



Renal Patient Transport

Recommendations to improve patient transport for Renal Patients in Coventry

June 2011

Your views on Your care

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1. Introduction

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the Government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

2. Identifying the issues

Coventry LINK held a work planning day to draw up the provisional work programme for LINK from the period October 2010 to March 2011. The LINK Steering Group considered 58 work programme ideas gathered from feedback from local people and input from services. These were considered objectively using a decision making framework. The shortlist was open for consultation with service providers and commissioners. Patient transport, starting with renal patients, was selected as an area for investigation following patient feedback about this service.

3. Background about the service

The Patient Transport Service (PTS) provides non-emergency transport between patients' homes and treatment centres for people referred for haemodialysis. The PTS is for people who are unable to use their own or public transport because of their medical condition. The Service supplies routine patient transport throughout the West Midlands through negotiated contractual agreements with the NHS Coventry the local Primary Care Trust.

Patient transport commissioning arrangements vary across the UK. In Coventry and Warwickshire renal patient transport is part of a larger transport contract which includes other categories of patients and is agreed between West Midlands Ambulance Trust and commissioners at NHS Coventry. Categories of transport within this contract include: outpatients, day patients, admission, transfers and discharges. Patients are also transported to treatment centres throughout the United Kingdom.

PTS is only provided for patients who have a medical condition that prevents them from using their own or private or public transport. Patients that are eligible for the service include those that experience unpleasant side effects as a result of their medical treatment and where the medical condition impacts on their mobility. If patients receive Disability Living Allowance Mobility Component they will not automatically be entitled to access ambulance transport. Patients who are eligible for transport will be escorted to and from the hospital by ambulance transport staff.

The University Hospital Coventry and Warwickshire (UHCW) operate a hub and spoke system for renal dialysis services. Therefore some patients who live in

Warwickshire attend University Hospital Coventry and some Coventry patients go to Warwickshire (see appendix 1 – diagram of local service provision).

Haemodialysis or kidney replacement therapy usually happens three times per week and takes about four hours. The patients receiving dialysis are physically attached to a machine and can feel tired or unwell after their treatment so may be unable to transport themselves. Most patients have dialysis either on Monday, Wednesday and Friday or on Tuesday, Thursday and Saturday. The University Hospital Coventry and Warwickshire (UHCW) renal unit runs three shifts of dialysis per day, so that patients dialyse either in the morning, afternoon or evening.

For patients who receive dialysis at UHCW, transport to and from hospital can have a major impact on their quality of life. As attendance for dialysis is so regular, transport plays a far more vital role than perhaps it would for other outpatients receiving treatment at UHCW. Therefore for renal patients transport forms part of their treatment and care rather than being ancillary to this. Given the frequency of the attendance and the amount of discomfort associated with receiving dialysis, it is extremely important that these patients receive a totally reliable service.

4. Aims and objectives of this work

Our aims for this piece of work were to:

- review renal patient transport in Coventry taking into account the views expressed by patients, carers and members of the public.
- discover what is working well and what could work better and make recommendations to the Commissioners and Providers and Regulators of renal patient transport in Coventry.

Our objectives were:

- to identify where issues have been encountered
- to discuss the relevant policies and procedures with the Commissioners and Providers of Renal Patient Transport.
- to review the literature of other providers of renal transport nationally
- to identify areas of good practice as well as areas for change and improvement
- to submit a report with recommendations to the commissioners, providers and regulators and expect a response within the statutory requirement of 20 working days

5. Our methods

5.1 Establishing the Working Group

LINK decided to review the existing PTS with a view to identifying good practice and elements for improvement. This review was carried out by LINK volunteers. A subgroup of LINK's Hospital Services Working Group was recruited to plan and

undertake the work in conjunction with a LINK Project Officer. This was a group made up of individuals who had an interest in this area.

The group decided that the first stage of the work should be to further understand the issues with renal transport by; asking the people that deliver this service; asking the people that commission it; asking the people that use the transport; and the nurses and doctors that have an understanding of the processes used.

5.2 Fact Finding

The group first met with the Consultant Nephrologist at University Hospital Coventry and Warwickshire. We received some background information about patients on dialysis and their travel options. We discovered that there is a problem solving meeting between the Ambulance Trust and the Renal Unit and also a patient forum where patients can raise concerns. The consultant also recommended reading a document called the National Kidney Care Audit¹.

The group then met with the Patient Advice Liaison Service (PALS) Manager, West Midlands Ambulance Service NHS Trust. The PALS Manager talked the group through the patient experience of the transport system and suggested that the transport delays are a national issue.

A meeting then took place with the PCT Commissioner for patient transport. The commissioner pointed out that monitoring meetings took place to review how the Ambulance Trust were meeting contractual requirements but that more operational details would need to be discussed with the Patient Transport Services Area Manager for Coventry and Warwickshire Division as this person liaises with the renal unit at regular meetings to discuss any issues.

A formal LINK information request for information about the contract between NHS Coventry and West Midlands Ambulance Trust for patient transport was made. This request was made to establish information on the locally agreed costs for patient transport and the quality standards set by commissioners. The response to this information request was delayed.

LINK received the service specification for the Patient Transport Service but was informed that information about the value of the contract and the average cost per patient per journey could not be provided as there may be a commissioning round soon. LINK appealed against this decision and was then informed that NHS Coventry has not worked out the average cost per patient per year for the contract. This is disappointing as LINK's investigations have revealed such a figure is available in other PCT areas. We found that the average annual costs per patient nationally is around £6,000, with £3,000 considered a low cost to pay for this service and £8,500 providing a high quality service.

¹ National Kidney Care Audit: Patient Transport Survey Report 2008, Document Reference 1C21050209
The NHS Information Centre for Health and social care, 1 Trevelyan Square, Boar Lane, Leeds. LS1 6AE

The Patient Transport Services Area Manager for Coventry and Warwickshire Division met with us next to discuss the transport issues from a provider's point of view. She understood that there were issues with renal transport and that the Ambulance Trust would be willing to help make any improvements to the service. Concerns were raised about communication issues between the Ambulance Trust, the Control Centre and the Renal Unit and how this impacted on the quality of the service. There are contract penalties for the Ambulance Trust and the Renal Unit if quality standards are not adhered to but these details were not available to us at the time of writing.

For the first six weeks of dialysis treatment for new patients free transport is provided. The patient should then be assessed for eligibility for transport but this may not be happening at the moment.

The Patient Transport Manager agreed that the faxed list used to provide information from the unit to the Ambulance Trust for patient pick up times could be a focus for improvement and that more discussions between all those involved in patient transport could help improve communication and ultimately the quality of the service.

The Project Officer also talked with the Dialysis Unit Manager; the renal Patient Forum Chair; and an ambulance driver. Issues were raised about communication between both the Ambulance Trust and the Renal Unit and between the control centre and the Renal Unit as well as problems and errors with the faxed request for patient pick-up times.

It was felt that too many changes occurred to the faxed list during the working day to allow the plan to still be fit for purpose and that information about the new times patients were scheduled to finish their dialysis (adjusted on the day) was not acted upon. Some discussion is needed as to the best way forward in addressing the issue with faxed times but at the very least, the control centre should fax back to the ward any changes they may need to make to patient travel times and this information could be available for patients.

Ambulance drivers would like the opportunity to use their initiative more with patient pickups rather than as instructed in the faxed plan, as this would minimise delays.

Other issues around hand held computer/telephone equipment for the ambulance crew were raised that also impacted further on communication problems. It was claimed that up to 20 units of equipment were either away for repair or broken, leaving far less than required for the following day and that ambulance drivers sometimes needed to use their own mobile phones for communication purposes.

Concerns were also raised regarding the way the rota operated for ambulance drivers, with some shifts trying to deliver a service with only two crew members for all patients at UHCW. There would appear to be an issue with Fridays in particular, with many drivers requesting this day as their day off.

During various fact finding discussions, it was identified that the Ambulance Control Centre could have a better understanding of local geography and understanding of

some of the issues drivers may have accessing the UHCW site, especially at busy periods. Journey times, according to some, could be calculated better.

There is a monthly meeting for problem solving between the renal unit and the Ambulance Trust and various discussions highlighted how more effective use could be made of these meetings to make more sustainable changes and lasting improvements. At the time of writing, these meetings were not happening frequently enough. For successful problem solving there needs to be a commitment to these meetings and they need to involve and link to managers in a position to deal with the issues discussed and solutions identified so that discussions will lead to lasting changes. There could also be improved mechanisms for feeding any solutions back to decision makers.

The patients at the unit have already raised issues around waiting times and travelling times during a patient satisfaction survey organised by the Patient Forum Chair. The issues of transport scored higher in the survey as causing concern than any other comment, apart from a positive comment about the helpfulness of the staff, which scored the highest.

A summary of the meetings LINK held can be found in appendix 2.

5.3 The service specification

Two members of LINK's Working Group reviewed the service specification or the PTS forwarded to LINK by NHS Coventry. This service specification covered all patient transport included within the contract of which renal patient transport is one element.

5.4 LINK's patient survey

Part of the ethos behind the work was to ensure that patients could have a say in what the service should look like. To help with this, LINK devised a questionnaire asking service users about the existing service and how it might be improved and conducted a LINK 'Enter and View' visit to ward 50 at University Hospital Coventry to talk to patients during sessions of dialysis. Working Group volunteers who are LINK 'Authorised Representatives' for Enter and View undertook guided questionnaires with patients.

The questionnaire (see appendix 3) was designed to ask patients about their most recent journey home from dialysis and also their journey in to the unit on the day we visited. The Renal Patient Transport Working Group visited the unit over two consecutive days and stayed for all three dialysis sessions in order to capture all the patients receiving dialysis that week. These were carried out over the 14th and 15th February 2011 and all patients were told about why LINK was conducting this research and many were expecting us, including patients who did not use the transport service and carers. Whilst volunteers were conducting the interviews, they also took the opportunity to make observations and talk to other staff members. Forty three responses to questionnaires were gathered as well as views of a carer and comments from people who did not use the hospital transport, including some nurses.

5.5 Review of practice elsewhere

A review of what happens in other areas of the country where the transport services rated higher in the Patient Transport Audit was also undertaken by a working group volunteer, including the analysis of the patient transport survey and analysis of recommendations from Cheshire and Merseyside Renal Transport Action Learning Set.

6. Findings

6.1 Observations of what happens elsewhere in the rest of the UK

The National Kidney Care Audit² commissioned by the Health Care Quality Improvement Partnership (contracted by the Department of Health) stated how long travel and waiting times adversely affect the quality of life for haemodialysis patients. Transport is an integral part of the treatment for renal patients as it can have such a impact on patients wellbeing.

It is important to remember that the total journey time for the patient includes not just the time in transit, but also the time waiting for the transport to arrive. The survey found that most dialysis centres tendered and commissioned their own transport for patients as unit staff are usually on the front line for identifying problems with transport and are best placed for setting standards. The standards against which the responses were measured were:

- Patients should not wait more than 30 mins to be picked up from home prior to their dialysis session
- Travel times between home and the dialysis unit should be 30 mins or less for patients (more difficult in some areas)
- Patients should wait no longer than 30 mins following the completion of dialysis to be picked up for their journey home

The results from their survey showed that compared with other areas, Coventry transport is not punctual. There was a wide variation in punctuality between different hospitals but Coventry scored the lowest out of 52 other hospitals nationally with only 17.2% of transport arriving in time to pick patients up (within 10 minutes), compared to 86.1% in Derry. Coventry also scored lowest again when it came to the waiting time for patients to be picked up after dialysis with less than 10% of patients waiting less than 10 minutes compared to over 50% of patients at York General Hospital. It can be seen from the results that many patients in Coventry have long waits, both to be picked up from home, after the arrival on the dialysis unit while they wait to begin their treatment, and for transport to collect them after they complete the dialysis session.

Patients are also arriving in late for dialysis, which has a knock on effect making the next shift of patients late onto dialysis and causing patients to have to wait be taken

² National Kidney Care Audit: Patient Transport Survey Report 2008, Document Reference 1C21050209
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home. There are some concerning comments made by some health professionals, relating to services within the West Midlands, that dialysis hours were being shortened because of transport problems, which are concerning. Another issue is that commissioners may be unaware of problems and that renal staff feel powerless to influence the quality of the transport provision, something that would need to change if services are to improve:

*“ Renal unit managers often do not understand or control the commissioning, monitoring or control of the transport service used by their patients, and neither do commissioners. Thus no one person or group is currently in a position to ensure the delivery of a quality service. Without clear, high profile and transparent local systems for measuring performance and using that measurement to drive up standards, and without a re-dedication to this neglected part of the dialysis patients’ treatment, quality standards in HD transport are unlikely to improve.”*³

There appears to be no overall or consistent approach UK wide to renal patient transport. There are, however, constant concerns over delays in transport and the effect of multiple pick ups on patients well being. A report from the Cheshire and Merseyside Renal Transport Action Learning Set⁴ makes reference to a 30 minute standard for single patient journeys times to and from the renal units. However, this standard is rarely used by commissioners as the standard required when forming ambulance surveys. As well as making recommendations for the need for explicit and consistent standards, the Cheshire and Merseyside report states the importance of dealing with the overall communication problem. The recommendations of this report also suggested the need for effective commissioning with renal transport commissioned outside of the standard PTS contract. It suggested that transport that is provided at the least cost possible is likely to produce the lowest level of quality.

One of the better renal patient transport services is provided by Broughton Ambulance Trust at Preston Hospital.⁵ This Trust scored high for patient satisfaction for transport in the Kidney Care Audit. The manager at the Trust did state that they receive a high dialysis transport budget compared to other trusts and this enabled them to deliver a better service. They also utilised a bank of 150 volunteer car drivers who transported the least poorly patients to and from the hospital and therefore cut down on the use of ambulances. These volunteer drivers were managed by the Trust.

The Kidney Care Audit was also effectively used to benefit users of patient transport across Wales. The Wales Renal Transport Project team⁶ looked at journey times

³ The National Kidney Care Audit: Patient Transport Survey Report 2008 p.65

⁴ Recommendations for the provision of a patient centred renal transport service. Cheshire and Merseyside Renal Transport Action Learning Set. 2006 www.kidney.org.uk/campaigns/Dialysis/PatientTransport/Renal-Transport-Cheshire-and-Merseyside.pdf

⁵ North West Ambulance Service NHS Trust 449-451 Garstang Road Broughton Preston PR3 5LN. 01772 903989. mark.evans@nwas.nhs.uk.

⁶ The Wales Renal Transport Project <http://www.ambulance.wales.nhs.uk>

across Wales and how long patients had to wait before and after dialysis. The team combined this information with the findings from patient forum events held at every renal unit in Wales. One of the recommendations for improvements was the investigation into the cost and benefits of a dedicated renal transport service. The project decided to trial a model of working that encouraged collaborative working between the renal unit and Ambulance Services Wales. It is hoped that the new service will give patients a clear idea of what time their treatment will start and finish. The pilot started in the summer of 2010 and runs for 18 months and if successful will be rolled out across the whole of Wales.

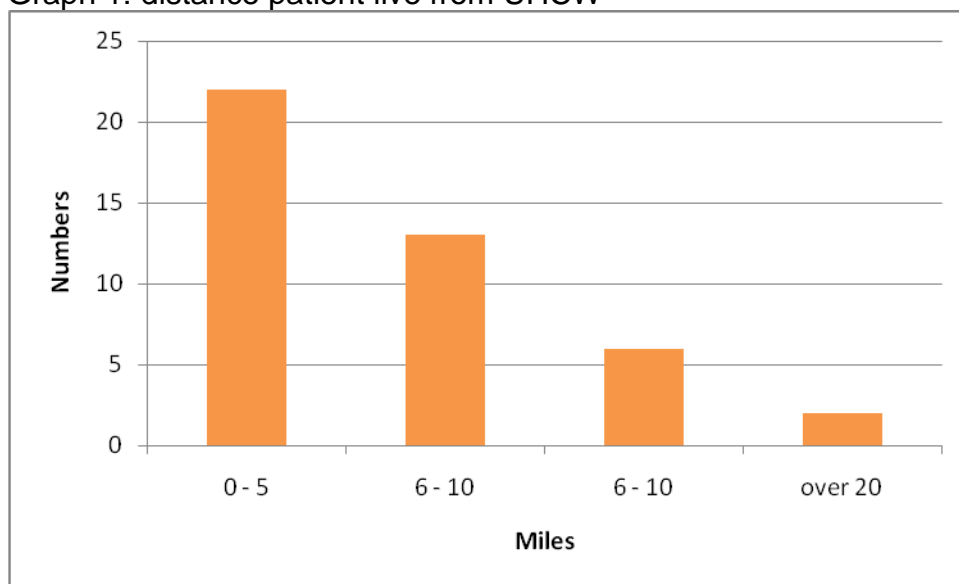
A certain amount of tolerance for delays with renal patient transport is necessary and expected with most funded services. However, long waits appear to be a common experience for service users in Coventry and this has been reflected in comments from both providers and service users.

6.2 Questionnaire data

6.21 How far away the patients lived from UHCW

It can be seen from the graph below that over half of all patients in our survey lived 5 miles or below away from UHCW. Thirteen lived between 6 and 10 miles away and a small proportion lived between 11 and over 20 miles away.

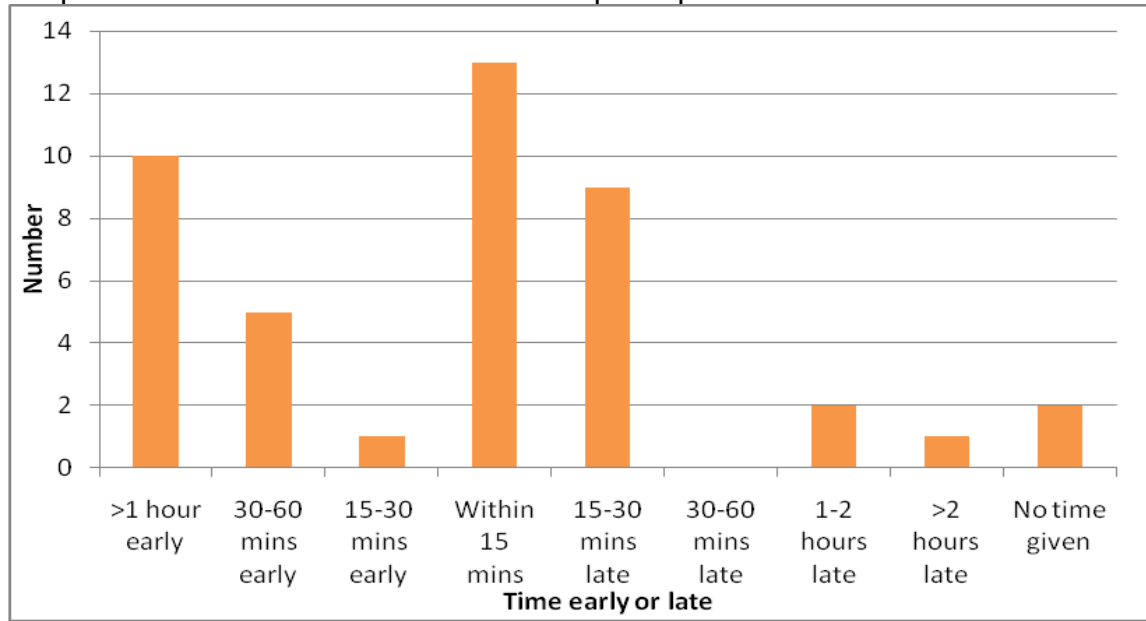
Graph 1: distance patient live from UHCW



6.22 Waiting and transit times

We asked patients how long after their scheduled pick-up time from home for the journey to dialysis their transport actually arrived. Most were either on time or slightly late. 10 patients had been picked up an hour or more early.

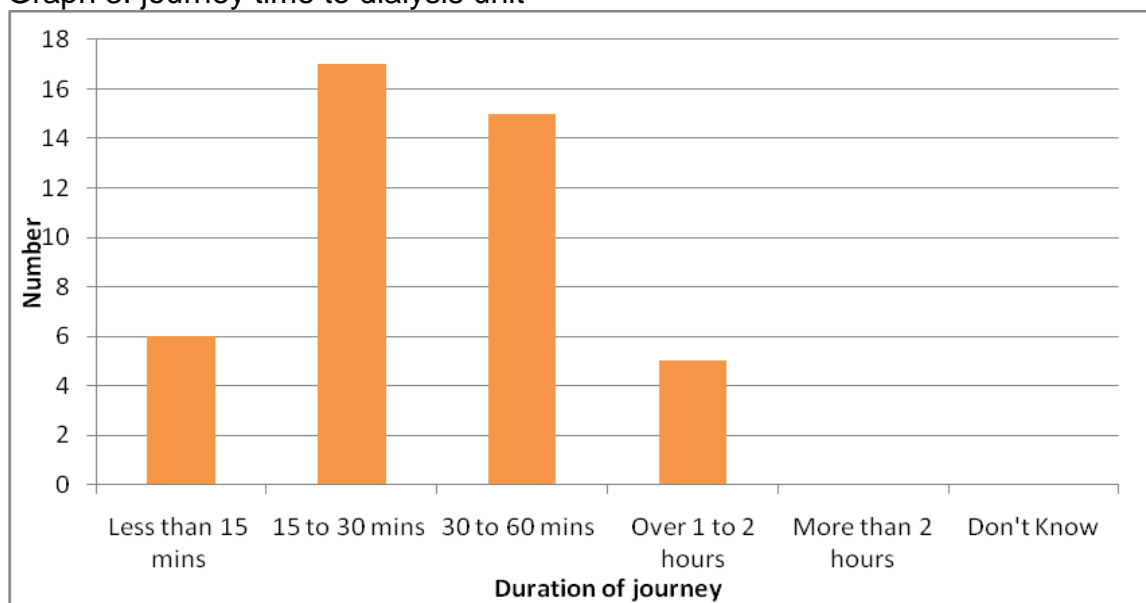
Graph 2: duration of wait after scheduled pick up time



6.23 Journey times on the way to dialysis

Patients were asked how long their journey took to dialysis that day. Most had arrived within an hour.

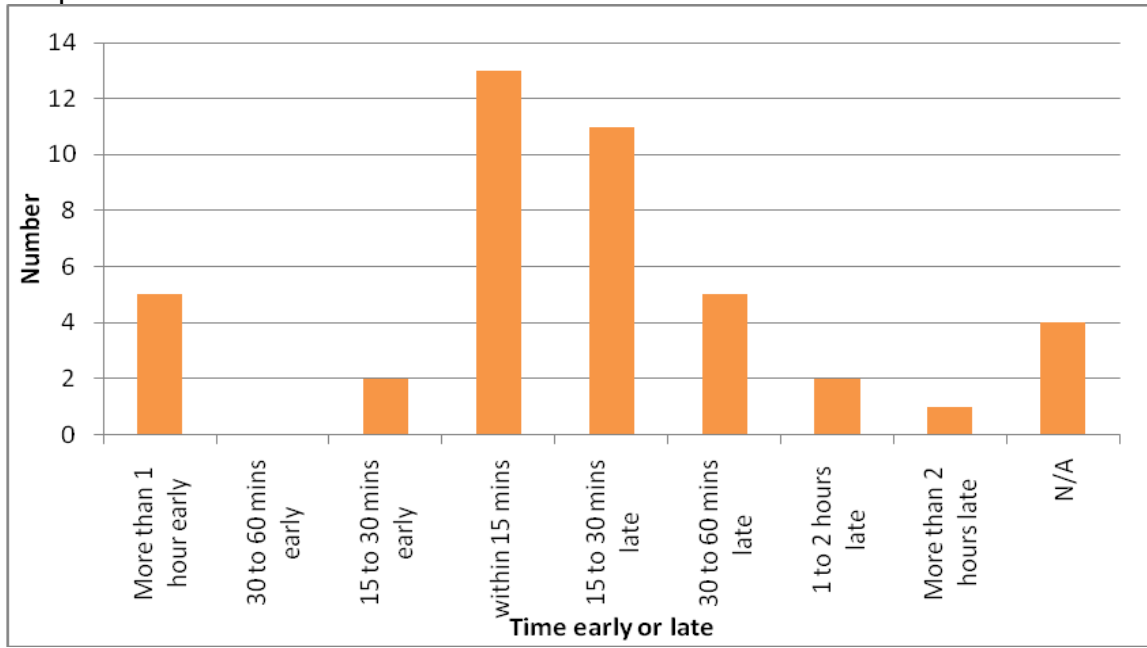
Graph 3: journey time to dialysis unit



6.24 Arrival times to the renal unit

We asked patients whether they arrived at the scheduled time for their dialysis and the replies are shown below. Late arrivals will have an impact on the service and four in this sample arrived more than 1 hour early with 5 being 30 minutes to 1 hour late.

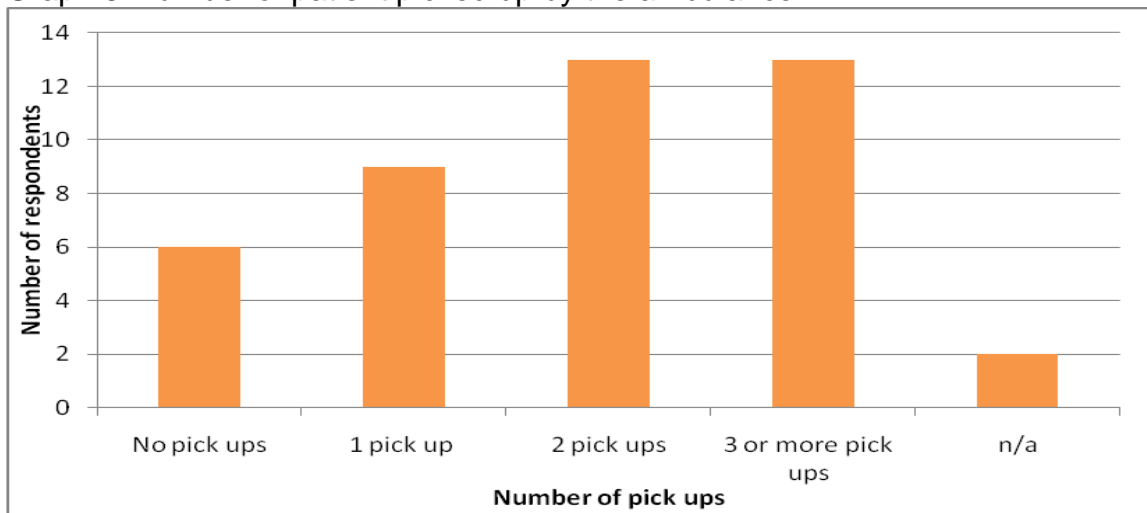
Graph 4: arrival times to unit



6.25 Number of patients picked up on route to hospital

We asked whether any other patients were picked up on the way to hospital as this can impact on the length of journey. Most patients will not be the only person on the ambulance; often there is a need to pick up two, three or more other patients along the way. These patients will not necessarily be renal patients.

Graph 5: number of patient picked up by the ambulance

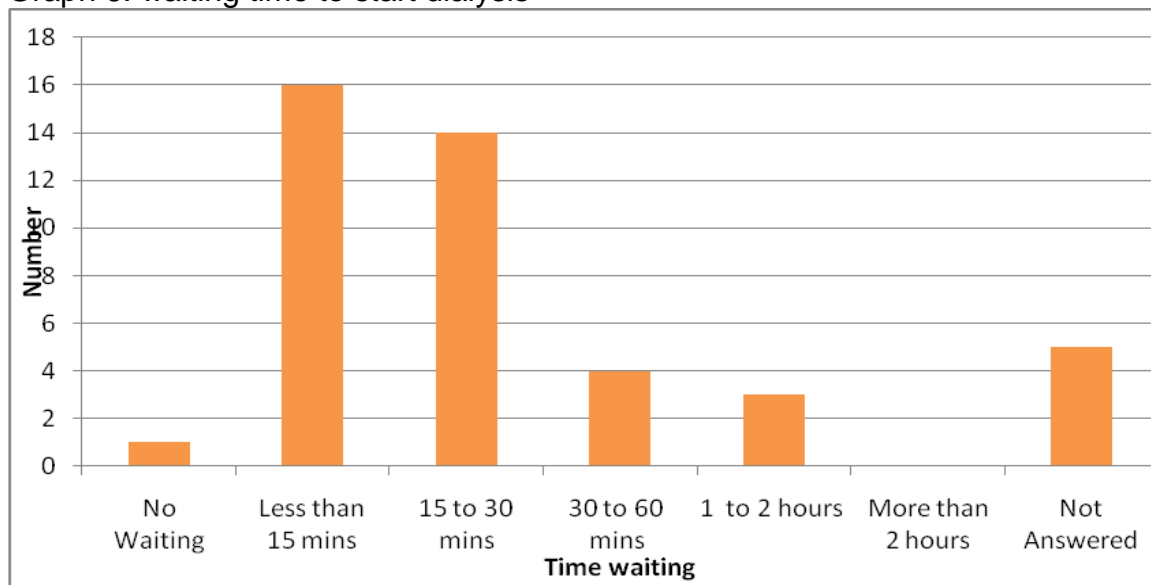


6.26 Waiting time to go on dialysis machine

We asked patients how long after their arrival on the dialysis unit they actually started their dialysis treatment. A long wait to go on dialysis machine may be the consequence of arriving earlier than scheduled, rather than the dialysis unit running late. However, the graph shows that most patients start their treatment within 30 minutes of arriving at the unit. The three people who waited the longest all arrived

within 15 minutes of the appointment time. Two of these people had a morning appointment and one in the evening.

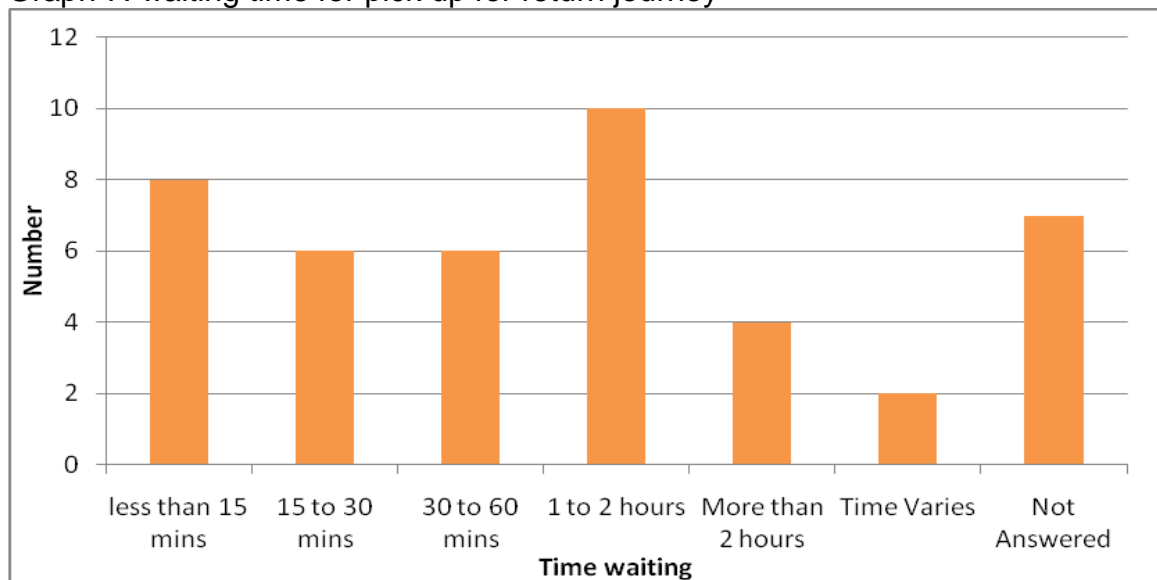
Graph 6: waiting time to start dialysis



6.27 Waiting time to be picked up post dialysis

The graph below shows the waiting time to be picked up for hospital transport at the end of dialysis session. 10 patients had a wait of over 1 hour and 4 waited over 2 hours.

Graph 7: waiting time for pick up for return journey

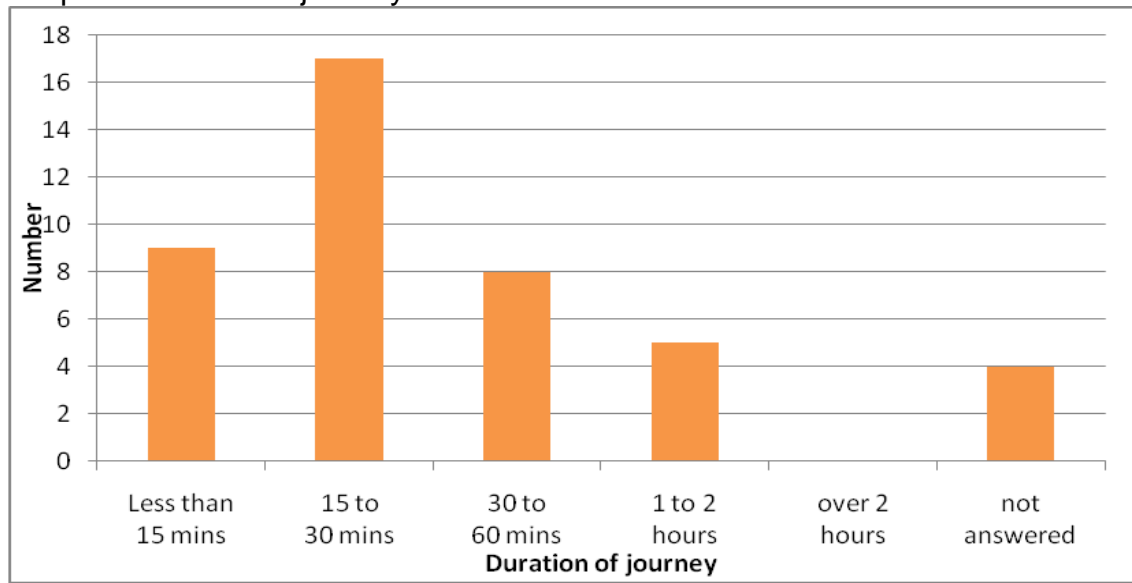


6.28 Journey time for the homeward journey

Patients were asked how long their journey time to return home after dialysis took after their previous dialysis session. Most people returned home within 30 minutes.

Of the five people who had the longest journey of over 1 hour, 4 lived over 10 miles away from the hospital.

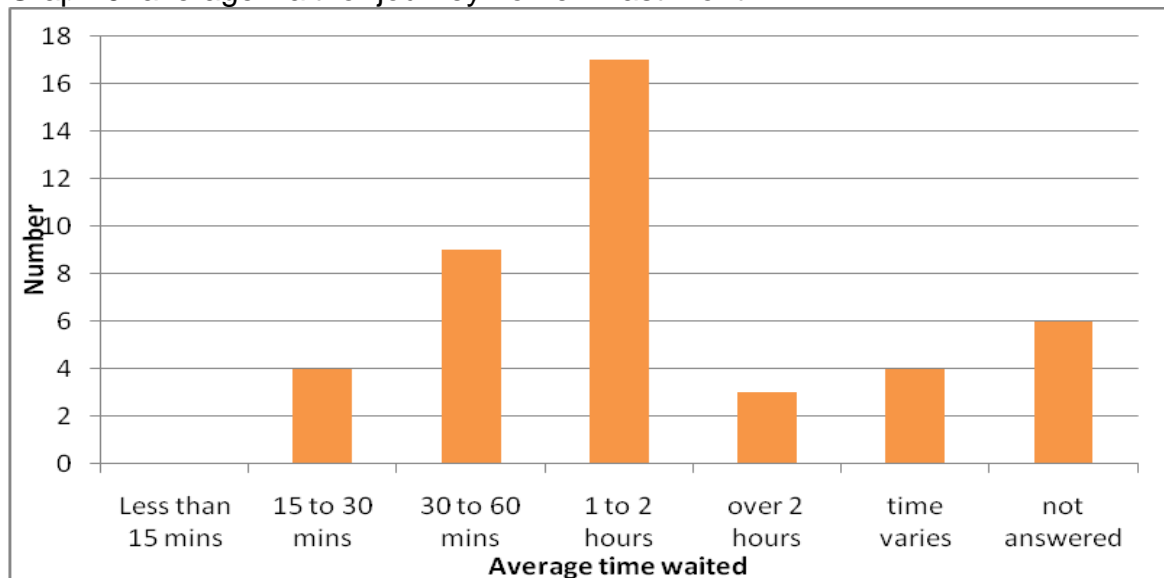
Graph 8: duration of journey home



6.29 Average waiting time to be collected

For the last question, we asked, on average in the last month, how long the patient had to wait to be collected after dialysis. It can be seen from this graph that the majority of patients had a wait of between 1 to 2 hours to be collected (17 patients). If patients also had to wait for long periods to be collected from home and spent considerable time travelling to the renal unit, then their total time spent receiving treatment could be at least 8 hours.

Graph 9: average wait for journey home in last month



6.3 Comments from patients and carers

All patients who were interviewed were asked whether they had any comments to make that may help to improve the service. We also had three extra comments from people who do not directly use the service but are affected by it, such as a carer and patients who previously used the transport service. Out of 43 questionnaire responses, 34 patients gave us comments regarding improvements that could be considered. These have been divided into two main areas of interest – transport and the renal unit.

6.31 About Transport

A) Comments were made about the waiting times and the grouping of patients such as:

'Times that are faxed through seem to have no bearing on when the ambulance will turn up. Sometimes 3 or 4 waiting but the ambulance will only take 1 even if the patients are all going the same way.'

'Sometimes don't wait, sometimes waiting long time. Fax information through but this doesn't seem to affect when ambulance seems to arrive.'

'I am a wheelchair user aged 86 and tonight I have waited 2 1/2 hours for transport, I get very tired and hungry.'

'For several years I attended a dialysis clinic in Birmingham, where I lived. Ambulance transport was an excellent service; and that was West Midlands Ambulance Trust. Since I moved to Coventry patient transport has been so bad I am thinking of buying a car, which I can ill afford.'

B) Other frustrations that patients commented about were due to issues with the control room:

'If you phone after an hour the control room always say they're on their way when really they are in Rugby so it would be better to be honest and know how long the wait will be so you can make a decision regarding other forms of transport.'

'The control centre fail to realise the areas where people are going they [journeys] are not grouped well together.'

'[issues with] control room, communications, too wide an area to collect everyone from. Grouping is done wrong- come in with group of people but don't leave with them.'

'More communication about how long going to be, "Its on its way" is usual response'

C) Some patients were also concerned about the effect on their health,

'Waiting makes you even more anxious. Actually made condition worse.'

'Transport delays causes patient stress and additional tiredness by increasing treatment from e.g. 6 hours to 8 hours. Sometimes patients who live furthest away are dropped off first rather than those who are closer to the hospital.'

D) However, some patients had more positive comments to make such as,

'Happy with the service.'

'Sometimes long wait but not too bothered about it.'

6.32 About the Renal Unit

Some comments were made by patients about the renal unit and changes they suggest to make improvements to the service. Many comments were about refreshments while they were waiting, especially as patients are unable to fetch anything to eat or drink because they may miss their pick up.

'[would like] Tea maker and a TV.'

'Need for refreshments while waiting.'

'At Stratford there are individual TVs and internet nothing in Coventry? Would like refreshments in the waiting area. More information from reception as to accurate collection time'

'Drinks machine. A long day when you have eaten hours before and you have a delay. Had to use taxi on occasions because the ambulance didn't arrive on time to pick me up on the morning sessions'

'Quite happy with the service.'

'Fairly content.'

6.33 Summary of results

The results of our survey show that some patients have long waits, especially for transport to collect them after they complete the dialysis session. Many patients were also picked up very early for their hospital appointments and this can have a negative effect on the amount of time patients are away from home. For many people on dialysis, the experience of long transport delays is the most frustrating and concerning part of their treatment. What comes across from both patients and carers is a feeling of powerlessness to change or improve the transport service and it is extremely clear from these results that improvements to the transport service would have positive effect on carers and staff as well as the patients themselves and their families

6.4 The service specification

The service specification covering transport for renal patients is generic and LINK believes it would benefit from specific reference to transport for renal patients and quality standards and monitoring related to this service, which differs from other patient transport in that transport is part of the treatment.

The service specification should include specific reference to adopting a system to enable daily updates to journey pick up times to be made to enable the timely drop off and collection of renal patients.

Gathering the views of patients through sampling and through analysis of complaints is mentioned in section 19 of the service specification. However our work has identified many concerns from patients which do not seem to have been picked up.

There should be reference in the service specification to the maximum waiting times for collection and return journey above the agreed collection times for renal patients. The standard identified through the national work LINK has reviewed is 30 minutes.

7 Conclusions

Our work shows that the issue of patient transport is considered by patients and professionals as a key element of renal patient treatment and that issues with transport must be addressed.

Feedback from dialysis patients presents a picture of an inconsistent and poorly coordinated transport service, with long delays for transport both before and after dialysis treatment as well as the inconvenience of being collected early for appointments. Added to this were issues relating to communication, especially the poor indication of if/when transport would arrive.

Communication issues were mentioned many times by almost all the people we talked to. It would appear that Ambulance crews struggle to communicate to the control centre due to broken or not enough equipment or technology that has failed.

The renal unit experience issues with contacting the control centre to reassure patients of when their transport may arrive. Both staff at the renal unit and the Ambulance Trust talked about how communication could be improved to overcome some of the issues that patients experience and our observations and various meetings with service providers and commissioners has shown a lack of joint working to ensure attention is focussed on the important aspects of the service from the patients perspective. Successful problem solving between the Ward and the Ambulance Trust is very important for the quality of service and this should be strengthened.

Transport needs are high on the renal patient's agenda because of the need to undergo regular and vital treatment, perhaps over a very long period of time. Many patients discussed their feelings of frustration and having no choice but to tolerate transport issues. Transport should be considered integral to dialysis treatment as it has such an impact on overall satisfaction and there is a clear need to improve the quality of transport provision for these patients.

The findings in this report would indicate that the best performing transport services are those that utilise a dedicated renal service as opposed to a combined one.

However, there are many examples nationally of services that have improved without extra resources; instead there is a willingness at a senior level to improve this most important aspect of the patient experience.

There is the opportunity in the upcoming tender round to make improvements to the service specification to include specific clauses about patient transport for renal patients. Coventry should adopt the quality criteria which are good practice elsewhere including a waiting time standard.

The service specification should be used to drive up quality through its quality standards and effective monitoring of these. Patient feedback should play a bigger part in the assessment of the quality of the service.

We have unfortunately not been able to ascertain the average cost per patient per year as NHS Coventry advised us they did not produce this information as they felt it would be skewed by high cost patient journeys. Therefore we cannot make comparisons with other areas off the country. This is however work which NHS Coventry should do to understand how they compare with practice elsewhere.

8 Recommendations

8.1 Transport issues

I. Review Commissioning:

- a) **Reflecting the needs of renal patients:** Clear and transparent commissioning arrangements involving an understanding of renal patients' specific needs must be in place either through a separate contract for renal patients or specific reference to the needs of renal patients. Commissioners must consider the views of health professionals as well as staff providing the service to evaluate whether there should be separate commissioning for renal transport or more resources available to make improvements. Some renal patients have no other choice than to use the transport service and as they need to spend considerable time receiving treatment, a poor transport service has a major impact on their quality of life.
- b) **Quality standards and monitoring:** There must be effective quality standards and monitoring of the quality of renal patient transport services including a clear waiting time standard and greater use of patient feedback using different methods to assess quality.
- c) **Cost of Service:** NHS Coventry should undertake work to understand the cost per patient per year for renal patients and examine national good practice.
- d) **Implement other means of transporting patients:** the re-commissioning of the Patient Transport Service allows the opportunity to explore and seriously investigate alternative methods of delivering transport which

could support the use of ambulance transport and lead to more effective use of funds. Other areas of the country use volunteer driver schemes plus other methods to transport patients. Increasing the use of volunteer drivers in Coventry to transport less ill renal patients has considerable merits and consideration of working in partnership with Active Transport⁷ to develop a service should be given. Considerations should also be given to consider the reimbursement of patient travel expenses and use a taxi service for non emergency cases. Use of 'floating vehicle' for trouble shooting would be beneficial, especially when there is an accumulation of delays throughout the day.

II. Establish a renal transport improvement group:

- a) A renal transport improvement group which meets regularly to increase patient satisfaction and experience (include patients in this group perhaps by using the patient forum already established) should be set up. This group should have representation at senior level to effect any changes that may be necessary and LINk would be willing to be present at these meetings.
- b) Develop a transport improvement plan to include improving communication across all involved in patient transport and regular audits to consider evidence of any improvement.

III. Improve communication methods.

- a) Address the situation whereby patients are told that drivers were on the way when they clearly were not by improving the communication mechanisms between ward and Ambulance Trust/drivers. Patients could be given a time window when they could expect to be picked up and made aware of any changes, so they can make decisions based on this information, this would be extremely helpful to both patients and ambulance drivers who come under scrutiny for delays.
- b) **Ensure ambulance communication equipment is fit for use.** Solve the issues with communication technology, especially hand held computer/telephone equipment. All equipment should be available and fit for use and ambulance drivers should be able to make contact with the control centre.
- c) **More effective use of faxed list used between the ward and ambulance control to provide patient names and estimated pick up times.** At the moment the list is not fit for purpose as too many changes occur during the working day (this is due to changes by the renal unit as well as delays in transport and cannot always be avoided) and patients and staff have told us that updated information provided by the ward does not change pickup times. If a faxed list is the only method available for

⁷ Samantha Price, Community Transport Coventry, 269 Sovereign Road, Earlsdon, Coventry. CV5 6LT.
www.communitytransport.org

communicating transport times, then a two way flow is needed and staff need to be available at both ends to deal with the information provided by the other party so that patient receive the best possible information and waiting times are reduced. Discussions should take place as to what mechanisms are needed in order for the system to cope with the changes that occur during the day to minimise the impact this has on patients.

- d) **Better journey planning:** The Ambulance Control Centre should work to understand the issues and take part in any improvement group (described above). They should work to increase levels of communication between the drivers, renal unit and patients in order to support better journey planning. Journeys could be better organised to minimise mileage with improved coordination and more realistic travel times. Ambulance drivers should be more involved in the planning process with the control centre as some groupings of patient journeys does not make sense to either the patients or the drivers.

8.2 Ward Issues

- VII. **More accurate information available to patients.** (following on from recommendation above (iii)) Advertise estimated pick up times in the lounge with more precise timings so patients can make decisions based on this information. This could be the first point of discussion for the renal transport improvement group. The receptionist is not always available so patients are unsure how long their wait may be; there should be someone available, especially at the crucial pick up times. Not knowing what is happening was one of the most frustrating aspects the patients experienced. They would rather know the wait will be over an hour than told something different.
- VIII. **Review patient eligibility transport service.** Ensure that relevant checks on patient eligibility take place in accordance with policy and that patients receive support to find alternative transport when needed.
- IX. **There should be refreshments available in the waiting area.** A drinks machine and snacks must be available for patients to use in the discharge lounge while waiting, especially as they are unable to leave the lounge and fetch their own refreshments while waiting for the transport to arrive. Provision of a TV and or the Internet to give patients something to do whilst waiting should be considered too.
- X. **There should be reception staff available.** Patients with special needs or other health needs should not be left alone in the discharge lounge. There is still a duty to care for these patients while they are waiting. The reception desk should always be staffed.
- XI. **Consider increasing capacity of satellite units** to release pressure on UHCW or provide more home dialysis, where appropriate.

9. Acknowledgements

Thank you to all the patients and patient representatives, nurses and health professionals at the renal unit who have provided us with so much information and helpful comments.

LINK would like to thank all of the professionals involved in sharing information for this report, both providers and commissioners, and we look forward to a good working relationship in the future; together we believe we can make services better for everyone.

Finally, thank you to the LINK renal Patient Transport Working Group who have made this report possible.

10. Response from NHS Coventry

Coventry LINK received the following response from Stephen Jones Chief Executive of NHS Coventry. This is quoted as written.

**NHS Coventry response to:
Coventry LINK report and recommendations: Renal Patient Transport
Recommendations to improve patient transport for Renal Patient's in Coventry**

Thank you very much for the opportunity to respond to your report.

The outcomes of the interviews and patient questionnaire indicate that there is opportunity for improvement in working practice from all Trusts; UHCW, WMAS & PCT. It is also clear from the information provided that the policies that were implemented in 2009 are not being followed. These policies were jointly created and endorsed with the purpose of specifically addressing many of the points raised in the report.

A meeting has been arranged for 9th June to discuss the recommendations in the report with Ambulance and Renal staff.

Response to LINK recommendations:

8.1 Transport Issues

1. Review Commissioning

a) Reflecting the needs of renal patients

The current contract is a generic PTS contract which includes Renal Services.

As per letter dated 11th April 2011 Specialised Commissioning Services are currently undertaking a regional assessment of PTS services and requirements. The outcomes of this will support NHS Coventry when considering a separate Renal PTS contract.

In the interim it is proposed that NHS Coventry & NHS Warwickshire review the current performance indicators and consider a contract variation which includes specific reference to the needs of renal patients which are not already in the Service specification (Schedule 3 Part 4B includes performance indicators for arrival, collection and length of journey).

b) Quality standards and monitoring

As per 8.1.a a review of Schedule 3 part 4B will be undertaken. The current collection and waiting time standards are considered suitable for renal patients. However the proposed action would be, for reporting purposes, to separate the renal patient activity and monitor quality standards separately.

With regard to patient feedback currently there are opportunities for patients to raise queries with Renal Staff and for this to be reported at the monthly operational meeting. Some patients may not wish to follow this format. A comments box for PTS is therefore suggested. Any comments can therefore be raised at the UHCW PTS Operational monthly meeting where necessary action agreed.

c) Cost of Service

This can be undertaken however the usefulness of this exercise is questioned. Many of the issues raised in this report relate to communication issues, planning of journeys, cohorting of patients and rebooking of transport if patients are late. It is the opinion of Commissioners that these are operational issues which if continuously monitored and reviewed will have a positive impact on the quality of the service. The 2009 policies for rebooking of transport will be reviewed and a separate communication policy considered to address these issues. Commissioners believe this action will have greater impact on the quality of the service rather than reviewing the cost.

d) Implement other means of transporting patients

Use of volunteer drivers will be investigated by NHS Coventry with WMAS and UHCW. Currently Renal patients can claim parking costs. Use of a floating vehicle should not be necessary if transport is rebooked appropriately by both Ambulance Crews and Renal Staff. This will be closely monitored to by all three Trusts before considering a floating vehicle.

II) Improve communication methods

- a) This issue has been raised previously. Actions have been taken by the PTS Unit Manager to reiterate the importance of control giving correct times of arrival to ensure patients have food and drink. This is included in the 2009 policy. The action will be for this to be monitored by both Renal and Ambulance staff and all breaches reported and actioned immediately.
- b) **Better Journey Planning.** Monthly meetings with PTS Unit Manger and Renal Nursing staff were implemented to review and plan the cohorting of patients by postcode for inward and outward journeys. Due to the nature of the disease patients dialysis times change regularly. An agreed action at the February PTS UHCW Operation meeting was monthly meeting dates to be agreed to ensure cohorting is reviewed on a regular basis.

8.2 Ward Issues

VII More accurate information available to patients

Planned collection times are based on the start of treatment and time taken. This is part of the cohorting of process. Action would be for the cohorting information to be displayed on a notice board in the ward so patients can see planned times. However if patients arrive late or are late going on machines collection times have to be booked. This will also need to be communicated to patients. This will be discussed and actions agreed at the 9th June meeting.

VIII Review patient eligibility transport service.

This is part of the Renal Eligibility Criteria and should be reviewed every 5 weeks. Medical staff make the decision based on the individual patients medical needs. Renal staff should be implementing this policy.

IX There should be refreshments available in the waiting area

This is an internal issue for UHCW to address and action.

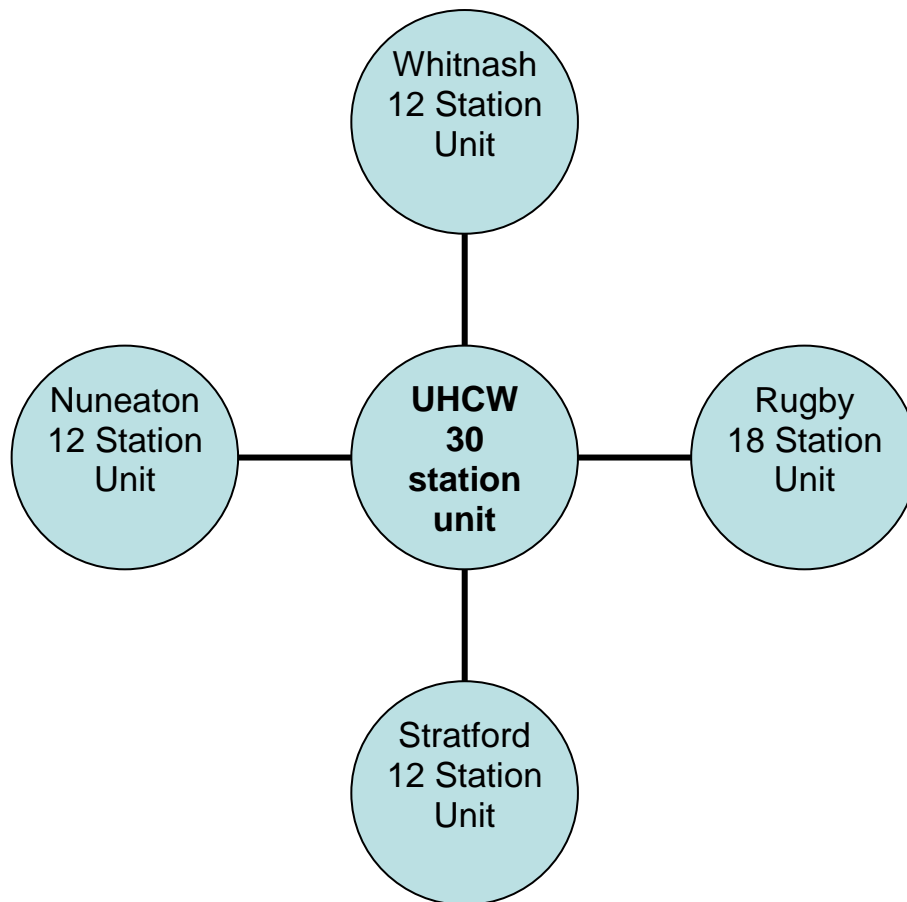
X There should be reception staff available

This is an internal issue for UHCW to address and action.

XI Consider increasing capacity of satellite units

This is an internal issue for UHCW to address and action.

Appendix 1: University Hospital Coventry and Warwickshire Renal Unit



Appendix 2: Meeting dates and attendees

Date	Meeting	Attendees	Notes
30/11/2010	Dr. Simon Fletcher Consultant Nephrologist st UHCW	Ruth Light (LINK Project Manager) Gaile Allen and Roger Hudson (Volunteers)	Also meet staff member who booked the transport, a patient and the ward manager and Sister Carol Foster
9/12/2010	Hazel Matthews Patient Advice Liaison Service Manager	Wendy Donnelly (LINK Project Officer) Roger Hudson, George Keay, Gaile Allen, Tom Stone (Volunteers)	
21/1/2011	Monica France PCT Commissioners for patient transport	Roger Hudson and Gaile Allen Wendy Donnelly	
2/2/2011	Sister Lesley Jones Dialysis Unit Manager	Wendy Donnelly	Also spoke to Niesh Gogia (patient forum chair)
8/2/10	Nilesh Gogia Renal Patient Forum Chair	David Spurgeon and Roger Hudson (volunteers)	
10/2/2011	Susan Mcleod Patient Transport Service Unit Manger	Wendy Donnelly Roger Hudson and Gaile Allen	
14 – 15/2/11	Enter and View	Wendy Donnelly, Latifah Omitogun (LINK) Iqbal Rihal, Roger Hudson, Gaile Allen, Tom Stone, David Spurgeon (volunteers)	Talked to patients, a carer, staff and an ambulance driver

Appendix 3: Coventry LINK Renal Patient Transport Questionnaire

Q1. Please enter your home postcode _____

From your postcode we can calculate how far away from the dialysis unit you live.

If you cannot (or do not want to) give us your postcode, about how far away from the dialysis unit do you live?

0-5 miles	<input type="checkbox"/>	21-40 miles	<input type="checkbox"/>
6-10 miles	<input type="checkbox"/>	More than 40 miles	<input type="checkbox"/>
11-20 miles	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Q2. What day is it today?

Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>		

Q3. At what time was today's dialysis session due to start?

No set time	<input type="checkbox"/>	2pm to before 4pm	<input type="checkbox"/>
Before 8am	<input type="checkbox"/>	4pm to before 6pm	<input type="checkbox"/>
8am to before 10am	<input type="checkbox"/>	6pm or later	<input type="checkbox"/>
10am to before 12 noon	<input type="checkbox"/>		

Q4. How did you travel to this session of dialysis?

Please only put a cross in one box. (If you used more than one kind of transport, cross the box for the one which made up the largest distance of your journey).

Hospital Arranged Transport

This includes NHS, volunteer driven or private company transport.

Hospital transport vehicle	<input type="checkbox"/>	Car provided by the hospital	<input type="checkbox"/>
Ambulance service vehicle	<input type="checkbox"/>	Taxi arranged by the hospital	<input type="checkbox"/>

Public Transport

e.g. bus/train

Private Transport

Travelled in my own car	<input type="checkbox"/>	Walked	<input type="checkbox"/>
Friends or family brought me	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Taxi I arranged myself	<input type="checkbox"/>		

Q5. If you used Hospital Arranged Transport, did it arrive on time, or not?

Early:

More than 1 hour early 15 mins to 30 mins early
 Over 30 mins to 60 mins early

On Time:

Within 15 minutes of the time

Late:

15 min's to 30 mins late More than 2 hours late
 Over 30 mins to 60 mins late Don't know
 Over 1 hour to 2 hours late

Q6. How long did the journey to the renal unit take today?

Less than 15 mins Over 1 hour to 2 hours
 15 to 30 mins More than 2 hours
 Over 30 mins to 1 hour Don't know

Q7. Were any other patients picked up, before or after you, on your way to hospital?

No Yes- 3 or more pick up's
 Yes- 1 pickup Not applicable
 Yes- 2 pickups

Q8. When did you arrive at the Renal Unit, compared to your allocated dialysis time?**Early:**

More than 1 hour early 15 mins to 30 mins early
 Over 30 mins to 60 mins early

On Time:

Within 15 minutes of the time

Late:

15 mins to 30 mins late More than 2 hours late
 Over 30 mins to 60 mins late Don't know
 Over 1 hour to 2 hours late No particular time allocated

Q9. Once you arrived at the Unit, how long did you have to wait before the start of your dialysis session?

Less than 15 mins Over 1 hour to 2 hours
 15 to 30 mins More than 2 hours
 Over 30 mins to 1 hour Don't know

Q10. What was the day of your last dialysis session?

Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>		

Q11. At what time was that last dialysis session due to start?

No set time	<input type="checkbox"/>	12 noon to before 2pm	<input type="checkbox"/>
Before 8am	<input type="checkbox"/>	2pm to before 4pm	<input type="checkbox"/>
8am to before 10am	<input type="checkbox"/>	4pm to before 6pm	<input type="checkbox"/>
10am to before 12 noon	<input type="checkbox"/>	6pm or later	<input type="checkbox"/>

Q12. How did your travel home after your last session of dialysis?

Please only put a cross in one box. (If you used more than one form of transport, cross the box for the one that made up the largest distance of your journey.)

Hospital arranged transport

This include's NHS, volunteer driven or private company transport

Hospital transport vehicle	<input type="checkbox"/>	Car provided by the hospital	<input type="checkbox"/>
Ambulance Service vehicle	<input type="checkbox"/>	Taxi arranged by the hospital	<input type="checkbox"/>

Public Transport

e.g. bus/train/underground

Private Transport

Travelled in my own car	<input type="checkbox"/>	Walked	<input type="checkbox"/>
Friends or family brought me in their car	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Taxi I arranged myself	<input type="checkbox"/>		

Q13. Once you had finished dialysis and were ready to leave, how long did you have to wait before you actually left the dialysis unit?

Less than 15 mins	<input type="checkbox"/>	Over 1 hour to 2 hours	<input type="checkbox"/>
15 to 30 mins	<input type="checkbox"/>	More than 2 hours	<input type="checkbox"/>
Over 30 mins to 1 hour	<input type="checkbox"/>	Don't remember	<input type="checkbox"/>

Q14. How long did it take you to get home?

Less than 15 mins	<input type="checkbox"/>	Over 1 hour to 2 hours	<input type="checkbox"/>
15 to 30 mins	<input type="checkbox"/>	Over 30 mins to 1 hour	<input type="checkbox"/>
More than 2 hours	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Q15. Were any other patients dropped off, before or after you, as part of your journey home?

No	<input type="checkbox"/>	Yes-3drop-off's	<input type="checkbox"/>
Yes-1 drop-off	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Yes-2 drop-off's	<input type="checkbox"/>		

Q16. If you use NHS arranged transport can you say on average in the last month, how long you have had to wait to be collected after dialysis?

Less than 15 mins	<input type="checkbox"/>	Over 1 hour to 2 hours	<input type="checkbox"/>
15 to 30 mins	<input type="checkbox"/>	More than 2 hours	<input type="checkbox"/>
Over 30 mins to 1 hour	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Any other comments to improve the service?

**Coventry LINK is an independent network supported by the charity
Voluntary Action Coventry, which acts as the Host organisation.**



Coventry LINK is one of 151 LINKs in England.

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