



Report on Non-Emergency Patient Transport provided by E-Zec Medical Transport at Staffordshire Hospitals

Healthwatch Staffordshire is the independent consumer voice for local people, championing quality health and social care and ensuring that the patient voice is heard by commissioners and providers of services across Staffordshire. We gather the views of the public and raise awareness of key concerns and issues that affect health and social care services as experienced by the patient / consumer. We focus on finding out what Staffordshire residents think is working well or not working well in health and social care and we work with other organisations to influence change. We recommend improvements and highlight examples of good practice.

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Background to the study

Some people are eligible for non-emergency patient transport services (PTS). These services provide free transport to and from hospital for: people whose condition means they need additional medical support during their journey, people who find it difficult to walk and parents or guardians of children who are being transported. In order for patient to find out if they are eligible for PTS and how to access it, they need to speak to their GP or the healthcare professional who referred them to hospital.

Healthwatch Staffordshire had over a period of months received feedback from patients about the non-emergency patient transport service provided by E-Zec Medical Transport. The issues reported covered times of transport to get to hospital, waiting times for getting home from hospital and the process of and facilities for waiting in the hospital for the transport to arrive. Feedback came via our freephone telephone number and through our engagement activity at events in the community and hospitals. As a result of this Healthwatch decided to undertake a short study gathering patient views at the point of delivery, e.g. hospitals to try to understand the extent and reality of the problems faced by patients.

The study was conducted over a period over 4 weeks in January and February 2019 and used a survey questionnaire and was conducted through face to face interviews by Healthwatch Staffordshire Community Outreach Lead and Healthwatch Staffordshire Engagement Volunteers.

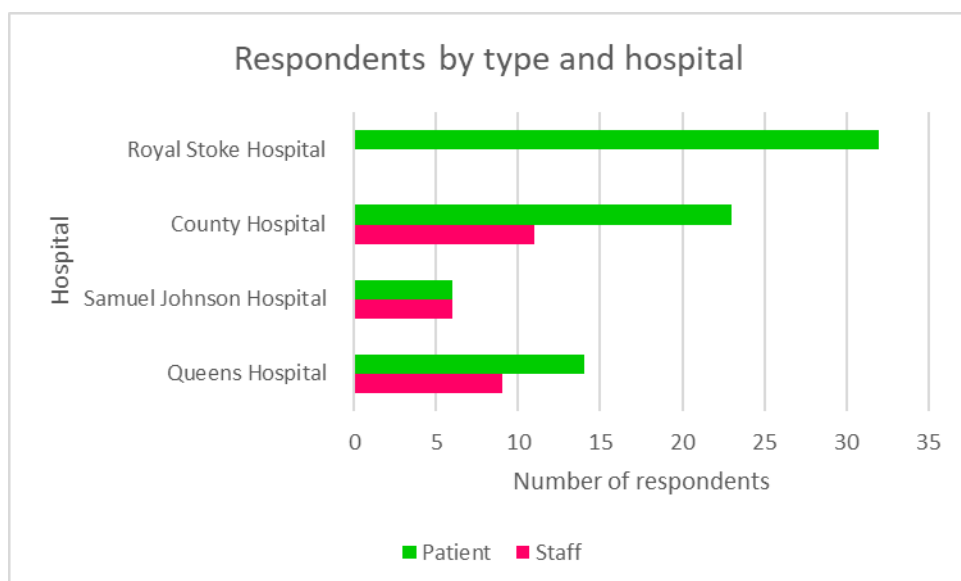
In the course of the study a number of hospital staff members involved in the arranging of patient transport also had views they wanted to share and therefore these views are included in this study.

Results

The data from the patient transport survey has been analysed and the findings are detailed as follows. The data has been analysed firstly to show a division between the responses from staff members and from patients. The data from patients only has also been analysed according to which hospital they were attending.

Respondents to the survey

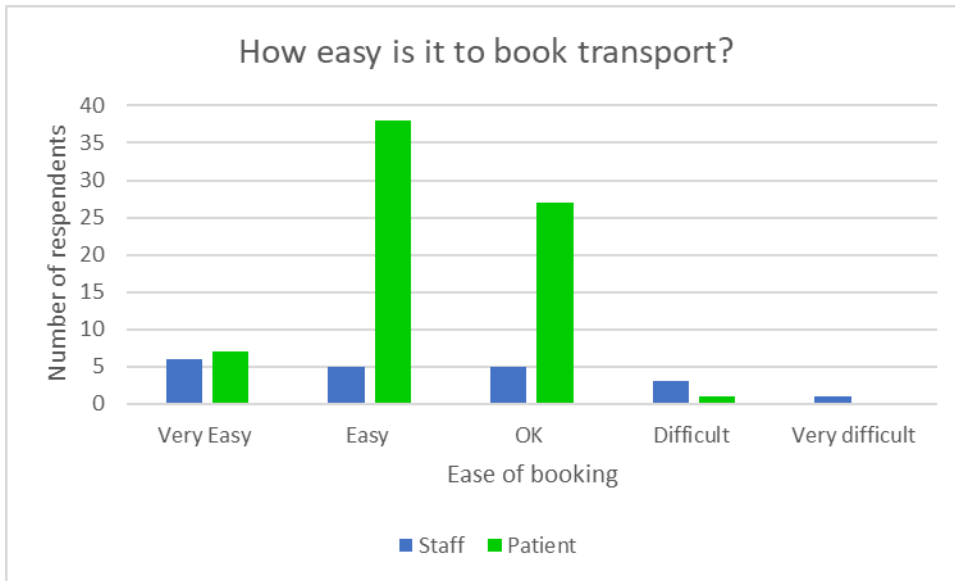
The survey was designed to be answered by patients using patient transport however, staff members at the hospitals also answered the questions during the course of the fieldwork. Overall there were 101 responses to the survey with 26 staff answering the questions and 75 patients. The chart below shows the breakdown of the staff and patient respondents by hospital. Responses for Royal Stoke were only for patients whereas for Samuel Johnson there was an even split between staff and patients.



Survey results relating to travelling to hospital appointments



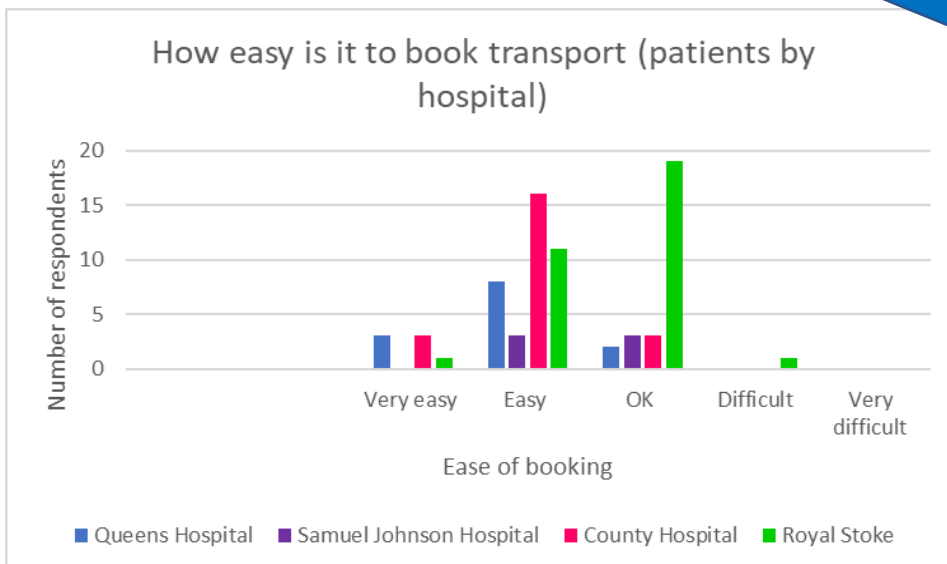
Ease of booking transport



The analysis of the ease of booking patient transport shows that forty-five of the patient respondents found it either very easy or easy to book transport; twenty-seven said that it was OK. Only one said that it was difficult, and none said that it was very difficult. However, four staff said that it was difficult or very difficult to book patient transport for collection from home.

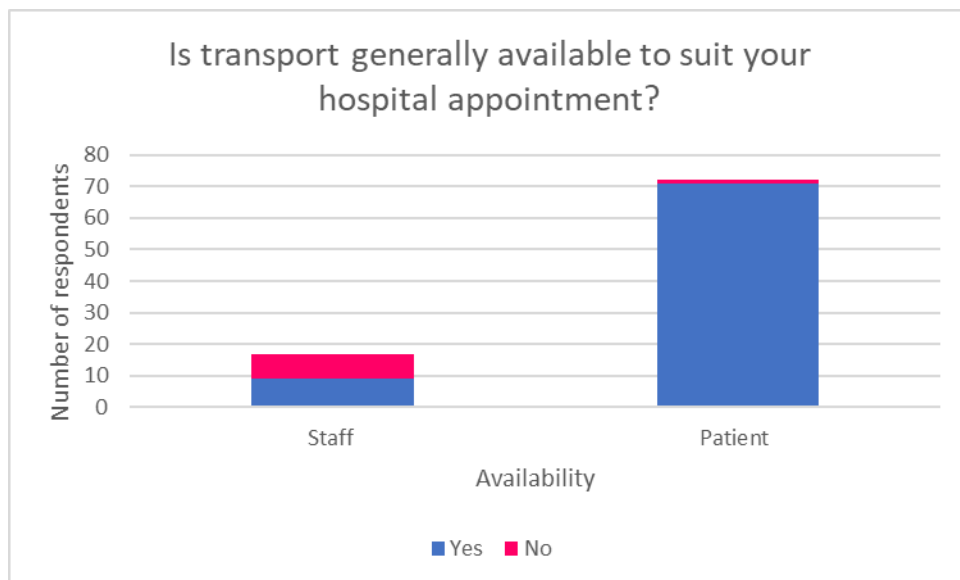
How easy is it to book transport?

"Very" "not bad" "good" "card with number on" "pre-booked" (Renal unit)
 "depends on staff answering the phone" "very easy" "not – takes too long" "easy"
 "difficult at times, often no response" "easy to book transport – depends on time of day"
 "good" "very easy with odd occasion where phones go unanswered" "very" "easy"
 "easy" "have had issues waiting for call to be answered on both press 1 and 2 options"
 "easy" "very" "easy - they then phone a few days before to make sure she's still going"
 "First time user. arranged by GP - very good, allowed daughter to travel as well"
 "hospital books one week in advance for a weekly visit"
 "very easy"



When considering which hospital patients were using the responses show that the only patient to say that it was difficult to book transport was a patient using Royal Stoke Hospital. Patients at Royal Stoke were least likely to say that they had found it very easy to book patient transport with only one saying it was very easy compared to three for Queens Hospital and three for County Hospital.

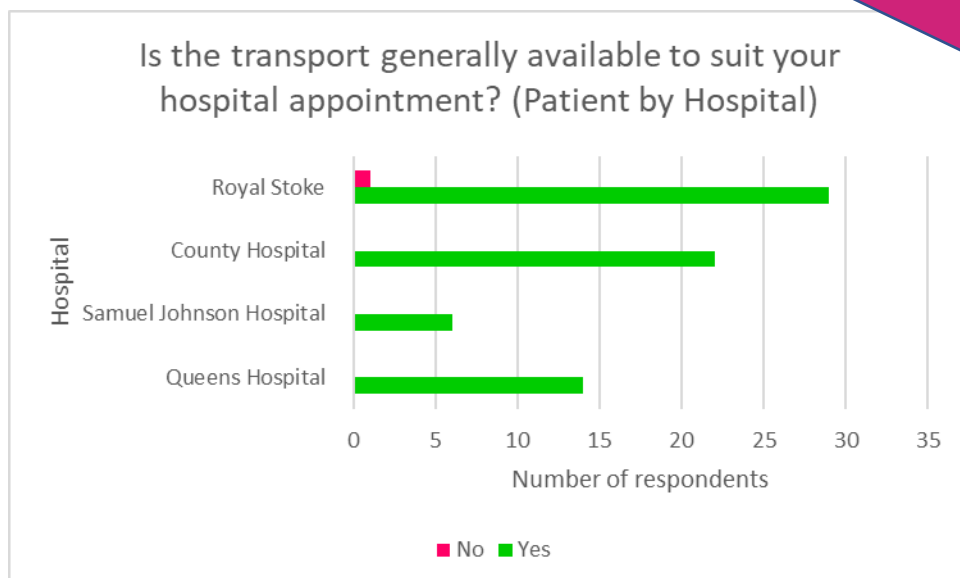
Availability of transport



When asked about the availability of transport to suit their appointment seventy-one patient respondents said that it was generally available and only one said that it was not. However, eight staff respondents said that transport was not available to suit patients' hospital appointments.

Is the transport generally available to suit your hospital appointment?

"I believe so" "have been late" "good" "yes" (x14)
 "very good" "normally yes" "generally, occasionally late" "
 "sometimes" "yes – can be late 10 % of the time" "not sure"
 "no, poor pick up if late appointment" "90 % on time – 10% late"
 "80 % on time 20 % late – normally on a Wednesday"
 (Renal Unit staff comment) "two hour window means way ahead of time or waiting when patients feel generally unwell after dialysis"
 (Clinical Staff comment) "not always available when patients need urgent CT scan, unable to use 999 but hospital do not prioritise"
 "no sometimes late - one recent Friday they didn't turn up at all - blamed patient for cancelling which they hadn't- why cancel for dialysis?"
 "Delays at times" "yes – ready 2 hours before"
 "not always" "sometimes" "varies"



The one patient that said that transport was not generally available to suit their hospital appointment was a patient at Royal Stoke Hospital.





Patient experience

My partner has a disability which required him to visit the hospital, mainly Queens Hospital, Burton, for various tests and appointments. His GP deemed him eligible for transport as he was not able to get into my car and his mobility was getting worse. He also has carers 4 times a day. When you book transport, you are informed you must be ready some hours before your appointment. This is difficult, when carers start at 7am and your appointment is between 9 and 10 am, which happened on many occasions. On questioning this, stating the hospital was only 30 mins away if that, I was informed everyone was given this instruction.

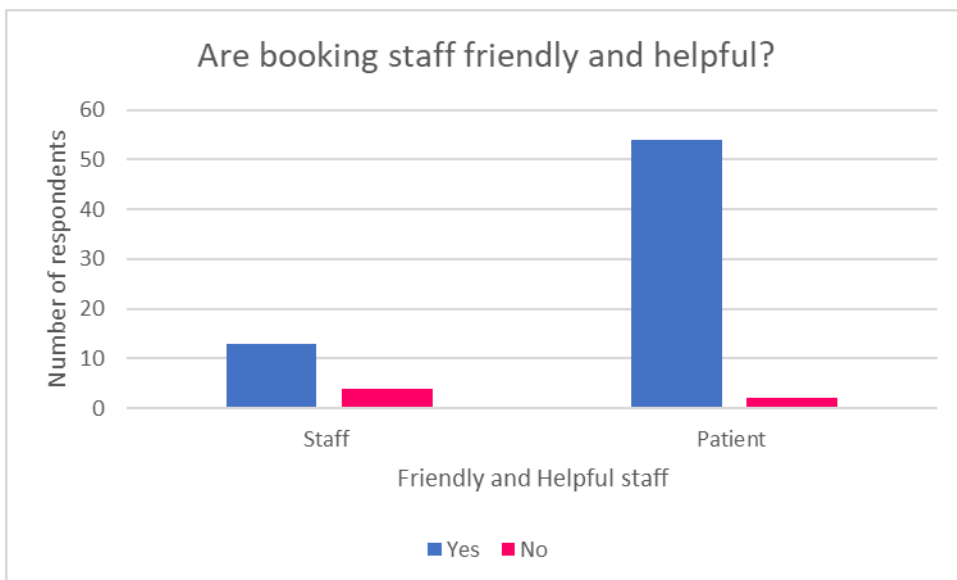
On some occasions I managed to change the appointment time but it was not always possible, as you can imagine. I booked an ambulance on the third week of the month for an appointment early the next month. No reference number was provided and I didn't think to ask for it, as they hadn't always been provided. No ambulance arrived. I was told no transport had been booked. On another occasion, I had booked an ambulance, at the hospital E-Zec desk for a further rehab appointment. It wasn't the usual operative, but I didn't think anything of it, only to find that no transport had been booked, so a further missed appointment.

Another time I booked an ambulance for a 10 a.m. appointment and had a reference number. One operative arrived and my partner remarked on this as it was unusual, there had until then always been two. The operative said he would check with the office. He didn't return to my partner. I was at the hospital waiting and had to return to my partner's, having had to inform the clinic his transport hadn't arrived. On contacting E-Zec office I was informed my partner had 'refused' to travel. My partner was horrified when I advised him, stating he had not refused. I spoke with the Scheme Manager at my partners residence and fortunately she had let the said E-Zec operative into the residence and had found him surly and bad tempered and was not surprised to hear what had happened and was willing to provide a report on her findings.

I contacted the E-Zec office and spoke with a supervisor who informed me the situation would be investigated and she would report back to me the outcome/findings.

I am still waiting.....





Most respondents whether staff or patient said that the booking staff for arranging the journey to hospital were friendly and helpful with only four staff and two patients saying that they were not.

Are the booking staff friendly and helpful?

“yes” (x 53)

“yes, but difficult setting up though” “can be sometimes”

“it all depends on who is on the other end of the phone”

“friendly sometimes” “not always” “very” “some are friendly” “yes, no concerns”

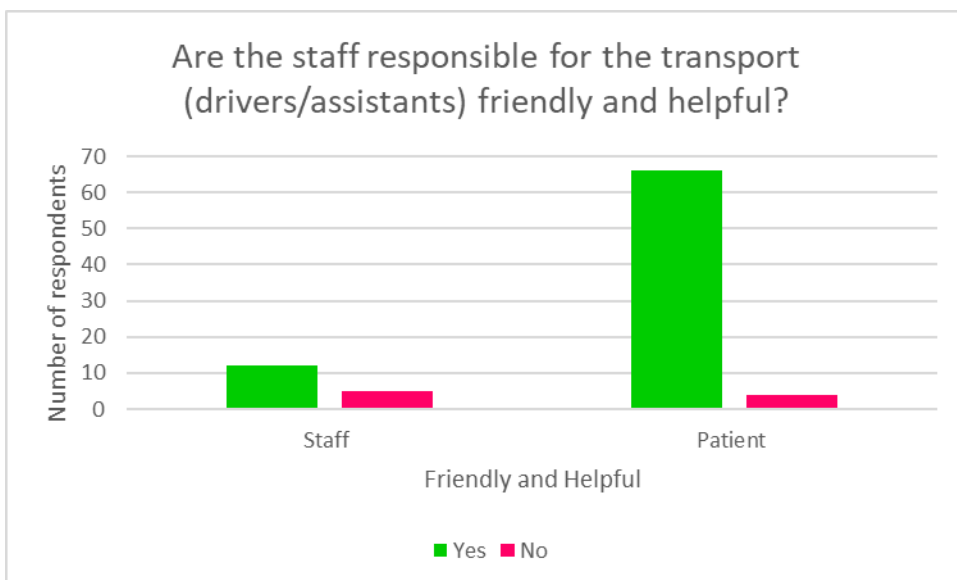
“Yes, but vague on the phone as how long they will be when patient has waited longer than specified at booking”

(Clinical Staff comment) “generally yes, although often we are not given an estimated time for collection of patients and details of collection of patient vary enormously”

“not always – reluctant to give name”

“not always, but most of the time”

“hadn’t explained about 2 hour wait beforehand, so thought they’d forgotten”



The staff that are responsible for the transport were reported to be friendly and helpful by most of the respondents, whether staff or patients. Nine staff and patient respondents said that transport staff were not friendly and helpful whereas, seventy-eight respondents said that the transport staff were friendly and helpful.



Are the staff responsible for the transport (drivers/assistants) friendly and helpful?

“yes” (x77)

“ always good taxi and ambulance “ “yes if ambulance, not so much if taxi” “ very”

“yes, very helpful” “yes” “ambulance, always” “ the ambulance staff, yes” “very”

“yes if ambulance,”no”if taxi” “Yes, unless it’s a taxi” “ some are”

“Sometimes they are OK, then others can be very unfriendly” “extremely” “very” “generally, yes”

“Depends who it is” “can be obstructive and not helpful. if regular crew, very helpful”

“majority yes - however some lack professionalism in appearance and communication - lack compassion - Do not put patient first” “sometimes” “ no”

“ very” “Yes, excellent”

If not, please advise issues relating to this?

“taxi drivers don’t communicate - don’t seem interested”

“just when they use taxis – won’t speak and not very helpful”

“had one complaining about the 4 steps he has to climb on the home journey - thinks the concrete is too rough”

“taxi drivers don’t seem bothered or interested sometimes”

“they can be rude if we ask what is going on”

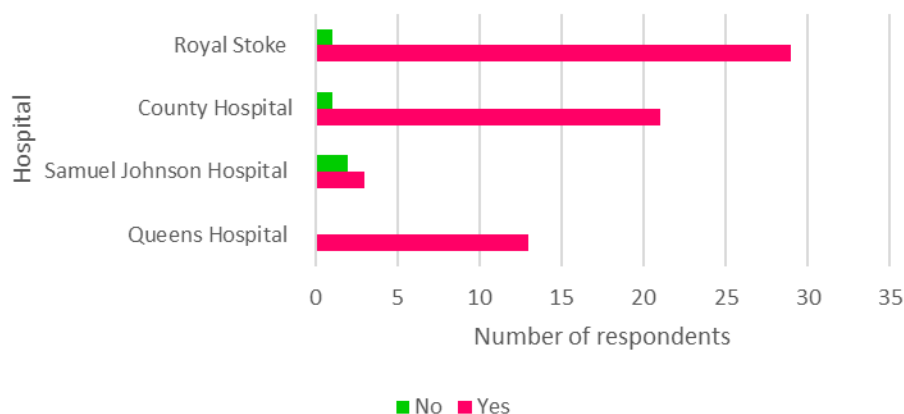
“can’t give information and can be ignorant”

“have been rude on occasion”





Are the staff responsible for the transport (drivers/assistants) friendly and helpful?



Of the patients who said that the transport staff were not friendly and helpful two were attending Samuel Johnson Hospital; one was using County Hospital, Stafford and one was using Royal Stoke.

Patient experience

Healthwatch received a telephone call from a person who uses E-Zec patient transport and they explained how one day they had patient transport booked and knew that they had to be ready 2 hours prior the appointment, this was all perfectly normal, the usual routine.

Half an hour before the time when they would need to be ready, as their carer was assisting them, they received a phone call and the caller was very aggressive. The person calling started by saying, this call is being recorded and my supervisor is (or might) be listening and that they were calling from E-Zec Patient Transport. The person then went on to say "You've called here twice this morning about your transport"

The person who received this call was quite shocked and taken aback as they had not made any calls to E-Zec - they did not have any need to as it was still half an hour before the earliest time that they may collect them. What they found very upsetting was the very rude, intimidating and demanding tone of the person calling and the accusatory angry manner in which they was being spoken to.

When the caller was able to get a word in they stated that they had not called and had no need to call as they did not have any problems with their transport.

The person calling still seemed to be trying to insist that this person had called them this morning.

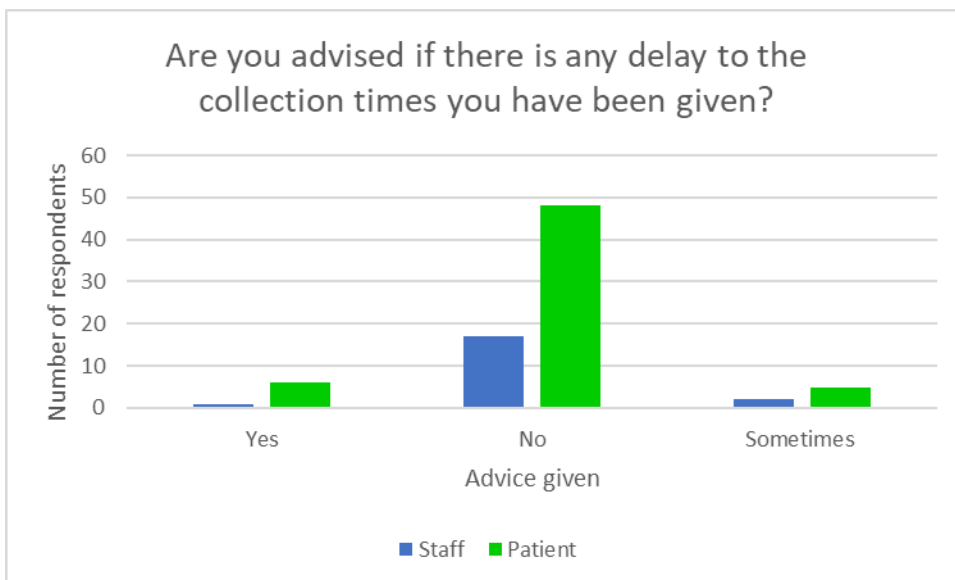
Eventually, when the person said, I am here with my carer and they will be able to confirm that I have not called, the aggressive person then said "I'll leave it then" and put the phone down.

There are a number of issues the E-Zec Medical may wish to address in regard to customer relations

- the rude and intimidating manner of the caller
- calling the wrong person
- if they had called the right person, the speech and manner would still have been extremely inappropriate.
- people should be able to ask for information on the transport if it is getting very late and the person may be concerned about getting to their appointment on time.



Timekeeping



Most respondents said that they were not advised if there was a delay to the collection times that they had been given. Forty-eight patient respondents and seventeen staff respondents said that they were not advised; only six patient respondents and one staff respondent said that they were advised of delays. Two staff and five patients said that they were sometimes informed about delays to collection times.



Are you advised if there is any delay to the collection time you have been given?

"no" (x30) "never had a delay" "never late" "never occurred"

"never happened, always arrive in two hour slot" "occasional delay on route"

"never happened" "no problems" "no advice on delays" "never occurred" "ring up to query"

"no but never late" "Never happened" "no – never late" "nope" "most of the time"

"no, not been delayed" "never had delay, told to be ready 2hrs before appointment"

"today left collection very late, 15 mins before appointment, only found out because we phoned"

"no – unless we ring" "never had a problem" "not unless we ask first" "no, not been delayed"

"no – not unless we ring them and then we cannot rely on the information"

"very few delays" "no – only if we ring" "no – we ring to find out about the delay and why"

(Renal Unit Staff Comment) "missed one collection altogether - meant they were late getting here and they missed some dialysis"

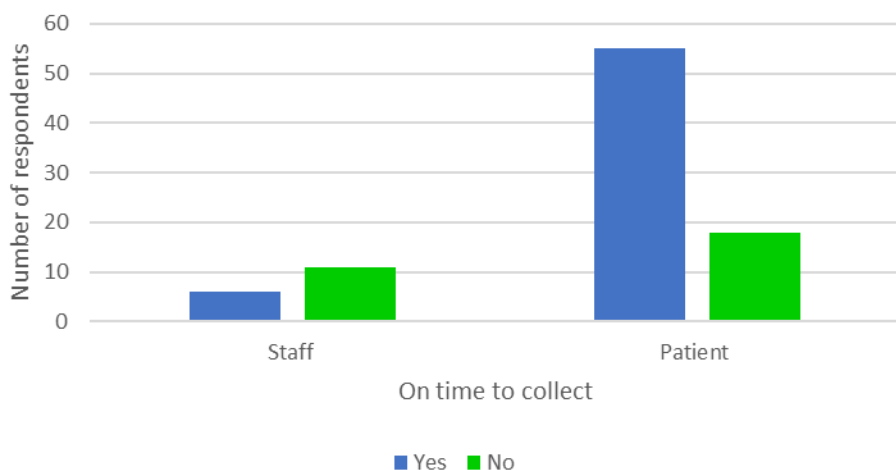
"only been late once, 30mins. found out by phoning them, E-Zec contacted the day ward to advise late"

"never had delay"





Is the transport generally on time to collect you?

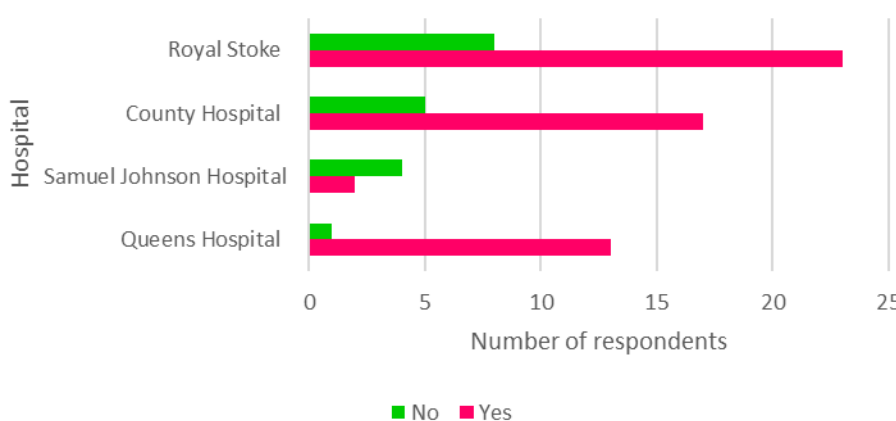


However, most of the patient respondents said that the transport was generally on time to collect them with fifty-five patient respondents saying it was generally on time and eighteen saying it was not. More staff said that it was not on time (eleven) than it was on time (six).

Is the booked transport generally on time to collect you?

"yes" (x23) "it didn't appear until 10 p.m. at night" "no" (x2)
 "normally on time" "can be 20 minutes late, but generally on time"
 "most of the time" "normally" "80% of the time" "90% of the time" "early"
 "generally just in time" "normally" "generally" "Only late once" "not always" "varies"
 "yes, but can be a concern if they've not arrived with 20 minutes to go"
 "generally" "no, there can be anything up to a three hours delay for collection"
 "yes, told to be ready two hours before appointment" "50 % of the time they're late"
 (Clinical staff comment) "Department has been informed by patients in the past that their ambulance crew has not arrived on time - thus patient checking if they would still be seen by the Doctor"
 "no, we can be kept waiting over two hours" "within an hour"
 (Clinical staff comment) "no patients turn up for appointments up to 2hrs late and can be waiting up to 4 hours to be collected"
 "collected on time but then it goes to 2 or 3 other locations and that can make it late"
 "only late once in 18 months, one and three-quarter hours late – made him very late for dialysis and affected the ward"
 "comes within two hour slot" "generally"

Is the transport generally on time to collect you? (Patient by hospital)



When broken down by hospital it was only those using transport to Samuel Johnson Hospital that were more likely to say that the transport was not generally on time to collect them.



Respondents were asked about the time delays that they were experiencing if they were not picked up on time. 28 comments were received with a range of time delays between five minutes and in one case twelve hours. One staff member commented that there could be delays between two and four hours and that sometimes **'patients end up calling for a taxi'**.

Two comments were received about patients being forgotten about with one patient saying that there had been **'one incident where booked transport didn't arrive'** and one member of staff commenting that there had been occasions with **'patients being forgotten.'**

For some renal patients there were comments on the impact of delays in being picked up. One commented that they had experienced delays of up to an hour and it **'causes real problems in visit if late'** whilst another commented that they had experienced delays of **'only five minutes but it causes a lot of trouble at reception as staff [do] not let you in.'** Another said a delay of 10 minute **'has a knock on effect at reception as can't get in if late.'**



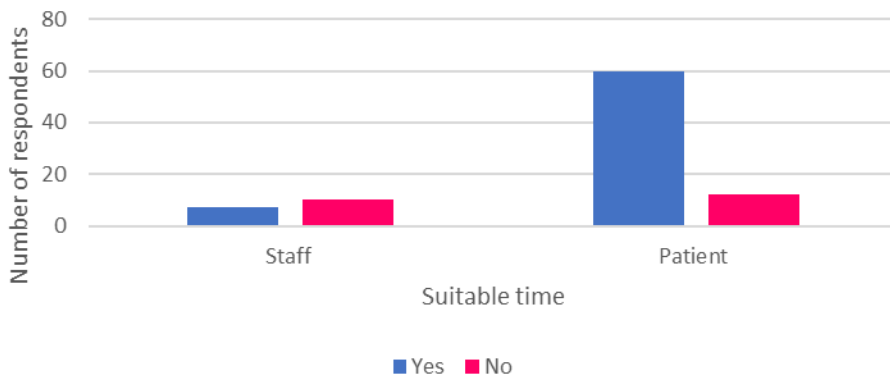
If not what sort of time delays
are you experiencing?

"waited 12 hours" "can be half hour early or late" "none"
"20 mins" "around 15 mins" "up to ½ hour" "small" "never been late"
"none" "can be up to 1 hour - wife has to phone to find out what is happening"
"15mins, not bad" "up to 1 hour" "sometimes an hour" "1 hour late -"no" explanation"
"up to 1 hour- have to phone hospital for the staff to arrange alternative"
"30 mins" "30 mins late hold up on motorway" "only 5 mins"
"Up to 1 hour late sometimes 1 ½ hours" " have only pulled up at appointment time"
"can be missed hospital appointments due to delays" "late once in 18 months - 30 mins"
"30 mins - better here (Stafford) than at Stoke" "30 mins - 3 hours" "hour" "2 hour longest"
(Clinical Staff comment) "one patient last week brought extremely early for no reason"
" not normally more than 5 – 10 mins delay " "none" (x3)
" can be 2 - 4 hours" "15 mins" "anything from 1 hour – 4 hours"





Does the booked transport generally get you to the hospital at a suitable time for your appointment?



Most (sixty) of the patient respondents said that the booked transport generally got them to the hospital at a suitable time for their appointment with twelve saying that it did not. Of the staff responses, slightly more said that the transport did not get the patients to the hospital at a suitable time for their appointment with ten saying that it did not, and seven saying that it did.

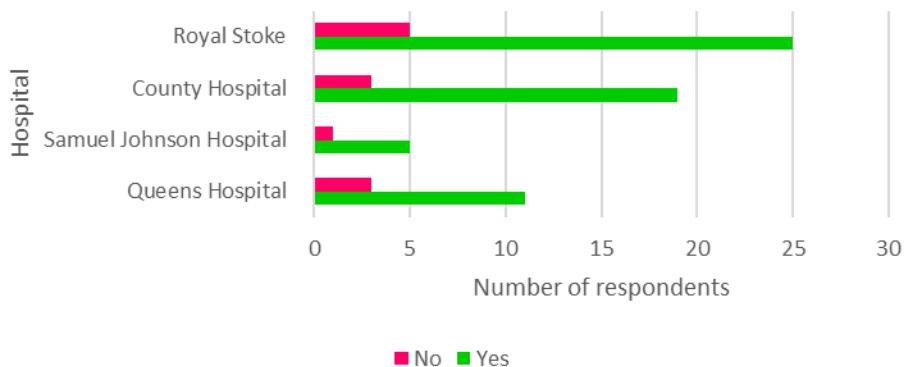
Does the booked transport generally get you to the hospital at a suitable time for your appointment?

- “yes” (x65) “sometimes early but not a problem” “generally yes”
- “sometimes early” “was getting late quite frequently but has improved in last three months”
- “yes - time can be a bit vague for dialysis” “no set time to arrive but never been late” “always”
- “sometimes early sometimes late” “not always” “generally”
- “not always, staff at hospital not bothered” “only 80% of time” “late on 10% of times - have written to E-Zec twice but had no response” “generally 15 mins late”
- “sometimes late” “not all the time” “sometimes” “no, not all the time” “normally”
- “yes ,but can be too early, patients not had breakfast” “always”
- “no, often late arrival by 40 mins and then about 1 and 1/2 hours waiting to go home”
- “yes even if late collecting that once” “yes, 15 mins early”
- “only late once in 18months – 1 and 3/4 hours late made him very late for dialysis and affected the ward” “yes, generally” “occasionally late - 15 mins”
- “yes - late once due to traffic but they phoned ahead to advise” “all but 1 occasion”
- “generally, just late once” “yes, pick up in two hour slot”
- “too early means some are forfeiting breakfast or being forced to rush”
- (Clinical Staff comment) “from a Department perspective, yes”
- (Clinical Staff comment) “majority of patients yes, however we often get patients turn up 1-2hrs late for appointment and we haven’t been notified of the delay”
- “yes, only 5mins late once due to accident” “late once, running late due to heavy traffic”
- “was here (at hospital) before 9.00 for 10.40 appointment”
- “normally - held up today because lady before was in a home and they hadn’t got her ready”





Does the hospital transport generally get you to the hospital at a suitable time for your appointment? (Patients by hospital)



There are some differences between the hospital breakdowns in terms of patients reporting that the transport did not get them to their appointments at a suitable time compared to whether they were generally picked up at a suitable time. Although four patients using Samuel Johnson Hospital said that they were not generally picked up at a suitable time, only one said that they were not generally at the hospital at a suitable time for their appointment.

More patients (three) using Queens Hospital said that they were not at the hospital at a suitable time compared to not being picked up on time (one). For both County Hospital and Royal Stoke, fewer patients said that they were not at the hospital at a suitable time than those that said they were not generally picked up on time.

If not, is it too early, resulting in an excessively long wait at the hospital for your appointment?

“not really, maybe 30 mins” “sometimes 45 mins early” “just right”

“sometimes early, sometimes late” “can be an hour plus early” “up to 1 hour”

“can be 45mins early when lives less than 5 minutes away” “often too early” “sometimes”

“have been 75 mins early meaning a wait at hospital” “normally”

“appointment was 10.40, transport arrived at 8.00 whilst having breakfast – had to leave straight away”

“it can be a long wait” “Yes, which means an extremely long day” “too late or too early”

“usually late for appointment rather than too early”

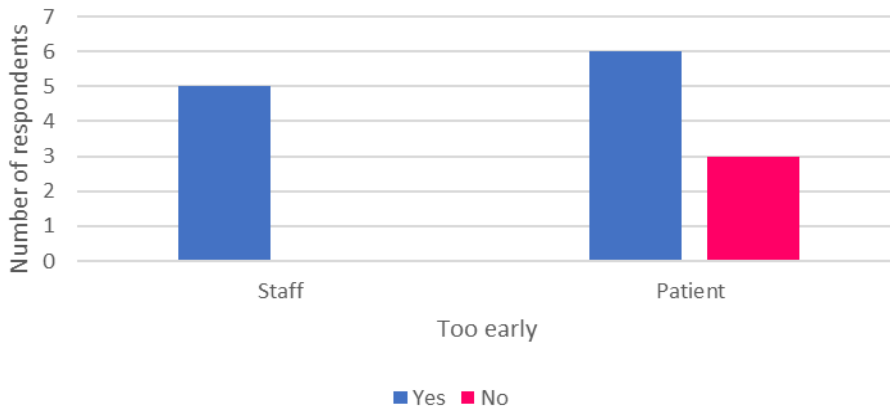
“normally fine, never too early”

(Clinical Staff comment) “occasionally a patient is brought too early”

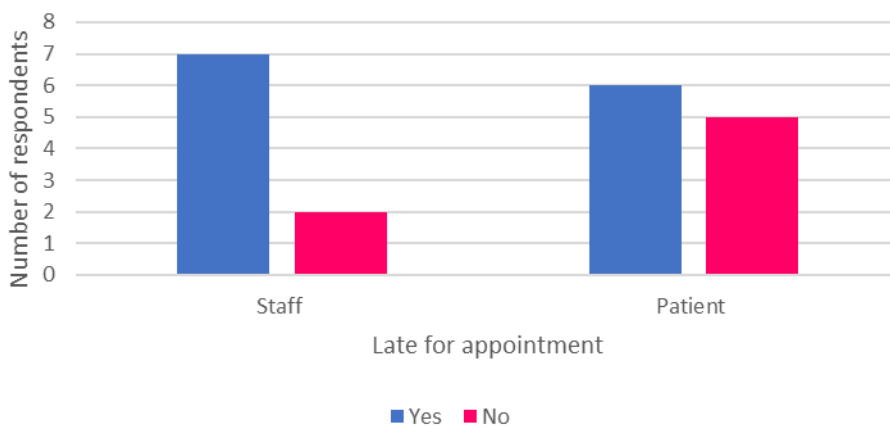




If not, is it too early, resulting in an excessively long wait at the hospital for your appointment?



Or too late, resulting in making you late for your appointment?



Of those patient respondents who said that the transport did not generally get them to the hospital at a suitable time six said that it got them there too early leaving them with an excessive wait for their appointment/ Three said that it did not get them there too early. Five staff respondents said that the transport got patients to the hospital too early for their appointments.

There were some comments made about being too early for appointments with waits of up to 75 minutes. One staff respondent commented that **'when ambulance patients arrive we get them in when they arrive to avoid long waiting times.'**

Six patient respondents who said that the transport did not generally get them to the hospital at a suitable time said that it was too late, resulting in them being late for their appointment. Seven staff respondents said that transport was too late for the patients' appointments.

Or too late, resulting in making you late for your appointment

"today first time late" "has been 30 mins late which causes problems in visit"

"only 5% of times late, up to 30mins has direct effect on ward"

"little late not a problem traffic etc."

"can cut it fine but not late so far"

"the ambulance was so late the home refused to accept my husband until the following day - so he had to go back to Good Hope for the night - very happy with hospital, not with transport"

"we get taken to the wrong hospital so then we arrive late for appointments"

"often late for appointments" "occasionally, yes" "on occasion taken to wrong hospital"

(Clinical Staff comment) "yes resulting in clinics being made to run behind"

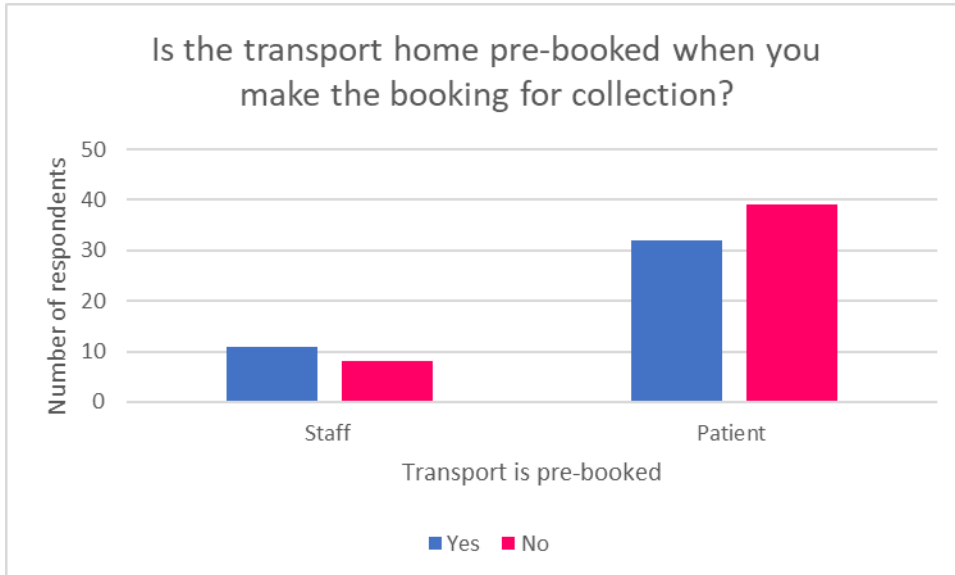
"was late once but they phoned ahead and advised so no problems"

"occasionally"





Survey results relating to returning home from hospital appointments



There was a fairly even split between patient respondents who said that their transport home was booked at the same time as the booking to be collected from home and those where it was not booked in advance. Thirty-two said that it was pre-booked and thirty-nine said that it was not.

Is the transport home pre-booked?

“no” (x31) “yes”(x21)

“Staff booked” “call made by staff”

“transport is booked when patient seen Doctor or Consultant”

“Booked by ward staff” “Pre-booked” (x7) “yes and no”

“no- staff have to phone and book transport back when patient is ready”

“yes, staff check about time they’ll be finished”

“Done by staff” “reception usually call to say patient is ready for collection after appointment”

“yes - ward staff will double check whilst in on dialysis”

“staff booked” “yes, but go to doctor to confirm ready”

Clinical Staff Comment) “pre-booked, that’s where problems arise - late or lost bookings (even for regular patients) 10% each week are difficult”

(Clinical staff Comment) “10% late or lost bookings each week”

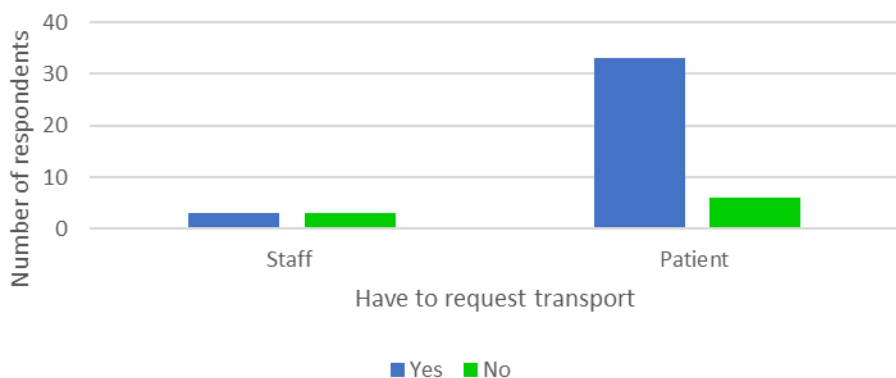
(Clinical Staff comment) “From internal department awareness – no, return journeys are all telephoned once patient appointment has finished”

(Clinical Staff comment) “yes, we call”





If no, do you have to request transport home from the patient transport staff at the hospital when your appointment has been completed?

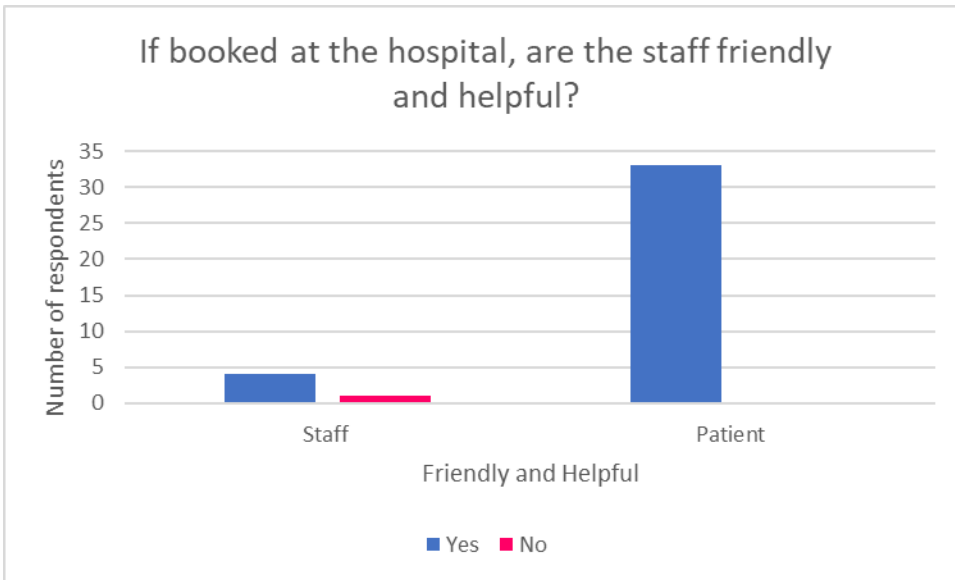


For those where it was not pre-booked thirty-three said that they had to book their transport home with the transport staff when their appointment was completed. All of those respondents said that the staff to book the transport at the hospital were friendly and helpful.

Or do you have to request transport Home from the patient transport staff based at the hospital when your appointment has been completed?

"booked by Department – Fracture Clinic" "yes – ask to book when finished"
 "yes, booked when appointment finished" "just check in" "staff in reception do it"
 "no" (x18) "staff" "occasionally" "only if transport doesn't appear" "yes" (x30)
 "dialysis staff make bookings" "Staff organised" "request staff to request transport home"
 "renal doesn't book it" "staff" "staff ring once seem the doctor" "desk phones to confirm time"
 "yes, the staff book transport home" "booked when came off bed" "yes, they confirm it"
 (Clinical Staff) "we call once treatment is completed – ambulance booked patients are treated as priority patients"
 "no, staff book" "does this because of the 2 – 3 hours delays experienced in first three months" "staff phone"
 "phone and book myself" "ward staff phoned" "yes – in discharge" "ask on department" "yes"
 "no staff based here, but yes, have to book once complete"
 "pre-booked by staff when dialysis finished" "staff phone to confirm when finished treatment"
 "yes – discharge lounge phoned at 7.30, now 13.15 – 5 ¼ hours already" "booked in Fracture Clinic"
 "yes, they confirm it" "yes, ward 12" "no staff based here, but yes, have to book once complete"
 "desk phones to confirm has finished treatment"
 "yes, this is completed by department nursing staff or discharge lounge team"
 "yes, they confirm it"





If booked at the hospital,
are the staff friendly and helpful?

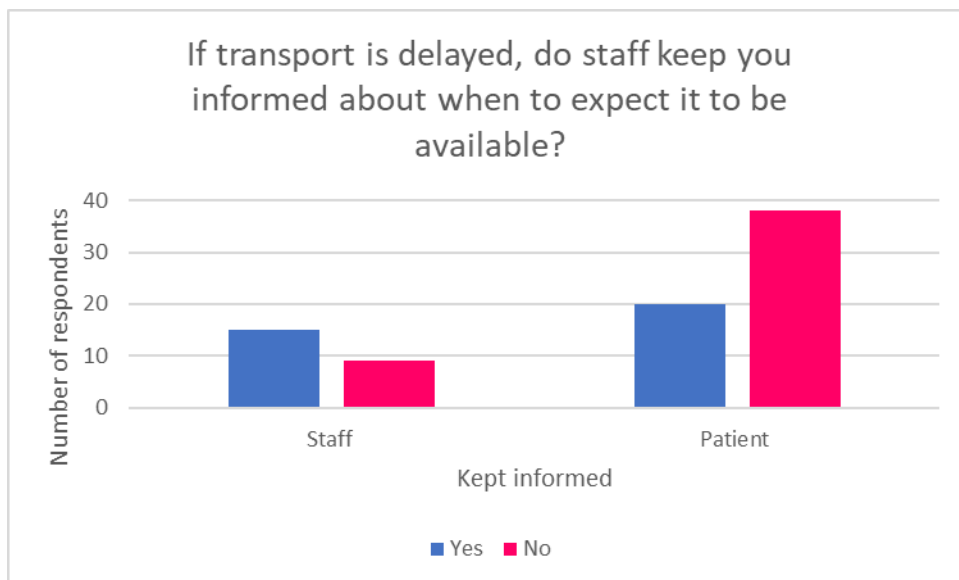
“yes” (x59) “

(Clinical Staff Comment) “we look after the patient until they are collected”

“yes, staff are very friendly and will offer patients tea and coffee - also
place the patient so they are observed at all times”

“no” “not always” “sometimes”





Respondents were asked if they were kept informed by transport staff if there was a delay to their transport home and when to expect it to be available. 30 patient respondents and nine staff respondents said that they were not told about delays. 20 patient respondents and 15 staff respondents said that they were informed of delays and when it was expected to be available.

If transport is delayed, do staff keep you informed about when to expect it to be available?

“no - ask hospital staff to phone” “no” (x27) “yes” (x12)
 “no, just sit there and wait” “no, nurse / secretary chase up”
 “can do if desk is still open, but if still there after 5.30 desk closes” “only if you ask”
 “not unless asked” “yes, if asked” “no, have to ask” “if I ask” “no need”
 “1 hour each way – 4 hours dialysis - 1 hour wait” “no - didn’t feel it necessary to ask”
 “can be up to an hour, only find out if staff phone up - no problems with Stoke taxi for last few weeks”
 “no, unless asked” “sometimes” “sometimes - worst when reception desk is closed”
 “no, desk is closed. sometimes there until 9 p.m. at night” “no - didn’t feel it necessary to ask”
 “normally informed - today it was by ambulance staff when they arrived to take patients to renal”
 “yes, definitely in OPD County” “yes, desk staff let me know” “have to ask” “staff inform us” “yes”
 “will check if asked” “yes” “if I ask” “yes, staff keep phoning” “yes”
 “yes, might be informed it’s a 3 hour wait” “yes, I asked them, might be another hour”
 “staff to phone” “desk do their best” “no - staff have to keep phoning”
 “not really” “no - reception will find out if asked”
 “hospital staff ring to find out – helpful”





If transport is delayed, do staff keep you informed about when to expect it to be available?

Clinical Staff comments

“no, we have to ring to find out if patient has been allocated to an ambulance”

“yes, we keep the patient updated with information if we get any info from transport”

“staff try to enquire to give patients an idea but get told they are unable to say how long”

“staff keep patients up to date, meanwhile staff have to ring E-Zec to get updates which can be difficult from E-Zec” “we have to ring for updates, but yes” “the staff do not always know” “staff not always informed”

“staff keep patients up to date - that is through us ringing E-Zec - this can be difficult from E-Zec though”

“we try, we phone control to see if any transport has been allocated but not always told the truth to relay to our patients” “no never - we have to chase and can never be given an eta”

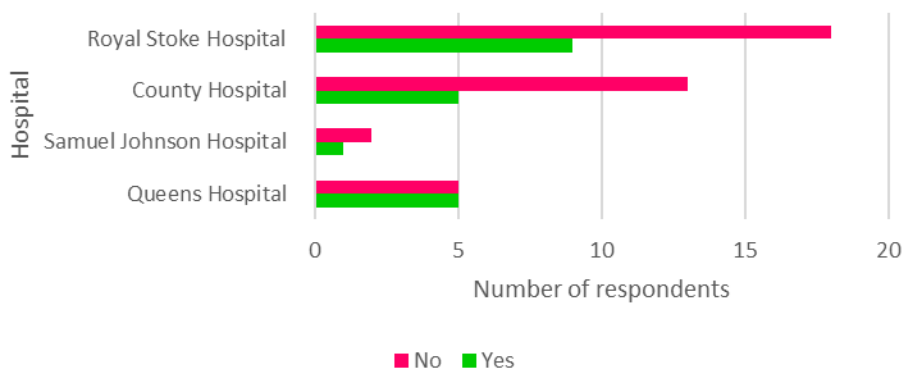
“no - when you ring control room they only tell you where the vehicle currently is expecting all to know all areas. No ETA given!!!”

“we do keep patients informed as staff but information from transport can be vague”

“we try ,but often given false information i.e. 15 minutes - usually a hour”

“nursing staff do – E-Zec Staff don’t unless we chase”

If transport is delayed do staff keep you informed about when to expect it to be available? Patients by Hospital used.



Breaking down patient responses by hospital shows that only in the case of Queens Hospital were patients as likely to be kept informed as not. All the other hospitals showed that patients were less likely to be kept informed of delays and when they might expect the transport to be available.





Respondents were asked if the wait for transport home was excessively long. This was an open text response and respondents gave examples of the waits that they had experienced. Fifteen respondents made clear that they did not consider their wait to be excessive and they reported waiting times of up to an hour to be picked up to go home after their appointment.

Is the wait for transport home excessively long? - if so, please give examples

- "normally wait for at least an hour to be collected" "can be up to a couple of hours" "2 - 3 hours"
"normally 1 hour - ok with that, sometimes longer" "last time 3 hours - currently 1 hour"
"never waited more than 1 hour" "been waiting 30 minutes - don't know how long it will be"
"normally 1 hour - have waited 5 hours, collected at 6 p.m. after 1 p.m. appointment" "hours"
"normally 2 hours but can be longer" "not really, but been waiting 1 hour already today"
"waiting between 2 - 6 hours" "normally 1 hour - OK with that - Sometimes longer" "3 hours"
"been waiting 2 hours, don't know how long it will be" "can be up to a couple of hours"
"happy if less than 2 hours, normally 2 - 3 hours" "4 hours on one occasion, normally 1 ½ - 2 hours"
"can be immediate or can wait 2 hours plus - it varies" "have waited for up to 3 hours"
"have waited 90 mins but excellent at present" "sometimes quick - sometimes 1 - 2 hours"
"sometimes 1 hour sometimes 2 ½ hours plus - can never tell or plan" "one to one and a half hours"
"only waited ½ hour in the past" "have waited for 90 mins but its improved recently"
"last time waited 3 hours, currently been waiting 1 hour" "have waited for up to 3 hours"
"have wasted 4 ½ hours, yet last time was instant - would normally expect at least 2 hours plus"
"have waited for 7 hours - appointment finished 11 am collected 6 pm" "can be 2-3 hours"
"normally 1 hour - OK with that - Sometimes longer" "yes, minimum 1 hour - maximum 3 hours"
"normally ok. was using a Burton taxi that was not so good, Stoke taxis better" "already 5 ¾ hours"
"not normally longer than 20 mins but occasionally forget so wait for 90 mins - taxi again"
"normally 30mins, today been waiting 1 hour and been told it'll be another 30mins"
"no, 15 - 30 mins" "no, 1 hour at most" "no, 15 - 30 mins" "yes, over 2 hours"
"last week waited 4 hours for transport home after 4hrs on dialysis - long time for a 90yr old normally 1 - 2hrs"
"30 minutes" "no, up to an hour"
"no average 30mins" Healthwatch noted that patient was still there 90mins after appointment waiting for transport"
"still waiting for transport to arrive, at least an hour after appointment"
"normally 1 hour but that seems a long time after 4 hours on dialysis. have waited up to 2 hours"
"no, normally 15 mins - can be 1 hour plus occasionally" "1 - 2 hours, occasionally more"
"normally wait 1 hour plus can be two to two and a half hours, then the ambulance dropping off everywhere before you"
"sometimes they are there waiting sometimes wait for 1 - 2 hours"
"sometimes 4 - 5 hours" "2 - 3 hours" "never longer than 30 mins" "nearly always 2 - 3 hours"
"only 30 mins normally but can be 1-2 hours plus so tend to get a taxi as centre closes at 6.00 - have to pay £10 every Tuesday & Thursday when I know it will be delayed" "normally good"
"been waiting over 3 hours since being told I was going home" "been in discharge for 2 hours"
"yes - last 3 months are 1 ½ hrs plus everyday - occasionally got taxi" "no, between 1 - 1 ½ hours"
"have waited for 5 hours normally about 1 ½ - 2 hours" "sometimes up to 2 hours wait"
"normally only wait 15 minutes, so not bad" "it's ok, normally about 1 hour" "yes, over 2 hours"
"no - 30 minutes - 1 occasion was due to accident" "can be" "30 - 60 minutes - not bad"
"normally ok but last week was kept for one and a half hours on two occasions"
"used to wait 3 hours at Stoke normally about 1 hour at Stafford" "can be 3 hours plus"
"sometimes 1 hour, can be up to 3 hours" "wait 30-90 mins and not happy with that"
"no, normally 15 -30 mins but have to wait until all 4 renal patients are ready"
"sometimes up to 2 hours, rarely longer" "yes, patients are kept up to date regularly"
"anything from 1 - 4 hours - did collect after 20 mins once, so can be done" "2 - 3 hours"
"yes - been waiting 1 hour but been told it will be at least another hour"
"yes - average 2 - 3 hours - can be over 4 hours" "don't know yet, first time user"
"normally 1 hour - ok with that, sometimes longer" "no, normally no longer than 1 hour"
"expect 1 - 2 hours - not ideal but would struggle without it" "no, normally no longer than 1 hour"
"normally 2 - 2 ½ hours" "can be long" "no, 15 - 30 minutes" "only used once before, about 45 minutes"





However, other respondents reported waiting times of up to seven hours and one member of staff said that sometimes the delays meant that they had **'been delayed going home due to waiting with patients.'** Two members of staff commented that appointments for patients who were using hospital transport should be earlier in the day, before two o'clock in the afternoon in order to ensure that they are picked up before the department closes. A staff member stated that **'it is very difficult to keep patients happy whilst they are waiting.'** Another member of staff commented that it would be **'helpful if transport could cut down the waiting times for collection.'** Three staff members expressed concerns about patient well being when they had long waits to be collected with one commenting that some patients missed meals because they were not home in time for their carers visit or that they had medication that they needed to take at a specific time and could miss it because of the long wait to be collected.

One patient explained how they usually waited two to three hours and that on one occasion they were told that the ambulance was **'over in Nottingham, so got [my] wife to collect [me] and give other patients a lift home.'** Another patient stated that their wait time was normally 30 minutes **'but can be one to two hours so tends to get a taxi as the centre closes at six pm.'** This meant incurring a cost of £10 when it was delayed.

There were also some comments made about a lack of organisation with pick ups from the hospital. One patient commented that **'drivers are always waiting for people to come out but never there for the ones that are finished. [It] never seems organised.'** Another commented that **'it never seems efficient or well managed.'** It was commented by another patient that it was **'infuriating when sitting in reception and drivers are there waiting for patients to come out when you have been waiting for two hours.'**

Respondents were also asked about the length of their journey from being picked up to returning home and taking out the length of their appointments. This was an open text response and there was a lot of variation in the answers that were given. For those that were going to hospital for dialysis it was generally given that their appointments were between four and four and a half hours. The length of time that they were out of the house could be up to nine hours if they were picked up early and then had to wait to be taken back home.

Is the wait for transport home excessively long? - if so, please give examples

Clinical Staff comments

- "yes - several times there have been 3 - 4 hour waits for amputee patients - not acceptable"
- "PALS have been involved on a number of occasions when E-Zec have failed to collect within a 24 hour window" "yes, sometimes patients can wait up to 3 hours"
- "have had waiting times 2 hours up to 4 1/2 hours- all detailed as patient incidents"
- "1 - 4 hours" (x2)
- "yes, we have had patients waiting for 2 - 4 hours for transport home" "yes, we have had some patients waiting over 3 - 4 hours - the department closes at 5 and staff have to wait behind"
- "yes, at times patients can wait up to 3 hours"
- "transport home can sometimes be very long, elderly patients having to wait hours and hours"
- "All our patients seem to wait. Patient finished treatment at 3.15, patient ambulance arrived at 20.50"
- "very excessive, elderly patients waiting for hours"
- "yes (2 - 3 hours) longer sometimes"
- yes, patients wait for many hours"
- "way over 2 hours - mostly poor communication with transport staff"





Time taken travelling to appointments
(Please give examples of how long it can take from collection from home to arrival at home and indicate approx. how long the hospital appointment took)

Clinical staff comments

"E-Zec patients to have appointments before 2 p.m."

" Patients have sometimes waited 3 hours for transport home."

" patients have waited sometimes up to 3 hours to get home, this is difficult to keep patients happy"

" in the past some patients have been waiting until after 4pm for transport when they arrived for treatment in the early afternoon (12pm)"

" Patient told to be ready for 8 a.m., didn't arrive at hospital until 10.45 a.m, still waiting to be collected at 13.00. Patient told to be ready for 11.00 a.m., didn't arrive at hospital until 13.40, still waiting to be collected at 16.30 (patient had dementia).

Patient had appointment at 11.00 arrived at 11.50, didn't get picked up until 16.00"



Time taken travelling to your appointment

(Please give examples of how long it can take from collection from home to arrival at home and indicate approx. how long your hospital appointment took)

"picked up 11 a.m. hopefully home 4.30 p.m"

"¾ hour each way, approx. ½ hr appointment, can be out for 9 -10 hours but normally around 4"

"45 minutes each way, been in hospital 5 hours for treatment/results, do not know how long wait for ambulance will be, 45 minutes back home"

"average hospital appointment - 15mins/30mins/45mins/1hour if needs tests/x-rays"

"1 ½ hour each way - 1 ½ hour appointment, 1 – 3 hour wait at end so can be up to 5 ½ hours."

"2 – 2 ½ hours per 20 min appointment" "out about 7 hours - at dialysis for 4 hours"

"6 ½ hours for 4 ½ hours for renal. being early and then late - it can add 2 hours to it "

"collected at 9.40 am appointment was 11.40 am
– 20 minute journey - hoping to be home by 2.00 pm"

"should be 5 ¾ hours in total but can be extra 3 hours if early collecting and late pickup"

"2 ½ hours for 15 min appt - came from Cannock" "out at least 9 hours for 4 hours dialysis"

"6 ½ hours if on time both ways. up to 8 ½ - 9 hours if delayed at night or early collecting"

"2 – 4 hours for ½ hour appointment" "4 – 5 hours" 3 – 4 hours"

"out 7 hours for 4 hours dialysis normally - only feel it is a good system when it's the regular crew"

"2 hours for 15 minute appointment"

"left home 8.30 a.m. - arrived at hospital 10 a.m. - leave at 6 p.m. - appointment 1 hour - LONG DAY!"

"10.30 a.m. - 1.00 p.m." "15 minutes each way - 4 hours dialysis - 2 – 5 hours wait"

"appointment was 20 minutes, pick up at lunchtime, still at hospital at 17.45 p.m."

"hospital appointment approx. 10 minutes - then 5 hour wait for transport home"



For others, appointments might be 15 to 20 minutes in duration but with travelling and waiting at either end they could be out of the house for between two and four hours. Although a number of patients told that they had relatively short journeys of 15 to 20 minutes duration one respondent commented that they had taken **‘three hours to return from an appointment, [due to] travelling and dropping other patients off.’**

Time taken travelling to your appointment (Please give examples of how long it can take from collection from home to arrival at home and indicate approx. how long your hospital appointment took

For those patients with a travelling time of 20 minutes or less, appointment times ranged from 15 minutes to 4 ½ hours, being in the hospital for up to 6 hours, their comments on waiting times following their appointment were: “approx. 2 – 3 hour wait / 1 -4 hour wait / 1 – 2 hour wait / 2 - 6 hour wait / 1 - 5 hour wait / 2 – 3 hour delay now / 3 hour wait for transport / 2 – 3 hours wait / 1 – 2 hours wait / 1 ½ hour minimum wait / 15 – 30 minute wait / 1 hour wait / 2 – 3 hour wait / 2 – 3 hour wait / 1 hour wait / 1 – 2 hour wait / up to 2 hours wait / 30 minute wait / currently 1 ½ hour wait but staff think it will be another 1 or 2 hours / no wait at end as not used / 1 – 2 ½ hours wait”

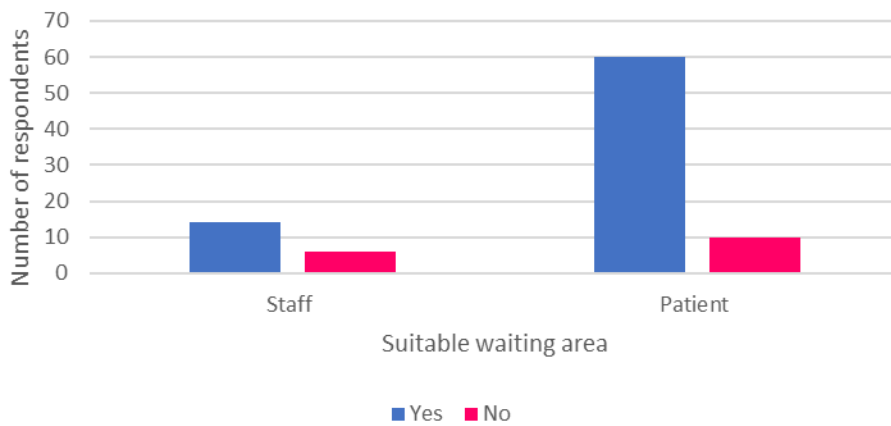
For those patients with a travelling time of approximately 30 minutes, appointment times ranged from 5 minutes to the whole day, their comments on waiting times following their appointment were: “1 – 2 hour wait / 1 hour to wait on return journey / 1 hours to wait on return journey / unknown how long to wait for return transport currently 30mins – transport has now arrived / still here at 1.00 (2 ½ hour wait) - still here at 2.00 (now 3 ½ hours wait so far) / still here at 1.00 (2 ½ hour wait) - still here at 2.00 (now 3 ½ hours wait so far) / 1 – 2 hour wait / 1 hour wait at most / 1 – 3 hour wait at end / 30 minutes wait / up to 1 hour wait – worse on Fridays / expect to wait an hour or so / 2 – 3 hours wait / 3 – 4 hour wait / 1 ½ hour wait / 1 hour wait / 2 hour wait”

For those patients with a travelling time between 45 minutes to approximately 1 hour, appointment times ranged from 10 minutes to 4 hours and their comments on waiting times following their appointment were: “1 hour each way, 4 hours dialysis, 1 – 2 hours wait / 2 hour wait / 1 – 2 hour wait plus extended journey if multi dropping / 1 hour wait / currently been waiting 3 hours / up to one hour wait / 30 minute wait / 2 – 3 hour wait at end / unknown how long the ait / 2 hour wait / expecting 1 -1 ½ hours wait afterwards / 1 – 3 hour wait / 2 hours wait”

One patient commented that **‘drivers should allocate their own routes [as] they know the area and patients.’** Another service user reported that **‘drivers vent to us [hospital staff] that their routes are not as efficient as they should be and not best use of time.’** One patient stated that they had been to ‘an appointment that lasted two minutes. Drivers were still here when [I] came out and they said they would check with the office if they could take [me] back as they had nothing scheduled. The office said no and the drivers were still here two hours later.’



Is the waiting area suitable with good access to adequate facilities/toilets, etc?



When asked if the waiting area was suitable with good access to adequate facilities, ten patient respondents said that it was not and six staff respondents said that it was not. However, most respondents whether staff or patient (seventy-four), said that the waiting area had good access to adequate facilities.

Is the waiting area suitable with good access to adequate facilities / toilets etc?

“yes” (x41)

“no, need drinks and vending machine – only got toilets” “toilets only, nothing else”

“not in waiting area 2” “renal waiting room gets cold”

“toilet only” “toilets only – no food or drink” “toilets in renal block, but nothing else”

“ok” “it’s OK, but no food” “no - uncomfortable. staff will get food and drink if very delayed”

“got toilets – not bothered about anything else except a drink”

“very cold, drinks / food are allowed” “OK for what I need”

“wait dermatology, got all I want” “normally wait in dermatology - OK with that”

“ok - sometimes overcrowded at changeover times” “no, only got toilets”

“wait in dermatology – got all I want” “go to discharge area – OK”

“yes – Discharge Lounge”

“would like a drinks machine”

“yes – Discharge Lounge” “yes, wait in Fracture Clinic”

“discharge lounge” “yes, wait on department”

“if at physio, yes” “OK – is next to cafe and loos”

“yes, have been sent to other areas” “waiting in reception, so yes” “yes, staff offer food and drink”

“yes, if waiting a long time staff will bring you a drink” “yes, next to café”

“renal waiting area ok” “renal waiting room fine” “wait in reception area, so got everything needed”

“usually wait on department, today in reception - both are OK”

“no TV in area which means a boring long wait for patients only radio available - need up to date area to wait”

“toilets - yes - waiting areas are variable i.e. main reception”

“main entrance at County is cold in the winter with no nursing staff should you need assistance with toilet etc.”

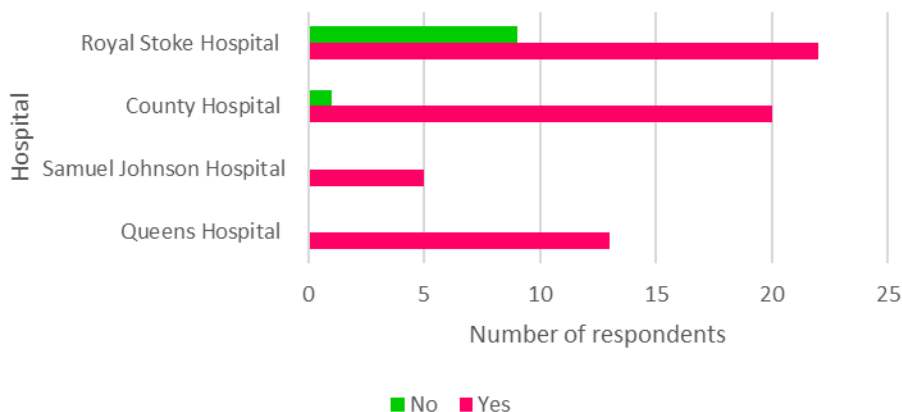
“yes, need toilet with hoist, but there isn’t one in discharge” “cold if waiting over an hour”

“the ideal place for patients to wait is the discharge lounge which has all the right facilities for the patients but sadly the discharge lounge is often not available to out-patient E-Zec patients”





Is the waiting area suitable with good access to adequate facilities/toilets, etc?



When broken down by hospital attended nine patient respondents using Royal Stoke said that there was not good access to adequate facilities in the waiting area. However, for all of the hospitals more patients said that there was good access than said there was not.

Staff at Queens Hospital were mostly negative about the suitability of waiting areas.

Is the waiting area suitable with good access to adequate facilities / toilets etc?

(Clinical staff comments - County Hospital, Stafford)

“yes we offer drinks, food and toilets are available” “if patients can go to discharge lounge then all facilities will be accessible” “if discharge is open” “patients are sent to discharge lounge when they are ready for collection” “if patients can go to discharge lounge then all facilities can be accessible” “OPD has assessments for our patients - we keep them informed or how long before likelihood of collection, keep them informed of when we have contacted E-Zec, monitor pressure area cone - reposition as needed, support toileting, provide refreshments (tea, biscuits, sandwiches and chips). Have had waiting times 2 hours ++++ up to 4 ½ hours - all detailed as patient incidents.”

(Clinical staff comments Queens Hospital, Burton on Trent)

“no, our patients are in a wheelchair in a corner of a waiting area - no facilities for a hot drink. toilets are located on the corridor” “No, have to wait in busy clinic areas” “not always”
 “No, have to wait in busy clinic areas” “patients often get cold when waiting - we do offer blankets. also patients are often here before lunch and get very hungry whilst waiting”)

Patient experience

Healthwatch received a telephone call from a patient advising that following a hospital appointment, they went to the usual place to book their transport home with E-Zec, and was told that they now had to wait in the clinic and that the hospital staff would need to request the transport.

Caller advised that there was very little room in the clinic, and they felt that they were obstructing the clinic passageway as their wheelchair took up quite a lot of space and there is generally at least a 2 hour wait for the transport. They said that it would not have been possible for another wheelchair or someone with a walking aid to get past them. They also added that the disabled toilet at the clinic was not able to accommodate their wheelchair. It had been necessary to use a disabled toilet in another part of the hospital.

The caller told Healthwatch, that even though they were a regular user of patient transport, the information that they were changing the procedure for booking transport home had not been given to them in advance of the change.

The caller told us that when they returned to the clinic the staff told her that they would in future only be making morning appointments for people who used patient transport as there had been occasions when staff were delayed long past the finishing time of the clinic waiting with patients until they were collected as they could not be left alone.





Additional comments about the service

Eight patients commented in the additional comments that the service was a good one with one saying that **'it's a fantastic free service'** and another that they **'would be lost without it.'** Whereas people in general valued the services, many have had negative experiences, some only occasionally, and for some routinely.

Additional comments made by service users

"drivers always waiting for people to come out but never there for the ones who are finished - never seems organised"

"one week sent 2 ambulances to collect different people 5 minutes apart in Burntwood when could have used 1 ambulance. Do not think office bookings are very organised"

"some drivers always there in time some always late"

"came to appointment that lasted 2 minutes - drivers were still here when they came out and said they would check with office if they could take them back as they had nothing scheduled. Office said no, drivers were still there 2 hours later"

"not about transport but very cold in renal unit - have to wrap up, hats and blankets to keep warm due to air con"

"Always the same people every day come in so why is transport late, not better planned. Had word with ambulance staff, they were very argumentative and threatened to not take me - reported to admin desk. E-Zec never ask for feedback"

"rang E-Zec - was told I was first in the phone queue, then cut me off after saying it's not possible to connect with anyone"

"used to have dedicated ambulance between Queens and Samuel Johnson - Apparently worked well – what's happened to it?"

"thought I was told lies about collection times at Stoke as they never appeared when they were meant to be 'on route"

"have to take tablets for kidneys after eating - if delayed much longer then worried I'll miss tablet as don't have any with me"

"on one journey drove too quickly down back roads and wife was very shaken (had broken pelvis) - why not just use A38 if there are no hold ups"

"all good" "why use a stoke taxi – what will they do when bad weather comes" "great service"

"happy with the service" "has sometimes had an ambulance with a leaking roof onto ramp"

"this is not fair on the patient - miss tea which is done by carers" "never had any issues"

"brought home in wheelchair that has 2 flat rear tyres"

"very good service" "would just get taxi if late, thanks – it's a great free service"



Patient experience

Healthwatch received a report from patient attending Queens Hospital, Burton, who was unable to wait in clinic as they were last appointment before lunch and the clinic was being locked up. No one was able to call E-Zec to advise that they were ready to be collected. The usual desk was empty (due to lunch) and the understanding is that this desk will disappear completely. Patient eventually went to PALS to ask for help, if they could call E-Zec to tell them they were ready for collection. Patient reports that PALS were very helpful and arranged for the patient to wait in the Discharge Lounge. Patient reports that this was quite the best experience they have had while waiting to be collected by E-Zec, as people were kind, offered refreshments and the lounge had a TV which helped to pass the time waiting for collection which can often be 2 hours plus.

The patient thought the Discharge Lounge was so pleasant (compared to their usual experience) that they wished there was something similar for users of patient transport.



Although the initial survey was aimed at people using the service, when hospital staff were aware of information being collected by Healthwatch Staffordshire on the E-Zec Patient Transport service, they were insistent on sharing their experiences and views on the service.

Additional comments made by staff

“we as staff worry about length of time patients wait - due to only being a clinic so we have no facilities, worry on pressure areas, diabetic patients, patient going to a dark home in the dark nights”

“it’s a hit and miss service with patients having to wait when they are unwell – tiring being on dialysis as it is - uncomfortable when having to sit in wheelchair - sometimes patients forgotten which means a delay in staff going home after long shift”

“very frustrating for us and the drivers when patients have been waiting excessive amounts of times”

“better allocated routes - give the chance to drivers to help allocate - I have watched patients from same areas wait longer, be split up when going to near enough same destination”

“try to get patients to come before 2 pm for appointments, that way we have a better chance to get patients back at a reasonable hour into their own homes”

“it would be better if patient came before lunch so as to get home early, cover meds etc.”

“E-Zec could let us know when a patient has got an appointment on the day - also have patient’s appointment before lunch so we can get them home at a reasonable time”

“for patients to be booked on early i.e. 9.00 a.m - 12 – afternoon by 1.30pm so we can get them home in clinic time”

“OP Department discharge check list asks - does the patient have a package of care, are time dependent for medications etc. - all of which is communicated to control (E-Zec) to try and do the best for each individual patient”

“patient was picked up at 11.20 still waiting after 15.00, carer was asking for time frame as patient was getting stiff from being sat so long and unable to walk unaided – transport unable to give time frame”

“Patient arrived at 10.20 appointment at 11.40, didn’t get picked up until 15.00”

“easy to book but can be cancelled on the day. 1 patient from Fenton and 1 who lives close to hospital, 2 vascular reperdology patients (renal) cannot be transported here today by 3 p.m. due to staff sickness and vehicle problem /shortage of drivers”

“transport system needs to be addressed” “please could the transport be looked at”





Observation from Healthwatch Community Outreach Lead at Queens Hospital, Burton

Whilst conducting surveys in the discharge lounge at Queens, Burton on 14th February 2019, I witnessed the following situation.

The Discharge Lounge had 3 patients all awaiting transportation via E-Zec to the Robert Peel hospital at Tamworth. One elderly gentleman had been in the lounge for over 7 hours having arrived at 7.30 a.m., one elderly lady was in a bed and another elderly lady had a leg in plaster and had very little mobility.

At 2.30 p.m. an E-Zec crew turned up to take the 2 ladies to Sir Robert Peel, plus another patient off a ward to her home at Lichfield. The Discharge Lounge staff asked if it was possible to change the Lichfield lady to a different crew, as it would make sense to take all 3 of the Discharge Lounge patients to the same destination at Sir Robert Peel. The crew agreed completely but needed the approval of their Control room.

After 15 mins of waiting they finally got through and were not only told 'No', they were also told they would not be doing the Tamworth/Lichfield trip at all, but would now take someone to Uttoxeter, and that other crews would take their original schedule. Worryingly, they were also told the elderly man who'd been there 7 hours wasn't even booked, even though the Discharge Lounge staff had a booking reference.

The Discharge Lounge staff were extremely unhappy and started preparing the room for an additional bed to put him in, due to his back pain after sitting down for so long. As it is a small Discharge Lounge, this requires the removal of four chairs and reduces the capacity of the lounge from 12 to 8. Their other concern was the 'single sex' rule, as he would be in a bed adjacent to the elderly lady, although both were suitably dressed. They felt his comfort was more important than the rule.

At this time, 2.50, another crew arrived to take the 2 ladies from the lounge plus one off the ward to Sir Robert Peel, but no mention of the man. The staff went through the same process of asking if the man could go, but the crew were unable to get their control desk to respond so had to load as per their instructions.

At 2.55 a further crew arrived, to take another lady in the Discharge Lounge back to Lichfield, as far as we know on her own. This left the elderly man, who had now been there 7 ½ hours, as the sole occupant of the Discharge Lounge and no indication of when he would be transferred to Sir Robert Peel.

The Discharge Lounge staff, and the crews I spoke to, all said the same thing - there is a lack of thought, logic and flexibility in the E-Zec control room, and it is impossible to get them to answer the phone when there is an urgent query. I saw the crew going to Sir Robert Peel and Lichfield when I left the building 25 mins later, and they still hadn't been able to get through.





Conclusions

The key findings of the survey were that patient transport was generally available at times that were suitable for patients' appointments and that the staff both for the bookings and on the transport were generally friendly and helpful, with some exceptions noted.

Key issues that were raised related to the time keeping for the transport service both at collection from home and particularly on return home after appointments. For renal patients taking part in the survey the point was made that when they were late arriving at the hospital this impacted on their appointment because they were unable to access the ward.

Waiting times for being collected at the end of an appointment appeared to be a bigger issue for both patients and staff than being late or early for appointments. Again, for renal patients long waiting times for collection after dialysis could mean being out of the house for up to nine hours. The impact of long delays for collection on the wellbeing of patients could be detrimental with concerns raised about potential for missed medication or missed visits from carers. Delays to collection times also meant that at times staff were delayed leaving at the end of their working day because patients had not been collected.

It was clear that many people using the service were reasonably satisfied with needing to be ready for collection from 2 hours prior to their appointment time and again many understood that there could be a significant wait for collection after completion of their appointment with many suggesting that up to an hour and a half was acceptable to them with a few indicating that up to two hours was reasonable. However, 49.5 percent of comments on waiting time to be collected after completion of an appointment referred to a wait in excess of 2 hours on occasion.

For some respondents the delays in collection times to return home could have been reduced if there was better organisation of how journeys and pick-ups are planned. The centralised nature of the route planning meant that it was not always the most efficient way of organising journeys for multiple patient destinations.

There was also a wide variation in experience of waiting areas, with many people being content, but many raising concerns about facilities available whilst waiting, sometimes for extended periods of time. It was also apparent that patients at County Hospital, Stafford were more likely to wait for transport in the Discharge Lounge, which appeared to have better facilities and be a more comfortable place to wait. This was in stark contrast to Queens Hospital, Burton On Trent, where hospital staff were critical of the facilities available to patients whilst they waited for transport.

Although there were issues with waiting times for some patients, the service made a big difference to them being able to attend their appointments and the vast majority appreciated the existence of this essential service.

In respect of comments made indicating that Clinical Staff either are making or intend to make appointments earlier in the day for patients using E-Zec Patient Transport, Healthwatch Staffordshire has concern that if this practice is adopted widely within Staffordshire hospitals, this may actually lead to some longer delays for individuals as all the requests for patient transport, both inbound and outbound may be squeezed into a shorter time frame which could potentially lead to longer waiting times as there may be insufficient vehicles and crew available to cover increased activity in the mornings.





Recommendations

Overall there were some positive experiences of using patient transport from both staff and patients and a level of satisfaction with the service which can be built upon and improved. Clearly patients value this service and for most it is the only means through which they can access hospital appointments safely. There are however some areas that could improve both the patient and the staff experience and we trust that E-Zec Medical Transport will give consideration to these areas:

- Improving the way that patients and staff are kept informed of delays in transport arrangements and that information given is as accurate as possible. This could mean patients would be able to go and seek refreshments etc. without fear of missing their transport and staff can have an opportunity to seek alternative waiting arrangements for patients if the delay is likely to be longer than a two hour wait or go beyond the clinic time where patients are waiting.
- Review of the way in which journeys are organised and routes planned to increase efficiency of the use of the transport and cut down on some of the more significant delays in waiting times for patients. If necessary, provide additional training to controllers and encourage flexibility and alterations to planned routes in reaction to information fed back by crews, changing situations or where a patient has been waiting for an excessive period of time.
- Meet with the Hospitals Management to review the waiting areas available to patients using E-Zec Patient Transport. Discuss whether there may be any capacity in Discharge Lounges for patients with extended waits or where the Department or Clinic waiting area is not suitable. In addition to discuss with the Hospital's whether there is any potential within the buildings to create a specific waiting area which has access to better facilities.
- Consider staff training and supervision in respect of customer relations. Whereas the majority of staff were stated to be friendly and helpful, patients have reported some negative experiences, some of which are serious in terms of rudeness and aggression directed at patients.
- Consider staff training and supervision in respect of booking staff to ensure that they are following procedure and processing the bookings according to company policy.



Joint response from E-Zec Medial and the Staffordshire Clinical Commissioning Groups.

Thank you for sharing Healthwatch Staffordshire's report on Non-Emergency Patient Transport provided by E-zec Medical Transport at Staffordshire Hospitals

Staffordshire CCGs and E-Ezec Medical Transport (E-Zec) would like to thank Healthwatch Staffordshire for the work they have undertaken to gain patient views on the current non-emergency patient transport service.

Both the CCGs and E-zec value the information contained within this report as it builds on the work currently being undertaken to support improvements in patient experience of the service which have common themes with the recommendations identified in the Healthwatch report.

The Healthwatch report has provided greater understanding of patient, carers and family experiences which will support Commissioners to continually improve service provision.

Members of the commissioning and quality team meet with E-zec on a monthly basis and issues relating to quality and patient safety are regularly reviewed and discussed and actions agreed. A CCG Quality Visit was undertaken in January 2019 and members of the Quality and Commissioning Teams have been working in partnership with E-zec to improve performance across a number of areas across the contract. These are monitored via Contract and Clinical Quality review meetings and reported to Shropshire and Staffordshire Quality Surveillance Group.

E-zec delivers around 600 journeys per day (18,000 journeys per month) across Staffordshire and Stoke-on-Trent. During April 2019 there were 304 journeys that were delayed over 150 minutes. Whilst the aim would always be for no patients to wait over 150 minutes for their transport in April this equated to 0.02% of journeys undertaken.

Complaints from patients remain low with only 3 made in April 2019, including via PALS. Whilst any complaint is disappointing, from the 60 patients surveyed in April, 100% would recommend or highly recommend the service.

The CCGs will work with E-zec to ensure these recommendations are implemented in the current commissioned service. In response to this report and the work already being undertaken in the table below outlines the actions to date that align with the recommendations within the Healthwatch report.

Actions - Communication

- Work has been undertaken to improve communication in collaboration with local Trusts.
- It is normal procedure if delays are anticipated that the control room communicate these at the earliest opportunity to advise of any impact on appointments or collection times.
- E-zec have reviewed their escalation processes and reinforced the importance of this process with the control team supported by senior management. This will continue to be monitored regularly.



Actions - Logistics

- Following a Management of Change, E-zec is implementing a new rota system for staff which aims to offer extra capacity at peak times therefore reducing delays.
- E-zec have highlighted a number of challenges that impact on the delivery of the service and are working with commissioners through the contractual framework to understand the impact of this on performance and resources.

Actions - Facilities

- Commissioners will review this action (Meet with the Hospital Management to review the waiting areas available) with the E-zec and local Trusts to support improvements in patient experience when waiting for transport. #

Actions - Customer Service

- Members of the Quality Team have been supporting E-zec's local management team to improve compliance rates for statutory and mandatory training, as well as appraisals for staff.
- E-zec local management team have instigated regular supervision of staff to promote performance. Regular staff meetings are now taking place to improve staff engagement. There has been a review of the training schedule and annual appraisal process.
- Where concerns are raised the CCGs receive assurance from E-zec that they enact their internal policies and procedures to address these concerns. As a result significant improvement is demonstrated in the metrics, with data now being more robust and compliance rates have improved considerably.

We hope that this provides assurance to Healthwatch Staffordshire and our patients, carers and their families that we are committed to working in collaboration to improve patient experiences and outcomes of the service.

We would like to personally thank you for the work that you have carried out in this service area and welcome the opportunity for further discussion to ensure that we all remain assured of the improvements we expect to see.

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