

# Patient Transport Services in Sussex

## What patients and passengers told us about the service in 2020

### Full report



November 2020

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## Preface

Healthwatch in Sussex involves Healthwatch teams from across Brighton and Hove, East Sussex and West Sussex working in collaboration to deliver joint projects on health and social care services which support the population of Sussex.

This is the third of four reports from Healthwatch in Sussex on Non-Emergency Patient Transport Services (the “service”).

The first three Healthwatch reports are intended to advise NHS Clinical Commissioning Groups on the retendering of the service. The fourth report will be produced to advise the public and those who use the service on the outcomes of our work. It is our intention to publish the reports in due course, together with responses from the Clinical Commissioning Groups to our findings.

### Report 1

Delivered on 30<sup>th</sup> September 2020 to NHS Clinical Commissioning Groups. Healthwatch reviewed over 30 publications and documents (written since 2009) on the operation of the service both in Sussex and nationally. This report brought together the main findings and recommendations of these publications into one Healthwatch in Sussex report, so these are easily accessible for commissioners, current and future providers of the service, and patients. **The report highlighted the key aspects to be considered in the commissioning process and contract specification.**

### Report 2

Delivered on 13<sup>th</sup> October 2020. **This report provided a summary analysis of results to the Clinical Commissioning Groups from the Sussex-wide patient engagement undertaken in September 2020.** It captured passengers’ experiences of the current service. The report, along with Report 1, were provided ahead of a market engagement event for the new service contract which was held on 19<sup>th</sup> October 2020. (This interim report will not be published).

### Report 3 (this report)

Delivered on 16<sup>th</sup> November 2020 to NHS Clinical Commissioning Groups. **This report provides a detailed analysis of the results from the Healthwatch in Sussex passenger engagement exercise.**

### Report 4

January 2021: **Will be a public-facing report which will bring together the outcomes from the first 3 reports.**

**Healthwatch in Sussex would like to thank the Clinical Commissioning Groups for their cooperation in delivering this project, and staff across our local hospitals for their help in sharing the questionnaire and ensuring that patients’ voices were heard.**

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## 2. Executive summary

This report is a collaboration between Healthwatch in Sussex. Our engagement focussed on establishing people's experiences of the local Non-Emergency Patient Transport Service, which we refer to as 'the service' throughout this report.

This engagement process looked at people's opinions about the service during the last 12 months (September 2019 to September 2020), focussing on:

- How they first found out and subsequently applied for the current service; their satisfaction levels with the application process, and what they thought about any information they were provided with about the service.
- Their experiences of using the service during the COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020), and how they rated this experience compared to any other times when they had used it.
- Their experiences if any (at any point in time in the last 12 months), of any delays, changes, or problems with their journeys and the impacts that such incidents may have had for them.
- The future of the service and thoughts for how it might be improved going forward.
- Satisfaction levels and recommendation ratings for the service.

### Introduction

For people who meet certain criteria, the NHS offers a free at the point of use Non-Emergency Patient Transport Service. [NHS Choices](#) explains that the service is designed for people whose condition means they need additional medical support during their journey to and from hospital and other medical appointments. The service serving Sussex is currently provided by [South Central Ambulance Service](#) (SCAS, 2017-present). The service is scheduled to be re-commissioned during 2021, with a new 5-year contract worth up to £20 million beginning in April 2022.

In June 2020, Sussex NHS Commissioners, representing NHS Clinical Commissioning Groups (CCGs) in Sussex, approached Healthwatch in Sussex to help them gather people's experiences of using the service. This is the fourth time, since 2016, that Healthwatch has undertaken such work; the last time Healthwatch carried out passenger engagement was in November - December 2017 (our subsequent report was published [April 2018](#)).

Negotiations between Healthwatch and the CCGs to undertake this work originally commenced in November/December 2019 but were subsequently halted by the coronavirus (COVID-19) pandemic. This reduced the time available for Healthwatch to conduct any patient engagement work and the restrictions of infection-control measures also meant that our usual activities such as visiting and talking to patients in hospital have not been possible. At the same time, the service has experienced lower than usual demand attributed to concerns that patients may have around contracting COVID-19. At the time Healthwatch in Sussex conducted our patient engagement (1<sup>st</sup> -28<sup>th</sup> September), demand was down by approximately one third. The 130 responses we achieved to this current engagement were also lower than our engagement in 2017 (218 total responses) and 2016 (186 total responses).

## Methodology and engagement



The principal method of engagement was a questionnaire-based survey consisting of mainly closed, fixed response questions, and occasional free-text responses. The questionnaire, jointly designed with the CCGs, was launched on 1<sup>st</sup> September. In total, 130 people responded to the questionnaire as follows:

- Healthwatch in Sussex online questionnaire (open 1<sup>st</sup> - 28th September) 69 respondents.
- Healthwatch in Sussex hard copy questionnaires (open 1<sup>st</sup>-20<sup>th</sup> September<sup>1)</sup> 61 respondents.

The questionnaire was promoted in a number of ways including extensive mailshots to local Healthwatch networks and contacts across Sussex; by Brighton and Hove City Council to their staff and networks; by the three CCGs via their public bulletins and websites; Facebook communities including closed groups; other social media; and supported by a high visibility on the websites of the three Sussex Healthwatch organisations. Healthwatch in Sussex was supported by staff at hospitals throughout Sussex in disseminating the survey to patients who were frequent users of the service e.g., renal dialysis patients, as well as across other units which see a higher proportion of patients who use the service i.e., outpatients department, eye clinics, muscular skeletal services, etc. The survey was promoted by offering people the chance to win one of five £25 gift vouchers for taking part.

The data was analysed in Microsoft Excel exported from [SNAP<sup>2</sup>](#) (online survey software). Healthwatch has compared some results with those it published in April 2018, which followed the last patient engagement on transport services it conducted in November/December 2017.

The CCG asked Healthwatch to analyse the data and use this to advise it on:

- What elements of the current service are working well?
- What elements of the current service are not working as well?
- Key improvements and future changes to the service that passengers would like to see.

We were also asked to conduct analysis of the results provided by bariatric and renal patients but, unfortunately, we did not receive any responses identifiable as being from bariatric patients. We have conducted analyses across the five categories of passenger who did respond to our questionnaire: (i) renal patients; (ii) regular users of the service (non-renal patients); (iii) those who used the service to attend just a handful of appointments; (iv) people who needed a vehicle which could accommodate their wheelchair so that they could get to their appointments ('wheelchair passengers'); and (v) those who had used the service during the first COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020).

<sup>1</sup> The earlier closing date was to allow time for quarantining of paper surveys before the data entry was carried out.

<sup>2</sup> Copyright © 2010-2021 Snap Surveys Ltd. All rights reserved worldwide.



## Headline findings

### The people who responded to our questionnaire

30 patients or passengers of the service, or their representatives, responded to the Healthwatch in Sussex questionnaire. The location of respondents varied across the three Healthwatch areas as follows:

- East Sussex: 65 respondents, representing 50% of the total sample.
- West Sussex: 40 respondents, representing 31% of the total sample.
- Brighton and Hove: 23 respondents, representing 17.5% of the total sample.
- 2 (1.5%) respondents did not identify which Healthwatch area they were from.

These results partly reflect data supplied by the CCGs to Healthwatch which indicates that the known split for the service per CCG area is: 13% Brighton & Hove 43% East Sussex; and 44% West Sussex.

The response rates for each area have been compared to those achieved in 2017:

- A comparable response rate was achieved in 2020 for Brighton and Hove (29 in 2017).
- The same number of responses were achieved in West Sussex (40).
- The response rate in East Sussex in 2020 was around one third lower than in 2017 (99).

In 2020:

- 119 respondents provided their gender, of which 54% identified as female (n64/119) and 45% male (n54/119). One person selected 'Other' to describe their gender.
- 108 respondents provided their age. 52% of these respondents were aged 65 and over (n56/108). The ages of respondents ranged from 9-90 and the average (mean) age was 65.5.
- 84% (n95/113) of respondents who provided the information said that they were 'White British'. In 2020, we reached more people who identified as Black, Asian or being from a minority ethnic group (BAME) (11%, n12/113), increasing 6 percentage points on 2017 levels.
- 89% (n103/116) of respondents identified themselves as having a long-standing health problem or disability (14 respondents elected not to answer). In 2017, 57% (n89) of respondents indicated that they were 'disabled in some capacity'.
- 7% (n9/125) of respondents identified themselves as being a carer for someone else.

### Who used the service?

We asked people to tell us why they had used the service, and allowed them to select from multiple options (meaning that the total number of responses is greater than 130):

- 65 respondents to our survey indicated that they had used the service to attend hospital for renal dialysis treatment. This represented 50% of the 130 individuals who responded to our questionnaire.
- 37 respondents told us that they had used the service during the first COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020) which represented 28.5% of the 130 individuals who responded to our questionnaire.

- 31 respondents told us that they had used the service to attend just a handful of appointments which represented 24% of the 130 individuals who responded to our questionnaire. This category of passenger may have used the service just once or a few times but would not be classified as being regular users of the service.
- 24 passengers told us that they had used the service to attend other types of regular appointments (non-renal) which represented 18.5% of the 130 individuals who responded to our questionnaire.
- 21 passengers indicated that they needed a vehicle that could accommodate a wheelchair to help them get to appointments which represented 16% of the 130 individuals who responded to our questionnaire.
- Small numbers of passengers provided ‘other’ reasons for having used the service such as for cancer treatment (three passengers); following hospital discharge (two passengers); or people who said they needed support to travel to an appointment (four passengers).
- Five (4%) passengers who completed our survey said that they had applied for the service but had been told they did not qualify.

### Why do people use the service?

We asked people to tell us which locations (hospitals or clinics) the service had taken them to, and these were as follows:

- Renal dialysis passengers were transported to 6 separate locations. Most passengers were taken to the Sussex Kidney Unit, Royal Sussex County Hospital - 32 passengers, representing 49% of all renal dialysis patients who responded to the questionnaire.
- All other categories of passenger (i.e., non-renal) were transported to 24 separate locations. Two hospitals in East Sussex were attended by a majority of these passengers - the Conquest Hospital in Hastings (11), and Eastbourne District General Hospital (8).
- 11 passengers indicated that they had attended more than one location using the service.
- Five passengers from the Sussex region told us that they had been transported by the service to hospitals outside of the area i.e., to hospitals in London, Southampton, and Kent.

*“This service is wonderful. Having to travel miles to London for cancer treatment would of been extremely costly but that is not the important part. When you are extremely poorly, vulnerable and having intense treatment, you cannot possibly use public transport. The service was so incredibly important and I’m so thankful this is a service you provide.” - East Sussex resident*

Over half of passengers (57%, n71/125) who completed our questionnaire indicated that they had been using the service for 12 months or more. Of these 71 people, 41 (58%) passengers were renal dialysis patients, 20 (28%) passengers indicated that they had used the service for 12 months or more to attend a handful of appointments, 15 (21%) passengers were other categories of regular users, and 11 (15.5%) were wheelchair passengers.<sup>3</sup>

<sup>3</sup> Respondents could select from multiple options to describe why they used the service. %s are based on the number of people who chose each option and so add up to more than 100%



## What elements of the service are working well?

### Satisfaction with the service

Overall satisfaction with the service in 2020 is high at 78.5%. This reflects the views of people who said that they were 'very satisfied' or 'satisfied' with it.

Overall, 86% of people who had used the service in 2020 would recommend family and friends to apply for it. This is 6 percentage points higher than in 2017 levels (80%).

Passengers from **West Sussex** recorded the highest levels of satisfaction at 95% with the service and were the most likely to recommend it at 97.5%. Both of these levels/ratings are higher than those recorded by residents in November/December 2017, which were 89% and 88% respectively. No passengers selected the 'very unlikely' to recommend rating, and only one passenger selected the 'very dissatisfied' rating.

Passengers from **East Sussex** recorded 75% satisfaction levels with the service. There was a three-percentage point increase in the number of passengers who would recommend the service, up to 86%. Very low proportions of passengers chose either 'very dissatisfied' or 'very unlikely' to recommend ratings.

(*Passengers from Brighton and Hove recorded low satisfaction levels and recommendation ratings, which are discussed in the next section.*)

### The application process

Over 70% of people said that they were satisfied with all aspects their phone applications, and 83% said that the process of applying for the service was easy.

### The service during the first COVID lockdown period

94.5% of people said the service had been the same or better during the first lockdown period as at other times.

84% of people who had used the service during the first lockdown were 'very satisfied' or 'satisfied' with it, and 88% were 'very likely' or 'likely' to recommend others to apply for the service. These levels are higher than the overall satisfaction levels and recommendation ratings with the service which are 78.5% and 86% respectively.

Over 90% of passengers said that they were satisfied with the following four aspects of their journeys made during the first lockdown period: social distancing in transport, the ease of communicating with staff who were wearing Personal Protective Equipment (PPE), having access to PPE whilst travelling in vehicles, and the cleanliness of transport.

*"The service that I have received has been excellent. Friendly, caring people who make my time with them feel special." - East Sussex resident*

*"Fantastic service friendly; infection control taken very seriously; keep up the good work - fantastic." - East Sussex resident*

Over 80% of passengers said that they were satisfied with the following four elements of their journeys made during the first lockdown: the amount of time they spent travelling in vehicles, the communications they received to arrange their transport, the timeliness of their pick-ups from home, and the ease of contacting the call centre.

### Passengers' experiences of using the service

Over 80% of passengers told us that they had 'never', or 'rarely' experienced any problems with the following five aspects of their journeys: having to make their own way to hospital due to transport delays (91%), same day cancellations of their journeys (86%), missing appointments due to delays or changes with their transport (81.5%), having to make their own way home due to transport delays (81%), or longer journey times to hospital than expected (80%).

Additionally, 80% or more of passengers indicated that they had 'never' or 'rarely' experienced any concerns or problems with the following five aspects of their journeys: travelling with others where this was not appropriate (86%), travelling alone without their carer or other support (88%), drivers appearing untrained in their condition (86%), being unable to take essential belongings with them in vehicles (95%), and transport being inappropriate for their needs (87%).

*"Have not had any experiences which have caused issue. I have received an excellent service for which I am grateful" -East Sussex resident*

## What elements of the service are not working as well?

### Satisfaction with the service

Overall passenger satisfaction levels with the service have fallen 6.5 percentage points compared with levels recorded by Healthwatch in Sussex in November/December 2017 (from 85% to 78.5%).



Satisfaction levels and recommendation ratings recorded during our engagement (78.5% and 86%) are lower than the CCG's own data that was shared with Healthwatch in early September 2020, which reported 88% satisfaction and 94% recommendation levels (these are results from 416 people in Sussex who were surveyed by the CCG during 2019/20).

Passengers from Brighton and Hove and East Sussex recorded poorer satisfaction levels and recommendation ratings in 2020 than people from West Sussex:

- Residents from Brighton and Hove recorded the lowest levels of satisfaction with the service in 2020, which at 56.5% is a 27.5 percentage point decrease on November/December 2017 levels. They were also the least likely to recommend the service, down to 64% compared to the 76% seen in November/December 2017.
- Passengers from East Sussex recorded a 12-percentage point drop in satisfaction levels, down from the 87% seen in November/December 2017. A quarter of passengers said they were 'dissatisfied' or 'very dissatisfied', whilst 14% said they were 'unlikely' or 'very unlikely' to recommend the service.

## The application process

Nearly a third of all passengers (28%) said they were not confident that their call handler had fully taken their personal needs into account when arranging their transport.

Nearly a quarter (24%) of people told us that they had found it difficult to get through to the call centre on the phone.

Over a fifth (21%) of people said that they did not receive a clear explanation of how the service worked from the call handler.

Passengers told us they were not always given information about the service. 55% of passengers who said that someone else had applied for transport on their behalf told us that they were not given any information by the person who arranged it for them (who were mostly hospital staff).

## The service during the first COVID lockdown period

Passengers from Brighton and Hove who had used the service during the first lockdown were less likely to recommend the service (67%) or be satisfied with it (60%) compared to residents from East Sussex (89% and 84%) and West Sussex (97% for both).

Two aspects of the service which did not work as well during the first lockdown were: notifications being sent to passengers to inform them of any delays or changes to their scheduled journeys (only 62% of passengers were satisfied with this aspect), and the timeliness of transport when being picked up from hospital (just 56% of passengers were satisfied with this aspect). Renal patients and wheelchair passengers were most likely to be dissatisfied with the timeliness of their pickups from hospital. Renal dialysis patients, and other regular (non-renal) passengers of the service were more likely to be dissatisfied with any notifications they had received about changes to their journeys.

## Passengers' experiences of using the service

59% of all passengers said they had experienced delays, changes, or problems ('issues') with their transport and/or journeys made using the service. 44% said they had experienced between 2-4 issues, and 23% experienced between 5-9 issues. Residents from Brighton and Hove experienced a greater number of issues compared to residents from East Sussex or West Sussex.

68% of all passengers reported experiencing delays in being picked up from hospital.

Over one third of all passengers experienced changes to their scheduled vehicle (38%), delayed pick ups from home (33%), or longer journey times travelling home than expected (31.5%).

*"Why are drivers waiting for ages for patients to finish dialysis? I often have to wait 30-45 mins for a driver when some patients who finish after me get taken home before me." - Brighton resident*

*"Returned transport from hospital to home could be improved; a two hour wait sometimes is too long after 4 hours on dialysis." - West Sussex resident*

High proportions of residents from Brighton & Hove and East Sussex reported experiencing issues 'often' or 'very often' with '*changes to scheduled vehicles*'; whilst a high proportion of residents from Brighton & Hove reported experiencing '*longer journey times travelling home than expected*' 'often' or 'very often'.

A quarter of all passengers (26%) reported experiencing difficulties finding out the whereabouts of their transport. This problem affected residents from Brighton & Hove and East Sussex more than those from West Sussex.

Renal patients were the group most likely to report experiencing delays in being picked up from home; delays in being picked up from hospital; changes to their scheduled vehicles and having to make their own way home due to transport delays.

10% or more of all respondents indicated that they had experienced concerns or problems with travelling with others where this was not appropriate for them (14%), travelling alone without their carer/other support (12%), drivers appearing untrained to manage their condition (14.5%), or transport being inappropriate for their needs (13%).

55 passengers said that there had been multiple impacts for them caused by problems with either their transport or journeys made using the service. 46 (84%) had experienced anxiety or stress, 19 (34.5%) had missed meals, 13 (23.5%) had incurred a financial cost, 9 (16%) missed medication and 7 (13%) had missed their carer.

*"It would be helpful if the coordinators read the patient's notes before they send the vehicle, so they get the right vehicle for the right job." - West Sussex resident*

*"I had to miss 2 appointments due to being sent the wrong transport." - East Sussex resident*

## Key improvements and future changes to the service that passengers would like to see.

### Learning from patients & passengers



#### What is important to patients/passengers

Over 80% of all passengers indicated that the following aspects of a patient transport service are important to them:

- '*to be notified of changes or delays to my journeys*' (95%).
- '*to be given an exact time for when my vehicle will be arriving*' (91%).
- '*to be able to easily amend my booking*' (86%).
- '*to speak with someone at any time to check where my vehicle is*' (85%).
- '*to arrive at hospital no more than 30 minutes early for my appointment*' (80.5%).
- '*to arrive home within 30 minutes of my allocated time*' (80%).

Renal patients said that the following aspects were important to them: '*to be given an exact time for when my vehicle will be arriving*' (92%), and to '*arrive home within 30 minutes of my allocated time*' (88%).

Over 85% wheelchair passengers indicated that the following were important to them:

- ‘to arrive home within 30 minutes of my allocated time’.
- ‘to arrive at hospital within 30 minutes of my allocated time’.
- ‘for my carer/support person to act on my behalf’.
- ‘to speak with someone at any time to check where my vehicle is’

92% of regular (non-renal) passengers said that ‘*to be given an exact time for when my vehicle will be arriving*’ was important to them.

84% of all passengers who used the service just a handful of times to get to appointments said that the ability to ‘*easily amend their booking*’ was important to them.

### The future of the service

Overall, 50% or more of all passengers agreed that the eight Healthwatch suggestions proposed on the questionnaire would help to improve communications between the provider and passengers.

79% of all passengers indicated that it would improve communications ‘*to receive a text or call telling me my vehicle is nearby (up to 30 minutes away)*’.

76% of wheelchair passengers agreed that ‘*The option of having information shared automatically with a nominated carer, friend or relative*’ would improve communication between the provider and passengers.

“It could be a very good service, and sometimes it works well, but a lot of the time the transport is late and you have no idea what's happening and how long you are going to wait. It can't be that hard to keep people informed, can it?” - East Sussex resident

75% of all passengers said that they were ‘very likely’ or ‘likely’ to use ‘*a telephone call centre service with extended operating hours (open longer than 9am-5pm)*’, but 100% of wheelchair passengers and 80% of renal patients said they would use this feature.

Over 60% of all passengers said that it would improve communications ‘*to have an online account facility which allows me (or a person I nominate) to amend/cancel my bookings*’ (63%) and ‘*a mobile phone app which allows me to track the whereabouts of vehicles*’ (61.5%).

61% of all passengers would use ‘*a step-by-step ‘how to’ guide to help them to apply for the service*’.

Between 10% - 30% of all passengers indicated that they were ‘very likely’ or ‘likely’ to use the following features if they were available: information about the service that is available in Easyread format, translated into languages other than English, or signed (BSL).

In addition, over 80% of renal patients said that they were ‘very likely’ or ‘likely’ to use ‘*a dedicated service specifically for renal patients, including specialist call centre staff*’, and 66% of renal patients indicated that having ‘*a nominated driver*’ was important to them.

## **2. Conclusions and Healthwatch in Sussex recommendations**

### **Conclusions**

The data we have collected demonstrates that the current provider, South Central Ambulance Services (SCAS), has delivered a strong performance since November/December 2017, which was the last time that Healthwatch in Sussex undertook patient engagement on transport services. In 2020, a large proportion of passengers told us that they were satisfied with ten aspects of the service that we asked them to consider. Most passengers would also recommend it to family and friends. Patient feedback on the service during the first COVID-19 lockdown period was positive, and this is testimony to how well the service, and staff, adapted to this unprecedented challenge.

In 2020, some of our key findings and recommendations remain unchanged from those we presented to Commissioners and the current provider in April 2018 (following our November/December 2017 patient engagement), whilst new areas have been identified through our most recent survey of patients which require action.

In 2017-18, our key findings were:

- Poor pick-up times affected some patients.
- Renal patients continued to experience delays and uncertainties around pick-up times.
- Hospital staff faced long delays in getting through to the control centre.
- A need to train dispatch staff to understand local geography to improve the scheduling of transport.
- Concerns were raised by wheelchair passengers regarding the suitability of some vehicles.

And we recommended in 2017-18 that the provider should:

- Create a dedicated team to support renal patients.
- Improve the experience for patients and staff who try to access the contact centre.
- Identify actions to improve the timeliness and reliability of the service over the weekend.
- Increase the use of patient forums.
- Deliver staff training to ensure the needs of mobility impaired patients were understood.
- In addition, we said that patient experience should be at the centre of this commissioned service and form an integral part of the operational delivery.

Our latest engagement has revealed that several of the above recommendations have not been implemented or fully corrected by the current provider:

- A dedicated service for renal patients has not been established.
- Passengers continue to experience poorer pick-ups from hospital.
- Some passengers report that they are still experiencing delays in getting through to the control centre (although numbers are now lower).
- Some patients continue to report longer journey times than expected which indicates that there is further room for improvement around the planning of journeys.
- Whilst patient forums were established by the provider, they have not been actively continued, and we understand that it was not easy for people to attend these.

In 2020, overall satisfaction with the service remains high but levels are slightly lower than those recorded by Healthwatch in November/December 2017. As in previous years, satisfaction levels continue to vary by Healthwatch area but these are more marked in 2020. The data we have collected indicates that West Sussex residents are experiencing fewer disruptions to their transport or journeys compared to residents from East Sussex and Brighton and Hove (the latter recorded their lowest satisfaction levels since 2016). In addition, high proportions of residents from Brighton & Hove are experiencing issues with longer journey times travelling home than expected which implies that better geographical planning of transport would benefit them.

Renal patients continued to tell us that they experience problems with their transport, and they remain one of the most affected groups of passengers, but we are pleased to see that their satisfaction levels with the service are now much higher than in previous years, and on a par with other passengers. Wheelchair passengers reported fewer issues with the suitability of their transport which is also an improvement. However, all categories of passenger reported experiencing issues or problems with either their journeys or transport.

A key difference with our Healthwatch in Sussex engagement activity conducted in 2020, compared to other years, is that we asked patients and passengers to tell us what aspects of a transport service are important to them. We also asked them to tell us what future changes to the service they would like to see. This has identified several areas which commissioners should contract the new provider to deliver. These are:

- **The service should improve its communications.**

The data we have collected supports the need for clearer information about the service, and how to apply for it, and that this should be made available in a range of accessible formats. Passengers have also indicated that they want to see a variety of technological innovations to improve communications, but the provider must also maintain more traditional methods for those who are less comfortable using technology. This links to a recent report by Healthwatch in Sussex '[Accessing health and care services - findings during the Coronavirus pandemic](#)' which focused on establishing people's experiences of digital or remote consultations during the COVID-19 period and crucially, their expectations and preferences for service redesign and delivery in the restore and recovery stages post COVID. Our report found:

***"There is a need to ensure that communication is in appropriate formats, is received and understood."***

And that services should:

***"Familiarise some older people, in particular, in how to use video and online services. Promote videos or other media to show the processes involved in having phone, video or online appointments."***

- Two key areas have been identified through our 2020 engagement which should be prioritised for improvement by the future provider/new contract:
  - Improve the timeliness of pick-ups from hospital which passengers have reported are much poorer than pickups from home.
  - Improve the way passengers are notified about any changes, delays, problems with, or the timing of, their transport or journeys.
- **How to improve timeliness.**  
The data shows distinct differences in the timeliness of pickups from home (which are generally good), and those from hospital (which are poorer). As in previous years, Healthwatch continues to believe that there is room for improvement around the planning of journeys. This could be achieved by employing a full-time transport industry expert; delivering enhanced training to dispatch staff; working in close conjunction with hospital staff, and by considering external factors. For example, for those patients visiting the Royal Sussex County Hospital hospitals we acknowledge the disruption to traffic and access caused by the current major development, but the impacts from this are something that need to be planned into the scheduling of journeys and working with the hospital could help to improve timeliness in this regard.
- **How to improve communications.**  
Passengers have said very clearly that the provider needs to improve how it notifies them of changes or delays to journeys; to provide them with an exact time of arrival, and to enable passengers to easily find out the whereabouts of their transport via a mobile phone tracking app and/or call centre with extended opening hours. Passengers have also said they would use an online account that enables them to apply for and amend their bookings. This account should also enable patients to input requirements such as entering specific transport needs.
- **Create a more adaptive service.**  
A dedicated service (including call centre) should be created for renal patients, who should also be provided with nominated drivers. Healthwatch has called for this facility for several years and renal patients have said very clearly in 2020 that they want to see this happen. In addition, different passenger groups have told us what aspects of a transport service are most important to them. By acting on this feedback we believe that the future provider/new contract can provide an adaptive service which better meets passengers' needs. To ensure this happens the provider must establish patient forums and ensure these are operated throughout the contract period.

**Healthwatch in Sussex recommendations are shown on the following two pages**



### Improve the scheduling of transport

To facilitate the better planning of transport journeys, reduce journey times, and improve timeliness overall, we encourage the new provider to:

- 1 Undertake a full review of how transport is scheduled**

We believe it will help the provider better to schedule transport if it understands more about their patients' needs. We recommend that a review is conducted which produces a map of where patients live, where they need to be taken to, and what their transport needs are.
- 2 Identify and deliver comprehensive training to support transport coordinators**

Building on recommendation 1, the provider should identify and deliver comprehensive training to ensure that transport coordinators have a clear understanding of the local geography of Sussex. This knowledge could help to deliver more efficient transport scheduling and journey routes. This training could be developed by a newly employed full-time transport expert (see below).
- 3 Employ a full-time transport expert**

The provider should employ a full-time transport industry expert to assist in the effective planning and coordinating of journeys so that these meet patients' needs and preferences.



### Improve communications

To improve communications with passengers and patients, and ensure that feedback is regularly obtained to improve the service, we encourage the provider to:

- 4 Invest in delivering a range of improved communications**

The provider should invest in delivering improved communications in a range of accessible formats, including issuing clearer patient guidance around eligibility and how to apply, as well as providing regular service updates. Innovative technological solutions should be deployed such as mobile phone tracking apps and a patient online account facility.
- 5 Establish fully accessible patient forums**

The provider should establish fully accessible patient forums for patients and host these every 3-4 months, and publish outcomes, minutes and learning from them.



## Deliver a service that meets the needs of different patient groups

- Patients have told us what matters most to them about their transport, and the provider should design the service so that it meets different groups' needs.

**6**

### Deliver an adaptive service

In our report, we have included results from our patient survey which show what aspects of a transport service are most important to different patient groups. This information should be used by the provider to deliver a transport service which is adapted to meet their needs and preferences.



## Incorporate positive learning from the COVID-19 pandemic

The COVID lockdown period saw improvements to several aspects of the service which benefited regular users, and the new provider should build on these successes

**7**

### Build COVID-learning into the new service design

For example, during the first COVID lockdown period, patients told us that they often travelled alone which meant that their journey times were shorter in duration and that they got home sooner. We recommend that the provider identify how it can continue to deliver some of these improved aspects of the service for regular users as we come out of the pandemic.



## Deliver a more consistent service across the whole of Sussex

Patients from West and East Sussex and Brighton and Hove have very different experiences of the service, and greater consistency is needed across the region.

**8**

### The provider must deliver consistent standards for all patients across Sussex

In our report, we have identified significant variations in satisfaction levels with the service across Sussex. Residents from Brighton and Hove recorded lower satisfaction levels and reported experiencing a higher number of problems with their transport compared to residents from West and East Sussex. The provider should, as a matter of urgency, identify actions to understand and address these variations, and correct any problems.

### **3. Response from the Clinical Commissioning Group and current provider**



The Sussex CCGs have had a close working relationship with Sussex Healthwatch for a number of years, and we value the engagement expertise they bring to developing and enhancing the voice of patients and citizens in the services provided by the CCGs.

Non-Emergency Patient Transport is key to supporting eligible patients to easily access medical appointments and to be returned home from hospital. The Project Team responsible for Non-Emergency Patient Transport therefore commissioned Healthwatch to inform the development of specification and modelling for the new contract to undertake a series of engagement activities with current users of the service and those patients who, as part of their current treatment, may benefit from accessing the service.

This report and earlier reports produced by Healthwatch is the outcome of that engagement and is very much welcomed by the commissioners. It has already been used to inform the development of the new specification that will be used to secure the future service, for example new draft targets have been developed which relate to more timely arrivals and pick-ups from hospital.

It is pleasing that the Healthwatch survey shows that a large proportion of patients are satisfied with most aspects of the service, currently provided by South Central Ambulance Service (SCAS). The results reflect well on the work of SCAS to deliver improvements since they took over the contract in 2017, and it is particularly pleasing that patients expressed high levels of satisfaction during the COVID pandemic.

However, we recognise that there are always areas where further improvements can be made. These have been clearly flagged in the report. We have taken this feedback and are working with SCAS to improve the offer patients receive now.

In particular, we have noted the feedback from patients that communication is a crucial part of the service - as it is for hospital staff. This was an area of the service that we were already aware had its challenges. Patients and their support networks need to know where and when they will be picked up and to be confident they will arrive at their appointments at the right time.

Patients have said that they would like to see the increased use of innovation and technology to help improve this aspect, using phone calls, mobile phone APPs, text messages and online bookings. These will enable patients, hospital staff, family, and carers the ability to track their allocated vehicle in real-time at each stage of the journey and allow for them to be notified of any delays. These improvements have been incorporated into the new service specification.

While the focus of this service for Commissioners is often the journey to and from the treatment being accessed, for patients this is only part of their daily lives. The Healthwatch report highlights that the journey forms part of the overall care package for patients. It is clear that the length of the journey and the time being transported needs to be built into that individual's plan for their day and therefore they need to know how they will be supported during the journey and what they can expect. This is a further change to the service specification which will be explored.

Consideration of what constitutes a short / medium / long journey across and throughout Sussex between the various hospital and renal sites and the impact of that journey length needs to be understood - for example, any patient travelling in excess of 35 miles or up to 90 mins may need to be offered a comfort break. The time spent by patients in vehicles will be measured and used to improve the overall patient experience.

The Healthwatch report has clearly identified that patients who are receiving renal dialysis need to have nominated renal transport drivers and staff, as they will need to build relationships as part of their care. Patient experience is at the core of any service provision. The service needs to ensure that patients are sufficiently engaged to help plan for a better service and to make improvements. The recommendation of creating a dedicated renal transport service, and/or developing specific features, for renal patients, is something we will continue to explore.

The Sussex CCG will continue working with Healthwatch, and using their recommendations, to ensure that patient engagement is maintained whilst we move into new service provision.



### A statement from South Central Ambulance Services



SCAS very much welcomes the opportunity to receive feedback from our service users. The engagement piece of work was undertaken in September when we were and still are very much under the remit of NHSE and Government national pandemic guidance to deliver a safe transport service. Although the survey was small in numbers in comparison to the number we transport, we take on board the comments made within the report and we continually work with the Sussex Commissioners to review our service model and make any appropriate changes. SCAS looks forward to the opportunity of responding to the impending tender that is due for issue in early 2021.

Healthwatch are welcome any time when Covid-19 allows to review our processes and service delivery to enable a more informed understanding of delivering a Patient transport service from a Providers perspective.



## Healthwatch in Sussex response



Healthwatch in Sussex thanks NHS Commissioners for their detailed response, and for their cooperation in delivering this important project. We welcome their engagement with the findings and for acting on these by making amendments to the draft service specification. We look forward to working with them to deliver a successful new contract.

Healthwatch in Sussex thanks SCAS for their response to the 30 reports on Non-Emergency Patient Transport Services that it reviewed, and the recent feedback gathered from 130 regular transport service users from across Sussex. The Healthwatch reports also take into account the CCGs data from over 400 patients in Sussex who were surveyed by them during 2019/20. We welcome the fact that SCAS is committed to working with Sussex Commissioners to review the service model and make any appropriate changes. We urge both organisations to act on the findings, and clear recommendations, set out in our reports which reflect patient experiences' and the results from independent research.

In 2020, Healthwatch collated feedback from 130 users of the service. The sample size is smaller than in previous years, but this was undoubtedly the result of the COVID pandemic which impacted on our ability to speak directly with patients, and the lower demand for the service overall. Healthwatch did ask SCAS to support us in gathering patient views but they declined to do so. Nevertheless, the patients we reached have provided us with very clear messages about the service, and improvements they would like to see in the future.

We acknowledge that SCAS remains under the remit of NHSE and Government national pandemic guidance, but we encourage them to explain in more detail how they intend to act on these findings and also our recommendations, so that we may share this with patients.



You can read the full report on the following pages

## **Full report**

### **4. Introduction and background**

Healthwatch has closely monitored Patient Transport Services across Sussex for the last five years. In that time, we have heard directly from patients about what has worked well and what has not. We have reported our findings and recommendations to commissioners, service providers, and public scrutiny bodies. Locally, from 2022 a new contract will be awarded for a minimum of five-years to run this service for Sussex eligible residents. In June 2020, Sussex NHS Commissioners, representing CCGs in Sussex, approached Healthwatch in Sussex to help them gather people's experiences of using the local service. This is the fourth time since 2016 that Healthwatch has undertaken such work.

The CCGs told Healthwatch that they wanted to hear from people who have used the service to help them understand what is working well, what areas need to be addressed, and crucially, what service changes patient's would like to see. Healthwatch in Sussex has gathered the views of 130 people who have used or applied for the service, and from this we have been able to identify some clear recommendations, as outlined in this report.

Healthwatch considers that the CCGs are in an ideal position to commission a new service which fully meets patients' needs and expectations, whilst also ensuring that the future contract is robust and that the service provider delivers value for money. We strongly believe that the CCGs must learn from and apply the lessons learned, key findings, and recommendations, that have been published by Healthwatch and other national organisations about the commissioning and operation of patient transport services. Where commissioners decide not to adopt previous learning, they will be asked to explain that decision and Healthwatch will consider using our statutory positions on local scrutiny committees and national escalation routes to achieve this. In addition, we are clear that the commissioning process for the new contract must fully test the ability of providers to deliver the service.

To support the CCGs in this work, Healthwatch has already delivered a literature review. We reviewed over 30 publications and documents on the operation of the service in Sussex as well as nationally and brought together the main findings and recommendations from these publications into one Healthwatch in Sussex report, so that they are easily accessible for commissioners, current / future providers of the service, and patients. We made a series of recommendations, and suggested service improvements which we believe should be embedded into the upcoming tender specification for the service due to be published in 2021.

We look forward to working with the CCGs on the future development of the Non-Emergency Patient Transport Service contract and the tendering process to ensure that patients' voices are heard.

## What are Non-Emergency Transport Services, and how do they operate?

NHS Choices explains that Non-Emergency Transport Services are designed for people whose condition means they need additional medical support during their journey to and from hospital and other medical appointments. These services pick up and drop off patients for scheduled appointments and treatment, mostly at hospitals.

The service is primarily for planned transportation for patients needing life-saving treatments such as renal dialysis and chemotherapy, although it is also used to manage demand, both through getting people away from hospital (planned discharges), and to manage appointments that have not been routinely scheduled, for example, to an urgent outpatient appointment.

Whilst the majority of people make their own way to appointments, the service is a lifeline for those with medical conditions who need to access care. At the same time, they are meant to be reserved for people who have no other way of getting to their appointments or need specialist assistance during their journey.

Locally, the Patient Transport Service is a Sussex-wide service jointly commissioned by the three CCGs (West Sussex, East Sussex and Brighton & Hove). All decisions are jointly made by all the CCGs. The service, currently provided by South Coast Ambulance Service (SCAS), covers the whole of Sussex, which has a population in excess of 1.7 million. Patients are transported via pre-booked journeys to and from NHS Trusts, seven days a week, including Bank Holidays. The service is free at the point of use for all eligible patients. The service in Sussex provides around 300,000 journeys a year, equivalent to 25,000 per month.

In autumn 2019, NHS England announced a [national review](#) of NHS Non-Emergency Patient Transport Services to improve commissioning and provision. That review closed in March 2020 but has yet to report. The review is in response to several high-profile failures in the non-emergency patient transport market throughout England, along with other indications all is not well. This included the failure of the Sussex-wide service in 2016 whilst under the control of Coperforma (who subsequently [entered administration](#)). Other services have faced similar issues in Dorset, Nottingham, Gloucestershire, Northamptonshire, and other locations.

In 2019, [Healthwatch England](#) carried out a nationwide conversation on the NHS Long Term Plan, engaging with over 30,000 people across the country. Nine out of 10 people said that convenient ways of getting to and from health services was important to them, and transport was more important than choice over where to be treated. Despite this, the evidence suggests that services do not always work well making this an extremely distressing experience for patients when it does not.



## 5. Methodology and analysis

The questions were structured around themes, with optional open-ended comment boxes interspersed throughout to provide more evidence:

- **Where people lived.** For example, Brighton and Hove, East Sussex (excluding Brighton and Hove), or West Sussex. We also asked people to provide their postcode.
- **Why they used the service;** where the service took them (which hospitals or clinics); how long they had used the service for, and how they first applied for, and found out about, the service.
- **Their thoughts on any information** they had received or found out about the service, and how satisfied they were with their application process, including some specific questions asked about phone applications.
- **Whether they had used the service during the first COVID-19 lockdown period** (23<sup>rd</sup> March - 4<sup>th</sup> July 2020) and what they thought of their experience, including their satisfaction with certain aspects of their journeys.
- **Their experiences of using the service generally,** and any problems, changes, or delays they had encountered and what impacts this had caused them, if any.
- **Their thoughts and ideas on the future of the service,** notably how communications might be improved, and what features of the service were important to them.
- **Overall satisfaction levels** and recommendation ratings with the service.
- **Equalities data** including age, gender, disability, ethnicity, religion, sexual orientation, long-term health conditions, and caring responsibilities.

The data was analysed in Microsoft Excel exported from [SNAP<sup>4</sup>](#). Data was analysed as far as was possible in the time available as follows:

- A breakdown of the data by Healthwatch area i.e., Brighton and Hove, East Sussex (excluding Brighton and Hove) and West Sussex.
- A breakdown of the data by the five categories of passenger that we identified: (i) renal patients, (ii) regular users (non -renal), (iii) those who had used the service to attend just a handful of appointments, (iv) those who needed a vehicle to accommodate a wheelchair ('wheelchair passengers') and (v) those who had used the service during the first COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020).
- A breakdown of the data by Healthwatch area and category of passenger.
- A breakdown by distance travelled (where this factor was deemed relevant to the topic/question).

We have identified within the report how we have analysed the data i.e., whether this is based on the total number of responses received to either the full questionnaire, a particular question, or a specific sub-option of a question. Percentages have been rounded to the nearest 0.5%. A copy of the main data tables for each question is available in Appendix One together with a copy of the Healthwatch questionnaire. Appendix Two contains additional data tables that have been produced through our analysis.

<sup>4</sup> Copyright © 2010-2021 Snap Surveys Ltd. All rights reserved worldwide.



## 6. The people

### Passengers tell us how they use patient transport services

Section one of the questionnaire asked people to answer four questions:

- **Question 1** asked people to provide their home postcode. This data was collected to enable us to identify which of the three Healthwatch areas patients were from (Brighton & Hove, East Sussex [excluding Brighton and Hove] or West Sussex), and also to help us understand how far they had travelled using the service i.e., from home to their appointment(s). People could provide free text comments. **All 130 respondents who were eligible to answer Q1 did so.**
- **Question 2** asked people to describe why they had used the service. Seven pre-set options were provided, including an ‘other’ option. Respondents could select more than one option. **All 130 respondents who were eligible to answer Q2 did so.**
- **Question 3** asked people who had used the service to tell us which clinic or hospital they had last attended, or regularly attended, using the service. People could provide free-text comments. **All 125 respondents who were eligible to answer Q3 did so.**
- **Question 4** asked people to say how long they had been using the service for. Five pre-set options were provided, and this was a single answer question. **All 125 respondents who were eligible to answer Q4 did so.**
- 5 people had applied for the service but been told they did not qualify, meaning that they could not answer questions 3 or 4.

### Some of the key findings

#### The people who responded to our questionnaire

130 people responded to the Healthwatch in Sussex questionnaire.

- 119 respondents provided their gender, of which 54% identified as female (n64/119) and 45% male (n54/119). One person selected ‘Other’ to describe their gender.
- 108 respondents provided their age. 52% of these respondents were aged 65 and over (n56/108). The ages of respondents ranged from 9-90 and the average (mean) age was 65.5.
- 84% (n95/113) of respondents who provided the information said that they were ‘White British’. In 2020, our survey reached more people who identified as Black, Asian or being from a minority ethnic group (BAME) (11%, n12/113), increasing 6 percentage points on November/December 2017 levels.
- 89% (n103/116) of respondents identified themselves as having a long-standing health problem or disability. In 2017, 57% (n89) of respondents indicated that they were ‘disabled in some capacity’.
- 7% (n9/125) of respondents identified themselves as being a carer for someone else.

#### Where passengers who completed our surveys were from

The location of the 130 respondents who completed our Healthwatch survey varied across the three Healthwatch areas: East Sussex (65 passengers or 50% of our total sample), West Sussex (40, or 31%), and Brighton and Hove (23 or 17.5%). 2 respondents did not identify where they

were from. These results partly reflect similar data supplied by the CCGs to Healthwatch which reveals that the known split for the service per CCG area is: 13% Brighton & Hove 43% East Sussex; and 44% West Sussex.

### Why people used the service

130 people responded to this question. As people could select multiple options then we received a total of 197 answers to this question.

- 65 respondents to our survey indicated that they had used the service to attend hospital for renal dialysis treatment. This represented 50% of the total sample (n65/130).
- 37 respondents told us that they had used the service during the first COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020, 28.5%).
- 31 respondents said they had used the service to attend just a handful of appointments (24%) i.e., these were people who did not use the service regularly.
- 24 respondents had used the service to attend other types of regular appointments (non-renal, 18.5%, n24).
- Smaller numbers of passengers had used the service for ‘other’ reasons which included: attending hospital for cancer treatment (3 passengers); to be taken home after being discharged from hospital (2 passengers); or people who said they needed support to travel to an appointment (4 passengers).
- Five respondents who completed our survey said that they had applied for the service but had been told they did not qualify (4%).

### Hospitals or clinics people were transported to by the service

125 respondents were eligible to answer this question (the 5 people who had been told that they did not qualify for the service were not eligible to answer). Respondents told us that they had been transported by the service to the following locations:

- Renal dialysis passengers were transported to six different locations.
- All other categories of passenger (i.e., non-renal patients) were transported to 24 different locations.
- 11 passengers had attended more than one location using the service.
- Five passengers from the Sussex area were transported to hospitals outside of the county i.e., to hospitals in London, Southampton, and Kent.

### How long people have been using the service

- 125 respondents were eligible to answer this question. 57% (n71/125) of passengers indicated that they had been using the service for 12 months or more.
- 15 respondents each (12%) had been using the service for either 1-3 months, or 6-12 months.
- 13 respondents had been using the service for less than a month (10.5%), whilst 11 respondents had been using it for 3-6 months (9%).

## The people: results in detail

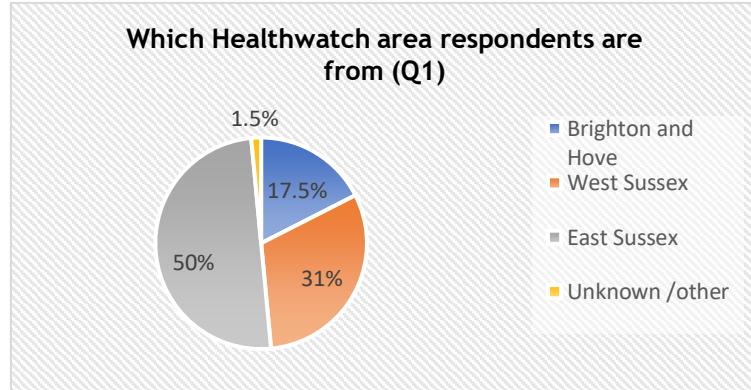
### (a) Where passengers who completed our survey were from (responses per Healthwatch area)

Respondents were asked to provide us with their postcode, and 128 did so. We used postcodes to determine which Healthwatch area passengers were from. The location of respondents varied across the three Healthwatch areas as follows:

- East Sussex (50%, n65/130 passengers).
- West Sussex (31%, n40/130 passengers).
- Brighton and Hove (17.5%, n2/130 passengers).
- 2 respondents (1.5%) did not identify where they were from.

We have compared the response rates achieved in 2020 with those from November/December 2017, which was the last time that Healthwatch in Sussex undertook a patient survey on patient transport. Similar response rates were achieved in 2020 for Brighton and Hove and West Sussex to those seen in November/December 2017 (shown in red text in the table below). The response rate in East Sussex in 2020 was approximately one third lower than in November/December 2017. The lower response rate in 2020 reflects the extra challenges presented by the COVID-19 pandemic which prevented Healthwatch from visiting hospitals and talking directly to patients, but also the lower demand for the service during the lockdown period.

Area of Sussex	Number of respondents in 2020 (and 2017)
Brighton and Hove	23 (17.5%) (29)
West Sussex	40 (31%) (40)
East Sussex	65 (50%) (99)
Unknown /other	2 (1.5%) (15)



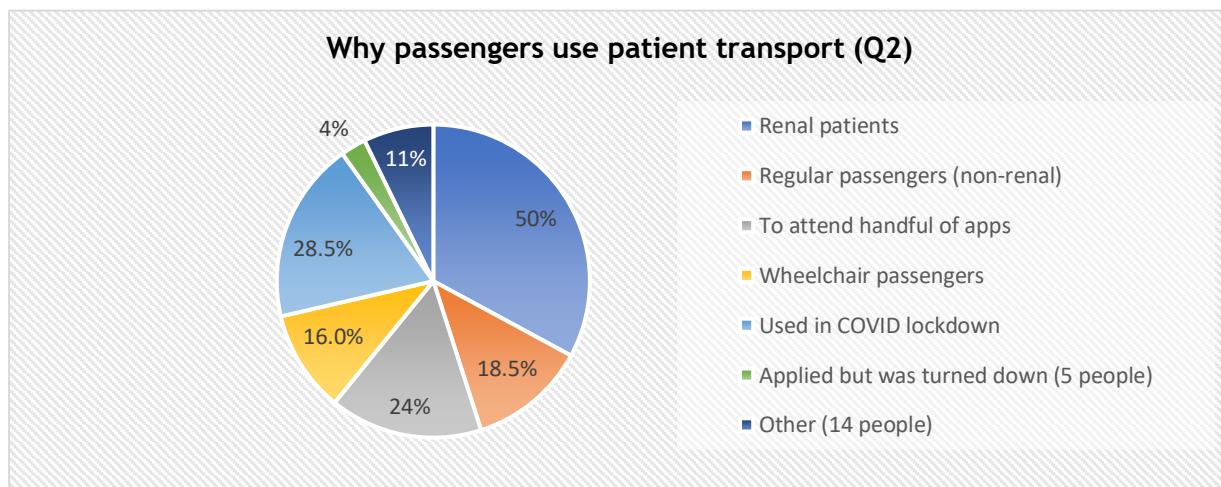
### (b) Why people used the service

130 respondents told us why they had used the service. As people could select from multiple options then we received a total of 197 answers to this question. This data is shown in the Data Tables, Appendix One, Q2, and the pie chart below. This revealed that there were five main categories of passenger who had used the service:

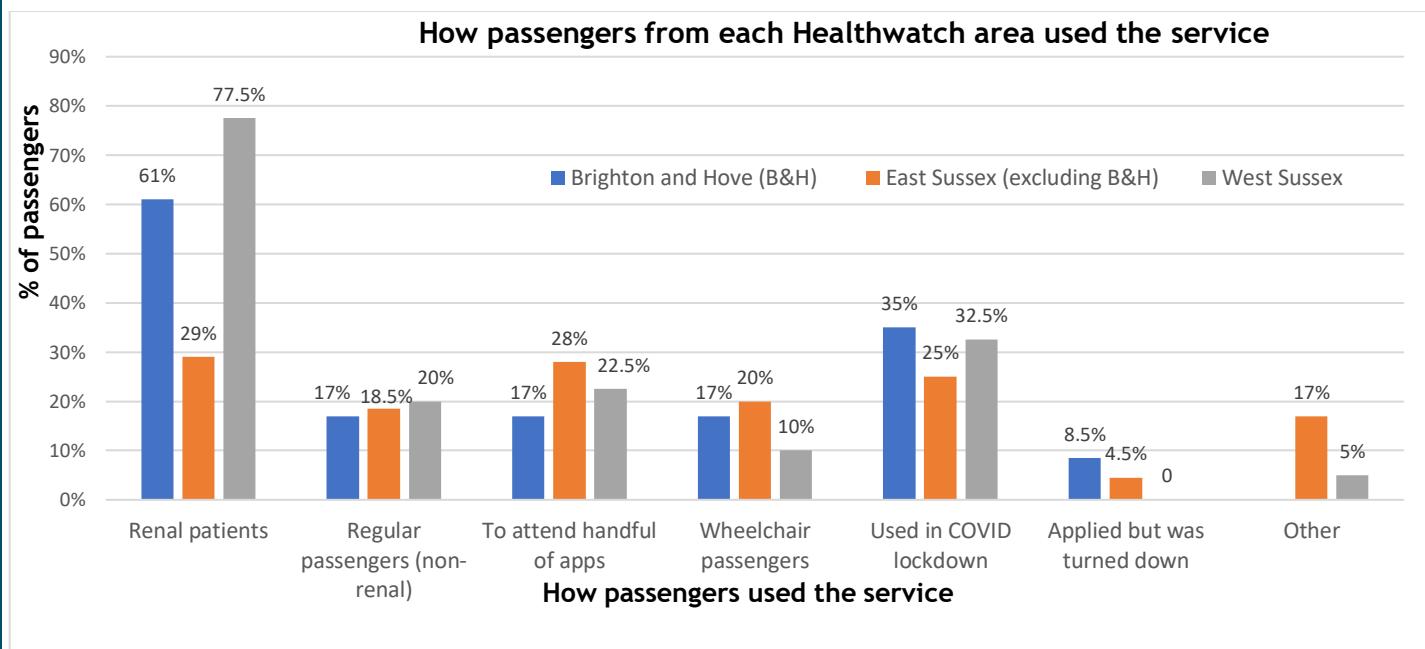
1. renal dialysis patients.
2. regular (non-renal) passengers.
3. those who had used the service to attend just a handful of appointments.
4. those who needed transport which accommodated their wheelchair ('wheelchair passengers').
5. those who had used the service during the first COVID-19 lockdown (23<sup>rd</sup> March - 4<sup>th</sup> July 2020).

We refer to these five categories of passenger throughout the remainder of the report. In addition, some people provided ‘other’ reasons for why they had used the service, and five people indicated that they had applied for the service but been told that they did not qualify for it.

- 50% (n65/130) of respondents indicated that they used the service to attend hospital for renal dialysis treatment (the option ‘*To take me to my renal dialysis appointments*’ represented 33% or 65 of the 197 of all responses received to Question 2).
- Similar proportions of passengers had used the service during the first COVID-19 lockdown period (28.5%, n37/130), or to attend just a handful of appointments (24%, n31/130). The latter category of passenger may have used the service just once or a few times but would not be classified as regular users of the service.
- A smaller proportion of passengers had used the service to attend other types of regular (non-renal) appointments (18.5%, n24/130), and for ‘other’ reasons such as to attend hospital for regular cancer treatment (3 passengers).
- 16% (n21/130) of respondents indicated that they needed a vehicle that could accommodate a wheelchair to help them get to appointments.
- Two passengers had used the service to get home after being discharged from hospital, and four passengers told us that they had used the service as they needed some form of support to travel to a medical appointment.
- Five passengers who completed our survey said that they had applied for the service but had been told they did not qualify for it (4%).



We examined the data further to determine why passengers from each Healthwatch area had used the service, and to identify if any variations existed. The data is shown in the bar graph below (and in the Data Tables, Appendix One, Q2) and reveals that the service provided transport to all five categories of passenger from each area, but in differing proportions. The principal difference is that a majority of passengers from both Brighton and Hove and West Sussex relied on the service to help them get to their renal dialysis treatment, whilst far fewer passengers from East Sussex had used it for this purpose.



- The highest proportion of passengers from both Brighton and Hove and West Sussex had used the service to attend renal dialysis treatment (61% and 77.5% respectively). Just 29% of passengers from East Sussex said they were renal dialysis patients.
- Similar proportions of passengers from all three areas had used the service to attend regular (non-renal) appointments: Brighton and Hove - 17%, East Sussex - 18.5%, and West Sussex - 20%.
- A higher proportion of passengers from East Sussex had used the service to attend a handful of appointments (28%) compared to the remaining two Healthwatch areas: Brighton and Hove - 17%, West Sussex - 22.5%.
- One fifth of passengers from East Sussex (20%) said they needed transport to accommodate their wheelchair. Levels varied across the remaining two Healthwatch areas: Brighton and Hove - 17%, whilst just one in ten passengers from West Sussex needed it for this purpose (10%).
- Around one third of passengers from Brighton and Hove and West Sussex had used the service during the first COVID-lockdown period (35% and 32.5% respectively). 25% of passengers from East Sussex said they had used it during this time.
- Also, of note is the fact that the passengers who applied but were turned down for the service were from the Brighton and Hove and East Sussex areas only, although numbers were low overall. These passengers provided comments as follows:

“I am disabled and have three disabled adult children. None of us has ever been allowed to use your service. I am disgusted that you made my disabled daughter take her poorly baby home from Brighton to Newhaven via bus at 2am  
- Brighton resident.”

“I was turned down despite being referred by my GP. I was told that I didn’t qualify even though I am a wheelchair user and have no other means of travelling other than paying for a private taxi. I was told it’s because I receive benefits” - **East Sussex resident**

### (c) Hospitals or clinics people were transported to by the service

We examined the data to determine which hospitals or clinics passengers had been transported to by the service. The data is shown in the Data Tables, Appendix One, Q3, and reveals that respondents to our survey were transported to the following locations:

- **Renal dialysis passengers only** were transported to six different locations. 32 passengers, representing 49% of all renal dialysis patients, had attended the Sussex Kidney Unit, Royal Sussex County Hospital in Brighton.
- **All other categories of passenger** were transported to 24 specific locations. The locations attended by most passengers were two hospitals in East Sussex: Conquest Hospital attended by 11 passengers, and the Eastbourne District General attended by 8 passengers.

In addition:

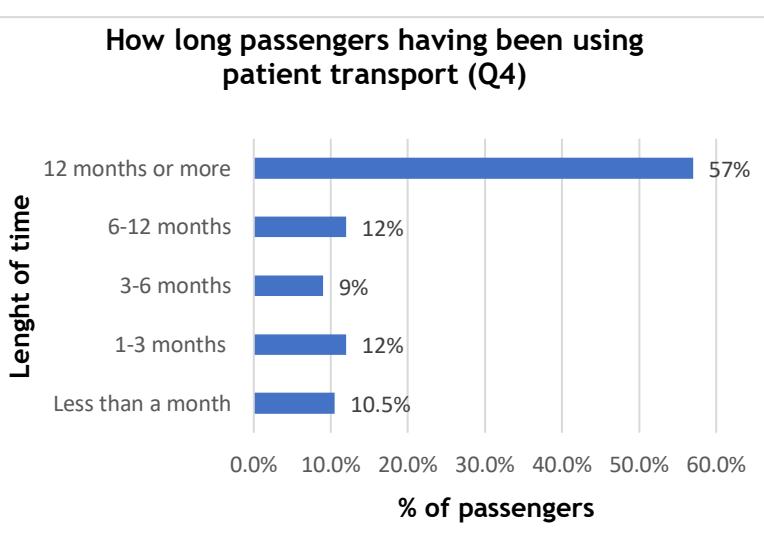
- 11 passengers had attended more than one location using the service.
- Five passengers from the Sussex area were transported to hospitals outside of the county i.e., to hospitals in London, Southampton, and Kent.

### (d) How long people have been using the service

We examined the data to determine how long passengers had been using the service. The data is shown in the bar graph below (and in the Data Tables, Appendix One, Q4). 125 respondents were eligible to provide this information and the data reveals that the largest proportion of passengers who completed our questionnaire had been using the service for 12 months or longer (57%, n71/125). Similar proportions of passengers had been using the service for the remaining four options:

Less than a month	-	13 (10.5%)	1-3 months	-	15 (12%)
3-6 months	-	11 (9%)	6-12 months	-	15 (12%)

We looked at the 71 respondents who had used the service for 12 months or more to identify which category of passenger they were. Respondents could select from multiple options to describe why they had used the service and the percentages shown below are based on the number of people who chose each option and so add up to more than 100%:



41/71 (58%) passengers were renal dialysis patients.

20/71 (28%) passengers indicated that they had used the service for 12 months or more to attend a handful of appointments.

15/71 (21%) passengers were ‘other categories’ of regular users.

11/71 (15.5%) were wheelchair passengers.

## (e) More information about the people who responded to the questionnaire

The table below describes the respondents who answered our questionnaire in 2020 (the percentages relate to the 130 respondents who completed the questionnaire). We have included comparable data from the Healthwatch in Sussex [April 2018](#) report in red where known (which includes data from our patient engagement undertaken in November - December 2017).

**The location of the 130 respondents**  
(identified by postcode). Comparable responses were achieved in Brighton and Hove, and West Sussex in 2020 **and 2017**.

Area of Sussex	Number of respondents
Brighton and Hove	23 (17.5%) <b>(29)</b>
West Sussex	40 (31%) <b>(40)</b>
East Sussex	65 (50%) <b>(99)</b>
Unknown /other	2 (1.5%) <b>(15)</b>

**The ages of respondents** in 2020 ranged from 9 to 90. The average age was 65.5 years. In both 2020 **and 2017**, a higher proportion of respondents were aged over 75.

Ages	Number of respondents
<18	1 (1%) <b>(0)</b>
18-34	4 (3%) <b>(3%)</b>
35-54	22 (17%) <b>(14%)</b>
55-64	25 (19%) <b>(16%)</b>
65-74	19 (14.5%) <b>(19%)</b>
75+	37 (28.5%) <b>(47%)</b>
Not given	22 (17%) <b>(2%)</b>

### Respondents with a long-term health condition, and carers

In 2020, 79% (n103) of people identified themselves as having a long-standing health problem or disability. In 2017, 57% (89) respondents indicated that they were 'disabled in some capacity'.

In 2020, 7% (n9) of people identified themselves as being a carer.

### The gender of respondents

In 2020 more females answered our questionnaire than any other gender. In 2017, the opposite was seen with more males responding.

Gender	Number of respondents
Female	64 (49%) <b>(41%)</b>
Male	54 (41.5%) <b>(58%)</b>
Other	1 (1%) <b>(1%)</b>
Not given	11 (8.5%) <b>(-)</b>

### The ethnicity of respondents

In 2020 **and 2017**, most respondents said that they were 'White British'. In 2020, we reached more people who identified as BAME.

Ethnicity	Number of respondents
White British	95 (73%) <b>(93%)</b>
White any other	6 (4.5%) <b>(2.5%)</b>
BAME (all groups)	12 (9%) <b>(3%)</b>
Other	0 <b>(1.5%)</b>
Not given	17 (13%) <b>(-)</b>

### The sexual orientation of respondents

Sexual orientation	Number of respondents
Heterosexual	100 (77%)
LGBT	6 (4.5%)
Not given	24 (18.5%)

No comparable data is available from 2017



## 7. Satisfaction levels with the service

We asked passengers to provide satisfaction levels and recommendations ratings for the service based on their experiences of using it. Healthwatch in Sussex asked the same questions in our passenger engagement exercises on patient transport conducted between 2016-2017 allowing us to compare results and identify any trends.

- **Question 25** asked: “*Overall, based on your experiences of using the service, how likely is it that you would recommend family and friends to apply for it?*” All 130 respondents were eligible to answer Q25, and 128 respondents answered.
- **Question 26** asked: “*Overall, how satisfied are you with your experience of using the current Patient Transport Service.*” All 130 respondents answered.

In addition, we asked passengers to provide satisfaction levels with various specific aspects of the service:

- **Question 9** asked people who had spoken to someone on the phone as part of their application to rate seven aspects of their call. We specifically asked if they were satisfied or not with these aspects. There were multiple options to consider, with a single answer permissible per option. 54 respondents were eligible to answer Q9 and differing numbers of people chose to provide an answer to the seven options (a)-(g), ranging from 51-54.
- **Question 14** asked respondents to consider ten different aspects of their transport or vehicles during the first COVID-lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July 2020). We specifically asked if they were satisfied or not with these aspects. There were multiple options to consider, with a single answer permissible per option. 83 respondents were eligible to answer this question and differing numbers of responses were recorded for the ten options, ranging from 64-82.
- Furthermore, we have conducted additional analysis of the data for some of the other questions asked in the questionnaire to assess how levels of satisfaction with the service varied by Healthwatch area, category of passenger, distance travelled using the service, and aspect of the service.

### Some of the key findings

#### Overall satisfaction levels

All 130 passengers provided a satisfaction level and overall passenger satisfaction levels with the service in 2020 were high, at 78.5%. These were passengers who selected either ‘very satisfied’ or ‘satisfied’ to describe the service.

This level is 6.5 percentage points lower than levels recorded by Healthwatch in our April [2018 report](#) (85%), which followed our patient engagement conducted in November - December 2017. However, it is slightly higher than levels recorded in May-June [2017](#) (75%). It is also considerably higher than in 2016 where levels of satisfaction amongst patients attending the Royal Sussex County Hospital only varied between [8% - 67%](#).

## Satisfaction levels by Healthwatch area

There were wide variations in satisfaction levels recorded by passengers across Sussex. The highest overall satisfaction levels were recorded by passengers living in **West Sussex** at 95%, which is six-percentage points higher than levels recorded in November/December 2017 (89%). Only two passengers from the area were dissatisfied with the service.

Passengers from **East Sussex** recorded a 12-percentage point drop in satisfaction levels ('satisfied' or 'very satisfied'), down to 75% from the 87% seen in November/December 2017. A quarter (25%) of passengers were 'dissatisfied' or 'very dissatisfied' with the service.

Passengers from **Brighton and Hove** recorded the lowest levels of satisfaction with the service ('satisfied' or 'very satisfied'), and at 56.5% this is a 27.5 percentage point decrease on 2017 levels. Previous satisfaction levels recorded by respondents from Brighton and Hove were 67% in May/June 2017, and 84% in November/December 2017. This means that current satisfaction levels for Brighton and Hove residents are now lower than they were in 2017.

Further analysis of the results indicates that West Sussex residents were more likely to report 'never' or 'rarely' experiencing any issues with their transport to journeys, whilst residents from East Sussex and Brighton and Hove were more likely to say that they had experienced problems. This may explain the differences in satisfaction levels recorded across the Healthwatch areas.

## Overall recommendation ratings

128 passengers provided a recommendation rating, and overall, 86% of respondents said they were 'very likely' or 'likely' to recommend family and friends to apply for the service. The proportion of passengers who would recommend the service is 6 percentage points higher than in November/December 2017 (80%). This is also higher than results recorded by Healthwatch in May/June 2017 (77%) and 2016 (44%).

## Recommendation ratings by Healthwatch area

There were variations in the recommendation ratings recorded by passengers across Sussex.

In 2020, passengers from **West Sussex** were the most 'likely' or 'very likely' to recommend the service at 97.5%, which is nearly ten percentage points higher than levels recorded by residents in November/December 2017 (88%). In 2020, 50% of residents from West Sussex were 'very likely' to recommend the service which is considerably higher than the 13% recorded in 2017.

In **East Sussex**, a three-percentage point increase was recorded in the number of passengers who were 'likely' or 'very likely' to recommend the service, up from 83% in November/December 2017 to 86% in 2020. However, a higher proportion of residents in 2020 were 'unlikely' or 'very unlikely' to recommend the service in 2020 than they were in November/December 2017 (14% in 2020, compared to 6% in 2017 respectively).

In 2020, passengers from **Brighton and Hove** were the least likely to recommend the service, down 12 percentage points to 64% compared to the 76% seen in November/December 2017. A far higher proportion of residents in 2020 were ‘unlikely’ or ‘very unlikely’ to recommend the service in 2020 than they were in November/December 2017 (36% in 2020, compared to 13% in 2017 respectively).

### **Passenger group satisfaction levels and recommendation ratings**

In 2020, and at 85%, the highest satisfaction levels were recorded by renal dialysis patients. This is welcome news as in 2017, Healthwatch found that renal patients were less likely than non-renal patients to be ‘very satisfied’ with the service. However, significantly lower proportions of renal patients from Brighton and Hove were satisfied with the service at 57% or would recommend it at 64%. This is compared with results for renal patients from East Sussex (84% for both) and from West Sussex (97% for both).

The lowest overall satisfaction levels and recommendation ratings with the service were recorded by passengers who described themselves as ‘*regular users of the service (non-renal)*’.

Of note are the following results:

- 100% of wheelchair passengers from West Sussex residents were satisfied with the service.
- 100% of passengers who had used the service to attend a handful of appointments and wheelchair passengers from West Sussex and Brighton and Hove would recommend the service.

### **Satisfaction with the application process**

Overall, 70% of those passengers who had a phone call as part of their application for the service said they were satisfied with all aspects of their phone application. But once again, there were variations in satisfaction levels recorded across Sussex:

- At least 80% or more of passengers from **West Sussex** said that they were satisfied with all seven aspects of their phone call that we asked them to consider.
- At least 80% or more of passengers from **East Sussex** said that they were satisfied with just four of the seven aspects.
- At least 80% or more of residents from **Brighton and Hove** were satisfied with just two aspects of their phone call, whilst 25% of passengers from the area said that they were dissatisfied with five aspects of their phone call.

### **Satisfaction with the service during the first COVID-19 lockdown period**

84% of passengers who had used the service during this period were ‘very satisfied’ or ‘satisfied’, whilst 89% were ‘very likely’ or likely’ to recommend others to apply for the service. These results are higher than the overall satisfaction levels and recommendation ratings recorded for the service in 2020 (78.5% and 86%).

However, only 62% of passengers who had used the service during this period were satisfied with any notifications they had received about delays or changes to their scheduled journeys, whilst just 56% were satisfied with the timeliness of their pickups from hospital.

## Satisfaction levels with the service: results in detail

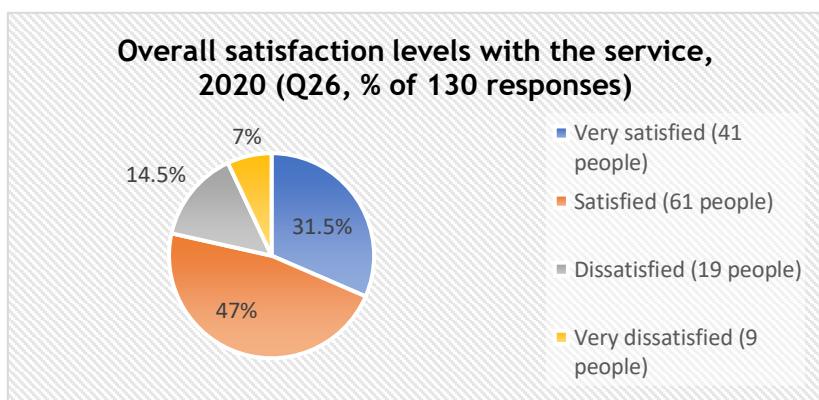
### (a) Satisfaction levels and recommendation ratings with the service overall

Passengers were asked to provide a satisfaction rating for the service as a whole by choosing from one of four options: 'very satisfied', 'satisfied', 'dissatisfied', and 'very dissatisfied'. We have concluded that satisfaction with the service is defined as people who chose either the 'very satisfied' or 'satisfied' options.

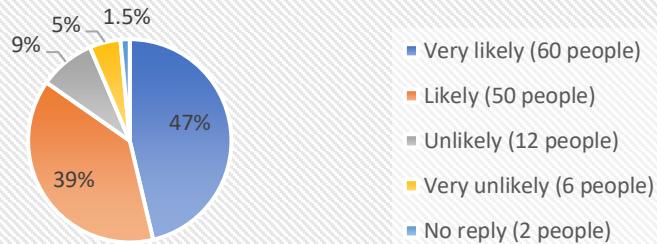
In the same way, passengers were asked to provide a recommendation level as a whole for the service by choosing from one of four options: 'very likely' to recommend, 'likely' to recommend, 'unlikely' to recommend and 'very unlikely' to recommend. We have concluded that people who would recommend the service is defined as those who chose 'the very likely' or 'likely' options.

This data is shown in the Data Tables, Appendix One and Two, Q25 and Q26, and the series of graphs included below.

Overall satisfaction with the service across Sussex in 2020 is high at 78.5% (n102/130)



Overall recommendation ratings in 2020 (Q25, % of 128 responses)



Overall, 86% of people who had used the service in 2020 would recommend family and friends to apply for it.

### (b) How the results in 2020 compare with previous years

The table below shows results previously recorded by Healthwatch between 2016-2017, and data recorded by the Clinical Commissioning Group in 2019/20. This reveals that:

- in 2020, overall patient satisfaction levels (78.5%) were 6.5 percentage points lower than levels recorded by Healthwatch in November/December 2017 (85%). However, they were higher than they were in May/June 2017 (75%) and considerably higher than in 2016 (which ranged from 67% before April 2016, to just 8% between April-July 2016)

- the proportion of patients who would recommend the service (86%) is 6 percentage points higher than in November/December 2017 levels (80%). This is also higher than results recorded by Healthwatch in May/June 2017 (77%) and 2016 (44%).
- Both of these levels are lower than the CCG's own data which was shared with Healthwatch in early September 2020, which reported 88% satisfaction and 94% recommendation levels. However, these were results from 416 people in Sussex who were surveyed by the CCGs throughout 2019/20, whilst the Healthwatch in Sussex results cover a one-month period only.

Overall satisfaction and recommendation ratings from the 2020 Healthwatch in Sussex survey, plus historic data shown in red text.

Historic satisfaction levels and recommendation ratings	Pre April 2016	April - September 2016	May - June 2017	November-December 2017	2019/2020	September 2020
Measure	Data from Healthwatch reports				CCG data	Healthwatch
Provider	SECAmb	Coperforma	SCAS	SCAS	SCAS	SCAS
Satisfied or very satisfied with service	67%	8% - 42%	75%	85%	88%	78.5%
Would recommend service to family and friends	No data	44%	77%	80%	94%	86%

### (c) Satisfaction and recommendation ratings by Healthwatch area

We have examined the satisfaction levels and recommendation ratings recorded by passengers across the three Healthwatch areas to see if any variations existed. This data is summarised in the tables and stacked bar charts below and shows considerable differences in the ratings. We have included data published by Healthwatch in Sussex in April 2018 to show how satisfaction levels and recommendation ratings have changed since that time.

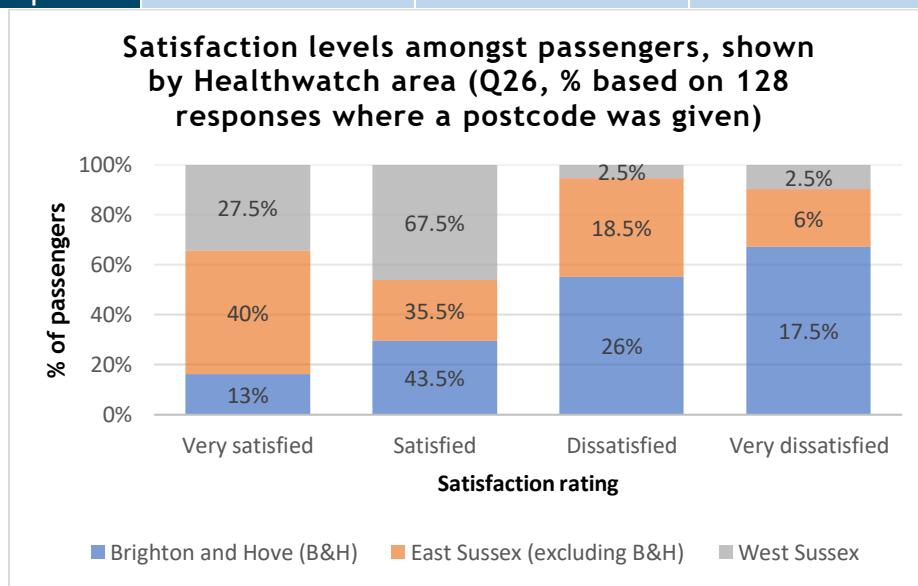
Of note is:

- In 2020, passengers who live in Brighton and Hove recorded the lowest levels of satisfaction with the service, and at 56.5% this represents a 27.5 percentage point decrease on November/December 2017 levels. They were also the least likely to recommend the service, down to 64% compared to the 76% seen in 2017. Similar proportions of residents from the area selected the top two 'satisfied' and 'likely' to recommend ratings and also the bottom two 'dissatisfied' and 'unlikely' to recommend ratings.
- In 2020, passengers from West Sussex reported the highest levels of satisfaction at 95% and were the most likely to recommend the service at 97.5%. Both these levels/ratings are higher than those recorded in November/December 2017, which were 89% and 88% respectively. Passengers from West Sussex were significantly more likely to select the 'satisfied' rather than the 'very satisfied' rating. Similar proportions selected the top two 'likely' to recommend ratings. However, no passenger selected the 'very unlikely' rating, and only one passenger selected the 'very dissatisfied' rating.

- In 2020, passengers from **East Sussex** recorded a 12-percentage point drop in satisfaction levels, down from the 87% seen in November/December 2017, but satisfaction remained high overall at 75%. A three-percentage point increase was seen in the number of passengers who would recommend the service, up to 86%. Passengers from East Sussex were slightly more likely to select the ‘very satisfied’ rather than the ‘satisfied’ rating. They were considerably more likely to select the ‘very likely’ rather than the ‘likely’ to recommend rating. A quarter of passengers said they were ‘dissatisfied’ or ‘very dissatisfied’, whilst 14% said they were ‘unlikely’ or ‘very unlikely’ to recommend the service.

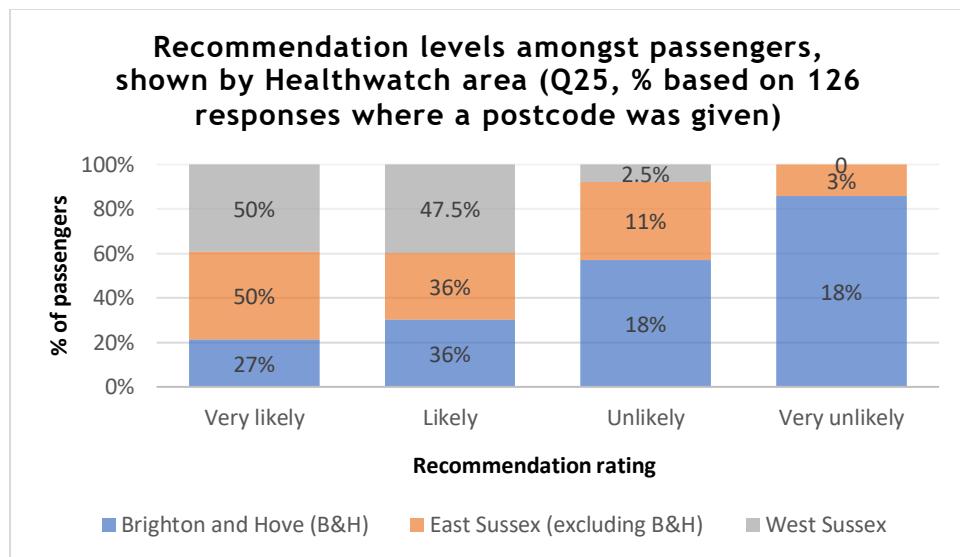
#### Overall satisfaction levels with the service in 2020 by area with 2017 results in red

	Brighton and Hove (B&H)	East Sussex (excluding B&H)	West Sussex	Area not known
Very satisfied	3 (13%) (36%)	26 (40%) (60%)	11 (27.5%) (22%)	1
Satisfied	10 (43.5%) (48%)	23 (35%) (27%)	27 (67.5%) (67%)	1
Dissatisfied	6 (26%) (3%)	12 (19%) (3%)	1 (2.5%) (6%)	-
Very dissatisfied	4 (17.5%) (2%)	4 (6%) (7%)	1 (2.5%) (0%)	-
Total valid responses	23	65	40	2



#### Passengers who would recommend the service in 2020 by area with 2017 results in red

Q25. Passengers' recommendation ratings shown by Healthwatch area	Brighton and Hove (B&H)	East Sussex (excluding B&H)	West Sussex	Area not known
Very likely	6 (27%) (40%)	32 (50%) (48%)	20 (50%) (13%)	2
Likely	8 (36%) (36%)	23 (36%) (35%)	19 (47.5%) (75%)	-
Unlikely	4 (18%) (8%)	7 (11%) (6%)	1 (2.5%) (6%)	-
Very unlikely	4 (18%) (5%)	2 (3%) (0%)	0 (0%)	-
No reply	1	1	-	-
Total valid responses	22	64	40	2



#### (d) Satisfaction by category of passenger

We have examined the satisfaction levels and recommendation ratings recorded by different categories of passengers to see if any variations existed:

1. renal dialysis patients.
2. regular (non-renal) passengers
3. those who attended just a handful of appointments.
4. those who needed transport which accommodated their wheelchair ('wheelchair passengers').
5. those who had used the service during the first COVID lockdown period.

This data is summarised in the Data Tables, Appendix Two, Q26 and Q25, and the stacked bar charts below.

In 2020, and at 85% (n55/65), the highest satisfaction levels were recorded by renal dialysis patients. This is welcome news as in our April 2018 Healthwatch report we said that renal patients were less likely than non-renal patients to be 'very satisfied' with the service. In fact, Healthwatch has raised poor satisfaction levels amongst renal patients as an issue since 2016 and we are pleased that renal patients are finally reporting improved satisfaction with the service. (NB renal patients continue to report issues with the timeliness of the service as discussed later on in this report).

Passengers who had used the service during the first COVID lockdown period recorded the second highest satisfaction levels at 84% (n31/37).

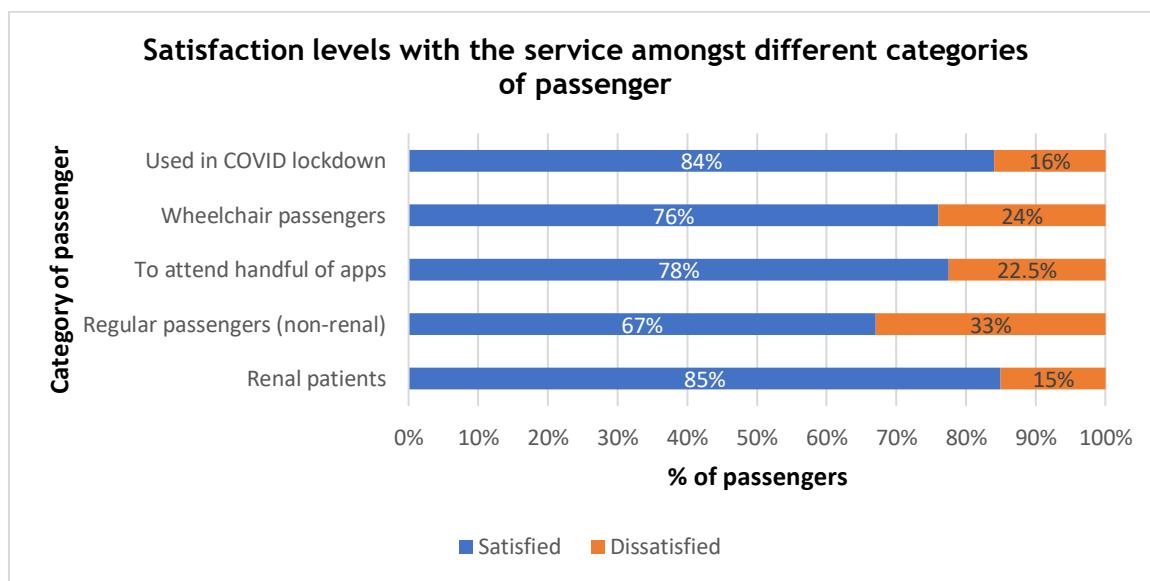
Lower satisfaction levels were recorded by:

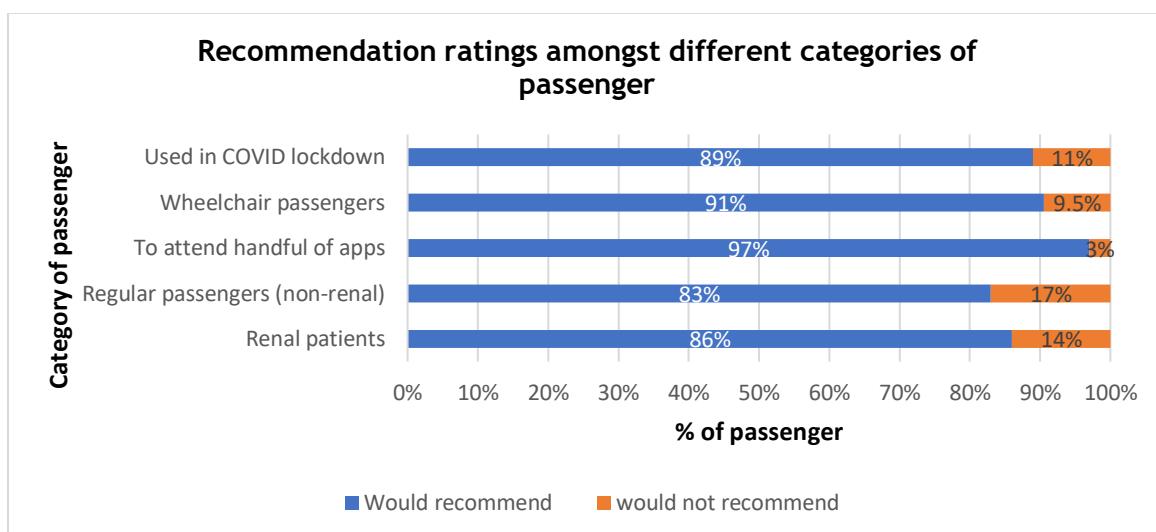
- One in three passengers who described themselves as '*regular users of the service (non-renal)*' (67% were satisfied, 33% were not).
- One in four passengers who are '*wheelchair passengers*' (76% were satisfied, 24% were not).
- One in five passengers who used the service '*to attend just a handful of appointments*' (78% were satisfied, 22% were not).

Additionally, five people who had applied for the service but who were told they did not qualify were all ‘dissatisfied’ with it, perhaps understandably so.

We have also looked at the data by Healthwatch area which is discussed in detail below. This is shown in the Data Tables, Appendix Two, Q25 and Q26. This analysis revealed some notable differences amongst passengers from the different areas:

- Satisfaction levels amongst all five categories of passengers from Brighton and Hove were low, ranging from 50% to 57%. Passengers from West Sussex recorded the highest satisfaction ratings ranging from 75%-100%.
- Significantly lower proportions of renal patients from Brighton and Hove were satisfied with the service, at 57%. This is compared with 84% of renal patients from East Sussex and 97% of renal patients from West Sussex.
- Significantly lower proportions of regular (non-renal) passengers from Brighton and Hove and East Sussex were satisfied with the service (50% and 67% respectively). This is compared with 75% of these passengers from West Sussex. In fact, regular (non-renal) passengers awarded the lowest overall satisfaction rating out of the five categories of passengers.
- 100% of wheelchair passengers from Brighton and Hove and West Sussex would recommend the service, whilst 85% from East Sussex would do so.
- The lowest recommendations ratings were given by Brighton and Hove residents who were renal dialysis passengers (64%) or those who had used the service during the COVID-19 lockdown period (65%).





### (e) Satisfaction levels and recommendation ratings by Healthwatch area (in detail)



This data reveals that in 2020, passengers who live in the Brighton and Hove area recorded the lowest levels of satisfaction with the service, and at 56.5% this is a 27.5 percentage point decrease on 2017 levels.

Previous satisfaction levels recorded by respondents from Brighton and Hove were 67% in May/June 2017 and 84% in November/December 2017. This means that current satisfaction levels for Brighton and Hove residents are now lower than they were in 2017. Residents from Brighton and Hove are also the least likely to recommend the service, down to 64% (n14/22) compared to 76% seen in November/December 2017. In 2020, this outcome is based on the views of 23 respondents who live in the BN1, 2, 3 or 41 postcode areas. However, in 2017, a comparable number of 29 residents rated the service as being better overall.

#### Satisfaction levels

In 2020, 13% of residents from Brighton and Hove were ‘very satisfied’ with the service which is considerably lower than the 36% recorded in November/December 2017. A similar proportion of residents were ‘satisfied’ with the service in both 2020 and 2017 (43.5% and 48% respectively), and at 43.5% this was the rating most likely to be chosen by residents from the area in 2020. A far higher proportion of residents were ‘dissatisfied’ or ‘very dissatisfied’ with the service in 2020 than in 2017 (26% and 17.5% in 2020 compared with 3% and 2% in 2017).

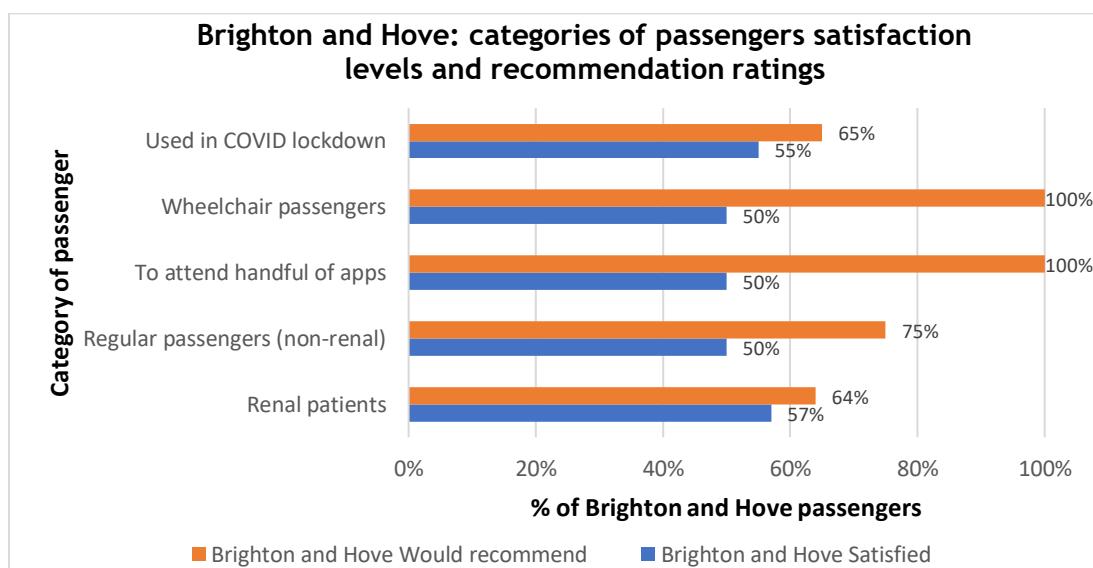
#### Recommendation ratings

In 2020, 27% of residents from Brighton and Hove were ‘very likely’ to recommend the service which is lower than the 40% recorded in November/December 2017. The same proportions of residents were ‘likely’ to recommend the service in both 2020 and 2017 (36%), and this was also the rating most likely to be chosen by residents from the area in 2020. A higher proportion of residents in 2020 were ‘unlikely’ or ‘very unlikely’ to recommend the service in 2020 than they were in 2017 (both 18% in 2020, compared with 8% and 5% respectively in 2017).

## Categories of passenger

We have examined the satisfaction levels and recommendation ratings given by the different categories of passengers from the Brighton and Hove area, and this is shown in the bar chart below. We have combined results from passengers who said they were ‘very satisfied or satisfied’ and those who were ‘very likely’ or ‘likely’ to recommend the service. This reveals:

- Around only 50% of passengers from all five categories of passenger were satisfied with the service, meaning that approximately half were not. This reflects the overall low satisfaction rating for the area - 56.5%.
- Higher proportions of passengers from the area from all five categories would recommend the service. 100% of wheelchair passengers and those who had used the service to attend just a handful of appointments would recommend it. Three quarters of regular (non-renal) passengers would recommend it (75%). Two-thirds of renal patients and those who had used it during the first COVID-19 lockdown period would recommend it (65%).



In 2020, passengers from West Sussex reported the highest levels of satisfaction (95%) and were the most likely to recommend the service (97.5%). Both levels are higher than those recorded in 2017, at 89% and 88% respectively.

## Satisfaction levels

In 2020, a higher proportion of residents from West Sussex were ‘very satisfied’ with the service in 2020 than in 2017 (27.5% and 22% respectively). The same proportions of residents were ‘satisfied’ with the service in both 2020 and 2017 (67%), and this was the rating most likely to be chosen by residents from the area in 2020. A lower proportion of residents were ‘dissatisfied’ with the service in 2020 than in 2017 (2.5% compared with 6%). 2.5% of residents were ‘very dissatisfied’ with the service in 2020 which is more than 0% recorded in 2017.

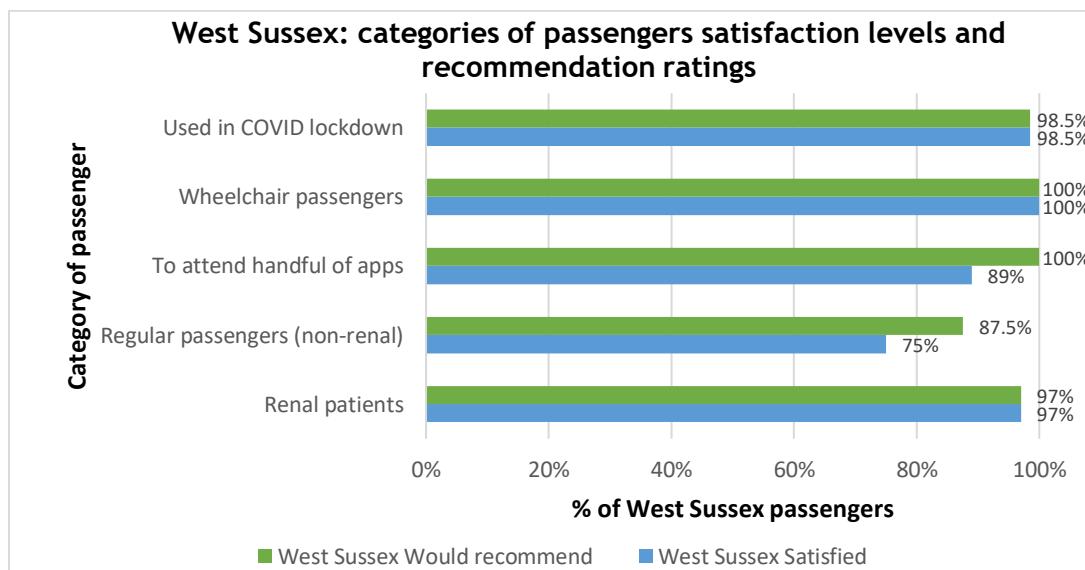
## Recommendation ratings

In 2020, 50% of residents from West Sussex were ‘very likely’ to recommend the service which is considerably higher than the 13% recorded in November/December 2017, and this was also the rating most likely to be chosen by residents from the area in 2020. As a result, a lower proportion of residents from West Sussex were ‘likely’ to recommend the service in 2020 than in 2017 (47.5% and 75% respectively). A lower proportion of residents in 2020 were ‘unlikely’ to recommend the service than in 2017 (2.5% compared with 6%); and no residents were ‘very unlikely’ to recommend the service in 2020 which is the same position as in 2017.

## Categories of passenger

We have examined the satisfaction levels and recommendation ratings given by the different categories of passengers from West Sussex, and this is shown in the bar chart below. We have combined results from passengers who said they were ‘very satisfied or satisfied’ and those who were ‘very likely’ or ‘likely’ to recommend the service. This reveals that:

- Satisfaction levels were high across all five categories of passenger which reflects the overall high satisfaction level for the area - 95%. 100% of wheelchair passengers were satisfied with the service, as were 97% of renal dialysis patient and 98.5% of those who had used the service during the first COVID-19 lockdown period. The lowest satisfaction level of 75% was given by regular (non-rental) passengers.
- High proportions of passengers from West Sussex from all five categories would recommend the service. 100% of wheelchair passengers, and those who had used the service to attend just a handful of appointments would recommend it. Almost all renal patients from the area (97%) and those who had used the service during the first COVID-19 lockdown period would also recommend it (98.5%). 87.5% of regular (non-rental) passengers would recommend it.



In 2020, passengers from East Sussex recorded a 12-percentage point drop in satisfaction levels, down from the 87% seen in 2017, but remained high overall at 75%. A three-percentage point increase was seen in the number of passengers who would recommend the service, up to 86%.

## Satisfaction levels

In 2020, 40% of residents from East Sussex were ‘very satisfied’ with the service which is lower than the 60% recorded in November/December 2017. This was however the rating most likely to be chosen by residents from the area in 2020. A slightly higher proportion of residents were ‘satisfied’ with the service in 2020 than in 2017 (35% and 27% respectively). A higher proportion of residents were ‘dissatisfied’ with the service in 2020 than in 2017 (19% and 3% respectively). Very similar proportions of residents were ‘very dissatisfied’ with the service in both 2020 and 2017 (6% and 7% respectively).

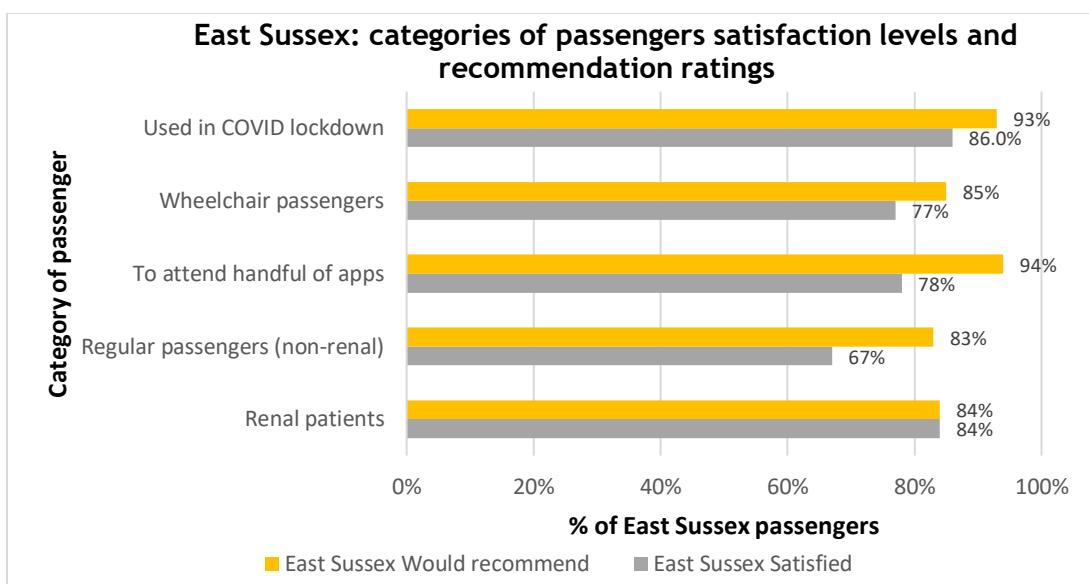
## Recommendation ratings

Similar proportions of residents were ‘very likely’ to recommend the service in both 2020 and November/December 2017(50% and 48% respectively), and at 50%, this was the rating most likely to be chosen by residents from the area. Also, in 2020, a similar proportion of residents from East Sussex were ‘likely’ to recommend the service as in 2017 (36% and 35% respectively). A higher proportion of residents in 2020 were ‘unlikely’ or ‘very unlikely’ to recommend the service in 2020 than they were in 2017 (14% in 2020 and 6% in 2017).

## Categories of passenger

We have examined the satisfaction levels and recommendation ratings given by the different categories of passengers from the East Sussex area, and this is shown in the bar chart below. We have combined responses from passengers who said they were ‘very satisfied or satisfied’ and those who were ‘very likely’ or ‘likely’ to recommend the service. This reveals that:

- Satisfaction levels varied across the five categories of passenger. 86% of those who had used the service during the first COVID-19 lockdown period and 84% of renal dialysis patients were satisfied with the service. Three quarters of those who had used the service to attend just a handful of appointments (78%) and wheelchair passengers (77%) would recommend it. The lowest satisfaction level was given by regular (non-renal) passengers, at 67%.
- High proportions of passengers from East Sussex from all five categories would recommend the service. 94% of those who had used the service to attend just a handful of appointments and 93% those who had used it during the first COVID-19 lockdown period would recommend it. Over 80% of renal dialysis patients, wheelchair passengers and regular (non-renal) passengers would recommend it.



Our analysis of responses given to the remaining questions asked in our survey about satisfaction with different elements of the service has highlighted some potential reasons for the variations across the Healthwatch areas (that are discussed above).

### (f) Satisfaction levels with the application process

Our analysis of questions 5-12, which asked people to tell us about their experiences of applying for the service, revealed that:

- At least 80% or more of passengers from West Sussex were satisfied with all seven aspects of their phone call application. Whilst at least 80% or more of passengers from East Sussex were satisfied with just four aspects of their phone call; and at least 80% of more of passengers and Brighton and Hove were satisfied with just two aspects of their phone call.
- 25% or more of passengers from Brighton and Hove were dissatisfied with five aspects of their phone call: the ease of getting through to the call centre; how simple the questions were to answer; the total number of questions they were asked; the explanation they received about how the service operates, and how confident they were that their personal needs were being fully taken into account by the call handler.
- 25% or more of passengers from East Sussex were dissatisfied with just one aspect of their phone call, namely how confident they were that their personal needs were being fully taken into account by the call handler.

The method of application may have some limited impact on overall satisfaction levels. There is a 15-percentage point difference in satisfaction levels with the service overall between those who had applied themselves (70%) compared with those for whom someone else applied on their behalf (85%). But how someone applies for the service does not appear to materially impact on whether someone would recommend the service, as levels of recommendation were at 85% and above regardless of the method chosen by an individual to apply for the service.

These results may however go some way to explaining why overall satisfaction levels with the service amongst Brighton and Hove residents were so low at just 56.5%, and why satisfaction levels amongst residents from East Sussex have dropped by 12 percentage points. At the same time, it may help to explain the very high satisfaction levels with the service recorded by west Sussex residents.

### (g) Any issues experienced with the service

Questions 18 and 20 asked passengers to tell us about any delays, changes, or problems they had experienced with their transport. We examined these responses to determine if the results may have any bearing on the satisfaction levels recorded across the three Healthwatch areas. Our analysis showed that residents from Brighton and Hove reported experiencing a greater number of different issues with their transport compared to residents from East Sussex or West Sussex. The largest proportion of Brighton and Hove residents reported experiencing 5 or more issues with their transport (36%), whereas 31% of residents from East Sussex reported experiencing either just one issue or 3 or 4 issues (both 31%). Most residents from West Sussex experienced just one issue at 31%.

Our analysis of question 20 showed that of the 40 passengers who had reported experiencing one of the five issues listed, a higher proportion of residents were from Brighton and Hove and East Sussex and that residents from West Sussex reported experiencing far fewer issues.

Once again, these results may however go some way to explaining the different satisfaction levels recorded across the three Healthwatch areas.

### (h) Satisfaction with the service during the first COVID-19 pandemic lockdown

Questions 13-15 asked passengers who had used the service during the first COVID-19 lockdown period (23<sup>rd</sup> March - 4<sup>th</sup> July) about their experiences, and to rate their satisfaction levels with ten aspects of their journeys made during that time. 83 respondents indicated that they had used the service during the first lockdown period and 84% were ‘very satisfied’ or ‘satisfied’, whilst 88% (n73/83) were ‘very likely’ or likely’ to recommend others to apply for the service.

Over 80% of passengers who has used the service during the first lockdown period said that they were ‘very satisfied’ or ‘satisfied’ with the following eight aspects of their journeys:

- |  |   |                 |
|--|---|-----------------|
| • Social distancing in transport                   | - | (97.5%, n80/82) |
| • The ease of communicating with staff wearing PPE | - | (95%, n77/81)   |
| • The cleanliness of transport                     | - | (95%, n77/81)   |
| • Having access to PPE whilst travelling           | - | (93.5%, n73/78) |
| • The time spent travelling in vehicles            | - | (88.5%, n69/78) |
| • Any communications received to arrange transport | - | (87%, n65/75)   |
| • The timeliness of pick-ups from home             | - | (86.5%, n70/81) |
| • The ease of contacting the call centre           | - | (83%, n53/64)   |

Passengers were less likely to be ‘very satisfied’ with the following aspects:

- Notifications they had received about delays or changes to their scheduled journeys - (62%, n42/68)
- The timeliness of transport when being picked up from hospital - (56%, n44/79)

## **8. Passengers’ experiences of using the service**

This section discusses findings which relate to the following:

- (A) Passengers tell us about their experiences of applying for the service (page 45)
- (B) Passengers tell us about the service during the first COVID-19 lockdown period (page 57)
- (C) Passengers tell us about any delays, changes, or problems with their transport (page 66)
- (D) Passengers tell us about the impacts of any delays, changes, or problems for (page 78)

### **(A) Passengers tell us about their experiences of applying for the services**



People were asked how they had first found out about the service, and their experiences of applying for it. People who had not used service were ineligible to answer these questions. There were eight questions:

- **Question 5** asked people to tell us how they had first applied for the service. Five options, plus an ‘other’ option, were provided and respondents could select multiple answers. **All 125 respondents who were eligible to answer Q5 did so.**
- **Question 6** asked people to tell us how they first found out about the current service. Six options, plus an ‘other’ option were provided and respondents could select multiple answers. **125 respondents were eligible to answer Q6, and 123 did so.**
- **Question 7** asked people to consider any information they had found out, or been provided with, about the service, and to rate this in terms of how helpful it had been to them. Four options, plus an ‘other’ option were provided and respondents could select multiple answers. **125 respondents were eligible to answer Q6, and 121 did so.**
- **Question 8** asked whether people had spoken to someone on the phone as part of their application for the service. This was a single answer question. **All 125 respondents who were eligible to answer Q8 did so.** People who answered ‘yes’ were redirected to Q9, whilst those who answered ‘no’ were redirected to Q10.
- **Question 9** asked people who had spoken to someone on the phone as part of their application to rate seven aspects of their call. We specifically asked if they were satisfied or not with these aspects. There were multiple options to consider, with a single answer permissible per option. **54 respondents were eligible to answer Q9 and differing numbers of people chose to provide an answer to the seven options (a)-(g), ranging from 51-54.**

- **Question 10** asked people to rate their experience of applying for the service overall, from ‘very easy’ through to ‘very difficult’. People could also indicate that ‘someone else had applied on their behalf’, or that they either ‘did not know’ or ‘could not recall’ how they had applied. This was a single answer question. **125 respondents were eligible to answer Q10, and 121 did so.**
- **Questions 11 and 12** asked people to describe their answer given to Q10 and specifically to tell us why they found the application process either ‘very easy / fairly easy’ or ‘very difficult / difficult’. People could provide free text answers. **125 respondents were eligible to answer these questions and 55 people provided comments for Q11 (‘very or fairly easy’) whilst 22 provided comments for Q12 (‘very difficult / difficult’).**

## Some of the key findings

### How passengers applied for patient transport services

- 16% of respondents had applied for the service themselves, which is equivalent to just 20 passengers. No passengers from Brighton and Hove had applied for the service themselves.
- Only one passenger had applied for the service online, who was a resident of East Sussex, whilst no passengers from the remaining two Healthwatch areas had used this method.
- 59% of passengers indicated that ‘*someone else applied on my behalf*’. 68% of these passengers were renal dialysis patients.
- 23% of respondents indicated that they had applied for the service by phone.

### Satisfaction with phone applications

A high proportion of passengers (75% or higher) expressed high satisfaction with the following aspects of their phone application:

- How simple the questions were to answer?
- Whether they felt the questions asked were too personal or intrusive.
- The total number of questions they were asked.
- The helpfulness of the call handler.
- The ease of getting through to the call centre on the phone.
- The explanation they received about how the service operates.

However, nearly one third of passengers (28%) said they lacked confidence that their personal needs were being taken into account by the call handler.

In addition, other aspects of phone applications where a nearly one fifth or more of passengers expressed dissatisfaction with were:

- The ease of getting through on the phone, 24%.
- The explanation they received about how the service operates, 21%.
- The total number of questions they were asked, 18%.
- How helpful the call handler was? 18%.
- How personal the questions or intrusive questions were? 17%.

## Information people were given about the service

Over one third of passengers (37%) said they were not given or did not find any information about the service.

55.5% of individuals who indicated that someone else had applied for the service on their behalf also said that they were not provided with any information about the service by the person who arranged it for them.

Passengers who had accessed information indicated in small numbers that this was:

- Accessible, 16%.
- Helped manage my expectations, 15%.
- Easy to access, 13%.
- Over one third said that this had been clear and easy to understand, 35%.

## How easy the application process was?

83% of passengers who provided either an ‘easy’ or ‘difficult’ rating felt that the application process overall was easy. Just 17% felt that the application process overall was difficult.

Higher proportions of residents from East Sussex (21.5%) and Brighton and Hove (28.5%) were likely to say that the application process was ‘very easy’ than residents from West Sussex (10.5%) who were more likely to say that the application process was ‘fairly easy’.

## Satisfaction with the application process overall

We examined passengers’ satisfaction levels with the service overall and this revealed that the method of application did have an impact. 70% for those who had applied themselves were satisfied with the service overall, whilst this was 79% for those who applied by phone, 85% where someone else had applied on their behalf, and 100% for the one passenger who had applied online. Overall recommendation levels were 85% or higher, irrespective of how passengers had applied for the service initially.



### Recommendations

We recommend that the provider promotes other methods of applying for the service given the small numbers who currently do this by phone or online.

We recommend that the provider improve its communications and information provided at the application stage. All passengers should be provided with information about the service regardless of who submits the initial application. Improving communications regarding the service is a recommendation made later on in ‘the future of the service’ section of this report.

The provider could provide additional training to call handlers to ensure that passengers are left feeling confident that their personal needs have been taken into account during the application process e.g., where a specific type of transport is requested.

The questions which people are asked on the phone would benefit from being adapted for different categories of passengers i.e., regular users find it frustrating to repeatedly answer the same questions each time they apply for the service.

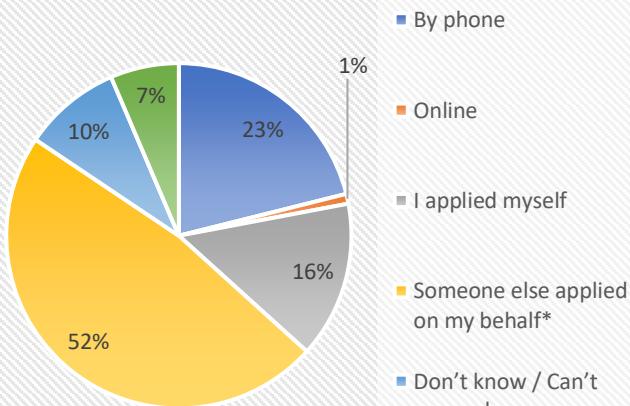
We recommend that the service provider expressly state who is eligible and ineligible for the service to avoid any confusion on the part of potential passengers, as well as providing information about alternatives to the service. There is currently a lack of clarity concerning the current eligibility for the service, and expressly stating what this is alongside alternative options to the service, could help to avoid negative comments i.e., such as those expressed by respondents whose applications were turned down.

## The application processs: results in detail

### (a) How passengers had applied for the service

Respondents were asked to tell us how they first applied for the service, and 125 did so. It was possible for people to select multiple answers to describe their application process and the 125 respondents provided 136 answers overall. The data is shown in the pie chart below (and in the Data Tables, Appendix One, Q5). The percentages relate to the number of respondents who chose each option as a percentage of the 125 people. As multiple choices could be made then the total percentage is more than 100%. This reveals that:

How passengers had applied for the service (Q5)



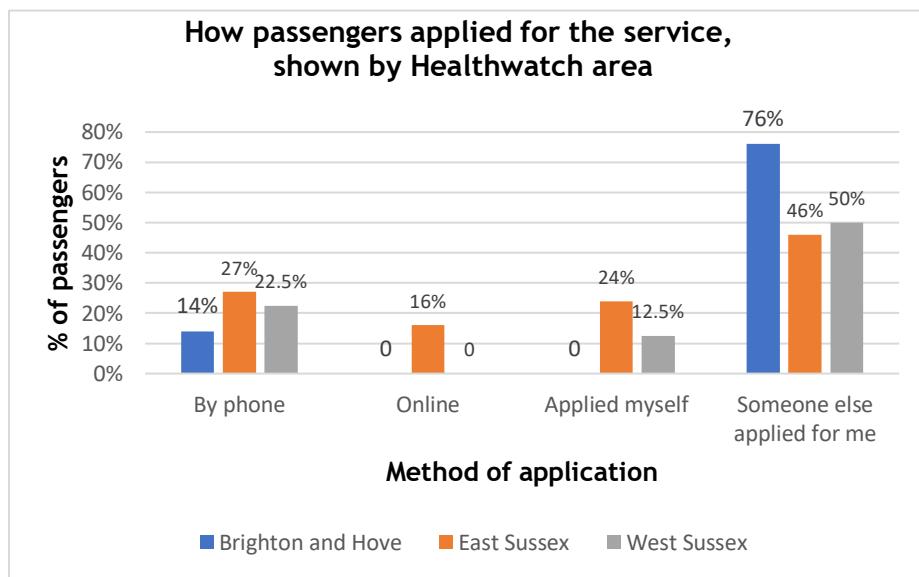
Over half of people did not apply for the service themselves, with 52% (n65) of respondents indicating that ‘someone else applied on my behalf’. Just 16% of respondents had applied themselves, which is just 20 passengers.

23% of respondents (n29) indicated that they had applied for the service by phone.

9 (7%) people selected ‘other’ to describe how they had applied for the service, and eight of these people indicated that ‘hospital staff’ had arranged their transport for them. This would indicate that someone else had applied for the service on behalf of these eight individuals. This implies that the option ‘*someone else applied for the service on my behalf*’ actually applies to 74 respondents (59%) in total.

### (b) How passengers from each Healthwatch area had applied for the service

We examined the data to determine how passengers from each Healthwatch area had applied for the service, and to identify if any variations existed. The data is shown in the bar graph below (and in the Data Tables, Appendix One, Q5). This reveals some distinct differences in how people from the different Healthwatch areas applied for the service:



Only one passenger applied for the service online, who was a resident of East Sussex. No passengers from the remaining two Healthwatch areas had used this method.

No passengers from Brighton and Hove had applied for the service themselves. Small numbers of passengers from East Sussex (24%, n15/63) and West Sussex (12.5%, n5/40) had applied themselves.

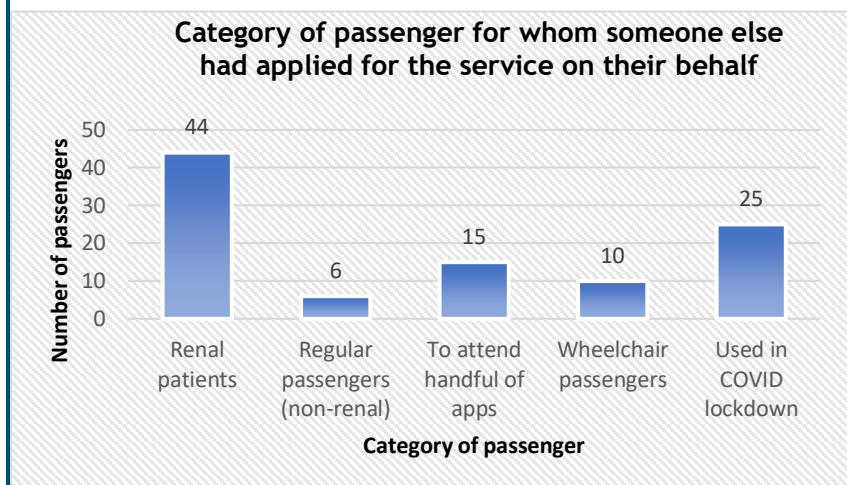
Small numbers of passengers from all three Healthwatch areas had applied for the service by phone, although this was the second most popular method of application overall. More passengers from East Sussex (27%, n17/63) and West Sussex (22.5%, n9/40) had applied by phone compared to residents from Brighton and Hove (14%, n3/21).

A majority of passengers from all three Healthwatch areas said that someone else had applied for the service on their behalf's. A high proportion of residents from Brighton and Hove indicated that this was how they had applied for the service (76%, n16/21). Similar proportions of residents from East Sussex and West Sussex selected this answer (East Sussex - 46%, n29/63, West Sussex - 50%, n20/40).

### (c) Where someone else had applied for the service on behalf of a passenger

We have looked in more detail at the categories of passengers who said that someone else had applied on their behalf's, given that a majority of passengers overall (59%) indicated that this was how they had applied for the service. In performing this analysis, it is important to draw attention to some differences between Question 5 and Question 10 of the questionnaire. Question 5 asked people to say how they had first applied for the service, and 65 people said that '*someone applied on my behalf*'. Question 10 asked people to describe how easy the application process was overall and one of the options that people could select was to say that '*someone applied on my behalf*' which 49 people selected. This discrepancy of 16 is due to the fact that Q10 allowed respondents to describe their application process as 'easy' or 'difficult' even if someone else had applied on their behalf. We have therefore used the responses given to Q5 (n65) to identify which category of passengers were more likely to say that someone else had applied for the service on their behalf and this is shown in the pie

chart below (as multiple answers could be selected for Q5 the percentages add up to more than 100%):

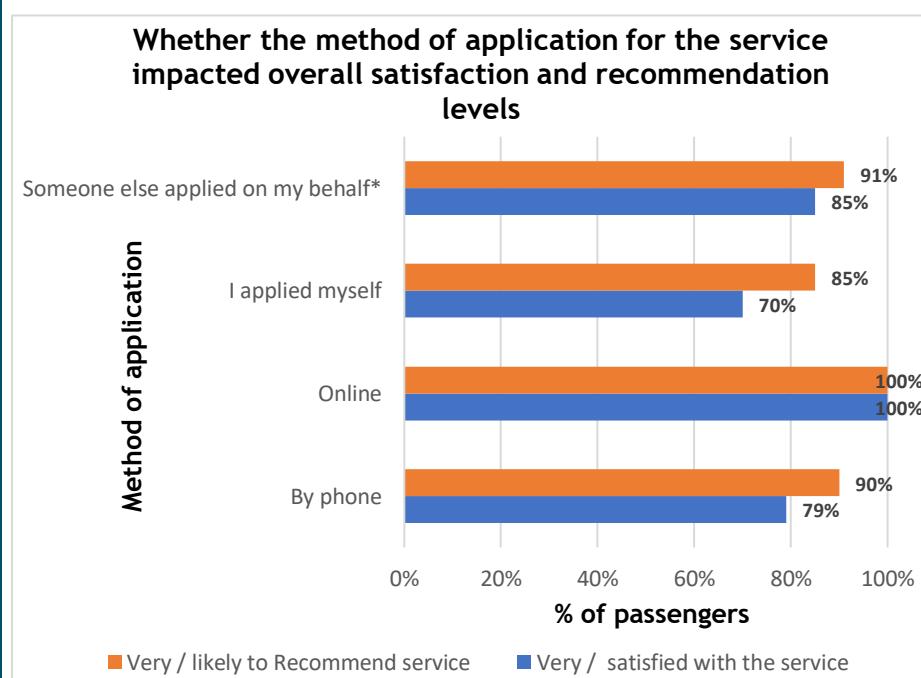


- 44 of the 65 (68%) passengers were renal dialysis patients.
- 6 of the 65 (9%) passengers were regular (non-renal) passengers.
- 15 of the 65 (23%) passengers used the service to attend a handful of appointments.
- 10 of the 65 (15%) passengers were wheelchair passengers.
- 25 of the 65 (38.5%) passengers had used the service during the first COVID lockdown period.

Renal patients were therefore the largest category of passenger where someone else had applied for the service on their behalf.

#### (d) Satisfaction levels with the application process

We have performed additional analysis to see if the method of application had any impact on passengers' overall satisfaction levels with the service, and whether they would be more or less likely to recommend the service. This is shown in the bar chart below (and in the Data Tables, Appendix Two, Q5). The analysis shows that passengers' recorded high satisfaction and recommendations levels irrespective of how they had applied for the service initially.



#### Of note is:

The fact that recommendation levels are 85% or higher, irrespective of how passengers had applied for the service initially.

The fact that overall satisfaction levels amongst passengers varied from 70% for those who applied themselves, 79% for those who applied by phone, 85% where someone else had applied on their behalf, and 100% for the one passenger who had applied online.

These results would seem to indicate that the application process works well when someone else applies on behalf of the passenger, and this is perhaps to be expected as such people, are often hospital staff who regularly access the system and are likely to be more familiar with it and may better understand how to complete the application process. We explore why satisfaction levels are lower when someone applies by phone, or by themselves, below to try to identify potential reasons.

### (e) Information people were given about the service

Respondents were asked to tell us how they first found out about the service, and 123 did so. It was possible for people to select multiple answers and the 123 respondents provided 139 answers overall. The data is shown in the Data Tables, Appendix One, Q6. The percentages relate to the number of respondents who chose each option as a percentage of the 123 people, and as multiple choices could be made then the total percentage is more than 100%. This reveals that over half of passengers were first told about the service by the hospital / hospital staff (56%, n69/123), and almost a quarter had been referred to the service (23%, n28/123). Small numbers of passengers had found out about the service themselves (11%, n13/123), via friends or family (7%, n9/123) or through their GP (8%, n10/123).

Four (3%) passengers said they had found out about the service in other ways, including via a disabled people's Facebook page (1) and through a Renal Welfare Officer (1). It is interesting to note that 56% of passengers were first told about the service by the hospital/hospital staff and that 59% of passengers said that someone else had applied on their behalf; and also, that 18% of passengers found out about the service themselves or via family/friends, and 16% of passengers indicated that they had applied for the service themselves.

We also asked people to rate any information they found, or were given, about the service, and 121 passengers did so. This data is shown in the Data Tables, Appendix One, Q7. Over one third of passengers (37%, n45/121) said they were not given or did not find any information about the service. When we look in more detail at these 45 passengers, we find that 25 (55.5%) individuals also indicated that someone else had applied for the service on their behalf. This implies that over half of patients are not being provided with any information about the service by the person who arranges it for them.

Of the 121 passengers who had accessed information about the service, small numbers that this was:

- Accessible - 19 (16%)
- Helped manage my expectations - 18 (15%)
- Easy to access - 16 (13%)

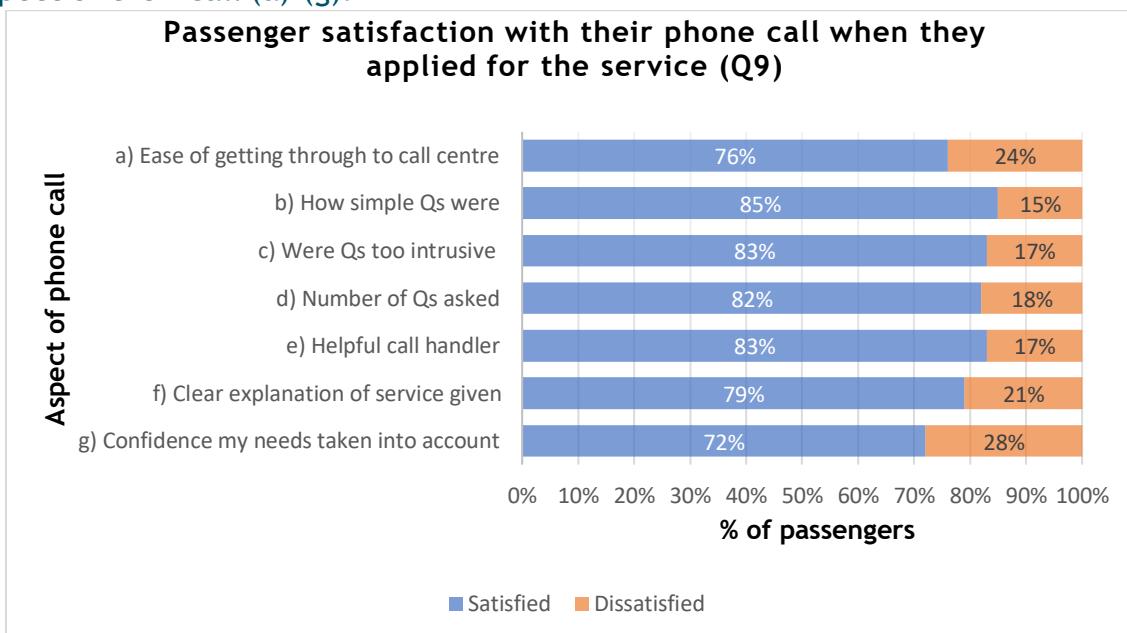
Just over one third of passengers said that information had been clear and easy to understand (35%, n42/121).

These results would indicate that current information about the service could be improved. This could also be one reason why satisfaction levels amongst passengers who had applied by phone, or by themselves, was lower.

## (f) People who applied by phone

Respondents were asked if they had applied for the service by phone (in full or in part, Q8) and those who had were then asked to tell us more about their experiences, and to rate seven different aspects of their phone calls (Q9). 125 respondents answered Q8, and 54 people indicated that they had spoken with someone on the phone as part of their application (56 had not, and 15 could not recall). This data is shown in the Data Tables, Appendix One, Q8 and Q9.

We have examined this data to determine which of the seven aspects of their phone call passengers said they were most satisfied with. To do this we have combined responses where passengers selected either 'very important' or 'important' and identified where the overall result was 80% or more. We consider that this indicates a **very strong positive** response overall by passengers. Not all respondents who were eligible to do so answered every part of Q9, and the Data Tables, Appendix One, Q9, shows the number of respondents who rated each aspect of their call (a)-(g).



As can be seen in the graph above, 80% of all respondents indicated that they were satisfied with four of the seven aspects of their phone call, and therefore gave them a **very strong positive** response to these:

- How simple the questions were to answer - (85%, n46/54)
- How personal or intrusive the questions were - (83%, n45/54)
- The helpfulness of call handler - (83%, n44/53)
- The total number of questions asked - (82%, n42/51)

In addition, two of the remaining seven aspects scored 75% or higher satisfaction levels

- Explanation of the service - (79%, n42/53)
- Ease of getting through on phone - (76%, n41/54)

In a similar way, we have combined responses where passengers selected either 'dissatisfied' or 'very dissatisfied' and identified where the overall result was 25% or more to determine where a **very strong negative response** was recorded overall. Only one aspect of people's phone calls achieved this level of response - '*Confidence your personal needs were taken into account*' - (28%, n15/54). This means that nearly one third of people were dissatisfied with this aspect of their phone call.

In addition, other aspects of phone applications which nearly one fifth or more of passengers expressed dissatisfaction with were:

- The ease of getting through on the phone - 24%
- How clear the explanation of how the service works was - 21%
- The total number of questions they were asked - 18%
- How helpful the call handler was - 18%
- How personal the questions or intrusive questions were - 17%

We have looked at how different categories of passengers rated the seven aspects of their phone application. As relatively low numbers of passengers answered Q9 then we have not been able to perform any detailed analysis. This data is however shown in the Data Tables, Appendix Two, Q9, and indicates that a majority of all categories of passengers were satisfied with all seven aspects. Of note however are:

- The fact that 43% of regular (non-renal) passengers were dissatisfied with the number of questions they were asked, and 55% were not confident that their personal needs were being fully taken into account by the call handler, whilst 55% felt that the questions they were asked were too intrusive.
- The fact that 67% of passengers who had only used the service to attend a handful of appointments said they were dissatisfied with how helpful the call handler was; 43% were dissatisfied with the explanation they received about how the service worked, and 50% were not confident that their personal needs were being fully taken into account by the call handler.
- 42% of wheelchair passengers felt that the questions they were asked were too intrusive, and 57% were dissatisfied with the ease of getting through on the phone.

These findings imply that the questions people are asked would benefit from being adapted for different categories of passengers i.e., regular users may find it frustrating to be asked to repeatedly answer the same questions each time they apply.

*"I was using the service from 2008 but they keep on asking questions every time." - East Sussex resident*

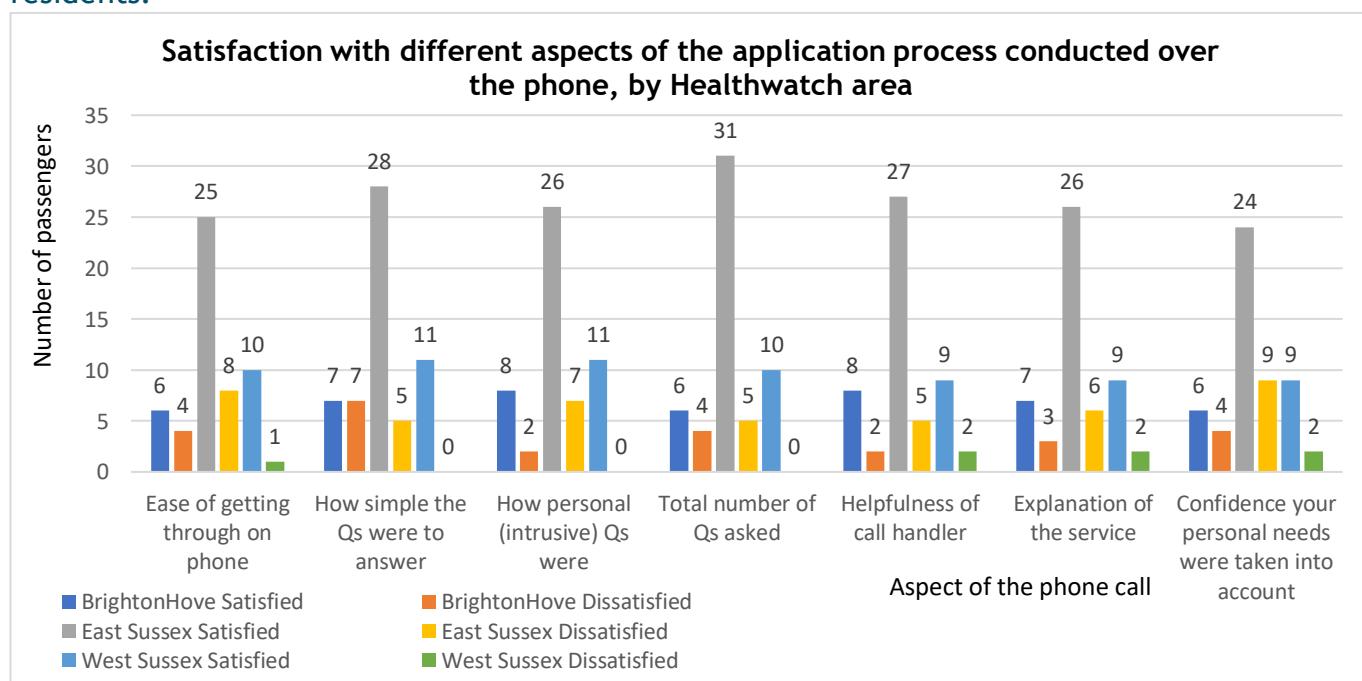
### Satisfaction with phone applications

We have looked at passenger satisfaction with different aspects of the application process conducted over the phone, by Healthwatch area. This data is however shown in the Data Tables, Appendix Two, Q9, and in the bar chart below. We have examined this data to determine where 80% or more of passengers from each area said that they were satisfied with any of the seven aspects of their phone application. To do this we have combined responses

where passengers selected either 'very satisfied' or 'satisfied'. We consider that this indicates a **very strong positive** response overall by passengers. Conversely, we have identified where 25% or more of respondents said they were dissatisfied with any aspects of their phone calls. We consider that this indicates a **very strong negative** response overall by passengers. This analysis reveals:

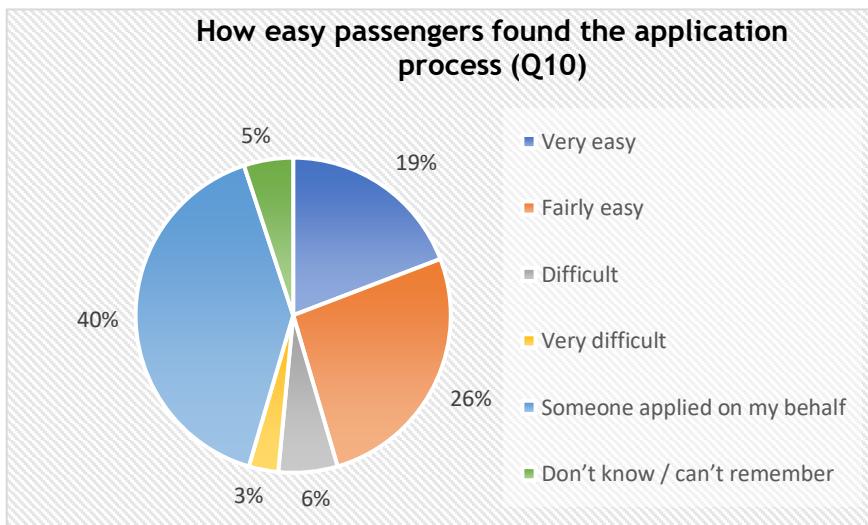
- At least 80% or more of passengers from West Sussex were satisfied with all seven aspects of their phone call.
- At least 80% or more of passengers from East Sussex were satisfied with four aspects of their phone call.
- At least 80% of more of passengers and Brighton and Hove were satisfied with just two aspects of their phone call.
- 25% or more of passengers from Brighton and Hove were dissatisfied with five aspects of their phone call: the ease of getting through to the call centre; how simple the questions were to answer; the total number of questions they were asked; the explanation they received about how the service operates, and how confident they were that their personal needs were being fully taken into account by the call handler.
- 25% or more of passengers from East Sussex were dissatisfied with just one aspect of their phone call, namely how confident they were that their personal needs were being fully taken into account by the call handler.
- Very small numbers of passengers from West Sussex expressed dissatisfaction with any aspect of their phone call, and the 25% threshold was not reached for any of the seven aspects.

These results may go some way to explaining why overall satisfaction levels with the service amongst Brighton and Hove residents were so low at just 56.5%, and why satisfaction levels amongst residents from East Sussex have dropped by 12 percentage points. At the same time, it helps to explain the very high satisfaction levels with the service recorded by west Sussex residents.



### (g) How easy was the application process overall?

Respondents were asked to give an overall rating for their experience of applying for the service, ranging from 'very easy' through to 'very difficult'. 121 respondents answered Q10 and this data is shown in the Data Tables, Appendix One, Q10, and the pie chart below.



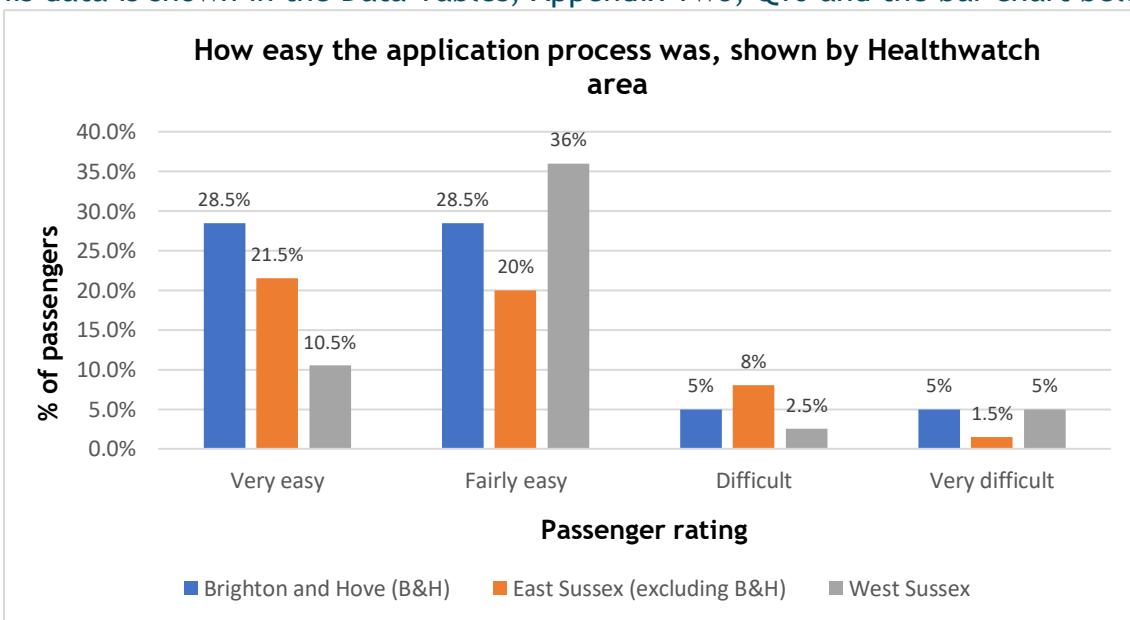
Passengers could select other options including 'don't know or can't remember' (5%, n6) and 'someone else applied on my behalf' (40%, n49). These individuals did not therefore provide a rating at Q10 to describe the application process.

A total of 66 passengers did however provide a rating of either 'very easy', 'fairly easy', 'difficult' or 'very difficult'.

Of these 66 passengers:

- 23 found the application process 'very easy' whilst 32 found it 'fairly easy'. We have combined these responses to determine that 83% (n55/66) of passengers who provided an 'easy' or 'difficult' rating felt that the application process overall was easy
- Just 7 passengers found the application process 'difficult', and 4 'very difficult'. We have combined these responses to determine that 17% (n11/66) of passengers who provided an 'easy' or 'difficult' rating felt that the application process overall was difficult.

We have looked at whether there was any variation in the answers given by Healthwatch area. This data is shown in the Data Tables, Appendix Two, Q10 and the bar chart below.



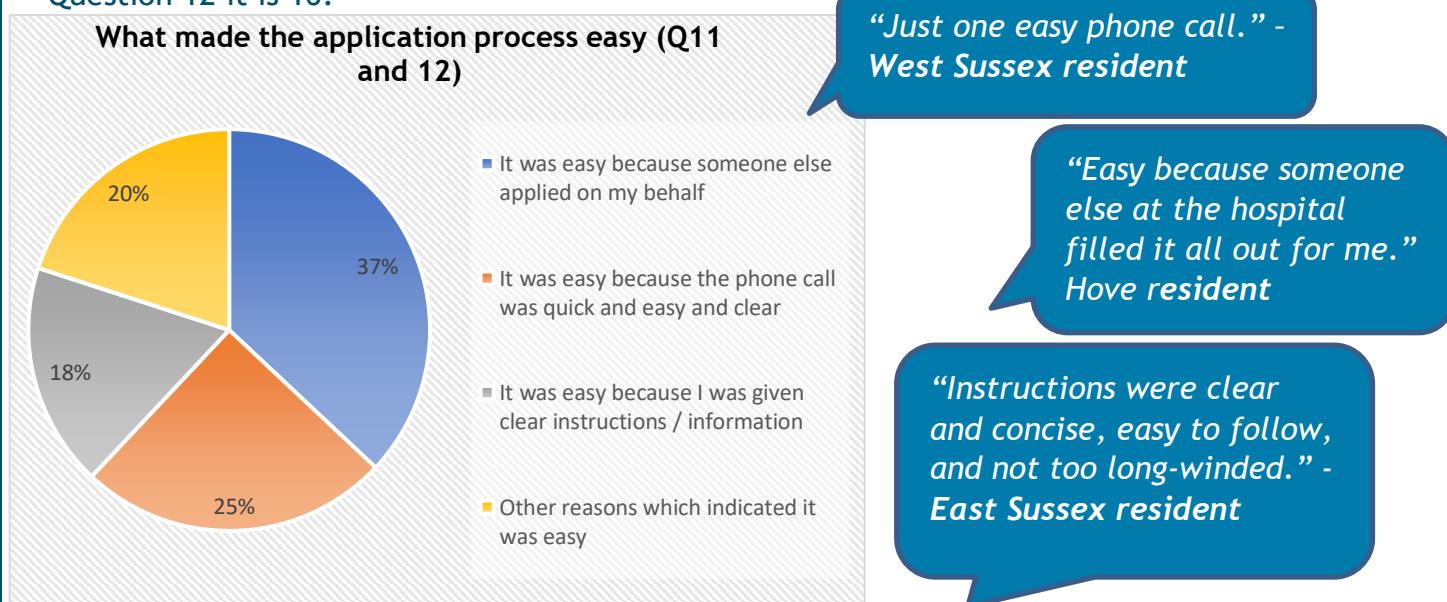
Higher proportions of residents from East Sussex (21.5%) and Brighton and Hove (28.5%) areas were likely to say that the application process was ‘very easy’ than residents from West Sussex (10.5%) who were more likely to say that the application process was ‘fairly easy’.

A roughly similar proportion of residents from all three areas indicated that the application process was ‘difficult’ or ‘very difficult’, ranging from 7.5% for residents in West Sussex, to 9.5% for residents in East Sussex, and 10% for residents in Brighton and Hove.

### (h) Comments received from people about the application process

Questions 11 allowed respondents to provide free text comments to explain why they considered that the application process was ‘very easy’ and ‘fairly easy’, whilst Question 12 provided an opportunity for respondents to say why they had found it to be ‘difficult’ and ‘very difficult’.

55 comments were received from respondents to Question 11 (i.e., the application process had been ‘easy’ or ‘very easy’), whilst 22 respondents provided comments to Question 12 (i.e., the process was ‘difficult’ or ‘very difficult’). Several ‘not applicable’ responses were provided, and these have been removed from our analysis, as have comments which did not describe the application process. We also identified that six passengers had provided comments at Q11 which actually described the process ‘as ‘difficult’ or ‘very difficult’ (and not as ‘easy’). The number of relevant comments provided for Q11 is therefore 40, and for Question 12 it is 16.



We have identified common themes within these free text responses for both Questions 11 and 12. Common themes identified from respondents who felt that the application process was ‘very easy’ or ‘easy’ included:

- It was easy because someone else applied on my behalf (15 respondents).
- It was easy because the phone call was quick and easy and clear (10 respondents).
- It was easy because I was given clear instructions / information (7 respondents).
- ‘Other’ reasons which indicated it was easy (8 respondents).

Respondents who provided comments which suggested the application process was easy identified themselves as the following categories of passenger: 19 renal dialysis patients; 10 regular (non-renal) passengers; 9 wheelchair passengers; 6 who had used the service to attend a handful of appointment, and 12 who had used it during the first COVID lockdown period. 25 were from East Sussex, 9 from West Sussex, and 6 from Brighton and Hove.

Common themes identified from respondents who felt that the application process was 'difficult' or 'very difficult' included:

- It was difficult because there were too many questions and it was too long (4 respondents).
- It was difficult because it was hard to get through on the phone (4 respondents).
- It was difficult because there was no clear explanation of the service given (3 respondents).
- 'Other' reasons which indicated it was difficult (5 respondents).

*"Making needs clear if you do not fit into a tick box they do not know what to do." - Brighton resident*

*"A lot of questions and I didn't feel like the call handler was listening." - West Sussex resident*

*"Nothing is explained." - Hove resident*

Respondents who provided comments which suggested the application process was difficult identified themselves as the following categories of passenger: 6 renal dialysis patients, 8 regular (non-renal) passengers, 4 wheelchair passengers, 3 who had used the service to attend a handful of appointment. 9 were from East Sussex, 5 from West Sussex and 2 from Brighton and Hove.

## (B) Passengers tell us about the service during the COVID-19 lockdown period



People were asked whether they had used the service during the first COVID-19 lockdown period, 23<sup>rd</sup> March to 4<sup>th</sup> July 2020. If they said 'yes', they were then asked to answer four questions about their experiences of using the service during that time:

- **Question 13** asked people to say whether they had used the service during the first COVID lockdown period. This was a single answer question. People who answered 'yes' to Q13 were redirected to Q14. **125 respondents were eligible to answer this question, and 83 respondents (66.5%) indicated that they had used the service during the first COVID-19 lockdown period.**
- **Question 14** asked respondents to consider ten different aspects of their transport or journeys during lockdown. We specifically asked if they were satisfied or not with these aspects. There were multiple options to consider, with a single answer permissible per option. **83 respondents were eligible to answer this question and differing numbers of people chose to provide an answer to the ten options (a)-(j), ranging from 64-82.**

- **Question 15** asked people who had used the service during the first COVID lockdown period to rate their experience as better, the same, or worse compared to other times when they had used it. This question was only relevant to people who had used it during lockdown and at other times. This was a single answer question. **83 respondents were eligible to answer this question, and 82 did so.**
- **Question 16** allowed respondents to provide free-text comments to say why they had described the service (at Q15) during the COVID-19 lockdown period as better, worse, or the same. **82 respondents were eligible to answer this question, 51 respondents provided comments.**

## Some of the key findings

### Satisfaction with the service during the first COVID-19 lockdown period

84% of all passengers who had used the service during this period indicated that they were ‘very satisfied’ or ‘satisfied’ with it, whilst 88% were ‘very likely’ or likely’ to recommend others to apply for the service. These results are higher than the overall satisfaction levels and overall recommendation ratings with the service which are 78.5% and 86% respectively.

However, just 62% of passengers who had used the service during the lockdown period were satisfied with any notifications they had received about delays or changes to their scheduled journeys, whilst 56% were satisfied with the timeliness of their pickups from hospital.

All categories of passengers who had used the service during lockdown recorded high **recommendation ratings** ranging from 87% for renal patients up to 100% of passengers who had used the service to attend a handful of appointments only.

**Satisfaction levels** with the service during lockdown were more varied with renal patients recording the highest ratings (85%), followed by those who had used the service to attend a handful of appointments only (79%), and regular (non-renal) passengers (78%). Only 64% of wheelchair passengers were ‘very satisfied’ or ‘satisfied’ with the service meaning that one third were not.

Renal patients were the largest category of passenger who had used the service during the first COVID-19 lockdown period for all three Healthwatch areas. They were also the most likely passenger group to be dissatisfied with two aspects of the service during that time: any notifications they had received about delays or changes to their scheduled journeys, and the timeliness of their transport when being picked up from hospital.

80% of passengers said they were ‘satisfied’ or ‘very satisfied’ with eight of the ten aspects of the service during lockdown that we asked them to consider. Over 35% of people were ‘dissatisfied’ or ‘very dissatisfied’ with the remaining two options: any notifications they had received about delays or changes to their scheduled journeys (38.5%), and the timeliness of their transport when being picked up from hospital (44%).

## Feedback about the service during lockdown

73 respondents answered Q15 as follows:

- 46 (63%) respondents said the service had been the same during lockdown as at any other time. 34 of these respondents were renal dialysis patients.
- 23 (31.5%) respondents said the service was better during lockdown. 19 of these respondents were renal dialysis patients.
- 4 (5.5%) respondents said the service was worse during lockdown. All 4 respondents were renal dialysis patients.

51 respondents provided free text answers (to Q15) to describe why they felt the service was the same during lockdown as at any other time, better, or worse. Of those who said the service was better during lockdown, we identified three key themes:

- Passengers preferred single patient pick-ups and/or travelling alone (7)
- The journey time was quicker (5)
- There was an improvement in the timeliness of picks / drop offs (9)



### Recommendations

The first period of lockdown, due to COVID-19, saw higher satisfaction levels and recommendation ratings amongst passengers. Respondents commented on quicker journey times, improved timeliness/reliability of transport pick-ups, and single patient journeys. The pandemic resulted in temporary changes such as quieter roads, the need for social distancing but also possibly a smaller pool of drivers. However, none of these changes are expected to continue longer-term. As the service returns to normal, we recommend that the provider identify how it can continue to deliver some of these improved aspects of the service, notably for regular users of the service.

## Experiences of Patient Transport Service during COVID: results in detail

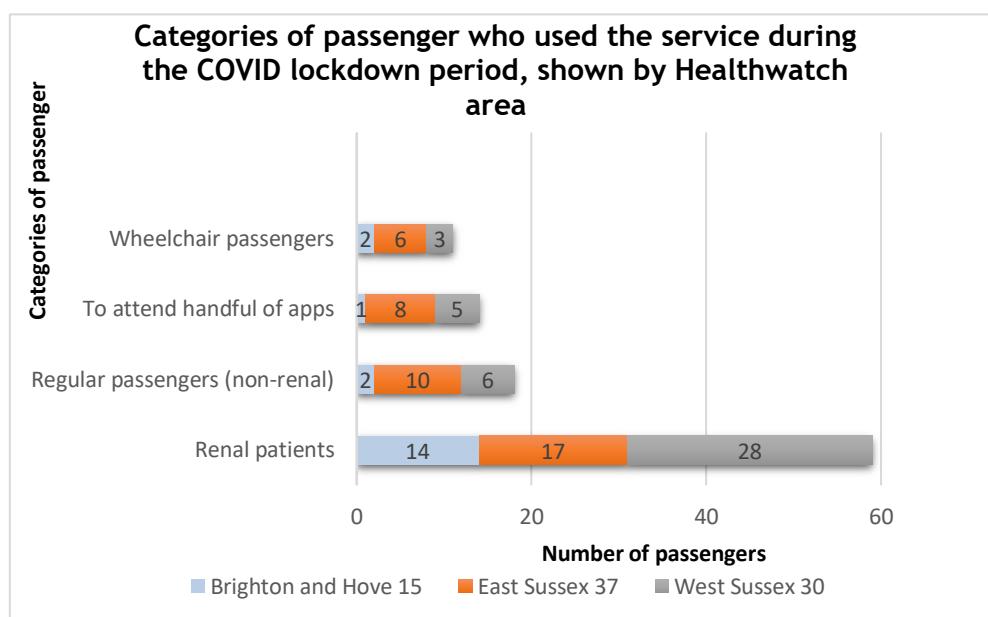
### (a) Who used the service during lockdown?

Question 13 asked whether passengers had used the service during the first COVID-19 pandemic lockdown period, by which we mean 23<sup>rd</sup> March - 4<sup>th</sup> July 2020. These dates correlated with government announcements concerning England entering a period of full lockdown and the subsequent easing of restrictions. 125 respondents answered Q13 with 83 (66.5%) passengers indicating that they had used the service during this time, whilst 40 (32%) said they had not and 2 (1.5%) indicating that they either did not know or could not recall. This data is shown in the Data Tables, Appendix One, Q13<sup>5</sup>. We looked at this data to identify which Healthwatch areas these 83 passengers were from, and this data is shown in the Data

<sup>5</sup> Question 2 of the survey asked respondents: "Which of the following describes why you have used the service". 37 respondents answered that they had used the service during the COVID-19 pandemic. Data analysis has been performed on the 83 respondents, not the 37 who answered Question 2.

Tables, Appendix Two, Q13. This reveals that the highest proportion of passengers who had used the service during the first COVID-19 lockdown period were from East Sussex (45%), with residents from West Sussex accounting for 36%, and Brighton and Hove residents accounting for just 18%.

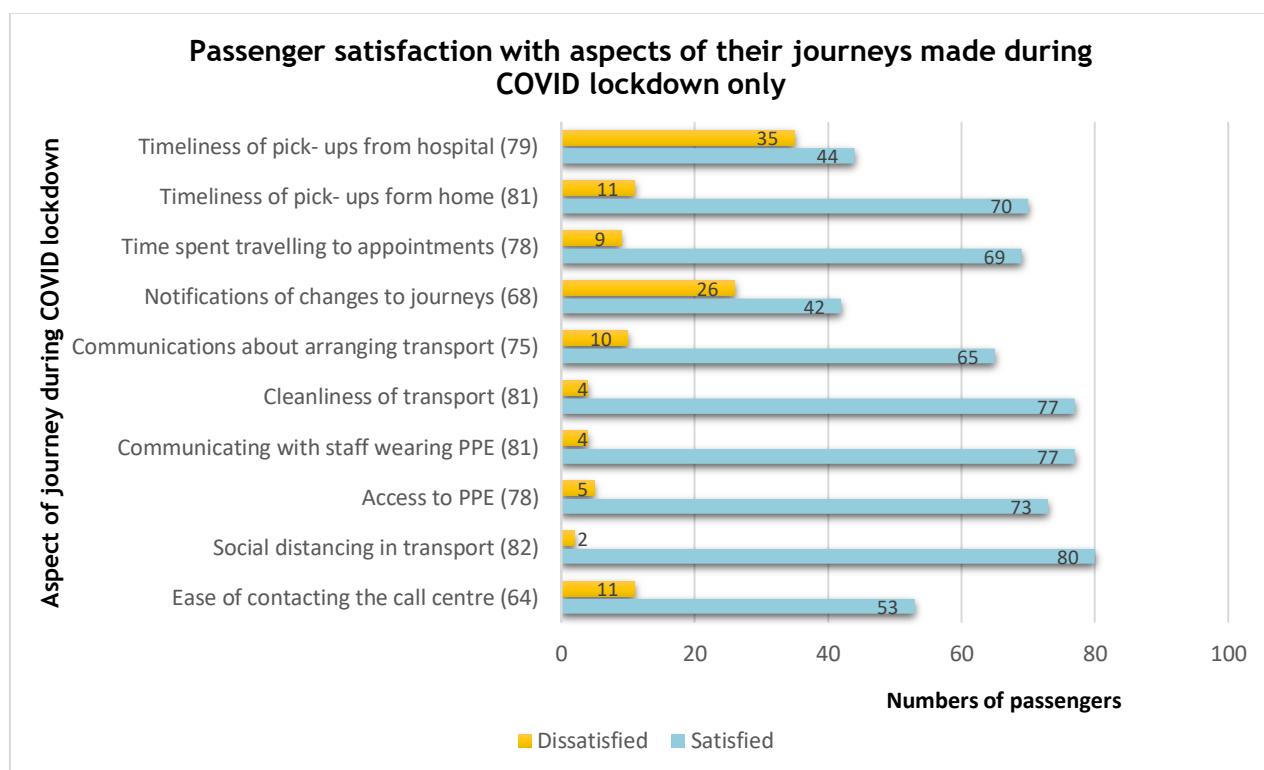
Further analysis has been performed to identify which categories of passengers had used the service during the first COVID-19 lockdown. Respondents could select from multiple options to describe their use of the service, meaning that the total number of responses is larger than 83. This data is shown in the Data Tables, Appendix Two, Q13, and the stacked bar chart and table below (we have excluded passengers who selected option Q2(e) '*I used the service during the COVID-19 pandemic lockdown to get to appointments*' as this is a given for Q13).



This shows that renal patients were the largest category of passenger who had used the service during the first COVID-19 lockdown period for all three Healthwatch areas. Renal patients represented 93% of all West Sussex and Brighton and Hove residents who had used the service during lockdown, compared with 46% for East Sussex.

## (b) How did passengers rate the service during lockdown?

We asked respondents to consider ten different aspects of their transport during lockdown (Q14). We specifically asked if they were satisfied or not with these ten aspects. There were multiple options to consider, with a single answer permissible per option. We have examined the data further to determine which of the ten aspects passengers were most satisfied with. To do this we have combined responses where passengers selected either 'very satisfied' or 'satisfied' and identified where the overall result was 80% or more (this data is shown in the Data tables, Appendix One, Q14, and bar chart below). We consider that this threshold indicates a **very strong positive** response overall by passengers. In a similar way, we have combined responses where passengers selected either 'slightly important' or 'not important at all' and identified where the overall result was 25% or more to determine where a **very strong negative** response was recorded overall.



Not all respondents answered every part of Q14, but for most of the ten options respondents said they were either ‘very satisfied’ or ‘satisfied’ and therefore **gave a very strong positive response to the following eight aspects** of the service during the first COVID lockdown period:

- Social distancing in transport - (97.5%, n80/82)
- Having access to PPE whilst travelling - (93.5%, n73/78)
- Ease of communicating with staff wearing PPE - (95%, n77/81)
- Cleanliness of transport - (95%, n77/81)
- Communications received to arrange transport - (87%, n65/75)
- Time spent travelling in vehicles - (88.5%, n69/78)
- Timeliness of pick-ups from home - (86.5%, n70/81)
- The ease of contacting the call centre - (83%, n53/64)

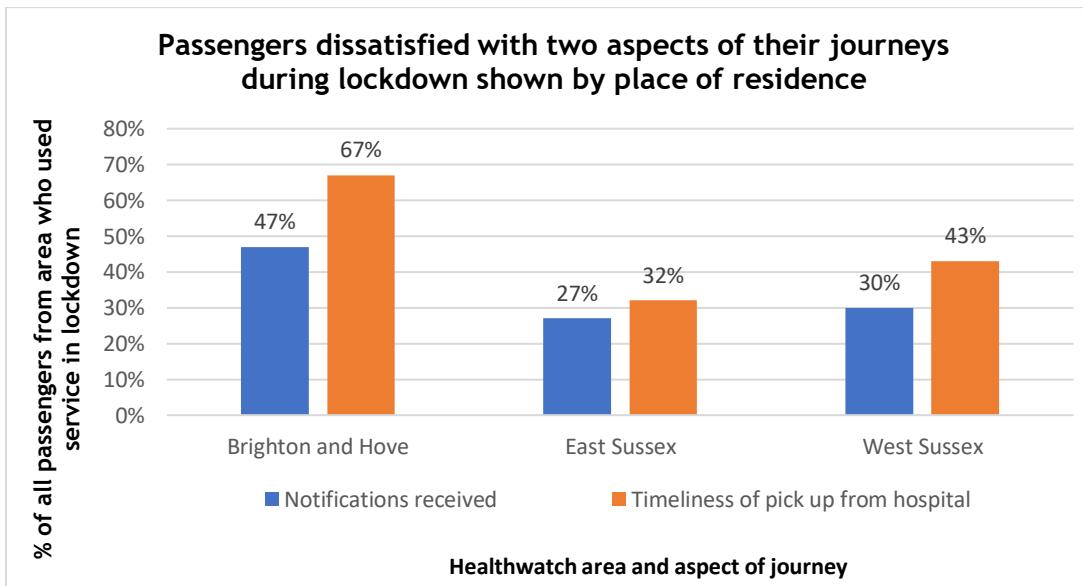
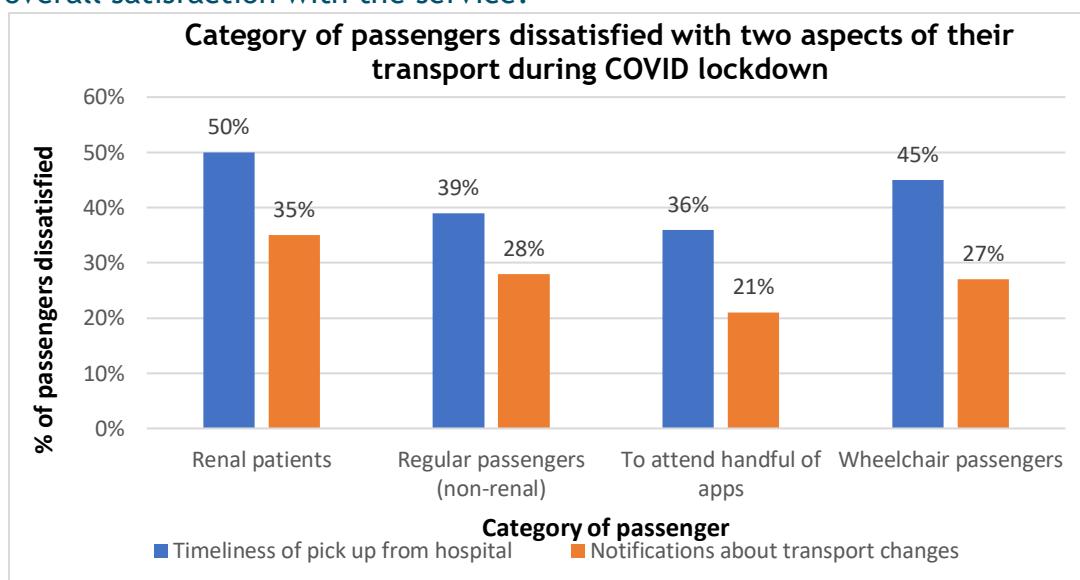
Passengers were less likely to be ‘very satisfied’ and therefore **gave a very strong negative response about the following aspects** of the service (which would indicate that more needs to be done to improve these areas):

- Notifications about delays or changes to schedule journeys - (62%, n42/68)
- Timeliness of transport when being picked up from hospital - (56%, n44/79)

Additional analysis has been performed to see whether any categories of passengers were more or less satisfied with these two aspects of the service during COVID lockdown, or whether there were differences by Healthwatch area. In performing this analysis, we have combined responses for ‘very satisfied’ with ‘satisfied’ and ‘dissatisfied’ with ‘very dissatisfied’. The results are represented in the two graphs below and reveals that:

- Renal patients were more likely than any other category of passenger to be dissatisfied with these two aspects, whilst those who had used the service to attend just a handful of appointments showed the lowest levels of dissatisfaction. Wheelchair passengers and regular (non-renal) passengers showed similar levels of dissatisfaction.
- A far higher proportion of residents from Brighton and Hove were likely to be dissatisfied with both aspects, compared with lower proportions of residents from East Sussex and West Sussex.
- Two thirds of residents from Brighton and Hove were dissatisfied with the timeliness of their pickups from hospital.
- At least one quarter (or more) of residents from all three Healthwatch areas who had used the service during lockdown were dissatisfied with both aspects.

These findings may help to explain why residents from Brighton and Hove showed the lowest levels of overall satisfaction with the service.



### (c) Additional analysis of those passengers who were dissatisfied with these two aspects

In total, 26 passengers said they were dissatisfied with the notifications they had received about any delays or changes to their scheduled journeys. Of these 26 people (multiple responses were possible to identify the category of passenger):

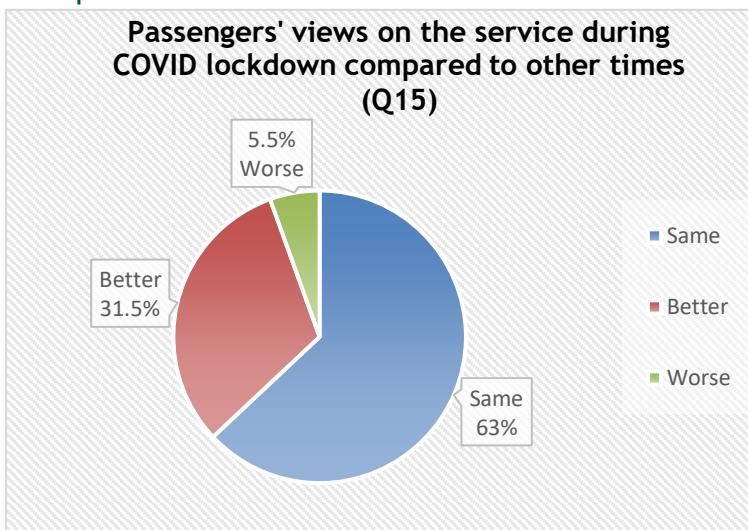
- 21/26 (81%) were renal patients. This equates to 35% of the 60 renal patients who had used the service during lockdown.
- 5/26 (19%) had used the service to attend regular appointments (non-renal). This equates to 28% of the 18 passengers who had used the service during lockdown to attend appointments.
- 3/26 (11.5%) had used the service to get to a just a handful of appointments. This equates to 21% of the 14 passengers who had used the service during lockdown to attend a handful of appointments.
- 3/26 (11.5%) were wheelchair passengers. This equates to 27% of the 11 passengers who needed a vehicle that could accommodate a wheelchair.
- 7/26 (27%) were from the Brighton and Hove area. This equates to 47% of the 15 passengers from this area who has used the service during COVID lockdown.
- 10/26 (38.5%) were from the East Sussex area. This equates to 27% of the 37 passengers from this area who has used the service during COVID lockdown.
- 9/26 (34.5%) from the West Sussex area. This equates to 30% of the 30 passengers from this area who has used the service during COVID lockdown.

In total, 35 passengers said they were dissatisfied with the timeliness of their transport when being picked up from hospital. Of these 35 people:

- 30/35 (86%) were renal patients. This equates to 50% of the 60 renal patients who had used the service during lockdown.
- 7/35 (20%) had used the service to attend regular appointments (non-renal). This equates to 39% of the 18 passengers who had used the service during lockdown to attend appointments.
- 5/35 (14%) had used the service to get to a just a handful of appointments. This equates to 36% of the 14 passengers who had used the service during lockdown to attend a handful of appointments.
- 5/35 (14%) were wheelchair passengers. This equates to 45% of the 11 passengers who needed a vehicle that could accommodate a wheelchair.
- 10/35 (28.5%) were from the Brighton and Hove area. This equates to 67% of the 15 passengers from this area who had used the service during COVID lockdown.
- 12/35 (34%) were from the East Sussex area. This equates to 32% of the 37 passengers from this area who had used the service during COVID lockdown.
- 13/35 (37%) from the West Sussex area. This equates to 43% of the 30 passengers from this area who had used the service during COVID lockdown.

#### (d) Was the service better, worse or the same during lockdown?

Question 15 asked respondents who had used the service during lockdown why they felt it was either better, the same, or worse compared to other times they had used it. 83 respondents were eligible to answer this question, but one person elected not to (= n82). 9 respondents indicated that they had only used it during lockdown but at no other time and so could not answer Question 15. This data is shown in the Data Tables, Appendix One, Q15 and 16, and in the pie chart and comments below. Of the remaining 73 respondents:



- 46/73 (63%) respondents said the service had been the **same during lockdown** as at any other time. 34 of these were renal dialysis patients.
- 23/73 (31.5%) respondents said the service had been **better** during lockdown. 19 of these were renal dialysis patients.
- 4/73 (5.5%) respondents said the service had been **worse** during lockdown. All 4 were renal dialysis patients.

#### Comments received

Question 16 allowed respondents to explain why they felt the service was the same, better, or worse during lockdown. 51 respondents provided free text comments.

**The same:** 23 people said the service had been the same during lockdown as at other times. Comments were positive (11), neutral (6), and negative (6).

#### POSITIVE COMMENTS

*"More reliable and consistent pick up. - Brighton resident"*

*"Less people using the hospital so more transport." - East Sussex resident*

*"Infection control was very carefully thought through and transport disinfected. Staff were fantastic." - East Sussex resident*

#### NEUTRAL COMMENTS

*"Nothing differed, bit more clean." - East Sussex resident*

*"Separate vehicles not really necessary. All masks being worn." - West Sussex resident*

*"It was the same." - West Sussex resident*

**Better:** 21 comments were received from people who said the service had been better during lockdown. From these, we identified three key themes. Some people said more than one positive thing about their journeys, making 26 comments overall:

- Single patient pick-ups/ travelling alone was better (8 people)
- The journey time was quicker (7 people)
- Improved timeliness of picks / drop offs (4 people)
- Other (7 people).

**Worse:** 4 comments were received from passengers who said the service had been **worse** during lockdown, including:

#### NEGATIVE COMMENTS

*"Times for collection and return varied a lot. Had to wait a long time for the return journey." - West Sussex resident*

*"Times to be picked up from the hospital was a lot longer than usual." - Hove resident*

*"Because there weren't enough drivers." - Brighton resident*

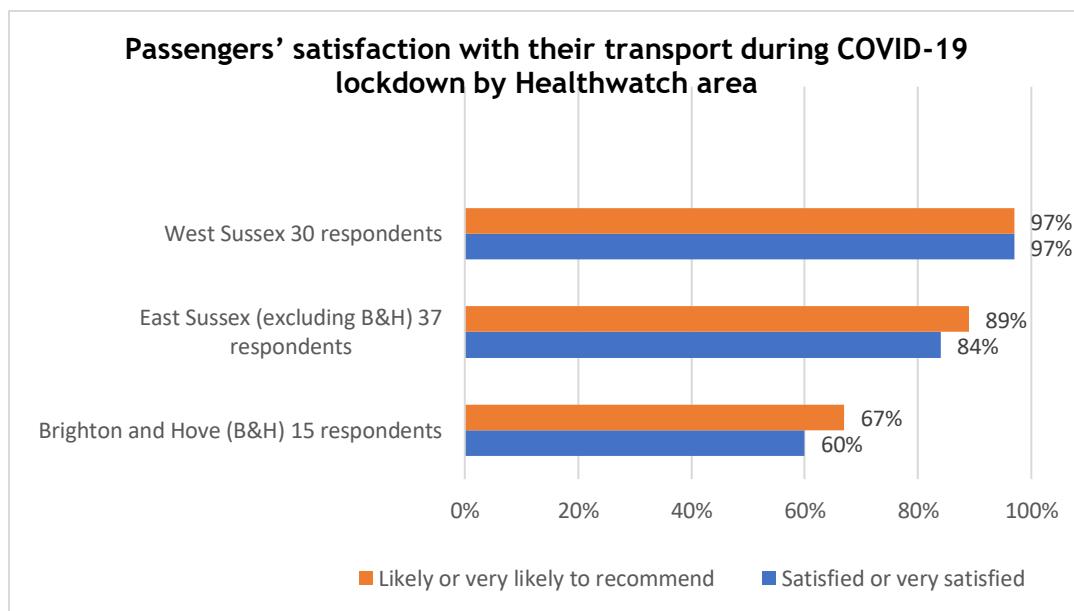
*"The timing of arrival was extremely inconsistent. It was as if there was no logic in the timetable." - East Sussex resident*

#### (e) Satisfaction levels with the service during COVID-19 lockdown

We examined how the 83 respondents who had used the service during lockdown had rated the service in terms of overall satisfaction and recommendation levels. This data is shown in the Data Tables, Appendix Two, Q13, and revealed that:

- 84% (n70/83) of passengers were 'very satisfied' or 'satisfied'
- 88% (n73/83) of passengers were 'very likely' or 'likely' to recommend others to apply for the service.

Additional analysis has been performed to see whether any group or category of passenger was more or less satisfied with different aspects of the service during COVID lockdown, or whether there were differences by Healthwatch area. The results are shown in the Data Tables, Appendix Two, Q13, and the bar chart below in which we have combined responses for 'very satisfied' with 'satisfied' and 'dissatisfied' with 'very dissatisfied'.



This analysis reveals that:

- Nearly all passengers (97%, n29/30) from West Sussex who had used the service during lockdown would recommend the service and were satisfied with it.
- A high proportion of passengers from East Sussex who had used the service during lockdown would recommend the service (89%, n33/37), and were satisfied with it (84%, n31/37).
- Passengers from Brighton and Hove who had used the service during lockdown were less likely to recommend the service (67%, n10/15), or to be satisfied with it (60%, n9/15). The passengers who were dissatisfied unlikely to recommend the service were renal patients or wheelchair passengers.
- Two passengers from East Sussex and the one passenger from West Sussex who were dissatisfied with the service or would not recommend it during COVID lockdown were all renal patients.

The analysis of different categories of passengers who had used the service during the COVID-19 lockdown period, and their overall satisfaction and recommendation levels revealed the following:

- All categories of passengers who had used the service during lockdown recorded high recommendation ratings ranging from 87% for renal patients up to 100% of passengers who had used the service to attend a handful of appointments only.
- Satisfaction levels with the service during lockdown were more varied with renal patients recording the highest ratings (85%), followed by those who had used the service to attend a handful of appointments only (79%), and regular (non-renal) passengers (78%). Only 64% of wheelchair passengers were ‘very satisfied’ or ‘satisfied’ with the service meaning that one third were not. This is shown in the Data Tables, Appendix Two, Q13.

### (C) Passengers tell us about any delays, changes and problems with their transport or journeys



People were asked five questions about their experiences of using the service overall. This related to all journeys made at any time, although we asked people to consider journeys made within the last 12 months:

- **Question 17** asked people to say whether they had or had not experienced any delays, changes, or problems with their scheduled journeys or transport. This was a single answer question. People who answered ‘yes’ were redirected to Q18. 125 respondents were eligible to answer this question, and 74 respondents (59%) indicated that they had experienced delays, changes, or problems with aspects of the service.
- **Question 18** asked respondents to consider different aspects of the timeliness of their transport or journeys. We specifically asked if they had experienced any delays, changes, or problems from a stated list of ten options. There were multiple options to consider, and respondents could select a single answer per option from either ‘never’, ‘rarely’, ‘often’, or ‘very often’. 74 respondents were eligible to answer this question, and of these, 80% or more had ‘never’ or ‘rarely’ experienced issues with

five of the options we presented them with, whilst between 25% to 68% of people had experienced issues with the remaining five options ‘often’ or ‘very often’.

- **Question 19** asked people who had experienced unexpected delays, changes, or problems with their transport or journeys to describe the impacts, if any, that these issues had caused them. There were multiple options to consider, including a ‘no impact’ option, with a single answer permissible per option ranging from ‘never’ through to ‘very often’. Q19a was a free text question which allowed for people to describe ‘other’ impacts not listed. **74 respondents were eligible to answer this question, and 72 did so. Of these, 18 respondents (25%) said that there had been ‘no impacts’ for them. 54 passengers (75%) said that there had been impacts for them.**
- **Question 20** asked respondents to consider a further five possible scenarios which were not related to the timeliness of their transport or journeys. This question was not filtered meaning that all 125 respondents could in theory answer this. There were multiple options to consider, and respondents could select a single answer per option from either ‘never’, rarely’, often’, or ‘very often’. **125 respondents were eligible to answer this question and differing numbers of people chose to provide an answer to the five options (a)-(e), ranging from 115-120.**

## Some of the key findings

### Passengers who experienced delays, changes, or problems with their transport / journeys

59% of passengers (n74/125) told us that they had experienced some form of delay, change, or problem with their transport or journeys. 37.5% (n47) said they had not experienced any delays, changes, or problems.

When we asked these 74 passengers to consider ten potential timeliness issues 80% told us that they had ‘never’ or ‘rarely’ experienced issues with five of the options we presented them with, whilst between 25% to 68% of people had experienced issues with the remaining five options ‘often’ or ‘very often’. Overall, a total of 82% (n61/74) passengers reported that they had experienced at least one of the ten issues we asked them to consider either ‘often’ or ‘very often’. 44% of passengers had experienced between 2-4 issues, and 23% had experienced between 5-9 issues.

When we asked passengers to consider a further five issues which were not related to timeliness, at least 80% or more of respondents indicated that they had ‘never’ or rarely’ experienced problems with the following aspects of their transport or journeys: travelling with others where this was not appropriate (85%), travelling alone without their carer/other support (88.5%), drivers appearing untrained in their condition (86%), not being able to take essential belongings with them (95%), and transport being inappropriate for their needs (87%).

In addition, at least 50% or more of respondents indicated that they had ‘never’ experienced problems with the following aspects of their transport or journeys: missing appointments due to delays or changes (51.5%), same day cancellations of their journeys (58.5%), having to make their own way home due to transport delays (59%), and having to make their own way to hospital due to delays (71%).

10% or more of respondents indicated that they had experienced problems with the following aspects of their transport or journeys, which would indicate that more could be done to improve these areas: travelling with others where this was not appropriate (14%), travelling alone without their carer/other support (12.5%), drivers appearing untrained in their condition (14.5%), transport being inappropriate for their needs (13%).

### Problems experienced by passengers

Of particular concern is the high proportion of passengers (68%) who told us that they had experienced a delayed pick up from hospital. This was the only issue which residents from all three Healthwatch areas told us that they had experienced ‘often’ or very often’. This ties in with our earlier finding that 56% of respondents had experienced issues with the timeliness of transport when being picked up from hospital.

In addition, one third or more of passengers had experienced problems with the following aspects of their transport or journeys ‘often’ or ‘very often’: delayed pick up from home (32%), changes to scheduled vehicle (38%), and longer journey times home than expected (33%).

Renal patients were more likely to say they had been affected ‘often’ or ‘very often’ by changes to scheduled vehicles (73%, n19/26 passengers affected by this issue) and having to make their own way home due to transport delays (69%, n9/13 passengers affected by this issue). They were also the group who were most likely to experience transport not being inappropriate for their needs (56%, n9/16).

Residents from Brighton and Hove experienced a greater number of different issues compared to residents from East Sussex or West Sussex. 36% of Brighton and Hove residents reported experiencing 5 or more issues.

### Impacts of any delays, changes, or problems

55 passengers (76%) said that the delays, changes, or problems they had experienced had resulted in negative impacts for them.

Of the 55 passengers who said that there had been impacts for them (multiple answers were possible and so the percentages add up to more than 100%):

- 46 (84%) said they had experienced anxiety or stress.
- 19 (34.5%) said they had missed meals.
- 13 (23.5%) said they had incurred a financial cost.
- 9 (16%) said they had missed medication.
- 7 (13%) said they had missed their carer.

## Recommendations

The provider should identify actions to limit passengers' missing meals; experiencing delays in being picked up from hospital after their treatment; incurring any additional financial costs (associated with delayed transport), and/or experiencing stress and anxiety

Our recommendations are therefore:

We recommend that the provider carry out a mapping exercise to provide them with a clearer picture of where passengers live, and why they use the service. Improved scheduling of transport should help to reduce the number of delayed pick-ups. This also relates to additional recommendations contained later in this report to provide renal patients with nominated drivers and a dedicated renal transport service. Understanding where patients live will assist with the delivery of these targeted services.

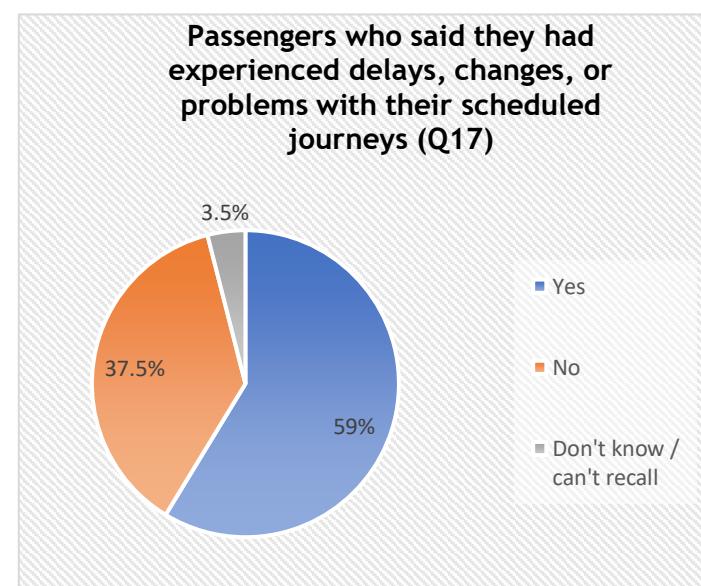
(As highlighted later) we recommend that the service deploy a range of technological solutions to better communicate with passengers and use these to keep passengers informed of changes to their transport/journeys. Passengers should be able to track their vehicles using a mobile phone app, but drivers or the call centre should contact every passenger by text or phone telling them when their vehicle is 30 minutes away.

We recommend that the service provider should employ a full-time transport planner to identify a long-term approach which can help to ensure that the hospital pickup element of the service becomes more reliable, with improved timeliness.

## Delays, changes, or problems with transport: results in detail

### (a) Passengers tell us about unexpected delays, changes, or problems with their scheduled transport or journeys

We asked people to say whether they had experienced any unexpected delays, changes, or problems with their scheduled transport or journeys. 125 respondents were eligible to answer this question, and 74 respondents (59%) indicated that they had experienced delays, changes, or problems with various aspects of the service. 47 respondents said they had not experienced any problems (37.5%), whilst 4 respondents indicated that they either did not know or could not recall. This data is shown in the Data Tables, Appendix One, Q17, and the pie chart.



The 74 passengers who had experienced any problems were asked a series of follow-on questions (Q18 and Q20) to explore 15 specific aspects of their transport or journeys. Ten of these aspects related to different scenarios which could affect the timeliness of their transport or journeys (Q18), whilst the remaining five aspects related to wider issues that might be important to passengers, such as whether their transport was appropriate for their needs (Q20).

We examined the data received to these two questions to determine the proportions of passengers who had selected either a positive or negative response to enable us to identify any patterns. We concluded that a positive response for both questions 18 and 20 was one where passengers had selected either ‘never’ or ‘rarely’ to describe whether they had experienced one of the 15 options. Conversely, a negative response was one where passengers selected ‘often’ or ‘very often’. The full results for this analysis are shown in the Data tables, Appendix One, Q18 and Q20, but we discuss these in more detail below.

For questions 18 and 20, a high proportion of respondents selected a positive response for most of the various 15 aspects we asked them to consider. As this is the case, we have identified where 80% or more of passengers gave a positive response which we consider indicates a **very strong positive** response overall by passengers, and 50% to highlight a **strong positive** response. Similarly, as a low proportion of respondents selected a negative response for most of the various options provided at Q18 and 20, we have applied an 25% threshold to highlight where a **very strong negative** response was recorded overall, and 10% to highlight a **strong negative** response.

### (b) Timeliness aspects of peoples’ transport and journeys (Q18)

74 respondents who had answered ‘yes’ to Q17 (i.e., those who said that they had experienced any issues with their transport or journeys) were filtered through to Q18. Of the 74 respondents who answered Q18, the degree to which they had experienced any delays, changes, or problems is shown in the Data Tables, Appendix One, Q18 and the graphs below. Not all respondents answered every part of Q18 (a)-(j).

#### - *Issues ‘never’ experienced by passengers*

At least 50% or more of passengers indicated that they had ‘never’ experienced problems with the following aspects of their transport or journeys, and therefore gave a **strong positive response for:**

- Having to make their own way to hospital due to transport delays - (71%, n49/69)
- Having to make their own way home due to transport delays - (59%, n41/69)
- Same day cancellations of their journeys - (58.5%, n41/70)
- Missing appointments due to transport delays or changes - (51.5%, n36/70)

#### - *issues experienced ‘very often’ by passengers*

At least 10% or more of passengers had experienced the following problem ‘very often’, and gave a **strong negative response for:**

- Delayed pick up from hospital - (15%, 11/72)

### - Issues experienced 'never' or 'rarely' by passengers

We have combined responses to determine that 80% or more of passengers indicated that they had 'never' or 'rarely' experienced problems with the following aspects of their transport or journeys, and therefore gave a **very strong positive response** for:

- Having to make their own way to hospital due to transport delays - (91%, n63/69)
- Same day cancellations of their journeys - (86%, n60/70)
- Missing appointments due to transport delays or changes - (81.5%, n57/70)
- Having to make their own way home due to transport delays - (81%, n56/69)
- Longer journey times to hospital than expected - (80%, n56/70)

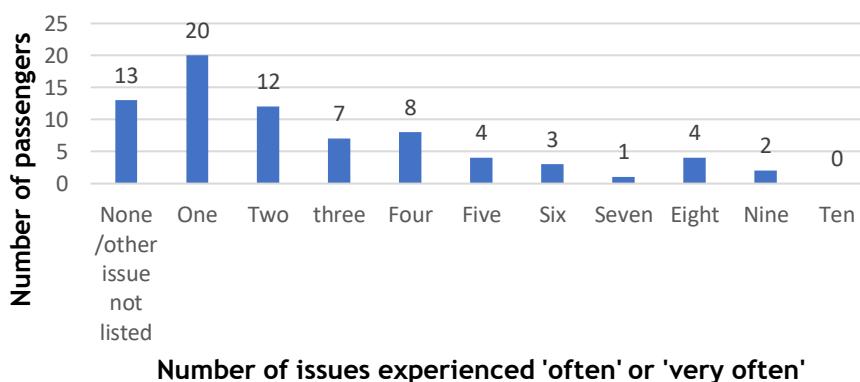
### - Issues experienced 'often' or 'very often' by passengers

At least 25% or more of passengers indicated that they had experienced problems with the following aspects of their journeys made by the service 'often' or 'very often', and therefore gave a **strong negative response**, which would indicate that more needs to be done to improve these areas. Of particular concern is the high proportion of passengers (68%) experiencing a delayed pick up from hospital which ties in with our earlier finding that 56% of respondents had experienced issues with the timeliness of transport when being picked up from hospital:

- Delayed pick up from hospital - (68%, n49/72)
- Changes to scheduled vehicle - (38%, n26/68)
- Longer journey times home than expected - (33%, n23/70)
- Delayed pick up from home - (32%, n22/69)
- Difficulties finding out the whereabouts of transport - (26%, n18/70)

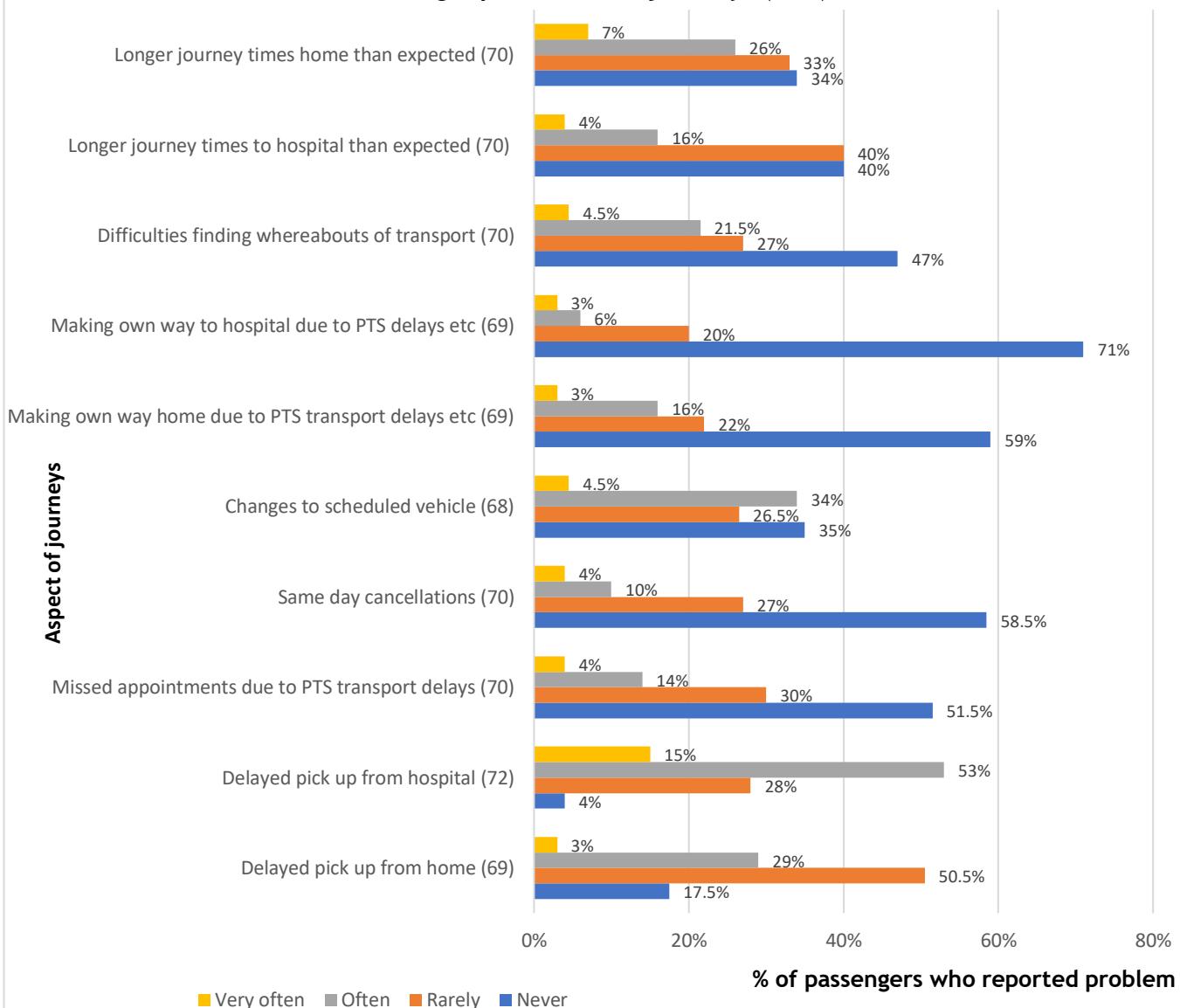
For Q18, a total of 61/74 (82%) passengers reported that they had experienced at least one of the ten issues (options (a)-(j) given at Q18) that we asked them to consider either 'often' or 'very often'. Although the remaining 13 passengers had previously indicated at Q17 that they had experienced some type of issue with their journeys or transport they then went on to state at Q18 that they had 'never' or 'rarely' experienced any of the ten issues that we asked them to consider. Passengers could of course have experienced different issues to those we had listed.

**The number of different issues experienced by passengers with their transport 'often' or 'very often'**



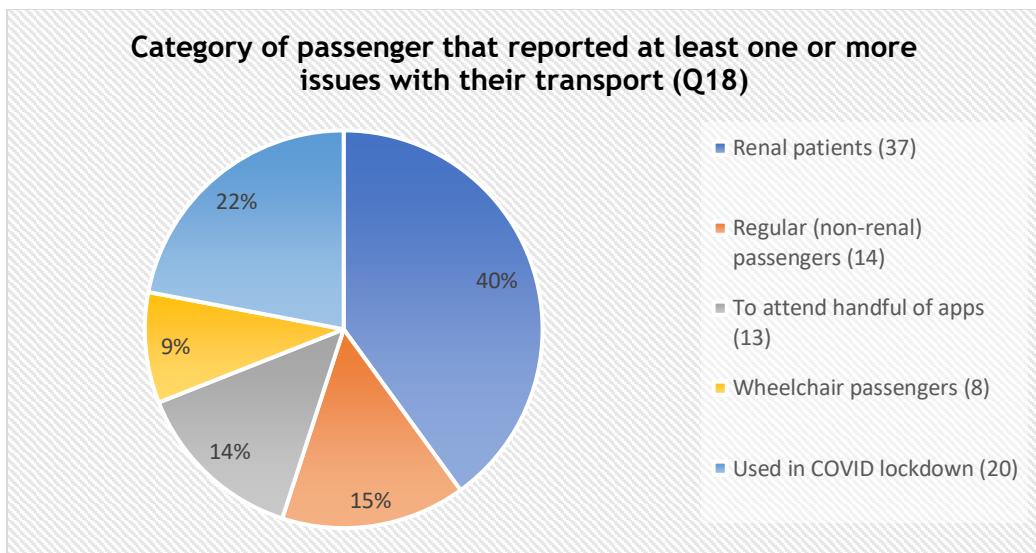
This bar chart shows the number of different issues experienced by passengers either 'often' or 'very often' only. As can be seen, most passengers experienced just one issue (33%, n20/61), whilst 44% (n27/61) experienced between 2-4 issues, and 23% (n14/61) experienced between 5-9 issues. This data is shown in the Data Tables, Appendix Two, Q18.

**How often passengers experienced delays, changes, or problems with the following aspects of their journeys (Q18)**



**(c) Categories of passenger affected by timeliness issues (Q18)**

We have performed additional analysis of the 61 individuals who said that they had experienced at least one of the ten issues to identify which categories of passengers were affected. Respondents could choose multiple options and the 61 passengers reported a total of 92 issues or problems. This is shown in the Data Tables, Appendix Two, Q18, and displayed in the pie chart below. As not all respondents answered every part of Q18, the table shows the number of respondents who reported one or more of the options (a)-(j) i.e., the 37 renal patients reported experiencing 40% of the 92 issues. Overall, renal patients reported experiencing more issues with their transport more than any other groups.



We have also analysed this data to determine if certain categories of passengers were more or less likely to have been affected by each of the ten issues 'often' of 'very often'. This is shown in the Data Tables, Appendix Two, Q18, and has revealed the following:

Renal patients were the group most likely to report experiencing:

- Delayed pick-up from home
- Delayed pick up from hospital
- Changes to scheduled vehicles
- Having to make their own way home due to transport delays
- 9/22 passengers affected by this issue (41%)
- 28/49 passengers affected by this issue (57%)
- 19/26 passengers affected by this issue (73%)
- 9/13 passengers affected by this issue (69%)

Regular patients were the group most likely to experience:

- Same day cancellations
- Having to make their own way to hospital due to transport delays
- Difficulties finding out the whereabouts of their vehicle
- Longer journey times home than expected
- 5/10 passengers affected by this issue (50%)
- 3/6 passengers affected by this issue (50%)
- 7/18 passengers affected by this issue (39%)
- 9/23 passengers affected by this issue (39%)

Passengers who used the service to attend just a handful of appointments were the group most likely to report experiencing:

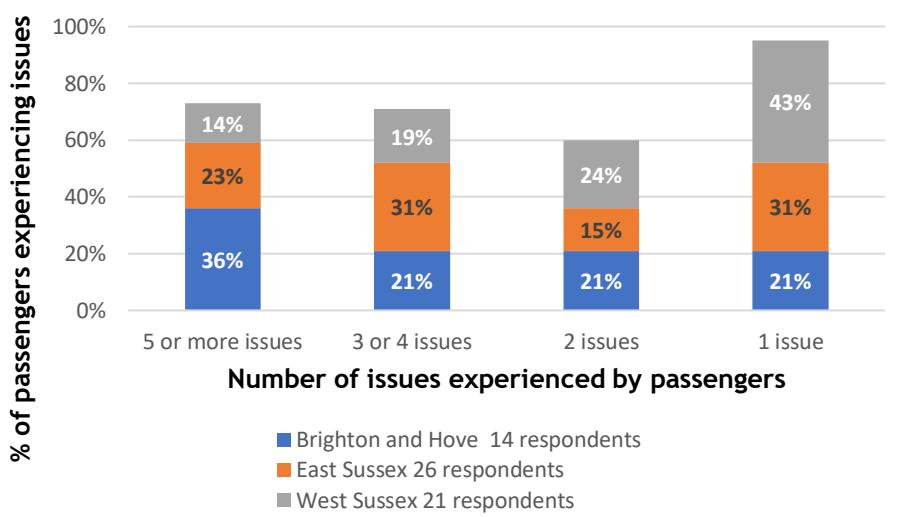
- Missed appointments due to transport delays
- Longer journey times to hospital than expected
- 6/13 passengers affected by this issue (46%)
- 6/14 passengers affected by this issue (43%)

#### (d) Timeliness issues experienced by passengers from each Healthwatch area (Q18)

% or residents from each Healthwatch area who reported experiencing at least one issue	
Brighton and Hove	14/61 (23%)
East Sussex	26/61 (43%)
West Sussex	21/61 (34%)

Additional analysis of the 61 passengers who reported experiencing one of the ten issues listed at Q18 has revealed that more residents from East Sussex experienced at least one issue (refer to the table). However, residents from Brighton and Hove experienced a larger number of different issues compared to residents from East Sussex or West Sussex, as is shown in the stacked bar chart below.

**Number of issues experienced by passengers 'very often' or 'often' shown by Healthwatch area**



The greatest proportion of Brighton and Hove residents reported experiencing 5 or more issues, at 36% (n5/14).

For East Sussex, the greatest proportions of residents experienced either just one issue or 3-4 issues, both at 31% (n8/26).

For West Sussex, the greatest proportions of residents experienced just one issue at 43% (n9/21).

These numbers may go some way to explaining the different satisfaction levels recorded across the three Healthwatch areas (Brighton and Hove: 56.5%, East Sussex 75%, West Sussex 97%).

#### *Issues experienced across the Healthwatch areas*

Our analysis shown in the Data Tables, Appendix Two, Q18, shows that there was only issue which residents from all three areas experienced 'often' or 'very often', which was '*delays in being picked up from hospital*'. This supports the overall finding (described earlier) that 68% of all passengers indicated that they had experienced this issue.

High proportions of residents from Brighton & Hove experienced issues 'often' or 'very often' with '*changes to scheduled vehicles*' (50%, n7/14), and '*longer journey times travelling home than expected*' (57%, 8/14). This latter issue may imply that some Brighton and Hove residents are being dropped off at home after other residents who must travel further distances. The fact that few residents from Brighton and Hove experienced issues with '*longer journey times to hospital than expected*' would point to some discrepancies affecting the planning of their journeys to hospital and home again. This could suggest that better geographical planning of transport would benefit these residents. Overall, 33% of passengers

across Sussex reported '*longer journey times travelling home than expected*' either 'often' or 'very often' but this mostly affected Brighton and Hove residents.

Around 50% of residents from East Sussex (55%, n10/18) and Brighton and Hove (45.5%, n5/11) experienced issues 'often' or 'very often' with '*difficulties finding out the whereabouts of transport*'. The overall finding (described above) was that 26% of all passengers across Sussex experienced this issue, but the majority would appear to be from these two areas - only 25% of residents from West Sussex reported experiencing this issue.

Residents from the West Sussex area were the only ones to report 'never' experiencing issues with '*short notice cancellation (made the same day)*'. Additionally, West Sussex residents were more likely to report 'never' or 'rarely' experiencing any of the remaining nine issues.

This deep dive into the data further explains why different satisfaction levels were recorded across the Healthwatch areas (Brighton and Hove: 56.5%, East Sussex 75%, West Sussex 97%).

Lastly, across all three areas, lower proportions of residents experienced issues 'often' or 'very often' with five potential issues:

- Missed appointments due to transport delays
- Same day cancellations
- Making own way home due to transport delays etc
- Making own way to hospital due to delays etc
- Longer journey times to hospital than expected

### (e) Factors other than timeliness which may have affected transport or journeys (Q20)

Q20 asked respondents to consider five transport scenarios, which did not relate to timeliness, but that might still be important to them such as whether their transport was appropriate for them or met their needs. Between 116-120 people elected to provide answers to at least one of the five scenarios listed at Q20. The degree to which passengers had experienced the five scenarios is shown in the Data Tables, Appendix One, Q20. As not all respondents answered every part of Q20, the table shows the number of respondents who selected each option (a)-(e).

#### - *Issues experienced 'never' by passengers*

At least 50% or more of passengers indicated that they had 'never' experienced problems with all five of the listed scenarios, and therefore gave a **strong positive response for:**

- |  |                    |
|--|--------------------|
| • Not being able to take essential belongings            | - (78.5%, 91/116)  |
| • Travelling alone without your carer/other support      | - (69.5%, n80/115) |
| • Drivers appearing untrained in your condition          | - (63.5%, 75/118)  |
| • Transport being inappropriate for your needs           | - (59%, n71/120)   |
| • Travelling with others where this was not appropriate- | (57%, n66/118)     |

### - *Issues experienced ‘very often’ by passengers*

None of the five scenarios were experienced by 10% or more of passengers ‘very often’, meaning that no passenger gave a very negative response. The highest response rate recorded was the 7% (n8) of passengers who said that they ‘very often’ experienced issues with having to ‘travel alone without your carer/other support’.

### - *Issues experienced ‘never’ or ‘rarely’ by passengers*

We have combined responses provided in these categories to determine that 80% or more of respondents indicated that they had ‘never’ or rarely’ experienced **problems with the following aspects of their transport or journeys**, and therefore gave a **very strong positive response for:**

- Not being able to take essential belongings with me - (95%, 110/116)
- Travelling alone without your carer/other support - (88%, n101/115)
- Transport being inappropriate for my needs - (87%, n104/120)
- Travelling with others where this was not appropriate- (86%, n100/116)
- Drivers appearing untrained in my condition - (86%, 101/118)

### - *Issues experienced ‘often’ or ‘very often’ by passengers*

At least 10% or more of respondents indicated that they had experienced **problems with the following aspects of their transport or journeys ‘often or ‘very often’**, and therefore gave a **strong negative response**, which would indicate that more needs to be done to improve these areas.

- Drivers appearing untrained in your condition - (14.5%, 17/118)
- Travelling with others where this was not appropriate- (14%, n16/116)
- Transport being inappropriate for your needs - (13%, n16/120)
- Travelling alone without your carer/other support - (12%, n14/115)

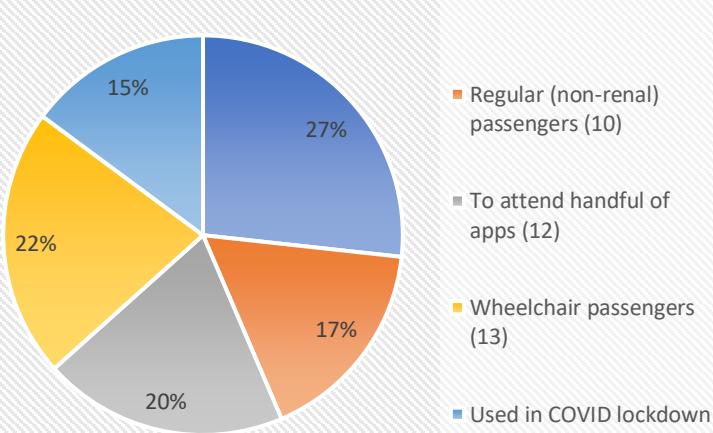
For Q20, a total of 40/123 (32.5%) individual passengers reported that they had experienced at least one of the five scenarios that we asked them to consider either ‘often’ or ‘very often’. A larger number of passengers had previously indicated at Q17 that they had experienced some type of issue with their transport (where 74 passengers said that they had experienced delays, changes, or problems with their transport), but a proportion of these individuals then went on to state that they had ‘never’ or ‘rarely’ experienced any of the five scenarios that we asked them to consider. Passengers could of course have experienced different issues to those we had listed.

The table on the next page shows the number of different issues experienced by the 123 passengers either ‘often’ or ‘very often’ only. As can be seen, most passengers indicated that they had experienced none of the issues we had listed (67.5%). Nearly 20% had experienced one issue, whilst 13% had experienced between 2-5 issues.

Number of issues experienced by passengers 'often' or 'very often' only	Number of passengers
None of issues listed	83 (67.5%)
One	24 (19.5%)
Two	7 (6%)
three	6 (5%)
Four	2 (1.5%)
Five	1 (1%)

### (f) Categories of passenger affected by issues (Q20)

Category of passenger that reported at least one or more issue with their transport (Q20)



We have performed additional analysis of the 40 individuals who said that they had experienced at least one of the five scenarios listed at Q20 to identify which categories of passengers were affected (multiple descriptors were available so the total is greater than 40). This is shown in the Data Tables, Appendix Two, Q20, and displayed this in the pie chart.

Renal patients and wheelchair passengers were slightly more likely to report experiencing issues with their transport than any other groups. However almost all groups experienced issues to some degree.

We have also analysed this data to determine if certain categories of passenger were more or less likely to have been affected by each of the five scenarios 'often' or 'very often'. This has revealed the following:

Passengers who had used the service to attend just a handful of appointments were the group who were slightly more likely to report experiencing:

- Travelling with others where not appropriate - 6/16 (37.5%)

Wheelchair passengers were the group most likely to report experiencing

- Travelling alone without your carer/ support - 8/14 (57%)

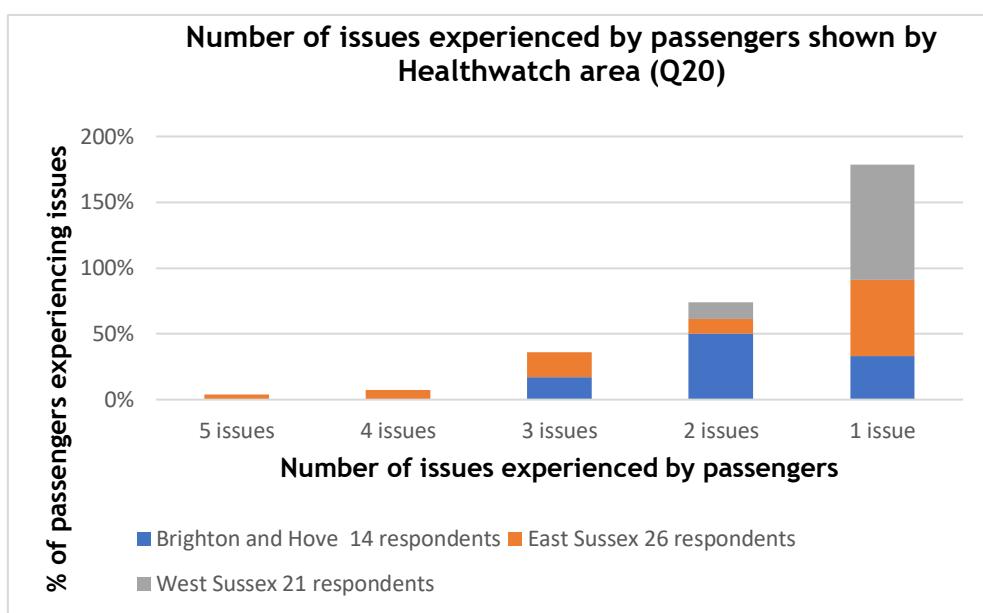
Renal patients were the group most likely to experience:

- Drivers appearing untrained in your condition - 7/17 (41%)
- Transport being inappropriate for your needs - 9/16 (56%)

Regular (non-renal) passengers were the group most likely to experience:

- Not being able to take essential belongings - 3/6 (50%)

### (g) Issues experienced by passengers from each Healthwatch area (Q20)



Additional analysis of the 40 passengers who reported experiencing one of the five issues listed at Q20 has revealed that a higher proportion of residents from the Brighton and Hove and East Sussex areas experienced a larger of issues compared to residents from West Sussex. This is shown in the Data Tables, Appendix Two, Q20, and the stacked bar chart.

These numbers may go some way to explaining the different satisfaction levels recorded across the Healthwatch areas (Brighton and Hove: 56.5%, East Sussex 75%, West Sussex 97%).

### (D) Impacts of any delays, changes, or problems for all categories of passengers

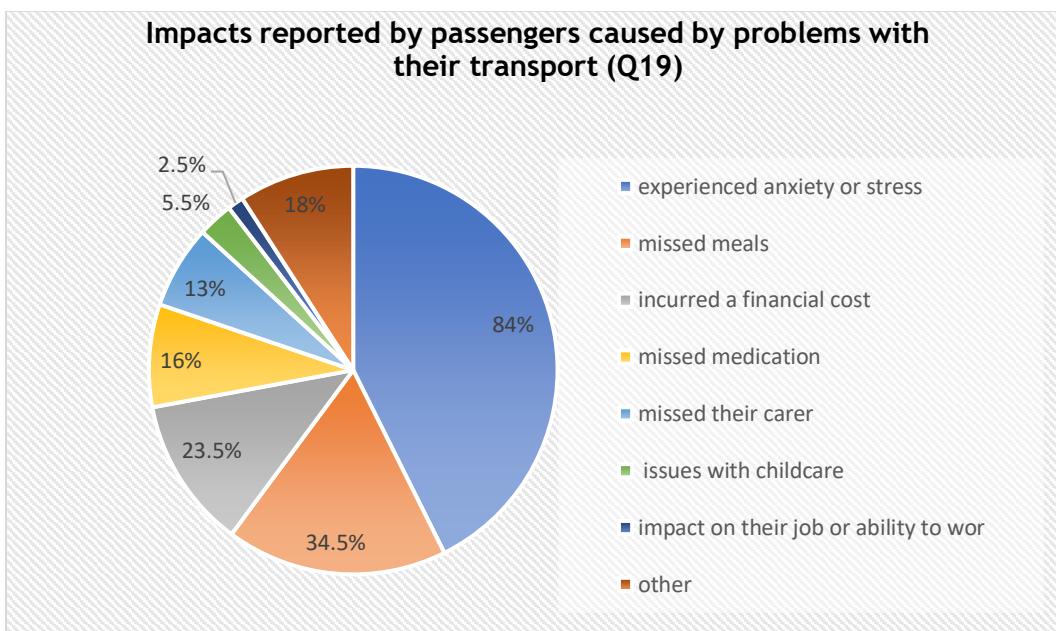


Question 19 asked people to tell us what impacts they had experienced as a result of any delays, changes, or problems to their transport or journeys and 72 respondents told us. Respondents could select multiple answers providing 127 answers in total. At Q21, passengers were also asked to tell us in their own words how this made them feel. This data is shown in the Data Tables, Appendix One, Q19 and 21 and graphs below.

17/72 (24%) respondents said that there had been no impacts as a result of any delays, changes, or problems to their transport or journeys.

Of the remaining 55 (76%) passengers who said that there had been impacts for them (multiple answers were possible and so the percentages add up to more than 100%):

- 46/55 (84%) said they had experienced anxiety or stress
- 19/55 (34.5%) said they had missed meals
- 13/55 (23.5%) said they had incurred a financial cost
- 9/55 (16%) said they had missed medication
- 7/55 (13%) said they had missed their carer
- Small numbers of passengers reported that they had experienced issues with childcare arrangements (3) or had felt any impact on their job or ability to work (2) (5.5% and 3.5% respectively).
- 10 (18%) people provided 'other' impacts which are described below.



Question 19(a) provided space for passengers to leave comments to describe any ‘other’ impacts that they had experienced. No positive comments were provided. Comments received from respondents who had experienced ‘other’ negative impacts included:

*“Extreme pain because of having to wait so long for the journey back, overloads because of having to pick other people up and not being able to fit them in because of my chair so too close to each other. For me with Autism, also difficult when you've had a long appointment and are in extreme amounts of pain and being stressed having to wait to pick up other patients via a slight detour home instead of being able to go straight home.” - West Sussex resident*

*“Missed appointments” - West Sussex resident*

*“Partner's job at risk.” - Brighton resident*

*“Urgent appointments cancelled and not informed.” - Hove resident*

*“I had to cancel my colonoscopy.” East Sussex resident*

*“I had to miss 2 appointments due to being sent the wrong transport.” - East Sussex resident*

*“Stress of having to be ready as much as 2 hours early in case transport comes too early.” - East Sussex resident*

Question 21 provided space for passengers to leave comments to describe the impacts of any issues that they had experienced with their transport. 48 respondents provided comments. 6 people replied saying ‘Not applicable’ indicating that they had not experienced any issues

3 positive comments were provided, 2 from renal patients and one from a passenger who had used the service during lockdown:

*“Friendly and helpful drivers, always reassuring” - West Sussex resident*

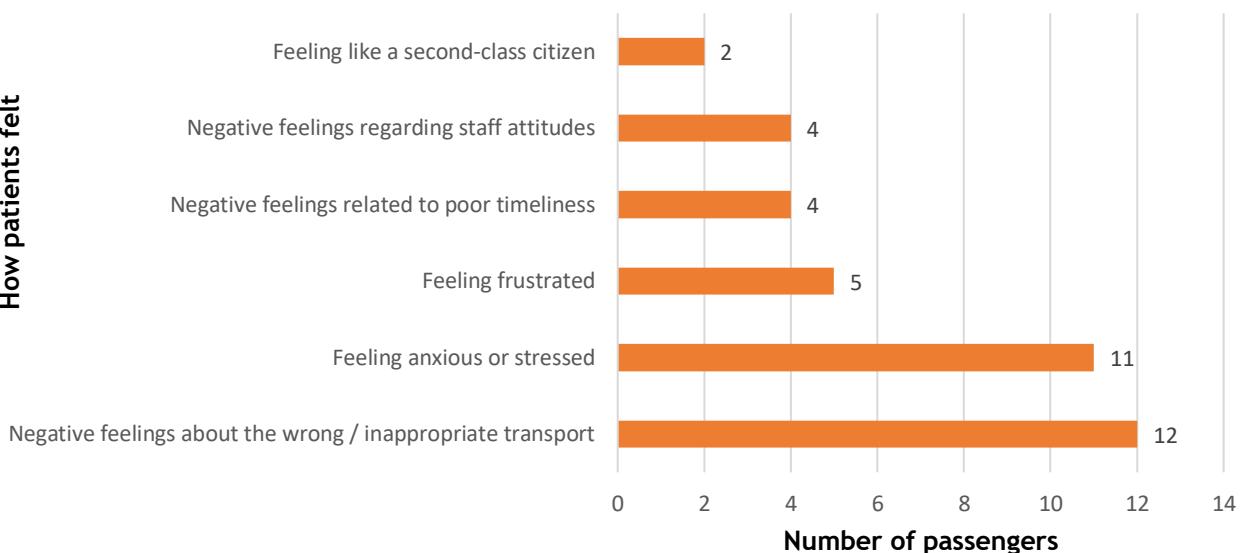
*“Have not had any experiences which have caused issue. I have received an excellent service for which I am grateful” - East Sussex resident*

*“Service was fantastic no problems” - East Sussex resident*

- 39 negative comments were received which we have themed these as shown in the graph below.

**Negative comments from passengers: how problems with transport made them feel (Q21)**

How patients felt

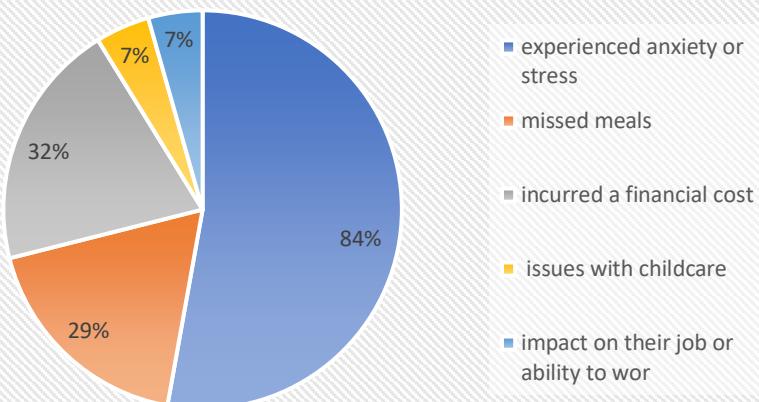


- 7 negative comments were received from Brighton and Hove residents, 24 from East Sussex residents, and 8 from West Sussex residents. The categories of passenger who provided negative comments was as follows: 6 renal patients, 7 regular (not renal) passengers, 9 people who used the service to attend a handful of appointments, 7 wheelchair passengers, and 7 people who had used the service during COVID lockdown.

### **Renal dialysis patients - impacts of any delays, changes, or problems**

We examined the impacts for renal patients from any delays, changes, or problems to their transport or journeys. 69% (n45/65) of renal patients indicated that they had experienced impacts, however, 14 respondents (31%) said that this had not led to any negative impacts. Of the remaining 31 renal dialysis patients (69%):

**Impacts reported by renal passengers caused by problems with their transport (Q19)**



84% (n26/31) had experienced anxiety or stress.

32% (n10/31) had incurred a financial cost.

29% (n9/31) had missed meals.

13% (n4/31) had missed their carer

2 renal dialysis patients reported that they had experienced negative impacts on their job or ability to work or had experienced issues with childcare arrangements.

Comments received from those renal dialysis patients who reported negative impacts:

*“Stress of having to be ready as much as 2 hours early in case transport comes too early.” - East Sussex resident*

*“After dialysis I don't feel well at times and tired. I just like to rest asap.” - Hove resident*

*“Too tired after dialysis to wait around. I am diabetic and need regular meals.” - West Sussex resident*

*“Delay in starting dialysis sessions” - West Sussex resident*

*“Frustration with waiting without knowing when they arrive - mainly at the hospital coming home.” - West Sussex resident*

## 9. The future of a patient transport service

**Have  
your  
say**

People were asked a series of questions and provided with a number of proposals about how the current service could be changed or improved, as well as what aspects of the service were most important to them. By asking these questions we wanted to provide commissioners with information and ideas to adapt the service so that the future provider can deliver it in a way which better meets passengers' expectations and needs. People who had not used the service were also invited to answer these three questions:

- **Question 22** asked people to rate eight different aspects of a patient transport service and tell us which of these were important to them. We were not asking passengers to rate the current service, but to consider what features they would like a non-emergency transport service to offer them. There were multiple options to consider, with a single answer permissible per option. **All 130 respondents were eligible to answer Q22 and differing numbers of people chose to provide an answer to the eight options (a)-(h), ranging from 115-125.**
- **Question 23** explored ideas to change the current service, and we asked people to tell us how likely they would be to access or use six suggested features if these were available to them e.g., would people use a step-by-step 'how to guide' to help them apply for the service? The ideas largely related to different ways that people could access information about the service. There were multiple options to consider, with a single answer permissible per option. **All 130 respondents were eligible to answer Q23 and differing numbers of people chose to provide an answer to the six options (a)-(f), ranging from 117-126.**
- **Question 24** asked people to consider eight ideas for enhancing communications between the service provider and passengers. The ideas related to ways to apply for the service, sharing information about bookings, and tracking or being notified about transport. There were multiple options to consider, with a single answer permissible per option. **All 130 respondents were eligible to answer Q24 and differing numbers of people chose to provide an answer to the eight options (a)-(h), ranging from 118-125.**

We discuss the results for Question 22-24 separately below, but the headline findings for this section of the survey are as follows:

### Some of the key findings

#### Aspects of a patient transport service which are important to passengers

(Q22) At least 80% or more of all passengers indicated that the following six aspects of a patient transport service were important to them:

- '*to be notified of changes or delays to my journeys*' (95%)
- '*to be given an exact time for when my vehicle will be arriving*' (91%)
- '*to be able to easily amend my booking*' (86%)
- '*to speak with someone at any time to check where my vehicle is*' (85%)
- '*to arrive at hospital no more than 30 minutes early for my appointment*' (80.5%)

- ‘to arrive home within 30 minutes of my allocated time’ (80%).

(Q24) 90.5% of all wheelchair passengers said that the ability for their carers, relatives, or friends etc to be able to act on their behalf was an important aspect of a patient transport service.

(Q22) 66% of all renal patients said that having ‘*a nominated driver i.e., the same driver(s) for every journey*’ was an important aspect of a patient transport service

### Features which passengers would like the service to offer

(Q23) 75% or more of all passengers said that they were ‘very likely’ or ‘likely’ to use a telephone call centre service with extended operating hours. Residents from all three Healthwatch areas said this was an important feature of a patient transport service. 100% of wheelchair passengers said that this feature was important, as did 80% of renal patients.

(Q23) 61% of all passengers said that they were ‘very likely’ or ‘likely’ to use a step-by-step ‘how to’ guide to help in applying for the service. Residents from all three Healthwatch areas said this was an important feature. 71% of regular (non-renal) passengers, said that this was important.

(Q23) Between 10% - 30% of all respondents indicated that they were ‘very likely’ or ‘likely’ to use the following if they were available: information available in different languages, and/or information available in sign language, and/or information available in Easyread format.

(Q23) Over 80% of all renal patients said that were ‘very likely’ or ‘likely’ to use a dedicated service specifically for renal patients, including specialist call centre staff.

### What passengers consider would improve communication

Overall, 50% or more of all passengers agreed that all eight options proposed by Healthwatch (at Q24) would help to improve communications.

Over 60% of all respondents showed higher levels of agreement with the following options which they felt would improve communications:

- an online account facility which allows them (or a person they had nominated) to amend/cancel bookings (63%)
- a mobile phone app to track the whereabouts of vehicles (61.5%)

(Q24) 79% of all respondents agreed that to receive a text or call telling them when their vehicle is nearby (up to 30 minutes away) would help to improve communications. Over 90% of wheelchair and regular passengers of the service agreed that this would help to improve communication.

Wheelchair passengers showed the highest levels of agreement with five of the eight different options proposed by Healthwatch (at Q24).

## Recommendations

The service should operate a telephone call centre service with extended operating hours as passengers have said that they want to be able to contact someone at all times to check the whereabouts of their vehicle whether by text, or phone call.

Passengers want to be able to access a range of information about the service which the provider must ensure that they offer. In delivering this, the future provider should take into account the recommendations from a recent report by Healthwatch in Sussex '[Accessing health and care services - findings during the Coronavirus pandemic](#)' that "*There is a need to ensure that communication is in appropriate formats, is received and understood.*"

The provider should deliver information about the service in a full range of accessible formats such as Easyread, BSL and translated materials. A simple 'how to' guide explaining how to apply for the service should be created. Healthwatch recommends that these communications are designed in conjunction with passengers and potential passengers.

The service should deploy a range a technological solutions to better communicate with passengers and use these to keep them informed of changes to their transport / journeys. Passengers should be able to track their vehicles using a mobile phone app, but drivers or the call centre should contact every passenger by text or phone call telling them when their vehicle is 30 minutes away from their scheduled pick-up time.

Technology should enable passengers to apply more easily online and amend their booking. We recommend that passengers are given the choice of creating an online account where they can also specify requirements e.g., the type of vehicle they need to be transported by; access requirements, or the need to be accompanied during journeys. In delivering this, the provider should take into account the recommendations from the recent report by Healthwatch in Sussex '[Accessing health and care services - findings during the Coronavirus pandemic](#)' to "*Familiarise some older people, in particular, in how to use video and online services.*" And "*Promote videos or other media to show the processes involved in having phone, video or online appointments to encourage their future use as well as 'tips' for effective engagement.*"

Renal patients have expressly stated that they want the service to provide them with nominated drivers for all journeys, and a dedicated service including specialist call centre staff. Healthwatch has called for this facility for several years and the data supports an ongoing desire for this from these passengers.

The service provider should use the data, which shows the different aspects of the service which are regarded as being more or less important to different categories of passengers, to provide an adapted service, offering varied features for different groups.

## Question 22: what aspects of a service are important to passengers

Question 22 asked people to rate eight different aspects of a patient transport service and tell us which of these were most and least important to them. We were not asking passengers to rate the current service, but to consider what features they would like a future transport service to offer.

### Summary of key findings for Question 22

Over 80% of all categories of all passenger, irrespective of which category they are in, indicated that six aspects of a patient transport service were important to them.

- ‘to be notified of changes or delays to my journeys’ (95%)
- ‘to be given an exact time for when my vehicle will be arriving’ (91%)
- ‘to be able to easily amend my booking’ (86%)
- ‘to speak with someone at any time to check where my vehicle is’ (85%)
- ‘to arrive at hospital no more than 30 minutes early for my appointment’ (80.5%)
- ‘to arrive home within 30 minutes of my allocated time’ (80%).

90.5% of all wheelchair passenger, and 71% of those patients who had used the service just a handful of times said that the ability for their carers or relatives etc to act on their behalf was important to them.

66% of all renal patients, said that having a nominated driver i.e., the same driver(s) for every journey was important to them.

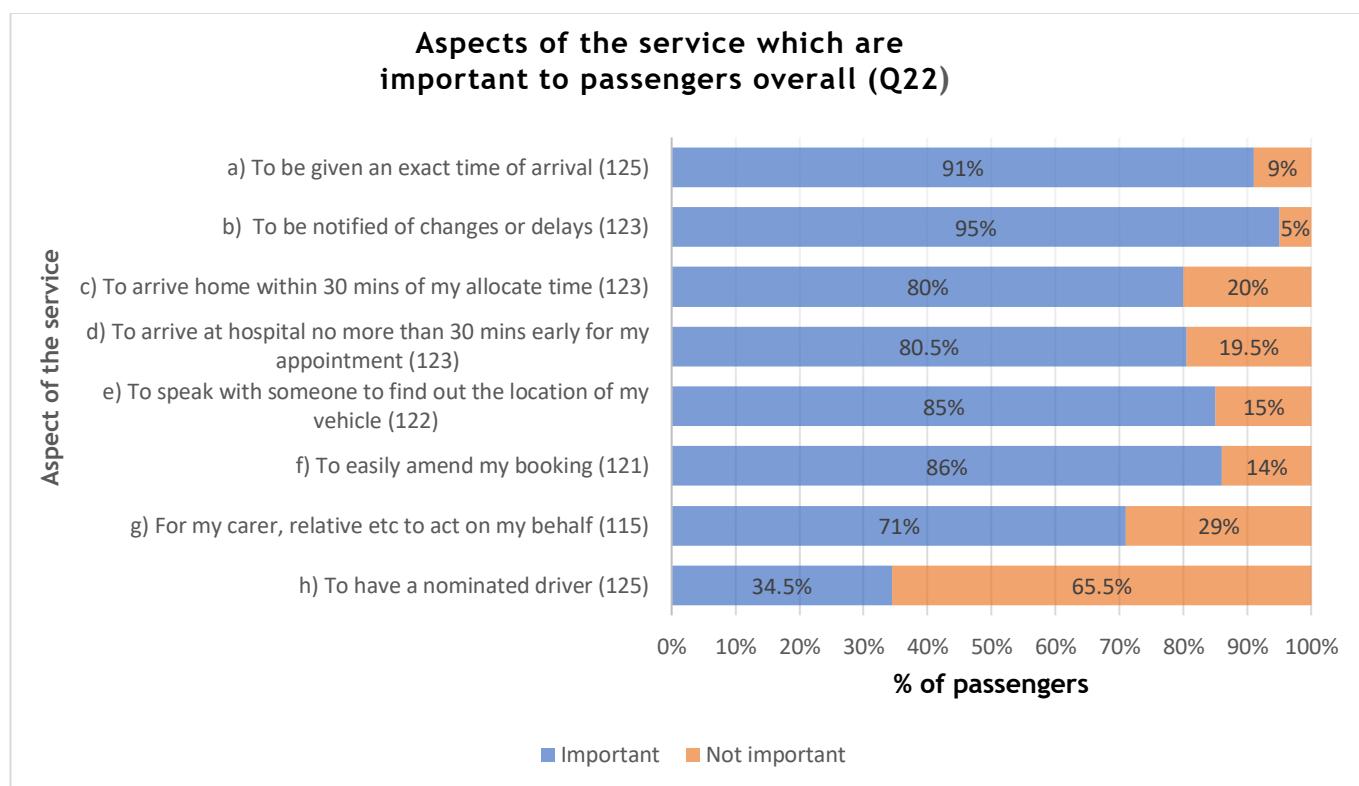
### Results for Q22 in detail

#### (a) Passengers tell us what is important to them

The stacked bar chart below shows that a high proportion of respondents indicated that seven aspects of the service which we asked them to consider were important to them i.e., Q22(a)-(g). Only one aspect, ‘(h) To have a nominated driver’, was rated as being less important by a majority of passengers.

A slightly lower proportion of passengers rated ‘(g) For my carer, relative, etc to act on my behalf’ as important, although overall two thirds of passengers still indicated that this was an important aspect of the service.

To better understand what aspects of a service were regarded as being important to passengers we combined responses where passengers selected either ‘very important’ or ‘important’ and identified where the overall result was 80% or more (see the Data Tables, Appendix Two, Q22). We consider that this indicates a **very strong positive** response overall by passengers. In a similar way, we have combined responses where passengers selected either ‘slightly important’ or ‘not important at all’ and identified where the overall result was 25% or more to determine where a **very strong negative** response was recorded overall.



Not all respondents who were eligible to do so answered every part of Q22, and the Data Tables, Appendix One, Q22, shows the number of respondents who selected each aspect of the service (a)-(h). As can be seen in the above graph, respondents indicated that the following aspects of the service were ‘very important’ or ‘important’ to them, and therefore gave them a very strong positive response to these:

- To be notified of changes or delays - (95%, n117/123)
- To be given an exact time of arrival - (91%, n114/125)
- To easily amend my booking - (86%, n104/121)
- To speak with someone to find out the location of my vehicle - (85%, n104/122)
- To arrive at hospital no more than 30 minutes early for my appointment - (80.5%, n99/123)
- To arrive home within 30 mins of my allocate time - (80%, n98/123)

The fact that 95% of passengers indicated that being notified of changes or delays to journeys is an important aspect of the service to them supports our earlier finding that passengers were also less likely to be ‘very satisfied’ with the service in terms of receiving ‘*Notifications about delays or changes to schedule journeys*’ (62%, n42/68)

The high importance attached by respondents to being ‘*given an exact time of arrival*’ (91%, n114/125), and to ‘*speak with someone to find out the location of my vehicle*’ (85%, n104/122) also supports two earlier findings (Q18) that some respondents had experienced ‘*delays being picked up from hospital*’ (68%, n49/72) and ‘*Difficulties finding the whereabouts of my transport*’ (26%, n18/70).

At least 25% of respondents rated the following aspects of the service as being ‘slightly important’ or ‘not at all ‘important’, and therefore gave a very strong negative response to them (highlighted in amber in the table below):

- To have a nominated driver - (66%, n82/125)
- For my carer, relative, etc to act on my behalf when arranging, amending etc my transport - (28.5%, n31/115)

### (b) Categories of passenger

We have examined the data to see how different categories of passenger responded to Q22 to see if any variations existed. The data is shown in the Data Tables, Appendix Two, Q22, and the graphs which are displayed on the next pages. We have analysed the results in the following way: by comparing the number of people in each passenger category who selected ‘very important’ or ‘important’ for the eight aspects Q22(a)-(h) against the total number of people who completed our survey by passenger category. As a reminder, the number of people who completed our survey according to the five passenger categories were as follows:

Renal patients	65
Regular (non-renal) passengers	24
Those who used it to attend a handful of appointments	31
Wheelchair passengers	21
Those who used it during the COVID lockdown period to attend appointments	37

The text and graphs below show that different aspects of the service are regarded as being important for different categories of passenger. This data could be used by the service provider to provide an adapted service, offering varied features for different groups.

**Two aspects of the service are important to all categories of passenger:**

Q22(a) ‘To be given an exact time of arrival’

Q22(b) ‘To be notified of changes or delays’

Overall, at least 80% or more of all categories of passenger, irrespective of which category they are in, indicated that these two aspects were important to them. The service should ensure that as a priority it delivers these services for every passenger.

Of note is:

- The fact 100% of regular (non-renal) passengers of the service (i.e., all 24 respondents to our survey) said that being notified of changes or delays was important to them, and that 95% of all wheelchair passengers also said this was an important feature.
- 92% of renal patients and 92% regular (non-renal) passengers who had used the service said ‘to be given an exact time of arrival’ was important to them. This is perhaps unsurprising given that these groups use the service frequently.

**Q23(c) 'To arrive home within 30 minutes of my allocated time'**

**Q23(d) 'To arrive at hospital within 30 minutes of my allocated appointment'**

Overall, at least 60% or more of all categories of passenger, irrespective of which category they are in, indicated that these two aspects were important to them.

Of note is:

- The fact that over 90% of wheelchair passengers indicated both aspects were important to them. The service should ensure that it provides this aspect of the service for wheelchair passengers in particular. These findings may be linked to concerns that wheelchair passengers have around the accessibility of hospitals, and therefore the ease of getting from their patient transport to appointments on time, so to arrive early is an important aspect of the service to them.
- The fact that approximately 90% of renal patients, and those who used the service during the first COVID-19 lockdown period, said that to arrive home within 30 minutes of their allocated time was important to them. This is not a surprising outcome as renal patients who have undergone 3-4 hours of dialysis will simply wish to get home as soon as possible.

Perhaps surprisingly, lower proportions of other types of regular user (non-renal) said that this aspect was important to them (62%). These results would indicate that arriving home on time, or in a timely manner, is therefore most likely linked to the type of treatment the passenger has had.
- Lastly, the fact that passengers who had used the service to attend just a handful of appointments were less likely to regard **both aspects** as being important to them, when compared to other categories of passenger.

*"After dialysis I don't feel well at times and tired. I just like to rest asap." - Hove resident*

**Q22(e) 'To speak with someone to find out the location of my vehicle'**

**Q22(f) 'To easily amend my booking'**

Overall, at least 70% or more of all categories of passenger, irrespective of which category they are in, indicated that these aspects were important to them. The service should ensure that it delivers these services for every passenger.

Of note is:

- The fact that 86% of all wheelchair passengers (i.e., 18 of all 21 respondents to our survey) said that being able to speak with someone to find out the location of my vehicle was important to them.
- The fact that 84% of all passengers who used the service just a handful of times to get to appointments (i.e., 26 of all 31 respondents to our survey) said that the ability to easily amend their booking was important to them.
- The fact that a lower proportion of renal patients who answered Q22(f), at 74%, said this was important to them.

These last two findings may point towards the fact that those who are regular users of the service are less likely to need to amend their booking, whilst for infrequent users this ability is more important.

### Q22(g) for my carer/support person to act on my behalf

Overall, at least 50% or more of all categories of passenger, irrespective of which category they are in, indicated that this aspect was important to them. The service should try to deliver this feature for every passenger.

Of note is:

- The fact that this aspect is important to 90.5% of all wheelchair passengers who completed our questionnaire and as a priority, the service should provide this feature for wheelchair passengers.
- The fact that 45 of the 52 renal patients who responded to Q22(g), which equates to 86.5%, said that this aspect of the service was ‘important’, ‘very important’ or ‘slightly important’.

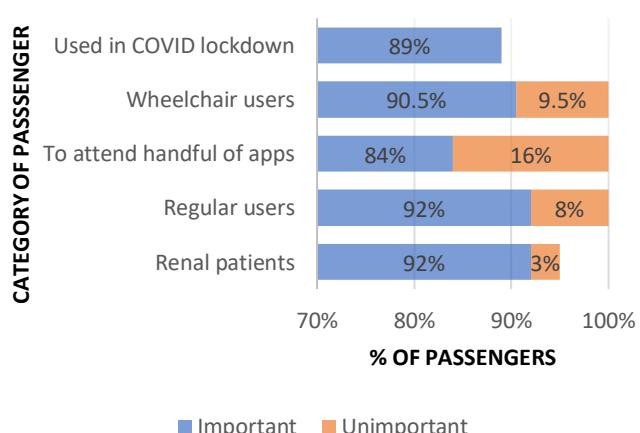
### Q22(h) to have a nominated driver

Overall, at least 50% or more of all categories of passenger, irrespective of which category they are in, indicated this aspect of the service was NOT important to them. The exception was renal patients.

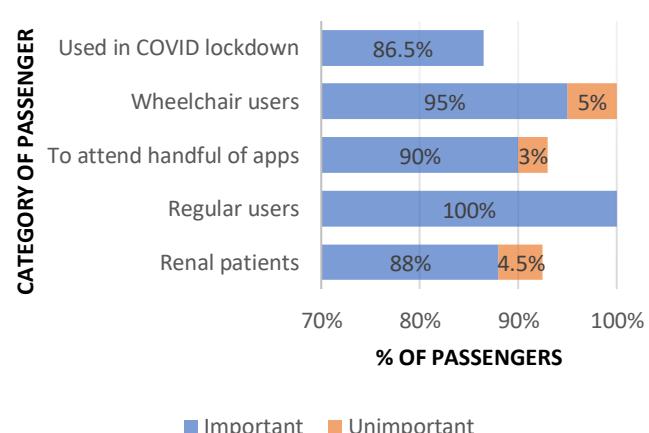
Of note is:

- As indicated earlier, this was the only aspect of the service which more passengers (n82/125, 66%) indicated was just ‘slightly important’ or ‘not important at all’ to them. Just 43 (34%) passengers said this was important to them
- It is important to note some specific results for renal patients. When we looked at the number of renal patients who answered to Q22(h), which was 62:
  - 27/62 (43.5%) said this was either ‘important’ or ‘very important’ to them.
  - 41/62 (66%) said this was either ‘important’ or ‘very important’ or ‘slightly important’ to them
- This data shows that having a nominated driver is important to renal patients - who use the service three times each week.

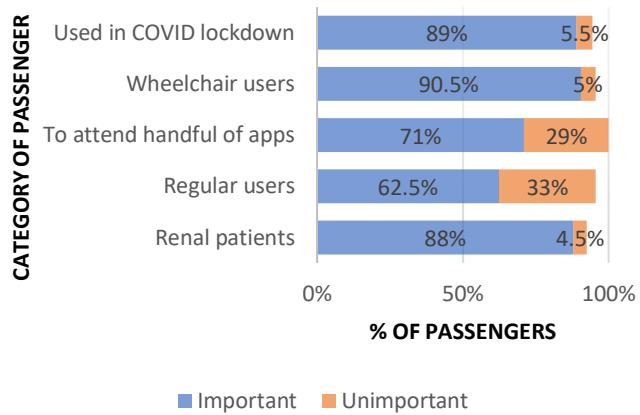
**Q22(a) to be given an exact time of arrival: importance to passengers**



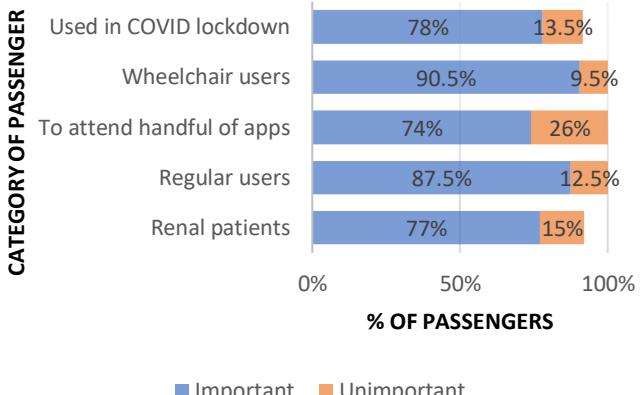
**Q22(b) to be notified of changes or delays: importance to passengers**



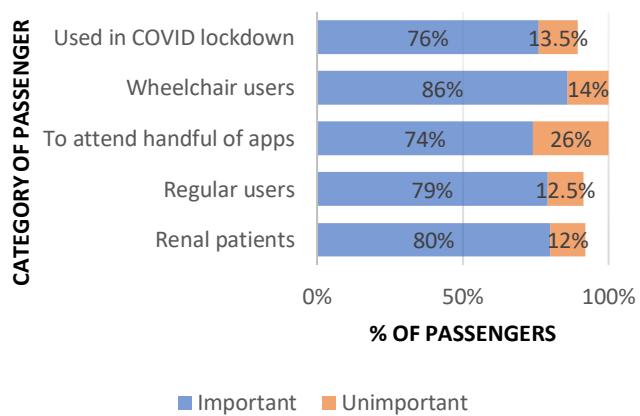
**Q22(c) to arrive home within 30 mins of my allocated time: importance to passengers**



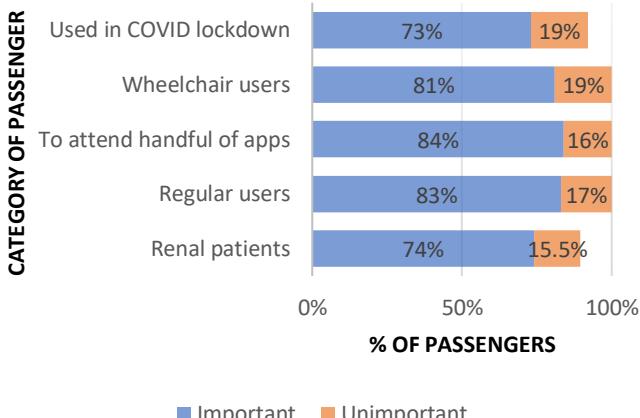
**Q22(d) to arrive at hospital no more than 30 mins before my appointment: importance to passengers**



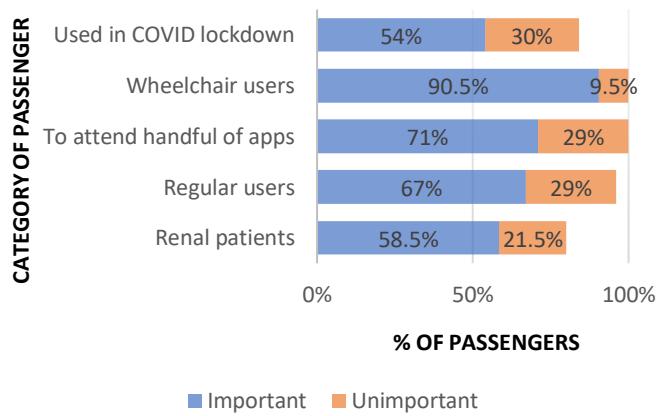
**Q22(e) to speak with someone to find out the location of my vehicle: importance to passengers**



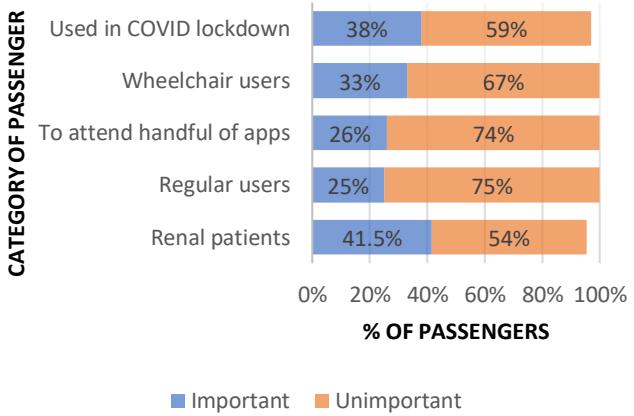
**Q22(f) to easily amend my booking: importance to passengers**



**Q22(g) for my carer/support person to act on my behalf: importance to passengers**



**Q22(h) to have a nominated driver: importance to passengers**



### (c) Locations of patients

We have also examined the data from the point of view of where passengers were from, based on the postcode they gave. We wanted to determine if location had a bearing on what aspects of the service were important to passengers. This analysis showed that the importance attached to the eight aspects listed at Q22(a)-(g) did vary by local authority area.

To understand the data better we again looked at where 80% or more of respondents from each Healthwatch area said that the eight aspects were ‘very important, or ‘important’ to them. This is shown in the Data Tables, Appendix Two, Q22, and the bar chart below. This revealed that:

- residents from Brighton and Hove said that 7 aspects were ‘very important, or ‘important’ to them (a-g inclusive)
- residents from West Sussex said that 6 aspects were ‘very important, or ‘important’ to them (a-f inclusive)
- residents from East Sussex said that just 2 aspects were ‘very important, or ‘important’ to them (a and b only)

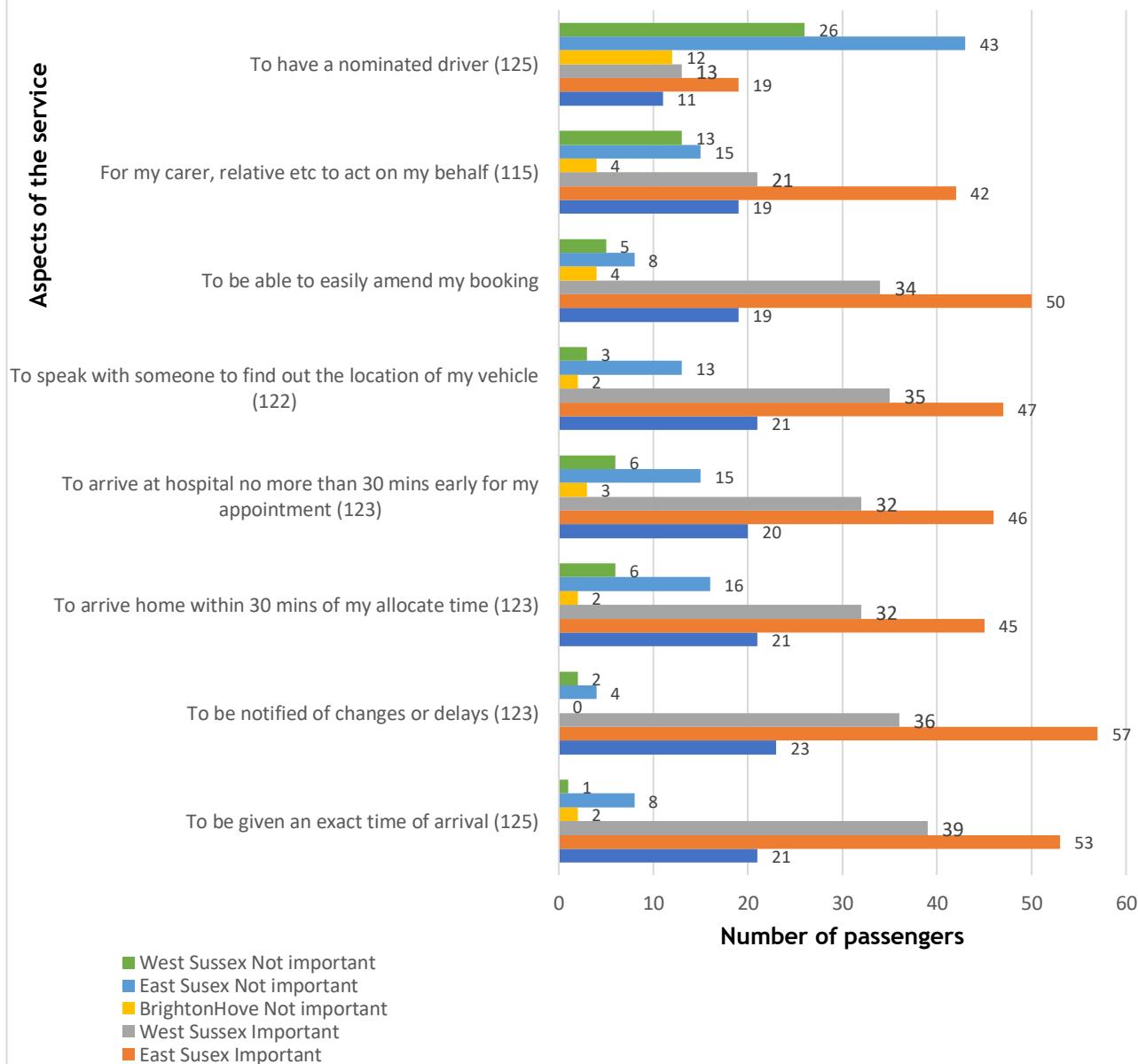
We have also determined where 25% or more of respondents from each area said that the eight aspects were only ‘slightly important, or ‘not important at all’ to them. This revealed that:

- residents from Brighton and Hove said that just 1 aspect was ‘slightly important, or ‘not important at all’ to them (to have a nominate driver)
- residents from West Sussex said that 2 aspects were ‘slightly important, or ‘not important to them (g and h)
- residents from East Sussex said that just 4 aspects were ‘slightly important, or ‘not important at all’ to them (c, d, g, and h).

Whilst these are interesting finding, we have not been able to identify any reasons to explain the differences recorded across the three Healthwatch areas. For example, there does not seem to be any correlation with satisfaction levels.

These results are displayed in the bar chart on the next page.

**Aspects of the service which are important to passengers, shown by Healthwatch area (Q22)**



#### (d) Distance travelled by patients

We have also examined whether the distance travelled using the service had any impact on how important the eight aspects were to passengers. Overall, we were able to determine the approximate distance travelled by 106 passengers. These were passengers who provided us with a home postcode and a single destination that they were transported to the service. More passengers indicated that they had travelled less than 10 miles using the service (61) compared to those who had travelled 10 miles or more (45). This data is displayed in table below.

Q22: Aspects of the service, and distance travelled using it	Very important / important		Slightly important / Not important	
	Distance travelled	Aspect of service	Less 10 miles	More 10 miles
<b>Number of passengers</b>				
a) To be given an exact time of arrival (125)	56 (92%)	37 (82%)	4 (7%)	5 (11%)
b) To be notified of changes or delays (123)	56 (92%)	38 (84%)	5 (8%)	1 (2%)
c) To arrive home within 30 mins of my allocate time (123)	52 (85%)	33 (73%)	5 (8%)	9 (20%)
d) To arrive at hospital no more than 30 mins early for my appointment (123)	50 (82%)	32 (71%)	9 (15%)	9 (20%)
e) To speak with someone to find out the location of my vehicle (122)	49 (80%)	36 (80%)	8 (8%)	6 (13%)
f) To easily amend my booking (121)	47 (77%)	36 (80%)	10 (16%)	5 (11%)
g) For my carer, relative, etc to act on my behalf (115)	41 (67%)	27 (60%)	12 (20%)	14 (31%)
h) To have a nominated driver (125)	20 (33%)	14 (31%)	39 (64%)	29 (64%)

Overall, distance travelled appeared to have little impact on the importance of eight aspects (a to h inclusive) and our results mirrored the overall outcomes i.e., the aspects which were rated as being ‘important’ or ‘very important’ by a majority of passengers were the same regardless of distance travelled.

The data does reveal that a slightly higher proportion of people who travelled under 10 miles were more likely to say that five aspects of the service were ‘very important’ or ‘important’ to them (a, b, c, d, and g), compared to people who travelled longer distances (more than 10 miles using the service). Those who travelled longer distances said that the same five aspects were important to them overall but in slightly smaller numbers (but the margin of variation was on average no more than 10 percentage points).

For two aspects, passengers recorded almost identical results and levels of importance (highlighted in orange in the table):

- (e) To speak with someone to find out the location of my vehicle
- (h) To have a nominated driver

For a further two aspects, passengers who travelled 10 miles or more, showed higher levels of disagreement compared with those who had travelled less than 10 miles (highlighted in pink in the table):

- (c) To arrive home within 30 minutes of my allocate time
- (g) For my carer, relative ,etc to act on my behalf

## Question 23: features which passengers would like the service to offer

Question 23 explored six ideas to change the service, and we asked people to tell us how likely they would be to access or use these features if they were available to them. The ideas largely related to different ways that people could access information about the service. There were multiple options for respondents to consider.

### Summary of key findings for Q23

**75% of all passengers said that they were ‘very likely’ or ‘likely’ to use a telephone call centre service with extended operating hours.**

- Residents from all three Healthwatch areas said this was an important feature.
- Over 65% of all categories of all passenger, irrespective of which category they are in, indicated this feature was important to them. Of note is the fact that 100% of wheelchair passengers said that this feature was important, and 80% of renal patient said this feature was important to them.

**61% of all passengers said that they were ‘very likely’ or ‘likely’ to use a step-by-step ‘how to’ guide to help you apply for the service.**

- Residents from all three Healthwatch areas said this was an important feature.
- Over 40% of all categories of passenger, irrespective of which category they are in, indicated this feature was important to them.
- Of note is the fact that 71% of regular (non-renal) passengers, said that this was important.

**Between 10% - 30% of all passengers indicated that they were ‘very likely’ or ‘likely’ to use the following accessible-format materials if they were available:**

- information available in different languages.
- and/or information available in sign language.
- and/or information available in Easyread format.

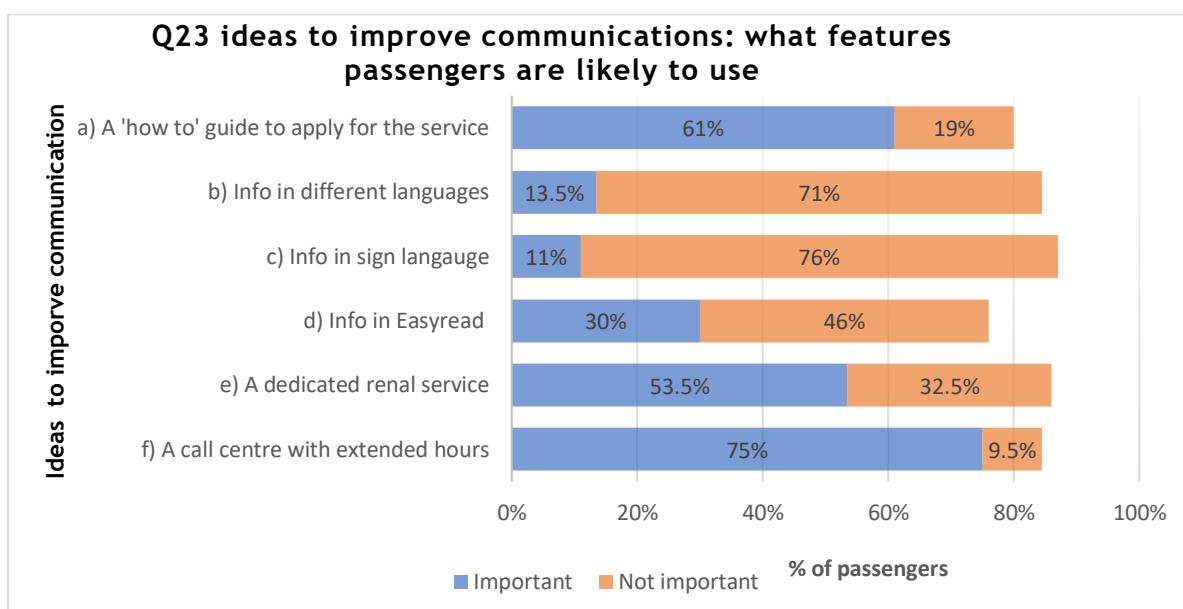
The above findings would suggest that these accessible formats are required and should be provided by the service.

**Over 80% of all renal patients said that were ‘very likely’ or ‘likely’ to use a dedicated service specifically for renal patients, including specialist call centre staff. The service should ensure that it delivers this feature for renal patients. Healthwatch has called for this facility for several years and the data firmly supports this.**

## Results for Q23 in detail

### (a) Features of the service passengers would like to see

The graph below shows that higher proportions of passengers indicated that they were **less likely** to use three features of the service if they were available: information in different languages or which was signed (BSL), and Easyread (options b, c, d). Higher proportions of passengers said they **were likely to use** the remaining three features: a 'how to' guide to applying for the service, a dedicated renal service, and a call centre with extended opening hours - options a, e, f). We have excluded any '*neither likely nor unlikely*' responses from the graph below.



We have examined the data further to determine which features of the service passengers were more likely to use if these were available. To do this we have combined responses where passengers selected either 'very likely' or 'likely' and identified where the overall result was 80% or more (see the Data Tables, Appendix Two, Q23). We consider that these responses indicated a **very strong positive response** overall by passengers. This analysis revealed that none of the six suggested features generated this level of support.

We therefore looked at a threshold of 51% to determine where more than half passengers indicated that they would use these features to identify a **strong positive response**. In a similar way, we have combined responses where passengers selected either 'unlikely' or 'very unlikely' and identified where the overall result was 25% or more to determine where a **very strong negative response** was recorded overall.

Not all respondents who were eligible to do so answered every part of Q23, and the Data Appendix Two, Q23 shows the number of respondents who selected each aspect of the service (a)-(f). As can be seen in the above graph above, respondents indicated that they were 'likely' or 'very likely' to use the following features of the service, and therefore gave them a **strong positive response**:

- A telephone call centre service with extended operating hours (open longer than 9am-5pm) - (75%, n95/126)
- A step-by-step ‘how to’ guide to help you apply for the service - (61%, n77/126)
- A dedicated service specifically for renal patients, including specialist call centre staff - (53.5%, n66/123)

The fact the people indicated that they would be likely to use a telephone call centre with extended opening hours supports our earlier findings (Q18) that passengers attached high importance to being able to ‘*speak with someone to find out the location of my vehicle*’ (85%, n104/122).

At least 25% of respondents indicated that they were ‘unlikely’ or ‘very unlikely’ to use the following features, and therefore gave a very strong negative response to them:

- Information available in different languages - (71%, n85/120)
- Information available in sign language (BSL) - (76%, n/91120)
- Information available in Easyread format - (46%, n54/117)
- A dedicated service specifically for renal patients, including specialist call centre staff - (32.5%, n40/123)

Some of these results are to be expected. For example, we would only expect a smaller number of people to require information about the service that is available in Easyread format, translated into languages other than English, or signed (BSL). It is worth stressing however that between 10% - 30% of respondents indicated that they were ‘very likely’ or ‘likely’ to use these features if they were available. This would suggest that these accessible formats are required and should be provided by the service:

- Information available in Easyread format - (30%, n35/117)
- Information available in different languages - (13%, n16/120)
- Information available in sign language (BSL) - (11%, n13/120)

## (b) Categories of patients

We have examined the data further to see how different categories of passenger responded to Q23 to see if any variations existed. This data is shown in the Data Tables, Appendix Two, Q23, and the graphs which are displayed on the next pages. We have focussed our analysis on features of the service which could be used by any category of passenger, namely ‘*A step-by-step ‘how to’ guide to help you apply for the service*’ and ‘*A telephone call centre service with extended operating hours (open longer than 9am-5pm)*’. We have also conducted separate analysis of the ‘*dedicated service specifically for renal patients*’.

We have analysed the results in the following way: by comparing the number of passengers by each category who selected ‘very likely’ or ‘likely’ for these two proposed features against the total number of people who completed our survey by passenger category. As a reminder, the number of people who completed our survey according to the five passenger categories were as follows:

<b>Renal patients</b>	<b>65</b>
<b>Regular (non-renal) passengers</b>	<b>24</b>
<b>Those who used it to attend a handful of appointments</b>	<b>31</b>
<b>Wheelchair passengers</b>	<b>21</b>
<b>Those who used it during the COVID lockdown period to attend appointments</b>	<b>37</b>

The graphs below show very clearly how different features of the service would be used to different degrees by different categories of passenger. This data could be used by the service provider to provide an adapted service, offering varied features for different groups.

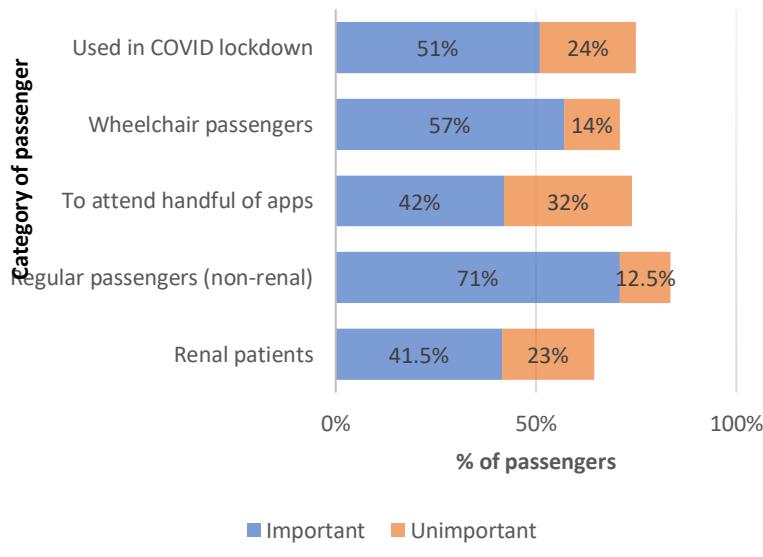
### Q23(a) A step-by-step 'how to' guide to help you apply for the service'

Overall, at least 40% of all categories of passengers, irrespective of which category they are in, indicated they were 'very likely' or 'likely' to use this feature if it was available. The service could aim to deliver this feature.

Of note is:

- The fact that 71% of regular (non-renal) passengers, said that they were 'very likely' or 'likely' to use this feature.
- The fact that over 50% of those who had used the service during the first COVID lockdown period and wheelchair passengers also said they were 'very likely' or 'likely' to use this feature.

**Q23(a) A 'how to guide' to help with applying for the service: importance to passengers**



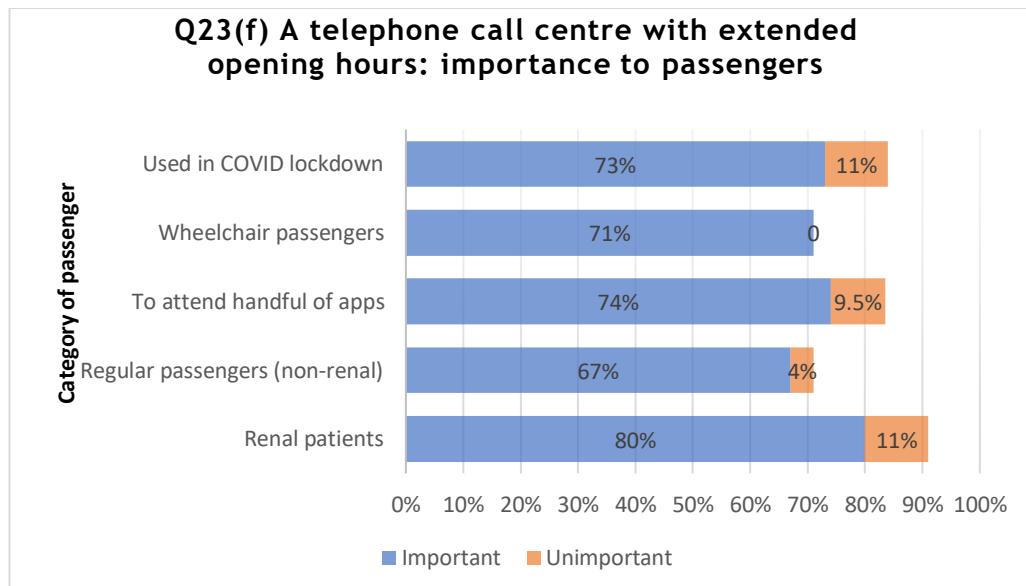
In addition, it is worth remembering that 52% of passengers said that the service had been arranged for them by someone else, and in particular that 68% of renal dialysis patients indicated that this was the case. Just 16% of respondents to our survey had applied for the service themselves. Individuals who did not need to apply for the service themselves might be less likely to indicate that they would use a step-by-step guide which explains the application process. Of those who indicated that they had applied for the service themselves, 45% said that they would use a 'how to' guide. Therefore, a guide should be produced.

**Q23(f) A telephone call centre service with extended operating hours (open longer than 9am-5pm).**

Overall, at least 65% of all categories of passenger, irrespective of which category they are in, indicated they were ‘very likely’ or ‘likely’ to use this feature if it was available. The service should ensure that it delivers this feature.

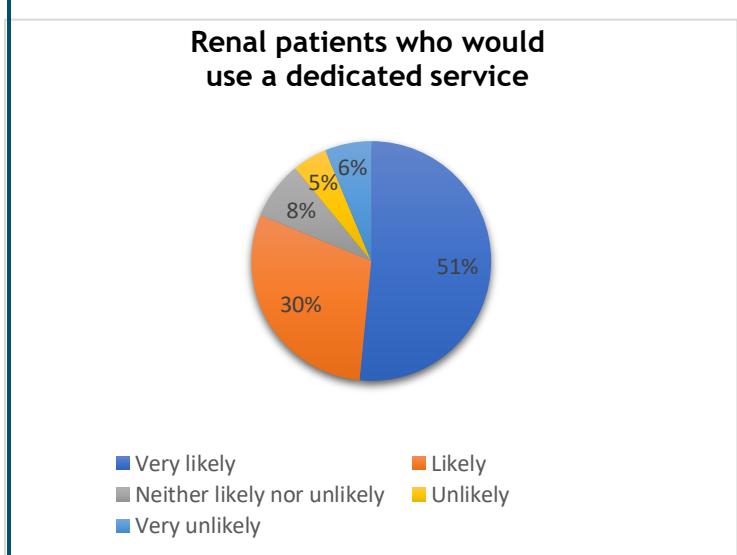
Of note is:

- The fact that 80% of renal patients said they were ‘very likely’ or ‘likely’ to use this feature if it was available.



**Q23(e) ‘A dedicated service specifically for renal patients, including specialist call centre staff**

Over 80% of renal patients said that they were ‘very likely’ or ‘likely’ to use this feature if it was available to them. The service should ensure that it delivers this feature for renal patients. Healthwatch has called for this facility for several years and the data firmly supports this



This feature attracted mixed results overall, with one third of all passengers indicating that they would not be likely to use this feature. This result is unsurprising as we would expect only renal patients to be likely to use such a service. The data reveals that:

- 52 of the 66 (78%) people who indicated that they would be ‘very likely’ or ‘likely’ to use this feature said they were renal patients.
- 7 of the 40 (17.5%) people who indicate that they would be ‘very unlikely’ or ‘unlikely’ to use this feature said they were renal patients.

In total 64 renal patients answered question 23(e). 33 (51%) said they were ‘very likely’ to use this feature, whilst 19 (30%) were ‘likely’ to use it. This means that 52/64 (81%) of renal patients who responded to Q23(e) of our survey said they would use a ‘*dedicated service specifically for renal patients, including specialist call centre staff*’. Only 7 (11%) of renal patients said they were ‘unlikely’ or ‘very unlikely’ to use this feature, while 5 (8%) were ‘neither likely nor unlikely’ to use it.

### (c) Locations of patients

We have also examined the data from the point of view of where passengers were from, based on the postcode they gave. We wanted to determine if location had a bearing on how likely passengers would be to use certain features of the service.

This analysis showed that the likelihood of using each feature did vary by area. To understand the data better we looked at where 80% or more of respondents from each Healthwatch area said that they were ‘very likely’ or ‘likely’ to use the six features. This revealed that:

- Residents from Brighton and Hove said that were ‘very likely’ or ‘likely’ to use 4 features:
  - (a) a step-by-step ‘how to’ guide to help you apply for the service
  - (d) information available in Easyread format
  - (e) a dedicated service specifically for renal patients, including specialist call centre staff, and
  - (f) a telephone call centre service with extended operating hours (open longer than 9am - 5pm)
- Residents from West Sussex and East Sussex said that were ‘very likely’ or ‘likely’ to 3 features (a, e, f).

A higher proportion of residents from Brighton and Hove said that they were ‘likely’ or ‘very likely’ to use information available in Easyread format, compared to residents from East and West Sussex.

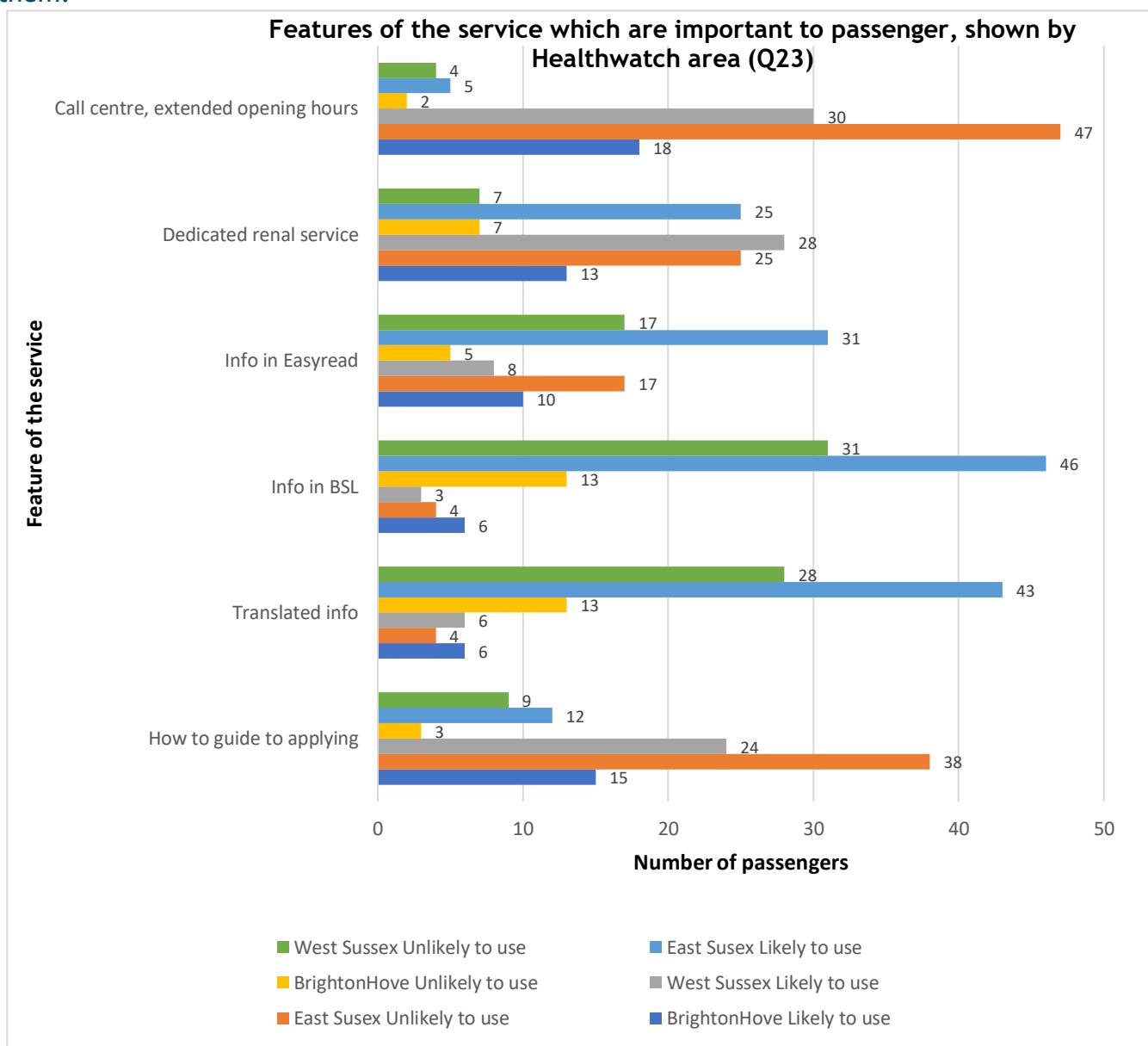
High proportions of residents from all three Healthwatch areas indicated that were ‘very likely’ or ‘likely’ to use features (a), (e) and (f)

We have also determined where more residents from each area said that were ‘unlikely’ or ‘very unlikely’ to use any of the six features. This revealed that:

- residents from Brighton and Hove said that were ‘unlikely’ or ‘very unlikely’ to use 2 features: (b) Information available in different languages and (c) information available in sign language).
- residents from East Sussex and West Sussex said that were ‘unlikely’ or ‘very unlikely’ to use 3 features: (b), (c), and (d).

A higher proportion of residents from all three Healthwatch areas indicated that they were ‘unlikely’ or ‘very unlikely’ to use the following two features: (b) and (c).

Whilst these are interesting findings, we have not been able to identify any reasons to explain them.



## Question 24: passengers preferences towards communications

Question 24 asked people to consider eight ideas for enhancing communications between the service provider and passengers. The ideas related to ways to apply for the service, share information about bookings, and tracking or being notified about vehicles and journeys

### Summary of key findings for Q24

Overall, 50% or more of all passengers agreed that the eight Healthwatch suggestions, listed at Q24(a)-(h), would help to improve communications between the provider and those who use the service.

**Over 60% of respondents showed higher levels of agreement with the following three options which they felt would improve communications:**

- ‘an online account facility which allows me (or a person I nominate) to amend/cancel my bookings’ (63%)
- ‘to receive a text or call telling me my vehicle is nearby (up to 30 minutes away)’ (79%)
- ‘a mobile phone app to track the whereabouts of vehicles’ (61.5%)

**Wheelchair passengers showed the highest levels of agreement with five of the eight different options.** They were the only group where agreement levels with all eight ideas exceeded 50%. Of note is the fact that 75% of wheelchair passengers agreed that ideas (a) and (c) and (g) would help to improve communications i.e., ‘an online account facility which allows me (or a person I nominate) to apply for the service and amend bookings’, and the option of ‘having information shared automatically with a nominated carer, friend, or relative’.

**Over 90% of wheelchair and regular (non-renal) passengers of the service agreed that it would improve communications to receive a text or call telling them when their vehicle is nearby (up to 30 minutes away).** This was also the only suggestion which 65% or more of all categories of all passenger agreed that it would help to improve communications.

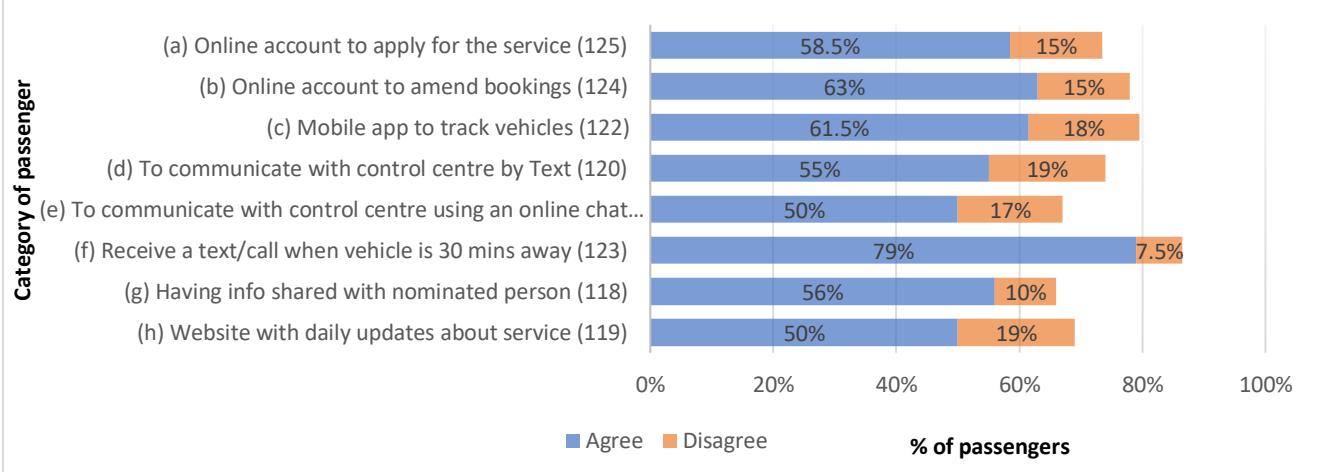
**Two suggestions attracted lower levels of agreement ‘to communicate with the control centre using an online chat facility’ and ‘a website with daily updates about the service’.**

## Results for Q24 in detail

### (a) Passengers tell us how to improve communications

The graph below shows that a higher proportion of passengers (50% or higher) ‘agreed’ or ‘agreed strongly’ with all eight suggestions which are designed to improve communications between the provider and passengers. We have excluded any ‘neither agree nor disagree’ responses from the results.

**Q24 ideas to improve communications; what passengers want**



We have examined the data further to determine which of the eight suggestions passengers most agreed with. To do this we have combined responses where passengers selected either 'strongly agree' or 'agree' and identified where the overall result was 80% or more (see the Data Tables, Appendix Two, Q24). We consider that this indicates a **very strong positive response** overall by passengers. This analysis revealed that none of the suggestions generated this level of support.

We therefore looked at a threshold of 51% to determine where more than half of all passengers indicated that they would use these features, and therefore to identify a **strong positive response**. In a similar way, we have combined responses where passengers selected either 'slightly important' or 'not important at all' and identified where the overall result was 25% or more to determine where a **very strong negative response** was recorded overall.

Not all respondents who were eligible to do so answered every part of Q24 and the Data Tables, Appendix Two, Q24 shows the number of respondents who selected each aspect of the service (a)-(h). At least 50% of all respondents 'agreed' or 'agreed strongly' with all eight suggestions for improving communications between the provider and themselves which indicates that the service should use a variety of technological innovations to improve communications with passengers.

**Over 60% of all respondents showed higher levels of agreement with the following options which they felt would improve communications** (highlighted in green in the table below) which suggest that priority should be given to their development:

- To receive a text or call telling me my vehicle is nearby (up to 30 minutes away) - (79%, n97/123)
- An online account facility which allows me (or a person I nominate) to amend/cancel my bookings - (63%, n78/124)
- A mobile phone app which allows me to track the whereabouts of my vehicle - (61.5%, n75/122)

**It is important to note that at least 15% of respondents 'disagreed' or 'strongly disagreed' with six of the suggestions for improving communications between the provider and themselves.** The highest level of disagreement, 19% (n23/119), related to the idea of a website that provided daily updates about the service. An analysis of the characteristics of those who showed less agreement with the suggestions indicates that 49% were aged 65 years or over and that female respondents were more likely to show less agreement with the proposals. There were no noticeable differences in the data for those identified as having a long-term health condition. This data reminds us that technological developments in communications may only suit a proportion of people. These results link to a recent report by Healthwatch in Sussex '[Accessing health and care services - findings during the Coronavirus pandemic](#)' which focused on establishing people's experiences of digital or remote consultations during the COVID-19 period and crucially, their expectations and preferences for service redesign and delivery in the restore and recovery stages post COVID. Our report found: "*There is a need to ensure that communication is in appropriate formats, is received and understood.*"

## (b) Categories of patients

We have examined the data to see how different categories of passenger responded to Q24 to see if any variations existed. The data is shown in the Data Tables, Appendix Two, Q24, and the graphs which are displayed on the next pages. We have analysed the results in the following way: by comparing the number of people by each passenger category who selected 'strongly agree' or 'agree' with the eight aspects (a)-(h) against the total number of people who completed our survey by passenger category. As a reminder, the number of passengers who completed our survey according to the six passenger categories were as follows:

<b>Renal patients</b>	65
<b>Regular (non-renal) passengers</b>	24
<b>Those who used it to attend a handful of appointments</b>	31
<b>Wheelchair passengers</b>	21
<b>Those who used it during the COVID lockdown period to attend appointments</b>	37

The graphs below show that agreement levels with the suggested ideas varied amongst different categories of passengers. This data could be used by the service provider to provide an adapted service, offering varied features for different groups. We have summarised the levels of agreement and disagreement with the eight options by category of passenger in the table below:

### Key

- Yellow: 90% agreement
- Green: 60%-89% agreement
- Amber: 50%-59%
- Pink: less than 50% agreement

Suggestion	A Online account to apply	B Online account (amend/cancel)	C Mobile phone app	D Chat by text	E Online chat	F Text or call notifications	G Sharing info with named person	H Website with daily updates
<b>Passenger category:</b>	% of passengers in each category who agreed with the idea							
Travelled in lockdown	38%	43%	65.5%	65.5%	35%	70%	40.5%	38%
Wheelchair passengers	76%	76%	76%	67%	62%	90.5%	76%	52%
For a few apps only	70.5%	64.5%	48%	42%	42%	68%	48%	35.5%
Regular (non-renal) passengers	67%	67%	79%	58%	46%	92%	50%	54%
Renal patients	46%	49%	44.5%	44.5%	40%	71%	44.5%	43%

**Q24(a) An online account facility which allows me (or a person I nominate) to apply for Patient Transport Services**

Overall, at least 38% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

Of note is:

- The fact that 76% of wheelchair passengers and 67% of regular (non-renal) passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications.
- The fact that just 46% of renal patients and 38% of those who had used the service during the first COVID lockdown period agreed that this feature would help to improve communications.

**Q24(b) An online account facility which allows me (or a person I nominate) to amend and cancel my bookings**

Overall, at least 43% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

Of note is:

- The fact that 67% of regular (non-renal) passengers and 76% wheelchair passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.
- The fact that just 49% of renal patients and 43% of those who had used the service during the first COVID lockdown period agreed that this feature would help to improve communications.

**Q24(c) A mobile phone app which allows me to track the whereabouts of my vehicle**

Overall, at least 51% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

Of note is:

- The fact that high proportions of wheelchair passengers (76%) and regular (non-renal) passengers (79%) agreed that this feature would help to improve communications.
- The fact that just 52% of renal patients, 48% of those who had used the service to attend just a handful of appointments, and 51% of those who had used the service during the first COVID lockdown period agreed that this feature would help to improve communications.

**Q24(d) To be able to communicate with the call centre by text**

Overall, at least 42% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

Of note is:

- The fact that 67% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.
- The fact that just 44.5% of renal patients and 42% of those who had used the service to attend just a handful of appointments agreed that this feature would help to improve communications.

**Q24(e) To be able to communicate with the call centre online (using an online chat facility)**

Overall, at least 35% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

**Of note is:**

- The fact that 62% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.
- The fact that low proportions of all other categories of passengers agreed that this feature would help to improve communications:
  - 35% of those who had used the service during the first COVID lockdown period
  - 40% or renal patients
  - 42% of those who used the service to attend just a handful of appointments
  - 46% of regular (non-renal) passengers

**Q24(f) To receive a text or call telling me when my vehicle is nearby (up to 30 minutes away)**

Overall, at least 68% or more of all categories of all passenger, irrespective of which category they are in, indicated that this feature would improve communications between the provider and passengers. The service should ensure that it delivers these services for every passenger.

**Of note is:**

- The fact that high proportions of wheelchair passengers (90.5%) and regular (non-renal) passengers (92%) agreed that this feature would help to improve communications
- Nearly three quarters of renal patients (71%), those who used the service during the first COVID lockdown period (70%) and those who used the service to attend just a handful of appointments (68%) agreed that this feature would help to improve communications.

**Q24(g) The option of having information shared automatically with a nominated carer, friend or relative**

Overall, at least 40% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

**Of note is:**

- The fact that 76% of wheelchair passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.
- The fact that 50% or less of all other categories of passengers agreed that this feature would help to improve communications.
- Those who used the service during the first COVID lockdown period showed the least agreement with this feature at 40.5%.

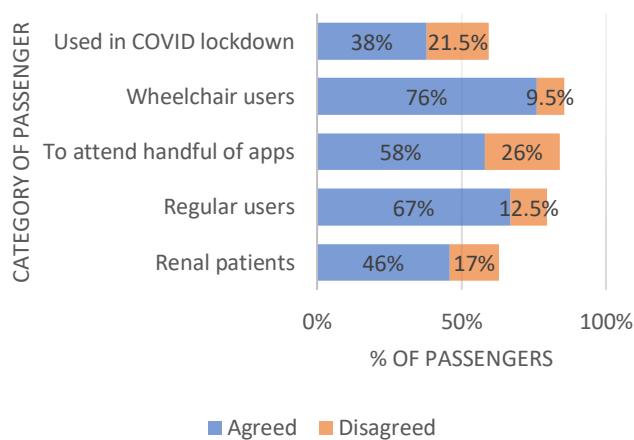
### Q24(h) A website with daily updates about the service

Overall, at least 35% or more of all categories of passenger ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.

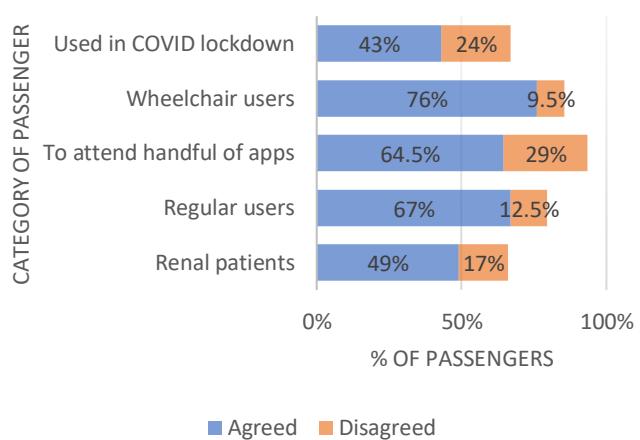
Of note is:

- The fact that 52% of wheelchair passengers and 54% of regular (non-renal) passengers ‘strongly agreed’ or ‘agreed’ that this feature would improve communications between the provider and passengers.
- 50% or less of all other categories of passengers agreed that this feature would help to improve communications.
- Those who used the service to attend just a handful of appointments and those who used it during the first COVID lockdown period showed the least agreement with this feature at 35.5% and 38% respectively, whilst just 43% of renal patients agreed this feature could improve communications.

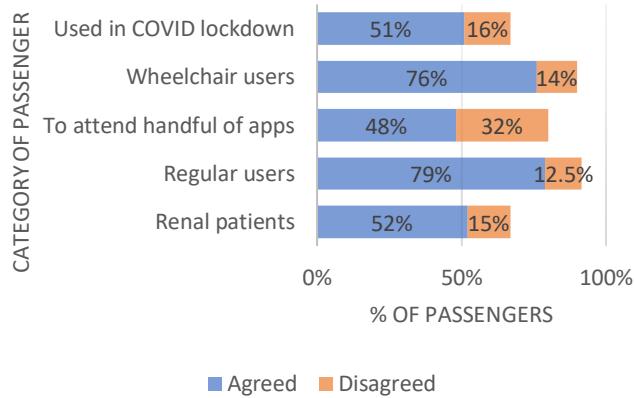
**Q24(A) an online account to apply for the service: how many passengers agreed**



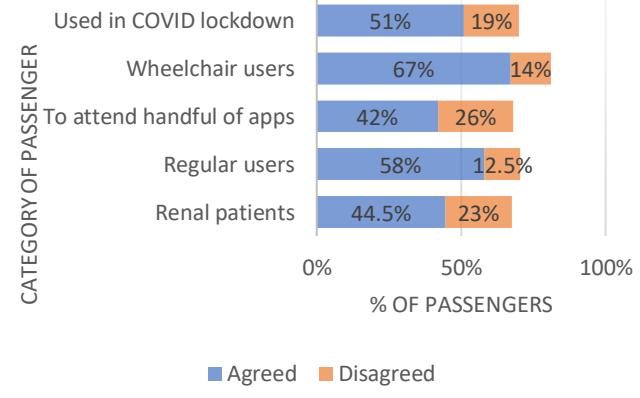
**Q24(b) an online account to amend my bookings: how many passengers agreed**



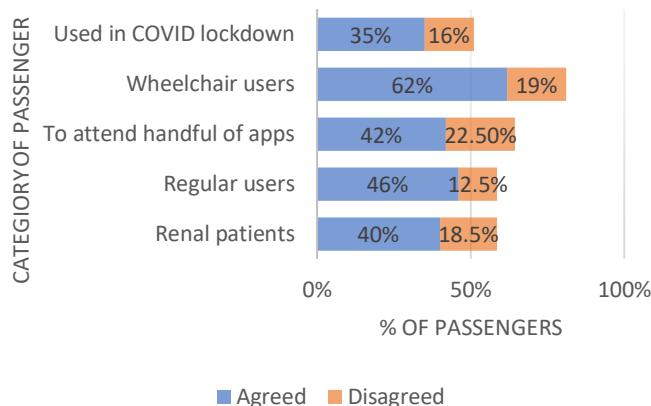
**Q24(c) a mobile phone app to track my vehicle's location: how many passengers agreed**



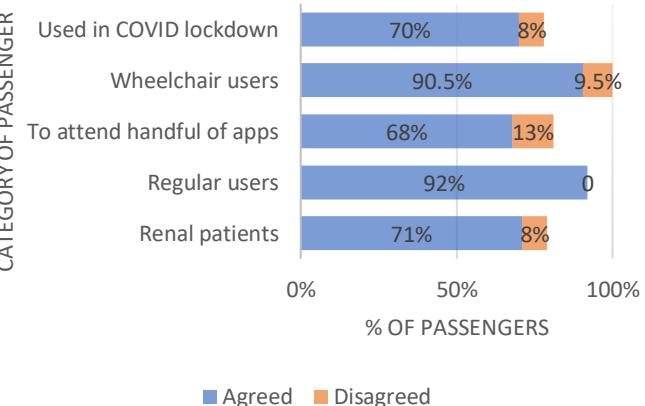
**Q24(d) to communicate with the control centre by text: how many passengers agreed**



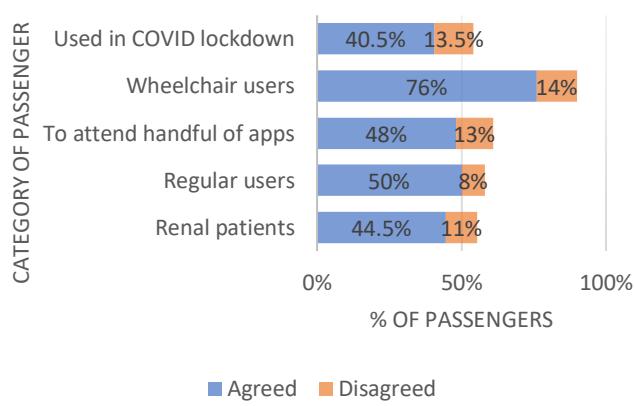
**Q24(e) to communicate with the control centre using online chat: how many passengers agreed**



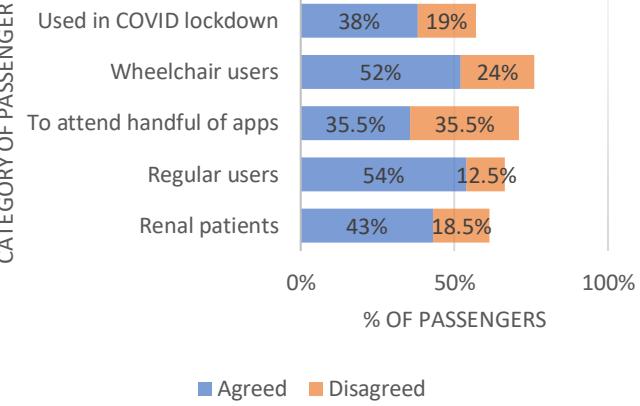
**Q24(f) to get a call/text when my vehicle is 30 minutes away: how many passengers agreed**



**Q24(g) the ability to automatically share info with a nominated person: how many passengers agreed**



**Q24(h) a website regularly updated with info: how many passengers agreed**



### (c) Location of patients

We have also examined the data from the point of view of where passengers were from, based on the postcode they gave. We wanted to determine if location had any bearing on which features of the service passengers were more likely to agree would improve communications. This data is shown in the Data Tables, Appendix Two, Q24.

This analysis showed that a higher proportion of residents from all three Healthwatch areas showed agreement with all eight suggestions for improving communication. To understand the data better we looked at where 80% or more of respondents from each Healthwatch area showed 'strong agreement' or 'agreement' with the ideas. This revealed that:

- 80% of residents from Brighton and Hove and West Sussex showed agreement with five of the eight suggestions. In addition, 70% or more of residents from Brighton and Hove agreed with all eight suggestions, whilst 70% of West Sussex residents agreed with seven.
- 80% of residents from East Sussex showed agreement with two of the eight suggestions. However, 70% of East Sussex residents agreed with seven.

80% of residents from all three Healthwatch areas agreed that ‘to receive a text/call when my vehicle is 30 mins away’ would help to improve communications. This was the only suggestion to achieve 80% agreement levels across all three Healthwatch areas.

In addition, 70% of residents from all three Healthwatch areas agreed that a further five suggestions would help to improve communications:

- a) an online account to apply for the service
- b) an online account to amend bookings
- c) a mobile app to track vehicles
- e) to communicate with control centre using an online chat facility
- g) having information shared with a nominated person

The two remaining suggestions saw mixed levels of agreement across the three Healthwatch areas (d and h).

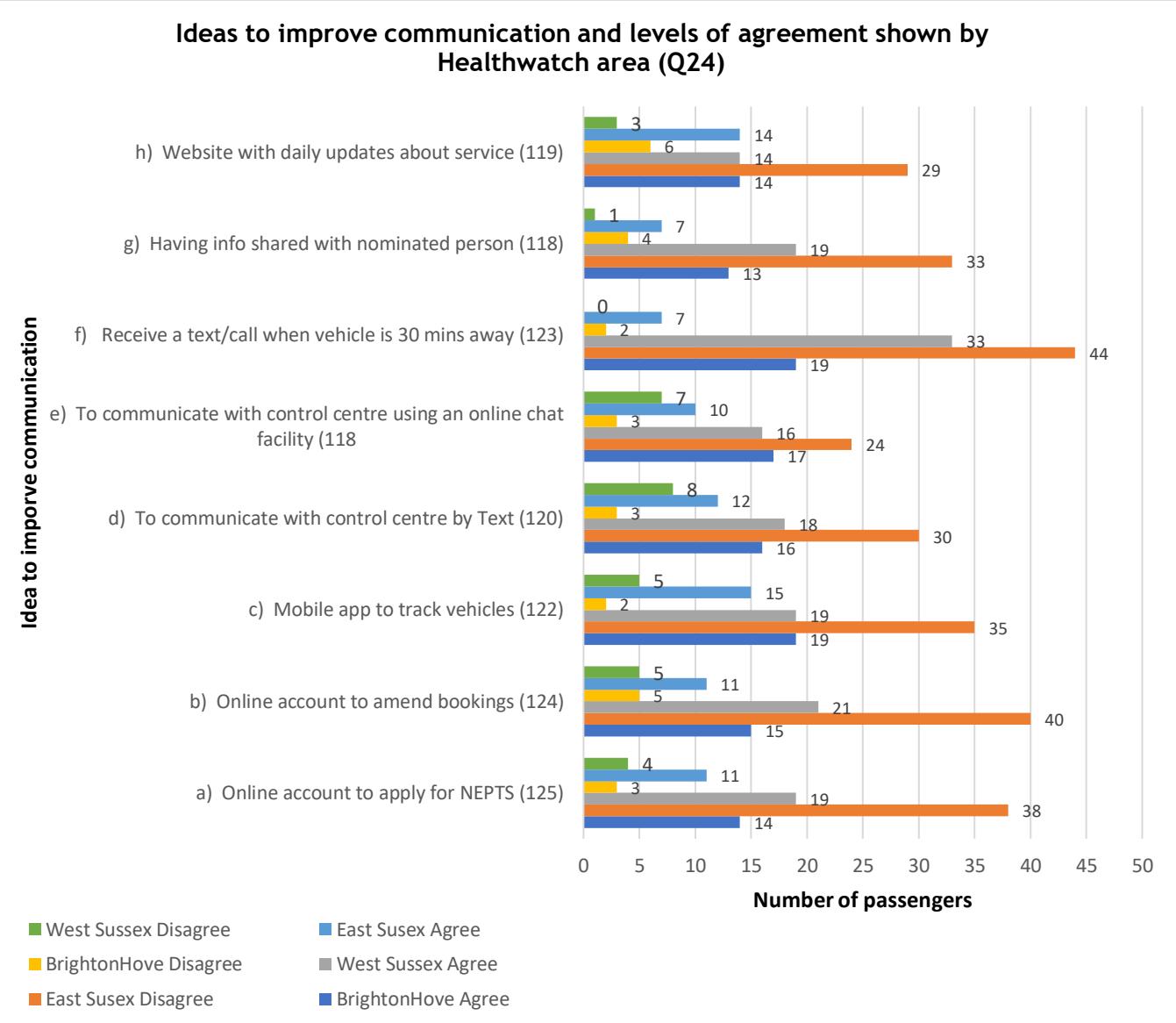
We have also determined where 25% or more of respondents from each area disagreed with any of the eight suggestions. This revealed that:

- 25% of residents from Brighton and Hove disagreed with two ideas (b and h)
- 25% of residents from West Sussex disagreed with two ideas (d and e)
- 25% of residents from East Sussex disagreed with four ideas (c, d, e, h). Interestingly, 30% of residents from East Sussex disagreed with the idea of a mobile phone tracker app.

Three suggestions saw disagreement levels of 25% being recorded by residents of at least two of the three Healthwatch areas:

- (c) to communicate with control centre by text (East and West Sussex residents)
- (d) to communicate with control centre using an online chat facility (East and West Sussex residents)
- (h) website with daily updates about service (Brighton and Hove and East Sussex residents)

Whilst these are interesting findings, we have not been able to identify any reasons to explain them.



#### (d) Distance travelled by patients

We have also examined whether the distance travelled using the service had any impact on how strongly passengers agreed or disagree with the eight suggestions to improve communications. Overall, we have been able to determine the distance travelled by 106 passengers. These were people who provided a home postcode and a single destination that they were taken to by the service. More passengers indicated that they had travelled less than 10 miles using the service (61) compared to those who had travelled 10 miles or more (45). This data is displayed in the table below. The data reveals differences in the levels of agreement seen for the six suggestions based on the distance passengers travelled using the service.

A higher proportion of people who travelled under 10 miles were more likely to say that they 'agreed' or 'agreed strongly' with five suggestions (c, d, e, f and g), compared to people who travelled longer distances (more than 10 miles using the service). Those who had travelled further said that the same five suggestions were important to them but in slightly smaller

numbers (highlighted in green in the table). The margin of variation was on average no more than 10 percentage points for ideas b, c, and f. However, a wider margin or 15 percentage points was seen for ideas (d) to communicate with control centre by text and (e) to communicate with control centre using an online chat facility, with those who travelled further distances being markedly less likely to agree that these two ideas would help to improve communications.

In addition, those who travelled further distances were noticeably more likely to disagree with four suggestions for improving communications compared to those who travelled shorter distances (highlighted in pink in the table):

- a) an online account to apply for the service
- b) an online account to amend bookings
- d) to communicate with control centre by text
- e) to communicate with control centre using an online chat facility

Once again, whilst these are interesting findings, we have not been able to identify any reasons to explain them.

Q24: Distance travelled using the service and agreement with aspects of it	Strongly agree / Agree		Disagree / Strongly disagree	
	Distance travelled	Aspect of service	Less 10 miles	More 10 miles
<b>Number of passengers</b>				
a) Online account to apply for the service (125)	30 (49%)	27 (60%)	13 (21%)	2 (4%)
b) Online account to amend bookings (124)	33 (54%)	29 (64%)	13 (21%)	2 (4%)
c) Mobile app to track vehicles (122)	36 (59%)	22 (49%)	12 (20%)	5 (11%)
d) To communicate with control centre by Text (120)	35 (57%)	19 (42%)	14 (23%)	4 (9%)
e) To communicate with control centre using an online chat facility (118)	31 (51%)	16 (35.5%)	12 (20%)	3 (6.5%)
f) Receive a text/call when vehicle is 30 mins away (123)	48 (78%)	31 (69%)	5 (8%)	2 (4%)
g) Having info shared with nominated person (118)	35 (57%)	19 (42%)	8 (13%)	4 (9%)
h) Website with daily updates about service (119)	28 (46%)	19 (42%)	13 (21%)	5 (11%)



## How to contact Healthwatch

### Healthwatch Brighton and Hove

Community Base  
113 Queens Road,  
Brighton  
BN1 3XG



Email: [office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)

Phone: 01273 234040

Website: [www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)

#### Social media:

- Facebook @healthwatchbrightonhove
- Twitter @HealthwatchBH
- Instagram @healthwatchbh

### Healthwatch East Sussex

Barbican Suite  
Greencoat House  
32, St Leonards Road  
Eastbourne  
BN21 3UT



Email: [enquiries@healthwatcheastsussex.co.uk](mailto:enquiries@healthwatcheastsussex.co.uk)

Phone: 0333 101 4007

Website: [www.healthwatcheastSussex.co.uk](http://www.healthwatcheastSussex.co.uk)

#### Social media:

- Facebook @healthwatcheastSussex
- Twitter @HealthwatchES
- Instagram @healthwatcheastSussex

### Healthwatch West Sussex

PO Box 1343  
Crawley  
West Sussex  
RH10 0QH



Email: [helpdesk@healthwatchwestsussex.co.uk](mailto:helpdesk@healthwatchwestsussex.co.uk)

Phone: 0300 012 0122

Website: [www.healthwatchwestsussex.co.uk](http://www.healthwatchwestsussex.co.uk)

#### Social media:

- Facebook @healthwatchwestsussex
- Twitter @Healthwatchws
- Instagram @healthwatchws