
What we're hearing about EMED's provision of non-emergency patient transport in Surrey Heartlands

April 2025



The crew are always amazing and so caring, professional and kind. It's the systems that are wrong and the operations are poor. Staff work under incredible pressure because the operational systems are so poor.



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Executive Summary

This report explores the themes we have been hearing through our social media, website, Helpdesk, and engagements at hospitals in Surrey Heartlands. The research project has been completed by staff from Luminus, home of Healthwatch Surrey for NHS Surrey Heartlands. We were asked to gather patient insights about using the EMED non-emergency patient transport service which has been operating since April 2024. Most of the insight has been gathered through face to face conversations with patients and users of EMED transport following a structured question framework. An online survey was also promoted across hospitals and our engagement staff gathered additional background information from hospital staff and through their own observations. In addition, we used a

mystery shopper to gather some specific information about the booking process. The engagement activities took place in March and early April 2025.

The findings have been grouped into 5 themes: transport, booking, reliability, staff and 1 thing you would change about the EMED transport service.

The type of transport is a mix of EMED vehicles and taxis. Users of the service do not appear to have any choice although access and medical requirements may dictate the vehicle used. Travelling times seemed reasonable for the distances. However, waiting times were unsatisfactory for some users with a quarter of the sample waiting more than 4 hours for a return journey home after their appointment.

Most people found booking EMED transport to be straightforward and only 1 person out of 41 had experienced access barriers. Most people found the EMED booking staff helpful, including our mystery shopper. Conversations with hospital staff suggest that there are not always enough staff in the vehicle to meet the patient's needs.

Reliability of EMED transport was the most problematic area. EMED transport was reported as being late, cancelled or not showing up. A comparison of users before and after EMED transport took over in April 2024 suggests a slight decline in customer satisfaction. There were 6 people who reported cancellations at short notice (usually the same day) and 8 people who reported no shows. Users of EMED services report long waiting times to be collected after their appointment, with 10 people (a quarter of the sample) waiting more than 4 hours. The consequences of late or cancelled transport can mean people missing vital treatment, people paying for expensive private taxis and cost to the NHS for the missed appointment.

When asked about staff, most people reported that the staff were helpful and friendly. The lower rated areas were about help getting into the hospital from the transport drop off point and checking on people's wellbeing during their journey.

The things people would change are the administration and organisation of EMED transport, which would lead to better reliability and shorter waiting times. A positive addition would be a journey confirmation system for users of EMED transport.

Some general observations, by the engagement staff and provided by NHS hospital staff, supported the findings from the user engagement activities and also revealed in more detail the pressures that issues in the EMED transport service are causing nursing and clinical staff.

The recommendations are grouped into 3 areas and include: improvements to the booking system, actions to ensure cancellations are communicated in a timely way (a taxi is ordered if appropriate), and reduction of waiting times post appointments.

Introduction and approach

We asked people about their experiences of using non-emergency patient transport provided by EMED during March and early April 2025. In addition, we collected insights through our website form and from calls to our Helpdesk. The evidence we have provided is supported by quotes from Surrey residents. Whilst this report accurately reflects what we heard from the individuals we spoke to, we are aware that it may not be representative of everyone's views of using EMED. However, we have collated the main themes which have emerged from our engagements.

All appropriate information and signposting to individuals has already been given.

Our approach

We used a mixed approach of gathering insights through our website form, on our social media, by staff on our Helpdesk and through hospital visits. In total we gathered 48 insights from people using the EMED service. There were 7 experiences collected by our Helpdesk staff and website form. These have been reflected in the findings and are in addition to the 41 completed surveys (many of the numbers quoted in the findings are statistics from the survey analysis but the other insights are included in the narrative).

We visited 5 hospitals on the following days:

Tuesday 11 March – St Peters Hospital

Tuesday 11 March – Ashford Hospital

Thursday 13 March – Epsom Hospital

Monday 17 March – Ashford Hospital

Tuesday 25 March – Royal Surrey County Hospital

Friday 28 March – Royal Surrey County Hospital

Wednesday 2 April – East Surrey Hospital.

We collected 41 survey responses from users of EMED non-emergency patient transport. Most of the survey responses were collected through face-to-face interviews, and there was an online survey made available and promoted at Surrey hospitals using posters. We also provided paper copies of the survey at each hospital with freepost envelopes for them to be returned to us. It is possible that some surveys will arrive in the post after time of writing this report and we will provide any additional significant findings in this instance.

The online survey was also promoted via our website, social media pages (Facebook and Instagram) and included in our Insight bulletin. We also sent email copy regarding the survey to several VCSE (Voluntary, Community and Social Enterprise) organisations and hospital communication leads.

A member of our staff acted as a mystery shopper to clarify details about booking different types of vehicles to inform the report. In addition, our engagement staff and volunteers collected qualitative information from staff and their own observations. We were asked to focus on the experiences of patients but have included a separate section summarising the comments from staff as it provides additional insight that is relevant to the patient experiences.

Who we spoke to

Of the 41 people who completed the survey questions, 2 people were under 50 years old and 37 were over 50 years old with a split across the decades. There were slightly more women than men (20 women and 17 men). One person said their gender was not the same as at birth and 2 people were of Asian heritage.

Of the 7 experiences we collected through other means, there were 3 men and 4 women. Their ages ranged from under 25 years old to over 80 years old.

If you would like more information or examples of what people have shared, please get in touch.

Findings

The findings from our engagement and involvement activities have been grouped into 5 themes as follows:

- Transport – type of transport, distance travelled, and time taken to travel
- Booking – experiences of booking through different methods
- Reliability – experiences of using the service including delays and cancellations
- Staff – approach and attitudes of staff
- One thing people would change – EMED users' suggestions for improvement.

The other sections we have included to add context are:

- Findings from conversations with staff
- Observations from our engagement staff from being in the hospitals
- Observations from the mystery shopper.

We have not gathered any insight that suggests any differences in the experiences of users or the delivery of EMED transport between sites except for Ashford Hospital who suggested other sites were getting a wait and return option for patients which was not available at Ashford Hospital.

In summary, we asked participants (users of EMED non-emergency patient transport) how they had experienced the service since April 2024. Of the 39 people who answered this question, a total of 19 people (about half of the participants) thought the service was very good or quite good and a total of 12 people (about one third of the participants) thought it was quite bad or very bad. The table below shows a breakdown of these responses.

Experience of service	No. of respondents
Very good	11
Quite good	8
Neutral or skipped the question	9
Quite bad	4
Very bad	8

Theme 1: Transport

a. Type of vehicle

We asked people what type of vehicle they had travelled in on the day we met them or on their most recent visit. There was a choice of minibus, small ambulance type of vehicle, a taxi or other vehicle. The table below shows the breakdown of patients by the type of vehicle.

Vehicle	No. of respondents
Minibus	2
Small ambulance	25
Taxi	10
Other	4

Answers provided for 'other' were:

A car (2 people) and an ambulance (1 person).

One person commented that the vehicle was comfortable, and the staff were pleasant.

"Comfy, nice driver and assistant."

Woman aged 65–79

Although three fifths of patients had arrived in a small ambulance style vehicle, nearly a quarter had been transported by taxi. There was 1 person who expressed a preference for a taxi for personal reasons.

"I want a taxi because it's embarrassing having an ambulance turning up but you can't always get what you want."

No demographic data

Another patient was not happy with the taxi company, expressing concern about changes to the taxi provider for the journey.

“The taxi company changed twice. It changed 15 minutes before pick up which is not helpful to someone with post traumatic stress disorder (PTSD).”

Woman aged 50–64

Two patients expressed concerns about taxis being used because of anxiety and safety.

“First time user. My husband normally takes me to hospital. I needed someone to travel with me but have no one. The cab was pointless really as it didn't give me the safety and security I needed.”

Woman aged 50–64

We used a mystery shopper approach to check whether it was possible to specify the type of transport. The mystery shopper used the telephone booking line to enquire about what type of vehicles might be sent and was reassured that EMED only used 1 Surrey based taxi company (please note comment above when someone has said 2 different companies were booked). When the mystery shopper expressed concern about their elderly mother travelling in a taxi not driven by EMED staff and asked if they could accompany their mother, they were told no. They were also told they could not request a particular type of vehicle.

We also asked how many people travelled in the same EMED vehicle with the participant. More than half (21 people) were the only passenger although 2 of these people had a carer accompanying them. The remaining 20 people reported the following number of people travelling in the EME transport with them:

- 1 other person – 10 respondents
- 2 other people – 7 respondents
- 3 other people – 1 respondent
- 4 other people – 2 respondents.

b. Distance travelled and time taken

We asked users of EMED transport how far they usually travelled and how long this took, details shown in the table below (2 people did not state):

Distance travelled	Time taken	No. of respondents
Less than 5 miles	Less than 30 minutes	9
5 – 10 miles	Between 20 minutes and 1 hour	14
11 – 20 miles	Between 30 and 45 minutes	8
21 – 30 miles	Up to 1.5 hours depending on traffic and pick-ups	4
Over 30 miles	Between 1 hour and 1.5 hours	4

c. Arrival and pick up times

There are reports of the EMED transport turning up too late to get someone to their appointment and in 1 case cancelling the appointment because they had not collected the patient in time (it is not known if this is policy or usual practice). Looking at how long before appointment patients generally arrive, we found the following:

- 26 people (more than half) said no more than an hour before their appointment
- 7 people arrived between 1 and 2 hours before their appointment
- 1 person arrived over 2 hours before their appointment.

It appears that patients are asked to be ready 2 hours before their appointment time for collection and that EMED should contact them 20 minutes before they are picked up. In some cases, the patients did not get the 20 minute warning. Patients also feel that 2 hours waiting is a long time (which is understandable if their journey is only a short distance).

“They are on time but they tell you to be ready 2 hours before. They will ring when they are 20 minutes away. So, I have been sitting here today, waiting for my pick up for 2 hours!”

Woman aged 80–89

For the return journey, the following waiting times were reported:

- 8 people no more than an hour after their appointment
- 12 people 1-2 hours after their appointment
- 7 people 2-3 hours after their appointment
- 10 people more than 4 hours after their appointment and this included people from all distances, some under 5 miles away and 1 over 30 miles away.

So, although about half of people reported waiting less than 2 hours to be collected and taken home; 7 people waited over 2 hours and 10 people more than 4 hours. For those waiting more than 4 hours their total time away from home is likely to be at least 6 hours. One person shared that they cannot eat or drink in this time because they cannot use the toilet on their own. This issue for patients was also mentioned by a hospital staff member.

Longer waiting times to return from an appointment can be particularly difficult for people living in residential care homes as often there is a deadline when residents can return by. There may not be a bed for them to stay in at the hospital so they can be stranded.

There are also health impacts of long waits for patients to be collected for their journey home which is illustrated by the following patient story:

"... I waited 6 hours to be taken home, so had not eaten and barely drank (from choice because I would be unable to use the toilet) from breakfast about 8.30am until I got home at 9.15pm. I had sat so long I had lost all feeling in my legs and strength in my arms. The crew asked me to move from a chair with no arms to the carrying chair, but I slipped and ended on the floor of the ambulance, there was very little space for them to help me up and I ended up bruised and sore."

Woman aged 80-89

Theme 2: Booking

This section looks at the experiences of booking EMED transport by patients and their carers, family or friends. The following numbers show who had booked the transport for participants in the study:

- 18 people had booked their own transport
- 11 people had transport booked by the hospital
- 5 people asked a family member or friend to book it
- 4 people asked a carer to book it
- 2 people stated 'others', (the hub, and a Macmillan nurse).

a. Experience of booking

Of those people who had experience of booking EMED transport, most said it was very easy or quite easy to book. Only 1 person said it was quite difficult.

Statement prompt	Agree	Disagree
It was easy to get through on the booking line	14	2
It was easy to book online or on the app	0	1
When I spoke to EMED they were really helpful	15	1
The person did not listen carefully and understand what I needed	2	–
The booking system was not accessible to me	1	–

One person mentioned how nice the booking staff member was. Someone else mentioned it had been a little difficult to get EMED staff to agree they needed non-emergency hospital transport. Our mystery shopper found the booking staff member very helpful but was informed that EMED decides the eligibility to use the transport, and this may be a barrier for some people who are less able or unable to self-advocate for themselves. One person reported it can take between 15 and 20 minutes to make a booking.

The accessibility of the booking system is very important bearing in mind the people who may be using this transport are likely to have serious illnesses, impairments and long-term health conditions.

"The booking system was impossible: the online system refused to accept my entries and the telephone line was permanently on a loop and not answered. Luckily the Macmillan nurse was able to make the bookings for me."

Woman aged 80–89

One person, who found the system inaccessible and said that the staff did not listen and understand their needs, commented as follows:

"I find the call centre staff to be very rude. They won't send a confirmation text, which I'd like, as often the online page shows errors and I don't know if the transport is booked or not. I need a wheelchair, which I've booked before, but they don't then take into consideration that I need help to where I am going. I have been dumped at the front of the hospital before and left to make my own way to my appointment."

Woman aged 50-64

One person told us that they often have to call back to ensure the booking is confirmed and the driver is coming. This suggests there is not a reliable confirmation system.

"Whilst booking verbally can be easy, I nearly always have to call back to check the driver is coming or to report late/aborted collections and this is never easy as I get fobbed off with excuses and often have to escalate matters to get collected, sometimes hours later, meaning I miss my appointment time or get home very late."

Woman aged 25-49

Theme 3: Reliability

In this section we first asked when people had used the service to establish if they were able to make a comparison between the provider before April 2024 and EMED as a current provider of non-emergency hospital transport. Of the sample (41 people) who answered this question, 23 people had only started using non-emergency hospital transport since April 2024, 18 people had used non-emergency hospital transport both before and after April 2024. We made sure that EMED was the current provider.

We asked those people who have used the service both before and after April 2024 if they felt the service was about the same, better than before April 2024 or worse than before April 2024:

- 1 person said they cannot remember
- 3 people said it is better

- 6 people said it is worse than before
- 8 people said it is about the same.

This suggests that more people had experienced a deterioration in the service than those who experienced an improvement.

a. Timing and cancellations

In this section we asked people about whether the transport is usually early or late and how often their transport is cancelled. It is reported that EMED asks everyone to be ready 2 hours before their appointment, but it is not usual for the transport to turn up that early. 13 people out of 41 said the transport is usually on time, only 1 person said it was early and 11 said it is late. For return journeys the waiting times can be much longer with 1 participant reporting an 8 hour wait at the hospital. The table below shows that 6 people reported cancelled bookings by EMED that they were told about in advance; 8 people reported no shows (they were not informed).

Statement	Yes	No
The transport is usually on time	13	28
The transport is usually early	1	40
The transport is usually late	11	30
It is a mix of being on time, late and early	11	30
They have cancelled all or some of my journeys	6	35
They have not shown up to collect me and have not let me know	8	33

One person said:

"4 out of the last 6 journeys have been cancelled without my knowledge. I have had to chase them every time to make sure they are coming for me."

Man aged 25–49

Although 2 people commented that the reliability was generally good, others reported all journeys being late or cancelled and 1 person commented:

"Probably at least half my bookings have been a big problem; no confirmation from drivers, late arrivals, no shows etc. I use the service fortnightly on 2 consecutive days and sometimes weekly."

Woman aged 25–49

Although we cannot show trends between ages of people in this relatively small sample size, engagement staff and volunteers did feel that older people were less likely to complain about the service as they are grateful for the help to get to the hospital which would not be possible otherwise.

One concerning comment about access adjustments not being made was as follows:

"Once did not turn up, (in January) they said they knocked and I didn't answer. I am deaf and wait upstairs for them to let themselves in using the key safe. I was phoning the hospital, and office, the office was phoning them and manager, later a private ambulance came and the crew came to apologise to me."

Woman aged 80–89

It also seems that the EMED vehicle drivers are not always informed about journey cancellations (presumably known to booking line staff) and may go to collect someone unnecessarily.

"While the call centre staff are terrible, the drivers are patient and good with me. I have had journeys where we go to pick up other patients after me which have ended up being wasted as the transport was cancelled without the drivers being informed. This makes me late for my appointments. The communication between the drivers and call centre is appalling."

Woman aged 50–64

When we asked if people had been informed that their transport was running early or late, 11 (about a quarter) said yes and 18 (nearly half) said no.

Only 3 people told us that they had been informed of a cancelled trip by EMED, and they had all been told on the same day; for 1 person only 1 hour before their appointment.

“This is a particularly bad part of the EMED service, no proactivity, little accountability and poor administration. Also when drivers don't show it is very hard to get anyone in the call centre to book a taxi, which has to be the fallback option. This was rarely a problem before EMED”.

Woman aged 25–49

The impact of EMED transport cancellations can sometimes include costly financial outgoings and serious health implications for patients relying on them. On many occasions people resort to booking a commercial taxi at their own cost, amounts quoted were as high as £170 for a return journey. Others have managed to get last minute lifts from neighbours or friends. Some miss their appointments which may be critical to their health.

“I have renal failure and cancer, and I have treatments that are time sensitive. If I don't turn up to my appointment I can't have the treatment and the medication gets thrown away. It's worrying when they are late as I never know if I am going to be able to make it or not.”

Woman aged 50–64

Finally, we asked participants about their experience of changing their EMED transport when a hospital appointment had been rescheduled. Of the 41 people, 18 had experience of this. Most (14 of the 18 people) said this had been quite or very easy or chose a neutral answer. Only 4 people said it had been quite or very difficult to make a change to their transport booking. It appears changing a booking is relatively easy for users of the EMED service.

Theme 4: Staff

The following table shows how people rated various staff involvement on a scale from strongly agree to strongly disagree. Overall, about two thirds of people felt the staff were friendly and helpful and assisted in getting them to and from the transport. The area in the list that scored lowest was staff

‘checking on how I felt’ during the journey, although more than half of the participants were happy with this area.

Statement prompt	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Helpful and friendly	20	10	6	1	2
Helped me to get in and out of the transport	19	10	7	1	1
Helped me get from the house to the transport	19	9	4	2	1
Helped me to get into the hospital	16	8	5	0	4
Helped to get from hospital to transport	15	10	6	1	2
Handled me carefully	19	8	4	2	1
Checked on how I was feeling	14	8	9	2	4

Theme 5: One thing you would change

We asked the participants to tell us what they would change about the EMED transport service if they could. There were a number of comments. Some people feel that the EMED service is not meeting demand and others feel that the systems could be improved to reduce the stress and anxiety for users.

“The service is too thinly spread, and time wasted waiting for people who are not ready. Walk a mile in my shoes comes to mind when running late for an appointment. The experience is stressful and an unnecessary worry, when communication could be much better.”

Woman aged 65–79 years

Improved communications and a proactive approach could make the user experience much better.

"Drivers or Call centre to confirm collection 2 hours before pickup on the day, when collections are cancelled or running more than an hour late a taxi is automatically booked, minimizing inconvenience and stress. All to be done proactively, saving me the hassle and stress of calling on the day, every day to check the driver is booked and on time, which the patient shouldn't have to do."

Woman aged 25-49

"I'd like them to get to me on time and have an understanding of the impact that being late to appointments can have on treatment. However, I am grateful that the service is there for me to use as I don't know what I would do otherwise."

Man aged 80-89

"Better communication. Have to ring and find out where transport is. Can't get app to work. Never get texts despite mentioning this every time I speak to EMED."

Woman aged 65-79

Some people feel the systems are detracting from the general experience of using the service when the staff on the frontline are doing a good job.

"The management who run the company. The crew are always amazing and so caring, professional and kind. It's the systems that are wrong and the operations are poor. Staff work under incredible pressure because the operational systems are so poor."

Woman aged 65-79 years

Timely pick-ups and shorter waiting times to return home are a recurring theme.

"They are brilliant apart from the waiting times. I am very lucky that the service exists. It needs to be advertised more readily, and I am glad my paramedic friend told me about it."

Woman aged 80-89

One person felt the service was understaffed.

"Employ more staff and cut the wait times down. It is increasingly stressful for hospital staff as it is for patient transport."

Woman aged 18-24 years

Hospital staff members commented on the change of provider since April 2024 and the poor management of problems.

"I am not seeing any improvement since EMED started, and it's been a year now. The previous company was far better and when they failed, they responded better."

Staff

"Something needs to be looked at as management and staff in my department of the hospital are not happy about the way our patients are just left for hours on end with delayed times constantly being pushed back and the patient just having to sit and get on with it."

Staff

Some patients are unhappy with the use of taxis as they do not feel safe or well enough to travel unassisted in a taxi. There was also 1 example of 2 different taxi firms being booked even though the mystery shopper was assured that EMED only use 1 firm.

"Not to farm out car transport to any old cab company. This is no way to run hospital transport for individuals like me who have chronic neurological, PTSD...my anxiety was through the roof."

Woman aged 50-64 years

Other comments included:

- The service needs to be more reliable
- EMED needs more staff. One respondent said there may only be 1 member of EMED staff for wheelchair users and mental health patients when 2 are needed
- EMED staff called in from other areas to meet staff shortages do not know their way around
- EMED staff need to improve stretcher skills
- Waiting times need to be reduced
- Positive feedback about the EMED staff should be fed back to management at Head Office.

Qualitative observations

Although our brief was to collect insights from users of the EMED transport service, the impact of shortcomings in the transport service has a knock-on impact on NHS staff and other services. We have provided a brief overview of some of these issues shared with us.

Surrey Wheelchair Services

Staff at Surrey Wheelchair Service reported that often there are delays in collecting people from their service, usually due to the vehicle being diverted to pick up somewhere else first.

St Peter's Hospital

Staff at St Peter's Hospital reported difficulties setting up an account to book EMED transport. The Hospital Ambulance Liaison Officers (HALOs) have been really helpful as they can double up patients in transport so the vehicles are taking less routes (if the EMED controller will allow). Mentioned that vehicle checks take place at 9am and often drivers do not get started until 10.15am which has an impact on getting patients to hospital in time for earlier appointments. They felt there were insufficient drivers, possibly because of sickness. As there is no medical oversight of bookings patients can make mistakes or forget to say they need special considerations such as a stretcher to get into the hospital. It would also be helpful if patients carried a card from the transport provider so the staff were aware which company had brought them if they need to call or chase the return journey.

Ashford Hospital

Staff told us that a lot of people have their appointments with EMED cancelled on the day which creates a knock-on effect on waiting lists. For example, 1 patient who was waiting for a heart bypass could not get transport for his echo cardiogram, so his surgery was delayed. The throughput times EMED are working to are incorrect and, although the hospital has provided correct times, they are not being used. EMED do not collect sufficient information about patient needs and often there is only 1 member of EMED staff when 2 are needed. They also do not record where the patient needs to go and often they are left at outpatients but need to be somewhere else. At Ashford Hospital Outpatients department there is no discharge lounge; this means that staff have nowhere for patients who are waiting a long time for their transport home. The EMED crew can't take any initiative. They have to check with control for everything, it takes too long and it would be better if they had some decision-making autonomy. They highlighted 4 areas that need attention:

1. Getting the correct throughput times (also reported they are not able to get a wait and return service even though St Peter's Hospital apparently has this option)
2. Record mobility correctly and assign appropriate crew
3. Log which department or specialty the patient is going to (as Outpatients has a different entrance to the rest of the hospital)
4. Journey planning and deployment.

Some common problems included:

- Patients arriving late for their appointments, sometimes after the clinic has closed.
- Patients not being collected in time to return them to their care home and then they need to be re-admitted to hospital.
- Patients waiting a long time for their return pick-up and becoming distressed or poorly because of the long wait.

Recommendations

Theme	What would be helpful?
Bookings	<ul style="list-style-type: none"> EMED users are sent a confirmation text of their booking so they are assured.
	<ul style="list-style-type: none"> On the day users receive a call 20 minutes before the EMED transport arrives
	<ul style="list-style-type: none"> Booking line staff ask callers set questions about travel requirements such as needing wheelchair or stretcher
Delays and cancellations	<ul style="list-style-type: none"> EMED users are advised of any delays or cancellations in a timely manner
	<ul style="list-style-type: none"> Where appropriate a taxi is ordered to replace EMED transport (user needs to be consulted)
Waiting times	<ul style="list-style-type: none"> Throughput times are reviewed by EMED so accurate
	<ul style="list-style-type: none"> Waiting times are reduced – target of under 1 hour for all patients
	<ul style="list-style-type: none"> Wait and return service for short appointments at all hospitals
General organisation	<ul style="list-style-type: none"> Correct number of EMED staff in vehicle to meet transfer requirements
	<ul style="list-style-type: none"> Mapping of areas to make journey planning more efficient
	<ul style="list-style-type: none"> More autonomy for EMED vehicle staff to make efficiencies in journeys

Some points for further consideration:

1. We are interested in how the eligibility for using EMED is decided and if there is a risk that people less willing or able to self advocate for themselves may not qualify for non-emergency hospital transport even though their situation would warrant it.
2. It would be worth considering under what circumstances a carer could travel with someone as a companion in hospital transport, particularly if the transport is a taxi. A taxi does not provide the same reassurance as a hospital style vehicle driven by trained staff. Allowing companions would alleviate some of the issues of long waiting times to be collected and people not being able to access food, drink and toileting.

3. If a person's carer is someone with an impairment, long term health condition or disability, would they be able to use the EMED transport to attend with their family or friend? Our mystery shopper was refused this even though they stated they were blind, the main carer for an elderly mother and that they would not be able to get to the hospital any other way.

Demographics

41 people responded to this survey. For 2 respondents there is no demographic data recorded.

1. Which area of Surrey do you live in?

Area	No. of respondents
Elmbridge	6
Epsom & Ewell	2
Guildford	2
Mole Valley	3
Reigate and Banstead	4
Runnymede	4
Spelthorne	5
Surrey Heath	2
Tandridge	2
Waverley	2
Woking	3
Outside of Surrey	4 (Hampshire 1 and West Sussex 3)
No response recorded	2

2. Please tell us your age:

Age	No. of respondents
18 to 24 years	1
25 to 49 years	3
50 to 64 years	10
65 to 79 years	13
80 to 89 years	10
90+ years	1
No response recorded	3

3. Please tell us your gender:

Gender	No. of respondents
Woman	20
Man	17
Prefer not to say	1
No response recorded	3

4. Is your gender identity the same as your sex recorded at birth?

Gender identity	No. of respondents
Yes	33
No	1
Prefer not to say	1
No response recorded	6

5. Please tell us which sexual orientation you identify with?

Sexual orientation	No. of respondents
Heterosexual/ Straight	29
Prefer not to say	3
No response recorded	9

6. Please select your ethnicity:

Ethnicity	No. of respondents
Asian/Asian British: Indian	1
Asian/Asian British: Pakistani	1
White: British/English/Northern Irish/Scottish/Welsh	32
White: Irish	1
White: Any other White background	1
Prefer not to say	1
Other	2 (Scottish – 1, South African – 1)
No response recorded	2

7. Please select any of the following that apply to you :

I have a disability/ impairment	No. of respondents
Yes	10
No	31

Physical impairment	20 (of which 6 answered yes to disability question)
Sensory impairment	3 (of which 1 answered yes to disability question)
Learning disability	1 (of which 1 answered yes to disability question)
Mental health issues	2 (both answered yes to disability question)
Long term health condition	20 (of which 6 answered yes to disability question)

I am a carer	No. of respondents
Yes	9
No	21

8. What is your religion or belief?

Religion or belief	No. of respondents
No religion or belief	9
Buddhist	1
Christian	19
Muslim	1
Sikh	1
Prefer not to say	5
No response recorded	5

9. Which of the following best describes your current employment status?
Please tick all that apply:

Employment status	No. of respondents
Working full time (employed or self-employed)	1
Working part time (employed or self-employed)	4
Doing unpaid work/volunteering	2
Unemployed and looking for work	1
Unable to work or choose not to work	4
Retired	23
Prefer not to say	3
No response recorded	3

Thank you

We would like to thank everyone who gave their time and shared their experiences with us. We are particularly grateful to the 5 hospitals and their staff who helped our engagement staff and volunteers to find EMED transport passengers and shared their own knowledge about EMED transport services. We would also like to thank our volunteers who supported us on these visits.

About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

Contact us

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 [Healthwatch Surrey](https://www.linkedin.com/company/Healthwatch Surrey)



We are proud to be shortlisted in 2025, and commended in 2024, for the National Healthwatch Impact Awards recognising our work helping to improve local NHS and social care.



We are committed to the quality of our information.
Every 3 years we perform an audit so that we can be certain of this.

Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

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