

# Health Scrutiny Committee Update

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Nottinghamshire Non-Emergency Patient  
Transport Service

**June 2019**

## Background

The NHS Non-Emergency Patient Transport Service (NEPTS) in Nottinghamshire and Bassetlaw is currently operated by Arriva Transport Solutions Ltd (ATSL). ATSL have provided the service since July 2012. ATSL have advised Commissioners that they are withdrawing from the Patient Transport Market. They have agreed to operate the Contract until 30<sup>th</sup> November 2019 when a new Provider will take over.

A full procurement has taken place and a new provider has been identified. There will be a formal announcement, supported by a communication plan, of the new Provider following CCG Governing Body approval in June 2019.

As part of the procurement process, the Commissioners took the opportunity to fully explore the NEPTS market in all regions of England and to identify areas of best practice and innovation. This included two intensive bidder presentation days where 15 different Providers both large and small had very open and frank discussions on an individual basis with Commissioners about the challenges of operating a Patient Transport Service. More detail on some of the interesting points raised is noted below.

The procurement also allowed discussions to take place with Stakeholders such as Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFHT), as well as patient groups, to identify how the service should be used cost effectively and to inform the groups where improvements in the service had been included in the Contract specification.

Engagement with patient groups has focused on how to apply the eligibility criteria in a fair and robust manner.

These meetings have been well attended to date and include:

- 2<sup>nd</sup> April 2019 Mid Notts Patient & Public Engagement Committee
- 8<sup>th</sup> April 2019 Rushcliffe Patient Cabinet
- 24<sup>th</sup> April 2019 Nottingham City Peoples Council
- 2<sup>nd</sup> May 2019 Nottingham West Patient Reference Group
- 21<sup>st</sup> May 2019 Nottingham North & East Patient and Public Involvement Committee
- 19<sup>th</sup> June 2019 Bassetlaw Patient Partnership Engagement Network

Examples of responses received:

“Training and clear understanding of the criteria and how to apply it for staff taking bookings”

“Eligibility criteria communicated clearly through all channels e.g. hospital clinics. Could information be given to patients with appointment letters?”

“Information to contain eligibility criteria and examples of where people would be eligible and where they wouldn’t against each criteria, in simple and easy to understand terminology. Also that their eligibility may change depending on their current circumstances as some people may think they are ‘registered’ to use it after the first time”

“Ask questions about their circumstances e.g. do you need.....can you..... how do you..... things relating to their everyday/usual way of getting about and the mode of transport they use – all related to the criteria. E.g. How do they normally travel, Who assists them?”

## **Challenges**

As discussed above, the bidder event allowed a frank and open discussion between Commissioners and bidders. During these discussions it became clear that throughout England NEPTS providers face a major challenge in dealing with increasing and fluctuating numbers of same day booked journeys. All NEPTS operations have a finite number of vehicles and crews supported by a mixture of additional third party providers who may be other private ambulance companies or approved taxi companies. Once these resources are all used up it proves extremely difficult to find additional resources at short notice to meet the on the day demand.

In all areas the NEPTS Providers pre plan their operation for each day on the day before. This allows for good utilisation of the available resources and highlights any demand issues. They also allocate some of their fleet and crews for same day operations but this will only ever be part of the overall resources.

The fluctuating demands on the acute hospitals in the region can mean that there are often urgent demands to make beds available by discharging patients at short notice. If these patients require NEPTS it can mean that the NEPTS Provider can receive up to 40 requests for transport in less than 2 hours, overwhelming the available resources and leading to delays and system blockages. During the meetings with the acute hospitals there was a clear recognition that they must try and give more notice to the NEPTS Provider to arrange transport and NUH, in particular, have been working closely with ATSL and Commissioners to improve the number of pre booked journeys and reduce the number of same day bookings. It is essential that these improvements continue and the Commissioners have used the opportunity of a new Contract to encourage this change of behaviour using Key Performance Indicators (KPI's).

The bidders were all very honest about the standard KPI's being too blunt an instrument and had a 'cliff edge' effect where just being one minute over the KPI window would result in failure. These comments have allowed Commissioners to revise the new KPI's to make them more effective and flexible. The new KPI's have been designed with a stepped approach which does not have a cliff edge but which encourages the NEPTS Provider to get as many patients within KPI bandings as possible and only penalises those journeys that are excessively late or early.

In addition the discharge departure times KPI's have been split into Pre Booked and On the day bookings to try and encourage more pre booking of journeys. Information from other NEPTS Contracts that have adopted this standard has shown that there has been a measurable change in the behaviour of the hospitals who move from same day bookings to pre-planned bookings to maintain patient flow.

## Current ATSL performance

For the reasons noted above ATSL have not been able to meet the current Key Performance Indicators in a number of areas. Until there is a reduction in the number of same day journeys, the acute hospitals will continue to prioritise same day bookings, particularly discharges, over pre planned journeys such as Outpatients. Despite ongoing challenges in meeting contract KPI's ATSL have continued to work with Commissioners and hospitals to improve service performance. ATSL have been encouraged by Commissioners to explore and present any potential initiatives that they could introduce to improve the KPI's in the short term and support the acute hospitals. Two such innovations have been a great success:

- **Renal shuttle bus service** – This service is in operation at Nottingham City Hospital and Lings Bar renal units. With the cooperation of the units and patient groups a cohort of patients within a defined geographical area were identified and asked if they would all travel together to and from their dialysis on a shuttle bus. Patients had all previously travelled individually in single vehicles. After some initial reticence from patients the service has proved extremely successful with high levels of patient satisfaction and KPI performance regularly above 95% inward and outward. The shuttle buses service operates at both units for morning, afternoon and evening dialysis appointments.
- **NUH dedicated discharge vehicle** – This is the introduction of a dedicated discharge vehicle working with the integrated discharge team at NUH. The vehicle and crew are available to discharge any patients quickly to designated sites within a limited geographical area surrounding the hospital. This ensures that the vehicle is never far from the hospital and also allows a swift response to late care package bookings with a limited acceptance window.

## Current Key Performance Indicators

### 1. KPI 2 - Appointment arrival time - within 60 minutes prior to appointment time

KPI Target: 95%

KPI Summary – as reported by Arriva			Std.	Oct	Nov	Dec	Jan	Feb	Mar
KPI 2	Arrival Times at Point of Care	Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care.	95%	71.7%	71.8%	68.9%	68.6%	68.1%	67%

## 2. KPI 3 – Departure Times

KPI Target: 90%

KPI Summary – as reported by Arriva			Std.	Oct	Nov	Dec	Jan	Feb	Mar
KPI 3	Departure Times at Point of Care	Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care.	90%	64.4%	65.7%	64.8%	61.9%	57.8%	59.0%
		Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	57.1%	58.6%	54.0%	52.3%	42.1%	46.5%

## Renal KPI's

### 1. KPI2 - Renal Dialysis inward journeys (by appointment time)

KPI2 targets 95% and 100% respectively

KPI Summary – GEM, Renal only			Std.	Oct	Nov	Dec	Jan	Feb	Mar
KPI 2	Arrival Time at point of care	Patients should arrive at the site of their appointment no more than 30 minutes before their appointment time.	95%	74.4%	73.9%	64.8%	67.8%	64.9%	62.6%
		Patient will arrive at the unit before their appointment time.	100%	86.5%	87.4%	83.4%	85.4%	82.8%	87.3%

### KPI3 - Renal Dialysis outward time (Collection)

KPI Summary – GEM, Renal only			Std.	Oct	Nov	Dec	Jan	Feb	Mar
KPI 3	Departure Times at Point of Care	Patients should leave the dialysis unit no later than 30 minutes after their booked ready time.	95%	77.0%	78.1%	76.5%	74.1%	79.2%	79.1%

As described above the new service will include a new set of Key Performance Indicators, which can be found at Appendix 1.

## Conclusion

The Commissioners believe that they have taken the opportunity of re-procuring the NEPTS Contract to provide a more reactive and flexible service that will allow the developments outlined in the NHS Long Term Plan to be accommodated within the Contract and to encourage the new Provider to engage with Stakeholders and Patients to understand, develop and improve the NEPTS Service in Nottinghamshire and Bassetlaw. By also providing realistic and achievable KPI standards it is hoped that the new Provider will achieve performance closer to the KPI standards and have fewer outliers who are late.

## Appendix 1

PROPOSED NEPTS KEY PERFORMANCE INDICATORS			
KPI No.	KPI Type	Indicator	Threshold %
	<b>ARRIVAL TIMES AT APPOINTMENT</b>		
KPI02	Outpatient, Day case	Arrival at the clinic within 75 minutes prior to appointment time - no more than	80%
KPI03	Outpatient, Day case	Arrival at the clinic within 60 minutes prior to appointment time - at least	75%
KPI04	Outpatient, Day case	Arrival at the clinic within prior to, and no later than 10 minutes after appointment time - at least	85%
KPI05	Outpatient, Day case	Arrival at the clinic within prior to, and no later than 20 minutes after appointment time - at least	95%
KPI06	Outpatient, Day case	Arrival at the clinic within prior to, and no later than 30 minutes after appointment time - to be	100%
KPI07	Outpatient, Day case	Arrival at the clinic more than 60 minutes after appointment time	Never Incident
	<b>ARRIVAL TIMES AT RENAL APPOINTMENT</b>		
KPI02R	Outpatient, Day case	Arrival at the clinic within 75 minutes prior to appointment time - no more than	85%
KPI03R	Outpatient, Day case	Arrival at the clinic within 60 minutes prior to appointment time - at least	80%
KPI04R	Outpatient, Day case	Arrival at the clinic within prior to, and no later than 10 minutes after appointment time - to be	100%
KPI07R	Outpatient, Day case	Arrival at the clinic more than 30 minutes after appointment time	Never Incident
	<b>PRE-BOOKED DEPARTURE TIMES</b>		
KPI08	Outpatient, Day Case, Discharge	Collected within 60 minutes of patient being 'booked ready' - at least	85%
KPI09	Outpatient, Day Case, Discharge	Collected within 75 minutes of patient being 'booked ready' - at least	90%
KPI10	Outpatient, Day Case, Discharge	Collected within 90 minutes of patient being 'booked ready' - at least	99%
KPI11	Outpatient, Day Case, Discharge	Collected within 120 minutes of patient being 'booked ready' - to be	100%
KPI12	Outpatient, Day Case, Discharge	Collected more than 240 minutes of patient being 'booked ready'	Never Incident
	<b>ON THE DAY DEPARTURE TIMES</b>		
KPI08OTD	Outpatient, Day Case, Discharge	Collected within 240 minutes of patient being 'booked ready' - at least	90%
KPI09OTD	Outpatient, Day Case, Discharge	Collected within 270 minutes of patient being 'booked ready' - at least	95%
KPI10OTD	Outpatient, Day Case, Discharge	Collected within 300 minutes of patient being 'booked ready' - at least	99%
KPI11OTD	Outpatient, Day Case, Discharge	Collected within 360 minutes of patient being 'booked ready' - to be	100%
KPI12OTD	Outpatient, Day Case, Discharge	Collected more than 480 minutes of patient being 'booked ready'	Never Incident
	<b>RENAL DEPARTURE TIMES</b>		
KPI08R	Outpatient, Day Case, Discharge	Collected within 30 minutes of patient being 'booked ready' - at least	80%
KPI09R	Outpatient, Day Case, Discharge	Collected within 45 minutes of patient being 'booked ready' - at least	90%
KPI10R	Outpatient, Day Case, Discharge	Collected within 60 minutes of patient being 'booked ready' - at least	99%
KPI11R	Outpatient, Day Case, Discharge	Collected within 90 minutes of patient being 'booked ready' - to be	100%
KPI12R	Outpatient, Day Case, Discharge	Collected more than 120 minutes of patient being 'booked ready'	Never Incident