

Non-Emergency Patient Transport Services

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Why did we tender PTS?

- Provision split over at least 30 different providers
- Limited clinical or financial governance processes in place
- Almost impossible to measure service performance; understand activity; monitor standards and; understand costs
- Increasing charges from PTS providers without clear rationale for uplift
- Ad-hoc requests not under contract
- Increasing demand due to demographic changes & shift of services into the community

Our service model

- A single point of contact
- Assessment of eligibility criteria
- Operates 24/7, 365 days
- Sign posting for non-eligible patients
- On-line booking system
- Min 10% of activity to be sub-contracted to support capacity & develop the market
- Continued use of volunteer car drivers

Our procurement process

- Single joint process agreed in May 2012
- Included competitive dialogue to help develop service spec, discuss service issues & provider experiences
- Four contracts to be awarded to a single accountable provider
- 18 months of stakeholder engagement inc acute providers and patient representatives

Service launch

- Arriva service went live on 1st Dec 2013
- Preceded by six months of planning and mobilisation work
- Initial weeks characterised by:
 - Extremely high call volumes
 - Incomplete or inaccurate booking information inherited
 - Journey volume that exceeded expected level
 - Variation to expected journey mix
 - Movement of out of area patients
- Impact on acute hospitals & renal dialysis units

Four months on

- BaNES total journeys above expected (bid) level
- Average mileage below expected
- Patient mobility significantly different
- Performance improving, but two KPIs below target (cause of complaints)
- Performance for renal dialysis patients better than the full patient cohort

Our governance arrangements

- Frequent & regular mobilisation and post go-live meetings plus conf calls
- Routine contract performance monitoring & quality review meetings start this month
- Weekly and monthly activity & performance data
- Specific weekly acute Trust level dashboards
- KPI penalty regime starts 1st April 2014
- Quality incentive uplift earnable against five KPIs


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Improvements made since service launch

- Average & maximum calls waits have reduced
- Increasing trend of on-line bookings
- Increase in front-line staffing
- Re-profiling of vehicle shift patterns
- Renal hotline and renal champion
- Move to dedicated drivers for dialysis patients
- Built-in buffer time in schedules for dialysis journeys
- Acute Trust action plans
- Patient experience manager appointed
- Local complaints administrator to be appointed


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Thank you
Any questions?

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