

NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PERFORMANCE UPDATE

To: **Health Committee**

Meeting Date: **20 July 2017**

From: **Kyle Cliff Assistant Director, Commissioning and Contracting, Cambridgeshire and Peterborough Clinical Commissioning Group**

Electoral division(s): **All**

Purpose: **To report on the performance of the Non-Emergency Patient Transport Service.**

Recommendation: **The committee is asked to note and comment on the performance of the Non-Emergency Patient Transport Service (NEPTS).**

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1. BACKGROUND

- 1.1 The Clinical Commissioning Group (CCG) has a responsibility to ensure access to transport for those patients that meet our Non-Emergency Patient Transport (NEPTS) eligibility criteria. The CCG's Governing Body agreed to award a new Non-emergency Patient Transport contract to the East of England Ambulance NHS Foundation Trust (EEAST) on 22 March 2016. This followed a procurement process and public consultation.
- 1.2 The new contract provides the CCG with a cost effective service over the 5 year life of the contract. The Governing Body was assured that the EEAST tender was fully evaluated in line with the invitation to tender (ITT) Terms and Conditions Documents.
- 1.3 Following the procurement the new provider undertook a 5 month mobilisation period. The new service commenced on 1 September 2016.
- 1.4 During mobilisation additional vehicles were bought in to supplement the existing fleet. Patients now benefit from wider and uniform geographical access and being able to book their own transport direct using EEAST's call centre.
- 1.5 The new contract provides equity of access across the CCG population with agreed standards of delivery for response times and journeys, the previous contracts had different standards of access to different hospital and other NHS health services.
- 1.6 There has been progress with the mobilisation of the new service but also a number of issues have arisen, and the CCG are working closely with EEAST and acute providers to resolve these issues.

2. MAIN ISSUES

- 2.1 Initial mobilisation issues have been resolved. After the first four months the provider entered a phase of reviewing the operational model benchmarked against the activity requirements and working with individual treatment units to resolve operational issues.

EEAST are failing to deliver a number of performance standards required by the CCG. A Contract Performance Notice was issued in November 2016 for EEAST's failure to meet some of these. A Remedial Action Plan (RAP) was agreed in February 2017 with targets to recover by the end of April 2017. At the end of March 2017 EEAST had failed to meet trajectories of the RAP and performance had deteriorated in some areas. The CCG therefore served an Exception Notice in May 2017 requesting EEAST to propose a revised Remedial Action Plan (RAP). An Exception Notice meeting has been held and a revised RAP was agreed at the end of June 2017.

- 2.2 During the first nine months the themes identified as needing to be addressed are :
 - 2.2.1 Discharges from hospital:
There are significant bed capacity pressures in the local acute hospitals and a need to get patients discharged within a timely manner.

- 2.2.2 Since the commencement of the contract same day requests for patient transport have exceeded the expected levels from the tender or planning process. The proportion of on the day journeys is 8-10% of journeys as opposed to 3% in planning.

The CCG and EEAST are working with the Acute Trust partners to address this issue. EEAST have asked the Acute Trusts to ensure that patients are ready for transport pick up from the wards as they report that they have had to wait long times and this has caused them further delays. Changes have been made to booking processes with the Acute Trusts. Central points of contact are in place as well as a day to day Ambulance Liaison Officer assigned to each acute.

- 2.2.3 Resourcing:

EEAST have a high number of vacancies, recruitment to vacant posts continues.

The operational model was on indicative activity and while overall the number of journeys is below expected levels the mix and categories' of transports is significantly different from what the initial EEAST operating model was set up to deliver.

For example we have seen 4% less routine car journeys and 7% more wheelchair journeys.

Overall there has been a greater proportion of journeys that fall into longer travel bandings, 5% less of 0 to 10 mile journeys; 3% more of 10 to 20 mile journeys.

The proportion of on the day journeys is significantly higher, 8-10% of journeys as opposed to 3% in planning.

3. Actions

- 3.3 EEAST have undertaken a capacity review in conjunction with the CCG using 4 months worth of data, and has planned several adjustments to skill mix, shifts, staff rotas and vehicles, some of which require staff consultation before they can be implemented.
- 3.4 EEAST have taken a number of actions to try and improve their performance including:
- 3.4.1 Use of Private Ambulance Subcontractors and Taxis to offset vacancies
 - 3.4.2 Staff training on exception reporting and Key Performance Indicator requirements
 - 3.4.3 The Control Centre staff ringing wards to ensure patients being discharged are ready for transportation. This means EEAST staff are not waiting longer than the agreed 10 minutes and are ready for the next patient journey
 - 3.4.4 Deep dive investigations into specific issues highlighted by the acute hospitals
- 3.5 Communication: One of the biggest areas of feedback within the first couple of months was the need to increase the level of communication. To that end EEAST implemented daily regular contact with acute providers, regular face to face meetings and further clarification of the escalation process.

- 3.6 Daily emails are sent to EEAST with details of the bed status at each hospital. In addition the CCG are holding regular teleconferences with EEAST covering any issues and incidents related to NEPTS to ensure further problems are identified with possible solutions.
- 3.7 Nursing Home and Care Packages:
Some bookings had not made clear that Care Packages were time critical. Some Nursing Homes have a cut-off time when people can no longer be admitted back into the home from. In order to mitigate this, the call handling process has been amended to specifically ask this question. EEAST have also compiled a list of all Nursing Homes this includes details of the cut off time for patients to arrive back at the home, and EEAST prioritise these patients.
- 3.8 Patient Experience:
It should be noted that while there have been operational issues as set out above, in terms of on the day discharges from acute hospital sites, the feedback from patients in the period of transition has been positive. There has been a significant reduction in the number of complaints seen by the service. A patient experience survey was undertaken for patients with the Cambridgeshire and Peterborough CCG area who used the NEPTS during the period 1 to 8 February 2017. The objective of this survey was to establish patient satisfaction and to involve patients in the service received, whilst also monitoring the quality of the service provided.
Overall, 96.8% of patients who responded to this survey and had used the NEPTS described the service received as being either 'satisfactory' or 'very satisfactory.'
96.0% of patients also answered that they would either be 'likely' or 'extremely likely' to recommend the service to a friend or a relative.

4 Conclusion

- 4.1 The new contract offers parity of access for patients across the area replacing inequity of service provision across a number of separate contracting arrangements.
- 4.2 Access for patients to the call centre and ability to book transport centrally is now in place
- 4.3 Patients experience survey results should be noted
- 4.4 There have been issues with the mobilisation of the service, predominately linked to discharges. While a number of actions have been taken the CCG and providers continue to work to address these.