

## Non-emergency Patient Transport Service Survey 18 February – 31 March 2010

### Introduction

Patient Transport Services provides non-emergency transport between patients' homes, hospitals, community settings or other treatment centres for people referred for consultations, treatments or procedures. The Patient Transport Service is for people who are unable to use their own or public transport because of their medical condition.

NHS Hull and NHS East Riding are reviewing the existing Patient Transport Service and want to use the opportunity to improve it. When we have identified what the new and improved service should look like, we will be looking for an organisation that can provide the service to a high quality. This might be the same organisation that provides the current service or it may be a new organisation entirely.

### Reason for this survey

In NHS Hull and NHS East Riding, we believe that as this service is for the local community, the local community should have a say in what the service looks like. To help us with this, we are conducting a survey to find out your views about the existing Patient Transport Service and how it might be improved.

To ensure we are providing services to suit the individual needs of the community, we are asking people who live in Hull and the East Riding of Yorkshire to complete the attached questionnaire and send it back to us by **31<sup>st</sup> March 2010**. You can also visit the Patient Transport Service Review website for further information and updates:

[www.eastridingofyorkshire.nhs.uk/ptsreview](http://www.eastridingofyorkshire.nhs.uk/ptsreview)

### Confidentiality

Your answers will be anonymous unless you **choose** to provide us with contact details in Question 14. That means we will only know your postcode, age and gender. We will not be able to identify you or know what answer you gave to each question. In addition, your responses will not be given to any other organisation and are to be used for statistical purposes only.

**Please return the questionnaire to us at the FREEPOST address below:**

Engagement Manager  
FREEPOST RRZE-LKKK-LJHY  
Health House  
Grange Park Lane  
Willerby  
HU10 6DT

If you have any queries, please contact the Engagement Manager by telephone on (01482) 672156, by email on [contactus@erypct.nhs.uk](mailto:contactus@erypct.nhs.uk) or write to her using the above FREEPOST address. The Engagement Manager can also arrange to have the questionnaire provided in your preferred language or format.

## ABOUT YOU

### 1. What is your postcode?

--	--	--	--	--	--	--

### 2. What is your age group?

- <sub>1</sub> Under 16 years
- <sub>2</sub> 16 to 24 years
- <sub>3</sub> 25 to 44 years
- <sub>4</sub> 45 to 64 years
- <sub>5</sub> 65 to 74 years
- <sub>6</sub> 75 to 79 years
- <sub>7</sub> 80 years or over
- <sub>8</sub> Prefer not to disclose

### 3. What is your gender?

- <sub>1</sub> Male
- <sub>2</sub> Female
- <sub>3</sub> Prefer not to disclose

### 4. What is your ethnic background?

- <sub>1</sub> White
- <sub>2</sub> Mixed/multiple ethnic group
- <sub>3</sub> Asian/Asian British
- <sub>4</sub> Black/African/Caribbean/Black British
- <sub>5</sub> Chinese
- <sub>6</sub> Prefer not to disclose
- <sub>7</sub> Other ethnic group (Please specify.)

--

**5. In what capacity are you responding? (Please select ALL that apply.)**

- 1 Member of the public
- 2 Partner organisation
- 3 Patient group/Community group
- 4 Clinician/NHS staff
- 5 Patient
- 6 Carer
- 7 Prefer not to disclose
- 8 Other (Please specify.)

**HOW A NEW SERVICE SHOULD LOOK**

When answering the following questions, please consider that there are limited resources to invest into services. Therefore, it is important that we identify what is a quality service whilst achieving value for money.

**6. Please consider the times below and choose whether you think that they are OK or too long to wait for an appointment after being dropped off by the Patient Transport Service.** (For example, if your appointment is at 2p.m. and the transport drops you off at 1.30p.m., this would mean a 30 minute wait.)

**(Please select one from each time band.)**

	<b>OK</b>	<b>Too long</b>
Up to half an hour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
31 to 45 minutes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
46 to 60 minutes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Over one hour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**7. Please consider the times below and choose whether you think they are OK or too long to wait for the Patient Transport Service to take you home after an appointment.**

**(Please select one from each time band.)**

	<b>OK</b>	<b>Too long</b>
Up to half an hour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
31 to 45 minutes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
46 to 60 minutes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Over one hour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**8. The Patient Transport Service is currently available on Monday to Friday from 8am to 5pm. Is this sufficient?**

<sub>1</sub> **Yes**                      <sub>2</sub> **No**

**If you answered no, how would you like the service to run? (Please select ALL that apply.)**

<sub>1</sub> **Earlier**                      (Please specify opening time.)                       **a.m.**

<sub>2</sub> **Later**                      (Please specify closing time.)                       **p.m.**

<sub>3</sub> **Saturday mornings**                      (Please specify opening and closing times.)                       **a.m.**  
 **p.m.**

<sub>4</sub> **Additional times**                      (Please describe in the box below.)

**9. If you were eligible for the Patient Transport Service, what would be the most important element of the service?** (Please give each of these elements a different number from 1 to 6 with 1 being the most important and 6 being the least important.)

- <sub>1</sub> Prompt pick up from home
- <sub>2</sub> Prompt return journey
- <sub>3</sub> Appropriately trained staff
- <sub>4</sub> Comfort and cleanliness of the vehicle
- <sub>5</sub> Feeling safe when using the service
- <sub>6</sub> Being treated with dignity and respect

Please describe any other priorities that you think are missing from the list above and score them 1 (most important) to 6 (least important):

## SATISFACTION OF EXISTING SERVICE

**10. Within the last 12 months, have you or a member of your family used the Patient Transport Service?**

- <sub>1</sub> Yes                      <sub>2</sub> No (Please go to Question 12.)

**11. Please read the statements below and tick the most relevant box.**

**a) The staff were friendly and helpful towards me**

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly disagree                     | Disagree                              | Neither agree nor disagree            | Agree                                 | Strongly agree                        |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**b) I felt safe whilst I was being transported**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**c) I knew what time to expect the transport to pick me up from home**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**d) It took the transport an acceptable length of time to get me from my home to my appointment**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**e) I arrived for my appointment on time**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**f) The length of time I waited for Patient Transport Service to pick me up and take me home after my appointment was OK**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**g) Transport was available when I needed it**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**12. Do you have any additional comments about the Patient Transport Service?**

**13. NHS Hull and NHS East Riding of Yorkshire continually strive to ensure that the individual needs of our communities are met and have Single Equality Schemes in place.**

**Do you feel that we should give greater consideration to any diverse needs when planning the Patient Transport Service? (Please select ALL that apply.)**

- <sub>1</sub>      Disability
- <sub>2</sub>      Age
- <sub>3</sub>      Specific health issues
- <sub>4</sub>      Gender
- <sub>5</sub>      Sexual orientation
- <sub>6</sub>      Race
- <sub>7</sub>      Religion & belief
- <sub>8</sub>      Other

**Please use the space below to describe your answer:**

14. Would you like attend a small group to discuss the future Patient Transport Service in more detail?

<sub>1</sub> Yes

<sub>2</sub> No

**Please provide details below if you would like us to contact you about being involved in a discussion group.**

**Title:** Mr / Mrs / Miss / Ms / Other (please specify)

**First Name:**

**Last Name:**

**Address:**

**Postcode:**

**Tel No:**

**E-mail:**

**Thank you for completing this questionnaire**

**Please use the FREEPOST address below to return it:**

Engagement Manager  
FREEPOST: RRZE-LKKK-LJHY  
Health House  
Grange Park Lane  
Willerby  
HU10 6DT