

## **Report to Kent County Council Health Overview and Scrutiny Committee**

**11 October 2013**

### **Patient Transport Services**

#### **Background**

NHS Kent and Medway agreed to tender the non emergency patient transport services in July 2011, following concerns raised by the Kent and Medway LiNK in 2010. A report describing the procurement process was brought to the Health Overview and Scrutiny Committee in March 2012. Following award of contract, a report on mobilisation was brought to the Committee in February 2013.

This paper summarises the process to put the new service in place, describes the key elements of the service and outlines the process by which commissioners are managing the implementation since the service went live on 1 July 2013.

#### **Procurement and Implementation process**

The previous services were delivered in a variety of ways from in house provision by acute providers, the emergency ambulance service and a range of ad hoc and private contracted arrangements. There was no means of assuring the services provided and the LiNK report identified a number of issues including a lack of consistency in eligibility and issues with booking arrangements.

A project board, led by commissioners managed the process and continues to meet through implementation. The board includes patient representatives and senior managers from the Trusts and the Provider. This project was scoped and services were discussed at length with existing Kent and Medway providers and providers/commissioners from other parts of the country.

Specifications were then developed for the Patient Transport Service Centre who handle the bookings and for the transport service itself. Both specifications were developed with PTS Commissioners, patients, carers and staff/managers at each of the Trusts and in line with successful services in other areas.

Prior to a two stage procurement process, the criterion for evaluation was agreed by the Board. A significant number of patients, commissioners, staff and senior managers at the Trusts evaluated both stages of the tender process.

After shortlisting through a Pre-Qualifying Questionnaire, six organisations were invited to tender and five submitted bids. The bids were then evaluated by a team of existing service managers, patients and commissioners with subject matter experts (including clinical quality, information governance, finance, human resources, emergency planning and others). The scores were then anonymised outside of that immediate group of evaluators.

The bids were scored based on 60% Quality and 40% price. NSL Care Services were selected as the preferred provider with the highest scores for quality in both the service centre and the transport service. Commercially, their price was within the

amount identified in the tender, although it was not the lowest for the transport service.

Prior to award of contract, a team of commissioners and Trust managers visited the NSL service and spoke to other commissioners and hospital staff in other parts of the Country to provide further assurance on the quality of service provided in those areas. The team came back confident that the contract should be awarded to NSL.

### **Key elements of the service**

The contract covers 285,000 journeys for all patients who are the responsibility of the Kent and Medway CCGs, (plus those patients in Greenwich, Bexley and Bromley who use our providers). All types of patient mobility are included.

Some of the key features of the service include:

- The Service Centre is open from 7am – 9pm Monday to Saturday, with access by telephone or by web based routes;
- Eligibility screening is provided, with an appeals process and advice to those not eligible;
- Liaison with healthcare organisations;
- Transport provision is available 24/7, and includes on the day bookings for urgent requirements;
- Key Performance Indicators including timeliness of call handling and travel times;
- Quality standards for the service, as set by the standard NHS contract;
- Minimum dataset and reporting of patient level data to support service improvement;
- Incentive scheme (CQUIN) included to encourage improving standards.

The service also provides for patients who may not be formally eligible for transport under the criteria but require transport for humanitarian reasons or have been historically provided by the acute hospitals. This will be monitored by the new service and information provided to commissioners.

### **Eligibility for the service**

As discussed in some detail at the February HOSC meeting, there has been no change to the Eligibility Criteria as a result of implementing this new service. The criteria used in Kent and Medway are slightly more generous than the national criteria and are continuing to be used. There have been a few occasions reported where patients have been told they are no longer eligible but these have been mistakes during implementation where staff have not understood that the Kent criteria are wider than the national.

### **Challenges during implementation**

It became apparent very quickly from day one that there were problems and daily conference calls began with the commissioners and Trust colleagues. NSL identified the main issues and have been supported in resolving them. The paper from NSL Care Services provides more detail on the issues they have faced during the implementation of the new service. In addition to the operational provider

challenges, some of the problems are linked to the changes in the whole system -- in particular, the change in culture required for many of the hospital providers who had previously been used to an in-house service (such as we no longer transport equipment alone without a patient, we do not transfer staff to work and there is no an immediate on call service). Although the total number of journeys remains approximately the same as outlined in the tender, the makeup of those journeys is inconsistent with data previously provided and set out in that tender. For example, the higher percentage of wheelchair and stretcher journeys puts significant strain on the system as those patients cannot be easily allocated to non-wheelchair/stretcher vehicles unlike walking patients (see Attachment 1). Once activity data has been analysed in detail over several months, the configuration of the types of vehicles needed may need to be adjusted.

The chart in Attachment 1 shows the different level of activity thus far on each mobility category and on the day bookings

Although too early to give a definitive result at the moment, there also appear to be some anomalies across the patch in the number of out of hours transport, on the day discharges, transfers and admissions in relation to the data previously provided. Again, once we have more data in the upcoming months, this can be analysed in detail and addressed by the Board if any changes to the service needs to be made. There could be several explanations for this such as large numbers of attendances at A&E, previous activity being conducted by private providers and not recorded or any other number of reasons. Commissioners and Trust colleagues will work together to resolve any issues that arise in the upcoming months.

Although we are still receiving some complaints, the number of complaints is reducing as there have been improvements in the service and it is expected that the number of complaints will diminish month on month. The Communications Team at KMCS and the Head of Communications at NSL are working together to track and address each complaint individually.

The lead commissioner is continuing to monitor the situation very closely with daily calls and weekly reports to ensure that the service achieves the key performance indicators prior to the busy winter period.

Attachment 1

| <b>Annual Baseline</b>              | <b>Annual Baseline</b> | <b>Monthly Baseline</b> |
|-------------------------------------|------------------------|-------------------------|
| Walking patient unassisted          | 124327                 | 10361                   |
| Walking patient assisted by 1 staff | 36500                  | 3042                    |
| Walking patient assisted by 2 staff | 56343                  | 4695                    |
| Wheelchair patient                  | 48525                  | 4044                    |
| Stretcher patient                   | 12925                  | 1077                    |
| Bariatric patient                   | 6237                   | 520                     |
| High Dependency Patient             | 2849                   | 237                     |
| <b>Total</b>                        | <b>287706</b>          | <b>23975</b>            |

| <b>July</b>  | <b>% of plan</b> | <b>August</b> | <b>% of plan</b> | <b>Sept.</b> | <b>% of plan</b> |
|--------------|------------------|---------------|------------------|--------------|------------------|
| 6339         | 61%              | 6563          | 63%              | 6003         | 58%              |
| 1800         | 59%              | 2207          | 73%              | 2075         | 68%              |
| 5901         | 126%             | 6600          | 141%             | 7249         | 154%             |
| 5758         | 142%             | 4000          | 99%              | 3637         | 90%              |
| 1450         | 135%             | 1344          | 125%             | 1305         | 121%             |
| 275          | 53%              | 247           | 48%              | 206          | 40%              |
| 8            | 3%               | 34            | 14%              | 29           | 12%              |
| <b>21531</b> | <b>90%</b>       | <b>20995</b>  | <b>88%</b>       | <b>20504</b> | <b>86%</b>       |

|                                  |       |      |
|----------------------------------|-------|------|
| <b>On the day Activity</b>       | 42729 | 3561 |
| <b>Out of Hour Activity (5%)</b> | 14243 | 1187 |

|      |      |      |     |      |     |
|------|------|------|-----|------|-----|
| 3912 | 110% | 3512 | 99% | 3277 | 92% |
| 278  | 23%  | 284  | 24% | 291  | 25% |