

Healthwatch Gloucestershire
‘Enter and View’ Report
Non-Emergency Patient Transport Services (NEPTS)

Forest Dialysis Unit, Cinderford
Cotswold Dialysis Unit, Gloucestershire Royal Hospital
Severn Dialysis Unit, Gloucestershire Royal Hospital

January 2016

**Date of visits**

Wednesday 6th January 2016

Healthwatch Gloucestershire (HWG) Authorised Representatives*

Ann Lewis, Barbara Harney, Geoff Gidley, Maggie Powell, Mike Morgan and HWG staff members Anna Rarity and Julia Butler

Local Healthwatch address

Healthwatch Gloucestershire, Community House, 15 College Green, Gloucester GL1 2LZ

Theme of visits

To observe patient flow in and out of identified clinics relating to Non-Emergency Patient Transport Services (NEPTS).

Acknowledgements

HWG would like to thank the service providers, service users and staff for their contribution to the 'Enter and View' programme.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed at the time.

What is 'Enter and View'?

Part of the local Healthwatch programme is to carry out 'Enter and View' visits to health and social care services. Local Healthwatch Authorised Representatives carry out these visits to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 'Enter and View' visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation, so Healthwatch can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch 'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they will be reported in accordance with Healthwatch safeguarding policies and procedures. If an Authorised Representative observes anything they feel uncomfortable about, they will inform the HWG Lead Representative who will then speak to the site Lead Contact, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding concern about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise such a concern.

** An Authorised Representative is a person who has undergone the necessary 'Enter and View' training, been DBS checked and approved by the Healthwatch Gloucestershire (HWG) Board. They are individually appointed to carry out a specific 'Enter and View' activity*

Purpose of the visits

The purpose of these visits was to:

- Observe patient flow in and out of identified clinics in relation to NEPTS
- Speak to patients and staff regarding their experiences of NEPTS and the process
- Compare the current findings with those observed in the previous 'Enter and View' visits, conducted in December 2014 and February 2015

Strategic drivers

The strategic drivers listed below were the main triggers for the 'Enter and View' visits. The visits allowed HWG to gather additional intelligence from staff, patients and NEPTS drivers to support the work of the HWG Patient Transport Task Group.

- The impact of late inbound pick-ups, non-pick-ups and late outbound journeys on patients and clinics

Methodology

Healthwatch Gloucestershire (HWG) was established in April 2013 as part of the Health and Social Care Act 2012 and is the local independent champion for health and social care in Gloucestershire, giving adults, children and young people a powerful voice in helping to challenge and influence the way health and social care services are planned and delivered locally. One of the primary functions of Healthwatch is to gather local people's views and experiences of health and social care. These are passed on to those who plan and deliver services in Gloucestershire and to Healthwatch England, to help them identify national trends.

Gloucestershire LINK (HWG's predecessor), set up a task group on 'Access to Patient Transport Services in Gloucestershire' and produced a report in September 2012. This task group looked at patient transport in its widest sense. During this period, Non-Emergency Patient Transport was provided by South Western Ambulance Services (SWAST).

HWG has continued to receive negative comments about the Arriva contract since its commencement in December 2013 and provided reports highlighting patient concerns and experience to HCOSC on two separate occasions during the period June 2014 and March 2015 as part of the regular CCG performance update. Therefore, in planning its work priorities for 2014/15, the HWG Board agreed to include a task group on patient transport services. As part of this Task Group activity a number of 'Enter and View' visits were agreed, to observe patient flow in and out of identified hospital clinics and units in relation to NEPTS. These initial 'Enter and View' visits took place in December 2014 and February 2015 and included a visit to the Forest Dialysis Unit in Cinderford.

The HWG Patient Transport Task Group report was published in October 2015 and included a number of recommendations for improvement. However, due to continuing negative feedback received about NEPTS it was decided to undertake a second round of 'Enter and View' visits in January 2016, this time focusing on dialysis units due to the high levels of regular use of NEPTS by these dialysis patients.

HWG Authorised Representatives were selected and trained, and on the 6th of January 2016 they visited the locations below to talk to patients, clinic staff and NEPTS drivers about their experiences.

- Forest Dialysis Unit, Cinderford
- Cotswold Dialysis Unit, Gloucestershire Royal Hospital
- Severn Dialysis Unit, Gloucestershire Royal Hospital

Dialysis patients were also invited to complete a HWG Patient Transport Survey during the visits. The survey contained a mixture of quantitative and qualitative questions and respondents were asked to base their responses on their most recent Patient Transport journey. A blank copy of the survey can be found in the appendix.

1. Findings

1.1 Severn and Cotswold Dialysis Units

The HWG team spoke to 19 patients and the unit manager and had informal conversations with two other staff members and an Arriva driver.

- Most patients spoken to praised the drivers and attendants, and complaints about Arriva were directed principally at the way the service was organised
- Transport to and from treatment sessions is frequently late:

Late arrival

- Late arrivals have a massive impact on the work of the renal unit, as delayed starts for morning patients may result in delays for the afternoon patients
- The unit manager gave an example from that day, when three patients travelling with Arriva had arrived two hours late to the Severn Dialysis Unit; as a result, two of the patients had to be transferred to the Cotswold Dialysis Unit and the third moved to the inpatient ward, causing disruption to the morning and put extra pressures on staff. This experience was a regular issue for the team
- Medical treatment is being compromised, with patients who have been dropped off late sometimes electing to curtail their treatment time from 4 hours to 3 or 3.5 hours (against medical advice) to be ready for their booked return transport

Late pickup for return journey

- This impacts badly on patients, who may already be feeling exhausted and unwell after lengthy dialysis treatment and do not welcome additional delays and stress
 - A patient is so stressed about the unreliability of the transport that she has considered ceasing treatment, or organising and paying for private transport in order to get home at a reasonable time
 - Late pickups also impact on staff, as they have to wait with patients until the transport arrives, sometimes after their shift has ended
- Reasons for lack of punctuality (highlighted by a driver as well as patients) included:
 - Poorly organised routes by Arriva central control
 - Little understanding of the geography of the county, with unrealistic journey times given by Arriva central control
 - There are difficulties in communication with the Arriva call centre:
 - Staff are having to ring sometimes five or six times to find out why patients have not been collected
 - Sometimes staff are told that the return journey has been cancelled, when this is not the case
 - Often a different reason for the delay is given each time a call is made, and these do not match the reason for delay given by the driver on arrival
 - It can take up to 40 minutes to get a response and calls are sometimes diverted from Bristol to Manchester
 - These communication difficulties reduce the amount of time that staff can spend with patients
 - The suspension of certain vehicles used by Arriva, most notably the ambulances, can cause discomfort to frail patients, such as those with osteoporosis or recent wounds (in one case it was reported that a wound had re-opened during the journey). Concern was also expressed that Arriva had told renal dialysis staff that certain vehicles were designated for renal dialysis patients and yet staff had seen these being used by other patients

- The unit manager stated that she has been holding monthly meetings with Arriva due to the recurring issues. The unit provides Arriva with a weekly log of problems but they do not receive a response. The unit manager feels that bringing in a different ‘trouble shooter’ every few months (as currently happens) is not the answer
- Patients, the unit manager and the renal dialysis team are not seeing any improvements to the service and the frustration felt about this is severe. There is no longer a sense within the staff team that promised improvements are ever likely to materialise, and their faith in the ability of Arriva to provide an adequate service is diminished

Quotes from patients and staff

Patients

“I think that Arriva are rubbish, always late. It is not the driver’s fault, it is the poor organisation. It doesn’t make sense the way they plan the route. It’s awful. I say to the driver: ‘why are you going this way?’ They say they are just doing what they are told... It’s not fun being on dialysis. But going all over the place till late makes it worse. I am not a fan.”

“The routes just don’t make sense. Every week I end up in a different vehicle, sometimes from ‘Intercar’ (arranged by Arriva) sometimes Arriva and always with different people. Even though the same people are making the same trips every week.”

“Sometimes we are in the transport with the same people, sometimes we aren’t. Today there are two of us that live close, but usually we come in with another woman from the same area. She came in with a different group today, and often we travel separately - it doesn’t make sense when we come from the same place at the same time, three times a week. Why does it always change? All of the other people from Cheltenham were picked up earlier, and we are the only two left now, we don’t know what time we will be collected or who will pick us up.”

“I never know who is going to pick me up, sometimes it is a taxi, sometimes an ambulance, and sometimes a private car. It is confusing. I was picked up by a taxi today, and it seems that the driver didn’t know his way around, and we seemed to take over 20 minutes to do a 5 minute journey. It seems illogical that they aren’t local people doing local routes.”

“I have been using Arriva since February 2014 when I started dialysis. Sometimes I am picked up by Intercar and they are always great, reliable and on time! This morning I had a volunteer driver from Swindon, but it must have been arranged by Arriva I think. The Arriva drivers are generally really nice and really helpful. But the timings are shocking. I can be off the machine at 5pm and they don’t turn up until 7pm. I come in three times a week. The ambulances they use seem to be in a bad state, the suspension is gone, but their cars are OK. If you don’t go in to an ambulance of theirs with a massive headache you come out with one. It’s appalling.”

“I have been having dialysis for about 3 months, and drive myself in now. This is because I used patient transport for the first week of my dialysis, I was late being picked up and collected for most of that week, and I decided than rather than having to hang around so much, I would drive. I am well enough to be able to do that at the moment, and feel ok at the end of dialysis, so will carry on driving for as long as I possibly can.”

“I have started to arrange a private taxi home as Arriva are so unreliable going home. I even thought about not continuing with my treatment as I was so fed up with patient transport.”

"I was picked up a couple of weeks ago after 8.00pm, it takes me about half an hour to get home, so I was really late. I got collected at 12pm, and got home after 9.00pm, I had sandwiches at the hospital, but it was too late for a meal in the evening. I should have been home around 6pm. I have only been having dialysis a few weeks, and this experience made me think twice about continuing with it. It hasn't been as bad since, but it leaves me with doubt about the service in the future."

"Last week I finished my treatment at 6pm, it all ran to time. Transport didn't arrive until 7.30pm. After 4 hours of dialysis I felt awful and then had to wait around feeling exhausted. The last couple of trips I have made with Arriva have been terrible. The organisers in Bristol don't give the drivers enough time to get to my house. I have been coming for dialysis for over 2 years. Over that time it has got worse."

"I am often picked up really late from the unit, the staff have to give it an hour before they ring Arriva to find out what the delay is and where the ambulance or car is, but it can still take a long time after that to fetch us, and for the first hour we wait, not knowing what is going on, or how long it will take."

"Arriva is sometimes late. Sometimes I am the only one here waiting to go home."

Staff

"A patient was late this morning, it impacts on the treatment they receive because it means that the treatment is either cut short for them, or the afternoon patients need to wait longer to be put onto dialysis, meaning that they come off it later as a consequence. I often have to chase up late transport."

"So many times patients are late to get to their appointment, and it makes no difference if they live close by or further away. This morning a man living in Gloucester was picked up late and arrived an hour late for treatment. I chased up a patient's transport recently when it did not turn up, and had their name up on my computer with the transport booked next to it. When I called them they told me they had no record of the patient, even though I had the details up on our computer."

"Just before Christmas, patients weren't picked up until after 8.00pm. They should have been picked up much earlier than that. We should go off shift at 6.30pm, but need to wait with them when this happens until transport gets here. This wasn't just a one off. When they first started it was chaos, and then it started to get better after a few weeks, and we were hopeful that it would carry on getting better, however, since then it has just stayed the same, which isn't good enough. We have to chase transport so often, it takes time out of our patient time."

"Sometimes we call Arriva when they have not turned up to pick up a patient, and they say that the patient has been cancelled. We haven't done that - why would we cancel patients' transport? We often have to call to chase transport, this service has not improved."

HWG Patient Transport Survey

17 patients completed a HWG Patient Transport Survey at the 'Enter and View' visits to the Cotswold and Severn Dialysis Units. 13 of the 17 respondents had used Arriva transport on the day of the 'Enter and View' visits (i.e. 6th January 2016). The remaining four patients had used alternative transport to attend the appointment that day, but had previously used Arriva more than six times in the last 12 months. The results below relate to these 13 respondents.

- 1 said the vehicle was not appropriate for their needs as the suspension was poor and caused discomfort as they have osteoporosis

- 4 said the transport did not arrive to collect them from home at the booked time. In one case the driver had been on their way to another call when they were told by Arriva to collect the patient
- None of the 4 above got to their appointment on time - one was 50 minutes late, two were an hour late and one was 2+ hours late. In 3 of the 4 cases the appointment went ahead but in the other it had to be rearranged. One had another hospital appointment booked after the dialysis and said they would also be late for that
- One of those who was late said that other patients were picked up en route
- 8 were not satisfied with the time they were picked up to go home after their treatment. Comments included:
 - *"You can never tell when you are going to be picked up once treatment is finished. You can be waiting anything from 5 mins to 2 hours"*
 - *"Usually have to wait. A few weeks ago waited from 12-6pm. Route goes past my house but they don't drop me off"*
 - *"Unusual to get away on time"*
- 6 had made a complaint about Patient Transport in the last 12 months, one adding that they had complained many times. In 3 cases the complaint had been made directly to Arriva and in the other 3 the patient had complained to the hospital or clinic
- 3 said the service had deteriorated in the last 12 months and 10 said it had stayed the same
- 3 rated the service as very poor, 3 poor, 4 neither good nor poor, 2 good and 1 very good
- 7 said they would not recommend the service and 1 said they would
- Additional comments made by respondents:
 - *"Complained because two hours late arriving so treatment curtailed. Tried using bus to get home - but difficult as feel tired and unsteady. No logic to organisation"*
 - *"Even though same day and direction, not always same patients. Twice in three months, failed to arrive, had to ring unit who sorted it out"*
 - *"In past didn't turn up - had to ring - difficult to get through to Arriva"*
 - *"Problem lies with the Headquarters and their organisation. The drivers and attendants are good. Someone of Arriva's organisation needs to come to Gloucestershire, to familiarise themselves with the difficulties of driving around the area"*
 - *"The drivers and attendants are good. But the problem is the control system in ordering the transport times"*
 - *"Usually always late picking me up from hospital. Sometimes I have to wait for ages"*
 - *"I would not recommend the present system, it is too inconsistent. I believe the problem lies with lack of organisation at Arriva's main office"*

- *“Not getting better - and don't seem to care. Rude. Pushed wheelchair in past another chair and banged my knees”*
- *“Drivers are pleasant - goes a long way”*

The results cannot be compared with a similar survey used during ‘Enter and View’ visits conducted a year earlier as the Cotswold and Severn Dialysis Units were not visited on that occasion.

1.2 Forest Dialysis Unit

At the Forest Dialysis Unit, NEPTS is mainly provided mainly by local taxi firm JMC, with journeys booked through Arriva. Many of these drivers are longstanding and know the patients well. Journeys for patients requiring an ambulance are provided by Arriva staff. The ambulances are based at Whitecroft and the drivers are more likely to have local knowledge.

The HWG team spoke to patients, drivers and the Sister in charge, who had also been present at the previous 'Enter and View' visits.

- All patients were highly complimentary about the drivers, both the JMC employees and the Arriva drivers, who were described as caring and helpful
- Vehicles are suitable for purpose
- It was felt that there had been an overall improvement in punctuality, with the unit finding ways to accommodate minor problems
- There are still problems with delays and communication when a regular driver is away and a driver who is unfamiliar with the procedures and the local area takes over. This also seems to be the case when usual staff responsible for planning journeys are away. The effects of such errors are lessened when the regular drivers are on duty as they know their patients and can query mistakes
- Though long delays are relatively few, they cause much distress for patients - e.g. being collected to go home after 7pm or arriving two hours too early for treatment. One patient reported an occasion when she was collected several hours late which caused problems with her home carers who arrive at a regular time to prepare her meal and prepare her for bed. Patients using ambulance transport seemed to have more trouble with waits than those who travelled by taxi
- Some Arriva staff do not appear to understand the geography and timings of travel in the Forest of Dean area. An Arriva manager who had been very helpful in improving the service locally is now one of the despatch team in Bristol and it is hoped that his local knowledge will lead to further improvements
- Communication had generally improved, with shorter response times for the Arriva call centre. Patients were usually warned about any delays or had a quick response when they reported them themselves

HWG Patient Transport Survey

8 patients at the Forest Dialysis Unit completed a HWG Patient Transport Survey during the visit. 6 of the 8 respondents had used Arriva transport on the day of the 'Enter and View' visits (i.e. 6th January 2016). The remaining two patients had used alternative transport to attend the appointment that day, but had previously used Arriva more than six times in the last 12 months. The results below relate to these 6 respondents.

- 4 of the 6 specified that they had used JMC transport through Arriva
- All 6 said the vehicle was appropriate for their needs
- All were collected at the booked time for their appointment and arrived in time for the appointment

- 1 was not satisfied with the time they were picked up to go home after their treatment: *“Sometimes late. Not ambulance crews’ fault - call centre staff send them on other jobs first. I have carers at home visiting at a given time, hence late pickup can cause problems”*. Another, who had said they were satisfied with the time they were picked up to go home, nonetheless added, *“Had to wait - another patient brought in”* (These two respondents were the two who did not specify that they had used JMC transport through Arriva, but had simply ticked ‘Arriva’ without further comment)
- 1 of the respondents had made a complaint about Patient Transport in the last 12 months. This had been made to Arriva, due to arriving home late (this was a different respondent to the two mentioned above)
- 2 said the service had improved in the last 12 months, 1 said it had deteriorated and 3 said it had stayed the same
- 4 rated the service as good and 2 as very good
- 4 said they would recommend the service, 1 said they would not and 1 chose not to answer
- Additional comments made by respondents:
 - *Most problems lie with the dispatcher - not the ambulance crews who are very helpful. Returning home is a problem. I have been left waiting for 5 hours on one occasion - a few months ago*
 - *People are excellent. Poor management of journeys. Drivers are very good. Bend over backwards.*
 - *Drivers all very pleasant, helpful and caring. Pleased with service given*
 - *Not so many cliff hangers*

In a similar survey conducted with dialysis patients during the previous ‘Enter and View’ visits to the Forest Dialysis Unit, all 6 respondents said they had used JMC transport through Arriva. All had been picked up on time, arrived on time and been satisfied with the time they were collected to go home. None had made a complaint about Patient Transport in the last 12 months. All rated the service as good or very good and all but one would recommend it. (The respondent who would not recommend it said there had been late pick-ups in the past but that this had now much improved.)

2. Conclusions

2.1 Severn and Cotswold Dialysis Units

- Transport to and from treatment sessions is frequently late, impacting massively on patients and staff. Reasons for lack of punctuality include poorly organised routes, and little understanding of the geography of the county (with unrealistic journey times given)
- There are difficulties in communication with the Arriva call centre, including long waits to be connected, mixed messages regarding reasons for delays, staff being told that return journeys have been cancelled when this is not the case, and the need for staff to ring several times to find out why patients have not been collected
- The suspension of certain vehicles used by Arriva, most notably ambulances, causes problems for some patients
- Staff and patients do not feel there have been any improvements to the service, despite the unit manager holding monthly meetings with Arriva and providing them with a weekly log of problems. Problems are not responded to and 'trouble-shooters' do not stay long in post. Frustration levels within the unit are severe

2.2 Forest Dialysis Unit

- Punctuality has generally improved, with the unit finding ways to accommodate minor problems. However, there are still problems when regular drivers or those responsible for planning journeys are away, due to lack of familiarity with procedures and poor handover
- Long delays are relatively few but cause much distress for patients. Patients using ambulance transport seemed to have more trouble with waits than those who travelled by taxi
- Communication has generally improved, with shorter response times for the Arriva call centre

3. Recommendations

3.1 Severn and Cotswold Dialysis Units

- Improve route planning and local knowledge
- Improve the availability and consistency of information from the Arriva call centre regarding delays and cancellations
- Review the suspension of vehicles
- Respond to issues raised by the unit in a timely and appropriate manner and build stronger long term relationships; turnover of Arriva 'trouble-shooters' to be addressed

3.2 Forest Dialysis Unit

- Improve handover procedures when regular staff are away and ensure new drivers and those responsible for planning journeys are fully briefed on the necessary procedures

4. Service commissioner responses

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6 April 2016

Dear Claire,

**Healthwatch Gloucestershire (HWG) Non-Emergency Patient Transport Services (NEPTS)
'Enter and View' Final Report**

Thank you for providing us with a copy of your final report and for incorporating many of the amendments we suggested.

We were very concerned with the findings of your report which raised significant concerns regarding the NEPTS service, particularly for the small cohort of Dialysis patients you met with.

The NEPTS provider, Arriva Transport Solutions Ltd (ATSL), carried out nearly 43,500 dialysis patient journeys over the last year. In the vast majority of cases patients enjoyed a reliable service which met expectation and contractual requirement. As with any service, things can sometimes go wrong and we are in no doubt that when they do it can greatly affect patients, their families and carers.

We regularly meet with ATSL, to consider performance which is reported to be good. Due to the discrepancy between your findings and the information from ATSL, we instigated a piece of work to look at triangulating your report with performance data and other quality information. At the centre of this work was a visit to the two dialysis units which were identified as most affected in your report.

I am pleased to enclose a copy of our report and findings. Our report reflects your thoughts and builds on them to set out additional recommendations for ATSL, Gloucestershire Hospitals NHS Foundation Trust, B.Braun and the CCG, to develop the service and work together for patients.

Yours sincerely



Mary Hutton
Accountable Officer

Gloucestershire Clinical Commissioning Group Visits to Dialysis Units February 2016

1 Background

1.1 Issues Raised

Healthwatch Gloucestershire (HWG) undertook 'Enter and View' visits to the Gloucestershire Dialysis Units on 6th January 2016. The key findings from the draft HWG report were that:

- *Transport to and from treatment sessions is frequently late, impacting massively on patients and staff. Reasons for lack of punctuality include poorly organised routes, little understanding of the geography of the county (with unrealistic journey times given) and patients being missed off the driver's list, leading to deviations from planned routes*
- *There are difficulties in communication with the Arriva call centre, including long waits to be connected, mixed messages regarding reasons for delays, staff being told that return journeys have been cancelled when this is not the case, and the need for staff to ring several times to find out why patients have not been collected*
- *The suspension of certain vehicles used by Arriva, most notably ambulances, causes problems for some patients*
- *Staff and patients do not feel there have been any improvements to the service, despite the unit manager holding monthly meetings with Arriva and providing them with a weekly log of problems. Problems are not responded to and 'trouble-shooters' do not stay long in post. Frustration levels within the unit are severe*

Following receipt of the draft report Gloucestershire Clinical Commissioning Group (GCCG) commissioners met with representatives from B.Braun (Dialysis Provider), Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Arriva Transport Solutions Ltd. (ATSL) to discuss the issues raised in the HWG report.

During the meeting we were especially keen to explore the discrepancy between HWG's Enter and View observations and ATSL reported performance. Following the discussion, it was agreed that two managers from Gloucestershire Clinical Commissioning Group (GCCG) would visit the Cotswold and Severn Dialysis Units to triangulate the information. The aim of the visit would be to understand how far reaching the issues identified in the HWG report were and how we could influence potential improvement and improve patient experience.

1.2 The Contracted Service

GCCG does not have responsibility for commissioning dialysis provision; this comes under the remit of NHS England Specialist Commissioning. The contract is managed locally by GHNHSFT who sub-contract to B.Braun.

GCCG does hold the contract with ATSL for the provision of Non-Emergency Patient Transport (NEPT) in Gloucestershire. GCCG has regular performance meetings with ATSL and current reported performance for dialysis transport across three Key Performance Indicators stands at:

| KPI | Target | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| KPI 4 Journey Arrival Time (arrival within 45 minutes before, to 15 minutes after, booked arrival time) | 95% | 90.28% | 89.09% | 86.58% | 87.78% | 88.07% | 90.33% | 92.28% |
| KPI 5 Pre Planned Pick Up (where booked prior to the day of travel, patients not to wait more than 60 minutes from their booked ready time) | 85% | 96.56% | 92.77% | 95.55% | 95.91% | 96.31% | 98.41% | 98.38% |
| Calls answered within 30 seconds | 85% | 60.30% | 39.58% | 49.80% | 51.07% | 65.35% | 88.02% | 86.04% |

In general performance is good but we recognize that for some patients the impact of increased waiting times or late pick up can be significant and ATSL should continue to address this as they seek to further improve their service and achieve agreed performance targets. This should include consistent journey arrangements for patients and improved communication with patients and units.

2 Methodology

We were present in the Cotswold and Severn Dialysis Units covering all sessions from 7.00 to 19.00 on Monday 8th and Thursday 25th February. It had been recommended by the manager of the units to cover the time periods 07.00 - 09.00, 12.00 - 14.00 and 17.00 - 19.00. We did not visit the Forest Unit as part of this exercise as patient feedback, as reported by HWG, did not indicate there were significant transport issues within this unit and we wished to focus on the sources of HWG concerns.

We observed patient flow and 'sense checked' our findings with patients and staff.

3 Findings and Recommendations

All patients were dropped off and picked up within KPI on the days of the GCCG visits. However, we did establish some areas where improvements should be considered.

3.1 Cancellations and Aborts

If patients are admitted, the units and/or ATSL are not routinely informed and this can lead to aborted journeys, which tie up resources that could be used more effectively elsewhere.

The unit staff raised the issue of the lag time between ATSL being notified of changes to journeys and the information reaching sub-contractors.

Recommendation

- GHNHSFT to identify improvements to internal communication between ward and dialysis units when patients are admitted as inpatients and will not be attending their schedule session at the dialysis unit.
- ATSL to consider how communication can be improved between the control room and sub-contractors (B. Braun) to ensure that information about changes to journeys are passed on in a timely way.

3.2 Patient Information

It was noted that some of the patient information in the dialysis units was out of date. This included the display of out of date service information letters, Christmas opening times and the notice board. The TV monitor was not in operation on either occasion.

The ATSL dialysis leaflet, which provides up to date information and contact details, could not be seen on display.

Copies of the B.Braun Cotswold Patient Satisfaction Questionnaire were displayed. However, we felt the response from B.Braun in the 'General Comments' around transport could have been more constructive in order to foster a positive working relationship with ATSL.

Recommendation

- ATSL to ensure that supplies of their current leaflets are available to B.Braun
- B.Braun to display current and up to date information
- GCCG to write to all dialysis patients outlining what they can expect from ATSL.

3.3 Meet and Greet

Whilst sitting in the waiting room, on neither visit, were we either welcomed or challenged by B.Braun staff. Staff do not have a presence in the waiting room and patients arrive and leave without being checked in/checked out by B.Braun staff. We observed ATSL and Akcess staff assisting patients to weigh themselves prior to treatment as no B.Braun staff were available to help. We understand the limitations of the estate available but more could be made to improve the environment of the existing facilities which we felt were unwelcoming. Similar feedback from patients about the unit where reported in the survey mentioned above.

3.4 Patient Expectations

It is clear that patient expectations with regards to transport are not being managed effectively. Our observations showed that pick up times for transport are not aligned to actual treatment times and these are not consistent for individual patients.

The booked 'arrival' and 'ready' times given by B.Braun to ATSL for each of the sessions are as follows:

| | Arrival | Booked Ready |
|---------------|---------|--------------|
| Session One | 08.00 | 13.00 |
| Session Two | 13.00 | 18.00 |
| Session Three | 18.00 | 23.00 |

There are four patients on Monday/Wednesday/Friday who have a different treatment schedule with drop off at 10.00 and pick up at 15.00.

From the HWG report and from feedback we received, we have established that waiting times for patients can be significantly longer than they might expect, but do not necessarily go outside the contracted transport KPIs. For example, if a patient arrives at 07.15, starts their session at 08.00, finishes at 12.00, are made ready by B.Braun at 13.00 and are collected by ATSL at 14.00, KPIs have not been breached but the patient has been in the unit for 6¾ hours, only 4 of which are treatment. See Appendix A for an illustration of wait times. We could not establish actual start and finish treatment times for individual patients or whether start times were coordinated, so that patients travelling together would finish dialysis at approximately the same time.

It was our observation that when 2 or 3 patients were travelling together they all had to wait until the last patient had finished with crews waiting until all patients were ready to leave.

We noted that some patients began to complain of late pick up within a few minutes of finishing treatment and taking a seat in the waiting room. On some occasions this was in advance of the official 'ready' time.

Recommendations

- B.Braun to consider more individual treatment times or communicating actual treatment times more effectively to ATSL
- ATSL to consider how they can reduce patient waiting times through individual/group pick up times

3.5 ATSL Crews

The crews we observed picking up and dropping patients off were pleasant and professional. When appropriate they addressed patients by their first names and demonstrated caring attitudes.

There was very little interaction between ATSL and B.Braun staff with patients being used to convey messages about the treatment status of other patients e.g. how long they had left or if they had been admitted. Crews seemed to accept this type of information without checking with unit staff.

Crews frequently arrived well before the official ready time especially when dropping off patients and picking up others.

4 Patient and Staff Views

One patient approached us to tell us about his experience of trying to influence service change following the reduction of dialysis unit staff, which he felt has impacted on treatment turnaround times. Despite being a long term user of the service and raising the issues with B.Braun and GHNHSFT, he did not feel that his views and improvement ideas had been considered or implemented. In common with other patients we spoke to, he was not aware of the ATSL contracted service standards nor the implications of fixed 'ready' times on patient waits.

Some patients and staff, whom we approached, who initially presented negative views of the transport service, conceded that improvements had been seen in recent weeks.

5 Conclusion

We are grateful to Healthwatch Gloucestershire for providing the reports of their recent Enter and View visits. During the visits we made over two days, our observations, as described above do not consistently match with the overall impression presented in the HWG report of a poor transport service. However, it is clear that further improvement is needed to meet and manage patient expectations with service provision. Regular meetings between B.Braun and ATSL are being organised and we are hopeful that these will be used to improve relationships and communication between providers, commissioners and patients.

In order to gather a wider range of patient experiences GCCG is proposing to conduct real time patient experience data collection within the county's dialysis units during Q1, 2016/17. The results of this will be used to inform contract monitoring and service improvements.

Gill Bridgland
Commissioning Implementation Manager

Rob Mauler
Patient Experience and Safety Manager

March 2016

Appendix A

In the table below, the following colour codes have been used:

BLUE - waiting in the waiting room

GREEN – actual treatment

RED – times outside of KPI for collection

The table shows different possible scenarios for dialysis patients and how booked arrival and booked ready times can affect the total amount of time waiting, without going outside of a KPI.

| | 7.00 | 7.30 | 8.00 | 8.30 | 9.00 | 9.30 | 10.00 | 10.30 | 11.00 | 11.30 | 12.00 | 12.30 | 13.00 | 13.30 | 14.00 | Outside KPI | Total Wait (within) |
|-------------------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|---------------------|
| Morning Session | | | ⌚ | | | | | | | | | | ⌚ | | | | 3 hours |
| | | | ⌚ | | | | | | | | | | ⌚ | | | | 2.5 hours |
| | | | ⌚ | | | | | | | | | | ⌚ | | | | 2 hours |
| Afternoon Session | | | | | | | | | | | | | | | | | |
| | | | ⌚ | | | | | | | | | | | | | | 3 hours |
| | | | ⌚ | | | | | | | | | | | | | | 2.5 hours |
| | | | ⌚ | | | | | | | | | | | | | | 2 hours |
| Twilight Session | | | | | | | | | | | | | | | | | |
| | | | ⌚ | | | | | | | | | | | | | | 3 hours |
| | | | ⌚ | | | | | | | | | | | | | | 2.5 hours |
| Twilight Session | | | ⌚ | | | | | | | | | | | | | | 2 hours |

Booked Arrival and Booked Ready Times

| | Arrival | Booked Ready |
|---------------|---------|--------------|
| Session One | 08.00 | 13.00 |
| Session Two | 13.00 | 18.00 |
| Session Three | 18.00 | 23.00 |

5. Service provider responses

Received from Arriva Transport Solutions

I would like to thank Healthwatch Gloucestershire for sharing this insightful report with us. Dialysis patients are the most frequent users of the transport service and we understand the significant impact regular treatment has on their lives.

Since we began providing non-emergency patient transport in Gloucestershire in December 2013 we have achieved progress against our Key Performance Indicators (KPI). In December 2015, the month prior to the Enter and View, 98% of dialysis patients were picked up within 60 minutes of their treatment finishing. The commissioned contract states we should aim to pick up 85% of patients within this 60-minute period.

We also carry out the Government-mandated Friends and Family Test (FFT) in which 8 out of 10 patients said they would recommend our service to a friend or family member should they ever require it.

However we accept that there are occasions where we do not provide patients with the level of service they would expect and this report highlights areas in which we must make further improvements. We have started some of that work already, for example, we have revised our journey routes for dialysis patients so that, where possible, they are transported by the same crew each time they travel to the unit. We now hold regular patient forums within the dialysis unit to gain feedback on our service as well as communicate the improvement plans we have put in place with both patients and staff.

A similar Enter and View exercise was carried out by Gloucester Clinical Commissioning Group and the subsequent report stated its findings “do not consistently match with the overall impression presented in the Healthwatch Gloucestershire report of a poor transport service”. Therefore it is important that we view all sources of data about our service to ensure we gain a rounded view. We are committed to using the information contained in the Healthwatch Gloucestershire and Gloucester CCG reports, along with our own patient feedback and performance data, to provide a comprehensive picture of the patient transport service on which future improvements can be based.

We look forward to continuing to work closely with Healthwatch Gloucestershire and Gloucester CCG to implement these plans and further improve the service we provide for dialysis patients.

Joanne Small,
Head of Patient Transport Service, South of England



Patient Transport Survey

Healthwatch is the local consumer champion for health and social care. We are here to support your rights and choices in accessing health and social care services, and to make sure that your voice is heard at a local and national level.

Healthwatch Gloucestershire is gathering information on non-emergency service experience including Arriva and other voluntary and community transport providers.

We particularly want to understand what patients' experience has been of the Arriva service in the last 12 months.

The findings will be used to make recommendations to improve services for you and other patients, and we will ask the transport providers and commissioners to take account of your views.

Section 1

Please tick as applicable.

Q1. Have you ever needed help with transport to attend medical appointments?

- Yes
 No (If No, please do not complete this survey)

Q2. Which district do you live in?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Cheltenham | <input type="checkbox"/> Forest of Dean | <input type="checkbox"/> Outside Gloucestershire |
| <input type="checkbox"/> Cotswold | <input type="checkbox"/> Stroud | |
| <input type="checkbox"/> Gloucester | <input type="checkbox"/> Tewkesbury | |

Q3. Do you know where you can get information about Patient Transport?

- Yes No

If Yes, where can you get information?

Q4. Have you used Patient Transport in the last 12 months?

- Yes (Go to Section 2)
 No (Continue to Q5)

Q5. If No, why not?

- | | |
|--|---|
| <input type="checkbox"/> Did not qualify | <input type="checkbox"/> N/A - have not had appointment |
| <input type="checkbox"/> Did not know about it | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer to use own transport | |

If you did not qualify, was the reason explained to you and if so, what was the reason?

Q6. How did you get to your appointment without using Patient Transport, and did this cause you any problems e.g. inconvenient bus times or late arrival?

After answering Q6, go to Section 3 if you have not used Patient Transport in the last 12 months.

Section 2: Your experience of Patient Transport

Q1. How many times have you used Patient Transport in the last 12 months?

- 1 2 3 4 5 6 or more

Please answer the following questions based on your most recent appointment using Patient Transport.

Q2. What date was your most recent Patient Transport journey?

Q3. At which hospital/treatment centre(s) was your appointment?

Q4. What type of appointment/treatment did you have?

- A regular outpatient appointment Overnight/long term stay in hospital Physiotherapy
 A full day procedure Cancer treatment Renal dialysis
 Other, please state below:

Q5. Who booked your Patient Transport?

- Myself A healthcare provider on my behalf (e.g. hospital) Other, please state below:

Q6. Who provided your Patient Transport?

- Arriva Dial-a-Ride Other, please state below:
 Community Transport Volunteer car scheme

Q7. How far in advance of your appointment was the transport booked?

Q8. Do you need support from a friend, family member or carer to attend an appointment?

- Yes No

Q9. If applicable, did the Patient Transport allow you to take a friend, family member or carer with you?

- Yes No

If No, why not? Please give as much detail as possible:

Q10. Was the vehicle appropriate for your needs?

Yes

No

If No, please explain:

Q11. Did the transport arrive to pick you up at the booked time?

Yes

No

Q12. Did the transport get you to the appointment on time?

Yes

No

If No, approximately how late were you?

What reasons were given for any delays?

Q13. If you arrived late, what happened?

I missed my appointment

The appointment went ahead

My appointment was rearranged

Other - please provide details below:

Q14. If you used Patient Transport to get home, were you satisfied with the time you were picked up?

Yes

No

If you were not satisfied, please explain why:

Q15. If you did not use Patient Transport to get home, how did you get home?

Please consider your whole experience of Patient Transport over the last 12 months when answering the following questions.

Q16. Would you know where to direct a complaint about Patient Transport if you had one?

Yes

No

If Yes, where would you complain?

Q17. Have you made a complaint about Patient Transport in the last 12 months? Yes No

a. If Yes, who did you complain to?

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Arriva | <input type="checkbox"/> Healthwatch Gloucestershire | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospital | <input type="checkbox"/> PALS |
| <input type="checkbox"/> GP | <input type="checkbox"/> Local Councillor | <input type="checkbox"/> Other - please provide details below |

b. Did you complain: Verbally In writing

Q18. If you have used Patient Transport more than once in the last 12 months, do you think it has improved, deteriorated or stayed the same?

- Improved Deteriorated Stayed the same N/A

If you think it has improved or deteriorated, please explain:

Q19. Please rate your overall experience of Patient Transport

- Very good Good Neither good nor poor Poor Very poor

Q20. Would you recommend Patient Transport?

- Yes No

Q21. Any other comments you would like to make about your experience of Patient Transport in the last 12 months, including what was good about the experience or what could be improved to make it better for you.

Please turn over

Section 3: About you (Optional)

Q1. Age group

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

Q2. Gender

- Male
- Female

Q3. Ethnicity

- White British
- White Irish
- White Other
- Black/Black British
- Asian/Asian British
- Chinese
- Mixed/Multiple Ethnicity
- Other Ethnic Group

Q4. Are you registered disabled?

- Yes
- No

Section 4: Contact details (Optional)

Name:

Email:

Postal address:

Tel No:

Data protection: The survey will remain totally confidential and only anonymous statistics and views will be published in the final report. If you have provided personal information this may be used to keep you informed.