

SURREY HEARTLANDS CCG

SURREY PATIENT TRANSPORT SERVICES (PTS) ROUND TABLE ENGAGEMENT SESSION

NOTES

Date	Monday 23rd November 2020	Time	12:30pm-2pm
Venue	Microsoft Teams Call		

Attendees

Name	Title & Organisation
Katy Neal (KN) (Chair)	Associate Director, Commissioning, NHS Surrey Heartlands CCG
Lyn Reynolds (LR)	Interim Consultant, NHS Surrey Heartlands CCG
Sharon James (SJ)	Finance Lead, NHS Surrey Heartlands CCG
Tatty Scott (TS)	Comms & Engagement Lead, NHS Surrey Heartlands CCG
Dorothy Watson (DW)	CEO Sunnybank Trust
Angie Taylor (AT)	Engagement Officer, Surrey Coalition of Disabled People & Surrey PTS Patient Advisory Group (PAG) member
Barbara Molony-Oates (BMO)	Research Radiographer, Royal Surrey Hospital

Freedom of Information: Those present at the meeting should be aware that their name will be listed in the agenda and action notes of this meeting, which may be released to members of the public on request under Freedom of Information requirements.

1.	Welcome and Introductions	
	KN welcomed everyone to the call.	
2.	Purpose of the day	
	<ul style="list-style-type: none"> To share the latest position of the Patient Transport Service To listen and learn from our invited guests and hear, from a range of different perspectives, about real experiences of using and accessing the current Patient Transport Service Invite attendees to participate in a Round Table discussion that will support the identification of key themes and issues, strengths and opportunities and potential solutions and next step 	
3.	Brief Overview of Current Patient Transport Service	

	<p>KN presented the slide deck, which will be shared with participants and will also be published on the website in due course. The key salient points were presented on the planned activity versus actual activity undertaken for June 2020. The reduction in journeys was highlighted due to the pandemic.</p> <p>KN confirmed that the procurement is now paused due to the pandemic and provides us with three greater opportunities to:</p> <ol style="list-style-type: none"> 1. Engage with key user groups, stakeholders and the market to redefine the service. 2. Analyse the activity shift seen recently, which will impact on forecasting future activity requirements. 3. Consider the outcomes of the NHSE national review for PTS and its outcomes/next steps, which is likely to form a national approach. 	
4.	Presentations/Experiences from user Groups	
	<p>AT introduced herself and gave her presentation/feedback. The Surrey Coalition of Disabled People has approximately 1000 members. They have a small PTS monitoring group, which meets regularly with the current provider.</p> <p>AT has personal user experience as both a patient and as an escort for an elderly relative and is able to use her electric wheelchair in the vehicles provided. AT stated that overall she has been quite impressed with the service, although it does not accommodate transport for full time workers very well. Users are unable to be collected from a work location, so patients/users have to take time off work unnecessarily in order to be collected from their home address. Despite requesting in advance, the need to get back to work for a meeting, the Provider was unable to meet this request. Overall the Provider looked after her relative very well, who had not used PTS before and wasn't aware of the need to pick up others en route, but overall the service works quite well.</p> <p>The Booking service – the online service works well for most people, but needs reviewing/improving to ensure all modes of communication are made available to aid patients. Two-way texting facility needs to be in place. Users have to be registered with a GP before being able to use the service, which can cause delay. The eligibility screening questions have been reviewed by the PAG. There is still some confusion regarding some of the questions and how to phrase them, but AT is unsure if these have been further progressed due to the pandemic. Going forward, the questions need a review to make it easier for service users. AT has been unable to speak to all members yet in preparation for this event, but acknowledged that more engagement is in progress and stated that the Coalition is happy to assist with supporting the engagement process, and to help the CCG by signposting to other users with a range of disabilities.</p> <p>TS asked if there was anything AT could share regarding users with visual or hearing impairments. AT stated that Nick Markwick, Co Chair of the Surrey Coalition of Disabled People is joining the Round Table engagement session planned for tomorrow and may be able to offer further input on this.</p>	

AT stated that hearing impairment is a particular issue and the use of a text service is not available. How does the booking system work with screen readers? AT was unaware of how visually impaired members/patients access PTS.

DW introduced herself and gave her presentation/feedback. The Sunnybank Trust has been helping adults (over the age of 18 years) with Learning Disabilities for over 30 years. The Trust started when Epsom Hospitals supporting these patients closed. The Trust has developed according to the needs of its people. The re-provision from NHS to Social Services has provided support to users in 3 main areas:

1. Front door – social activities (online, disco, book clubs etc)
2. Advocacy services - paid and volunteers, long term support provided.
3. Transition scheme – young adults moving from education. Support many people in residential living, in the community (with mild difficulties), and families.

DW stated that the PTS service has some positive and negative points. For the residential groups, they use their own transport mainly. The most challenged users are those in the community (who only receive limited support). These users would be ideal for future focus groups, supporting users with learning difficulties would be very welcomed. Advocates have fed back that information is key. Online access can be difficult. DW gave an example of one case, where a user could not read or write, they were located in hospital and informed that they would be getting PTS support, but they ended up booking a taxi as they didn't understand. There appears to be a gap in accessibility to the service particularly for patients with no support worker. The care once on the transport vehicle is strong, but the biggest issue is knowing the service is there, and how to book it. The information process needs improvement. Society expects reasonable adjustment for disabilities. There is a good partnership with learning disability nursing teams and the Advocates, but many users do not have this support.

BMO introduced herself and gave her presentation/feedback. BMO works at the Radiotherapy Dept at the Royal Surrey Hospital. Patients can receive up to 37 appointments for radiotherapy, some of which can only take 12-25 minutes. BMO has noticed many people can wait for hours, which is unacceptable and requested that a wait and return service should be made available. BMO commenced audits on the waiting issue in 2018, and have since gathered a lot of intelligence on this issue. BMO agreed that accessibility for the booking system is an issue and has found it unfriendly herself. Audits were also undertaken in 2014 and in June 2015. The October 2019 audit by Heathwatch triggered a NHSE/I improvement round table discussion. Despite 27 different reporting Heathwatch areas relating to difficulties with PTS and making recommendations, these have not been implemented.

BMO's audit has seen patients waiting for up to 3 ½ hours and in 1 month saw 34 patients waiting. These are usually elderly patients with co-

	<p>morbidities and usually are attending hospital alone. The PTS providers mostly self-report against associated Key Performance Indicators (KPIs), and on the whole achieve the metrics, however patients are dropped off very early and can also be dropped off late. The current KPIs allow for a large margin of patients to wait. The hospital has to coordinate with 6 PTS providers. One of the Provider's service is appalling and the Mole Valley/Tandridge coverage versus the Surrey Heath area provides difficulty to determine which one to use correctly.</p> <p>Patients generally complain to the hospital or to the provider but not their GP, providing degrees of separation. An audit of incidents recorded on the hospital's Datix system over an eighteen month period (April 2018-June 2019) recorded 212 incidents. The Surrey Provider is the only provider who responds/joins meetings to discuss the issues and tries to improve them. The hospital struggles to get other areas/providers to engage in the same manner.</p> <p>A Patient Navigator to support all providers and help with accessibility for patients is needed. The Navigator could be contacted by phone and assist with booking, long waits etc.</p> <p>KN asked about the inter-dependencies with London, which was reported as being disparate in terms of provision. As soon as patients go out of area – classed as an Extra Contractual Journey (ECJ), patients have to book transport themselves via their GPs. BMO reported that she has spent a whole day to get a patient in for a pre-op assessment.</p> <p>LR asked about the provision of the Hospital Ambulance Liaison Officer (HALO) and whether there was one in situ at the Royal Surrey Hospital, to which it was confirmed there was but only from 7am-3pm. The aborted journeys have reduced from 10 – 2 per day (on average) through focussed work with HALO. Discharges seem to be ok and well-co-ordinated, but the transport is often cancelled due to capacity, the time for pick up changes, resulting in another stay overnight costing £1000 but Outpatients seems to be the most problematic.</p> <p>There is a big gap with people who do not have support networks accessing all services, including PTS. Not all people have the opportunity to access Advocacy services, e.g. getting help to make a phone call. AT has witnessed patients in distress with no blanket etc.</p>	
5.	Round Table Discussion	
	<p>It was agreed that reasonable adjustment means time waiting as well as accessibility. Time to understand what to expect and when. The whole issue of waiting is distressing and more so if you have autism, it undermines the NHS trying to treat people. Hospitals have Learning Disability Nurses, but they are a very rare bread and when they are in place, they have huge value. They often work part time, mainly during day, not in the evenings There is a need for specific liaison re learning disability patients.</p>	

The Accessible Information Standard Legislation came into effect 1 Aug 2016. People who are disabled should be able to get all information they need in a format they understand. Many are still fighting for this to be implemented and in reality, it is not in place. It is most import to fix only what needs to be fixed and does the whole service need a revamp? If so, then there is a need to get everyone involved/users who use the service as they are vital to inform the improvements required. AT had to wait over 2hrs. Many users get taxis as the PTS service has let them down, particularly at night, leaving the patient feeling abandoned. The extension allows a good opportunity to engage.

Participants were asked, where are the touch points for these patients... any ideas?? DW responded that it is an ongoing battle with 21,000 patients with learning difficulties – circa 5,000 in Social Services and 15,000 in the community. Any information has to be accessible, has to be in an easy read format/easy to understand, and use of videos showing patients what to expect.

Easy read versions are often very useful for all audiences, reducing 'clutter'. Other organisations specific for learning difficulties can assist. Appointments are often sent via a letter, so can this be changed and ambiguous instructions/locations be improved upon?

The Treat Me Well campaign undertaken by Mencap suggested finding a calmer space, better place to wait, improving vulnerability which will be more conducive/safer for patients.

What has been the impact of Covid – are patients able to have escorts? The Royal Surrey Hospital always allows patients to bring someone with them. PTS does not allow 2 people in the vehicle. Recent changes have improved this, with social distance sitting, but the contract should allow for appropriate space for waiting.

Patients have to be referred from their GP and it was a view that they should be the ones to inform them of the PTS process. Cancer patients are automatically eligible for transport. GPs will need the information to assist patients. DW reported that recent statistics for annual health checks with a GP show that 60% undertook this opportunity. A recent lockdown drive promoted the use of a Health Passport for patients. This was used as a tool providing information for patients with complex needs and mid to moderate needs. This was promoted due to bad experiences and this has been developed by the Royal Surrey Hospital and the Sunnybank Trust team. Could this be something that could be incorporated in the new service? These Health Passports are not being rolled out extensively beyond the Learning Disability Nurses, but are in place for Drs in the hospital. Teams continue to pro-actively push the use of these but they could be more widely used. DW to send the template for learning disability patients to see if this could be modified/adapted for other users. A smoother process is required and participants are very keen to engage and shape the service going forward,

6.	Summary	
	<p>KN summarised the key learning points:</p> <ol style="list-style-type: none"> 1. Access to information, accessible information, access to transport and access to patient support through a navigation nurse or similar 2. KPIs – currently reflect unacceptable waiting times 3. Minimising waits and how can waiting patients be supported 4. Link with GPs and Primary Care 	
7.	Next Steps	
	<ol style="list-style-type: none"> 1. BMO to share her presentation slides 2. DW to share Health Passport template <p>All Round Table notes, slide deck and subsequent FAQs will go up onto the website, the link for which will be shared by TS/CCG team. Further opportunities to engage in the future will be available and the CCG will keep participants appraised.</p> <p>Once the Round Table Engagement sessions have concluded, the themes coming from these will be reviewed and specific focus groups will be established in the new year. There is lots of opportunity to continue to talk, listen and shape future service. Participants were invited to continue to feedback through the website.</p> <p>KN thanked everyone for their valuable input.</p>	<p>BMO</p> <p>DW</p> <p>TS</p>