North East Ambulance Service NHS
NHS Foundation Trust

Patient Transport Service Strategy 2012 -2017

Right Care, Right Place, Right Time
To make a difference by integrating care and transport in pursuit of equity and excellence for our patients

Claire Mills

Andrew Nicholson

North East Ambulance NHS FT
October 2012

Document Details

Purpose	Strategic Plan
Title	Patient Transport Service Strategy 2012-17
Date	October 2012
Version	1.1
Target Audience	NEAS PTS Stakeholders
Description	The Patient Transport Service (PTS) Strategy sets out the vision for Patient Transport Services in the north east of England and the changes that will be implemented over the next five years to achieve this vision.
Contact Details	Claire Mills Business Manager (PTS) claire.mills@neas.nhs.uk North East Ambulance Service NHS Trust Bernicia House Goldcrest Way Newburn Riverside Newcastle upon Tyne NE15 8NY Tel: 0191 430 2000

Contents

1 Introduction

The North East Ambulance Service (NEAS) Patient Transport Service (PTS) is a crucial component of the integrated care and transport solution for the people of the North East. This strategy sets out a vision for the delivery of such a solution that sees the NEAS PTS central to ensuring people can access the healthcare services they need.

2 Organisational and Service Overview

2.1 Organisational Vision and Strategic Intentions

NEAS achieved Foundation Trust status in November 2011. As part of this process it set out its vision and strategic intentions. As one of NEAS's four service lines the PTS service line needs to be aligned and contribute to the aims of the organisation which are set out below:

NEAS vision

'To make a difference by integrating care and transport in pursuit of equity and excellence for our patients'

NEAS mission

The Trust's mission is a simple one: *Right Care, Right Place, Right Time;* ensuring our patients receive the right care in the right place at the right time, no matter how they contact our service, and regardless of their need.

NEAS strategic intentions

To lead in the provision of Emergency Care

- we want to be the provider of choice for A&E services and lead through innovation, research and performance.

To be a key partner in Urgent Care reform

- we want to help deliver the changes that our patients and our commissioners are asking for using our expertise and infrastructure.

To transform Patient Transport Services

- we want to continue to be the provider of choice for PTS in the North East.

To be a first rate employer

- we want to ensure our staff are appropriately supported, with fair pay and flexible working conditions and a safe and productive working environment.

To have sound financial health

- we want to maintain strong financial health that enables us to invest in new service developments, constantly taking the organisation forward.

To be a well governed and accountable service

- we want to continue to ensure that the safety and quality of our services to patients remains our highest priority.

2.2 Service Overview

The Patient Transport Service facilitates vital access for many patients with planned health care appointments, involving close to one million patient journeys every year. It also provides an urgent transport service in County Durham and Darlington for patients with an 'urgent' (non-emergency) health care need.

For historical reasons a slightly different service model operates in the Tees area where all patient's travel is based around their individual appointment times.

The core service operates Monday to Friday, 8am to 6pm for patients booked at least the day before travel. Where possible the service will also transport patients booked on the same day. At present most patients are aimed to be delivered at one of three specific times: 9:30, 10:30 or 14:00 with a quality threshold of 30 minutes either side of this time. Patients are picked up at 11:00, 12:00 or 15:30 with a quality threshold of within 60 minutes of this time. Where patients are ready ahead of this time then hospital clinics can call the Contact Centre to advise that the patient is ready to be collected and every effort is made to re-schedule their journey times.

In line with national guidance on transport for Renal dialysis patients the service operates to different standards due to the frequency and regular pattern of their care. These patients are delivered and picked up to specific times relating to their individual appointments with a quality standard that they will be dropped off no more than 30 minutes early and not late; and that they will be picked up no more than 30 minutes after the scheduled end of their appointment. NEAS is commissioned to provide Renal dialysis services in the North of Tyne and Tees areas, but not the South of Tyne.

In addition PTS is commissioned to provide a number of dedicated transport services. These are specific vehicles that are commissioned for specific times and linked to specific services; typically hospital discharge, mental health or day unit services.

PTS, including Durham Urgent Care Transport (DUCT) has 440 staff and operates 232 vehicles from 28 stations. In addition core services are supported by a range of third party services operating on behalf of NEAS. These include volunteer drivers who form the Ambulance Car Service (ACS) and a range of taxi services who are able to assist in the transport of the most mobile patients without constraint. Additionally a small number of sub-contracts exist with community transport providers.

In addition PTS provides resilience to the A&E service.

2.3 PTS Transformation

In 2008 the Trust began a PTS Transformation programme of work to modernise its PTS services. The programme delivered a number of innovative changes such as the introduction of a PTS Bank and a PTS car service for NEAS staff unable to undertake their substantive duties.

It also introduced:

- a more comprehensive ICT infrastructure with the introduction of Terrafix onto NEAS vehicles allowing a two way update of job status between PTS Day Control and operational vehicles
- the use of a computerised planning function, Auto Plan to assist the logistical planning of vehicle routes
- changes to staff roles with the introduction of Band 2 Agenda for Change (AfC) roles to be phased in as existing staff either retired or left the organisation. This change is a major contributor to the necessary reduction in the PTS cost base though it will take many years to fully realise the savings.

2.4 PTS Modelling

In 2012 NEAS completed a Modelling project which aimed to review strategic options for a new service model for PTS. The project used data and computer models to explore the impact of changes in patient demand and potential changes to the service model. The report contained 22 recommendations that have been considered in the formation of this strategy.

2.5 Service Line Management & Business Manager (PTS)

As part of its preparation for Foundation Trust status the Trust divided its business into four service lines and recruited Business Managers to lead each of them. In January 2012 a Business Manager (PTS) took up post.

As part of their familiarisation programme the Business Manager (PTS) met with a wide range of stakeholders from within and out with the organisation. A list of those consulted as part of this process is shown in the table below:

External Stakeholders	Internal Stakeholders
Commissioners • North of Tyne PCT • South of Tyne PCT • Durham PCT • Teesside PCT • Northumberland, Tyne & Wear NHS FT • Tees, Esk & Wear Valley NHS FT **Overview and Scrutiny Committees** • Northumberland • Newcastle **Local Authorities** • North Tyneside • Northumberland **Patients, Carers and their representatives** • NEAS FT LiNks Network • Patients and Carers • PALs **Hospital Providers** • Northumbria NHS Healthcare FT • Newcastle Hospitals NHS FT • South Tees Hospitals NHS FT • North Tees NHS FT • Durham and Darlington NHS FT **PTS Booking Providers / Third Parties** • Teesside Information Service • Travel Response Centre • Taxi Companies **Other Ambulance Services** • Yorkshire • North West • West Midlands • South East Coast	• PTS Staff and Managers • NEAS FT Board and Governors • Workforce and Organisational Development • Fleet • Finance • PTS Planning and Control Staff and Managers • Ambulance Car Service Volunteers • Community Transport Providers • Performance and Business Development • Clinical and Quality • Governance and Risk • Programme Management Office • Commissioning and Contracting • NEAS Comms & Engagement

The views of staff were captured through this familiarisation programme but also from a regular series of site visits by PTS managers instigated in 2012. Similarly the views of external stakeholders were garnered, supplemented by issues raised at a developing series of tri-partite business meetings attended by NEAS Commissioners, hospital providers and NEAS held in each locality commencing in 2012.

One of the initial tasks given to each Business Manager was to undertake a review of their management structure. At the time of writing this is waiting for approval for implementation.

3 Strategic Drivers

3.1 Demography

The Trust serves a population of 2.66 million in the north east of England. The overall population is projected to increase, but at less than half the national rate of 16%. Within this there is an ever-ageing population, with people living longer. The needs of this group include representatively higher proportions of low mobility patients that place a further demand on NEAS resources in transporting them to and from hospital.

The geographic area covered by NEAS includes large metropolitan areas such as Newcastle, Sunderland and Middlesbrough that can be typified by high levels of health need and social inclusion issues. On the other hand with Durham Dales and Northumberland there are some of the most sparsely populated areas of England with all the logistical issues that brings in complying with service standards such as maximum journey times.

3.2 Patient Choice / NHS Service Configuration

The legal right for patients to be able to choose a hospital was enshrined in the NHS constitution, introduced in 2009. Whilst there have not been wholesale changes to patient flows an increase in patients travelling to access services other than their local service can be demonstrated.

Whilst it is difficult to evidence changes in “normal” destinations it only takes a small increase in the number of complex journeys to impact upon the number of resources NEAS must deploy to ensure service standards are met.

The number of patients exercising their right to choice and the plurality of available healthcare provider sites will inherently drive an on-going increase in the complexity of provision NEAS will be expected to service.

The on-line booking system that supports the national Choose & Book system is not linked to PTS transport booking. This causes two issues:

- Firstly appointments can be booked without reference to transport services. Outside of the Tees area PTS presently aims to deliver patients to one of three arrival times (9:30, 10:30 and 14:00) and to pick-up patients 90 minutes later. This service model is at odds with a hospital outpatient model where patients have individual appointment times spread through the day and where patient through put times can last considerably shorter than 90 minutes.
- Secondly, if hospitals or patients re-arrange their appointments then there is no automatic re-booking of the patient transport. This results in transport arriving to collect patients when they have no need to travel.

The configuration of NHS services will always be subject to change. Typically at present within the NHS there is a drive to have fewer specialist centres but more points of access for local services.

Both of these exert pressure on PTS either through increased travel times or from an increased number of pick-up / drop-off points making it more difficult to plan multiple patients to the same vehicle whilst ensuring service standards are adhered to.

3.3 Eligibility Criteria

In 2007 The Department of Health have issued national guidance on eligibility criteria for PTS (appendix 3). Eligible patients are those:

Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.

Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.

The application of these criteria has been the responsibility of Primary Care Trusts with different approaches taken across the north east. There appears a willingness to standardise the approach to eligibility and an opportunity for NEAS to incorporate assessment as part of the booking process but this will need to be confirmed through the new commissioning arrangements coming to the NHS in 2013.

Within the area covered by NEAS services Tees' commissioners have taken a pro-active stance in the application of eligibility criteria with a resulting fall in numbers using PTS, mostly patients able to walk (about 10% fall in numbers over five years). Tees commissioners chose to use a third party transport booking service, the Teesside Information Service that appears to have had a negative impact on the standard of patient booking. This in turn has impacted upon the quality of the service experienced by the patient as their transport needs are not always accurately captured.

3.4 Quality

The NHS issued a new Outcomes Framework in 2011/12 with five elements. The table below shows how the delivery of the Strategy and the associated targets and performance indicators link to this framework.

NHS Outcomes 2011/12	PTS Improvement Programme	PTS Targets and KPI
Preventing people from dying prematurely	• Development of urgent care and clinical pathways so that A&E services are more likely to be available for life threatening incidents • Resilience provided to A&E service in adverse circumstances	• Support delivery of A&E targets

Enhancing quality of life for people with long-term conditions	• Development of care pathways for:
	  ○ Dementia
	  ○ Learning Disabilities
	  ○ Oncology
		• Enhanced arrival / pick-up standards for dialysis patients in line with NICE guidance

Helping people to recover from episodes of ill health or following injury	• Move to get more patients to their clinical appointments on time • Work with local commissioners and hospitals to reduce abort rates	• % of journeys aborted by NEAS • % of journeys aborted by NHS
Ensuring that people have a positive experience of care	• Improvement in booking standards to ensure transport meets the patient's needs	• Targets 2&4: Patients arrive and depart 'on time' • Target 3: Time on vehicle kept to an acceptable level • Target 5: To achieve a year on year reduction in patient complaints • Target 6: To achieve year on year improvements in patient satisfaction
Treating and caring for people in a safe environment and protect them from avoidable harm	• Standardised vehicle fleet and equipment should reduce incidents as staff and patients are more familiar with layouts • Staff trained and skills maintained	• Comply with Trust policy and procedures in relation to management of risk, reporting of incidents, review of serious incidents, learning from incidents • % staff appraisals • % staff completed statutory and mandatory training

3.5 Market Analysis / Commissioning Arrangements

At present NEAS has a block contract covering the whole of the north east for its services. North of Tyne PCT acts as a lead commissioner on behalf of the consortia of twelve PCT. At the time of writing it is not clear whether the new Clinical Commissioning Groups will also operate on a consortia arrangement or not.

A separate contract exists for the provision of the Durham Urgent Care (DUCT) service. Commissioners have given notice on this contract in lieu of a tender for Urgent Care services across the north east. NEAS FT has identified this as a business opportunity for PTS and will be submitting a tender application.

The NHS is increasing in its plurality of provision with patient choice and quality standards driving considerable change. The opening of traditional NHS services to competition and the inclusion of a health market that includes the private and voluntary sector is part of government policy through initiative such as Any Qualified Provider (AQP). Against this backdrop there have been several large tender exercises for PTS across the UK; some won by the incumbent NHS service but others awarded to private sector service suppliers. NEAS' PTS service can expect to face threats and opportunities in relation to its traditional service boundaries. From the tenders so far it can be seen that commissioners expect ever higher quality standards that represent high value for money. How we will meet this challenge is addressed in this strategy.

The analysis undertaken as part of the NEAS FT application indicated that for PTS the market over the next few years will become more contestable and whilst it is unlikely there will be any growth in health transport requirements there is potential for the landscape of the provider market to change considerably. It is more likely that any growth opportunities will arise from integrated transport solutions; working collaboratively with local authorities and communities to provide a transport solution for a variety of transport needs, not just health.

Four PTS health tenders are likely to be contested within 2012/13:

- South of Tyne Renal dialysis services
- Urgent Care services across the north east
- Pathology blood sample transport across the north east
- Hospital discharge services

Differentiation of the service line in future years could see PTS submitting tenders for a range of other services including

- Special Educational Needs Transport Provision

- Social Care Transport

The introduction of Clinical Commissioning Groups to replace Primary Care Trusts from April 2013 will create a new set of relationships with commissioners and an opportunity for both parties to improve on the present contract and service model.

The development of a Commercial team within NEAS will strengthen the support given to the service line to analyse future markets and to benchmark itself effectively against likely competitors.

The table below summarises the general environment facing PTS:

Political	**Economic**
• Liberating the NHS: Clinical Commissioning, 'any qualified provider (AQP)', Health Watch England, Operating Framework, Mandate, Health & Social Care Act • Care closer to Home, NHS Reform, patient choice • Commissioner Requested Services	Quality, Innovation, Productivity and Prevention (QIPP) • Competition (AQP) • Cost & volume contracts for PTS, performance related income (CQUIN increased to 2.5%)
Sociological	**Technological**
• Patient choice • Tackling health inequalities – Long Term Conditions & older people • Demographics • Integrated transport solutions	• Clinical advancements / research • NHS 111 • Innovation (Logistics software / vehicles) • On-line consultations - telemedicine both reducing the need to travel
Legal	**Environmental**
• Foundation Trust compliance framework • Workforce – Agenda for Change • NHS Constitution • Care Quality Commission Registration • NHS Litigation Authority	• Sustainability / carbon footprint • Pandemics • Climate change – weather extremes

3.6 Logistics / Information Communication Technology

In recent years PTS has made substantial progress with the introduction of the Terrafix IT system, facilitating the receiving of jobs from Day Control and the reporting of the live status of the vehicle. Similarly the Trust has recently begun using an automated vehicle planning tool within its main Computer Aided Dispatch (CAD) system. Looking at other industries with substantial logistical elements it is clear that better use of data and information technology is required if the Trust is

going to effectively plan and deliver price competitive services at the quality that patients and commissioners demand.

4 What do our customers and staff think of PTS?

Listening to the views of our staff and customers plays an important part in the way NEAS delivers and improves its services and responds to issues when things don't go to plan. This strategy identifies that PTS will ensure the delivery of high quality and cost-effective provision through continuous service improvement and customer relationship management.

The Trust's service improvement methodology is based on the approaches developed initially by Toyota and is known as LEAN. Central to the approach is a focus on processes / pathways, aiming to maximise the elements that are valued by patients and seeking to minimise waits and those steps that the patient does not value.

NEAS is a partner with other NHS organisations as part of the North East Transformation System (NETS) that seeks to develop the wider capability of the NHS to achieve change using LEAN tools applied to the NHS.

One of the features of the NEAS PTS management structure is the inclusion of a Customer Care Team. The PTS service interacts with a wide range of agencies; either as part of the booking process or the interface between clinical care providers and the transport service. The success of PTS relies on the quality of the booking information and the integration between those involved in the care of the patient and those from NEAS providing the transport element of the care. With the large number of staff from the NHS involved in the delivery of and with a stake in PTS it is vital that NEAS has a point of contact for escalating issues and managing relationships with operational staff in other agencies as well as patients and their carers themselves. The customer care team provides this.

4.1 Patients

In general patients seem happy with the service they receive with complaint levels low (less than 1 for every 1000 journeys) and responses to patient satisfaction surveys positive. Most of the negative responses relate to transport times not been linked to appointment times and the long waiting time sometimes experienced at the end of appointments. Patient surveys also suggest that NEAS and ACS staff are more appreciated than those of taxi services.

Ensuring opportunities for compliments, complaints and appreciations – every patient will be informed of how to comment on PTS provision as they are offered with a leaflet each time they are transported.

As part of 2012/13 contract NEAS has received CQUIN money to fund patient satisfaction work. The first findings from pilot work undertaken in Newcastle RVI are shown in appendix 4 (PTS element only). The initial finds were positive but showed that patients' main concerns related to:

- Crew attitudes
- Travelling by taxi
- Transport to a banding time as opposed to their appointment

4.2 Staff

The initial familiarisation programme undertaken by the PTS Business Manager found the morale of PTS staff to be low with staff feeling isolated from decision making, supervision and management and poor communication systems in place.

During 2012 a number of measures have been put in place to improve this:

- a regular bi-weekly staff update
- a rolling programme of station visits by PTS management
- a greater emphasis on team leader visibility and availability in hospital settings throughout the day to help resolve operational issues and communicate with staff
- completion of staff appraisals
- pro-active management of staffing issues
- divisional staff forums
- access to family friendly working when requested
- involvement of staff in the governance of the service line

Whether staff feel there is an improvement in management and communication will be seen in the next staff survey, to be completed by staff in September 2012 with results in March 2013. Further strengthening of management and communication will form an essential part of this strategy. Feedback from management visits to stations indicate that staff feel that progress with communication has been made although there is still further room for improvement.

4.3 Commissioners / Hospital Trusts

Following initial meetings with commissioners regular tripartite business meetings in each locality between commissioners, local hospitals and NEAS have been established. Initially the need to promote the issues facing PTS has been addressed, with open acknowledgement and agreement between the three key stakeholders now agreed:

- PTS services need to be reviewed with a service model that transports people to hospital on time for their appointment introduced and the contractual arrangements modernised;
- The current service needs to be more efficient, with a reduction in its cost base.
- Eligibility criteria need to be applied across the north east
- A minimum data set to support contracting information must be released to commissioners.
- The Extra Contractual pricing framework for PTS is not sustainable
- Hospital providers require more responsiveness for same day transportation of patients
- Healthcare providers must work together to reduce the number of aborted journeys

5 Rationale for Change

The Trust's vision of 'right care, right place, right time' can be used as a gauge to determine what elements of the PTS service model need to be changed. This can be supplemented with issues identified by patients and carers, commissioner and hospital providers and internal stakeholders.

5.1 Clinical Pathways

5.1.1 Renal Dialysis

The PTS Modelling report detailed an increasing trend in the number of renal dialysis patients but also demonstrated increasing numbers of elderly patients who are generally less mobile. With continued advances in treatment this trend will continue. In order to comply with National Institute for Health and Clinical Excellence transport standards these patients should be dropped off and picked up within 30 minutes of their clinical treatment. Additionally NEAS has agreed to provide transport for these patients earlier and later than standard core hours as well as on Saturdays and Bank holidays. The increasing numbers and complexity of needs not only put a pressure on the general core PTS service but specifically on the early morning, evening and Saturday services.

5.1.2 Bariatric

The number of severely obese patients needing to use PTS continues to increase. The present PTS service includes two vehicles that are shared with A&E. There is an on-going project to review the future specification of this service, moving the bariatric response from A&E to PTS to facilitate the planned movement of patients.

5.1.3 Urgent Care

Work is on-going in A&E to ensure that the right vehicles with the right staff respond to the right incidents. There appear to be some pathways, such as End of Life Care, where transport by PTS rather than A&E may be the most appropriate transport for the patient. It is envisaged that the development of a PTS lead End of Life service and successful expansion of the current Durham Urgent Care Transport (DUCT) service will provide springboards for further PTS urgent care pathway development.

5.1.4 Other Pathways

There are other pathways that need to be reviewed / developed including:

- Dementia
- Learning Disabilities
- Oncology

5.2 Eligibility Criteria

In section 3.3 there was a description of the changes that more rigid enforcement of the Department of Health eligibility criteria may bring. PTS Modelling work examined a potential fall of 10% of patients able to walk and found that a reduction in patient numbers of this order required NEAS to have a flexible and demand responsive car service. Implicit in any future PTS service model

is that the Ambulance Car Service (ACS) needs to be a bigger part of the NEAS service than at present due to the high quality of the service as reported by patients, the low cost and the need to have a larger, more mobile fleet to meet the demands of an appointment based service.

Associated with this is the opportunity for NEAS to develop its own taxi service, offering high quality and cost effective transport to people ineligible for patient transport who still wish to be transported by PTS at a cost.

5.3 Clinical Appointments

Section 4 outlined that both patients and commissioners wish to move to a PTS based on delivering patients to hospital in time for their hospital appointment rather than to a general banding time. This type of service is operated by NEAS in the Tees area and is more consistent with the Trust's vision and strategic intentions by having a patient centred service delivering patients to their destination at the 'right time'.

The PTS Modelling report addressed this issue and found that moving to an appointment based service not only improved the patient experience but also was a more efficient use of current NEAS resources.

Finally it appears that NEAS is the only ambulance trust in the UK operating to a banding time system and that all of the tenders for future services that have been placed recently are based on ensuring patients get to hospital on time for their appointment. Indeed, this is the step in the pathway that patients value above any other.

5.4 Cancelled / Aborted Journeys

Any patient booking that is amended or deleted prior to the day of travel is known as a cancellation. Whilst there is some overhead for NEAS in managing these booking amendments they do not consume large amounts of resource.

Bookings that are amended or deleted on the day of travel are known as aborts. A 1% reduction in aborted journeys has been demonstrated in the first half of 2012/13. The vast majority of these are not the fault of NEAS and are counted against contract volumes but none the less represent a waste to the NHS. Work is required to more accurately capture the reasons for aborts and to work, through the established strategic business forums, to reduce numbers.

Over 20% of aborted journeys are because the patient is not ready. The majority of these are relating to the outward journey when the patient is not ready when the crew return to pick them up. Clinics have the ability to advise Day Control when a patient is ready for collection but this information is only provided in about one third of journeys.

The PTS Modelling report makes recommendations on making immediate changes to the way outward journeys are planned but also suggests that a more strategic review is commenced with the aim of using the completion of clinical care to instigate the transport journey home.

5.5 PTS Core Activity

The accurate reporting of patient journeys has been a historic issue for NEAS due to issues with IT systems, data quality and definitional changes. Progress has been made in 2012 with agreement with commissioners that the historic baselines in the main contract are meaningless and need to be re-set and that any new activity reporting needs to be evidenced by NEAS producing a patient minimum data set (MDS) to authenticate activity levels. NEAS has produced activity reports with new definitions from the beginning of 2012/13 and will produce a first MDS for October 2012.

Work has also been on-going to ensure that NEAS can monitor the number of patients it delivers and picks up on time as these are two of the strategic targets in this document.

6 Vision for PTS

This section sets out a vision for PTS and describes the proposed changes to the service model, the key components of the associated business model and the supporting infrastructure that will be needed to achieve this. In developing this strategy there is an assumption that the service must be in a position to robustly defend its core contracts from April 2014 onwards. With the changes in commissioning arrangements and the need to give a year's notice on the main contract this is seen as the earliest point that a tender could come into effect. To be successful the service will have to move to a new model of delivery, reduce its cost base and improve the quality (timeliness) of its transport. This will be a considerable challenge over the next 18 months and is the priority for action.

There will be opportunities to expand the service into new areas and markets. Section 6.4 below outlines some of these opportunities but it is planned that these will become an increasingly greater focus from 2014/5 onwards. The following text (in italics) summarises the vision for PTS:

"The North East Ambulance Service Patient Transport Service will be central to the provision of an integrated transport solution for the North East of England, providing the service of choice to our customers:

- *The people we transport and those that care for them*
- *Our Commissioners*
- *Hospital and community service providers*
- *Local Authorities*
- *Voluntary and community service providers*

The service will deliver all planned, including same day activity, and urgent care transport in the North East and will be continually look to differentiate the business of the service line in line with customer needs.

Our Patient Transport Service will be at the heart of addressing health inequalities by removing one of the main barriers to accessing healthcare, lack of transport. It will form partnerships with Local

Authority, voluntary and community and private health and social care providers to ensure that sustainable transport is available across the geographical area that it serves.

It will also enhance the social capital of the North East Ambulance Service by creating and sustaining routes into employment for those who are currently unemployed or who are looking to embark upon a career after leaving education through volunteering and apprenticeship opportunities.

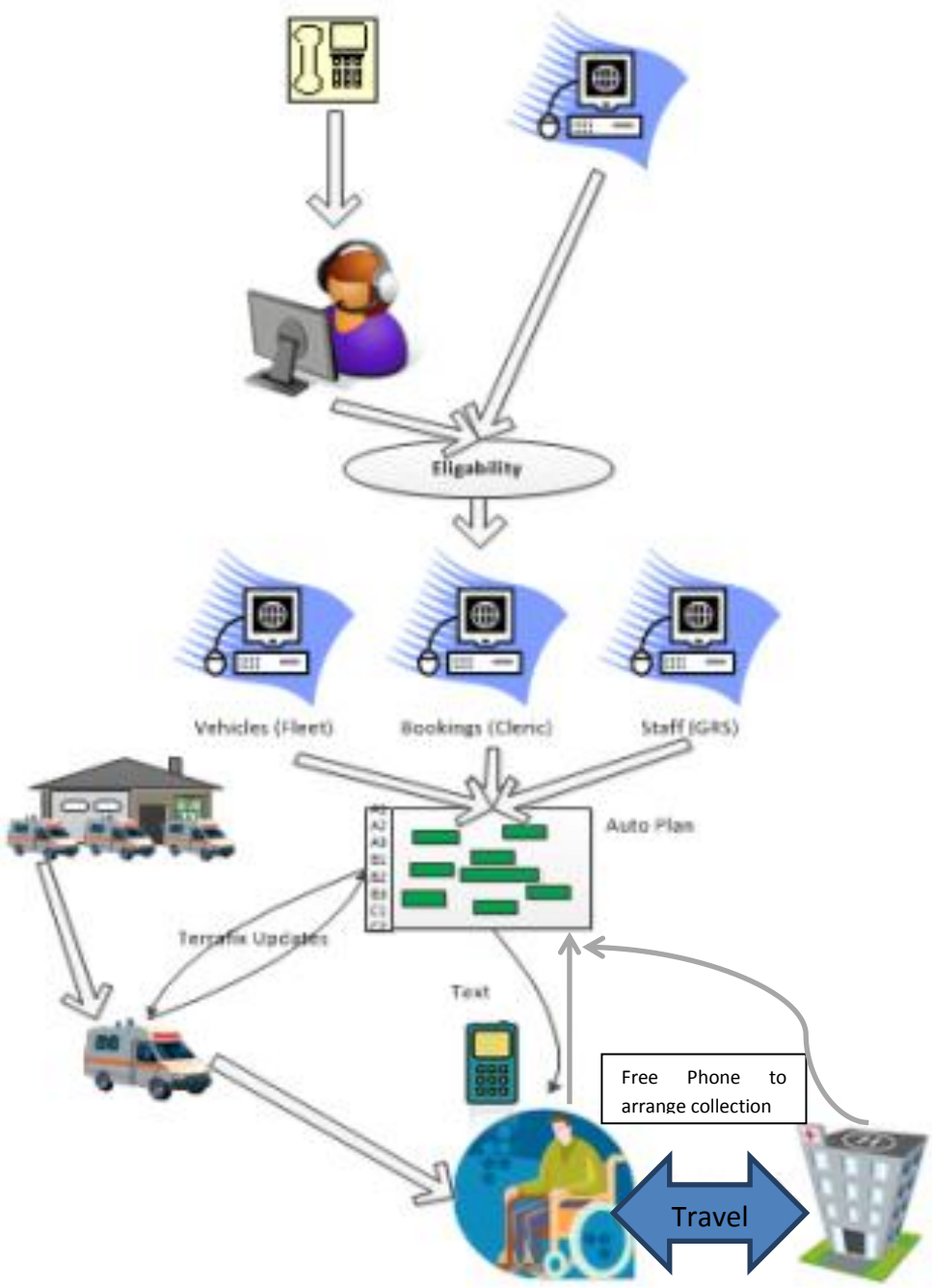
The delivery of this high quality and cost effective patient transport solution will be supported by our most valuable asset, our staff. They will be well trained, motivated and engaged in the continual improvement of the service we provide."

The service will have in place the appropriate resources, fleet and technology to ensure that our customers access the right service in the right place at the right time"

It is intended that the vision of the service and the standards that patients can expect will be enshrined in a Patients Charter for PTS.

6.1 Service Model

The diagram below represents pictorially the PTS service model. In five years' time the following differences from the present service could be expected:



The table below describes the differences between the existing service and the one proposed for the future.

Attribute	Present	Future
Booking	Web and phone based service	Greater IT integration with choose & book systems. Changes to clinical appointments update transport booking. Freephone service for patients to update their status directly

Attribute	Present	Future
Eligibility	Applied differently according to each Clinical Commissioning Group	Structured assessment integrated into NEAS' booking systems Appeals still managed by commissioners Options to pay for a NEAS service if patients are not eligible for free transport Options to access other contracts / services outside of NHS funded transport
Planning	Limited computer decision support to underpin planning and day control functions	Fully computerised and real time systems to match demand to resources
Transport	Journeys planned to banding times	Journeys planned to appointment times
	Outward journeys pre-planned once the day before transport	Outward journeys triggered by patient ready notification Plans continually updated in real time
Clinical standards	Specific service standards for renal dialysis patients	Wider range of pathways to include end of life care and urgent care
Service standards	Limited range of quality standards in contracts Limited reporting against these	Wider range of quality standards based on transporting patients at the right time Performance reporting on the above to Trust Board and commissioners
Fleet	Wide range of vehicle types in use	Standard vehicles based on stretcher and multi-purpose vehicles and cars Use of technology to improve fuel consumption, vehicle maintenance and driving standards (DVDDS)
	Extensive use of taxis	Expanded Ambulance Car Service (ACS) NEAS car service
	Terrafix provides status data from NEAS vehicles	Similar technology to be used by ACS
Estate	Vehicles operating from 28 stations	PTS operating out of a smaller number of bases though still co-locating with A&E

Attribute	Present	Future
Service Model	Limited support to A&E	Increasing role for PTS linked to the expansion of urgent care and the development of pathways such as end of life and bariatric care
	Separate dedicated and ECR vehicles	Single PTS service operating to standards

6.2 Management / Business Model

In line with the Trust's organisational development approach PTS will use a number of methodologies based on delivery of a patient-focused, high quality, efficient PTS underpinned by key performance indicators. These include:

- Service improvement approach (NETS/LEAN)
- Customer Relationship Management
- Service Line Management
- Programme / Project Management

6.3 Infrastructure

Implicit in achieving this significant shift in PTS provision is development of the Trust's infrastructure in the following areas:

- Continued investment in our staff through improved recruitment, training and apprenticeships as well as initiatives to improve attendance rates
- The use of workforce management tools to match shift patterns to patient demand and initiatives to improve staffing flexibility including meal break policy and use of a PTS Bank
- Exploration of the use of system integration to improve the management of fleet information
- The use of mobile devices to capture the location and status of ACS volunteers
- Resources to examine options to support service modelling, service planning and computer aided dispatch
- Standardising the fleet as soon as possible based on the vehicle specification of the existing Renault vehicles (both stretcher and MPV)
- Fleet repair and maintenance services to ensure a spare vehicle ratio of 15% based on agreed standards for maintenance and repair times
- Development of a commercial development team to support market analysis and competitive tendering

6.4 New Markets

The present PTS is scoped around NHS patient transport in the north east of England. Within this NEAS has a dominant position with three exceptions:

- Firstly NEAS does not presently have the contract for South of Tyne Renal dialysis services. This service (£0.5m per annum) is expected to come to tender in 2012/13.

- Secondly there is a market for Extra Contractual Referrals. These are typically either patients from outside the north east who have had care in a local hospital and require transport home or local patients travelling to a location outside of the scope of the present service. During 2012/13 efforts have been made to capture a greater share of both these markets by reviewing existing NEAS tariffs and making them more market competitive and by changing the scope of the main contract so that more local journeys are covered by the core contract. Both these approaches will need continual review.

- Thirdly the present PTS service offers a 'dedicated' element where specific vehicles are assigned to specific hospital services, typically hospital discharge, mental health and day unit services. In different parts of the north east these types of services have been awarded to private ambulance providers. These are potential targets for PTS, especially if NEAS can gain greater economies of scale by using resources to service multiple contracts.

In addition to the above NEAS presently restricts itself to patients' eligible to free travel. Opportunities exist under Foundation Trust freedoms for NEAS to offer services to patients willing to pay for transport.

Within the NHS there are also markets for the transport of non-patient items such as bloods for pathology. Again a more sophisticated logistics capability would make NEAS a strong competitor in such markets.

Finally there are large opportunities associated with the development of Integrated Transport solutions and working in partnership with other statutory, voluntary and community agencies to deliver services to a wider set of clients. These opportunities include:

- Provision of Special Educational Needs (SEN) and adult social care transport provision
- Partnership approaches to maximise volunteering opportunities to enhance our social capital bringing people into work from unemployment and education
- Creation of sustainable community transport partnerships with Local Authority, voluntary and community and private sector transport providers thus improving access to services for people where transport is a barrier to access

The success in entering new markets will be assisted by the planned enhancement of a Commercial Development team within the Trust and further market assessment and business differentiation will be a focus for 2012-13 and beyond.

7 Strategic Targets

Number	Target
1	To introduce an appointment based service through the first Quarter of 2013/14 across the entire NEAS service[1].
2	To deliver 75% of patients to their clinical appointment no more than 45 minutes early and no more than 15 minutes late during 2013/14. To improve this target by 5% over each of the next three years until at least 90% is reached[2].
3	To ensure that 90% of patients spend less than 60 minutes travelling to their appointment.
4	To pick-up 80% of patients within 60 minutes of their appointment end or when they phone ready for collection during 2013/4. To improve this target by 5% over each of the next two years until at least 90% is reached.
5	To achieve a year on year reduction in patient complaints. Establish a baseline based on the new reporting classifications in 2012/13.
6	To achieve year on year improvements in patient experience. Establish a baseline in 2012/13.
7	To achieve year on year improvements in staff satisfaction from the PTS figure of 3.11 (out of 5) from 2011/12.
8	Reduce staff sickness to 5% in 2012/13 and sustain this level in 2013/14. Reduce further by 0.5% reduction each year until 3.5% in 2016/7.
9	Achieve a Financial Risk Rating of 3 in 2012/13 and 4 in all subsequent years.
10	To defend NEAS' current market position as measured by income in real terms. Use baseline in 2012/13.

[1] Subject to support from Commissioners
[2] Subject to support from Commissioners

8 Implementation Plan/Business Planning

The implementation of the strategy will be managed through five projects with PTS contribution to other organisational wide developments. The five project areas are outlines in the following section:

8.1 PTS Business Improvement

- Creation of a business capable PTS service line that will facilitate commercial viability in the market place: securing a financial risk rating of 4 and a quality of service provision in line with commissioner requirements.

8.2 Better Fleet

- Create systems and processes to enable PTS to have the most effective transport fleet to support its operation and to develop key systems and performance information to evidence standards
- Develop plans to support the strategic objectives of standardising the fleet; reducing the need for spare vehicles through enhanced repair and maintenance processes; and reducing the fuel consumption of the fleet

8.3 Better Planning

- Creation of systems and processes to enable effective booking, planning and deployment of PTS resources thus facilitating the transport of patients to hospital on time

8.4 More Mobile Patients

- To create a sustainable transport solution for more mobile patients
- Maximise the utilisation of volunteers to support delivery of a high quality and cost effective Patient Transport Service
- To secure high quality, cost effective care from taxis and community transport providers

8.5 PTS Workforce Re-Design

On-going modernisation of the PTS workforce to support the need to ensure patients are transported to hospital on time and release at least £0.7m savings, thus enabling PTS to compete in the commercial market place.

8.6 Corporate Developments

As well as PTS specific improvement projects PTS staff will also play a role in developing and delivering cross cutting issues through corporate structures and initiatives. In particular the following key targets will be delivered through existing NEAS projects:

Target Area	NEAS Group
Ensure that all trust forms are web based by 2014	Environmental Group / Corporate Services Review
That the carbon footprint of PTS can be measured and reduced year on year by 2013	Environmental Group
That all PTS / shared estate is fit for purpose (ERIC score 3+) and contributes to the year on year reduction in overheads	Estate Strategy Group
PTS complies with Trust policies in relationship to risk management and in particular Infection Prevention & Control policy	Risk Committee
Staff sickness, development, training	Human Resource Strategy Board

9 Workforce Planning

The following chapter details changes to the workforce expected over the five year period. The key workforce challenges for the Service Line and how they are to be addressed are outlined in section 8.5. This section details the changes in numbers arising from:

- An increase in core fleet of nine call signs (vehicles on road at any one time) and staff establishment in line with the PTS modelling recommendations.
- A continued shift from a workforce based on Band 3 staff to one based on Band 2 in line with PTS modelling.
- A reduction in the abstraction rate over the life of the strategy reflecting:
    - The introduction of more workplace training and development and less classroom based training
    - A reduction in sickness rates from 5% to 3.5% over the course of the strategy
    - Development of a variety of schemes to provide flexibility to the PTS workforce, including an expanded staff bank, shared with A&E
- The expansion of the existing apprenticeship programme in PTS

10 PTS Finance

The need to reduce the cost base of the service line in order to ensure on-going commercial viability is acknowledged. The major schemes that will support achievement of this are detailed below:

10.1 Major Schemes

The major schemes are detailed below:

10.1.1 Taxi Spend

Significant reduction in taxi spend will facilitate the move to an appoint-based service.

10.1.2 Apprentices

Increasing the opportunities for apprentices within NEAS across PTS and Emergency Care is a priority for the service line.

10.1.3 Staff Turnover

The present policy of not directly replacing Band 3 staff will continue.

10.1.4 Overtime

The recruitment to create a full establishment in mid-2012/13 and the expansion of the staff bank in 2013/14 will impact overtime levels.

10.1.5 Fuel Savings

Subject to the successful piloting and roll-out of the DVDMS fuel savings will be realised.

10.1.6 Fleet Savings

PTS modelling suggested that savings can be achieved by reducing the percentage of spare vehicles. It was recognised that to deliver this figure would require some investment in fleet services to achieve an improvement in repair standards.

10.1.7 Community Contracts

PTS Modelling suggested that no Community contracts would be required with the staffing levels proposed.

10.1.8 Income Targets

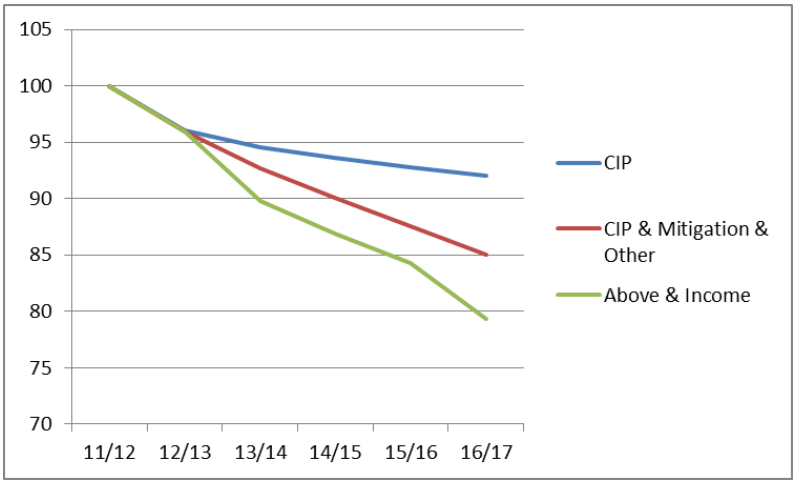
Income targets for the service line have been set.

10.2 Financial Target Summary

The table and graph below show the impact of the above schemes on PTS costs taking 2011/12 outturn as the starting position, standardised as 100. The figures show that delivery of the CIP alone would reduce real costs by 8% after five years. If the mitigation and other overhead savings are delivered as well then the cost reduction figures increases to 15%. Finally if all these cost targets are delivered and the service is successful with its income targets then an overall cost reduction of 21% is achieved over the five year period.

PTS Cost Benchmark	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
CIP	100	96	95	94	93	92
CIP & Mitigation & Other	100	96	93	90	87	85
Above & Income	100	96	90	87	84	79

PTS Cost Improvements – Benchmark by Year



11 Risks

Initial Ratings					Residual Ratings			
Risk	**Impact**	**C**	**L**	**C x L[3]**	**Moderating Action**	**C**	**L**	**C x L**
R1. Inability to modernise PTS into a viable and competitive service line	Loss of major contracts Unable to achieve CIP / FRR of 4	5	3	**15**	Business Capable PTS project	5	2	**10**
R2. Unable to engage new CCG in re-designing the PTS contract	Lack of support for service re-design Lack of risk sharing in contract	3	3	**9**	Business Capable PTS project	3	2	**6**
R3. Demand from Renal dialysis patients continues to rise	Increased demand on core PTS Increased demand for OOH and Saturday transport	3	4	**12**	Business Capable PTS project	2	4	**8**
R4. Lack of key performance metrics and poor data quality	PTS Performance Management Undermines relationship with commissioners	4	4	**16**	Business Capable PTS project Better Planning Project More Mobile Patients Project	3	3	**9**

[3] RAG rating: 1-5 Green, 6-12 Amber, 13-25 Red, C=Consequence, L-Likelihood

Initial Ratings					Residual Ratings			
Risk	**Impact**	**C**	**L**	**C x L^3**	**Moderating Action**	**C**	**L**	**C x L**
R5. Unable to deliver flexible workforce	Unable to deliver quality service Unable to deliver financial plans	4	3	**12**	PTS Workforce Re-design project Engagement of unions	4	2	**8**
R6. Staff sickness rates stay above 5%	Insufficient relief impacts finance or quality of service	3	4	**12**	PTS Workforce Re-design project	3	3	**9**
R7. Unable to deliver more responsive fleet service	Non-standardised vehicle fleet impacts quality of service Unable to deliver operational service with 15% spares impacts financial targets	4	4	**16**	PTS Fleet project	4	2	**8**
R8. Ineffective IT systems to support PTS planning and day control	Inefficient use of resources Poor performance of service	3	4	**12**	Better Planning project Business Capable PTS project	3	3	**9**
R9. Insufficient management capacity	Failure to deliver this strategy	5	3	**15**	PTS SLM Management	5	2	**10**
R10. Poor communications with staff	Lack of support for performance and change	3	4	**12**	PTS SLM Management	3	2	**6**

12 PTS Governance

PTS is one of four service lines in NEAS. It has a Service Line Management (SLM) board that is accountable to the Executive Team and Business Investment and Finance Committee, presently via the Operations Programme Board. The SLM board will manage the performance of PTS and act as a programme board for the PTS Improvement Programme.

12.1 PTS Service Line Management Aim

The aim of the PTS Service Line Management Board is:

To oversee & ensure implementation of the PTS Service Improvement Programme:

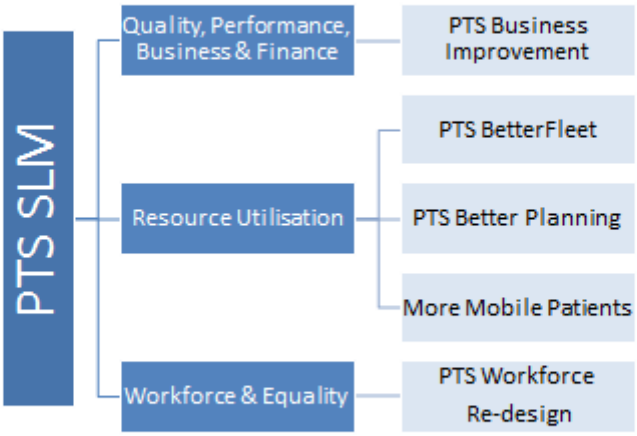
- Supporting and championing implementation of the PTS Strategy
- Celebrating and sharing success towards achieving this and
- Removing barriers to the strategy's implementation

12.2 PTS Service Line Management Objectives

The objectives of the PTS Service Line Management Board are to ensure:

- Effective development and governance of the service line
- Good performance management of the implementation of the PTS Service Improvement Programme
- On-going effective and timely communication and engagement of key stakeholders
- Delivery of the PTS Business Plan and associated Cost Improvement Programme
- Active engagement of staff and their representatives across the programme and the development of a compact detailed the respective commitments to each other of management and staff
- Provide specialist advice and guidance, where appropriate, to support effective implementation of the programme
- Oversee the management of risks to delivery of the programme, providing assurance to the Operational Programme Board that the service line is managing risks appropriately
- Ensure that the projects supporting implementation of the PTS Service Improvement Programme are delivering
- PTS Service Improvement plan is linked to delivery of key targets
- Development of the Patient's Charter

As the following diagram shows implementation of the PTS strategy would be managed through three groups with responsibility for delivery of the five projects within the PTS Improvement Programme. The three groups would act as Project Boards for the main five projects but would also have a role in monitoring internal service agreements with corporate functions and operational delivery in their respective portfolios.


PTS SLM
Quality, Performance, Business & Finance
PTS Business Improvement
Resource Utilisation
PTS BetterFleet
PTS Better Planning
More Mobile Patients
Workforce & Equality
PTS Workforce Re-design

13 Glossary

ACS	Ambulance Car Service
AfC	Agenda for Change
DUCT	Durham Urgent Care Service
ECR	Extra Contractual Referral
FROG	Future Regeneration of Grangetown
ICT	Information and Communications Technology
KPI	Key Performance Indicators
MPV	Multi-Purpose Vehicle
NETS	North East Transformation System
PID	Project Initiation Document
PTS	Patient Transport Service
PWC	Price Waterhouse Coopers
NEAS	North East Ambulance Service
NHS	National Health Service
OC	Own Chair
SLM	Service Line Management
STR	Stretcher
TL	Tail Lift
TPL	Two person Lift
TPLOC	Two Person Lift Own Chair
WCW	Wheel Chair Walker
WFF	Wheels For Freedom