HEALTH AND PUBLIC SERVICES SCRUTINY SUB-COMMITTEE

Minutes of the Meeting held on Monday, 13th January 2014 at Retford Town Hall

Present: Councillor D R Pressley (Chair)
Councillors B Barker, H M Brand, S Fielding, M Gregory, G Jones, D G Pidwell, J Potts, J C Shephard, K Sutton and T Taylor.

Officers: G Blenkinsop, V Cookson and J Hamilton.

Also present: Simon Clark – Financial Manager, NHS Bassetlaw Clinical Commissioning Group
Sue Flintham – Regional Director, Fresenius Medical Care Renal Services Ltd
Gemma Hodgson – Account Manager, ERS Medical
Mike Rhodes – Commercial General Manager, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Patricia Sykes – Renal Ward Clerk, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Paul Tomlin – Operational Manager, ERS Medical

(Meeting opened at 6.30pm.)

(The Chairman welcomed everyone to the meeting and read out the Fire Alarm/Evacuation Procedure. Members of the public were asked if anyone wanted to film the meeting (or part thereof) in accordance with the Department for Communities and Local Government's guidance; however, there were no members of the public present, although one person joined the meeting later.)

(Councillor D G Pidwell joined the meeting at this point.)

38. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor A Mumby.

It was noted that G Dewsnap (Fresenius Medical Care Renal Services Ltd) had given her apologies and G Hodgson was attending the meeting in the place of J Nicholls (ERS).

39. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

(a) Members

There were no declarations of interest by Members.

(b) Officers

There were no declarations of interest by officers.

40. MINUTES OF THE MEETING HELD ON 2ND DECEMBER 2013

RESOLVED that the Minutes of the meeting held on 2nd December 2013 be approved.

The Chairman thanked the previous Chairman, Councillor D G Pidwell, for chairing the Sub-Committee to date, until other commitments had prevented him from doing so.

41. MINUTES FOR ACTION AND IMPLEMENTATION

With regard to Minute No. 32(a) – Review of Non-Emergency Patient Transport in Bassetlaw, the Corporate Development and Policy Manager reported that additional performance data information had been received from ATSL and that this would be circulated to Members with the final report.

RESOLVED that the Minutes for Action be received.

42. OUTSTANDING MINUTES

There were no Outstanding Minutes.

Key Decisions

None.

Other Decisions

43. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

(a) Review of Renal Patient Transport in Bassetlaw

Renal Patient Transport Service is a specialist service for patients undergoing kidney dialysis. ERS Medical (formerly First4Care) commenced the contract to provide the Renal Patient Transport Service in July 2011 following a procurement process by the Yorkshire and Humberside Renal Network. The current contract ends in February 2014, with an option to extend the contract, whilst the re-tendering process takes place. Members were asked to review the level of service that patients in Bassetlaw are receiving from ERS Medical.

G Hodgson gave a short slide show presentation on ERS Medical explaining:

- ERS medical is a subsidiary company of SRCL, established in December 2012 which is a market leader in waste management;
- How ERS was acquired;
- A map of the UK showing its centres' locations; and
- A list of services it currently supplies.

P Tomlin went on to introduce himself and gave a short background of his career with First4Care and now ERS Medical.

A letter from D Holliday, Secretary of the Doncaster and Bassetlaw Kidney Association, was tabled at the meeting for Members' information which provided a patients' perspective of the service.

Members were given the opportunity to ask questions:

How do you collect your performance data?

P Tomlin explained that a series of manual logs are completed by staff on a daily basis which are input into the computer system that produces key performance indicator data. The system is soon to be updated to produce 'real time' data.

Are you confident that your performance data is correct and fairly reflects the service delivered?

P Tomlin admitted that he couldn't be 100% certain because the data is dependent upon people completing the logs. However, spot checks are undertaken e.g. P Tomlin accompanies drivers.

How are journey times checked and how regularly does this take place?

P Tomlin explained that journey times are looked at regularly and re-assessed if they are taking too long. New vehicles are fitted with trackers so their journeys can be tracked.

Is ERS Medical a notified party with regard to highways works?

P Tomlin advised that this is not the case, as far as he is aware, but that he would follow this up.

The main area for improvement in your performance is the time people spend on the vehicle. In a rural District like Bassetlaw is a target time of less than 30 minutes for patient journey achievable? What do you plan to do to reduce the journey time of patients?

P Tomlin explained that the patient who is furthest away is 35 minutes travel time from Bassetlaw Hospital. A possible solution is to move such patients to hospital closer to their home. Previously, some patients lived up to two hours from their place of treatment e.g. travelling to the Renal Unit at Sheffield. This was prior to the Renal Unit in Bassetlaw opening.

What happens if the patient chooses to attend a hospital which is further away? Are the targets reasonable?

P Tomlin felt that the targets are reasonable but, if improvements are wanted, then they would have to be looked at.

M Rhodes added that to maintain the 30-minute target, they would have to ensure that patients are picked up in twos, threes or fours. Patients can come from further afield and, if patients choose to come to Bassetlaw, the transport provider should not be penalised.

What emergency contingency plans are in place to get patients to the Renal Unit, e.g in time of extreme bad weather?

G Hodgson explained that ERS is a national provider and has centres with vehicles all over the country. Other vehicles can be mobilised from adjacent centres; there is a contingency plan for staff, i.e. use bank staff; and the call centre, which is 24/7, also has a back-up plan.

Are all eventualities covered? Could you give us an example?

S Flintham cited the bad winter of 2010 when they worked with the transport provider. The Army and Police could have been brought in if necessary but they worked with Doncaster Royal Infirmary and First4Care at the time. The Unit is only open Monday, Wednesday and Friday but it opened on the other days so that all the patients could be treated.

Your drivers build up close working relationships with the patients they transport. Do you give them any support/training to help them manage these relationships and to deal with bereavement – which is inevitable in a service like this?

P Tomlin explained that they are committed to staff training, particularly Customer Care. Bereavement counselling is offered, and he cited an example of a patient who had died recently. The staff who knew the patient were talked to and were kept an eye on. They will continue to develop staff training.

How do you test satisfaction with the service – from a hospital and patient perspective? Could this approach be improved?

G Hodgson explained that feedback forms are sent out twice yearly; these can also be completed on-line and anonymously. They are all looked at with a view to improve and enhance training, etc.; Customer Care was such an example. Each vehicle now carries details of the company's website, email and phone details.

Given the close relationship between drivers and patients, can feedback about the service be given anonymously by patients?

P Tomlin confirmed this. Feedback forms are also collected through channels other than the drivers. They are always open to suggestions and have regular contact with the Renal Unit.

(S Clark joined the meeting at this point.)

P Tomlin added that the vehicles have been improved and there are new ones as well.

S Flintham explained that anonymous suggestion cards are available from the drivers and the postage is pre-paid. She also receives compliments, as well as complaints. They are supported by the Care Quality Commission and shared with the Trust. They also get regular feedback from the staff of the Renal Unit.

What do you think you could do to improve patients' experience of the service?

P Tomlin advised that this is continual and they do consider any feedback. They could sit in the Unit and chat with the patients to get a feel for things. They are open to any suggestions.

S Clark added that the Bassetlaw CCG looks at any comments from patients and staff, also any information from Doncaster which could be used to improve the service. This is then shared with ERS.

Are there are other service improvements/changes you plan to make that you have not shared with us?

P Tomlin reiterated that when the computer system goes to 'real time' this will enable decisions to be made at the time that problems arise.

S Clark added that a 'real time' computer system would be beneficial.

Why is the patient transport so important to renal patients?

S Flintham explained that all the patients are in need of dialysis for four hours or more, three times per week. This is provided as an outpatient service. The patient cannot be kept waiting for transport and must be comfortable during the journey. If transport was not provided, the cost of providing it would prevent improvements being made for patients. She is responsible for 20+ dialysis units in the region and they have found that a dedicated transport service results in less stress for the patients, e.g. there are less delays.

What is the impact on the Unit and on patients if it is not working well?

S Flintham explained that if patients do not come in for dialysis they will become very ill and risk death. More serious cases are seen at Doncaster Royal Infirmary. If the transport does not work, then the patient may not be able to receive their dialysis; this impacts on staff who have to deliver the prescription. It's the nurses' registrations that are at risk if treatment is not delivered.

Are there any parts of the current service that you are not happy with? Are there any specific service improvements you would like to see?

S Flintham reported that the out-of-hours service provided by ERS was not working, or rather, the telephone number they have is not answered after 6.00pm. For example, a patient could already be in hospital and therefore does not require picking up for treatment but, as they can't relay this to ERS, the driver still goes out to the patient in the morning. Also improvements are still needed for some of the vehicles, as they may not be as comfortable as they could be.

The current renal patient transport service contract is due for renewal in February 2014. Why are you not planning to re-tender until 2017?

S Clark explained that the contract is due to run until the end of June 2014. The South Yorkshire Clinical Commissioning Groups (CCGs) are in talks to see if one service could be commissioned for the whole of South Yorkshire and Bassetlaw. The current contracts are working well so they don't want to make unnecessary changes at this time, but he needs to talk to ERS to see if they are happy to continue. There is a close working relationship with the other CCGs, which is good, and it is felt that a joint arrangement will ensure a clear and consistent service across the whole area. It should also result in efficiency savings.

Is this the best option for Bassetlaw patients?

S Clark added that the outcome will not be known until it has been re-tendered. They are hoping for the best solution but they can't tell from a tender how well the contract will work on the ground. Hopefully, it should be the best solution.

You say that you will work with colleagues from neighbouring CCGs in Doncaster, Rotherham and Sheffield when the service is re-tendered. What are the advantages of this?

S Clark explained that a wider procurement process results in a greater level of interest. Currently, it is a relatively small transport service for Bassetlaw, and ERS would probably tender for a larger contract. They want the best service for Bassetlaw.

We would ask that this doesn't mean that the current benefits for Bassetlaw patients are lost.

S Clark added that a dedicated transport service for renal patients makes a huge difference, and he compared the current service to that for patients across the rest of Nottinghamshire, and that the service in Bassetlaw is much better.

If a large scale contract is awarded to cover multiple areas how will the service meet the specific needs of Bassetlaw? (A service solution that suits one area will not suit another e.g. taxis might work well in cities but not in Bassetlaw.)

S Clark agreed with this. The principle would be similar to that which is in place now, i.e. the tender would be offered on a lot basis with Bassetlaw being treated as one lot. The County, City and Bassetlaw would be three contracts working together. Bassetlaw CCG will have an equal say in how the contract is delivered in Bassetlaw.

How are patients and staff to be included in the re-tendering process?

S Clark explained that they must ensure that service users are involved in the drawing up of the new service specifications. Renal patients would be consulted and it would be useful for the renal patients to meet with the potential providers and give feedback on them.

Can you explain how the renal patient transport service works in Doncaster and how this is different to the service that Bassetlaw patients receive?

M Rhodes explained that the patient transport service in Doncaster used to be provided by the Yorkshire Ambulance Service and was not satisfactory, inasmuch that patients could wait for 1-3 hours before they were taken home. The tender process enabled us to look at Doncaster's service and ask for a different, dedicated service. The provider needs to understand the needs of renal patients. The current provider of renal patient transport for Doncaster, Premier Care Direct, works locally from a local office, issues can be resolved and the service only deals with renal patients. The service has been built up from scratch, e.g. the vehicle base. They transport the same patients weekly so they know the driver and the driver knows them. They can all provide feedback. Now, with Premier Care Direct, there is communication between the provider and the Renal Unit at Doncaster by using their 'real time' data. For example, patients may need to be transferred to the Montague Hospital. The KPI data from Premier Care Direct is exceptional and is better than the targets.

The service now provided by ERS for the Bassetlaw Hospital Renal Unit is very similar to the service provided by Premier Care Direct for the Doncaster Renal Unit. We were clear about what patients needed and therefore what needed to be included in the tender specification. The information helped us to re-tender the service for Bassetlaw initially and then the Doncaster service.

Doncaster is a much more urban area than Bassetlaw, so why is the service so different?

S Clark explained that many of the patients from Bassetlaw attend Doncaster Royal Infirmary.

S Flintham explained that the patients must be stable to attend the Bassetlaw Unit. Transfers of patients during treatment are often needed after 6.00pm so they need to be able to contact the transport provider. Much assessment is needed for renal patients and, out of the 20+ Units, only two have a dedicated transport service, and feedback from the drivers is essential for the patients' assessment.

How did you improve the way the renal patient transport service operates in Doncaster?

P Sykes explained that, for six years, they couldn't get the patients home on time and in comfort. They couldn't do anything without data, e.g. how long it took to get to the Unit, how long they spent in the Unit, and how long it took to get them home. Some patients were very frustrated and depressed, and some even stopped coming for treatment. The manager was even taken to witness the full waiting rooms. They went out to tender and had meetings with Premier Care Direct to ensure that they got a dedicated service which is essential for these patients. The service is now "brilliant and has changed the lives of our patients".

Could the Bassetlaw service be improved if we were to adopt some of the practices and ways of working that you use in Doncaster?

S Clark explained that there has been a lot of work over the last 6-8 months to facilitate improvements. How the system operates is better, not just the monitoring. However, more detailed 'real time' information is needed from ERS and they need to improve the way they communicate – particularly their out of hours contact arrangements.

M Rhodes added that the service at Bassetlaw is good but that it could be improved; however, there haven't been any complaints from the patients.

Do renal patients in Doncaster have a forum to meet and discuss their concerns and ideas for service improvements?

P Sykes explained that they come to/through her. There are feedback forms for the patients to complete and she personally sits with them whilst they are having their dialysis. She gets complaints but also compliments, and these are sent to M Rhodes. She may also get complaints from the patients' relatives.

Is this something we should try to set up in Bassetlaw?

M Rhodes explained that transport used to be their number one issue but it's no longer an issue. It had been easy to blame the transport provider in the past.

Are there any good practices from Doncaster that could be transferred to the non-emergency patient transport provided by Arriva?

S Clark admitted that there are many, and that he would love to have a dedicated service for Bassetlaw. He hoped to see improvements and, if not, will impose penalties; however, this can sometimes make things worse.

M Rhodes added that he would not let Arriva "off the hook" and that communication needs to take place in order for improvements to happen.

An elected Member felt that feedback being sought personally was a good thing for these vulnerable patients who are often too unwell to attend a forum. Another elected Member cited the Doncaster and Bassetlaw Kidney Association which is run for patients by patients. This Member is a Trustee of this Association.

Has Arriva been monitored recently?

S Clark confirmed that this is always the case, and that things are not looking so different and they still have concerns.

Are we looking for an extension of the ERS contract?

S Clark confirmed that this has not yet been formalised. The approach used by Rotherham is different. They procured the original contract. It is vital we retain a dedicated renal transport service when we do renew the contract.

It is acknowledged that a localised personal service gives benefits but will an expansion of the ERS services to other parts of the country impact on this?

G Hodgson explained that ERS is expanding across the country but has, and will continue to have, contacts in each location. They have procedures and policies for governance, etc, but the services are delivered by local people.

P Tomlin added that he used to work for First4Care before ERS and that he has seen the investment by ERS turn it into a corporate business but it still maintains local delivery.

You have stated that you hoped that a good service will be provided but you won't know this until it is up and running. Are you sure that your specification is right and robust enough?

S Clark explained that there had been queries relating to the vehicles, and admitted that he is not sure if the original specification was right. He will be looking for different things from the new contract. For example, they will pick up the patients' concerns and include appropriate clauses in the contract to get a better service.

Will the new contract include any penalty clauses?

S Clark replied that he couldn't answer this at the moment but these would be built into the contract.

He added that he was grateful to ERS but there is always room for improvements, e.g. journey times. They need to address patients' needs, e.g. travelling companions for the patients.

Does this mean that a carer or a relative can accompany the patient?

S Clark replied that if there is a medical need for such, then possibly, but this would have implications, e.g. less space for the patient at the Unit.

S Flintham added that carers and/or relatives are not restricted at the Bassetlaw Unit.

The Chairman thanked all the speakers for attending the meeting.

RESOLVED that:

1. The background information, written responses and the presentations be considered as part of the Review of Renal Patient Transport in Bassetlaw.
2. Recommendations be made following on from the review, namely:
   - An improved out-of-hours service.
   - Upgrade of reporting arrangements – moving from a manual to a computer based 'real time' system.
   - A review of the contract specification prior to re-tendering.
   - The comfort of the vehicles being of paramount importance to the patients.
   - Journeys to be of a more direct route to lessen the time spent in the vehicle.
   - Patient choice, distance from the Renal Unit and travelling preferences should not penalise the transport provider.
3. A report on the Review of Renal Patient Transport in Bassetlaw be presented to the next meeting of the Health and Public Services Sub-Committee, with a copy being made available to ERS and other interested parties, as applicable, if wanted.

SECTION B – ITEMS FOR DISCUSSION IN PRIVATE

Key Decisions

None.

Other Decisions

None.

44. ANY OTHER BUSINESS WHICH THE CHAIRMAN CONSIDERS TO BE URGENT

As there was no other urgent business to consider the Chairman closed the meeting.

(Meeting closed at 7.50pm.)