

Agenda Item No.**BASSETLAW DISTRICT COUNCIL****HEALTH AND PUBLIC SERVICES SUB-COMMITTEE****10 MARCH 2014****Review of Non-Emergency Patient Transport Service in Bassetlaw**

The Health & Public Services Sub Committee heard evidence at the meeting on 2nd December 2013 about the Non-Emergency Patient Transport Service in Bassetlaw.

Members heard that the aim of this review was to assess the level service that patients receive from Arriva Transport Solutions Ltd (ATSL) in Bassetlaw.

Commissioning the Contract

In order to understand the current contract members were briefed on the previous contract for Non-Emergency Patient Transport Service (NEPTS) which covered all five counties in the East Midlands and the Service was delivered by East Midlands Ambulance Service (EMAS). The Service was five days a week and ran from 8 am – 6 pm Monday to Friday. In 2011 the Primary Care Trusts in the East Midlands decided to review the NEPTS. A collective procurement process was carried out for a weekly service (Sunday-Saturday) with extended hours 5 am to 2 am. This enhanced service was very different to the previous EMAS service.

The contract was awarded at a County level. ATSL was awarded the contract for Nottinghamshire and Leicestershire. NSL was awarded the contract for Derbyshire, Northamptonshire, & Lincolnshire. The contract is managed through the Greater East Midlands Commissioning Support Unit (GEM). The contract commenced in July 2012 and included 600 EMAS staff being TUPE'd across to the new providers.

How the service works

The NEPTS is a transport service for patients that meet the national criteria, i.e. they have a medical need, to get to and from hospital and treatment appointments. This does not include GP appointments. The service also is available to patients (who meet the criteria) when being discharged following a stay in hospital.

Transport is generally booked by hospital staff. Patients can book their own transport by calling the call centre. Patients are screened to ensure they are eligible for the service, each time they book.

ATSL carry out around 20,000 journeys each month in Nottinghamshire, 2-3,000 journeys take Bassetlaw residents to a number of locations including Sheffield Nottingham, Doncaster and further afield.

Around 89% of journeys are pre-booked and can be planned the day before. The remaining journeys are booked on the day; these journeys are planned in to a live working environment. ATSL use the same planning and scheduling system as East Midlands Ambulance Service and Yorkshire Ambulance Service the "Cleric Computer System".

Patient journeys are only planned to appointments; clinics contact ATSL to advise that a patient is ready to go home. This is the time that is recorded and measured.

Drivers are predominantly Ambulance Care Assistants, which is basic ambulance care. They have been trained for handling and lifting and how to use oxygen. They do not have their own localities but are dispatched where there is demand.

Performance

The contract includes Key Performance Indicators. It is important to note that these are measured at a County level and not at a District level. There are incentives and penalties linked to performance. ATSL has also been set a 5% year on year target to reduce overall activity which includes ensuring only those eligible use the service. These Key Performance Indicators are shown in the table below.

Table 1 Key Performance Indicators for ATSL Non-Emergency Transport Service

	Indicator	Description	Standard
KP1	Time on Vehicle	Patients within a 10 mile radius of the point of care will spend no more than 60 minutes	90%
		Patients within a 10-35 mile radius of the point of care will spend no more than 90 minutes	90%
		Patients within a 35-80 mile radius of the point of care will spend no more than 120 minutes	90%
KP2	Arrival Times at Point of Care	Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care	95%
KP3	Departure times from Point of Care	Outpatients shall be collected within 60 minutes of request or agreed transport or zone time	90%
		Discharge patients shall be collected within 120 minutes of request or agreed transport or zone time	90%

At the beginning of the contract there were issues but these were quickly dealt with and performance improved. However ATSL were unable to meet KP2 and KP3 and subsequently were fined. Performance has plateaued well below the standards expected in 2013. The commissioners reported that Bassetlaw overall performs slightly above the county figure.

There have been a total of 14395 patient journeys to a point of care since the contract started in July 2012, of these 3211 (22.30%) arrived after the appointment time. Around 11 patients arrive more than an hour late for their appointments per month.

There have been 13387 outward journeys from the point of care, since the contract commenced of these 2252 patients (16.8 %) had to wait for more than an hour. This equates to 125 patients per month, of these 20 patients will wait for more than two hours to be collected.

There have been 3175 discharge journeys since the contract commenced. The number of patients that waited over two hours to be collected was 616 (19.4%).

There has been a 5% reduction in the number of cancellations and 2% reduction in the number of aborted journeys since the contract commenced. The difference between a cancelled appointment and an aborted journey is that aborted journeys are journeys that are

made but not required, and are charged to the commissioner. Cancelled journeys are journeys that have been booked and cancelled before the journey is due to take place, resulting in no charge.

There are a number of reasons why journeys are aborted. During the meeting the Hospital accepted that journeys are not always cancelled when appointments are changed and are working to improve this. The previous provider worked differently so that when appointments were cancelled the transport was also cancelled.

There were 3098 aborted journeys in the period of January-December 2013, 431 journeys were aborted by the Hospital or GP Practice, and 179 were aborted because the patient had been admitted to hospital but ATSL had not been informed. 106 journeys were aborted because of cancelled appointments or completion of treatment and ATSL had not been contacted. The majority of aborted journeys are due to patients not being at home or being unaware that they have an appointment. ATSL are looking into a text reminder system in an attempt to reduce the number of aborted journeys.

The Commissioners are currently exploring the possibility of using local volunteer car drivers. The volunteer service is used in other areas such as Lincolnshire to assist the Patient Transport Service.

Another proposal being considered is centralising the assessment of patients' eligibility for Patient Transport Service to the Hospital. There are discussions ongoing with the Hospital Trust and the Commissioners to see if this would be beneficial and cost effective.

The issues that were raised

There were a number of issues raised by the Commissioners and the Hospital regarding the current NEPTS provision. Each partner also discussed what improvements needed to be made. The issues and desired outcomes have been captured in the table below which also provides ATSL's responses and commitments.

	Service improvements Identified		Plans to address the issues	Comments
Issues	Bassetlaw CCG	DBHNFT	ATSL	
Improve overall performance	<p>Bassetlaw CCG reported that the first 16 months had been challenging and that all parties have and are continuing to work in partnership to improve performance.</p> <p>The Commissioners have already imposed penalties for missed targets in the previous year and on current performance ATSL could face further penalties. However ATSL has committed to achieving the KPIs during this second year of operation.</p>	<p>The Hospital was optimistic about the new service and the new enhancements to be provided. However the service has yet to meet all of the minimum standards.</p> <p>The hospital wanted ATSL to understand that the Key Performance Indicators are not just targets but minimum standards of service which currently is not being met.</p> <p>The impact on patients and hospital resources is costly.</p> <p>The service is not working satisfactorily.</p>	<p>To provide a quality service and meet the standards</p> <p>A Performance Improvement Plan has been put together by ATSL</p> <p>Discussions are taking place with commissioners to agree a Service Improvement Plan</p> <p>Changes have been made to rotas in September</p> <p>Changes in management are being put in place.</p>	<p>ATSL performance overall shows that the service fails on arrival times at point of care and departure times from the point of care. There is a considerable gap between the output and the minimum standards.</p> <p>They achieve the targets easily for time on the vehicle and have been successful in ensuring that only eligible patients use the service.</p> <p>There has been a 5% reduction in the number of cancellations and 2% reduction in the aborted journeys.</p> <p>ATSL recognise there are issues and that improvement is necessary.</p>

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Long waiting times for patients to be collected from Hospital appointments.	The CCG would like ATSL to focus on those groups that are left waiting the longest first. They appreciate that this may mean that it may take longer to achieve targets across the board.	Patients are waiting in some cases two or three hours for transport. This is not only upsetting for the patients, but puts additional stress on healthcare professionals who have to keep an eye on such patients as well as their normal duties. This is more difficult when the patients are elderly, infirm or have other health related problems such as diabetes.	A root and branch review using new technology for planning and scheduling is currently being undertaken. Zoning patients is also being considered.	ATSL has not met this standard since the contract commenced. The possibility of using local volunteer car drivers is currently being discussed with Commissioners.
Difficulty in booking transport	N/A	Improve the time it takes to make a booking for a patient. There is a lot of clinical time wasted trying to book transport for patients and chasing it when it does not arrive. Some bookings are done by clerks who have access to a computer and can use the online service, but other staff do not have access to this facility. The hospital is working with	To improve the booking process and alleviate the telephone system, an online system has been introduced. This service is being promoted, along with further engagement and training opportunities for hospital staff. We are looking to implement a contingency plan for the call centre, so	Hospital Staff now check patient eligibility when booking transport. Centralising the assessment of patients is a possible option. There are discussions ongoing with the Hospital Trust and the Commissioners to see if this would be beneficial.

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		ATSL to increase the number of staff who can use the online system.	that when lines are busy calls are diverted to other call centres which will have been trained to take the calls.	
Improve 'on the day' discharges	There are concerns for vulnerable people being moved late at night. Doctors would say that Hospital is not the best place for them and that transport arrangements need to be developed.	<p>Discharge patients waiting for transport are often moved to the Discharge Lounge, so that their bed can be prepared for the next patient. They can be sat there for hours if the transport does not arrive in timely fashion.</p> <p>Patients are moved from one area to another if for example the Discharge Lounge closes at the end of normal hours.</p> <p>In some cases the patient may have to stay in hospital overnight</p> <p>Also the time healthcare professionals are extracted from the front line to chase up patient transport.</p>	<p>Patient transport is at the end of a chain of events and often towards the end of the day. We then have to get them home.</p> <p>Although the service runs until 2 am Care Homes don't generally take patients after 7 pm.</p> <p>Further work with all stakeholders to play their part is required.</p> <p>There is now a dedicated Discharge Co-ordinator in place crew for discharge in place.</p> <p>A thorough review of the rotas to identify areas of improvement is being</p>	The level of activity has been reduced by 8-9% because of the new discharge process in place. On average there are around 6-10 patients discharged each day that require patient transport.

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		<p>The hospital has made changes to the discharge processes to avoid a bottleneck at the end of the day. Local Arriva staff have been invited to see the new discharge plans</p> <p>There are concerns that Arriva does not have sufficient resources or that they are not in the right place</p>	undertaken and improvements from this will follow.	
Complaints	The CCG are aware of anecdotal evidence of poor service particularly patients waiting a long time for transport to pick them up.	Patients don't like making complaints so currently all the complaints made to the hospital are received by the Transport Manager at the hospital and he makes 'service to service' complaints to ATSL.	<p>Customers can make complaints in four different ways:</p> <ul style="list-style-type: none"> • Telephone • Online system • Write in • Via Patient Advice and Liaison Service 	<p>In the HealthWatch January 2014 'Have Your Say' report it was highlighted that patients found it difficult to find contact details and make contact with Arriva.</p> <p>There are a number of Arriva sites which do not link to each other and all have Arriva Transport Solution on the front page. Once on the actual site</p>

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				<p>http://www.arrivatransport solutions.co.uk</p> <p>It requires the user to navigate the site to find the patient experience page. There is no online form submission to provide feedback and although there is reference to a complaints procedure there are no details provided. An email address is provided which is at the bottom of the page.</p> <p>There is also no reference to how complaints made to drivers directly are handled either.</p>
Poor response to 'service to service' complaints	N/A	<p>Improve the response time for service to service complaints</p> <p>The response time for these complaints has been poor. Some have taken up to three months for a response.</p>	Improvements will be made to the response time for service to service complaints	Since the review, the Hospital has reported an improvement in response time for service to service complaints.

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		There are problems with the complaints process.		
Patient Experience	An ongoing survey of patient experience might be a good idea. What could be considered is to proactively target patients, so that their views on how to improve their experience can be heard? Bassetlaw would be willing to be a pilot area. Then whatever is learnt from the pilot can then be rolled out in other areas.		<p>Improve patient experience</p> <p>They are proactively providing Customer Service Training to all drivers to ensure they know the importance of a good attitude and have customer service skills.</p> <p>ATSL carries out a patient survey twice a year and the results are included in the Quality Report. There is also a stakeholder survey undertaken annually.</p>	
Communication	There has been positive engagement with ATSL on a number of levels. Operational, managerial and quality meetings are held with all of the Hospital Trusts. BCCG is part of	<p>The area of communication between the Hospital and ATSL (and vice versa) is complex</p> <p>There is good communication between the hospital and</p>	<p>ATSL gave a commitment to work with local providers and commissioners to improve the service.</p> <p>They already attend a number of regular meetings</p>	

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	<p>South Yorkshire and inherited this contract from the Primary Care Trust who was part of the East Midlands therefore this contract is based in Nottingham. Therefore the relationship with ATSL and local commissioners has been more remote. The Chief Officer had not met the ATSL representatives before the Health & Public Services Sub-Committee meeting.</p> <p>Bassetlaw CCG will work with ATSL to improve the service.</p>	<p>ATSL liaison staff sited at Bassetlaw Hospital.</p> <p>What works less well is the contact centre:</p> <ul style="list-style-type: none"> • It is difficult to get through, staff complain of having to wait sometimes 20 minutes or more to get through. • When it is answered the person has little knowledge of the area. <p>Over the last 12 months operational meetings have been arranged to discuss local issues.</p>	with the Hospital Trust and Commissioners.	
Schedule for improvements	<p>Improvements in performance to happen quickly to avoid exacerbating winter pressures at the hospital.</p> <p>The hospital has put a lot of resources into</p>	<p>The Hospital has been waiting for the service to perform to the minimum standards across the board. It is hoped that improvements promised will soon follow.</p>	<p>ATSL are focussed on improving standards. By February improvements will be evident and minimum standards will be met.</p>	

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	improving the flow in and out of the Accident & Emergency Department. If patients are left waiting for transport this will clog up the system.			

Key Recommendations

Code	Recommendation:	Delivery Timescale	Overview Response
HPS13/14 3.1	ATSL to return in three months to provide a full update on the implemented improvements and impact on key performance indicators.	March 2014	ATSL, Commissioners and the Hospital are to attend HPS on 10 th March to provide update.
HPS13/14 3.2	Further performance information requested on the number of people affected by the percentages quoted for the key performance indicators.	January 2014	Information provided and included in the report.

Date of Review:	2 nd December 2013
Date considered by HPS:	10 th March 2014
Date endorsed by OSC:	15 th April 2014