

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	<b>Non-Emergency Patient Transport Services – Report from Dorset County Hospital NHS Foundation Trust</b>
Executive Summary	<p>Following the presentation of a report on non-emergency patient transport services (NEPTS) to the Dorset Health Scrutiny Committee on 10 March 2014, members agreed that a wider investigation into the issues raised should include input from all stakeholders. Dorset County Hospital NHS Foundation Trust (DCHFT) was therefore asked to provide a report from their perspective, reflecting the impact on an acute hospital services provider.</p> <p>The report sets out: contextual information, including the benefits DCHFT 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.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <p>Use of Evidence:</p> <p>Report produced by Dorset County Hospital NHS Foundation Trust.</p> <p>Budget:</p> <p>Not applicable.</p>
<i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	

	<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: <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate)            Residual Risk <del>HIGH/MEDIUM/LOW</del> (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>
<p>Recommendation</p>	<p>That the Committee consider the evidence provided alongside that provided in the six reports provided by other stakeholders, and use this as a basis for discussion with the authors.</p>
<p>Reason for Recommendation</p>	<p>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>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer            Tel: 01305 224388            Email: a.p.harris@dorsetcc.gov.uk</p>

**DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST**  
**REPORT FOR THE DORSET HEALTH SCRUTINY COMMITTEE REGARDING**  
**NON-EMERGENCY PATIENT TRANSPORT SERVICES**

Information Requested from DHSC

*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 DCHFT'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 DCHFT and on patients, particularly those with repeat medical appointments*

*An estimate of any additional/unplanned costs incurred by DCHFT as a result of the need to make up any short-fall in service provision*

## **1 Introduction**

1.1 Following the presentation of a report to Dorset Health Scrutiny Committee on 10 March 2014, by NHS Dorset Clinical Commissioning Group (DCCG), Dorset County Hospital Foundation Trust (DCHFT) presents the information requested regarding the introduction of the new provider for Non-emergency Patient Transport Services.

## **2 Contextual Information**

2.1 DCHFT had historically received its Non Emergency Patient Transport Service from South Western Ambulance Service NHS Foundation Trust (SWAST), formally Dorset Ambulance Service. Two services were commissioned by DCCG from SWAST for medically eligible patients; an Ambulance Service for ambulant patients and a Car Service for walking patients.

2.2 Concerns regarding the flexibility of the service provided by SWAST continued to be raised particularly around the availability of ambulances to undertake journeys during the periods of late afternoon, evenings and weekends.

- 2.3 SWAST had also introduced a complicated system called '5 lots' where they no longer undertake all types of non-emergency transport and relied on the hospital making its own arrangements for specific journeys. These included:
- Timed Response;
  - Long Distance and Repatriation Work;
  - Bariatric /Complex Manual Handling Patients;
  - Short Notice transport requests within 24hrs
  - Out of Hours (Journeys outside contracted hour's 0800-1800hrs).
- 2.4 DCHFT was required to make its own arrangements for the above journeys by using Private Ambulance Services and Taxi's. This arrangement was not satisfactory due to low number of Private Ambulance providers being available in the Dorset area.
- 2.5 When the decision was taken by DCCG to tender for a Pan Dorset PTS service, DCHFT embraced it. The benefits envisaged included:
- A new all-in-one, fit for purpose quality transport service;
  - Easier to manage performance and service delivery through a local commissioning arrangement;
  - Increased efficiencies – demonstration of value for money;
  - The service capacity would be better managed;
  - Flexibility in the contract to meet changing demands
  - Greater innovation in service provision from a new provider.

### **3 Transition Planning**

- 3.1 DCHFT was fully engaged attending regular meetings with the DCCG during and after the award of tender.
- 3.2 A comprehensive set of data was provided to the DCCG as part of the tender process. This included monthly data previously received from SWAST, internal information on private ambulance and taxi utilisation and information on all future transport requests.
- 3.3 Concerns were raised with Ezeq Medical after the award of tender regarding their ability to provide the resources required for transporting renal patients, which at the time, were mostly being undertaken by a local taxi company. Ezeq gave assurance that sufficient resources would be in place.

### **4 Going 'live'**

- 4.1 The new service went live on 1<sup>st</sup> October 2013, and despite significant planning and assurances from Ezeq, DCHFT encountered difficulties almost immediately. These included:

- Communications problems between staff, patients and the Ezec Control Centre;
- Inability to discharge patients on transport in the evening causing patients to stay in hospital unnecessarily;
- Journey planning with patients not being collected or picked up late and then waiting long periods to be returned;
- Resourcing with a lack of vehicles and staff to provide the basic level of service required. This included a lack of transport for renal patients which impacted on their medical condition causing unnecessary stress and anxiety amongst this group of patients.

4.2 The Service was subsequently identified as a high risk to delivery of patient care for the Trust.

## **5 Compliments & Complaints**

5.1 From October 2013 to April 2014, the Trust has recorded 17 concerns regarding transport. This number of complaints does not represent the total numbers of complaints received as it was initially agreed that all complaints would be directed to DCCG and Ezec. The common complaint themes included:

- Patients and hospital staff were unable to contact the Ezec Control Hub in a timely manner to make transport booking or to request important changes;
- Patients not being collected on time for their appointments / treatments and therefore arriving late and on occasions missing the appointment;
- Patients not being collected from their appointment/treatment;
- Renal patients not receiving their planned full dialysis session as a result of transport delays.

5.2 No compliments have been recorded.

## **6 Current Situation**

6.1 Since April 2014, a noticeable improvement has been seen in the service provided by Ezec. The service is timelier, responsive and communication across the hospital is much better.

6.2 There still remains some issues regarding the collection and pick up times of patients and a shortage of stretcher ambulances although the frequency of the incidents has reduced.

6.3 DCHFT has a very conscientious and proactive Ezec Liaison Officer who is keen to resolve any issues which arise unexpectedly.

6.4 DCHFT continues to provide representation to all PTS Assurance Meetings where operational concerns are discussed with DCCG and Ezec.

**7 Additional/unplanned costs incurred by DCHFT**

- 7.1 The Trust has on occasions needed to arrange additional transport where Ezeq have been unable to provide the service. This has not been significant and any unplanned costs have been reimbursed by DCCG.
- 7.2 Delayed discharge of patients caused by transport problems has resulted in patients staying in hospital longer than necessary which creates a cost to the Trust when additional capacity is required.

**8 Conclusion**

- 8.1 All parties have worked hard to resolve the many transport issues over the past few months. With the commitment from DCCG to support Ezeq with additional resources it is anticipated the service will continue to improve.

Tony James  
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Dorset County Hospital  
29<sup>th</sup> May 2014