

NON-EMERGENCY PATIENT TRANSPORT SERVICES: CONSULTATION RESPONSE

To: **Economy and Environment Committee Spokes**

Date: **17 November 2015**

From: **Toby Parsons, Transport Policy & Operational Projects Manager**

1. Purpose

- 1.1 To update Spokespersons on Cambridgeshire & Peterborough Clinical Commissioning Group's (CCG) consultation on a future model for non-emergency patient transport services (NEPTS).
- 1.2 To propose a response to the consultation documents on behalf of Cambridgeshire County Council.

2. Background

- 2.1 The CCG spends more than £6.5m per year on providing NEPTS for those who have specific medical needs and have no other way of getting to and from their appointment.
- 2.2 The current contracts for NEPTS are coming to an end, and the CCG needs to tender a new service for September 2016. A 12-week consultation process is running through to 19 November 2015.
- 2.3 The Council spends around £20m per year on supported transport. The majority of this relates to home-to-school transport, however more than £1m is spent on both adult social care transport and bus services in isolated areas.
- 2.4 Cambridgeshire received £460k from central government in early 2015 in order to develop and pilot a Total Transport approach. This national concept recognises that efficiency savings may be possible if different types of transport provision can be integrated. This could help maintain service delivery levels despite reductions in funding.
- 2.5 The Cambridgeshire Transport and Health Joint Strategic Needs Assessment (JSNA) of April 2015 recommended "A system-level perspective on health and transport planning, specifically ensuring that transport issues are given sufficient prominence within the Cambridgeshire and Peterborough Clinical Commissioning Group System Transformation programme. "

3. Key Issues to Consider

Timing constraints

- 3.1 The CCG's obligation to comply with procurement regulations means that there is limited time to redesign NEPTS whilst completing a legal tender process for September 2016.

- 3.2 The Total Transport funding is for a defined period to March 2017, by which time the pilot project must have been fully implemented and evaluated. An implementation date of April 2016 is currently targeted.
- 3.3 Should the Total Transport concept prove to be a feasible way of maintaining service delivery despite reductions in funding, a wider roll-out would be possible from 2017 onwards. A rigid NEPTS contract with a longer duration would restrict the potential benefits available.

Does “one size fit all”?

- 3.4 The operating model proposed in the CCG’s consultation documents would see a single point of access for booking and a single provider for delivery. This has certain attractions in terms of simplicity, and the consultation may reveal service user views on this.
- 3.5 A single provider creates a risk, as various contract management tools that can be used to address poor performance cease to be available. This approach may also freeze out smaller local operators and community transport providers, who are vital to the overall transport mix.
- 3.6 The Total Transport pilot from April 2016 will focus on a defined area. Integrating NEPTS within the pilot area (whilst at the expense of a single solution for the complete CCG area) would allow full exploration of the Total Transport concept.

4 Conclusion & Proposed Consultation Response

- 4.1 The Council welcomes a review of NEPTS and wishes to work closely with the CCG on the development of a new operating model for this service.
- 4.2 The Council acknowledges that transport barriers are a contributory cause of missed and cancelled health appointments, delays in care, and non-compliance with prescribed medication [*JSNA report*]. Older people living well independently and people with disabilities living well independently are two of the Council’s intended outcomes; good access to transport is a vital enabler for achieving these, as it is to the further outcome of people leading a healthy lifestyle [*CCC operating model*].
- 4.3 The Council considers that full exploration of the Total Transport concept is necessary, to establish if it can help mitigate the impact of funding reductions. In particular, the pilot scheme to be implemented in 2016 should include CCG-funded journeys as well as Council-funded journeys; it is recognised that this will require a break from the uniform model of NEPTS currently proposed.
- 4.4 The outcome of the pilot scheme and of further work to be undertaken in the coming months may allow a better model of integrated transport delivery to be implemented from 2017. The Council encourages the CCG to set a tender specification which allows flexibility in the type and number of journeys to be delivered, and in the purpose of the proposed booking centre. This flexibility should be sufficient that other journeys (e.g. home-to-school or adult social care) could be included within the new arrangements, or that some NEPTS journeys could be taken out of scope of the new contract.

HEALTH COMMITTEE: MINUTES

Date: Thursday 3rd September 2015

Time: 2.00 p.m. to 3.55 p.m.

Present: Councillors D Jenkins (Chairman), P Ashcroft, P Clapp, P Hudson, M Loynes, Z Moghadas, T Orgee, P Sales, M Smith, S van de Ven and J Wisson (substituting for A Dent)

District Councillors M Cornwell (Fenland), S Ellington (South Cambridgeshire), R Johnson (Cambridge City) and C Sennitt (East Cambridgeshire)

Apologies: County Councillors A Dent and S Van de Kerkhove
District Councillor R Mathews (Huntingdonshire)

148. DECLARATIONS OF INTEREST

There were no declarations of interest.

149. MINUTES: 16th JULY 2015 AND ACTION LOG

The minutes of the meeting held on 16th July 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

150. PETITIONS

No petitions were received.

151. NON-EMERGENCY PATIENT TRANSPORT SERVICES

The Committee received a report introducing the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) proposal for Non-Emergency Patient Transport Services (NEPTS) and the public consultation document. Sarah Shuttlewood, the CCG's Director of Contracting, Performance and Delivery, attended to present the report and respond to members' questions.

In the course of discussion, members raised various points of concern about the consultation document and process:

- The national eligibility criteria for NEPTS were very restricted; it might help patients if some illustration could be given of who was and who was not eligible, along with examples of rulings in cases of disputed eligibility.
- There was only sketchy advice in the consultation document for those who were not eligible for NEPTS and were unable to afford the cost of

transport; following the link to www.nhs.gov.uk ended eventually in advice to contact the local authority about community transport. It would be helpful to include information about what was available locally.

- Cambridgeshire Future Transport was concerned about maximising opportunities for using overlapping transport services to convey people to health-related appointments where this was being done from the public purse. It would be helpful if Future Transport could be included in future discussions about patient transport; there was potential for using postcode data to map transport need and provision, something which Addenbrooke's was already starting to do.
- The proposals seemed to be thinking in siloes, with separate categories of emergency and non-emergency transport, and those ineligible for NEPTS, as well as potential problems of incompatibility between transport availability and appointment times – it was important to view transport as a whole, and make best use of public money to provide the best possible service.
- Expecting patients to book their own appointments online could disadvantage patients who were not computer literate.
- Ease of access to services tended not to be the same across the county, with rural Fenland and East Cambridgeshire usually experiencing difficulties; would NEPTS provide as good coverage in all parts of the county.
- The report implied that there would only be one provider of NEPTS; would there be opportunities for smaller providers to be involved, or for smaller providers to form consortia, and would one central point of access be able to meet demand.
- The advertised programme of consultation meetings allowed for only a hour at each venue, which seemed rather short.
- The online response form gave little opportunity for non-users of NEPTS to comment on the proposals.

In response to their concerns, members were advised that:

- The CCG's Assistant Director of Communications and Engagement would be looking at the Committee's feedback and incorporating their comments, including addressing the question of the NHS website link, and the length of the consultation meetings. If experience of the first two sessions suggested it would be appropriate, the timings of subsequent sessions could be extended.
- Eligibility criteria were national and would not be changing; the consultation was about provision in Cambridgeshire and whether the right people were getting transport and how they accessed it. The intention had

been not to limit the range of people who could respond to the consultation.

- The CCG was keen to look, with the Council, at opportunities for integrating transport, and had initially approached the Council in April 2015 about this. From the Cambridgeshire Future Transport Member Steering Group meeting held on 2nd September, which a CCG officer had attended, the question had emerged, whether it would be possible for patients who were not eligible for NEPTS to book and use the service at their own expense.
- The intention was that the patient would be in control and could access and book NEPTS for themselves, but the option would be there for GPs to do the booking for patients who preferred this.
- Patients fed back that their hospital appointments did not align with when patient transport was available; it was hoped to remedy this. Electronic booking meant that it was possible to book transport and appointment together, so that appointment and transport times would fit together.
- The present service mainly provided transport to and from hospital appointments. As part of the proposed changes, the CCG was looking at bringing services out into the community, and supporting patients to travel not only to all the local hospitals but to treatment in community settings.
- Consideration would be given to building the point about equal access for all parts of the county into the service specification.
- The CCG was looking mainly at one provider managing the contract across the whole area, but this did not mean that they should not be working with voluntary organisations and smaller providers; this would be for discussion with the providers. It would be built into the procurement process that the provider would be expected to engage with current providers.
- Experience of other areas that already had similar arrangements for NEPTS in place, for example Norfolk, was that they managed the demand well.

The Chairman asked whether there was any scope for delaying the early December date for going out to procurement. He was assured that the date was not absolutely firm, and that opportunities for collaboration might emerge from conversations with district transport officers.

The Chairman thanked the CCG officer for attending the meeting and affirmed the aim of rationalising transport while saving money and providing a service that was fair to all users. He expressed concern that the present exercise touched on only a very small part of community transport, and asked that officers talk to the Committee again before going to procurement if efforts to

achieve greater integration were unsuccessful. The Director of Contracting, Performance and Delivery confirmed that the CCG was keen to maximise opportunities for public engagement and for integration, but added that it was necessary to maintain the pace of the project. The Chairman asked her to keep members informed of developments.

It was resolved unanimously to note the proposal for Non-Emergency Patient Transport Services and to note the public consultation.



EAST CAMBRIDGESHIRE DISTRICT COUNCIL

THE GRANGE, NUTHOLT LANE
ELY, CAMBRIDGESHIRE CB7 4EE

Telephone: Ely (01353) 665555
DX41001 ELY Fax: (01353) 665240
www.eastcambs.gov.uk

Freepost Plus RSCR-GSGK-XSHK
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

This matter is being dealt with by:

Sally Bonnett

Telephone: 01353 665555
E-mail: Sally.bonnett@eastcambs.gov.uk
My Ref:

17 November 2015

Dear Sir/Madam,

Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

Thank you for the opportunity to comment on the proposed changes to non-emergency passenger transport services (NEPTS).

East Cambridgeshire District Council acknowledges that the proposal for NEPTS to be accessed via one point of contact would result in a simpler, fairer, more transparent service where everyone is judged equally against the eligibility criteria.

However, the Council is concerned that this may result in a reduction in the number of patients who qualify for NEPTS. Combined with the expected cuts to community transport services, this could have a serious impact on patients living in rural areas such as East Cambridgeshire, where there are limited transport options for those without access to a car.

The Council seeks assurance from Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) that safeguards have been put in place to protect vulnerable patients who no longer qualify and urges the CCG to monitor the number of patients who previously qualified for NEPTS but no longer do so under the new system. The CCG should commit to reviewing the eligibility criteria, giving priority to those living in rural areas, should the impact of the proposed changes to NEPTS be significant.

The Council also requests that the CCG gives serious consideration to providing more services locally to reduce the need for patients to travel long distances to access treatment.

Having a central booking point provides the opportunity to collect data on where people are travelling from and the services they access. Where the numbers are sufficient, a service should be provided locally. In addition to the advantages of this for the patient, this would also generate financial and environmental benefits.

Yours faithfully,

Cllr James Palmer
Leader of Council

John Hill
Chief Executive

Consultation Response from Fenland District Council on a future model for Non Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

Thank you for the opportunity to comment on the proposed future model for NEPTS.

As a Council we are keen to improve our links with a variety of health and social care services as we have recognised in the Council's Health and Well Being Strategy 2015 - 18 that a lot of what we do as Council core business prevents residents needing a non elective hospital admission.

Working as a partner of the new Uniting Care Partnership Integrated Care Board (ICB) for Ely and Wisbech we felt through our links with the Community and Voluntary Sector we could help improve the use of this sector to speed up hospital discharge, to be more flexible and react quicker than the current system.

The idea that is developing is to develop 2 pilot projects in the ICB area to provide out of core hours hospital transport that would link in with the Care Networks "Help at Home" service

From our conversations with various partners in developing the pilot projects we feel the following needs to be considered through the specification development of the NEPTS contract:

- The procurement should not be done in isolation. A systems approach is needed which we believe is currently being looked at by Public Health following the Joint Strategic Needs Assessment. Alongside a much more flexible and reactive NEPTS service there is a need for Workforce Development of hospital staff. The awareness of all available options by key hospital teams to get a patient out of an acute bed as soon as they are ready for discharge is crucial. For example we are not convinced that all discharge teams are aware of the Care Networks help at Home Service. Alongside the obvious importance of the discharge teams, pharmacies are also seen as having a crucial role to play to discharge a patient who is deemed fit to leave safely back to their home (even without a relative / carer readily available).
- The feeling from the Community and Voluntary Sector (CVS) that they have been excluded from offering cost efficient solutions during the current NEPTS contract period as it was not in the interests of the current NEPTS providers to be more flexible. This has resulted in patients remaining in a bed blocking situation where a days notice is needed to arrange NEPTS transport when we know a CVS solution could have been used. One piece of feedback given was that the hospital has paid for NEPTS already so cannot "double fund" another service even though that results in an extra night in hospital at a cost of hundreds of pounds when a service could have got the patient home for under £40.
- A perceived inability at the moment to secure a safe hospital discharge from 4pm to 8pm on the same day.
- The differing levels of service for NEPTS at Kings Lynn, Hinchinbrooke and Peterborough and the need for consistency.

- There are further opportunities if the contract is commissioned in a flexible way to increase the speed of flow from an acute bed at QE to a non acute bed at North Cambs Hospital.

In summary we continue to work with partners on developing 2 pilot projects in the Ely area and Fenland area whilst the new NEPTS contract is commissioned. We hope that the final specification can ensure that the current barriers in the system to prevent quick hospital discharge can be removed and ensure it offers incentives to the winning provider to be as flexible and creative as possible. This will ensure transport is not the reason for stopping a patient leaving hospital in the future.

Such flexibility is essential in meeting the challenging targets to improve 7 day hospital discharge as set out through the Better Care Fund.



Engagement Team
Cambs & Peterborough CCG
Via email

Cllr Simon King
Portfolio Holder for Equalities & Transport
Tel: 01354 654321
E-mail: sking@fenland.gov.uk

13 November 2015

Our Ref: TAG/Health/10.7.2

Dear Sir/Madam

Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

On behalf of the Fenland Transport and Access Group (TAG) this letter is our response to the above consultation. We welcome the opportunity to comment on this important matter.

Who is the Fenland TAG?

The TAG forms part of the Fenland Local Strategic Partnership and is a group made up of representatives from organisations that all have a key role in transport for Fenland, as policy makers, commissioners of services and service providers. By working together this group ensures that there is one transport approach for Fenland. Group members also work with the local community and use our meetings to raise issues of concern that reflect the views of residents. Transport for older people and access to health care is a key priority for our group.

The organisations who make up the TAG are Fenland District Council, Cambridgeshire County Council, Care Network, FACT, Wisbech Town Council and Stagecoach in Norfolk. Some members of the Fenland TAG are also part of the County Council Cambridgeshire Future Transport Project.

A future model for Non- Emergency Patient Transport Services in Cambridgeshire and Peterborough

The Fenland TAG has a number of issues and concerns that we would like to raise as part of this consultation. The headlines of these comments are as follows:

- We are disappointed that the consultation questions focus solely on user comments about the existing NEPTS service. As the consultation document makes clear that the CCG are looking to procure a new NEPTS contract we would have expected the consultation to also focus on this matter.

- We would like to see a comprehensive approach to the delivery of transport services including NEPTS. We would suggest that the CCG should work in partnership with Cambridgeshire County Council as part of the Total Transport project. Learning the lessons from the Total Transport project should assist the CCG to make more informed decisions about the future NEPTS contract.
- We would ask the CCG to consider the role of community transport in providing NEPTS. We would encourage you to offer community transport providers the opportunity to bid for work as part of the new NEPTS contract.
- We strongly support the commitment to provide NEPTS out of hours in the evenings and on weekends. Local transport in Fenland is very limited at these times making it very difficult for some people to access medical facilities if they need to during those times.
- The proposal for one call centre and a central booking system for NEPTS is supported by the Fenland TAG. Fairness and consistency in the application of NEPTS should be provided. A possible implication of such an approach could be that some local people are no longer entitled to NEPTS. We would want to ensure that such a decision does not negatively impact on existing local transport services, particularly community transport.

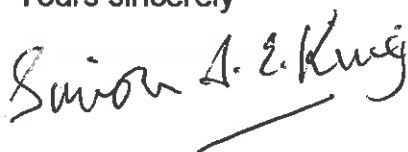
The Fenland Transport and Access Group would also welcome the opportunity to meet with the CCG to discuss these matters in more detail and to discuss how we might be able to assist you now and in the future. We would specifically welcome the opportunity to discuss comprehensive approaches to transport delivery, the use of community transport to deliver NEPTS and how the TAG might be able to assist the CCG through the promotion of transport services.

I attached a supporting document setting out in detail the main points that the Fenland TAG wish to raise as part of this consultation.

We hope that this consultation response is helpful to you. We also hope that you will take up our suggestion of a meeting and also regular meetings with your new NEPTS provider in order that we can all work together to deliver a more efficient transport service.

Should you have any further questions or queries then please get in contact with me at the above address. Alternatively you can contact Wendy Otter, Transport Development Manager at wotter@fenland.gov.uk or by telephone on 01354 622324.

Yours sincerely



Cllr Simon King
Chairman of the Fenland TAG &
FDC Portfolio Holder for Equalities & Transport

CC: Fenland Health & Wellbeing Board Members

Data Protection Act 1998

To provide you with our services we will need to record personal information, such as your name and address. This information will be kept securely and only accessed by approved staff. We will not share your information with anyone else without telling you first. If you would like more details about how we protect personal information then please contact our data Protection Officer.

Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

Detailed comments from the Fenland Transport & Access Group

The Consultation and the Consultation Process

The consultation title clearly sets out that the CCG is seeking views about a future model for NEPTS. From our perspective we associate this with procurement and the design and concepts which should form part of the procurement. Your consultation document (page 6) makes clear that you will be undertaking a formal tendering process in the future because your current NEPTS contract is coming to an end. We were therefore surprised to see that the consultation questions are actually about patient experiences of the current model for NEPTS.

Whilst we accept that information about patient experiences can help to inform future models of a service, we are concerned that the questions do not allow patients and stakeholders to give a view about how the new service should be procured or designed. We are also concerned that the consultation questions do not readily enable transport providers and transport policy makers to be fully involved in the consultation process.

It is our view that the consultation questions should have enabled transport providers and practitioners to fully input into the process, providing information which could help design the future model for NEPTS. It is extremely disappointing that this has not happened.

The Procurement Process

Whilst the consultation document makes clear that the CCG intends to procure a new NEPTS contract there are no details about the approach or how the CCG intends to take forward this process. It is unclear as to whether you have had any thoughts about the procurement approaches and whether you are considering one contractor or several.

The Fenland TAG would suggest that any approach should offer patients the best choice of service. It should also offer a service that is value for money and that operates at a local level, understanding local transport needs. We would not want to see an approach where one provider operators services at arm's length. We appreciate that a procurement contract to one contractor may be easier for the CCG to manage. Should this be the model that is taken forward we would urge the CCG to ensure this provider has the ability to appoint many different providers as sub-contractors. This should then assist with the development of a comprehensive transport approach.

A comprehensive approach to transport delivery

For a number of years now the TAG has been involved in ongoing discussions with the PCT about local transport, NEPTS and the need for joined up thinking and a comprehensive approach. We are also aware of similar discussions between the PCT/CCG and other organisations such as Cambridgeshire County Council.

We welcome your consultation referring to the need for a new model for NEPTS but we are concerned that there are no references to working in partnership with others. It is our view that to achieve your objectives for the new contract around financial efficiencies, improved coordination and ensuring patients are discharged in a timely way this is essential.

To achieve value for money and make best use of the resources available it is our view that there should be one approach to transport provision including NEPTS. From work we have undertaken in the past we are aware that most patients needing transport to hospital would be capable of travelling in a range of vehicles and that they do not need an ambulance or

specialist vehicle. Local transport providers may easily be able to assist these patients to get them to hospital without the need for a specific hospital service. Where there is potential for a coordinated approach of existing and new services, an approach that is effective for the patient, that makes financial efficiencies for the CCG and assists local transport providers.

We are also aware that more recently Cambridgeshire County Council has been awarded funding for a Total Transport Project that will pilot integrated transport approaches in the Ely Area. It is our view that the CCG should take an active role in this project and ensure that the lessons learnt from this work can be incorporated into the new NEPTS service. We would like the CCG to ensure that good practice lessons from the Total Transport pilot project can be applied across Cambridgeshire including in Fenland District.

We would also welcome the opportunity to discuss with you the Doddington Hospital project. This is also a project about providing comprehensive transport for everyone. This is a potential pilot project aimed at improving transport between the market town of March and Doddington Hospital including NEPTS. We have previously had advanced discussions with the PCT about this project and we believe it offers significant potential to improve local transport to Doddington Hospital and to make financial savings of over £100,000 per year.

Partnership Working

The Fenland TAG and the local transport providers within our group would welcome the opportunity to work with your chosen contractor(s) for the new NEPTS model when they are appointed. Members of the group have significant experience of providing transport and as a group we have specific expertise about transport in the Fenland context, which is quite different to the rest of Cambridgeshire.

We also have a range of publications and information documents that we distribute to the public and key stakeholders, where we can provide additional information that can raise awareness about NEPTS and assist your provider(s).

We would welcome an opportunity to discuss this in more detail with you and to consider how we might be able to work together.

The role of Community Transport Providers to deliver NEPTS

The TAG previous involvement with the PCT has included discussions about NEPTS and specifically the potential for Community Transport providers to bid to deliver NEPTS work. Community transport meets travel needs at the very local level and is therefore often better placed than other providers to ensure transport is available quickly and easily. It is our view that community transport should be considered as part of the package of providing NEPTS.

Community Transport providers do however need to be made aware of the tendering and procurement process in order for them to decide whether to submit a bid for any work. We would ask the CCG to consider inviting community transport operators to bid for the work. We would also encourage the CCG to have discussions with community transport operators before any procurement of the new NEPTS contract is undertaken. This would help you to better understand how such providers could help the CCG and how this might be different to more conventional transport. The Fenland TAG can assist the CCG with contact details of community transport providers if this would be of assistance to you.

Providing Transport Out of hours and seven days a week

We note on page 6 of the consultation document that there is a commitment to provide transport out of hours through the new NEPTS contract. The Fenland TAG welcomes this approach which should help local people in Fenland significantly.

Local transport in Fenland is limited in the evenings and at weekends. People without access to a car have significant difficulties travelling during those hours. Any proposals which enable people who are unwell to access medical facilities at a hospital during those times are welcomed. This decision will help to address a known gap in the transport network that can have significant implications for those involved.

Proposal for a One Call Centre and Booking System including the impact of local transport providers

The Fenland TAG is fully supportive of an approach that brings together one call centre and booking system. From our ongoing work with the GP Surgeries in Fenland we are aware that the present system for arranging transport to hospitals causes confusion and is not very user friendly for patients. It is good to note that you are seeking to address this matter through the new NEPTS contract.

We would also welcome any approach that ensures fairness and consistency for people needing transport. We are aware that the system is inconsistent at present. If a central booking system is an approach which can achieve the same support for all patients across Cambridgeshire and Peterborough this is welcomed.

We would however, like to state a note of caution in this respect and also to bring to your attention the possible wider transport impacts of this approach. Whilst we note your intention not to change the eligibility criteria for NEPTS, one possible consequence of this is that some patients will no longer receive NEPTS. This will have implications for other transport providers and in the Fenland District context this is most likely to impact on the community transport providers which are FACT and the community car schemes. These schemes are already very busy and at certain times have capacity issues.

In 2012 the Fenland TAG was in discussion with the PCT about promoting transport. This linked with a reissue of the PCT Patient Transport Pack to GP Surgeries. This pack provided advice about booking NEPTS and stated the criteria for its use. The criteria did not change from the previous pack. The impact of the PCT reminding the GP Surgeries about their NEPTS obligations was that some patients were no longer eligible for the transport. In the months after the new packs were launched FACT and the Community Car Schemes reported a significant increase in members of the public needing their services. This put excessive pressure on the community transport system in Fenland. We would not want any approach for a new call centre to impact on community transport services in Fenland that are already stretched. We would again welcome the opportunity to discuss this with you in more detail and also to work together to address such issues in a more integrated way.

One role of the Fenland TAG is to try and address local transport needs and we achieve this through a range of methods. We would not want to see local residents struggling to access medical appointments if they can no longer access NEPTS. We would therefore welcome any new call centre also providing information about other forms of local transport. We think it is important that any call centre is able to sign post people towards transport that is available that might be able to meet a patient's needs. We do would however, want to work with you to ensure that this is planned and coordinated as detailed above.



**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL
ON 17 SEPTEMBER 2015**

Present:	Councillors B Rush (Chairman), J Stokes, K Aitken, A Shaheed, R Ferris and J Knowles	
Also present for item 5 only	The following members of the Creating Opportunities & Tackling Inequalities Scrutiny Committee: Councillors B Saltmarsh, J Yonga, C Harper	
Also present	David Whiles	Healthwatch
	Mark Sheppard	Head of Supplier Management Specialised Commissioning, NHS England
	Geraldine Ward	General Manager Renal and Transplant, University Hospitals of Leicester
	Dr Graham Warwick	Consultant Nephrologist, University Hospitals of Leicester
	Sandy Lines MBE	East Midlands and East of England Advocacy Officer, British Kidney Patient Association
	Dr Kleeman	Clinical Lead, Renal Service at Peterborough City Hospital
	Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
	Mike Exton	Chairman of Peterborough Kidney Patients Association
	Kyle Cliff	Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group
	Keith Spencer	Chief Executive Officer, UnitingCare Partnership
	Tracy Cannell	Chief Operating Officer, UnitingCare Partnership
	Jessica Bawden	Director of Corporate Affairs, C&PCCG
	Hani Mustafa	Youth Council Representative
	Oliver Sainsbury	Youth Council Representative
Officers Present:	Dr Liz Robin	Director of Public Health
	Wendi Ogle-Welbourn	Corporate Director, People and Communities
	Lee Miller	Head of Commissioning, Child and Adult Mental Health Services
	Paulina Ford	Senior Democratic Services Officer

1. Apologies

Apologies were received from Councillor Francis Fox.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings Held on 21 July 2015

The minutes of the meetings held on 21 July 2015 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. Children in Care: Health Outcomes, Emotional Health and Wellbeing Pathway

The report was introduced by the Corporate Director for People and Communities; also in attendance was the Head of Commissioning, Child and Adult Mental Health Services. The report provided the Commission with an update on the following:

- Latest statutory guidance regarding how the health needs and outcomes for Children in care (Children Looked After (CLA)) should be addressed.
- How the health team for CLA were identifying and meeting their needs.
- Current issues with Child and Adolescent Mental health (CAMHS) services and the emotional health and wellbeing pathway and how these were being addressed.

Observations and questions were raised and discussed including:

- Members sought clarification regarding the temporary closure of the waiting lists for Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder referrals. *Members were informed that the residual group of people already on the waiting list was reducing. The waiting list was closed to enable new people to be seen in a more timely way.*
- It was noted that there were several transformation programmes and requested a timeline of all the different programmes.
- Who was looking at how mental and emotional health needs were responded to strategically in the longer term? *Members were informed that work was being done with parent carer groups and young people to identify their needs to be supported emotionally. Parent carers have said that it would be helpful to be in groups with other parents with professionals who could help them in terms of how they could talk to and manage some of the behaviours of their children. Consideration was therefore being given to a range of parenting programmes across the city that parents could attend for children with emotional and neurological difficulties. If support was provided at an early stage it was possible that not all children would need to be referred to specialist CAMHS services. It had also been identified that schools were in a position to identify at an early stage if a child needed support. Training to identify and recognise early stages of emotional behaviour was therefore being arranged for schools through the Pupil Referral Unit. Three psychiatric nurse posts had also been funded to go into schools to work with teachers to help them identify and address issues early.*
- If a child in care was displaying emotional behaviour where would they fit on the waiting list? Would they become an emergency? *Members were informed that the council did employ their own LAC psychologist. Difficulties arose if they required a particular type of treatment with a waiting list. They therefore would be part of the waiting list even though they had initially been seen as a priority.*
- Had there been any consideration given to putting on internet training courses for parents on how to deal with their disabled children and how to identify their children's disabilities. *Members were informed that there was e-learning for teachers but not sure if there was any available for parents. Parents did have access to a website called 'Local Offer' which provided support and services for children and young people with special educational needs or disabilities and their families.*

- Members responded that parents with disabled children often did not have time to access the internet. It would be more beneficial for social workers when visiting a family to signpost parents to services that they could access. *Members were advised that social workers would soon have access to a chrome book which would enable them to access the internet when visiting families and show them what services were available.*
- Was dentistry included under health outcomes for Looked after Children? *Members were advised that this was included and it was a performance indicator now being reported to the Corporate Parenting Panel.*

ACTIONS AGREED

The Commission noted the report and requested that the Corporate Director, People and Communities provide the following:

1. A timeline of all the different transformation programmes.
2. Investigate if there are any e-learning courses available for parents on how to deal with their disabled children and how to identify their children's disabilities.

At this point Councillors Saltmarsh, Yonga and Harper left the meeting.

6. Peterborough Renal Haemodialysis Capacity

The report was introduced by the General Manager Renal and Transplant, University Hospitals of Leicester. The purpose of the report was to brief the Commission on the tender process to provide renal dialysis services for patients in Peterborough. Members were informed that the objectives were:

- To repatriate approximately 30 displaced patients currently receiving dialysis at Lincoln, Leicester and Kettering;
- To make sure that the largest number of patients possible have access to local facilities;
- To meet national standards - Patients should travel less than 30 minutes of their home to access haemodialysis (i.e. repatriate displaced patients and reduce increased travel costs circ); and
- To provide and facilitate the delivery of high quality and most cost-effective care for the users.

Members were informed that University Hospitals of Leicester had been working closely with Peterborough City Hospital throughout the last year and a decision had been made to work outside of the tender framework to allow Peterborough City Hospital to bid for the tender.

Graham Warwick, Consultant Nephrologist, University Hospitals of Leicester also in attendance gave an overview of the dialysis service and informed Members that the priority was to provide a better service for Peterborough patients using the service.

Following the introduction the Chairman invited Stephen Graves, Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust, Dr Kleeman, Clinical Lead Renal Service and Peterborough and Stamford Hospitals NHS Foundation Trust and Mike Exton, Chairman of Peterborough Kidney patients Association to address the Commission.

Dr Kleeman made the following points:

- The right decision was to bring patients back to Peterborough to receive their treatment so that they no longer had to travel.
- Patients surveyed agreed that the right solution would be to have the unit based at the existing dialysis unit at the Peterborough hospital site and supplemented with a smaller unit.

- Patients felt that by having a dialysis unit on the hospital site gave them the advantage of having a clinician on site if needed. This would also mean less admissions to A & E and less visits to their GP's.
- The solution also needed to be suitable to the nursing staff. Unless they were in agreement it could be difficult to retain the existing staff and recruit new staff.

Stephen Graves made the following points:

- Strategically bringing the patients back to Peterborough so they no longer had to travel to receive treatment was the right decision.
- Peterborough City Hospital had a fantastic facility but at a high cost per square metre. Moving a facility out of the hospital would mean vacant space with continued overhead costs. This would increase the cost to the NHS. The preferable option would therefore be to keep all the services on site with a smaller supplementary facility just across the car park.
- A better service could be offered to patients if clinicians were at the same site as the dialysis unit.
- Concerned that there will be a change in service but no consultation had been held.
- Supportive of the direction of travel and had been working with colleagues to try and find a solution on site at the hospital.

Mike Exton made the following points:

- He had been a patient on renal dialysis for six years, travelling from Stamford to Kettering for treatment returning home anytime between 10.30 and 11.00pm in the evening.
- Patients who worked full time found travelling to treatment an extra burden on their time.
- Three patients had to travel from Peterborough to Kettering for the dialysis twilight shift which started at 5.00pm and finished approximately at 11.00pm. If there had been a delay on any of the previous shifts this would cause a delay in the twilight shift making it even later for people to travel home to Peterborough.
- Dialysis helped people to live as normal life as possible but travelling to Kettering to the dialysis unit put a strain on people physically. Moving the 30 patients back to Peterborough would be a great help to the patients who did work as well as those who did not.

Observations and questions were raised and discussed including:

- Members were informed that the hospital was currently in the middle of the tender process and bids would close on 27 September 2015. Evaluation of the bids would take place at the beginning of October the results of which could be brought back to the Commission.
- Was the current dialysis unit staffed by University Hospitals of Leicester staff and would the new unit continue to be staffed by them. *Members were advised that the current staff would continue to staff the new unit. The staff from the University Hospitals of Leicester already worked very closely with the staff at the Peterborough Hospital site.*
- Had the costs increased at Peterborough Hospital since University Hospitals of Leicester had started a dialysis unit at Peterborough. *The General Manager Renal and Transplant responded that she did not have that information. The Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust also responded advising that hospital costs had risen in line with the Retail Price Index and this was then passed on as part of any rental costs.*
- Members sought clarification as to why the Scrutiny Commission had not been consulted on the Stage One tendering process even though Peterborough patients had been involved. *Members were informed that those present at the meeting were clinicians and therefore did not have that information and would have to speak to Senior Management as to why the Scrutiny Commission had not been part of the consultation process.*
- Head of Supplier Management, Specialised Commissioning, NHS England further responded that the Stage One tendering process had been looked at as primarily for the patients of Northamptonshire. There had been an oversight in the process in not recognising that some patients from Peterborough had been affected.

- Members referred to paragraph 3.9 in the report and sought clarification regarding Lots 1 and 2 and asked if bidders could tender for both. *Members were informed that they could bid for either Lot 1 or Lot 2.*
- If patients had to travel would they rely on transport from the Clinical Commissioning Group or would they have to find their own transport. *Members were informed that there was a clinical criteria for the provision of transport and if the patient met that criteria they would be provided with patient transport even though they were within the six mile radius.*
- Members referred to paragraph 5, Consultation and the statement *"Feedback indicates that the overall UHL haemodialysis patient experience is very good"*. Members asked for evidence of this. *Members were advised that patient experience feedback could be provided as evidence. Verbal feedback had also been obtained from one to one individual meetings with Peterborough patients at the Corby Dialysis Unit. All patients fed back verbally both to the nursing and medical staff at the dialysis units.*
- Sandy Lines, East Midlands and East of England Advocacy Officer, British Kidney Patient Association was in attendance and further responded that she visited all of the dialysis units periodically and talk to all of the patients. Patients have advised that they were very happy with their treatment. Patients were asked if they would prefer to remain at the same unit, have a bigger unit or have an additional smaller unit on the same site as the existing Peterborough site. Patients had overwhelmingly stated that they wished to stay at the Peterborough site.
- What sort of consultation had taken place with the patients? *The Advocacy Officer advised Members that there was no formal consultation and it had been done on a one to one basis through an informal chat as people tended to speak more freely.*
- Members asked the Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust if it was the intention to have a dialysis unit within the hospital and an additional purpose built building on the hospital site or just a purpose built building outside of the hospital to accommodate all of the dialysis patients. *The Chief Executive responded that the present facility within the hospital would remain which catered for the existing 90 patients. There would then be an additional smaller unit on the other side of the car park to provide additional dialysis for the remaining 30 patients to enable them to come back to Peterborough. This would therefore be Lot 1.*
- How will the patient consultation views be factored into the tender process and the decision made. *Members were advised that as part of the evaluation process patient feedback was taken into account. The evaluation would be 60% quality and 40% finances.*

The Chairman asked Members if they would agree to support the tender process to provide renal dialysis services for patients in Peterborough. The Commission unanimously agreed to support the tender process.

The Chairman proposed that a recommendation be put forward to support Lot 1, the provision of a Small Renal Dialysis Managed Service Satellite Unit which would provide extra capacity for patients in Peterborough and that it be built near to the existing Renal Dialysis Ward at Peterborough City Hospital. The Commission unanimously agreed to support the recommendation.

RECOMMENDATION

The Commission AGREED to support the tender process to provide renal dialysis services for patients in Peterborough and AGREED to support the Lot 1 proposal of a Small Renal Dialysis Managed Service Satellite Unit which would provide extra capacity for patients in Peterborough. The Commission recommends that the additional unit be built near to the existing Renal Dialysis Ward at Peterborough City Hospital.

ACTION

The Commission requested that the University Hospitals of Leicester report back to the Commission on the outcome of the tender process when completed.

7. **Proposal for Non-Emergency Patient Transport Services**

The report was introduced by Director of Corporate Affairs, C&PCCG. The report provided the Commission with an introduction to the proposal for Non-Emergency Patient Transport Services and the public consultation document. The Assistant Director Commissioning & Contracting Borderline and Peterborough, Local Commissioning Group was also in attendance and provided further information and context to the Commission on the proposal.

Observations and questions were raised and discussed including:

- Members noted that the public meetings were all in the daytime and asked why none were being held in the evening. *Members were advised that historically attendance at evening meetings had been very low. Invitations had therefore been sent out to voluntary organisations and housing associations to ask if they would like someone to attend one of their local meetings. These would be in addition to the formal public meetings being held.*
- A member of the Youth Council asked how much money would be saved by recommissioning the service. *Members were informed that the current spend on patient transport was £6.5M. It was not known at this stage how much could be saved but the economies of scale should provide a saving. Members were also advised that the eligibility criteria would not change and therefore all patients currently eligible for transport would continue.*
- How would the patient transport service work with Peterborough City Council? *Members were informed that this had not been discussed as part of this particular procurement exercise as there was a need to move quickly as the current contracts were not fit for purpose. Any feedback through the consultation process that identified this as an issue would be taken into account.*
- Members noted that there appeared to be different call centres set up for each service. Would these be located in one building and using the same staff? *Members were informed that there had been a suggestion to use the 111 number for all calls or to use a new number as the point of contact. This would be for the provider to decide but any feedback through consultation would be taken into account.*
- Had consideration been given to the type of staff that would be employed to drive the transport and if they should be trained in first aid in case of emergencies. *Members were informed that this would become part of the contract with the provider. The level of vehicles used would range from use of volunteer car drivers to transport people to appointments to the use of ambulances. The level of training required would vary across the category of vehicle and the provider would need to take this into account.*

ACTION AGREED

The Commission noted the proposal for Non-Emergency Patient Transport Services and the public consultation.

8. **UnitingCare Partnership – Quarterly Report**

The report was introduced by the Chief Executive Officer and provided the Commission with an update on the UnitingCare Partnership. Members were provided with the following additional information:

- There were approximately 165,000 older people across Cambridgeshire and Peterborough;
- Last year around 20,000 older people had an emergency admission to hospital and of those 20,000 approximately 350 patients accounted for about 10% of the spend, 900 patients accounted for 20% of the spend and 3500 patients accounted for 50% of the spend of those admissions.
- UnitingCare was aiming to reduce admissions to hospital over the next two years by 19% and attendance at A & E by 20%.

Observations and questions were raised and discussed including:

- Members commented that people who lived on their own who were admitted to hospital had to be assessed before they could go home. Did this mean that they sometimes stayed in hospital longer than was necessary? *Members were informed that the assessment process needed to happen at the right point in time to understand correctly what the needs were for that person before returning home. Sometimes discharges were delayed because the right care package was not in place. UnitingCare would look at providing the assessment at the right time to better plan the persons return home.*
- Members were concerned that families were often not consulted regarding the discharge of patients and that appropriate follow up with families of the patient had not been provided. *Members were advised that this had sometimes been an issue and that UnitingCare were looking at how they could support the development of each care plan which would involve the patient and the people the patient would like involved as well. A good care plan identified all the key people that would need to be involved including such organisations as Cross Keys. Support for carers and family members would also be looked at. Work was being done by the Wellbeing Services on how to help patients, carers and family members navigate the care system and healthcare services.*
- How were the different service developments progressing in the rest of Cambridgeshire compared to Peterborough. *Members were informed that the Joint Emergency Team (JET) had been very successful as had the Hospice at home service which was specific to Peterborough. Peterborough was keeping pace with the rest of Cambridgeshire.*

Members of the Youth Council left at this point.

- Was there any reason why some care homes had more admissions to hospital than others? *Members were informed that there was a mixture of reasons. Some care homes looked after patients with more complex needs and therefore were likely to have more admissions to hospital and there were a few care homes with some management issues.*
- Regarding A & E and discharges, did UnitingCare receive good support from Peterborough City Hospital? *Members were advised that the hospital provided good support and worked collaboratively with UnitingCare.*
- Members asked if the challenge that UnitingCare had taken on when gaining the contract had been bigger than expected. *Members were informed that the challenge had been as expected but the bigger challenge had been getting organisations to work together.*
- Members sought clarification on what the new community led approach to the front door of the A & E department would look like. *Members were informed that UnitingCare were looking at what could be done to support people so that they did not need to go to A & E. Often patients ended up in hospital because there was no confidence that they could be supported at home, so the aim was to ensure support could be put in place quickly if clinically the patient was able to go home.*

The Chairman thanked the officers for attending and providing an informative report.

ACTION AGREED

The Commission noted the report.

9. Forward Plan of Executive Decisions

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Forward Plan of Executive Decisions.

10. Work Programme 2015-2016

Members considered the Committee's Work Programme for 2015/16 and discussed possible items for inclusion.

The Director of Public Health advised the Commission that the Health and Wellbeing Board Strategy would go through a drafting process and would be available for consultation between December and March 2016. It was therefore suggested that the Health and Wellbeing Board Draft Strategy item listed for the November agenda be moved to January 2016. The Commission agreed to this change.

ACTION AGREED

To confirm the work programme for 2015/16 and the Senior Governance Officer to include any additional items as requested during the meeting including moving the Health and Wellbeing Board Draft Strategy from the 5 November meeting to 13 January 2016 meeting.

The meeting began at 7.00pm and finished at 8.55pm

CHAIRMAN



**Cambridgeshire and Peterborough
Clinical Commissioning Group**



Lockton House
Clarendon Road
Cambridge
CB2 8FH

Tel: 01223 725400
Fax: 01223 725401

12th November 2015

www.cambridgeshireandpeterboroughccg.nhs.uk

MaryAnn Watson
Contract Support Manager
Cambridgeshire and Peterborough CCG
Pathfinder House,
St Mary's Street,
Huntingdon
PE29 3TN
(sent by email)

Dear MaryAnn

Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

Please find feedback on behalf of the Peterborough SRG in response to the Non-Emergency Patient Transport Services consultation. For clarity, the headings provided in the consultation document have been used as a framework for response

What needs to change

"The consultation document specifies that the new contract will help to make sure that patients are discharged from Hospital in a timely way, so that they do not have to wait a long time for transport"

SRG response:

The consultation does not make it clear if the new contract will require the new single provider to respond to 'on the day' requests

The new contract must be very clear on this point and ask the new provider how they intend to deliver this seven days a week

The SRG asks that the following are considered in the development of the specification:

1. The task and finish group under the SRG have been exploring possible temporary solutions ahead of the new contract. Whilst it hasn't been possible to pursue these, the SRG would like to see a specification that allows innovative solutions that maximise the use of different vehicle types to meet demand in cost effective ways. Does the developing specification allow for these types of arrangements?
2. Will the role of the third sector in supporting discharges/transport be considered within the specification?
3. Will learning from improvements to the current provision to increase patient flow to services earlier in the morning for non-urgent journeys be part of the specification? This enables patients to be assessed and return home the same day which releases bed capacity and keeps patient flow which is essential in the PSHFT model to

support the Ambulatory Care Unit and the Medical Assessment Unit. The SRG considers this to be an important element within the specification

4. 'On the day' transport requests:

We must ensure that the providers don't use the availability of on the day provision for any other reason than intended. Clear criteria about when this situation applies are needed.

Activity models need to be responsive to changing developments in the model of care throughout the life of the contract

5. the relationship between care providers and transport providers

Thought needs to be given to how the services relate. How hospital/community and the transport provider manage advance warning of actual and potential delays on the day of transportation/discharge and ensure that wards are feeding discharge information in to the provider.

Yours sincerely

Simon Pitts
Urgent Care Lead Peterborough

South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge,
CB23 6EA
www.scambs.gov.uk
03450 450 500



South
Cambridgeshire
District Council

Ms Sarah Prentice
CCG Engagement Team
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

Our ref: NEPTS Consultation
Your ref:
19 November 2015

Health and Environmental Services
Contact: Clare Gibbons
Email: clare.gibbons@scambs.gov.uk
Direct dial: 01954 713290

Dear Ms Prentice

**Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS)
for Cambridgeshire and Peterborough**

South Cambridgeshire District Council is represented on the Cambridgeshire Future Transport Steering Group led by Cambridgeshire County Council; the engagement of the CCG's representative with this advisory group was useful in arriving at our response to this consultation.

We recognise the drivers to bring the disparate contracts which currently deliver the NEPTS provision together, however it would appear that the contribution made by Community Transport operators in providing current NEPTS has not been adequately quantified. We contend that there should be scope for a single provider to work with Community Transport operators to deliver future NEPTS.

We understand there is a willingness on the part of the CCG to explore a single more comprehensive booking and scheduling system, as opposed to the minimum measure proposed in the model, i.e. signposting to specific community transport providers where eligibility criteria are not met. We hope that this will be reflected in the tender specification.

We would also suggest that the CCG be mindful of the County Council's Total Transport Pilot and alive to its potential to improve transport services whilst achieving cost savings and efficiencies for both the county council and the CCG – it is hoped that the CCG will engage fully with this pilot and that lessons learnt can be brought to bear within the lifetime of the NEPTS contract.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Clare Gibbons'.

Clare Gibbons
Development Officer