



Health Scrutiny Committee
20 November 2014

SECamb: Patient Transport Service Update

Purpose of the report: Patient Transport has been reviewed twice by the Surrey Health Scrutiny Committee and the service continues to pose challenges for service users and other parts of the health service. Since it was last reviewed the contract has transferred to a different Surrey CCG, therefore, the Committee is seeking an update on current performance and actions taken since January to improve the service.

Introduction:

1. The Patient Transport Service (PTS) in Surrey is now commissioned by North West Surrey CCG on behalf of all six Surrey Clinical Commissioning Groups (CCG) (Annexe). The service, which commenced in October 2012, is designed to provide transport for patients, with a medical need, who are being treated by the NHS and who are registered with a GP in Surrey. Journeys are paid for on a case by case basis against a rate card which is based upon the mileage travelled and the patient mobility (Annexe).
2. Bookings are made directly by patients with the Central Booking Service (CBS), provided by Surrey County Council in Kingston. The transport service is provided by South East Coast Ambulance Service NHS Foundation Trust (SECamb).
3. This paper refers to the transport element of the service and not the booking service.

PTS Activity

4. During the working week (Monday to Friday) Surrey PTS undertakes six-hundred patient journeys per day, five-hundred of which are outpatient journeys going to or from hospital appointments and the remaining one-hundred are patients being discharged from hospital. On Saturdays seventy patient journeys are undertaken, one-third of which are outpatient journeys the remaining two-thirds being discharges. On

Sundays, forty patient journeys are carried out which are almost all discharges.

5. Twelve-thousand patient journeys are carried out on average each month, over one-hundred-and-fifty-thousand patient journeys per year. Additionally, forty-thousand escorts are transported per year and twenty-thousand journeys are cancelled within two hours of the required transport time. Year-on-year activity is neither increasing nor reducing
6. Half of the PTS journeys booked can be transported by one person either in a car or an ambulance, the remainder require a two-crew ambulance.
7. During the previous twelve months (November 2013 – October 2014) patients have been transported to or from over one-hundred-and-fifty different locations for their treatment. On a typical day six-hundred patients will be transported to or from forty locations across Surrey and the surrounding areas, including central London (Annexe).

PTS Resource

8. Transporting six-hundred patients with differing transport needs to and from forty locations per day poses some logistical challenges. To overcome these challenges SECamb has to convert the forecast annual activity into expected income for the year and then to determine the number of resource hours this will pay for. The contract income provides for around two-hundred-thousand staff hours per year which need to be scheduled on duty across each hour of the day and each day of the week in accordance with the location and mobility type demand (wheelchair, stretcher, walker etc.).
9. In practice, this requires analysing demand for the 168 hours of the week based upon the previous year's actual activity in East, North and West Surrey for patients requiring either a stretcher ambulance, a two-person ambulance or a single person ambulance and then combining these results into a total patient demand (Annexe). Staff rosters are then built around this demand model and SECamb aims to ensure that all roster shifts are covered every day.

PTS Planning

10. 85% of patient journeys are booked more than 24 hours in advance and the remaining journeys are booked on the day of travel.
11. The CBS receives weekly patient details allowing them to call patients ahead of travel to confirm transport is still required. SECamb sends out text alerts to patient bookings containing mobile phones numbers 48 hours ahead of travel to confirm transport is still required.

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12. Patient journeys are assigned to vehicles the working day before travel. They are planned by two full-time planning personnel who manually plan each of the six-hundred patient journeys to the resources scheduled on duty, a process which takes between four and six hours to complete each day.
13. There is no commercially available computerised planning system for Patient Transport Services in the UK. SECAMB are working with their current software provider to develop an automated planning module which, six months into development, is yet to improve upon the timeliness for patients that is provided by the personnel planning manually.

PTS Control

14. On the day of travel the PTS resources are managed by three PTS controllers who coordinate East, West and North Surrey respectively. They are in contact with the crews they control by telephone and text messaging via the crew's personal digital assistants (PDA). Controllers seek to assist crews with keeping on-time with their planning schedule. Significant travel disruption, vehicle or staffing problems, delays with patients or hospital clinics, difficulties finding addresses or patients, amongst many other on the day issues, interfere with a crew's ability to maintain the schedule. The controllers are, therefore, continually re-working the planning schedule and introducing additional patients booked on the day to the planning schedule in order to get patients to and from their destinations in the timeliest way. Almost all of the journeys booked on the day of travel are requests to discharge patients from acute hospitals, the majority of which are booked in the afternoon.

PTS Patient Experience

15. The PTS contract requires that SECAMB survey, every three months (i.e. quarterly), 5% of patients who have used the service. The survey is sent out to fifteen-hundred patients, nearly one-third of all patients registered to travel during the period. Typically around five-hundred responses are received which equates to 10% of all service users.
16. Patients routinely report 92% satisfaction with the overall service (i.e. either satisfied or very satisfied). Comments received from patients during the survey describe how invaluable the service is for them and their treatment.
17. Patients report 97% satisfaction levels with staff. Many of the patients comment on how kind, caring and considerate the staff are.
18. Satisfaction with the timeliness of the service is 82%. Comments from patients on timeliness are, on the whole, less favourable.

PTS Complaints

19. Over the last year SECAMB has received seven-hundred complaints relating to Surrey PTS which represents half-of-one percent of all one-hundred-and-fifty-thousand patient journeys. The number of complaints received month-on-month has been steadily falling; down from one-hundred each month, to forty, in the last eighteen months (Annexe).
20. The majority of complaints (64%) relate to the timeliness of the service. A quarter of all complaints received relate to communication and seven out of every one-hundred relate to concerns about staff (Annexe)

PTS Performance

Arrival

21. SECAMB are required to get patients to their outpatient appointment no sooner than forty-five minutes before or no later than 15 minutes after their appointment time on 95% of all journeys.
22. This year-to-date, 10% of patients have arrived too early and 15% of patients too late. This means that each weekday twenty-five patients are too early and thirty-seven patients are too late than the contract time and each weekday two-hundred-and-twelve patients are on-time for their appointment.
23. Of the thirty-seven patients who are late each weekday, four arrive later than one-hour after their appointment time. It is not known whether patients who are extremely late for their appointments are seen or not. The received wisdom is that they are, as it is routine practice for SECAMB control or crew to call-ahead to the clinics to ensure patients are still able to be seen in such circumstances. It is known that one or two patients per day are not transported at all due to the inability of clinics to see them if their transport is very late, which would indicate that those patients who are transported and arrive very late are still being seen.

Departure

24. SECAMB are required to pick patients up within one-hour of their planned departure time on 95% of all occasions.
25. Year-to-date, 15% of patients have waited for more than one hour after their planned departure time. Each weekday this equates to thirty-seven patients waiting more than an hour and two-hundred-and-twelve patients are collected within the contract time.
26. Of the thirty-seven patients each weekday who wait longer than one hour to be collected, five patients have to wait more than two hours which equates to twenty-five patients per week or one-hundred patients per month. In October 2014 seven patients waited more than four hours to be taken home after their outpatient appointments from a total of over five-thousand patients.

27. These figures do not necessarily reflect the patient experience, however, who may feel like they are being delayed longer in certain circumstances. This is especially so when the patient has finished their treatment before the planned departure time. In such circumstances it might be possible to re-plan the journey and convey the patient sooner, but equally it might not be possible and patients can be waiting a considerable time for transport which might arrive 'on-time'.

Discharge

28. SECAmb are required to collect patients being discharged from hospital within two-hours of the requested pickup time on 95% of occasions. The contract levels assume that, of the one-hundred patients being discharged each day, five will be picked up after two-hours.
29. This year, 25% of patients being discharged have been collected later than two hours of their requested pickup time, 15% have waited over three hours and 5% over four hours. This means that, each day, twenty-five patients have to wait more than two hours, ten patients more than three hours and five patients more than four hours. Additionally, between one and two patients per day are not transported at all due to the inability of the PTS service to respond in time.

Long Delays

30. Each day, out of six-hundred patients transported, fifteen patients experience unacceptably long delays (Annexe).
31. Delays of this nature, especially failure to transport patients at all, are not only inconvenient to patients but can have a profound effect on the smooth running of the hospital. Each additional night stay can cost £300 compared with the average cost of transport which is around £30. Patients who are more prone to experience delays are those who require a 'two-man' ambulance crew, who were booked on the day of transport (80% of discharges are booked on the day) and who were discharged from wards rather than from the discharge lounge, accident and emergency unit or the like. Additionally, patients who were booked to go to a nursing home were most at risk of not being conveyed on the day of request due to the additional requirement that they arrive in time to be admitted by a clinician.

PTS Staff Engagement

During the summer SECAmb undertook a project to improve patient experience through improved staff satisfaction. PTS staff were asked to produce a statement which defines what they wish to be known for. They chose:

Friendly
Helpful
Caring
Reliable

32. "To most people these are just words, to SECAmb PTS this is who we are."

33. A staff survey was conducted to establish the extent to which these values and behaviours exist within the workplace. 56% of staff took part and the overall satisfaction levels were 72% indicating several areas for improvement. To this end, there is a programme of team leader development which aims to equip them to assume responsibility for the experience patients receive at the hands of their staff. This incorporates regular meetings and one-to-one feedback and evaluation of performance in a number of key areas including these PTS defined behaviours and values.

PTS Co-ordinators

34. During regular stakeholder meetings the hospital staff felt that a dedicated PTS coordination role was required to improve the speed at which patients requiring transport could be discharged.
35. In April 2014 a phased introduction of PTS Coordinators started in Surrey and now each Surrey acute hospital has a PTS Coordinator responsible for that site.
36. The PTS Coordinator is there to ensure that patients being discharged are not unnecessarily delayed, to build on relationships with acute hospitals, assess some of the challenges faced at the sites and educate on the best way to utilise the PTS service. The feedback so far regarding these staff has been very positive, with reports that most patients being discharged are known to the hospital much earlier than they are booked with SECamb. The ambition is to book more patients sooner (patients booked in advance receive a more reliable service) and to increase the use of discharge lounges.

Increasing Social Value

37. Half of the patients currently being conveyed by the PTS service could be transported by a community transport service, volunteer car or ambulance provider or a range of other suitable providers. This could leave the PTS provider free to concentrate on the 'ambulance suitable' patients. SECamb is currently working with Mole Valley District Council to determine whether the additional capacity within the Community Transport service could be utilised to undertake some of the suitable PTS activity.
38. SECamb believes it is well placed to co-ordinate these qualified providers due to their experience with volunteers, both PTS and A&E, their reputation as a clinical innovator and their brand as a professional ambulance provider and is investing in the development of this 'auxiliary ambulance service'.

Conclusion:

39. The majority of patients, the majority of the time, are being well served by PTS in Surrey. The overall performance reflects the patient experience in the patient survey, timeliness has been steadily improving

(Annexe), patients experiencing long delays have been steadily decreasing (Annexe) and complaints have been going down too. However, the performance being provided does not meet the performance specified in the contract, especially for patients being discharged. Nor, it could be argued, does it meet the expectations of patients.

40. In order to provide a better service SECamb have been providing 25% more resources than the contract income allows for them to provide. This provides thirty-thousand staff hours per year above the roster, primarily utilising 3rd party private providers, to enhance the level of service that can be provided by the resource hours paid for by the contract income.
41. SECamb have indicated that they are in a loss making position, in the order of several hundred-thousand pounds per year, and that they are unable to sustain that financial position going forward. They are not able to invest further additional resource to improve timeliness.
42. They have written to the lead commissioners reminding them that the contract ends by October 2015 and they are not willing to extend the contract on the existing terms. They have stated that they are fully committed to providing PTS services for patients in Surrey and see this important service as a strategic fit with the portfolio of the other services they offer, and that they wish to play a full part in any future bidding process.
43. One might take the view that an alternative provider would be able to deliver a better service within the income provided for by the contract. Experience of PTS services elsewhere would indicate that might not be the case (Annexe). In either event, it is clear that whilst greater efficiency might lead a provider to create a small surplus they would not necessarily be able to improve the timeliness for patients as well.
44. Additional resource is also being provided by individual acute trusts. It is estimated that between five and seven ambulances are being provided per day to assist with the timeliness for discharges. This is equivalent to an investment in the order of between six and eight-hundred thousand pounds per year. It is not known how much activity these resources are undertaking or what level of performance they are achieving. This additional resource is not having a material impact on the discharge performance for the PTS service, however, nor is it reducing the PTS activity or the cost of the PTS service as one might expect. It might be that these resources are undertaking the growth in activity that is seen in other parts of the health sector but not in PTS. It could be that the PTS service is still being charged for this activity as it is being cancelled within two-hours of the booked time. The PTS resources do not have more capacity freed up by these additional vehicles, simply the same number of PTS resources leaving hospital with more empty seats.
45. The NHS is required to shift health care from care in the hospital to care closer to home in order to reduce costs whilst at the same time improving the patients experience and quality of life. This shift will require a

corresponding shift in investment from acute services to Community services. The PTS service is going to play an increasingly important role in treating patients nearer to their home in order to realise these twin benefits and might, consequently, be seen as an area for increased investment to support these changes.

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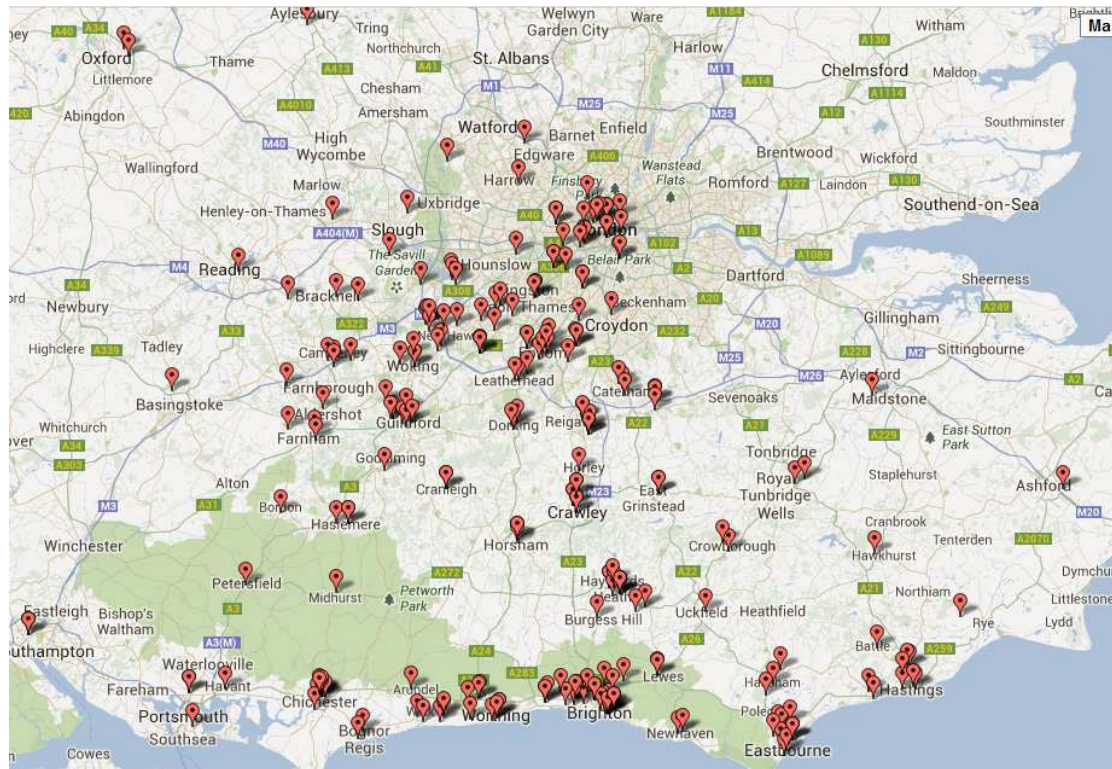
Annexes

NHS EAST SURREY CCG
NHS GUILDFORD AND WAVERLEY CCG
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG
NHS NORTH WEST SURREY CCG
NHS SURREY DOWNS CCG
NHS SURREY HEATH CCG

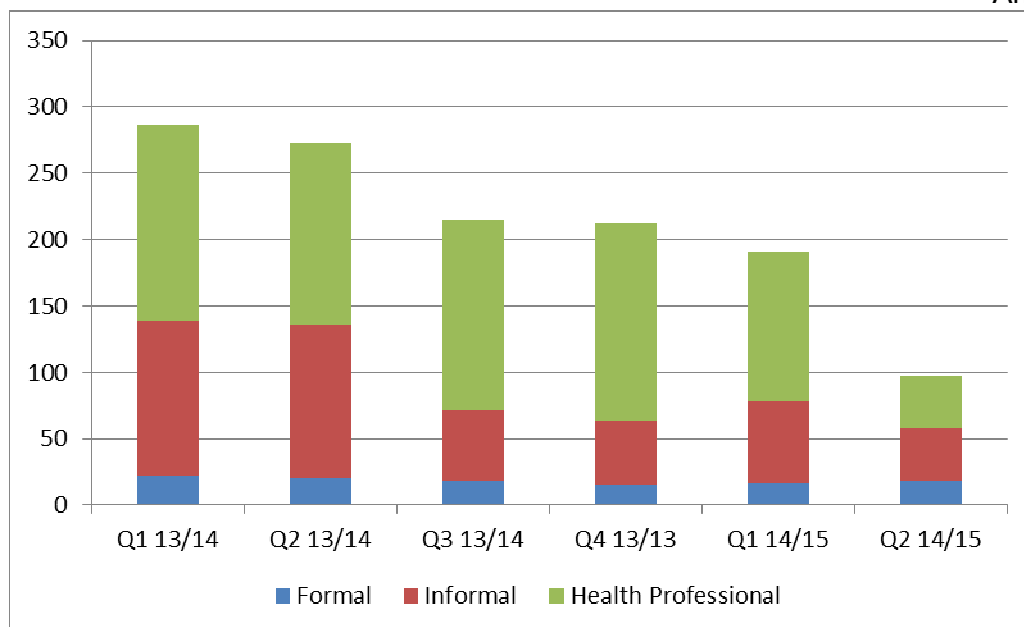
Surrey Clinical Commissioning Groups

MILEAGE BAND / MOBILITY	WALKER	ASSISTED	WHEELCHAIR	STRETCHER	SPECIALIST	ESCORT
BAND 1	10.00	20.00	30.00	60.00	120.00	10.00
BAND 2	10.00	20.00	30.00	60.00	120.00	10.00
BAND 3	20.00	20.00	30.00	60.00	120.00	20.00
BAND 4	20.00	30.00	40.00	70.00	130.00	20.00
BAND 5	20.00	30.00	40.00	70.00	130.00	20.00
BAND 6	40.00	50.00	50.00	80.00	140.00	40.00

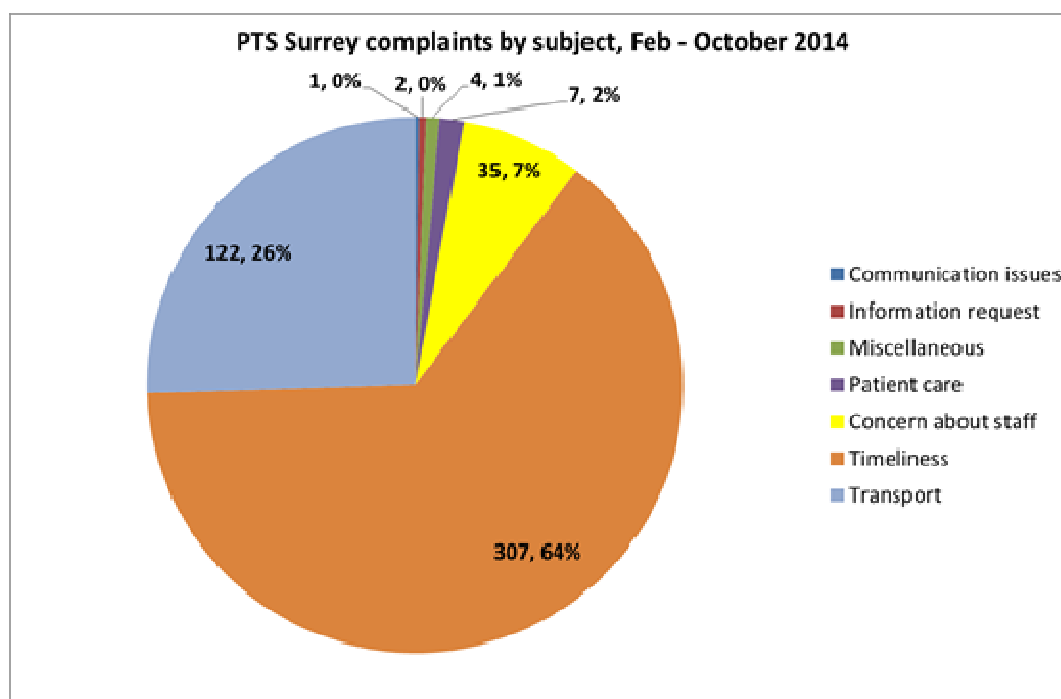
Rate Card (Prices are indicative, not the actual values)



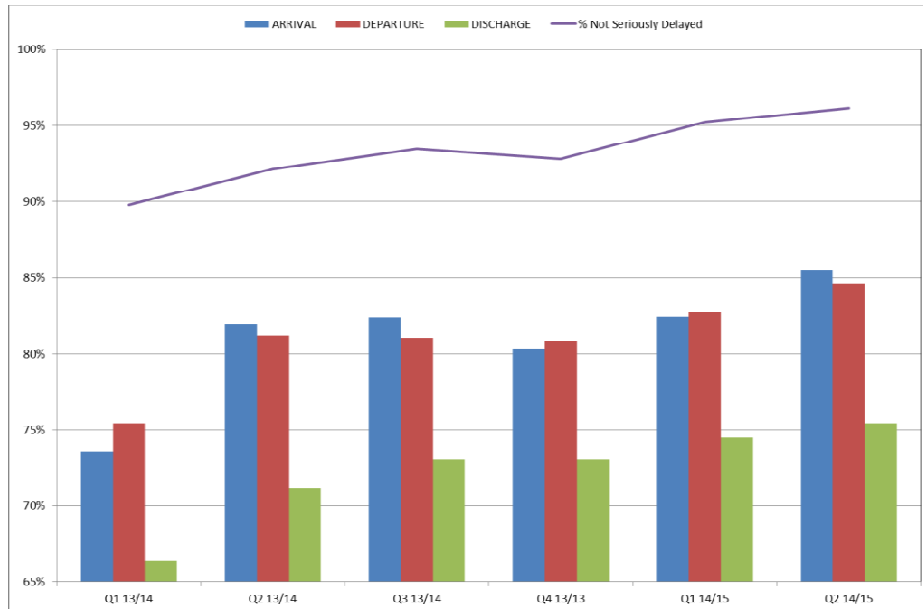
SECamb PTS Destinations Surrey & Sussex



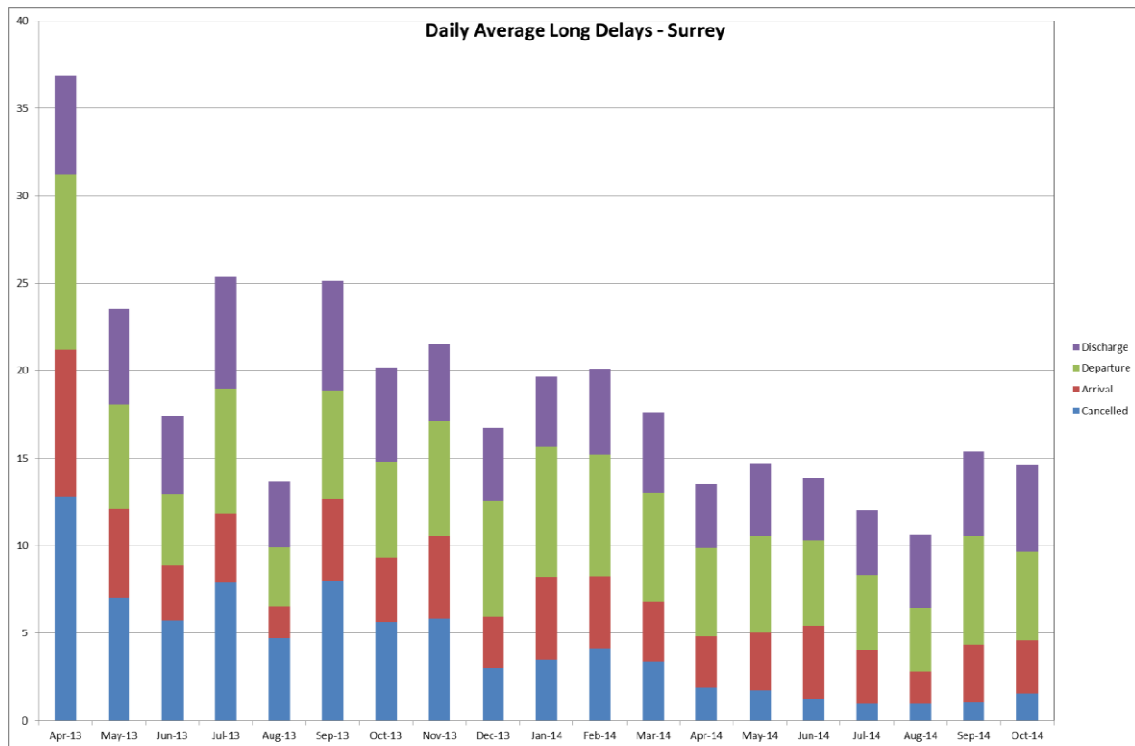
Complaints received by type



Complaints received by nature



On-time performance



Daily Average Long Delays

- [Healthwatch Derbyshire NSL PTS Report](#)
- [Healthwatch Manchester Arriva PTS report](#)
- [Healthwatch Dorset E-zec PTS Report](#)
- [Healthwatch London PTS Report](#)

Healthwatch PTS Reports 2014

Demand Analyses

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