

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 September 2014
Officer	Director for Adult and Community Services
Subject of Report	Follow up report for Dorset Health Scrutiny Committee regarding Non-emergency Patient Transport Services
Executive Summary	<p>The purpose of this report is to provide further information to the Dorset Health Scrutiny Committee in relation to Non-emergency Patient Transport Services (NEPTS) in Dorset. The request for this follows the presentation of reports by a range of stakeholders at a special meeting convened by the Committee on 24 June 2014, in response to concerns raised regarding the launch of a new NEPTS and subsequent operating problems. At the meeting in June the Committee requested an additional report from NHS Dorset Clinical Commissioning Group (CCG) to include: detail regarding the use of information to support the tender process; detail regarding the setting of contingency levels for estimated activity; an update on progress with the service improvement plan; and commentary on lessons learned and how these would be applied to future tendering and contracting arrangements.</p> <p>A follow up report from the CCG is attached. It includes the Service Development Improvement Plan (SDIP) at Appendix A which has been developed and is monitored via the Contract Monitoring Meetings. The plan is aligned to the Key Performance Indicators, the Quality Scorecard and patient feedback within the contract as well as other areas highlighted for reporting and is to be delivered by the end of September 2014. The follow up report also includes at Appendix B the recommendation report which was presented to the CCG Board in May 2013 for the award of the contract to E-zec Medical Transport Services Ltd.</p> <p>In the six months from April 2014, Dorset Clinical Commissioning Group expects to see the patient transport service meeting all Key Performance</p>

	<p>Indicators, achieving all the areas of the quality scorecard, receiving positive feedback from patients in all areas and will be in a position to develop the service into its second year to deliver an enhanced quality and timely service.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not applicable.</p>
	<p>Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group</p>
	<p>Budget: Not applicable.</p>
	<p>Risk Assessment: 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: LOW Residual Risk LOW</p>
	<p>Other Implications: None.</p>
Recommendation	That the Dorset Health Scrutiny Committee note and comment on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aims to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.
Appendices	<p>A E-zec Service Development Improvement Plan, July 2014 B Contract for the provision of a Non-Emergency Patient Transport Service in Dorset: Recommendation Report for the Award of Contract</p>
Background Papers	<p>Dorset Health Scrutiny Committee, 10 March 2014 (Item 7): http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/C032AF91843746C580257C8D003FA51D?OpenDocument</p> <p>Dorset Health Scrutiny Committee, 24 June 2014 (Special meeting): http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MIN?OpenView&Count=1000&id=0B770E9D6FA85CCA62840575DE848DF3</p>

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**NHS DORSET CLINICAL COMMISSIONING GROUP
FOLLOW UP REPORT FOR THE DORSET HEALTH SCRUTINY COMMITTEE REGARDING
NON-EMERGENCY PATIENT TRANSPORT SERVICES**

Date of the meeting	10/09/2014
Author	S Turner – Principal Programme Lead – Mid Dorset D Way – Deputy Head of Procurement
Sponsoring Board Member	J Pike – Director of Review Design and Delivery P Vater – Director of Finance
Purpose of Report	Report for the Dorset Health Scrutiny Committee in regard to Non-Emergency Patient Transport Services
Recommendation	The Committee is asked to Note the report.



Dorset Clinical Commissioning Group

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2.1	Appendix A	Service Development Improvement Plan
8.2	Appendix B	Tendering Documentation



Dorset Clinical Commissioning Group

1. Purpose of Report

- 1.1 The purpose of this report is to provide further information to the Dorset Health Scrutiny Committee in relation Non-emergency Patient Transport Services (PTS) in Dorset.

2. The Patient Transport Service from October 2013

- 2.1 The key objectives of the new service are:
- To provide a 24 hour, 7 days a week, 365 day service
 - To deliver a responsive, high quality, clinically effective and safe service
 - To ensure patient and public needs are listened to and met
 - To provide a transport for patients who are medically eligible to receive the service
 - To provide value for money.
- 2.2 This service is all encompassing and brings patient transport under the control of one service provider which is a very different basis to how the service was commissioned previously.

3. Service Development Improvement Plan

- 3.1 The Service Development Improvement Plan (SDIP), Appendix A, has been developed and is monitored via the Contract Monitoring Meetings. The plan is aligned to the Key Performance Indicators, the Quality Scorecard and patient feedback within the contract as well as other areas highlighted for reporting and is to be delivered by the end of September 2014.
- 3.2 In the six months from April 2014, Dorset Clinical Commissioning Group expects to see the patient transport service meeting all Key Performance Indicators, achieving all the areas of the quality scorecard, receiving positive feedback from patients in all areas and will be in a position to develop the service into its second year to deliver an enhanced quality and timely service.

4. The Current Situation

- 4.1 In the first three months of the financial year of 2014/15 the patient transport service delivered journey volumes in excess of 10,000 per month.
- 4.2 Abort rates are currently running at 8.6% for the service.
- 4.3 Key Performance Indicators are improving. Quality standards are being met.

4.4 In the third week of July 2014, a further 10 Ambulances were added to the E-zec fleet for Dorset provision.

4.5 **Table 1 – E-zec Current Volume Data for April – June 2014**

E-zec Medical Ltd				
Month	Calls	Journeys	Aborts	Cancellations
April 2014	10,600	13,363	7.4%	14.6%
May 2014	11,346	13,744	9.4%	12.6%
June 2014	12,010	14,450	8.8%	14.6%
Total	33,956	41,557	8.6%	13.9%

4.6 **Table 2 – E-zec Key Performance Indicators for April – June 2014**

E-zec Medical Ltd – Key Performance Indicators			
	Inward		Outward
Month	50% arrived within 30 minutes of appointment time	95% arrived by appointment time	95% of patients collected up to 60 minutes after completion of appointment
April 2014	35%	68%	77%
May 2014	32%	77%	80%
June 2014	47%	71%	77%
Average %	38%	72%	78%

5. Financial Investment and Contingency Planning

5.1 The original contract value of the service was £3,893,973.70.

5.2 Contingency Planning the CCG knew that the quality of its data was not robust and budgeted for a contingency fund of £100,000 to be made available during the mobilisation phase.

5.3 **Table 3 – Removal of Funds from Trust Contracts v Actual and Projected Spend**

Comparison of PTS Funds Removed From Trust Contracts v Actual 6 Month Spend and Projected 12 Month Spend Since Contract Start Date with E-Zec						
Provider	SWAST PTS Funds Removed From Trust Contracts	Taxis and Private Ambulance PTS Funds Removed From Trust Contracts	Full Year Value of Funds Removed From Contracts	First 6 Months Actual PTS Spend	Projected 12 Month PTS Spend	Difference between Funds removed and Projected Spend
All Trusts	£1,424,657	£2,418,909	£3,843,566	£2,430,072	£4,860,145	£1,016,576

- 5.4 The CCG has increased the budget for the PTS Contract to **£4,957,666**
- 5.5 The CCG anticipates that as the contract beds in over years 1 and 2 of the 5 year contract reductions in the number of journeys through efficiencies and better planning and use of eligibility criteria will lead to improvements in the quality of the service over the life of the contract.

6. Previous Provision of Patient Transport Services

- 6.1 The service provided by SWAST was commissioned by the South West Consortium for a Monday to Friday 8 am to 6 pm and excluded bank holidays and weekends.
- 6.2 A further contract was commissioned by the South West Consortium called the 5 Lots, to underpin the SWAST service.
- 6.3 These contracts were further underpinned locally by Voluntary Car Services, private ambulances and taxi firms. The local Trusts having their own contractual arrangements with numerous services.
- 6.4 **Table 4 – SWAST Volume Data for April – June 2013**

SWAST			
Month	Journeys	Aborts	Cancellations
April 2013	4,408	6.5%	27%
May 2013	4,491	6.5%	31%
June 2013	4,111	6.1%	31%
Total	13,010	6.3%	29%

7. Lessons Learnt

- 7.1 Reflecting on the issues arising from the introduction of the pan Dorset patient transport services the key lessons learnt can be categorised into the following areas:

Market Shaping and tender

- 7.2 More time should be spent with stakeholders and providers in the market as part of the tender preparation. This will determine the appropriate service model to meet the specific needs of the service for Dorset. Where services are decommissioned from a number of providers more time should be spent ensuring there is complete “buy in” at all levels within their organisations. The models should be tested as far as practicable before issuing any tender.
- 7.3 Inviting bids for multiple lots did not give clear steer to the market of the intentions of the CCG.

Specification

- 7.4 The accuracy of activity data is paramount. As far as is possible the data should be triangulated and benchmarked to validate its credibility. This proved problematic for this project as the variety of data sources and formats evaded comparison.

- 7.5 Where there is a transfer of commissioning responsibility there should be a level of risk sharing agreed to manage changes in contract costs.

Mobilisation

- 7.6 The period allocated for mobilisation of the contract was too short. This was anticipated as part of the project planning, however when issues arose which forced a delay in award the CCG was not able to extend the original contract start date with the then main current provider.
- 7.7 The CCG should have invested more resource to support the mobilisation and manage risks as closely as possible.
- 7.8 Although a contingency fund was identified (as there were concerns at the time of award regarding activity) this proved insufficient and was not effectively utilised to mitigate emerging risks.
- 7.9 The CCG also heavily advertised the new service both internally within the NHS and externally with patient groups and the local press. This has led to an amount of un-met need being identified. GP practices, clinics and wards became more aware of the service. Patients also became more informed about the service. The CCG should have picked up on and responded to the un-met need as it became apparent. Better feedback from engagement and training events could have helped inform the planning of the mobilisation of the service to anticipate any un-met need.

8. Conclusion

- 8.1 This report has been provided in response to the request made by DCC Health Scrutiny Committee meeting on 24 June 2014.
- 8.2 Information regarding the procurement documentation may be found in Appendix B.

E-ZEC SERVICE DEVELOPMENT IMPROVEMENT PLAN JULY 2014

Appendix A

ITEM	STRATEGIC RELEVANCE	DESCRIPTION OF ISSUE	ACTION	MEASURABLES	TIMESCALE	RAG	E-ZEC PROGRESS REPORT. REASONS AND EVIDENCE FOR CURRENT POSITION
1	Business Relationship Management	To improve and develop communication structures and processes externally with commissioners, providers, patients and internally to the organisation.	To provide monthly operational meetings with all providers	Schedule of meetings to provided at CMM by June 2014 for the next 6 months	30-Jun-14	50%	Meetings being held with Trusts. Schedule of meetings to be provided to CRM
			PTLOs to lead meetings and be proactive in the development both internal and external processes and training within Trusts	E-zec to develop action plan with PTLOs specific to individual Trusts. Copy to be presented at the June CMM.	30-Jul-14	75%	PTLO at DCH. Recruitment PTLO in progress for RBH. PHFT PTLO being assigned. Renal co-ordinator appointed. Copy to be given to CRM
			Identification of key staff to liaise with, within the Trusts	Key workers to be identified by all individual Trusts to work with E-zec. Copy to be provided to CCG.	31-May-14	75%	Key workers identified. Schedule to be provided to CRM
			Implement patient service user groups, particular focus with renal, oncology and mental health including carers	Service user group to be operational by end of June 2014 and reported through to the monthly CMM with outcomes.	30-Jun-14	100%	Meeting with Healthwatch achieved. Renal co-ordinator talking individually to patients. Ongoing support to patients provided.
			Send out regular newsletters	Copy newsletter to be presented at monthly CMM	Ongoing	50%	Newsletter to be re-instated
			Provide regular training with providers on booking of appropriate use of PTS	Training schedule to be provided for individual Trusts with agreed dates by June 2014 for next 6 months. Schedule to be provided to CCG.	30-Jun-14	75%	PTLOS working with departments in Trusts. Support being provided to Christchurch Hosp regarding book ready system. Schedule to be provided to CRM
			Provide regular updates and feedback on non-medically eligible bookings – internally/externally	Medical Eligibility training to be provided internally and externally. Training plan to be provided to all Trusts and CCG by end of June 2014 and reported on at monthly CMM	30-Jun-14	0%	Training plan to be provided in agreement with the Trusts to the CRM
			Distribute and communicate Customer Care Charter	Audited via the CMM via the quality scorecard.	31-May-14	100%	Ongoing CRM Monitoring
Provide staff awareness workshops dealing with procedures and processes particularly in relation to positive communication, vulnerable adults, infection control, complaints	Monthly report to be audited via quality scorecard through the CMM	Ongoing	100%	Ongoing CRM Monitoring			

2	Service Improvement	Complaint Management	To provide a pro-active complaint management process	To provide an action plan as requested by the Quality team at DCCG to confirm the complaint process, policy procedures, learning mechanisms and trends. To be reported at the CMM. Patient satisfaction surveys to be received by the quality team as per agreed schedule. Monitored by Quality Scorecard.	31-May-14	IP	Quality departments working directly with E-zec to develop a robust complaint system.	
			To take forward the actions from the Quality review visit		31-May-14	IP		
			To provide appropriate, formal responses to complaints within policy timeframe		31-May-14	100%		
			To localise the complaint process		31-May-14	0%		
			To identify themes and trends from all complaints and develop a learning structure organisation wide		Ongoing	IP		
			Proactive development of feedback questionnaires to service users		Ongoing	IP		
3	Whole System Efficiencies	Capacity v contracted activity: Vehicles; Staff; Out of Hours; Paramedic Crews	Stratify vehicles according to mobility and crew need against patient dependency. Agree process and mechanism with Trusts.	Develop booking table for all Trusts. Provide training to all Trusts on process and be fully implemented by May 2014. Achievement of KPIs.	31-May-14	100%	Integrated processes developed with Trusts. Flowchart disseminated to all Trusts	
			Recruit and train PTS staff to support stratification of vehicles, strengthening HDU service with PSoS education		30-Jun-14	IP		FPOS training in progress. Blue light driver course completed.
			Monitor patient movement across Dorset, vehicle productivity and plan to appropriate shift patterns, increase flexibility in rotas, leading to responsive working flows		30-Jun-14	IP		Shift covers increased and hours extended on the road. Increase in paramedic cover.
			Provide a 24/7 service which reflects the needs of the service, with bank crew, where appropriate to support extra resource and timely intervention		30-Jun-14	75%		Flexibility in service, working hours and vehicles available.
4	Whole System Efficiencies	Planning and Control	Move to a full make ready system and dynamic planning system – live planning system	50% of service users to arrive up to 30 minutes prior to appointment time. 90% of service users to be collected up to 45 minutes after their identified ready time. Achievement of all relevant KPIs inward and outward journeys	30-Jun-14	47%/61%	Ongoing training across the whole organisation.	
			Increase CLERIC visibility to clinic staff and journey allocation – real time information			IP	Online CLERIC system allows full visibility. Trusts developing own internal reporting and monitoring.	
			Define and communicate Repatriation process to providers and commissioner		30-Jun-14	100%	Disseminated to providers July 2014	
			Define, plan and communicate the process by which Out of Area transportation is to be booked and delivered.		30-Jun-14	100%	Disseminated to providers July 2014	
5	Whole System Efficiencies	Sustainability	The whole service to be delivered and sustained for the life of the contract	All KPIs, Scorecards and CMM to be met	31-Jul-14	Sep-14	Ongoing	
		Partnership working between SWAST and E-zec to resolve Specification issues	Review current specification of SWAST and E-zec to resolve patient flows which do not “fit” with either commissioned service with DCCG and SWAST, (including inter hospital transfers)	Flowchart to be agreed between SWAST and E-zec and disseminated to all Trusts to cover all mobility's and patient categories and to be fully implemented and operational by both organisations	21-Jul-14	75% Not agreed	Due to be re-evaluated in August 2014. Private providers access agreed with CCG in interim	
6	Patient Experience	Planned transport	Implement a service for renal patients who have regular planned appointments to receive a timely, efficient and appropriate service and which has been developed and supported via the patient service user group	50% of service users to arrive up to 30 minutes prior to appointment time. 90% of service users to be collected up to 45 minutes after their identified ready time. Achievement of all relevant KPIs inward and outward journeys	31-May-14	47%/71%	Renal co-ordinator appointed. Patients met with Renal co-ordinator and service developed	

7	Patient and Clinical Experience	Booking processes	Monitor the telephone lines to ensure patients receive timely response and telephone system within new premises does not "drop" people out of the queue	Telephone system in premises to be monitored and fit for purpose. KPIs to be achieved.	30-Jun-14	83%	Ongoing on a daily basis. New telephone system in new premises monitored on site. Number of "dropped" call has reduced significantly.
			Provide performance feedback to staff to improve waiting times and call handling	90% of service users to be contacted one working day prior to booked journey to confirm transport arrangements	31-May-14	95% exc MH and Renal;	Looking at reviewing contacting arrangements to include texts.
			Ensure all interactions with patients are timely, accurate, supportive, informative and polite	Monitored through complaint and quality report via monthly CMM. Quality Scorecard monitoring.	30-Jun-14	IP	Ongoing training and development
			Provide training plan for call handlers/control centre staff in assessment of calls, data collection/verification, customer care and general call handling. Regular updates.	Monitored through reporting via CMM	30-Sep-14	IP	Regular reporting in progress.
			Streamline booking processes for clinical staff, supporting and delivering training to Trusts and departments using the online system	To be monitored through the Assurance PTS meetings. E-zec to link this area with training plan for Trusts.	30-Sep-14	IP	PTLOs have visited different areas within the Trusts to provide additional on line training and CLERIC usage.
			Provide alternative processes for clinics which cannot support make ready system	Action plan to be agreed with individual Trusts. Report to be provided to monthly CMM with regular updates	30-Sep-14	IP	Action plan to be provided to CRM.

Contract for the provision of a Non-Emergency Patient Transport Service in Dorset

Recommendation Report for the Award of Contract

1. Purpose of Report

- 1.1 The purpose of this report is to seek approval for the award of a NHS Standard Contract for the supply of Non-emergency Patient Transport Services (PTS) in Dorset.
- 1.2 The report will outline the tender process undertaken and the basis upon which recommendations are made, providing proof of compliance with corporate governance requirements and demonstrating where best value has been achieved.

2. Reason for the Contract

- 2.1 The current service has been on-going for in excess of 10 years with South Western Ambulance Service Foundation Trust (SWASFT) and its predecessor Dorset Ambulance Service as the main provider and with a number of other smaller private providers under what is known as the 5 Lots contract. The 5 Lots contract covered PTS requirements such as out of hours, out of area and specialist transport for bariatric patients etc. where SWASFT could not provide a service.
- 2.2 The current contract was managed across the South West region by Torbay Care Trust and the decision was made by all the PCTs party to the contract that a full market testing should be carried out, as it was felt the current provision had not moved with the changes in the NHS such as longer clinic times and weekend working. The Commissioners decided a fresh approach was needed to give more flexibility.
- 2.3 Following engagement with key stakeholders through a project group and review of the market it was decided that each county would tender for their own service. So Dorset CCG has tendered the opportunity for a pan Dorset approach to be led and contract managed by the CCG.
- 2.4 As part of the service re-design it is the intention to change the current funding structure of PTS by removing the funding from the Acute and Community Trust contracts and the CCG holding the funding. The intention being that the CCG will have overall control of how PTS funding is spent.

3. Project scope and specification

- 3.1 The key objectives of the procurement were set as:-
 - To procure for innovative approaches to delivering the specifications
 - Contract with a compliant provider meeting the agreed specifications
 - The introduction of a new Help/call centre to ensure patients meet eligibility criteria is able to sign post non eligible patients to other means of transport and provide better levels of data than currently available.

- To offer the opportunity to smaller and local businesses and the voluntary sector by giving the opportunity of providing smaller lots as part of a bigger service.
- If there are multiple organisations submitting a tender, to have an identified lead organisation and for it to add value to the service
- Deliver clinical effectiveness and patient safety
- Ensure that the patient and public needs are listened to and met
- Secure the full range of services within the agreed budget
- Meet project timelines
- Engage, communicate and consult effectively with all key stakeholders and ensure issues are considered in the selection process
- System and corporate governance is applied.

3.2 The decision was made to include the use of standard NHS patient eligibility criteria for Patient Transport services for the new contract and to that end it was decided that a Patient Help / Call centre would be part of the service specification. The Help / Call centre staff would be accessible to both health professionals and patients and would be responsible to checking eligibility, allocating resources, managing data and ensuring full utilisation of the service. The centre would also act as a resource for signposting non-eligible patients to other providers of transport such as the voluntary sector, social transport schemes and public transport.

3.3 The decision was made that due to the current mix of providers of PTS, NHS, private PTS and Taxis that we would offer the opportunity for bidders to bid for individual lots, a mix of lots or all lots. The Lots consisted of:

- Lot 1 The Help / Call Centre
- Lot 2 PTS (core pts ambulances, mini buses etc)
- Lot 3 Other modes of transport Cars MPV etc (taxi type service)
- Lot 4 Qualified crew (for the non-urgent transfer of complex patients requiring constant monitoring of their condition)
- Lot 5 Bariatric and Infectious patients
- Lot 6 Mental Health (specialist)
- Lot 7 Out of Area (repatriation and any out of area specialist care appointments)

3.4 The project team overseeing the procurement is:

Sarah Turner	Project Lead
Jane Pike	Commissioning Lead
Vanessa Reed	Quality Lead
Hayley Goddard	Workforce Lead
Chris Hickson	Finance Lead
Michael Richardson	The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
Mevalyn Cross	The Royal Bournemouth & Christchurch Hospitals NHS

	Foundation Trust
Tony James	Dorset County Hospital NHS Foundation Trust
Angie Forsey	Dorset County Hospital NHS Foundation Trust
David Bennett	Poole Hospital NHS Foundation Trust
Beckie Leighs	Poole Hospital NHS Foundation Trust
Sally O'Donnell	Dorset Healthcare University NHS Foundation Trust
David Way	Sustainability Lead
David Way	Procurement

4. Selection of Suppliers

- 4.1 The procurement falls under the 'Part A' regulations of the European Union Procurement Law, so it requires the full vigor of the regulations of a European Procurement there is an obligation to adhere to the core principles of transparency, openness and non discrimination.
- 4.2 Accordingly an advert was placed on the national Supply2Health website and in the Official Journal of the European Union on 11th May 2012 seeking expressions of interest in provision of the services before the deadline of 7th June 2012.
- 4.3 All suppliers were directed to express an interest on the online procurement portal 'Tactica'
- 4.4 46 suppliers expressed an interest in the service opportunity; a full list is available upon request.
- 4.5 A bidder event was undertaken as part of the procurement process. The event held during the expressions of interest period, was a market stimulation/briefing event that was scheduled for 18th January 2013. The event was an information briefing session giving the levels of data available and the outline of the specifications for the service

5. Tender Process

- 5.1 Pre-qualification Questionnaire (PQQ) documents were distributed via Tactica on 27th June 2013 with a submission date of 7th July 2013. As part of the tender questionnaire, a separate section was included to test provider compliance against governance requirements and financial probity/viability.
- 5.2 There were 27 completed PQQ received and all 27 passed successfully the full list of suppliers is available upon request.
- 5.3 All suppliers were invited to submit a tender bid and tender documents were distributed on 30th August 2012, with an initial submission deadline for completed tenders to be uploaded on Tactica by midday 12th October 2012.

5.4 Tender submissions were received from the following 15 organisations:

- 1st Response Medical Services Ltd
- Ability Transport Services
- Arriva Passenger Services
- Clearanswer Call Centres
- Coperforma Ltd
- E-Zec Medical Transport Services Ltd
- F.A.S.T Ambulance Service Ltd
- Integrated Transport Management Solutions
- Medical Services Ltd
- Mobilecare Ltd with Salisbury Hospital NHS Foundation Trust
- NSL Ltd
- Poole Radio Cabs (Ambutrax Ltd)
- Radio Cabs (Yeovil)
- South Western Ambulance Service Foundation Trust
- Salisbury Patient Transport Services LTD

6. Evaluation and Adjudication

6.1 An evaluation plan detailing how tenders would be evaluated was prepared and agreed by the project team prior to the receipt of tenders. The evaluation panel comprised:

Sarah Turner	Project Lead
Matt Wain	Quality Lead
Hayley Goddard	Workforce Lead
Chris Hickson	Finance Lead
Michael Richardson	Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
Mevalyn Cross	Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
Tony James	Dorset County Hospital NHS Foundation Trust
Angie Forsey	Dorset County Hospital NHS Foundation Trust
David Bennett	Poole Hospital NHS Foundation Trust
Beckie Leighs	Poole Hospital NHS Foundation Trust
Sally O'Donnell	Dorset Healthcare University Foundation Trust

David Way	Sustainability Lead
Heather Teasdale	Patient representative (presentation phase only)
Sarah Horniman	Patient representative (presentation phase only)
David Way	Procurement

- 6.2 Following receipt of the tender submissions the proposals were dispatched to all evaluators for scoring. The evaluators' scores and comments were consolidated onto a summary spreadsheet.
- 6.3 The following an analysis of the scores of the bidders submitting for individual lots or a mix of lots it was clear that only those bidders offering to provide all the lots were able to demonstrate the quality and ability required to meet the specifications. None of the single or mixed lot bidders which were evaluated and scored were found to be within the top 5 of any of the individual lots
- 6.4 The decision was made to short list to the following bidders:
- Arriva Passenger Services
 - Coperforma Ltd
 - E-zec Medical Transport Service Ltd
 - Medical Services Ltd
 - Mobilecare Ltd with Salisbury Hospital NHS Foundation Trust
 - NSL Ltd
 - South Western Ambulance Service NHS Foundation Trust
- 6.5 All 7 bidders were invited to attend one of two Provider Presentation days held on 27th March and 4th April 2013 at the Hamworthy Club to explain why they consider their organisation best placed to provide the service and to answer clarification questions.
- 6.6 At this event, the evaluation team were present as well as additional patient representatives. The patients and the team had an opportunity to ask various questions to the bidders.
- 6.7 Following the presentations further clarifications were sort from providers and the evaluators were given the opportunity to further moderate their scores based on the answers given at both the presentations and the answers to the further clarifications sort.
- 6.8 An adjudication meeting was held on 15th April 2013 to review the short listed bidders evaluation scores. A summary of these scores can be found at Appendix A. Full evaluation documents are available on request.
- 6.9 The evaluation team having reviewed the scores agreed on a preferred provider.
- 6.10 It was accepted that there will be a level of risk in changing provider however the team has confidence in the preferred provider being able to deliver the specification requirements and improving the level of service to both patients, Trusts and the CCG. During the life of the contract we would expect improvements in the quality of the service and be able to deliver

potential savings through the correct use of the eligibility criteria and optimisation of routes and vehicles.

Provider	Quality Score	Finance Score	Total Score	Annual cost
E-Zec Medical Transport Services Ltd	95.46	10.34	105.80	██████████
Medical Service Ltd	96.04	8.05	104.10	██████████
NSL Ltd	92.23	11.69	103.92	██████████
South Western Ambulance Service Foundation Trust	90.59	12.20	102.79	██████████
Arriva	91.06	8.96	100.02	██████████
Mobilecare with Salisbury Hospital NHS foundation Trust	85.02	13.00	98.02	██████████
Coperforma	78.95	10.60	89.55	██████████

7. Recommendation

- 7.1 Approval is requested for an award of preferred provider status to E-Zec Medical Transport Services Ltd
- 7.2 Approval of E-Zec Medical Transport Services Ltd as preferred provider meets the objectives agreed at the start of the project and there was the universal agreement of the evaluation panel. E-Zec currently run patient transport services for Portsmouth Hospitals NHS Foundation Trust, Royal United Hospital Bath NHS Trust and The Hillingdon Hospitals NHS Foundation Trust and provided excellent references
- 7.3 It is recommended that a contingency fund of £100k be made available on an open book accounting basis to ensure the smooth implementation of the service. This is required as there is a level of uncertainty on the activity levels and the rigid implementation of eligibility criteria. This contingency fund will be monitored on a monthly basis and minimal use of the fund will be incentivised

8. Next Steps

- 8.1 Following Board approval of the recommendation, bidders will be informed of the decision followed by the requisite “stand-still” (Alcatel) period of 10 calendar days. Following the stand-still period there would be a period of contract due diligence before final award of contract. The intention is to reach agreement as early as practicable in order to permit mobilisation and establishment of operational arrangements in time for the contract to commence on the 1st October 2013

A handwritten signature in dark ink, appearing to read 'D. Way', with a stylized, cursive script.

David Way

Deputy Head of Procurement

3rd May 2013

Appendices

Appendix 1

Summary of Evaluators Scores

Summary removed as commercially sensitive with bidders prices