comment: (please specify)

Q22 Have you heard the following?

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<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Would like to know more</th>
</tr>
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<tbody>
<tr>
<td>Home from Hospital Service</td>
<td>☐</td>
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<tr>
<td>Health Transport cost Scheme</td>
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<tr>
<td>East Hull Community Transport</td>
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Q23 Please use the space below for any comments about free transport provided by the NHS
Appendix (ii) - Non-Service User Questionnaire

Questionnaire

Patient Transport Services – Your views and experience.

This questionnaire is about the Patient Transport Service, this is transport provided by the NHS, and does not include ‘999’ ambulance services. We would like to hear your views to help improve the service in the future.

Completing the Questionnaire

Taking part in this questionnaire is voluntary and anonymous. For each question please tick the box that is closest to your views or closest to your experience. Don’t worry if you make a mistake; just cross the mistake out and put a tick in the right box. Please do not write your name or address anywhere on this questionnaire sheet.

If you have any questions about this questionnaire please ring the Communications and Engagement Team for help on: 01482 344700.

You can take part in the following ways, the questions are the same, you can complete:

- Online, by going to: www.surveymonkey.co.uk/r/PatientTransport2016nsu (also available on smart phones)
- This sheet and return in the freepost envelope provided, or to:
  
  FREEPOST Plus RTGL-RGEB-JABG  
  NHS Hull Clinical Commissioning Group  
  2nd Floor,  
  Wilberforce Court,  
  Alfred Gelder Street  
  Hull  
  HU1 1UY

The closing date for the questionnaire is Sunday 29th May 2016. Responses received after this date may not be used.

Non-Emergency Medical Transport Service (NEMTS)

This is sometimes called the Patient Transport Service (PTS). It is non-emergency transport provided by the NHS, and does not include the ‘999’ ambulance service. It is for patients with a medical need for transport to and from healthcare services. Some examples of people who might use this service are; someone who is unable to travel without help or special equipment, or someone who has a condition that could get worse if they move or travel.
About your journey today

**Q01** Where did you travel from today?
- [ ] Home
- [ ] Sheltered Housing
- [ ] Residential Home
- [ ] Nursing Home
- [ ] Doctor’s Surgery
- [ ] Health Centre
- [ ] Other (Please Specify)

**Q02** What day and time was your journey?

<table>
<thead>
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<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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<tr>
<td>Sunday</td>
<td>[ [ ]  ]</td>
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**Q03** How long did your journey take?
- [ ] Hours
- [ ] Minutes

**Q04** When you arrived at the health service, how long was it until your appointment time?
- [ ] Hours
- [ ] Minutes

**Q05** How did you travel to health service today?
- [ ] Walk
- [ ] Mobility scooter
- [ ] Cycle
- [ ] Motorcycle
- [ ] Drive alone
- [ ] Drive with others
- [ ] Passenger in car
- [ ] Transport provided by a charity
- [ ] Taxi
- [ ] Bus
- [ ] Train
- [ ] Park and ride
- [ ] Other

**Q06** What mode of transport do you usually use day to day? E.g. commuting, shopping
- [ ] Walk
- [ ] Mobility scooter
- [ ] Cycle
- [ ] Motorcycle
- [ ] Drive alone
- [ ] Drive with others
- [ ] Passenger in car
- [ ] Taxi
- [ ] Bus
- [ ] Train
- [ ] Park and ride
- [ ] Other

**Q07** Please use the space below for any other comments about travelling to the health service today
About Non-Emergency Medical Transport Service

The national criteria for Non-Emergency Medical Transport Service are:
- Where the medical condition of the patient is such that they require the skills or support of NEMTS 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.

Q8 Do you feel you fit this criteria?

☐ Yes
☐ No

If yes please explain why

How much do you agree or disagree with the following:

Q9 Non-Emergency Medical Transport Services should only be for those people who are too ill or who are physically unable to travel to and from health services

☐ Strongly Agree
☐ Agree
☐ Neither agree or disagree
☐ Disagree
☐ Strongly Disagree

Q10 To make sure the Non-Emergency Medical Transport Service is cost effective, patients should expect to wait, and share their journey with others

☐ Strongly Agree
☐ Agree
☐ Neither agree or disagree
☐ Disagree
☐ Strongly Disagree

Q11 Patients who can get to health services by their own means should not be eligible for Non-Emergency Medical Transport Service

☐ Strongly Agree
☐ Agree
☐ Neither agree or disagree
☐ Disagree
☐ Strongly Disagree

Q12 Which Statement do you agree with the most (please pick one)

☐ The national criteria should be strictly followed, only those who are too ill to travel, or those physically unable to travel should be able to use Non-Emergency Medical Transport Service

☐ Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria, and some free transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own

☐ Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria, and transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own, for a small payment

☐ I cannot decide, or have an alternative suggestion or comment: (please specify)

Q13 Which Statement do you agree with the most (please pick one)

☐ All patients who meet the criteria for Non-Emergency Medical Transport Service should be able to have someone travel with them for free e.g. Family member, Friend, Carer

☐ Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for free if they are needed for support or because they have a particular skill

☐ Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for a small payment

☐ I cannot decide, or have an alternative suggestion or comment: (please specify)
Q14 Have you heard the following?

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<th>Service</th>
<th>Yes</th>
<th>Yes, but would like to know more</th>
<th>No</th>
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<tr>
<td>Health Transport cost Scheme</td>
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<tr>
<td>East Hull Community Transport</td>
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<tr>
<td>Home from Hospital Service</td>
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Q15 Please use the space below for any comments about free transport provided by the NHS

Thank you for completing this questionnaire
Appendix (iii) - Healthcare Professional Questionnaire

Patient Transport Services – Your views and experience.

This questionnaire is about the Patient Transport Service, this is transport provided by the NHS, and does not include ‘999’ ambulance services. We would like to hear your views to help improve the service in the future.

Completing the Questionnaire

Taking part in this questionnaire is voluntary and anonymous. For each question please select the box that is closest to your views or closest to your experience.

If you have any questions about this questionnaire please ring the Communications and Engagement Team for help on: 01482 344700.

The closing date for the questionnaire is Sunday 5th June 2016. Responses received after this date may not be used.

Non-Emergency Medical Transport Service (NEMTS)

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1. Please select the description that best describes your role in the Health Service

- General Practitioner
- Nurse (Ward based)
- Nurse (Community based)
- Allied Health Professional (Hospital based)
- Allied Health Professional (Community based)
- Administrator
- Receptionist
- Ward Clerk
- Other (please specify)

Patient Transport Services – Your views and experience.
2. How often do you book patient transport provided by the NHS for patients?

- A few times a day
- A few times a week
- A few times a month
- A few times a year

Patient Transport Services – Your views and experience.

3. Are you aware there are criteria for booking patient transport provided by the NHS?

- Yes, fully aware
- Yes, but don’t know the specific criteria
- No, unaware
- Don’t know

The national criteria for Non-Emergency Medical Transport Services (NEMTS)

The national criteria for Non-Emergency Medical Transport Service (NEMTS) is;
- Where the medical condition of the patient is such that they require the skills or support of NEMTS 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.

4. Do you feel these criteria are clear?

- Very clear
- Clear
- Unclear
- Very unclear
- Don’t know
5. Do you feel these criteria exclude any patients you think should be entitled to non-emergency medical transport provided by the NHS?

- No
- Don't know
- Yes (please specify)

6. Who do you think should determine a patient’s eligibility for the non-emergency medical transport service? (tick all that apply)

- GP
- Consultant
- Nurse
- Other Healthcare Professional
- Patient
- Transport Provider
- Other (please specify)

7. Please give your reasoning for the above
Non-Emergency Medical Transport Services (NEMTS) Your Views

To what extent do you agree with the following statements:

8. “Non-Emergency Medical Transport Service should only be for those people who are too ill or who are physically unable to travel to and from health services”
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly Disagree
   - [ ] Not Sure

9. “To make sure the Non-Emergency Medical Transport Service is cost effective, patients should expect to wait, and share their journey with others”
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly Disagree
   - [ ] Not Sure

10. “Patients who can get to health services by their own means should not be eligible for Non-Emergency Medical Transport Service”
    - [ ] Strongly agree
    - [ ] Agree
    - [ ] Disagree
    - [ ] Strongly Disagree
    - [ ] Not Sure
11. Which Statement do you agree with the most (please pick one)

- "The national criteria should be strictly followed, only those who are too ill to travel, or those physically unable to travel should be able to use Non-Emergency Medical Transport Service"

- "Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria, and some free transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own"

- "Priority should be given to those who meet the Non-Emergency Medical Transport Service criteria; and transport should be available to those who don’t quite meet the criteria but find it difficult to travel to health services on their own, for a small payment"

- I cannot decide, or have an alternative suggestion: (please specify)

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Non-Emergency Medical Transport Services (NEMTS) Your Views

12. Which Statement do you agree with the most (please pick one)

- "All patients who meet the criteria for Non-Emergency Medical Transport Service should be able to have someone travel with them for free e.g. Family member, Friend, Carer"

- "Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for free if they are needed for support or because they have a particular skill"

- "Patients who meet the criteria for Non-Emergency Medical Transport Service should only be able to have someone travel with them for a small payment"

- I cannot decide, or have an alternative suggestion: (please specify)

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Non-Emergency Medical Transport Services (NEMTS) Your Views
13. Please use the space below for any other comments about patient transport services provided by the NHS

Thank you

Thank you for taking the time to complete this survey, your views will help inform the future service delivery model.
Non-Emergency Patient Transport Discussion Guide

This discussion guide is to support Patients and Carers, give their perspective on Non-Emergency Medical Transport. It is hoped that this will identify strengths and weaknesses in the current system that would not be picked up in the questionnaires.

To focus the participant's mind on what happened rather than what they want to talk about, it is useful to walk through what happened chronologically, rather than asking questions about aspects of the process / journey.

A good place to start is who arranged the transport for them, how far have they travelled etc. This is essentially background, but sets the scene and gets the participant in the right frame of mind to focus on their journey rather than the process. Some of the details they talk about here may give insight into issues that will come up later in the discussion.

The questions below are to help guide and maintain the conversation, they don't have to used, but the answers will help create a richer picture of the service from a service user point of view. The groupings align with the subject areas covered in the Questionnaire sent to patients and Healthcare Professionals:

Journey Today

- Who arranged your transport for you?
- When have you travelled from and to today?
- Tell me about your journey?
- Did you feel that you arrived for your appointment with enough time?
- Do you know who to contact if you need to change your transport or cancel it?

Journeys in General

- Do you use the non-emergency medical transport regularly?
- Was your transport today typical of previous journeys?
- Has there been anything particularly good about the existing patient transport?
- Has there been anything about the existing patient transport that could be improved?
Criteria

- [Go through the criteria on the next page]
- Do you think they are fair?
- Do you think that some people might miss out on free patient transport that should be entitled to it?
- Do you think everyone should be entitled to have a carer, friend or relative travel with them?
- Who do you think should decide if someone meets the criteria for free patient transport?
- How often do you think someone’s entitlement to receive free patient transport should be reviewed?
Appendix (v) - Demographics of Respondents

Distribution of Service User Characteristics

Chart 22
Age of respondents
(n=30)

Chart 23
Ethnicity of Respondents
(n=34)

Chart 24
Religion / Beliefs of Respondents
(n=29)

Chart 25
Gender of Respondents
(n=34)

Chart 26
Sexuality of Respondents
(n=32)

Chart 27
Are your day to day activities limited because of a health problem or impairment which has lasted, or is expected to last at least 12 months
(n=33)
Do you identify with any of the following impairment groups?

(n=30)

Chart 28

- Other
- Prefer not to say
- Hidden impairment (including disease)
- Dementia (including Alzheimer’s disease)
- Autistic Spectrum Disorder
- Neurological impairment (including epilepsy and brain injury)
- Medical-related impairment (including HIV and Cancer)
- Mental Health condition
- Hearing impaired, hard of hearing, or deaf
- Visually impaired, partially sighted or blind
- Cognitive or learning difficulty
- Personal assistance user
- Mobility impairment (not a wheelchair user)
- Mobility impairment (Wheelchair use)
Appendix (vi) - Free Text Question Responses

Service User Questionnaire

Question 13
What would make your journey easier?
- If my mobility enabled me to make my own way to ambulance
- Nothing
- not having to wait hours for transport home
- nothing better
- due to having damage to my hip some vehicles are not up to standard this can be painful
- as long as I get transport to to hospital
- comfortable ambulance
- soft seats the team was a big 5 stars
- very happy with everything thank you
- better road surfaces
- Nearer home
- one driver call to give E.T.A when picking up which is good because your not rushing if they come early
- could not be better
- Quieter vehicles
- Nothing it was OK
- Better seating
- To be on time
- Nothing it was perfect
- More taxis and drivers
- Not having to make it
- can't make it easier, it was all very efficient
- The staff are wonderful, happy and caring but the vehicles, though very efficient, are very noisy so some insulation between some of metal parts would be appreciated

Question 15
Please use the space below for any comments about your journey today?
- Pleasant and helpful driver
- It was an experienced drivers journey. No jerks or sudden stops. Pleasant chatter, and a helpful driver who held my hand when coming down the step
- very comfortable and safe journey
- excellent
- i travel 3 days a week in the transport and always find the crew friendly and helpful
- this is the first time we have used the service the two drivers couldn't have more considerate and caring
- very pleasant driver was very helpful and chatty
i am very happy to say we have very good transport service the service on Tuesday 24 May
drivers were excellent very polite and friendly
good
were i live is a 3 bus journey away and i am on benefits so could not afford £20 for a taxi
my journeys have always been comfortable and drivers are always helpful
picked up 11.50 am returned home 6.30 pm appointment was over by 2.30pm
Very friendly staff both inwards and outwards courteous and efficient
Very pleasant I always feel very safe on transport
Straight forward and excellent very pleasant and courteous driver
Well looked after on journey
Very good all but waiting time
the people very beautiful and took time not only with me but for everyone, can't praise them
enough
Would not have to use non-emergency medical transport service if it was possible to have pace
maker check at Bridlington hospital as bus service runs right past could not have been easier
It was all very efficient
As said, wonderful staff but noisy vehicles

Question 16
Do you feel you fit this criteria? If yes please explain why?

- Only means of attending appointments
- Everyone needs a little extra help in there lifetime at times
- multiple sclerosis can only walk up to 20 minutes
- stiffness if legs with arthritis
- disabled registerd
- lack of other transport
- need to use wheelchair taxi at the moment i fine it unsafe as some did not use safety belt
- i am unable to walk at this time but to improve as time goes by and maybe drive again
- i can not walk i have a wheelchair
- heart problems angina C.O.P.D breathing difficulties mobility diabetes
- wheelchair and partially sighted
- Osteoarthritis in both feet can only walk slowly and short distances
- my medical condition effects my ability to travel by other means
- replacement knees heart condition
- they see you in and out of your home and make me feel safe in their care
- copd and arthritis
- I live alone and had a severely damaged (broken) leg. Helped put my mind at rest as well as my
leg
- I can't get to the hospital any other way
- because of my mobility for getting in and out of a car
- Unable to walk without help
- I wouldn't make my appointment only for this transport I can't get in or out of a car
- House bound and live on the first floor and can't make the stairs
- Unable to access private vehicles due to not being able to walk or raise from my wheelchair. Have to use transfer boards.

**Question 23**

Please use the space below for any comments about free transport provided by the NHS?

- I have been able to make my own way to appointments for a number of years but I no longer drive through ill health and am grateful for the service offered
- I attended retinal screening ward today. When the eyes have had the drops put in, we are not allowed to drive, and as my family all work I have no one to drive me home. Hence the use of this service. My daughter has a learning disability the usual pick up time is 8:30-8:50am today it was 9:25 a big hold up in the town centre. I needed to be at the Newington clinic for 9:40 I just made the time, using a taxi, I had my dressing (leg) changed. Diane's travel journeys to and from her day centre can often be erratic. That's life in a nutshell I am sorry to say. This was my first usage of this service, and it was a good help to me. A 2 way journey cost on a local bus should be given for short journeys.
- I am so grateful for the service NHS patient transport provide some months I only have one appointment others I have several without this service I would find it impossible to get to a appointment I always feel safe I think the staff do a wonderful job
- Without it I wouldn't be able to get any of the treatment and support that I need
- having to use this transport has been a great help to me and my wife who is my carer we have all the staff helpful and reassuring and find us the right department in such a large hospital we thank you for the service and don't know what we would do without it!
- great to be able to use this service where the need is justified through the doctor's advice as termed frail elderly at ages 87 with no family near me
- i fine the services very good driver and attendant very kind and helpful
- i only use the help to get to hospital i have had my hip done
- mum is very frail and needs me with her as she is wheelchair dependent and partially sighted and cannot push herself she as arthritis in shoulders and arms and an unsuccessful knee replacement 12 years ago her legs are getting worse this services is fantastic the drivers are very caring
- it should only be free for people who have paid into the NHS for over 5 years it should not be provided for patient who have a disability car because that's what its for a small change should be made to patients who refuse to travel or who haven't bothered to cancel their transport
- i think the NHS non medical transport is very good
- health transport essential for patient who have difficulty going to appointments
- thank you all so very much
- where own transport is not an essential to hospital which are difficult to get to
- The service was first class even when late due to a number of problems, the staff were very kind polite and helpful, they are a credit to the service
• transport i have been in has always been clean and safe, i have never heard anyone been nasty or rude to any patient, its a pity it cant stay the same the other way round    i find them great thanks

• Being a widow on my own, breaking my leg was a huge shock never being dependant on anyone I was scared what to do about getting around now I was non weight bearing. the NEMTS was brought to my attention when I had a stay in Rose Villas. They put my mind at ease made me feel it was OK to ask for help and I shall forever (when I'm back on my feet) be greatful to NEMTS. Thank you

• It is important to keep the transport going because for a lot of people it's the only option, because the staff are well trained, polite, helpful and when you have paid into the NHS all your life you should be entitled to it for free. I do think that patients who don't bother to cancel the transport when its no longer needed should be charged a small fee £5 for instance to cover costs for the service. If they refuse then they no longer become entitled to the service.

• Good service always given help as needed

• A job well done after difficult circumstances

• Really good service thank you

• I think this is an absolutely fantastic service and long may it continue

• Cannot praise the service highly enough

Healthcare Professional Questionnaire

Question 5
Do you feel these criteria exclude any patients you think should be entitled to non-emergency medical transport provided by the NHS?

• Elderly Patients, those are unsteady on their feet

• There are often genuine cases of need that are not eligible because the person is deemed to be fit to get a taxi.

• Patients who have been transferred from other hospitals i.e. Grimsby or Scunthorpe via ambulance to be assessed by medical team over here then discharged. Most of these patients have come without a next of kin or money as not expecting to be transferred here and then have to try and make their own way home.

• Makes it very difficult to ascertain which and for what service, timing is an issue, availability of booking team is an issue. Due to needing transport these patients are by definition vulnerable. Lack of coordination at secondary care end is also a big problem as are lengthy waits on transport

• Patients situated within community units - neither in-patients or out-patients

Question 7
Who do you think should determine a patient's eligibility for the non-emergency medical transport service? Please give your reasoning

• as above
• Pts regularly request pt transport and state they have no money and not willing to walk to east or north hull etc
• Often given to patients as they argue ‘they have a right to it’ or ‘state no money for transport’ or other similar reason. Patients who are mobile often come in on transport and know what to say to get transport booked.
• As the consultant is in charge of the patient’s care they should be the ones to deem suitability, not the transport provider.
• This survey does not allow to tick more than one option on question 6. The HULL and East Yorkshire hospitals eligibility criteria for booking patient transport should be followed by the transport providers and nursing staff, and ward managers alike. This was initially created around 6 years ago? Between YAS and the transport department manager at the time. Non emergency patient transport services appears to allow able bodied, non vulnerable passengers to travel regularly. Also some of these passengers are already claiming disability benefits that include money to help travel to and from hospital appointment. Are these details being checked when bookings are taken? Unnecessary bookings could reduce the high demands on patient transport, especially when patients are being discharged from inpatient stay.
• Can’t tick all that apply ?? it should be a health care professional who makes this assessments as some patients, who would be eligible, but dont think they should ask struggle to get to hospital. Other who are not eligible often know how to work the system to get transport they are not entitled to. Also it makes it harder to discharge a patient who has had transport into hospital, who you feel does not meet the criteria for transport home. Then difficult conversations have to be had, some junior nurses are not confident to do this, this then results in the transport service being used inappropriately .
• The Gp, Doctor, Nurse or admin person generally knows the patient
• People who are able to assess the situation and the patient’s needs.
• they would know more of the patients circumstances that the Transport Provider
• The GP should advise the reasons why the patient should have patient transport and the Consultant should ultimately make the decision based on the GP’s reasons. I consider a lot of patients will abuse the patient transport system.
• It is more obvious to carers what a patient requires especially when some patients have the attitude of entitlement. healthcare professionals better understand the financial constraints of the service
• For a patient in the community, the GP would normally be aware of their physical limitations/health in relation to the need for transport. However as an inpatient a nurse could liase with the GP/transport, if they felt a patient’s condition warranted non-emergency transport.
• Some patient’s don’t look like they have problems but may have underlined problems medical problems.
• as above
• GP will have been most likely to have reviewed the patient most recently and be aware of patients home circumstances as well as their illness
Consultant has the defined Medical details as to the appropriate transport requirements. This could also be advised to the Nurse in charge.

the nurse will know the patient better than the other people

There is too much ABUSE of the system. Patients are booking transport (either themselves or getting others eg, nurses, other health care professionals) when they DO NOT meet the criteria. The healthcare professionals are too afraid NOT to book the transport incase the patient starts to complain. We have patients who have been on holiday and come back on a plane the day before (after a worldwide tour) and then insist he needs transport to and from hospital on the grounds of medical reasons (there were none) and on the basis he couldn't afford it. (He probably couldn't after his 'world tour')!!  NHS transport has become nothing but a 'glorified taxi service' unfortunately.

If the criteria is already set why should any of the above need an input - they either meet the standard or not

Unable to tick all that apply above, should also include GP and consultant ie tyhose who have closed contact and care for the patient.

The survey won’t let me tick all that apply - so I would say, any Healthcare professional, GP, Nurse, Physio, District Nursing Team, Consultant, etc

They are the person in charge of the person at time of discharge. They are aware of their needs and abilities

Need to protect public money but the above people should have an objective approach yet keep the patient’s needs in view.

consultant or gp are more aware about patient history and more responsible for patient so in that case he or she would be the right person to make it that decision about patient transport or in non- emergency situation.

We only get to see a small part of the patient circumstances whereas the GP has a much better of their social status

i think the person authorising transport should have full knowledge of the patients health issues and needs. i did try to tick GP also but it would only let me tick one.

Medical staff are aware of the possible implications of treatment to the patient

patients carer best placed to determine mobility and needs particularly for patients with
dementia

nurses are more hands on with the patients, are more aware of their backgrounds, their home circumstances and are in more of a position to judge patients transport needs ie via admission or via pre-assessment.

If there is a hospital appointment for the patient, and there is no way he can get there himself or with the help of family, or should be able to ask for transport help. In cases or needs assistance. Not in cases where he can go by taxi. So physical mobility is a problem

If criteria are changing, the provider should be responsible for discussing with patient if eligible or not. This should not, in my opinion, be another task required of the GP

It does not require clinical input just good healthy common sense.

This is often a service viewed by patients as a matter of right, it means they can avoid the cost of public transport or car parking charges. Some could ordinarily attend appointments in
private vehicles driven by relative or friend but they are not available due to timing of appointments. This is certainly not a procedure to be handed to a primary care provider, most patients can attend a GP surgery without the involvement of NEMTS so the provision of this service to secondary care appointments should be determined by those who provide it or the departments that make use of it

- If the GP makes the referral and states the patient should have transport then this should be provided someone else should not assess the patient and say no, like if a patient attends hospital and the nurse arranges transport. It should be the findings of the person at the time.
- A health care professional who deems necessary to arrange transport
- Health care staff will know the patient often and their condition so are best placed to decide.
- Best placed to review the patient condition

Question 13
Who do you think should determine a patient’s eligibility for the non-emergency medical transport service? Please give your reasoning

- It would be very beneficial if patients could bring things with them to help them mobilise. The hospital does not have spare walking sticks/zimmer frames/wheelchairs. If this is a caring company then where is the care? How are people supposed to be able to mobilise?
- NHS finance is regularly wasted as pts call ambulances and then request transport or contract cars home when they can walk or ask a friend or bus or taxi, but don’t wish to pay themselves
- in my experience transport is being abuse and the majority of cases used as a free taxi. Many severely disabled patients entitled to transport often come in in own transport with family. Most care homes paid to provide care for patients book transport.
- Long waiting times for patients, even though they don't always mind the wait, it has an impact on the nursing staff because there is lack of patient movement and new admissions are delayed and this causes unnecessary stress in the workplace.
- If the eligibility criteria is utilised effectively by all members of non emergency transport managers/ bookings admin and hospital staff and managers, costs will be reduced and the service will be more streamlined and efficient giving the right transport to the right people. Equitable and fair.
- This service is abused on a daily basis. I find that if I refuse transport using the guidelines to make my decision I can be overturned by the transport provider who don’t seem to use it when making a booking at all. If a patient complains then we also give in which I find extraordinary. Why someone who has mobility allowance or a car is allowed to use the service beggars belief.
- I feel that the service is abused and that the patient criteria is not adhered to creating an overworked and inefficient system, with patients in some cases waiting many hours for transport home. This creates a problem in a busy out-patient department as there are no free staff to look after the patient and staff have to wait after their finishing time for the patient to be picked up with no phone contact to base available after a certain time. Having said that, in what must be difficult circumstances, the transport staff in our area have always been very pleasant and professional.
• Patients should only be able to have another person with them if it is needed - not just for company
• I think it would be beneficial to the nursing staff if we were able to book transport on the telephone to take patients back to another hospital, if they’ve come on a blue light, on the same day. Trying to get transport in this situation can be quite time consuming and lengthy.
• I no transport do a good job but some times the waiting time for there return journey is really far to long.
• the volunteer drivers do a fantastic job (without which the amb serv would not be able to function), but many are considering leaving the service due to poor funding
• we have patients who meet eligibility criteria and need to take equipment home. This equipment needs to be returned the following day. Would it not be more efficient to return the equipment without the patient the following day freeing up space in the vehicle for people? Whilst I acknowledge the transport is not for the carriage of equipment, people needing 24 hour recorders or the like do have to return the equipment the following day and if they required transport to bring them into hospital it is unlikely that they have alternative methods for returning it.
• there are not enough resources available. unless transport is booked first thing in the morning it is very difficult to get same day transport
• A good job provided but unfortunately the system is abused!
• The length of time waiting for them to answer the phone is at times unacceptable (10-20 minutes!!)
• Not enough transport serviced for patients
• So much of my time / equipment time is wanted in MRI waiting for late patients brought by non-emergency ambulance for MRI scan appointments. We just don’t have the flexibility in our schedule to absorb this - we end up cancelling other patient’s scans. We then get drivers hassling us for return of the patient when not remotely enough time has gone by since they were dropped off for their scan to be completed. I agree ambulance rides should be shared but much more emphasis needed on being on time.
• patient transport is the most important part of health group. and should be provide to the right person who really deserve for this benefits,
• Patient transport cretria should be on an individual basis one size does not fit all. Whilst patients are happy to travel together for efficency and cost its the waiting that causes the nkock on cost incurred by the nursing staff that have to stay late to cover the patients or but the wards that haave to accomodate a patient because the transport has a four hour window. That isnt efficient or cost effective.
• Patient do like to be accompanied on appointments so do think that providing one space for friends or relative could help reduce non-attendance. patient needing specialist equipment this should also be available and the request have to sit in someone draw till the day of the referral and be telephone through under 2 - 4 hour wait
Appendix (vii) - Summary of Semi-structured Interviews

Chemotherapy Patients

Discussion Group: 31st May 2016, Queens Oncology Centre, Castle Hill Hospital

Participants: 6 patients and 2 accompanying persons. Majority were on a 4 or 6 week period of daily treatment.

Journey Today / Journeys In General

- All journeys were pre-booked at the same time as appointments
- Consensus was that journey itself was fine and majority felt it was a good service. One lady (Hedon patient) felt nothing could be improved.
- Main issue is long waits for journey back. Can sometimes be waiting around for hours after your appointment has finished.
- Up to 2 hour wait at home for pick up but that isn’t such an issue as at least you are at home
- There is no continuity of levels of services – poor route planning.
- No cohesion with the inward and outward journeys. Sometime you came with, and go home with different people event through you are all en-route and all waiting in the lounge area together.
- Transport is provided in both Ambulances and taxis. Patients felt taxis were more comfortable particularly after receiving treatment. Commented that taxis were always clean.
- Patients routinely share with same patients on same journey route and on same treatment timescales. Some felt it was nice to get to know each other.
- The problem with being given a two hour pick up time window was that it means an early start – to be ready for 8am. Sometime only having a 10 minute appointment mid / late morning and then because of waiting around not getting back home until 2.30pm. (Hedon patient)
- Patients stated they were sometimes late for appointments but the nurses know that they are on transport and just re-slot them in when they can.
- Seems to be a big delay in service over the lunchtime period. All the drivers are taking lunch breaks. Some patients were irritated by this but others were resigned “They have to eat don’t they?”
- One patient did feel that this was an issue as it delayed her own meal time until she got home. Could eat at café at hospital but that “it all adds up money wise eating there every day for 6 weeks.”
- Patients stated it is relatively easy to change pick up arrangement when appointments are changed – just get in touch with the lady on the desk. However new times are not always convenient because you are getting slotted into a pre-planned schedule.

Criteria

- All agreed that the eligibility criteria were fair.
- A couple also felt should be based on distance travelled (Malton and Filey patients).
Some felt that patients are missing out as they (nurses) don’t automatically ask you if you need transport – you have to ask them.

All felt you should be able to bring someone if you want to (only 2 people in the group actually had). Mixed feeling as to whether this person should be charged or not – some said yes a small amount, and some said no.

One person felt that you should not be eligible for transport once your treatment had finished.

Further conversation with one non service user

- Elderly lady (lives in Hull) was accompanied by her husband. Been receiving cancer treatment for 2 years. Husband usually brings her for appointments but if he can’t her daughter does.
- She felt the criteria seemed fair, but if you can get there by yourself you should.
- Thought it should be free for patient but a small change is acceptable for friend or family member.
- She felt a lot of people did not know that they were entitled to free transport.

Renal Patients

Semi Structured Interviews: 1st June 2016, Renal Dialysis Unit, Hull Royal Hospital

Participants: 4 patients. Majority use transport 3 times a week.

Journey Today / Journeys In General

- Renal Unit arranged appointment
- Uses transport 3 times a week
- Patient Journey – Early dialysis so comes in by taxi
- Patient has a regular driver this makes a real difference
- Pick up is really good, generally on time.
- Has all the contacts for changing appointment times etc. I have been having dialysis for a long time and am unable to get to dialysis without assistance
- Renal Unit arranged appointment
- Travelled in by taxi
- Renal Unit arranged appointment
- Ambulance transport does not start until after 7.00 am, they do not come out at 6.00 am. This morning I had a volunteer driver with a car. That changes from session to session. I often have to wait long periods for pick up. This is very stressful
- I have some real issues with the service, one of the major issues are the times I have to wait to get to the hospital for my appointment and then getting home again.
- The service is free so that is a real positive
- Negative – I live in Goole and have to wait longer than patient in the Hull area. This is because they pick up everyone in Hull first and then have to come out of the city to pick up patients living in the outskirts.
- Should have a banking system so they pick up the people living outside the city first, followed by the Hull patients, there is no consistency to the service.
- Renal Unit arranged appointment
• Uses transport 3 times a week
• I am up at 4.30 am in the morning to get ready for my appointment time at 6.30 am. What would make it easier is to be picked up at an accurate time. I am miserable having to spend long hours waiting for the transport service to pick patients up. It is really stressful and has an impact on my mental health.
• Do not know who to contact if I need change my appointment times
• Use transport service 3 times a week.
• Positive – Drivers are always really nice
• Renal Unit arranged appointment
• Uses transport 3 times a week
• Late this morning but that is not always the case
• I can contact the unit if I need to change my appointment

What can be improved?
• Service based in Wakefield and person does not know Hull, they just get a postcode. Does not have local knowledge. The service has been centralised it used to be delivered by the nursing staff.
• I pay for transport going home as I cannot rely on transport to get home. I can wait up to 2.5 hours to get home and therefore I choose to pay for my own travel home. When I am feeling poorly I do not want to wait for such a long period to get home. If I lived outside of Hull I am not sure what I would do?
• In general I am really happy with the service
• The service should take advice from the drivers, they know the routes and yet their views are not taken into account. Need to listen more to the views of the drivers, who tell me how they see the system could be improved but do not feel listened too.
• More consistency with times for pick-up and drop off. When I have been up from 4.30 am and do not get home until after 2.00 pm, 3 times a week it does not help when you do not have a clear idea of when the transport service will arrive. Today, I had a second appointment for Scarborough hospital at 2.00 pm. I asked if the transport service would take me to Scarborough hospital after leaving dialysis, I live in Bridlington, they refused. I have had to cancel the Scarborough appointment as it is impossible to get from Bridlington to Scarborough when I do not get home from dialysis until 2.00 pm.
• It would be better if I had the same driver instead of different drivers every time.
• The service is good it does not cost me anything however it would be better if the journeys were pre-booked at the same time as they make the appointments
• The appointments are so early and it is such a long day.
• It is a 20 mile radius from my house to hospital. I have heard that there is going to be a postcode appointment system brought in. To me that would mean they would pick up all the Hull patients long before they come to pick us up how will that work for the patients coming from outside the city?

Criteria
• Yes I think it is a fair criterion
• I think people should be allowed to bring a friend or carer with them, often these friends/carers are a patient's lifeline and need to be with the patient.
• Yearly review
• Should be reviewed yearly
• The hospital should decide if the patient meets the criteria for patient transport how would the patient know if they meet the criteria.