

Patient Transport Report

March 2024





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Introduction and Background

Healthwatch North and West Northamptonshire received feedback from the public regarding the issues being faced across Northamptonshire regarding transport to clinical appointments. Through our collected feedback we heard from members of the public we were made aware of the difficulties experienced in attending medical appointments in Northamptonshire and the surrounding counties. Due to the geographical size of West and North Northamptonshire, there are many rural areas and public transport can be limited when travelling between towns. These challenges have been acknowledged by local authorities and local area partnerships are addressing the issues within their community workshops. North Northamptonshire and West Northamptonshire councils offer community transport options on their websites, which help direct members of the public to access local voluntary car schemes. These voluntary car schemes operate by utilising volunteers who will help drive passengers to pre-booked locations, often these destinations are medical appointments, however, these schemes do cost the user a fee to register and the user to pay mileage fees¹.

Service users have told us that they have no means of attending their appointments by private transport and are unable to finance taxis or other paid-for options, such as voluntary car schemes that incur fees. Some struggle with the cost of transport, especially when public transport is not easily accessible in more rural areas. Members of the public also told us that often they need to take multiple public transport routes due to a lack of direct routes to health service providers.

Due to the feedback we received around the challenges accessing patient transport, we decided to conduct a public survey, to better understand the current experience individuals in the community have had with patient transport, as well as to identify any gaps that may be present with these services.

¹<https://www.northnorthants.gov.uk/buses-and-transport/community-transport>



Methods

Healthwatch North and West Northamptonshire held a task and finish group with volunteers to discuss the issue of patient transport and access to health services. The outcome of the task and finish group was to offer a survey to the public that would help us better understand the methods of patient transport that are currently being utilised across the two council areas and the experiences of those using the services.

The key themes that our service aimed to identify through our questionnaire were the following:

- Type of transport being used to access medical appointments
- The distance being travelled to these appointments
- The purpose of the journey
- The awareness of voluntary transport options within participants areas
- Impact of cost and the affordability of transport
- Issues associated with utilising patient transport
- Experience of participants having used patient transport

We collected feedback from individuals who had utilised patient transport services in the past 18 months, asking participants about their journey, their awareness of current patient transport services within the county and their experiences of using the services offered. The data that we collected was a mixture of qualitative and quantitative data. We offered the survey electronically for 6 weeks as well as offering the option to provide a paper survey if requested by participants to ensure it was accessible and did not digitally exclude any participants. This survey was shared amongst our networks and we received the support of local partners who helped to share it with the public. Once the survey closed, the data was analysed and themes were identified, and any identified needs and recommendations were made.



Limitations

The survey we produced was shared across our social media platforms as well as with partners who helped promote the project to the public. We ran the survey for a total of 6 weeks. We found that engagement with the survey was less than expected, and we received a total of 18 responses. Due to this we have used numbers along side percentages to accurately portray the data findings. It is also worth highlighting that the ethnic diversity of the individuals who responded was not diverse.

Key Findings Discussion

Through the analysis of the data provided from the patient transport survey, there were some key findings and themes that have been highlighted around the topic of patient transport and patient accessibility of services.

The patients who engaged with the survey were predominantly female and fell between the ages of 50-79 years. All the respondents were white in ethnicity. The majority of all respondents reported either having a disability or long-term condition, which allows us to conclude that those who require patient transport, will typically have pre-existing conditions and health challenges.

We asked patients about their experience accessing transport for medical appointments as well as specific questions about patient transport services. We found that the majority of respondents relied on friends and family to take them to their medical appointments, with a smaller portion of respondents utilising both private and public transport, and the least used type of transport was identified to be the use of voluntary transport. The low uptake of the use of local voluntary schemes directly correlated with the identified low awareness of the many available voluntary patient transport services across Northamptonshire. This highlights a need for local voluntary schemes to boost their exposure and local awareness within their communities.



We found that patients typically travelled an average of 11 miles to their medical appointments, which shows that patients are travelling outside their local community to access their appointments. This is likely due to the majority of participants stating that they were attending outpatient appointments at a hospital within Northamptonshire. Many were aware of the cost associated with their journey, with the average cost being £13. The majority of participants stated that their journey did not cause them financial hardship, however, we acknowledge that this may be directly due to the reliance on friends and family, which may not be charging for their services.

Issues were reported around the experiences of accessing patient transport, with just under half of participants having previously missed a medical appointment due to issues with transport. These issues were typically due to a lack of access to transport, the inability to afford the necessary transport, and transport being unreliable and causing lateness. Patients gave us personalised feedback about the issues they had faced previously with transport to medical appointments, and this was typically down to having experienced long waits and delays from the transport service. It was noted that public transport routes could benefit from improving their routes and access.



Recommendations

From our review of the data provided by participants, we have two key recommendations for ways to improve the access and experience of utilising patient transport.

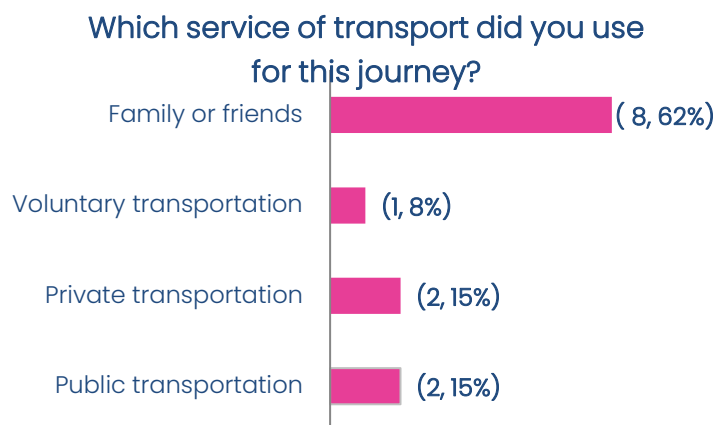
- Local voluntary patient transport services should find ways to improve their advertisement, local awareness and exposure of their services. This could be done through increased promotion of their services through flyers placed around local communities, advertisements in local parish newsletters, and increased visibility within local general practices and hospitals.
- Hospitals and outpatient departments could collaborate with local services to help support their offers, and departments can ask patients about their ability to access their appointments, if there is a need for patient transport services, they could then share key information about voluntary services that can support the patient.



Key Data and Results

Accessing transport for medical appointments

100% of the respondents stated that they needed access transport for medical appointments within the last 18 months. We had a total of 18 participants engage with our survey. Participants were asked the type of service that they accessed for their journey and it was found that 62% of participants used family or friends to help them access their appointment. Only one of the participants utilised voluntary transport, which indicates that the awareness and easy accessibility of voluntary transport are not adequate for community members.



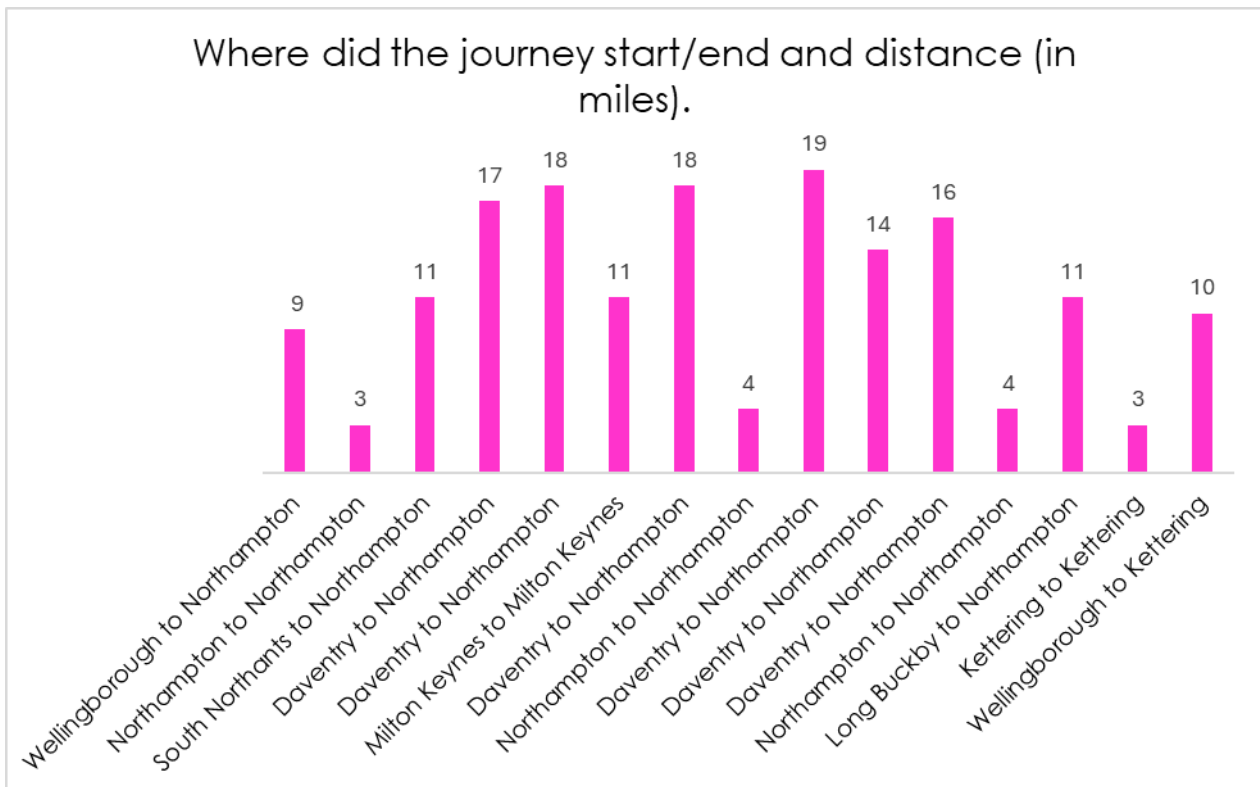
We asked participants about their journey and the distance they travelled to attend their medical appointments. The graph below shows the range of distances individuals needed to travel, with many needing to travel to Northampton General Hospital and a few needing to travel to Kettering General Hospital and Milton Keynes. The longest journey was 19 miles travelling from Daventry to Northampton, the shortest journeys were local



journeys within the towns of Kettering and Northampton. The average journey travelled for an appointment was 11 miles.

Purpose of journey

Participants were asked about the purpose of their journey, many stated that it was to attend an outpatient appointment or a general appointment.



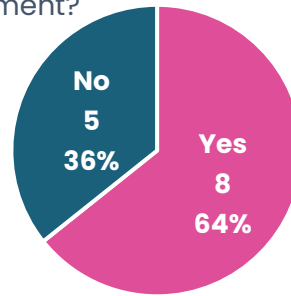
There were also some specific reasons provided:

- *“Radiotherapy”*
- *“Respiratory medicine”*
- *“To specialist service to have insoles and ankle brace fitted”*
- *“Severe fall on pavement urgent care”*
- *“Covid vaccine”*

Patients were asked whether they required patient transport specifically to get home from a hospital stay or appointment. A greater proportion of respondents required patient transport to return from the hospital or an appointment than those who did require transport to a medical appointment that was not within a hospital.

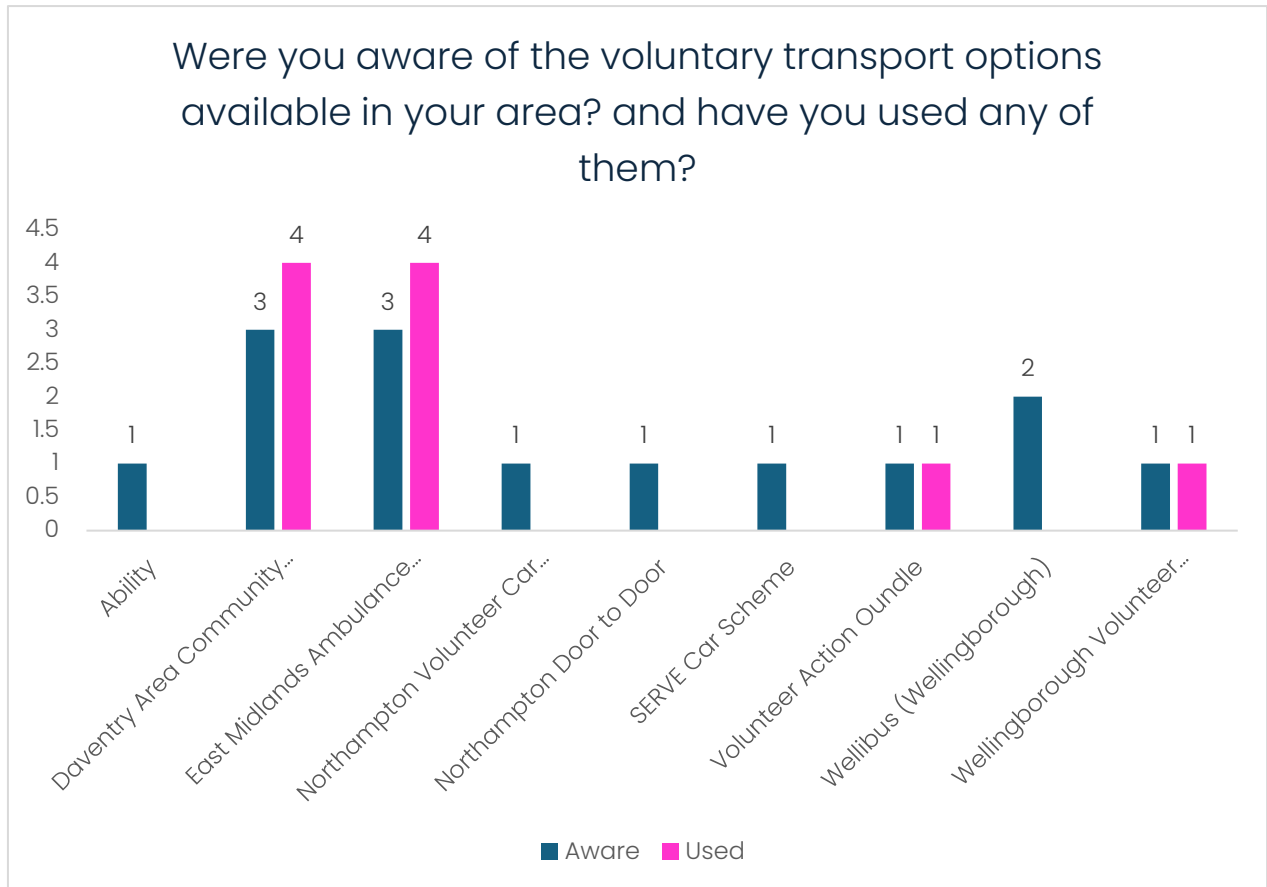


Did you need patient transport to get home from a hospital stay or appointment?



Awareness and use of voluntary transport and costs

We asked participants about their awareness and previous use of voluntary transport options that are available in their local areas. Of the 26 options that were listed, participants were only aware of 9 or 35% of the transport options, this is shown in the graph below.



The most frequently used transport options utilised by respondents were the Daventry Area Community Transport (DACT) and the East Midlands Ambulance Service (EMAS), both were used by 22% or by four participants. These two services also had the most awareness from participants. DACT



is a voluntary-led medical transport car scheme service which serves individuals who reside within the Daventry district of Northamptonshire, they offer their services at low cost to service users². DACT also offers a Daventry Town Community bus which supports those with mobility and access challenges with Daventry Town at no charge.

EMAS is a National Health Service (NHS) non-emergency patient transport service which provides transport for eligible patients who need medical or clinical support to get to and from their healthcare appointments across Northamptonshire³. EMAS operates both through trained and paid staff as well as volunteers to carry out their services and they do not charge for their services, their service can be booked through a telephone line. Other services which participants were aware of were local town services which support those with the communities of each locality. As only 35% of participants had awareness of the many transport options available, it is clear that more awareness and promotion can be done within Northamptonshire to bring understanding to the supports available.

A barrier for patients accessing transport to appointments is affordability and cost of services, we asked participants whether they were aware of the costs associated with their journey. Of the participants who responded, over a third (38%) were unaware of the costs associated with their journey and just under two-thirds (62%) were aware of the costs, this is shown in the graph below. Because the majority of participants used friends and family to access their appointments, this may correlate to those participants being unaware of the costs due to not having to remunerate their friends and family for the trip.

We asked participants about their access to a mobile phone and internet. 88% of participants had access to a mobile telephone and 12% did not have access to a mobile telephone. We asked participants about their ability to easily access the internet and all but one participant reported having access to the internet. This data shows that there are community

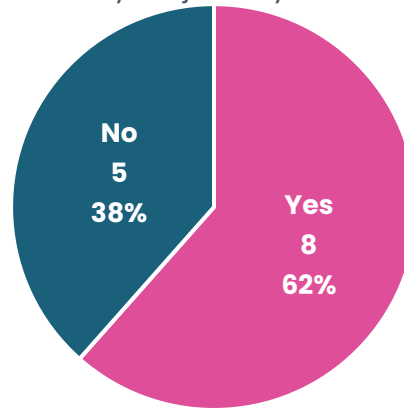
²<https://www.dact.uk.com/car-scheme>

³<https://www.emas.nhs.uk/your-service/patient-transport-service>



members who may have difficulty researching and accessing patient transport services which exclusively have their information and service details online.

Did you know how much it would cost before your journey started?

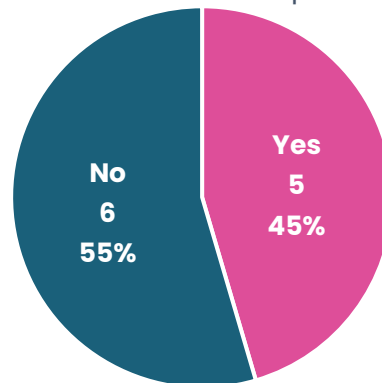


Participants were asked the cost of their journey, of the total respondents only 11 of the 18 participants responded to this question. The responses ranged from being free to the highest cost being £40. The average cost was £13.

Participants were asked about the impact of having to pay for transport and whether this caused financial hardship and of the total respondents only 11 of the 18 participants responded to this question. Again, this may be due to many relying on friends and family for transport, feeling that the questions that related to the cost of the journey did not apply to their journey to their medical appointment. Under half of the respondents felt that having to pay for transport did cause financial hardship and just over half said it did not cause financial hardship.



Did having to pay for transport cause financial hardship?



Issues with patient transport

Respondents were asked to elaborate on pertinent issues with patient transport, and we received a variety of responses. Some issues were related to delays, impacting attendance at their appointments, and having to rely on alternative modes of transport. The participant's voices are captured below:

- *"Yes. I had to wait 7 hours after my appointment for the ambulance to arrive. The clinic had closed by then and a member of staff had to stay late with me"*
- *"Missed appointments as a result of transport issues"*
- *"Yes - delays as I was not sure who to call and had to rely on family who lives far away"*

One individual mentioned it was necessary for the hospital to arrange a taxi for them:

- *"Yes. Thankfully, the hospital paid for a taxi to take me home. I couldn't have afforded a taxi"*

One participant noted an issue they experienced that was related to organisation and communication:

- *"Time it took to organise and with little communication"*



One person expressed dissatisfaction with public transport:

- *“Public transport could be improved in terms of stops and access”*

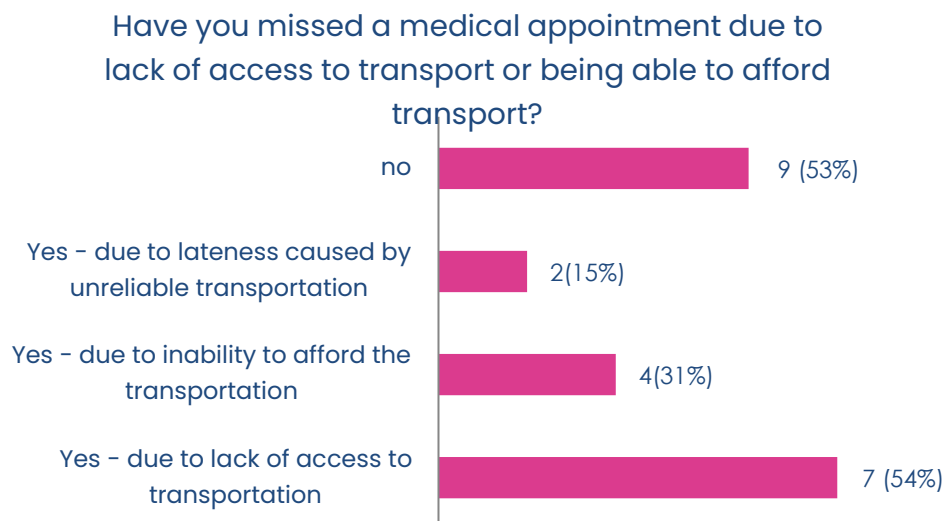
An individual described how being someone who uses a walker was a barrier to attending an appointment, which resulted in them needing to cancel their appointment:

- *“Yes, I couldn't get patient transport services to return. Yes, I couldn't get patient transport for an appointment to have a lumbar puncture because I am not in a wheelchair, I use a walker. I had to cancel the appointment because of this”*

There was one extract of positive feedback concerning the Voluntary Action Oundle:

- *“No I used voluntary Action Oundle –without this service, I would have none”*

Patients were asked whether they had missed a medical appointment due to a lack of access to transport or being able to afford transport



In response to being asked about missed medical appointments, as a result of lack of access of transport or not being able to afford transport, over half (53%) of respondents said this was not an issue. Of the 47% who stated that they did miss a medical appointment, the main reason for missing appointments was due to lack of access to transport, which

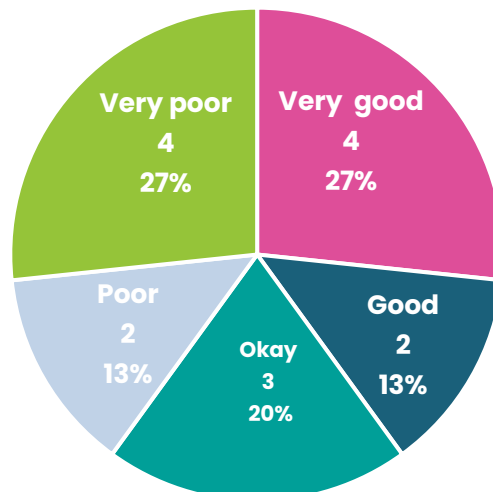


affected 7 people (54%), with much smaller proportions of respondents attributing this to late or unreliable transport (4 people or 31%) and an inability to afford transport (12 people or 15%).

Overall Experience

Participants were asked about their overall experience of accessing patient transport to their medical appointments. There was a varied response when asked about the overall experience, with an almost equal number of respondents rating their experience as good/very good to those rating their experience as poor/very poor.

How would you rate your overall experience?

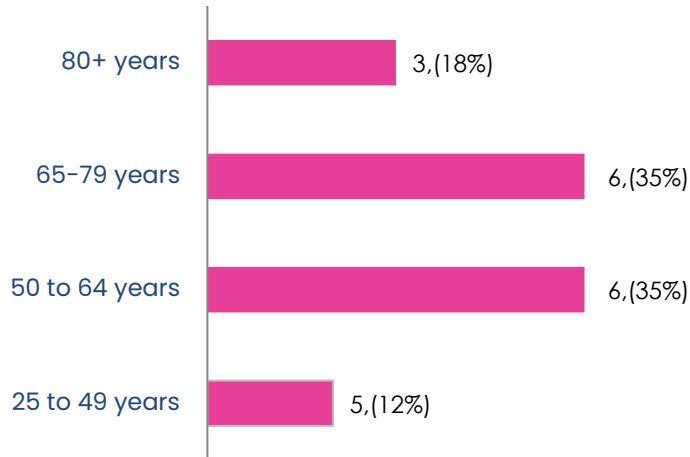


Demographics

We asked participants a set of demographics to help us better understand the individuals who responded to the survey. Over two thirds of respondents' ages ranged between 50 to 79 years old (70%), this is shown in the graph below. The genders of those who responded to the survey were female (88%) and (12%) were male. The ethnicities of the respondents were (82%) White British/English/Northern Irish/Scottish/Welsh and 18% were White Other.

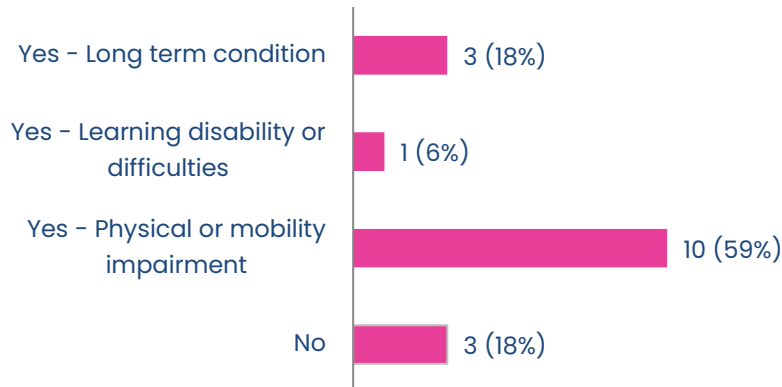


What is your age?



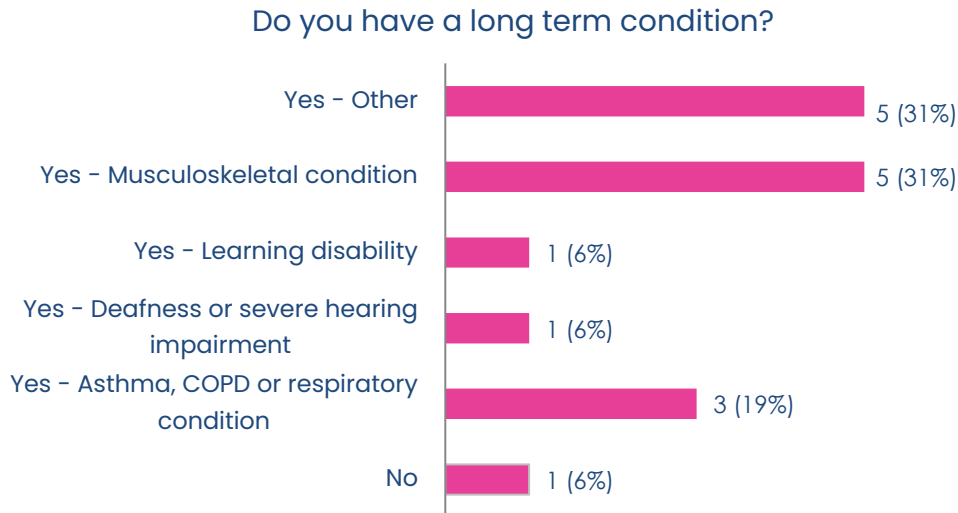
We asked participants whether they had a disability or long-term condition. 14 of the participants (82%) stated that they had a disability, with over half reportedly having a physical or mobility impairment. Having a physical or mobility impairment directly correlates to a need to access patient transport, as they likely require additional support to attend their appointments.

Do you have a disability?





When asked whether the participants had a long-term condition, of the total participants 15 (83%) stated that they did, this is shown in the graph below.



Five participants (31%) had a musculoskeletal condition, and 5 participants (31%) stated they had a condition which was not listed. Three (19%) of the participants had asthma, chronic obstructive pulmonary disease (COPD) or a respiratory condition. One respondent stated they had a learning disability or impairment and one respondent was deaf or severely hard of hearing with an impairment. With most of the respondents having a long-term condition and/or a disability, this shows that the majority of those who require patient transport to their medical appointments do experience physical health and mental health challenges.



Acknowledgements

We would like to thank the participants of this survey for their time and willingness to share key information about their experiences with patient transport and access for medical appointments.



About Healthwatch North and West Northamptonshire

Healthwatch North and West the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchnorthamptonshire.co.uk

healthwatch
North Northamptonshire
West Northamptonshire



About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk





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