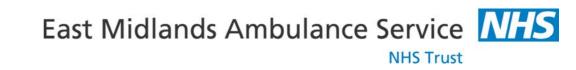
Patient Transport Services

George Gray – General Manager

Joint Health Scrutiny Committee

24th June 2008





Overview

- PTS are part of the operations directorate of EMAS and are the second largest aspect of core business after A&E.
- Provide High quality planned care and transportation for a range of patients to hospitals and health care facilities across the region.
- Support A&E services with Civil Contingencies agenda
 provide transport for large volumes of patients etc.
- Provide integrated transport across county boundaries and longer distance transport.
- Provide non core services such as Dr's visiting service (Leics) and Emergency Department Transfer crews etc.



What do PTS cover?

- Outpatient any type of outpatient clinic
- Admission planned admissions
- Discharge can be booked on the day
- Transfers between hospitals
- Day centre care e.g. Mental Health
- Renal Dialysis up to 3 times per week
- Humanitarian admissions nursing homes
- Provide support to A&E service Major Incident, Cat C calls, Emergency Department transfer.

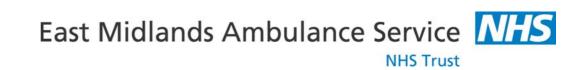




The patient journey

- Patients booked by hospitals and health trusts using:
 - Fax
 - Telephone
 - PTS online system linked to CAD
- Transport is supplied using agreed eligibility criteria:
 - Enforced by Hospitals etc.
 - Based on Medical needs
 - Considers issues such as mobility allowance etc.

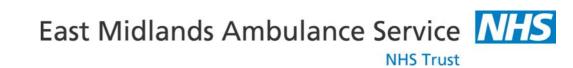




Mobility Assessment Assessed by person booking the transport

- C = Car fully mobile, VCS or Taxi
- C1 = Car fully mobile, PTD car
- A1 = Fully Mobile, Single crew ambulance
- WC1 = Own wheelchair, single crew
- A2 = Two person crew (handseat)
- WC2 = Own wheelchair, two person crew
- STR = Stretcher patient
- AE = A&E crew required
- NP = Non patient e.g. ECG tape, notes etc.





PTS Commissioning

- Contracts are individual and trust specific
- Current contracts are held with:
 - Acute Trusts Some are commissioned as part of a procurement hub ReSource
 - PCTs
 - Mental Health Trusts
- Largest contracts are held with Major Acute Hospitals
- PCTs may be lead commissioning in the future

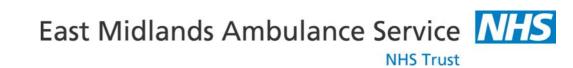




PTS Contracting

- Combined income value of £5.1M in Notts.
- Undertaking 330040 Patient Journeys in 2007/08
- Service level agreements
 - Block contracts fixed cost no variation for activity
 - Cost and Volume varied according to activity
- Formal Contracts
 - Use NHS supplies type contracts
 - More formal arrangements
 - Uses unit price based on mileage and mobility
 - Changes to key definitions boundaries, abortive journeys and move to 'one stop shop' approach





Key Performance Indicators

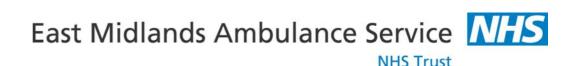
- No national standards all locally negotiated and vary between contracts
- Local standards set by trusts measure:
 - Travel time less than 60 mins and 90 mins
 - Arrival time 30 & 15 mins before appt. and no more than 10mins after appt.
 - Collection times 30 mins and 60 mins after ready time / collection time
- Other KPI data = Activity by contract, complaints / PALS and data capture >75%



Resources - Staff

- Operational Resources
 - ACA Band 3 AfC trained to undertake all types of PTS work working as double crew
 - PTD Band 2 AfC trained to lesser standard, using cars or combi type vehicles – single crew
 - VCS Volunteer car drivers use own car
 - Third parties Taxis / private ambulances
- Control and Planning Resources
 - One grade of Controller / Planner / Liaison Assistant all Band 2 AfC





Resources – Vehicles

Now contractually required to be less than 7 yrs old!

- Ambulances
 - Stretcher vehicles + up to 3 seats
 - Sitting Case vehicles up to 7 seats
- Combi type vehicles
 - Smaller Van type 3 seats + single wheelchair
- Cars
 - Large estate type cars
- VCS use drivers own car must be 4 door and in good repair





PTS controls

- Three aspects control, planning and liaison
- 18 separate units across the EMAS area
- Some joint control and liaison at hospitals
- Some stand alone control and planning
- All now using one CAD system CLERIC
- 24hrs facility in Leicester covers all OOH
- Using a variety of communications kit ARRP radios, data via the Blackberry, telephone and fax





The way ahead – future challenges

- Securing future contracts many renewed annually – risk of fragmentation or services
- Maintaining commercial competitiveness
- PCT lead commissioning April 2009??
- Joint working with Local Authorities DoT Paper "Providing Transport in Partnership" due in mid 2008?
- FT status EMAS and Commissioners
- Possibilities for more integration with A&E service to support ECPs with transportation of patients?





Thank You Any Questions

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