

Wide variance in transport provision for patients receiving in centre or satellite haemodialysis treatment in the UK: results of a national survey

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Introduction: Patients who receive long-term haemodialysis treatment in hospitals or satellite units say that transport to and from the dialysis unit is one of the most important issues affecting their quality of life. However many report poor experience; the national Patient Reported Experience Measures report shows that transport has the greatest variance of all measures reported. To assess variation in provision of dialysis across renal services in the UK, we surveyed UK adult renal services.

Methods: Following a consensus exercise by the renal stakeholders National Transport Guideline Group, we produced a 13 question survey, covering all major aspects of the provision of transport by a renal service. The survey was distributed from the chairs of the group to all renal units. The clinical director of each unit was asked to direct the survey to the individual within the unit who was best placed to reply on their behalf. The survey was done in May/June 2018.

Results: 46 (of 71) renal services contributed to the survey. 76% reported that >60% of patients received hospital transport; only 6% reported that <40% of patients were receiving patient transport. Models of transport provision varied; in addition to use of agreed providers 57% used local taxi companies and 9% lift sharing. 39% reported using more than one transport provider, consistent with transport provision franchised to clinical commissioning groups (CCGs). Only 50% reported monitoring the quality of the service through measuring and monitoring of key performance indicators; 40% reported using provider reports. Where there were different transport providers units reported that the majority used different eligibility criteria. 23 (50%) of the units surveyed reported their reimbursement policies; 91% reimbursed patients, 65% family, 48% friends. For patients who drive themselves to parking, 7% of units reported that patients have to pay for parking. 71% of units were not aware of any patients claiming from the healthcare travel costs scheme.

Conclusions: There is major variance in the provision of transport in renal services in the UK, with important differences in models of provision, monitoring, eligibility, and reimbursement. These findings reinforce the basis for the wide variation in the transport Patient Reported Experience Measure. The results of the survey contributed to the recommendations produced by the National Transport Guideline Group, which will be reported at UKKW 2019.