

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 Integrated Care Board and
East Midlands Ambulance Service NHS Trust**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	24 January 2024
Subject:	Non-Emergency Patient Transport

Summary:

This report provides an update from NHS Lincolnshire Integrated Commissioning Board (ICB) and Non-Emergency Patient Transport Service (NEPTS) for the period since the previous report considered by the Committee in February 2023 to date.

The NEPTS contract for Lincolnshire is now operated by the East Midlands Ambulance Service NHS Trust. All NEPTS services included in the contract are managed by EMAS. The new contract for NEPTS in Lincolnshire was awarded to East Midlands Ambulance Service with the service commencing on 1 July 2023.

EMAS NEPTS and Lincolnshire ICB have been asked by the Committee to return following the go live date to provide an update on the current service provision.

Actions Requested:

The Committee is asked to note the contents of this report.

1. Background

On the 15 February 2023 the Committee noted a previous paper, presented by the NHS Lincolnshire Integrated Commissioning Board (ICB) in relation to the Non-Emergency Patient Transport Service (NEPTS). The report updated the committee that from the 1 July 2023 East Midlands Ambulance Service NHS Trust (EMAS) would be the new NEPTS provider for Lincolnshire. The Committee requested a further update from the ICB and EMAS once the service provision was in place and had embedded for a short period of time.

Following the contract award and a period of planning, EMAS NEPTS successfully mobilised and went live on schedule and without any break in service provision for patients and healthcare stakeholders. All staff eligible through TUPE were transferred to EMAS. Routine ICB contract management processes are also in place.

The ICB have undertaken a modified approach within areas of the contract by transforming the traditional threshold penalty Key Performance Indicators (KPIs) within the contract to overarching aims and objectives focused on timely transport with no excessive waits, in particular, fast track and care home journeys, reducing late night journeys, minimum aborted and cancelled journeys, signposting for patients not meeting eligibility criteria and working with the wider system to deliver emerging new care models. In addition, there is a Local Incentive Scheme (LIS), which is designed to continuously improve delivery in three key outcome areas over the period of the contract:

- Zero re-beds
- Delivery of a social value plan
- Patient and Healthcare professionals' satisfaction and partnership working

Alongside the contractual requirements EMAS has a set of Service Delivery Principles for internal monitoring and measuring to inform continuous improvement of service delivery, this information is shared with the ICB on a monthly basis to inform improvement discussions.

The Lincolnshire NEPTS mobilisation has been undertaken in two phases. The initial phase was designed to support NEPTS staff, patients HCPs with the minimal amount of change or disruption to service, giving the opportunity for all stakeholders to adapt to the change of provider and any system and process change that was required from the 1 July. An example of this being the number of NEPTS base locations and staff rotas across the county remaining the same as the previous NEPTS provider.

Phase two has commenced earlier than anticipated due to the positive response to change from both staff and healthcare system partners, this phase will see changes to rotas to improve resource alignment to activity levels and an increase in base locations across the county, creating opportunities for people wishing to undertake a career in EMAS, reducing staff travel from home to base locations and providing more accessibility of NEPTS to patients in more rural areas and increase collaborative working with Accident and Emergency colleagues.

Current contract performance

Appendix B demonstrates the current Service Delivery Principles performance each month from the commencement of the contract.

EMAS NEPTS have become established as members of the Lincolnshire healthcare system and have links to the local resilience forum. This being particularly beneficial during the recent flooding. The robust Business Continuity Plans within EMAS supported patient flow with minimal service delivery impact ensuring essential patients received their treatments.

Relationship building and collaborative working have been key in identifying improvements in service delivery and continue to be the focus of NEPTS as part of the LIS. Patient, HCP surveys and face to face meeting with groups such as patient voice have commenced. The feedback has already been influential in some areas of service design.

Volunteers continue to be a part of the service delivery model with continual adverts for new recruits live within NHS jobs and new recruits joining training in January 2024. EMAS NEPTS are members of the Association of Ambulance of Chief Executives Volunteer group which supports a consistent approach across the Ambulance Trusts with regards to training and policy. NEPTS Volunteer lead is also undertaking initial stages of collaborations with our Community First Responder team.

2. Consultation

This is not a direct consultation item.

3. Key Strategy Documents

The key NHS guidance for non-emergency patient transport services is set out in the documents *non-emergency patient transport services eligibility criteria*, and *NEPTS: Commissioning, contracting and core standards* which were published in May 2022 and July 2022 respectively. These documents relate to the recommendations in the *Report of the non-emergency patient transport review* published in August 2021 and provide a direction for the future operation of non-emergency patient transport services. The guidance documents are reflected in the ICB approach to the commissioning of patient transport and early insights into this guidance were available prior to their formal publication and were considered in the development of the ICB non-emergency patient transport procurement.

There are no explicit references to non-emergency patient transport in the NHS Long Term Plan, the Lincolnshire Joint Strategic Needs Assessment or the Lincolnshire Health and Wellbeing Strategy. It is, however recognised that the provision of non-emergency patient transport supports eligible patients to access hospital and other healthcare services and, in this way, contributes to the delivery health and well-being in Lincolnshire. The EMAS five-year Clinical strategy embeds NEPTS within the plan along with Emergency and Urgent Care.

4. Conclusion

EMAS NEPTS services in Lincolnshire have seamlessly mobilised and are continuing to develop in line with the mobilisation plan and contractual requirements, EMAS NEPTS are working responsively with the ICB and hospital and community partners in the delivery of their service. Within EMAS the Divisional Director for both NEPTS and the Divisional Director for Lincolnshire Accident and Emergency Ambulance Services have approached and developed their strategic aims with consistency to create a responsive and cohesive transport provision across Lincolnshire.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Service Delivery Principles -Key
Appendix B	Service Delivery Principles - Performance

6. Background Papers

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

Service Delivery Principles

KPI/Principle	Summary
Principle 1	No re-beds/failed discharges due to transport failure
Principle 2.1	A timely service for renal dialysis patients - arrival no earlier than one hour before
Principle 2.2	A timely service for renal dialysis patients - collection no later than 60 minutes
Principle 2.3	A timely service for all patients - arrival no earlier than one hour before
Principle 2.4	A timely service for all patients - collection no later than 80 minutes
Principle 3.1	Timely discharges / No Excessive waits two hours after booked collection time
Principle 3	Timely discharges / No Excessive waits - four hours after booked collection time
Principle 4.1	Fast Track - collected no more than 60 minutes after booked collection time
Principle 4.2	Fast Track - mean response minutes

Performance of Service Delivery Principles

KPI	Internal Target	Jul23	Aug23	Sep23	Oct23	Nov23
Principle 1	0	0	0	0	0	0
Principle 2.1	90%	76%	82%	85%	79%	81%
Principle 2.2	90%	90%	95%	94%	95%	92%
Principle 2.3	90%	63%	70%	68%	71%	68%
Principle 2.4	90%	84%	88%	88%	86%	85%
Principle 3.1		56%	60%	52%	56%	54%
Principle 3.2	90%	84%	85%	81%	83%	84%
Principle 4.1	100%	20%	67%	67%	71%	0%
Principle 4.2	60	115	60	71	55	132

Principle 1 – Reporting will commence February 2024 (data from 1 January) in line with the LIS requirements.

Principle 2.1 – 96% renal dialysis patients arrived before or within 30 minutes of their agreed arrival time.

Principle 2.3 - 99 patients (5%) arrived earlier than the measure. 91% of patients arrived early or within 30 minutes of their agreed arrival time.

Principle 2.4 - to achieve the measure of 90% a further 52 patients would have been required within the parameters. Of the 52 required, there were 50 collected within 90 minutes, only 10 minutes outside the parameter.

Principles 3.1 & 3.2 - 54% discharges collected within 2 hours and 84 % within 4 hours. An average of 7 discharges per day out of 64 discharges in total each day, fell outside of the principle measure.

Principle 4.1 - There were three fast track journeys undertaken, one collected within 80 minutes and two collected between 150-180 minutes.