

Non-Emergency Patient Transport Update to HCOSC March 2017

1 PURPOSE OF PAPER

Gloucestershire Clinical Commissioning Group (CCG) has been asked to provide a review of performance against the Arriva Transport Solutions Ltd. (ATSL) contract for the Non-Emergency Patient Transport Service (NEPTS) in Gloucestershire.

This report builds on those provided to Gloucestershire Health and Care Overview and Scrutiny Committee in June 2014, March 2015 and July 2016.

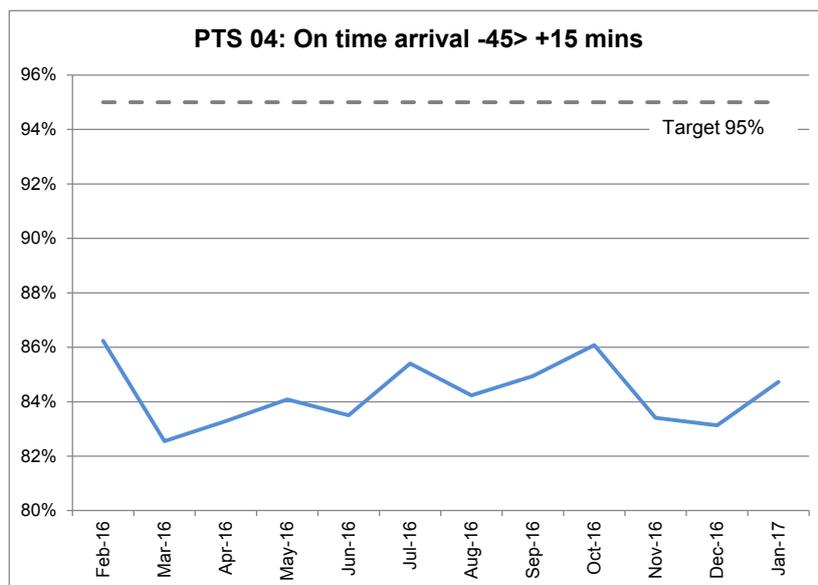
ATSL have held the Gloucestershire contract for the NEPTS service since 1st December 2013. This is a five year contract to 30 November 2018.

2 CONTRACT PERFORMANCE

GCCG monitor performance across a number of Key Performance Indicators (KPIs). Those relating to timeliness are reported and discussed below.

2.1 KPI PTS 04 – On-time Inbound

Measure: Inbound patients dropped off between 45 minutes earlier than booked arrival time and 15 minutes later than booked arrival time

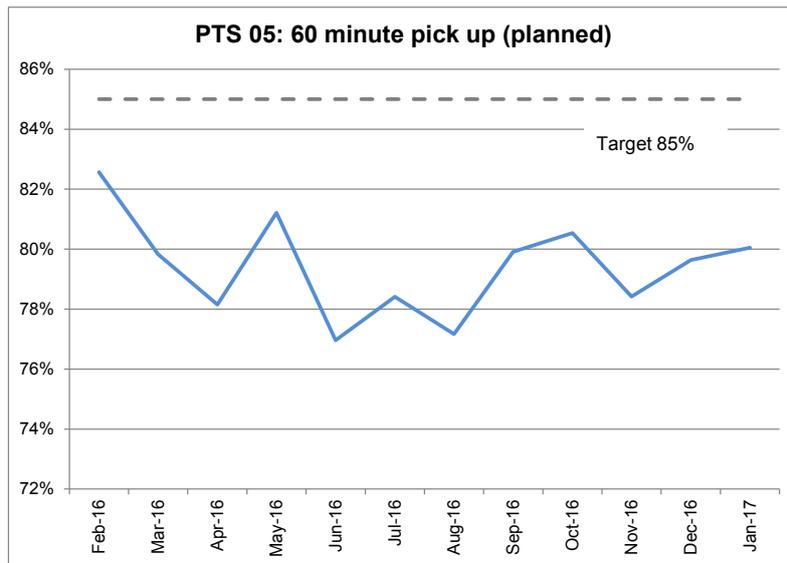


The lack of improvement in KPI 4 performance is partially offset by around 4% being dropped off up to 30 minutes earlier than the KPI window (i.e. 45-75 minutes earlier than their appointment time). These patients were still on time for their appointment although had a longer than ideal wait once at the hospital. This would, if included in the KPI calculation, reflect closer to on-target performance.

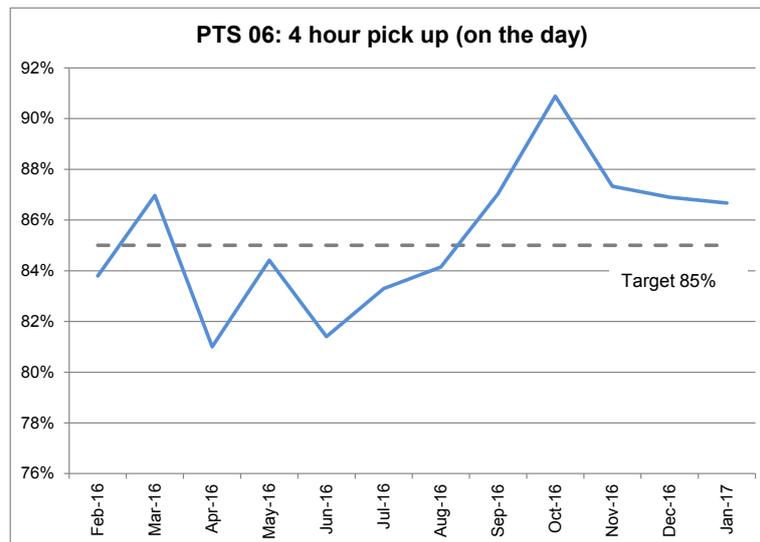
A significant number of aborted journeys result from patients cancelling appointments but not cancelling transport or deciding to make their own way. A text reminder service should reduce the number of wasted journeys and ATSL have plans to initiate this service in March 2017.

2.2 KPI PTS 05 (Pre-booked) & KPI PTS 06 (Booked On-day) On-time Outbound

Measures: KPI PTS 05: Patients picked up within 1 hour of being 'booked ready' for collection



KPI PTS06: Patients picked up within 4 hours of being 'booked ready' for collection



There has been an improvement in performance against the on-day target but this may be at the expense of the planned bookings where similar improvements have not been seen.

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) continues to be under significant pressure and this typically translates into an increase in total NEPT activity and also in a far higher use of on-day booked NEPT activity. On-day booked NEPT activity is typically prioritised over pre-booked activity where necessary, as on-day activity is usually discharge/transfer journeys, which are essential to allow the trusts to maintain patient flow, and in turn help them to manage their Emergency Department 4 hour performance. However, high levels of on-day activity are, by definition, not predictable and reduce the efficiency with which the work required can be carried out by the available NEPT resources. It is also of note that many of the resource-intensive bariatric and long distance journeys continue to be booked on-day.

High numbers of aborted journeys continue to be reported across the area, some of which are avoidable, and all of which represent wasted NEPT resource. Every aborted journey deprives the system of available NEPT capacity and ATSL is working with GHNHSFT to reduce these. Regular reports are shared which should help identify where, when and why these occur.

3 CQC INSPECTION

CQC undertook a robust inspection of Arriva Transport Solutions – Southwest in July 2016. The inspection report was published at the end of December 2016. ATSL have an action plan to address the areas which CQC identified as requiring further work. This will be monitored by commissioners via contract management board. Improvements requested by CQC are primarily around policy, training and internal processes.

4 CHALLENGES

Regardless of the definitions of KPIs being used, most CCGs across the country are experiencing a failure of providers (both NHS and private providers) to achieve their contract KPIs which suggests that some of the problems faced are systemic rather than local or specific to any particular provider. Nationally providers are leaving this market and the service is funded on a very tight margin.

In ATSL we have a willing partner who continually strives to improve their service. However, the effectiveness of the service delivered by ATSL is only partly under ATSL's direct control. There are a number of key external actions and influences which impact on the effective delivery of a high quality and timely service to all patients. These include:

- High proportion of on-day bookings
- Avoidable aborted journeys
- Use of telephone booking
- Inaccurate booking information
- Patients not ready for collection

This remains a challenging environment in which to deliver change and improve booking behaviours but ATSL and GCCG continue to work with acute trust colleagues to reinforce the need to plan ahead for the NEPT element of discharge planning in particular, in order to improve patient experience, maximise NEPT resource efficiency, and enable NEPT to better help support hospital flow.

5 ACTIONS

We need to see improvements in timeliness of inbound and outbound pickups and drop offs.

GCCG closely monitor the ATSL performance improvement plan. Key actions on this plan include:

- **New version of PTS Online Booking System with ETA function** – Provides increased access to live journey information for healthcare professionals allowing for greater coordination as well as support in the management of expectations. It will also help to reduce call centre volume.
- **Pilot pre-planned discharge ready times** - Work with acute hospitals to ensure that pre-planned discharges are booked with a ready time that the hospitals commit to. Pilot at Bath Royal United Hospital saw 7% improvement in planned return journeys for inpatients.
- **Pilot pre-planned return journeys** - Enables pre-planning of outpatient return journeys to ensure the most efficient routes. Provides hospital staff with a timeframe within which to plan treatment and manage issues as well as a more reliable collection time for patients.
- **Conduct a review into transport for all dialysis patients** – New routes have been identified to provide patients with a more consistent service and regular crews. Renal units are being consulted as part of this review.
- **Sitrep calls** - Implementation of regular transport sitrep calls at agreed times of the day to inform main acute sites of the current situation and capacity as well as receive information on expected discharge demand.

- **Assisted plan and dispatch software improvements** – Software updates to support controllers in making the most efficient planning decisions based on resources and live status updates provided by crews.
- **Text message reminder service** – Patients will receive a text message the day before travel advising them of their journeys details. This will improve patient experience and reduce avoidable aborted journeys.

Further details can be provided verbally at the HCOSC meeting.

GCCG will specifically be focusing on the following key actions to shift performance and reduce costs:

- Work with ATSL to improve scheduling of dialysis journeys to improve efficiency and patient experience.
- Work with ATSL to improve communication with patients to improve patient experience through managing expectation and information flow.
- Work with GHFT to reduce on the day bookings and aborted journeys to improve patient experience, maximise resource efficiency and support hospital flow.
- Review the application of the Department of Health eligibility criteria (jointly working with other Southwest CCGs to ensure a consistent approach). This will involve consultation later this year.

Gill Bridgland

Commissioning Implementation Manager

March 2017