

Users' perspectives on the Patient Transport Service April - September 2016

**Perspectives of Renal Outpatient Department
patients at the Royal Sussex County Hospital,
Brighton**

November 2016



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1. Introduction

Early in September 2016, Healthwatch Brighton and Hove (HWBH) was approached by a patient who was attending the Renal Outpatient Department (ROD) at the Royal Sussex County Hospital (RSCH). The patient voiced serious concerns about the Patient Transport Service (PTS) operated by [Coperforma](#). As a result of that encounter, HWBH decided to undertake a review of the PTS service by interviewing patients at the Renal Outpatients Department who used the service.

The Chair and Chief Executive Officer (CEO) of HWBH witnessed at first hand the personal distress of people waiting for two to three hours for PTS after a four hour treatment. We talked to Mrs S, a woman in her mid-70's and an amputee using a wheelchair, whose transport had been two hours late that morning. She had missed her treatment slot and had to wait for the afternoon session. When we met her after 6pm, her treatment had finished and she had already been waiting nearly three hours for transport home. No one was able to give Mrs S a time when she would be picked up. Staff commented that a driver, who had just been to the ward and taken other patients, had not taken her with him. What surprised Healthwatch was that no one - patients or staff - thought this was an unusual event: this was 'business as unusual', a daily occurrence.

Prior to September 2016 HWBH had already raised serious concerns about the performance of Coperforma. Earlier in the summer we had carried out an extensive service review in eight Out Patient Department (OPD) clinics at the RSCH that included the Cancer Centre and other clinics where people required patient transport. The primary purpose of that OPD review was to assist the RSCH quality improvement programme and had been undertaken at the request of the hospital and with the support of Brighton and Hove Clinical Commissioning Group (BHCCG). The OPD review involved HWBH interviewing 118 patients. During that review we heard stories of transport not arriving to take patients to radiotherapy, patients being unable to make contact with the Coperforma control centre to check arrangements, and people with complex needs e.g. requiring a bariatric ambulance, having appointments repeatedly cancelled.¹ HWBH raised these issues at a number of forums including the Brighton and Hove City Council's Health Overview and Scrutiny Committee (HOSC), and the Health and Wellbeing Board (HWB).

Healthwatch Brighton and Hove is also currently committed to reviewing patient experiences of PTS across a wide range of outpatient settings as part of a cross-

¹ [Patients' Perspectives of the Royal Sussex County Hospital Outpatients' Departments, July 2016 Overview Report](#). For individual reports see: <http://www.healthwatchbrightonandhove.co.uk/what-weve-done/healthwatch-reports/>



Sussex programme. That work has been negotiated by Healthwatch East Sussex on behalf of Healthwatch West Sussex and Healthwatch Brighton and Hove with the High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG).

The request of patients at the RSCH Renal Outpatient Department for HWBH to step in and listen to their concerns was compelling. We decided to use our [‘Enter and View’](#) statutory powers to gather patient experiences at the Renal Outpatient Department. We have agreed with HWLH CCG that our results and report will be part of their Patient Safety and Quality Review processes. The fieldwork and interviews took place within two weeks of the initial meeting with a patient in mid-September, with the full cooperation of senior management and ward staff at the RSCH. We extend our thanks to staff at RSCH for supporting the project.

2. Background

Healthwatch was made aware of the initial failure of the PTS service when it was transferred from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) to Coperforma in April 2016. In the period from April 2016 - September 2016 HWBH did the following:

- Gathered patient experiences of PTS through the [Healthwatch Information Line](#).
- Helped people make complaints and provided advocacy through the [Healthwatch Brighton and Hove Independent Health Complaints Advocacy Service \(IHCAS\)](#).
- Shared our concerns with the Care Quality Commission (CQC), Healthwatch England (HWE) and our local Brighton and Hove Clinical Commissioning Group (B&H CCG).
- Healthwatch Sussex-wide - East and West Sussex Healthwatch organisations and Healthwatch Brighton and Hove shared concerns about PTS with the High Weald Lewes Havens Clinical Commissioning Group who acted as lead Commissioner for Sussex wide PTS services.
- Healthwatch Sussex-wide offered to gather patient experiences and report those systematically to HWLH CCG.

On the 8th August 2016, an independent Internal Audit Agency (TIAA) review, commissioned by HWLH CCG, was published [“Adequacy of the mobilisation arrangements for the new Patient Transport Service contract”](#). The comprehensive failure of PTS services in Sussex during April and early May 2016 was highlighted in this report and we shall not rehearse the same material, other than to echo findings in the report that we also heard directly from patients ([TIAA Executive summary section 2](#)):



- The new service was markedly different from what had been provided before - clearly a different model of service delivery
- There seem to be underlying problems with the service beyond those of handover and set up of a new service
- There was a serious failure to have contingency plans or a clear pathway for corrective action when things went very badly wrong.

The summer of 2016 in Brighton and Hove was a challenging time for the health and social care. Brighton and Sussex University Hospitals NHS Trust (BSUH) had an adverse Care Quality Commission report and HWBH had provided evidence to that inspection. The Trust was subsequently placed in 'Special Measures' by the CQC. SECamb also received a critical CQC report and was later on placed in 'Special Measures'. Some GP practices were also placed in special measures, one GP practice had been closed by the CQC and the local Brighton and Hove CCG was rated 'Inadequate' by NHS England.²

Through the summer Healthwatch Brighton and Hove, the Brighton and Hove City Council's Health and Wellbeing Board and local people had repeatedly received assurances from Coperforma and HWLH CCG that the PTS service was recovering from the poor early start to the contract and performance was improving and near to target levels. The claims of improvement did not reflect continuing patient reports of poor performance:

- Individual complaints, comments and requests for advocacy support to Healthwatch continued. We also received reports of deficits in PTS services from research undertaken at the RSCH Out Patients Departments.
- The Coperforma business model seemed at risk of collapse with sub-contractors going out of business, claims and counter claims around bills not being paid and staff left without wages.
- HWBH heard numerous contradictory stories but our own evidence from our Out Patient Department work in August had demonstrated that many patients were still being let down by Coperforma.
- In the light of [TIAA report](#), the assurances Coperforma had provided to HWLH CCG before starting the contract proved to be unreliable:
 - a. Management of risks and robust contingency planning TIAA sections 26.9-26.18, 26.21-26.23
 - b. Mobilisation readiness TIAA 26.24-26.27
 - c. Handover readiness and mitigation actions TIAA 27.1-27.7

² For information about the CQC rating system see:
<http://www.cqc.org.uk/content/ratings>



3. Methodology

Patients at the Renal Outpatient Department, Royal Sussex County Hospital, who had used PTS were interviewed using a structured questionnaire in September. Patients were asked a series of questions evaluating the quality of the service across three different time periods:

- before April 2016 (pre Coperforma)
- April to July (Coperforma)
- August and September (Coperforma)

Patients were also invited to share their personal experiences of the service.

Questions included two quantitative questions, a five point satisfaction question, and the [NHS 'Friends and Family Test'](#) (FFT) question. Other questions asked for qualitative feedback on various aspects of the service including timeliness of pickup, quality of transport provided, customer relations, communication with central office, problem resolution, handling of complaints and knowledge of staff. Patients were encouraged to talk freely about their experiences.

50 patient interviews were completed and HWBH authorised Enter and View volunteers also observed patients in the waiting areas and informally discussed PTS with patients, visitors, hospital staff and drivers.

4. Findings

Note that 50 questionnaires were completed but not all respondents answered all questions. For each question we have indicated the number of responses received.

4.1 Overview

Patients interviewed reported that PTS performed extremely poorly in the initial months (April-July 2016) when Coperforma took over the contract. Nearly all patients who used the service in this period reported pickup failures, long delays and a poor quality service. A number of patients described the situation in this period as “chaotic”.

Patients reported some improvements in overall performance since August. Nevertheless only two thirds were satisfied and most people still noted ongoing significant issues particularly with the Saturday service. Key issues identified by patients about their current service were the following:

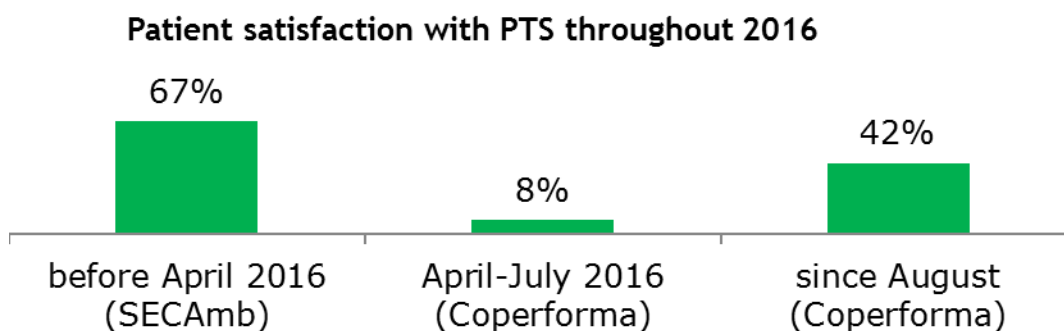
- Delays commonly experienced on Saturdays when private taxi firms were used.
- Poor customer service from some taxi drivers.



- Lack of understanding about health and care needs, and lack of empathy from some taxi drivers.
- Lack of continuity in drivers.
- Delays in services to return home.
- Difficulties in contacting the control centre to get information when problems arose.
- In sharp contrast to the above concerns the [Medi4 transport service](#) was praised for efficiency and professionalism.

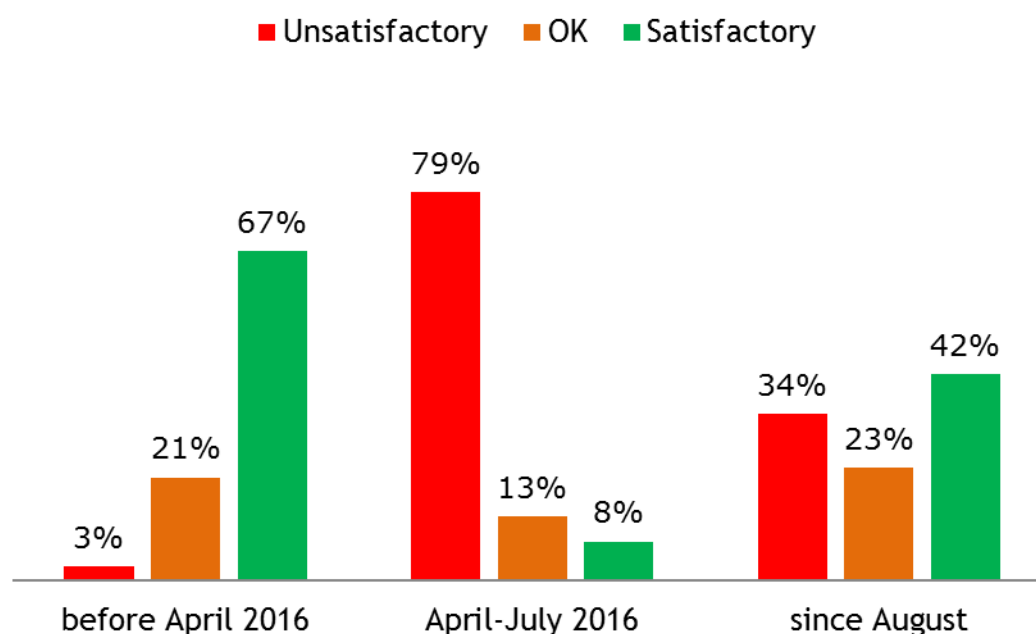
Satisfaction levels during 2016 reflect this mixed pattern of performance, with 67% satisfaction before April when the contract was being delivered by SECamb. However from April until the end of July, the initial period of Coperforma delivering the service, nearly 80% of patients rated the service unsatisfactory. Satisfaction levels recovered from the very low level of 8% in this initial period to 42% in August and September 2016.

4.2 Performance and patient satisfaction over 2016





User satisfaction with PTS service throughout 2016 n=47



4.3 Performance in April - July 2016 (Coperforma)

Patients described a transition from a generally competent service to a service that was extremely poor and unpredictable. With the transfer of the contract, users reported a virtual collapse of the service with frequent delays, 'no shows' and with very limited ability to find out what was happening when problems occurred. Furthermore, when a service was provided it was often poor. One patient reported parts of the ambulance dropping off while travelling. Others told us of inappropriate vehicles being sent (e.g. not accommodating wheelchairs) and some drivers who did not know the location of the hospital and showing little empathy or understanding of the needs of renal patients.

The service previously provided by SECamb was not reported to be perfect but many patients praised SECamb, particularly valuing the predictability of the service, its professionalism and the continuity of drivers. For example, a number of patients commented that SECamb would phone the night before their appointment and advise the pickup time in advance. Patients also commented that SECamb staff were appropriately trained and were professional and empathetic in their treatment of the patient. People told us that Coperforma provided a service that was dramatically inferior to the service previously provided by its predecessor. Comments included:

- Transport was often late or failed to arrive and without any communication from the Coperforma's control centre.



- It was routinely difficult or impossible to get through to Coperforma by telephone.
- The service provided at weekends was markedly inferior.

During the weekends Coperforma seemed to use a completely different transport system relying on private taxi companies and this significantly contributed to a worsening of the service. Overall the service was widely criticised by patients. Common themes included delays and ‘no shows’. Patients also reported that drivers often lacked appropriate knowledge and were unwilling to help passengers when it was needed. Some transport came from as far as Portsmouth.

“Service was awful; always late, waiting 5 hours to be picked up from home and then several hours to come home. It was so stressful and tiring. Some people missed appointments altogether. Some drivers did not know where the hospital was and had no idea about dialysis.”

“Chaotic! Always late picking me up from home; often spend 4 hours waiting to go home. Several times I had to get a taxi to the hospital in the morning.”

“Chaotic. Frequently waited three hours to get home in hospital waiting room.”

“Dreadful service; late pickup up to 4 hours and going home could also be 4 hours. Total chaos.”

4.4 Performance in August - September 2016 (Coperforma)

Most patients acknowledged an improved service since August 2016 but significant levels of dissatisfaction remained with particular concerns about the Saturday service.

However, patients were particularly impressed with the Medi4 ambulance service, which was used by Coperforma for some weekday journeys.

“A bit better. Majority of times on time. Have been times not picked up after treatment.”

“Improve markedly last few weeks. Not able to fault”.

“During week OK, but Saturdays very poor. Local taxi service used at weekends, poor service. Do not come on time. Variable courtesy.”



“Very poor on Saturdays, no problem on weekdays; Saturday service dreadful; frequent delays both getting there and getting home.”

“Satisfactory service during week; poor service on Saturdays. Twice in last month had to wait for 4 hours to be picked up from hospital on a Saturday.”

“Saturday service has been poor since April and has not improved.”

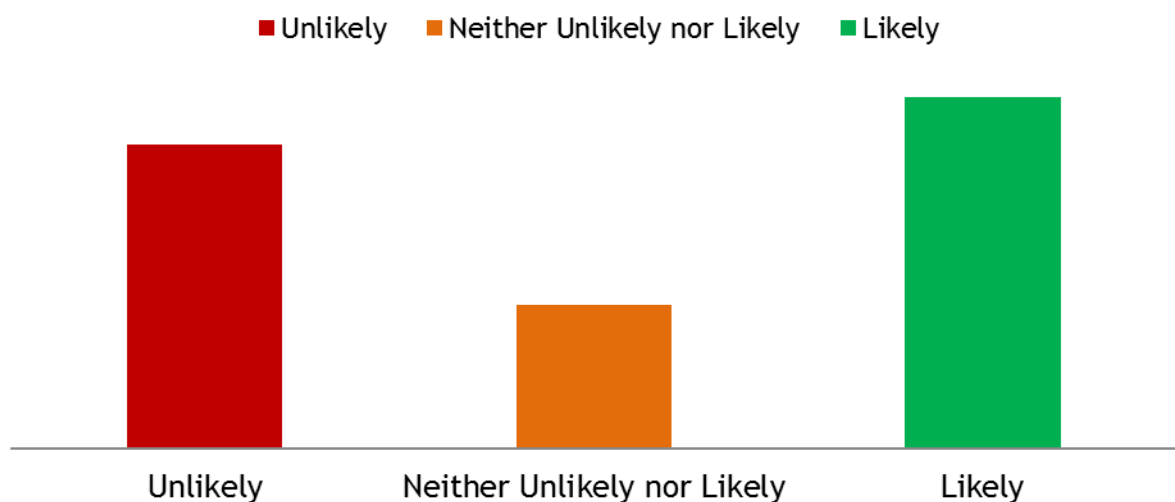
“Weekdays OK, but Saturdays still very unreliable. Never know when they will arrive. Last Saturday I had to wait for 2 hours for return journey.”

“Saturdays are a nightmare and I dread the day. It is so tiring waiting for transport - very stressful.”

This patchy performance overall seems to be reflected in responses to the Friends and Family Test question which asked if the patient would recommend the PTS service to friends and family. The split between ‘Likely’ and ‘Unlikely’ responses was fairly evenly divided, with 44% opting for ‘Likely’ and 38% ‘Unlikely’.

Taken together with comments made by people in the survey we interpret the FFT responses to reflect people being more happy with the face-to-face service they had from drivers but dissatisfaction with the PTS system overall.

Friends and Family test - Would patient recommend PTS service to friends and family? n=45





5. Personal impact on patients

The detailed personal accounts gathered by Healthwatch Brighton and Hove will be made available to the HWLH CCG Patient Safety and Service Quality Group. It will be a matter for the High Weald Lewes Havens Clinical Commissioning Group to determine whether patients have suffered clinical harm as a consequence of, and in addition to, the personal inconvenience of a severely disrupted service. It is not the role of HWBH to make clinical judgments but it is clear that some of the people we interviewed had treatments shortened and re-arranged.

Healthwatch Brighton and Hove will also be sharing our findings in detail with the Brighton and Hove Safeguarding Adults Board to determine whether any of the patient experiences we have gathered constitute a legitimate adult safeguarding concern.

5.1 Length of time people had been attending for dialysis and using PTS and frequency of treatment

Patients routinely receive dialysis three times a week for a pre-arranged session, being treated on alternate days including Saturday. The RSCH provide morning, afternoon and early evening dialysis sessions.

Typically, a dialysis treatment will last four hours and if transport is provided within 1.5 hours of the treatment period, pre and post treatment, that would provide for a seven hour treatment day excluding travelling time. Even at its best, dialysis can be a tiring and physically demanding treatment. HWBH has no clear way of measuring the impact of long delays in addition to long treatment days, but people reported being weak, drained physically and emotionally, anxious and stressed by long waits and uncertainty.

All but one of the people we interviewed used patient transport services for every treatment session three times a week. One person attended three times a week and used PTS for two of these sessions with a family member giving a lift for the third treatment session on a Saturday.

Those interviewed included patients who had only recently started their dialysis treatment and those who had been visiting the Department for several years.

Less than 6 months =	13 patients (28%)
7 months to 3 years =	14 patients (30%)
3 years or more =	19 patients (42%)

Total = 46 patients

Almost all the people answering this question (47 of 48) attended for treatment three times a week and from those 47 out of 48 relied on PTS for every treatment



journey. Five people specified they attended on Saturdays, but this information was not systematically gathered.

5.2 How important is PTS to people receiving their treatment?

Of those interviewed 94% described PTS as being very important or vital to their being able to attend for treatment. No one described having any viable alternative travel options:

- 44% (21) of patients mentioned a specific health-related reason or combination of reasons preventing them from using any other form of transport. Feeling tired or weak after dialysis treatment was most frequently cited. Patients also mentioned the impact of other conditions or disabilities e.g. not independently mobile, also being treated for cancer, weak and frail etc.
- 16% (8) mentioned that they were otherwise unsupported e.g. no friends, family or carer who could assist them with travel arrangements.
- 15% (7) reported that they had a long trip or lived in a very rural location, a likely reference to poor access to public transport.

5.3 Patients' comments on their experience of PTS pre and post April 2016

Comments made by patients are provided in full in the table below:

No	Pre April 2016	April - July 2016	August onwards 2016
1.	Mainly arrived on time, very good.	Complete uproar, never turned up, so 'rubbish'.	Pretty poor, late, I ring up and they don't answer. I got left behind one Saturday, someone drove me in, I get really poorly if I miss my dialysis. Saturdays are the worst, they never explain why things are not working
2.	I could phone up the night before and they were there, driver would come to the door and help me.	Noticeable difference, driver never got out of the car to see if I needed help. Always had to ring to be sure of the arrangements and find out whether a	Might be a bit better, mostly on time now.



		driver had been allocated.	
3.	Drivers fantastic but there were difficulties with the control centre. Generally punctual could always get through to the control centre who were courteous but never offered an apology	Did not arrive or not on time, no apology or explanation given. Seemed like they were totally unaccountable. Had to 'bus it', two changes from Eastbourne.	Marked improvement in recent weeks but how the service can be viable with two crews transporting one person.
4.	No additional opinion offered.	Went downhill dramatically, never anyone on the desk in the call centre been left with the phone ringing over two hours.	A bit better ambulance during the week usually courteous - Saturdays, taxi service - variable punctuality and variable courtesy sometimes if I am slow they get fed up and drive away.
5.		<p>Twice failed to get picked up after treatment but the hospital sorted it out. Treatment finishes 11.30am transport arrives maybe 2.00pm.</p> <p>I am blind and use a wheelchair. Driver does not help he just sits in the taxi and I have to ask hospital staff for help.</p> <p>Several times three vehicles would turn up at the same time; one for me, one for a neighbour, one for both of us.</p>	Has improved over the last two weeks.



6.		Prompt during the week, terrible problems on Saturdays - left in a wheelchair in the waiting room and cannot get to reception, waited four hours. Treatment started 7.30am got home 5.00pm	Always excuses. Coperforma rang to tell me how good they are now and were four hours late to take me to my appointment the following day. I have seen nurses give some frail patients a sandwich on Saturdays.
7.			Tuesday and Thursday always OK - Saturday 'luck of the draw'. If I complain a private taxi arrives. Saturdays have not improved since April
8.	Transport always arrived on time, you were phoned the night before and told the pick-up time. I could leave my flat and wait in the entrance hall to save the driver time.	Transport was chaotic. Week days service OK but Saturday a disaster. One Saturday in July I got home after dialysis when a taxi arrived to take me for my treatment. So they were either very late for that day or very early for the next Tuesday.	Still arriving very late for pick- ups. Two weeks ago I was in the transport going from Woodingdean to Preston Park where I live, when the ambulance was ordered back to the hospital. I was off loaded and had to wait and get a private taxi home - no explanation.
9.	Everything OK very few delays	I come from Lewes sometimes picked up very late once was forgotten and just left at the hospital.	Service is good even on a Saturday and I hope that continues
10.	On time, OK	No one came to pick me up for my evening appointments, I had to phone up and organise transport myself sometime two hours late sometimes I missed my treatment.	Regular driver comes all OK with renal trips but I also have a digestive disorder and those OP appointments the PTS is problematic.



11.		Multiple drivers arriving for the same pick up; double bookings sometimes booking was cancelled; chaotic management of appointments.	Regular driver now sometimes late but helpful and polite.
12.	Service good no delays	Disorganised and late	Service OK now
13.	Service good no delays	Disorganised and late	Service OK now
14.	Service good no delays	Disorganised and late	Service OK now
15.	Service good no delays	Disorganised and late	Service OK now
16.	SECamb was good; the drivers knew us and we knew them, always contacted us the night before.	Service was awful, always late. Waited for five hours to be picked up and then often several hours to get home. Some people missed their appointments completely. These people do not seem to realise we cannot miss our treatments.	Some drivers do not have a clue about where the hospital is and no idea about dialysis. Sending inappropriate vehicles for a wheelchair user.
17.	They looked after me - on time both journeys	Chaotic, always late being picked up. The hospital would make us well then wait four hours, getting stressed going home. Sometimes I missed my carer and had no one to prepare food. Several times I got my own taxi in the mornings. Quite often I stretched out on the seats in the waiting room and tried to close my eyes, I felt so drained. Its uncomfortable waiting four hours in a chair	Service has 'picked up' considerably - usually on time happy with the service now



18.	Everything worked really well, phone call the night before.	Frequently waited three and half hours to get home, one day a car arrived to take me to hospital 30 minutes after I arrived home from my treatment. Another day three cars arrived for me all at once.	Settled down, get the same 3 drivers, look after me well no delays, not at all stressful.
19.	Everything fine	Dreadful frequent four hour waits, total chaos.	Perfect
20.	No real problems	Always late and late getting to and last to finish treatment.	No real change
21.	There were problems but OK on the whole.	More problems, drivers changed a lot, no answer when phoned up left message no call back.	Has settled down
22.	Service good, no delays.	Disorganised and late.	Service OK now - very important to have the same driver.
23.			Last week picked up on different occasions by two drivers, one from Canvey Island the other from Nottingham, both being put up in the Preston Park Hotel. Neither had any idea how to get around Brighton.
24.	Not perfect but better than Coperforma. Volunteers were good	Late	Tuesdays and Thursdays OK, Saturday dreadful - overall, a bit better but still erratic. In the evenings its pot luck who takes you home. A couple of times I arrived home at 11pm when I had a 4pm transport slot to bring me home.
25.		About the same as now	On the whole good



26.	Service good no delays	Disorganised and late	Service OK now during the week; a friend is on standby at the weekends in case service fails or is very late
27.			On time minimal delays
28.	Service good no delays	Disorganised and late	Service OK now during the week; poor on Saturdays
29.	Service good no delays	Disorganised and late	Service OK now during the week poor on Saturdays.
30.	Service good, no delays.	Not delayed but drivers very unhelpful. Would watch me struggle rather than get out of the car and help me.	Service OK now
31.		Haphazard	About 10% trips delayed
32.	Service good, no delays	Disorganised and late.	Service OK now 80% of time, delayed 20% of time - staff helpful but ambulances are uncomfortable.
33.	Always delays never the same driver.	Very long delays especially going home, never the same driver.	Always late arriving, two-three hour delays going home. Driver got lost took 3.5hrs to get to Uckfield. Still unhappy with the service
34.			Arrives on time, occasional delays going home, but generally well organized.
35.		Arrives on time; delays about 20% time, drivers reliable and helpful. Couple of drivers are from Nottingham.	Usually arrives on time; delays about 20% time.



36.			Reported by son - father (patient) finds the PTS dreadful but does not have speech following a stroke and finds it difficult to communicate this.
37.	Service good, no delays	Disorganised and late	Service OK now - if late, difficult to get issues resolved by phone, never an explanation
38.	Service good no delays	Disorganised and late.	Service OK now
39.			Always late, failed to turn up on two occasions. Two separate taxis for him and a neighbour.
40.			Always late - recent experience got in car with two others, first trip to Seaford, second to Preston Park and the third to Crawley - no one seems to have a route planner. I have had drivers from Chelmsford and Thames Valley.
41.		Once a driver arrives they are good but delays.	When interviewed lady had been waiting two hours to go home with no news of transport arriving she was the only person left in the waiting room.
42.			Sometimes a little late



43.	Service good, no delays.	Disorganised and late. Drivers often did not seem to speak English or understand British culture; they would speak to each other in their own language. On one occasion driver did a three point turn and on-coming car crashed into them (driver said he needed to post a letter). Patient not hurt but required alternative transport.	Service OK now
44			Service unreliable- 'hit and miss'
45			Drivers good but system awful, always delays getting home.
46	Service good no delays	Disorganised and late	Service OK now
47	Service good no delays	Disorganised and late	Service OK now
48	Service good no delays	Disorganised and late	Service OK now
49	Service good no delays	Disorganised and late	Service OK now
50	Service good no delays	Disorganised and late	Service OK now

An interpretation of the comments made by patients indicates the following overall trends:

- A good service prior to April 2016, a disorganised and poor service from April to the end of July, an improving service from August onwards that pattern is repeated in about 30 (60%) of the 50 (100%) interviews. That fits well with the data reported in section 4.2 above where people scored their relative satisfaction with the service - here 65% reported that the PTS service since August was 'OK' or 'satisfactory'.



- Saturday is identified as being consistently problematic with 9 (18%) people from 50 specifically recording an adverse comment about PTS on that day. This is likely to be under reported as not everyone will have been prompted to distinguish between week and weekend levels of service. Some people will not have treatment on a Saturday and that data was not systematically gathered, a deficit that should be avoided in future similar service reviews.
- Dissatisfaction with taxi drivers from April 2016 onwards, including, lack of familiarity with the local area, being unhelpful, not communicating well in English.
- Specific praise for one ambulance provider, Medi4.

It was beyond the scope of this review to assess how many people have abandoned PTS services in recent months. It is clear from informal discussions with patients that many have incurred unanticipated costs and considerable disruption to family life. It may be helpful to gather this information in the future to advise service planning and commissioning.

5.4 The personal impact of deficits in the PTS service

Key:

1 = Missed hospital appointments

2 = Longer time needed for appointment due to delays

3 = Shortened treatment times

4 = Anxiety stress

5 = Child care other carer issues

No	1	2	3	4	5	Comments made
1				x		
2				x		Saturdays are a nightmare I dread the day
3				x		Saturdays stressful
4						Left feeling very ill after long waits
5				x		
6		x		x		
7		x		x		



8		x	x	x		
9						
10						
11				x		
12				x		
13				x	x	No missed appointments because they are filled in later - catch up sessions -
14						
15				x		
16				x		
17						No real problems
18				x		Uncertainty - just left in a waiting room - knew nothing -told nothing
19				x		
20				x		
21				x		
22						
23		x		x		
24						
25						No problems happy with the service
26			x	x		
27						
28		x		x	x	Disrupted family life
29				x		Concerned nurses have to work late
30				x		
31						
32						Delayed meals



33						
34				x		
35				x		
36						
37						
38				x		
39						
40			x			
41		x	x	x		
42						
43				x		
44						Person very unwell, multiple medical issues - no opinion reported
45						
46		x		x		Discomfort waiting in wheelchair
47						
48						Just made me feel so miserable
49						So tiring you just want to go home and rest
50						

- 26% (13) nil return
- 14% (7) reported longer treatment days due to travel delays
- 8% (4) reported shortened treatment sessions
- 56% (28) reported anxiety and stress as a result of deficits in PTS services
- 4% (2) reported associated problems with carer and family arrangements
- 2% (1) reported no problems associated with the service

There is considerable evidence of people having had their lives and routines severely disrupted and people having suffered avoidable anxiety and stress by defects in PTS services since April 2016. There is evidence that despite the



majority of people reporting that services have generally improved since August 2016, some people were faced with persistent uncertainty, stress and anxiety in a service with elements of unreliability particularly on Saturdays.

The review found no obvious evidence of severe or permanent harm being reported by patients. In addition those people delivering, analysing and reporting this service review were not competent to make clinical judgments around those issues. However, there have been some second or third hand reports of a few people whose personal resilience and morale has been so affected by deficits in PTS services that they considered ending their treatment. HWBH has not been able to verify these reports. It is important, in the interests of individual patients and the reputation of all the services involved, including those who commission these services, that this issue is thoroughly and robustly investigated in other similar service reviews and other clinical areas. Healthwatch Brighton and Hove would encourage anyone, who has first-hand knowledge of any one who has contemplated ending their treatment because of PTS problems to contact us through the [Healthwatch Information line](#) or [IHCAS Service](#).

5.5 Patients understanding about the causes of delays in PTS

Nil return = 29% (14)

No information ever given = 63% (30)

Reasons given for PTS deficits in service:

- Not enough drivers (on Saturdays)
- Poor information available to Coperforma
- Lack of vehicles
- Traffic problems
- Total service is really busy
- Other patients hold up the transport
- Blame SECamb for not telling Coperforma what was involved in providing this service
- Phone system does not work properly
- “They are on the way”
- Lack of training and proper organisation
- Other people’s fault
- Drivers don’t know the local area and get lost and delayed

No one interviewed indicated that they had received a clear explanation for delays and other deficits in PTS services. Almost all those expressing a view on this issue



indicated that they had never received any explanation or that they did not know the explanation for problems with the service. People indicated a wide range of reasons that had either been given to them from different sources - drivers, letters from Coperforma, media, hospital staff - or had formed impressions themselves from experiencing the service directly.

It is clear that no simple, authoritative and creditable explanation for deficits in services were ever offered to patients. Healthwatch notes that renal dialysis patients are among the most physically ill, frail and vulnerable patients using PTS. Dialysis is a life-sustaining intervention without which these people would not survive. NHS Commissioners and NHS funded services have caused these people to live with continuing uncertainty about PTS for months and not provided adequate explanation for service failure. There has been a failure to communicate effectively with patients individually and collectively.

5.6 Making complaints

Will return	No	Complained to:	Outcome
		PTS co-ordinator at hospital	She tried to resolve problem
		Renal Outpatient Department reception	Nothing
		Renal Outpatient Department reception	
		Coperforma telephoned	PTS arrived but late
		Coperforma	PTS started to arrive on time
		Complained to Coperforma in April	Got a letter apologising and saying they were short of staff
X			
		Phoned Coperforma many times	Never get through so I've given up
		As above	Once got a taxi at own expense and had that reimbursed
		Phoned Coperforma many times	Wasted a lot of money on phone calls



		Complaint made by manager of Care Home on my behalf. Phone was on hold for over an hour and her phone battery ran out	Got two letters of apology
X			
X			
X			
	x		
		Yes (unspecified)	'Falls on deaf ears'
	x		
X			
		Yes (unspecified)	Nothing
X			
		Talked to drivers and the supervisor	Nothing
		Wrote to Coperforma about three months ago	Got a letter saying they were trying to improve the service
		Husband phoned and got angry.	They hung up on him
		I have written letters, completed forms and made phone calls.	Received a letter informing me that 88% of people are delighted with the service
	x		
		Complained to people 'on the desk' at hospital, can never get through to Coperforma. We give the drivers 'stick' but it's not really their fault.	
		We had a survey and I told them how poor the service was.	They apologised and said they were trying to get the service right



		Complained to people 'on the desk' at hospital; can never get through to Coperforma.	
X			
		Complained a couple of times, wrote complaint in April.	No reply
X			
	x		
		Yes wrote to my MP and everyone I could think of and was on TV	I think I made a difference - I certainly raised awareness
	x		
		Yes several times	Nothing
		Yes several times	Received an apology
X			
	x		
	x		
		Mid-May got picked up but two more drivers arrived starting arguing between themselves and refused to leave. Insulted my 23 year old son (who has Autism). Hospital complained to CCG	Received an apology - no point in complaining to Coperforma; it is clear from other people that they simply send out the same standard letter of apology.
X			
		Complained to Coperforma	Standard letter of apology - platitudes
		Complained to Coperforma	Standard letter of apology - nothing happened to improve services
		Phoned Coperforma; could not get through to complain	



		Phoned and sent a written complaint	Now being picked up on time - but still separate vehicles arriving for two nearby neighbours
		Raised concerns at desk which is a waste of time	Nothing
		Yes, complained at the desk but in a wheelchair and cannot easily get from the waiting room to the desk.	Nothing
		Only informally	Nothing
		Yes but only to nurses and drivers and it's not their fault	Nothing
	x	No I just moaned about it.	

Complaint not resolved/response unsatisfactory = 63% (30)³

Complained satisfactory outcome indicated = 4% (2)

Had not made a complaint = 17% (8)

Nil return = 21% (10)

There is evidence of:

- No easy and systematic way of raising complaints and receiving a resolution 'on the day'.
- Complaining to Coperforma is difficult and often seems to result in receiving a standard format letter of apology.
- No systematic way of raising and resolving complaints about persistent or serious problems.

Informal feedback from Healthwatch Brighton and Hove researchers indicated that hospital staff, hospital-based PTS staff and most drivers tried to be helpful and resolve problems as they arose. These staff were generally seen as diligent, well-mannered and helpful but working with a deeply flawed PTS system.

³ It is clear from the tone of comments received that having a standard letter of apology from Coperforma was not an acceptable resolution of complaints for these patients.



6. Examples of patients receiving Healthwatch independent health complaints advocacy

[The Healthwatch Brighton and Hove Independent Health Complaints Advocacy \(IHCAS\) service](#) is delivered by our partner [Brighton and Hove Impetus](#). Healthwatch Brighton and Hove IHCAS signposts, advises and can actively support people to make complaints about NHS services. We feel it is helpful to include some accounts from people who have had help making complaints about PTS by our IHCAS service. Only one of these accounts relates to a patient receiving dialysis and so they are unrelated to the rest of this report. The examples provided below, however, illustrate that PTS problems have been present across other clinical areas and that HWBH is actively assisting people to make complaints.

Initials of client	Date of contact with IHCAS	Detail of complaint/experience of patient transport	IHCAS Actions	Coperforma response
Mr D	June 2016	75 year-old who uses oxygen cylinder has been let down on over five occasions by patient transport.	<ul style="list-style-type: none">• Discussions over phone• 1:1 meetings to discuss client's experiences• Write complaint letter• Complaint letter approved by client• Complaint letter sent to CCG (2/8/16)	<ul style="list-style-type: none">• Various letters stating Coperforma are investigation complaint• Last one received 27/9/16 apologising in delay in sending response



Mr M	July 2016	<p>Complainant's husband, who receives dialysis, has missed a number of appointments due to the ambulance arriving too late. Service provided by Copoforma.</p> <p>Referral received from Carers Center</p> <p>Need translator</p>	<ul style="list-style-type: none">• Organised Interpreter and met 1:1 to discuss experiences• Wrote complaint letter - translated into XX language• Letter approved and sent to CCG (August 2016)• Update client with progress	<ul style="list-style-type: none">• Delay in CCG responding and investigating due to misunderstanding over surname. This has now been resolved• No response to date
Mrs W	June 2016	<p>88 year old woman, living alone after caring for her husband who had a stroke last December and who is now in a care home.</p> <p>Mrs W also had a stroke, in January but has managed to remain in her home.</p> <p>14th March 2016 - Ambulance over 2 hours late to go to an appointment at the royal, expected at 9 am "but finally arrived, after calling again, after 11 am"</p> <p>21st March - Due at the hospital for a care review for 10.30am - was advised transport would not be on time so had to get a taxi. Ambulance late in returning her home but</p>	<p>Monthly telephone chat to check in how things are regarding experiences of health care</p> <p>Home visit to learn more details about experiences which includes concerns with GP surgery and BSUHT and medication.</p> <p>Arranged another home visit for December.</p>	<p>Note:</p> <p>Client did not want to make a formal complaint</p>



		<p>Mrs W says that the ambulance men were 'very nice and had to come all the way from Hastings, especially to pick me up'</p> <p>6th October 2016 - waited over 3 hours "stuck in my wheelchair, with the brakes on, in the same spot " to be collected and taken home from Royal Sussex.</p> <p>Mrs W is due her next appointment at the Royal on 25th November and has decided she will use a tax which is £16 each way.</p>		
Mrs H		<p>87 year old woman who leaves alone relies on patient transport to take her to various hospital appointments and Pain Clinic and has been let down on a number of occasions by service provided by Coperforma. Also concerned that the drivers are not trained Paramedics.</p>	<p>Monthly calls to chat and check in experiences of health services and improvement with use of patient transport</p>	<p>Did not want to make a formal complaint</p>



7. Conclusions and recommendations

7.1 Providing a satisfactory service in the future

It is clear that the PTS service provided to patients at the RSCH Renal Outpatient Department had been deeply unsatisfactory since April 2016. While it improved from August 2016 there were persistent and unresolved deficits in the service. HWBH believes these failures contributed to the decision in November 2016 to terminate the contract with Coperforma and appoint South Central Ambulance Service NHS Foundation Trust (SCAS) to replace it.

In light of the decision to change the provider of PTS services for Sussex this report offers important learning for future commissioning and delivery of the service. HWBH believes this report documents a deeply worrying cautionary tale and a textbook record about how not to go about delivering services to NHS patients.

Recommendations:

- Even though there is a transitional period between providers, urgent and immediate action is still required by service providers and commissioners to correct persistent deficits in service, particularly on Saturdays.
- This report should be used by SCAS to develop a clear and creditable action plan to recover this service in order to re-establish confidence among patients, NHS staff and the public.
- Robust and simple complaints procedures need to be put in place to resolve problems as they arise and to address more serious and persistent problems.
- Commissioners and service providers should promote HWBH and our associated IHCAS service prominently, along with other relevant representative organisations and advocacy services.
- Healthwatch Brighton and Hove provides independent complaint audit services (IHCAS) and this service should be considered when seeking to improve complaints assurance for PTS services in the future.

7.2 Comments from patients about the service and recommendation about how the new provider can improve it

The patients we interviewed made suggestions about how the PTS might be improved. In addition to the issues raised elsewhere in this report they were concerned about some of their experiences:

- Patients could not understand how it was possible to get their appointment arrangements so wrong. Almost all attend treatment sessions at standard



times for fixed periods on the same days and these arrangements have often been in place for years. Coperforma and their sub-contractors were not expected to provide an emergency service but a largely predictable and routine service.

- The uncertainty about transport arriving meant some patients will have risen very early to dress and be ready immediately the transport arrived, often long before their appointment times.
- If they did manage to get through on the phone to Coperforma, they were often given inaccurate and conflicting information about when transport would arrive increasing their anxiety levels and uncertainty.
- Some drivers were rude and even threatening. Many patients were concerned that their transport was not clean or hygienic or roadworthy. Drivers sometimes drove erratically and they questioned whether they were able to deal with a medical emergency.
- Multiple journeys that did not make best use of vehicles, separate vehicles carrying individual people to similar destinations, multiple vehicles turning up for the same pick-up, drivers and vehicles travelling long distances to make pick-ups, drivers and vehicles from all over England being accommodated locally.

Recommendations:

- Clear standards for call centre performance, vehicles, drivers and punctuality made explicit to people receiving the service.
- Drivers should receive proper training to know how to deal with patients.
- A simple way for breaches in service standards to be reported and escalated.
- Same-day resolution for minor breaches of standards.
- Financial penalties for service providers breaching service standards.
- Better use of technology - some parcel delivery services allow a customer to track a package from warehouse to delivery, timed to the minute. PTS services should provide similar technology to give patients and their family greater certainty about when their transport will arrive.

7.3 Rebuilding confidence in PTS services for patients, the public and the professional community

Confidence in PTS services across Sussex has been deeply damaged. Continuing claims that the service has improved have not gained traction and have often been dismissed as not credible. With the departure of Coperforma there is an ideal opportunity to rebuild confidence.



Recommendations:

- Commissioners should establish current and future PTS performance with independent and expert verification. HWBH stands ready to assist with that process.
- A wider account of deficits in PTS should be undertaken by gathering patient experiences across Sussex and in other specific clinical areas such as cancer services. The HWLH CCG's Patient Safety and Quality Assurance Group could lead and coordinate that process involving HWBH and using other expert and independent verification as required. The principal aims may be:
 - a. To establish an accurate historic record.
 - b. To establish performance baselines for future service review involving patient experiences other than those reported solely by the commissioners and providers of Patient Transport Services.
 - c. Healthwatch Sussex-wide have already offered to assist with that process and it is important that this work goes ahead regardless of the replacement of Coperforma as the service provider.
- A learning event should be held to identify lessons learnt and to inform the future provision and commissioning of PTS services in Sussex.

7.4 Learning lessons and building a learning community

The TIAA independent review identified deficits in the mobilisation of PTS services in Sussex from April to mid-May 2016. Even though we are currently in a transition period between providers, this report indicates that many of those problems are unresolved and persistent. There is concern from patients, the public and the professional community that there may have been deep flaws not just in the delivery of this service but also in the commissioning process:

- Consultation and engagement in the Commissioning process has revealed that:
 - a. a lack of involvement of Healthwatch organisations, as the official and independent Health and Social Care 'consumer watchdog', has proven to be a weakness and;
 - b. a seeming failure to refer a major and risk-laden change in service provision to the relevant local authority Health Overview and Scrutiny Committee process removed an opportunity to further test the suitability of the intended provider.
- The model of commissioning - a competitive process that does not seem to have allowed learning and warnings from SECamb to have been heard and held at the heart of the process
- A planning and mobilisation process that was seemingly devoid of external and independent scrutiny, where commissioners lacked expertise in patient transport and did not seek out that expertise until after the service had substantially failed.



Recommendations:

- A further independent review should consider the commissioning process that awarded this PTS contract to Coperforma with a view to learning lessons and improving future commissioning.
- The results of that review to be made public and to materially inform future commissioning.
- The combined CCG's in Sussex to consider the viability of and their capacity to service a model of commissioning that allows one CCG to act on behalf of the others as a lead commissioner.
- Overview scrutiny and independent review processes to be clearly built into future similar commissioning.
- A full and transparent investigation of the financial implications of this service failure should be undertaken with the results made public. The financial impact of the Coperforma failure should also be taken into account the costs to the NHS of clinical and administrative staff having been constantly diverted from their duties to fire fight and resolve patient transport issues. Any recommendations should materially inform future commissioning processes.

7.5 The role of Healthwatch, the Care Quality Commission, performance monitoring and quality assurance

The failure of Patient Transport Services in Sussex from April 2016 was so profound that it is probably not an exaggeration to say that many organisations in the political and professional community were not at all sure how to respond. Issues were raised with no ready or easy answers. At Healthwatch Brighton and Hove we were poorly resourced to address this service failure. HWBH is supported very well by BHCC particularly given budget pressures in the City. However, compared to the size of the NHS and social care system, HWBH resources are very small. We continually balance between maintaining a busy programme of service review planned in advance against being available at short notice to address topical and urgent issues. Healthwatch Brighton and Hove undertook this review in just two weeks, mobilising 150 hours of volunteer time and our Independent Health Complaints Advocacy Service with no additional cost to the taxpayer. In the same period HWBH was also responding to a range of other consumer concerns e.g. local GP practices being reconfigured (some in special measures), BSUH and SECamb responding to adverse CQC inspection reports and going into special measures, emerging local concerns over social care funding pressures and feeding back on findings from our OPD report.

Healthwatch Brighton and Hove has escalated concerns about PTS to Healthwatch England and the Care Quality Commission. HWE is assisting us in finding other local Healthwatch organisations with PTS problems and we aim to share learning locally



and across the national Healthwatch network. The CQC inspected Coperforma and their report is available to the public.⁴ NHS England is the body responsible for providing quality assurance for CCG's and from the perspective of Healthwatch they have been largely invisible in responding to this service failure. Over 2015/16 NHS England rated HWLH CCG 'good' overall and 'good' for 'planning', 'finance' and being 'well led'.⁵

Recommendations:

- Clear inspection and independent quality assurance processes should be in place for PTS. As the lines of service delivery grow longer and further away from direct NHS control, the question about how quality and performance can be effectively assured has to be asked. This is particularly the case where there might be a lack of clarity about what body has the responsibility to inspect and quality assure the service i.e. who should have inspected Coperforma when it was essentially a 'call centre' which serviced sub-contractors who actually provided the transport service.
- Healthwatch England, the Care Quality Commission and NHS should consider how local Healthwatch organisations can best be supported when responding to major service failure.

⁴ [Coperforma Demand Management Centre Care Quality Commission's Quality Report published on 01/11/2016](#)

⁵ [CCG Assurance Annual Assessment 2015/16](#)

