Middlesbrough Council

Middlesbrough moving forward

AGENDA ITEM: 4

HEALTH SCRUTINY PANEL

9 JULY 2008

PATIENT TRANSPORT TO AND FROM JAMES COOK UNIVERSITY HOSPITAL – DRAFT FINAL REPORT

BACKGROUND

1. The Panel was interested in considering the effectiveness of Patient Transport Services. To keep the investigation to a reasonable scope, it was decided that the Panel would focus particularly on the role of Patient Transport for people attending outpatient appointments and the effectiveness of Patient Transport Services following discharge. The Panel was particularly keen to investigate how the range of different services connect with each other, to ensure that the patient receives as seamless a service as possible. To do this, the Panel held two roundtable discussions with a range of representatives from Social Care and the local NHS. The following report documents those debates and outlines the evidence considered.

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2. The Panel was particularly interested in considering the effectiveness and sustainability of Patient Transport Services, with a particular focus upon attendance at outpatient appointments and following discharge.

MEMBERSHIP OF THE PANEL

3. Cllr Eddie Dryden (Chair), Cllrs Biswas, Carter, Cole, Elder, Lancaster, Pearson, P Rogers and Rooney.

METHODS OF INVESTIGATION

4. The Panel gathered evidence in a two roundtable meetings, with a number of agencies in attendance. Those agencies produced briefings papers which were the basis of debate. The meeting papers of those meetings can be found on the Commis network.

EVIDENCE GATHERED BY THE PANEL

5. The Panel held its first evidence gathering session on 11 February, with representatives from Middlesbrough Council's Social Care Department, Middlesbrough Primary Care Trust (PCT) and the South Tees Hospitals NHS Trust (South Tees Trust).

6. The Panel wanted its meeting on 11 February 2008 to take the form of a roundtable debate, and not a series of briefings or presentations to digest and be required to respond to immediately. As a result, prior to the meeting the Panel agreed a set of questions or points it wanted to put to each organisation attending. Those questions were sent out well in advance of the meeting, which enabled those organisations to provide a written response, which went out with the Panel papers. This then enabled the Panel to read around the topic in advance.

7. The Panel started the meeting by considering evidence from The Social Care Department and moved on to consider papers from South Tees Trust and Middlesbrough PCT. The Panel heard that the people who require Social Care are a fraction of those using Patient Transport, although they are some of the most vulnerable people in the local community. It was felt that the quality of the discharge process is critical for people's care, but also people's perception of the service and how resources are used. The Panel heard that there has been no detailed, systematic review of how these matters are monitored and how the patient experience is fed back to improve the service.

8. It was confirmed to the Panel that the Social Care staff involved in discharge are based at James Cook University Hospital (JCUH). A particular issue, which was raised with the Panel, was the amount of information made available to Social Care when someone is discharged to their home and goes home with the assistance of PTS. To clarify, it was said that Social Care may be advised that an individual was being discharged and would be going home with PTS, and assessments from Social Care may be necessary. The Panel heard that this could cause problems for Social Care as there may be a requirement to set up support for the individual at home. Social Care can not do that effectively if it does not have a good idea as to when the person will be arriving home. The Panel heard that if staff members are waiting for someone to arrive home, they cannot, by definition, be somewhere else. It is felt that this is a rather inefficient use of resources and social care could deploy its resources a lot more effectively if it had a clearer idea of when it could expect people to arrive home. This struck the Panel as a fairly simple matter to address and the Panel was surprised that such a seemingly simple logistics step was often overlooked.

9. The Panel heard that, in so far as numbers were concerned, Social Care was probably told of around 100 people per week being discharged who require some form of social care input, which the Panel felt is a significant number. Nonetheless, the Panel heard that a systematic method to ensure people's continuing healthcare needs were always picked up and tracked, whilst using

PTS, was lacking. The importance of continuing people's healthcare was emphasised as crucial if people are not to become involved in the 'revolving door' of home and hospital. It was clarified for the Panel that those patients who are reaching the end of their lives are fast tracked through any such process.

10. The Panel heard that one of the central problems in ensuring that those using patient transport receive adequate social care is that once a medical decision is made that someone can be discharge, it is not possible for someone to have an 'estimated time of arrival' at home. The Panel felt that this makes it extremely difficult for complementary services (such as Social Care) to be able to plan service delivery efficiently, although it is also far from ideal for the patient. Once discharged from a ward, the Panel heard that a patient goes into the discharge lounge, where care is provided if necessary, until the patient transport is able to deal with the patient. On the point of discharge lounges, the Panel would like to highlight a difference in opinion. In the introductory paper from the Council's Social Care Department, the Panel learned that from the hospital social workers point of view, people can be waiting in the departure lounge for a substantial amount of the day, until transport arrives. This is due to wards not being able to provide precise discharge times and the fact that PTS operates on a 24 hour notice basis. The South Tees Trust, in the subsequent debate, challenged this point. The Panel heard that the perception that people are often sat in the discharge lounge for a lengthy period of time is not true and should be challenged. On this point, the Panel was curious as to why there was such a difference of opinion. Whilst the Panel does not have any reason or desire to question the validity of information provided, it appears that a disagreement of the reality exists.

11. The Panel heard that Patient Transport ambulances are required to be booked 24 hours in advance, and the system is unable to give patients a definitive time for pick up. On this point, the Panel felt as though it sounded like the Ambulance Trust was in control of the system as opposed to the commissioners (i.e. the organisations who buy the services) deciding the level and specification of service they wanted to pay for. In addition the Panel felt that 24 hours notice for Patient Transport does not seem to assist hospitals in administering their bed usage as efficiently as possible. To expand upon this point, in the paper produced by the South Tees Trust it was confirmed that wards are able to book online with NEAS or fax for PTS before 11am the day prior to discharge. To contrast, wards contacting the Yorkshire Ambulance Services only have the ability to fax or telephone for PTS prior to 11am the day before discharge. The Panel heard that both NEAS and YAS operate a PTS on a Monday to Friday basis. Therefore, if a booking is required on a Monday, it will need to be booked the previous Friday before 11am.

12. The Panel heard that wards will try to book PTS by contacting NEAS or YAS depending on the patients' hospital site and destination. The Panel heard that if after a certain time, transport from the Ambulance Trust is not available, in order to minimise the disruption to patient flow an alternative form of transport will be sought. The Panel heard that this is usually a taxi or private ambulance depending upon the patients' individual needs. The panel was advised that

the qualified staff on a ward tend to decide on what form of transport is appropriate.

13. The Panel was interested in hearing the views of the South Tees Trust on the most likely reasons for a delay in the patient getting transported, once a discharge has been made. They were reported as

13.1 No ambulance availability due to same day discharge request for transport

13.2 Ability for relatives or carers to make arrangements to collect patients once they have been informed of the same day discharge

13.3 Limited service from the Ambulance trust on a weekend

13.4 Vehicle is inappropriate to meet patients needs for transport, due to unclear or insufficient information at the time of request.

14. The Panel was interested to learn as to what contracts the South Tees Trust had with whom.

14.1 The Panel heard that NEAS were contracted to provide PTS from North Tyneside to the boundaries of East Cleveland.

14.2 NEAS also have a contract to provide PTS to people accessing services at the Regional Spinal Injuries Centre.

14.3 The Yorkshire Ambulance Service is contracted to provide PTS across North Yorkshire and the Hambleton and Richmond area.

14.4 The North West Cumbria Ambulance Servce is contracted to provide PTS from North Cumbria

14.5 Medical Services North East are contracted to provide PTS from Monday to Friday between 12.30pm and 7.30pm, to support 'same day discharges' and cross boundary work.

15. It was accepted that, historically, the Patient Transport contract has rolled over from year to year and has been provided on a Monday to Friday, 9am to 5pm basis. The Panel heard that the South Tees Trust had attempted to negotiate more flexibility, although there had been little success so far.

16. It was confirmed to the Panel that the PTS system is commissioned and led by North of Tyne PCT, on behalf of other PCTs in the region. It was stated that a major part of Ambulance Services was blue light services, although PTS formed an important part of Trust's business. It was confirmed to the Panel that provider Trusts (South Tees Trust in this instance) also commission from NEAS for PTS service

17. It was stated to the Panel, that in the view of people present, NEAS does have an extremely difficult job in co-ordinating resources. It was said that the

South Tees Trust has an agreement regarding the number of patient transport journeys provided in a given year and NEAS was not contracted to perform same day discharge/transport.

18. Whilst the Panel accepted that, to some extent, this was a legacy of historical contracts, the Panel heard that it was increasingly felt within the local NHS that such an arrangement was not beneficial and was actually behind the times. When one considered the fundamental changes that have taken place in healthcare practice and policy in recent years, the Panel felt that it was rather incongruous that PTS had seemingly been neglected in the modernisation agenda. Consequently, the Panel felt it pertinent to question what changes were going to be made to PTS to move it forward.

19. The Panel heard that the South Tees Trust, in particular, would like to see the service offer an increasingly more flexible service. It was mentioned, for instance, that the service often has to rely on local taxi firms to supplement the PTS provision, to meet its requirements.

20. The debate moved onto competition in service provision, or as national government terms it, 'contestability'. Whilst the Panel heard that competition is now an increasingly prevalent feature of secondary service provision, with operations taking place in a variety of settings, it remains less of a feature for patient transport services.

21. The Panel heard that a substantial reason for that is a simple question of volume. Whilst the Tees local health economy does use private ambulances and taxis, in the Tees PCTs area there are 100,000 patient journeys a year and no service provider, with the exception of NEAS, has that sort of capacity.

22. An example of where alternative providers are being used is in the transportation of dialysis patients. The Panel heard that the hours which renal services provide dialysis (7am to 7pm) are a challenge to the traditional working hours of PTS. The Panel heard that a contract is in place with a local taxi firm to provide transport for people requiring dialysis.

23. The Panel was interested to hear about the size of contract, which the South Tees Trust had with NEAS. It was said that the contract is around £1.6m for around 132,000 patient journeys per annum. On the point of competition, the Panel felt that this sounded like a significant amount of money to stimulate interest from other providers; therefore introducing the same contestability doctrine as applies to other parts of the NHS.

24. It was noted, however, that NEAS might also have frustrations around how the current system operates. Particularly with the booking system as there are often, the Panel heard, empty seats on the PTS which does not strike the Panel as the most efficient use of resources.

25. The Panel also wanted to explore whether there are many unscheduled (and unnecessary) bed days at JCUH, particularly at weekends, as a result of patient transport not being sufficiently flexible to react to circumstances, say, if

someone was discharged on a Friday afternoon. The Panel heard that it was always attempted to avoid such circumstances, although it could not be guaranteed that it never happens. The Panel heard that staff at JCUH would always attempt to solve problems when they arose, although it was stated that management at the Trust might not always get to hear about every problem. The Panel was interested in the views of those present as to how such a scenario could be challenged. It heard that over the long term, it would be down to those commissioning PTS to stipulate what they want and what they are paying for, as opposed to renewing a historical contract, where they pay for what is provided. The Panel noted this answer, whilst feeling that such a sentiment could be applied to most commissioner/provider arrangements in the NHS. The Panel expressed a significant amount of interest in pursuing that debate in its next meeting, where the Ambulance Trust would be in attendance.

26. At this juncture, the Panel wanted to draw the distinction between two forms of patient transport. As the above paragraphs touch upon, the South Tees Trust has a responsibility for commissioning PTS for people following their discharge from JCUH. Middlesbrough PCT has a responsibility for ensuring that people, who have no other means of doing so, are able to attend their outpatient appointments.

27. The role of the PTS, arranged by the PCT, was clarified. The Panel heard that a PTS phoneline is currently provide by the Transport Information Service (TIS) on behalf of the four PCTs across Tees.

28. The Panel heard that the purpose of the TIS is to ensure patients who are unable to attend their hospital/clinic appointment by public or other means of transport, have a central contact number to obtain (if eligible) non emergency NHS Transport, to ensure the attendance at their hospital/clinic appointment.

29. The TIS does this by

29.1 Assessing all patients contacting the service to ensure eligibility for NHS Transport.

29.2 Assessing patients mobility requirements to ensure relevant transport is provided

29.3 Booking eligible patients transport

29.4 Providing patients who are not eligible for transport, information on how to get to their hospital appointment.

30. The Panel heard that following a survey of those using the service, satisfaction rates seemed to be high, at around 90%.

31. In terms of answering the queries that the Panel wanted to explore, it was confirmed that the PCT funds this through a large black contract with NEAS

and that the money does not 'follow the patient'. The Panel felt that this was a useful example of how the financing of such services, seemed to lag behind other areas of the NHS, where the money increasingly followed the patient and large block contracts were less and less common.

32. The Panel felt that a further meeting would be necessary with the same agencies in attendance, in addition to NEAS also being invited, to advance the debate. That meeting took place on 8 May 2008.

33. At the commencement of the meeting on 8 May, the Panel expressed the view that the purpose of this meeting was to expand on a number of key points which were raised at the previous meeting and to gather the views of the NEAS Trust on the issues raised.

34. The view was expressed by the Panel that, on the basis of the information gathered at the last Panel meeting, it was rather disappointing that such a large amount of money was being spent on a system which seemed to be the cause of a lot of dissatisfaction.

35. The Panel heard that since the previous meeting and the issues it had raised, work had been done on improving communication channels, at a senior level, between Social Care and staff at JCUH, so problems were escalated to Assistant Director level swiftly for resolution. Whilst the Panel welcomed this and considered it a positive development, the Panel was slightly unclear as to why it would require Health Scrutiny to get involved in reviewing a topic before such lines of communication were opened.

36. The meeting commenced with the Panel raising the 11am cut off issue with NEAS, where transport needs booking before 11am the day prior to when it is needed and the fact that same day transport cannot be performed. The Panel heard from NEAS that this was felt slightly unfair as NEAS do attempt to accommodate same day discharge when they can, although it was important to note that NEAS are not contracted to perform this service. The Panel also heard that NEAS has consistently high patient satisfaction surveys.

37. As an alternative view, the Panel heard that wards could book transport earlier, so the thought processes connected to discharge start earlier in a patient's stay in hospital. Nonetheless, the Panel heard that NEAS do not feel they are delivering the service they would like to, with a desire to provide a more flexible service. It is for this reason, the Panel heard, that NEAS have agreed as part of the contracting process with the South Tees Trust, to work towards to a service improvement action plan.

38. The Panel enquired as to why NEAS felt it was not delivering the service it wanted to. The Panel heard that Ambulance Services as a rule, have probably not caught up with the huge societal and NHS operational changes that have taken place in the last decade or so. For instance, to deal with patients quicker, it is often the case that weekend clinics are now provided and surgical theatres often commences a daily surgical programme at 7am, with the patient expected to be there at that time to be operated upon. For those

patients requiring transport, that is rather difficult, as weekend programmes of activity or early morning/evening surgical procedures present a problem for the traditional operating model of Ambulance organisations, which have tended to operate along the lines of a more traditional working day.

39. The Panel heard that with the NHS placing the patient at the forefront more so than ever, it was a challenge that Ambulance organisations would have to meet and overcome.

40. In response to a point raised previously on the point of suitable vehicles, the Panel heard that NEAS staff rely on the necessary information from clinical staff as to what the patient's needs are and therefore what sort of vehicle is appropriate. The Panel accepted that if NEAS received certain information regarding a patient, they could not be held accountable if that information was incorrect and as a result an unsuitable vehicle was sent. Nonetheless, the Panel heard that such instances are decreasing in number as relationships between the Trusts improve.

41. On the point on the sort of service that was being provided and keeping up with societal or NHS operational changes, the Panel was interested to hear the views of NEAS as to what may happen if such changes were not responded to. The Panel heard that most people, if asked, knew what an ideal service was, although NEAS faces considerable capacity issues and only has a finite amount of money to spend. The Panel heard that, in the view of NEAS, there were massive areas for improvement which was the reason why NEAS was undergoing a self imposed review of PTS. It was said that the current review is very much viewed as a final chance to get the service delivering as it should. NEAS is acutely aware that competitors exist in the local marketplace, who would welcome the opportunity to become involved in what is a substantial contract.

42. The Panel heard that PTS was changing, with the example given of a service in North of Tees which was going to run from 7am to 7pm five days a week. The Panel noted that this represents an improvement, but felt it represented a small step of what needed to be done.

43. The Panel was interested to know why, it would seem, a patient is not able to make their own transport arrangement, in a similar fashion as to how direct payments or individual budgets may work. It was said that, traditionally, it has been a clinical judgement as to when a patient is fit enough for discharge. It was said that it may be easier if the patient was empowered to make such decisions, as there are currently a myriad of potential origins of a booking, including GPs, PCTs and Acute Trusts. NEAS told the Panel that this multitude of systems could lead to confusion and it would be much preferred if there was a single system. Nonetheless, NEAS had to work in the system if found itself operating within. It was said that having one system would requirement the agreement of a few different agencies, but it would probably be easier. NEAS, the Panel heard, would be happy to host such a system. Nonetheless, the Panel heard that such a development is long way off.

44. The Panel asked whether there is a significant amount of waste in the system, with the multitude of potential agencies making bookings. The Panel heard that there is probably waste in the system as it can be difficult working to a number of different systems. Further, it was important to accept that no matter how lean a process was, there was always going to be some waste or delay given that the debate concerned a hugely complex healthcare system, administered by people. The example was given that at times, patients can be delayed if surgeons are called into emergency surgery, whilst that is regrettable, there is very little that can be done about it. It was accepted however, that the issue is not, at times that there are delays, but how the system responds to such blockages. It was felt that the system could become more flexible or 'lighter on its feet' to respond to such inevitable delays.

45. The Panel made the point that the fact that there were high satisfaction rates, yet lots of problems to overcome represented something of a contradiction. The Panel heard that the high satisfaction rate was from non-complex patients. The more negative feedback came back from more complex patients, such as dialysis patients, which ironically were routine, regular patients which could be planned for. The Panel heard that this was a key element of the review to be undertaken.

46. The panel was interested to learn whether NEAS needed more resources, or that they should use existing resources more efficiently. The Panel heard that historically, Ambulance operators do not get punished or face sanctions for delivering a poor service, although over a longer term they may lose some business. The Panel heard that this was changing as the South Tees Trust has inserted a 5% penalty on the block contract in place with NEAS, although NEAS will increasingly be paid per patient transported.

47. Nonetheless, the Panel made the point that the detail of how the money flows around the system probably isn't of much interest to patients. The point that the Panel wanted to make was that at present, so long as someone is transported, NEAS does not face any sanction if that transportation was a poor experience for the patient and it was this concept which the Panel felt needed to be challenged. As people can choose hospitals for certain procedures, they tend to base it on previous knowledge or experience of facilities they may have used. If an Acute Trust provided a poor experience last time, a patient will probably not go back, such is their entitlement and that is the sanction in place for Trusts who do not perform. With a contract being in place for one provider only, such a challenge does not exist in Ambulance Services.

48. On a different note, the panel heard that NEAS also spends around £1m per annum on private taxis to transport patients as and when its resources cannot meet a demand. The Panel heard that there are some concerns over the training of taxi drivers and it was noted that NEAS is not involved in their recruitment processes or standards. Nonetheless, the panel was informed that NEAS does have expectations of what the taxi firm/drivers would deliver, which is enshrined in a Service Level Agreement (SLA).

49. It was confirmed to the Panel that a legal responsibility for the patients welfare exists with taxi firm, although the Panel raised as to whether this was an example of NEAS subcontracting its responsibilities, which was rejected, although it was noted that the taxi firms meet a need which is present in the system.

50. The Panel also heard that NEAS has access to just over 100 volunteer drivers, who at present are paid expenses only. On this point, the panel raised the question as to whether for such a some of money, a Voluntary or Community Sector venture could be stimulated to provide the service, which could be funded on a full cost recovery basis. The Panel heard that there are existing models in operation in rural areas of the country, although finding ventures with the capacity to take such an undertaking on may be difficult. Nonetheless, it was felt that such a model of operation, on a not for profit basis, was worthy of exploration.

51. On the point of booking the service, the Panel heard that NEAS would prefer one booking system for all PTS and would prefer the model that is in operation across the Tees area. The Panel heard that from a patient or carers perspective it was very confusing as to who patient transport should be booked with and unnecessarily complex, with the involvement of ward staff, the PCT and GP surgeries.

52. The Panel also heard of an example where communication could improve, across a system which seems to have a few entry points. When a clinic is cancelled (for perfectly legitimate reasons), the PTS isn't always told, as a ward doesn't necessarily view the PTS as its responsibility. The Panel felt that this was a useful example, of when different sections of the system look after their own areas of activity, the experience of the patient can come second to operational matters.

53. On the point of the role and experience of the patient, the Panel also wanted to explore what impact Patient Choice and the Choose & Book doctrine could have on Patient Transport Services.

54. The Panel heard that as matters presently stand, PTS will take patients to JCUH, although if Patient Choice is enacted and someone chooses somewhere else, PTS is not contracted for that service. Nonetheless, the Panel heard that in reality the service would probably be extended to that person, albeit under the terms of an Extra Contractual Measure between the PCT and NEAS. For clarity, it was confirmed to the Panel that where the Independent Sector is used for capacity reasons, the South Tees Trust would pay for such transport to that facility.

55. The Panel heard an interesting point in respect of Patient Choice. With the possible diffusion of patient journeys to a number of different facilities, unless urgent consideration was given to how existing PTS services would react, there would be a lot of competitors interested in playing a role in the PTS market. This would be especially so, as the Patient Choice initiative plays a more prominent role in people's hospital destination.

56. In conclusion to the discussion, the Panel heard that systems are in place which work as intended most of the time. Nonetheless, it was accepted that there is an element of human error, some communication failings and a degree of unpredictability in the system. Whilst work can be done to reduce the human error and communication element, the nature of healthcare means there will always be an element of unpredictability. Whilst the Panel heard that there is nothing insurmountable, there are a lot of elements of the PTS system that need to change.

Conclusions

57. The Patient Transport System in the Tees Valley provides an important service to a great deal of people. It has, however, not been as swift to reflect the societal and NHS operational changes that have taken place in the last few years. The hours of operation for the service highlight this adequately. For the service to remain relevant and timely, work is required to ensure it does reflect those changes as promptly as possible.

58. The Panel remains to be convinced that the Patient Experience of Patient Transport is sufficiently integral to its planning, commissioning and development. The Panel would like to see the development of a system whereby the experiences of the patient are captured centrally and inform the development of the service.

59. Whilst The Panel would like to recognise the efforts that have gone into improving the matter, it feels that there is evidence to suggest the communication links between Patient Transport staff, ward staff and social care staff could still be improved to ensure more patients' experience of care is seamless. The Panel would suggest a protocol could be developed to this end.

60. The Panel considers that there is considerable scope to investigate whether a Community Enterprise could be initiated to assist in the development and delivery of Patient Transport Service

Recommendations

61. The Panel is invited to consider whether it would like to make any recommendations.

BACKGROUND PAPERS

62. Please see the Health Scrutiny Panel papers from the meetings of 11 February 2008 and 8 May 2008.

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