

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	E-zec– Patient Transport Service
Executive Summary	<p>The purpose of this report is to provide an overview of the current patient transport service commissioned by NHS Dorset Clinical Commissioning Group with E-Zec.</p> <p>The report will provide an overview of the following:</p> <ul style="list-style-type: none">• Background;• Activity;• Performance;• Service Developments;• Next Steps. <p>The paper proposes that a further update report is presented to the Health Scrutiny Committee in 6 months, with a focus on performance.</p>
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group.
	Budget: N/A

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	<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: Low Residual Risk LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>The recommendation is for Dorset Health Scrutiny Committee to note and comment on this report and the service development initiatives underway.</p> <p>The report proposes that a further report is presented in 6 months with a focus on performance.</p>
Reason for Recommendation	<p>Update on delivery of the patient transport service commissioned by NHS Dorset Clinical Commissioning Group with E-zec.</p>
Appendices	<p>None.</p>
Background Papers	<p>Report to DHSC, 22 May 2015 (Agenda item 12): DHSC Agenda papers May 2015</p> <p>Briefing to DHSC, 16 November 2015 (Agenda item 10): DHSC Agenda papers November 2015</p> <p>Briefing to DHSC, 8 March 2016 (Agenda item 11): DHSC Agenda papers March 2016</p>
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1. Background

- 1.1 E-zec was awarded the contract for Dorset's Patient Transport Service in October 2013 by Dorset Clinical Commissioning group (CCG) following a tendering exercise.
- 1.2 The service was awarded a five-year contract with the possibility to extend for two-years.

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1.3 The service experienced severe operational issues at the conception of the contract due to the level of activity being much higher than planned for. NHS Dorset CCG worked closely with E-zec and the service is now operating well with a good understanding of expected activity levels.

2. Service costs

2.1 The 2015/16 budget for the E-zec Patient Transport Service was £5,459,111.76 (rounded).

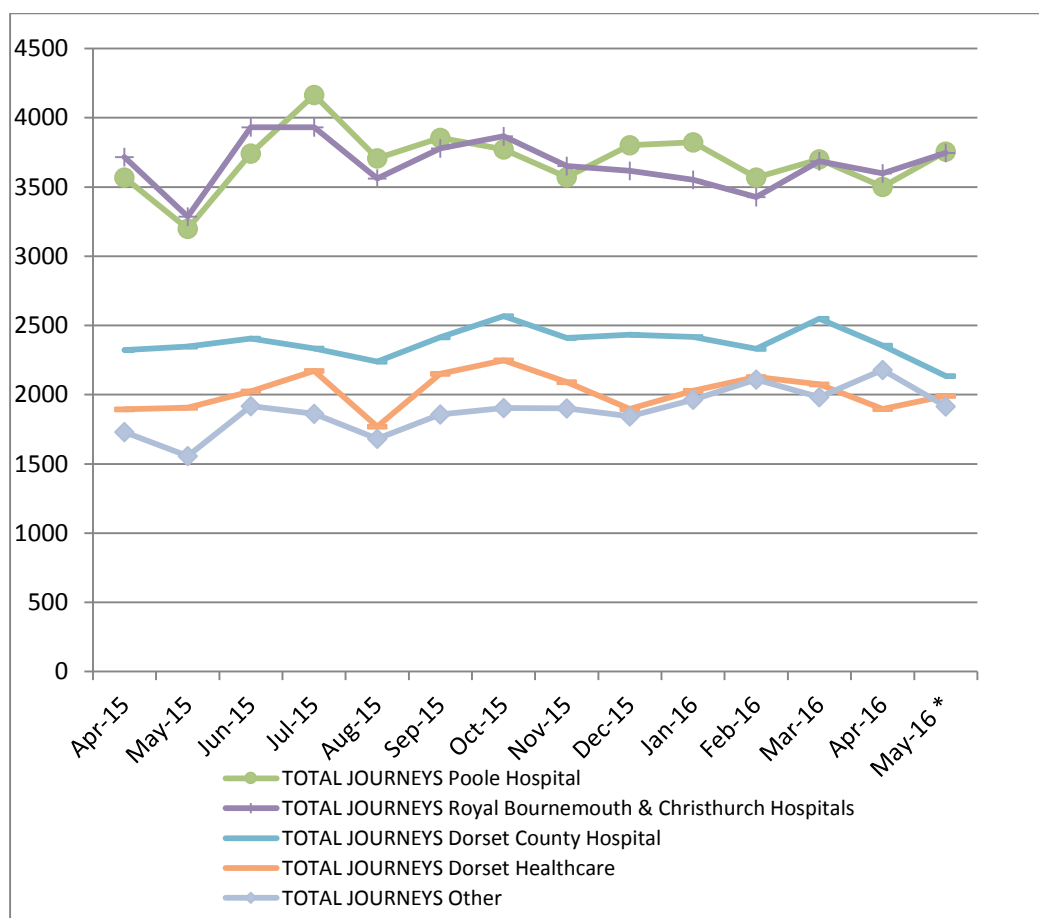
2.2 The service is in-line with financial expectations.

2.3 A benchmarking exercise has recently been completed by NHS Dorset CCG to ensure E-zec is offering a service which is financially equitable with neighbouring CCG's. The results will be published in October 2016.

3. Activity

3.1 E-zec activity fluctuates as shown in graph 1. Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospital NHS Foundation Trust are the main users of the service.

Graph 1: E-zec activity April 2015 to May 2016 by NHS Provider.



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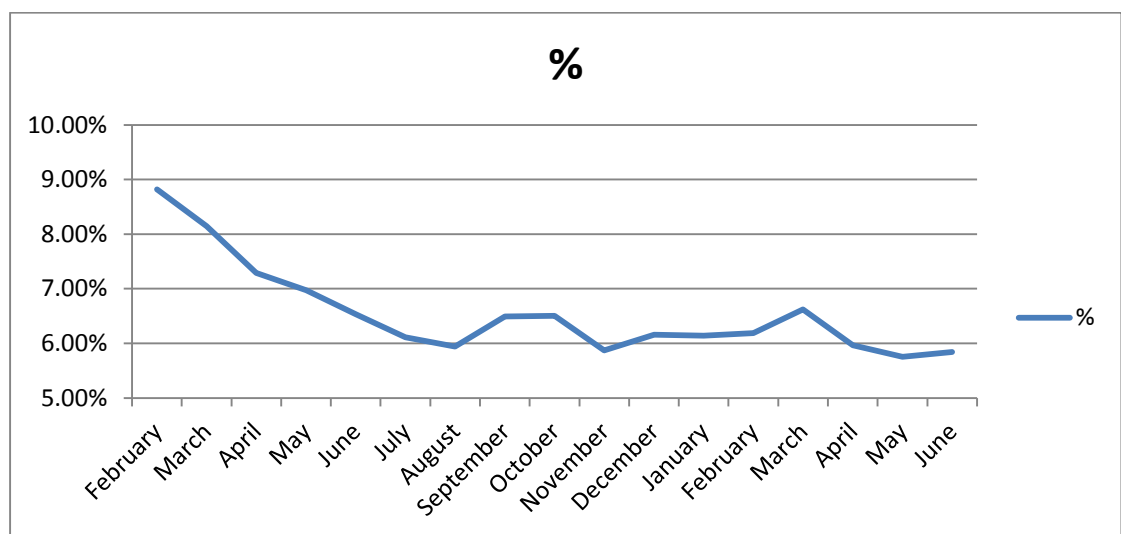
3.2 A particular concern at the conception of the E-zec contract was the level of aborted journeys. As shown in graph 2, the number of abortions has dramatically decreased and has been consistently around 6% for three months.

3.3 E-zec are still undertaking numerous steps to try to reduce this further, including:

- Working with specific wards within the local acute trusts which have the highest number of abortions;
- Contacting patients prior to their booked transport to ensure they still require it;
- Reviewing a proportion of patients who frequently abort or refuse to travel once patient transport has been booked to understand the reasons why and whether future transport requests should be declined.

3.4 There is an expectation that the level of abortions will continue to reduce through the work underway. Reducing abortions is the responsibility of all providers.

Graph 2: Total E-zec aborted journeys February 2015 to June 2016.



3.5 Large proportions (88%) of aborted journeys are due to 'Patient Not Ready' when being collected for / from an Outpatient journey. Specific work is being undertaken with all providers to try and specifically reduce these aborted journeys, the cost saving generated from achieving this is estimated to be around 90k.

3.6 There are established eligibility criteria in place for patient transport services which is based on national guidelines. E-zec has adopted a process to test that all patients accessing the service are eligible.

3.7 Table 1 shows how the number of non-eligible patients has reduced considerably from July 2015 to June 2016.

- 3.8 There is further work to do to reduce the non-eligible figure even further, the estimated cost-saving for reducing these altogether is approximately 400k per annum.

Table 1: Non-eligible patients July, August 2015, March, April, May and June 2016

	July	Aug	Mar	Apr	May	Jun
Non Eligible	103	87	34	38	58	62
Avg Journeys Per Patient In Booked Month	4	4	4	4	4	4
Journeys Per Month	412	348	136	152	232	248

4. Performance

- 4.1 Performance against key performance indicators has improved considerably since the conception of the service in October 2013.
- 4.2 There are KPI's related to call centre activity, inward and outward journeys.
- 4.3 The KPI's for the call centre are all being fully met.
- 4.4 The inward journey KPI's are performing well, however the outward journey KPI's are currently under performing. A number of actions have been put in place to improve performance, including:
- KPI Performance Improvement plan in place, which includes improvement trajectory;
 - Increased recruitment of bank staff;
 - Controller Recruitment and development/Training;
 - On-the-Road Training has commenced, which enables staff to be trained on-scene rather than being removed from duty. This is a preferred approach as enables staff to be trained and assessed in a 'real' environment.

5. Next Steps

- 5.1 NHS Dorset CCG as commissioners of the service will continue to monitor all aspects of the E-zec service to ensure it continues to meet the needs of our Dorset registered patients and the providers who utilise them to transport their patients.
- 5.2 Due to the nature of the service it is essential to also work with providers utilising the patient transport service. We have established two forums to facilitate this:
- A bi-monthly best practice meeting has been established to offer an opportunity for acute providers, E-zec and NHS Dorset CCG to come together to discuss any issues and agree solutions relating to patient transport;

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- A task and finish group was established in May 2016, which brings together E-zec, SWAST, CCG and the acute providers to work through any issues. This group will be running a scenario based exercise in autumn 2016. The exercise will involve working through some examples of complicated patient transport cases to test our current pathways.

6. Recommendation

- 6.1 This report recommends that a further report is presented to the Health Scrutiny Committee in 6 months, with a focus on performance.

Mike Wood
Director for Service Delivery, NHS Dorset CCG
September, 2016