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Non-emergency patient transport Healthwatch Brighton and Hove review for HOSC, February 2018

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29/1/2018

1. Executive summary

- Healthwatch patient reviews indicate that patient satisfaction with PTS services has improved by 10%, up from 75% in May 2017 to 85% by December across Sussex, and up 17% from 67% to 84% for Brighton and Hove patients.
- This improved patient satisfaction should not however be taken automatically as an endorsement of PTS as a high performing or high quality service.
- Three issues of concern to patients have remained unresolved since Healthwatch started to closely monitor patient experience of PTS in 2016:
 - Unreliable service for renal patients on Saturdays
 - Transport meeting mobility needs e.g. wheelchairs and stretchers
 - Inconsistent pick up and drop off arrangements and failure to keep patients advised of changes.
- Current PTS performance is not satisfactory [December 2017 - 17/18 year to date]:
 - Pre-Planned Discharges 60 mins performance was 73.5% against a threshold of 75% and a target of 80%
 - There has been a downward trend in the 60 min performance indicator since September 2017 and has fallen by 11% from April 2017 to December 2017.
 - Pre-Planned Discharges 90 min performance was 83.6% there is no target as this is a 'service indicator'
 - Downward trend also for the 90min service indicator since September 2017, with a fall of 7.5% from April 2017 to December 2017.
 - Unplanned Discharges within 120 min performance was 75.5% against a threshold of 85% and a target of 90%.
 - Downward trend for the 120 min service delivery indicator from July 2018, with a fall of 8% from April 2017 to December 2017.

To provide a balanced picture we have been asked to point out that the SCAS performance for non renal outbound and inbound journeys are achieving their key performance indicators [KPI's]

- The PTS contract allows what seem to be generous allowances for late journeys. However SCAS the service providers and the NHS Commissioners have asked us to point out that their Specialist Advisor has told them that the KPI's are 'realistic'

- The impact of PTS failures on individual patients can be severe:
 - A 94yr old man left waiting to be taken home for 3 hrs in the Renal Reception area following dialysis.
 - A paraplegic woman who frequently arrived home late after her dialysis which meant that her carer had already left, meaning she had to remain in her wheelchair all night.
 - Renal patients arriving late lose their slot for dialysis - 3 patients told us about 1.5hr delays before dialysis resulting in an 8-10 treatment day

SCAS and the NHS Commissioners have asked us to qualify these personal experiences with the following statement:

“The contract covers all journeys across the whole of Sussex, not just for renal patients, and resources are planned against all of the bookings we receive. Also, some issues are outside of our control:

- ✓ on the day activity
- ✓ aborted journeys
- ✓ waiting more than 15 minutes for a patient to be ready”
- In line with increasing overall patient satisfaction many patients made complimentary comments about the service. Some patients expressing their gratitude to staff for their kindness and sensitivity:
 - They’re good. They collect me early and collect me on time to go home which is usually on time
 - Always on time as I have a regular driver
 - Medi4 are very good
 - I’ve only used the service for 3 months and it’s been good during that time
 - The drivers are very good
 - When SCAS took over initially I wasn’t always picked up, there was lots of waiting around. But now I have a regular driver and it’s good. How it is now so lovely. My driver calls me to tell me he’s on his way.
- Patient satisfaction with PTS tends to be lower in the Royal Sussex County Hospital [RSCH] for renal patients. There are currently issues with:
 - Eligibility for PTS when renal patients are attending for more than one intervention i.e. an outpatient appointment. SCAS and the NHS Commissioners have asked us to clarify that “Renal Patients do not have automatic eligibility for PTS for other NHS appointments”. Healthwatch understands that but perhaps patients do not.

- Whether some people use PTS because parking is not easily available at RSCH - clearly this is an issue for the hospital not the PTS providers but it is an issue on which Healthwatch and patients expect the different parts of the system to work jointly

2. What are Patient Transport Services?

The Patient Transport Service is a Sussex-wide service jointly commissioned by the seven Sussex CCGs. As with all jointly-commissioned services, one CCG acts as lead commissioner and in the case of the PTS, the lead CCG is High Weald Lewes Havens (HWLH) CCG. All decisions, however, are jointly made by all the CCGs.

The PTS service provides transport for people who are unable to use public or other transport due to their medical condition, patients may also be eligible due to mobility, visual impairment, mental health and learning disability needs and include those who are:

- attending hospital outpatient clinics
- being admitted to or discharged from hospital wards
- needing life-saving treatments such as radiotherapy, chemotherapy or renal dialysis or DVT treatment

Coverage for Sussex includes patients who live in the following catchment areas:

- Brighton & Hove CCG
- Coastal West Sussex CCG
- Hastings & Rother CCG
- High Weald Lewes Havens CCG
- Crawley CCG
- Horsham & Mid Sussex CCG
- Eastbourne, Hailsham & Seaford CCG.

The total cost of the PTS contract is £62 million over five years which represents 0.5% of the total Sussex NHS commissioning budget.

3. A brief history of Patient Transport Services

In 2011, the then Primary Care Trusts (PCTs) across Sussex commissioned a new Patient Transport Service (PTS), awarding the transport function to South East Coast Ambulance Service (SECAMB). Lead responsibility for commissioning the service was latterly inherited by High Weald Lewes Havens CCG. In 2014, the service underwent a further review by the seven joint Sussex Clinical

Commissioning Groups (CCGs) after SECamb gave notice in March 2014 that it wished to discontinue providing the service. At this time a new Managed Service Provider (MSP) model was introduced to run the service which included a separate Booking Hub; a single point of access to PTS which applies Eligibility Criteria and managed bookings. The MSP delivered patient transport via multiple sub-contractual arrangements. Although a full commissioning process was undertaken, only one contractor submitted an invitation tender: Coperforma; who were awarded the contract from April 2016.

Whilst the service under SECamb was far from perfect, patients largely received a satisfactory service. From the moment Coperforma took over, a near total collapse of the service occurred, with patients bearing the brunt of this failure. These events led to urgent remedial action being taken by HWLH CCG, including several independent reviews. These highlighted failures in the service, the commissioning process, the transition process and Coperforma's planning and ability to run the service. A further provider was subsequently awarded the PTS contract in April 2017: South Central Ambulance Service (SCAS), took over as a 'step in' provider with 3 months mobilisation and taking on the existing transport providers from Coperforma.

4. Healthwatch Brighton and Hove concerns and involvement

The failure of Coperforma to deliver the service and the early termination of its contract, will deliver a cost the NHS which has not yet been shared publicly ¹.

The Brighton and Hove Health and Wellbeing Board was promised an open and clear public explanation of the finances involved in PTS contract issues. That does not yet seem to have been provided.

From 2016, Healthwatch Brighton and Hove (HWBH) were aware of patient concerns about the PTS service, which it raised at the Brighton and Hove City Council's Health Overview and Scrutiny Committee, and the Health and Wellbeing Board. HWBH undertook its own independent review of the service in 2016, followed in 2017 by two further reviews undertaken by the three Healthwatch teams across Sussex.

¹ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-01-19/123750/>
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-01-08/121520/>

In almost every review, recommendations have been made to address the following failures:

- **Improve the service for renal patients, particularly over the weekend period (notably Saturdays where the reliability of the service dips)**
- **Provide patients with additional support with their mobility where needed** (reports of transport not being suitable for wheelchair users) - SCAS have asked Healthwatch to provide specific details they stated “all bookings are made by patients/healthcare providers so we (SCAS) provide the vehicle and equipment based on the booking”. Healthwatch Brighton and Hove will endeavour to assist SCAS to identify patients for whom this is a particular issue. Once again it seems to Healthwatch that one part of the NHS is pointing the finger and blaming another part of the system when things go wrong for patients
- **Deliver a consistent service for patients with more timely pick-up and take home times; and better information concerning collection times.** SACS commented: “Outbound performance for renal and non-renal patients is generally good though we recognise that for some the experience is poor and could be improved”

All three Healthwatch have made a number of other recommendations, but the above fundamental issues still do not seem to have been fully addressed.

Healthwatch notes with concern the underperformance of the PTS service on some performance indicators, with downward trends, as quoted above

PTS continues to be a service that needs to improve and meet patient expectations. There are signs that this is starting to happen, but more is needed; and Healthwatch has identified a number of areas which the provider and CCG’s could easily focus on. In addition, the latest review of PTS undertaken in November/December 2017² raised concerns regarding eligibility for PTS, and how this may be impacting performance. For example are people using PTS because of difficulties parking a RSCH? Are the CCG’s satisfied with the systems and scrutiny in place around eligibility.

Related to the above, Healthwatch is also interested in what impact aborted journeys has on the providers’ ability to run PTS. It would also be helpful to understand how many daily cancellations / aborted journeys occur and plans to improve performance. SCAS have told Healthwatch that they collate and report information on aborted journeys and that NHS Commissioners have asked them to identify any scope for reducing aborted journeys.

² Draft report due shortly

The following pages contain a timeline of important dates and activities for PTS, and a summary of the 3 Healthwatch reviews undertaken in 2016 and 2017.

5. Timeline of important dates and activities

January 2018	Questions are to be asked in Parliament after MPs, councillors and unions demanded a formal investigation into Coperforma.
May/June 2017	Healthwatch report on PTS is published ³ . A joint review was undertaken by Healthwatch teams in Brighton and Hove, East Sussex and West Sussex who visited health services across the regions; speaking to patients, carers and staff about their experiences of PTS. This reported high satisfaction levels (75%); but also highlighted a number of concerns. A number of recommendations were made: several of these were first raised in 2016.
April 2017	South Central Ambulance Service NHS Foundation Trust (SCAS) takes over the contract for PTS.
January 2017	High Weald Lewes Havens Clinical Commissioning Group (on behalf of all Sussex CCGs) published its report “Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex”. ⁴ This acknowledged the failures within the service, and accepted the recommendations and findings from various independent reviews of PTS plus the outcomes of ‘lessons learned’ events (see September 2016 below).
November 2016	A CQC report is published that requires significant improvements to patient transport services in Sussex ⁵ . The report listed 11 areas for improvement including: <ul style="list-style-type: none"> • robust systems are needed for handling complaints • robust systems are needed to monitor and improve safety • vehicles and equipment must be appropriate for safe transportation of patients, including wheelchair users. • Patients must receive timely transport services

³ <https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2015/02/Healthwatch-Sussex-PTS-Report-Sept-2017.pdf>

⁴ www.highwealdleweshavensccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=446080

⁵ <http://www.cqc.org.uk/news/releases/cqc-requires-significant-improvements-patient-transport-services-sussex>

	<ul style="list-style-type: none">• CQC must be notified of safeguarding incidents and incidents <p>Also this month, in a media statement from Michael Clayton, Chief Executive, Coperforma Ltd (8 November 2016), he stated that Coperforma “not been ‘stripped’ of the contract but what is best described as a ‘friendly divorce’ was agreed, importantly with ‘no fault’ attached to either Coperforma or the commissioners.”⁶</p>
October 2016	<p>Coperforma wrote to the CCG’s seeking a managed exit from the PTS contract on economic grounds which was accepted by the CCGs. The CCGs announced that South Central Ambulance Service NHS Foundation Trust (SCAS) would take over the entire service for the remainder of the 5-yr contract term.</p> <p>Towards the end of 2016/early 2017 Coperforma’s performance did improve, although the improvements were not consistent across the whole of Sussex and some patients continued to experience problems.</p>
September 2016	<p>A report⁷ is published by Healthwatch Brighton and Hove examining the experiences of renal patients, their carers and staff about PTS during April to September 2016. This finds an almost complete collapse of the service immediate after April 2016. A number of recommendations are made (see below).</p>
August 2016	<p>A number of issues are identified between Coperforma and some of its subcontractors, which raised concerns for commissioners about the broader sustainability of the service.</p> <p>Also this month, SECamb loses the contract to provide non-emergency patient transport service (PTS) serving Surrey and the South East. The contract was awarded to SCAS for 5 years.</p>
June 2016	<p>An independent review was conducted by TIAA Ltd⁸, one of the leading providers of assurance services to the public sector. All of</p>

⁶ <https://www.facebook.com/Coperforma-Ltd-431694170225824/>

⁷ <https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2015/02/Users%E2%80%99-perspectives-on-the-Patient-Transport-Service-April-September-2016.pdf>

⁸ <https://www.huwmerriman.org.uk/sites/www.huwmerriman.org.uk/files/2016-08/Sussex%20CCGs-Patient%20Transport%20Service-f.pdf>

	<p>the reviews recommendations were later accepted by the CCG. See summary section 2 of this report for its main findings which include:</p> <ul style="list-style-type: none">• no evidence Coperforma had adequately stress-tested its systems• a lack of preparation for a tight handover of staff from the old provider• a failure to alert the CCG to problems putting patients' details into its databases• For its part, the CCG which "hired" Coperforma to run the service was found not have a "plan B" for when things went wrong.• In future, the report advised that big healthcare contracts should be implemented in stages, rather than all at once.
May 2016	<p>A CCG report places SECamb into "special measures"⁹ The emergency operations centre and patient transport services were individually rated as "requires improvement"</p> <p>(NB in May, SECamb advised that patient satisfaction survey results were consistently above 90% cent.¹⁰</p>
April 2016	<p>Coperforma started to deliver PTS, taking over from SECamb. SECamb continued to provide emergency ambulances only.</p> <p>Immediate problems experienced in April, where transport for hundreds of patients was delayed. Coperforma partly blamed this on a poor transition between them and SECamb¹¹. A level 3 Serious Incident was raised by HWLH CCG¹².</p> <p>An independent review was conducted by the Patient Safety Group¹³ following a level 3 Serious Incident (SI) raised by High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG). This highlighted:</p> <ul style="list-style-type: none">• Lengthy delays in being picked up and taken home• Poor Saturday service• Difficulties getting through to the control centre

⁹ http://www.cgc.org.uk/sites/default/files/new_reports/AAAF5030.pdf

¹⁰ http://www.secamb.nhs.uk/about_us/news/2016/sussex_pts_statement.aspx

¹¹ http://www.secamb.nhs.uk/about_us/news/2016/sussex_pts_statement.aspx

¹² A level 3 investigation is defined as 'Required where the integrity of the investigation is likely to be challenged or where it will be difficult for an organisation to conduct an objective investigation internally due to the size of organisation or the capacity/capability of the available individuals and/or number of organisations involved

¹³ <http://www.highwealdleweshavensccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=449157>

During 2015	The PTS contract was put out to tender but only one, Coperforma, submitted a bid at the invitation to tender (ITT) stage.
During 2014	The seven Sussex Clinical Commissioning Groups (CCGs) designed and commissioned a new Patient Transport Service (PTS) after South East Coast Ambulance Services gave notice in March 2014 that it wished to discontinue providing the service after March 2015. A new Managed Service Provider (MSP) model was introduced to run the service which included a separate Booking Hub; a single point of access to PTS which applies Eligibility Criteria and managed bookings. The MSP delivered patient transport via multiple sub-contractual arrangements.
June 2012.	NHS Surrey and Surrey County Council awarded SECamb the PTS contract.
2012	HWLH CCG inherited pan-Sussex responsibility for PTS from B&H PCT.
2011	Primary Care Trusts (PCTs) across Sussex commissioned a new Patient Transport Service (PTS). The transport function was awarded to the South East Coast Ambulance Service (SECamb). The Patient Transport Bureau (PTB) was established to apply the Sussex PTS Eligibility Criteria and book transport for eligible patients

6. Healthwatch Patient surveys/reviews

Date of first Healthwatch review	April - September 2016
Service provider	Coperforma
Reason for review:	
<p>Early in September 2016, Healthwatch Brighton and Hove was approached by a patient who was attending the Renal Outpatient Department at the Royal Sussex County Hospital (RSCH). The patient voiced serious concerns about PTS, operated by Coperforma. As a result of that encounter, Healthwatch decided to undertake a review of the PTS by interviewing patients at the Renal Outpatient Department who used the service.</p> <p>Prior to September 2016 Healthwatch had already raised serious concerns about the performance of Coperforma. Earlier in the summer we had carried out an extensive service review in eight Outpatient Department clinics at the RSCH where people required patient transport. 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. Healthwatch raised these issues at a number of forums including Brighton and Hove City Council’s Health Overview and Scrutiny Committee and the Health and Wellbeing Board.</p> <p>The data below relates to Brighton and Hove only.</p>	
Key results	
<ul style="list-style-type: none"> • 50 patients at the Renal Outpatient Department, RSCH, who had used PTS, were interviewed in September 2016. Patients were asked questions evaluating the service across three different time periods: (i) before April 2016 (pre-Coperforma); (ii) April to July (Coperforma); and (iii) August and September (Coperforma). • Patients reported that the service performed extremely poorly in the initial months (April-July 2016) when Coperforma took over, citing a virtual collapse of the service with frequent delays and ‘no shows’. • Patients reported some improvements in overall performance after August 2016. Nevertheless most people still noted ongoing issues particularly with the Saturday service. 	
B&H results were:	
<ul style="list-style-type: none"> • Satisfaction levels dropped from a high under SECamb of 67% (pre-April 2016), to 8% between April-July once the service was taken over by Coperforma. • Satisfaction levels increased after August 2016, but remained at just 42%. • 56% of patients interviewed reported suffering anxiety and stress as a result 	

of failures in transport services.

- 14% experienced longer treatment days as a result of failures in PTS.
- 8% reported their treatment sessions had been shortened as a result of failures in PTS.
- 18% specifically provided adverse comments about Saturday services.

Suggested actions for the Trust to take

- Urgent and immediate action is required by service providers and commissioners to correct persistent deficits in service.
- SCAS should develop a clear and creditable action plan to recover the PTS.
- An independent review should consider the commissioning process that awarded the PTS contract to Coperforma with a view to learning lessons and improving future commissioning.
- A full and transparent investigation of the financial implications of the service failure should be undertaken with the results made public.
- Robust and simple complaints procedures are needed to resolve problems as they arise.
- There should be dedicated PTS performance standards for renal patients, with performance reports publically and prominently available.
- Improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips)
- Provide patients with additional support with their mobility where needed (reports of transport not being suitable for wheelchair users)
- Clear standards for call centre performance, vehicles, drivers and punctuality should be made explicit to people receiving the service.
- Drivers should receive proper training to know how to deal with patients.
- There needs to be better use of technology to give patients and their family greater certainty about when their transport will arrive.

Key statistics

Patient satisfaction levels (%) throughout 2016

Pre April 2016 - SECAMB	April-July - Coperforma	Post August - Coperforma
67%	8%	42%

Friends and family test

Likely	44%
Neither likely nor unlikely	18%
Unlikely	38%

Date of second Healthwatch review	May - June 2017
Service provider	SCAS
Reason for review:	
<p>This review was commissioned by the lead commissioner, NHS High Weald Lewes Havens (HWLH) CCG. It was undertaken by Healthwatch in Brighton and Hove, East Sussex and West Sussex who visited health services across the regions; speaking to patients, carers and staff who used PTS.</p> <p>The performance of the previous provider (Coperforma) was poor. This review was intended to gather evidence and insight on the quality of the new service provider (SCAS) who took over the running of the contract in April 2017. This was therefore an 'early stage review' of the new service provider. The evidence was provided to the CCG in 2017; with the final report published in September.</p>	
Key results	
<ul style="list-style-type: none"> • 218 local people were interviewed. 71% were regular users. • 75% of patients were satisfied with the quality of non-emergency PTS they received, including 44% who were very satisfied. • 82% of patients said they arrived on time for their appointments. • 42% found the process of booking transport easy to do and a positive experience. • Journey experiences were overwhelmingly positive and people said that found vehicles to be clean and tidy, and in 95% of cases suitable for their needs. In a small number of cases vehicles were unsuitable for taking wheelchairs. • There were regional variances in levels of satisfaction, notably in Brighton. • Renal patients were less satisfied with the service than non-renal patients. <p>B&H results were:</p> <ul style="list-style-type: none"> • Lower overall satisfaction levels at 67% (75% overall) • The % of B&H patients who would recommend the service to friends was similar to the regional average (77% and 74% respectively) • The % of B&H patients who arrived on time for their appointment was similar to the regional average (79% and 82% respectively) • Much lower levels of B&H patients were taken home on time than the regional average (58% and 69% respectively) • Staff provided HWBH with their feedback, and this showed frustration with the reliability of the service and the impact it had on patient care, and staff time. 	

Suggested actions for the Trust to take

Key recommendations were:

- Improve experiences for patients (and staff) accessing the contact centre to remove lengthy delays; and introduce a dedicated line for staff - we understand from SCAS that they have in place on line and phone options for patients, they expect that most health provider bookings will be made on line and there would be an additional cost in providing a dedicated phone line as suggested by Healthwatch
- As reported following the 2016 review, improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips
- As reported following the 2016 review, provide patients with additional support with their mobility where needed
- Provide further training for dispatch staff to help them understand the local geography and assist them with scheduling drivers' journey's
- Identify ways to improve the reliability of the service for renal patients and deliver greater consistency in 'pick-up' and 'take home' times.

Key statistics

Satisfaction levels

	All regions	B&H
Very satisfied	44%	32%
Satisfied	31%	35%
Neither satisfied nor dissatisfied	12%	20%
Dissatisfied	7%	8%
Very dissatisfied	5%	5%

Friends and family test

Extremely likely	43%	33%
Likely	34%	41%
Neither likely nor unlikely	11%	14%
Unlikely	5%	6%
Very unlikely	0%	0%

Arriving on time

Yes	82%	79%
No	18%	21%

Taken home on time

Yes	69%	58%
No	31%	42%

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Date of third Healthwatch review	November - December 2017
Service provider:	SCAS
Reason for review:	
<p>This was the second review of the service as commissioned by the lead commissioner, NHS High Weald Lewes Havens (HWLH) CCG. It was again undertaken by Healthwatch in Brighton and Hove, East Sussex and West Sussex who again visited health services across the regions. This review was intended to see how the service had changed over the last six months since the previous review in May. Healthwatch team again spoke to users of the service, their family members and carers, and hospital staff</p> <p>At the time of writing, the final Healthwatch Sussex wide report into PTS was not available. Therefore the interim data below relates to Brighton and Hove only.</p>	
Key results	
<ul style="list-style-type: none"> • The total number of surveys completed this time by Healthwatch Brighton and Hove was 122. This was 17 more than in May/June. • 60% (approx) of all surveys came from renal patients, which is a similar percentage to the May/June report (63%). • As before HWBH gathered views from hospital staff where these were offered <p>B&H results were:</p> <ul style="list-style-type: none"> • More than half of patients, 60% (approx), reported the service had improved in the last 6 months. • The vast majority of patients reported being satisfied with the service, and the overall percentage had increased by 17% (up from 67% to 84%) • The vast majority of patients said they would recommend the service to family or friends, and the overall percentage had increased by 2% (to 76%). However, an additional 7% of patients reported that they would not recommend the service (13% overall). • Renal patients were <u>less likely</u> than non-renal patients to be ‘very satisfied’ or ‘satisfied’ with the service. • Renal patients were considerably <u>less likely</u> than non-renal patients to be ‘very likely’ or ‘likely’ to recommend the service. • Hospital staff who spoke to us said the service was about the same as the last time Healthwatch Brighton and Hove reviewed it in May/June. 	
Suggested actions for the Trust to take	
<ol style="list-style-type: none"> 1. Focus efforts on improving pick-up times (i.e. timelier collection to take patients home from the hospital). As reported following the 2016 and earlier 2017 reviews there is a continuing need to improve Saturday performance levels for renal patients. 2. As reported following the 2016 and earlier 2017 reviews, PTS must ensure 	

that all transport is suitable for those requiring stretchers and wheelchairs to avoid long waits to be taken home.

3. As reported following the May/June, greater focus needs to be on ensuring services run better for renal patients in particular. For example, SCAS should aim to provide all regular users of PTS with a regular/nominated, local driver(s). SCAS has advised us they do this 'where feasible' We also recommend that patients are clustered geographically, SCAS have advised us that this might lead to people being in transport longer than at present.
4. SCAS must ensure the system is capable of identifying vulnerable patients i.e. those with caring needs, the elderly and those with multiple needs so that the service can respond in a timelier manner to any delays experienced by these individuals.
5. SCAS should better promote the SCAS mobile phone app ('View My Journey') so that patients can track their vehicles.
6. As reported following the 2016 and earlier 2017 reviews SCAS should provide timelier updates to patients concerning arrival timings i.e. a 20 minute advance warning by text or phone.
7. SCAS should provide a system that allows hospital staff to track where vehicles are to save them having to call control to find out. SCAS have advised us this is available via their online booking portal which raises the question of staff awareness and training
8. As previously reported following the May/June review, SCAS should provide a dedicated staff contact number so that staff can liaise with control/dispatch in a timelier manner.
9. As previously reported following the May/June review, further training for dispatch staff is needed to help them understand the local geography and assist them with scheduling drivers' journey's.
10. SCAS should clarify how eligibility for PTS is continually assessed. (Are the CCG satisfied with the systems and scrutiny in place around eligibility, and what it says in the commission etc and how does it satisfy itself that the system is being used appropriately and fairly?)
11. SCAS should clarify policies: (i) where patients need to attend hospital for more than one appointment/department; and (ii) driver wait times.

Key statistics

How has the service improved over the last 6 months?

Worse	Same	Better	Total
5	32	55	92

Satisfaction levels

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total
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44	58	12	4	3	121
<i>Changes in satisfaction levels for Brighton and Hove</i>					
				B&H June/July 2017	B&H Nov/Dec 2017
Very satisfied				32%	38%
Satisfied				35%	49%
Neither satisfied nor dissatisfied				20%	8%
Dissatisfied				8%	3%
Very dissatisfied				5%	2%
Friends and family test					
Very likely	likely	Neutral	Unlikely	Very unlikely	Total
49	44	12	10	6	121
<i>Changes in friends and family test for Brighton and Hove</i>					
				B&H June/July 2017	B&H Nov/Dec 2017
Very likely				33%	40%
Likely				41%	36%
Neither likely nor unlikely				14%	7%
Unlikely				6%	11%
Very unlikely				0%	5%