

## **Introduction**

As members of the HOSC are aware, following a comprehensive report on transport undertaken by the Kent and Medway LINKS in 2010, NHS Kent and Medway agreed to undertake a procurement project to deliver an improved service. This paper reports on the current status of the procurement for the Non-Emergency Patient Transport Service (also known as PTS), and responds to the specific questions raised.

## **Current position**

The current PTS service provision is delivered in a variety and combination of PTS contracts, sub-contracts and ad-hoc arrangements across Kent and Medway, either directly or through subcontracts. There are currently 23 separate contracts for PTS throughout Kent and Medway.

Each service uses a managed assessment and booking service for the services they provide that enables both advanced booking of journeys and urgent booking on the day of travel.

The current legacy contracts are performance managed as part of other contracts and lack the key features needed for cost-effective operation which are principally; a clear service specification based on outcomes, visibility of levels of activity and associated costs, performance measures and incentive schemes.

The new service was initially to begin 1 April 2013. The contracts with current providers were scheduled to end on 31 March 2013.

However, it was felt that a short extension was necessary to fully evaluate the extensive bids, resolve any outstanding contractual arrangements with stakeholders and agree responsibility for activity, provide some clarity around some of the journeys and further define some outstanding specification issues. As a result, all current providers have agreed to extend their existing service for 3 months to allow the new service to begin 1 July, 2013.

## **Service improvements**

It is the aim of the new service to improve quality of service for patients, by providing equality of service across the patch, improved levels of quality and customer service, consistent application of the eligibility criteria and improved contract reporting requirements. The aim of this procurement is to also streamline the booking service and make it easier for eligible residents of Kent and Medway to access the service. Additionally, alongside the procurement, it is expected that we will work to

improve the booking systems with trusts to reduce the number of aborted and cancelled journeys.

Lastly, it is intended that the new PTS service provide a reduction in costs and the ability to provide a greener, more effective service overall.

### **Outcome of plans for developing the service in future**

The commissioners of PTS across Kent and Medway were clear that re-tendering PTS across Kent and Medway could improve several areas such as:

- a. Equity of access - the population need to be able to access services which meets its needs. One example can be through consistent application of eligibility criteria by PTS Providers.
- b. Quality of services – high quality services may lead to better patient outcomes and enhance the reputation of the NHS. One example is to ensure that service provision is aligned and there is a single point of access to improve the experience for service users.
- c. Patient experience - the ability to drive up quality and improve patient experience as a result of more efficient or effective use of resources.

### **Engagement**

The project engaged with Clinical Commissioning Groups (CCGs) throughout the project's entirety, including during the definition of service requirements and during the procurement process.

CCGs were invited to review the draft service specifications and to contribute to their development. Many of the comments received were incorporated into the final draft.

CCGs were invited to review the draft tender documents and to contribute to their development. GPs also helped evaluate bids and have contributed to the service specifications, sit on the Project Board and assist with specific requests related to the procurement of the service.

There has also been extensive engagement with patients and provider staff throughout the procurement process. In the initial stages, the commissioners engaged service user representatives in reviewing the then current service and defining the details of the service specifications. Patient representatives will continue to participate during mobilisation and as part of the requirements of the contract; the provider of the new service is required to maintain a patient engagement group that holds regular meetings and implements feedback from those meetings.

In the later stages of the procurement, the Project Team involved service users in preparing for evaluating bids and conducting bid evaluation. Service users scored the bids independently from each other and without influence from Project Team members, although support was provided merely to guide them through the process.

Staff employed by providers to deliver the current service were invited to engagement events to contribute to developing the specification. The current service managers have been involved as stakeholders where it was established that they were not bidding for the service. Staff will be eligible for Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and will be managed according to those regulations. The TUPE regulations require the current employers to consult with their staff prior to the transfer, and the new employer to transfer staff on the same terms and conditions of employment.

There will be on-going engagement with;

- acute hospitals - including outlying acute hospitals such as Queen Victoria, Greenwich & Bexley,
- commissioners who are users of the service, and
- the mental health trust and community hospitals on contract management.

This is to jointly ensure that there are no operational problems and should one arise, it can be addressed and corrected. During mobilisation, meetings will continue to be held with these providers to address any other issues.

### **Who will be commissioning PTS in the future**

The new service will be commissioned by the CCG organisations, with one to take the lead on the contract. The service will be managed by Kent and Medway Commissioning Services (KMCS) once the organisation is formally in place. Both the Project Manager and the Associate Director in charge of the project are expected to continue to manage PTS through mobilisation and implementation during the early phases. Once the service has been established, contract management will be performed by a KMCS contract manager and CCG lead.

### **Connection between PTS, emergency services and volunteer transport**

Patients managed as emergencies are defined differently by the NHS. However, we have ensured that the service specifications for both PTS and emergency services are complementary and address the current gaps in contract provision. Currently, there are occasions which require ad hoc provision to be arranged which is both inconvenient for patients and costly. The new contract will ensure a comprehensive service.

We will require the provider of the new service to refer patients who do not qualify for PTS to volunteer organisations as well as providing information on alternative transport options.

## **Current and future commissioning of mental health PTS**

The procurement for this project includes mental health transport and therefore, it is expected that this will continue to be commissioned this way. Representatives from the mental health service have been involved in the specification and on-going patient engagement arrangements will need to reflect the different needs of a wide range of patient groups.

## **Conclusion**

It is believed that the new PTS service will provide a more equitable service for all residents, a reduction in costs and the ability to provide a more effective service overall.

The Project Team will provide regular updates to HOSC during the mobilisation stages of this project and requests that HOSC continue to support this project.