

Patient Transport Services

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Joint Health Scrutiny Committee

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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.



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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.



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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.



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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



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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



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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



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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?



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Thank You
Any Questions

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