

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

Provision of NHS-funded
Non-Emergency Patient Transport Service
by Arriva Transport Services Ltd

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Report Produced by

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1 INTRODUCTION

This report builds on those provided to the Committee in February, September and November 2014. The committee asked for a further update as we approach the end of the winter period. The Chair of the Committee has also asked Wiltshire CCG for an opinion on the proposed cessation of the WCC-subsidised RUH/GWH hopper bus service. This is covered in a separate report.

2 BACKGROUND

Arriva Transport Solutions Ltd (ATSL) was awarded contracts by Bath and North East Somerset (BaNES), Gloucestershire, Swindon and Wiltshire CCGs for non-emergency patient transport in summer 2013; the service went live on 1 December 2013. The NHS-funded Non-Emergency Patient Transport Service (NEPTS) is for those who, due to their mobility or medical needs, cannot travel safely by any other means.

During the first 14 months of the ATSL contract there have been a number of challenges, involving as it does the provision of a NEPTS service to patients across four CCG areas; patients attending four acute trusts within the CCG boundaries and a number of significant patient flows to acute trusts outside the CCG boundaries; replacing a multitude of bespoke service arrangements that had developed over time within the different acute trusts. A significant challenge has been the misalignment of predicted versus actual activity and mobility profiles.

3 ACTIVITY & PERFORMANCE

Number of journeys (Wiltshire CCG patients)

Contract year 1

Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	YTD
Inward	2108	2254	2042	2187	2489	2561	2424	2692	2366	2442	2368	2191	28124
Outward	2696	3061	2762	2756	3209	3289	3046	3337	2946	3068	2986	2749	35905
Total	4804	5315	4804	4943	5698	5850	5470	6029	5312	5510	5354	4940	64029

Contract year 2 to date

Direction	Dec-14	Jan-15	YTD
Inward	2292	2360	4652
Outward	2878	2941	5819
Total	5170	5301	10471

Aborted journeys¹

Aborted journeys are a waste of limited resource and to be avoided wherever possible. Revised aborted journey codes and definitions have been introduced. This allows targeted actions to reduce the numbers in the future. The actions are agreed at and taken forward by Transport Working Groups held regularly at each Acute Trust involving commissioners, acute trust and ATSL.

Reasons for aborted journeys 1 Dec 2014 to 31 Jan 2015 are detailed below. This represents a decrease compared to the early months of the contract although there is still scope for further improvement.

¹ transport resource allocated, journey attempted and funded, but no patient moved

Contract Year 2 Year to Date (Dec 14, Jan 15)	
Abort Reason	Number
Patient not at home	65
Patient Taken By Other Provider (within KPI)	13
Patient Making Own Way (within KPI)	52
Patient Not Ready Outbound	23
Cancelled/Changed Appointment, ATSL Not informed	199
Patient Not Ready Inbound	4
Patient Too Ill To Travel	62
Patient States No Appointment	17
Patient Deceased	9
Patient Admitted ATSL not informed	27
Patient Refuses To Travel	19
Patient Making Own Way (outside KPI)	17
Patient Admitted, ATSL outside KPI	17
Patient Taken By Other Provider, ATSL outside KPI	8
ATSL Given Wrong Address	12
Timing Incorrect / Dispatch Error	14
Wrong Mobility Ordered	36
Road Conditions / Bad Traffic	3
Wrong Mobility Supplied	5
Patient not ready Clinic Re-book	41
Total	643

Note – KPI = Key Performance Indicator. Target is 1 hour window for pre-booked pick-up outbound; 4 hour window for on-day booked outbound

Key Performance Indicators (KPIs) - by Month

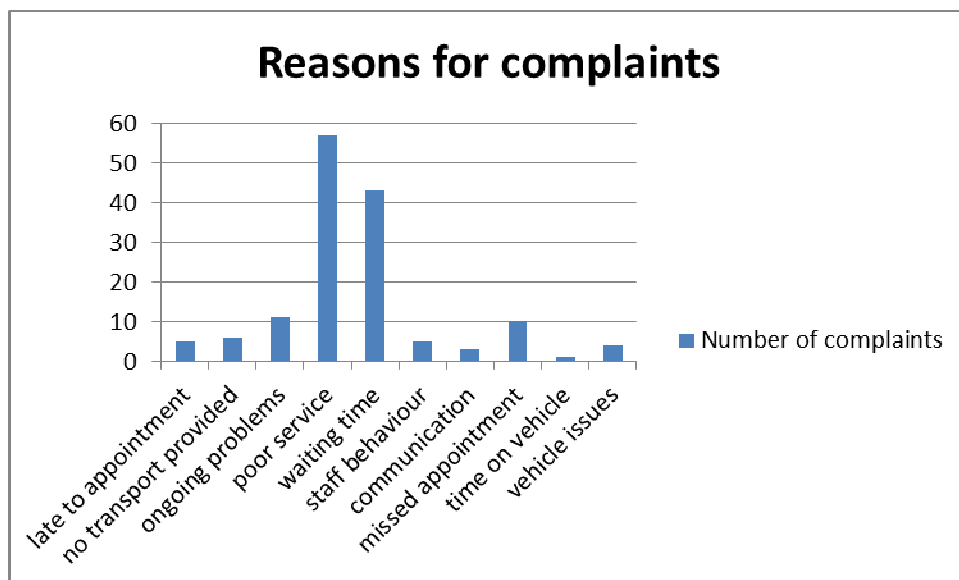
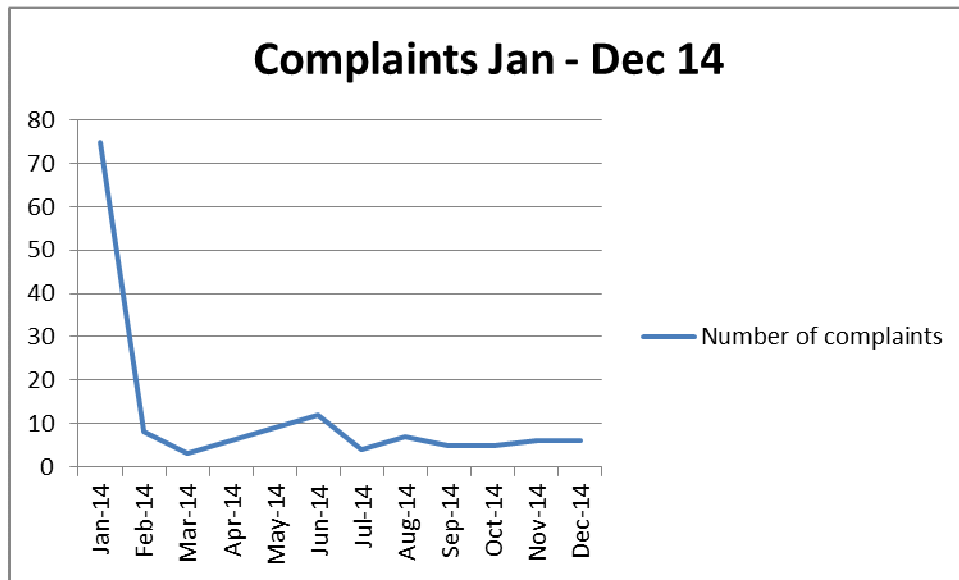
The main focus for KPIs is timeliness of service delivery, since this has the most significant impact on patient experience, and is the area that has been most challenging. Performance in Dec and Jan against the main timeliness-related KPI measures was as follows.

		Target	Dec-14	Jan-15
<10 miles < 60 minutes on vehicle	PTS01	95%	96.18%	96.20%
10 - 35 miles < 90 mins on vehicle	PTS02	90%	92.56%	93.69%
35 - 50 miles < 120 mins on vehicle	PTS03	85%	92.76%	93.52%
On time arrival -45 > + 15 mins	PTS04	95%	80.48%	84.19%
60 minute pick up (planned)	PTS05	85%	77.79%	78.53%
4 hour pick up (on the day)	PTS06	85%	82.63%	83.66%

4 COMPLAINTS

ATSL has implemented a new complaints process and created a new in-house complaints team. This team is dedicated to the Arriva patient transport business, rather than being part of a central Arriva complaints team; allowing a faster service and more comprehensive responses.

The data shows the numbers of complaints received by Arriva from Wiltshire patients, from all sources (direct from patient / via acute trust / via CCG / via MP / via Patient Advice & Liaison Service / etc).



(Note – the majority of “poor service” complaints were made in Jan 2014. The “waiting time” and other categories were evenly distributed throughout the year.)

5 CONTRACTUAL DEVELOPMENTS

Currently the four CCGs who contract with ATSL are on the verge of concluding contract rebasing negotiations. This will result in an enduring improved funding position, which will enable the core service to better match known demand; and the cessation of non-recurrent monthly top-up funding, currently used to purchase additional third party resource. Thereafter this will enable commissioners' sole focus to be on performance and service quality.

Included within the rebasing are amended contract penalties and incentives for the Key Performance Indicators (KPIs). This will reinforce the focus on the main KPIs which relate to the timeliness of service delivery, for both inbound and outbound journeys; and a particular focus on the longest-wait journeys. Incentives will also apply to other patient experience measures.

6 OTHER DEVELOPMENTS

ATSL has continued to work with commissioners and acute and community healthcare providers to put in place a number of improvements, including:

A further roster review to continue to better match resource to demand.

A mapping of renal dialysis journeys to identify opportunities to reduce travelling distance for some patients, and consolidation of journeys for others. There are patients who are transported past one or more dialysis units in order to attend a more distant unit. It is believed this is likely to be at least in part a consequence of dialysis unit capacity at the time the patient initiates dialysis. There are other cases where dialysis patients travel to/from similar destinations at different times, where possible synchronisation would enable more efficient use of transport resources. The findings are to be shared with renal dialysis service providers to seek opportunities to reduce patient travelling time consistent with patient needs, patient choice, and the operational delivery of the dialysis service.

Creating within ATSL (the part of Arriva that delivers patient transport services) an in-house complaints team; enabling a better focus on complaint investigation resolution and timeliness.

A proposed revision to details of how the eligibility question assessment is conducted, which is currently being considered by commissioners.

A revised internal escalation process to minimise longest wait journeys.

The provision of a more comprehensive data suite for acute trust transport working groups, enabling trends to be identified and corrective actions to be better targeted.

Flexible resourcing to enable known variations in demand to be accommodated e.g. over bank holiday weekends or periods of surge.

Additional communications materials including myth-busting for acute trust staff; a tri-fold information card for patients; a revised script for call handlers to signpost to other services for patients not eligible for the NHS-funded service.

Weekly escalation of trends, themes and issues to ATSL Locality managers for addressing locally at acute trust level.

ATSL and Wiltshire CCG have met recently with Healthwatch to review key issues, trends and themes; and agreed next steps to jointly improve communications with patients including signposting and sharing of comms materials.

7 NEXT STEPS

Acute trust colleagues have formally notified the CCG that the current service specification – although developed with their input – may no longer fully reflect the needs of the acute care setting, particularly with regard to the time delay for the on-day element of service (even though in the pre-ATSL scenario, the CCG did not fund any same-day service). After completion of the contract rebasing, a further piece of work will be carried out to identify how better to meet acute trusts' needs while remaining within the limits of affordability.

Further work will continue, jointly, involving ATSL, CCG, and acute trusts, to ensure continuous service improvement, particularly in response to: lessons learned from complaints and incidents; actions identified at contract review meetings; actions identified at transport working groups; feedback from Healthwatch and other stakeholders. CCG Quality Team staff are now fully embedded within the routine contract management process, ensuring a continuing focus on service quality and patient safety and experience.