Transport – Test of Change

Theme | Capacity and Flow

Produced by | S. Fenton-Cook & L. Brewin

Case Study Date | 29/07/2025

SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY? | EMED are our current Non-Emergency Patient Transport provider (NEPT). The current demand is unprecedented and the way we utilise the EMED service as a trust is increasing that demand. There are daily challenges for EMED meeting the increased demand resulting in failed discharges.

SMART AIM (Specific, Measureable, Achievable, Relevant, Time-bound) | During the week of 14th July 2025 improve patient flow, reduce failed discharges due to transport delays, improve end of day position and reduce risk of escalation in areas that normally remain closed.

PLAN

The plan was to test different options for patient transport as part of the ICB winter planning. The TOC will give us an insight into how we spend out finite amount of winter funds. The TOC will focus on how we can make changes to our current practice and support our current NEPT provider to be more efficient.

The areas of focus are:

- On the day booking vs. pre booked journeys
- Mobilitiy assessments.
- Alternative providers to EMED
- Discharge Lounge booking process
- Outpatient activity
- Out of area activity

DO

Two additional providers for the week

- Cartello x 2 crew attached to the discharge lounge for 10 hours/day – independent booking process via Cartello crew
- Driving Miss Daisy – 1 vehicle per site, ability to transport car walkers and patients in own wheelchair, 7 hours/day – independent booking process via driver

Volunteer drivers to focus trialling different approaches –

- Outpatient journeys
- Supporting ward 18 and 36 with discharges to release EMED

Out of area repatriations

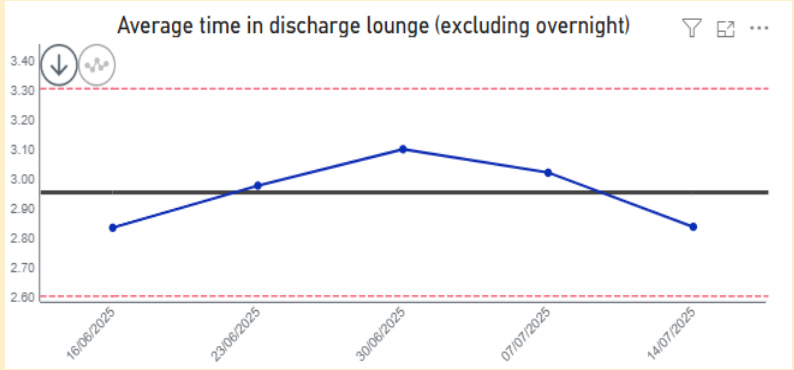
- OOA coordinator to contact ICB SCC representative of the day who then coordinate with patients own ICB provider.

Change to booking process

- DCL to book all transport for patients being transferred to the area
- PTLO to increase booking reviews

STUDY

Day	Cartello	Driving Miss Daisy
Monday	14	9
Tuesday	16	13
Wednesday	18	11
Thursday	20	16
Friday	13	6



The 2 additional crews completed 139 journeys. With EMED completing an additional 80 – with 9 aborts registered. The 2 additional crews had an average waiting time of 22 minutes – EMED KPI is 120 minutes.

There were only 2 OOA journeys during the week, 1 was moved to the local NEPTS provider and the other was undertaken by EMED.

Reflections gathered through the week include:

- Faster paced discharges which allowed for increased flow through the DCL's, no aborts from DCL recorded, reduced delayed ETA's, increased patient satisfaction, meeting cut off times more consistently, time in DCL reduced and no escalation of DCL during the week.

Although there was no improvement seen in the % of discharges through the DCL nor the % before 10:00, there was an improvement in time spent in the DCL, reducing by 9.4%.

ACT

The TOC will help steer winter planning and has led to a further TOC being planned for the WC 28/7/25, where EMED will trial a discharge crew for each discharge lounge with a view to review feasibility following the trial period.

ACKNOWLEDGEMENTS & REFERENCES | Cartello, EMED, Driving Miss Daisy, Volunteer Drivers, DCL,