

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 May 2008.

**PRESENT:** Councillor Dryden (Chair), Councillors Biswas, Carter, Cole, Elder and Mrs H Pearson.

**OFFICIALS:** J Bennington, C Breheny, P Dyson and J Ord.

**\*\* PRESENT BY INVITATION:**

Middlesbrough Primary Care Trust:  
Neil Stevenson (Senior Commercial Manager (Acute) Tees-wide  
Commissioning Directorate)

South Tees Hospitals NHS Trust:  
Anne Anderson (Patient Transport Manager)

North East Ambulance Service NHS Trust:  
Allan Grieff (Assistant Operational Manager)  
Stephanie Basra (Assistant Director of Ambulance Operations)  
Les Mullen (Planning Manager).

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Lancaster, P Rogers and Rooney.

**\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 3 April 2008 were taken as read and approved as a correct record.

### PATIENT TRANSPORT – JAMES COOK UNIVERSITY HOSPITAL

In a report of the Scrutiny Support Officer Members were reminded of the key issues raised at a meeting of the Panel held on 11 February 2008.

From the outset of the review the Panel had confirmed its intention to focus upon the patient's transport experience with a specific reference to attendance at outpatient appointments and arrangements for patients requiring transport upon discharge.

The main issues previously highlighted included the following: -

Discharge from Hospital:

- links between discharge arrangements and Social Care could be improved to ensure that individuals requiring social care services, received a more seamless service;
- it was noted that whilst individuals would benefit from better information sharing between discharging units and Social Care, it would also lead to a more efficient use of social care resources;
- concern had been expressed that wards could not give accurate times for discharge making it difficult to set up support in the home;
- South Tees Hospitals NHS Trust had indicated that planned discharges could be booked with the North East Ambulance Service (NEAS) for transport before 11.00 a.m. the working day prior to discharge;

- It was also indicated that in terms of same day discharge, wards would try and book Patient Transport by contacting NEAS and if unavailable an alternative form of transport would be sought such as taxis or private ambulance depending upon a patient's needs;

Reasons for Delay in Discharges from Hospital:

- no ambulance available due to 'same day discharge' request for transport;
- ability for relatives/carers to make arrangements to collect patients once they had been informed of the 'same day discharge',
- limited service from NEAS on a weekend;
- vehicle was inappropriate to meet patients needs for transport, due to unclear and/or insufficient information at the time of request;

Patient Transport Service (PTS):

- it had been confirmed that the purpose of the TIS was to ensure patients who were unable to attend their appointment by public or private transport, had a central contact number to obtain, if eligible, non emergency NHS transport service to ensure attendance at their appointment;

Funding- Contract Arrangements:

- it had been confirmed that a block contract was used to fund the PTS and the PCT commissioned the PTS from NEAS;
- PTS was performance managed centrally by Middlesbrough PCT;
- the Panel had been advised of ongoing negotiations between STHT and NEAS aimed at including a certain flexibility into the existing contract in terms of more flexibility around booking arrangements, with particular reference to extended day time appointments and same day patient journeys.

The Chair welcomed the local NHS representatives and reiterated some of the main issues, which required further clarification.

The main areas of discussion centred on the following: -

Discharge from Hospital:

- a) since the meeting of the Panel held on 11 February further discussions had been held between Social Care and STHT with a view to seeking ways of addressing the operational issues identified;
- b) it was acknowledged that given the extent to which each case was different which were often complex it was difficult to adopt a general course of action although Members welcomed the steps taken to ensure that senior managers were made aware of problems at an earlier stage;

North East Ambulance Service:

- a) although a high level of satisfaction had been demonstrated in a recent patient survey with regard to the current service provision it was nevertheless acknowledged that further improvements were required to the service and additional flexibility introduced in order to cope with modern day discharges and patient's individual needs;
- b) although alternative forms of transport had been introduced such as the use of taxi services and volunteer drivers where appropriate, the service was essentially the same which had been provided for many years;

- c) whilst a number of improvements had been made in recent years it was considered that more radical changes and a review of the current service was required in order to meet the demands arising from changes in the NHS such as extended day care and patient choice;
- d) reference was made to the specific transport needs of certain patients such as those receiving dialysis treatment where it was felt that improvements could be made;
- e) reference was also made to the need to take into account the increased competitive market with particular regard to private providers of non-emergency transport an example of which was given of a company recently winning a significant hospital PTS contract;
- f) although there was a need to provide a more responsive service to the changing requirements of the NHS it was unlikely to receive any significant additional resources;
- g) in terms of the local contractual arrangements it was confirmed that although there were financial penalties within the contract with STHT it was explained that this was currently based on underactive journeys per month and not on individual journeys;
- h) the importance of commencing a patient's discharge plan on the day of admission was reiterated;
- i) it was reiterated that in most ward areas the qualified nurse assigned to the patient during their hospitalisation would decide upon the appropriateness of the transport;
- j) confirmation was given that a service level agreement operated in terms of the use of local taxi services (£1m budget per year);
- k) an indication was also given of the training given to volunteer ambulance car drivers who were often called upon to transport patients from outlying districts and remote areas freeing ambulance drivers to do other work;
- l) one of the most challenging changes to NHS related to patient choice with increased demands from the service as patients often travelled further to receive treatment;
- m) the overall review to be undertaken of patient transport would include an examination of increased partnership working with other organisations and voluntary sector;
- n) the review would include interviews with staff, examination of access criteria, analysis of journeys and market research;
- o) It was recognised that NEAS covered a wide area, which required the development of a number of alternative models to cope with increasing demands;

#### Transport Information Service:

- a) the PTS was currently provided by the TIS on behalf of the four PCTs;
- b) specific reference was made to a range of posters and leaflets previously circulated regarding the changes over a year ago when the Transport Information Service had been established to undertake the booking of PTS from GP practices;
- c) it was suggested that GP practices should be reminded of the current arrangements;
- d) current resources for PTS were via the national payment by results tariff and an element from the contract between STHT and NEAS.

**AGREED** as follows: -

1. That all representatives be thanked for the information provided.

2. That the information provided and the outcome of deliberations as outlined be incorporated into the overall review.

#### **OVERVIEW AND SCRUTINY UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 8 April 2008.

NOTED

#### **SCRUTINY REVIEW – RECOMMENDATIONS IMPLEMENTED**

In a report of the Scrutiny Support Officer details were provided of progress achieved with the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports since the last update to the Panel.

It was confirmed that of the 73 recommendations, which should have been implemented by March 2008, 67 had been implemented, 5 had partially been completed and 1 had not been implemented.

The agreed Executive actions, which had not been implemented by the proposed target date and the reasons and/or proposed action, were outlined in Appendix A of the report submitted.

NOTED

#### **ANY OTHER BUSINESS – NORTH EAST AMBULANCE SERVICE – CONTACT CENTRES**

Further to the meeting of the Overview and Scrutiny Board held on 29 November 2008 the Chair advised Members of the latest position regarding the proposals by North East Ambulance Service in respect of the location of Contact Centres.

It was confirmed that a letter had been forwarded to the Chief Executive of North East Ambulance Service requesting any decisions to be deferred and that the report to be considered by the Board in May should form the basis of further consultation. It was confirmed that a decision was awaited from North East Ambulance Service.

NOTED