

# PATIENTS' FORUM

## AMBULANCE SERVICES (LONDON)

### Patients' Forum Recommendations for changes to PTS hospital contracts **PATIENT TRANSPORT SERVICES (PTS)**

#### Quality Standards for Patient Transport Services (PTS) Proposals to Commissioners and Providers of PTS

##### 1) 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. Records should be publicly available to demonstrate that all safety standards have been complied with.
- Service users must be involved and consulted in the drawing up of PTS tender specifications.
- Local Involvement Networks should be notified each time a PTS contract goes out to tender, so that they can participate in process of selecting a PTS provider. LINKs will communicate with all local organisations that might have an interest and wish to participate.
- Service users, LINKs, the Patients' Forum and community groups with a special interest in PTS, must be present during the process when providers make presentations to commissioners. There must be a minimum of two community representatives at each provider presentation to commissioners, one of whom is a service user.

- These Quality Standards emphasize that knowledge of the state of mind of the patient is 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 CRB 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.

## **2) Patient Transport Vehicles**

- PTS vehicles must be designed to ensure the safety and comfort of patients.
- PTS vehicles must meet all safety criteria including 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 routine checks of bacterial safety carried out through swabbing of surfaces.
- PTS vehicles must be provided for the transport of bariatric patients (30 stone plus) with appropriate and adequate equipment.

## **3) 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 cross-infection from uniforms.
- All PTS staff must receive human rights, equality, diversity, cultural, religious and disability inclusion training. Training in relations to disabilities must include awareness of sensory impairments.
- All PTS staff must receive training in lifting patients will regular skills/techniques updates.

- Staff must be fully trained in the skills of assisting vulnerable patients to and from vehicles, and between vehicles, the patients' home and clinic.
- 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, 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 not continent.
- 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 accessible for public scrutiny.

#### 4) Eligibility criteria

- Eligibility criteria must be clear and transparent.
- Staff, who provides 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 of the eligibility criteria.
- Eligibility criteria must be published in a format that is accessible to patients, carers, GPs and acute sector provider staff, i.e. 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 pan-London appeals procedure which 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 vehicle. A professional assessment must be carried out on each individual case.

## 5) Vulnerable patients with people with disabilities

- All PTS vehicles must be fit for purpose.
- PTS providers must ask patients or carers question about the patient's impairment or special needs, i.e. wheelchair, guide dog, hearing dog or other hidden impairments (speech - e.g. stroke patients who understand clearly but need time and assistance to respond).
- A wheelchair accessible ambulance must be sent when required and this provision must include powered wheelchairs if necessary.
- PTS providers must enquire whether patients have 'patient specific protocols' which require specific care 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 during any waits in hospital waiting areas.
- Where appropriate patients must be taken into their home by PTS staff to ensure their safety.

## 6) Carers

- In line with the DDA, carers (would you also included care worker here? 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 might also need to be taken into account?

## 7) Access to the service

- A PTS specific telephone number for PTS control, should be available to all PTS users for booking transport, inquiring 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 by a person not a machine.
- The PTS specific telephone number response standard must be widely distributed with the telephone number and a text-phone number.

## 8) Communications

- Patients must be given a specific time for arrival for 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 the service provider, so that clinic staff can make arrangements to see the patient 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.
- That PTS services are able to provide interpreters where necessary for patients who do not speak English.

## 9) 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.
- Any delays due to poor discharge planning should be reported to the discharge coordinator.
- PTS providers should have the contact details of the person who is meeting the patient when they arrive home (some patients have been known to be discharged with no one to meet them at the other end?)

## 10) 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 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 to reduce PTS costs.

## 11) Service monitoring by service users and LINKs

- A system of patient feedback on access, quality and safety should be agreed with the Forum, LINKs and other patient groups and carried out continuously across London to ensure that services meet the requirements of these Quality Standards.
- Small teams should be trained and developed to carry out monitoring of PTS vehicles and to talk to PTS users about their experiences of services.

## 12) 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.
- 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 local LINKs and the Patients Forum and commissioners of PTS as part of monitoring process

## 13) 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.

## 14) Patients Forum Process

- This Quality Standards document has distributed to each Borough disability forum, Local Healthwatch, pensioners group and 'patients' assemblies' to support continuous monitoring and service development.

**End**

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Registered office: 6 Garden Court, Holden Road, Woodside Park, London, N12 7DG Company limited by guarantee.  
Company number: 6013086