

Item 7: Patient Transport Services.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 11 October 2013

Subject: Patient Transport Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG and NSL Care Services.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) The following is a definition of Patient Transport Services from the Department of Health:
- *Non-emergency patient transport services, known as PTS, are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.*¹
- (b) The Health Overview and Scrutiny Committee most recently considered the subject of PTS on 1 February 2013. This followed information provided by NHS Kent and Medway that following a procurement process, NSL Care Services had been chosen as the preferred provider on non-emergency PTS. The minutes of this part of the 1 February meeting are appended to this report.

2. Recommendation

Members of the Health Overview and Scrutiny Committee are asked to consider and comment on the reports from West Kent CCG and NSL Care Services.

Appendices

Extract from HOSC Minutes 1 February 2013.

¹ Department of Health, *Eligibility Criteria for Patient Transport Services (PTS)*, 23 August 2007, p.7,
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

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Background Documents

Department of Health, Eligibility Criteria for Patient Transport Services (PTS),
23 August 2007,
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

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Appendix – Extract from HOSC Minutes 1 February 2013.

4. Patient Transport Services

(Item 5)

Helen Medlock (Associate Director of Urgent Care and Trauma, NHS Kent and Medway), Deborah Tobin (Senior Project Manager – Patient Transport, NHS Kent and Medway), Alastair Cooper (Managing Director - Care Services and Passenger Transport, NSL Care Services), Felicity Cox (Chief Executive, NHS Kent and Medway), and Ian Ayres (Accountable Officer, NHS West Kent CCG) were in attendance for this item.

- (a) Members were reminded that this was a topic the Committee had looked at previously and were aware that the Patient Transport Service (PTS) was being tendered. There were two lots to the tender. The first was to run a single call centre, and the second was to run the PTS itself. NHS representatives explained that NSL Care Services had been awarded both lots. This company's bid was ranked top on quality. It was also competitive on price, but was not the cheapest.
- (b) NSL Care Services ran other PTS services and the call centre for all these services was in Shrewsbury. It was explained that this call centre would receive the calls for PTS in Kent and book the journey, but the actual planning would be undertaken locally in Kent. A series of questions were asked about how local knowledge was factored in. The example was given of the existence of three towns or villages named Newington in Kent. NSL Care Services explained that the script used in the call centre got bookings pinpointed to a specific address, house number and street, and this made up for those occasions when no postcode was known by the caller. It was explained that the 999 services did not always have postcode information either. In addition, there was liaison with the locally based service planners.
- (c) A number of Members expressed concerns about situations where patients were discharged from hospital late at night and anecdotal evidence was provided of people being left outside their homes unable to get in following discharge. NHS representatives explained that late night discharge did happen on occasion, but it should be avoided where possible. It was also commented that patients attending accident and emergency departments who were then not admitted to hospital may be discharged at night as well. The duty of care was transferred to the PTS provider and NSL Care Services explained that it was part of their training of staff to ensure people were not abandoned. Where a home could not be accessed, or was uninhabitable, alternatives would be sought and this might involve returning them to hospital. No person would be simply abandoned.
- (d) In response to a specific question, NSL Care Services explained that volunteer drivers were used in some of its other areas, such as Lincolnshire. Volunteer drivers were checked out in the same way as

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permanent or bank staff. Volunteer drivers were often preferred due to their local knowledge, particularly in rural areas.

- (e) Developing this theme, it was explained that part of the service specification involved the requirement to refer callers who were not eligible for PTS to other services which may be able to help, such as volunteer driver services. These alternatives were not run by the NHS, but their value as a supplement was readily acknowledged. A directory of locally available services was being pulled together to enable accurate assistance to be given. The large provider Trusts in Kent were providing information on the transport services they knew about and this work would continue. No service in the country was able to list all the available services, but it would expand and develop over time.
- (f) Specifically relating to PTS for patients with mental health needs, a Member of the Committee commented that this was an area where dissatisfaction with the service had been expressed in the past. It was added that the eligibility criteria may or may not apply to individuals as their condition changed over time. In response it was explained that work was being done with Kent and Medway NHS and Social Care Partnership Trust on linking directly with user groups to target them specifically.
- (g) The Committee were informed that clinicians could book PTS directly, either by phone or by logging on electronically. The same questions were asked of the clinician booking and so the same eligibility criteria applied; there was no question of a clinicians' judgment being second-guessed. In response to a specific follow-up, the Committee were informed that patients were eligible from the time of their GP referring them to a consultant and it did not need to wait for a diagnosis to be confirmed.
- (h) PTS was a service free to the user. It was explained that there was a separate Healthcare Travel Costs Scheme (HTCS) available through hospitals. Some patients would be able to claim reimbursements for travelling to access healthcare.
- (i) A specific question about accessing services was asked giving the example of an elderly person needing to have tests done regularly due to being prescribed Warfarin. The answer was given that PTS did not cover accessing primary care services. However, in the case of Warfarin, there was a domiciliary service available through GP practices. A nurse should be able to visit the particular patient, negating the need to travel.
- (j) On the topic of escorts accompanying the patient, it was explained that clinical escorts were covered by the eligibility criteria, and other escorts might be; this was an area where there was a need for consistency.

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- (k) It was reported that the eligibility criteria used in Kent and Medway was slightly more generous than the national requirements for PTS. There was a debate around whether more people should or should not be covered by the eligibility criteria. Part of this discussion involved questions about what proportion of patient journeys were undertaken by PTS. The view was expressed by NHS representatives that this was not an especially useful figure to look at as health needs changed; the important point was for 100% of those eligible to be transported. Information would be provided to Clinical Commissioning Groups (CCGs) about PTS usage. This would help identify any gaps in the service. The eligibility criteria may be reviewed in the future. A CCG representative explained that there were difficult choices to be made in commissioning. Including more people in the eligibility criteria meant less money for other services. There was an element of regret in any choice.
- (l) Members and health sector representatives agreed on the need to publicise the PTS service effectively and a communications plan had been developed.
- (m) In response to a specific question about where the vehicles would be based, it was explained that NSL Care Services were seeking five bases in Kent and Medway. Along with admin facilities to enable planning, these would need to be secure compounds for the parking of both PTS vehicles and cars belonging to staff.
- (n) The Chairman proposed the following recommendation:
- The Committee thanks its guests for their contribution, notes the report and looks forward to further updates in the future.
- (o) AGREED that the Committee thanks its guests for their contribution, notes the report and looks forward to further updates in the future.