

Renal patients' experience of the patient transport service

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Our approach

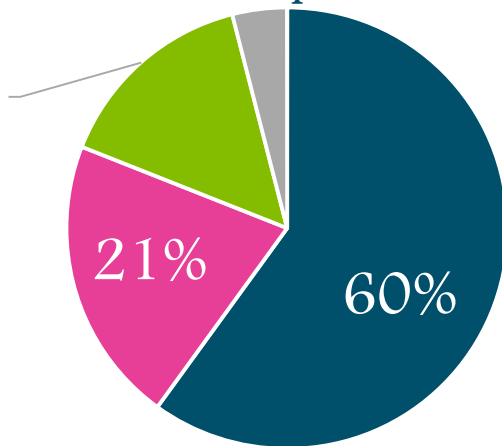
- Interviews with 45 people who use the transport service, collecting over 12 hours of feedback.
- Gathered diaries of journeys from 7 patients covering 50 journeys.
- Collected 50 completed surveys from renal dialysis patients.
- Collected surveys from 17 members of the renal unit staff for their experiences of the service.
- Undertaken by a team of volunteers and staff.



Key findings:

For the majority of patients their experience of the patient transport service provided by Arriva Transport Solutions has been and continues to be poor.

Interview patients summary of overall experience



■ Negative ■ Positive ■ Mixed ■ Not provided
(Base = 45 patients)



Most frequent overall rating provided by patients in survey

(Base = 25 patients)



Most frequent overall rating provided by renal unit staff

(Base = 17 staff members)



Key findings:

Poor experiences affected patients physically and emotionally.

"If patients sat on the unit doing nothing for 2-3 hours after their treatment they are missing out on sleep, food and possible medications which all contribute to overall health."

Renal dialysis unit staff member

"...Some don't do full time, that's when you start to impact on people's lives, it's going to get dangerous."

Renal dialysis patient

Frustrated... Anxious... Angry... Stressed



Key findings:

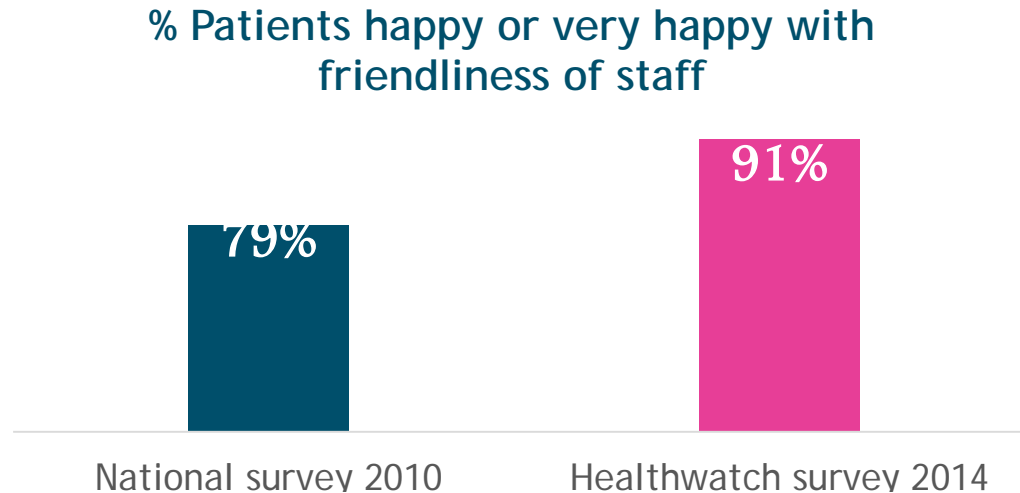
The impact of a poor experience extends beyond the patient using the transport service.

- **Other patients**
 - Knock on effects - provoked anxiety
- **Relatives and carers**
 - Provide transport
 - Waiting anxiously for patients to return from dialysis
 - Time commitment
- **Staff on the dialysis unit**
 - Querying and rearranging transport issues diversion from nursing
 - Dealing with angry and frustrated patients.



Key findings:

Transport crews were universally praised, they were identified as the ‘best part’ of the service.



Experience of taxi drivers was less positive

“There have been occasions where they have come and they have actually gone away saying that I am not there...a neighbour tells me oh yes he was there for a few minutes but he did not get out the car.”

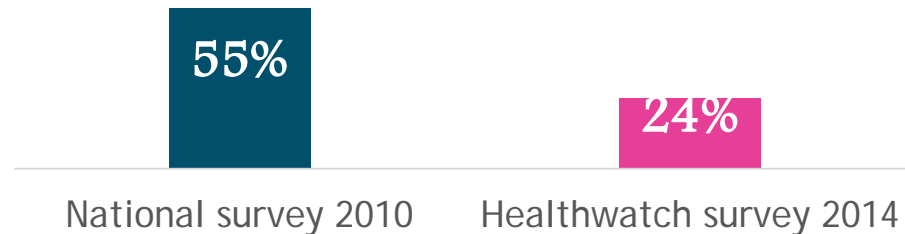
Renal dialysis patient



Key findings:

Punctuality of the service was the central issue contributing to negative experiences.

% of patients happy or very happy with punctuality



Very often...most of the time

Angry...Frustrated...
Stressed

"I'm sitting in that waiting room and there's only me in so I think oh no-ones coming to fetch me, so off I went."
Renal dialysis patient



Key findings:

Poor planning and co-ordination of journeys was perceived by patients and staff as being responsible for long waiting times and long journeys

"They know what jobs they've got to do that day, they book it all the time so they know. I come 4 days a week, same time so why can't they come at the same time to fetch me."

Renal dialysis patient

"...sometimes we go to Arnold to pick up a chap from there then come back to Sherwood to pick someone up from there, and then go over to Basford to pick someone up from there...it can be quite a long time."

Renal dialysis patient



“It takes so much of your time, for some people, this just becomes your life, just this, and it doesn’t have to be, it’s just a little part of your life, not the whole of your life. Transport doesn’t help make it a little bit of your life.”
Renal dialysis patient

Conclusion 1 :

Renal dialysis is a treatment which places significant demands on a patient’s quality of life and their experience of the transport service is and continues to increase this demand.

Recommendation 1: Invest time and capacity into developing new systems and processes for communication between drivers, the call centre, dialysis units and patients.

Recommendation 2: Consideration should be given to allocating drivers and vehicles to provide transport primarily for renal dialysis patients.



73% of patients needing special transport requirements have a negative experience of the service compared to 60% of all patients

Source: Patient interview data

Conclusion 2:

Inequality of experience is evident, all patients should experience a good quality service, particularly those patients managing other chronic health conditions.

Recommendation 3: Put in place some safeguards to ensure that the patients managing other chronic health conditions and need special transport requirements are prioritised for journeys home after dialysis sessions.

Recommendation 4: Improving the quality of service provided by subcontracted taxi companies is necessary.



"I've had a friend, an elderly gentleman who lives near me, and the transport came for him, and it was a car so 4 seats...They sent me a minibus...all the way from Worksop which arrived 5 minutes after with two crew...I said to these guys, can I ask why you're taking me, they said we've been asked to come all the way and take you home...That's a ridiculous waste of time, money and effort."

Renal dialysis patient

Conclusion 3:

The patient transport service for renal dialysis patients is inefficient.

Recommendation 5: The Arriva drivers and attendants are an asset to the service, and should be given more opportunity to use their initiative, and act on the observed real-time transport needs in the units.

Recommendation 6: Further training for drivers and the staff who plan journeys, which includes an element of seeing first-hand renal dialysis patients experience of the transport service would be beneficial.



Responses

“We value this report...It draws out a number of concerns which need addressing with the provider. The CCGs will consider the recommendations contained within the report and will discuss these with Arriva to identify how the service and KPI levels could be improved over the remaining term of the contract.”

Neil Moore, Mansfield & Ashfield Clinical Commissioning Group
(Lead commissioner for non-emergency patient transport services)

“The findings provide a powerful account from patients of the impact of late and often unpredictable transport on their overall experience and the wellbeing of them and their families and carers. We are carefully considering Healthwatch’s report and recommendations. We will work closely with our partners at Arriva during the remaining course of the existing contract and beyond to improve the experience of our patients, their families and carers.”

Laura Skaife-Knight, Nottingham University Hospitals NHS Trust

