

Patient Transport Services (PTS) New Service Specification 2013 – 2016 Implementation

1. Introduction

This briefing paper seeks to inform stakeholders of the proposed service improvement for the new Service Specification (contract) starting in April 2013 – March 2016. It outlines the major stages of the improvement programme and highlights its primary aim - to develop a service, proven to be of high quality and effective for all patients. It should be noted that the proposals in this paper have no effect on the provision of Emergency Ambulance Services operated by the North West Ambulance Service NHS Trust (NWAS).

2. Background

In 2008, with NHS Bury as lead commissioner, the North West Primary Care Trusts (PCTs) carried out an independent review of commissioning and provision of Non-Emergency Patient Transportation (PTS) services in the region on behalf of the 24 PCTs. At that time a fragmented system had arisen, with 70 different contract arrangements in place, with different strategies.

Across these 70 arrangements, there were marked variations in the extent to which services had been formalised into contracts/service level agreements, patient eligibility (which patients should be entitled to use the service), service specification and cost.

The review recommended in October 2008 the commissioning and contracts should be consolidated and market testing should take place to provide valuable information on value for money and service quality

Following the 2008 Review, the lead commissioner recommended that the second stage of the review be carried out (2009 Review), which would develop a service specification for PTS services across the region. The North West PCTs supported this.

In December, the 2009 Review recommended that standardised eligibility criteria, in line with the recommended 2007 Department of Health's report, be implemented and a tendering of PTS service to stimulate price competition should take place at a regional level.

The North West PCTs endorsed these recommendations and it was intended that the new specification would be ready for implementation from April 2010, two years after the start of the review. The April 2010 date was therefore deemed too short, by the PCTs, for the complexities of the change, and implementation of the new service was delayed until April 2011. This was to ensure that the equity of access, funding and activity was robust before engagement with the market. To ensure that there were, in the intervening period, improvements to the quality of the service, a one-year interim award of a North West contract for PTS was made with NWAS.

At the point of interim contract award to NWAS, a private provider made a 'conduct complaint' to the Co-operation and Competition Panel (CCP), the advisory panel to the Department of Health and Monitor, with respect to the awarding of a single contract to NWAS without market competition.

The CCP recommended commencement of a competitive PTS procurement should take place.

With the agreement of PCTs, Clusters and emerging CCG's, NHS Blackpool undertook an extensive market engagement research project to ensure that there was sufficient market interest in PTS services. The independent research was published on NHS Blackpool's website and made available for all parties to view.

Commissioners subsequently concluded that the adoption of a regionally co-ordinated approach breaking down the procurement into 'lots' representing current North West PCT Clusters: Cumbria, Lancashire, Cheshire, Merseyside and Greater Manchester would be the most appropriate to ensure standard equity of access and ensure value for money through economies of scale.

The PTS contract for the North West is valued at circa £40 million.

The Cluster Leads meeting in March 2012 endorsed the recommended approach and were asked to ensure that the Commissioning and Procurement Strategy was taken through "Clusters" and their respective Clinical Commissioning Groups (CCG's) to endorse the strategy and approach to go out to tender and the timelines for completion. Confirmation was received to enable NHS Blackpool to proceed to tender and the Invitation to Tender documentation was published on 4th April 2012.

PTS services were procured against a common service specification across the five PCT Clusters. The North West was divided into sub-regional lots to maximise bidder opportunities as oppose to a single regional lot.

Whilst lead by NHS Blackpool the approach was inclusive and the actual procurement was undertaken independently by NHS Shared Business Services Commercial Procurement Solutions (formally known as the North West CCA).

The procurement was clinically led recognising the need for robust engagement with CCG's and other stakeholders. A comprehensive programme of engagement with CCG's, special interest patient groups, such as renal and oncology, Acute Trusts and other key stakeholders has been undertaken in relation to the design of the specification.

The process was fair and transparent to encourage as wide a spread of participation as possible from a wide range of providers and stakeholders. Regular engagement with CCG's took place and a number of them were subsequently involved in the formal design group and formed the evaluation panels for each of the five separate tenders for PTS in the North West.

The procurement has been conducted as a Part A process in accordance with the Public Contract Regulations 2006. It has been evaluated in a fair and transparent manner based on the most economically advantageous offer, not simply the lowest price. The most economically advantageous bids were judged to offer the optimum combination of service capability, quality (including service delivery, work force, risk and project implementation) and the bid price.

3. Engagement and Consultation

Throughout this process, NHS Blackpool has undertaken a wide engagement to discuss the implementation of eligibility criteria and the development of the key components of the specification. Sessions took place with the following groups across the North West:

- LINK groups
- Overview and Scrutiny Committees (OSC's)
- All PCT booking centres
- Critical friends network
- Clinical networks, kidney and oncology
- Age UK
- The Older People's Partnership
- Kidney patient groups
- PALS
- Acute trust directors
- Community transport operators
- Communication Leads (acute trust, PCT and Health Authority)
- Clinical Commissioning Groups (CCG's)
- PCT Clusters
- NHS North West (Health Authority)
- Clinical commissioning representatives and/or groups (local as well as a North West lead clinician)
- Acute providers
- Cluster lead commissioners
- Specialised commissioners

Specific engagement included:

- Weekly service design group meetings with representatives from all of the above
- Bi-weekly procurement group meetings
- 1:1 meetings with CCG leads to keep them informed and seek buy-in for key decisions made re: the service specification and the procurement strategy
- Series of meetings and engagements with key stakeholder groups including kidney and oncology
- Service Design Group – clinically represented
- Procurement, Contracting and Finance Group

4. Who has been awarded the three-year contracts?

Each area across the North West: Cumbria, Lancashire, Cheshire, Merseyside and Greater Manchester, went through the same procurement process to select a transport service provider for three years from 1 April 2013. The recommended transport provider for Greater Manchester is Arriva Transport Solutions Ltd. The North West Ambulance Service NHS Trust has been awarded three-year contracts for the other four areas. Arrangements have been made to allow the service to commence on 1 April 2013. This allows a five-month mobilisation period for both providers.

5. Who are Arriva?

Arriva Transport Solutions Ltd (ATSL) is a specialist transport business within the Arriva group, which provides patient and social care transport for thousands of people across the UK every day.

ATSL brings together decades of unrivalled transport and logistical experience with more than 30 year's clinical expertise through its established Ambuline operations.

Arriva will have a brand new fleet of 140 vehicles, made up of a mixture of multi-functional ambulances, mobility vehicles and cars, equipped to provide transport appropriate to the mobility and medical needs of individual patients. Arriva currently has more than 530 employees and provides some 3,900 non-emergency patient journeys each day.

Arriva are dedicated to managing an effective PTS service by using the latest technology to enable those responsible for booking to use a simple on-line system where they will be able to book, cancel and amend patient transport bookings. A new dedicated telephone number and a book when ready service for outpatient and discharged patient return journeys, with the aim of collecting patients within the hour and tracking patient progress through mobile data.

5.1 What about staff currently working for NWS PTS in Greater Manchester?

Under the 2006 employment regulations, TUPE will be applied to all relevant NWS PTS staff with the new provider for Greater Manchester. NHS Blackpool is currently brokering this work between NWS and Arriva.

TUPE is the 2006 employment regulations, Transfer of Undertakings (Protection of Employment) that protects employees whose business is being transferred to another business.

6. Who are NWS?

North West Ambulance Service NHS Trust (NWS) was established on 1 July 2006, by the merger of legacy ambulance trusts from Greater Manchester, Cheshire and Merseyside, Cumbria and Lancashire. They bring together over 5 decades of NHS patient experience, providing the emergency 999 service and patient transport services to 7 million people across the North West region. They cover the largest geographical area of all the ambulance Trusts in the United Kingdom and undertake around 3 million patient journeys a year.

Currently NWS has 109 ambulance stations across the North West, one headquarters site, 4 area bases, 4 patient transport control centres and 2 hazardous area response sites. Over 5,000 highly trained and specialist clinicians operate from a fleet of almost 1,000 patient transport ambulances and other types of emergency vehicles.

Within this new contract NWS will be providing PTS for Cumbria, Lancashire, Merseyside and Cheshire. As part of the on-going work for PTS; NWS are currently going through an organisational restructure to provide a comprehensive dedicated and flexible PTS service that will include working alongside other transport providers, utilizing the latest technology to enable advance bookings, journey notifications and patient progress through mobile data.

NWS will continue to manage the emergency 999 service for the whole of the North West region.

7. How is the new contract different?

There has been numerous quality improvements built into the new contract that have been incorporated as a result of feedback from the stakeholders including patient representatives engaged in the process.

The new contract focuses on the quality of service for all patients. This is realised through the robust and consistent application of eligibility criteria to ensure equitable access to the service; clarity of charging structures for journeys; modernising the model for patient transport provision, a consistent approach to booking transport; more effective reporting for Commissioners; enhanced quality standards for all patients and a focus on frequent users of the services such as Oncology and Renal patients.

Improved quality standards, particularly around the journey waiting and collection times, an advance patient notification service and more flexible and accessible booking arrangements for patients are also included within the contract.

The new PTS contract will be complemented by a revised operating model covering the out of hours service (within Greater Manchester) ensuring that all eligible patients get the transport they need.

Recognising that renal dialysis and oncology patients have clinical needs that necessitate the prompt delivery of services and, in the case of renal dialysis patients, transportation outside normal hours, an Enhanced Priority Services section has been included.

This mirrors provision in the current specification with:

1. The list of sites (and their unit opening and closing times) updated;
2. Elevated Key Performance indicators (KPI's) included;
3. Clarification of the need to provide a booking line outside the hours needed for the primary service.
4. A revised escalation procedure for when things go wrong.

Both Arriva and NWS will be introducing a new Patient Charter and priority service for Renal and Oncology patients.

8. Extended operating times

The service operating hours have also been extended to more closely mirror those of all current and future treatment centres to 08:00 – 18:00 Monday to Friday excluding Bank Holidays (with the exception of renal patients for who transport will be provided up until 01:00 to accommodate appointments up until 19:30).

9. The Key Performance Indicators in the new specification:

- Timeliness of Transport: 90% of all patients arriving within 45 minutes prior to their scheduled appointment time and no later than 15 minutes of their scheduled appointment time.
- Travel Time: A measure of the time spent on vehicles by patients, which is expected to be no greater than 60 minutes in 80% of cases.
- Timeliness of Transport Provision (Collection after notification of patient being ready); time.80% of patients are expected to be collected no later than 60 minutes after being notified that they are ready for transportation. 90% of patients are expected to be collected no later than 90 minutes after being notified that they are ready for transportation.
- Call Abandonment Rate: 75% of all calls are expected to be answered by call handlers.
- Call Answering: 40% of all calls to be answered within 30 seconds
- Call Handling – Average Waiting Time: Average length of time taken for calls to

be no more than 4 minutes.

10. Key Performance Indicators for the Enhanced Priority Service

- 85% of patients to be collected within 30 minutes of their scheduled collection time.
- 90% of travel time on a vehicle must be less than 40 minutes

11. What is not covered by the contract?

1. Current “bespoke” services – these include contracts acute trust hospitals continue to run for some of their services;
2. Intra-Trust transfers (including both onsite movements and traffic between sites operated by the same Trust);
3. Discharge activities for patients who do not meet PTS eligibility criteria;
4. Out of hours, Bank Holiday and weekend movements (excluding non-Enhanced Priority Service - see above).

12. Conclusion

The Commissioners have engaged with all stakeholders across the North West to develop the new specification including clinical, patient and public groups. Sharing information through the media of Patient Experience, the provider will monitor patient experience.

It is part of the Quality KPI's within the contract to make sure standards are maintained and penalties are in place to ensure this is completed. Additionally, NHS Blackpool will continue to work alongside the CCG's to ensure reviews of patient satisfaction take place.

This paper has sought to inform the North West stakeholders of the intention to apply the new service specification and introduce both providers, NWAS and Arriva to manage the effectiveness and delivery of PTS for eligible patients. The current 24 Primary Care Trusts in the area and the new North West CCG's aim to improve both equity of access to PTS transport and the quality of this transport.

North West stakeholders are asked to note the current mobilisation phase of both NWAS and Arriva up until 31 March 2013 with service commencement on the 1 April 2013.

Hadrian Collier
Programme Manager, Communications and Engagement, NHS Blackpool and the Commissioning Business Service

January 2013

h.collier@nhs.net

07900184769

Q and A's

What is Patient Transport Service?

In England, Patient Transport Services (PTS) undertake planned, non-urgent transport of patients with a medical need, to and from a premises providing NHS healthcare and also between NHS healthcare provider premises. This requires transport in an appropriate vehicle and a level of care consistent with the patient's medical needs.

Who commissions and provides PTS?

In the North West currently, PTS is commissioned by a variety of Primary Care and Acute Trusts. From April 2013, as NWAS' and Arriva's Lead Commissioner, NHS Blackpool, will take overall responsibility for PTS in the North West and from April 2013 there will be a single collaborative contract based on the national standard contract PTS framework.

Who uses/accesses PTS?

Patient Transport is used by a variety of patients travelling to outpatient appointments, patients travelling home after being discharged from hospital and patients being transferred between healthcare sites for medical treatment. Patients wishing to access the service are taken through a set of eligibility criteria to assess their clinical needs for transport. This ensures a consistent approach across the North West and ensures the service is available for those with a genuine need. Those patients who do not meet the criteria will be signposted to alternative providers.

A phased approach has been taken to the full roll out of eligibility criteria. This commenced in October 2010 was combined with an extensive programme of stakeholder engagement which resulted in the development of a new specification for PTS and a new contract.

What are the benefits to the public and patients?

Patient Transport Services are commissioned by NHS commissioners in order to ensure that all patients who have a genuine clinical need to travel on an ambulance or an ambulance car with access to a trained member of ambulance staff are able to do so. From April 2013 this will apply to everyone across the region, regardless of their location of residence. The NHS is a publicly funded body and public funds will be/should be used on those who have a genuine need for the service. This approach allows the Patient Transport Service to improve the service it offers and operate more effectively.

How will patients and the public be engaged?

An extensive programme of stakeholder engagement is planned to discuss the new contract, the service improvements and how they may impact upon patients, the public and other service users.

A Patient Charter explaining the transport provider's commitment to patients will be produced, alongside patient literature and posters. The media will also be involved in sharing the messages to the public.