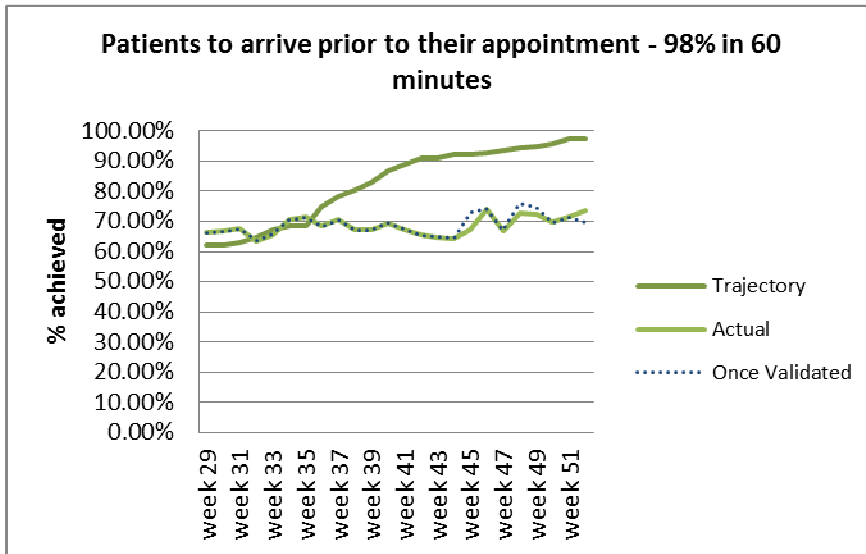


## Patient Transport Services Contract

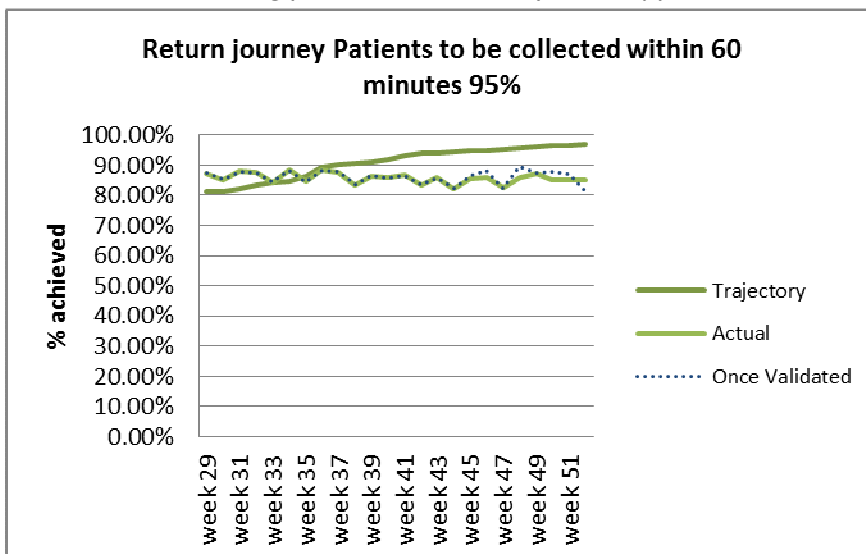
### Update to Kent HOSC – 5 Sept 2014

This short report updates HOSC on performance of the PTS contract since the July update. The CCG continues to discuss performance with NSL (the PTS service provider) on a weekly basis. Attention remains focused on the six key indicators:

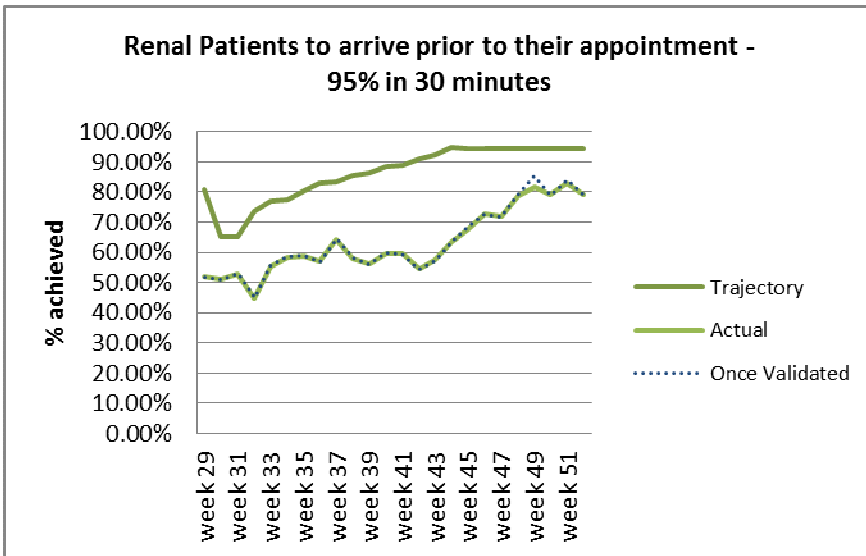
- Timeliness of taking patients into an outpatient appointment,



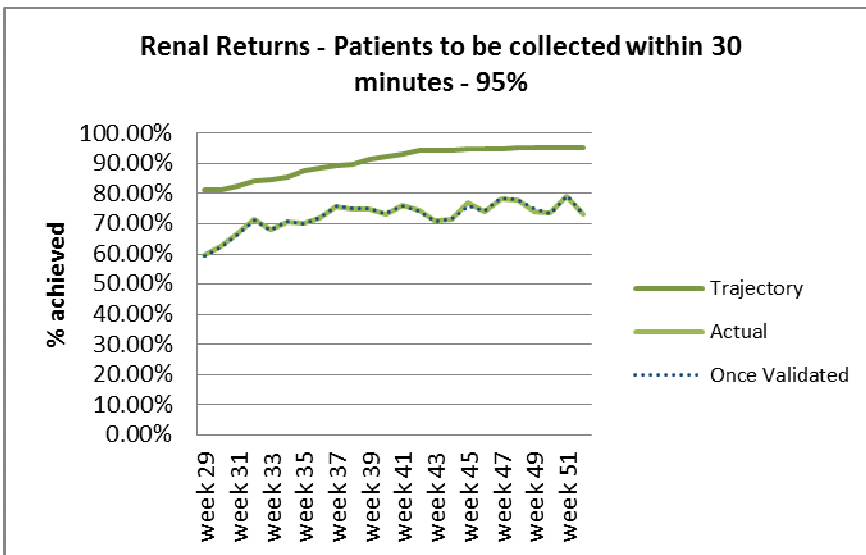
- Timeliness of collecting patients from an outpatient appointment



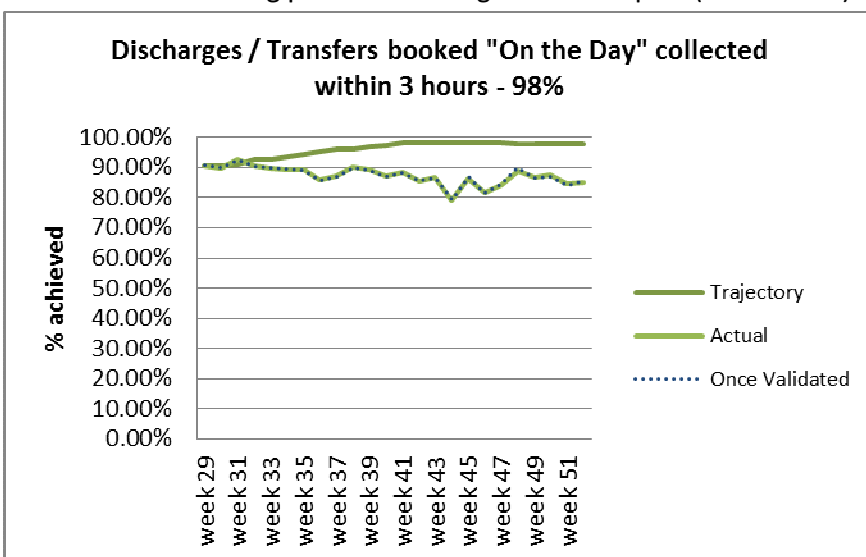
- Timeliness in bringing renal patients in for treatment

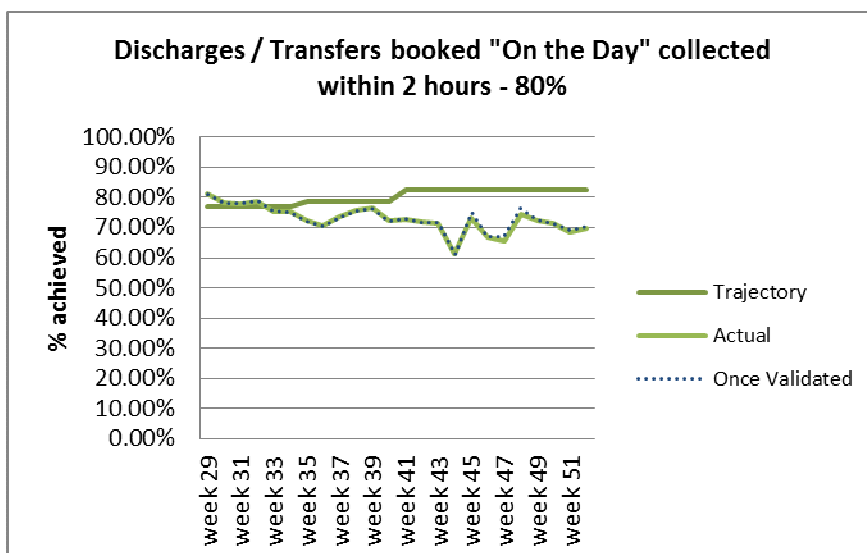


- Timeliness in collecting renal patients from treatment



- Timeliness of collecting patients discharged from hospital (2 indicators)





The above graphs show weekly data up to mid-June. Week 51 is the end of June (the contract started in week one July 2013). The end of May is week 47; the end of April is week 42.

A review of the actions NSL has taken to improve performance is undertaken monthly. At the end of May it was clear that NSL had made many of the changes needed. Day to day variations in performance were continuing to narrow and the number of extreme incidents was reducing. However, data for the month of June has been analysed and, whilst it shows some improved performance on transport of Renal patients, overall performance in June did not make significant progress.

Reviewing complaints and NSL collected patient experience data shows that, where NSL collect on time, patient satisfaction is high. Concerns focus almost solely on failure to collect or deliver on time.

NSL is required to meet the requirements of the six key indicators by the end of June 2014. Validated July and August data is being reviewed by the commissioners in September.

### CQC Report

CQC inspected the PTS service in November 2013 and published their findings in January 2014; they inspected the service again in March 2014 and finally published this second report on 29th July. West Kent CCG has raised concerns with CQC about the delay in publishing the second report as the findings are now four month out of date.

The report recognised that significant improvements have been made since the initial CQC visit in November 2013 acknowledged that they had received lots of positive comments from staff and patients during the inspection.

The first report issued following the November visit found that NSL have failed to meet 4 out of the 5 standards inspected. In two of the areas Enforcement Actions were taken (warning notices issued); in the other two areas Enforcement Actions were not taken, but CQC advised NSL that action was needed.

The second report following the March visit found the actions required by the warning notices had been taken and that improvement had been made in all areas. However, the level of improvement was not sufficient and NSL was still failing to meet 3 out of 5 standards. The impact of the failures was deemed by CQC to be minor and no enforcement actions were taken.

NSL have now tackled two of the three areas (recruitment and training). The key remaining issue relates to getting patient to and from hospital on time. These are the same concerns we are tackling through the contract and which are documented above.

### Next Steps

Commissioners and NHS Trusts have met, and continue to meet to discuss the next steps. The following paragraphs set out the contractual background for consideration of future options:

#### Current contractual options

The contract is a standard NHS contract that runs for three years from July 2013 – July 2016. There is an option in the contract to extend it by 2 periods of 12 months. At this point in time we are assuming that we do not plan to extend the contract and should be planning to re-procure by July 2016 at the latest.

Under the contract there are four options that the CCGs can take:

- Work with the provider to improve services but take no contractual action. Let the contract run until the end of its three year duration.
- Serve a performance notice and require a formal recovery plan
- Serve a no fault termination notice (General Clause 17.1) and re-procure the service early. This clause requires the commissioner to serve a minimum of 12 months' notice. There is no contractual basis for the provider to challenge this action.
- Serve a termination notice for provider default (general clause 17.8) and re-procure the service early. The clause enables the commissioner to terminate with immediate effect. The contract specifies the circumstances when this can be done and the commissioner would have to justify such action against these circumstances. The Provider can legally challenge this action. Given the reputational impact on NSL of termination by us on this basis, it is very likely that NSL would legally challenge our actions. This would at best delay our ability to re-procure, at worst derail it.

#### Procurement timetable

Kent and Medway Commissioning Support Service working with NHS Commercial Solutions (a professional procurement support service within the NHS) has looked at potential timelines for any re-procurement and the advice is as per the table below:

Activity	Optimistic (Days)	Likely (Days)	Optimistic (Completion Date)	Likely (Completion Date)
Issue resolution and agreement of specification	90	180	September 2014	December 2014
Governing Body approval of re-procurement	30	60	October 2014	February 2015

Procurement planning	35	45	November 2014	March 2015
Issue ITT/PQQ	40	45	December 2014	May 2015
Evaluation of bids	60	80	February 2015	July 2015
Award recommendation	15	15	March 2015	August 2015
Governing body approval of contract award	30	60	May 2015	October 2015
Contract mobilisation	150	150	October 2015	March 2016
Total days	450	635		

Assuming we are able to move rapidly this shows the earliest we could see a new provider in place is October 2015. This means we will go through next winter with the current provider.

If we were to let the contract run to July 2016, we would still need to commence work on re-procurement by October 2014.

### *Future service options*

The current service is procured by CCGs as a Kent and Medway wide single service. A re-procured service need not be configured the same way. Some other options are:

- Separate services commissioned for each Trust,
- Pre-booked journeys (mainly outpatients and renal) and on the day bookings (mainly discharge and rapid access clinics) commissioned separately,
- CCGs delegate commissioning responsibility to trust to commission their own service,
- Trusts provide their own services.

The CCG has started to work with Trusts to agree the appropriate service model and specification to be commissioned. This work will need to be completed before commencing procurement

### *Other issues*

NSL are one of the largest PTS providers nationally and any action taken locally may have national impact and would need to be discussed with NHS England.

### *Actions/Next steps*

The following are the actions/next steps are being taken.

- CCGs and Trusts continue to work with NSL to resolve current issues and improve the service.
- As a working assumption, CCGs plan on the basis that CCGs will not be extending the contract and will need to re-procure by July 2016 at the latest.
- CCGs commence working with trusts to decide on the future service options and produce an updated service specification that can be issued for the re-procurement. This will need to be agreed by CCG Governing bodies and shared/discussed with OSCs.

- Formal public consultation may be needed if the specification changes significantly from that of the current service. If consultation is needed it will extend the timeline.
  - CCGs start now to prepare for re-procurement. This may give CCGs the option of terminating the contract early and having a new provider in place for winter 2015. Any decision to terminate early will need to be made by October 2014 and will require the Commissioner to give the provider a minimum of 12 months' notice.
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