NHS
Surrey Heartlands
Clinical Commissioning Group

SURREY HEARTLANDS CCG

SURREY PATIENT TRANSPORT SERVICES (PTS) ROUND TABLE ENGAGEMENT SESSION NOTES

Date	**Thursday 3rd December 2020**	**Time**	**2:30pm-4pm**
Venue	**Microsoft Teams Call**		

Attendees

Name	Title & Organisation
Katy Neal (KN)	Associate Director, Commissioning, NHS Surrey Heartlands CCG
Lyn Reynolds (LR)	Interim Consultant, NHS Surrey Heartlands CCG
Paul Greenfield (PG)	Contracts Manager, NHS surrey Heartlands CCG
Veenu Sood (VS)	Finance Lead, NHS Surrey Heartlands CCG
Tatty Scott (TS)	Comms & Engagement Lead, NHS Surrey Heartlands CCG
Deanne Weller (DW)	Senior Vision Rehabilitation Worker, SEEability Surrey
Dawn Wilson-Bloch (DWB)	Office Co-ordinator, First Community Health & Care CIC, Therapies Department, East Surrey Hospital
Karina Young (KY)	Social Prescription Link Worker, Voluntary Action SWS

Apologies

Leigh Arney	Manager, Greenacres Care Home
Rachael Graham	Deputy Director of Contracts: Non Acute and Primary Care, NHS Surrey Heartlands CCG

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**	
	• 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 steps.	
3.	**Brief Overview of Current Patient Transport Service**	
	KN presented the slide deck, and advised that this would be shared with participants and published on the website in due course. The key salient points were presented detailing planned activity versus actual activity undertaken during June 2020. The reduction in journeys due to the pandemic was highlighted. KN confirmed that the option of enacting the permissible extension upon the contract is being negotiated and consequently, the procurement programme timeline has been extended with the extended timeline gives us greater opportunities to: 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 more consistent national approach. KN reviewed the extended procurement timeline with participants each phase of requirements. The new service contract is due to go live April 2023, affording sufficient time to listen, learn and redesign.	
4.	**Presentations/Experiences from user Groups**	
	DW outlined that whilst she does not have huge experience using the current patient transport service, she teaches/assists people to be independent. There is a good local taxi service that is used for repeat business, and they have undertaken training from SEEability. The drivers provide sighted guide and Sight for Surrey provide similar training. This approach would enable patients and make them feel confident if it was adopted in the new service. DW is not familiar with the current vehicles/layout and access process for patients. DW stated that if training could take place with vehicles/familiarisation for patients, this would be helpful. A question was raised if DW/SEEability had any examples of any particular challenges/areas that need looking at. The response was the vehicles/familiarisation process and patients to have a greater understanding how to get on / off. If patients were to travel independently, this would be difficult for them. If single or multiple journeys are required, the communication could be improved. The patients from this represented	

	group are unable to see/understand what is happening prior/during their journey. This is also relevant when waiting for a pick up appointment as patients are confined to the waiting area they are situated in and are often unable to locate conveniences and refreshments independently. TS asked about the access to information / communication (e.g. a hospital appointment letter), how do this patient cohort cope, what works well? The response was that Support Workers tend to go through their mail and help with diaries/appointments etc. The broader population with visual impairments do not widely use Braille. Patients find IT based support most useful, e.g. speaking technology - use of phone features, electronic information is the most useful. Print is the best when a Support Worker is available. Sometimes, the Support Worker only visits once a week, so any urgent issues will need communicated in a timely manner. There is an Information Officer available to help in SEEability, to help with different ranges of information to assist patients. KN outlined that the vehicle type deployed depends on the patient's needs. This could be an ambulance type vehicle with two trained crew members or a taxi type/single driver/car journey. The type of vehicle will depend on the patient's mobility/needs, so there is a range of vehicles available. Patients unable to see/be aware of what is happening around them during their journey, is there anything to share that has been useful? Explanation/communication during the journey is needed and for those patients who have to wait in hospital for their return transport to arrive, intermittent checking for reassurance would be most helpful. KY explained that she does not have much experience in patient transport services, but has spoken to the patient participation group at Waverley Primary Care Network. Most people in the area tend to try and get voluntary transport / local services. Patients have found that the majority of the volunteers are retired / over 70 years and the services available almost came to a standstill due to lockdown, which has been a big problem. There is a local perception that only a small minority of people are eligible for the patient transport service. It was also reflected that some people would not want to be an 'unnecessary burden' to the NHS even if they were eligible for transportation. KN stated that the eligibility criteria, services / opportunities available will be reviewed in due course. There is lot to learn regarding Social Prescribers and how they help patients. KY outlined that this is certainly something that she/Social Prescribers could help with. Most referrals to them come from GPs, but they do also get referrals from other health and social care professionals and Borough Councils. They will be able to link people / provide information to book journeys in the future. There is a need to make any information user friendly. People do not always know that they can access free NHS transport. They could introduce/assist on how to book a journey as they have a massive database of services available such as Community Point (like Social Prescribers but no referral is required). Following problems with the availability of voluntary car schemes, patients spoke to the Borough Council, who brokered an arrangement with a local community transport Provider to provide transport, which worked very well. Further indication of specific issues that are working well, KY will link with her colleague and feedback.	

	TS asked if the feeling was common that patients are not eligible for transport. KY responded that feedback from colleagues was that people assume that there is a narrow eligibility criteria and given the demographics of the Waverley area (wealthy), the first point for patients is to make a donation for a voluntary car service. Their perception is that they will be draining NHS resources, so often do not ask about NHS transport and they just get on with it. An experience was shared of a patient using transport to attend physio. The patient was fed up waiting/stopping to collect others, they had money to pay for a taxi, so that was their preference. TS shared that we had received feedback from a GP that they often do not inform patients about transport as they only have a 10 minute appointment slot. TS was keen to understand if, from a Social Prescribers view point, if people are asking their GP or not, about transport. Particular feedback could not be given, but given conversations with elderly people, they do not know what is available to access. This is possibly due to the rural area and public transport difficulties, people have found other ways to get to events etc., people are not really aware of the NHS patient transport service. DWB introduced herself and her role as Office Co-ordinator, First Community Health & Care CIC, Therapies Department, East Surrey Hospital. The Department processes the GP referrals. The reception area acts as a meet and greet, sends letters for appointments and makes phone calls for follow up appointments. PTS is not offered if patients are unable to get to their appointment as the department has previously been informed that they could not get involved in the transport booking stage initially and are unaware if this has changed. The team are unaware of any specific needs for transport, as it is usually the patient's carer calling in. When patients arrive for their appointments, it is frustrating for them and the team as they often arrive too early if using PTS. They then have to wait for their appointment and then wait again to get collected. Quite a few patients have medical conditions, so it is not ideal to wait for hours. They get anxious in case they miss their regular mealtime; their oxygen may be running low and may have toilet/support needs. The office co-ordinators are often unable to support patients in these matters as they do not have the necessary clinical or support training. Due to the outpatient department being within a hospital, there is a perception that it is a clinically led hospital team and they will help/support patients with all their needs, which is not always the case. The previous issues raised by fellow participants today resonates, with the main issue being waiting after arrival and for collection. KN asked when patients arrive significantly ahead of their appointment time, how do the team deal with that. The team just tell patients to make themselves comfortable and it has been difficult with Covid in particular. Allowing entry and long waits can impact on other patients, with social distancing requirements etc. It was stated that the team tries to offer help/support for those who have long waits, which could be a drink or a sandwich, but concern was aired regarding the giving of these to patients, who may have allergies or blood sugar level issues etc). DWB stated that the PTS drivers are great, a professional, caring bunch. The time constraints are appreciated for delivering and collecting patients. The team are unaware of journey	

	planning, and if they had a greater understanding, this could be explained to patients. The stressful/challenging aspect of this was acknowledged. DWB stated that clinicians can be found if needed to support for specific/toilet needs, but they are often moved on to their next patient/clinic as soon as possible. There is a great relationship with Neil in the PTS service who takes the teams' requests on board and DWB/her team wanted to give him a specific mention. TS asked about the disruption and how disruptive is it to organise a change of catheters etc. The Department is opposite a ward, so the team will go along and ask, which then impacts the ward. The department mainly helps patients for orthotics/podiatry, muscular-skeletal physio and the majority of patients are able bodied, but podiatry could be amputee patients. Orthotics also have Learning Disability/Difficulty patients. TS asked further about the terms of waiting; do patients stay in the department waiting to be collected? The response to which, is a mixture. Pre-Covid there was a coffee shop area which is now closed. Some patients who were able bodied enough would happily go to the coffee shop near the entrance and wait. The majority of patients however, are brought back by clinics to the reception area and they sit and wait.	
5.	**Round Table Discussion**	
	KN stated that the common themes raised today, had also been raised in other similar sessions. There is a need to understand what is available, accessibility is not just how to book, but also receiving the information. KN was interested to understand if there are other areas/services/access/experiences that have worked well, that could be drawn upon for the discussion. DWB stated that there is an understanding that patients are given the booking number and suggest they ring to see if they are eligible, as the team do not know. If the team knew more about the eligibility criteria, they could encourage patients to use it. It would be useful to understand whole journey/pathway. Accessibility for information was discussed and the format/digital technologies, is there any particular solution that works well? DW stated that from her experience, if patients are able to use technology, this would usually be paired with speech software. A small cohort could be contacted to see how they wish to be communicated with. Mail was the least favourite method. The use of a service Navigator to access the service and to support patients during journeys was discussed. TS explained about the discussion with colleagues from the Surrey Coalition of Disabled People, where they had talked about a patient passport, where patients' specific needs are outlined. Would this approach be useful for the outpatient department team, to highlight any diabetes/oxygen needs etc? DWB states that the passport sounds a good idea but was not sure how it would help in the outpatient department until the patients arrive and their potential hours of waiting. KY was aware of this and supported it as a good idea. Care Homes have a red bag scheme, which gives similar information. It goes with the patient	

	to/from hospital. Anything that helps the process and patient experience is a good idea. DW does use similar information to the patient passport and could discuss internally for wider use. The perception of the telephone booking system in the past has been that no one answers. There is a separate line available to see waiting time, but when you get to caller No 1 in the queue, it stops ringing then become caller No 4. Sometimes there can be a 45mins wait for an answer. KN asked if anyone uses the online booking system? DW confirmed yes and was good. They have been informed not to call until 1 hr of collection time has passed which they ignore and now inform the transport service when patients are ready. Quite often a crew would mark the patient as collected for the return journey when in fact the patient was still sitting with in Reception with no sign of the transport crew. The team suspects that the crew would mark the patient as collected when they arrived at the hospital but would then sometimes go and take their break first or would be picking up other patients from other departments before getting to collect the patient who is waiting. This could sometimes mean a further delay of up to another 45 minutes-to an hour and there is concern that the crew would overlook or forget the patient. Especially if they were already running late. *Post Meeting Note from DWB: As an out-patient's department, we technically closes at 5 pm, but quite often one of us would end up having to stay late to stay with the patient as they would have no way of contacting patient transport. Latterly we have arranged with SaSH trust that we can take the patients to the discharge lounge if this happens, but this is not encouraged.* KN asked from an outpatient department experience, is the number of appointments ongoing and regular? The response confirmed as yes, some podiatry appointments can be a weekly event, others can be random/one off/fitting three months later etc., but a lot are regular and can be pre-planned Last year before Covid, an example was given that one lady cancelled her rehab exercise classes, due to being fed up waiting to be taken home/waiting on patient transport or having to endure a lengthy travel time due to multiple drop offs on route. The CCG team has received feedback that a block of pre-planned appointments needs to be booked individually. If a schedule of appointments could be booked in one go, this makes much more sense. The waiting areas were further discussed and whether patients wait in one area. Patients do not like to move in case they miss their transport. The waiting location can be near the front door, which is cold. Visually impaired patients would find it difficult to get to a coffee shop/move as they can be very reliant on others to assist them. TS explained that she had discussions with the different Referral Support Service (RSS) in Surrey Heartlands re bookings/GP referrals. One RSS sends an outsourced letter to patients for hospital appointments. Another RSS tries to call each patient to give them a choice, explaining the appointment waiting times etc. However, there is nothing in their script to ask about the patient transport service. TS then tried to speak to a range of	

	outpatient departments to gain more info about system, but she waited a long time and found accessing them very difficult. Discussions took place regarding using the phone and waiting on the phone for elderly patients. Usually, this cohort are very old, hard of hearing, cannot benefit from telephone be-friending and many do not like using hearing aids. Elderly patients often have no idea about the patient transport service. The voluntary schemes are a saving grace, one Provider in particular, is more flexible than some other community schemes available. The Borough Council transport schemes do not go over their designated border, which is difficult when straddling many areas. It was felt that accessing digital technologies can be a big barrier. KY is working on a project for digital inclusion in the Cranleigh area, to see what offers can be made (e.g. to assist voice recognition, cognitive problems and short term memory.) It was felt that as the very elderly population changes, those patients in the 70's are more likely to be 'tech savvy'. With more online consulting for patients, the needs in 2025 might look very different. Day centres are a good option to link with people to help with access to services. Many people use the day centres. Making ways to access technology more attractive, maybe having a session to show people how to speak to relatives via zoom etc., would help them to keep in touch and learn the technology and what it can do for them. It was noted that whilst the advances in digital technology can be a great enabler it does pose a barrier for some patient groups and we need to be aware of the balance in future service design,	
6.	**Summary**	
	The key points summarised were: • Understanding the service – familiarisation of who can get patient transport, what patients can expect and understanding it. • Flexibility – be able to respond flexibly to individual requirements and consider other areas of good practice like the local community transport scheme and the voluntary car service where the service is more personable. • Tangible areas of waiting – handing over the care of the patient and waiting if supported if delayed. • Access – consider use of digital technologies, SMS, voice recognition etc. • Patient Passport – good subject for a focus group/user group. Might be helpful to assist with special needs for patients.	
7.	**Next Steps**	
	The next Round Table Engagement session is planned for next week. These engagement sessions are an opportunity for key users/groups/representatives to come together and share their views which will be collated into key themes and issues. The notes and slides will be on	

	our website and an FAQ will be developed. Commissioners will review all feedback and devise future focus groups to get into the granular detail on the themes arising. Commissioners then plan to open up the learning from focus groups to wider stakeholders, market engagement, testing models etc. The round table process is a conceptual start to the programme at this moment. The website will be kept up to date. A direct email address has also been established and will be shared with participants. KN thanked everyone for their valuable input.	