NHS
Wiltshire
Clinical Commissioning Group

Wiltshire Clinical Commissioning Group Update for Wiltshire Council Health Select Committee:

Arriva Non-Emergency Patient Transport Service

7 November 2014

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1 INTRODUCTION

This report builds on those provided to the Committee in February 2014 and September 2014. The committee asked for a further update in November covering:

- Processes at the acute trusts to minimise the number of patients facing long delays
- Specialist transport arrangements
- Preparations for winter

The provision of effective NHS-funded patient transport services involves a number of organisations. CCGs: to hold the provider to account for performance, at the same time as ensuring the service is adequately resourced. Acute trusts: where possible planning ahead to reduce the impact of an excessive volume of on-day activity; and ensuring their staff have a good understanding of the Arriva system for bookings. Arriva: to make the most efficient and effective use of their resource, and ensure close engagement and co-ordination with acute trust staff and patients; and identify further opportunities to improve patient experience and service effectiveness.

2. PROCESSES at ACUTE TRUSTS

It is important to understand the dynamics of how the commissioned transport arrangements operate, in order to appreciate the steps being taken to address the issue of long waits for some patients. For outbound journeys, the Arriva model works on the basis of a patient being declared ready to travel, at which stage they will then confirm the allocation of resource to that journey. This is to avoid using separate pre-booked times for inbound and outbound journeys, since, if there is any delay for the patient at any stage up to the time of their outbound journey, this typically results in the transport crew arriving but the patient not being ready. In this case, the crew is then invariably unable to wait due to having other patients to move, and potentially others already on the vehicle. As a result, the journey has to be aborted, and a new booking has to be made. This also means the CCG pays twice (since resource has been used twice) and the patient and acute trust staff are inconvenienced.

There are two time measure key performance indicators for patients who are being transported outbound from acute trusts on the Arriva Patient Transport service.

- For bookings that were made at least one day ahead, Arriva's performance target is to collect the patient within 1 hour of the time the hospital informs Arriva that the patient is ready to move; for at least 85% of such journeys.

- For bookings made on the day that travel is required, Arriva's performance target is to collect the patient within 4 hours of the time the hospital informs Arriva that the patient is ready to move; for at least 85% of such journeys.

This longer period for on-the-day bookings recognises that PTS is a finite resource, across various vehicle types, to support different patient mobilities (from walking to wheelchair to stretcher), travelling between multiple collection and destination points. As a result, on-the-day bookings have to be integrated into the existing pre-planned programme as effectively as possible. Clearly, it follows that the higher the proportion of total activity that is booked on the day, the more challenging it becomes to ensure effective and efficient use of the resources, the greater the

likelihood of all resource being fully utilised (but not necessarily optimally), and the harder it becomes to achieve the Key Performance Indicator standards.

The process is completely dependent upon the patient being declared ready to travel, by the acute trust, so that Arriva resource can then be allocated to move the patient.

The simplest way to ensure that patients have as short a wait as possible, is for their journeys to have been booked in advance, then amended on the day. This way, even if, on the day itself, there is a change in the time that they are declared as ready to travel, Arriva is expected to pick them up within one hour of the time they are declared as ready to travel. Typically outpatient appointments are arranged well in advance and therefore it is perfectly possible for patient transport to be booked in advance, and generally this is what happens.

For acute hospital discharges, there is significant effort being made by all acute trusts to improve discharge planning, including initiating discharge planning as soon as the patient is admitted. However it has proved much more of a challenge to ensure that discharge patient transport is booked in advance, and then the precise time to be amended on the day. Instead, a much higher proportion of requests for patient transport for patients being discharged, are only made on the day of travel. This generates a four hour response timeframe, as explained above, to allow Arriva the opportunity to allocate the correct resource - without unduly compromising performance for other journeys that are already planned. The detrimental impact of on-day discharge bookings is exacerbated when a high proportion of these, are booked later in the day. This typically coincides with what are already the periods of peak demand for PTS resources, with a high number of outbound dialysis and outpatient journeys already scheduled.

As a result, the current focus of attention is three-fold:

- Ensuring that as many as possible of the discharges which are assessed as requiring PTS, are pre-planned and pre-booked, to bring the 1 hour response timeframe into use, to reduce the amount of on-day booked activity, and to enable the most effective use of the available limited PTS resource.

- Ensuring that discharges booked on the day, are booked as early in the day as possible, to minimise the impact on the existing peaks of PTS activity, and therefore reducing the likelihood of delays for patients.

- Reiterating to acute trust staff, the benefits of the online PTS booking tool, which allows acute trust users to monitor their patients' bookings at any time, e.g. in terms of whether they have been declared to Arriva as ready to travel, and when.

These issues are being addressed principally by the transport working group that has been set up at each acute trust, involving acute trust staff ranging from receptionist to Chief Operating Officer, and local Arriva staff. The exact composition, and effectiveness, of the three transport working groups in which Wiltshire CCG has an interest, varies. Commissioners maintain oversight of the transport working groups and are currently taking a more active role to help steer and support them, to ensure they fully address all the pertinent operational issues. This includes identifying causes of delayed discharges and resolving those causes.

Unfortunately there continues to be some examples where the impact of an excessive delay can, at its worst, result in an overnight re-admission or potentially detrimental impact on patients. All of these incidents are investigated, and the learning actions identified and implemented. For example, when was the booking made, was the mobility correct, was there a problem with the resource available, was the journey subcontracted, etc.

In parallel, commissioners are pursuing an intention to ensure that the longest waits are reduced, in terms of both number of long waits, and duration of wait. As part of the contract rebaselining currently being carried out, we are negotiating to bring in appropriate measures to impact on system-wide behaviour.

Several other measures being brought in, including:

- The Arriva South West control room establishing a process to provide information proactively to wards and clinics in the event that return transport is delayed for any reason.
- Call handlers ensuring that contact numbers are provided within all booking requests, without exception, so that any information on possible delays can be communicated.
- A further roster review to ensure the peaks of demand can best be met from existing resources.

3. SPECIALIST TRANSPORT ARRANGEMENTS

The service commissioned from Arriva is in line with most PTS services across the country and the NHS definition of what constitutes non-emergency patient transport. The service specification requires staff to have a basic level of medical knowledge and training[1], and (for ambulance type vehicles) vehicles which are able to deliver oxygen therapy. The staff are not trained to paramedic standards, they are not trained to provide active monitoring or management of patients who are on drips or drains, or who are connected to various other monitoring or treatment equipment such as one might find in an emergency ambulance vehicle. This is in line with the service for non-emergency patient transport as defined within respective NHS national guidance documents.

Experience in the first year of the Arriva service has shown that only at SFT is there a regular requirement for specialist non-emergency patient transport that exceeds the Arriva specification (sometimes known as “technical crews” or “technical journeys”). This is most commonly required for transferring in-patients from SFT to Southampton for pre-planned scans and other diagnostics that cannot be performed at SFT, and return. These journeys are booked direct with third party providers by SFT and the costs charged to Wiltshire CCG. Elsewhere there has not proved to be any regular need for such “technical journeys”.

[1]
- First aid – including basic emergency accident management
- Basic Life Support Skills (BLS) to include Adult, Child and Baby
- Infection control procedures, knowledge of transporting patients with communicable diseases
- Oxygen therapy up to 4 litres per minute
- Automated External Defibrillation (AED)

PREPARATIONS FOR WINTER

Winter typically leads to increased emergency department activity. Elsewhere in the country this in turn can lead to increased demand for non-emergency patient transport - although there is no overwhelming evidence for this in the SW from last winter (not that last winter should necessarily be considered a benchmark due to the mild conditions.)

The Arriva service began on 1 December 2013, hence the CCG and Arriva will soon have a full year's worth of comprehensive reference data on activity demand and flows. The data gathered during the year to date has already been used to support one region-wide reorganisation of shift patterns by Arriva, to ensure a good match between peaks and troughs of demand, and resource levels; and is currently being used to inform a second shift pattern review. It will continue to enable further revisions of staffing and shift patterns to meet future changes in patient flows, making maximum use of the available resource to achieve KPI performance as effectively as possible, to deliver the best possible patient experience.

CCGs are also in the process of agreeing a contractual rebaselining of the contract, to ensure - within the constraints of affordability - that the service is appropriately funded to deliver the type, mix and flow of activity that is indeed being faced. The rebaselining will be finalised as soon as a full 12 months of data is available; the principles have been identified and expected values and volumes calculated. This collectively means that as we head into winter this year, we are in a more robust position than was the case when the contract went live almost a year ago - we have a good idea of the likely volume and components of PTS demand.

The contractual agreement requires that Arriva has the ability to operate 24 hours a day and 365 days a year, and this includes an ability to operate during winter or other challenging conditions. To this end, Arriva has call-off arrangements for additional 4x4 type vehicles to supplement their fleet in cases of particularly challenging driving conditions. Arriva also worked collaboratively last winter with other providers (e.g. ambulance and fire) to ensure that any patients whose need to travel to hospital cannot be delayed (such as dialysis patients) despite the most challenging driving conditions (such as floods, lying snow, etc) are indeed collected and transported.

Amongst a range of other policies and procedures, Arriva has a Business Continuity plan which has already been tested in the context of other challenges to service delivery (including flooding earlier in 2014). Arriva will continue to review and where necessary, strengthen this plan in conjunction with commissioners through established Quality review structures.

Finally, Arriva is a partner in Wiltshire's System Resilience Group, at which all providers and commissioners as well as neighbouring CCGs and NHS England Area Team are represented and meet every two months. The aim of the System Resilience Group is to provide a strategic, delivery and monitoring forum to ensure operational resilience and referral to treatment requirements are achieved for the local health and social care systems for the people of Wiltshire, by ensuring that health and social care capacity and demand, both elective and non-elective, is managed in a robust and systematic way across all local providers.