



## Health Professionals Survey 2017

### Introduction

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

It is important to note regional changes that the Greater Manchester (GM) local councils and National Health Service (NHS) have recently undergone and the impact they had on our charity and the families needing the service:

1. Specialist services provision: since the implementation of the 'Making it Better' programme which involved the reorganisation of children's and maternity services across Greater Manchester, there has been an aim to provide improved healthcare in the community by concentrating services in fewer, larger units. Many of these services are now situated in specialist hubs throughout GM and the north of England (e.g. Yorkshire, Merseyside, Cheshire and Birmingham) as opposed to clinics at local hospitals. Patients now get very specialist treatment but on fewer sites, the impact is positive in terms of the quality of treatment but also negative as patients including our service users have greater distances to travel.
2. Greater Manchester now has responsibility for a devolved their health budget. More decisions are now being made at a local level by commissioners who can prioritise needs for their own areas, and this can include transport access needs.
3. The GM Strategy: 'Our People, Our Place' published by Greater Manchester Combined Authority (GMCA) has prioritised the health and wellbeing of young people and creating an "age-friendly Greater Manchester". The charity can have a direct impact on these ambitions through improving the health of the children and the volunteer driver – who are mainly older and retired – and who generously donate their time and skills. The GM strategy is "pioneering a positive vision of ageing, demonstrating the valuable contribution older people make to the city-region and providing more opportunities for them to work, socialise and enjoy culture and leisure." Driving for TFSC as a volunteer is a fantastic way for retired people to demonstrate their valuable contribution to the city-region, so we hope to contribute to achieving this vision by encouraging more volunteers to join the charity and enjoy the social benefits by interacting with new people and making new friends.

The survey was sent out via Google Forms this year in an attempt to increase response rate by creating a simpler, quicker and more user-friendly way for busy health professionals to answer. 365 surveys were sent out via an emailed form, between September 14<sup>th</sup> and 30<sup>th</sup> November. 79 completed surveys were received, generating a 22% response rate, the highest we have achieved to-date since we began conducting these surveys. 2017's survey received responses from all 10 of the districts the service operates in, which provides an excellent 'snapshot' of how Health Professionals in Greater Manchester view the charity's service (see Figure 1).

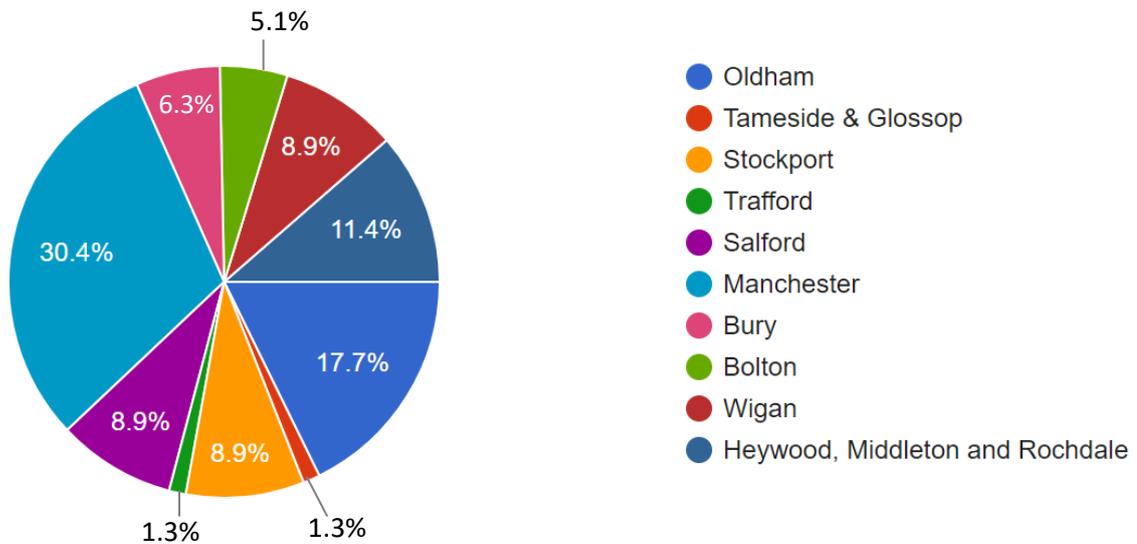


Figure 1: Survey responses by CCG districts in Manchester and Greater Manchester

Survey respondents were from a variety of Health Professionals, the 79 responses were from Health Visitors, Social Workers, Physiotherapist, Therapists, Disability Advisors, Administrators (Team/Dept/Dr's/Clinics) and Nurses: specialist, School, Macmillan, PALS, Community, Therapist, Schools/Nursery: Nurses, Pastoral, Learning Mentors, Key workers: Early and Family Support, Health Link Workers, Early Help, Family Liaison, SEND. A large proportion of the Health Professionals had caseloads between 50-300 children and families, with a small minority managing staggering caseload numbers such as between 1000-5000. Thank you to all for your time and helpful responses.

## Survey Results

### What reasons do you refer children to TFSC?

A large proportion of responses were that distance and access barriers presented the main reason as to why Health Professionals referred children to TFSC. The next significant majority was that the child's family or carer cannot afford a taxi or public transport fares. Other siblings, parents or carers were also factored in as a reason and a good proportion said all of the above impacted their referrals or simply without TFSC the children do not attend (DNA).

Other factors were raised such as the need to carry medical equipment being too difficult on public transport, child or parent social communication problems making public transport use too difficult and parental illnesses or mental health problems.

### If children are not taken by TFSC or PTS, how would they get to the appointment?

Figure 2 illustrates that over half of responses stated that if children were not taken to their appointments by TFSC or PTS they would DNA. A quarter said they use public transport. A smaller



minority of responses stated use of taxi, own transport, hospital transport, relying on relatives, re-arranging appointments until a TFSC driver is available or a combination of all options.

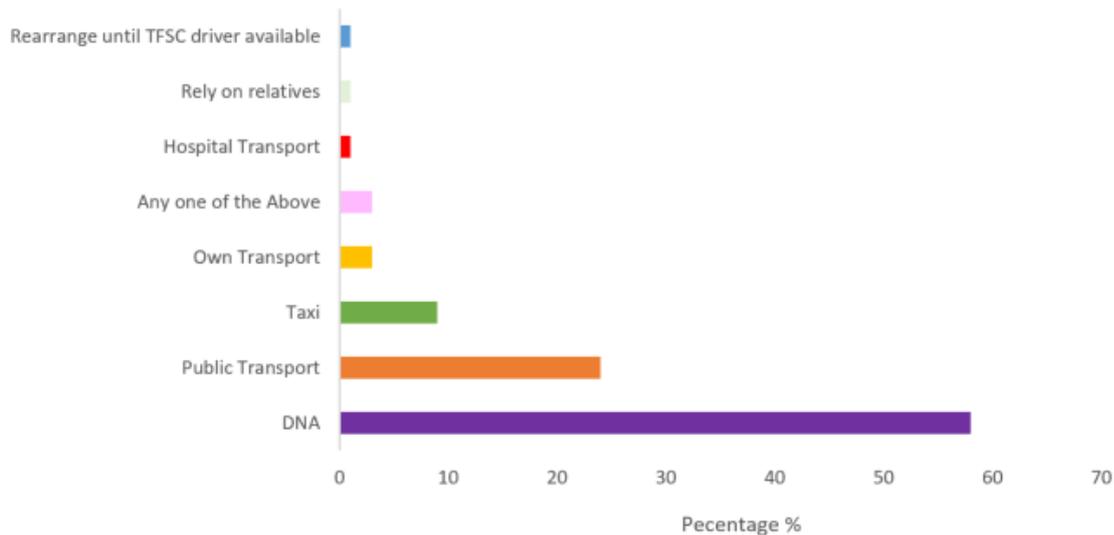


Figure 2: Survey responses to 'If children are not taken by TFSC or PTS, how would they get to health appointments?'

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

All 79 respondents had referred children to TFSC and encouragingly 40% of the health professionals had made between 5-20 referrals last year.

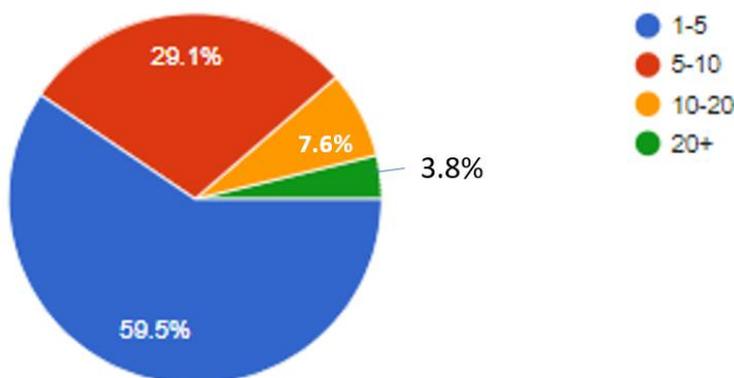


Figure 3: Number of children referred to TFSC in the past year

**How many children have you referred to Patient Transport Service (PTS) in the last year?**

44 respondents had referred children to the PTS service, Figure 4 below shows the majority of those referrals were between 1-5 times in the last year.

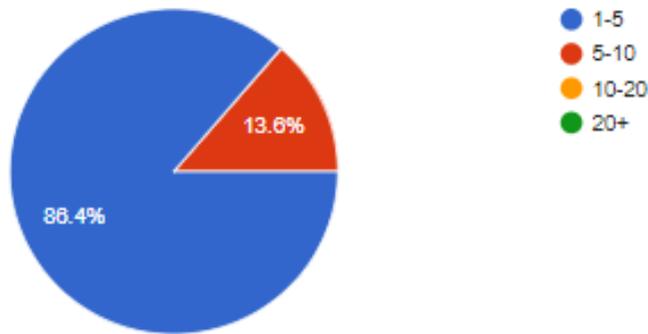


Figure 4: Number of children referred to Patient Transport Service in the past year

### How would you score the health improvement of children taken to appointments by TFSC & PTS?

78 responses

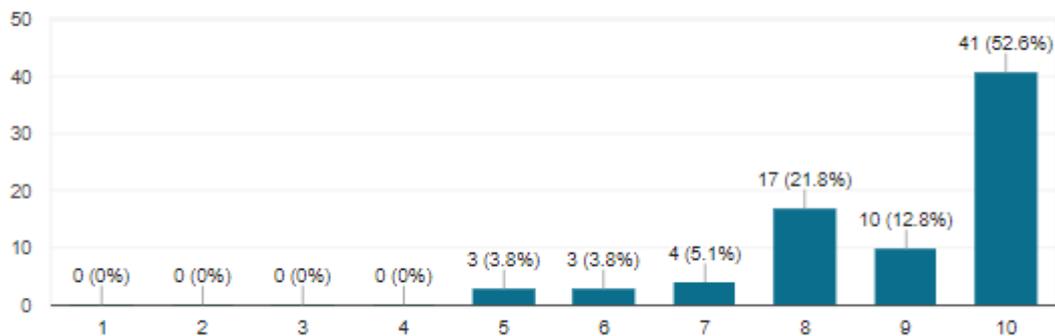


Figure 5: Survey responses of health improvement score of children taken to appointments by TFSC & PTS

### How would you score the reliability of TFSC & PTS?

All respondents rated reliability of both transport services highly, with the majority of respondents scoring between 7-10. As Figures 6&7 below illustrate TFSC was rated significantly high, where on a scale of 1-10, 68 of 79 respondents scored TFSC a 10.



### How would you score the reliability of the PTS?

51 responses

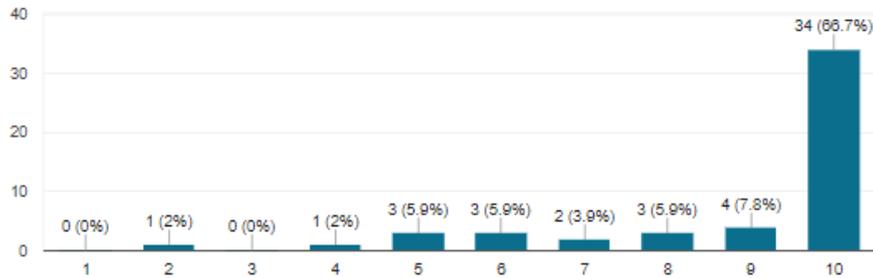


Figure 6: 1-10 scoring of the reliability of PTS

### How would you score the reliability of TFSC?

78 responses

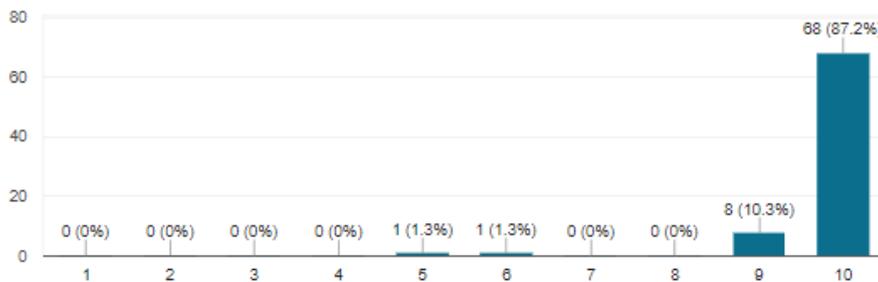


Figure 7: 1-10 scoring of the reliability of PTS

### Does TFSC help to provide a coordinated service resulting in improved patient experience and health outcomes for children?

All respondents said YES.

### Does TFSC help to address health inequalities for poorer communities or people with different ethnic backgrounds?

All respondents said YES.

### How do you find the process of referring families to TFSC?

As Figure 8 illustrates, the significant majority (88.6%) of respondents found the referral system easy. 10.1% found it acceptable and 1.3% found it difficult.



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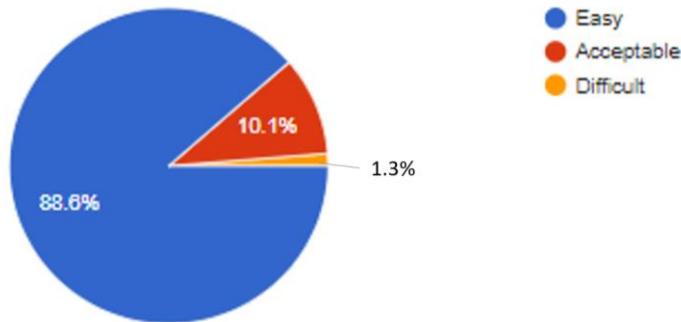


Figure 8: Chart illustrating responses on how health professionals find the process of referring families to TFSC

### **Do you have any suggestions for improvements or any additional comments for the charity and its transport service?**

48 respondents gave helpful comments.

5 said they have no suggestions for improvements as service works well.

7 gave excellent constructive comments and feedback on possible improvements such as:

“More child seats would make the service more flexible”

*TFSC Response:* this is something the charity will look to address depending on the appropriateness of individual volunteer’s cars.

“It would be helpful to have an initial response to e-mail referrals”

*TFSC Response:* this has since been implemented, an acknowledgement of receipt is now being issued by e-mail.

“to be able to anonymise emails so can send securely”

*TFSC Response:* secure e-mails service is generally from the referrer’s CCG and the charity does have agreed systems in place with some CCG’s. We will look to expand this where we can.

3 comments were made requesting Patient Self-Referral. “Allow parent/carer self-refer for children with frequent/regular appointments”

*TFSC Response:* To comply with CCG funding requirements all referrals are required to come through a recognised health professional, this is to ensure that the charity’s limited resources are targeted at those most in need.

36 responses were overwhelmingly positive. Commenting on the excellent, invaluable, dependable, and reliable service TFSC’s volunteer drivers and staff provide. A few examples are given below:

*“This is an invaluable service. Many of our Parents also have learning or physical disabilities, so without this excellent service, our young pupils would suffer.”*

*“Now much better we can request online”*

*“None at all.”*

*“Providing a brilliant service to the community”*



*“Thank you; it is a valuable service for our families”*

*“TFSC is a very valuable and essential service that is very much appreciated by myself and the families and children we work with”*

## Summary

Transport for Sick Children began in 1977 out of one family’s need for transport to attend regular play therapy sessions at Wythenshawe hospital. From one family (Sally Carroll’s) helping another by giving time and driving them regularly over the course of a few months to and from the hospital, the family in need quickly began to thrive. The next family in need came along and so the charity began and the service quickly expanded to help as many children as possible across Greater Manchester.

Reflecting on the charity’s 40th Anniversary year, its clear 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.

This survey taken in 2017, demonstrates that the need of the charity’s service is still there, and the service provides invaluable support in the Greater Manchester community. Reasons for health professionals’ referrals remain consistent from the last survey taken in 2013, if they do not refer the child to TFSC the child does not attend. DNA’s impact both the child’s health and the NHS from cost implications of missed appointments. TFSC are thrilled that this survey has re-confirmed our beliefs that Greater Manchester gets value from the services, voluntary time and support given by our wonderful volunteers.

Using public transport is not always a viable alternative. Responses received demonstrate a range of access barriers that families need to overcome. These barriers can include:

- child’s and/or parent’s disability;
- complex medical needs which can include the need to carry medical equipment;
- many appointments requiring the sick child to travel during congested commuter times;
- public transport service provision does not support appointment times – especially early morning or evening appointments; and
- Still other families have no upfront funds to meet the cost of fares.

The range of difficulties that families have to overcome continues to demonstrate the need for our service in helping those in the community in disadvantaged situations.

Regional initiatives, such as the Greater Manchester Strategy have the overarching aim to improve overall health and wellbeing of residents and to significantly reduce health inequalities; transport access barriers constitute a major inequality for families that do not own a private vehicle.

We hope in 2018 to work with GM health authorities to help reduce this health inequality by making our service more widely available across the region. To do this we aim to take on more volunteer drivers to give us the flexibility to help in more areas.

Combining the results of children not attending appointments due to transport need with health professionals stating that once children are referred to TFSC their health has improved clearly



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demonstrates 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 take great pride in seeing the children they transport get better.

During 2017 GMCVO published 'The State of the VCSE Sector' which highlighted that most supporting community voluntary transport services have ceased to exist throughout the whole of GM and now TFSC is one of the few remaining. We are both humbled by the strength of our charity and the service we provide remaining necessary, however we must continue our high standards as the need is not diminishing.