

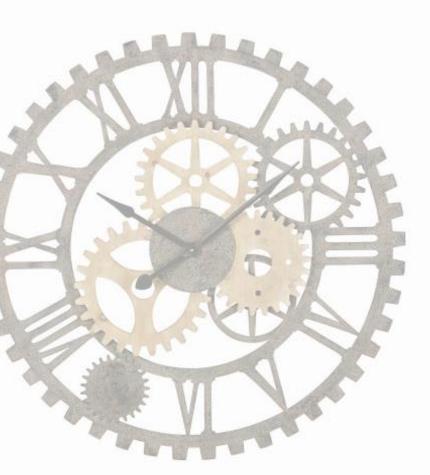


Non Emergency Patient Transport Service (NEPTS) Procurement Update

28 March 2022

Background

- The service provides a free transport service to all eligible patients to enable them to travel to and from the community or acute healthcare setting in a timely manner, without adverse impact on their medical condition.
- The Non-Emergency Patient Transport Service (NEPTS) was commissioned via a competitive tender, on a 5-year contract from October 2017-September 2022, with an optional 2-year extension. Thames Ambulance Service Limited (TASL) are the contracted provider.
- It has been identified that the Service was not financially sustainable at the value the contract was awarded at and the provider has been financially supported throughout the contract term.
- TASL have struggled to achieve many of the Key Performance Indicators over the life of the contract, meaning that patient experience has not always been satisfactory.



Current Patient Transport

- Currently the average number of patient journeys that TASL undertake 150,000 per annum.
- ➤ 61% of journeys are under 10 miles.
- > In addition to TASL we also fund:
- ➤ UHL are funding additional High Dependency Crews on a daily basis, with an average of 3 crews but increasing as needed.
- ➤ Renal Services Ltd carry out the walking Renal Dialysis transport from the Hamilton unit, in additional to TASL transporting the complex mobility patients (wheelchairs, stretchers and bariatrics).
- Community Mental Health patients are using local taxi companies or voluntary drivers (although they are with the TASL contract).





Current Contract Position

The current contract is due to end in September 2022.

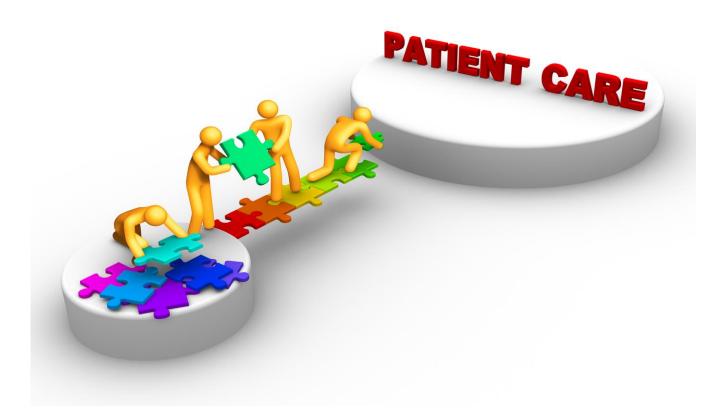
We are extending this contract so we can take the time to listen to our stakeholders and improve the new service

We are designing a new service to meet the needs of our patients and our health system that provides sustainability – 5 years plus 5 years contract.





Why are we changing the service model?



- ✓ Improve the quality of service to all patients
- ✓ Improve the flow of patients throughout the healthcare system.
- ✓ All patients with a medical needs get the right transport
- ✓ Flexibility in the future to meet the changing needs of our LLR health system



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Patient Online Survey



Patient Face to Face Interviews

Healthcare
Professional Face to
Face Interviews

TASL Employee Interviews

Healthcare
Professional Online
Survey

Feedback from Patient/ Service User and Provider Engagement

- Feedback will be available from the end of March and will be fed into the service spec's.
- The complete data report will be available in April.
- Weekly meetings with the engagement team are planned to ensure feedback is ongoing.



Findings so far....

Early themes that are emerging are outlined for you.

(Please note engagement is at a formative stage and these interim findings represent the views of a minimal number of people) Currently people who use transport have a combination of positive and negative experiences.

A high point is their relationship with the transport crew and the quality of the journey.

Despite this, people say they would like delays to the journey to and from appointments to have less impact on their lives, as many are experiencing long waits. This has a knock impact for NHS staff.

People would like improved communications with operators to clarify by text the rescheduled time, if there are delays. Patients receiving renal services seem particularly impacted.

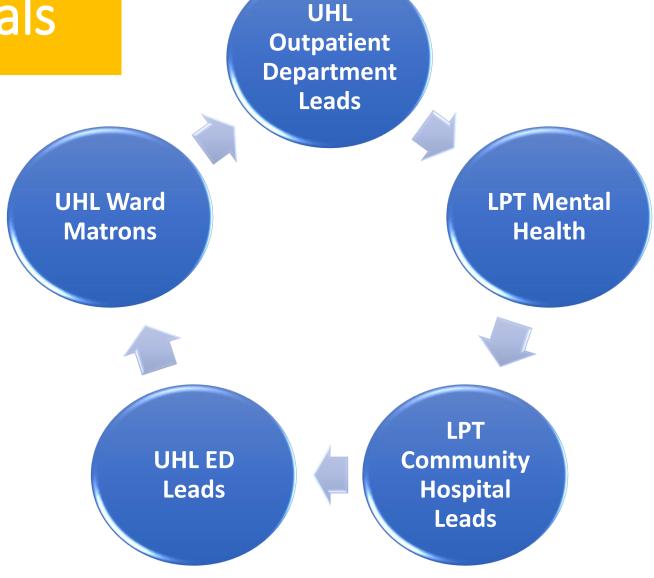
Where replacement taxis are currently used, there are poor experiences, with people not supported into and out of appointments.

Staff and patients are experiencing difficulty in changing previously booked appointments and some are confused about the eligibility criteria for the service

NHS

Stakeholder Engagement Healthcare Professionals





NHS

Feedback from Internal Stakeholder Engagement

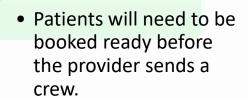
Delays in collecting discharges for time critical patients



 Change targets so time critical patients need to be collected in a shorter time period.

Issues with crews not being able to move patients who need special equipment

 Increase the equipment list requirements that the provider will need to have on the ambulance vehicles Patients not finished appointment when crew arrive in outpatients



Patients who can be discharged later in the day struggle to get a vehicle

 Extend the time for discharges in the specification.

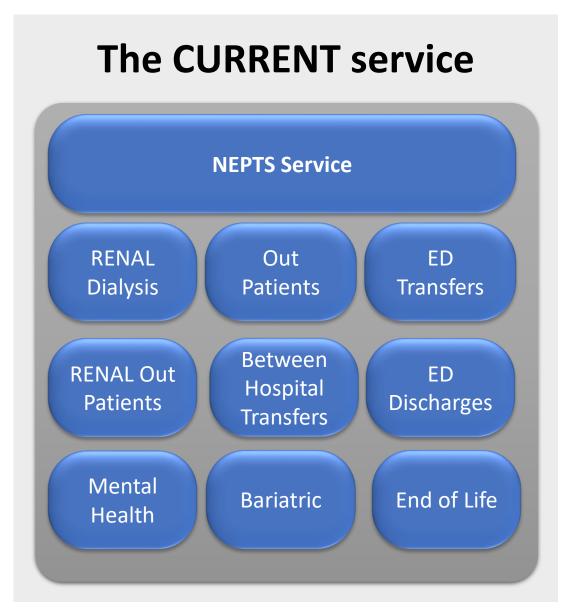


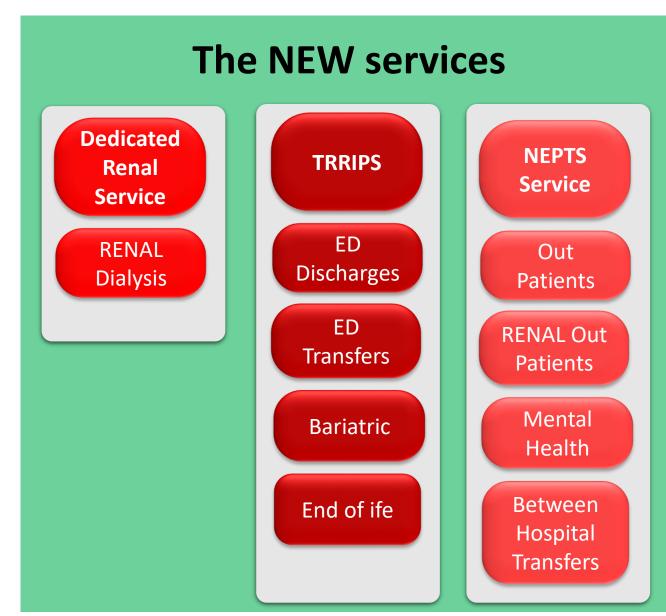
 Separated the services so there are dedicated resources.

Some outpatient clinics will be opening until 8pm

 Extend outpatient resources in specification until 8pm to meet the patients needs.









Improvements for patients

Tailored specifications for the patient needs of each type of transport.

Estimated time of arrival by SMS

Text or telephone call on the day.

Patients should be collected from appointments within 30 minutes.

Ongoing engagement via PPGs to promote continuous improvement.

Increase in timeliness of service as vehicles will not be shared across all transport types.

Patients will no longer need to be ready 2 hours before.

Increased provision for Bariatric Patients with Wheelchair and Stretchers.



Flexibility

- The specifications demands flexibility from providers to meet changes.
- The contract needs to be sustainable over 5 years as a minimum.
- Bidders will be required to evidence how they will achieve the required level of flexibility.





Eligibility Criteria

- The Eligibility Assessment will remain unchanged.
- The period of time a patient is eligible will change in some circumstances to reflect patient improvement and changes in mobility requirement.
- The application of the assessment will be consistent and robust.
- Performance management of application will be required plus mystery shopper
- A clinical appeals process will be implemented





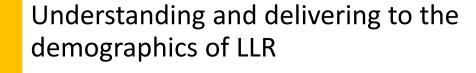
Environmental Requirement

- The Service Specifications require providers to meet, as a minimum, the targets set out in the table.
- Moving towards Net Zero will support the control of cost for fuel which is currently an unknown.
- We require the drivers to complete an 'eco-driving training' to ensure that they take care not to idle, are aware of fuel consumption and providers make considerations for reducing journey lengths
- We will work with providers to meeting or exceed the NHS' net zero ambition by the end of 2030.

Date	Vehicle emissions targets
April 2023	50% of vehicles used to deliver the contract (excluding ambulances and voluntary driver vehicles) are of the latest emission standards, ultra-low emission vehicles (ULEV) or zero emission vehicles (ZEV)
Jan 2026	75% of vehicles used to deliver the contract are of the latest emission standards, ULEV or ZEV (excluding ambulances and voluntary driver vehicles).



- The Specifications and Tender questions require the providers to demonstrate their understanding and management of:
 - Local Demographics
 - Protected Characteristic Groups
 - Rural and Urban differences
- Digital Innovation is encouraged to support accessibility for patients as appropriate
 - e.g. SMS Text ETA's for patient with hearing difficulties, whilst telephone call ETAs for patient with sight impairments.



Accessibility for all patients

Engagement with EDI and PPG groups

Provide a Comms and Engagement Plan as part of the tender process



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The vehicles will have clear company signage inside and out. The vehicles will have clear signage that supports the visually impaired and patients will have access to a hearing loop if required.

Vehicles used for regular mental health patient transport will be discreet as to not highlight they are an ambulance.

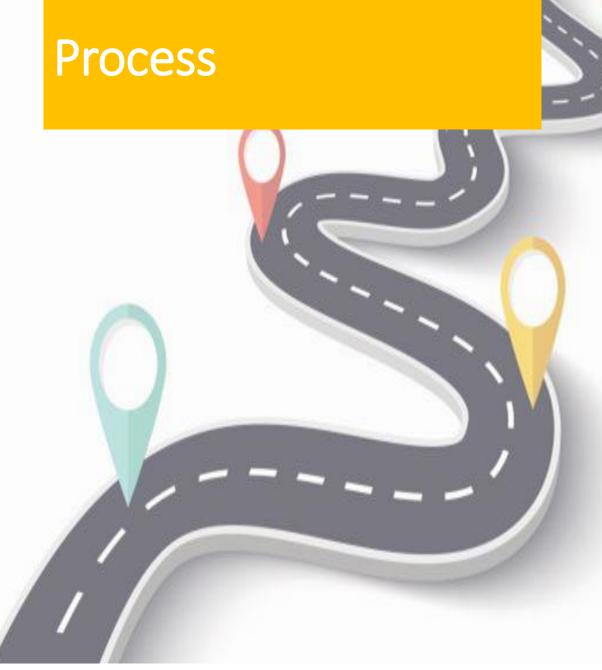
The provider will ensure that there is equitable access to the service for these patients and provide them with a safe, dignified, and comfortable transport with appropriately trained staff to support them.

The provider will strong relationships with the Equality, Diversity, and Inclusions groups across LLR to ensure that they are reaching the protected characteristic groups and continuously improving accessibility to the service for these groups."

Eligible Escorts able to travel to support patients e.g. interpreter, have severe communication difficulties or suffer from a physical or mental health problem which prevents them from travelling unaccompanied safely without a carer

The requirement to establish and maintain regular patient and stakeholder engagement is monitored through the lifetime of the contract through a quality reporting mechanism into the commissioners.

The service aims to provide equitable access to the whole population based on medical need, reducing any health inequalities.





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Ratification

- Governance and Approval
- Finalise ITT Documents

ITT

- Publish
- Evaluate

Approval

- System Exec Approval
- Outcome Letters

Mobilisation

• Commence mobilisation of service