Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 24 June 2014.

Present:
Ronald Coatsworth (Chairman – Dorset County Council)

Dorset County Council
Michael Bevan, Mike Byatt, Ros Kayes, Mike Lovell and William Trite.

Christchurch Borough Council
David Jones

East Dorset District Council
Sally Elliot

Purbeck District Council
Beryl Ezzard

West Dorset District Council
Gillian Summers

Weymouth and Portland Borough Council
Jane Hall

External Representatives:
Dorset Clinical Commissioing Group: Jane Pike (Director of Review Design and Delivery) and Paul Vater (Director of Finance)
E-zec Medical Transport Services Ltd: Rob Buckley (National Operations Manager), Paul Swann (Managing Director) and Andy Wickenden (Commercial Director).
Dorset County Hospital NHS Foundation Trust: Tony James (Head of Facilities and Emergency Preparedness)
Dorset Healthcare University NHS Foundation Trust: Sally O'Donnell (Interim Director of Community Services)
South West Ambulance Service NHS Foundation Trust: John Dyer (Head of Operations Dorset and Somerset (East))
Healthwatch: Martyn Webster (Regional Manager) and Annie Dimmick (Research Officer)

Dorset County Council Officers:
Andrew Archibald (Head of Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Helen Whitby (Principal Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **10 September 2014**.)

Apology for Absence

42. An apology for absence was received from Bill Batty-Smith (North Dorset District Council).

Code of Conduct

43. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

44. The minutes of the meeting held on 23 May 2014 were confirmed and signed.

Matters Arising

Minute 34 – Dorset Children's Trust and Refreshed Children and Young People's Plan

45.1 A question was asked as to whether the Committee was responsible for scrutinising the health impact of the Plan. In view of the involvement of not only the Children's Trust Board, but also the Health and Wellbeing Board, officers agreed to explore which body was best placed to undertake this role.

Minute 35 – Briefings for Information/Noting – Pathology Services Tendering Project

45.2 One member advised that information on the Pathology Services Tendering Project considered by the Committee at their last meeting had been contradicted by information given by the Chief Executive of the Dorset County Hospital NHS Foundation Trust at their recent Board meeting. She was concerned that the existing service had not tendered for the new contract. Although it was noted that an update report was due to be considered by the Committee on 10 September 2014, this would be too late to influence any decision on the future of the service. Having discussed various options, the Committee agreed that the Chairman and the relevant Liaison Member would contact the Chief Executive.

Minute 40 – Items for Future Discussion

45.3 The importance of the Dorset Clinical Commissioning Group's (DCCG) five year strategy was highlighted and dissatisfaction expressed that such an important item had been dealt with by email. This item would be added to the agenda for a future meeting.

Public Participation

Public Speaking

46.1 There were no public questions received at the meeting in accordance with Standing Order 21(1).

46.2 There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

46.3 There were no petitions received in accordance with the County Council's petition scheme at this meeting.

Non-Emergency Patient Transport Services

Summary Report

47.1 Further to consideration of a report by the Director for Adult and Community Services at the meeting on 10 March 2014, the Committee considered a further report by the Director which gave an overview of previous interest shown by the Committee and outlined the content of reports submitted by stakeholders for consideration at the meeting.

47.2 The Health Partnerships Officer reminded the Committee of their previous involvement with NEPTS, of the tendering process to identify a new provider for the services and the difficulties experienced following "go live" on 1 October 2013. At the meeting on 10 March 2014 the Committee members requested a further more detailed report and stakeholders were invited to a meeting dedicated to NEPTS. The report summarised the issues set out within the stakeholders' individual reports and the effect on patients was illustrated by the reports from Healthwatch Dorset and Dorset Advocacy.

47.3 The Committee noted that a Service Development Improvement Plan (SDIP) had been agreed and Members asked to scrutinise this to ensure that identified outcomes were achieved.

Noted

NHS Dorset Clinical Commissioning Group

48.1 The Committee considered a report from the Dorset Clinical Commissioning Group (DCCG) which set out the contextual background to the procurement of NEPTS, the service specification, the selection process, contract monitoring, policy and procedures, mobilisation and implementation, "go live", compliments and complaints, and the current situation.

48.2 The Director of Review Design and Delivery explained that the tender process had brought a variety of disparate services together into one single operating model. All Hospital Trusts had supported and were involved in the tendering process. She expressed disappointment that this had resulted in the issues which had been noted, but the situation had improved since additional resources had been allocated on 1 April 2014. The DCCG would continue to work with partners on the Service Development Improvement Plan.

48.3 Through questioning, the Committee established that CCGs across the country were going through a similar procurement process following the introduction of a new national model but Dorset was the first to "go live"; other CCGs had experienced similar problems to those experienced in Dorset; new national governance rules applied which meant that information could not be transferred between organisations until very near "go live" as it needed to be accurate and contemporary; steps were being taken nationally to change governance rules; the computer system would not operate fully unless data was provided for all fields; a dummy run had been undertaken which had highlighted a few problems; the tendering process had been carried out by an experienced multi disciplinary team; the disparate nature of services to be tendered had led to an unexpected demand for services following "go live" but any future tendering would include greater contingency to try to avoid a repetition; there were now robust systems in place to capture monthly hospital and provider information about activity levels; as more robust information was now captured, this would provide a better basis for any future contracts and these would include remedial action; the contract had not been awarded to the lowest bidder and quality was considered as part of the process; lessons had been learned from the process and work with partners would continue to further improve services; the South West Ambulance NHS Foundation Trust (SWAST) only provided part of the services covered by the new contract; prior to the tendering exercise SWAST held the main contract for NEPTS although Acute Hospital Trusts had their own transport arrangements and budgets for this; following the delay in the process for renegotiation of terms and conditions of staff being transferred, it had not been possible to extend the "go live" date beyond 1 October 2013.

48.4 The Committee noted that since 1 April 2014 additional resources of £2m had been allocated to support the new arrangements in the form of additional vehicles and increased staffing with the result that the service had improved. It was acknowledged by the DCCG that further improvement was necessary and partners were working hard to achieve this.

48.5 Some members were concerned that the DCCG could have done more to research travel journeys prior to the tendering process in order to minimise any detrimental impact on patients and the underestimation of ad hoc journeys undertaken across the county. Any future tendering processes should include greater contingency as a result of this experience.

48.6 Members were concerned about the impact the new arrangements had on patients and highlighted that the report had not included any assessment of this. They noted that patients had been included in the tendering and decision making processes.

48.7 With regard to whether the new service provided value for money, members noted that the new contract covered other services not included under the previous arrangements. The new contract meant that services could be benchmarked and Dorset was currently average when compared to other counties. DCCG officers thought costs would reduce over time and patients were to be reviewed for eligibility to improve efficiency and reduce mileage. The additional £2m had been provided from the DCCG's growth money, no other services had been affected by this.

48.8 The Committee noted that legal advice was being sought about whether the tendering process should be re-done, particularly in view of the time, cost and effort this would involve and the fact that the problems experienced would have occurred no matter who had won the contract. The DCCG's Accountable Officer would make this decision.

Noted

E-Zec Medical Transport Services Ltd

49.1 The Committee considered a report from E-zec Medical Transport Services Ltd which set out their experience as a provider of NEPTS, the tendering and selection process, transition planning and handover, "go live", complaints and compliments, the current situation and improvements.

49.2 The Committee noted that E-zec had not increased their rates since the tender process even though the work load had increased and they only received a fixed rate per mile for their journeys. The model being followed by the DCCG meant that the previous fragmented services were now under one contract and this model was being introduced across the UK. It provided more financial control and meant that journey volumes could be monitored and data captured. E-zec used voluntary drivers as well as their own staff to undertake journeys but all staff were trained and DBS checked. E-zec were working closely with Healthwatch Dorset to increase patient feedback and to address any complaints.

49.3 It was reported that some vehicles used by E-zec did not have patient feedback forms or copies of the Patient Charter on board. E-zec officers agreed to follow this up.

49.4 With regard to the reported reluctance of NHS facilities to communicate the new service, the Committee were told that this related to Bournemouth Hospital and Poole Hospital's dialysis unit who had not provided their patients with leaflets about the new service even though these had been supplied. The Director for Review Design and Delivery explained that the matter had been resolved once the DCCG had become involved.

49.5 Attention was drawn to the fear that a monopoly situation might arise if the contract were re-tendered in future. Members noted that all data received by E-zec was regularly reported to the DCCG, that there were many companies who would tender for any new contract and such contracts regularly changed hands.

49.6 The Committee had previously been made aware of reductions in the number of volunteer drivers generally and were interested to know how E-zec dealt with the increased work load. It was explained that drivers were given their schedules the previous day and allocated drivers would indicate if they were unable to carry these out. Other drivers would then be allocated.

49.7 It was explained that prior to "go live" the NHS had faced time constraints as to when data could be released and that E-zec had done all they could to obtain the information earlier, with the support of the DCCG. In previous private contracts E-zec had been provided with information at a much earlier stage.

49.8 With regard to patient complaints and dialysis patients in particular, E-zec had met with Directors from Dorset County and Poole Hospitals and improvements had been made, although it was recognised that more were needed.

49.9 It was noted that SWAST had provided NEPTS before the tender process but had only been able to transfer data the night before "go live". The main data problems related to Poole hospital where data was not captured on an individual level and information was lost in the system. There had also been a lack of HR information, but this had been addressed.

49.10 Although E-zec had been involved in similar contracts previously, the Dorset tender process and "go live" was the most difficult for them to date. They acknowledged that Dorset was not the first County to tender these services but were the first to "go live".

Noted

South Western Ambulance Service NHS Foundation Trust

50.1 The Committee considered a report from South Western Ambulance Service NHS Foundation Trust (SWAST) which covered contextual information regarding provision of NEPTS prior to the changes, transition planning, handover and TUPE transfer to the new provider, post-transition issues, organisational impacts and the current situation.

50.2 The Head of Operations Dorset and Somerset (East) explained that the Trust had been shocked to lose the NEPTS contract and this had resulted in a lot of disruption and change for staff. Plans were put in place to make the change seamless and there was disappointment that the changes had affected patients. The Head of Operations highlighted the legal framework under which TUPE transfers were made and that the transfer of personal information between organisations was subject to data protection legislation.

50.3 With regard to why staff information was not anonymised and transferred earlier, it was explained that the information had been held in different parts of SWAST. The fact that the different IT systems across the organisations did not work together made data transfer difficult.

50.4 Where the report referred to E-zec's inability to provide paramedic staff 24/7, this related to journeys for patients with a higher level of risk who were accompanied by a clinically qualified practitioner who could deal with any emergency should it arise. A meeting between E-zec and the DCCG was planned to progress this.

50.5 With regard to the transfer of data, the Head of Operations confirmed that anonymised data had been transferred on more than one occasion but real patient information had been transferred the night before "go live". E-zec officers confirmed that SWAST had provided all the information they could, given the constraints they were under, and drew attention to the fact that SWAST had been responsible for 60,000 of the total 160,000 patient journeys undertaken previously. The Head of Operations and E-zec officers did not believe the new arrangements would result in patients being put at risk.

Noted

Dorset County Hospital NHS Foundation Trust

51.1 The Committee considered a report from Dorset County Hospital NHS Foundation Trust (DCHFT) which gave contextual information, including the benefits DCHFT hoped would result from the new service, transition planning, the "go live" experience for the hospital, including the stress and anxiety caused to renal patients by a lack of transport, complaints and compliments received, the current situation and the additional/unplanned costs incurred by the Trust.

51.2 The Head of Facilities and Emergency Preparedness explained that the Trust attended regular meetings with the DCCG and were fully supportive of and had been involved in the tendering process. They supported E-zec winning the contract and had looked forward to working with them. Significant unforeseen issues arose following "go live" and as these affected patients the Trust had put measures in place to help address these issues by using private ambulances and taxis, a step supported by the DCCG. The Trust had worked with the DCCG and E-zec to improve the situation and there was a good working relationship with the E-zec Liaison Officer. Things had improved, although he acknowledged that issues were expected with the provision of any transport service.

51.3 With regard to the reference to the service being identified as a high risk to delivery of patient care for the Trust, the Head of Facilities and Emergency Preparedness explained that the Trust had been reassured now and the risk had reduced.

Noted

Dorset Healthcare University NHS Foundation Trust

52.1 The Committee considered a report from Dorset Healthcare University NHS Foundation Trust (DHUFT) which set out the contextual information, together with an outline of DHUFT's involvement in the tender and selection process, key issues when the new service went live, the effects of which were particularly difficult for patients with special needs such as dementia and learning disabilities, and the current situation, including how the Trust was working with E-zec.

52.2 The Interim Director of Community Services explained that the Trust had supported the new working arrangements and been involved in the tendering process, although the complexity of the previous transport arrangements had not been understood fully. The Trust had tried to support data capture and were disappointed with the issues that arose following "go live" on 1 October 2013. She became involved because of the issues and her past transport management experience. She kept a detailed log of incidents which she shared with DCCG and E-zec. The Trust's Board had been concerned about the impact this had on patients, especially those who were particularly vulnerable. As a result of the issues, patients' eligibility for transport was to be reviewed and steps taken to ensure only those who qualified received the service. Since April 2014 the service had run smoothly.

Noted

Healthwatch Dorset

53.1 The Committee considered a report from Healthwatch Dorset which detailed feedback received on NEPTS since 1 October 2013. Overall 78% of feedback was negative and specific examples were given. The report outlined steps taken by Healthwatch Dorset to engage with the commissioners (Dorset Clinical Commissioning Group) and the providers (E-zec Medical Transport Services Ltd) and their willingness to address the issues raised.

53.2 The Regional Manager stated that there was a clear message from patients that the service was not good enough. The service, although non-emergency, was essential to enable patients to attend appointments for vital treatment and he gave examples of where

the service had not met patients' needs. The service needed to improve quickly and patients needed to be able to give feedback on the services they received so that lessons could be learned and service improvements made. The DCCG and E-zec were both committed to working together to improve the service and a meeting with Healthwatch Dorset was scheduled the following week. Although the service seemed to be improving, patients were affected and the service needed to improve quickly. He wanted to see the Service Improvement Plan so that improvements could be tracked.

53.4 It was noted that as recently as May 2014 60-70 complaints had been received about the service, although it was recognised that people were more likely to complain than pay compliments. The Regional Manager explained that only a small number of positive comments had been received, but in his view one patient having a bad experience was unacceptable. He could not comment on complaints received for the previous patient transport service as Healthwatch Dorset did not exist at that time. He hoped that he could help E-zec improve their current service user feedback arrangements with a view to further improving services.

53.5 With regard to the reported problems with telephone calls and call centre organisation, E-zec reported that they had moved to new offices and, even though the number of calls had increased by 10%, the system had recorded a significant improvement in performance.

Noted

Dorset Advocacy – Help with NHS Complaints

54. The Committee considered a report from Dorset Advocacy which detailed five complaints received by Dorset Advocacy since 1 October 2013, in the form of case studies. The complaints identified common themes with difficulties accessing staff to arrange transport and failure to keep timely collections when transport had been arranged.

Noted

General Discussion

55.1 The Committee then discussed the information provided within the reports and responses to questions posed. The concerns of the County Council member for Colehill and Stapehill were noted and the Committee then considered how to proceed.

55.2 It was clarified that under previous contract arrangements SWAST undertook 60,000 of the 160,000 patient journeys , that 60,000 journeys was the number that the DCCG had in mind when tendering for the contract and that the sum to cover this was £3.9m. DCCG officers would provide members with a breakdown of patient transport costs prior to the transfer and of costs included in the tender. It was also clarified that E-zec had previous experience of providing patient transport in various areas across the country, both rural and conurbations.

55.3 Members remained concerned about a number of issues including; the implications for any future transfers of services; that sufficient research needed tobe undertaken prior to tendering exercises in future; that any efficiency savings be clearly assessed; that the focus should be on the outcomes for patients; dates for the transfer of data should be included in contracts especially as Dorset-wide commissioning would increase; that consideration should be given to the imbalance between the needs of the conurbation and rural areas; that the contract procedure should be more rigorous; that contingency funds should be sufficient; that contracts should include penalty clauses if data was not transferred on time; that the Service Improvement Plan should be scrutinised; and

assurances should be provided that lessons had been learned for future contract and tendering procedures.

55.4 In view of the concerns expressed, the solicitor suggested that the Committee ask for a further report from the DCCG for consideration at their next meeting, including information about the tendering process, contingency planning, the Service Improvement Plan and lessons learned so that the Committee could then decide what recommendations to make. This was agreed.

Resolved

55.1 That in light of the significant concerns expressed by members of the Committee about the conduct of the tendering procedure for the provision of non emergency patient transport services (NEPTS), the Dorset Clinical Commissioning Group (DCCG) is asked to provide a report for consideration at the next meeting of the Committee which is to include comprehensive information about the tendering exercise, about the information upon which the DCCG placed reliance in drawing up the tender and about the contingency planning that was put in place as part of the process.

55.2 That in light of the detrimental outcome for Dorset patients and other health organisations in the area as identified in the documents submitted to the meeting, the report should also include:-

(i) the NEPTS improvement plan with targets and timescales for achieving those targets and

(ii) a commentary on lessons learned and how these would be applied by the DCCG in future tendering and contract arrangements.

Questions from Members of the Council

56. No questions were asked my members under Standing Order 20(2).

Meeting Duration: 10.00am to 1.30pm