

Keeping the Wheels in Motion – NHS Patient Transport Services in North and North East Lincolnshire

‘You Said – We Did’ - Engagement outcomes and actions

Between July and September 2015 health commissioners from North and North East Lincolnshire Clinical Commissioning Groups carried out engagement with communities across the area to inform the service specification for a jointly-commissioned non-emergency patient transport service. The intention of involving patients and others with an interest in health and care was to generate some recommendations of what the new service should look like and influence the procurement process of a new provider.

This document provides an update on the procurement of the new provider and explains how the outcomes from this engagement informed the not only the specification for Patient Transport services but also the wider planning around transport to access health services.

Who did we talk to?

We talked to 535 people at the 23 community and stakeholder groups we visited. We sent out a survey and information leaflet to 500 stakeholder contacts representing a wide range of stakeholder groups including those with protected characteristics under the Equality Act. The survey was also sent to 2780 Accord and Embrace members (CCGs Public Patient Involvement schemes) and it was promoted elsewhere.

We received 172 survey responses with 1083 comments.

Thank you to everyone who supported and participated in this engagement, which has provided commissioners with a wealth of information and insight to inform service plans.

The full engagement report can be found on both of the CCG's websites
<http://www.northeastlincolnshireccg.nhs.uk/get-involved/ptsoutcome/>
<http://www.northlincolnshireccg.nhs.uk/get-involved/patient-transport/>

So... what have we done about the things people told us about patient transport?

As well as telling us what we should include in the service specification we received a great deal of information about current experiences of travelling to medical appointments by patient transport and by other means. Some of this we were able to incorporate into the service specification and other comments and ideas will be used to shape other areas of work. The table below looks at the main themes from the engagement and our response.

What you told us	What we have done about it	Included in PTS Service Specification
<p>The criteria for accessing Patient Transport needs to be clear, fair and easy to understand. Tell people about eligibility for patient transport and alternatives provided ‘up front’. This can be achieved with the development of a comprehensive marketing strategy to promote the service, raise awareness of eligibility criteria, the Health Care Travel Costs Scheme and alternatives to the public and all staff and community sign posters.</p>	<p>The CCGs, hospital and the transport provider will work together to provide clear information at the earliest opportunity to patients explaining that funded transport will not normally be provided unless there is a medical need for it.</p> <p>We want to ensure the eligible patients can access booking and ineligible patients are provided with information about how they may access other forms of transport.</p> <p>This information will be provided in a mix of different ways to suit different people needs but will include phone, internet and leaflets.</p>	<p>The service specification says</p> <ul style="list-style-type: none"> ➤ The Patient Transport (PTS) provider will be a single point of contact for eligible patients ➤ The PTS provider will be responsible for full screening and assessment of patient eligibility ➤ The PTS provider must evidence appropriate application of the criteria and signposting of ineligible patients
<p>We need a ‘Firm but Fair’ patient transport service in North and North East Lincolnshire Abuse of the system must be stopped but in a way that does not disadvantage patients in genuine need; which is difficult.</p>	<p>People told us that they wanted to see an end to opportunities for abuse of the system so we have made sure in the specification the provider is given better control of determining eligibility and following up on suspected abuse.</p> <p>The Commissioners will also work with the Provide to ensure that where abuse of the system is detected actions are taken to ensure the risk of repeat abuse is minimised through patient education, and eligibility reviews.</p>	<p>The specification says...</p> <p>The Provider must ensure that application of the eligibility criteria with assurance that the criteria is applied every time and that there are robust systems and processes in place to eliminate as far as possible the opportunity for people to adapt subsequent responses in order to meet</p>

	<p>For patients who are found not to be eligible, a review process will be available if a patient feels that they have been wrongly assessed.</p> <p>A complaints process is also available to patients to enable us to have confidence that those patients with a genuine need for transport are able to access it.</p>	<p>the criteria.</p> <p>We will support the provider to look at different ways of minimising misuse of the service including feedback from staff.</p> <p>We will work with the provider to ensure timely and robust processes to review challenges to ineligibility assessments are in place.</p>
<p>It is important that people with mental health needs treated fairly when assessing eligibility for patient transport.</p>	<p>The provider will be required to ensure that mental health needs are given equal consideration to physical health needs when carrying out eligibility assessment; as set out in the national criteria.</p>	<p>The PTS provider will be responsible for full screening and assessment of patient eligibility as set out in the national criteria</p>
<p>We need ‘Service Standards’ for Patient Transport Inform patients up front about waiting times so they can plan their visit. Patients and their families also need to know what support they can expect when they are collected from their home, when they arrive at their appointment site, and again when they are collected and returned home.</p>	<p>For patients who are eligible for patient transport we want to ensure the service offered is to the highest possible standard. We know that demand on getting people out of hospital on discharge is often treated as the priority and that has a significant impact on the waiting times for other patients.</p> <p>To resolve this issue we have split the service into <u>two parts</u>, one for patients being discharged and one separate service for patients attending outpatient and clinic appointments.</p> <p>We are confident that by doing this we will see an overall improvement across both services and each service will be less impacted by demands in other parts of the system.</p>	<p>We have included in the specification a requirement that the provider works with the commissioner to develop service standards. The standards will set out what patients can expect from the service including waiting times, and support from the Throughout their journey.</p> <p>These standards will be available to all patients.</p>

<p>Patients must do their bit too Access to Patient Transport should come with its own responsibilities. These should include using the service appropriately; this includes only being accompanied by an Escort/carer when there is a medical need and telling the provider when they no longer require transport for whatever reason.</p>	<p>People told us that access to PTS should come with its own responsibilities, this should include using the service appropriately, keeping the provider informed of any changes to transport requirements and only travelling with an escort when there is a medical need for one.</p> <p>We want to ensure patients are given this information up front and that the provider does everything they can to ensure their end of the deal is upheld so patients are encouraged to do the same.</p>	<p>The development of these standards will enable patients to adequately plan for their whole day, so they are aware in advance of the expected waiting times and journey times and plan accordingly.</p>
<p>What about the patients who may not meet the strict criteria but do have transport needs? If the criteria does start to be applied more strictly what will happen to the patients who will then struggle to get to appointments – people living in rural areas with poor transport links or people with multiple conditions who are under the care of a number of different departments?</p>	<p>The CCG will work in partnership with the transport provider, the NEL Total Transport Board in NEL and the Total Transport Steering group in NL, as well as providers and community members to develop a catalogue of alternatives for patients who are advised they are not eligible for Patient Transport.</p> <p>This will include, but is not limited to public transport, community transport and the Health Care Travel Cost Scheme for patients who need help meeting the costs of organising their own transport</p> <p>In North East Lincolnshire the Total Transport Project is being led by the council, but is working to deliver a single point of access for caring and accessible transport in the local area.</p> <p>For more information about Total Transport for North</p>	<p>The service specification says that the PTS provider must work with other organisation to develop an integrated approach to transport.</p> <p>The CCG’s are also working with the Total Transport bodies to consider improvements to accessibility and transport options for people not eligible for PTS.</p>



	<p>Lincolnshire go to http://www.northlincs.gov.uk/transport-and-streets/public-transport-taxis/public-transport-information/callconnect/ and for North East Lincolnshire https://www.nelincs.gov.uk/roads-parking-transport/business-cases-and-funding-bids/#1460557940046-5e9847e0-3c46</p>	
<p>Better coordinated hospital appointment system It would save money and be better for patients if the hospital could co-ordinate Patient appointments to reduce the number of journeys required. Especially for vulnerable patients with multiple conditions in receipt of care from different departments.</p>	<p>As part of our Health Lives, Healthy Futures plans we are looking to reduce the number of times that people need to go to hospital based services for their care. For example, we are looking to develop much more community-based long term condition management, and to reduce the number of hospital based out-patient clinics that people need to attend.</p>	
<p>Ensure best use of NHS resources Better working between transport providers and the hospitals with both taking responsibility to develop an efficient, cost effective service.</p>	<p>We have been clear to the provider that we expect them to be a partner in an integrated system of health and care delivery. This includes transport provider and the hospital working as equal partners in the delivery of integrated patient care. We want to see all partners working together to maximise efficiency and patient experience.</p> <p>We believe that splitting the service into two parts also contributes to achieving this aim as the two services will be</p>	

	<p>better placed to focus their efforts on maximising services outcomes within their area of delivery.</p>	
<p>Consider the value of Escorts/carers Whilst we did hear examples of the inappropriate use of the service by Escort/carers; we were told that the support a Escort/carer provides during transport and in the appointment for the patient was very important.</p> <p>If less Escorts/carers are going to be allowed to travel on Patient Transport, how will this valued support will be provided, might this move be self-defeating?</p>	<p>We want to strike the delicate balance between convenience for patients and carers and maximising service delivery for those patients who depend on the service as their only means of access to health care. This means clear and upfront criteria for escorts and carers in the same way as we will have clear eligibility for patients.</p> <p>While we recognise that for some patients having a companion with them for appointments is very valuable to them we have to balance this with the very real priority of maximising service standards for patients who depend on the service.</p> <p>We will also ask the provider to help patient and carers navigate the alternative options available to them if they are not eligible for an escort on their journey.</p>	<p>The service specification says</p> <ul style="list-style-type: none"> ➤ The Patient Transport (PTS) provider will be a single point of contact for eligible patients ➤ The PTS provider will be responsible for full screening and assessment of carer/escort eligibility ➤ The PTS provider must evidence appropriate application of the criteria and signposting of ineligible patients
<p>You could encourage more people to make their own way to appointments by...</p> <ol style="list-style-type: none"> 1. Improve the parking and transport access arrangements at the hospital 	<p>We have shared this feedback with managers at the Hospital Trust to consider in future planning around accessibility.</p>	



<p>sites' drop-off zones are good but we need to be able to leave the patient somewhere safe whilst we find somewhere to park</p> <p>2. Offer flexible appointments times that are convenient for Patients who use public transport or who rely on a lift from family or friends</p> <p>3. Raise awareness alternatives and financial assistance including the health transport costs scheme amongst not only patients but also with healthcare professionals and potential signposting organisations</p>	<p>We have shared this feedback with managers at the Hospital Trust to consider in future planning around accessibility.</p> <p>The Health Transport Costs Scheme (HTCS) is available to all patients in receipt of an eligible benefit, however most people told us that they were not aware of the Scheme, nor were health professionals.</p> <p>We want to make sure that the health community in NEL and NL are aware of local transport services and able to advise patients of what is available to them. It is our intention to focus this work on local GP Surgeries and appointment letters from the hospital.</p>	<p>The provider must advise patients who are not eligible for free Patient Transport of the alternatives available to them.</p>
<p>There is a clear social need for transport to health and care appointments in North and North East Lincolnshire</p> <p>Patient Transport providers must work pro-actively with local</p>	<p>The CCGs are working with the Total Transport Boards/steering group in North Lincolnshire and North East</p>	

<p>community transport providers to develop integrated transport solutions for patients who do not meet the strict criteria but will have difficulties accessing their appointments. Especially as services start to be moved out of hospital sites and over 7-days.</p>	<p>Lincolnshire to ensure that caring and accessible transport options are open to all who require them, and that help with costs is available where appropriate. More information on the work of the TTBs is available here:</p> <p>In North Lincolnshire Care Networks are a new way to deliver joined-up health and care in communities and reduce hospital admissions. There will be three Care Networks in North Lincolnshire (West, South and East). Each network will consist of teams of health and care professionals - Doctors, Nurses, Social Care, Pharmacists and Allied Health Professionals - who will work together and with the voluntary sector to meet the needs of their area.</p> <p>This will include:</p> <ul style="list-style-type: none"> ➤ Services to support well-being and helping people to stay well ➤ Planned care for people with long term conditions ➤ Some elements of unplanned urgent or emergency care <p>These new models of care will potentially reduce the number of journeys patients with multiple conditions have to make to the hospital.</p>	
<p>Offer transport to patients who don't meet the strict criteria but still need help for a charge. We asked people consider their preference from three options for sustaining patient transport services</p>		

<p>1. Use the national criteria strictly to identify people for priority access to free patient Transport, but also try to offer to arrange some form of transportation to other who do not quite meet the criteria if they make a reasonable payment for it.</p> <p>51% people who completed our survey chose this</p> <p>2. Use the national criteria strictly to identify people for priority access to free Patient Transport, and also try to offer some form of free transportation to some other who do not meet the criteria using less expensive options.</p> <p>19% chose this</p> <p>3. Apply the criteria in such a way that only those people who meet it are provided with free patient Transport and all other have to make their own arrangements</p> <p>18% chose this and 12% said they could not decide or had other suggestions</p>	<p>The survey found that there is an appetite in the community for patient transport to be made available to others on a fee paying basis. However this service would significantly exceed the costs associated with local taxi and community transport providers for the paying passenger and so this option has not been progressed at this time.</p> <p>However, we expect that the provider will work with other stakeholders to ensure ineligible patients are assisted to find the best alternative for them.</p> <p>Clearly people were telling us that just applying the criteria strictly and turning away others was not a sensible option. For this reason we will work on an integrated approach, through the Total Transport projects to ensure the full suite of alternative options is considered and information is made accessible to patients, carers and the health community.</p>	
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What happens next?

This engagement exercise helped to inform the CCGs intentions for services for **renal patients** and it is clear a targeted piece must be undertaken in partnership with renal patients and stakeholders to inform service development of these unique needs and circumstances. That piece of work will be undertaken in the coming months and services user will be integral to designing future services that best fit the needs of renal patients.

Following a competitive procurement exercise, the contract to deliver non-emergency Patient Transport Services across the two areas has been awarded to Thames Ambulance Service whose parent company The Thames Group operates across a number of health economies in England. Thames Ambulance Service has a local base in Doncaster in South Yorkshire but will be opening a new base in the North and North East Lincolnshire locality shortly, once a suitable site has been identified.

Thames Group has considerable experience of working with healthcare partners and is committed to improving services in partnership with all stakeholders including service users and their families. Their vision is to move patient transport away from being just a logistics service to being an integrated part of the patient pathway.

Thames Group operational team has over 50 years' senior experience within the NHS and they will ensure the service locally is focused on the patient and their needs. They have specific local knowledge and experience of the healthcare community within Lincolnshire.

The change in service provider does not come into effect until the 1st October 2016, and during that time the CCGs will work with the current provider East Midlands Ambulance Service to ensure a smooth transition for patients and staff. The CCGs will hold local engagement sessions for patients so they can be assured about the future of the service.

Keep informed about health and care plans in your community

The best way to keep involved and informed is to join one of our public and patient engagement networks

For North Lincolnshire join [Embrace](#)

For North East Lincolnshire join [Accord](#)