



**Leicester, Leicestershire
and Rutland**

REPORT OF FINDINGS

NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS) SURVEY-

Insights from service users (patients, family carers and escorts),
frontline staff, and drivers

July 2022

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Overview of the survey

The NHS in Leicester, Leicestershire, and Rutland Integrated Care Board are responsible for planning and improving your local healthcare services.

NHS Leicester Leicestershire and Rutland Integrated Care Board (NHS LLR ICB) are currently redesigning the Non-Emergency Patient Transport (NEPTS) service to meet the health system and population needs for the future. The aim of this engagement is to support the design development for the reprocurement of the NEPTS to ensure our eligible patients are transported safely, effectively, and sustainably between their nominated place of residence, to, from and between NHS-funded healthcare facilities in a timely manner, enabling them to receive their requirement health care and treatment.

In redesigning our current services, it is essential for us to gather the experiences and insights, including patients, family carers, Healthcare professionals and the current transport providers own frontline staff. This provides us with invaluable insight into the whole service pathway as well as identify potential areas of improvements and solutions to a number of issues that have already been identified through complaints and soft intelligence.

We specifically wish to understand the experience of people in relating to the following services:

- UHL ED discharge and inter facilities
- UHL Outpatients department
- UHL Renal Hamilton Unit
- LPT Community hospitals
- LPT Renal services – Loughborough, Kettering, General
- LPT mental health services
- Care homes

This report includes insights from 206 people, which includes 92 patients, 79 family carers and escorts, 23 frontline staff, and 12 drivers. Data was collected via online surveys, qualitative telephone interviews, and one-to-one qualitative interviews. The online survey for all participants took place from the 11th of March to the 1st of April 2022. The qualitative interviews involved in depth one-to-one discussions with patients who utilised non-emergency patient transport services as they presented to the hospitals for their appointments. Some patients who were unable to have discussions at the hospital were reached out to via telephone calls in order to get their views. Below are the locations where patients were recruited from to take part in the interviews and dates of these interviews:

Location	Date
Hamilton renal unit	15/03/2022
Loughborough renal unit	17/03/2022
Leicester general hospital dialysis unit	26/03/2022
Kettering Dialysis unit	16/03/2022
Leicester General hospital	26/03/2022
Telephone interviews	17 th , 25 th , and 28 th March 2022

- 89 patients completed the online survey
- 15 staff completed the online survey
- 59 family carers and escorts completed the online survey
- 20 family carers and escorts participated in qualitative interviews
- 8 frontline staff participated in qualitative interviews
- 12 drivers participated in qualitative interviews
- 3 patients participated in qualitative telephone interviews

Based on the average number of individual patients using the NEPTS service monthly (2,774 people) this survey achieved a 6% response rate. However, on carrying out the qualitative interviews, data saturation was achieved (i.e., interviews were carried out until no new findings were uncovered)

The strength of this survey was the ability to capture the views of all parties involved- frontline staff, service users, and drivers. Also, data was collected through various methods. The online survey could only be sent out to patients who gave permission to be contacted. However, to mitigate this we undertook face-to-face in-depth interviews and telephone interviews with service users, frontline staff and carers.

Analysis

Findings from the online questionnaire were analysed and reported in frequencies and percentages. The qualitative findings from other correspondence and the open-ended questions from the online survey were categorised into themes. Purely to illustrate the themes, we have provided a selection of quotes of what people said across the various sources of data collected. A theme was categorised as a **“commonly reoccurring theme”** when it appeared repeatedly from 5 or more respondents and identified as a **“not commonly reoccurring theme”** when it was repeated by less than 5 respondents.

Due to the interdependencies between NHS and transport services, this report identifies experiences and learning for current transport providers and all partners including University Hospitals of Leicester and Leicestershire Partnership NHS Trust.

Note: some respondents did not answer all the questions

SUMMARY OF FINDINGS FROM THE SURVEY

This survey was carried out to provide insight into non-emergency patient transport services. This included the views of the service users-patients, family carers and escorts, frontline staff, and drivers.

Key issues identified by service users (Patients and Carers)

Service users highlighted that sometimes they experienced issues with the transport booking process. They found it difficult to make bookings via telephone, were frustrated with being asked the same questions repeatedly to verify their eligibility for the service, found it difficult to change appointments, and would like more clarity on if they were booking a taxi or an ambulance.

There were complaints of inconsistency in pick-up time by patients, family carers, and escorts. Many people complained about the delays in pick-ups, while in some cases they were picked up too early, so they arrived at the hospital some hours before their appointment. Some also complained that they had insufficient time to prepare for pick-up and there were reports about the abrupt cancellation of pick-up appointments. People also said there was insufficient information on the type of transport vehicle available (i.e., ambulances or taxis), some vehicles (especially taxis) were said to be dirty and inappropriate for patients' needs.

Most agreed that the relationship with the transport crew was supportive however, some had come across drivers who were rude and unfriendly

For people using the current NEPTs provider vehicles, the journey to the appointment was generally agreed by most to be safe, comfortable, and appropriate however, it is important to note that many issues were raised specifically regarding taxi services. Some service users referred to them as being careless drivers, rude, and complained that some of the taxi vehicles were inappropriate, especially for patients with physical limitations who need wheelchairs. Sometimes the taxi drivers were found not be supportive when compared to the ambulance drivers.

Some patients also indicated that they would like a direct journey to their appointment this was due to the illogical sequence in which the pick-ups were planned.

In describing the process of getting ready for home after the appointment, a large number of people highlighted that they experienced delays in pick-ups and had to wait for many hours on several occasions. This sometimes aggravates their pain and increases their anxiety.

The services users also provided some recommendations which include:

- Consistency and better organisation of pick-ups
- Regular updates of patient information on the system
- Provision of confirmation of booking
- Consistent/familiar drivers
- Supportive drivers
- Improved communication between patients and NEPTs Provider in order to coordinate services better
- Training of telephone staff

- Availability and ease of access of wheelchairs at hospital
- Well maintained vehicles and more vehicles
- Creating awareness of NEPTs services

Family carers pointed out that they were concerned with delays in pick-up, and most were upset or felt resigned when they were not allowed to accompany the patient.

Key issues identified by frontline staff

Improvement in the overall discharge booking process – The process is currently felt to be failing due to HCPs not having control over when medication will arrive from the pharmacy and other issues with the internal hospital discharge process. This make booking an actual time for discharges extremely difficult. Additional training was suggested by HCPs to enable them to understand the process better.

Improvement in return journey process following appointments and/or treatment - Some found dealing with the aftermath of the patient's journey to the hospital stressful and challenging because when patients are delayed, they arrive irritated. There were some concerns that when renal patients arrive late, their treatment duration is shortened to accommodate the time lost and to ensure that the delays do not continue into the next cohort of patients.

The majority felt that they had a helpful and supportive relationship with the transportation crew but would like communication improved between NHS staff and NEPTs Provider. They also felt concerned about supporting unaccompanied patients mainly because they were short on time.

Regarding the process of getting patients ready for home, a good number of staff pointed out that the process could be stressful due to delays in pick-up of patients and the poor communication and coordination between transport services and the ward. They would like honesty from the NEPTs Provider if the drivers are going to be delayed so they can communicate this to the waiting patients.

They identified that these key issues have led to increased stress, are time-consuming and on some occasions have made frontline staff work for longer hours because they had to sort out patients' transportation issues. However, they were happy that The NEPTs Provider is located in the discharge lounge at LRI.

The following recommendations were made for improvement

- Improve communication between transport services and the ward
- Increase capacity of transport vehicles to match the demand of patients throughout the day
- Regular updates sent to patients (SMS text messages or calls) to update them on any pick-up delays
- Additional manual handling training for NEPTs Provider staff
- Flexibility in the booking process- ability of make changes to bookings and ease of booking via telephone
- Addressing complaints promptly
- Safety huddles to improve communication between the NEPTs Provider and frontline staff

- Reducing medication delays which lead to delays in the discharge process for patients who are ready to leave
- Frontline line staff to routinely provide updates to the drivers on when the patient has completed all discharge processes and is ready to be picked-up

Key issues identified by Drivers

The drivers identified some key issues in the non-emergency patient transport services. There were complaints about receiving incorrect information on patients which leads to them not providing optimal services e.g., whether they rely on a wheelchair. They were also concerned about the last-minute cancellation of services and being sent text messages while they were driving. Drivers also felt that services could be more efficient if the appropriate technology is used in planning and organising appointments. They were worried that the geographical distance between pick-up locations were too far apart. They also expressed concern for patients who needed escorts to accompany them to their appointment and the conflict they sometimes have with escorts when they were not permitted to accompany the patients. Some explained that they find supporting patients who need extra help challenging and would like more time and necessary equipment available. Also, many complained about patients not being ready for pick-up when they (the drivers) arrive which delays their next pick-up appointment. There were also concerns that the vehicles were poorly maintained and uncomfortable for patients.

Regarding the process of getting patients from the car park to the clinic or ward, many found it challenging sometimes due to the unavailability of wheelchairs.

Some of the recommendations for improvement by the drivers include

- Communication between the control room and the drivers should be via calls rather than text messages
- Use of appropriate technology to improve the efficiency of services e.g., the radio system such as those used in EMAS for the safety of the crew and time management
- Better organisation regarding patient pick-up to improve efficiency including route planning
- Adequate timing between patient pick-ups to accommodate patients who require extra attention
- The time needed to accommodate activities such as cleaning the vehicles
- Provision of updated and correct patient information to drivers
- Timely update to drivers about cancellations
- New/ properly maintained vehicles including onsite mechanics
- Better communication between the wards and drivers
- Allocating more time to patients who require special attention
- Availability of wheelchairs and appropriate vehicles to take patients up ramps
- There were other suggestions which were mentioned by a few people such as better wages for drivers to encourage retention, good quality work boots needed, and understanding from hospital staff and patients that when drivers are late it is often due to situations are beyond their control.

SUMMARY OF THE KEY THEMES THAT MATTER MOST TO THE PATIENTS, FRONTLINE STAFF AND DRIVERS AND AN OVERLAP WHERE THE SAME THEMES MATTERS MOST TO EVERYONE

- Prolonged delays leading to stress, anxiety and aggravates pains
- Escorts feeling resigned when they cannot accompany their family on the transport

- Stress from dealing with aftermath of patients' journey
- Time consuming and extra work sorting out transport issues



PATIENTS

- No information on type transport vehicle available
- Direct journey to appointments needed
- Insufficient time to prepare for pickups
- Drivers arrive too early to pickup
- Consistent/familiar drivers needed
- Training of telephone staff
- Easy booking process
- Easy getting ready for pickup
- Journey to appointments -safe, comfortable, and appropriate

PATIENTS, FRONTLINE STAFF AND DRIVERS

Booking issues-lacks flexibility
 Eligibility issues-accompanying escorts and patients
 Delays-pickups from home and after appointments
 Abrupt cancellation of appointments
 Poor update of patient information
 poor communication between all involved
 Concerns regarding unaccompanied patients
 Lack of vehicles and poor maintenance of vehicles
 Lack of wheelchairs
 Poor quality of taxi services

POSITIVE FEEDBACK
 Supportive Staff-NHS & NEPTs Provider
 Booking process easy to understand
 NEPTs Provider services in discharge lounge at LRI



FRONTLINE STAFF

- Delays in discharge process
- Poor coordination between transport services and the wards
- Medication delays
- More transport needed during the day
- Face-to-face training on booking
- Ambulance manager available to help



DRIVERS

- Better maintenance of vehicles
- More attention to drivers' welfare
- Cascading effect of delays subsequent pickups
- Geographical proximity between pickup points
- use of appropriate technology
- onsite vehicle mechanics
- Allocating extra time for patients with special needs and for other activities e.g. cleaning vehicles
- Welfare of drivers-wages, boots

- Concern for unaccompanied patients who require assistance
- Conflicts with escorts not allowed to accompany patients on the journey
- Challenges due to incorrect patient information

HIGH IMPACT ACTION PLANS

Below are recommended high impact action plans based on the findings from the thematic analysis which has identified key areas that need to be tackled and should influence both the commissioning of the non-emergency transport service and impact on other contracts with providers.

Simplify the eligibility criteria for patients and accompanying escorts



Provision of support for patient escorts ineligible to accompany patients



Improve communication



Improve transport logistics and planning



Quality services



Mitigate delays



Improve technology



Improve the appointment booking system



Availability of equipment for ease of access



Recognise the therapeutic value of driver-patient relationship



Simplify the eligibility criteria for patients and accompanying escorts

The eligibility criteria for the NEPTS should be simplified for patients and their escorts. These criteria should also be communicated with the drivers so they can effectively communicate this with patient escorts to avoid conflicts.

Provision of support for patient escorts ineligible to accompany patients

For patient escorts who need support in getting to the hospital, it is important that some form of support is provided to them through other sources. The ICB can coordinate with voluntary and community sector organisations in supporting this.

Improve communication

It is vital to ensure effective communication between frontline staff, NEPTs Provider staff and patients in order to improve the efficiency, quality of the transport services and reduce delays. Patient should also be communicated when the drivers are near their location. Drivers should also be regularly provided with updated information on patients to prevent delays, ensure they are equipped with equipment necessary to support the patient and ensure that the drivers are notified promptly when appointments have been cancelled

Improve technology

Appropriate technology such as a radio system should be used to enhance communication between drivers, staff and patients. Furthermore, it provides a more effective method for providing updates to drivers than using text messages.

Improve transport logistics and planning

Improved organisation in planning of pick-ups and ensure that when there are multiple pick-ups that the patients for pick-up live in close proximity to each other. Also, during planning, time for unforeseen circumstances such as traffic should be factored in, and extra time should be allocated for the pick-up of patients who need extra support.

Quality services

Ensure patients receive the same quality of service regardless of type of transportation i.e., ambulance or taxi.

Mitigate delays

Implement strategies to reduce delays in patient-pick up from home and after appointments and reduce waiting time for drivers because this negatively impacts on their subsequent appointments.

Recognise the therapeutic value of driver-patient relationship

Drivers and patients enjoy close relationships and often, drivers are spending significant periods of time with patients. It is vital to continue to encourage drivers to be empathetic and supportive to patients.

Improve the appointment booking system

The appointment booking system should be improved to allow for the ease of rebooking appointments, booking multiple appointments in the same week and making updates to appointments.

Availability of equipment for ease of access

Due to the lack of wheelchairs at the hospital, drivers struggle, and it takes time getting people to where they need to be in the hospital. University Hospitals of Leicester (UHL) are to ensure wheelchairs and ramps are available for easy transfer of patients.

KEY FINDINGS FROM SERVICE USERS-PATIENTS, CARERS, AND ESCORTS OF PATIENTS WHO UTILISE THE NON-EMERGENCY PATIENT TRANSPORT SERVICES

Findings from the online survey- There was a total of 148 responses from patients and family carers of patients who utilise NEPTS.

Most 128 (90.78%) of the respondents live in their own home, 2 (1.45%) live in a care/nursing home while 7 (5.0%) live in sheltered accommodation. 4 of the respondents cared for someone aged 24 years or less and 1 of the patients contributing to the survey were aged between 16-24 years. 55(47.01%) of the family carers/escorts reside with the person using transport services.

Majority 113(78.58%) had used NEPTs services to attend an outpatient appointment, 7 (4.93%) had used the service for a renal dialysis appointment, while 11 (7.75%) had used the service during their discharge from the hospital.

The booking processes

Regarding the booking process, from the online survey respondents were asked the following questions below.

To what extent do you agree or disagree with the following statement: I understood the booking process and it was easy to make the booking

Answer	Count	Percent	20%	40%	60%
Strongly agree	67	46.85%			
Agree	50	34.97%			
Neither agree nor disagree	12	8.39%			
Disagree	6	4.2%			
Strongly disagree	6	4.2%			
Not applicable	2	1.4%			
Total	143	100%			

From the online survey most 117 (81.82%) of the users of NEPTs services agree that they understand the booking process and found it easy to make a booking.

The themes below were generated from the online survey and face-to-face and telephone interviews

Those who had a positive experience with booking stated the following:

Helpful/supportive staff (commonly reoccurring theme)

“People taking bookings were very helpful”

Professional services (commonly reoccurring respondents)

“Have used NEPTs frequently since September 2021 and commend the phone operatives for kind professional assistance”

Friendly and polite staff (commonly reoccurring theme)

“It was easy to book, very friendly and polite staff also the driver was excellent when I used the transport the first time”

Efficient services (commonly reoccurring theme respondents)

“Very efficient on-time overall an excellent service”

While those who had negative experiences with the booking process expressed the following concerns:

Difficulty booking via telephone (commonly reoccurring respondents)

“The booking system is terrible. I spent 20 mins in total the other day waiting to connect to the operator - two 5 mins call and then another call which was 20 mins in total, 10 mins waiting, and 10 mins making a booking. Not fair and bad service”

Multiple/Repeated questions on eligibility while trying to book services (commonly reoccurring theme)

“The process of being accepted for transport is an absolute lottery depending on who is asking the questions and the response to the questions. With specific reference to the question asking whether or not you are in receipt of benefits - it doesn't matter what the response is. i.e. If I respond that I am in receipt of benefits I have been told that I am not eligible for transport and should use the benefit money to get to the hospital. Conversely, if I respond no to benefits, I am told that I am consequently not eligible!! An absolute lottery depending on who is asking the questions”

“Hit and miss approach in terms of eligibility. It depends on who you speak to at the other end. What I can't understand is once I have jumped through hoops and proved eligibility why do have to go through the process, again and again, each time I call and prove eligibility again.”

Time-consuming to make repeated bookings (not commonly reoccurring theme)

“It is time-consuming to make repeated bookings if they are not the same time and day of the week”

Difficulty changing appointments (commonly reoccurring theme)

“Got a jobs worth at the NEPTs Provider on a Friday afternoon and she said I couldn’t change the appointment I had to start the booking all over again. Started the booking to be told I was eligible. I couldn’t stand arguing with her so paid £45 taxi journey”

Confusion regarding if one’s booking is a taxi or ambulance (not a commonly reoccurring theme)

“Not sure how it works in terms of booking. Sometimes it is an ambulance, sometimes a taxi. I should imagine it is a long-standing booking. I have to be here at 7.30 am three days a week”

Desired experience for the booking process

When we asked people to describe their desired experiences of the booking process, most people will like this to be easy, straightforward and will like to fully understand the process

More clarity on pick-up time

- *“Not to wait so long for my transport”*
- *“Want more clarity on what time I should be picked up”*

Updated patient’s information on the system

- *“On the system would be good if relevant up to date information”*

Confirmation of booking needed

- *“Text confirmation of booking would be good”*
- *“Communication update for patients”*

The pick-up

Regarding pick-up, respondents were asked the following questions below:

To what extent do you agree or disagree with the following statement: I/the person I care for was aware of the pick-up time and found it easy getting ready for pick up, which was on schedule (including toileting)

Answer	Count	Percent	20%	40%	60%
Strongly agree	44	31.43%			
Agree	57	40.71%			
Neither agree nor disagree	16	11.43%			
Disagree	9	6.43%			
Strongly disagree	7	5%			
Not applicable	7	5%			
Total	140	100%			

From the online survey most of the respondents agreed that 101 (72.14%) agreed that they were aware of the pick-up time, and they found it easy getting ready for pick-up while 16 (11.43%) disagreed with this.

The themes below were generated from the online survey and face-to-face and telephone interviews.

Those who with agreed with the question above had the following to say:

Sufficient notice was given (not commonly reoccurring theme)

“Enough notice was given”

Helpful and polite drivers (commonly reoccurring theme)

“Never had any problems and find drivers very helpful and polite”

Punctual service (not commonly reoccurring theme)

“Transport was spot on time no waiting and back home within 2 hours great service”

Organised service (not commonly reoccurring theme)

“They seem to be organised even though sometimes things beyond their control occurs. When they are late, I just ring them, and they inform me that they are on their way”

While for those that disagreed, they had the following to say:

Call reminder needed before the arrival of the driver (commonly reoccurring theme)

“ Would be good for a quick call beforehand. E.g. Be with you in 20mins”

“Required to be ready up to 2 hours before.... In this day and age, you should be able to send a simple text to give a more accurate collection time. Elderly people shouldn't be expected to wait ready sat in a wheelchair for 2 hour plus, anticipating toilet needs etc”

Delays in pickup (commonly reoccurring theme)

“Usually, good timing but transfer to General from St Luke’s for a major operation was distressing. A three-hour delay in collection reduced me to a state of high anxiety”

Insufficient preparation time (commonly reoccurring theme)

“Toilet and being able to take all medications necessary can be difficult if early start. Also not having time for a snack in my case of diabetes”

Drivers arrive too early (not a commonly reoccurring theme)

“When you send a taxi, they are far too early well before the two hours wait which the hospital doesn't want you there due to the virus and availability of sitting arrangements of 2meters apart!”

Appointment cancellations (not commonly reoccurring theme)

“Appointment cancelled because transport could not be provided”

Negative and uncooperative TASL staff (not a commonly reoccurring theme)

“There are some very negative, uncooperative staff working for the NEPTs Provider!!”

Stressful (commonly reoccurring theme)

“Stressful. Must be ready for when they come”

Desired experience for getting ready for pick-up

The following were highlighted as the desired experience when getting ready for pickup

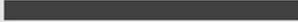
People will like this process to be organised and would like to feel supported

Reminders to prevent delays

- *“Text reminder a couple of hours before”*
- *“Just a reminder so patients are ready”*
- *“It would help if I had a test when they are 15 minutes away. Sometimes it has got to 7.30 pm and I am chasing them. No one tells you anything.”*

Regarding the efficiency of the pick-up respondents were asked:

To what extent do you agree or disagree with the following statement: The pickup was efficient including having the expected vehicle and driver and it was on time and easy to access

Answer	Count	Percent	20%	40%
Strongly agree	55	39.57%		
Agree	51	36.69%		
Neither agree nor disagree	9	6.47%		
Disagree	12	8.63%		
Strongly disagree	9	6.47%		
Not applicable	3	2.16%		
Total	139	100%		

From the quantitative findings most 101 (76.26%) agreed that the pick-up was efficient while 21 (8.63%) disagreed

The themes below were generated from the online survey and face-to-face and telephone interviews.

For those who agreed, they had the following to say

Early arrival to appointment (commonly reoccurring theme)

"We got to the appointments early which we did not object to"

Helpful and supportive driver (commonly reoccurring theme)

"The drivers have all been helpful, supportive, and friendly"

Prompt pickup (not commonly reoccurring theme)

"Very prompt pickup"

For those who disagreed, the following concerns were raised

Long wait (commonly reoccurring theme)

"My mother who was very unwell was up and waiting for the transport 3 hours before her appointment, even though she'd been told 2 hours, bless her as she was so worried about making it. A half-hour before her appointment time, the transport still hadn't arrived and so this really upset her and she was very stressed out. She had to call up and the transport eventually arrived, but she was late for her appointment. Mum felt awful arriving so late for her appointment and was worried about what the nurses and doctors would say. Apparently, the hospital staff said this regularly happens which is simply not good enough"

Dirty cars (not commonly reoccurring theme)

“The ambulance service is always courteous and friendly however your taxi service had dirty cars”

Insufficient information on transport available (not commonly reoccurring theme)

“Not enough information on transport available”

Last-minute cancellations (commonly reoccurring theme)

“The last two pick-ups were cancelled at the last minute”

Inappropriate vehicles (not commonly reoccurring theme)

“Didn't understand physical limitations. Vehicle was not appropriate, especially taxis”

Family/carer not allowed to accompany patient (not commonly reoccurring theme)

“Wish carer of family member allowed to accompany patient”

When family carers/escorts were asked about their experience of getting told they are ineligible to travel the following emerged:

Upset (not commonly reoccurring theme)

“It gets me upset”

“Not good as I need to travel from Leicester”

Resigned (commonly reoccurring theme)

“Take it in your stride”

“Take what comes and deal with it”

The desired experience during the pick-up process

People will like the pick-up to be on time, accessible, and easy

Better communication on time of pickup

- *“Would like to know what time the drivers are coming”*

Consistent/familiar drivers

- *“Like to have consistent same drivers that are friendly”*

Relationship and support from transport crew

To what extent do you agree or disagree with the following statement: The relationship with and support from the transport crew was helpful, supportive, caring, and considerate

Answer	Count	Percent	20%	40%	60%
Strongly agree	89	63.12%			
Agree	40	28.37%			
Neither agree nor disagree	5	3.55%			
Disagree	0	0%			
Strongly disagree	3	2.13%			
Not applicable	4	2.84%			
Total	141	100%			

From the quantitative findings most 129 (91.49%) of the respondents agreed that the relationship with and support from the transport crew was helpful, supportive, caring, and considerate while only 3 (2.13%) disagreed.

When the respondents were asked why they agreed or disagreed about their relationship with the transport crew and the impact of the experience on them, their family, or carers.

Those who had a positive experience said the following:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Helpful, friendly, and Caring transport staff (commonly reoccurring theme)

“The transport staff themselves were nice and helpful when they arrived. So great to have nice and competent staff”

For those who had a negative experience, they said the following:

Sometimes the drivers are rude and unfriendly (not a commonly reoccurring theme)

“Taxies just pick me up and drop me off, they treat me like an ordinary taxi com”

Desired experience for the relationship with the transport crew

People will like the transport crew to be helpful, considerate supportive, and familiar

Supportive

- *"It will be nice if the crew is more understanding and try to support more"*

Journey to the appointment

To what extent do you agree or disagree with the following statement: The journey to the appointment was dignified, safe, comfortable, and appropriate.

Answer	Count	Percent	20%	40%	60%
Strongly agree	75	53.19%			
Agree	48	34.04%			
Neither agree nor disagree	9	6.38%			
Disagree	2	1.42%			
Strongly disagree	3	2.13%			
Not applicable	4	2.84%			
Total	141	100%			

From the quantitative findings most of the respondents 123(87.3%) agreed that the journey to the appointment was dignified, safe, comfortable, and appropriate.

Those who agreed described their experience as:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Safe (commonly reoccurring theme)

"I felt safe. I was sure I would be taken care of"

Comfortable (commonly reoccurring theme)

"The journey was comfortable, and the drivers made sure we were okay"

While those who disagreed described their experience as:

Careless taxi drivers (not a commonly reoccurring theme)

"Yes, with ambulance crews but no with taxis who refused to wear masks and drove at over 70 miles on the motorway. Also tried to drop me off in the street when I needed a wheelchair and said they only get £23 for the job so not an ambulance service"

Uncomfortable vehicle (commonly reoccurring theme)

"Seating was uncomfortable"

"Sitting in the back gives a very bumpy ride and very noisy"

Lack of wheelchairs (commonly reoccurring theme)

“On arrival, there was no availability for drop off parking and no wheelchairs available”

Concerns with Taxis (commonly reoccurring theme)

People said that the ambulance service is great but the taxis services need to be improved

“Concerns are when taxis are used - dubious vehicle safety/roadworthiness issues, and unprofessionalism of the drivers - constantly on their mobile phones”

“In an ambulance vehicle, it was great. Not quite so in a taxi”

Desired experience for the Journey to the appointment

They will like the journey to the appointment to be safe, comfortable, and smooth

Direct journey to appointment

- *“Would prefer if they can pick me up and bring me to my appointment directly”*

Process of getting ready for home after the appointment

To what extent do you agree or disagree with the following statement: The process for getting ready for home after the appointment was efficient (including discharge sign-off; medicines; going to the toilet, accessing a wheelchair, if needed).

Answer	Count	Percent	20%	40%
Strongly agree	48	34.29%		
Agree	48	34.29%		
Neither agree nor disagree	20	14.29%		
Disagree	9	6.43%		
Strongly disagree	6	4.29%		
Not applicable	9	6.43%		
Total	140	100%		

From the quantitative findings, most 96 (68.6%) agreed that the process for getting ready for home after the appointment was efficient while 15(10.72%) disagreed, and 20 (14.29%) were neutral.

The themes below were generated from the online survey and face-to-face and telephone interviews.

Supported (commonly reoccurring theme)

“Staff at the hospital call the transport for me when I have stopped bleeding. They come usually within 10 minutes or half an hour. They help me in the vehicles he is lovely and very kind. TASL are all nice and vehicles are fine. They are just not on time.”

Those who had unpleasant experiences highlighted the following

Struggle (not commonly reoccurring theme)

“I find it to be a struggle. I want a more specific response on whether it will take an hour or half an hour to be picked up. They have the technology. They know where vehicles are. But they don’t use the technology. Estimate of arrival time is essential”

When they were asked to explain their experience and the impact of either their positive or negative experiences on them, their family, or carers.

Those who agreed to have had a positive experience stated the following

Timely (commonly reoccurring theme)

“All was done in time”

Supportive (commonly reoccurring theme)

“Yes, I was given the opportunity to go to the toilet”

Those who disagreed complained about the following

Long wait (commonly reoccurring theme)

“Usually have to wait quite a while for visit back home”

Desired experience for getting ready for home

People would like to feel supported, organised, and easy

“I will like the process to be more organised so the drivers don’t have to wait for too long. This frustrates them”

The following were responses from respondents when asked what worked well about the support you got from NHS staff (at clinics; in hospital) so that you are ready to leave in good time? Please tick all that are relevant

Answer	Count	Percent	20%
Medication was ready in a timely manner	38	13.19%	
Discharge letters completed	36	12.5%	
Toileted if required	41	14.24%	
Staff informed me of what was happening including any delays	78	27.08%	
Refreshments provided if required	50	17.36%	
Comfortable discharge lounge	27	9.38%	
Others	18	6.25%	
Total	288	100%	

From the quantitative findings, most 78 (27.08%) stated that staff informed them of what was happening including their delay, followed by 50 (17.36%) who said that refreshments were provided if required and 41(14.34%) who toilets were available if required.

Pick-up from appointment

To what extent do you agree or disagree with the following statement: The pick-up from the appointment was on time

Answer	Count	Percent	20%
Strongly agree	32	23.19%	
Agree	43	31.16%	
Neither agree nor disagree	29	21.01%	
Disagree	15	10.87%	
Strongly disagree	11	7.97%	
Not applicable	8	5.8%	
Total	138	100%	

From the quantitative findings, 75 (54.35%) agreed that the pick-up from their appointment was on time while 29 (21.01%) were neutral and 26 (18.84%) disagreed.

Those who agreed shared their experience as being:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Stress-free (not a commonly reoccurring theme)

"It was a stress-free process"

Timely (not a commonly reoccurring theme)

"They came to pick me up on time"

Those who disagreed had issues such as:

Delays/Long wait (commonly reoccurring theme)

"On one occasion we had to wait 2.5 hours"

"It depends when you have necessary vehicles available. I have been known to wait over 4-5 hours to get picked up from the hospital!"

"Sometimes the wait to go home after dialysis is unacceptable. Only yesterday I waited 2 hours despite control saying they would be there in 10 minutes. It's not the waiting but the deceit from the control that I object to."

Desired experience for pick up from the appointment

Most people will like this to be on time, assisted, and accessible

Good vehicles

- *“Need to make sure vehicles are serviced and fit to take patients”*
- *“Would like vehicles to be serviced and fit to pick up as once or twice broken down”*

Better communication- providing patients with an estimated time of driver’s arrival

- *“ provide an estimated time of arrival”*

The journey home

Regarding the journey home, respondents were asked to what extent do you agree or disagree with the following statement: The journey home was dignified, safe, comfortable, and appropriate.

Answer	Count	Percent	20%	40%
Strongly agree	71	50.35%		
Agree	49	34.75%		
Neither agree nor disagree	8	5.67%		
Disagree	5	3.55%		
Strongly disagree	2	1.42%		
Not applicable	6	4.26%		
Total	141	100%		

From the quantitative findings, 165 (85.1%) of the respondents agreed that the journey home was dignified, safe, comfortable, and appropriate while 10(4.97%) disagreed.

Following this, when respondents were asked to explain how the delay (if experienced) impacts on their life.

The following were highlighted

The themes below were generated from the online survey and face-to-face and telephone interviews.

Aggravates pain (commonly reoccurring theme)

“Any delays aggravate pain which is constant”

Long tiring day (not a commonly reoccurring theme)

“Delays make for a long tiring day”

Increases Anxiety (commonly reoccurring theme)

“No problems once onboard but anxious waiting and not knowing how long especially if needing to get home”

No impact- (commonly reoccurring theme)

Other experiences captured regarding the non-emergency patient transport service that emerged from the qualitative surveys

Discharge times and communication between departments need improvement

“Overall great but discharge times and communication between different departments have to improve! “

Better trained taxi drivers

“I have found this service to and from the hospital a godsend. I have nothing but praise for the NHS. I just wish the taxi company they use were trained better.”

Longer cancellation notices needed

“The cancellation was very short notice, I needed ambulance transport because I have a spinal injury but had to risk rushed expensive alternate means so as not to miss vital appointments”

What is working well about your/your loved one’s transport service?

Service users highlighted the following below as things that are working well regarding the non-emergency patient transport services.

Supportive staff

“The staff themselves are usually very helpful and cooperative. They have come through various companies including EMAS”

Staff booking appointment for you

“It is good they book the transport for you (i.e staff at the unit)”

What is working well about the support you get from NHS staff (at clinics; in hospital) so that you are ready to leave in good time?

They also mentioned the following when asked what is working well regarding the support they get from NHS staff

- Organised staff
- Friendly kind staff
- Staff are ready to advise if any issues arise

What is the one thing you would improve?

Below are some of the areas service users identified for improvement

I would like to know the exact they are coming / time management

“To make it easier I would like to know the exact they are coming. Appreciate with traffic it is hard. I know it isn’t easy and not the driver’s fault. I am often ready to blow, but I calm down. I am relieved that I am going home”

Personal touch

“They got rid of their volunteer drivers. They were brilliant. What a shame. He would really make life easier for me. Let me sleep in the car on the journey home. He would say I will wake you when you get home. The personal touch really helps”

Eligibility criteria confirmation process

“Clients in wheelchairs more difficult – come to Voluntary Action Rutland social transport support for wheelchair car as TASL says if a patient can walk 5 metres they won’t get transport

“It has been blatantly obvious that some people shouldn’t be using the service as they are not eligible. There are gate crashers. I have no problem with questions on eligibility. I just don’t want to be asked over and over again. Why aren’t my details on the system already? “

Training of telephone staff

“The training of staff on the phones needs to be sorted out – the answer you get depends on who you ask”

Well maintained vehicles

“Service the vehicles so they do not breakdown”

Communication to update patients if services are late

“If Transport is running late would like communication would help”

More vehicles

“They need to have more vehicles to reduce delays”

Better organisation

“Pick both of us up and bring in together as we live close by instead of two journeys”

Support from drivers

“Different drivers pick up wheelchair-bound patients so the level of care they provide to maintain transport to make sure patients aren’t rushed. Taxi is a different level of care. If not wheelchair-bound make sure we get in and out of vehicles. When comes to the doorstep, the ambulance driver will come out and make sure I can get into the vehicle in case something

happens. With taxi drivers 75% will come to the door will stand till come out to make sure get into the vehicle, other 25% will wait in the vehicle”

Good Neighbour Scheme

“Co-ordinate good neighbours’ scheme in the village to get people to the hospital. Not widely known about NEPTs services. It is patchy. Some people in the village know about NEPTs and others do not “

KEY FINDINGS FROM FRONTLINE STAFF

Characteristics of staff who completed the online survey

15 staff completed the online survey while 8 participated in interviews. 2(16.67%) males, 9 (75%) females and 1(8.33%) non-binary. 10 (83.33%) identify with the gender assigned at birth. Age of respondents 9 (75%) were 35-59 years, 2(16.67%) 60-70 years and 1 (8.33%) were 25-34 years.

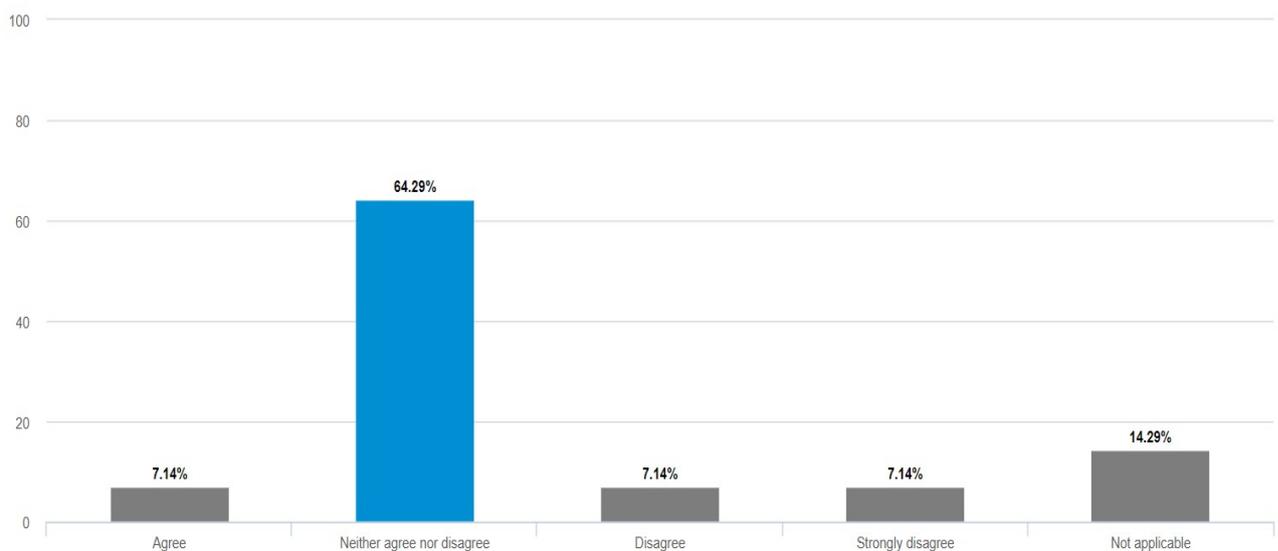
3(25%) respondents suffer from poor health or have a disability. 1(33.33%) suffered from physical, learning disability/difficulty, and mental health condition/disorder respectively. 7(53.85%) White British, 1 (33.33%) Indian, and 2(15.38%) from any other Black/African/Caribbean background. Majority 9 (69.23%) were Christians. 6(46.2%) were married, 2 (15.38%) were Widowed/surviving Civil partners, Separated/Divorced, and partnered/Living with partner respectively. Most 10(83.33%) are heterosexual (male to female relationships). 8(56.1%) are family carers. None had ever served in the armed forces

Key findings from the online survey

5 (35.71%) of the staff who responded to the online survey were non-clinical staff, 3 (21.43%) were clinical staff, 3 (21.43%) worked mainly in the hospital, while 3(21.43%) worked mainly in the community.

The booking process

When respondents were asked to what extent they agree or disagree with the statement: When booking a clinic time, we are responsive to patient needs e.g. offer an afternoon appointment for those who live a long way away or cannot easily get up early?



From the quantitative survey, only 1(7.14%) respondent agreed with this, 2 disagreed (14.3%), while most 9 (64.29%) neither agreed nor disagreed with the statement

Below are some reasons given

The themes below were generated from the online survey and face-to-face and telephone interviews.

Lack of flexibility (not a commonly reoccurring theme)

“Normally ward clerk does it if new booking. If we have to bring someone in for an extra day Provider will say we can’t guarantee them in. We can’t organise that. It is not easy to change a booking. I understand they can't change everything but there has to be flexibility”

Time-consuming (commonly reoccurring theme)

“A lot of time, down to being short-staffed if have changes for patients, no clerical support, staff have to rely on booking 6/7 things that take time”

Easy process (not commonly reoccurring theme)

“Easy because based in discharge lounge. Aware of how to book transport and access it”
“Easy because Provider staff based in discharge lounge. Aware of how to book transport and access it”

Booking appointments

Regarding the right time to book appointments, when staff were asked about how they felt when deciding on the right time to book transport (in discharge planning)

From the quantitative survey, 4(26.67%) felt confident and 1 (6.7%) person felt informed. 4 (26.67%) found it challenging, 3(20%) found it confusing, 3(20%) said it was a trial-and-error process.

When asked to explain their choice and if relevant to explain the impact of their experiences the following came up

The themes below were generated from the online survey and face-to-face and telephone interviews.

Medication arrival/ delays (commonly reoccurring theme)

“Most staff were concerned that when getting patients ready there was going to be delays which were beyond their control such as when medications are going to arrive in the ward”

“This is not due to the ambulance. Having to factor in when medications are going to arrive on the ward etc has a massive impact on timings”

“I'm confident booking but I do feel nervous when making patients ready that there will be delays, it doesn't always happen”

Challenging (not a commonly reoccurring theme)

“We wait to the last minute to make sure if on time”
“A lot of things you can’t pre-plan”

Good having Provider in the discharge lounge (not a commonly reoccurring theme)

“Good having P{rovider in Discharge Lounge don’t have to make a phone call”

“I know the process and am aware of the cut-off time for care homes. Know escalation path.

Good communication with transport staff based in discharge lounge”

Understanding the booking process

Regarding the understanding of the booking process, when staff were asked the following:

To what extent do you agree or disagree with the following statement: I understood the booking process and it was easy to make the booking the following answers were given below

Answer	Count	Percent	20%
Strongly agree	1	8.33%	
Agree	2	16.67%	
Neither agree nor disagree	4	33.33%	
Disagree	2	16.67%	
Strongly disagree	3	25%	
Not applicable	0	0%	
Total	12	100%	

From the quantitative survey, most staff 4(33.33%) neither agreed nor disagreed about understanding the booking process

When asked to explain why the following themes were generated:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Hard to understand (not a commonly reoccurring theme)

Some staff stated that they found the booking process hard to understand

“I find it hard to understand”

Face-to-face training preferred (not a commonly reoccurring theme)

Some appreciated the training provided but preferred a face-to-face training would be preferred as this will allow for practical sessions and better support

“The training session was very good, but I feel face-to-face learning would be better as questions can be asked as you go through the learning and support in booking the first patient for discharge. as you do not learn until you are actually doing the job”

When asked to what extent do you agree or disagree with the following statement: I understand how to change a transport booking for patients?

Answer	Count	Percent	20%
Strongly agree	2	16.67%	
Agree	2	16.67%	
Neither agree nor disagree	4	33.33%	
Disagree	2	16.67%	
Strongly disagree	1	8.33%	
Not applicable	1	8.33%	
Total	12	100%	

From the quantitative survey, most staff 4(33.33%) neither agreed nor disagreed about understanding how to change a transport booking for patients.

When asked the reason for their choice, the following themes were generated:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Those who agreed to understand the booking process had the following to say

Customer service available to help (not a commonly reoccurring theme)

"I am confident to make changes and if I did have a problem then I would phone customer services and they are always kind, helpful, and attentive to each booking"

Ambulance manager accessible to provide help (not a commonly reoccurring theme)

"Because I have the ambulance manager in the office with me, any complications rebooking I will ask for advice alternatively I would call the Provider number"

Those who disagreed did so because they felt it was disorganised

Disorganised (commonly reoccurring theme)

"It's last-minute so it's stressful"

"Spend hours sorting out transport"

"Sometimes they will say nothing is booked. I stop arguing and try and work on getting patients home"

Desired experience regarding the booking process

- Quick
- Staff enabled to book online

Desired experience regarding changing a transport booking for patients

- Easier
- Straightforward
- Provide a process for late booking

Desired experience deciding on the right time to book transport for patients

- Deliciated drivers for renal patients only
- Prevent delays with patients' medication
- Improved efficiency of call centre- reduce time people are put on hold

The aftermath of the journey

When asked how they felt when dealing with the aftermath of the patient's journey to the appointment?

2(14.29%) of the staff said that they felt stressed, and 5 (37.51%) found it challenging when dealing with the aftermath of the journey to the appointment. Only 5(37.51%) felt prepared and 2 (14.21%) felt supported in this.

When asked to provide reasons why they felt the way they did and if relevant, to explain the impact of either their positive or negative experiences on themselves or their role. The following were raised

Irritated patients- (commonly reoccurring theme)

Staff complained that because patients were sometimes irritated after their journey, any further delays made them more annoyed and frustrated

"Patient seems to think I can magic them there and back without a hitch and waiting around they get irritated"

Transport demands- delays and cancellations- (commonly reoccurring theme)

Due to delays in the arrival of the ambulances or cancellations some staff get worried that the patients will have to wait for a long time before they are picked up or that they may have difficulty finding other means of transportation

"Booking using the portal is easy and an organised booking system its just when an ambulance is made ready there are long waits or cancellations due to transport demands so I feel uncertain that the patient will be timely collected and get home for cut-offs, POC start times or even collected at all"

Short treatment duration (not commonly reoccurring theme)

"When they get here treatment started asap. If they are late, they don't get full dialysis. The next patient may even be reduced and have an impact on late shifts. It impacts us what time you finish at night".

Some people said it depends on if the transport is on time. But a lot of time is spent sorting out transport

- *“Ripple effect when things go wrong”*
- *“If transport is smooth then everything is good”*
- *“Sometimes stressful if late. Staff are quite cross if arrive very late. We are used to it. Happens frequently so we try to pacify patients”*

Supporting unaccompanied patients

When staff were asked about how they felt when supporting unaccompanied patients e.g., care home residents.

4 (28.57%) of the staff stated that they feel concerned when supporting unaccompanied patients, 3 (21.43%) feel it is a priority, 3 (21.43%) feel important, while 2(14.29%) find it difficult and 2 (14.29%) feel that they have no time.

When asked to explain why and if relevant, to explain the impact of either their positive or negative experiences on themselves or their roles.

Some staff mentioned that they were mainly concerned especially for patients with special needs.

“Patients with special needs you want to make sure they arrive safely and feel comfortable with the crew”

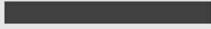
Desired experience supporting unaccompanied patients

- Transport crew to have manual handling experience

Relationship and support from transport crew

Regarding relationships with and support from the transport crew, the following questions below were asked.

To what extent do you agree or disagree with the following statement: The relationship with and support from the transport crew was helpful, supportive, caring, and considerate.

Answer	Count	Percent	20%
Strongly agree	3	25%	
Agree	3	25%	
Neither agree nor disagree	3	25%	
Disagree	1	8.33%	
Strongly disagree	1	8.33%	
Not applicable	1	8.33%	
Total	12	100%	

From the quantitative survey, most of the staff 6(50.0%) agreed that the transport crew was helpful, supportive, caring, and considerate.

“I have had nothing but support when in a crisis when booking as an ambulance from ambulance team”

“They are always friendly”

However, a few persons reported that they were rude especially when everything isn't ready

“Crews only allow 10 minutes upon arrival on the unit to discharge elderly patients, can be rude and obstructive at times when everything isn't completely ready”

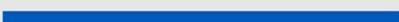
Desired experience with relationship with the transport crew

- Better communication between NHS staff and Provider

Getting patients ready for home

Regarding getting a patient ready for home, the staff was asked the following:

To what extent do you agree or disagree with the following statement: The process for getting a patient ready for home was efficient (including discharge sign-off; medicines; going to the toilet, accessing a wheelchair, if needed).

Answer	Count	Percent	20%	40%	60%
Strongly agree	1	8.33%			
Agree	1	8.33%			
Neither agree nor disagree	7	58.33%			
Disagree	1	8.33%			
Strongly disagree	1	8.33%			
Not applicable	1	8.33%			
Total	12	100%			

From the quantitative survey, most 7 (58.33%) were neutral about this. For those who disagreed, they said that:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Poor coordination between transport services and the ward (commonly reoccurring theme)

“Sometimes Provider or duty managers have made ambulances ready without contacting the ward directly and crews have turned up and the patient hasn't had a completed TTO so is not ready to travel”

Stressful (commonly reoccurring theme)

“In a rush and waiting for transport adds more stress”
“Sometimes stressful depending on the patient’s needs”

Desired experience getting patients ready to leave

- Better communication so transport can be on time

When asked how they felt when patients had to wait for transport, below are the responses

Answer	Count	Percent	20%	40%
Accepting	1	6.25%		
Frustrated	5	31.25%		
Understanding	2	12.5%		
Helpless	5	31.25%		
Resigned	1	6.25%		
Concerned	2	12.5%		
Total	16	100%		

From the quantitative survey, most staff indicated that they felt frustrated or helpless when patients have to wait for transport and explained further by saying:

The themes below were generated from the online survey and face-to-face and telephone interviews.

Concerned and frustrated (commonly reoccurring theme)

“If the patients are old, they don't want to be going home in the dark and silly o'clock at night”

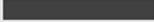
“There is nothing the ward can do to speed the process up and we have to explain to frustrated patients why they are waiting so long, and they are upset and frustrated”

Desired experience for feelings when patients wait for transport

- Regular updates provided
- A designated controller who is honest about an update on timings
- Real-time updates on the computer to notify when drivers are coming

Impact of transport services on working life

When asked how the transport service impacts on their working life the following below were highlighted

Answer	Count	Percent	20%	40%
Stressful	3	20%		
No impact	4	26.67%		
Time consuming	5	33.33%		
Reassuring	1	6.67%		
Helpful	1	6.67%		
Concerned	1	6.67%		
Total	15	100%		

From the quantitative survey, most staff found it time-consuming, stressful or said it had no impact on them. When asked to explain some of the staff who found it stressful explained that the ward staff have to cancel a patient's transport sometimes because sometimes Provider says they can't collect patients after 11 pm.

"Hospital admission is dependent on discharges. Frequently Provider say can't collect until after 11 pm, so ward staff cancel transport as it is not fair on the patient going home"

Those who found it time-consuming said that booking over the phone was time-consuming and that it takes a long time to get transport booked which leaves patients waiting for a long time.

"Time-consuming when having to ring, booking online is much quicker"

"Just when the patient has no way of getting home it is an extra 20-30 mins to get transport booked. It's a shame there wasn't a way of booking when patients are admitted who will need NEPTs booking but we put dates of discharge in nearer to discharge"

"I'm sorting out transport which takes me away from my nurse duties!"

The themes below were generated from the online survey and face-to-face and telephone interviews.

Extends closing time for staff (not commonly reoccurring theme)

"Finishing time for staff is really late. sometimes we have to work longer just to sort out patients transport issues"

Others were accepting of the situation as they believed it was beyond their control

"I am accepting that it is what it is and it is out of my control to do anything about it"

Desired experience- Impact of transport on working life

- Consistency needed
- Reassurance needed

From the qualitative survey below were brought up regarding clinic responsiveness to patients

Clinic responsiveness to patients

Some people found the clinic's responsiveness to patients to be restrictive, while one person felt it was flexible

Restrictions were said to be mainly due to covid(not commonly reoccurring theme)

"If patients have COVID it's difficult"

Late patients (not commonly reoccurring theme)

- *"Sometimes patients are hard to book in due to lateness from UHL"*
- *"When late – high state of flux. When late shorter treatment time"*

Desired experience on clinic responsiveness to patient need

- Supportive
- Better communication to facilitate better planning

Below frontline staff highlighted areas of improvement and things that are working well regarding the non-emergency patient transport services

What is working well around supporting patients (at clinics; in hospital) so that they are ready to leave in good time?

The following themes were identified

- Appointment slots are available for going and returning
- Provider services are located in the discharge lounge

What is the one thing you would improve to make the service better for patients?

The following were highlighted.

- More transport during the day
- Booking when a patient is admitted but details updated when nearer to discharge, and this can be done quickly online
- Having more ambulances and drivers to facilitate the discharges in a safe and timely manner
- Reduce waiting times for patients

What is the one thing you would improve about patient transport services so you can do your best work?

The following was stated

- Better communication with the ward

What is working well about the transport service?

- The staff are really good
- Patient care is very good
- Drivers are nice and friendly
- Provider is good at providing alternative transport when needed
- Morning service is all good but afternoon and evening services need improvements
- Some drivers go the extra mile.

What is working well around supporting patients (at clinics; in hospital) so that they are ready to leave in good time?

- Organised staff
- Clinics have Providers's number
- We do our best but there are some circumstances beyond our control such as bleeding patients after dialysis.

What is the one thing you would improve to make the service better for patients?

- Provider staff need manual handling training
- Some patients are brought in early and are kept waiting at reception for 1-2 hours which needs to improve
- Timeliness
- Communications between Provider and staff
- When drivers arrive and patients if they are ready, that makes patients anxious – they want to come off early just because transport is here. They must be educated about the impact of this
- More transport crew
- Efficient communications with ward and other MDT
- Addressing concerns in timely manner/escalating concerns
- Planning discharge on the first day of admission

What is the one thing you would improve around the transport service so you can do your best work?

- Employ more drivers
- A smoother online system that can be used by all
- If we could have a dedicated renal team they would really understand the service and needs of patients
- Safety huddles to improve communication between staff and Provider
- Regular meetings to discuss areas of improvement
- Teamwork
- Good leadership

- Doctors writing discharge medications promptly and correctly so the pharmacy can do their job
- More pharmacists
- Inform the duty manager when transport is coming so they can escalate the medication for patients
- Pharmacy technician available in discharge lounge during the week who sorts things with the ward.
- Patients are happier when told the truth about how long they might have to wait

KEY FINDINGS FROM DRIVERS OF THE NON-EMERGENCY PATIENT TRANSPORT SERVICES

12 drivers participated in the interviews. They provided information on their current experience, their desired experience and identified some areas for improvement for the non-emergency patient transport services.

CURRENT EXPERIENCE

Getting the right information about pick-ups

7 of the drivers found getting the right information about pick-ups challenging, 3 felt the information was unreliable, 2 felt that they were in the dark while 5 felt informed and 3 felt prepared.

They had the following to say

Incorrect information

“No correct information available or asked by control room/call handling”

“If wrong information is given it makes it difficult”

“Went to QMC on PDA, said patient at endoscopy department, receptionist asked me what I was doing there. Took NI number and the appointment was at the City hospital. The gentleman was half an hour late for his appointment”

Last-minute cancellations

“Planning made changes at last second and the driver gets upset as this is wasted man-hours if the call is cancelled at last minute i.e. driven to Nottingham, waste of fuel”

“Go to pick up patient and appointment has been cancelled, had a lot in the pandemic”

Messages when driving

“I keep getting messages when driving, but you can’t read these messages until you stop and it’s too late”

Desired experience getting the right info about pick-ups

- Would like correct information and as much information as possible
- Adequate planning- Maps should be used when planning e.g Planning is done from Lincoln, they don’t know the area Postcodes LE2 & LE7 are huge areas. They class it as Loughborough when it’s not and sometimes jobs don’t get done as some drivers would finish 10 minutes late from their finish time

Getting the right information about patients

Only 3 of the drivers felt this was organised they said that the extra information on the computer provides a heads up. However more were concerned about getting incorrect or inadequate information about patients.

Incorrect information

“I was told the person can travel in a wheelchair when the patient should be on a stretcher. Not right class of mobility given, we adapt to situation”

“Don’t get fed right information which is key – when try to help as drivers it falls on deaf ears”

“Need information of whether need carry chair at patients’ home, the crew at risk as need more than 1 crew to take patient upstairs”

“Notes are not updated often enough”

Escorts for patients are unavailable when needed

“Escort is not booked to with patient but needs to go with them if the patient has dementia”

Desired experience getting the right info about patients

- More live updates
- Clarity on patient’s information from the hospital
- Control to get more information regarding patients’ needs e.g wheelchairs needed e.t.c

Waiting for the patient to get ready

Patients are not ready when drivers arrive

“No control, get to the hospital and they are not ready, may have canula in, waiting for medication or discharge letter”

“Not always able to wait for the patient if the patient is having lunch might have next job which is time-critical”

Patients are ready and have been waiting for a long time

“Patients are generally ready but have been waiting hours, very rare they mess you about”

Desired experience waiting for the patient to get ready

- Ensure that once patients are marked ready in the ward, they are ready for pick-up. Once fall behind it has a knock-on effect if waiting for paperwork.
- Not enough time, more time is needed for patients to be ready
- Phone ahead to inform staff that the drivers are about 10 minutes away – they will get the patient ready, TTO’s medication, and personal belonging. Patients are not ready when we arrive

Having to say no to ineligible escorts

Some drivers are understanding about this while some have experienced some conflict with patient escorts

Understanding

“If I have space on the vehicle, I contact control and tell them I am taking escort – EOL patient we are taking daughter, this was an unexpected passenger”

“Will make an allowance if have space in the vehicle”

Conflicts with escorts

“Escorts have caused issues due to the number of patients we can carry in the vehicle”

Desired experience-Having to say no to ineligible escorts

- Drivers to be able to say yes to escorts to come on the ambulance- This is stressful for patients and carers going into the unknown. Escorts put patients more at ease

The journey (including traffic delays and late pick-ups)

Beyond control (routine)

"No control if it's the traffic nothing you can do about it, don't like to be late"

"Nothing we can do about it"

"Out of our control can be stressful at times due to pick up/drop off times"

Desired experience-The journey (including traffic delays and late pick-ups)

- Better timing allocated to pick-ups it isn't the same time to pick up 4 people as it is for 2, so sometimes its ridiculously short
- More time allocated for journeys

Relationship with patients and families

Friendly

"Regular renal patient/outpatients get rapport with them"

"On a long journey, we can chat to them"

"It can vary, dealing with difficult illnesses some are poorly. Strike up conversation friendly. Odd one disgruntled may be due to pain"

Supporting those with special needs

Capable/confident

"If anyone needs it we take door to door, tell reception at the clinic, get a wheelchair if required"

"Go onto ward patient with special needs hospital help out with everything need to know"

Challenging

"Don't know what needs are and the patient can't tell you"

Rewarding

"Feel made a difference that day, some haven't spoken to someone in weeks, they get a smile on their face which is great. Deal with that all day long"

Desired experience-Supporting those with special needs

- Sufficient time so patients are not rushed.

Getting patients from the car park to clinic or ward

Challenging-Lack of wheelchairs

“Lack of wheelchairs at the hospital. If in an ambulance, we have one. If in a car we can struggle to get one”

“No issues other than trying to locate wheelchairs. If in a car don’t have a wheelchair. Parking can be an issue. Some patients are extremely poorly”

Desired experience-Getting patients from the car park to the clinic or ward

- Making wheelchairs more accessible- We have our wheelchairs. Hospitals should have wheelchairs too. They are lacking especially in LRI
- More time needed

Delayed pick-up

Frustrated- better planning needed

“Planning needs to be better”

“Just not given time to get the job done”

“The time allowance is frustrating when waiting. Rushing to get the patient ready, the patient becomes agitated when in that scenario. I feel upset as don’t want to be rushing an elderly patient in pain”

Ward patients are usually not ready

“Pick up from the wards, patients aren’t ready”

“Ward co-ordinators make patients ready hours before we get there and still waiting for medication, so patient not ready – don’t think this will ever change”

Desired experience-Delayed pick-up

- More vehicles and drivers.
- Better organisation- more pre-planning on the arrival of drivers i.e drivers to phone ahead of arrival
- Better communication to patients about the time they will be picked up

Others desired experiences emerging from the qualitative survey

- Hourly wages are better to retain drivers
- Sometimes you can’t patients if they are taken to a different place. Ring control to let them know and update pick up instructions
- Poor quality work boots-boots give way after 2 months and provide no support on ankles
- Vehicle repairs not being met
- Need to invest in vehicles and people

What is was working well about the non-emergency transport service?

- More staff – the influx of new staff is helping a lot
- Teamwork at the Loughborough base
- Cleric system

What is working well around supporting patients (at clinics; in hospital) so that they are ready to leave in good time

- Patients enjoy the journey when drivers have a rapport with them
- Outpatients are usually ready and on time for pick-up

What is the one thing you would improve to make the service better for patients

- The control room needs to communicate by ringing drivers rather than sending text messages
- Better organisation e.g, Planning is frustrating – started in Loughborough, picked up a patient in Market Harborough, and then Hinckley which was a 2 hour round trip.
- More time is needed to accommodate activities like cleaning vehicles.
- Communication with patients especially in situations where there are delays
- Call handlers giving correct information to drivers
- A timely update to drivers when there are cancellations or last-minute changes for patients
- Roadworthy vehicles- currently they are noisy and bouncy
- Some patients need more time such as those with dementia
- More time to be able to provide better patient care and attention

What is the one thing you would improve around the transport service so you can do your best work?

- Newer vehicles
- Wards to book patients when they are ready to go not while waiting for discharge letters and medication.
- Communication between frontline staff, patients and Provider
- More time is given to carry out the job
- Control to take into consideration the traffic which may delay drivers
- More care from management about the well-being of drivers
- Understanding from hospital staff and patients when drivers are late
- Routes are not right for picking up patients, timings are wrong.
- Ensure wheelchairs that are fit for purpose are available
- Better suited vehicles to take patients up ramps. We have to take A1 patients up a ramp, a lot of the vehicles are not suitable for the patients
- Mechanic on the base for maintenance of vehicles such as replacement of lights and oil topped up. Vehicles currently go to ASP in Newark for repairs, and they don't do a good job
- Information on the phone is not updated regularly
- Long working hours
- Ensure forms such as DNR/RESPECT form are available
- Communication with all parties – control, management, hospitals drivers

- PAT slides should be available in care homes –they should provide them for their residents to enable transfer to a stretcher from bed and vice versa.
- Reduce the number of patients transferring per shift, give us more time allowance
- Allocate jobs once drivers are clear from their last job. Drivers should have radios to inform control when clear from a job, rather than pre-allocated tasks
- Radio system like EMAS, for crew safety, would be beneficial, saving time rather than ringing control which takes time

Appendix

Characteristics of respondents (Patients, Family carers, and escorts)

Most of the respondents were females 86 (60.65%), 54 (38.03%) were males while 1 (0.7%) identified as non-Binary. 138 (96.5%) identify with the gender they were assigned to at birth.

Out of the female respondents, only 1(0.7%) had given birth in the last 26 weeks.

Post code	Number	of
	respondents	
LE1	42	
LE2	3	
LE3	6	
LE4	7	
LE5	7	
LE6	13	
L37	5	
LE8	4	
LE9	15	
LE12	2	

Most of the respondents live in LE1 postcode.

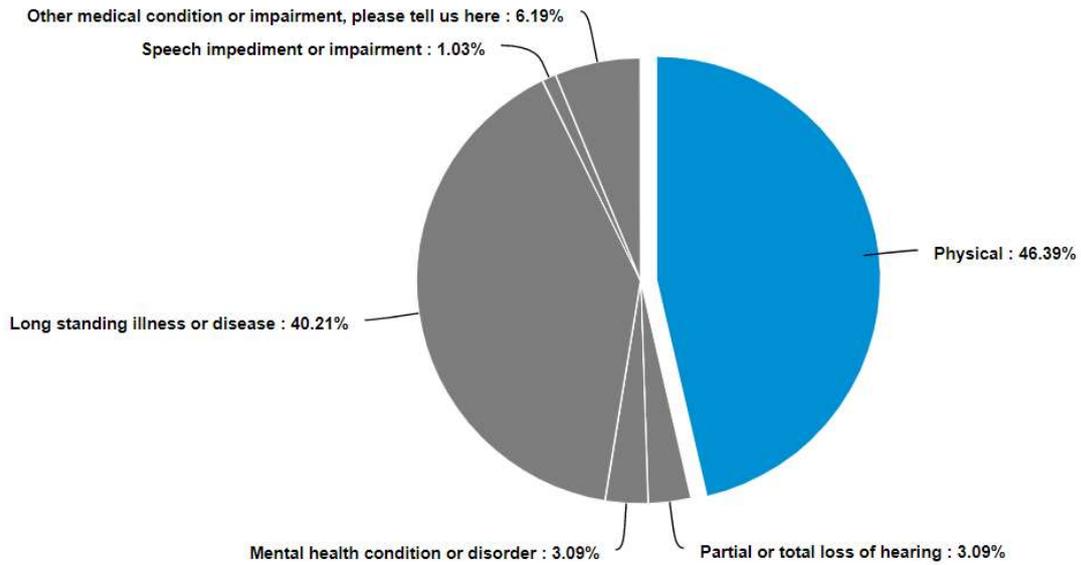
Age of respondents

Answer	Count	Percent	20%	40%
Under 16	0	0%		
16-24	1	0.71%		
25-34	1	0.71%		
35-59	24	17.14%		
60-75	65	46.43%		
76+	49	35%		
Total	140	100%		

Disability status

Answer	Count	Percent	20%	40%
Yes, I have a disability	61	42.96%		
Yes, I suffer from poor health	42	29.58%		
Neither	33	23.24%		
Prefer not to say	6	4.23%		
Total	142	100%		

Out of 103(72.54%) who had a disability or suffer from poor health most 46.39% had a physical condition



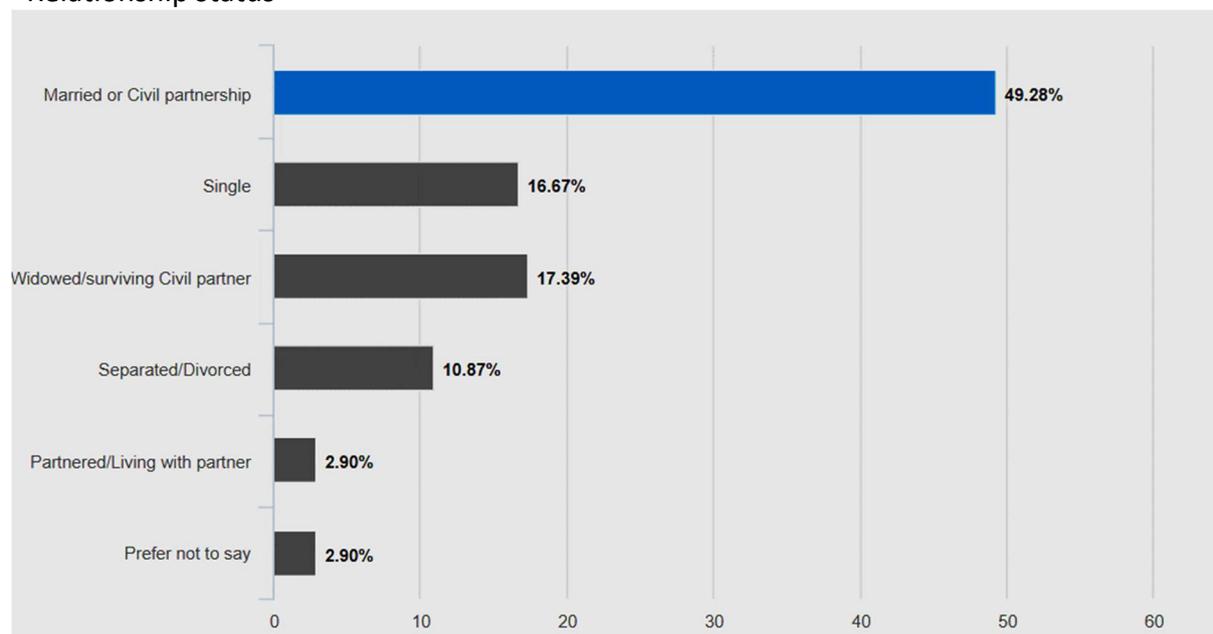
Ethnicity of respondents

Total= 139	Frequency	Percentage
Asian or Asian British:		
Bangladeshi	1	0.72
Chinese	0	0
Indian	14	10.1
Pakistani	0	0
Black or Black British:		
African	1	0.72
Caribbean	1	0.72
Mixed:		
Asian and white	1	0.72
Black African and white	0	0
Black Caribbean and white	0	0
Any other mixed background		
White British:		
British, English, Northern Irish, Scottish, Welsh	109	78.34
Irish	4	2.88
Gypsy/Traveller	0	0
Arab	1	0.72
Prefer not to say	4	2.88

Religion of respondents

Total=139	Frequency	Percentage
No religion	35	25.2
Baha'i	1	0.72
Buddhist	2	1.44
Christian	80	57.55
Hindu	12	8.63
Jain	0	0
Jewish	0	0
Muslim	1	0.72
Sikh	1	0.72
Prefer not to say	5	3.6
Others	2	1.44

Relationship status



Sexual orientation/preference of respondents

Answer	Count	Percent	20%	40%	60%	80%
Heterosexual (male to female relationship)	123	89.13%				
Gay (male to male relationship)	1	0.72%				
Lesbian (female to female relationship)	0	0%				
Bisexual (relationship with any gender/s)	1	0.72%				
Prefer not to say	13	9.42%				
Other - please specify	0	0%				
Total	138	100%				

Carer status

Answer	Count	Percent	20%	40%	60%	80%
Yes - Care for young person(s) aged younger than 24 years of age	4	3.03%				
Yes - Care for adult(s) aged 25 to 49 years of age	5	3.79%				
Yes - Care for older person(s) aged over 50 years of age	30	22.73%				
No	93	70.45%				
Total	132	100%				

Only 12 (8.82%) of the respondents have ever served in the armed forces