

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 previously provided to the Health and Adult Social Care Overview and Scrutiny Committee.

This paper summarises the current status of the service which went live on 1 July 2013.

Previous service delivery

As previously reported, services used to be 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.

In January 2013, NSL Care Services was awarded the contract and the new service commenced on 1 July 2013.

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.

Eligibility for the service

As discussed in some detail, 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 is continuing to be used. Attached is a copy of the Eligibility Criteria that has been in effect in Kent and Medway for over five years.

Current and continuing challenges

Service delivery continues to be a challenge due to a number of different factors. A key factor is an emerging pattern of activity that is different from that which was tendered for. Though the overall volume of activity is broadly the same, there are significant differences in the patient mobilities, together with differences in the distances and travel times of the journeys. For example, there are significantly more journeys that require stretcher vehicles, which put pressures on the stretcher resource available. Similarly, peak demand in the middle of the day is above the level that was anticipated by the commissioners and providers and in effect is exceeding the resourced capacity available across the contract. The differences in the peak activity requirements and the distance of travel have impacted on the performance across the service but has been particularly challenging during the out

of hours period when the resource capacity available is low. Although some improvement to performance has been seen, overall performance is still below the required standards.

The difference between the activity expected from the onset and that experienced since the contract went live has driven a full review of staff rotas to meet the current activity requirements.

Current Performance

Current performance is below the threshold standards and significant operational changes are being and have been made to improve service levels and demonstrate a step change in overall quality. Commissioners have required NSL to produce a trajectory for meeting all contractual KPIs and will hold the provider to those contractual requirements very vigorously.

Ref	KPI	Threshold	Quarter Three		
			13/01/14	20/01/14	27/01/14
			week 29	week 30	week 31
1.1a i	Arrival Time - pre planned	98% in 60 minutes	66.28%	66.68%	67.62%
1.1b	Arrival Time - renal	95% in 30 minutes	51.85%	51.12%	52.92%
1.2a	Return journeys (excluding renal or 'on the day requests')	95%	87.33%	85.26%	87.97%
1.2b	Return journeys - renal (excluding 'on the day requests')	95%	59.46%	62.50%	66.73%
1.3a	Discharged/Transfer patients	98% within 3 hours	90.63%	89.94%	92.59%
1.3b	Discharged/Transfer patients	80% within 2 hours	81.10%	78.28%	78.06%

There was a significant change management challenge involved in the transitioning of staff from multiple NHS providers into one outsourced provider. This manifested itself in a threat of industrial relations and morale problems in the first 3 months of the service.

As part of the activity and capacity review, commissioners required a significant review of NSL's internal processes and how they were providing the service. A revised activity schedule is also being appended to the contract that will reflect the current levels of activity and mobility categories.

As a result, NSL has made a number of changes, including the management structure, the fleet and the control functions, as follows:

- *Management structure*; the original Account Director was replaced with an Account Director with over 20 years experience in the delivery of patient transport. This experience led to a stabilisation of the contract and increased the morale amongst front line colleagues.
- *Team Leader support*; Team leaders have been provided training and additional support has been put in place with the recruitment of 2 Senior Ambulance Care

Assistants at each base. This has ensured far greater support for team leaders and ensured better management and control of deployed resources on the ground.

- *Fleet*; in order to match differences in patient mobilities, the fleet was reviewed during the rota consultation process and new vehicles were sourced to support the additional activity. An additional six stretcher vehicles and three cars were added to the Kent fleet. A further review is being conducted specifically in relation to bariatric and High Dependency vehicles.
- *Recruitment*; a substantial recruitment campaign has been conducted, increasing front line colleagues by over 70 WTE positions. This increase in front line colleagues will ensure that all vehicles are deployed daily and enough staff are available to deliver an effective service.
- *Shift patterns*; rotas were fully reviewed and new shift patterns were deployed based upon local activities. This has created greater resilience and better deployment of resources across the region
- *Voluntary Sector engagement*; there has been increased engagement with and recruitment of voluntary car services. It is expected that an increased bank of voluntary drivers will lead to greater resource availability to support the renal services with the aim to provide a dedicated team and ring fence the renal activity.
- *Training*; a complete package of retraining has been conducted throughout the team. Frontline colleagues have received additional training support in the use of NSL equipment, as this differed to the equipment that was being used pre-transfer as well as a refresher in manual handling techniques. In addition, additional High Dependency training has been provided to 30 members of staff across the service. Team leaders and managers have been on management training courses; which include managing people positively and managing people within the law. This has led to a far better understanding of the processes, policies and procedures that are applied across the organisation.
- *Control and planning*; a review of the planning and control function is being conducted by a specialised team. This will include monitoring activity against capacity to proactively manage any abnormalities, open the lines of communication between the provider and all points of care, track and log and issues that impact on the service as well as completing exception report analysis to further improve the quality standards

NSL has worked hard to address each topic and have stabilised the contract through restructuring the contract management team, rotas and fleet across the services. TUPE staff are now settling in and performance is improving and will continue to be monitored and further improvements will be made. NSL is continuing to actively recruit in order to ensure that the revised activity levels can be met on a daily basis moving forward.

NHS West Kent CCG is the lead commissioner for this service and has worked very closely and intensively with NSL to resolve these issues and will continue to monitor the performance extremely closely as the service moves forward.

1. Introduction

A non emergency patient is defined as a patient who, whilst requiring treatment, does not need the skills of an ambulance paramedic or technician, but may require trained personnel to undertake a journey to or from a health facility.

The NHS expects patients to make their own way to and from outpatient and inpatient appointments unless there is a clearly defined medical reason why they can not use conventional transport options including:

- walking
- cycling
- public transport including bus, train, community transport schemes, voluntary transport schemes, taxi
- private transport including lifts by friends, carers, neighbours, relatives, or the patient's normal network of support
- Or a combination of the above.

The revised process and protocols for the eligibility criteria will be rolled out from April 2010 on all new and existing contracts across the South East Coast Strategic Health Authority to provide non emergency transport only to those patients who have a medical need.

Patient Transport Services (PTS) will continue to offer ambulances and care vehicles for eligible patients and will continue to provide appropriate transport where the medical need and entitlement criteria are applicable.

2. Principles

Not all patients attending a health facility will be entitled to non emergency PTS.

The Principle for the entitlement to non emergency PTS is defined as:

- The patient having a medical condition such that they require the skills of ambulance staff or appropriately skilled personnel on, or for the journey

And/or

- Following a documented clinical decision, it has been determined that the medical condition of the patient is such that it would be detrimental to the patient's condition or recovery if they were to travel by any other means
- Where the entitlement to PTS is clear the patient will be offered PTS regardless of distance and circumstances.
- An agreed assessment tool will be used to determine the patient's entitlement to PTS services and the type of PTS services that are available for patients to travel in, to and from their place of treatment

3. Patients who are entitled to Patient Transport Services (PTS)

- For mental health and learning disability patients -

1. All community patients and some in-patients (*identified below) should exercise all means available to them to reduce reliance upon health provided transport. This will include, walking, cycling, driving, utilising public transport, lifts from care home staff/partner/carer/family/friends or using a public taxi where affordable to access healthcare services and appointments.
2. If none of the above means of transport are available/accessible/appropriate on health grounds, people will be eligible to access health provided transport for the duration of their treatment if it is assessed as being required by an individual's care co-coordinator/care manager and it forms part of a care plan subject to regular review. This may be a car or ambulance type vehicle dependant upon assessed need.
3. For people receiving treatment for mental ill health/learning disability as an in-patient, health funded transport (this may be in the form of a vehicle retained at the hospital for patient transport) will be available for people detained under the mental health act 1983 (revised 2008) who will be escorted by at least one staff member for the duration of the journey.
4. *People receiving in-patient treatment on a voluntary basis and needing to access alternative healthcare services or appointments where transport is necessary if for whatever reason 2 above is not appropriate then 3 above shall apply.

- Patients with an intravenous infusion that requires medical supervision
- Patients requiring oxygen.
- Patients with a chest drain or morphine pump.
- Patients attending renal dialysis sessions two or more times per week (for the duration of treatment).
- Patients attending radiotherapy/chemotherapy sessions two or more times per week (for the duration of treatment).
- Patients where independent travel presents a clinical risk such as low immunity patients or patients with a reasonable possibility of an event occurring during transport that requires skilled assistance i.e. Epilepsy
- Patients who have a clear need to travel in a wheelchair (providing they do not have a specially adapted vehicle, a mobility allowance or are unable to use public transport)
- Patients who cannot walk without continual physical support (not including the use of aids such as walking sticks or Zimmer frames)
- Patients who cannot use public transport (bus, train, community transport schemes, voluntary transport schemes, taxi) because they:
 - Have a medical condition that would compromise their dignity or cause public concern.
 - Have severe communication difficulties which routinely prevent them using public transport.
- Patients who are Blind, profoundly deaf or have speech (not language) difficulties which mean they are unable to travel alone.

4. Assessment criteria

The following assessment criterion has been developed to ensure PTS is provided to patients who are entitled to it and to determine the type of vehicle they need.

A series of questions is proposed to enable those assessing a patient's entitlement to make a clear decision and to be able to give those asking for patients transport an understanding why they are not entitled to receive PTS and what alternatives exist.

Stage 1 Assessing entitlement

<p>FULFILLING ANY OF THE ENTITLEMENT CRITERIA IN SECTION 3 WILL MAKE THE PATIENT ELIGIBLE TO PATIENT TRANSPORT SERVICES</p> <p><u>If the MEDICAL reason is not detailed in the entitlement criteria the assessment team will use the next series of questions</u></p> <p>Part 1</p> <ul style="list-style-type: none"> • What medical condition does the patient have that requires skilled assistance to transfer to and from a vehicle? • What disability or condition does the patient have that makes it impossible or medically undesirable to travel by Public transport? • What medical condition does the patient have that means there is a likelihood that an event could occur during transit that would require skilled assistance? • What medical condition or disability does the patient have that may result in a risk to themselves or others? <p>Part 2</p> <ul style="list-style-type: none"> • How would the patient usually travel to see their GP? • Does the patient routinely (at least monthly) get into a normal car by themselves and travel as a passenger? • Does the patient use public transport (at least once a week)? <p>Patient Transport Services <u>will</u> be provided if after answering any combination of the above the patient achieves the assessment weighting of +5 as assessed by the assessment team</p>	<p>If patients do not have a medical reason listed or are assessed as not eligible for booking Patient transport Service the following advice should be offered.</p> <ul style="list-style-type: none"> • Patients should be reminded that Hospital transport is only provided for those people with a medical need. • Advise Patients of alternatives i.e. Volunteer Car Bureau (48 hours notice required, charges apply, approximately half price of Taxi cost) • Train and bus time tables along with maps and routes to hospitals can be found at (input local information websites) • Patient may be able to get Travel Expenses (HTCS) reimbursed if eligible. • HCI forms for future help or HC5 form for refunds are available from Finance or from www.nhsbsa.nhs.uk • Helpline 0845 8501166
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Stage 2: Assessing the type of patient transport

<p>Does the Patient need to travel lying down on a stretcher?</p> <p>Does the Patient need to use a wheelchair or more than one assistant to walk?</p> <p>(Please specify if essential that wheelchair travels with patient and/or an electric wheelchair is being used)</p> <p>Can the Patient travel seated in a vehicle, can they walk and climb steps either independently or with the help of one person?</p>	<p>For Patients up to 18 stone in weight, book as a Normal Stretcher (NS) Mobility Note: - HCT address assessment required</p> <p>For Patients over 18 stone in weight, book as a Bariatric Stretcher (BS) Mobility (State number of Assistants required to transfer, 2, 3, 4, 5 or 6) Note: - HCT address assessment required</p> <p>For Patients able to transfer to a seat for transit? Book as Wheelchair Assist (WA) Mobility (State number of Assistants required to transfer 1, 2, 3 or 4 and if oxygen required)</p> <p>For Patients unable to transfer to a seat for transit, book as a Wheelchair In-situ (WI) Mobility (State number of Assistants required to transfer 1, 2, 3 or 4 and if oxygen and / or hosting equipment required)</p> <p>For Patients over 18 stone in weight, book as a Wheelchair Bariatric (WB) Mobility (State number of Assistants required to transfer, 2, 3, 4, 5 or 6 and if over 25 stone) Note: - HCT address assessment required</p> <p>Book as a Walking Patient (WP) Mobility (State if oxygen required)</p>
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Patients and Carers

<p>ESCORTS AND CARER'S WILL BE PROVIDED OR ALLOWED</p> <ul style="list-style-type: none"> • When transferring a patient to/from a secure area (i.e. under Mental Health Section). • For all persons under 16 years of age. <p>If a patient requests an escort or carer to assist them, and they do not fit into the categories above the following information will be sought to ensure a carer/escort is only considered in the appropriate cases:</p> <ul style="list-style-type: none"> • The patient's condition is such that they require constant attention or support, as confirmed by clinical assessment. • The patient has severe communication difficulties for example, Blind, profound deafness or speech (not language) difficulties, and therefore is routinely unable to travel alone. • The patient has a mental health condition that makes it unsuitable / unsafe for them to travel unaccompanied.

Proposed assessment weighting linked to questions

Part 1

- What medical condition does the patient have that requires skilled assistance to transfer to and from a vehicle?
- What disability or condition does the patient have that makes it impossible or medically undesirable to travel by Public transport?
- What medical condition does the patient have that means there is a likelihood that an event could occur during transit that would require skilled assistance?
- What medical condition or disability does the patient have that may result in a risk to themselves or others?

Part 2

- How would the patient usually travel to see their GP?
- Does the patient routinely (at least once a week) get into a normal car by themselves and travel as a passenger?
- Does the patient use public transport (at least once a week)?

Assessment score for entitlement +5

Part 1

- Medical Condition/Disability is such that further assessment is not needed + 5
- Medical Condition/Disability is such that further assessment is needed + 3

Part 2

- Patient uses public transport, taxi, own car or walks to see GP - 3
- Patient only receives home visits from GP + 2
- Patient routinely travels in a car as a passenger - 3
- Patient routinely uses public transport - 3