

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**18 DECEMBER 2013**

### **MEMBER'S ITEM: PATIENT TRANSPORT SERVICE**

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#### **Summary**

This report sets out a response to an issue, raised by Councillor Purdy, requesting information on the patient transport service.

#### **1. Budget and Policy Framework**

- 1.1 Under Medway Constitution Overview and Scrutiny rules (Chapter 4, Part 5, Paragraph 9.1) Councillor Purdy has requested that an item on this matter is included on the agenda for this meeting.

#### **2. The Issue**

- 2.1. Councillor Purdy has requested that an item was placed on the agenda and the specific issues are set out as follows:

“The Patient Transport Service was retendered and a new provider began running the service as of 1 July 2013. Following press coverage in July, at the start of the new contract, and more recent press coverage, which highlights complaints by users of the service, I would like to request an update from the commissioners and the providers of the service on how the issues are being addressed”.

#### **3. Background**

- 3.1 The following is a definition of Patient Transport Services (PTS) 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.”<sup>1</sup>

- 3.2 The West Kent Clinical Commissioning Group (CCG) have the responsibility for commissioning the PTS 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). Following a tendering process, a new contract was agreed and went live on 1 July 2013 for NSL Care Services to provide the service.
- 3.3 The Kent Health Overview and Scrutiny Committee also considered a report regarding this issue on 11 October 2013. The minutes of that discussion can be viewed using this link:

<https://democracy.kent.gov.uk/documents/s42700/Patient%20Transport%20Services.pdf>

#### **4. CCG and provider comments**

- 4.1 These are attached at Appendix 1 and 2 to this report.

#### **5. Risk Management**

- 5.1 There are no risks to the Council arising directly from this report.

#### **6. Financial and Legal Implications**

- 6.1 There are no financial and legal implications for the Council arising directly from this report.

#### **7. Recommendation**

- 7.1. Members are asked to consider and comment on the response from the West Kent Clinical Commissioning Group and NSL Care Services.

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#### **Background Papers**

There are none.

Report to Medway Health and Adult Social Care Overview and Scrutiny Committee

## **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/stretchers 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>	<b>July</b>	<b>% of plan</b>	<b>August</b>	<b>% of plan</b>	<b>Sept.</b>	<b>% of plan</b>
Walking patient unassisted	124327	10361	6339	61%	6563	63%	6003	58%
Walking patient assisted by 1 staff	36500	3042	1800	59%	2207	73%	2075	68%
Walking patient assisted by 2 staff	56343	4695	5901	126%	6600	141%	7249	154%
Wheelchair patient	48525	4044	5758	142%	4000	99%	3637	90%
Stretcher patient	12925	1077	1450	135%	1344	125%	1305	121%
Bariatric patient	6237	520	275	53%	247	48%	206	40%
High Dependency Patient	2849	237	8	3%	34	14%	29	12%
<b>Total</b>	<b>287706</b>	<b>23975</b>	<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	3912	110%	3512	99%	3277	92%
<b>Out of Hour Activity (5%)</b>	14243	1187	278	23%	284	24%	291	25%

## NHS KENT AND MEDWAY PATIENT TRANSPORT SERVICE

### Early Days Service Overview

The new Patient Transport Service went live on 1 July 2013. The transition was not smooth and there were several factors that caused significant issues in the early period:

- Colleagues transferred from five different organisations into NSL
- NSL inherited shift patterns that did not support the new service specification
- Different activity volumes than those anticipated
- Higher levels of staff absence and sickness than expected
- Higher levels of reliance on contractors than expected

This is essentially a new patient transport service that was Kent focussed, rather than Trust based.

### Summary of Rectification Actions

#### Communications

Call volumes in week 1 reached a peak in volume and whilst we planned for higher volumes these were surpassed by 3 times and as a result many callers experienced significant delays in accessing the system. This was broadly under control by the end of week 1 and call volumes started to fall in the second week. There was an increase in phone answering performance in line with the reduction in call volumes and the percentage of calls answered has remained above 90% since the first week of the contract. There is still some work to be done to reduce the time taken for patients to reach a call taker and this is a focus area.

KPI Description	Jul-13	Aug-13	1st - 29th Sept-13
Calls answered within 30 seconds.	58%	74%	70%
Calls answered within 60 seconds.	64%	80%	76%
Calls answered	83%	93%	91%

Table 1

Daily meetings were held with the Commissioners and Trusts throughout the first two weeks, so that issues could be raised and resolved. Additional NSL on site management support was provided and an NSL presence in the form of floor walkers was introduced at each major site. This presence has remained in place as the service beds in. These key colleagues have dedicated mobile phones and provide an on-site escalation service, supported by the Kent control room. We continue to work closely with Commissioners and Trusts whilst we make the necessary improvements to service delivery standards.

## **Planning and IT**

There were some issues with data transfer where a small number of planned journeys did not come across into the new system. These volumes were not high, but caused major 'on the day' issues as NSL was only made aware when a point of care or a patient called in to enquire about their transport. Depending on the mobility type of the patient this could lead to significant delays in transport. Where this occurred we apologised to the patients affected and rearranged their transport. These data transfer issues were generally resolved during the first four weeks due to the dynamic nature of the service.

In order for the service to be delivered to the standard required in the contract specification and expected by patients in Kent, the planning for the whole of Kent needed to be merged and delivered from one location. Some colleagues who transferred into NSL had very limited knowledge beyond their own areas of control and some were unable to work from the Larkfield site, where Planning and Control is based. This led to some instances of poor logistical planning in the early weeks and it is taking some time for other colleagues to learn the new areas and become proficient in the use of our planning and control systems. We have deployed experienced planners from elsewhere in NSL and have also recruited additional planning staff to resolve this issues more quickly.

In order to manage and control the ambulance crews efficiently they are issued with handhelds that provide a real time link to the booking system. This allows controllers to assign work to them dynamically, contact them using push to talk, and monitor progress during the day since they enter pick up and drop off times in real time. There was limited opportunity to train the transferring colleagues prior to go-live which meant that the system was not being used fully across the contract until week four. This caused delays in improving the service delivery and had a negative impact on patient experience.

## **HR**

Several transferring colleagues found themselves working in areas they had not previously served, particularly in the West of the county, and it took some time for them to get used to this. NSL has also experienced high volumes of sickness and absence in the workforce which is being managed in line with the Terms of Conditions in place for the transferred colleagues. Shifts patterns (including start time, finish time and weekend working) are different across the County, and generally not in line with those required to deliver to the contract specification. A new shift pattern is currently being consulted on and is expected to be in place by early December. This mismatch between shift times and service requirement means that there is a shortfall in resources at specific times of the day. Until the consultation is completed this is being managed using a combination of volunteers (who are willing to work the shift pattern now), sub-contractor crews and bank staff. We have also recruited an additional twenty five colleagues on NSL terms and conditions since go live and intend to recruit a further twenty four within the next six weeks.



## Patient Experience

Though the service and therefore patient experience has improved over the past three months we have received a significant number of complaints, mainly related to the timeliness of the service. All of these patients have received a letter of apology addressing their specific complaint, together with assurance of our commitment to improving the service. In addition, NSL managers have visited several patients to deliver an apology in person. We have also maintained an open channel with local media in order to issue apologies, statements and information as appropriate. The following table shows the number of complaints we have received in the last three months.

Month	July	August	September	Total
Complaints	52	53	37	142
Journeys	21,541	20,999	20,506	63,046
% Complaints	0.24%	0.25%	0.18%	0.23%

Table 2 Complaints

## Summary of Current Performance Levels

Contract performance in July was poor and caused significant issues for both patients and Trusts. We have worked closely with our NHS colleagues to address the key issues and our performance has improved steadily over these three months. Table 3 shows our performance against the key indicators. Though there is clearly a lot more for us to do it does demonstrate that there has been a steady and sustained improvement in performance.

KPI	Description	Jul-13	Aug-13	1st - 29th Sept-13
Arrival Time - pre planned	Patients arriving 60 minutes prior to their appointment	49%	63%	67%
Arrival Time - pre planned	Patients arriving 30 minutes prior to their appointment	31%	46%	49%
Arrival Time - renal	Renal Patients arriving 30 mins prior to their appointment	29%	53%	57%
Return journeys (excluding renal or 'on the day requests')	Patients collected within 60 minutes	76%	80%	83%
Return journeys - renal (excluding 'on the day requests')	Renal patients collected within 30 minutes	46%	57%	67%
Discharged/Transfer patients	Booked 'on the day' collected within 3 hours	86%	80%	89%
Discharged/Transfer patients	Booked 'on the day' collected within 2 hours	70%	66%	78%

Table 3

An action plan has been developed and implemented to address how we will improve our performance levels and we expect these standards to continue to improve and the team is focussed on meeting the contract KPI's fully by the end of October 2013.

## Summary

We are deeply sorry for any distress that has been caused to our patients and have apologised to the people we have let down. We are very disappointed that the

contract did not make a more seamless transition but we are satisfied that we did all we could to manage the issues we encountered. Many of the problems could not have been addressed during the implementation phase but we should have identified and communicated them more effectively as risks. We should not have been caught by surprise. We have conducted an internal lessons learnt exercise which we will incorporate into any future implementations.

We are currently working closely with Commissioners and Trusts to ensure that we are prepared for the expected surges in activity associated with winter pressures.

We remain fully committed to making this a flagship service for the people of Kent and Medway.

**Alastair J Cooper**  
**Managing Director - NSL Care Services**