



Health Professional Survey October 2013

Introduction

A survey was conducted to ask Health Professionals who refer children to Transport for Sick Children what they thought of the Charity's service and the context within which operates in.

It is important to note that the National Health Service (NHS) underwent two major changes during the year:

1. In response to the Health and Social Care Act in 2012, Primary Care Trusts were replaced by Clinical Commissioning Groups (CCGs) on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
2. Within the North West, there was a transfer of Passenger Transport Services from North West Ambulance Service (NWAS) to the private transport company, Arriva.

The survey was sent to a larger number than past surveys, mainly due to more referrals being received by email today. So far this year, over 226 Health Professionals have used email to refer children to the charity, and all of which were sent a survey form. We had 22 fully completed survey forms (a 9.7% return rate) which will provide a 'snapshot' of how Health Professionals view the Charity's service across our operational area of Greater Manchester. As Chart 1 below shows Manchester CCG returned the most surveys. Unfortunately no surveys were returned from Wigan, Trafford or Tameside & Glossop CCG's, therefore this survey does not represent those areas.

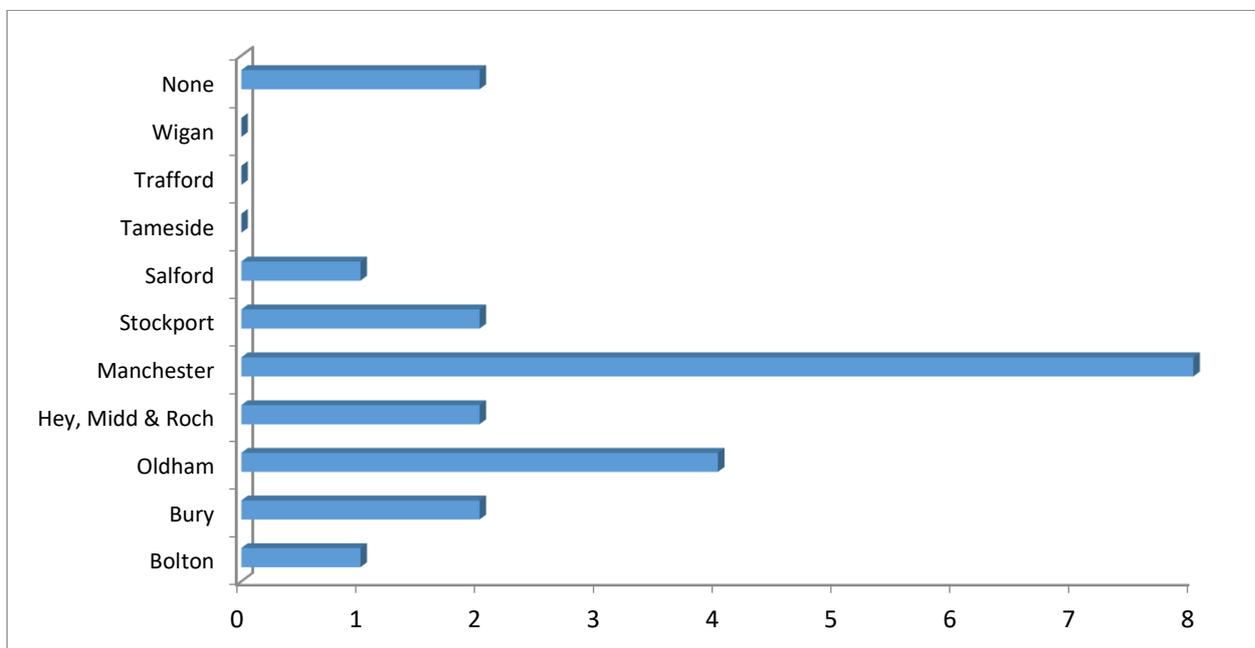


Chart 1. Survey responses according to CCG.



Survey results

Question 1: How many families are on your caseload?

Health Professionals have different caseloads depending on their speciality and location. Chart 2 shows the wide range of caseloads, some health professionals had 10 families whereas others had 3,000 families. However, the average number of children per health professional is 350, this has increased slightly from our last survey where the average was 345. This is perhaps not surprising considering the current NHS staffing resource pressures.

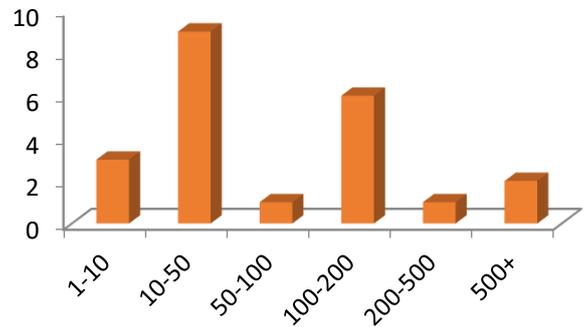


Chart 2. Health Professional's caseload numbers

Question 2: Is your case load increasing, decreasing or about the same?

Two thirds of health professionals feel their caseload is increasing whilst one third say it is the same. None however, say the caseload is reducing.

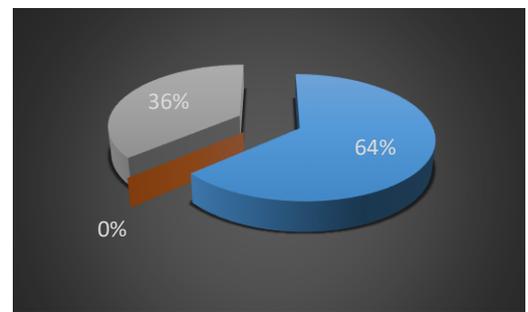
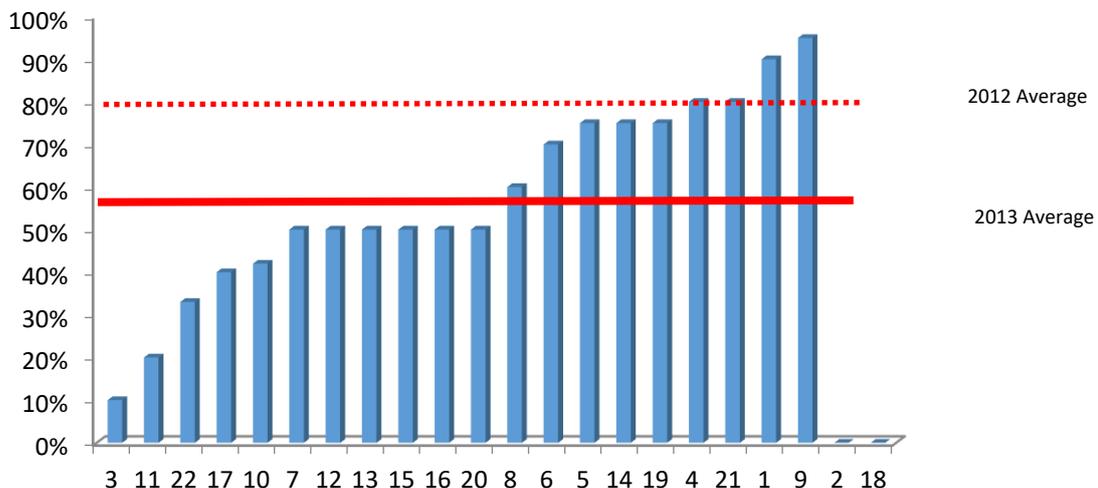


Chart 3. Health Professional's percentage caseload change

Question 3: What percentage of your caseload would you assess as deprived?

Answers to this question ranged from 10% to 95% (see Graph 4. below), this wide range could be a reflection of the areas from which the responses of Health professionals came from. Taking an average of the responses gives 57%, which is a 23% fall from our last survey in 2012. This is a positive that social conditions for families in Greater Manchester are perhaps improving, however, 57% is still too high a figure considering Manchester is a major city in a first world country. Although these survey results are small, this average is also a big indicator that there is a large proportion of deprived families across Greater Manchester who benefit and rely on the service provided by the Charity.



Graph 4. Percentage deprivation



Question 4: Has level of deprivation increased, decreased or stayed the same in last 12 months?

Studies published by Save the Children, Greater Manchester NHS and Greater Manchester Poverty Commission in the past year have all indicated that poverty and deprivation is increasing. We asked our Health Professionals whether they are experiencing increases in deprivation levels within their own case load families.

Our results clearly show, our Health Professionals we experiencing no decreases in deprivation levels. 62% of our surveyed Health Professionals felt deprivation level were the same. However, 38% of our Health Professionals felt deprivation levels are increasing which would support the wider studies results and suggestion that high levels of deprivation are still prevalent in parts of Greater Manchester. Which reinforces the need and value of the service voluntarily provided by Transport for Sick Children.

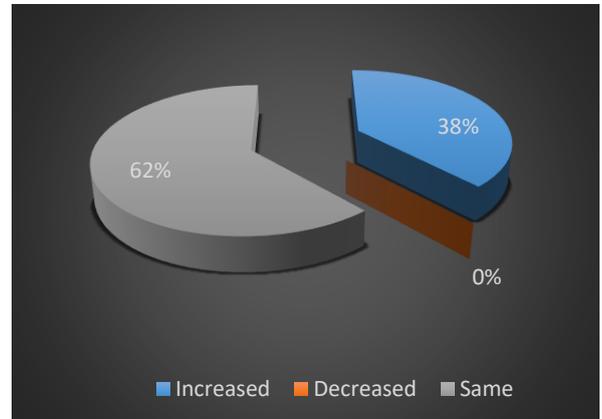


Chart 5. Percentage change in deprivation

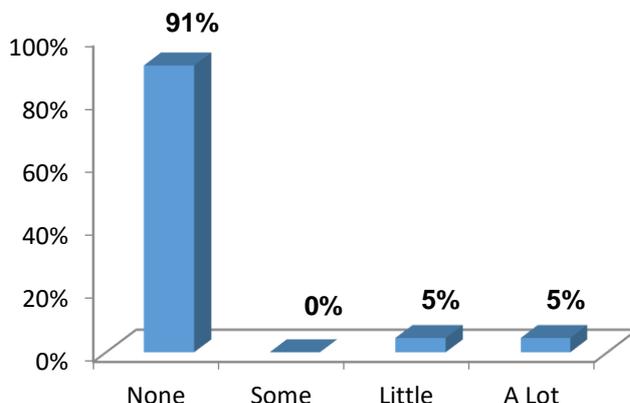
Question 5: Is transport a major factor for children attending health appointments?

The Charity was set up in 1977 in answer to transport being a problem for a particular child struggling to make it to hospital to receive treatment. From then on the number of similar families with a transport need increased. However, today in 2013 with the improvement of public transport systems in Greater Manchester such as the Metrolink, bus routes and Community Transport, is transport still a reason for children missing health and hospital appointments?

The responses were a unanimous 'yes' from all the Health Professional respondents. They all agreed transport is a major factor for children and their families attending health appointments. This re-affirms the Charity's mission "to reduce the stress felt by sick children and their families attending healthcare appointments by the provision of voluntary transport"

Question 6: In the past year the Passenger Transport Service (PTS) has new management. Has it impacted your work?

From 1st April 2013 the contract for Passenger Transport Service operated by North West Ambulance Service (NWAS) was tendered and awarded to Arriva for a new three year term. This question asks what impact does this have on their work.

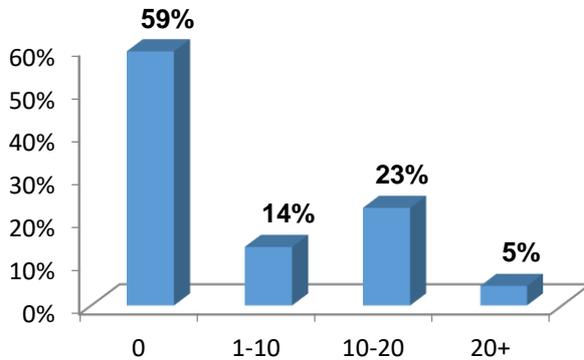


The results indicated that the change in service provider of PTS has had little impact on the work of the Health professionals in our survey sample.

Chart 6. Impact of PTS provider change.



Question 7: How many children have you referred to PTS in the last year?

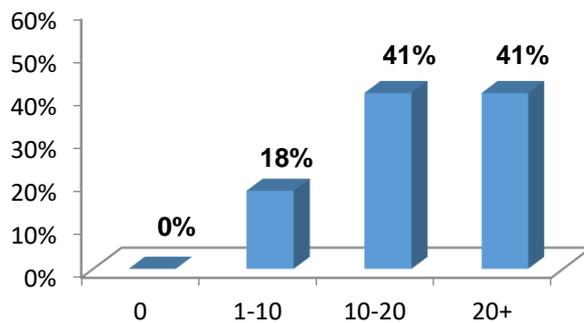


This question gives some context to the previous question by asking how many children are referred to the PTS service during the past year. The majority of the survey sample (59%) did not refer any children to the service whilst 40% appear to be regular referrers.

Chart 7. Number of Children referred to PTS

Question 8: How many children have you referred to Transport for Sick Children in the past year?

Chart 8 below demonstrates all survey responders have referred children to the Charity. Pleasingly a large number of the Health Professionals were regular referrers of their families to use the voluntary service.



It is an unfair to compare TFSC with PTS, since PTS operate with a rigid focus on statutory eligibility which does not consider social deprivation aspects or other siblings. However, the results suggest that Health Professionals in this survey have more transport dealings with the Charity, perhaps meaning that significantly more children are referred to TFSC than PTS by Health Professionals.

Chart 8 .Number of Children referred to TFSC

Question 9: Has the need for transport in the past year increased, decreased or not change?

Results were 50-50 split between two answers, half the survey sample thought the demand had increased whilst the other half said there was no change. No one thought the demand was decreasing. This would suggest the need for the service provided by the Charity last year is still useful at the same level.

Question 10: What reasons would you refer children to TFSC?

Four answer options of finance, distance, siblings and would Did Not Attend (DNA), were provided to assess the main reasons why Health Professionals are referring their caseload children to the charity for transport.

Chart 9 demonstrates the majority of responses (41%) gave the reason that the child would DNA if not taken

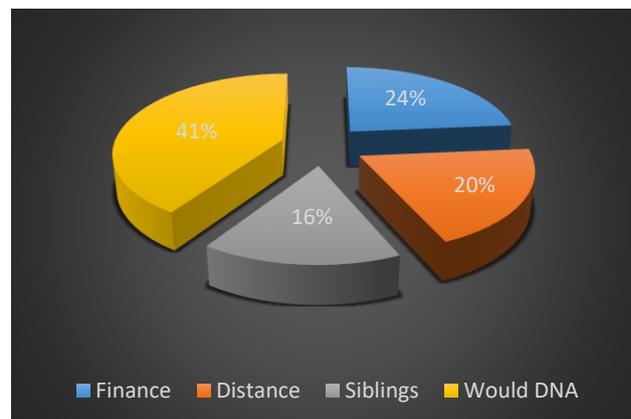


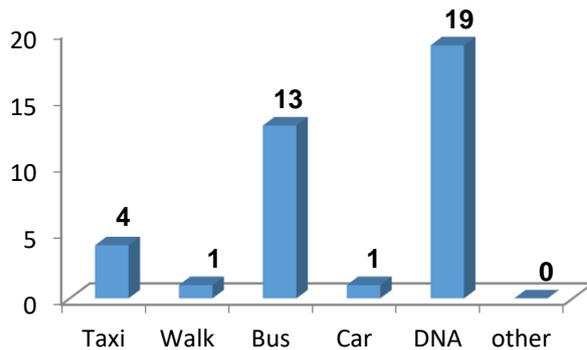
Chart 9. Reasons children are referred to TFSC



to their appointment. This is consistent with previous surveys and discussions with health professionals. Finance (24%) is the next largest reason for referral whilst distance (20%) and siblings (16%) complete the responses.

Question 11: If children are not taken by TFSC or PTS, how would they get to appointment?

Following the previous question regarding reasons for referral this question asks how children would get to their appointments if the Charity did not taken them. A number of transport methods were offered or would they simple not attend (DNA).



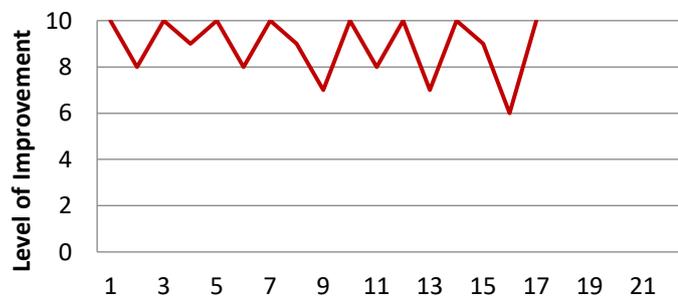
Out of 22 Health Professional responses, 19 shown in Chart 10, thought that children would not attend. The majority said that public transport would be the choice of those minded to attend. Of the other options, car, and taxi options that may not be easily available to deprived families. Walking is an option but just may not be practical for a number of reasons, e.g. distance, disabilities, prams, trolleys, carrying child and younger siblings.

Chart 10. How children get to healthcare appointments

Question 12: How would you score the child's health improvement of those taken by TFSC?

Health Professionals were asked to measure from a score of 1-10, 1 being minimum improvement and 10 being maximum improvement in the health of referred children, by help of transport to appointments by the charity. Three health professionals could not assess using this method, but the majority gave a measure gave above 7 which is a positive response for the Charities service.

Child Health Improvement



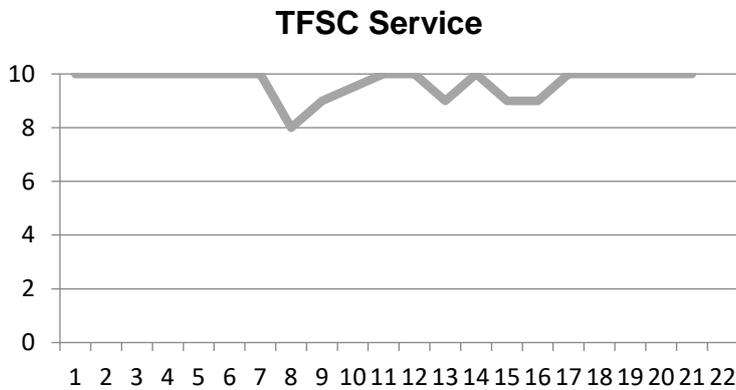
Graph 11. Improvement in health of children referred to TFSC

Child health improvement is an important outcome as it contributes to longer life and longer disability free life. All of which means less burden on the NHS and the disability benefits system in the future. The outcome is also key for the charity as the reason why the organisation exists. In order to measure the impact the charity may have, the survey sample were asked to assess any improvement to health on a 1-10 scoring system with 1 meaning minimal improvement and 10 maximum improvement. The results in graph 11 show that 45% of Health Professionals felt they could measure the improvement to children's health to the maximum score of 10. The remainder agreed that health did improve with measures of 7-9 whilst the lowest score was 6.

The final two questions seek to establish what the perception of the charity's service and reliability. Health Professionals were asked to use the same measure as the previous question and score their assessments on a scale of 1 to 10.



Question 13: How would you score the Transport for Sick Children Service?



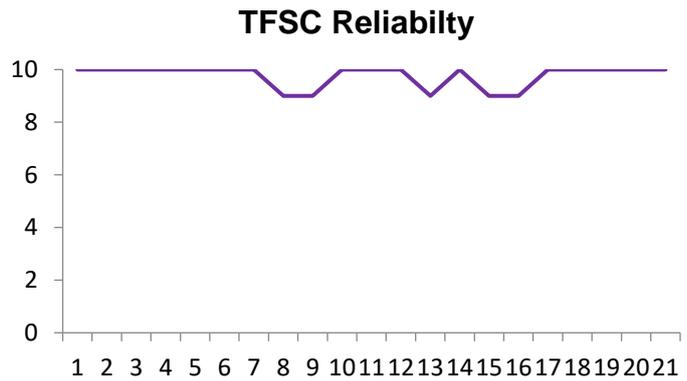
The results illustrated in Graph 12, show that the majority of Health Professionals, value the service the Charity provides highly giving a maximum score.

Graph 12. Rating of service provided by TFSC

Question 14: How would you score the reliability of Transport for Sick Children?

Making appointments on time are essential for a patient but also important for NHS for best use of resources. The Charity is well aware of the huge cost of DNA's to the Health Service, and want to help reduce this cost where possible if transport is an issue for certain families making appointments.

The majority of Health Professionals who refer children to the Charity assess the service to be reliable and score TFSC highly (see Graph 13). The service relies on the goodwill and dedication of volunteer drivers who use their own vehicles and the positive results testament to their energy and resolve to get children to appointments at the right place and time.



Graph 13. Rating of reliability of TFSC

Health Professional's Comments

HP1 - *"One of the families I work with has a child with very complex health needs and therefore has frequent hospital appointments. Due to finances, assistance from the hospital and parents own difficulties, it is highly likely that this child would miss a high percentage of appointments if it were not for Transport for sick Children. I think this is an exceptionally valuable service and its existence helps to prevent the problems of struggling families from escalating at the expense of their children."*

HP2 - *"Family support with young children who cannot afford transportation."*

HP3 - *"This is the first time I have used the service and the staff in the office have always been very accommodating when I have made transport requests. The drivers have always been reliable and on time. Thank you."*



HP3 – *“Some of the families referred would not be able to navigate the route and distance to the appointments without TFSC service. I only refer my most needy families that I know would otherwise not be able to attend the appointments without the support of transport.”*

HP4 – *“A very useful resource would like to thank you for your services”*

HP5 – *“I have always found the service excellent and most helpful. Patients have all good things to say about the service, the professionals are always polite and helpful and try to accommodate our needs.”*

HP6 – *“I would like to see a service that responds more quickly i.e. one that doesn’t require booking more than one week in advance.”*

HP7 – *“TFSC provide a vital function for families particularly those who have a child with a disability, are under stress and unable to access appointments without it.”*

HP8 – *“Other issues for children. Without the Transport for Sick Children it would mean children having whole days missed from education rather than 2-3 hours or half days. The feedback from my families is they feel safe using the service. All my families are single vulnerable mothers and children.”*

HP9 – *“Most of the children I refer to TFSC find it very difficult to use public transport due to impaired immunity so I find it difficult to make a comparison. I have found the service provided by TFSC to be of a consistently high standard during 14 years that I have been in my current post.”*

HP10 – *“All your staff are helpful and friendly when answering the phone and keeping us well informed about how our request is progressing.”*

HP11 - *“Have always found the staff at TFSC to be very helpful particularly in emergency situations. A great service.”*

HP12 – *“TFSC has always responded efficiently to requests for transport for a family who need to attend hospital appointments. The arrangement with the driver has always been carried out as requested.*

HP13 – *“I am happy for the support of TFSC as they do make a difference in helping families attend appointments who may not take their children. They have also helped me turn the life of a couple of mums who were suffering from depression, and have now given their thanks to the special therapy sessions I have run with music from hospitals, one child had not been taken anywhere in 2 years but thanks to your support they were able to come to therapy sessions. A massive THANK YOU.”*



Summary

The glowing comments made at the end of the survey echo positive responses and scores given by the Health Professionals rating TFSC and the service the Charity provides.

The Charity was born out of one families need for transport to attend regular hospital appointments, and quickly expanded to help as many children as possible across Greater Manchester. Since 1977 TFSC has continued to help children from the deprived areas of Greater Manchester and give them equal access to health care where transport would have been a barrier.

Health Professionals who use the service have told us their caseloads are increasing and the majority of their children are from deprived families. The picture looking forward is; poverty is growing and the demand on the Charity is likely to increase. In question 5 we asked “Is transport a major factor for children attending health appointments?” and got a unanimous response saying; yes it is. We asked a few questions relating to the change of PTS to Arriva and with 59% of the referrer’s not using the PTS service, it appears little impact has been made in this area. Since 2009 when the Charity reported on the cost of DNA’s every survey since has asked the question about DNA’s. Question 10 asked why are children being referred to the Charity is finance or distance from appointment or are there siblings to consider or would they simple not attend. A huge 41% would DNA and when coupled with question 11, asking about forms of transport the answer is clear that without the Charity’s service these children would not get the health treatment they need.

Combining the results of children not attending appointments due to a transport need and Health Professionals remarking when they have referred children to TFSC their health has improved, shows just how valuable the service is for children in Greater Manchester. The NHS is a major beneficiary of the service provided by TFSC, and our volunteer drivers can take great pride in seeing the children they drive get better.