

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	24 June 2014
Officer	Director for Adult and Community Services
Subject of Report	Non-Emergency Patient Transport Services – Report by Healthwatch Dorset
Executive Summary	<p>Following the presentation of a report on non-emergency patient transport services (NEPTS) to the Dorset Health Scrutiny Committee on 10 March 2014, members agreed that a wider investigation into the issues raised should include input from all stakeholders. Healthwatch Dorset was therefore asked to provide a report from their perspective, reflecting the impact as reported to them by patients and their families and/or carers.</p> <p>The report details the feedback received by Healthwatch Dorset on NEPTS since 1 October 2013, categorising it as positive, mixed, neutral or negative. Overall, 78% of the feedback was negative and specific examples are provided. The report also outlines the steps taken by Healthwatch Dorset to engage with the commissioners (NHS Dorset Clinical Commissioning Group) and the providers (E-zec Medical Transport Services Ltd) and the willingness of those parties to address the issues raised.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <p>Use of Evidence:</p> <p>Report produced by Healthwatch Dorset.</p>
<i>Please refer to the protocol for writing reports.</i>	

	<p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p> <hr/> <p>Other Implications:</p> <p>Not applicable.</p>
<p>Recommendation</p>	<p>That the Committee consider the evidence provided alongside that provided in the six reports provided by other stakeholders, and use this as a basis for discussion with the authors.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.</p>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>None.</p>
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Commentary on Non-Emergency Patient Transport Service

For Dorset Health Scrutiny Committee, 24 June 2014

1. Introduction

- 1.1. Healthwatch Dorset is one of 148 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of local Healthwatch encompasses all publicly funded health and social care services for both adults and children. Healthwatch Dorset covers the area of the three local authorities of Dorset, Bournemouth and Poole.
- 1.2. We collect feedback on services through our attendance at community events; our contact with voluntary and community groups; our comment cards and feedback forms which people send to us in the post; online through our web site and social media; from callers to our telephone helpline; and through the Citizens Advice Bureaux in Dorset, Poole and Bournemouth, all of whom offer a face-to-face Healthwatch service.
- 1.3. This report summarises feedback that Healthwatch Dorset holds from patients and the public on the non-emergency patient transport service commissioned by NHS Dorset Clinical Commissioning Group (CCG) and provided by E-zec Medical Transport Services from 1 October 2013.

2. Feedback

- 2.1. Of the comments that we have collected and recorded about this service in the period to the end of May 2014, 2% are positive, 78% are negative and 20% are mixed or neutral.
- 2.2. The themes or topics on which people have offered feedback include access to the service, reliability, waiting times and staff attitudes.
- 2.3. Positive feedback
 - 2.3.1. The small amount of positive feedback we have reports on a service that has delivered what it promises, in an efficient and timely manner and with helpful and friendly staff.

2.4. Mixed feedback

2.4.1. Mixed feedback means feedback that either reports on both positive and negative aspects of the service experienced by the same person, as in these examples:

2.4.1.1. “I used Patient Transport (E-zec) for 7 weeks and on the whole I found them quite good. There was only one blip when I had to wait for over an hour for pick up but apart from that I found them alright and the drivers very helpful.”

2.4.1.2. “They are always late and you can't get through to them on the phone. The general service coordination is awful. There are 4 people to a car, which means 3 people are squashed in together and after dialysis you are at risk of bleeding. There is a general lack of communication. The drivers are friendly and nice people and Lisa always tries to help as much as possible but is at the mercy of their organisation. They are a bunch of amateurs”.

2.4.1.3. “The drivers have all been excellent, pleasant and cheerful. We have had a couple of long waits but my main gripe is to do with the telephone service. On several occasions I have waited on the phone for 30 minutes. There were frequent updates on what number I was in the queue. On three occasions as soon as I got to number one, after half an hour, I was told that my call could not be taken and to phone back later!! This is intolerable.”

2.4.1.4. “After initially being no. 8 in a queue, I was cut off after reaching no.1. A similar thing happened when I tried again later in the day. I tried again early next day but I selected the inquiry option this time and spoke to an operator, to whom I complained. I was passed to a man who arranged my transport. The arranged service itself was good, a lady ringing me from the ambulance to tell me they were on the way. After my appointment, which took longer than I had expected, there was good communication between the Outpatient desk and E-Zec and I had to wait only about 5 minutes before the driver came to pick me up to take me home. I would recommend that anyone needing the service should telephone near to 8am and with as much notice as possible.”

2.4.2. Or mixed feedback means feedback that relates to aspects of the service that some patients have found positive, but others negative. For example, some people have reported that drivers are “rude” and “don't care”. (One person reported that they had weeks to live but the driver questioned why they needed hospital transport.) But, conversely, others have reported that drivers are “brilliant” and “very human”.

2.5. Neutral feedback

2.5.1. Neutral feedback describes feedback we hold which relates to the service but is not so much about the quality of the service itself but a comment on circumstances outside the direct delivery. For example, people who live on the outer limits of the county (e.g. on the border with Hampshire) have commented that they are aware that friends or close neighbours who happen to live “over the border” get a different service with different eligibility criteria and financial arrangements. They find the perceived inconsistency frustrating.

2.6. Negative feedback

2.6.1. Difficulties with the service were plain from the outset in October 2013. Patients described being left waiting for hours or being forgotten about completely. People had to rely on neighbours for transport or order taxis themselves. Some people need the service five days a week (for instance, to get them to radiotherapy appointments) and found that some days no one came to pick them up at all. Or, if they did get to their appointments, they were then left waiting a long time waiting for transport to take them home. One person reported how their blind grandfather was left “abandoned” at a hospital and a cleaner had to arrange private transport. People needing the service are often already experiencing a considerable amount of stress due to their medical condition and treatment and the problems with transport gave them additional anxiety and stress that they could do without.

2.6.2. This account sums up the experiences many have had:
“I rang and they were helpful and sounded professional. My husband’s appointment was for 10.20... They said he should be ready for collection at 9.20, ...at 9.45 I telephoned because transport hadn’t arrived, we were told 10 minutes. Eventually his transport turned up at 10.25. My husband had completely missed his appointment despite my having rung several times and was told that the ‘driver was on his way’. Hospital wasn’t happy but the stress this caused was intolerable. My husband had to go back the following day and we paid £25.00 each way for him to go by cab. Thereafter he travelled by 2 buses until he got the ok to drive. Our impression - transport doesn’t exist. Totally unprofessional and disrespectful in the way they treat their patients.”

2.6.3. This other person’s experience is a good example of the hurdles, barriers and frustrations people have come up against when trying to use the service:
“Trying to contact them by phone was almost impossible, half an hour to deal with a queue of 3 or 4 typical; when you first get through you are presented with a recorded list of information without which they can not deal with a booking so you then have to put the phone down and assemble the information and phone again to restart a further

queue delay; if it is less than 24 hours before your appointment or you don't have information they require they refuse to book unless you get through to the department you have the appointment with for them to make the booking, that will take a further delay as the department will also have to wait in the queue system, and even then if there is still a problem no booking, (example, my appointment was with the Eye Unit, E-zec's system appears to only recognised "Eye Clinic" so refused to book a car). For my return journey after eye laser treatment I called from main reception asking for a car after visiting the pharmacy, as I had handed in my paper work at eye unit reception I could not quote my NHS number or other information so I had to walk all the way back across the hospital to the eye unit, where the receptionist was unable to make a booking as they didn't appear to recognise the eye unit as mentioned above. The receptionist finally gave up after trying to explain the problem to the E-zec operator (evidently an almost daily occurrence) she then got approval to raise a docket to pay for a taxi. I was still £18 out of pocket for the taxi I travelled to the hospital in. I am 80 years old and on a pension so £18 is a significant chunk out of my income, I suffer from COPD so cannot walk any significant distance, the nearest bus stop is not within walking distance and is also up hill making it less possible. The laser eye treatment booking letter advised that driving after the treatment was not recommended, hence my request for a hospital car. I eventually had to take a taxi both to and from the appointment, having to pay £18 to get to the hospital, but the return as stated was paid by the hospital. I would suggest an option of Abysmal be added above Poor in the service ratings, Poor just does not fit the experience!"

2.6.4. Words people have used to describe the service include "unacceptable", "intolerable", "shambles", "failure in a duty of care", "cowboys", "unprofessional".

2.6.5. We also hold a significant amount of negative feedback relating to the fact that people were either unaware that the service existed or that there is financial help available in some circumstances. There is an obvious need to do more to ensure that, for instance, hospitals and GPs are aware of the service and are making their patients aware of it and how to access it.

3. The cause of the problems

3.1. To gain a better understanding of context, including the commissioning of the service, we asked to meet (separately) with both NHS Dorset CCG and E-zec and have listened to their respective perspectives and reflections.

3.2. Both commented on the difficulty that had been experienced before the launch of the service in getting accurate data from the range of organisations previously involved, including the Ambulance Trust, Acute Trusts, Community Trust and individual taxi firms. Each organisation had different systems for recording data. There was no consistency, and a lot

of duplication. And no way of validating the data provided.

- 3.3. The lack of accurate data resulted in the actual demand for the service at launch being way beyond expectation, even allowing for a substantial contingency having been built in.
- 3.4. There was also an actual four-month implementation and mobilisation period, as opposed to the originally intended six-month period.
- 3.5. The resultant problem seems to be not only a matter of capacity (volume) but also a matter of the actual “profile” of the journeys being different to that anticipated (principally in terms of mileage).

4. What has been done

- 4.1. E-zec seems to have reacted quickly to the initial difficulties. They doubled the size of their call centre in a matter of days and alerted the CCG within the first week about the problems they were experiencing. They outsourced to sub-contractors to build capacity in terms of vehicles and drivers.
- 4.2. The CCG, for its part, has currently put in more financial resource and agreed with E-zec ways to support and develop the service.

5. Going forward

- 5.1. In our discussions with both E-zec and the CCG we have been pleased by the single focus and commitment shown by both sides on improving the service and reaching the high standards which patients and the public have a right to expect.
- 5.2. Neither showed any desire to spend time apportioning blame for the difficulties experienced. It is good to note that the CCG has, therefore, moved beyond the opinions expressed in its Briefing to the Health Overview and Scrutiny Committee in March 2014, in which it criticised (in intemperate terms) variously the Ambulance Trust, E-zec and senior managers in the Acute Trusts.
- 5.3. We feel that action needs to be taken without delay to increase awareness and understanding of the service (including eligibility and the availability of financial assistance), including among hospital staff and GPs.
- 5.4. Both E-zec and the CCG tell us that feedback they have from patients in more recent times shows an increase in customer satisfaction from the early days of the service. At the time of writing, we have not seen that feedback and so cannot verify it for ourselves. However, the actual examples of feedback we have quoted above have almost all been received

by us in May 2014 and so indicate that there is still much work to be done.

5.5. We have offered to work with E-zec to advise them on how they can develop and improve the way they collect feedback from their service users, how they can respond to it and use it to drive forward improvements to the service. They have readily agreed and we look forward to working with them in the coming months.

Healthwatch Dorset
2 June 2014