

**Patient Transport Tendering Update**

<b>Trust Board Meeting - Part 1</b>	<b>Item: 8.1</b>
<b>27<sup>th</sup> November 2013</b>	<b>Enclosure: H</b>
<b>Purpose of the Report:</b> To provide an update for the Board on the progress towards finalising the specification for the new patient transport tender.	
<b>FOR: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Sarah Tedford, Deputy Chief Executive
<b>Author:</b>	Richard Evans, Transport Manager
<b>Author Contact Details:</b>	Ext 3429
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	N/A
<b>Link to Relevant Corporate Objective:</b>	Strategic Objective 1, 3 & 4; specifically to demonstrably improve the experience of patients using our services.
<b>Document Previously Considered By:</b>	N/A
<b>Recommendation &amp; Action required by the Trust Board :</b> The Board is asked to note the progress and reviewed timescale for the tendering process and the upcoming steps towards achieving an improved service	

## PATIENT TRANSPORT UPDATE: TENDERING PROCESS

### Introduction

1. The Transport Review Group (TRG) was established to oversee and offer guidance on the use of patient transport in the Trust. This was in response to concerns raised by patients, walkarounds, and comments from both staff and our service providers. The group's primary role is to improve the patient experience through improvements in the patient transport. This is to be achieved through the tendering of a new, fit for purpose contract, reflecting the needs of the Trust and patients, and ensuring the service is understood and correctly utilised by staff. The existing contract has been in place for seven year and the tendering based on an updated specification is essential to ensuring we achieve the levels of service we expect. Alongside the tender there is ongoing work to improve staff understanding of patient transport and ensure correct procedures are followed to assess and book transport. Improvements to the discharge process (early planning etc) also directly impact on the smooth running of the transport service. This paper outlines the steps taken, areas that have been identified for inclusion in the specification and the projected timeframe for completion of the tendering process.
2. The initial meeting of the TRG and subsequent meetings of the various workstreams have identified key areas for inclusion with in the tender as well as areas for the Trust to focus on in improving their procedures relating to the transport usage and booking procedures. The group has a wide membership, drawing on patient representatives as well as staff representatives from across the Trust's divisions. The comments and feedback from patients have been used to provoke discussion in the workstreams as well as highlight key areas for improvement and/or change.
3. An initial draft of the tender document has been written, based on the model provided by the London Procurement Partnership. The possibility of including the option of a fully managed service has also been considered and, following visits by providers to the Trust in mid-November to establish the effectiveness of this option, a proposed tender document will be circulated initially to the TRG and then more widely. The tender will allow for companies bidding to suggest patterns of working hours they feel would provide both a more effective service and value for money.

### Specification Detail

4. **Activity Levels:** The latest projections indicate a slight rise in patient numbers over the coming years, and it is likely a significant number of them will require patient transport (as the demographic get older). This is likely to be reflected in a 3% usage rise year on year. It has also been identified that the Trust can continue to tighten procedures to reduce unnecessary usage of the transport system that will counteract this rise.
5. **Out of Hours Usage:** The Trust's initiatives to improve the discharge process will assist in reducing the out of hours usage, with earlier bookings and

requests being made. Waiting times for those transported out of hours are significantly longer with some people taken home late into the night. This is recognised as sub-optimal practice and the Trust will be working to reduce these instances where possible. A skeleton out of hours service remains essential to allow for the Emergency Department/Acute Assessment Unit use of patient transport at those times.

6. The finalisation of the tendering details surrounding activity levels and out of hours usage will be suggested following the meetings with the fully managed service providers, it may offer the option of quoting on a number of proposed activity times to allow the trust the greatest flexibility during the assessment process. There is currently an inbuilt variance in journeys in the contract which protects from minor over/under activity in each month. The proposal is to include a similar clause in the new tender documents.
7. **Specialist Journeys:** There is currently a shortage of vehicles available to carry out specialist journeys across London, these are in high demand and often not available on short notice. The Trust carries out a significant number of High Dependency (HDU) journeys each month as well as an increasing number of bariatric transfers. Bariatric transport is required for patients crossing a specified Body Mass Index/Weight, this limit currently sits at 17 stone. Generally speaking specialist equipment is required for transport/movement (or additional staff members to physically lift the patients up stairs/into bed). The specification should reflect the need to have a dedicated vehicle capable of (but not limited to) carrying out these tasks. This will significantly increase the Trust's control over movement of patients using these types of vehicle. The consistent levels of HDU usage over the last 18 months indicates the inclusion of this in the specification would also reduce costs when compared to hiring in specialist vehicles to fulfil them (as is the current arrangement).
8. **Community Delivery:** The Trust's increase in community based work means that patient transport has to be capable of delivering and collecting from a number of local centres. The new tender will reflect the need to transport patients to clinics in Raynes Park, Surbiton and potentially other areas within a similar distance. The Trust has also been approached by Tolworth Hospital to include transport services there within our tender contract. Their activity levels would represent less than 3% of journeys, the recommendation is that this offer be accepted, as it not only allows the Trust to bid based on more activity but also gives a greater degree of control for the Trust in transporting patients to Tolworth. Tolworth Hospital have agreed that a management fee would be appropriate, on top of the charge for the actual journey.
9. **Porter Usage:** A trial has been carried out by our current provider in which the porters are not used to transport patients from the wards to the transport lounge, instead a dedicated attendant is provided. This has led to a significant reduction in wait times as they have control over the tasks this individual carries out as opposed to drawing from the hospital pool, while the time taken for a request from a porter to deliver a patient can vary between 30-60 mins their attendant is able to reduce this, normally by over 50%. This time saving is

then passed onto to the patient as the vehicles can depart quicker. The overwhelming success of this scheme means this is included within the tender. It also places more accountability onto the provider as they are in control of the entire movement from the ward and delays cannot be attributed to a 'third party'.

10. **Discharge Lounge:** The lack of a working and efficient discharge lounge remains an area for concern, an effective discharge lounge is key to the success of patient transport and reducing wait times for patients on their journey home. A number of other London Trusts indicate the location and smooth running of their discharge lounge as a key component in their improvements in patient transport. This will be progressed as part of improvements to be made on the Trust's side as part of improving the discharge process.
11. **Transport Lounge:** The existing transport lounge is both poorly located and unwelcoming, damaging the patient experience. The current Outpatient Department proposals include relocation of this facility. The tender will share this proposal (with the provision that the plans are subject to change subject to the needs of the Trust) with bidders. The existing location, in relation to the ambulances location, causes both delays in loading the vehicle and means 'walker' patients have a fair distance to travel before even embarking the vehicle.
12. **Taxis:** The inclusion of taxis in the contract allows for the winning provider to better support the service at peak times as well as assist with rapid discharging if required. There are also efficiencies available in combining deliveries to hospitals that can be better managed through a combined service.
13. **Distance Banding:** The Trust currently has a complex system of bandings despite the fact the vast majority (97%) of patients fall within one banding; the closest. The multiple bandings unnecessarily complicates the system and a single banding will be suggested, encompassing the Trust, outlying community centres we use and our catchment area for patients.
14. **Key Performance Indicators(KPI):** KPI will be included within the contract, committing the providers to sign up to achieve these (or indicate otherwise). A very simple penalty system will apply should these not be adhered to. Outside of the tendering process KPIs will also be brought in for Trust staff in relation to the assessment and booking of patients for transport to ensure that the Trust is not preventing the provider from fulfilling the requests in a timely and efficient manner.

### Trust Processes & Procedures

15. The TRG and workstreams have also identified a number of key areas for improvement within the Trust's systems to ensure that we support the patient transport provider in delivering the service we need to achieve for our patients. Education regarding and enforcement of the correct booking procedures is a

key part of an effective system, ensuring that patient transport is used for those who require it and not for others and that patients are correctly assessed for mobility type. A significant number of patients are delayed while waiting for transport because they are incorrectly booked as requiring a stretcher/wheelchair when they can use a normal seat or travel in a car as opposed to an ambulance (this also has cost implications for the Trust as these journeys are more expensive). Work to highlight these and escalate them has already begun with our provider. The second area for improvement is the timing of the bookings and requested times for inpatient discharges which are currently heavily focussed on transport requests between 1500 and 1700 leading to both congestion within the service and leading to patients arriving home late in the day, in winter months this can mean to a cold and dark house. Improvements in discharge planning, allowing for earlier bookings and also earlier discharges with significantly improve the patient experience as well as the service.

### Timeframe

16. The importance of both liaising with interested parties and fully exploring the options available in terms of service management has lengthened the tendering process slightly and extended the proposed timetable. The initial specification will be shared with the TRG for discussion and, following appropriate amendments, agreed there prior to being shared more widely. The intention is to release the tender in December 2013 and then complete the evaluations/presentations in January 2014. Following this a recommendation will be made to the Board for an award of the contract. Whilst this timeframe is slightly longer than initially proposed it has allowed for a more complete assessment of our needs. Our existing supplier has been approached to agree a short extension to our contract to allow for an appropriate lead in time to be given to the winning bidder following award.

The recommendation is to allow for a 5 year contract, this enables the potential providers to price the recovery of the vehicle costs across 5 years (as opposed to 3), significantly lowering the cost of the tender.

### Conclusion

17. The process of agreeing and formalising the specification continues, with the key needs of the patients and Trust reflected within it. The key to an effective service lies partly with the tendering process but also with our usage of it, the re-tendering will allow us to improve upon our existing contract but this will also need to be mirrored with improvements in our practices and procedures to ensure that we allow a provider to give us the service we, and our patients, require. The TRG will continue to work not only on the tendering process but also on ways to improve our usage. The full specification will be made available following sign off by the TRG.
18. The Board is asked to note the progress and reviewed timescale for the tendering process and the upcoming steps towards achieving an improved service.