

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 October 2020
Subject:	Non-Emergency Patient Transport Service – Update

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service (NEPTS). This report follows previous reports to the Committee from NHS Lincolnshire West CCG and separate reports to the Committee from Thames Ambulance Service Limited (TASL), who are the main contracted provider for this service.

The Committee last received an update report on NEPTS in February 2020. This latest report covers the key period of the Covid-19 pandemic including the period of ‘lockdown’ and the start from September 2020 of the restoration of NHS services to pre-Covid levels.

There remains considerable uncertainty regarding the future impact of Covid-19; particularly through winter 2020/21. For example, transport providers will need to isolate crews at short notice following unplanned contact with symptomatic patients which in turn reduces transport capacity, and we will need to continue to take a dynamic approach to the provision of patient transport services through NHS and system response arrangements as required.

The Committee will be aware that the Contract in place with TASL is a five-year contract with an initial term ending on 30 June 2022. The CCG is starting to work up options and planning for patient transport services from this date which will include an integrated patient transport service to provide patients, relatives, friends and carers easier, seamless access to information on journeys to and from facilities providing NHS commissioned services. Plans and options will be informed by the outcome of the national NHS review of patient transport service which is expected to report in late November 2020.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions non-emergency patient transport services (NEPTS) for the patients of Lincolnshire. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG continues to assess and consider the risks associated with exiting the contract and at the date of writing this report has not given notice to end the contract.

The CQC report published in February 2019 following inspection of the TASL service in October 2018 rated TASL as "Inadequate" for Safe, Effective, Responsive and Well Led and rated TASL as "Good" for Caring. As noted in a previous updates to the Committee it was expected that the CQC would publish a further report in the late summer of 2019. This report was published in August 2019 and reported an improved position from October with a rating of "Requires improvement" for Safe, Effective and Well Led and "Good" for Caring and Responsive.

2. Lincolnshire CCG Commentary

Covid-19

In common with the wider health and care system, Covid-19 presented a significant number of challenges for patient transport services. Generally, these challenges were responded to well during the peak Covid-19 period both by TASL and other patient transport providers commissioned by the CCG in Lincolnshire. The restoration of NHS services has created additional challenges for patient transport services and the CCG is working closely with hospitals, community services and patient transport providers in order to make sure eligible patients are able to travel to services using patient transport where this is appropriate.

NHS England published guidance on the approach to patient transport services during the Covid-19 on 27 March 2020. This was designed to ensure that transport would be available to support hospitals to manage an anticipated significant number of Covid-19 positive patients and included:

- the suspension of eligibility criteria;
- encouraging patients to use their own transport where possible;
- setting a priority for patients to access transport;
- requirements for rapid discharge of patients from wards and then from hospital;
- the suspension of KPI penalties;
- NHS emergency ambulance services (EMAS for Lincolnshire) being required to undertake a co-ordinating role for both 999 and NEPTS for the period of the pandemic.

In Lincolnshire, EMAS took on a light touch co-ordinating role with as far as possible patient transport services managed on a local basis through CCG and Covid-19 system response and escalation meeting structures.

The approach to managing Covid-19 in Lincolnshire has resulted in much closer working between TASL, hospitals, the CCG and other transport providers.

In the earlier weeks of Covid-19, lack of availability of PPE was a key issue for TASL and on a small number of occasions the CCG provided a 'top-up' stock to TASL to enable TASL to continue to operate safely.

The arrangement for additional support in place with Ambicorp to support discharges at Boston Pilgrim and Lincoln County Hospital continued to be commissioned during the peak Covid-19 period and as with TASL generally worked well.

As would be expected there was a reduction in the number of individual patient transport journeys during the key Covid-19 period due the cancellation of all but essential hospital elective activity, outpatients and diagnostics. For April, May and June 2020, the number of individual patient journeys undertaken was c30% lower than the same period for the previous year. However, Covid-19 infection control requirements meant that in most instances journeys had to be undertaken with a single patient on each vehicle rather than multi-occupancy on vehicles that was in place before Covid-19.

The restoration of NHS services has seen an increase in patient transport journeys during August and September 2020 with the continuing requirement to reduce the risk of cross-infection through social distancing on vehicles. This, together with patient transport staff having to isolate where they have Covid-19 symptoms has resulted in a number of occasions where transport capacity has been limited and resulted in failed discharges. Further capacity is now in place and actions have been taken to seek to improve transport processes. In line with updated national guidance published on 24 September 2020, eligibility criteria are now being applied.

As part of the restoration of elective services, Grantham Hospital operates dedicated elective surgery and chemotherapy services as this significantly reduces the risk of Covid-19 cross-infection from emergency patients. However, whereas pre-Covid-19 Grantham largely saw patients from an area local to the hospital the hospital now sees patients from across Lincolnshire and this increases the journey distances for patient transport which in turn has impacted on transport capacity. Recognising this impact and in order to support transport to and from other hospitals, the CCG has put in place additional elective patient transport arrangements to and from Grantham outside of the TASL contract.

The provision of renal dialysis transport has been particularly challenging with patients having to arrive and be picked up a very specific times on individual vehicles. Transport for the Boston, Grantham and Skegness satellite dialysis units has operated well during the Covid-19 period.

Activity and Performance

A summary of the activity and Key Performance Indicator (KPI) position for the TASL Contract for the period to August 2020 is included as Appendix A to this report. The Committee should note that the report includes performance for three new KPIs related to re-beds and the timeliness of return journeys for outpatients.

For August 2020, TASL achieved the contracted level of performance for 2 out of 15 KPIs and delivered month on month improvement for 2 KPIs. As would be expected as a consequence of reduced activity KPI performance generally improved during April to July 2020, but following the restoration of services coupled with the need for social distancing, performance has deteriorated in August.

Planning for Patient Transport Services from July 2022

The CCG is starting to work up options and planning for the patient transport service once the current TASL contract ends. The contract in place with TASL was let on an initial term of 5 years to 30 June 2022 with an option for the CCG to exercise a two year extension to 30 June 2024. We do not currently expect to exercise the option to extend the contract with TASL. This means that TASL will need to respond to the procurement exercise undertaken by the CCG should they wish to be considered to continue to provide the service after June 2022. Any procurement will be open, transparent and fair.

The design of the new service will be informed by discussion with patient groups and partners in hospitals and other services in Lincolnshire and by the outcome of the national NHS review of patient transport services which is expected to report in late November 2020. The CCG remains keen to have in place an integrated patient transport service to provide patients, relatives, friends and carers easier, seamless access to information on journeys to and from facilities providing NHS commissioned services.

An outline planning and procurement timeline is set out in the table below.

Task	Date
Development of specification and documents	October 2020 to February 2021
Market engagement events	February / March 2021
Tender launch and completion by bidders	April / May 2021
Evaluation	June 2021
Board approval	July 2021
Contract award in principle and start of standstill period	July 2021
Contract signed	August 2021
Mobilisation	August 2021 to June 2022
Service commences	1 July 2022

3. Conclusion

TASL generally responded well during what was a difficult and uncertain time during the peak Covid-19 period. TASL continue to operate in circumstances where social distancing requires careful management of capacity as NHS services as restored to pre-Covid-19 levels. In order to support the successful operation of patient transport services the CCG has commissioned additional support to supplement the main contract in place with TASL.

Covid-19 continues to present a number of uncertainties for the future and patient transport arrangements will continue to be reviewed and where necessary revised in line with national guidance and local progression of the disease.

KPI performance for TASL continues to be below contracted levels and shows a month on month deterioration in August 2020. We expect performance to stabilise from October following the additional capacity put in place in late September.

The CCG is starting to plan options and procurement work for the patient transport service from June 2022.

Assessment of risk of termination of the contract remains as previously reported. The Committee is asked to note that all of the matters highlighted in this report remain under ongoing active review and consideration by the CCG.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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Activity and Performance against Key Performance Indicators – July 2017 to August 2020

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan 19 to Mar 19	Apr 19 to Jun 19	Jul 19 to Sep 20	Oct 19 to Dec 19	Jan 20 to Mar 20	Apr 20 to Jun 20	Jul 20 to Aug 20
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	29,363	30,706	31,351	26,866	20,199	16,109
Escorts	2,274	2,425	2,221	2,552	2,296	2,755	2,228	1,912	1,959	2,057	1,628	413	450
Escorts	4,163	3,694	2,783	3,167	3,503	2,833	3,049	2,835	2,903	3,084	2,348	455	469
Total	40,542	39,068	36,343	39,863	38,935	38,431	36,500	34,110	35,568	36,492	30,842	21,067	17,028
Plan	48,792	48,029	48,030	47,268	39,730	39,109	39,109	37,868	38,935	38,431	36,500	34,110	
Variance	-8,250	-8,961	-11,687	-7,405	-795	-678	-2,609	-3,758	-3,367	-1,939	-5,658	-13,043	17,028
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	2,338	2,590	2,868	1,761	1,197	919
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	8,144	8,230	8,204	7,782	5,683	5,547
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	1,113	702	241	327	108	105

Note:

The activity plan is adjusted on each annual anniversary of the contract in order for the plan to reflect the most up to date actual activity.

The CCG changed the arrangement for ECJ activity from September 2019, bringing a number of journeys that would previously have been classified as ECJs into the core contract.

Table 2: KPI Performance Summary - August 2020

KPI	Description	Contract Target	Latest Performance (August 2020)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (38 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	65.8%	-10.39%	Worse	7	88.7%	67.1%
KPI 2	Journeys cancelled by provider	0.50%	0.0%	0.28%	Better	12	0.0%	0.9%
KPI 3a	Same day journeys collected within 150 mins	95%	75.6%	-5.93%	Worse	0	93.3%	76.4%
KPI 3b	Same day journeys collected within 180mins	100%	80.6%	-5.74%	Worse	0	95.5%	83.4%
KPI 4a	Renal patients collected within 30 mins	95%	71.6%	-6.80%	Worse	0	85.4%	74.3%
KPI 4b	Non-Renal patients collected within 60 mins	95%	62.9%	-6.87%	Worse	0	82.0%	70.9%
KPI 4c	All patients collected within 80 mins	100%	83.9%	-5.46%	Worse	0	88.9%	81.1%
KPI 5	Fast track journeys collected within 60 mins	100%	63.6%	-15.31%	Worse	1	100.0%	72.4%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	59.8%	0.80%	Better	0	75.0%	60.9%
KPI 6b	Patients to arrive no more than 60 mins early	95%	59.1%	-8.42%	Worse	0	75.3%	67.6%
KPI 7	Journeys to arrive on time	85%	69.5%	-6.59%	Worse	0	83.8%	75.8%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	72.5%	-1.37%	Worse	0	80.1%	73.8%
KPI 9	% discharge patients re-bedded where TASL have failed to collect within 2 hours of agreed pick up time	0%	2.2%	-1.00%	Worse	0	0.2%	1.4%
KPI 10a	% Patients waiting longer than 2.5 hrs for their outpatient or renal return journey	5%	4.3%	-1.85%	Worse	7	0.8%	2.5%
KPI 10b	% Patients waiting longer than 4 hrs for their outpatient or renal return journey	0%	0.7%	-0.35%	Worse	0	0.2%	0.5%

Note:
KPI9, 10a and 10b apply from February 2020.

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