

Guy's and St Thomas' **NHS**
NHS Foundation Trust

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Dear Mr Alexander

I have been passed your letter to Ron Kerr dated 17 June 2008 and asked to respond to the concerns raised on behalf of patients who feel they have been dealt with unfairly whilst being assessed for patient transport at Guy's and St. Thomas'.

I know that both you and representatives of "Transport for All" have been in contact over the past weeks, and I hope that the following comments will satisfactorily clarify the Trusts position.

As you are aware this Trust began assessing patients' suitability for patient transport in its current format, a little over two years ago. The purpose of centralising assessment was to ensure that patients were treated more equitably and also to direct resources to those in greatest need. In addition to this, the role of the assessor was developed to offer advice on alternative ways of travel to and from the Trust to patients who do not qualify for patient transport.

Our Assessment Team have been fully trained by our clinical lead and three clinical staff are on duty to provide on-going advice and deal with appeals.

Patients are assessed on medical grounds and need to score 4 or more points on the assessment to qualify medically. If they do not qualify they are offered information about public transport. If they qualify medically they are then asked whether or not they have access to alternative means of transport. If they do and this is something they use regularly in their everyday life they will be refused patient transport.

Examples of alternative transport would include:

- Driving their own vehicle,
- Having a family member or friend able to drive them to or from the Trust.
- Using public transport on a regular basis
- Access to their own mobility vehicle and
- Whether or not a Taxi-card has been issued

I will expand a little on the last 2 points i.e. mobility vehicles and Taxi-cards as they appear to be the main areas of concern raised in your letter:

- 1.) Mobility Vehicles – If a patient has a mobility vehicle and provided they are fit to drive it is reasonable to expect a patient to use this vehicle to get to and from hospital. Exceptions are made occasionally, where a patient has additional short term problems that prevent them from using the mobility vehicle and in these circumstances we will provide patient transport for an appropriate period.
- 2.) Taxi-cards – This area is split between patients who do not qualify for transport medically and those who do. Those who do not qualify medically may be advised to use their Taxi-card or public transport as part of the advice given to them by the assessors to enable them to attend their hospital appointments.

Those patients who do qualify medically will then be asked about alternative means of transport open to them as I have explained in the paragraph above. If the patient has a Taxi-card they will be declined patient transport and advised to use it. The criteria for the issue of a Taxi-card indicates that the patient is able to independently mobilise and therefore could use a black cab to get to their appointment.

At present, our assessment staff are advising patients to use their Taxi-cards in this circumstance.

Your comments and those of "Transport for All" indicate that the Taxi-card scheme is designed for social need and not for trips to hospital. However, the advice we have received from Neelam.Sharma@LondonCouncils.gov.uk on behalf of Taxi-card does not concur.

On 11th June, we asked the question whether or not Taxi-cards could be used to travel to and from hospital. The answer we received did not say that patients' could not use their Taxi-cards but often they were advised that it was better not to as the service could be unreliable and Taxi-cards received complaints about reliability as people did not want to miss timed hospital appointments.

If this information is incorrect we can instruct our assessment staff to stop advising patients to use their Taxi-cards but must still refuse them patient transport because in order to qualify they have demonstrated an ability to independently mobilise and can therefore book their own cab.

As you are aware, we are unable to consider a patients ability to pay for transport to and from the Trust as part of the assessment process unless they qualify for reimbursement of fares through the patient fares scheme.

In terms of moving forward and the helpful suggestions you have offered:

- 1.) Patient transport is provided on the basis of clinical and mobility needs and must include discussion about suitable alternative modes of transport available to patients provided it does not have a detrimental effect on their health.
The assessment process deals very well with around 95% of all patient assessments. The remaining 5% have to be dealt with based on individual patient circumstances and requirements. Any patient who is unhappy with an outcome can appeal against that decision and the case will be reviewed by senior and clinical staff.

2 (The assessment criteria the Trust follows both meets and exceeds the Department of Health guidelines.] 2

2.) I will ask Swarnjit Singh, Diversity & Employment Policy Manager, to liaise with Bill Cullinane, Head of Operational Services, to arrange for an Equality Impact Assessment to be carried out on the current policy.

no action 3.) I understand that Bill Cullinane has already agreed to setting up a patient user group and I will speak with him and ask him to liaise with you and colleagues from the Trust about membership and format of this Group to ensure that there is appropriate user involvement.

no action 4.) As part of the groups function I would suggest it develops a formal Code of Practice and I will ask Bill to liaise with you to understand what this might look like and how it can be communicated.

no consultation 2 GS The current assessment processes were developed through an extensive period of consultation involving key service users, a group of senior heads of nursing and several patient forums including the Kidney Patient Association, The Patient & Public Involvement Committee and I believe around 2 years ago the forum you chaired in the Guy's Hospital Burfoot Court Room.

Bill Cullinane has also offered to review individually any patients that remain unhappy about their current decision on a case by case basis and I think he has already communicated this to Mr Healy and yourself, and if you or members of "Transport for All" wish him to do so please e-mail him directly with the detail and I know he will ensure this happens very quickly.

Finally, I hope the actions and the clarity I have provided is sufficient to continue further our dialogue and that this Saturday's proposed demonstration at St. Thomas' Hospital can be called off as the Open Day is an opportunity for the Trust to open our doors to the public and celebrate what our staff do and emphasise the importance we put on the relationship we have with our local community.

Whilst I respect the groups' right to demonstrate, I would ask that we keep separate our Open Day and the issues raised by the group.

Yours sincerely

Amanda Millard
Group Director of Operations

Cc: Ron Kerr, Chief Executive
Patricia Moberley, Chairman
Bill Cullinane, Head of Operational Services
Joseph Healey, Transport for All