



# Patient transport in Somerset

## Report & recommendations

1 August 2011



Your voice on local health and social care

“

**One does not need travel problems when one is ill!**

”

- Somerset patient

# Contents

## Background to the project:

1. Evaluation Summary
2. Why was this project started?
3. Who co-ordinated the project and what methodology was used?
4. What did the evaluation show?

## The data:

5. Comments sent to the LINK about Patient Transport:
6. Comments recorded by Musgrove Park Hospital PALS concerning Patient Transport
7. Comments recorded by Yeovil District Hospital PALS concerning Patient Transport
8. Results from the survey

## Conclusions & Recommendations:

9. Evaluation conclusions
10. Recommendations

Appendix: Who's Who & What's What  
Acknowledgements

# 1. Evaluation Summary

The Somerset LINK carried out an evaluation of patients' experiences of using patient transport in Somerset. Various data sources were analysed as well as direct feedback from patients between December-May 2011, when a survey was distributed and 353 responses were received.

The aim of the evaluation exercise was to determine:

- How well the eligibility criteria for transport arrangements are understood by healthcare professionals (such as GPs and physiotherapists) and patients;
- Whether geographical location (such as rural areas) affects the success of the transport arrangements or raises particular needs;
- Whether information on patients' entitlement to transport is clear and understood;
- Whether the structure of the organisations involved in coordinating patient transport services is efficient; and
- Whether patients are satisfied with the transport provided and associated costs.



Getting to the hospital  
is my biggest worry  
when having check ups.



- a patient

Recommendations for the patient transport evaluation exercise focus on improving information, ensuring local treatment in the community wherever possible, establishing a single point of access for transport arrangements, and ensuring special consideration for carers when arranging hospital or healthcare appointments that may be far from their home.

## 2. Why was this project started?

A number of changes have taken place to patient transport services over the last two years. In 2009, the eligibility criteria for the Patient Transport Scheme (PTS) in Somerset were altered to bring them into line with Department of Health guidance and to ensure consistency of service across Somerset. In the past, different geographical areas had used their own guidance, which varied between areas. This resulted in some patients who had previously used free patient transport no longer meeting the eligibility criteria.

Following this, the coordination of the voluntary car service was transferred from South West Ambulance Service NHS Trust (SWAST) to the County Council, as SWAST decided that the voluntary car service should no longer form part of its core business. SWAST continues to provide patient transport via the Patient Transport Scheme when ambulances are needed.

Significant changes to the Healthcare Travel Cost Scheme (HTCS) were also introduced around this time. This included raising awareness, consistent payment arrangements across all health organisations and the use of Transporting Somerset to convey eligible patients without the need for money to change hands.

In addition, Transporting Somerset also introduced a self-pay low-cost not-for-profit service for any patient who fails to meet the eligibility rules for the PTS or the HTCS.

The Somerset LINK has carried out an independent evaluation of patient transport services, supported and informed by the Patient Transport Services Evaluation Task & Finish Group.

The Somerset LINK is an independent network of patients and community groups. The LINK has registered participants across Somerset, including community groups with a specialist interest in patient transport issues.

## 3. Who co-ordinated the project and what methodology was used?

The project was coordinated by the Patient Transport Services Evaluation Task & Finish Group, which comprised a cross-section of interested parties, including the County Council, NHS Somerset, a patient representative and a Development Office from the LINK.

The evaluation looked at the following data:

- **PALS:** We requested data from the Patient Advice and Liaison Service (PALS) in Yeovil District Hospital and Musgrove Park Hospital in Taunton concerning any comments about patient transport services that had been given by patients or their carers between October 2009 and spring 2011.
- **LINK data:** We looked at comments that the LINK has received from members of the public over the same period.
- **Survey:** Targeting patients that use patient transport services, we sent patient transport surveys via the post.
- **Online data gathering:** We launched a Somerset Patient Transport Evaluation website which enabled users to contact us with their feedback about patient transport. This included email contacts and an online survey.

## Survey distribution:

Information about the patient transport survey was publicised across Somerset. Information and links to a website were published in the Somerset County Gazette and other local papers and newsletters. Information was distributed to LINK members. Surveys and survey stands were distributed to every GP practice across Somerset, to matrons in the Community Hospitals and to Musgrove Park Hospital in Taunton and Yeovil District Hospital. They were also sent to a selection of around 400 people who had used the services of Transporting Somerset, a selection of people registered with Mendip Community Transport and members of Compass Disability, a network of people across Somerset.



### ***A comment on the survey:***

Mendip Community Transport were unhappy with the first question on the transport survey (see page 10), as they considered that the options for answering the question were confusing and did not properly allow respondents to indicate that they had used community transport schemes. They felt that respondents might select 'Transporting Somerset' when they had actually used community transport, such as their own scheme, and that this would mean that the data collected was inaccurate.

This point was noted and agreed, and should be taken into consideration when viewing the results of question 1.

Mendip Community Transport therefore sent the survey out to a selection of their users with question 1 re-worded to avoid this potential confusion.

## 4. What did the evaluation show?

The issue which arose most frequently was a lack of clear information. Patients were confused about what transport was available to them and the criteria for entitlement to free transport – many could not understand why there were receiving certain benefits but were not entitled to free patient transport.

Respondents felt that more information was the best way of making booking easier, followed by a single point of access or phone number. Patients also felt that GPs and hospitals should be better informed about patient transport. GP surgeries and hospitals and clinics were the most places most often cited as the place where patients were given information about patient transport.

There was considerable disquiet about the changes to the free transport eligibility criteria and the lack of information about this which has confused and angered some patients.

Respondents who lived in rural areas cited transport as a big problem which affected their transport into hospital or health appointments, due to both social isolation (and a consequent lack of friends or family to help with transport) and a lack of public transport. Respondents reported that they did not feel safe travelling on public transport such as buses, often due to poor mobility and problems getting onto buses. Concerns were expressed by some respondents that ambulances no longer take mobility scooters and this presented problems for them.

The cost of patient transport was an issue that arose frequently, particularly for patients who receive a state pension/state pension credit, and had to travel some distance to hospital or clinic appointments.

Key issues raised by people who responded to the survey were:

- 24% of respondents either did not receive any information about patient transport services or did not feel that the information given was clear and easily understood;
- When asked about specific services such as the Healthcare Travel Costs scheme or free hospital transport, 38% of patients said that these had not been explained to them;
- When asked for suggestions that would help improve the transport service, the most commonly cited suggestion was better information. This was followed by extended hours and lower costs;
- 17% of respondents did not find it easy to get in touch with the right person to book their transport;

The issue that arose most frequently was a lack of clear information.

- 70% of respondents felt that where they live affected their travel into hospital or to health appointments. The main reason given was rural isolation and the distance to hospital. Public transport difficulties were cited by 30 respondents as the main difficulty affecting travel to health appointments, followed by mobility problems (15 respondents) and cost (14 respondents).
- 47% of people felt that the cost of transport affects their travel to health appointments.



# The project data

The data that we looked at follows in more detail in the next few sections.

## 5. Comments sent to the LINK about Patient Transport:

### Summary of comments received by the Somerset LINK:

- Difficulty getting through to transport information via telephone number;
- Lack of GP knowledge;
- Concerns about complexity of system;
- Transport that did not make provision for patient's carer;
- Concerns about cost.

The following are a selection of comments regarding patient transport that were sent to the Somerset LINK over the period October 2009 - April 2011:

- "I did try and phone the transport number for more information but I was on hold for a very long time, and I have to say I gave up!" (*Staff member at GP practice*)
- "(I have concerns) about communication between service providers and users - I don't think my surgery is aware of (some of these services)." (*Patient Participation Group member*)
- "From my perspective as a volunteer driver the systems seem overly complex; a conversation I have just had with a patient I took to hospital."
- Alleged hospital driver exceeded speed limit: On one journey by hospital car, the driver drove at 85 mph on the motorway. The patient writes: "I was terrified."
- "[Volunteer] Transport in Somerset has doubled in price this last year. Everyone is finding it extremely difficult to travel to anywhere which isn't easily accessible by using their bus passes. Because of the expense of transport many people are now housebound."
- The cost of transport is a problem for mental health service users when they want to attend involvement meetings.
- "For 3 years I was able to use the hospital transport system (volunteer drivers using their own cars) to travel from Burnham-on-Sea to Musgrove Park hospital Taunton. Early this year with no prior notice this service was discontinued leaving countless people like myself wondering where to turn. I am in my mid-eighties and suffer from

rheumatoid arthritis and a lung condition and need to attend Musgrove Park frequently  
- how can I be expected to pay over £50 for each trip by taxi?"

## 6. Comments recorded by Musgrove Park Hospital PALS concerning Patient Transport:

### Summary of comments received by Musgrove Park Hospital PALS:

- Confusion about the eligibility criteria;
- Disquiet about the changes to eligibility criteria;
- Transport that did not arrive or arrived too late;
- Transport that did not make provision for patient's carer;
- Transport not being available in the hours needed to get to hospital appointments;
- Transport arriving for deceased patient;
- Concerns about cost of patient transport.

The following are a selection of comments regarding patient transport that were sent to Musgrove Park's PALS department between October 2009 and June 2011.

- Doesn't qualify for patient transport & unhappy with the cost of the journey to MPH.
- Husband angry because patient's transport did not show up & did not want to be a DNA.
- Patient is need of transport again & has now been advised that no transport available on a Saturday.
- Patient finds it difficult to attend appointments before 11.00 due to transport issues.
- Patient attends MPH for regular chemo sessions. Transport has been arranged for appointment. However, transport was very late and patient worried that he would miss appointment and chose to get in his own car and attend for appointment.
- Transport arranged to collect and return patient to his nursing home with the agreement that enquirer would also be able to accompany him. Pick-up time agreed & although they waited transport never arrived. Nurses very good & provided snack boxes for lunch. Eventually collected over 2 hours later than originally agreed but then there was no room for her to accompany patient & she was left here with her car still at the nursing home.
- Patient's relative referred from the ward to PALS. Patient has oozing wound following op & has been discharged to community hospital. He feels very upset & angry about

the transport that came to pick her up. He describes this as being more like a mini-bus. It was filthy, the seat was hard & his wife was not strapped in. Patient was in tears & in pain & he feels this is disgraceful.

- Discharged recently from hospital via ambulance & due back in tomorrow for follow up with Consultant (is very keen to be reviewed). Was unaware until today that she is responsible for booking her own transport back in. When ringing the transport office they have told her that no transport is available for another 2 weeks! Says she was not advised by the ward that she would need to book this. Has no other means of getting here tomorrow & needs an ambulance to bring her in.
- Complainant is very distressed. Transport arrived to take her husband to an appointment. Her husband had died 9 months ago.
- Although now using a volunteer car service to bring her in for appointments, enquirer would still like it logged that she is unhappy with the cost of patient transport, even though she is in receipt of benefits.
- Has experienced problems with patient transport. Told it had been arranged then it didn't show up. Eventually sorted out but when eventually made contact with the booking centre found them unhelpful.

## 7. Comments recorded by Yeovil District Hospital PALS concerning Patient Transport:

### Summary of comments received by Yeovil District Hospital PALS:

- Appointments cancelled due to lack of transport;
- Confusion/lack of information about patient transport;
- Concern about the changes to eligibility criteria;
- Transport that did not arrive or arrived too late;
- Transport arriving for deceased patient;
- Last-minute transport not available.

The following are a selection of comments regarding patient transport that were sent to Yeovil District PALS department between October 2009 and June 2011.

- Audiology appointment cancelled due to lack of transport.
- Patient transported by ambulance and arm of wheelchair removed when transporting.
- Patient now has to pay for community cars but it was previously free.

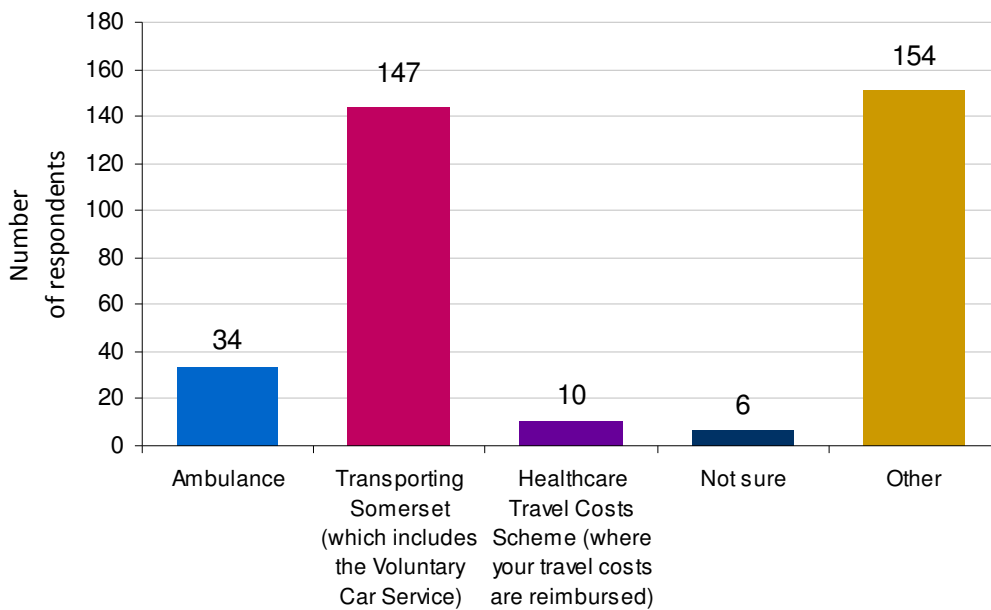
- Caller wanted to raised concerns that an ambulance had turned up to collect her mother and her to attend an outpatient appointment; however her mother sadly passed away in March 2008.
- Patient unable to obtain information about availability and cost of hospital transport.
- Patient's husband called to say that there was a delay in picking his wife up from the hospital. Transport was due at 2.30 but did not arrive until 6.00 pm.
- Patient called as he was concerned that his wife's procedure at Bristol would be cancelled because he had been told there was no transport available.
- Patient rang to say he has received a call to say that his hospital transport has been cancelled and he needs to be to a hospital appointment at 11.00 this morning.

# 8. Results from the survey

353 responses were received from the patient transport survey. (Not all respondents answered all of the questions, so totals for each question may not add up to 353.)

## 1. Which transport scheme did you use to get to the hospital?

Which transport scheme did you use to get to the hospital?



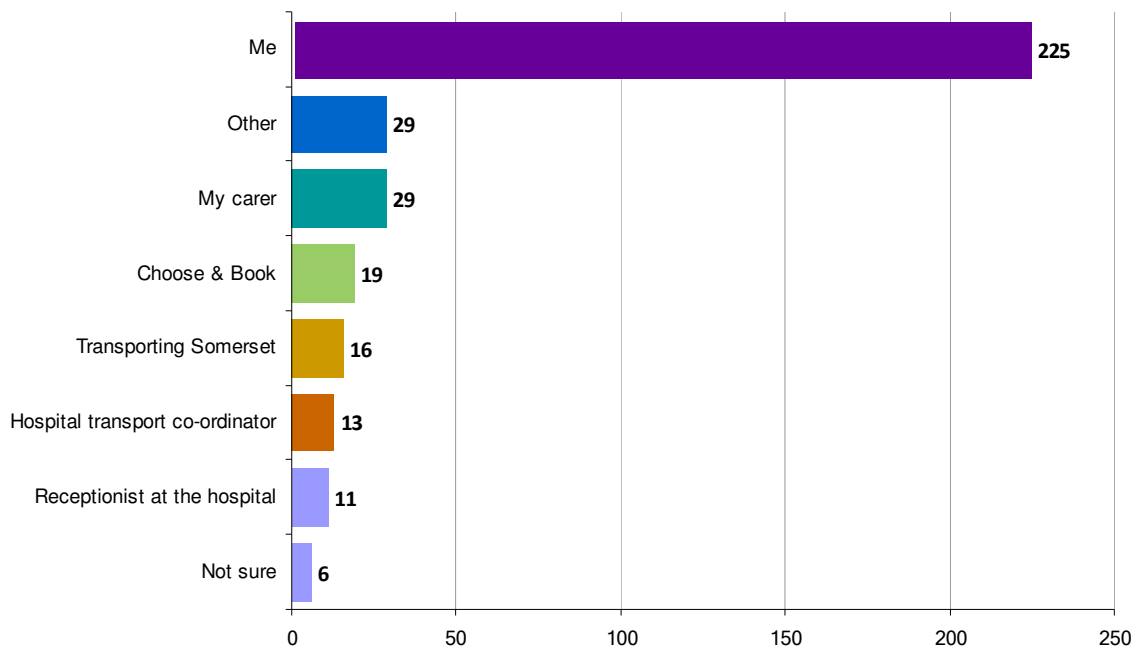
Breakdown of 'Other' responses (43.9%)

Answer Options	Response Count	Response Percent of Other	Response Percent overall (351)
Dial a ride	2	1.3%	0.6%
friend/relative	8	5.2%	2.3%
Mendip Community Transport Hospital cars	81	52.6%	23.1%
Mendip or Sedgemoor Slinky	13	8.4%	3.7%
My car	3	1.9%	0.9%
Public transport	7	4.5%	2.0%
Red Cross	2	1.3%	0.6%
ring and Ride	2	1.3%	0.6%
Ring and Ride Wincanton	3	1.9%	0.9%

Taxi	9	5.8%	2.6%
Volunteer	2	1.3%	0.6%
we paid the cost	2	1.3%	0.6%
Other	20	13.0%	5.7%
<b>Totals:</b>	<b>154</b>	<b>100.0%</b>	<b>43.9%</b>

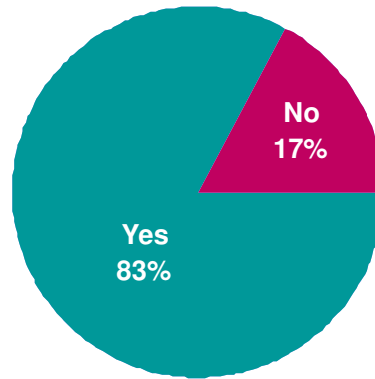
## 2. Who booked your transport?

Who booked your transport?



### 3. Did you find it easy to get in touch with the right person to book your transport?

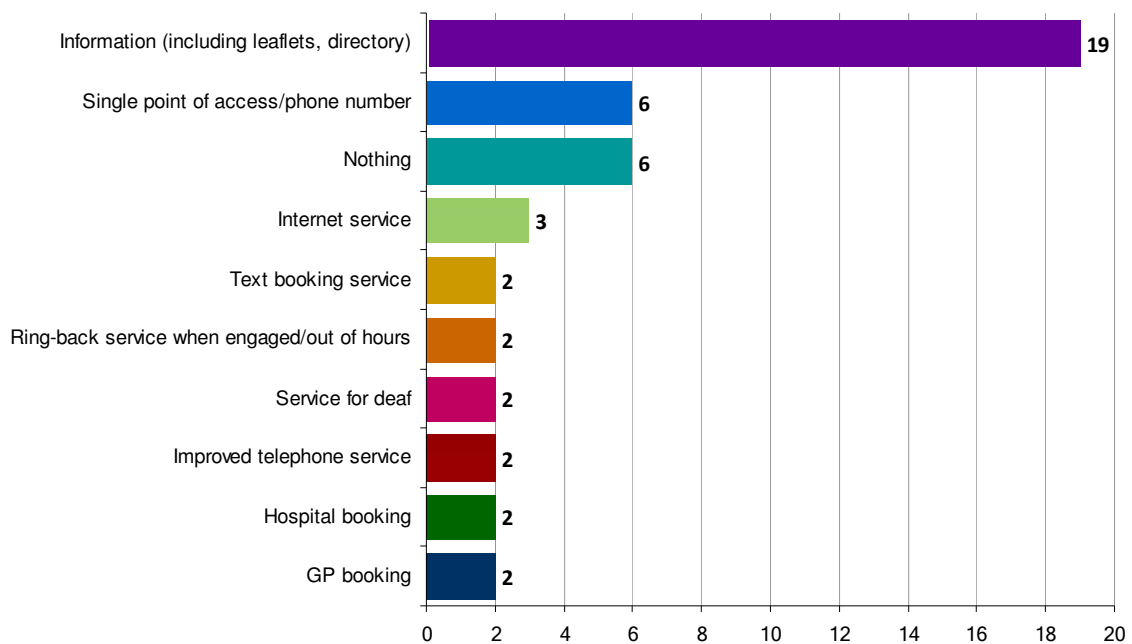
Did you find it easy to get in touch with the right person to book your transport?



### 4. Can you suggest ways in which booking could be made easier?

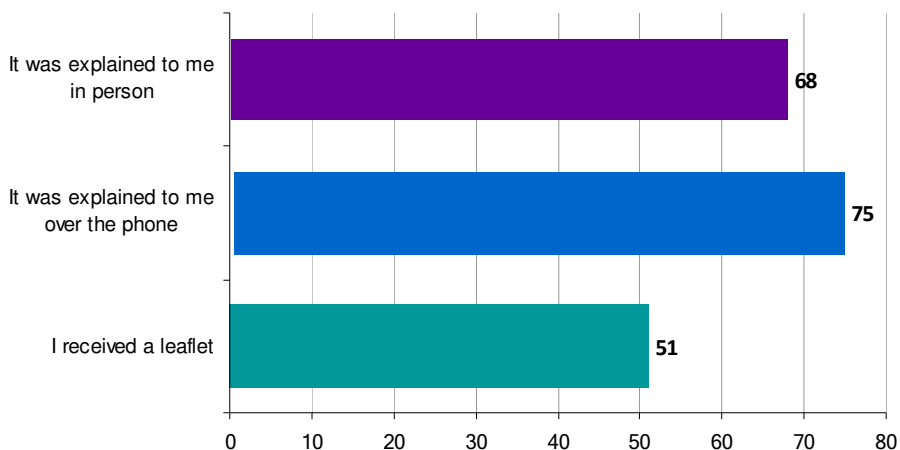
Respondents could answer this question with free text. These responses were categorised and this categorisation is shown in the bar chart below.

Can you suggest ways in which booking could be made easier?



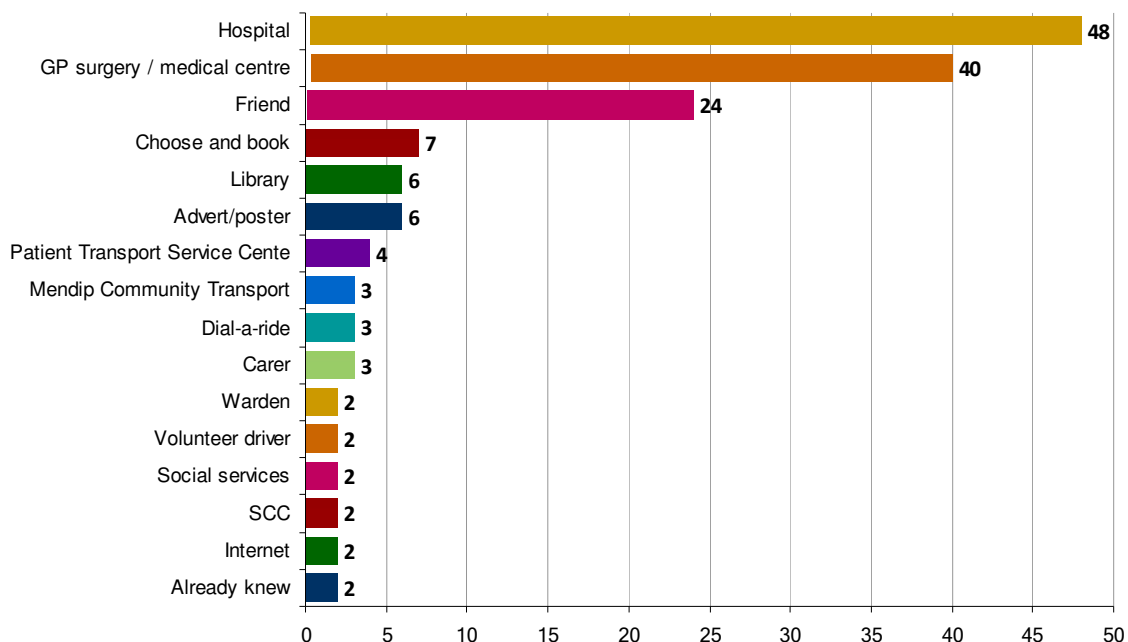
## 5. How did you find out about patient transport?

How did you find out about patient transport?



## 5b. Please let us know where you were given the leaflet, or who explained the service to you:

Please let us know where you were given the leaflet, or who explained the service to you:



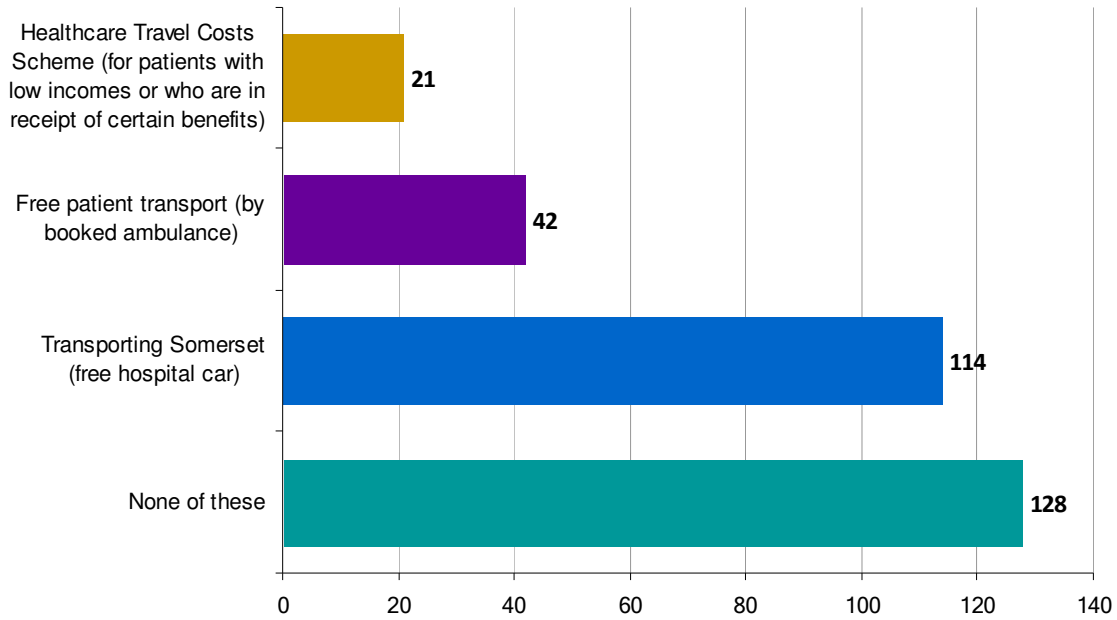
### Answers where only one count was received:

Age Concern, Balsam Centre, Benefits advisor, Care coordinator, Care worker, Community Hall, District Nurse, Myself, Nurse, Telephone, Transporting Somerset, Self-Help Centre, Pharmacist, Red Cross, Macmillan, Mendip District Council.



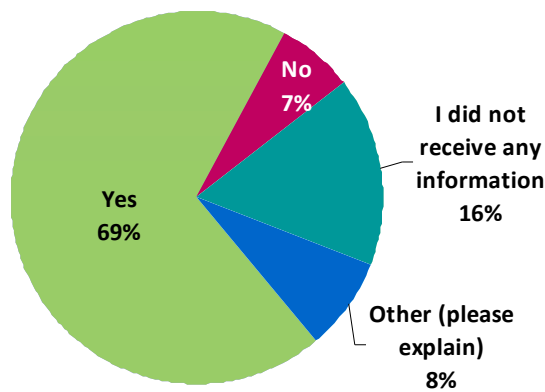
**6. Which of the following services were explained to you:**

**Which of the following services were explained to you:**



**7. Was the information given to you clear and easily understood?**

**Was the information given to you clear and easily understood?**



**Please explain: (22 answers given, a selection follows)**

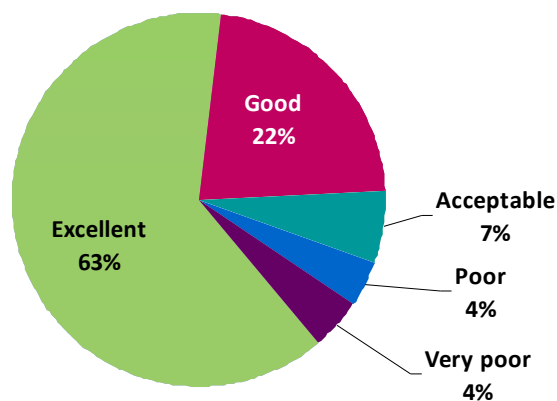
- Was not told I had to make my own way home.

- I could only book the transport one way. I had to arrange transport home for my husband.
- Verbal information only (see above)
- I cannot get in and out of a car and if I order an ambulance I won't be able to use my scooter, so how do I get about?
- Bed space at Musgrove Park dictated very short notice indeed for arranging transport so I am taken by friends.
- Mostly clear but when asking staff at Hospital not everyone was fully sure of details or booking rules
- It is impossible to get any reliable information about hospital transport
- I was told that I would have to pay in advance. No information on claiming back the cost.
- They just asked if I received certain benefits and then said I wasn't entitled to the service and gave me a number to get a car (one way) for £35 very expensive.
- I would like to know more about Healthcare Travel Costs Scheme.
- Somerset Patient Advice Centre told me I did not qualify and sent me a leaflet.

“ It is impossible to get any reliable information about hospital transport. - a patient ”

**8. Please tell us how you felt about the transport service that you received:**

Please tell us how you felt about the transport service that you received:

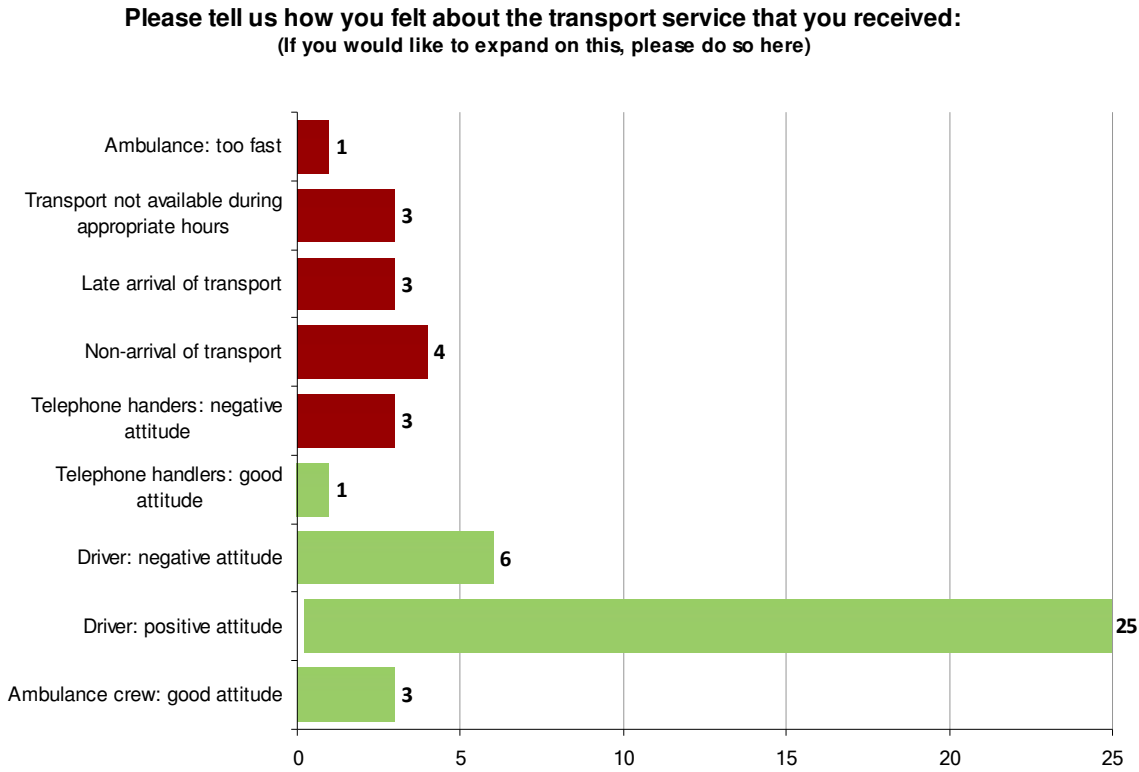


**Please tell us how you felt about the transport service that you received:**

**Which transport scheme did you use to get to the hospital?**

Answer Options	Ambulance	Transporting Somerset (which includes the Voluntary Car Service)	Healthcare Travel Costs Scheme (where your travel costs are reimbursed)	Not sure
Excellent	15	87	4	2
Good	6	33	3	1
Acceptable	3	11	0	1
Poor	5	4	0	0
Very poor	2	4	1	0

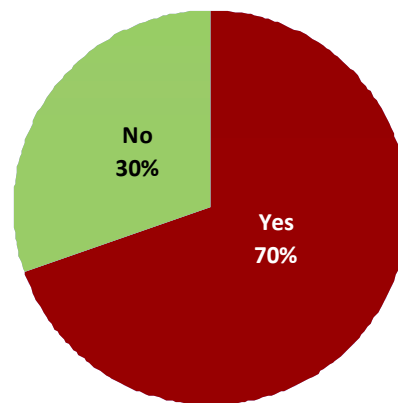
**“If you would like to expand on this, please do so here:”** Respondents were given the opportunity to expand on their answers to this question with free text. These responses were categorised and this categorisation is shown in the bar chart below.



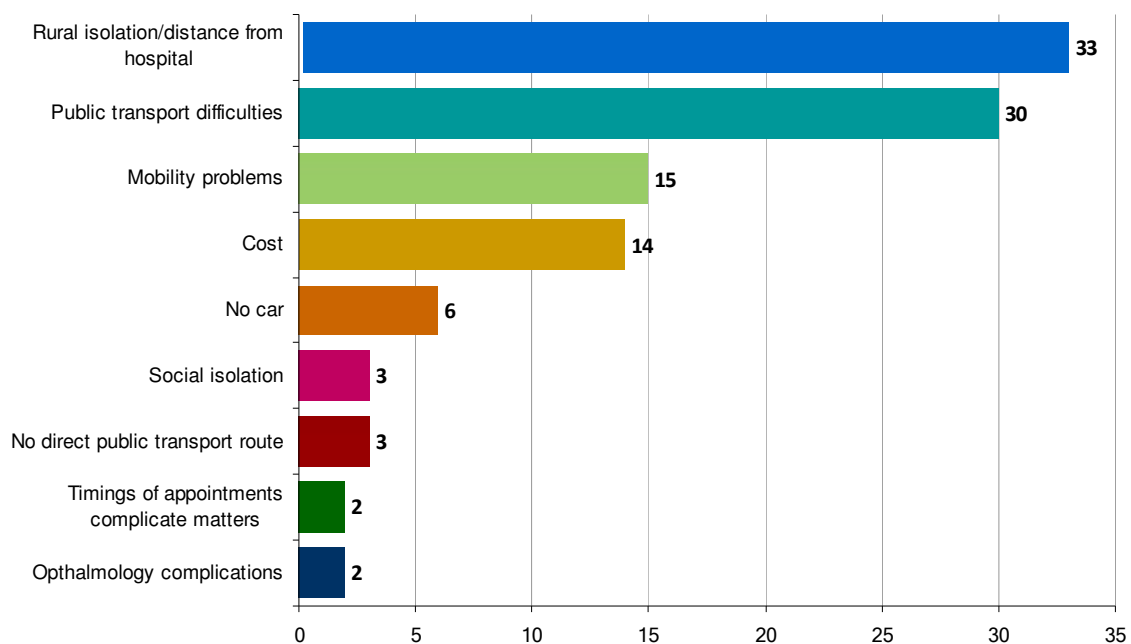
**9. Do you consider that where you live affects your travel into hospital or to your health appointments?**

Respondents were asked to give a Yes/No answer to this question and then explain their answer with free text. These responses were categorised and this categorisation is shown in the bar chart below.

**Do you consider that where you live affects your travel into hospital or to your health appointments?**



**Do you consider that where you live affects your travel into hospital or to your health appointments?  
(Please can you explain your answer)**



**Please explain: (130 answers given, a selection follows)**

- Have to change onto 2 buses and having walking problems has not been easy to say the least.
- If you live somewhere where there is no public transport and you are miles from the Hospital, and on a fixed income, it is very difficult to get there especially if you don't have family or friends or money.
- I am partially disabled, live on my own and it is awful coping with bus services.

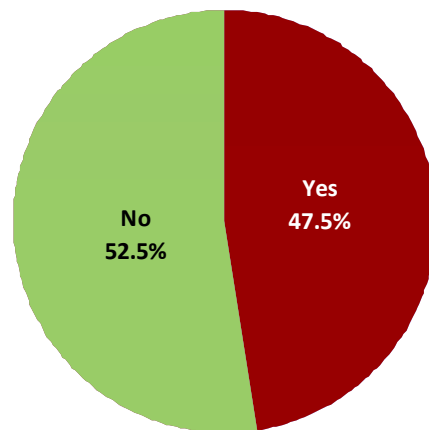
- I attend Wellington Hospital for a Diabetic Eye Screening. I am not supposed to drive after this treatment, but after my last experience I will drive my self.
- I live in a small country village. I am over 65, disabled, I do drive but only short journeys. Also with some of the treatment I have it says not to drive myself
- I live at least 20 miles from the nearest main Hospital
- If my friends can't take me for my appointments I have to walk 15 minutes to catch an hourly bus. If - as with my skin cancer clinic - my appointment is around 4-4.30pm and is delayed and I cant catch the 5.30pm bus I have to wait for the 6.30pm bus.
- We live on a reasonably remote farm and we only get one bus a week.
- I walk with the aid of a zimmer frame so cannot go by bus. I live alone.
- I live on a Romany Gypsy site - 1 mile from the nearest bus stop or village.
- Chard to Musgrove in Taunton = one bus per hour - 1 ½ hours travelling one way when you are feeling unwell.
- The bus stop is too far away and nowhere to leave my mobility scooter.
- I have epilepsy and cannot drive. The bus service to hospital is not good.
- It is 25 miles from here to the nearest main Hospital. As I am a carer I cannot be away from home for too many hours.
- Nobody gives a damn about West Somerset. I have just refused an operation because of difficulty in getting to Southmead Hospital
- I have chronic back pain. I am 91 and with very poor mobility.
- One night stay at Exeter cost me £90 in travel. I stayed at Marsden Hospital. The coach cost £7.
- Getting to the hospital is my biggest worry when having check ups.
- I am unable to climb on to Public Transport. I am 90 ½ years old, and not good on my feet - arthritic.
- Hardly any transport - have to be nearly dead to get it.
- The last appointment was the first time that I had to pay. From now on I shall dread hospital appointments.
- Live in the Blackdown Hills, three miles from the nearest settlement and down a quarter mile un-made drive.

“ I am unable to climb on to Public Transport. I am 90 ½ years old, and not good on my feet - arthritic. ”

“ The last appointment was the first time that I had to pay. From now on I shall dread hospital appointments. ”

**10. If you are not eligible for free transport, does the cost of transport or the way you pay for it affect your travel into hospital or to your health appointments?**

If you are not eligible for free transport, does the cost of transport or the way you pay for it affect your travel into hospital or to your health appointments?



**Please explain: (113 answers given, a selection follows)**

- Haven't always got money to pay out in the first place.
- We are both pensioners, and taxi transport is expensive.
- Just so inconvenient for the eye hospital in Bristol as it's not in Somerset.
- Get wet waiting at bus stops also very cold, waited for 45 mins for bus.
- Yes my wife and I have to try to co-ordinate Hospital appointments to reduce the number of 35 mile round trips.
- With a hospital just 2 miles away it seems ridiculous that I have to pay to go to Taunton several times a year and as most of the appointments are eye related I am unable to drive myself.
- I do have transport but the cost of fuel is getting to be a real concern.
- I was quoted a price of over £56 to take me to Frenchay.
- The transport help is very valuable. I make sure that I have enough money put by.
- It's not the cost so much but how I get there as I find it difficult to walk and would feel unsafe on the bus.
- At first I did not know that being on income support I could get help. I found it was becoming expensive as a number of hospital trips increased. I am very grateful to the person who explained that I could get help

“ With a hospital just 2 miles away it seems ridiculous that I have to pay to go to Taunton several times a year and as most of the appointments are eye related I am unable to drive myself. ”

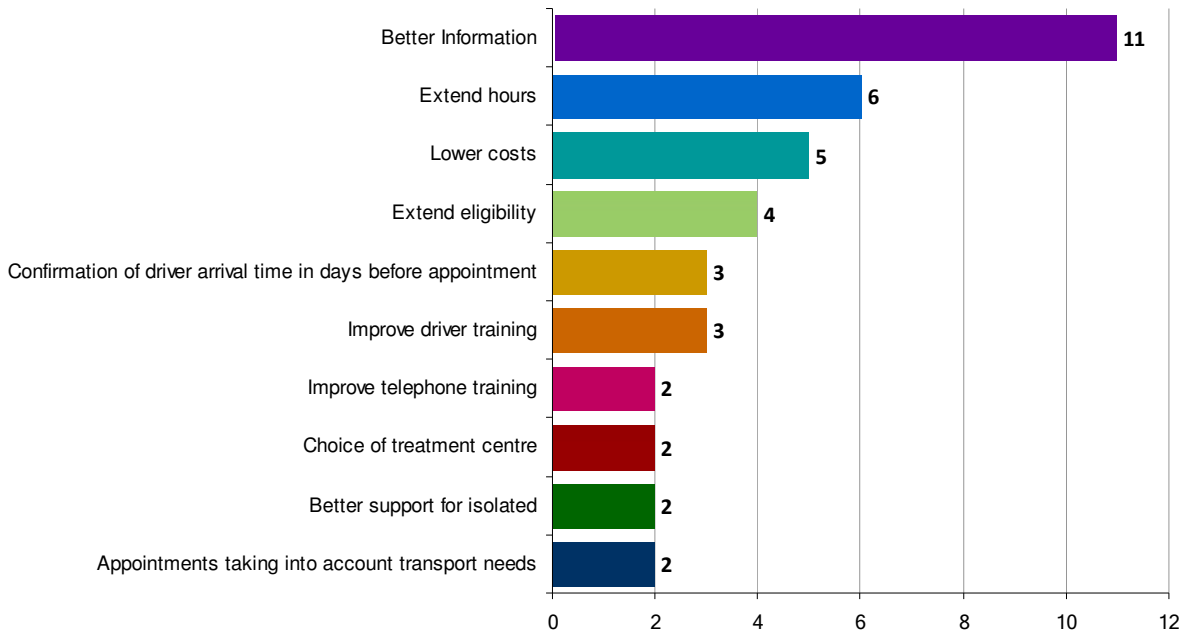
- I don't like to ask friends as they are in their 70's and 80's and don't always like driving to Bath and Bristol.
- I find it hard to walk far and get on and off the bus.
- £48 is nearly half my state pension for a week.
- Quite simply - I do NOT attend unless I consider the appointment very urgent. I can't afford it!
- Because I can only walk with a zimmer frame or shopper and I am 89 yrs old so I can't walk any distance.
- 1.5 hour bus journey or £50 taxi fare.
- I couldn't catch the bus as there wasn't a return journey and the service costs me £51.
- The transport I received cost the same as a taxi. Paying in advance was a worry, I would have lost that money if my surgery had been cancelled.
- But £80 for getting to Southmead make a big hole in my pension.
- Have not been told why I am not eligible for free transport my pension is only £116.47 per week.
- My worries are not finding the cost of the transport but whether I can get the necessary help to wheel me within the hospital after travel and whether the lateness of hospital times will affect transportation.
- One does not need travel problems when one is ill.
- £43 from a weeks pension plus specs and dental on the same week put paid to that weeks OAP.
- But I do find it costly. I'm 83 yrs old and on some benefits - I have been told these are not the right ones! I've paid £140 for 2 trips to Bristol.
- One example is when I had to go to the BRI I had to have a pacemaker change system revision, this involved me having to stay in the hospital for a full day to make sure that I was well enough to return home late afternoon. I had to pay for the transport going to the BRI twice, for which I had to pay £91.58. The driver had to return to Yeovil to carry out other hospital journeys during the day. I receive help with rent, council tax and pension credit and found this cost outrageous!
- Need a good many appointment at Musgrove which is the only venue for Hydrotherapy.
- Taxi costs over £90 for return journey!!
- With limited funds, paying £50.00 to go and blow 3 times into a tube and then come home is very expensive.

“ With limited funds, paying £50.00 to go and blow 3 times into a tube and then come home is very expensive. ”

#### 11. Do you have any suggestions that would help improve the transport service that you used?

This was an open-ended question that invited comments from respondents. The comments were analysed by putting them into categories and a breakdown of responses follows:

**Do you have any suggestions that would help improve the transport service that you used?**



**Responses that received one 'count' only included:**

Better staff training, Cheaper Public Transport, Eligibility accepted once instead of every 3 months e.g. if disabled, GP surgeries: improve awareness, Help for emergency/last-minute appointments, Hospitals: improve awareness, Leave message on telephone, More awareness of carers' needs, Nominal fee for those who can afford it and simplify system.

**12. Do you have any other comments that you would like to make about the service?**

110 comments received: a selection follows.

**Positive comments: (110 answers given: 53 (48%) were positive)**

- The ambulance service has always been exceptionally good and the personnel kind and caring.
- I could get Hospital Transport, but I would have to be away all day. That's why I would rather pay to get there and back with your (community transport) service.
- I have been very happy and grateful for the car service I have needed it for many years now and could not manage without it. The drivers are ace! - many thanks
- Overall a very good service, especially the ambulance crews.
- This is a wonderful service and very much appreciated.
- Without the service provided it would be nearly impossible to get to and fro from hospital at the appointed times.



- I am very grateful and I am a widow and my daughter is very good to me, but I do try to be independent when possible.
- So very valuable to those who find public transport i.e. buses totally impossible.
- The service was very good. They (drivers) where the wards were etc. I am not able to walk very well.
- Yes I would like to thank those who volunteer it is very kind of them. Also everyone else who make it possible for us to travel to hospitals. I give them a big thank you and god bless!
- Without it (The Blackdown Support Group), we could not continue to live here.

**Negative comments/suggestions for improvements: (110 answers given: 57 (52%) were negative/suggestions for improvements)**

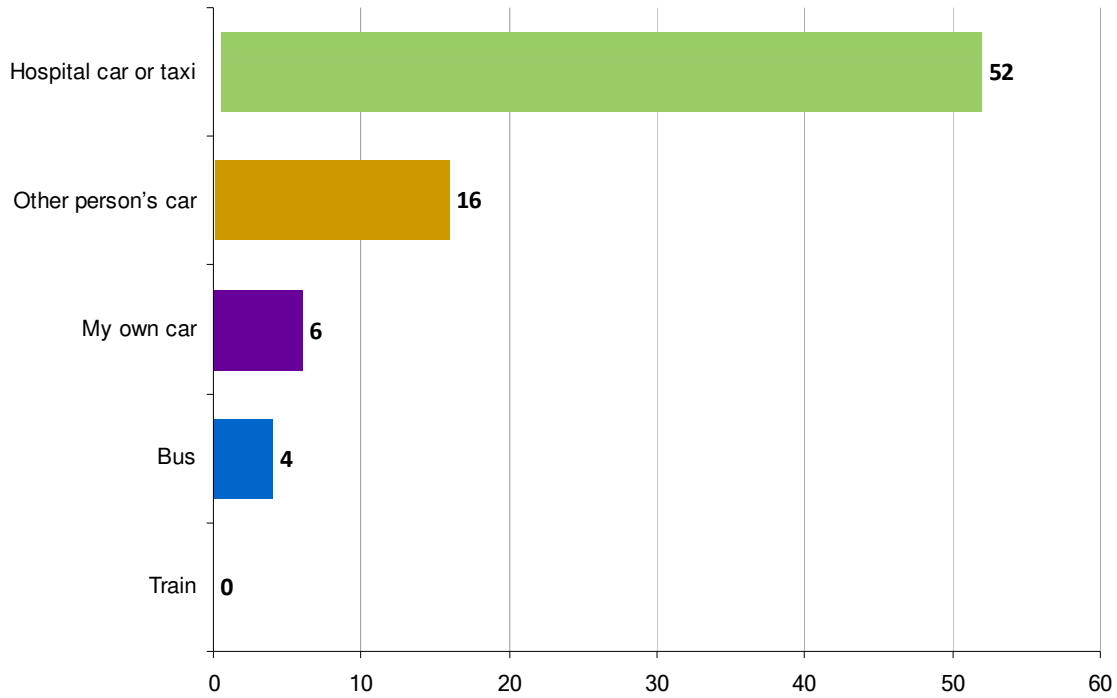
- Mostly alright but have problems if the appointment takes too long, they have to come back for you and then the waiting time is long.
- My husband went to Frome Hospital on a Saturday morning and they could not give out antibiotics. There is no one available at Frome only Shepton.
- I'm not the only disabled person being victimised by the current ban on wheel chairs and scooters. Bring back the adapted ambulances that is capable of taking us in our mobility aids.
- I am not able to drive as eye drops are given which dilates my eyes and I am so grateful for this service.
- I shall not attempt to use it on any future occasion as it is a waste of time.
- A quality service is essential and patients in Bridgwater are being let down by the system.
- Some of the booking clerks are very rude and unhelpful, especially the male ones. They lack understanding regarding medical needs and problems.
- I really don't understand the conditions that must be satisfied in order to access the system. And I don't think I'm on my own in this. I think being able to get treatment and appointments nearer to place of residence is becoming a more important factor.
- I cannot comment on hospital cars or ambulances. My gripe is lack of public transport at convenient times or any times! We don't all live on the A38 and bus routes!
- Just help those of us who are genuinely alone with no friends.
- My daughter who has epilepsy is my carer and books my transport. She was astonished to find that as I have great difficulty walking and have angina, neither of us qualify for transport. I do not use equipment to walk, but this should not matter.
- People who are unable to use their own car due to treatment i.e. drops in eyes or after effects of anaesthetic should be entitled to free transport.
- I assume that GPs are aware (of the scheme). They should be able to advise patients and organise any specific needs for patients – e.g. for a carer to accompany them. I dare to mention this having been a GP myself - albeit in the dark ages before the NHS was born or thought of!!
- I have been told this service is being stopped I am waiting to go into hospital soon. How am I expected to go into Hospital and come out without this service?

- On the gypsy site where I live we all need help.
- Many people find it demeaning to ask for financial help - information should be clean and concise!
- Told by Hospital that you the Transport Service only charges by the mile -which is £36.35 after accepting this charge I had another quote from a Taxi service of £32.00.
- I wasn't given options, just told I would have to pay even though I have a heart condition, learning difficulties and have to wear two hearing aids.
- A concise letter of how it works and a list of an alternative of possible charges etc.
- Some cars are too high to lift my leg over the sill.
- Difficult to access. The leaflet should set out who is eligible for which form of transport and some indication of cost.
- It is excellent. After 3 years free transport for attending diabetic retinopathy at Wellington Hospital, why don't I qualify for free transport now? The treatment prevents me from driving for several hours - or I would drive myself.
- Since the County took over the cost has more than doubled. When it was arranged by Wincanton volunteers it cost £14 now it is £32 to Yeovil District Hospital.
- Can you explain why I do not get free transport. Last year I did and next year I have three ops.
- The man I spoke to at Bridgwater was rude, uncaring and insensitive to my illness and how poorly I was feeling. When he knew that I had a car and was the driver he said in a most arrogant and assertive way "Why cant you drive yourself"? I put the phone down. Several staff at Musgrove were appalled at the charges asked for my journey. I have check ups for breast cancer and await a cataract op. I live alone and all this is very worrying.
- Please supply the GP Surgeries with the up to date info. At present they use the "Sorry, I don't know" as a cover-all and they are our first port of call.
- I really dread my condition getting worse. It cost me £37.50 just to go for a DEXA Scan. What will I do if I need regular appointments. All my savings will vanish.
- Do not CUT this service

**13. If the costs of your journey were paid for by the Healthcare Travel Costs Scheme, what type of vehicle did you use:**

Only 10 respondents indicated that they had used the Healthcare Travel Costs Scheme when answering question 1. However, 78 respondents answered this question. This demonstrates the confusion around patient transport.

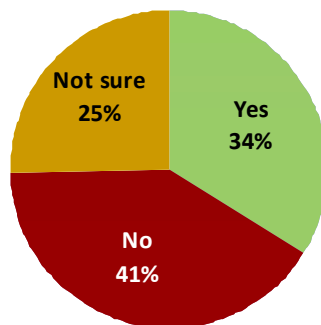
**If the costs of your journey were paid for by the Healthcare Travel Costs Scheme, what type of vehicle did you use:**



**14. If the costs of your journey were paid for by the Healthcare Travel Costs Scheme, did you send proof of eligibility paperwork to the Patient Transport Advice Centre in advance of your appointment?**

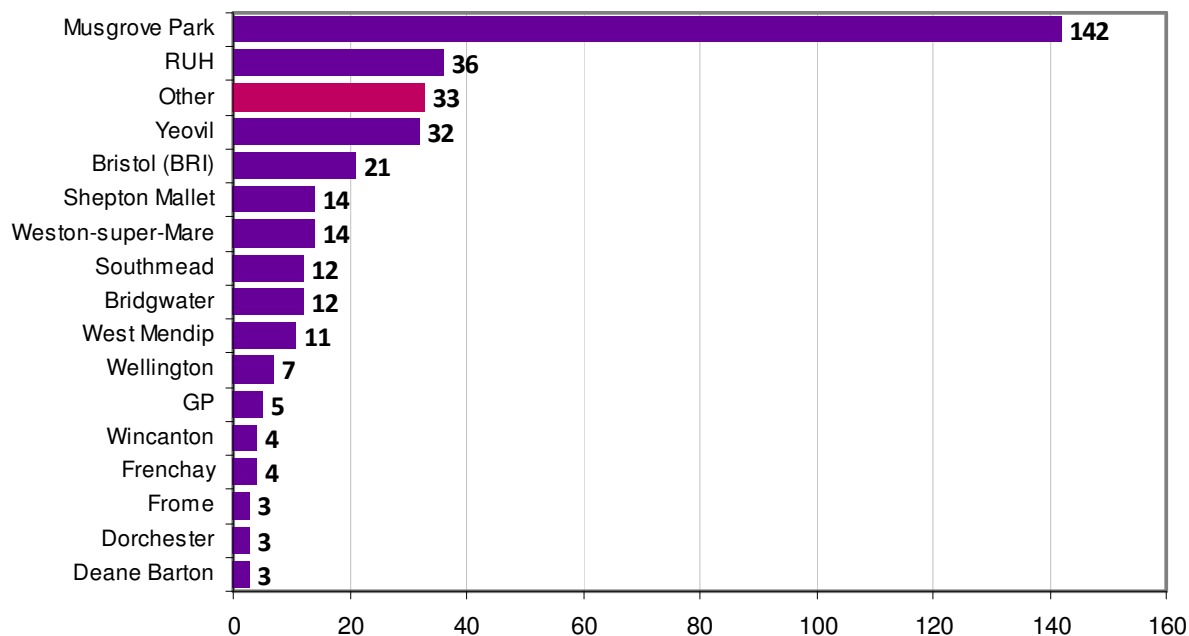
59 responses received.

**If the costs of your journey were paid for by the Healthcare Travel Costs Scheme, did you send proof of eligibility paperwork to the Patient Transport Advice Centre in advance of your appointment?**



## 15. My appointment was at:

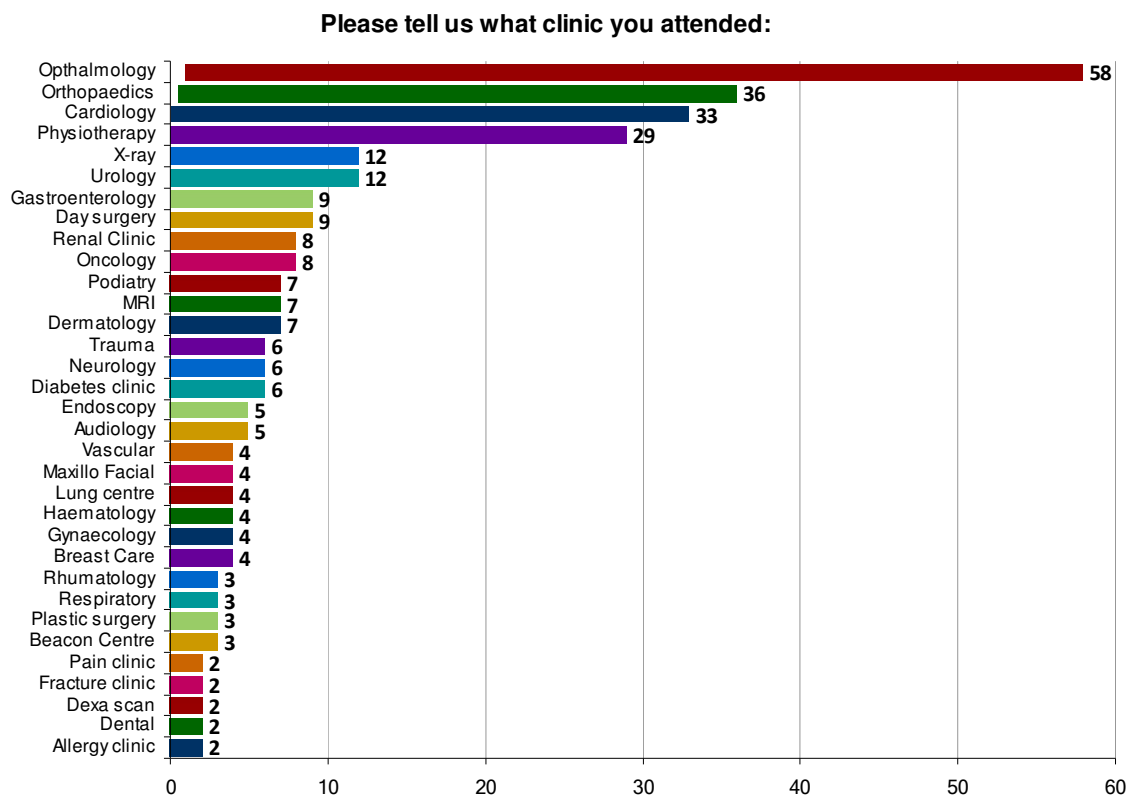
### My appointment was at:



#### 'Other' answers included:

Bartec 4 Unit 10, Barts hospital London, Bristol Eye Hospital, Burnham-on-Sea, Crewkerne Dorset, Memory Clinic, Mendip Hospital, Nuffield, Park Street 26, Parkgate, Podiatry, Salisbury, Sherbourne, Sidmouth, Stanmore RNO, Williton, Birmingham, Chard, Exeter, Glastonbury, London, Minehead, St. Martins and Wells.

## 16. Please tell us what clinic you attended:

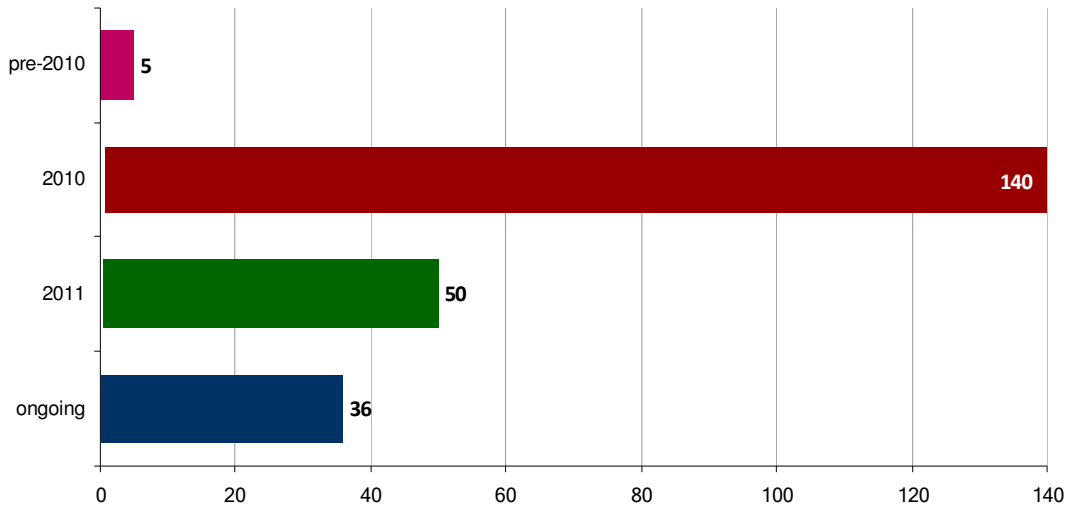


Single answers given for the following:

A&E, acupuncture, Back pain, Bone, Bone Clinic, BUA, Colonoscopy, Colorectal, Colostomy Clinic, ENT, Epilepsy, Falls clinic, Gall bladder, geriatric, Labour ward, Leg Ulcer Clinic, Liver Mental health, Oral Surgery, Osteopathy, Outpatient, Parkinsons, Prosthesis, Rehabilitation surgical, Skin Clinic, Sleep dept, Stomach, Stroma, Tepse Table Room and Transfusion.

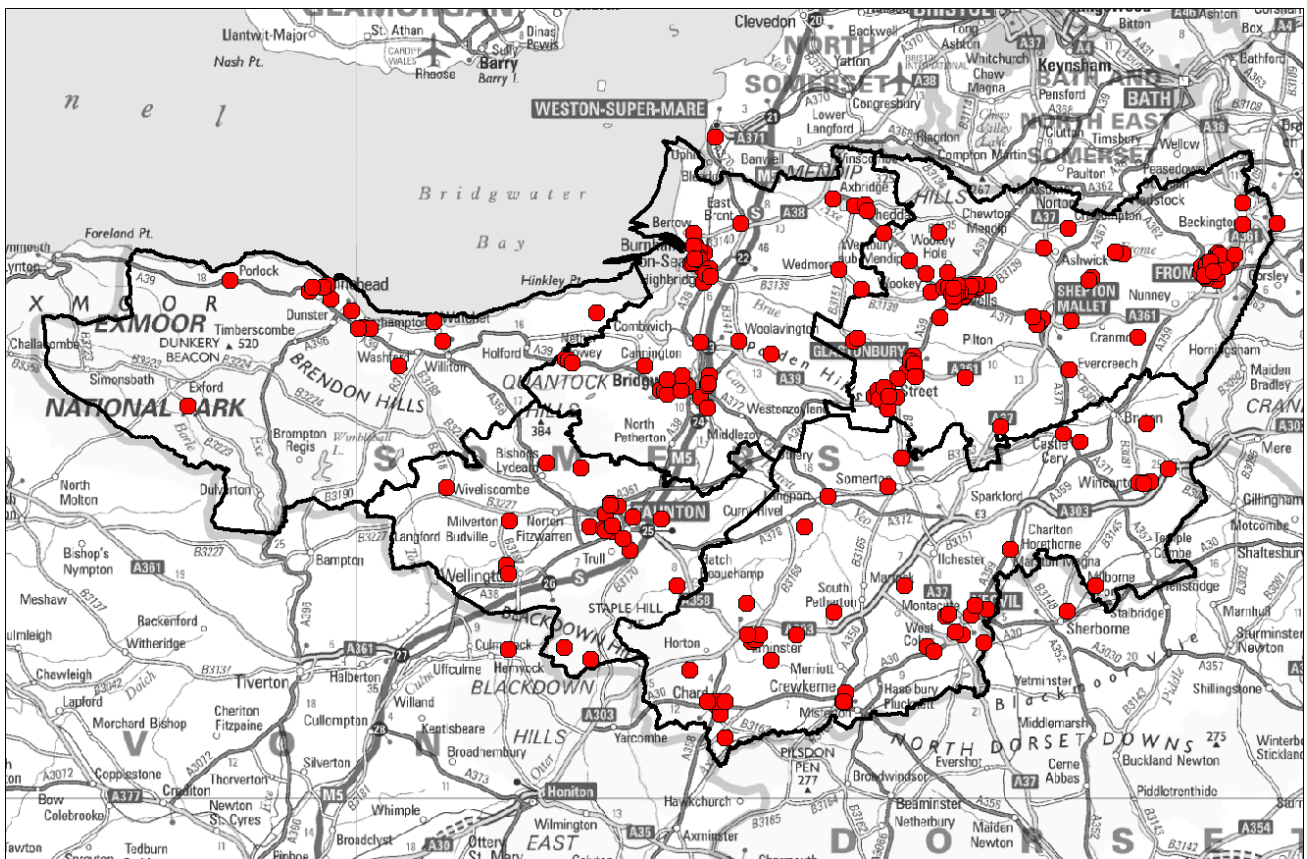
17. Please tell us which month you attended:

Please tell us which month you attended:



18. In order to help us understand more about how patient transport is working in different areas, it would be helpful if you could give us your postcode:

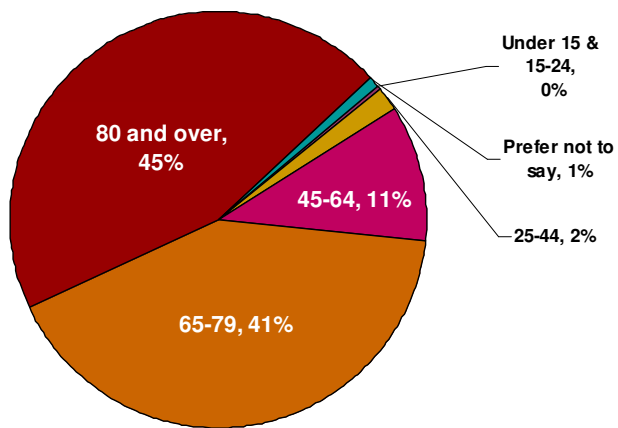
The following map shows the distribution of postcodes of the respondents who answered this question. The distribution is fairly even across Somerset, with clusters around the larger towns of Frome, Wells, Taunton, Bridgwater and Street.



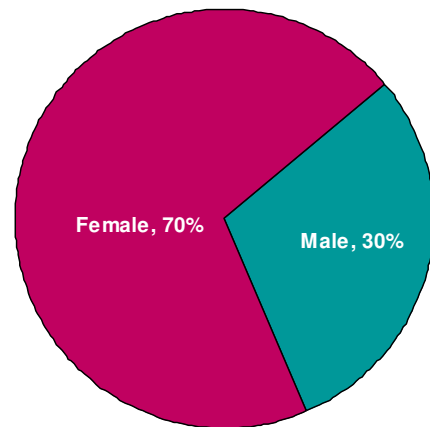
## Demographics of respondents

A demographic questionnaire was included with each survey. The number of completed demographic surveys returned from the transport survey was 278. This gives a snapshot of the demographics of people who use patient transport and responded to the LINK Transport Survey. The results are shown below.

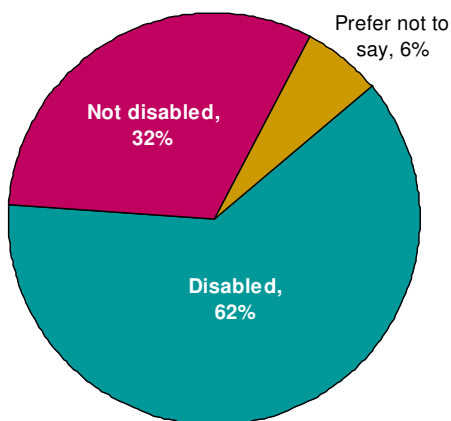
Age of respondents



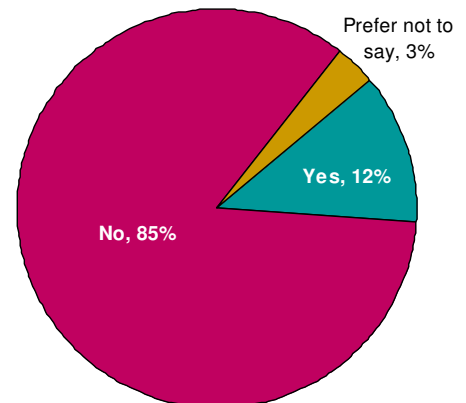
Gender of respondents



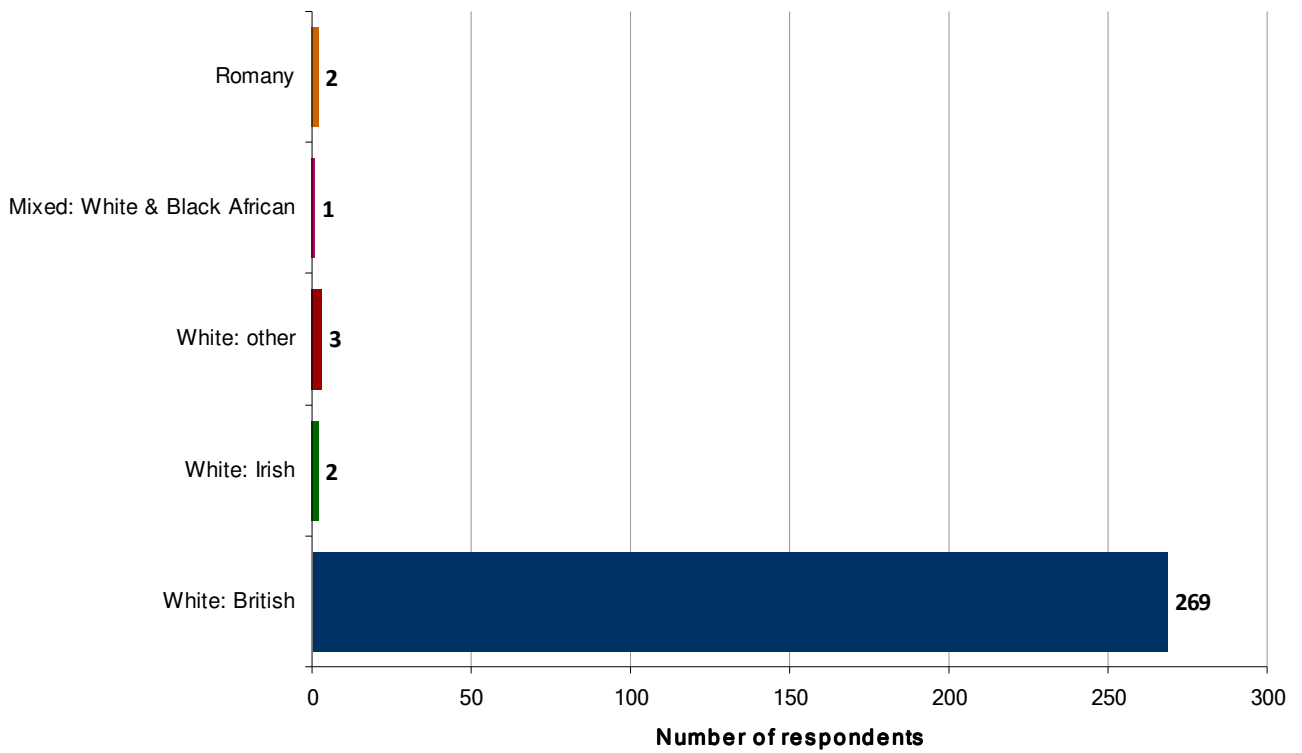
Disability status of respondents



Caring status of respondents ('Are you a carer?')



**Demographic survey of respondents: Ethnicity**  
(categories with zero responses not shown)



Other options included: Mixed: White & Black Caribbean, White & Asian, White & Other; Asian or Asian British: Indian, Pakistani, Bangladeshi, Other; Black or Black British: Caribbean, African, Other; Chinese; Any other; Traveller: Irish Traveller, English Gypsy; Prefer not to say.



## 9. Evaluation conclusions:

### **Aim 1. How well the eligibility criteria for transport arrangements are understood by healthcare professionals (such as GPs and physiotherapists) and patients;**

Transport arrangements do not seem to be universally understood by healthcare professionals, and this is one source of frustration among patients who need information about the service. It also appears that professionals are not always sure where to find further information, and do not always have the time to research this information when needed.

*How this is reflected in our recommendations: An easily-accessible single source of information about patient transport would help resolve some of these problems.*

### **Aim 2. Whether geographical location (such as rural areas) affects the success of the transport arrangements or raises particular needs;**

It is clear that patients in rural areas have significant issues around patient transport. Rural isolation can increase social isolation which means that patients may not have family or friends that they can rely on to transport them to healthcare appointments. Public transport may be infrequent and it is clear that infirm patients, or patients that are feeling poorly, may not be in a position to safely use public transport such as buses. However, the costs of taxis, particularly to hospital appointments that are some distance away from home, can be a considerable cost for people that may be living on very low incomes. Carers that live in rural areas may have additional problems if they need to be away from home for long periods.

*How this is reflected in our recommendations: We recommend ensuring treatment in the community wherever possible, and paying special consideration to the needs of carers.*

### **Aim 3. Whether information on patients' entitlement to transport is clear and understood;**

Patients are confused about the eligibility criteria for transport and find it hard to get clear information about this.

*How this is reflected in our recommendations: An easily-accessible source of information about patient transport and eligibility criteria would help resolve some of these problems.*

### **Aim 4. Whether the structure of the organisations involved in coordinating patient transport services is efficient;**

There is some confusion over how to find information about patient transport and this seems to be by far the least efficient part of the system.

There are also two reported incidents where transport arrived for patients who were deceased, which suggests that routine or long-standing appointments are not being cancelled when the patient has passed away.

*How this is reflected in our recommendations: A single point of access for information would be the best way of simplifying the system; ensuring that processes for booking transport are properly mapped and clarified for both professionals and members of the public.*

**Aim 5. Whether patients are satisfied with the transport provided and associated costs.**

Overall, patients are reasonably satisfied with the transport provided, although there are some areas of concern, for example, where ambulances cannot take mobility scooters. The cost of transport is a big problem for some people, particularly the elderly on low incomes. For some patients, this is putting them off attending healthcare appointments unless they see them as completely necessary.

*How this is reflected in our recommendations: Ensuring treatment in the community wherever possible will reduce the need for patients to use transport that represents a significant cost to them.*

## 10. Recommendations:

The evaluation shows some clear areas where the patient transport system can be improved. Our recommendations are as follows:

**Recommendation 1. Treat patients in the community where possible:** Patients commented that they are having to travel large distances for minor procedures that could be dealt with at their surgery or nearer home. As one patient said: “With limited funds, paying £50 to go and blow three times into a tube and then come home is very expensive.” Ensuring that patients are treated nearer to home should be prioritised: any treatment that can be carried out at their GP surgery, local community hospital or medical centre would be preferable to travelling to a large hospital further away. Consideration should be given to whether video-clinics may be a suitable alternative to transporting patients long distances for healthcare appointments.

Some patients may be putting off health appointments due to the cost of travelling to hospitals that are some distance from home. These issues should also be considered when considering the housing needs for elderly people.

**Recommendation 2. A single point of access for booking:** A one-stop-shop for patient transport services would simplify the transport booking system and make it easier for patients and healthcare professionals to find information. This number must be staffed by individuals who have been trained in dealing with patients and carers sensitively. The telephone service should also allow patients and carers to leave messages if the line is particularly busy and staff should return calls within a set time. Consideration should also be given to permitting booking via email or text message, particularly for deaf users of patient transport.

**Recommendation 3. Make information available online:** The most common theme was the difficulty of accessing information about patient transport and about the eligibility criteria. We recommend that a Somerset Patient Transport website is created which:

- Explains the criteria for free patient transport;
- Explains the Healthcare Travel Costs scheme and the eligibility criteria;
- Provides a very simple directory of patient transport providers, particularly community transport services which may be accessed by people ineligible for free or reduced-cost transport;
- Clearly explains the cost to the patient of each type of transport;
- Clearly explains the operating hours of each service;

- Explains in simple terms the difference between the providers.

We recommend that this website is properly tested by users to ensure that it is easy to navigate and accessible for all. While not all patients will be able to access this website, it will be a useful point of call for many members of the public, some carers (particularly those who may not live close to their cared-for person) and also for professionals such as GPs and clinical staff to view up-to-date information.

**Recommendation 4. Publish a Patient Transport Directory:** Many patients will not have access to the internet and it is therefore *essential* that a printed directory is available for patients that contains the information available on the website: such a directory was published by Somerset County Council until a few years ago. This directory should be made widely available, for example in doctor's surgeries and hospital clinics. The directory should cover all of the points mentioned above for the website, and also be made available in large print.

**Recommendation 5. Give consideration to carers:** Special consideration should be given to carers, both for those who may not be able to be away from home for long periods of time and for those who may need to travel with their cared-for person on a journey. A carer should not have to travel separately to their cared-for person. It is particularly important that carers are properly informed about the options for patient transport, and we recommend that when registered carers are referred for treatment at a hospital, they are sent information about sitting services and a copy of the Patient Transport Directory mentioned above. This process should be automated into the electronic patient record system if possible.

# Appendix:

## Who's Who & What's What

### **Referral Management Centre:**

Booking centre for Choose and Book, based in Bridgwater.

### **Patient Transport Advice Centre:**

Part of the Referral Management Centre. Takes telephone calls to book transport via the Patient Transport Services scheme. If patients do not qualify for free transport, it provides telephone numbers of local community transport groups or taxi operators.

### **SWAST:**

South Western Ambulance Service NHS Trust. Deliver the Patient Transport Service (PTS) for certain patients who are eligible for this. Prior to April 2009 they also delivered the voluntary driver's transport scheme.

### **Somerset County Council Transporting Somerset Team:**

Coordinate the voluntary driver's transport scheme.

### **Transporting Somerset:**

Part of the Highways and Passenger Transport Group under the Environment Directorate of Somerset County Council. Aims to provide integrated passenger road transport services.

### **Healthcare Travel Cost Scheme (HTCS):**

Allows for reimbursement of travel costs to hospital for patients with financial barriers to transport. Run by County Council. *"If you are on low income or in receipt of certain benefits and have had to pay a bus, train or taxi fare to attend a hospital appointment you may be eligible to have your transport costs refunded under the Healthcare Travel Cost Scheme (HTCS)... In most instances, you can claim at the NHS hospital or clinic at the time of your appointment. You'll be paid back immediately in cash."*

### **NHS Patient Transport Service (PTS):**

Free NHS Transport for patients with a medical need (such as needing IV / oxygen). In most areas, this is delivered by the Ambulance Service (SWAST).

The Patient Transport Scheme in Somerset provides transfer from home to planned secondary care appointments for eligible patients. The Department of Health guidance (August 2007) defined eligible patients as those:

- Where the medical condition of the patient is such that they require the skills or support of Patient Transport Service staff on/after the journey and/or where it would

be detrimental to the patient's condition or recovery if they were to travel by any other means.

- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.

**Somerset Direct:**

Provide phone advice and signposting information service about all council services in Somerset.

# Acknowledgements

The Patient Transport Evaluation Task & Finish Group would like to thank all the patients and carers who sent their views about patient transport to the Somerset LINK. We would like to thank the PALS staff who helpfully provided comments from patients about patient transport. We would also like to thank Mendip Community Transport for helping to gather feedback from the users of their services.

And finally, a personal thank-you from a Somerset resident who responded to the patient transport survey:



**I would like to thank those who volunteer - it is very kind of them. Also everyone else who make it possible for us to travel to hospitals. I give them a big thank you!**

