

Dorset Health Scrutiny Committee

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Dorset County Council



Date of Meeting	30 May 2013
Officer	Director for Adult and Community Services
Subject of Report	Non Emergency Patient Transport - update
Executive Summary	<p>Patient Transport has been the subject of a number of previous reports to this Committee.</p> <p>A procurement exercise for Patient Transport Provision across the County has been undertaken. A briefing on this procurement exercise was emailed to members on 17 September 2012 followed by a report on 27 November 2012. At that meeting a further update was requested when the outcome of the procurement exercise was known.</p> <p>NHS Dorset Clinical Commissioning Group (CCG) has provided an update although at the time of writing the outcome of the procurement exercise is still not known. A decision by the CCG Board is scheduled for 15 May 2013 which will be shared with stakeholders after the required stand still period.</p> <p>The report also provides an update on the work that Dorset CCG and Dorset Partnership for Older People's Programme (Dorset POPP) have been doing together to enhance volunteer car services including free parking for volunteer drivers taking patients to hospital appointments.</p>
Impact Assessment:	<u>Equalities Impact Assessment</u> Not referred to in NHS briefing.

	<p><u>Use of Evidence</u> Information provided by the NHS Dorset Clinical Commissioning Group.</p>
	<p><u>Budget/ Risk Assessment</u> None.</p>
Recommendation	That the Committee notes and comments on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults.
Appendices	1. Report from Dorset Clinical Commissioning Group Non Emergency Patient Transport Services (NEPTS).
Background Papers	1. Report to Dorset Health Scrutiny Committee by the Director for Adult and Community Services 27 November 2012 Patient Transport – commissioning and procurement. Service update.
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REPORT FOR DORSET HEALTH SCRUTINY COMMITTEE

MAY 2013

NON EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

1. INTRODUCTION

- 1.1. A number of different providers deliver patient transport services (PTS) in Dorset. Patients who meet the Department of Health eligibility criteria are able to access these services.
- 1.2. The main service provider is currently South Western Ambulance NHS Foundation Trust (SWAST) and this contract is managed by Torbay Care Trust on behalf of the South West Primary Care Trusts (PCTs) and the previously known PCT clusters covering Dorset, Somerset, Cornwall and Devon.
- 1.3. Other providers of transport include, for example, Poole Radio Cabs and Bob's Cars in Dorchester.

2. BACKGROUND

- 2.1. Commissioning arrangements for NEPTS are as follows:
 - Torbay Care Trust leads on contracting SWAST;
 - NHS Dorset Clinical Commissioning Group (CCG) pays each acute trust a set amount of money to provide care and taxi PTS services to its eligible patients in addition to the regionally contracted SWAST NEPTS services. These trusts choose who they would like to contract with and these are often taxi firms. The cluster is not involved in these commissioning decisions or contract management.
- 2.2. The SWAST contract was limited with the following services not being commissioned under the regional umbrella:

Type	Definition
Timed response	Timed response patients are those patients who are leaving an NHS healthcare facility to return to their home environment. When leaving the NHS healthcare facility the patient

	<p>may need to be met by one or more agencies so that their living needs can be assessed on their homecoming. This is to ensure that a patient is able to return home and cope in their home environment and to assess whether support is required from other agencies to allow the patient to remain in their own home following a stay at an NHS healthcare facility. Sometimes after assessment it is felt that patients cannot remain in their home environment at that time and may need to be taken to another convalescent facility, which may be an NHS Trust or care home.</p>
<p>Short notice</p>	<p>Short Notice Bookings are defined as any request for the provision of patient transport where the request has been received by the provider with less than 24 hours' notice from pick up.</p> <p>A Short Notice Booking will be on the day bookings.</p>
<p>Long distance/repatriation</p>	<p>There are two different types of transport requirement within this specification but they are similar in the fact that they require the provider to leave the boundaries of the four south west counties (Cornwall, Devon, Somerset and Dorset):</p> <p>Long Distance Transfers</p> <p>The provider will transport a patient(s) to a different NHS or provider site to allow a patient to access a specialist service. This could be a scheduled care episode or the continuation of a related unscheduled care episode.</p> <p>Repatriation</p> <p>Repatriations specifically refer to sending a patient back to their home PCT. This would be following an unscheduled episode of care e.g. an accident or incident requiring treatment whilst temporarily away from their home PCT (Physical or Mental Health).</p>

<p>Bariatric/complex handling</p>	<p>A bariatric patient is defined as anyone regardless of age or gender, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following areas:</p> <ul style="list-style-type: none"> - has a Body Mass Index (BMI) of more than 40kg/m squared and/or are 40kg above ideal weight for height (NICE 2004); - exceeds the Working load limit (WLL) and dimensions of the support service such as a bed, chair, wheelchair, couch, trolley, toilet, mattress. <p>A complex manual handling patient is a patient who may have specialist handling needs due to their size or shape. This may through height or width or both.</p> <p>It is possible that some patients may have a combination of requirements and may be bariatric with additional complex manual handling needs and fit into one of the generic mobility strategies.</p>
<p>Out of hours</p>	<p>The provider will deliver PTS between the hours of 18.00 and 8.00 Monday to Friday, weekends and bank holidays.</p> <p>The requirements may be planned, ad-hoc or specific hour coverage e.g. PTS transport cover for A&E discharges on a Friday and Saturday night etc.</p>

2.3. Historically these services would be contracted on a need only basis and therefore it was difficult to hold providers to account and also allow commissioners to seek value for money when journeys were commissioned on an individual basis.

2.4. In 2010/11 it was agreed regionally that these services would be procured. The lead commissioner undertook this process on behalf of the PCTs in the South West and a range of providers were successful. Contracts were put in place in 2011/12. Performance management arrangements were shared between the then two PCT commissioners.

- 2.5. Patients who are medically eligible for NEPTS are transported in vehicles appropriate to their medical condition. Historically, SWAST used to provide car transport but wished to terminate this arrangement in 2008/09. For this reason there is not consistency in approach across the county; the acute trusts in the east primarily procure car transport through taxi firms and the acute trust in the west of the county continued to contract voluntary car drivers through SWAST.
- 2.6. The development of these commissioning arrangements was in part driven by the Department of Health's decision to take PTS out of the national tariff paid to acute hospitals for patients attending hospital appointments. As a result of this, a 'block' of funding was allocated to each acute trust in Dorset and each organisation now holds their own contracts with a range of NEPTS providers and the contracting arrangements vary.

3. PREVIOUS POSITION

- 3.1. Due to the mix of patient transport service provision it was felt that there was a need to review the existing NEPTS arrangements for patients in Dorset to see if a more modern and responsive service could be procured. This would also enable the NHS commissioning organisation to performance manage the entire network of NEPTS providers consistently and assure strict adherence governance requirements.
- 3.2. Notice to terminate the current contracts was given to SWAST and all other providers where there were contracts in place.
- 3.3. Torbay Care Trust agreed that each county should lead their own procurement process to enable it to reflect local needs more effectively. It would also ensure direct accountability for the performance of a patient transport service. The funding for the re-procurement of these services is the same as at present.
- 3.4. Evaluation of tenders submitted by interested providers took place in December with shortlisted provider presentations occurring in March and April 2013. Patients and carers of the services attended the provider presentations to comment on proposals.
- 3.5. NHD Dorset CCG has worked with local service providers and used feedback from meetings with scrutiny panels and committees and the LINKs to agree the procurement process and objectives of the procurement exercise. These are:

Criteria	Definition
Quality	Patient-centred services delivered in a safe, friendly and effective manner by trained staff in clean, comfortable vehicles. This includes keeping journey times low and ensuring promptness of arrival and pick-up.
Flexible and responsive	Service must provide flexibility to respond to changing needs, e.g. new healthcare locations, on-the-day requests, flexible times for pick-up and delivery including evenings and weekends. There will also be a need for some enhanced PTS related to specialist vehicle equipment or crew training to meet particular patient requirements.
Communication and performance information	High-quality communication with commissioners to discuss flexible and innovative approaches. Clear and complete information must be provided regularly on activity, finance and quality of service provision.
Efficiency savings	Public sector organisations are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. Providers will be required to demonstrate innovations to achieve the commissioner's objectives. Any initiatives which impact on service delivery will be agreed prior to implementation with the commissioner.
Value for money	Service must be affordable and provide value for money.
Green	Service must take action to reduce the carbon footprint of patient journeys wherever possible.
Innovation and use of Information Technology	Service must be innovative in its approach using best practice to respond to future needs. It needs to make the most effective use of technology for the scheduling of journeys and for the provision of management information.

4. NEPTS PROCUREMENT

4.1. Dorset has structured the procurement process into seven lots. These are:

- Patient Help Centre

The Help Centre will take patient and clinical professional bookings for transport, apply the medical eligibility consistently, help to signpost patients where necessary and centrally collate performance management information to provide intelligence on all NEPTS services.

- Ambulance transport
Ambulance transport will take patients who cannot travel by car or other means, between the hours of 8.00 and 20.00 (to be agreed with successful providers). This could include patients who need to lie down and may need assistance in doing so.
- Car transport
Car transport will take patients including those on wheelchairs between the hours of 8.00 and 20.00 (to be agreed with successful providers).
- Qualified crew
Provide an enhanced level of service to cover all the needs of high dependency patients such as those with complex needs and infectious/communicable conditions/diseases, where a higher level of crew skills will be needed. Specific examples include (but not limited to)
 - patients whose medical conditions may require cardiac/pulmonary resuscitation;
 - patients transferring after attending the A&E department who have a variety of conditions such as head or trauma injuries, or pregnancy related issues;
 - children with a variety of conditions from neurological, meningitis, oncology or terminal conditions.

Other areas could include (but are not limited to) pre-transplant transfers, the return of patients following complex surgery such as cardiothoracic, post-fall patients, trauma and orthopaedic injury transfer.

- Bariatric patient / or patient requiring complex manual handling
A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environment access with one or more of the following areas:
 - has a body mass index (BMI) $>40 \text{ kg/m}^2$ and or are 40 kg above ideal weight for height (NICE 2004) and/or exceed the working load limit and dimensions of the support service such as a bed, chair, wheelchair, couch, trolley, toilet mattress.
- High risk mental health patients
Patients will present with complex presentations i.e. physically violent, aggressive and detained under a section of the Mental Health Act.

- Out of area
This would relate to transport not within the local area. Local providers have been determined to be providers based in Poole, Bournemouth, Taunton, Exeter, Southampton and Dorchester.
- 4.2. The NEPTS procurement will not change the current medical eligibility criteria for transport so patient access will remain the same as at present. NHS Dorset CCG will still be required to adhere to the Department of Health guidelines that were written in 2007.
- 4.3. The vision for NEPTS service is that there will be a help centre where patients and carers can call to book transport and that this centre will liaise with transport and health providers in the county to facilitate these requests. This centre will also be able to apply the eligibility criteria consistently across Dorset to ensure equality of access to services and it will be able to signpost patients, if they are not medically eligible, to voluntary transport schemes as well as public transport routes.

5. CURRENT POSITION

- 5.1 A final decision and recommendation is going to the NHS Dorset CCG Governing Board for approval on 15 May 2013 and after the required stand still period has elapsed formal notification will be provided to all stakeholders of the outcome.
- 5.2 Mobilisation and implementation of the contract will take place over the next four months with a “live” date of 1 October 2013.

6. VOLUNTARY CAR SERVICES

- 6.1 NHS Dorset Clinical Commissioning Group and Dorset POPP have been working together to develop the following:
- free parking passes for volunteer drivers taking patients to hospital and clinic appointments and
 - an information booklet for Hospital Parking for Volunteer Drivers in Dorset.
- 6.2 The aim of the project is to ensure Dorset residents are able to access patient appointments and social activities in order to remain independent, engaged and included, and in good health in both mind and body for as long as possible.
- 6.3 In partnership with POPP, NHS Dorset Clinical Commissioning Group (CCG) provided the funding for a dedicated telephone number through Dorset Direct and on the “Dorset for You” web site to enable people to identify a local transport scheme for both non-emergency patient transport, as well as ‘social’ transport.
- 6.4 This area of work has now been rolled out by DCC and Dorset CCG will continue to work closely with our colleagues at the council to understand how

the telephone line and signposting service is performing and how best this may be commissioned in the future.

Sarah Turner

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Review, Design and Delivery (Mid/Cancer)