



A Healthwatch in Sussex report on Non-Emergency Patient Transport Services

February 2026



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Executive Summary

This project was delivered by Healthwatch in Brighton and Hove, Healthwatch in East Sussex and Healthwatch West Sussex, working together as Healthwatch in Sussex. The aim of this research was to find out about patient experiences of the Non-Emergency Patient Transport Service (NEPTS) since the 1st April 2025 when the [EMED group](#) took over the delivery of the Sussex NEPTS contract.

In total, we collected the views of 151 people who had either used or applied for the service since the 1st April 2025. Key findings include:

- Overall satisfaction with the service has fallen since our 2020 NEPTS survey by **16.5** percentage points. In 2025, **62%** of respondents were either 'very satisfied' or 'satisfied' with their experience of using the patient transport service since 1st April 2025 compared with **78.5%** in 2020 (38% were unsatisfied or very unsatisfied, compared with 21.5% in 2020).
- The number of people who would recommend the service to families and friends has also fallen since our 2020 survey by **18** percentage points. In 2025, **68%** of our respondents would be 'very likely' or 'likely' to recommend the service to family and friends compared to 86% in 2020.
- Respondents were asked if they felt the service had declined, improved or stayed the same since 1st April 2025. Of those that had used the service before the 1st April 2025, **30%** of our respondents felt the patient transport service has declined, **27%** felt the service has stayed the same and **15%** of respondents felt the service had improved since the 1st April 2025.
- In terms of delays, changes or problems with journeys, only **27%** of respondents had not experienced any delays, changes or problems. This is an increase to 2020, when **37.5%** told us they had not experienced any delays, changes or problems.
- **23%** of respondents had frequently experienced delays, changes or problems with their journeys since 1st April 2025, and **41%** had occasionally experienced delays, changes or problems with their journey.
- The most frequently experienced issue around delays was a delayed pick up from hospital. Of 78 responses, only 5% had 'never' experienced a delayed pick up from hospital. 22% had experienced delayed picks ups 'often', and 46% had experienced delayed pick-ups regularly. While we recognise that patient perceptions of 'delay' may not always align with the contractually agreed-upon terms, the high frequency of reported issues—specifically with 46% of respondents citing regular delays—

indicates a potentially significant gap between contractual compliance and patient experience.

- Another issue of concern raised by respondents in relation to problems, delays and changes to journey was 'being taken or collected in a taxi rather than a specific patient transport service vehicle'. 55% of respondents told us they had experienced this either 'very often, often or rarely' (Of 115 respondents). Open comments also identified the use of taxis as an issue of concern.
- Our respondents' overall experience of applying for patient transport was mixed. 26% of respondents reported finding it 'easy' or 'very easy' to apply for the service, 18% found it 'neither easy nor difficult' to apply and 16% found it 'difficult'. Positive comments about the application process included 'helpful call handlers' and 'generally finding it easy to apply for'. Challenges patients faced included being told the service was at full capacity and respondents' personal needs not being taken into account.
- When it came to booking patient transport service journeys, the majority of respondents did not want any additional help or support to book journey's (67%). Of those that did want some additional help or support, 13% were interested in a physical leaflet to help them book a journey.
- Use of the EMED online booking system 'The Patient Zone' was very low. **73%** of respondents were not aware of the Patient Zone and of the 27% who were aware of it, only 38% had used the Patient Zone.
- Conversations with staff at the Royal Sussex County Hospital (RSCH) and Bexhill Hospital also identified concerns with patient transport, with staff saying that they felt that the service has declined since EMED has taken over the contract. Concerns raised by staff were about the impact of afternoon/ evening delays for patient pick up for hospital staff who have to wait until patients are collected, concerns around one company EMED subcontracts too (OnCue transport) and finding booking generally to be less flexible, especially with return journeys.

Patient comments which highlight some of our key findings:

"I have had mixed experiences with patient transport. I am really grateful for the service but they are often late picking me up and dropping me home" (Male, 89, West Sussex, Renal Dialysis patient)

"I'm very happy that the service exists otherwise I'm not sure how I would have got to my appointment. The staff were all lovely." (Female, 69, Brighton and Hove, uses service to get to one/ just a few appointments)

"I want the service to be sorted out and improved. I use it three times a week for my dialysis and just want to get home asap. You are tired and hungry after it and just want to be at home, not sitting in a waiting room in hospital." (Female, 79, West Sussex, Renal Dialysis patient)

"On three occasions I was told that EMED could not help me because they were at full capacity." (Male, 70, East Sussex, uses service to get to one/ just a few appointments)

"I think that in the last 3 months the company is beginning to understand the difficulties that they face and are beginning to overcome the problems." (Non-binary, 58, East Sussex, Renal Dialysis)

Recommendations based on these findings include:

- 1. A focus on reducing delayed hospital pickups.**
- 2. Strengthening communication and escalation paths when patients experience delays.**
- 3. Reviewing services provided by subcontracted companies.**
- 4. Reviewing use of private hire taxis.**
- 5. Improving and promoting the Patient Zone.**
- 6. Delivering a more consistent service across the whole of Sussex so that all patients have a positive experience.**

A statement from the EMED group

Thank you for the care Healthwatch in Sussex has taken to capture patients lived experience of Non-Emergency Patient Transport Services (NEPTS). We welcome this kind of independent scrutiny, as the feedback helps us continually improve the services to local people. We are grateful for the opportunity to respond to the feedback and suggestions you have made.

Taking over the Sussex NEPTS in April 2025 was a genuinely complex undertaking. The service had previously been delivered across multiple organisations, and consolidating it – transferring staff under TUPE, onboarding seven third-party suppliers from day one and joining up systems and data, while continuing to serve tens of thousands of patients was always going to take time. Your report was conducted during that transition period and while we do not offer that as an excuse, it is important context. We knew we would need to earn confidence through sustained delivery and visible service improvements.

We are proud of the progress the team has made. Complaints have fallen from 0.37% of journeys in April 2025 to consistently below 0.1% since September – a reduction of more than 70%. Aborted journeys (where a planned transport does not complete) are down 20%. We are delivering around 23,000 journeys per month, 7% above the contracted baseline. But we are not complacent. Behind every statistic is a patient who waited longer than they should, or struggled to get through to us and that is what drives us to keep improving.

What we are doing in response to your findings

The themes you identified – delays in collection, the consistency of sub-contracted journeys, and clearer communication – are all areas of active focus:

- **Reducing waits:** We have extended operational hours to support hospitals manage discharges and to ease pressure on A&E services. We are increasing our Hospital Ambulance Liaison Officer (HALO) presence at acute sites. A dedicated HALO role is being introduced across community hospitals to strengthen on-the-ground coordination.
- **Sub-contracted journeys:** All third-party providers operate within a formal quality assurance framework overseen by NHS Sussex. We are committed to

ensuring every patient receives the same standard of care regardless of who delivers their journey.

- **Communication:** We are working with Kidney Care and the Alzheimer's Society to improve the experience of our most vulnerable patients. We continue to make improvements to the Patient Zone app to enable patients and their families to easily book, manage and track journeys in real-time. While we are redoubling efforts to raise awareness of Patient Zone, we also continue to improve telephone booking support, physical information materials and on-site assistance to ensure that those without digital access are equally well served.

We also recognise that not every dissatisfied patient raises a formal complaint, which is precisely why reports like this are so valuable. We would welcome an ongoing relationship with Healthwatch in Sussex so that patient voices continue to shape how we develop the service. Sussex is a community we are proud to serve and we are committed to being open and accountable as we work to make this service one that residents can genuinely rely on.

A statement from NHS Sussex

NHS Sussex (the ICB) welcomes this report from Healthwatch in Sussex and the valuable insights it provides into the lived experience of patients using the Non-Emergency Patient Transport Services (NEPTS).

Since the transition to EMED group in April 2025, the ICB has monitored the service closely during a complex mobilisation period. We recognise that while the service is delivering over 23,000 journeys a month there are areas where patient experience must continue to improve, particularly regarding communication and the consistency of subcontractors.

The ICB is encouraged by the downward trajectory of complaints and the proactive steps EMED is taking, such as the introduction of Community HALO roles and partnerships with third-sector experts like Kidney Care UK. We remain committed to working in partnership with both Healthwatch and EMED to ensure that the Sussex NEPTS is not only operationally resilient but also consistently responsive to the diverse needs of our patient population."

Colin Simmons, Deputy Director of Acute Services Commissioning and Transformation (Non-Elective), NHS Sussex ICB

1. Introduction

On the 1st April 2025, the [EMED group](#) took over Sussex's Non-Emergency Patient Transport Service, after winning the five-year contract (with option to extend for another 5 years). The service is commissioned by NHS Sussex (Sussex Integrated Care Board). The previous provider was South Central Ambulance Service (SCAS).

Healthwatch in Sussex findings from an earlier review in 2020 supported the commissioning process and as part of our involvement we proposed to review patient experiences of the new provider for NHS Sussex. In October 2025, following 6 months of NEPTS delivery by the EMED group, Healthwatch in Sussex launched an online survey and conducted five visits to hospitals in Sussex to speak to patients who had used the service.

In total, we heard from 151 patients and carers about their experience of using NETPS since the 1st April 2025.

Background information on NEPTS nationally and locally

The majority of people make their own way to medical appointments; however, the Non-Emergency Patient Transport Service (NEPTS) exists across the UK to provide funded transport where a medical condition means that a patient would struggle to safely attend their treatment independently.

NEPTS is provided by a range of organisations across the country including public and private organisations, including the voluntary sector, NHS Ambulance Trusts and large and small independent providers. NEPTS provides around 11.5 million patient journeys each year.

In Sussex, NEPTS handles around 23,524 journeys per year to over 1.7 million patients. The service covers the whole of Sussex and is commissioned by NHS Sussex. The service is free at the point of use for all eligible patients. In the last decade, the service serving Sussex has undergone numerous changes and has been delivered by several different providers including:

- 2011–2016, Southeast Coast Ambulance Service NHS Foundation Trust (SECAMB).
- 2016–2017, Coperforma.
- 2017–2025, South Central Ambulance Services (SCAS).

- 1st April 2025, the EMED group

In 2017, Coperforma failed to adequately deliver the service which ultimately left many vulnerable patients waiting hours for their transport, missing vital health appointments and feeling considerably distressed by the lack of transport. The collapse of the service under Coperforma led to an independent review to identify what went wrong, and how to prevent a similar failure from happening again. This triggered Healthwatch Brighton and Hove into carrying out our first engagement exercise with renal patients who attended the Royal Sussex County Hospital. We identified serious failings in the service and these were shared with key decision makers in the city.

The contract was subsequently handed over to the South Coast Ambulance Service (SCAS) in 2017 who worked hard to improve the service. SCAS's contract was extended until 2025 due to pressures stemming from the COVID pandemic. In addition, the findings from a national review of NEPTS led NHS England to publish a new [national framework](#) for NEPTS including national eligibility criteria, mobility categories, national datasets and commissioning, contracting and core standards. Healthwatch in Sussex fed our earlier findings into this national review.

Following delays caused by the covid pandemic and the national review, the contract for NEPTS was put out to tender in 2023, with the announcement of preferred provider planned for January 2024. NHS Sussex enlisted the help of Healthwatch in Sussex and a patient voice representative from the outset of the procurement to help draft elements of the specification and to ensure quality, engagement and patient voice were at the heart of the service design.

Following a detailed procurement process including robust and thorough validation checks, NHS Sussex appointed the EMED group as the new provider.

Since 2017, all three Healthwatch teams (Healthwatch Brighton and Hove, Healthwatch East Sussex and Healthwatch West Sussex) have worked together as Healthwatch in Sussex to gather patients experience of using the local service and to identify where change is needed.

Methodology and engagement

In September 2025, Healthwatch in Sussex designed an online survey in partnership with NHS Sussex. NHS Sussex, as the commissioner, and EMED as the provider, were invited to add some additional questions on areas of particular interest. The survey was open between 8th October 2025 and 1st December 2025.

The online survey was promoted by the three Healthwatch's in Sussex, through our networks, newsletters and social media. EMED also promoted the survey on screens in their patient transport vehicles.

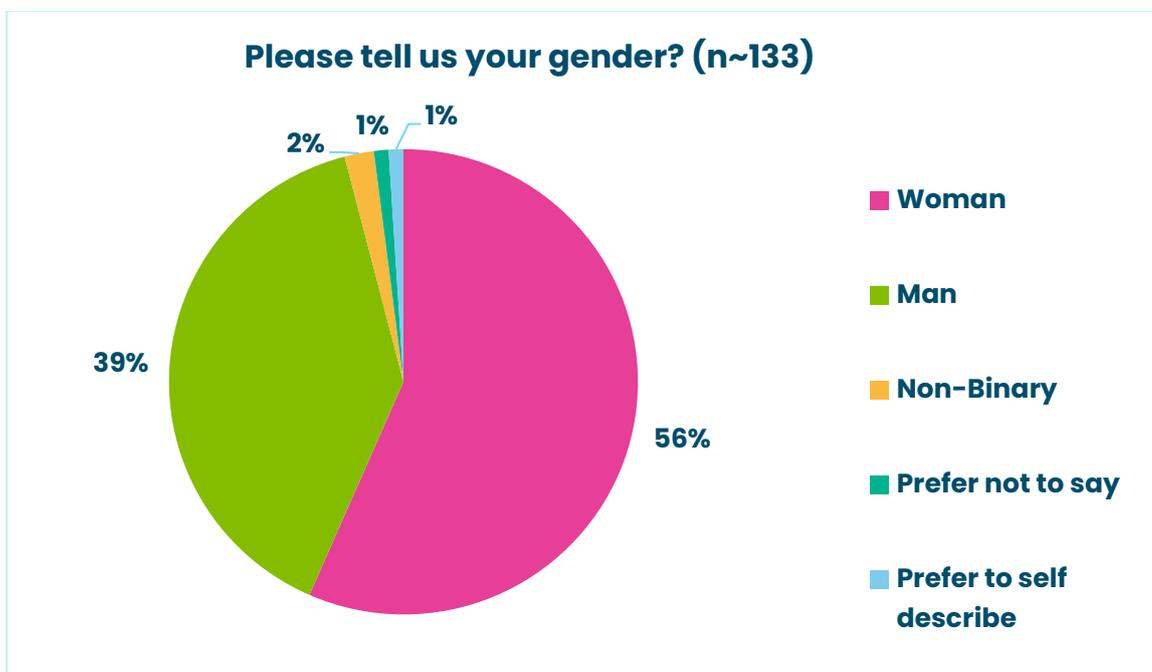
Healthwatch Brighton and Hove arranged four visits to Royal Sussex County Hospital. Departments visited included the Sussex Kidney Unit, Outpatients Department, The Eye Hospital Outpatient Department and the Sussex Cancer Centre, Radiology Outpatient. Healthwatch East Sussex visited Bexhill Hospital on two occasions.

The purpose of these visits was to speak with patients face-to-face about their experience of using the services and speak with staff about their experience of working alongside EMED. It is anticipated that results from this project will be used by NHS Sussex and EMED to improve the experience for the patients that use their services.

Demographics of respondents

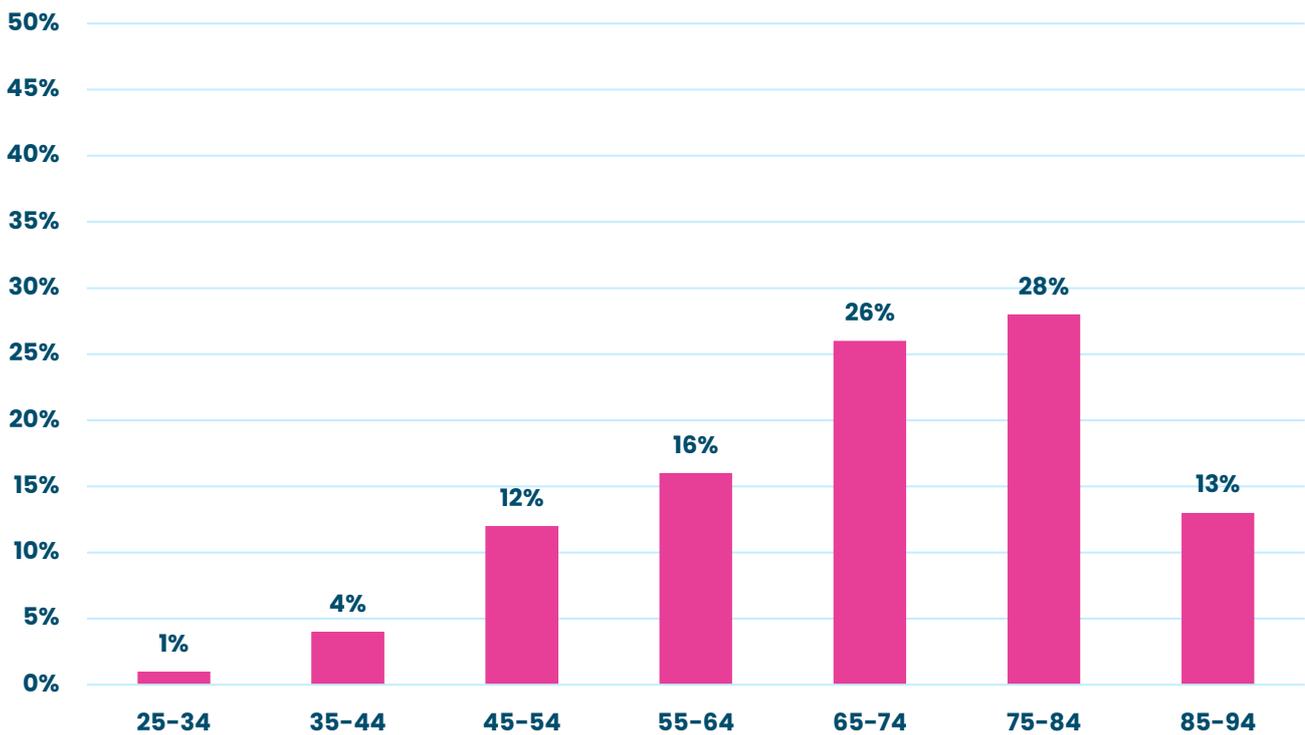
At the end of the survey, we asked six demographic questions to ensure we had information about the type of people who had completed our survey. These questions were all voluntary.

- Of the 133 who provided their gender, 56% (76 people) were female, 39% (53 people) were male, 2% (3) were non-binary, 1% (2 people) preferred not to say and 1% (1 person) preferred to self-describe.



- Of the 128 respondents who provided their age, the ages of respondents ranged from 30 to 94. The average age was 74. A breakdown of ages of respondent by age groups is shown in the bar chart below:

Age of Respondents (n~128)



- From the 129 who shared their ethnicity, 81% (104 people) were from White British backgrounds, 5% (6 people) were from any other white background, 3% (4 people) were from Asian/ Asian British Indian Backgrounds, 3% (4 people) were from Black or Black British African Backgrounds and 2% (3 people) were from White Irish backgrounds. Less than 1% were from Other Asian Backgrounds, Black or Black British Caribbean backgrounds and Mixed Black African and White Backgrounds.
- Of those that shared their sexuality (n~133) 83% of our respondents (111 people) were heterosexual, 2% (2 people) were lesbian/ gay woman, 1% (1 person) were either bisexual or a gay man and 11% (14 people) preferred not to say.
- 83% of respondents (111 people) told us 'Their day-to-day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months'
- 19% of our respondents (25 people) classified themselves as unpaid family carers.

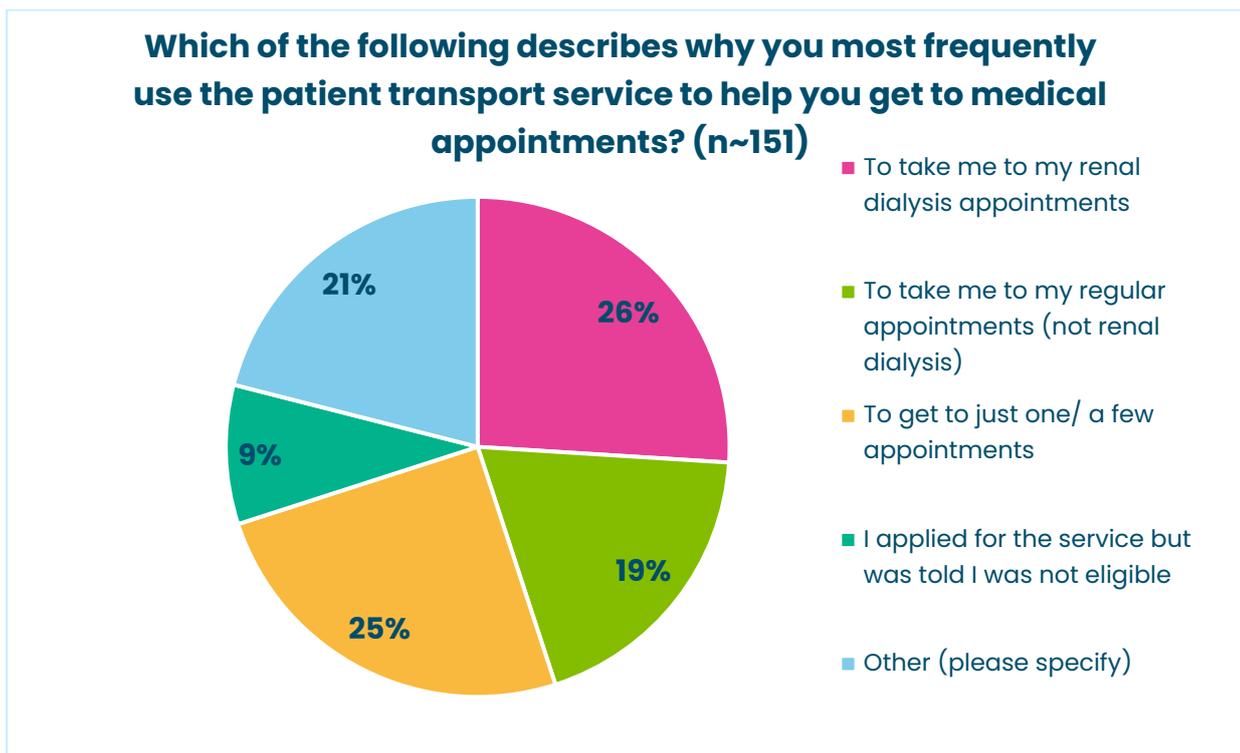
Where patients who completed our survey live

Of the 151 respondents who completed our survey:

- 44% (65 people) lived in East Sussex
- 30% (44 people) lived in West Sussex
- 23% (34 people) lived in Brighton and Hove
- 3% (8 people) said other

Why people used the service

We asked people to tell us why they used the Non-Emergency Patient Transport Service. People could provide only one answer, and we received 151 responses. 26% of respondents (40 people) used the service to take them to their renal dialysis appointments, 25% (37 people) used the service to get to just one/ a few appointments, 19% (28 people) used the service to take them to regular appointments (not for renal dialysis) and 9% (14 people) told us they had applied but were told they were not eligible as the pie chart below demonstrates:



21% (32 people) said they used it for other reasons (please specify) other answers given included:

- Those who were eligible but had not yet used the service (8 comments)
- Radiotherapy appointments or cancer treatment (7 comments)
- Getting discharged from hospital (4 comments)

- Transfers between hospitals (3 comments)

Hospitals or clinics to which people were transported by the service

We asked respondents to tell us which location they have been taken to using the patient transport service i.e. which hospitals or clinics they had visited.

119 people gave a response. And these respondents told us that they had been transported by the service to the following locations:

- Royal Sussex County Hospital (59 respondents)
- Bexhill Hospital (11 respondents)
- Eastbourne Hospital (6 respondents)
- Conquest Hospital Hastings (4 respondents)
- Worthing Hospital (5 respondents)
- Princess Royal Hospital (5 respondents)
- Southlands Hospital (3 respondents)
- Spamedica, Bexhill (2 respondents)
- Hove Polyclinic (2 respondents)
- The Horder Centre, Crowborough (2 respondents)
- 6 respondents from Sussex were transported to hospitals outside of Sussex, for example hospitals in London, Kent and Surrey.



2. Findings

Our findings have been divided into four sections. These are:

- 1) Patient experiences of applying for the service
- 2) Patient experiences of booking NEPTS transport
- 3) Patient experiences of delays, problems or changes whilst using NEPTS
- 4) Patient satisfaction with NEPTS

Results include quantitative analysis of statistics using Smart Survey (the platform in which the online survey was designed and run in) and Excel. Qualitative analysis was conducted on open comments.

Please note percentages have been rounded to the nearest whole number so results may not add up to 100%.

Patient experience of applying to NEPTS

Overall, we found a mixed experience in our 2025 survey around patient experience of applying to NEPTS. Some respondents reported positive experiences whilst others reported less positive experiences; 26% found it 'easy or very easy', 18% found it 'neither easy nor difficult' and 16% found it 'difficult or very difficult'. Of those that applied to the service via a telephone call, the majority of respondents were satisfied with their phone conversation, with 'helpfulness of call handler' being the most positively rated aspect of the conversation. Negative comments received included concerns about caller handlers ignoring the needs of the patients applying or being told NEPTS could not help as they were at full capacity.

Our survey started with questions to gather a snapshot of patient experience of applying for NEPTS in Sussex since the 1st April 2025. Out of the 151 respondents, 48 were new applicants and had applied to the service since the 1st of April. The remaining respondents had either applied before the 1st of April 2025 or someone else had applied on their behalf. (Please note, this is often the case for renal dialysis patients and patients with a cancer diagnosis as hospitals may apply for the service on the patient's behalf. Standing recurring appointments are also booked for these patients. Therefore, these patients who use NEPTS may neither have to directly apply for the service themselves nor arrange their own bookings. However, patients are able to adjust these bookings if needed).

From the 78 respondents who answered this question, we found a varied experience of applying for the service with some respondents having positive experiences and others having less positive experiences. When asked about their experience of applying for the service, 26% (20 people) found it 'easy or very easy', 18% (14 people) found it 'neither easy nor difficult' and 16% (13 people) found it 'difficult or very difficult' (22% / 17 people told us someone else had applied on their behalf, 4% / 3 people applied before the 1st April 2024 and 14% / 11 people could not remember or didn't know).

19 positive open comments were left about the experience of applying. These included detailed experiences of how easy some respondents found it was to apply and how helpful the call handlers were. Comments included:

"The person I spoke to was friendly and helpful and booked the transport for me immediately." (Female, 87, East Sussex resident, uses the services for regular appointments)

"Only delay was the queue for the phone being answered. Otherwise all very clear, conversation, explanation and booking confirmed." (Female, 82, East Sussex resident, uses the service for just one/ few appointments)

"All done over the phone, was easy to apply and then book transport for an upcoming eye appointment." (Female, 52, East Sussex resident, uses the service for just one/ few appointments)

"Person on phone was friendly and assisted me in booking transport for a minor operation." (Female, 69, East Sussex resident, uses the service for just one/ few appointments)

There were twelve negative open comments about the experience of applying for NEPTS. These included concerns about caller handlers ignoring needs of the patients applying or being told NEPTS could not help as they were at full capacity. Comments included:

"Unable to book service within the service timescales advised due to being fully booked, resulting in rescheduling or missing hospital appointments," (Male, 62, East Sussex, uses service to get to regular appointments)

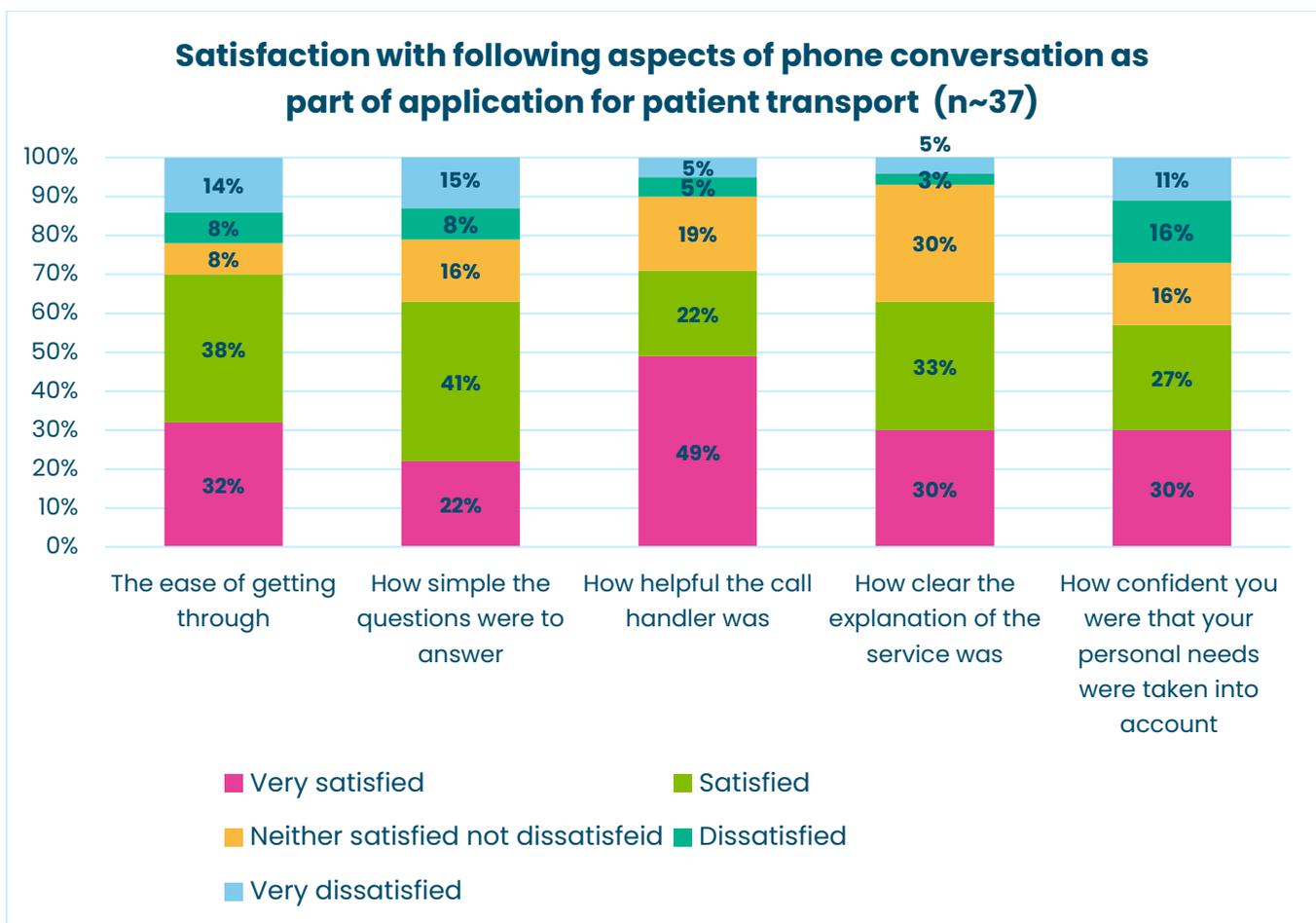
"Although some call handlers are very good and considerate, more recently I have found them aggressive in their questioning, intransigent in their unwillingness to

consider my husband's specific care needs," (Female, 71, East Sussex, uses service to get husband to his regular appointments)

"The questions are more related to obvious physical needs, rather than hidden disabilities and mental health needs. Call handlers are not knowledgeable about these conditions and how to ask questions in a way that allows the caller to be able to explain their needs." (Female, 69, West Sussex, uses service to get to one/ just a few appointments)

"On three occasions I was told that EMED could not help me because they were at full capacity." (Male, 70, East Sussex, uses service to get to one/ just a few appointments)

Of those that applied to the service via a telephone call (37 respondents), the majority of respondents were satisfied with their phone conversation. The highest rated aspect of the conversation was 'how helpful the call handler was' with 71% of respondents (26 people) being with 'very satisfied' or 'satisfied'. The aspect of the conversation which received the lowest rating was 'how confident you were that your personal needs were taken into account; with 27% being 'dissatisfied' or 'very dissatisfied' (10 people). The graph below details respondent satisfaction with different aspects of the phone conversation:





When asked how quickly respondents were informed of the outcome of their application to the patient transport service:

- 51% (42 people) were told on the same day
- 7% (6 people) were told within a few days
- 6% (5 people) were told within a week
- 4% (3) were told after a week
- 14% (11 people) could not remember

Patient Experience of booking NEPTS journey's

Our respondents experience of booking NEPTS journeys was overall quite positive. The majority of respondents told us reasonable adjustments were made for them where needed and 67% of respondents told us that they did not need any help or support to book the correct journey. Of those that did want some further help a physical leaflet to help explain the booking process was most requested.

Knowledge and use of the Patient Zone was very low. 73% of respondents were not aware of the Patient Zone, and of the few who had used it, satisfaction was mixed with 46% stating they were very satisfied or satisfied', 23% were neither satisfied nor dissatisfied and 31% were dissatisfied or very dissatisfied. Dissatisfaction stemmed mainly from the app not being user friendly and updates not being in real time.

The second section of the survey focused on respondents' experiences of booking patient transport services. Again, this only applied to patients who book the journeys themselves, so these questions did not apply to patients such as renal dialysis outpatients and cancer patients undertaking chemotherapy or radiotherapy as these patients have standard recurring journeys booked on their behalf. The number of respondents who answered these questions are therefore slightly lower than our overall total.

Respondents were asked if reasonable adjustments were made to support them (or the person they were booking the journey for) if the patient using the transport had a condition such as dementia, sensory impairment or neurodivergence. Of those respondents who this question was applicable too (61 respondents):

- 29 people said reasonable adjustments were made
- 16 people said reasonable adjustment were not made
- 16 people said they didn't know or were unsure

We also asked respondents if there was any additional help or support, they would like to help book patient transport services. The majority of respondents (67% or 66 people) stated they did not need any help or support to book the correct journey. Of the remaining respondents who were interested in having more help or support to book a journey:

- 13 people were interested in a physical leaflet to help them book
- 8 people were interested in having someone talk them through the booking process
- 7 people were interested in an electronic leaflet available on a website
- 5 people were interested in a video that explain the process.

The Patient Zone

The EMED website hosts a section called the Patient Zone. This allows patients to go online to book transport, manage bookings and check journey status. It also allows patients to cancel a booking if the journey is no longer required. Four questions in the survey focused on the Patient Zone.

Interestingly, 73% of respondents (86 people) were not aware of the Patient Zone. Only 27% (32 people) were aware of the online booking function (from 118 responses). And, of those that were aware of it only 38% (13 people) had used the Patient Zone.

When those who had not used the Patient Zone were asked why they had not used it (n~19):

- 21% (4 people) told us they preferred to use a telephone
- 16% (3 people) had no internet access
- 16% (3 people) found it too complicated
- 16% (3 people) were unsure how to use it.

When asked 'How you would rate your overall satisfaction with Patient Zone?', responses were split: (n~13)

- 46% (6 people) were very satisfied or satisfied
- 23% (3 people) were neither satisfied nor dissatisfied
- 31% (4 people) were dissatisfied or very dissatisfied.

We received nine open comments after asking 'Please use the space below to tell us about your experience/ answer'. The comments left focused mainly on poor experience as the quotes below demonstrate:

"Only use it to check journeys and likely pick-up times - the on-line "ready to be collected" button seems to make no difference. "Track your vehicle" appears to have no relation to the vehicle that actually collects you." (Female, 71, East Sussex, uses service to get to just one/ few appointments)

"It's so basic and not user friendly and hard to follow." (Male, 63, Brighton and Hove resident, Renal Dialysis Patient)

"Used Patient Zone to check where transport was but said it was still in Haywards Heath when in fact, he was only five minutes away from East Grinstead. Also, it seemed to be about an hour behind real time." (Female, 46, West Sussex, uses service to get to just one/ few appointments)

"It is not the most user-friendly of apps/programs" (Female, 74, East Sussex, uses service to get to regular appointments)

"When cancelling journey's at short notice, it always comes up 'unable to cancel as journey already allocated' This should be updated so it can be done real time as when phoning it through." (Female, 55, West Sussex, Renal Dialysis Patient)



Patient experiences of delays, problems or changes whilst using NEPTS

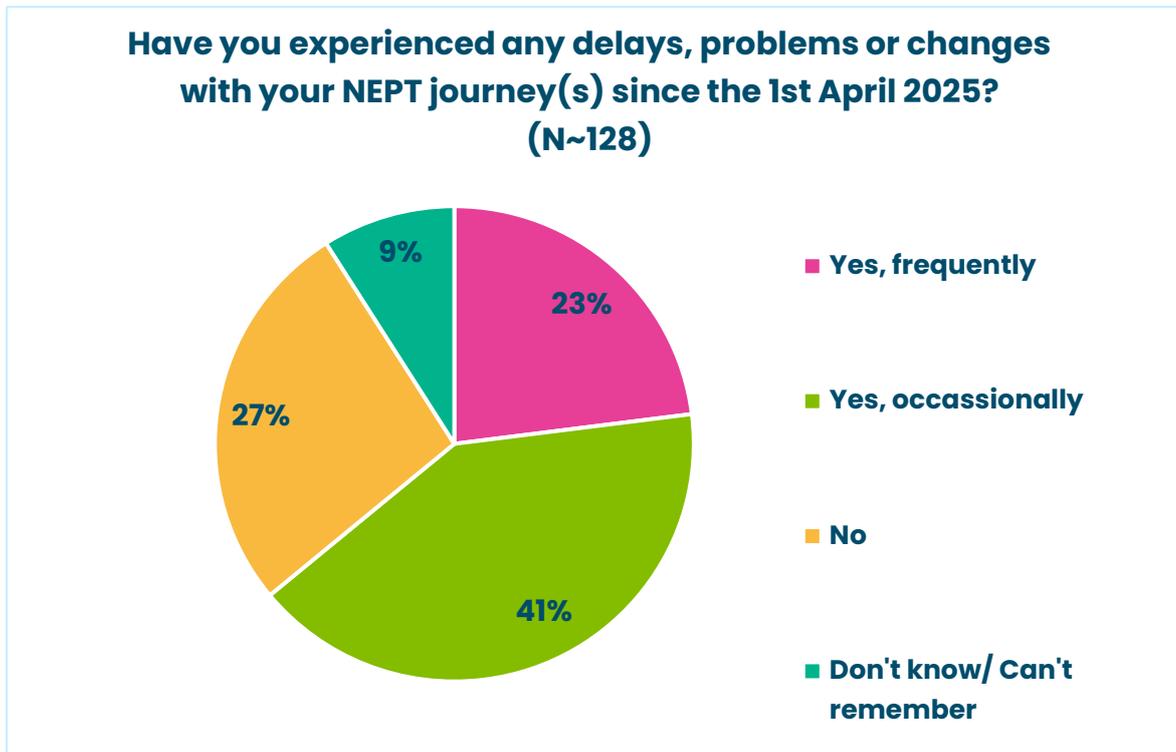
Key findings around our respondents' experiences of delays, problems or changes whilst using NEPTS include a rise in patients experiencing delays, problems or changes since our last survey in 2020 (64% in 2025 compared to 59% in 2020). 30% of respondents told us they had experienced delays of over two hours since 1st April 2025.

The most frequently experienced issue identified by our respondents was delayed pick up from hospitals. Of 78 responses, only 5% had 'never' experienced a delayed pick up from hospital. Being taken or collected in a taxi rather than a specific patient transport service vehicle, was another frequently occurring issue/ problems respondents reported (55% experienced this).

It is important to note that the NEPTS contract includes agreed 'Performance Windows' (e.g. a patient is contractually 'on time' if collected within 60–90 minutes of their ready time). While the provider may be performing within these technical guidelines, the data indicates that these windows do not always align with patient expectations or clinical flow. For a patient who has just completed a gruelling treatment like dialysis, a 60-minute wait can feel like a significant and 'regular' delay, regardless of the contractual definition.

The third section of our survey focused on patient experience of delays, problems or changes to journeys when using the Non-Emergency Patient Transport Service. When respondents were asked 'Have you experienced any delays, changes or problems with your scheduled patient transport journey since 1st April 2025?' only **27%** (35 people) of the 128 who answered this question had not experienced any delays, problems or changes to their NEPTS journeys. Conversely 64% (82 people) had experienced delays, problems or changes either frequently or occasionally as the pie chart below

demonstrates:



This is a slight increase in the amount of people experiencing delays since our 2020 survey, where 59% of respondents told us that they had experienced some form of delay, change or problem.

When asked about average length of delays experienced since the 1st April 2025:

- 5% (4 people) had experienced delays of up to 30 minutes
- 20% (15 people) had experienced delays of 30 minutes to one hour
- 45% (34 people) had experienced delays of one to two hours
- 30% (23 people) had experienced delays of two hours plus.

Comments included:

"4 hours on one occasion, 3 hours on another when I was sent home in a taxi because hospital transport took too long." (Female, 78 West Sussex, uses service to get to one/ just a few appointments)

"I've had to wait up to 5 hours. I pay for my carers, and I couldn't get back in time and lost money. Most of the time, I wait 20-30 minutes." (Male, 57, West Sussex, Renal Dialysis patient)

"Last time I was not collected at all." (Female, 87, East Sussex, uses service to get to regular appointments)

“Delays in coming home have been 3 hours +. It makes the day long; I am late for medication and meals.” (Male, 71 Brighton and Hove, Renal Dialysis Patient)

“The information and driver updates for the return leg from hospital are seriously lacking. There are no texts or calls from the driver to (a) introduce themselves, (b) let me know when they expect to pick up, (c) how many drop offs there will be (d) what vehicle is being used. I am blind therefore all of the above is key for my safety and comfort”. (Female, 55, West Sussex, Renal Dialysis Patient)

When asked in more detail about the type of problems, delays and changes respondents had experienced, the most frequently experienced issue was delayed pick up from hospitals. Of 78 responses, only 5% (4 people) had ‘never’ experienced a delayed pick up from hospital. 94% had experienced a delayed pick up with 22% (17 people) experiencing delayed picks ups ‘very often’, 46% (35 people) had experienced delayed pick up ‘often’ and 26% (20 people) had experienced delayed pickups ‘rarely’.

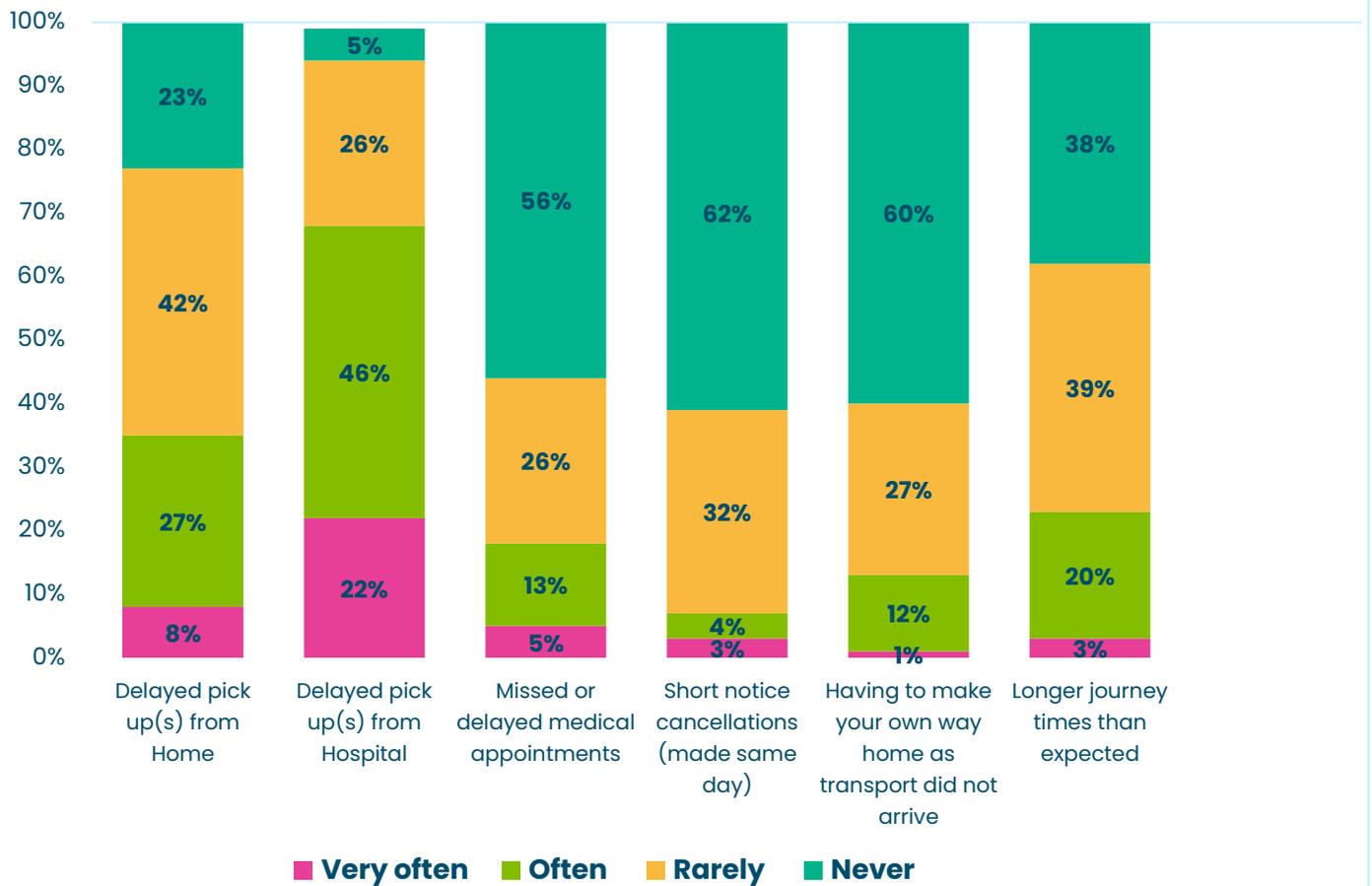
Delayed pick up(s) from home was the second most frequently experienced problem (77% or 60 people, had experienced a delayed pick up very often, often or rarely) and delayed or longer journey times traveling to hospital or home was the third most commonly experienced problem (62% or 46 people).

Least experienced problems, delays or changes included:

- Difficulties in finding the location of your vehicle (77% or 59 people had never experienced)
- Having to make your own way to hospital because your transport did not arrive or arrived too late (65% or 50 people or had never experienced)
- Changes to scheduled visit (63% or 48 people had never experienced)

The bar chart below demonstrates frequency of problems, delays and changes experiences:

How often have you experienced the following delays, changes or problems with your journeys made using NEPTS since 1st April 2025 (N~78)



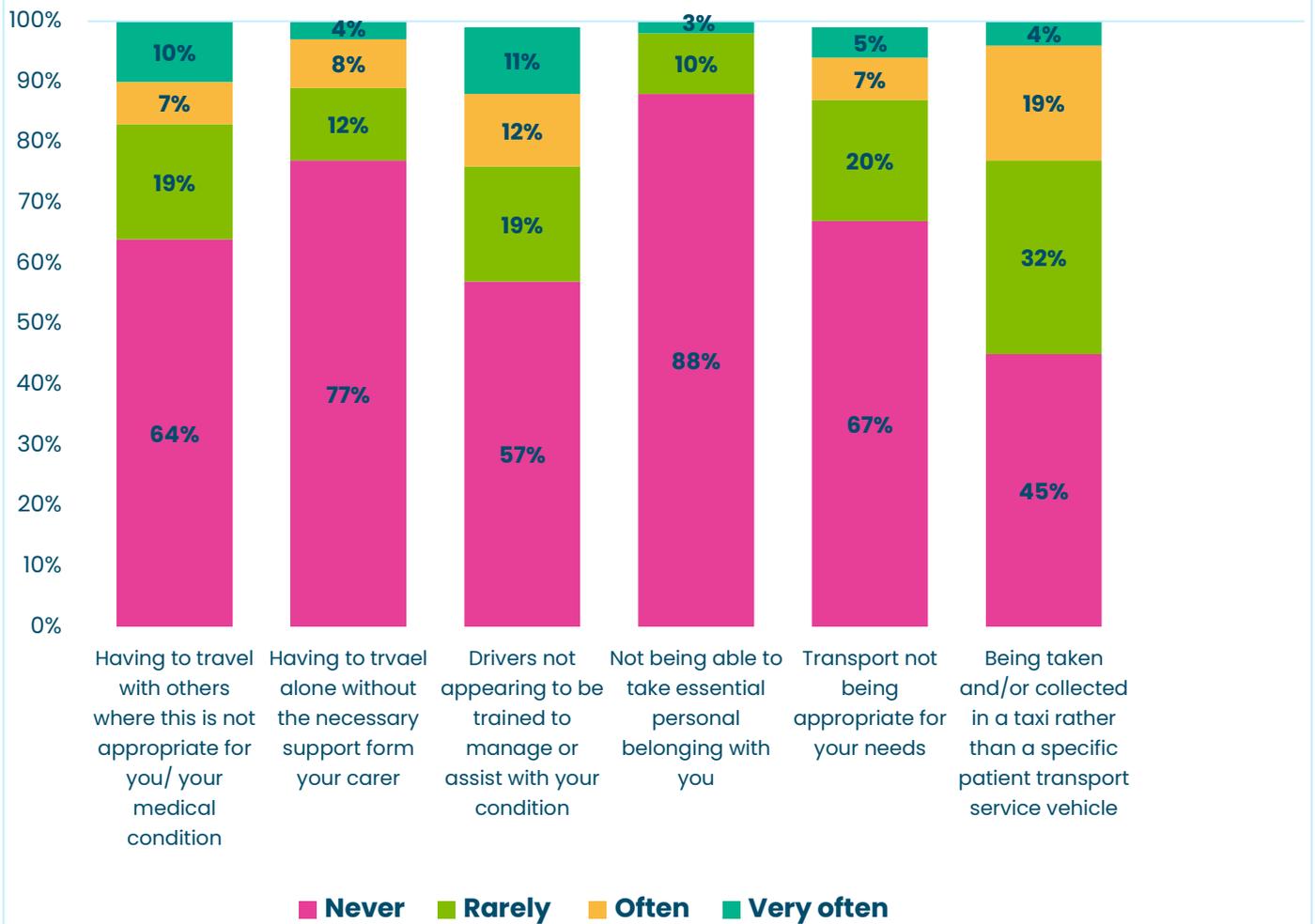
Respondents were asked about the impact of delays and problems to their journeys since 1st April 2025. From 78 responses, the most frequently stated impact was:

- Increased stress or anxiety' (75% or 57 people)
- Missed meals was the second most stated impact (50% or 38 people)
- Financial cost (e.g. to pay for refreshments whilst waiting, to pay for a private journey or phone calls) was the third most stated impact (24% or 18 people).

Only 8% of respondents (or 6 people) said delays or problems with their journey had no impact.

We also asked if respondents had experienced any of the following with their journeys made using the patient transport service since the 1st April. The following bar chart shows responses received:

How often have you experienced any of the following with your journeys made using NEPTS since 1st April 2025 (n~115)



As can be seen in the bar chart, 'being taken or collected in a taxi rather than a specific patient transport service vehicle' was the most frequently occurring issue with 55% of respondents (or 63 people) experiencing this either 'very often, often or rarely'. 45% (51 people) had never experienced it.

Open comments also identified use of taxis as an issue of concern with the patient transport service. A number of respondents felt the use of private hire taxis had increased since EMED took over the delivery of NEPTS in Sussex and were concerned by this. Concerns included drivers who were untrained to assist them with their medical condition, the uncomfortableness of the taxis and the cost incurred to EMED of using taxi's instead of specific patient transport vehicles. Comments included:

"Having to share taxi's is awful too. This normally happens once every two - three weeks. They are overloaded so we get crammed in and the vehicles themselves can be so uncomfortable." (Male, Age not given, West Sussex, Renal Dialysis Patient)

"Sometimes I get taken in a taxi and the drivers don't help me. I often feel dizzy after dialysis, and I need support getting into and out of the vehicles". (Female, 62, East Sussex, Renal Dialysis Patient)

"It's also not ideal being put in taxi's. EMEDS staff are fully trained, and they know how to support you. It's not the taxi driver's fault as they are not trained but they can't help you in the same way. I get a taxi 1/2 times a month and you get crammed into them. The taxi drivers won't come to your door etc. It's just not as good". (Male, 69, West Sussex, Renal Dialysis Patient)

"Taxis as an alternative are used very often, but the taxi drivers don't help and are not trained. I have since said no to taxis and have asked that I want it on my notes that I won't use taxis to travel. Taxis have previously just left me downstairs when I was using crutches and had a broken arm. The taxi driver shouted at me to 'hurry up' when getting out." (Female, 58, Brighton and Hove, Renal Dialysis Patient)



Patient and staff satisfaction with NEPTS

Respondents' overall satisfaction with NEPTS has declined since our last survey in 2020 by 16.5 percentage points. In 2025, 62% of respondents reported being 'very satisfied or satisfied' and in 2020, 78.5% of respondents reported being 'very satisfied' or 'satisfied' when asked the same question. In terms of recommendation of the service to friends and family, in 2025, 68% told us that they would be 'very likely' and 'likely' to recommend the service, whilst 32% told us they would be 'unlikely' or 'very unlikely' to recommend the service.

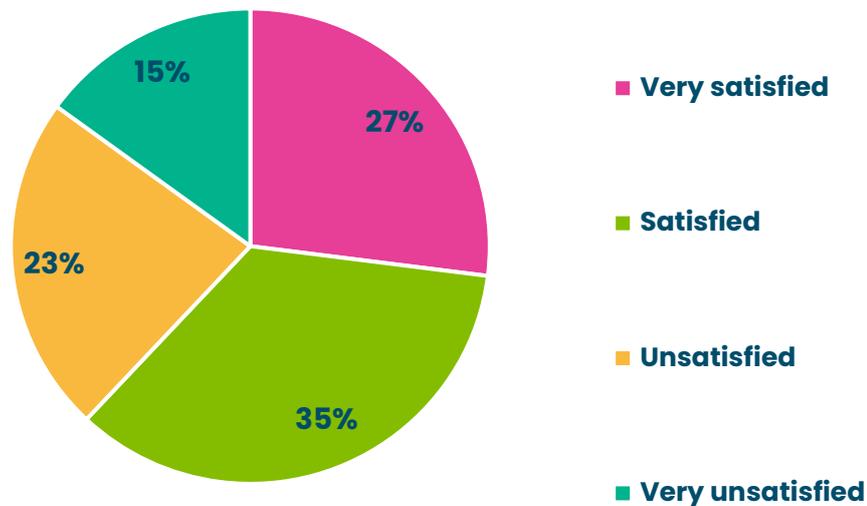
Staff at both Hospital sites visited by Healthwatch also reported a general feeling that the service has declined since 1st April 2025 with comments focusing on delayed picks up and the impact of these upon hospital staff and budgets, poorer provision by some subcontracted companies and the provision of a less flexible service by EMEDS.

The final part of our survey focused on overall satisfaction with the Non-Emergency Transport Service. Previous surveys run by Healthwatch in Sussex have also included the same two key questions around satisfaction. Satisfaction levels with the service since 2016 are shown in the table below:

Historic Satisfaction and recommendation levels	Pre April 2016	April-September 2016	May-June 2017	Nov-Dec 2017	Sept 2020	Oct-Dec 2025
Provider	SECamb	Coperfoma	SCAS	SCAS	SCAS	EMED
Satisfied or Very Satisfied	67%	8-42%	75%	85%	78.5%	62%
Would recommend to family and friends	No data	44%	77%	80%	86%	68%

When asked, 'Overall, how satisfied are you with your experience of using the patient transport service since 1st April 2025' **62%** (72 people) were either 'very satisfied' or 'satisfied' and 38% (44 people) were 'unsatisfied or 'very unsatisfied':

Overall, how satisfied are you with your experiences of using the patient transport service since 1st April 2025? (n~116)

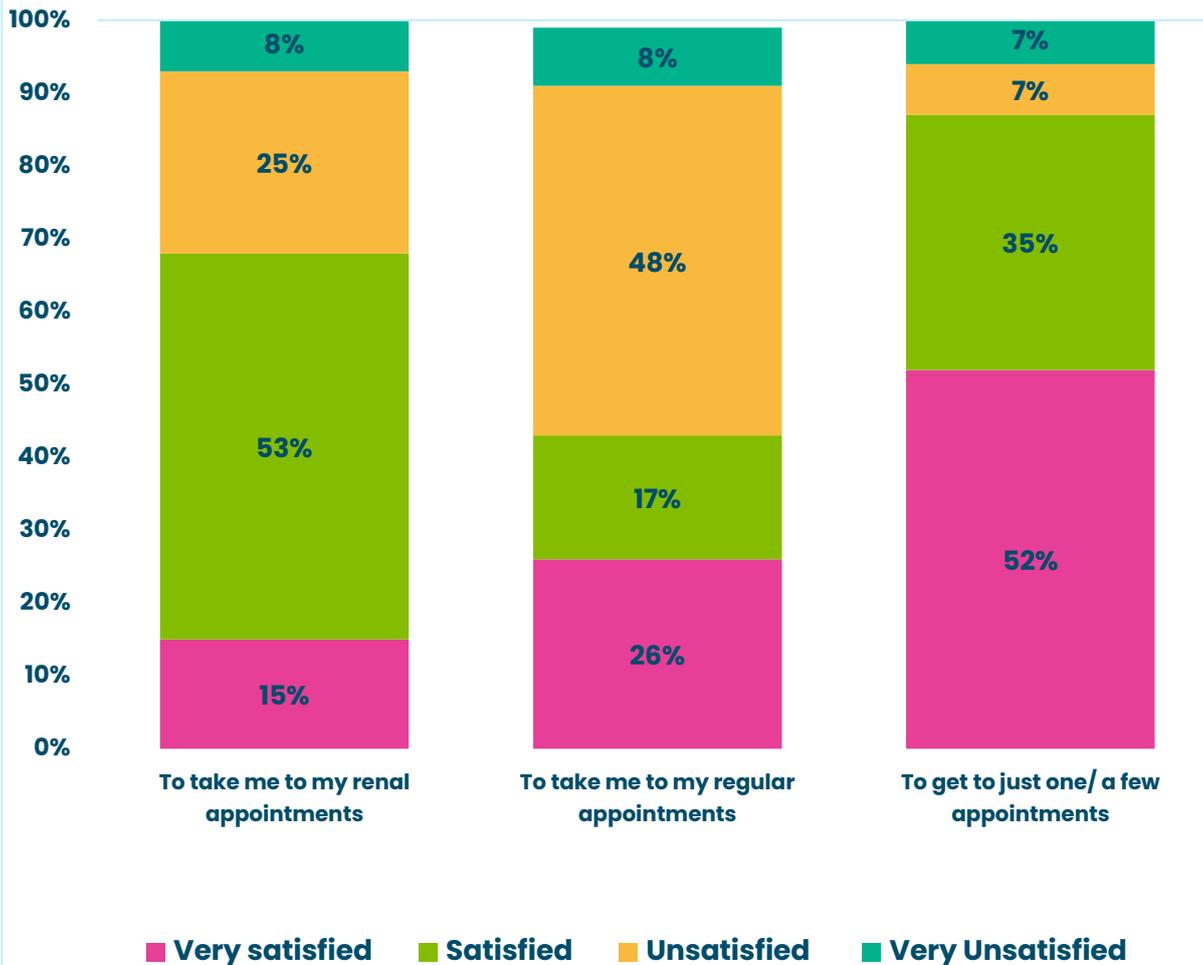


As can be seen in the pie chart above, compared to previous survey's Healthwatch in Sussex have run on NEPTS, satisfaction with the service has fallen. In 2025, **62% of** respondents reported being 'very satisfied or satisfied' (n~116) and in 2020, **78.5%** of respondents reported being 'very satisfied' or 'satisfied' (n~155) when asked the same question. This is a fall in satisfaction of **16.5** percentage points since our 2020 survey.

We also ran a cross tabulation (a statistical tool to analyse the relationship between two variables) in Smart Survey on satisfaction by patient type.

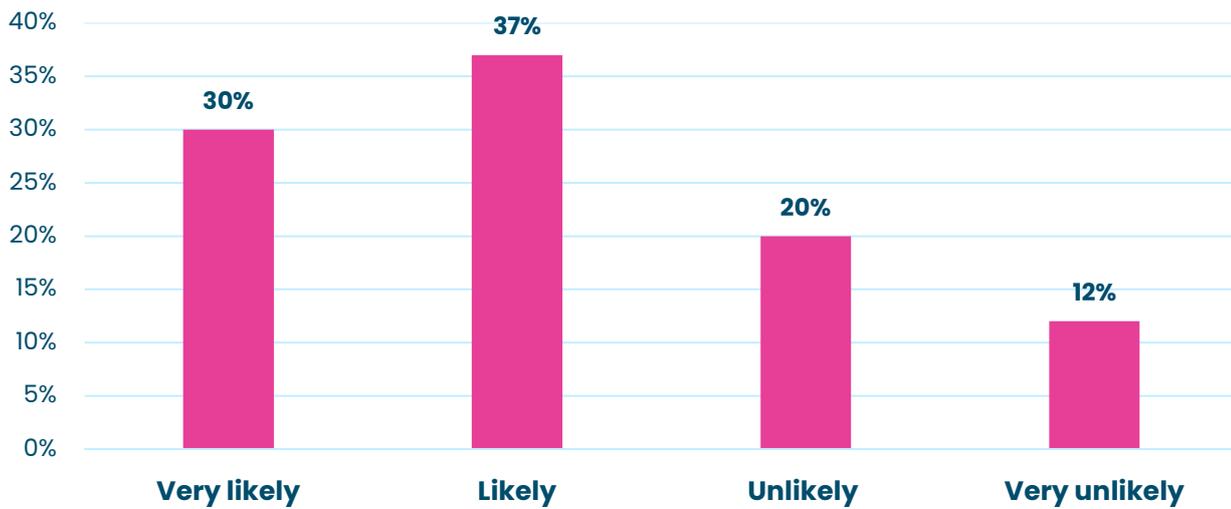
- Respondents who used the service to get to just one/ a few appointments were most satisfied with the service with 87% (27 people of 31) being 'very satisfied' or 'satisfied'.
- 68% of renal dialysis patients (27 people of 40) were 'very satisfied' or 'satisfied'
- Least satisfied were respondents who used the service to take them to regular appointments (not for renal dialysis) where only 43% of respondents (10 people of 23) were 'very satisfied' or 'satisfied' with the service. (Total number of respondents ~ 116) as the bar chart demonstrates below:

Satisfaction with NEPTS by patient type (n~116)



When asked 'Overall, based on your experience of using the patient transport since 1st April 2025, how likely it is that you would recommend family and friends to apply for it?' **68%** (78 people) told us that they would be 'very likely' and 'likely' to recommend the service, whilst 32% (37 people) told us they would be 'unlikely' or 'very unlikely' to recommend the service (n~115). Again, this is a decline from previous surveys. In 2020, **86%** told us they would be 'very likely' or 'likely' to recommend the service (n~128). This is a fall in satisfaction of **18 percentage points** since our 2020 survey.

Overall, How likely is it you you would recommend NEPTS to family and friends? (n~115)



Another cross tabulation by patient type, showed:

- Those who used the service primarily to get to just one/or a few appointments were most likely to recommend the service to family and friends (81%).
- 74% of renal dialysis patients were would 'very likely or likely' recommend the service, compared to 65% of those who used it to get to regular appointments (not for renal dialysis).

We also asked respondents, 'If you used the patient transport service before 1st April 2025, please could you tell us whether you think the service has either improved, stayed the same or declined, now it is run by a different provider?'

Of those who had used the service before the 1st April 2025, 15% (17 people) told us they thought the service has improved, 27% (31 people) told us the service has stayed the same, while 30% (34 people) told us the service had declined. The remaining 28% (32 people) had not used the service before the 1st April 2025 (n~114).

A cross tabulation run by patient type against the question above showed that:

- Respondents who use the service to take them to renal dialysis were most likely to say that the service has declined (40% of respondents)
- This compares to 36% of respondents who used the service to take them to regular appointments (not for renal dialysis) and 13% of those who used the service to get them to just one/ a few appointments.

We asked those who thought the service had either improved or declined to comment on why they believed this to be so. We received 18 comments about how respondents

felt the service had improved and 29 comments about how respondents felt the service has declined since the 1st April 2025.

Positive comments referenced the helpfulness of staff, a more efficient service compared to the previous provider and progress being made after the challenges of taking over the service, as the comments below demonstrate:

"The telephone handlers are so much nicer and the ambulance staff too." (Female, 79, East Sussex, uses service to get to just one/ few appointments)

"When I telephone to book the transport service the staff are much more friendly and helpful than those of the previous provider who had a rather confrontational manner." (Female, 79, West Sussex, Renal Dialysis Patient)

"Prior to the new [providers] they started telling me frequently that the service had reached capacity already and they wouldn't even accept my booking, so on many occasions I had to rebook my medical appointments and sometimes I had waited a long time for an appointment already then these further waits wasted consultant time and delayed my treatment. This isn't as bad with the new provider." (Male, 53, Brighton and Hove, uses service for just one/ few appointments)

"I think that in the last 3 months the company is beginning to understand the difficulties that they face and are beginning to overcome the problems." (Non-binary, 58, East Sussex, Renal Dialysis)

Negative comments focused on more frequent use of private taxis, a less reliable service, frequent changes of drivers and poorer communication as the comments below show:

"Going home has become more difficult. I have a phone, so I do call them to find out where they are. They don't answer phones before 7/8 am though, so in the mornings they are late so if a problem there is no one I can contact". (Respondent comes in for dialysis early so service picks them up circa 6am) (Female, 75, West Sussex, Renal Dialysis Patient)

"The service is more chaotic now. Dispatch is not as organised. I am more often put in a taxi". (Male, Age not given, Brighton and Hove, Renal Dialysis Patient)

"They change drivers all the time, so those who pick me up are not the same as those that take me home and there seem to be patients in the shared car all the time. There is just no continuity!" (Male, 70, Brighton and Hove, Renal Dialysis Patient)

"I don't know who is coming now. The drivers used to be familiar and often the same ones who dropped you off would pick you up later in the day, which I liked. You don't get that now. I don't know them." (Male, 82, West Sussex, Renal Dialysis Patient)

"I have been told three times that they could not transport me as they were at full capacity. This never happened with the previous provider. I have found the call handlers to be quite rude on occasions, again never happened before. I was lied to by a call handler who told me that my transport was 15 minutes away, it eventually turned up over 3 hours late. Never happened before. When it did arrive, it wasn't an EMED vehicle or EMED staff. Please, please, please can we go back to the previous provider?" (Male, 70, East Sussex, uses service to get to just one/ few appointments)

Our final question provided respondents with a chance to share any other comments or feedback about the patient transport service since the 1st April 2025. 96 people left comments. A sentiment analysis of these comments run in Smart Survey shows that the majority of comments (42%) were negative, 18% were positive, 24% were mixed (contained both negative and positive points) and 15% were neutral.

Further qualitative analysis of these comments showed that negative comments focused on:

- Experiences of delays in pick up/ drop offs (18 comments)
- Overall negative experience of using the service (14 comments)
- Difficulties in booking journeys (11 comments)
- Being told there was no transport available even if the person was eligible (10 comments)
- Finding the vehicles unsuitable for the respondent's needs (9 comments)
- Poor route planning (7 comments)
- Needing better communication for EMED if a delay occurs (7 comments)

Comments included:

"I want the service to be sorted out and improved. I use it three times a week for my dialysis and just want to get home asap. You are tired and hungry after it and just want to be at home, not sitting in a waiting room in hospital." (Female, 79, West Sussex, Renal Dialysis patient)

"The service now doesn't contact me if they are late to let me know. And they are now often late. [Last provider] was more efficient. I also knew the driver with [previous provider] and it was most regularly the same driver and this was great as you developed a relationship with them. With EMEDs it's now a different driver every time". (Male, 70, West Sussex, Renal Dialysis patient)

*"I think it is slightly less accessible now. Less people appear to be eligible, more shared cars and less space for support workers. Longer notice period needed to access."
(Female, 46, Brighton and Hove, books on behalf of patients in temporary accommodation)*

*"Difficulty getting real time info re: how long the delay is actually going to be, told that no one can email or phone to give this information to the patient directly."
(Male, 63, Brighton and Hove, Renal Dialysis patient)*

*"Following initial discharge my Mum required a follow up hospital appointment and now required hospital transport. The first appointment I had to postpone (cancel) as my Mum needed a home risk assessment for future transport to be agreed/arranged."
(Female, Age not given, East Sussex, Trying to book on behalf of mother)*

*"As far as I am concerned the current provider is inefficient and uncaring. (...). It is no laughing matter when you are forced to worry about how you are going to get to a hospital for important surgery because they are 'at full capacity', or made to wait over three hours in severe pain. This should never happen but for it to happen three times is indefensible."
(Male, 70, East Sussex, uses service to get to just one/ few appointments)*

Positive comments focused on general happiness with the service (17 comments) and compliments about staff (13 comments). Quotes included:

*"Bedridden husband was dealt with professionally and carefully. They made sure he was safe & warm. Even gave us a fleece blanket for comfort. Maintained dignity and respect."
(Male, 76, Location not given, uses service to get to one/ just a few appointments)*

*"I'm very happy that the service exists otherwise I'm not sure how I would have got to my appointment. The staff were all lovely."
(Female, 69, Brighton and Hove, uses service to get to one/ just a few appointments)*

*"I think the service is good overall."
(Gender/ Age not given, Brighton and Hove, Renal Dialysis Patient)*

*"I am extremely happy overall with the service provided."
(Male, 59, Brighton and Hove, Renal Dialysis Patient)*

"I have had a good experience - one major delay in picking me up - was over an hour but otherwise it has been marvellous!" (Male, 80, West Sussex, Renal Dialysis Patient)

"I have had a good experience overall. Drivers are normally on time. They do their job. Sometimes you get stuck in traffic but that is not their fault." (Male, 70, Brighton and Hove, Renal Dialysis Patient)

Staff Satisfaction with Patient Transport Service

During our visits to the Royal Sussex County Hospital and Bexhill Hospital Healthwatch in Sussex also spoke to staff who support patients who use the patient transport service. Staff at both sites reported a general feeling that the service has declined since EMED has taken over the NEPTS contract.

Concerns identified by staff at both sites included:

- Afternoon/ evening delays for patient pick up are a significant problem for the hospitals. When patients are left waiting after appointments have finished, some staff have to work late to ensure patients get collected. There is no budget for staff overtime when they have to stay with patients after the end of their shifts. Staff are also not able to accrue these additional hours and take them off at a later date as to do so would impact on staffing capacity and result in the cancellation of patient appointments, which would delay diagnostic tests, and reduce the quality of patient care.
- OnCue transport is a company that EMED sub-contract. Feedback from hospital staff was that this company is not as effective and the two hospitals report experiencing more delays with this provider.
- Staff at both sites reported a general feeling that the service has declined under EMED – with staff reporting that bookings are no longer as flexible especially with the return journey and having to contact EMED more frequently to chase up transport for patients.

Points of concern raised by staff working at Bexhill Hospital included:

- Examples of delays to patient pick-ups which are not isolated incidents. Issues with patient transport is regularly raised at internal meetings. It was reported that appointments for people requiring patient transport are no longer booked after 2pm.
- Transport will often leave if it has arrived and the patient is not out of their appointment on time. In this case patients have to contact EMED to rebook, which often results in very long delays.

- One staff member suggested that EMED consider a dedicated worker to co-ordinate transport for sites like Bexhill Hospital. Community hospitals do not operate 24 hours a day, and so patients waiting to return home at the end of clinics need prioritization and there is a concern that patients are potentially unsafe if they are waiting for long periods for patient transport in Community Hospitals. Not all community facilities have trained people on site to respond to emergencies.

Points of concern raised by staff working at the Royal Sussex County Hospital included:

- When patients are not been collected by the service, hospital staff are left having to ordering private hire taxi's from the hospital budget to get those patients who are able to safely travel alone, home. Staff in the Radiotherapy Department estimated that this happens once to two times a week and is having an impact on their budget.
- Staff in the Outpatient Renal Dialysis Unit at RHSC reported that the transport service is regularly late dropping patients to the hospital for their dialysis – they wanted to highlight that this has a knock-on effect upon the later patients, especially as units need to be cleaned and this can take 45 mins.



3. Conclusion and recommendations

Patient satisfaction with NEPTS has declined since our last survey in 2020. Although many respondents expressed gratitude for the service which is provided free at the point of access, more people are expressing dissatisfaction with the service and more people are experiencing delays, problems or changes to their journeys using the service.

Our key findings include:

- **62%** of respondents were either 'very satisfied' or 'satisfied' with their experience of using the patient transport service since 1st April 2025. 38% were unsatisfied or very unsatisfied.
- **68%** of respondents would be 'very likely' or 'likely' to recommend the service to family and friends.
- Respondents were asked if they felt the service had declined, improved or stayed the same since 1st April 2025. Of those that had used the service before the 1st April 2025, **30%** of our respondents felt the patient transport service has declined, **27%** felt the service has stayed the same and **15%** of respondents felt the service had improved since the 1st April 2025.
- In terms of delays, changes or problems with journeys, only **27%** of respondents had not experienced any delays, changes or problems. **23%** of respondents had frequently experienced delays, changes or problems with their journeys since 1st April 2025, and **41%** had occasionally experienced delays, changes or problems with their journey.
- The most frequently experienced issue around delays was delayed pick up from hospitals. Of 78 responses, **46%** had experienced delayed pick up(s) regularly, **22%** had experienced delayed picks up(s) 'often' and only **5%** had 'never' experienced a delayed pick up from hospital.
- Another issue of concern raised by respondents in relation to problems, delays and changes to journey was 'being taken or collected in a **taxi** rather than a specific patient transport service vehicle'
- Our respondent's overall experience of applying for patient transport was mixed. **26%** of respondents reported finding it 'easy' or 'very easy' to apply for the service, **18%** found it 'neither easy nor difficult' to apply and **16%** found it 'difficult'.

- Use of EMED's online booking system 'The Patient Zone' was very low. **73%** of respondents were not aware of the Patient Zone and of the 27% who were aware of it, only 38% had used the Patient Zone.
- Conversations with staff at RSCH and Bexhill Hospital also identified concerns with EMED, with staff saying that they felt that the service has declined since EMED has taken over the contract. Concerns by staff were raised about the impact of afternoon/ evening delays for patient pick up for hospital staff who have to wait until patients are collected, concerns around one company that EMED subcontracts too (OnCue transport) and findings booking generally to be less flexible, especially with return journeys.

In light of these findings, we make the following recommendations:

- 1. Focus on reducing delayed hospital pickups.** (Delayed pickups are the most frequently occurring problem identified in this research). To address this, we recommend:
 - a. managing expectations around "Permitted Delays". The ICB and EMED must take steps to ensure that patients clearly understand that there is a contractual "permitted delay" of 60–90 minutes at the point of applying for or booking transport. Providing patients and service users with this context will help them prepare for wait times and reduce the anxiety associated with perceived service failure.
 - b. Monitoring long delays. The ICB and EMED should undertake rigorous weekly reviews of journeys where patients are delayed over the 2-hour collection window (called "Level 2" Failures). This data is critical for identifying if there are systemic failures in transport leaving hospitals or vehicles being dispatched from transport hubs that are falling significantly outside contractual norms.
 - c. Deliver SMS (text) tracking. The contract for delivering NEPTS already requires EMED to provide a text notification and vehicle tracking service. We recommend enforcing this requirement more stringently. EMED must start providing proactive SMS/texts or automated call updates when a delay is anticipated, ensuring patients have a clear point of contact and live updates rather than being left to wait without information.
 - d. Transparency around "Return Journey" targets. To address patient concerns that inward journeys are prioritized over homeward ones, EMED must measure and publish specific 'Pick up' targets (referred to as Key Performance Indicators or KPIs) from hospital/appointment to home. These should be subject to the same weekly review transparency as

"Arrival at Appointment" metrics to ensure a balanced focus on the end-to-end patient experience.

- e. Adopt "End of Clinic" vehicle runs. We recommend introducing scheduled vehicle runs at high-volume sites which experience recurring late-day backlogs. This targeted resource allocation will prevent patients from being stranded, reduce hospital staff overtime, and lower the significant costs currently incurred by the hospital budget for emergency private taxi hire.

2. Strengthen communication and escalation paths. (Patients and staff report poor communication during delays). We recommend:

- a. Ensuring there is a single point of contact per hospital with a named transport co-ordinator and escalation protocol.
- b. Create a Driver introduction template with name, vehicle, expected pick up time and planned drop off sent by text or call.
- c. Align service hours of transport coordinators so that phone lines are staffed before 8am to handle issues early in the day.

3. Review services provided by subcontracted companies (Staff citing issues with subcontractors). We recommend:

- a. An immediate audit of subcontractors which includes complaint rates and a review of 'on-time' success rates.

4. Review use of private hire taxi's (Respondents reporting frequent taxi use with untrained drivers and discomfort). We recommend:

- a. Undertaking an audit of private hire taxi use to identify areas where usage is highest.
- b. The creation of a Taxi policy which defines 'appropriate use' criteria (i.e. doorstep support not required)
- c. Ensuring that patients know that they can flag 'no taxi' preference in their patient records.

5. Improve and promote the Patient Zone (73% of respondents are unaware of the Patient Zone and mixed satisfaction was reported from those that have used it – functionality reported as unreliable/ out of date). We recommend:

- a. An awareness campaign with a simple 'How to use Patient Zone leaflet or flyer' and posters in clinics/ vehicles.
- b. Repair live-tracking accuracy and audit data so that the app reflects the assigned vehicle and current location.

6. Deliver a more consistent service across the whole of Sussex so that all patients have a positive experience. The provider should, as a matter of urgency, identify actions to understand the fall satisfaction and correct issues highlighted in this report.



Your
voice
matters



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