



Dorset Clinical Commissioning Group

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REF: FOI 159

04 November 2019

Dear Requestor

Request made under the Freedom of Information Act 2000

On 21/10/2019 you sent a request, made under the Freedom of Information Act, relating to patient transport. I now provide this information as an attachment.

I trust that this is the information you require and that your request has been fully discharged.

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Please note that, under the Re-use of Public Sector Information Regulations, if you wish to publish or otherwise use this information besides for your own means, you will need to seek our permission to do so.

If you are unhappy with this response, you are entitled to request an internal review of our decision, handled where possible by a member of staff not directly involved in the initial decision. If you wish to request such a review, please write direct to the Data Protection Officer, NHS Dorset, Ground Floor, West Wing, Vespasian House, Barrack Road, Dorchester DT1 1TG. We aim to deal with requests for internal review within three weeks of receipt, although where the issues involved are very complicated this period may be extended up to a total of six weeks.

If you have queries about this response, please do not hesitate to contact me quoting the above reference number.

Yours sincerely

Signature Removed

Paddy Baker
Data Protection Officer
NHS Dorset Clinical Commissioning Group

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Q1: What is the average call duration for arranging transport?

Response: Average call duration to the transport provider call centre is 1.7mins – this is not for bookings but queries/amendments to bookings already made. Provider Health trusts book transport online for patients.

Average call duration to the patient transport advice centre is 8mins 2 sec - this line is for eligibility assessments and transport bookings by Patients, GPs and care homes.

Q2: How many patients fail to cancel their transport when they choose not to attend their appointment?

Response: Average of 33 aborts per month with the reason – patient refused to travel – this does not include cancelled bookings as these are removed from the activity data set.

Q3: If a patient decides to cancel an appointment, reschedule or discharged themselves while they have arranged transportation.

Response: If a patient decides to cancel/reschedule booking the patient would phone the transport provider direct to do this, information updated immediately whilst on the call. If the patient is an inpatient and decides to cancel/amend or discharge themselves from hospital and not use transport, it would be reliant on the health provider or patient to contact the transport provider accordingly – normally by whomever booked it originally as would have the cancellation contact number to do so.

Q4: How is this information transferred back to the transportation company?

Response: As above.

Q5: If the patient fails to contact the transport provider, what is the financial consequence for every patient?

Response: No financial penalty to patient currently. However, details of aborts/failure to cancel are added to the patient record for transport bookings. This prompts the call handler to discuss the reasons why the patient failed to cancel and remind them of the process to do so if they need to in the future. If reason was as made own way, this would also highlight to the call handler that the patient may not be eligible for transport if able to execute journeys without the use of NEPTS. Repeat offenders may be removed from eligibility.

Q6: On the average, how many patients fail to cancel their journeys when they choose not to attend appointments every month or yearly?

Response: Average of 33 abortions per month with the reason – patient refused to travel – this does not include cancelled bookings as these are removed from the activity data set.

Q7: Does the transport provider have a rough estimate of the number of patients that requires transportation?

Response: An average of 11620 journeys per month, 3388 different patients on average per month.

Q8: In some trust, a patient need for transport is captured within their EPR system, is that the case within your Trusts? If this is not the case, does your EPR system have they capability to do so?

Response: We have two main Acute trusts in the East of the County who have implemented 'Health of the Wards' patient flow system. This is a front end programme that can integrate with health and social care systems, inclusive of the electronic patient record systems. When patients are admitted the clinical team discuss how the patient plans to go home/transfer when the time comes, if transport is expected they will update the transport icon on the patient record to detail this. This icon is RAG rated, therefore will go from red to amber when updated following the discussion, and will go green when transport booked. It is a visual reminder for the clinical team to organise/book transport accordingly if needed. We also have a Community and Mental Health trust with services County wide, plus another Acute trust in the West. These health providers are seeking funding to also implement this system. Their current systems do not capture patient transport bookings, however they book online with the transport provider on a standalone system that can be viewed/monitored to understand if transport booked for the relevant patients.

Q9: When do the patients who require transportation become known to the provider? Is after their appointment is booked or beforehand?

Response: Inpatients who require transport will become known to the health provider on admission and the discussion will take place on how the patient will be discharged home/transferred. This patient will become known to the transport provider when the booking is made.

Outpatients will phone transport to book transport after the appointment has been made. There will be a handover at the health provider when transport drop them off, so that they can be monitored by the health staff clinics to ensure back for collection.

Health of the Wards system will inform the discharge teams at the health trusts that a patient requires transport to be booked, along with expected date of discharge, this enables the discharge team to highlight these patients to the clinical team so that bookings made in advance of discharge date. The transport provider will become aware of these patients when they are booked online by the health provider.

Q10: How many hospital appointments have been missed due to patient transport lateness (other than due to severe weather conditions affecting the patient transport service) in each year since 2015?

Response: On average 18 a month