

No Time to Wait

The effect of service relocation on
dialysis patient transport and access



December 2016

Foreword

In 2013 I was contacted by the Central Manchester University Hospitals Foundation Trust to provide input to the process of relocation of the haemodialysis service from Wythenshawe Hospital to Altrincham Hospital.

A small team of people had been assembled to review the predicted effect of relocation on patients and there was an identified need for Healthwatch Manchester to be involved. At the time Healthwatch Manchester was in its infancy having been established in April 2013.

My immediate concern was the extra travel time and the effect this would have on patient experience. I was told at the time that the relocation of the service would have no adverse effect upon patient care.

This was true. The haemodialysis service at Altrincham provides a ‘high quality state of the art clinical dialysis service.’

However over the following years a number of calls and emails to the Healthwatch Manchester office were made regarding the new service, all concerning the length of time it was taking for patients to get from their front doorsteps to treatment and back again.

My wake-up call came from an elderly gentleman in his 80s who was blind and had diabetes. His ‘dialysis day’ had stretched to eight hours and this was required over four days out of each week. His request to have this reduced to three days required him to sign insurance waivers each time and this was an added nuisance to a situation which was adversely affecting the quality of his life. He didn’t ask me to take any action just to be aware of the situation and the calm way he told me this and to stop being emotional are the things I remember the most.

This report seeks to provide an insight into the effect on moving services away from people. In the current climate of large scale transformation and service reconfiguration in Greater Manchester I hope firstly, that this report provides an early indicator of the effect this can have upon patients’ lives.

Secondly I hope that some of the recommendations provide a ‘blueprint’ for transport and access requirements across service transformation.

Thirdly I hope that care pathways begin to be more formally acknowledged as beginning and ending at someone’s doorstep.



Regards,

A handwritten signature in black ink, which appears to read 'Neil Walbran'. The signature is fluid and cursive.

Neil Walbran, Chief Officer

Contents

Executive Summary.....	1
Introduction	2
Background & Rationale	2
Methodology	3
Key Findings	3
A Journey Planning	4
B Accessibility, Parking & Use of Taxis	6
C Performance Measurement and Contractual Issues	8
Recommendations	9
General Findings & Recommendations Regarding the Relocation of Hospital Services...	11
Appendices	12
Full Survey Results	12
Table showing the demographic and characteristics of respondents:.....	19
References.....	20

Executive Summary

Healthwatch Manchester surveyed patients who receive treatment at the Altrincham Dialysis Unit between June and July 2016.

A summary of the main features of this report:

- Most of the issues and complaints raised by patients were related to transport and access. A collaborative approach to resolving these issues involving patients, providers and Healthwatch Manchester has been recognised.
- Unresolved transport issues can have a profound impact on patient experience whilst receiving treatment at the Altrincham Dialysis Unit (ADU), and can significantly affect patients' overall quality of life.
- The main challenge to be addressed is journey planning around patient appointments. The Patient Transport Service (PTS) needs to work closely with ADU and the Central Manchester Foundation Trust (CMFT) regarding this matter.
- Some delays in patient journeys may be avoidable with more effective appointment time planning to help minimise transport waiting times.
- Parking and vehicle accessibility issues at Altrincham Hospital can often be the root cause for many patient transport issues which can then affect other hospital services.
- Existing patient transport arrangements can often conflict with the closing time of the dialysis unit and create planning issues around staffing.
- Wider issues around accessibility (especially vehicular) should be priority considerations when services are relocated or centralised.
- More needs to be done regarding information and signposting for patients to enable them to access established and/or new community based services in their area.
- It is important to note that even when meeting its contractual requirements, the Key Performance Indicator Specification on waiting time used by NWAS for this Enhanced Priority Service falls short of what is recommended by NICE. Hence, it is important for services to work together and utilise patient transport resources more effectively.

1. Introduction

1.1 This report presents a qualitative analysis of patient experience regarding the relocation of an essential service and aims to provide potential solutions to issues around transport, access and overall service provision for patients in receipt of dialysis treatment at Altrincham Community Hospital.

1.2 Key findings from our survey of dialysis patients around issues such as travel costs and travel times to and from their appointments are presented here with a special focus on users who rely heavily on the Patient Transport Service.

1.3 The main objectives of this report are to:

- Investigate patients' views, opinions and experience of the Altrincham Dialysis Unit and the Patient Transport Service.
- Consider issues identified by patients along with any gaps in services.
- Make recommendations regarding areas for improvement and collaboration between stakeholders.

2. Background & Rationale

2.1 In March 2015 the dialysis unit at Altrincham Community Hospital was opened to serve patients in the catchment areas of South Manchester and Trafford. Most of these patients were previously receiving dialysis treatment either at Wythenshawe Hospital or Manchester Royal Infirmary. The aim of moving patients to this new service fell within the broader stratagem of increasing dialysis provision in non-acute community settings and at home (by providing extra home dialysis training units to increase the uptake rate of home based therapies).

2.2 After receiving patient feedback regarding this new service which raised concerns, Healthwatch Manchester decided to investigate how the change in location affected accessibility for patients, especially patients with protected characteristics.

- A large proportion of renal dialysis patients receiving treatment at Altrincham rely on patient transport; many of which are aged 60+ years old, frail, physically disabled and experience a high level of fatigue after their dialysis treatment.
- Many of these patients typically require dialysis treatment 3-4 times per week. Furthermore, many of these patients also attend other hospital services due to other health conditions. For these patients the combination of travel, treatment and waiting times can have a profound effect on their lives.

2.3 Healthwatch Manchester designed and conducted a survey with the dialysis patients at the Altrincham Community Hospital.

Note: In July 2016, North West Ambulance Service (NWAS) took over the contract for patient transport in Greater Manchester from Arriva.

3. Methodology

3.1 Our survey was conducted face-to-face with users at the Altrincham Dialysis Unit (ADU) during June/July 2016 and gathered 22 responses (42% of the patients that use the Patient Transport Service at the unit).

3.2 We also interviewed staff at the dialysis unit and were provided with a summary of previous patient transport incident reports by the ADU.

3.3 Healthwatch Manchester also met with NWAS to discuss issues related to the Patient Transport Service.

3.4 The results from the survey along with findings from our meetings with the providers were collated at the Healthwatch Manchester office.

4. Key Findings

4.1 Findings are summarised based on their nature in three sections A-C. As an introduction:

Our patient survey showed that:

- 85% of the respondents gave the score of 3 or above (where 5 is the best score) for the transition of their treatment to Altrincham Dialysis Unit from another hospital.
- Most of the complaints were about patient transport.

 *“I had no difficulty at all.”*

 *“Only bad part has been the issues with transport.”*

 *“Transport the only issue.”*

4.2 Most of the issues and complaints were related to patient transport.

4.3 Whilst dialysis treatment times have not changed as the result of the relocation of dialysis services, additional journey times, transport waiting times, congestions and delays can all add up and sometimes lead to a long ‘dialysis day’ (up to 8 hours in the worst case that was reported to Healthwatch Manchester). Renal patients typically require dialysis 3-4 times a week in most cases.

4.4 Unresolved transport issues can have a great impact on users’ experience of receiving treatments at the Altrincham Dialysis Unit, and more importantly - it can significantly affect patients’ overall quality of life.

 *“I once finished dialysis treatment at 2.00pm and did not get home until 10.45pm.”*

 *“Transport can be improved. Very tiring & time is wasted.”*

 *“NWAS do not appear to care if when patients arrive or leave.”*

A. Journey Planning

1. Through investigation Healthwatch Manchester has recognised journey planning as presenting the biggest challenge to resolving issues faced by patients. The Patient Transport Service cannot resolve this issue without working closely with the ADU & CMFT.

Our patient survey showed that:

- Around 55% of respondents reported that the journey to the Altrincham Dialysis Unit takes longer than their previous place of treatment.
- 59% of the respondents previously received dialysis treatment at Wythenshawe Hospital. 18% received treatment at MRI.
- Most of the respondents travel from Wythenshawe, Withington, and Altrincham. Some respondents were from as far as Old Trafford and Longsight.
- With multiple passengers on the same ambulance, journey time can be quite long if a wide area needs to be covered.

 *“Journey length depends on whether other patients need to be picked up as well-increases the journey time from about 25 minutes to 1 hour.”*

 *“Takes longer but happy with the length.”*

 *“Transport by NWAS awful.”*

 *“I preferred home dialysis”*

2. Further investigation revealed the following:

- Planned journeys are scheduled the day before travel.
- Journeys are planned based on appointment times on the ‘journey sheet’, and allowing a window of time to make sure that patients get to appointments on time.
- Scheduling of the journeys on the day is dynamic and subject to change, and is affected by additional factors such as traffic/road conditions and ‘patient ready’ times.
- There are challenges that cannot be planned for in advance. For example, vehicle breakdowns, delays and traffic congestions can all affect waiting times.
- However, other delays can be minimised with effective planning. For example, dialysis treatment start time is one of the less obvious but important factors that can significantly affect transport waiting times and user experience for many patients. When patients travelling to similar destinations start/finish treatment at different times, the first to finish treatment are then required to wait longer.
- Staffing shift patterns and levels have a significant impact on treatment and therefore transport waiting time.

 *“Sometimes I have to wait for 3 hours in the waiting area before the ambulance comes to pick me up.”*

 *“Have to wait in waiting room far too long.”*

 *“Multiple passenger on the patient transport when going home. Same transport cover a wide area. Journey can take a long time. Makes me very angry every time rather than relaxed.”*

3. Other information linked to journey planning and patient experience:

- Users usually prefer to have the same driver, and travel with other patients whom they know.
- Some patients need to travel alone if they have an infectious condition.

- The Altrincham Dialysis Unit mainly caters for patients with less complex medical needs. Patients with more complex comorbidities are assigned to Manchester Royal Infirmary or Salford Royal NHS Foundation Trust.

“Offered to receive treatment at Stockport hospital and was there for a while but wanted to stay with same people as Wythenshawe.”

4. Transport data:

- NWAS doesn't have access to the transport data collected beforehand by the previous patient transport provider: Arriva Transport. Data is available from July 2016 (when NWAS took over the Patient Transport Service contract) which they will now use to improve transport planning.



B. Accessibility, Parking & Use of Taxis

Our patient survey showed that:

- A number of patients travel to the dialysis unit by taxi or with the help from volunteer drivers. Only one patient was able to drive themselves. Most of the respondents that we spoke to relied on patient transport.
- 83% of the respondents considered themselves disabled, many were wheelchair users.
- Around 90% of the respondents travel to the dialysis unit alone, without a carer or accompanied by a family member.
- Around 33% felt that their age contributed as a factor that made it difficult for them to get to the dialysis unit. One patient reported that they were affected by sensory impairment. These factors meant that those patients were more likely to be dependent on the Patient Transport Service.

1. Accessibility:

- As many renal dialysis patients rely on patient transport, concerns were raised at the planning stage regarding whether Altrincham Hospital (being close to the busy town centre, with pedestrian paths and one-way road system) would be accessible enough for vehicles to be the location for the centralised dialysis service.
- There are often road works in the centre of Altrincham.

 *“Currently journey takes longer due to roadworks.”*

 *“I used to travel by car, however, I have started to use a wheel chair since 2-3 months, therefore I now use the ambulance.”*

 *“2nd floor not as convenient. Ambulance on coming out have to wait ages.”*

2. Parking:

- There is limited parking in the basement car park of Altrincham Hospital.
- Disabled drivers (from other departments such as Outpatients) can book parking spaces in advance. As a result of this and due to limited spaces if several large patient transport vehicles arrive simultaneously there is often nowhere to park. Consequently patients are delayed in disembarking and/or drivers face traffic penalties for illegal parking.
- Taxis cannot gain access to the basement car park. Consequently taxi drivers need to contact the hospital to gain access leading to delays in patients’ arrival and collection.
- All drivers are forced to consider parking restrictions if patients are not ready at the expected time and this can create further delays affecting the efficiency of patient transport.
- The location of the ADU is on the second floor and the time taken to transport patients within the building can add to further delays when picking up patients.
- There have been incidences where taxis or volunteer drivers were given parking fines whilst helping/waiting for patients. Some taxi firms have now refused to provide patient transport to Altrincham Hospital.

 *“I usually come by ambulance and leave by car.”*

3. Vehicle capacity:

- A typical PTS vehicle can accommodate a maximum of two wheelchairs (manual or electric).
- NWS reports that seats can't be removed/added to accommodate more/less wheelchairs throughout the day as there are limitations regarding storage capacity and time restrictions don't permit this.
- The transport service operates across Greater Manchester and the demand for the service precludes any vehicle 'down-time' which would occur as a result of this kind of seat reconfiguration.

4. Use of taxis and subcontracting to other providers:

- The process for allocating taxis was reviewed when NWS took over the Greater Manchester operator contract in July 2016.
- Taxis are now proactively used for patients with more mobility, both in the planning phase and in responding to demand on the day.
- Controllers now have more flexibility for allocating taxis earlier when patient transport vehicles are unavailable, with a 30 minutes turnaround time subject to traffic condition and the availability of taxis.
- NWS does subcontract out some work to Community Transport (CT) in some areas. However, peak demand times tend to be the same for these providers, and therefore CT cannot currently be used to resolve the capacity issues.

🌸 *“Ambulances were always late picking the patient up, so a taxi was provided as an alternative after many complaints had been made. Also when ringing up to find out how long an ambulance would be, inaccurate waiting times were repeatedly given.”*



🌸 *“Limited crew, if Arriva knows there is not enough crew why ask people to wait 1.5 hours before sending in taxis?”*

C. Performance Measurement and Contractual Issues

1. A key performance indicator for the PTS is patient waiting time (waits of up to 60 minutes and 90 minutes are used).
This applies to both inward and outward journeys.
2. The current terms regarding these waiting times within the patient transport contract can often create difficulties as they may be in conflict with the operational hours, especially closing time, of the dialysis unit.
3. To illustrate, the final patient of the day may finish dialysis treatment at approximately 7:30pm. Given the waiting time of up to 90 minutes for transport to arrive, some patients can be waiting until 9pm for the PTS. The ADU should close at 8:15pm.
4. This situation presents poor implications for patient experience and both ADU and PTS staff morale.
5. In discussions with staff from both the PTS and ADU Healthwatch Manchester has recognised an obvious dissatisfaction with this operational system and an appetite to improve the current situation.

NICE guidelines recommend a patient transport waiting time of up to 30 minutes for dialysis patients (Ref QS72 Nov 2014).

Key Performance Indicators Specification / Area of Performance	Enhanced Priority Service (renal dialysis and cancer patients)	Planned Specification	Unplanned Specification
Call answering	75% of call to be answered within 20 seconds	75% of call to be answered within 20 seconds	75% of call to be answered within 20 seconds
Travel time on vehicle	85% of patient journeys to travel for no longer than 60 minutes on the vehicle	80% of patient journeys to travel for no longer than 60 minutes on the vehicle	80% of patient journeys to travel for no longer than 60 minutes on the vehicle
On time arrival	90% of patient journeys arriving within 45 minutes prior to scheduled appointment Time	90% of patient journeys arriving within 60 minutes prior to scheduled appointment Time	No arrival standard
Collection after treatment	85% of patient journeys collected within 60 minutes of scheduled collection time or Patient Readiness Notification	80% of patient journeys collected within 60 minutes of scheduled collection time or Patient Readiness Notification	Less than 60 minute wait on 80% of patient journeys where the patient is picked up no later than 60 minutes after booked collection time
	90% of patient journeys collected within 90 minutes of scheduled collection time or Patient Readiness Notification	90% of patient journeys collected within 90 minutes of scheduled collection time or Patient Readiness Notification	On the day pick up on 90% of on the day bookings where the patient is picked up within 90 minutes of the booking's acceptance

Table 1: Key Performance Indicators used by the North West Ambulance Service (NWAS).

5. Recommendations

5.1 Journey Planning

1. A collaborative approach to resolving the journey planning issues is required between patients, CMFT, PTS and the ADU.
2. Greater flexibility regarding journey planning may be achieved through the review of patients attending the ADU who experience comorbidities. Referral to other specialist units may be an option.
3. Patients who are scheduled to leave on the same vehicle would benefit from beginning and completing their treatment at approximately the same time.
4. This could significantly reduce transport waiting time, enable patients to arrive home sooner and therefore improve overall patient experience and ensure the ADU closes on time.
5. A review of staff shift planning and allocation may be required to achieve the above.
6. Patients who live closer to the ADU or those that don't require patient transport should be offered later appointment times where possible. This would enable more patients to complete treatment and arrive home at a more reasonable time.
7. Patients need to be made aware of the fact that if their requests for the accommodation of non-medically related travel preferences are followed, these can have significant impact within the system on staffing and waiting times for themselves and other patients. Healthwatch Manchester is willing to assist in achieving this awareness and resolving issues from which these requests may arise.

 *“Waiting for the dialysis treatment can be long.”*

 *“Satisfied. But have concerns with the transportation system. Taxi service is ok. But, ambulance timing is not maintained properly.”*

5.2 Accessibility, Parking & Use of Taxis

8. More needs to be done to help patients identify the most appropriate/closest dialysis unit to them (including home/mobile dialysis if appropriate).

 *“There are dialysis units closer to where I live but no slots were available at these hospitals.”*

 *“MRI would have been nearer to me.”*

 *“I have no space in the house for the dialysis machine.”*

 *“Preferred Wythenshawe.”*

9. The Christie Hospital allows short duration temporary parking which helps patients and the transport service with pickups and drop-offs. It may be beneficial for Trafford Council to consider a similar scheme for Altrincham Community Hospital.
10. A discharge area could be provided on the ground floor of Altrincham Hospital enabling easy access to the parking area. This would make picking up patients easier and faster. A member of staff or a volunteer should be at the discharge area to assist patients.

 *“Takes longer than going to Wythenshawe Hospital. 2nd floor at Altrincham not as good as ground floor at Wythenshawe.”*

11. The hospital should explore alternative solutions to tackle the parking issues, which if left unaddressed will continue to be the root cause for many problems/additional costs/inefficiencies across all services.
12. Some patients may be willing to use their own cars but parking would nevertheless still be an issue. In these cases, support for them regarding parking arrangements should be a consideration for Altrincham Community Hospital.

5.3 Performance Measurement & Contractual Issues

13. Dialysis appointment times which finish after 6:45pm should be given to patients that do not require the PTS (ideally to patients who also live in Altrincham). This may help to ensure the dialysis unit closes no later than 8:15pm.
14. As it is not always possible to move patient appointment times, the dialysis unit should be supported with appropriate staffing levels to accommodate this. This added resource might also enable the ADU to introduce flexibility regarding its opening/closing times and create more effective shift patterns.
15. It is important to note that even when meeting its contractual requirements, the current key performance indicator specification used by NWS for the Enhanced Priority Service (i.e. a 90 minute waiting time) is still substantially (200%) longer than the NICE recommendation. This current specification compels the need for the providers to work together and utilise patient transport resources more effectively.

 *“We lack the security of being in a university hospital.”*

 *“The dialysis nurses are helpful and competent but there is no security of an experienced physician being here.”*

 *“Practitioner Lindsey Howard is first class but for emergency a doctor would be required.”*

 *“We lack the security of being in a university hospital.”*

At the point of referral it must be made explicit that the Altrincham Dialysis Unit may not be suitable for patients with more complex needs. If any patients have concerns about not having access to specialist support, they should raise this with their doctor and explore referral to the appropriate specialist service. Healthwatch Manchester can assist with this matter.

6. General Findings and Recommendations Regarding the Relocation of Hospital Services

6.1 Access (especially by patient transport vehicles) needs to be the main criterion for assessment when a service is relocated.

- As care gradually become more community-based the number of drop-off locations for consideration by patient transport will increase.
- One of the specific benefits which community-based care is said to provide is the reduction in the burden on patient transport as treatment centres move closer to users. However, the impact on the transport service can be the opposite in some areas due to inaccessibility of both centres and users.
- Some locations, such as smaller local GP practices, where services have been relocated, such as scanning facilities, may not be easily accessible by ambulance vehicles or have sufficient parking spaces. These are the kind of factors which should be taken into consideration when the locations for new community based services are decided upon.

6.2 Collaborative work and communication between hospitals and the transport service is extremely important.

- This collaboration is essential in terms of journey planning as evidenced by this report but is also a key requirement in other areas.
- As an example, NWAS policy requires patients with infectious conditions such as CPE to travel in isolation. CMFT has guidelines which may allow patients with CPE to travel together in some cases. There are efficiency gains to be made in the timely and effective communication of matters such as this between service providers.

6.3 More needs to be done to help patients and practitioners find out about new community based services in their area.

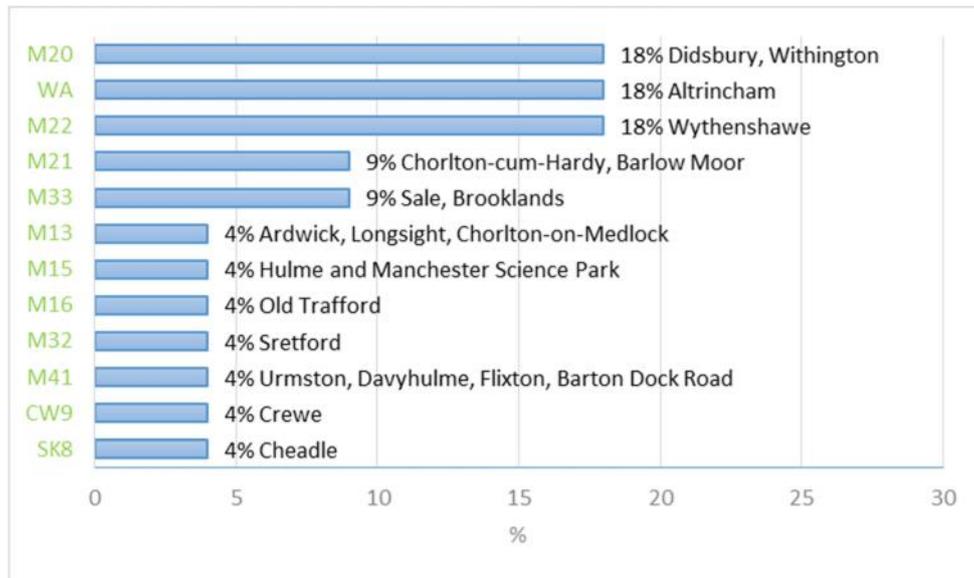
- Where situations such as self-referral or 'choose and book' are an option, a reduction on the demand for patient transport may be enabled by ensuring that people know where the closest new treatment centres are, which may be much closer to them than where they currently receive treatments.
- New community based services should be updated on the NHS Choice website or through a dedicated website/database. Information on the level of access of the services should also be made available to help people decide if patient transport is really required.

Appendices

Appendix 1. Full Survey Results

Q1 Please give the first part of your postcode

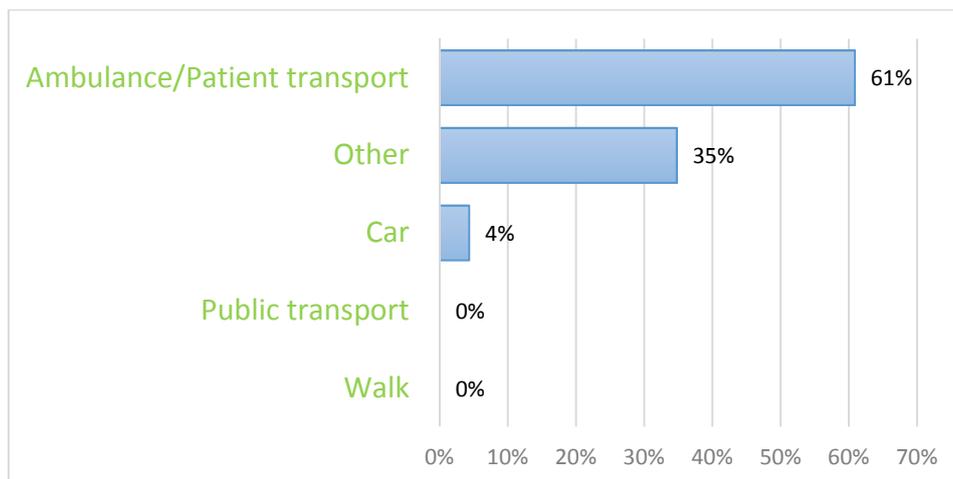
Answered: 23 Skipped: 0



- Most of the respondents travel from Wythenshawe, Withington, and Altrincham. Some respondents were from as far away as Old Trafford and Longsight.

Q2 How do you mostly travel to the dialysis unit?

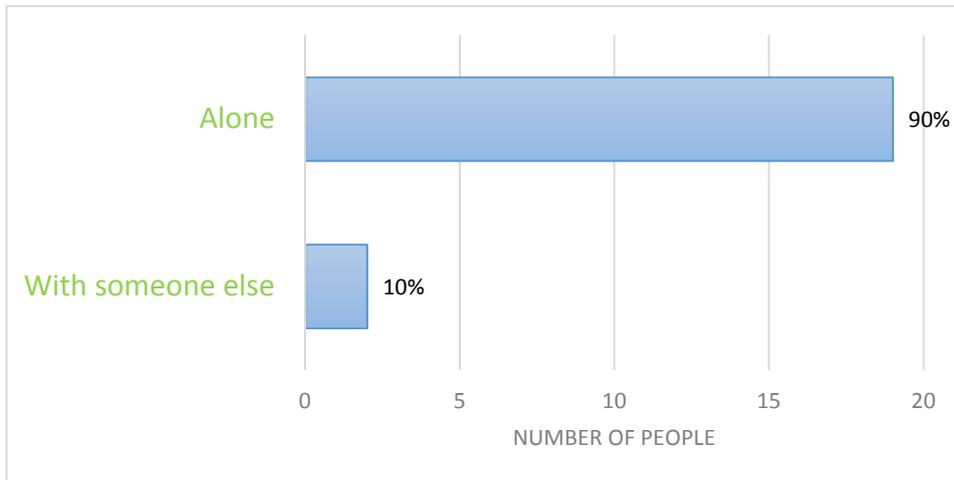
Answered: 23 Skipped: 0



- A few of the respondents travel to the dialysis unit by taxi or with help from volunteer drivers. Only one patient was able to drive themselves. Most of the other respondents relied on patient transport.
- 83% of the respondents considered themselves disabled (see Q5).

Q3 Do you travel alone or with someone else (such as your carer) to the dialysis unit?

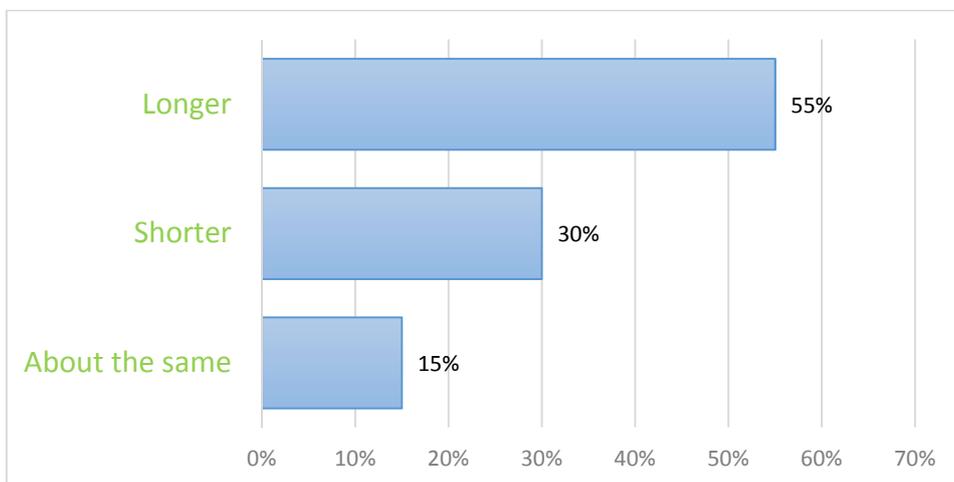
Answered: 21 Skipped: 2



- The 'Alone' category includes patients who travel with other patients on patient transport, as opposed to travelling with a family member/carers.

Q4 Does the journey here take a longer or shorter time compared to the journey to your previous dialysis service? Please comment on how much longer or quicker.

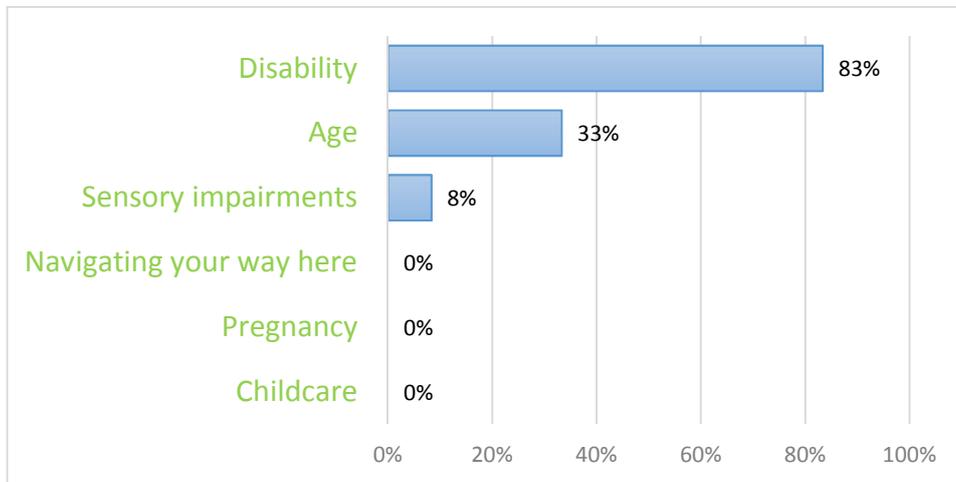
Answered: 20 Skipped: 3



- Around 55% of respondents reported the journey to the new dialysis unit at Altrincham Hospital takes longer for them.

Q5 Do you have any of the following characteristics which make it more difficult for you to get to the dialysis unit? Please comment.

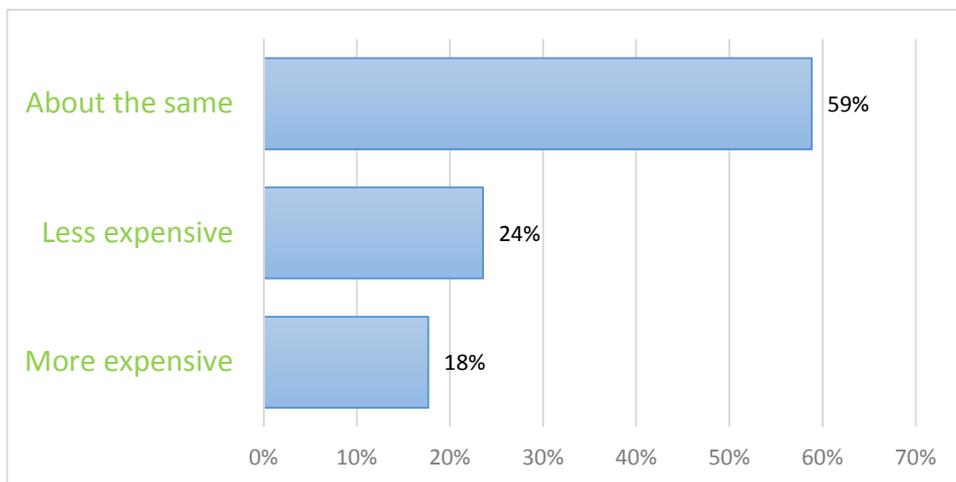
Answered: 12 Skipped: 11



- Around 83% of the respondents were disabled. Around 33% felt that their age contributed as a factor which made it difficult for them to get to the dialysis unit. One patient reported that they were affected by sensory impairment. These patients were more likely to be dependent on the patient transport service.

Q6 How does the cost of one return journey to your current dialysis unit compare to the journey to your previous one?

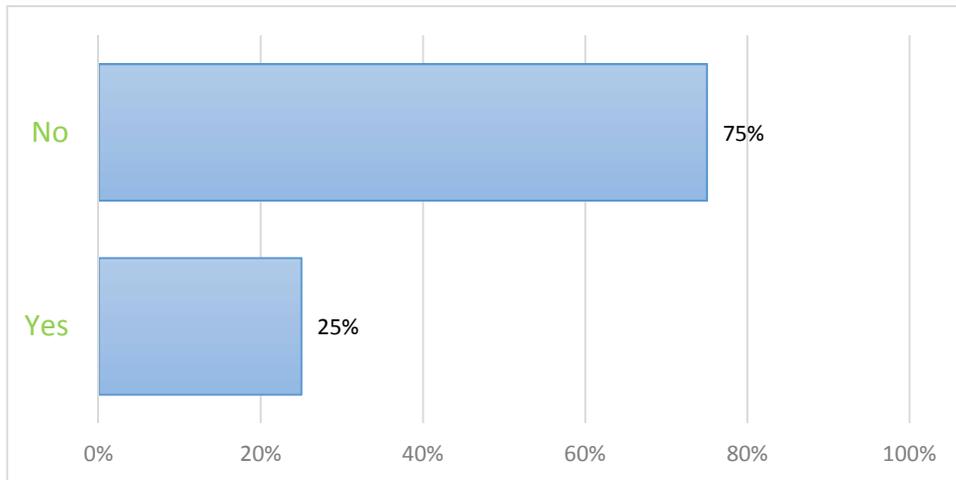
Answered: 17 Skipped: 6



- Most of the respondents use patient transport at no cost to themselves.

Q7 Do you struggle with this cost?

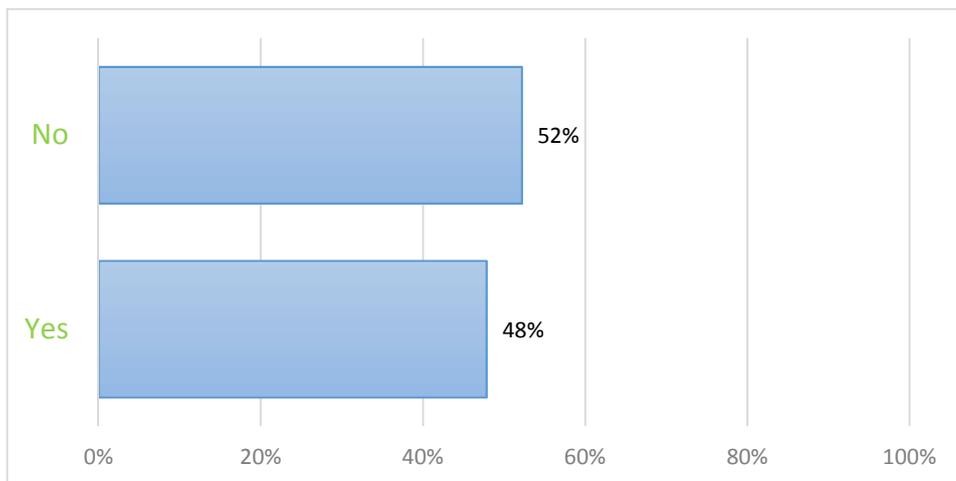
Answered: 20 Skipped: 3



- Most of the respondents use patient transport at no cost to themselves.

Q8 Do you require access to hospital services other than dialysis treatment?

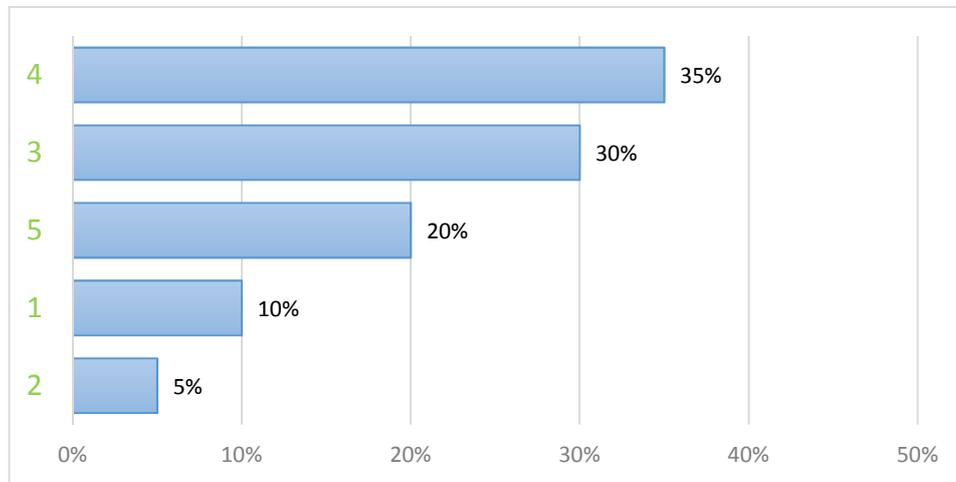
Answered: 23 Skipped: 0



- Around half of the respondents have some forms of comorbidity, requiring access to hospitals other than the dialysis treatment.

Q9 How would you rate the transition from your previous dialysis unit to the current unit at Altrincham hospital? On a scale of 1-5, where 5 is the best score.

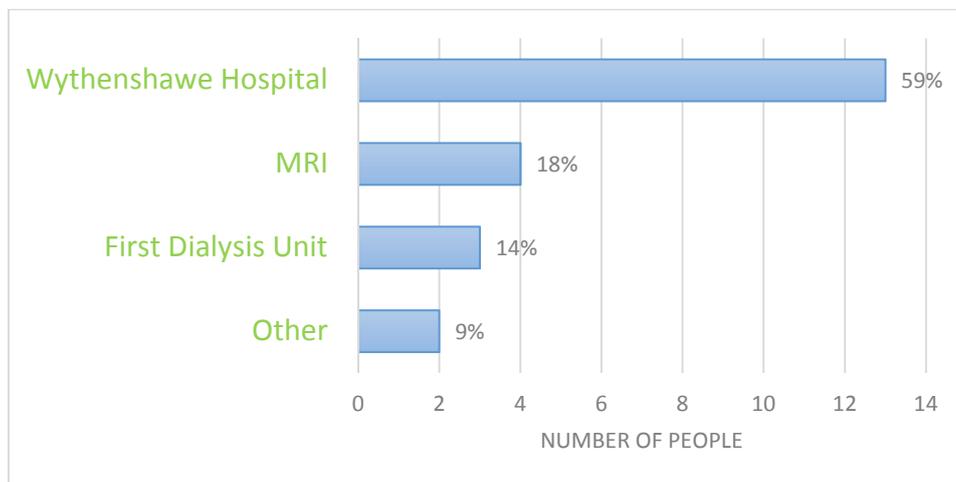
Answered: 20 Skipped: 3



- 85% of the respondents gave the score of 3 or above (out of 5) for the transition of their treatment to Altrincham Dialysis Unit from another hospital.
- Most of the complaints are related to patient transport.

Q10 Where did you previously receive your dialysis treatment?

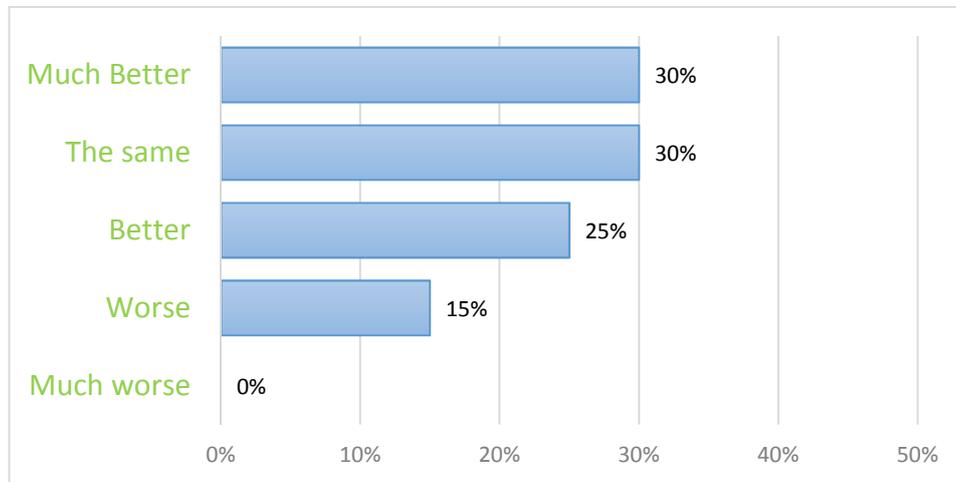
Answered: 22 Skipped: 1



- Most patients (59%) previously received dialysis treatment at Wythenshawe Hospital. 18% received treatment at MRI.

Q11 How would you rate your experience at the current dialysis unit at Altrincham hospital compared to your experience at your previous dialysis unit?

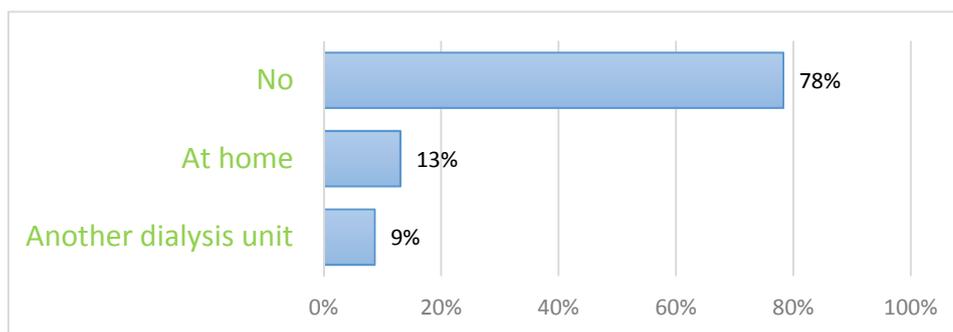
Answered: 20 Skipped: 3



- 55% of respondents rated the service at Altrincham Dialysis Unit as “Better” or “Much Better” compared to where they were treated previously.
- 15% rated the service as being worse compare to where they were treated previously (including home dialysis).
- 30% said it was the same as they have not been treated in another dialysis unit.

Q12 Have you been offered to receive your dialysis treatment any locations other than Altrincham hospital? If you have been offered to receive your dialysis treatment at home or at a unit closer to where you live, please comment on why you chose not to receive treatment there.

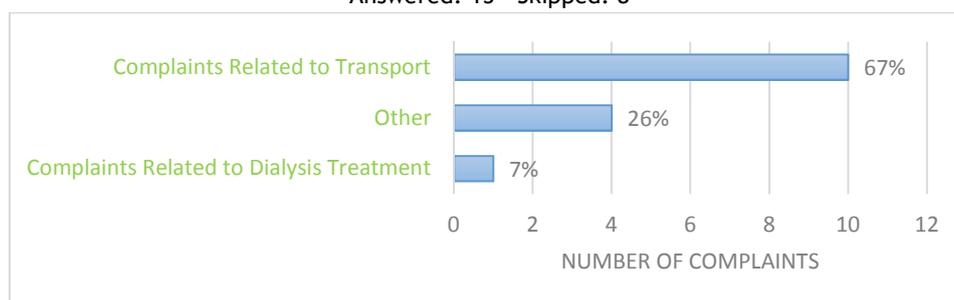
Answered: 23 Skipped: 0



- 78% have not been offered to have their dialysis treatment at another location (such as home dialysis).
- Some patients could not access the dialysis unit closest to them as the service was oversubscribed.
- Some patients declined to go to a dialysis unit closer to them as they wanted to stay with people that they knew from Wythenshawe hospital.
- Some patients have no room to receive dialysis in their own home.

Q13 Any other general comments?

Answered: 15 Skipped: 8



- 67% of the additional comments were complaints related to patient transport.
- Some patients reported that they once waited for more than 8 hours to return home after finishing their treatment.

Responses

- 1 Transport doesn't exist. Transportation system is a concern.
- 2 Satisfied. But have concerns with transportation system. Taxi service is ok. But, ambulance timing is not maintained properly.
- 3 Transport can be improved. Very tiring & time is wasted.
- 4 Once finished dialysis treatment at 2.00pm and did not get home until 10.45pm.
- 5 Journey length depends on whether other patients need to be picked up as well-increases the journey time from about 25 minutes to 1 hour.
- 6 Ambulances were always late picking the patient up, so a taxi was provided as an alternative after many complaints had been made. Also when ringing up to find out how long an ambulance would be, inaccurate waiting times were repeatedly given.
- 7 Multiple passenger on the patient transport when going home. Same transport covers a wide area. Journey can take a long time. Makes me very angry every time rather than relaxed. No drinks vending machine at the hospital. Limited crew, if Arriva knows there is not enough crew why ask people to wait 1.5 hours before sending in taxis?
- 8 Waiting for the dialysis treatment can be long.
- 9 Nothing to complain about, happy with service.
- 10 Waiting time here is very long. Other patients come after me get to go back home earlier. Also problems with long journeys when picked up in the mornings as have to go make many stops to other houses. Waiting to be picked up at home also takes very long.
- 11 Lady who lives 2 roads further from me goes home usually before me. To get home quicker. Have to wait in waiting room far too long.
- 12 I was previously being dialysed at home, however, due to my illness, I had to come to Altrincham for dialysis. The home dialysis no longer works for my illness. This is why i have been sent to the hospital for dialysis instead. This takes longer. I preferred the home dialysis.
- 13 I have been dialysed once or twice in MRI, I was then sent to Altrincham, however, this change does not bother me in any way.
- 14 Sometimes I have to wait for 3 hours in the waiting area before the ambulance comes to pick me up.
- 15 Dr Sandip Mitra Consultant nephrologist is a brilliant physician.

Appendix 2. Table representing the demographic and characteristics of respondents:

Answered: 21 Skipped: 2

Gender	Female	55%
	Male	45%
Relationship Status	Married	57%
	Single	19%
	Widowed	14%
	Divorced	10%
	Civil Partnership	0%
	Long-Term Relationship	0%
Age	60+	82%
	30-44	14%
	45-59	4%
	<18	0%
	18-29	0%
Do you consider yourself disabled?	Yes	73%
	No	27%
Ethnic Origin	White British	59%
	Pakistani	18%
	Bangladeshi	9%
	Black Caribbean	5%
	Other Asian	5%
	Other	5%
	White Irish	0%
	White European	0%
	Other White	0%
	Black African	0%
	Other Black	0%
	Indian	0%
	White and Black Caribbean	0%
	White and Black African	0%
	White and Asian	0%
	Other Mix	0%
	Chinese	0%
Sub-Saharan	0%	
Traveller	0%	
Religion and/or Belief	Christian	50%
	Muslim	30%
	Non-Religious	15%
	Jewish	5%
	Buddhist	0%
	Sikh	0%
	Hindu	0%
Other	0%	
Sexual Orientation	Heterosexual/Straight	100%
	Lesbian/Gay	0%
	Bisexual	0%
	Prefer Not To Say	0%
	Other	0%
Is your current gender the same as the gender you were assigned at birth?	Yes	95%
	No	5%

References

1. Manchester Overview and Scrutiny Committee Briefing Report March 2014.
2. NICE quality standard QS72 specifies:
 - “Adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis.”
 - “Adults receiving dialysis or training for dialysis at home in a specialist renal unit or hospitals are provided with reliable transport to and from the unit or hospital. They should not have to wait for more than 30 minutes to be picked up or wait for more than 30 minutes to return home.”
 - “Patient transport is an essential part of patient experience for adults receiving hospital or satellite based dialysis, which requires frequent travel between their home and the treatment centre. Poor transport can undermine good dialysis care and can have a major impact on a person's quality of life. This also applies to adults who are training for home based therapies and may need to travel to a regional renal centre.”

Acknowledgements

Healthwatch Manchester would like to thank North West Ambulance Service and the Altrincham Dialysis Unit for their cooperation and help with this investigation.

We also want to thank all the patients who took part in the survey.

With special thanks to our volunteers:

Emma Jones (Lead), Ismahan Abdullah, Zuton Chanda, Pallavi Gungadin, Tri Nguyen & Charlotte Stuart



Peter House
Oxford Street
Manchester
M1 5AN

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

Company Limited by Guarantee registered in England No. 8465025