

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	24 June 2014
Officer	Director for Adult and Community Services
Subject of Report	Non-Emergency Patient Transport Services – Summary Report
Executive Summary	<p>The issue of the provision of Non-Emergency Patient Transport Services (NEPTS) has been a matter of great concern to Dorset Health Scrutiny Committee (DHSC) members over recent years, and consequently it has been the subject of a number of reports and briefings to the Committee.</p> <p>It was hoped that the undertaking of a procurement exercise by NHS Dorset Clinical Commissioning Group (CCG) to secure a new provider for NEPTS would result in a more consistent and responsive service. However, when the service transferred from South Western Ambulance Service NHS Foundation Trust (SWAST) to E-zec Medical Transport Services Ltd on October 1 2013, widespread problems occurred. The problems and perceived causes were reported to DHSC on 10 March 2014 by the CCG (see Background Paper 4), with additional input from SWAST and Dorset County Hospital NHS Foundation Trust (DCH).</p> <p>Taking into account the evidence presented, members decided that it would be imperative to give NEPTS more detailed scrutiny, and resolved to set up an additional Committee meeting for this purpose, to which a range of stakeholders would be invited to report. Those stakeholders included the commissioners, the previous and new NEPTS providers, the local acute and community health services providers and two organisations able to present feedback from patients and/or their carers.</p> <p>This summary report provides an overview of the previous</p>

	occasions on which DHSC have discussed NEPTS, the information which was requested from the seven stakeholders to present to this meeting and the broad content of the stakeholder reports.
<p>Impact Assessment:</p> <p><i>Please refer to the protocol for writing reports.</i></p>	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Summary report reflecting previous reports to Dorset Health Scrutiny Committee and evidence produced by: NHS Dorset Clinical Commissioning Group; E-zec Medical Transport Services Ltd; South Western Ambulance Service NHS Foundation Trust; Dorset County Hospital NHS Foundation Trust; Dorset HealthCare University NHS Foundation Trust; Healthwatch Dorset; and Help with NHS Complaints.</p>
	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p>
	<p>Other Implications:</p> <p>Not applicable.</p>
Recommendation	That Dorset Health Scrutiny Committee considers the evidence presented in the attached reports and comments on the way in which future substantial changes arising from transfers of services are dealt with in such a way that disruption to patients and/or their carers can be minimised.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.

<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<ol style="list-style-type: none"> 1. Report to Dorset Health Scrutiny Committee, 27 November 2012: Patient Transport – commissioning and procurement. Service update: http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/2F12496205EC36C480257ABC0036DA5E/\$file/Nov1208report.pdf 2. Report to Dorset Health Scrutiny Committee, 30 May 2013: Non-Emergency Patient Transport – update: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/831330BE78E98CA180257B730053A07F/\$file/Item%2012%20300513.pdf 3. Briefing to Dorset Health Scrutiny Committee, 19 November 2013: Update report on non-emergency patient transport – new service provider: http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/E5328C3B5A19664980257C21003439D7/\$file/Item%2014%20-%20Appendix%202.pdf 4. Report to Dorset Health Scrutiny Committee, 10 March 2014: Non-Emergency Transport Services Commissioned by NHS Dorset Clinical Commissioning Group: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/C032AF91843746C580257C8D003FA51D?OpenDocument
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1 Introduction and background

- 1.1 The issue of the provision of Non-Emergency Patient Transport Services (NEPTS) has been a matter of great concern to Dorset Health Scrutiny Committee (DHSC) members over recent years, and consequently it has been the subject of a number of reports and briefings to the Committee.
- 1.2 On 27 November 2012 DHSC received a briefing and update on the commissioning arrangements and procurement of NEPTS (Background Paper 1). The briefing explained that NHS Dorset Clinical Commissioning Group (CCG) was seeking to procure a county-wide service which would be more consistent, responsive and easier to performance manage. A new contract for Dorset would replace that previously managed by Torbay Care Trust. An update report was requested of the CCG for the next meeting (11 March 2013), but this was deferred until the following Committee, 30 May 2013.
- 1.3 On 30 May 2013 DHSC received an update report (Background Paper 2), but although the procurement exercise had been completed at that stage, there had been a delay and the CCG reported that they were not in a position to announce the successful bidder.
- 1.4 A question regarding the number of patients being transported by the NEPTS was put to the CCG at Committee on 13 September 2013, at which point members were advised that the new provider would commence operation on 1 October 2013.
- 1.5 A further briefing presented by the CCG to DHSC on 19 November 2013 (Background Paper 3) noted that the new service had indeed gone live on 1 October 2013, but not without difficulties. Problems related to data transfer from previous providers, delays in picking up patients, “unprecedented” levels of calls, IT issues and the new provider, E-zec Medical, struggling to manage demand. The CCG reported that this had led to complaints and to media involvement, but that following intervention and support from the CCG, they felt there had been a “significant improvement” to service delivery and performance. As a result of the concerns raised, members requested that a more detailed report be presented to DHSC at the next meeting.
- 1.6 A detailed report was presented to DHSC on 10 March 2014 by the CCG (Background Paper 4), and it was this that resulted in the decision by members to convene an in-depth review of the matter.

2 Report to DHSC – 10 March 2014

- 2.1 The report to DHSC on 10 March 2014 by the CCG highlighted to members that the chosen provider (E-zec) had demonstrated a “robust, coherent and flexible ability to deliver the requirements outlined in the tender”. However, the report went on to list a catalogue of problems under the following headings:
 - **E-zec Medical** – organisational and managerial failings;
 - **Estates** – problems with the suitability of premises from which to operate;
 - **Human Resources** – problems with the required TUPE transfer of staff, training and support, lines of responsibility and availability of sufficient numbers of staff;
 - **Call Centre** – issues with IT software, data transfer, telephony, volume of calls (approximately 450 expected per day; 1,600 actually received) and poor call handling resulting in delays, missed calls and complaints from both patients and

- Trusts. Poor planning of routes and use of vehicles, exacerbated by a lack of geographical knowledge. Failures in control room operations;
- **Transport** – lack of cars, stretcher ambulances, crews and other vehicular resources;
 - **Sub-contractors** – difficulties arising from the poor performance, expense and attitude of private providers used to provide extra capacity;
 - **Urgent and Emergency Care Ambulance Providers and NEPTS** – disagreement between providers regarding who should transport certain patients, resulting in delays;
 - **Delivery of Service** – poor service reported on a number of levels, directly affecting patients and Trusts;
 - **Complaints Procedure** – high volume of complaints being dealt with by a single person, resulting in failure to respond in an appropriate, timely or efficient manner.
- 2.2 The report also outlined the challenge to set up a contract which would accurately meet need, due to a lack of engagement in the process from the Acute Trusts and the outgoing provider.
- 2.3 Since go-live, the CCG reported that the Care Quality Commission (CQC) had made an unannounced inspection on E-zec Medical in January 2014, following notification of concerns¹. This inspection had highlighted areas where action was needed and along with a Service Development Improvement Plan agreed between the CCG and E-zec, “ongoing scrutiny” was to be undertaken.
- 2.4 In addition to the report presented by the CCG, the DHSC heard briefly from the previous provider – South Western Ambulance Service NHS Foundation Trust (SWAST) – and the local Acute Trust – Dorset County Hospital NHS Foundation Trust (DCH). Both these organisations informed members of adverse incidents that had occurred since the new provider had taken over, with impacts on the Trusts financially as well as operationally, as well as direct impacts on patients’ treatments and experiences.
- 2.5 Taking into account all the evidence presented, members decided that it would be imperative to give NEPTS more detailed scrutiny, and resolved to set up an additional Committee meeting for this purpose to which a range of stakeholders would be invited to report.
- 3 Reports to be presented at the NEPTS health scrutiny committee meeting – 24 June 2014**
- 3.1 In total seven stakeholders who could contribute from different perspectives (commissioner, provider and user) were asked to provide reports and send a representative to the meeting. The stakeholders in question and the information requested was as follows:
- 1. NHS Dorset Clinical Commissioning Group:**
- Contextual information regarding the need to tender for a (new) provider
 - Information about the CCG's policy and procedures regarding commissioning and subsequent procurement

¹ CQC Inspection Report, E-zec Medical – Dorset, February 2014 - http://www.cqc.org.uk/sites/default/files/old_reports/1-960658623_E-Zec_Medical_Dorset_INS1-984377643_Responsive_-_Concerning_Info_22-02-2014.pdf

- The service specification
- Information regarding the selection process (in general and for this particular tender)
- Contract monitoring policy and procedures
- Further information about what happened when the new service went live, building on the previous report to DHSC
- Information regarding any compliments or complaints that have been received regarding the new NEPTS service
- Feedback on the current situation and what the CCG is doing to ensure that the service is fit for purpose.

2. E-zec Medical Transport Services:

- Contextual information regarding E-zec's experience in providing NEPTS
- Information regarding E-zec's perspective of the tender process and selection process
- Details regarding transition planning and hand-over plans from previous providers
- Information about what happened when the new service went live from E-zec's perspective
- Information regarding any compliments or complaints that have been received regarding the service
- Feedback on the current situation and what E-zec is doing to ensure that the service is fit for purpose.

3. Dorset County Hospital NHS Foundation Trust:

- Contextual information regarding any relevant background
- Any information about transition planning and the provider switch to E-Zec (including issues arising around data transfer)
- Information about what happened when the new service went live from DCH's perspective
- Information regarding any compliments or complaints that have been received regarding the new service
- Feedback on the current situation and what on-going impact (if any) this is having on DCH and on patients, particularly those with repeat medical appointments
- An estimate of any additional/unplanned costs incurred by DCH as a result of the need to make up any short-fall in service provision.

4. Dorset HealthCare NHS University Foundation Trust:

- Contextual information regarding any relevant background
- Any information about transition planning and the provider switch to E-zec (including issues arising around data transfer)
- Information about what happened when the new service went live from Dorset HealthCare's (DHC) perspective
- Information regarding any compliments or complaints that have been received regarding the new service
- Feedback on the current situation and what on-going impact (if any) this is having on DHC and on patients, particularly those with repeat medical appointments
- An estimate of any additional/unplanned costs incurred by DHC as a result of the need to make up any short-fall in service provision.

5. South Western Ambulance Service NHS Foundation Trust:

- Contextual information regarding any relevant background to the service prior to it moving to a new provider
- Details regarding transition planning and hand-over to E-zec (including issues arising around TUPE and data transfer)
- Information about what happened when the new service went live from SWAST's perspective
- Information regarding any compliments or complaints that have been received regarding the new service
- Feedback on the current situation and what on-going impact (if any) this is having on SWAST.

6. Healthwatch Dorset:

- Contextual information regarding any relevant background to the investigation
- Information regarding any compliments or complaints that have been received regarding the new service
- Any feedback on the current situation and what on-going impact this seems to be having on patients.

7. Help with NHS Complaints – Dorset Advocacy:

- Contextual information regarding any relevant background to the investigation
- Information regarding any compliments or complaints that have been received regarding the new service
- Any feedback on the current situation and what on-going impact this seems to be having on patients.

4 Overview of reports received

- 4.1 **NHS Dorset Clinical Commissioning Group** have provided a comprehensive set of documents, setting out the context behind the NEPTS commissioning and procurement exercise and the organisational procedures and policies underpinning this. The report reiterates the problems which arose when the new service went live and the measures taken in the short and longer term to address this. The CCG and E-zec continue to work together to improve the service.
- 4.2 The report from **E-zec Medical Transport Services Limited** provides a clear picture from their perspective of the key reasons that the service was not able to cope with demand when it went live: incorrect call centre activity data, incorrect mileage data, inaccurate pre-booked journey data, difficulties with the TUPE transfer and an incorrect contract profile. Measures to resolve problems are detailed, including increased resources on all levels.
- 4.3 **South Western Ambulance Service NHS Foundation Trust** set out contextual information regarding provision of NEPTS prior to the changes, transition planning and hand-over arrangements, TUPE transfer requirements, post-transition issues, organisational impacts and the current situation.
- 4.4 From the perspective of an acute hospital provider, the report from **Dorset County Hospital NHS Foundation Trust** sets out contextual information, including the benefits DCH hoped would result from a new service, transition planning, the 'go live' experience for the hospital, complaints and compliments received, the current situation and the additional/unplanned costs incurred by the Trust.

- 4.5 From the perspective of a community hospital and health services provider, **Dorset HealthCare University NHS Foundation Trust** also sets out contextual information, together with an outline of DHC's involvement in the tender and selection process and 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. The current situation is also outlined, including how the Trust is now working with the new provider (E-zec Medical Transport Services Ltd).
- 4.6 The report produced by **Healthwatch Dorset** details the feedback received by them from patients and their families and/or carers on NEPTS since 1 October 2013, categorising it as positive, mixed, neutral or negative. Overall, 78% of the feedback was negative and specific examples are provided. The report also outlines the steps taken by Healthwatch Dorset to engage with the commissioners (NHS Dorset Clinical Commissioning Group) and the providers (E-zec Medical Transport Services Ltd) and the willingness of those parties to address the issues raised.
- 4.7 As providers of the **Help with NHS Complaints** service, **Dorset Advocacy** was also asked to provide a report reflecting the impact as reported to them by patients and their families and/or carers. The report details the five complaints received by Dorset Advocacy on NEPTS since 1 October 2013, in the form of case studies. The complaints identify common themes regarding access to staff to arrange transport and failure to keep timely collections when transport has been arranged.

5 Recommendation

- 5.1 That Dorset Health Scrutiny Committee considers the evidence presented in the attached reports and comments on the way in which future substantial changes arising from transfers of services are dealt with in such a way that disruption to patients and/or their carers can be minimised.

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June 2014