

## Round Table FAQs January 2021

As anyone who has used the Non-Emergency Patient Transport Services (NEPTS) can imagine, the service is varied and complex. Planning the correct size of the fleet, the types of vehicles, and predicting the numbers and types of patients that will need the service over a given contract period, all within a finite budget, is a delicate balancing act.

Our Round Table discussions in November and December, with community representatives and NHS colleagues in Surrey Heartlands, highlighted many of the specific areas that we need to focus on when planning the future delivery of patient transport for our local residents. The FAQs below summarise the points raised by our Round Table guests. Our responses outline what we aim to do through our engagement activities and beyond, to fully understand and address those issues.

### **Why are Patient Transport Service users only allowed to be collected from home? Why can't we be collected from or returned to our place of work?**

Currently patient transport is only commissioned to pick up and drop off from a single address. Whilst this doesn't have to be your home address, the current contract does not accommodate multiple locations within a booking request. This is something we would like to review and consider incorporating within a future service specification.

### **If a patient has a series of scheduled appointments taking place over a defined period, such as radiotherapy for cancer treatment, why do they have to book every journey separately? Could we have a system where we book the whole series in one phone call?**

It is possible to block book journeys for a full course of treatment. When calling to book your first journey, you will need to share your appointment schedule. Through the Round Tables, we have become aware that some service users and NHS teams do not know that a block booking service is available. We'll be exploring this more through our service user survey and will consider how we can ensure this important option is more widely publicised to service users and NHS teams.

### **The Accessible Information Standard Legislation came into effect on 1 Aug 2016 and people who are disabled should be able to get the information they need in a format they understand. Additionally, online access can be very difficult for some user groups including the elderly and learning disabled adults. How are you going to make sure all users get the information they need to inform them about the service and support them to use the service if they're eligible?**

We heard from a number of guests from these user groups at the Round Tables. In the New Year we are hosting a number of focus groups to understand the best ways to share information, both about patient transport generally, and to support the development of a better patient experience - from the point of booking through to knowing what to expect when you are taking your first journey with us. We've had many ideas from our guests so far

including delivering a 'vehicle familiarisation' introduction to new users who have visual impairments before their journey begins to make them feel more relaxed.

**If you've been deemed eligible for patient transport for a condition that doesn't change, such as if you are paraplegic, why do you have to go through the eligibility criteria for each booking request?**

This is something we can address in a revised service specification for the future provider(s). We're keen to save patients and the providers time where we can and where this improves user experience. During our focus groups in the New Year, we'll be asking user groups about Patient Passport Schemes which identify health conditions and whether these could help facilitate smoother booking for relevant patients. We will also be revisiting eligibility criteria as part of this review.

**Why can't GPs book patient transport during an appointment?**

Currently GPs are able to book patient transport for their patients. The difficulty is that GP appointment times are short and are not necessarily the best place to organise transport booking, which can take some time, especially for first-time users. Through the Round Tables we have begun to explore the process from GPs making an onward clinical referral, to an appointment being sent to the patient. Our next steps are to explore this process further through our user surveys and focus groups, and with referral management teams, so we understand how to simplify the process in the most efficient and cost-effective ways and make the experience more user-friendly for patients.

**Some volunteer transport providers offer a wait and return service. Can the Patient Transport Service not offer this for all patients?**

At the moment, we have around 7,000 planned journeys each month. The cost to provide a wait and return for each patient would be too high. What we have heard at the Round Tables is the need for the service to be more flexible, and to be able to prioritise patients based on clinical need. We have heard of elderly patients having to wait for transport to go home, for long periods in A&E settings, risking their health further. We heard of patients waiting so long that their medication began to wear off, causing further complications for the patient and the hospital teams. Lengthy waits for return journeys was one of the most common issues raised during the Round Table meetings. It's our ambition to address this. We will be considering the most affordable ways the transport service can best help patients.

**If return journeys are too late, for example a patient's carer will have left for the day so they can't return home, then patients have to be admitted to hospital for an overnight stay. Couldn't the money be spent improving the patient transport service?**

As with the FAQ above, the complications caused by long delays to return journeys was one of the most common themes raised at our Round Tables. We agree that patients spending a night in hospital because transport isn't available to get them home is difficult for the patient, their family and hospital teams, and very costly to the NHS. There are a number of areas, including wait times, that need to be addressed to strengthen the current service.

Another example is that during the course of the current patient transport contract, guidelines on patient discharge times have changed, as have rapid cancer response times. Our transport service needs to be able to respond to such in-contract changes. As we begin to design service models in Spring 2021, we will be looking at how we can provide a truly flexible and responsive service, and one which has patient welfare as a key priority.

If you would like to raise further issues with us about the service, you can email us at [syheartlandsccg.ptsprocurement@nhs.net](mailto:syheartlandsccg.ptsprocurement@nhs.net)

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