

Annexes to the main Healthwatch in Sussex literature review provided to NHS Commissioners of Patient Transport Service



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Annex A

Timeline of important dates and activities

April 2022	The new contract for the service begins. Up to a 5-year contract worth approximately £20 million will be awarded, with the possibility of a further 2-year extension.
2021	A decision will be announced for a future contract provider.
2021	The re-tendering of the new contract will be launched.
August 2020	<p>A one-year extension is awarded to SCAS until 31 March 2022.</p> <p>A Voluntary Ex-Ante Transparency Notice was published by the CCG on 14th August 2020 under the Public Contracts Regulations 2015 notifying the market that a one-year contract had been issued to SCAS from 1st April 2021 to 31st March 2022. The mandatory 10-day standstill period finished on 24th August with no challenge(s) being received.</p> <p>SCAS reinstate contracted eligibility criteria for the service.</p>
June 2020	The CCGs approach Healthwatch in Sussex to conduct patient engagement on Patient Transport. Healthwatch launches a survey on 1st September running for 4 weeks.
March 2020	Eligibility criteria for current service is lifted during the COVID-19 response.
December 2019	CCG approach Healthwatch to conduct patient engagement on Patient Transport - work is subsequently halted by COVID-19.
April 2018	Healthwatch in Sussex report on Patient Transport Services is published . We publish results from our second joint review undertaken by Healthwatch teams in Brighton and Hove, East Sussex and West Sussex who visited health services across the regions; speaking to patients, carers and staff about their experiences of the service. Our report shows an increase in satisfaction levels (85%) reflecting well on SCAS and the efforts they had taken to improve the service. A number of concerns were highlighted including ongoing issues with poor pick-up times, some renal patients continuing to experience a poorer service, hospital staff being unable to get through to

	the SCAS control centre and specific concerns raised by some wheelchair users.
January 2018	Questions asked in Parliament after MPs, councillors and unions demand a formal investigation into Coperforma.
February 2018	Brighton and Hove Health Overview Scrutiny Committee hear representation from Healthwatch about its concerns regarding the service
September 2017	Healthwatch in Sussex report on Patient Transport Services is published . We publish results from our joint review undertaken by Healthwatch teams in Brighton and Hove, East Sussex and West Sussex who visited health services across the regions, speaking to patients, carers and staff about their experiences of the service. This recorded high satisfaction levels (75%); but also highlights a number of concerns - a number of these recommendations were first raised in 2016.
April 2017	From 1 st April, the contract with Coperforma is terminated and South-Central Ambulance Service NHS Foundation Trust (SCAS) takes over full responsibility for the remainder of the contract period (running until 31 st March 2021).
January 2017	High Weald Lewes Havens Clinical Commissioning Group (on behalf of all Sussex CCGs) publishes its report “Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex”. This acknowledges the failures with the service and accepts the recommendations and findings from various independent reviews plus the outcomes of ‘lessons learned’ events (see September 2016 below).
November 2016	A CQC report is published that requires significant improvements to patient transport services in Sussex. The report lists 11 areas for improvement including: <ul style="list-style-type: none"> • robust systems are needed for handling complaints • robust systems are needed to monitor and improve safety • vehicles and equipment must be appropriate for safe transportation of patients, including wheelchair users. • Patients must receive timely transport services • CQC must be notified of safeguarding incidents and incidents

	<p>Also this month, in a media statement from Michael Clayton, Chief Executive, Coperforma Ltd (8th November 2016), he stated that Coperforma had “<i>not been ‘stripped’ of the contract but what is best described as a ‘friendly divorce’ was agreed, importantly with ‘no fault’ attached to either Coperforma or the commissioners.</i>”¹</p> <p>A ‘lessons learnt’ event is commissioned by High Weald Lewes Havens CCG on behalf of the seven Sussex CCGs which is held on 14th November 2016. The focus of the event is the collation of key findings which will guide the handover of the service to SCAS and to inform future commissioning activities across Sussex and the wider NHS.</p>
<p>October 2016</p>	<p>Coperforma write to the CCG’s seeking a managed exit from the contract on economic grounds which is accepted by the CCGs. The CCGs announces that South Central Ambulance Service NHS Foundation Trust (SCAS) will take over the entire service for the remainder of the 5-yr contract term. Towards the end of 2016/early 2017 Coperforma’s performance improves, although the improvements are not consistent across the whole of Sussex and some patients continue to experience problems.</p>
<p>September 2016</p>	<p>A report is published by Healthwatch Brighton and Hove examining the experiences of renal patients, their carers, and staff about the service during April to September 2016. This finds an almost complete collapse of the service immediately after April 2016. A number of recommendations are made (see below).</p>
<p>August 2016</p>	<p>A number of issues are identified between Coperforma and some of its subcontractors, which raises concerns for commissioners about the broader sustainability of the service.</p> <p>Also, this month SECamb loses the contract to provide non-emergency patient transport service serving Surrey and the South East. The contract is awarded to SCAS for 5 years.</p>
<p>June 2016</p>	<p>An independent review is conducted by TIAA Ltd, one of the leading providers of assurance services to the public sector.</p>

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	<p>All of the review’s recommendations are later accepted by the CCGs. Its main findings include:</p> <ul style="list-style-type: none"> • no evidence Coperforma had adequately stress-tested it’s systems • a lack of preparation for a tight handover of staff from the old provider • a failure to alert the CCG to problems putting patients' details into its databases • For its part, the CCG which "hired" Coperforma to run the service was found not have a "plan B" for when things went wrong. • In future, the report advised that big healthcare contracts should be implemented in stages, rather than all at once.
<p>May 2016</p>	<p>A CCG report places SECamb into “special measures”. The emergency operations centre and patient transport services are individually rated as “requires improvement”</p> <p>Also, on 25th May 2016, the CCGs issue a letter to patients which advises that “The overall standard of the service managed by Coperforma Ltd has not been acceptable since its launch on 1 April 2016.”</p> <p>The CCGs commission TIAA in May 2016 to carry out an independent enquiry into the adequacy of the mobilisation arrangements for the new contract.</p>
<p>April 2016</p>	<p>From 1st April 2016 Coperforma start to deliver the service, taking over from SECamb. SECamb continues to provide emergency ambulances only.</p> <p>Within the first few days of April 2016 it becomes evident to the CCGs that there are significant service delivery issues with Coperforma’s delivery of the new service. There are a number of concerns raised publicly during the first month of the delivery of the service which indicates that the transfer and mobilisation may not have been seamless. This includes cases cited in the local and national press of missed appointments due to failures to collect patients.</p> <p>Coperforma partly blames this on a poor transition between them and SECamb. A level 3 Serious Incident is raised by HWLH CCG on 4th April 2016.</p>

	<p>An independent review is conducted by the Patient Safety Group² following a level 3 Serious Incident (SI) raised by High Weald Lewes Havens Clinical Commissioning Group. This highlights:</p> <ul style="list-style-type: none"> • Lengthy delays in being picked up and taken home • Poor Saturday service • Difficulties getting through to the control centre
<p>November 2015</p>	<p>The contract award to Coperforma is made on 23rd November 2015, which is four months before the actual contract start date.</p> <p>Under the contract, journey bookings and patient enquiries are dealt with by staff at Coperforma’s Demand Centres in Eastbourne in East Sussex, Durrington in West Sussex and Thruxton in Hampshire. The transport services themselves are provided by other independent organisations under subcontract agreements with Coperforma. The ambulance providers include Thames Ambulance Group, VM Langfords, PTS24/7 and a variety of other transport providers, including specialist ambulance and wheelchair-accessible vehicle providers, and voluntary and community providers who are available ‘on tap’ to meet fluctuating demand.</p>
<p>Contract specification and tender process during 2015</p>	<p>The contract specification is drawn up following extensive stakeholder engagement. Consequently, a straight replacement of the existing service specification is not considered to be appropriate. There are a number of material changes made to the service delivery arrangements by the CCGs, and the key ones are summarised below:</p> <ul style="list-style-type: none"> • The service transferred from two organisations (PTB and SECamb) to a single fully accountable organisation. • The organisations providing the actual patient transport vehicles and drivers are to be separate legal entities in which the successful provider has no involvement. • Some of the eligibility criteria for being able to use the service for renal patients are changed, and these become effective on the contract start date. • The Key Performance Indicators in the new contract are set at a higher level than those in the SECamb contract.

² <http://www.highwealdleweshavensccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=449157>

	The contract is put out to tender but only Coperforma, submits a bid at the invitation to tender (ITT) stage.
January 2015	On 13 th January 2015, SECamb and the CCGs sign a one year extension to the contract to cover the period 1 st April 2015 to 31 st March 2016 to enable the seven CCGs to undertake a robust and widespread review of NHS Patient Transport across the county and to develop the service for future users.
During 2014	<p>The seven Sussex Clinical Commissioning Groups (CCGs) design and commission a new Patient Transport Service. A new Managed Service Provider (MSP) model is introduced to run the service which includes a separate Booking Hub; a single point of access which applies Eligibility Criteria, and managed bookings. The MSP delivers patient transport via multiple sub-contractual arrangements.</p> <p>In 2014, the CCGs launch a survey seeking views on the current service. This is followed by a range of public and staff engagement activities in early 2015, including nine open events across Sussex. The aim of these exercises is to better understand the experiences and needs of people using the service, to identify what they like about it, and to highlight areas for improvement. The CCGs also seek to learn from other patient transport services in the country.</p> <p>This engagement feeds into the development of a new service specification and the contract is put out to tender under NHS procurement rules. There are 23 providers at the market-warming event; four of these providers submit a pre-qualifying questionnaire (PQQ) and one, Coperforma, submits a bid at the invitation to tender (ITT) stage.</p>
March 2014	South East Coast Ambulance Services gives notice in March 2014 that it wishes to discontinue providing the service after March 2015.
June 2012.	NHS Surrey and Surrey County Council award SECamb the PTS contract. The contract is for a three-year period and covers 1 st April 2012 to 31 st March 2015. The contract is to provide the journey planning, dispatch and transport elements of the service. A separate journey booking service is provided by the Patient Transport Bureau (PTB).

2012	High Weald Lewes Havens Clinical Commissioning Group inherits pan-Sussex responsibility for the service from Brighton and Hove Primary Care Trust.
2011	Primary Care Trusts (PCTs) across Sussex commission a new Patient Transport Service. The transport function is awarded to the South East Coast Ambulance Service (SECamb) but is supplemented as necessary by other private transport providers and volunteer drivers. The Patient Transport Bureau (PTB) is established to apply the Sussex Eligibility Criteria and book transport for eligible patients.

Annex B

Results from Healthwatch in Sussex patient engagement

Date of first Healthwatch review	April - September 2016 Carried out by Healthwatch Brighton and Hove Report published September 2016
Service provider:	Coperforma
Reason for review:	
<p>Early in September 2016, Healthwatch Brighton and Hove was approached by a patient who was attending the Renal Outpatient Department at the Royal Sussex County Hospital (RSCH). The patient voiced serious concerns about Non-emergency Patient Transport Services, operated by Coperforma. As a result of that encounter, Healthwatch decided to undertake a review of the service by interviewing patients at the Renal Outpatient Department who used the service.</p> <p>Prior to September 2016 Healthwatch had already raised serious concerns about the performance of Coperforma. Earlier in the summer we had carried out an extensive service review in eight Outpatient Department clinics at the RSCH where people required patient transport. During that review we heard stories of transport not arriving to take patients to radiotherapy; patients being unable to make contact with the Coperforma control centre to check arrangements; and people with complex needs, e.g. requiring a bariatric ambulance, having appointments repeatedly cancelled. Healthwatch raised these issues at a number of forums including the Brighton and Hove City Council’s Health Overview and Scrutiny Committee and the Health and Wellbeing Board.</p> <p>The data below relates to Brighton and Hove only.</p>	
Key results	
<ul style="list-style-type: none"> • 50 patients at the Renal Outpatient Department, RSCH, who had used the service, were interviewed in September 2016. Patients were asked questions evaluating the service across three different time periods: (i) before April 2016 (pre-Coperforma); (ii) April to July (Coperforma); and (iii) August and September (Coperforma). • Patients reported that the service performed extremely poorly in the initial months (April-July 2016) when Coperforma took over, citing a virtual collapse of the service with frequent delays and ‘no shows’. • Patients reported some improvements in overall performance after August 2016. Nevertheless, most people still noted ongoing issues particularly with the Saturday service. 	

Brighton and Hove results were:

- Satisfaction levels dropped from a high under SECamb of 67% (pre-April 2016), to 8% between April-July once the service was taken over by Coperforma.
- Satisfaction levels increased after August 2016 but remained at just 42%.
- 56% of patients interviewed reported suffering anxiety and stress as a result of failures in transport services.
- 14% experienced longer treatment days as a result of failures in the service.
- 8% reported their treatment sessions had been shortened as a result of failures in the service.
- 18% specifically provided adverse comments about Saturday services.

Suggested actions for the Trust to take

- Urgent and immediate action is required by service providers and commissioners to correct persistent deficits in service.
- SCAS should develop a clear and creditable action plan to recover the service.
- An independent review should consider the commissioning process that awarded the contract to Coperforma with a view to learning lessons and improving future commissioning.
- A full and transparent investigation of the financial implications of the service failure should be undertaken with the results made public.
- Robust and simple complaints procedures are needed to resolve problems as they arise.
- There should be dedicated performance standards for renal patients, with performance reports publicly and prominently available.
- Improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips)
- Provide patients with additional support with their mobility where needed (reports of transport not being suitable for wheelchair users)
- Clear standards for call centre performance, vehicles, drivers, and punctuality should be made explicit to people receiving the service.
- Drivers should receive proper training to know how to deal with patients.
- There needs to be better use of technology to give patients and their family greater certainty about when their transport will arrive.

Key statistics

Patient satisfaction levels (%) throughout 2016

Pre April 2016 - SECAMB	April-July - Coperforma	Post August - Coperforma
67%	8%	42%

Friends and family test

Likely	44%
Neither likely nor unlikely	18%
Unlikely	38%

<p>Date of second Healthwatch review</p>	<p>May - June 2017 Carried out by Healthwatch in Sussex Report published September 2017</p>
<p>Service provider:</p>	<p>South Central Ambulance Service (SCAS)</p>
<p>Reason for review:</p>	
<p>This review was commissioned by the lead commissioner, NHS High Weald Lewes Havens (HWLH) CCG. It was undertaken by Healthwatch in Brighton and Hove, East Sussex and West Sussex who visited health services across the regions; speaking to patients, carers and staff who used the service.</p> <p>The performance of the previous provider (Coperforma) was poor. This review was intended to gather evidence and insight on the quality of the new service provider (SCAS) who took over the running of the contract in April 2017. This was therefore an ‘early stage review’ of the new service provider. The evidence was provided to the CCG in 2017; with the final report published in September.</p>	
<p>Key results</p>	
<ul style="list-style-type: none"> • 218 local people were interviewed. 71% were regular users. • 75% of patients were satisfied with the quality of the Non-emergency Patient Transport they received, including 44% who were very satisfied. • 82% of patients said they arrived on time for their appointments. • 42% found the process of booking transport easy to do and a positive experience. • Journey experiences were overwhelmingly positive, and people said that they found vehicles to be clean and tidy, and in 95% of cases suitable for their needs. In a small number of cases vehicles were unsuitable for taking wheelchairs. • There were regional variances in levels of satisfaction, notably in Brighton and Hove. • Renal patients were less satisfied with the service than non-renal patients. 	
<p>Suggested actions for the Trust to take</p>	
<p>Key recommendations were:</p> <ul style="list-style-type: none"> • Improve experiences for patients (and staff) accessing the contact centre to remove lengthy delays; and introduce a dedicated line for staff - we understand from SCAS that they have in place on line and phone options for patients, they expect that most health provider bookings will be made on line and there would be an additional cost in providing a dedicated phone line as suggested by Healthwatch. • As reported following the 2016 review, improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips). 	

- As reported following the 2016 review, provide patients with additional support with their mobility where needed.
- Provide further training for dispatch staff to help them understand the local geography and assist them with scheduling drivers' journey's.
- Identify ways to improve the reliability of the service for renal patients and deliver greater consistency in 'pick-up' and 'take home' times.

Key statistics

Satisfaction levels

	All regions
Very satisfied	44%
Satisfied	31%
Neither satisfied nor dissatisfied	12%
Dissatisfied	7%
Very dissatisfied	5%

Friends and family test

Extremely likely	43%
Likely	34%
Neither likely nor unlikely	11%
Unlikely	5%
Very unlikely	0%

Arriving on time

Yes	82%
No	18%

Taken home on time

Yes	69%
No	31%

Date of third Healthwatch review	November - December 2017 Carried out by Healthwatch in Sussex Report published April 2018
Service provider:	South Central Ambulance Service (SCAS)
Reason for review:	
<p>This was the second review of the service as commissioned by the lead commissioner, NHS High Weald Lewes Havens (HWLH) CCG. It was again undertaken by Healthwatch in Brighton and Hove, East Sussex and West Sussex who again visited health services across the regions. This review was intended to see how the service had changed over the last six months since the previous review in May-June. Healthwatch team again spoke to users of the service, their family members and carers, and hospital staff</p>	
Key results	
<ul style="list-style-type: none"> • 186 local people were interviewed. 78% were regular users. • 85% of patients were satisfied with the quality of the Non-emergency Patient Transport they received, including 39% who were very satisfied (down from 44% in September 2017). • Only 55% of patients said they arrived on time for their appointments. This was considerably down on the 82% achieved in September 2017. • The vast majority of patients who had booked transport themselves reported that they had found it easy to do (85%) • Journey experiences were overwhelmingly positive and 100% of respondents said that found vehicles to be clean and tidy, and in 96% of cases suitable for their needs. In a small number of cases vehicles were unsuitable for taking wheelchairs. • Regional variations were less noticeable this time, although fewer respondents from Brighton and Hove would recommend the service compared to those from East and West Sussex. However, the highest increase in satisfaction levels was also recorded by respondents from Brighton and Hove (up from 67% in May/ June 207 to 84% by December 2017) • 52% of respondents said that the service was better than it was 6 months ago; 42% said it was about the same and just 6% said it had worsened. 	
Suggested actions for the Trust to take	
<ul style="list-style-type: none"> • Ensure Clinical Quality and Patient experience is at the centre of every new service commissioned and an integral part of the operational delivery. In order to ensure this happens, the following are actions which Commissioners and/or SCAS could consider. • Create a dedicated team to support renal patients who are regular users of the service. • Improve experiences for patients (and staff) accessing the contact centre by streamlining the list of numbers which can be called and 	

reducing wait times. A dedicated phone line for staff should be considered.

- Identify actions to improve the timeliness and reliability of the service for patients over the weekend period.
- Increase the use of patient forums and meaningful engagement so that service users can participate in service review and improvements. For example:
 - Wheelchair users: those who require additional support with their mobility; those with complex medical needs, and those with caring responsibilities should all be involved in reviewing existing protocols.
 - SCAS to attend wheelchair user groups across Sussex meetings. We understand these are held biannually.
- Review staff training to ensure this provides a good understanding of the needs of mobility impaired patients. That is, those needing support with: transferring, hoisting and safe handling and mobilizing of their own wheelchairs in and out of vehicles.
- SCAS to provide Healthwatch with confirmation that robust quality assurance systems are in place regarding all sub-contracted providers.

Key statistics

Satisfaction levels

	All regions
Very satisfied	39%
Satisfied	46%
Neither satisfied nor dissatisfied	8%
Dissatisfied	3%
Very dissatisfied	3%

Friends and family test

Extremely likely	39%
Likely	41%
Neither likely nor unlikely	8%
Unlikely	6%
Very unlikely	6%

Arriving on time

Yes	55%
No	45%

Taken home on time

Yes	53%
No	47%

Annex C

Recommendations made in respect of Patient Transport Services in Sussex

(1) Healthwatch England recommendations 2019

There and back What people tell us about their experiences of travelling to and from NHS services, 2019

Areas for action within direct NHS control

- All NHS services to commit to the Long Term Plan's ambition to 'save patients 30 million trips to hospital' over the next five years by offering more digital consultations where appropriate and providing more convenient care in the community, including in people's own homes.
- As part of this, services must make better use of data to ensure that requests for patients to physically attend appointments are co-ordinated. This issue is likely to become more significant as the numbers of people with multiple and complex conditions increases. Aligning appointments would vastly improve the experience for these patients.
- NHS England to establish how improving patient transport could contribute to the overall goal of saving £1 billion a year on outpatient appointments. For example, NHS England could conduct research on how coordinated appointments reduce the number of trips patients are required to make, or how improvements to patient transport services could help reduce the number of missed appointments. This information will support and enable local areas to invest in patient transport.
- NHS England and NHS Digital to work together on creating a new national data collection on Non-Emergency Patient Transport Services. This should look to capture data for each area of the country on:
 - How many people are accessing patient transport services?
 - Demographic information on users of patient transport services, including their clinical needs.
 - How many journeys are made?
 - The percentage of patients using non-emergency patient transport who successfully made it to their appointment on time.

- The number of people who had access to patient transport services when returning home who were then subject to an avoidable readmission.
- o Satisfaction rates with the service.
- Who, and how many people, have been refused access?
- Outcome of appeals.

These measures are all vital for making good commissioning decisions, helping those designing services understand whether local need is being met and where current gaps are. At a national level, the data can help the Department of Health and Social Care scrutinise how eligibility criteria are being applied and identify if any specific groups are inadvertently being excluded from support.

- NHS England to review how the national eligibility criteria for Non-emergency Patient Transport Services are being applied by CCGs, and to issue new guidance that is sufficiently clear and appropriate to iron out unwarranted variation and ensure patients' needs are being met. This would help to reduce the need for people with genuine need to appeal, which at the moment wastes both people's time and NHS resources.
- NHS England and NHS Improvement to use their regulatory role and influence over NHS standard contracts to introduce clearer obligations on hospitals and GPs to proactively alert patients to available transport options, including how they can get help with the cost of transport if not eligible for Non-emergency Patient Transport Services, and which voluntary and community services are available in their area.
- NHS England should set national standards more broadly about how commissioners and providers should prevent distress, pain, and anxiety for patients by making their journey to and from services as easy as possible. This should include stipulating that patients with long-term conditions which will not improve should be exempt from having an eligibility assessment every time they require patient transport

Areas for action that will require the NHS to explore greater partnership working

- The NHS needs to make a sector wide commitment to involve transport commissioners and providers as standard in discussions when developing new services or reconfiguring existing services.

- This commitment must cover changes to services at all levels, from major relocation of hospitals to the shifting in delivery of services across the new Primary Care Networks.
- Local NHS services should work with their local authority partners to ensure data on health and the links with transport are fully considered as part of the Joint Strategic Needs Assessment (JSNA). The JSNAs are reviewed every two or three years and look at both the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area. Local areas should work together in a similar way when considering the development of their Carbon Reduction Strategies.
- Local NHS leaders to work with those responsible for car parking to improve the way systems work for people. This should include putting in place policies to waive fines for people who get parking tickets due to NHS delays. This could also include pre-booked car parking spaces for certain patients or providing better information on the best spaces for people accessing specific areas of the hospital.
- NHS services to explore working in partnership with technology and transport companies to make more intelligent use of patient data. For example, this could include services matching up records on address, patient preferences regarding transport and data from local public transport timetables and using this to support smart scheduling when offering patients appointment slots. Technology can also be used to keep patients better informed about on-the-day waiting times, so people can make informed choices about when to arrive. It can also be used to tell patients when their transport will arrive, so they don't have to get ready several hours in advance.

(2) Dialysis transport recommendations 2019

“Dialysis Transport: Finding a way together”

Kidney Care UK, National Kidney Federation, The Renal Association, British Renal Society

Recommended guidance for transport for patients choosing haemodialysis treatment at a dialysis centre

Transport to and from a dialysis unit is considered part of the episode of care

- An early discussion should be held with the patient about transport as an important part of their dialysis health care.
- Clinical services, commissioners and providers should work together to ensure that transport is co-ordinated around the patient.
- Simplify the delivery of transport and ensure transparency of provision.

No patient should contribute to treatment costs by paying for transport

- Self-funding is against the NHS constitution as it would mean charging patients for a component of their care.
- Clinical services, commissioners and providers should work together to share good practice and ensure costs remain appropriate.
- Do not use transport of a higher specification (and cost) than the patient requires.

Patients should be enabled to control their own transport

- Each patient should have a care plan that includes their transport requirements and how these are delivered.
- Adequate governance arrangements must be in place to safeguard patients, providers, and services.

Clinical services, commissioners and providers should work together to ensure good and cost viable services

- Ensure central co-ordination of transport; consider a dialysis transport communication hub for the service.
- Map and zone patients so they receive treatment in their nearest and/or most accessible dialysis unit.
- Limit ambulance based non-emergency patient transport to patients with a medical need.

Key performance indicators (KPIs) should be used to assure the service achieves what is set out in the contract

- These should be developed and agreed by all partners including patients and their representatives.
- A review of patient reported experience measures should be included in the KPIs.
- A regular monitoring structure involving all partners, including patients, should be used.

(3) Healthwatch in Sussex recommendations 2016-2018

Users' perspectives on the Patient Transport Service April - September 2016

Perspectives of Renal Outpatient Department patients at the Royal Sussex County Hospital, Brighton

The New Sussex- wide Patient Transport Service, September 2017

Sussex wide Non-Emergency Patient Transport Service provided by: South Central Ambulance Service NHS Foundation Trust: What patients and carers and some staff told us about how the service has changed, April 2018

September 2016

- Urgent and immediate action is required by service providers and commissioners to correct persistent deficits in service.
- SCAS should develop a clear and creditable action plan to recover the service.
- An independent review should consider the commissioning process that awarded the contract to Coperforma with a view to learning lessons and improving future commissioning.
- A full and transparent investigation of the financial implications of the service failure should be undertaken with the results made public.
- Robust and simple complaints procedures are needed to resolve problems as they arise.
- There should be dedicated performance standards for renal patients, with performance reports publicly and prominently available.
- Improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips)
- Provide patients with additional support with their mobility where needed (reports of transport not being suitable for wheelchair users)
- Clear standards for call centre performance, vehicles, drivers, and punctuality should be made explicit to people receiving the service.
- Drivers should receive proper training to know how to deal with patients.
- There needs to be better use of technology to give patients and their family greater certainty about when their transport will arrive.

September 2017

- Improve experiences for patients (and staff) accessing the contact centre to remove lengthy delays; and introduce a dedicated line for staff - we understand from SCAS that they have in place on line and phone options for patients, they expect that most health provider bookings will be made on line and there would be an additional cost in providing a dedicated phone line as suggested by Healthwatch.

- As reported following the 2016 review, improve the service for renal patients over the weekend period (notably Saturdays where the reliability of the service dips.
- As reported following the 2016 review, provide patients with additional support with their mobility where needed.
- Provide further training for dispatch staff to help them understand the local geography and assist them with scheduling drivers' journey's.
- Identify ways to improve the reliability of the service for renal patients and deliver greater consistency in 'pick-up' and 'take home' times.

April 2018

- Ensure Clinical Quality and Patient experience is at the centre of every new service commissioned and an integral part of the operational delivery. In order to ensure this happens, the following are actions which Commissioners and/or SCAS could consider.
- Create a dedicated team to support renal patients who are regular users of the service.
- Improve experiences for patients (and staff) accessing the contact centre by streamlining the list of numbers which can be called and reducing wait times. A dedicated phone line for staff should be considered.
- Identify actions to improve the timeliness and reliability of the service for patients over the weekend period.
- Increase the use of patient forums and meaningful engagement so that service users can participate in service review and improvements. For example:
 - Wheelchair users: those who require additional support with their mobility; those with complex medical needs, and those with caring responsibilities should all be involved in reviewing existing protocols.
 - SCAS to attend wheelchair user groups across Sussex meetings. We understand these are held biannually.
- Review staff training to ensure this provides a good understanding of the needs of mobility impaired patients. That is, those needing support with: transferring, hoisting and safe handling and mobilizing of their own wheelchairs in and out of vehicles.
- SCAS to provide Healthwatch with confirmation that robust quality assurance systems are in place regarding all sub-contracted providers.

(4) Recommendations from a Clinical Commissioning Group lessons learnt event, 2017

Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex, High Weald Lewes Havens Clinical Commissioning Group, January 2017 (available as a PDF document)



12. High Weald
Lewes Havens CCG F

During 2014, seven Sussex Clinical Commissioning Groups (CCGs) designed and commissioned a new Patient Transport Service, after the existing provider South East Coast Ambulance Service gave notice that it wished to discontinue providing the service. Coperforma, the new Managed Service Provider (MSP) started to deliver the service from 1st April 2016 and experienced significant operational difficulties from day one, which resulted in a poor experience for many patients.

As part of their review of the mobilization and transition to the new contract, the CCGs commissioned an externally facilitated ‘Lessons Learnt’ event. Their report collated and reflected the feedback from patient representatives and stakeholders on the commissioning process and service, raised during and after the event.

The Sussex-wide Patient Safety Group (PSG) was chaired by a senior GP and with membership including Healthwatch, Local Authority Adult Safeguarding, Provider Trust, NHS England and patient representation. They undertook a review of incidents and interviewed patients including those in high-risk groups to identify and made recommendations on areas where further service improvements were needed, to assure patient safety in the future.

A) Service Model and Specification:	
Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> Even though the procurement team consulted widely on the development of the service specification and the new model, problems with service delivery arose when the contract went live 	<ul style="list-style-type: none"> Ensure systems are in place for not only securing but testing feedback gained during the service model, specification, and design phase in future procurements.
<ul style="list-style-type: none"> The introduction of a MSP and retention of the split between the booking and transport function was designed with service transformation in mind, to attract providers with 	<ul style="list-style-type: none"> New Non-emergency Patient Transport Services provider contract combines booking and provision, allowing for sub-contracting to provide capacity where required.

<p>innovative technical booking, dispatch and tracking platforms.</p> <ul style="list-style-type: none"> This benefit failed to materialise sufficiently via the chosen Managed Service Provider (MSP). 	<ul style="list-style-type: none"> To assist mobilisation, detailed discussions with the new provider is supporting the phased implementation of the new service. (See TIAA recommendation 9.)
B) Communication & engagement (All Phases):	
Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> Communication and engagement were comprehensive pre-1 April 2016 but did not remain consistent post- 1st April 2016 when the MSP assumed responsibility for patient communications and engagement. Opposition to the transfer of services from a public sector provider to a private provider was raised in some quarters. Communications were circulated widely but, in some instances, were not then cascaded appropriately within other organisations Operational shortfalls in the new service resulted in a significant increase of enquiries from patients, NHS Trusts and the media, to which the MSP was unable to respond in full. Additional responsibilities fell to the CCGs to handle the communications, alongside the implementation of further contingency measures and actions. 	<ul style="list-style-type: none"> Commissioners should take a proactive role in ensuring effective patient and public engagement in all new contracts post-mobilisation, and especially through periods of transition Application of a RASCI model (see paragraph 3.2) or similar, clarifying governance and responsibility issues with fellow CCGs and other partners with a joint communications plan with any new contractor Promotion of reactive and proactive communications, supported by: 1. wide circulation of key messages to/within stakeholders (confirming onward dissemination responsibilities), and 2. effective feedback loops (the feedback received can often act as invaluable early warning of issues requiring resolution). The system-wide communications plan should address resourcing, collaboration across stakeholders, alongside proactive and reactive management of media (print,

	<p>TV, radio and/or social media.)</p> <ul style="list-style-type: none"> • Patient representatives invited to contribute to design, evaluation, implementation and post-go live stages. • Ensure that a Memorandum of Understanding (MOU), agreed by all parties is in place that describes the lead/supporting commissioner and stakeholder roles & responsibilities for all aspects of the process, including communications and engagement. The MOU should ensure the requisite capacity, capability, engagement and decision-making and escalation process is explicit.
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C) Procurement

Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> • Absence of specialist Non-emergency Patient Transport Services providers expertise in informing the design of the new specification, KPIs and evaluation of the tender. 	<ul style="list-style-type: none"> • Ensure specialist provider advice (in this instance Non-emergency Patient Transport Services) is secured prior to the pre-qualifying questionnaire (PQQ) stage,
<ul style="list-style-type: none"> • Needed to build in more due diligence to the pre-qualifying questionnaire (PQQ) & invitation to tender (ITT) stages including site visits and quality impact assessments. 	<ul style="list-style-type: none"> • The specialist provider advisor to be involved in designing, conducting and evaluating
<ul style="list-style-type: none"> • Limitations introduced as a result of receiving only one final tender. 	<ul style="list-style-type: none"> • Fully scoped risk assessment undertaken, coupled with mitigation and contingencies, when faced with single tenders.
<ul style="list-style-type: none"> • Need to establish what could be done differently in the procurement process 	<ul style="list-style-type: none"> • Conduct a post-procurement review for all procurements to ensure that lessons learned are incorporated into future procurements, and that a clear process is in place to support this.

D) Transition & Mobilisation (Pre- 1 st April 2016)	
Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> Ownership & scrutiny of the mobilisation plan, with the new provider(s) having a desire to report positive messages to the CCGs. 	<ul style="list-style-type: none"> Reference: TIAA recommendation number 1 and subsequent action
<ul style="list-style-type: none"> The transition phase (pre- 1 April 2016) of the project board did not have the added benefit of independent PTS expertise regarding the operational plan 	<ul style="list-style-type: none"> Reference: TIAA recommendation number 1 and subsequent action Also, see first two bullet points in “procurement” lessons, above.
<ul style="list-style-type: none"> Under the ICO guidelines, CCGs are not permitted to have direct access to activity data to assure themselves of data completeness and the accuracy of provider plans. 	<ul style="list-style-type: none"> This remains an outstanding issue relating to information governance and CCG access to data
<ul style="list-style-type: none"> Consider a phased approach to mobilisation, supported by a clear set of contingency plans 	<ul style="list-style-type: none"> Reference: TIAA recommendation number 9 and subsequent action
E. Transition & Mobilisation (Post- 1 st April 2016)	
Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> Under the ICO guidelines, CCGs are not permitted to have direct access to activity data to assure themselves of data completeness and the accuracy of provider plans. 	<ul style="list-style-type: none"> This remains an outstanding issue relating to information governance and CCG access to data which the CCGs will progress with NHS England
<ul style="list-style-type: none"> Due to the service delivery failure of the MSP, significant additional demands were placed on clinical and managerial staff in all associated sectors (commissioners and providers). A great deal of clinical time was expended supporting patients, whilst managerial staff were faced with additional pressures as a result of: problem solving, conference calls, additional meetings. 	<ul style="list-style-type: none"> Reference: TIAA Recommendations 2, 3, 4 & 8 and subsequent action Assess additional impact via Patient safety & “lessons learned” reviews.

F. Commissioner governance issues

Feedback from Workshop	Lessons Learnt
<ul style="list-style-type: none"> Commissioner, programme and project team resources allocated to the PTS procurement were, at times, stretched. 	<ul style="list-style-type: none"> Ensure that an MOU is in place that describes the lead/supporting commissioner and stakeholder responsibilities. The MOU should ensure the requisite capacity, capability & engagement throughout the process and should include an escalation framework to cover unforeseen contingencies.

(5) TIAA report recommendations, 2016

Adequacy of the mobilisation arrangements for the new Patient Transport Service contract, June 2016

TIAA is one of the leading providers of assurance services to the public sector. TIAA was commissioned by NHS High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) on behalf of the Sussex CCGs to carry out a review into the adequacy of the mobilisation arrangements for the new NHS Non-Emergency Patient Transport Service contracts which became effective from 1st April 2016. The seven CCGs in Sussex were: Brighton and Hove CCG; Crawley CCG; Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG; Horsham and Mid-Sussex CCG; High Weald Lewes Havens CCG; Coastal West Sussex CCG.

The TIAA report found that there were a number of factors which individually would not have been enough to cause such poor performance but combined to create the problems that affected the start of the new contract. The CCGs accepted all TIAA's recommendations, including that the CCGs employ a transport specialist to oversee the contract. TIAA's ten main recommendations are produced below.

1	An independent patient transport service specialist be considered to support the CCG to oversee Coperforma's remedial action plan and service resilience until the service is operating as 'Business as Usual'
2	Each of the Trusts in Sussex be requested to identify additional costs they have incurred and submit these to HWLH CCG for contractual discussion with Coperforma.
3	Consideration should be given to establishing whether there are grounds for financial recovery due to the contract failure in terms of number of journeys not properly delivered during April and May 2016.
4	Contingency arrangements be built into the planning process for major contracts where significant service changes are anticipated.
5	Consideration should be given to establishing whether there is legal entitlement to recover CCGs additional costs arising from Coperforma's failures of contract performance.
6	The terms of reference for any mobilisation Board or similar be agreed at the first meeting.

7	Failure to attend key mobilisation meetings should be noted and escalated appropriately (internally and externally).
8	Legal advice be taken to confirm that the tender and contract documentation can make it explicitly clear that the signature of the appropriate person from the lead CCG is legally binding and signatures from the other participating CCGs are not required before contract mobilisation can commence.
9	Consideration should be given to including within the contract specification for major contracts where significant service changes are anticipated that a phased transition approach by bidders would be welcomed.
10	Consideration be given to commissioning independent consultants to monitor and advise on the mobilisation for major contracts where significant service changes are anticipated

(6) Care Quality Commission recommendations, 2016

CQC report into the performance of Coperforma, November 2016

1	Ensure a robust system is in place for handling, managing, and monitoring complaints and concerns.
2	Ensure robust systems are in place to assess, monitor and improve the quality and safety of the services provided.
3	Ensure the vehicles and equipment used by contracted services is appropriate for safe transportation of patients, including wheelchair users.
4	Ensure patients receive timely transport services so they can access the health services they need from other providers.
5	Ensure there is learning from incidents and the learning and changes to practice are shared across all staff.
6	Ensure transport provider staff always have essential information about patient's needs so care is delivered safely and risks to patients are minimised.
7	Ensure systems and processes are in place to implement the statutory obligations of Duty of Candour.
8	Ensure a vision and strategy for the service developed and to ensure this is embedded across the organisation.
9	Ensure a manager for the regulated activity is registered with the Commission.
10	Ensure the provider and registered persons understand their legal requirements with regard to the Health and Social Care Act 2008. This must include a review of all centres against the Commission's "what is a location" criteria and where necessary follow the Commission's legal requirements to add the locations to the provider's registration.
11	Ensure the Commission is notified of safeguarding incidents and incidents affecting the running of the service.

In addition, the location should:

- To proactively engage and involve all staff to ensure voices are heard and acted on.
- To ensure a system is in place to monitor and review staff training needs.
- Ensure all staff are trained in Duty of Candour.
- Continue to develop and embed the service delivery specialist role in the local hospitals.
- Ensure the 'Simultaneous Translation Service' or any similar system is implemented so translation services are always available.

Annex D

Reports and publications reviewed

In preparing this report Healthwatch has reviewed several reports and publications which are listed below. All links were accurate as at the time of writing.

Healthwatch reports

Healthwatch Brighton and Hove	1. Users' perspectives on the Patient Transport Service April - September 2016 Perspectives of Renal Outpatient Department patients at the Royal Sussex County Hospital, Brighton	September 2016
Healthwatch in Sussex Partnership working across the Healthwatch teams operating in East and West Sussex and Brighton and Hove	2. The New Sussex- wide Patient Transport Service	September 2017
	3. Sussex wide Non-Emergency Patient Transport Service (PTS) provided by: South Central Ambulance Service NHS Foundation Trust: What patients and carers and some staff told us about how the service has changed.	April 2018
Healthwatch England	4. What people have been telling us about health and social care A review of our evidence Jan-March 2019	2019
	5. There and back What people tell us about their experiences of travelling to and from NHS services	October 2019


NHS

NHS England national review	6. In autumn 2019 NHS England and NHS Improvement announced it would review non-emergency patient transport services The review closed in March. No outcomes have been published at the time of writing	Autumn 2019
NHS	7. Healthcare Travel Costs Scheme (HTCS)	Unknown



Renal dialysis publications


Kidney Care UK, National Kidney Federation, The Renal Association, British Renal Society	8. Dialysis Transport Finding a way together (Comprehensive kidney patient transport guidance. A framework for commissioners)	2019
Kidney Care UK The Renal Association	9. The Kidney Patient Reported Experience Measure (PREM) is a national annual survey of kidney patients	2019

Independent review

TIAA	10. Adequacy of the mobilisation arrangements for the new Patient Transport Service contract	June 2016
TIAA	11. Patient Transport Services Mobilisation - incorporation of lessons learned (Available as a PDF document)  11. TIAA Incorporation of Les	April 2017

Clinical Commissioning

High Weald Lewes Havens Clinical Commissioning Group on behalf of all Sussex CCGs	12. Learning the lessons from the procurement and mobilisation of the new Patient Transport Service in Sussex. (Available as a PDF document)  12. High Weald Lewes Havens CCG F	January 2017
High Weald Lewes Havens Clinical Commissioning Group	13. A meeting of the High Weald Lewes Havens Clinical Commissioning Group Governing Body to be held in public	July 2017
Crawley and Horsham and Mid-Sussex Clinical Commissioning Groups	14. Update Sussex Patient Transport Service (PTS) (Available as a PDF document)  PTS update Crawley, Horsham, N	September 2017

Brighton and Hove CCG	15. Sussex Patient Transport Service Update (Available as a PDF document)  BHCCG_PTS-briefing_12-May-2016.pdf	May 2016
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Care Quality Commission

Care Quality Commission	16. CQC report into the performance of Coperforma	November 2016
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Health Overview and Scrutiny Committees

Brighton and Hove HOSC	17. Sussex Non-Emergency Patient Transport Service - Health and Overview Scrutiny report https://present.brighton-hove.gov.uk/mgconvert2pdf.aspx?id=101581	October 2016
Healthwatch Brighton and Hove	18. Reporting to the Health Scrutiny Committee - Patient Transport Services	March 2018

Health and Adult Social Care Select Committee

Crawley, Horsham and Mid-Sussex and Coastal West Sussex Clinical Commissioning Groups	19. Patient Transport Service - Update	June 2016
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National Audit Office report

National Audit Office	20. Investigation into the collapse of the Uniting Care Partnership contract in Cambridgeshire and Peterborough	July 2016
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Department of Health

DH Ambulance Policy	21. Eligibility Criteria for Patient Transport Services (PTS) PTS eligibility criteria document Prepared by DH Ambulance Policy	June 2007
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South Coast Ambulance Service (SCAS)

SCAS	22. Non-emergency Transport Service Patient Charter: Putting Patients First	No publication date
SCAS	23. Non-Emergency Patient Transport Service in Sussex Version: January 2018 (patient leaflet)	January 2018
SCAS	24. Patient Zone Booking Guide	June 2018

Community Transport Action

Community Transport Action	25. A Better Approach to Commissioning Non-Emergency Patient Transport	2017
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UNISON

UNISON	26. Patient Transport Services The impact of privatisation and a better way forward	April 2017
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Parliamentary questions

27. Coperforma: Written question - 123750 - UK Parliament	2018
28. Coperforma: Written question - 121516 - UK Parliament	2018
29. Coperforma: Written question - 126438 - UK Parliament	2018
30. Coperforma: Written question - HL7871 - UK Parliament	2016
31. Patients: Transport: Written question - 42969 - UK Parliament	2016
32. MPs want inquiry into Coperforma debacle The Argus	2018