

# PATIENTS' FORUM AMBULANCE SERVICES

## PATIENT TRANSPORT SERVICES (PTS) Recommendations for changes to PTS contracts

### Quality Standards for Patient Transport Services

### Our Proposals to Commissioners and Providers

**Patients' Forum Ambulance Services (London) Ltd**



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# 1. INTRODUCTION

## Patient Led Quality Standards for Patient Transport Services (PTS)

*“Most service users are too ill or worried or too tired to speak up for themselves. But we know that service users are, in many ways, the experts on where and how services go wrong. Please start monitoring PTS service delivery in a way that includes the views and experiences of the service users as well as the statistics. Remember - Nothing about us without us.” PTS Service User*

### The Problem with Patient Transport Services

Patient transport services often fail patients at critical times in their care, e.g. when they are being discharged from hospital and need to be home at a specific time to receive on-going care; or when they have a hospital appointment and need to arrive at a specific time. Nothing is more frustrating for patients than waiting long periods of time for an ambulance to arrive. Patients are often asked by PTS to get ready two hours early, and then find that by the time the ambulance arrives, the chances of getting to the clinic appointment on time and getting the required care and treatment are rapidly diminishing, because the clinic will probably be closed by the time the ambulance arrives at the hospital..

### Who runs and commissions PTS?

Some Patient Transport Services are run by NHS ambulance services, but most are now in the hands of private companies like Arriva, Ambuline, Medical Services, Private Ambulance Service Ltd, Caring For You Ltd, Ace Ambulance Ltd, Savoy Ventures Ltd and are often commissioned directly by hospital trusts rather than Clinical Commissioning Groups (CCGs). All providers must be registered and are regulated by the Care Quality Commission. (CQC - A fresh start for the regulation of ambulance services. Working together to change how we regulate ambulance services.)

### Role of patients, users and carers

Patient, user and carer participation is essential in the writing of patient transport specifications, developing quality standards and in the selection of PTS providers. The Patients' Forum believes that effective patient involvement in PTS commissioning will improve service quality, promote wellbeing and empower patients. It is essential that Local Healthwatch (LHW), the statutory representative of the public in the NHS, is closely involved in the commissioning of all PTS. Collaboration between LHW, the Patients Forum, Transport for All and other voluntary sector organisations will be the most effective way of influencing the quality of services. This may need to be done on a 'contract by contract' basis, where there are no sector contracts.

The Patients' Forum supports:

- 1) Development of common patients-centred Quality Standards and fair access standards for the use of PTS across the country.
- 2) Service users being involved in development the tender specifications for PTS
- 3) Public involvement in the process of selecting the patient transport services provider.
- 4) A system of procurement of PTS that is sensitive to the needs of patients.
- 5) All aspects of the tendering process and purchase of PTS being open to public scrutiny

### **Legal duty to provide PTS Services in the NHS**

NHS Act 1977 places a duty on the Secretary of State "to provide ambulances to such extent as he considers necessary to meet all reasonable requirements."

The Department of Health 'Eligibility Criteria' for Patient Transport Services (PTS) it states:

"Commissioners are responsible for commissioning ambulance services (which could include patient transport services) to such extent that Commissioners consider necessary to meet all reasonable requirements of the area for which they are legally charged with providing services."

The eligibility guidance can be found on the DOH website and by following this link: <http://tinyurl.com/p42es6r>

An example of a local approach to PTS can be found at: (<http://tinyurl.com/o7xogbe> - NHS Dorset Clinical Commissioning Group Policy for Non-Emergency Patient Transport Service (NEPTS) Eligibility Criteria - Supporting people in Dorset to lead healthier lives.)

### **Quality Standards for Patient Transport Services**

The Patients' Forum believes that effective user-centred PTS will advance the health and wellbeing of patients, help relieve sickness and suffering, and create more efficient ambulance services. The Quality Standards for PTS that follow have been written to enable effective user involvement, choice and patient centred service development. They were developed with users of PTS and following consultation with a large number of voluntary and community organisations.

## National Guidance on Eligibility Criteria and Commissioning of PTS

The Department of Health published Eligibility Criteria for Patient Transport Services (PTS) in 2007, which was updated in 2008, but not updated since. Procurement Guides were issued by the Department of Health in 2010 –‘Procurement guide for commissioners of NHS-funded services’ and NHS England published ‘Procurement of healthcare (clinical) services. Briefing 3: Which rules apply to a procurement process?’ in 2012. There is a useful guide to NHS service procurement published by the Royal College of Nursing in 2013: ‘The tendering process for NHS services in England. A short guide for health professionals tendering for services.

NHS Dorset Clinical Commissioning Group produced a comprehensive document in 2013 called: ‘Policy for Non-Emergency Patient Transport Service (NEPTS) Eligibility Criteria - Supporting people in Dorset to lead healthier lives’, which has lots of interesting and useful material.

Commissioning approaches are based on European Community legislation, but there is no reason why Local Healthwatch and patients’ representatives should not be actively involved in the commissioning of local PTS. This would be consistent with Government policy on public involvement in the NHS and social care.

### Examples of Contracting Problems

**In Kent, six PTS providers were merged into a single contract awarded to NSL Care Services. Unfortunately, this contract has failed to deliver. We are now in the situation that due to European Commission legislation, if the contract is terminated the retender process will only see a new contract awarded some six months earlier than the end of the NSL contract.**

**In Surrey the contractor failed so the South East Coast Ambulance Service (SECAMB), had to pick up the pieces and was eventually awarded the new contract, but it has taken two years to get it running anything like effectively and is costing SECAMB a lot of money.**

## 2. SICK OF WAITING CAMPAIGN



### Patient transport isn't working for patients

**Sick of Waiting** is the campaign for reliable, accessible patient transport for everyone who needs it. The way that patient transport is commissioned has recently changed, with Clinical Commissioning Groups holding more power, but a lot of PTS services being commissioned by local hospitals.

There has never been a better time to tell hospital trusts that they must guarantee that patient transport works for patients. The Sick of Waiting campaign is led by Transport for All, working jointly with the National Kidney Federation (NKF), Age UK London, The Greater London Forum for Older People, Healthwatch Newham and the London Region National Pensioners Convention. They are seeking **minimum standards on** waiting time and eligibility criteria written into patient transport contracts that meet the needs of patients. Problems caused by poor patient transport includes:

- Patients missing their hospital appointment.
- Patients waiting several hours to be taken home after their appointment.
- Patients unable to use buses or trains....deemed ineligible for patient transport.

The patient transport system, which should be designed to ensure that everyone can access healthcare, isn't working. Some hospitals work hard to offer excellent transport, others have a dismal service. We need common standards to ensure all trusts provide a quality service. Patient transport is often contracted out to private companies such as G4S, MPS and DHL leading to big discrepancies between transport services in different hospitals. We need common standards to ensure all trusts provide a quality service. But we can't do it without you. We want to hear your stories of patient transport:

- Have you or a relative or friend used patient transport in the last year?
- How did you find it? How long did you wait to be picked up?
- Were you cared for appropriately by the ambulance driver and what was the discharge lounge like?

Good or bad, we would like your reports of patient transport. We will use this evidence to help convince trusts that patient transport contracts must put patients' needs first. Please answer our very short on line survey at:

[www.transportforall.org.uk/news/sick-of-waiting-our-new-campaign-on-patient-transport](http://www.transportforall.org.uk/news/sick-of-waiting-our-new-campaign-on-patient-transport)

[www.transportforall.org.uk/news/sick-of-waiting--join-our-campaign-assembly-](http://www.transportforall.org.uk/news/sick-of-waiting--join-our-campaign-assembly-)

You can phone 'Sick of Waiting' on: 020 7737 2339 to answer the questions over the phone. Survey forms can be posted to groups on request.

## Quality Standards for Patient Transport Services – Our Proposals to Commissioners and Providers

### 3. QUALITY AND SAFETY MUST COME FIRST IN ALL CONTRACT NEGOTIATIONS FOR PTS

- All commissioners of PTS must put quality and safety before price.
- The first principles guiding the supply and purchase of PTS must be safety and service quality seen from the patient’s perspective.
- All PTS providers in the NHS and private sector, should comply with these standards and be carefully monitored by CCGs and hospital commissioners for their compliance.
- PTS Provider records should be publicly available to demonstrate that all safety standards have been complied with by the ambulance service.
- PTS providers that fail to ensure that patients arrive in time for an appointment should be subject to penalties for poor performance.
- Service users must be involved in the drawing up of PTS tender specifications and consulted and actively engaged throughout the tendering process.
- The CCG and hospital commissioners should ensure that the composition of PTS selection panels includes service users.
- Service users, LHW and community groups with as special interest in PTS, must be present during the process when providers make presentations to commissioners. There should be a minimum of two community representatives at each provider presentation to commissioners, one of whom is service user.
- Local Healthwatch (LHW) should be notified each time a PTS contract goes out to tender, so that they can participate in process of selecting a PTS provider. LHW should communicate with all local organisations that might have an interest and wish to participate in the selection of a PTS
- Knowledge of the specific medical and social needs of the patient are critical to running effective PTS services and providing appropriate vehicles and staff – PTS is not a taxi service.
- A ‘code of dignity’ for the care and respect of patients should be an overriding component of all PTS contracts.



- All PTS staff must be 'Disclosure and Barring Service' checked and pass a health check to make sure that they are fit and able to carry out duties with vulnerable and/or disabled service users.

#### 4. VULNERABLE PATIENTS AND PEOPLE WITH DISABILITIES

- All PTS vehicles must be fit for purpose in relation to the needs of patients with disabilities.
- PTS providers must ask patients or carers questions about patients' disabilities or special needs, i.e. wheelchair, guide dog, hearing dog or other less obvious impairments, e.g. stroke patients who may need time and assistance to respond to questions from ambulance crew.
- A wheelchair accessible ambulance must be sent when required and this provision must include access for powered wheelchairs if necessary.
- PTS providers must enquire whether patients have 'patient specific protocols', which describe specific care required in relation to the person's clinical or impairment needs.
- PTS staff must be trained in dealing with vulnerable patients and provided in sufficient number to meet the needs of the patient/patients being carried.
- PTS staff must be responsive to patients' personal hygiene needs during journeys.
- Commissioners must take account of the particular needs of patients with disabilities or conditions such as diabetes, during waits in hospital waiting areas.
- Patients must be taken into their home by PTS staff to ensure their safety – not left at the entrance of estates or outside their home.

## 5. CARERS

- Carers or care workers must be enabled to travel with patients in PTS vehicles whenever this will better meet the needs of patients, continuity of care and effective discharge.
- Carers must be recognised as having a key role in improving the quality and effectiveness of PTS.
- Carer's needs must be taken into account.

## 6. ACCESS TO PATIENT TRANSPORT SERVICES

- A PTS specific telephone number should be available to all patients or carers using PTS services, so that they can book transport, inquire about the location of a PTS vehicle and other access enquiries.
- The PTS specific telephone number must be answered within a fixed number of rings - and it should be answered by a person, not by a machine.
- The PTS specific telephone number 'response standard' must be widely distributed with the telephone number and a text-phone number for people with hearing disabilities.

## 7. SERVICE PROVISION

Patients must be given a specific time for arrival of the PTS vehicle, and immediately informed of any delays by the PTS crew, e.g. due to vehicle breakdown/traffic delays/incorrect form of transport allocated or other reasons.

- Information about any delay in collecting a patient must immediately be transmitted to hospital/clinic, so that clinic staff can make arrangements to ensure the patient is seen on arrival.
- The practice of asking patients to be ready several hours before their appointment must stop.

- PTS crew must phone, text or email (as agreed in advance) the next patient to be collected after they have collected the previous patient, to inform the patient of the actual time of arrival.
- PTS providers must provide British Sign Language interpreters for service users whenever this is required.
- PTS services must provide interpreters where necessary for patients who do not speak English.

## 8. HOSPITAL DISCHARGE

- PTS providers should be provided with the name and contact details of the discharge-coordinator for each discharged person they have been allocated to return to their home.
- PTS contractors must be able to provide vehicles at precise times that meet the needs of patients being discharged. Transport from hospital ward to home at precise times, where a care worker is waiting to provide continuity of care is essential, because some people get only 30 minutes care in the morning and evening.
- PTS providers should have the contact details of the person who is meeting the patient at their home. This can prevent abortive and distressing discharges which occur when there is no one to meet the patients in their home.
- Any delays due to poor discharge planning should be reported to the discharge coordinator.

## 9. POST-CLINIC COLLECTION / RETURN TO HOME ADDRESS

- Patients must be collected for their return journey within one hour of the end of their clinic/investigation appointment.
- Patients must be returned to their home within two hours from the end of their clinic/investigation appointment.

- Patients must have access to staff and a telephone (at a suitable height for patients using wheelchairs) so they can confirm the time they will be collected after their appointment.
- Special account should be taken of the needs of patients with diabetes and other conditions that might be seriously affected by delays.
- PTS providers must give an undertaking that vulnerable patients will be returned home as quickly as possible and not be subject to long, circulation journeys, intended to reduce PTS costs at the expense of patient care.

## 10. TRANSFERS BETWEEN HOSPITALS

- Carers/care workers must be notified immediately when a hospital transfer has been agreed.
- PTS providers must notify the patient and carer/care worker of the actual time that the patient will leave the first hospital and arrive at the second.
- PTS crew must make sure that the patient is appropriately dressed during their transfer, and has any belongings they will need at the new location.

## 11. PATIENT TRANSPORT VEHICLES

- PTS vehicles must be designed to ensure the safety and comfort of patients.
- PTS vehicles must meet all safety criteria including double-safe mechanisms for door locking.
- PTS vehicles must be designed with surfaces that ensure and enable effective cleaning and decontamination.
- Cleanliness of PTS vehicles and cars – inside and out is essential. Surfaces must be treated to ensure the highest standards of hygiene and cleanliness and including routine checks for prevention of infection.
- PTS vehicles must be provided for the transport of bariatric patients (30 stone plus) with appropriate and adequate equipment.

## 12. ELIGIBILITY CRITERIA FOR USE OF PTS SERVICES

- Eligibility criteria must be clear and transparent.
- See: Eligibility Criteria for Patient Transport Services (PTS)  
*Produced by the Department of Health in 2007- <http://tinyurl.com/p42es6r>*
- Staff providing PTS, must have the skills and training required to determine the eligibility of patients for PTS.
- Service users must be involved and consulted in the drawing up eligibility criteria in relation to local need.
- Eligibility criteria must be published in a format that is accessible to patients, carers, GPs and acute sector provider staff. Formats should include: Easy Read, Large Print, Braille, on yellow paper, on DVD/cassette, different languages, and proactively made available to them.
- There must be an easily available appeals procedure that can be used by patients if the provider refuses to provide a PTS vehicle.
- Providers must not refuse patients PTS because they have a 'taxi-card'.
- Patients must not be refused PTS because they have their own transport, e.g. an adapted mobility vehicle. A professional assessment must be carried out in each individual case.

## 13. TRAINING OF STAFF

- All PTS staff must be trained in infection prevention and control techniques and must be familiar with DH guidelines for the reuse of linen and prevention of infection from soiled uniforms.
- All PTS staff must receive human rights, equality, diversity, cultural, religious and disability inclusion training. Training in relation to disabilities must include awareness of sensory impairment.
- All PTS staff must receive training in lifting patients with regular skills/technique updates.

- Staff must be fully trained in the skills of assisting vulnerable patients to and from vehicles, and between vehicles, the patients' home and clinics.
- PTS staff must receive training in the care of patients with conditions that are likely to require specific and sensitive care, e.g. people with dementia and those with a learning disability.
- Special consideration must be given to the needs of housebound patients and people with agoraphobia.
- Sensitivity to personal hygiene needs must be included in the training programme, e.g. for patients who are incontinent.
- Contracts must specify the requirement for PTS providers to supply trained staff who are experienced with bariatric patients (30 stone plus) using appropriate and adequate equipment.
- Staff responsibility for determining the eligibility of patients for PTS must have adequate and appropriate training for this role and evidence must be available that they have the skills and training required.
- All staff training must be recorded, records kept updated and made available for public scrutiny.

#### 14. SERVICE MONITORING BY SERVICE USERS AND LOCAL HEALTHWATCH

- A system of patient feedback on access, quality and safety should be agreed with LHW, the Patients' Forum and other patient groups and carried out continuously to ensure that services meet the requirements of these Quality Standards.
- Teams should be trained and developed to carry out monitoring of PTS vehicles and to talk to PTS users about their experiences of services.
- Mystery shopper reviews should be encouraged as a valuable way of assessing all aspects of PTS. See Appendix one.

## 15. COMPLAINTS PROCEDURE

- All PTS providers must ensure that there is a Complaints Procedure that is well advertised and effective.
- All users of PTS services must be assured that complaints and comments are welcomed and valued by PTS providers and commissioners.
- Responses to complaints must be robust and address the actual complaint within a specified time period.
- PTS providers must use data from complaints investigations to improve services. Details of improvements must be communicated to patients.
- Details of PTS complaints, recommendations from complaints and remedial action must be provided to LHW, the Patients' Forum and commissioners of PTS as part of monitoring process

**End** - 20 August 2014

# Appendix One

## Mystery Shopper Journey with Guy's and St Thomas Transport June 3<sup>rd</sup> 2011

Malcolm Alexander

### Outward Journey

- 7.30 am I was asked to be ready two hours before the appointment.
- What time will they be here?
  - What shall I do while I am waiting?
  - Must turn out lights and be ready to go.
- 7.42am A quick piece of toast. Quickly to the toilet.
- 7.59am Heard vehicle parking outside and checked to see if it was the ambulance.
- 8.00am Bell rang. I answered and said I would go down but would open the door for the crew as well. They did not come up the stairs, but that was ok as I said I would go down. I had a crutch and fracture boot on. When I got down the ramp was out and I walked up the ramp. Both crew said good morning, smiled and were helpful and caring. I walked into the vehicle and asked where I should sit. There were two seats on the left and a stretcher-bed on the right. I was told to sit on the forward seat and crew member helped me with the seat belt.

The behaviour of both crew was excellent. The person with me at the back of the vehicle chatted with me and showed interest and concern. He asked me about my injury but not in an intrusive way. We discussed seaside towns, church outings, our roots and life in south London. The crew member told me that the stretcher bed was for bariatric patients and that they carry a lot of children. He said they travelled widely to collect and take patients for treatment and mentioned travelling to Southend.

The vehicle was clean on the outside but the floor was dirty inside. The vehicle seemed cluttered. The sheet on the stretcher-bed was dirty.

We went straight to Guy's – picking up no other patients on the way. I arrived an hour early at 8.25am for my 9.30am appointment and asked where I should go and was advised to go to the café to wait for my appointment. The ramp was put in place for me to leave the vehicle. I said goodbye to the crew who were warm and friendly and wished me well. I sat and drank coffee



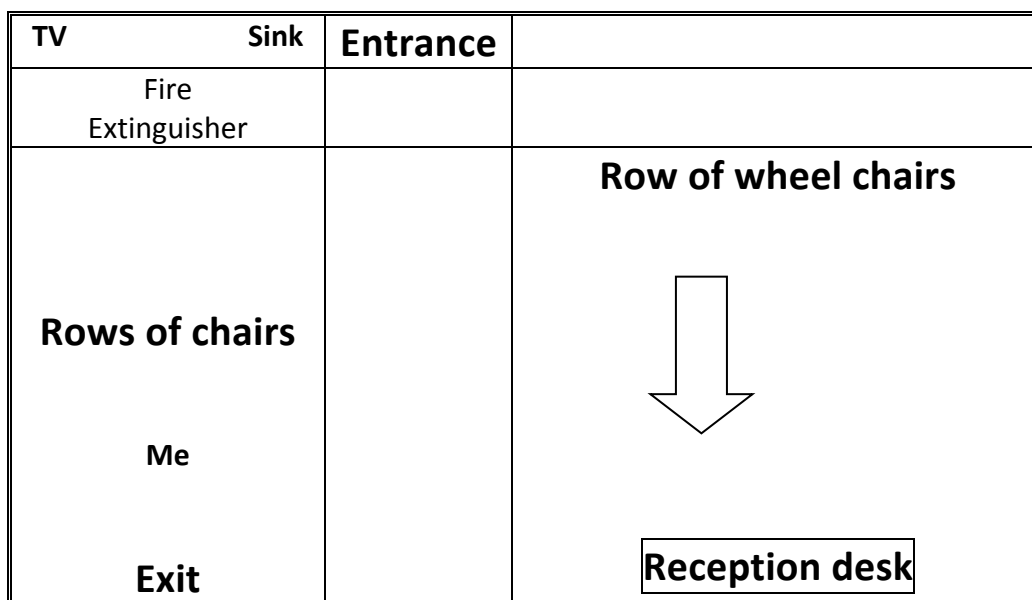
## Return Journey

After my appointment I arrived at the Guy's Transport Lounge at 10.17am

The Receptionist at the Transport Lounge was expecting me and asked me to sit and wait. She had a friendly and open demeanour. After a few minutes, I heard her phone a colleague to say that I was waiting for transport. I was not told how long I would have to wait. The Receptionist was consistently kind, thoughtful and empathic to all patients waiting or transport.

The chairs are arranged in rows and there are a number of new red chairs. The old blue chairs are baldly worn and shoddy. The people sitting on the chairs are either waiting to go home or to be taken to their clinic by a porter.

People arriving in wheel chairs were lined up to wait for a porter. Some people arrive in cars and have no wheelchair – in these cases a porter went go out with a wheel chair to collect them and bring them into the lounge. When I first arrived 8 people were waiting - 5 in wheel chairs.



The Reception Lounge is well decorated and clean. There is a modern television with good reception, which is well positioned. There is a wash basin and four soap/antibacterial dispensers in the lounge, but two were empty and one was inaccessible. During my time in the lounge I did not seeing anybody washing hands or using antibacterial gel. There were fire extinguishers near the television but did not seem to be properly secured.

Behind the Receptionist there are unsecured gas cylinders that violate the NPSA Patient Safety Alert issued by CAS. There is a box for patient's comments but this is well hidden on a ledge at

the back of the lounge. There was no information about making complaints or contacting PALS or the Southwark Local Involvement Network (LINK).

There was no information at all that I could see about the PTS service, targets or who runs the service, e.g. photos and details of staff and managers and contact details. Patients were provided with no information about waiting times unless they asked and then they were only given the target. There was no drinking water dispenser, no notice about getting food/refreshments, or details of the location of toilets. There was no phone for patients either for internal or external use.

The relationship between reception staff, porters and patients was excellent during my visit.

### Overheard conversations

- 1) Porter: "you're next"  
Patients: "I should have been next two times ago".  
Patient was waiting to go to chemotherapy.  
A man working for the clinic walks round checking on people's destinations.
- 2) In response to a question about where she is going, a woman: calls out "I am already late for my appointment".
- 3) Me: "How long will I have to wait?"  
Response: "Within 90 minutes from the time you were brought in."
- 4) Woman: "The car driver called up on my intercom and said he was waiting for me. I said can you come and get me?" He said "I don't know where you live". He was so rude."
- 5) A woman arrived resting on a folded up wheelchair. She said the car driver collected her and delivered her but refused to unfold her wheelchair and more or less abandoned her. The Receptionist opened the wheelchair and the woman sat down. She said she was too weak to open the chair. The Receptionist asked who the driver was so that she could take the issue up. I saw her go over and collect the driver's details so she could report him.
- 6) The porter placed a wheelchair next to me blocking my exit from the row I was sitting in.
- 7) I spoke to a kidney dialysis patient who was going to Bostock Ward for dialysis. She said there is a real problem with transport and portering. She said the ambulance and car services were poor. They sometimes don't help her into the vehicle and won't provide help if this involved touching her. Instead of seeking her consent they say they can't touch ladies legs.

If she does not get to Guy's early and get taken to Bostock quickly she can remain in the hospital until after 5pm. The transport service changes after 5pm and waits are long because ambulances come from much greater distances. She is diabetic but still might arrive home after 9pm. This is dangerous for her in view of her diabetes. No food is offered in the Transport Lounge during evening waits, but a sandwich is offered if she is late on Bostock.

- 8) Generally, patients waiting in wheelchairs appeared anxious and distressed about their wait.

## Collection from the transport lounge

11am Crew came to collect me from the Transport Lounge. They called my name and I followed them to the ambulance. They asked if I wished to use a ramp or I could use the steps. I chose the steps. The crew were concerned and caring. The ambulance was clean and tidy inside and out. There was no sheet on the trolley bed and the floor was clean. They took me back to Finland Street and assisted me to leave the vehicle. The crew were appropriate and helpful in every respect.

## Recommendations

### 1) Being collected

Being asked to wait for two and a half hours without updating re. actual time of collection is unreasonable.

- Updates by telephone for patient being collected should be introduced.

### 2) The Ambulance

- Monitoring of vehicle internal cleanliness is urgent and essential.
- Sheets for trolley beds must never be reused. The ambulance provider and commissioner should closely monitor hygiene and infection control in relation to vehicles used for patient transport.
- Maintaining ambulance tidiness and appropriate storage of equipment and supplies within the ambulance, should be closely monitored and staff given appropriate training.

### 3) The Transport Lounge

- Patients should be told approximately how long they will have to wait to be collected– not just given a target.
- The system for collecting patients from the lounge to take them to their clinic must be reformed. Patients must be taken to their clinic immediately on arrival.

- An urgent hygiene and hand washing campaign with training must be introduced for all ambulance and transport staff. Antibacterial gel dispensers must be filled and placed in accessible locations.
- All old armchairs should be replaced. They are not suitable for patient areas.
- Fire extinguishers must be properly fixed to the wall in an easily accessible place.
- Unsecured gas cylinders must be properly harnessed in line with guidance issued through the NPSA Patient Safety Alert issued by CAS.
- A box for patient's comments must be provided in an accessible location.
- Information must be provided in an accessible place about how to contact PALS, Healthwatch Southwark and about making complaints.
- Information should be provided about the PTS service, waiting times, targets and who runs the service, e.g. photos and details of staff and managers and contact details.
- Drinking water dispenser should be provided.
- Information about access to food should be provided for patients for those occasions when they have to wait for longer periods. This is especially important for patients who are diabetic.
- Signs showing the location of disabled access and other toilets should be provided.

#### **4) Hospital Cars**

- An urgent review should be carried out on the quality of the hospital car service. This should include collection of qualitative data from service users.

#### **5) Dignity**

- Ambulance and car crews should be taught how to request consent from a patient when they need to touch them to assist getting them into or out of ambulances or cars.

# Response from Guy's and St Thomas Hospital Transport Department

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July 29<sup>th</sup> 2011

Dear Malcolm,

Thank you for your recommendations for the transport and portering services at Guy's and St Thomas' Hospital and I can now feedback to you the actions that have been completed to improve the services.

## **Recommendations**

You stated that being asked to wait for two and a half hours without updating re actual time of collection is unreasonable. It is difficult, given the number of patients the Trust transports every day, to give specific times of pickups as other factors have to be taken in to account i.e. traffic jams, patient delays, parking issues etc. however, we did speak with the contracted companies regarding drivers phoning patients with their estimated times when starting their journey. This is now being looked at by both of the contractors.

The Portering department work throughout the whole of the hospital and the system they are using is being looked at and being replaced in the very near future for a more effective service.

We are currently waiting for a flat screen information television to be installed in both lounges of Guy's and St Thomas' to display all the transport information and any potential delays. At the moment we have posters displayed stating the standard waiting times. We are looking to improve the communication from the contractors to the reception staff in Transport. We have spoken to both companies and they are providing their staff with customer service training sessions. One of the companies has provided the lounge with a member of staff to solely take charge of any potential delays and this has improved the service immensely.

The crews are under strict instructions to maintain a clean and tidy vehicle at all times. The crew in this case have been reminded about the importance of maintaining the interior of the ambulance. All contracted staff are trained via their contracted company in all mandatory training and our staff carry out regular on the spot vehicle inspections and report on any irregularities and improvements. These inspections are monitored by our auditors.

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The Trust has been informed that the contracted crews and drivers all receive regular hygiene updates. All GSTT staff are trained in Mandatory Hand Hygiene annually and there are numerous hand gel sites around the hospital site. GSTT has one of the lowest MRSA levels in the country which is testament to this. All portering and GSTT staff also carry personal hand gel with them at all times. We are currently waiting for the wall mounted loose dispensers to be replaced throughout the hospital as the bottles are easily taken.

The lounge area has now been completed. The new chairs are now in situ and the old ones gone, the new reception desk has been installed and the gas bottles have been given a new home by way of a slot trolley. All fire points are designed to be free standing and not to be fixed to the wall. The patients comment box is on the main reception desk with comment cards attached, giving patients easy access to them. The comment cards also display information on how to contact PALS and other sources within the hospital. A new water filter has been installed in the new kitchen for fresh cold water for both staff and patients.

The Strategy team have been contacted regarding the signage of the area to point out access to facilities i.e. toilets etc. They have assured us that this is in hand with the other signage projects for the hospital.

All mandatory manual handling training includes how to handle patients while assisting them with their needs. Part of the training session shows the staff how to converse with the patients on all aspects of the moving and handling process. We update this training every year for all our staff.

All aspects of the contracted transport have an auditing process from our internal auditing department and recommendations are made to the contractors which are time specific.

I hope this feedback is of benefit and if you require any further information please do not hesitate to email me.

Imelda Brady  
Acting Trust Transport and Portering Manager

# Appendix Two



## More about the Sick of Waiting campaign

### **Excellence in patient transport**

At Queens Hospital in Romford, there's a wealth of information in the hospital foyer about transport – maps, timetables, and information about how to claim back travel costs for people on low incomes. We think that more hospitals should make it this easy for people to plan their journeys to appointments. And a number of hospitals ensure that patients have tea and coffee on offer in the patient transport lounge while they wait to be picked up after their appointment.

### **Languishing for hours**

But equally, those hospitals that are leaving patients languishing for hours after their appointment and they need to sort this out. We have heard from patients who have had to pay huge amounts for taxis, because they were afraid to rely on patient transport. We've heard from people who have had the driver refuse to transport their wheelchair. We've heard from people who've had to write off their whole day, for the sake of a fifteen minute doctor's appointment.

Together with Freedom of Information requests we are making to the Trusts, we're compiling a report on patient transport in the capital, which we'll present to CCGs and Trusts, asking them to ensure patient transport meets patients' needs.

We'll be having an Accountability Assembly in the autumn, at a central location to be announced, where members will put their questions directly to Hospital Trust managers, and we'll present our Patient Transport Charter. We haven't set a date yet, but we'll keep you updated.

## With your help, we can win this

The good news is that there is evidence of Trusts listening to patients and improving their transport procurement process. In 2013, David Hencke, a journalist, was appalled when his wife, a stroke survivor, was left waiting for more than five hours to be taken home after her appointment. He took this up with the West Hertfordshire hospital trust, asking them to strengthen their management of the patient transport contract.

Medical Services, the company which holds the contract for transport services at West Hertfordshire, will now contract some patient ambulance services from a taxi company for people who are sufficiently mobile. This should provide a faster service for people who aren't mobile enough to get in a taxi, and they will now get a priority ambulance service. Medical Services will also review ambulance rosters to put more staff on at the weekend and employ an additional member of staff at Watford, reducing the strain on the overstretched staff. The West Herts Hospital Trust is changing the procurement process for new PTS contracts. This includes financial penalties for breach of contract – patients should no longer have to wait for more than two hours – this is written into the current contract.

A great win for patients. This shows that with persistence, these contracts can be improved for patients. David Hencke said: "Far too many people are happy just to grumble rather than complain if the NHS service is not up to scratch. this shows that if you do complain you can get something done."

Please help us report any failings constructively. Together we can win significant improvements, so ill people no longer have to wait for hours on end to travel to and from the healthcare they need.

[www.transportforall.org.uk/news/sick-of-waiting-our-new-campaign-on-patient-transport](http://www.transportforall.org.uk/news/sick-of-waiting-our-new-campaign-on-patient-transport)

You can phone us, on 020 7737 2339, and answer the questions over the phone.

If you are part of a group of older people, we could post you some surveys to hand out.



# Appendix 3

## OBJECTS OF PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

The Company was formed by members of the statutory Patients' Forum for the London Ambulance Service, as a not-for-profit company with exclusively charitable Objects. The statutory Patients' Forum was abolished on 31 March 2008.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

- (i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and
- (ii) The promotion of the efficiency and effectiveness of ambulance services.

The Company is dedicated to the pursuit of its Objects as a small unregistered Charity with a view to registration with the Charity Commission, as and when appropriate.

## MISSION STATEMENT

The Patients' Forum is an unregistered Charity that promotes the provision of ambulance services and other health services that meet the needs of people who either live in London or use services provided in London. The Charity will influence the development of better emergency and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence.

- (1) We shall optimise existing working arrangements with London Ambulance Services and other ambulance services.
- (2) We shall continue to develop our campaigns for better and more effective ambulance services, by approaching all stakeholders and petitioning for generic, effective and consistent approaches to service provision that reduce deaths and disability.
- (3) We shall work to put in place effective systems for all patients and carers to communicate their clinical conditions effectively to ambulance clinical staff, and receive effective and timely responses.
- (4) We shall promote the development of compulsory quality standards for Patient Transport Services.

- (5) We shall work with partners to develop better services for the care and transport of people with severe mental health problems, and their carers that respect their wishes. The Forum will be sensitive to their vulnerability, safety, culture and the gravity of their situation.
- (6) We shall campaign to convince the Commissioners for the London Ambulance Service and the Board of the London Ambulance Service, to develop further the clinical effectiveness, assessment and care provided by London's ambulance services for people who suffer from cognitive impairment and dementia.
- (7) We shall work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.
- (8) We shall work with LAS Diversity and Equality groups to develop a workforce that reflects the ethnic diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to sickle cell disease and mental health problems.
- (9) We shall work with the LAS Diversity and Training Departments to promote effective training of all LAS front-line staff, in diversity and in relation to the protected groups identified in the Equality Act 2010.

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