

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 18 December 2014

Subject: Non-Emergency Patient Transport Services (NEPTS) in Greater Manchester

Report of: Allan Jude, Director of Ambulance Commissioning, Blackpool CCG

Summary

This report is to provide an update from NHS Blackpool CCG (Clinical Commissioning Group), lead commissioners for non-emergency transport in the North West, focusing on the service provided by Arriva Transport Solutions (ATSL) for the people of Manchester.

Recommendation

To consider and comment on the information in the report.

Wards Affected: All

Contact Officer:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1.0 Introduction

- 1.1 This report sets out the work undertaken by NHS Blackpool CCG in monitoring and managing the ATSL contract in Greater Manchester, the improvements and changes by ATSL and the current position of the service and contract. This information is an update of this work since meeting with the Health Scrutiny Committee on the 6 March 2014.

2.0 Background

- 2.1 In January 2014 the lead commissioners issued the transport provider ATSL a Performance Improvement Notice because of the provider's on-going failure to achieve the standards of performance expected as measured by the Key Performance Indicators (KPIs).

In order to improve NHS Blackpool's commissioning ability to manage the transport providers' contracts, a comprehensive framework of KPIs and reports has been developed.

The KPI framework has been developed to include, in addition to a "target" level of performance, a "control threshold" performance level outside which commissioners are able to require remedial action from the provider.

There are 27 challenging quality KPI targets including 8 enhanced standards for cancer and renal dialysis patients. All quality targets for transport providers are monitored on a monthly basis. Within the contract we have a scheme that manages payment of up to 10% of the contract value should the transport provider achieve each of the KPIs, this is for performance above and beyond the core contract quality requirements.

The NHS contract does not provide for penalties for Patient Transport Service (PTS) work but provision exists to issue Improvement Notices should performance not be at the required level and this has been invoked as explained above.

2.2 The underperforming KPIs as stated in the Performance Improvement Notice:

KPI 1	% Of calls to provider answered within 20 seconds
KPI 2	Average length of time to answer inbound calls
KPI 3	Patients to arrive no more than 45 minutes before appointment time
KPI 4	Patients to arrive within -45/+15 minutes of scheduled appointment time
KPI 5	Patients to arrive no more than 15 minutes after scheduled appointment time
KPI 6	Patients to be collected within 60 minutes of scheduled collection time of PRN (Patient Ready Notification)
KPI 7	Patients to be collected within 90 minutes of scheduled collection time of PRN

3.0 ATSL Performance Improvement Plan

ATSL submitted a Performance Improvement Plan within 5 days of the commissioner issuing the Performance Improvement Notice that identified each area and how they planned to improve. The timescales for these improvements were two months with on-going monitoring.

3.1 ATSL Actions

- By Reviewing existing vehicle base locations and align activity to explore if additional satellite bases would reduce travel time and improve performance. New satellite sites are now in place in across Greater Manchester in Cheetham Hill, Stockport, Marple Dale, Ramsbottom, Shire Hill and Bolton is currently being look as a potential base.
- Review Cleric (computer operating system for booking and tracking of transport) throughput times with each acute trust to ensure these remain appropriate.
- Conduct a review of operational roles to ensure more efficient matching of resources to activity.
- Review control room call taking, planning and dispatch performance across all functions establish baseline performance and introduce individual Performance Indicators.
- Introduce measurable standard for start of shift vehicle checks to increase vehicle productivity.
- Develop promotion package for NHS staff on mobility classifications to ensure bookings are classified with correct mobility codes to improve resource allocation. Documentation has been produced and is being shared out with all stakeholders include a revised patient leaflet; patient reminder card and NHS staff information.
- Commission a review into crew communication devices to ensure effectiveness of communication systems and reduce downtime and improve crew efficiency.
- Rollout additional training sessions for all on-line users to improve efficiency of the 'make-ready' service. This is for outward journeys from hospital. The hospital books a patient 'ready' on the system for patient transport when a patient is ready to go home and the quality measure (KPI) starts.
- Develop a patient notification system to reduce crew-waiting times during pick-up.
- Explore locally the use of bus lanes to improve journey time during peak hours.

- Improve liaison with all acute trusts to improve facilities and systems of work that reduce operational productivity.
- Develop an engagement plan with users to provide greater understanding of the contract and KPI information to encourage stronger partnerships with local partners.
- Operations Managers to be encouraged through a formal process to increase focus on local performance with operational teams.
- Develop weekly management team performance reviews to ensure accountability.

4.0 Engagement

Regular engagement takes place and the lead commissioners hold monthly contract meetings and quality meetings with ATSL to review their performance and quality of service delivery across the whole of Greater Manchester, holding them to account against the contract standards and quality metrics.

ATSL meet on a weekly and monthly basis with each of the renal units and acute hospitals to understand and resolve any local issues and identify areas of training etc. In the North East Sector of Manchester daily tactical meetings involving all partners in the sector to identify patient flows/bottlenecks, allowing immediate response and review of resources and planning. There are also tripartite meetings across Greater Manchester in each of the CCG areas that involve wide stakeholder representatives from the acute hospital, CCG commissioner, NHS Blackpool, booking centres and in some meetings patient representatives/Healthwatch.

ATSL is engaging with Healthwatch across Manchester to try to ensure constant dialogue/feedback and meets with them all regularly now. It has taken feedback on board from the survey undertaken and is working with Healthwatch to improve communication and information for patients.

ATSL has launched a call ahead initiative to check if the patients' appointments are going ahead and transport is still needed. This has already saved 150 ambulances from being sent unnecessarily.

5.0 Reporting

The commissioners monitor activity of ATSL across Greater Manchester and individually of each of the CCG areas. We have seen since the Performance Improvement Notice was issued a rise in performance and achievement of the KPIs. The report demonstrates a significant increase in higher performance against the same time last year.

Activity levels (journeys) have increased since start of the contract for higher dependency mobility (those patients needing greater assistance on patient transport), this is conjoined with distance the patient has to travel, there is a

significant variance in travel distances, which may be a result of patient choice.

5.1 KPI Activity Report October 2014

(Appendix 1) – Performance Indicator Report **Manchester**, this shows the actual performance against the KPIs for Manchester only, also includes November's data.

(Appendix 2) – Core Performance Indicator Report **Greater Manchester**, this shows the actual performance against the KPIs for the whole of Greater Manchester (total contract).

(Appendix 3) – Enhanced Priority Specification for renal and cancer patients – **Greater Manchester**

Each report demonstrates activity month on month together with a year on year comparison. Highlighted in red is when ATSL have failed to meet the target.

The seven KPIs the commissioners had initial concern with are now within performance and are continuing to perform against delivery. In the reports we can see encouraging performance against year to date.

6.0 Patient Experience

6.1 Feedback

ATSL undertakes patient feedback surveys twice a year. The latest patient feedback survey results are based on 608 total responses representing a 20% response rate. This is significantly higher than the previous survey undertaken earlier in the year which had a response rate of 8.1%. Feedback is sought around three areas; comfort, safety and communication. The latest results are:

- Comfort of journey – 71 percent satisfied
- Feeling safe and cared for – 96 percent satisfied
- Well communicated with – 96 percent satisfied.

Work has been undertaken to look at comfort which seemed to greatly affect orthopaedic and frail/elderly patients. Additional guidance has been given to crews to adjust seats in vehicles to allow most room and also to try to ensure those patients are not seated over the wheel in the vehicle.

ATSL has also implemented the NHS friends and family test as an early adopter to ensure that it gives all patients the opportunity to rate the service from 1 April 2015. This data is being collected now and will be reported from April next year.

6.2 Complaints

The numbers of complaints within Greater Manchester for the last six months:

Month	Complaints	Total patient journeys	Complaints as a percentage of total journeys
May 2014	61	44017	0.14%
June 2014	48	44784	0.11%
July 2014	45	47677	0.09%
August 2014	32	40807	0.08%
September 2014	55	43928	0.13%
October 2014	74	46987	0.16%

Appendix 1 - Manchester (North, South and Central CCG areas) Performance Indicator Report

Metric	Definition	Control Threshold	Contract Year	April	May	June	July	August	September	October	November	December	January	February	March
travel time	Passenger time on vehicle is <60 minutes	80%	2013/14	91.4%	90.2%	90.6%	90.7%	88.8%	89.2%	88.3%	89.4%	95.1%	93.3%	93.2%	92.6%
			2014/15	93.6%	93.9%	94.9%	93.7%	95.5%	97.9%	98.4%	95.9%	0.0%	0.0%	0.0%	0.0%
Early arrival	% of Treatment Centre arrivals more than 45 minutes prior to outpatient appointment	15%	2013/14	4.5%	8.4%	5.8%	8.1%	10.8%	3.4%	4.4%	5.4%	0.3%	7.5%	6.3%	5.2%
			2014/15	6.3%	2.2%	3.5%	3.7%	3.1%	1.6%	1.7%	7.6%	0.0%	0.0%	0.0%	0.0%
On time arrival	% of patients arriving within +45 / -15 minutes of scheduled appointment time	90%	2013/14	40.4%	50.0%	50.9%	48.2%	51.1%	55.5%	56.9%	58.8%	76.4%	85.0%	87.2%	84.8%
			2014/15	85.5%	86.0%	84.7%	87.6%	89.5%	85.9%	89.2%	89.1%	0.0%	0.0%	0.0%	0.0%
Late arrival	% of Treatment Centre arrivals more than 15 minutes after outpatient appointment	15%	2013/14	55.3%	41.6%	43.3%	43.7%	38.1%	41.1%	38.7%	35.8%	23.3%	7.5%	6.5%	10.0%
			2014/15	8.2%	11.7%	11.8%	8.7%	7.4%	12.5%	9.1%	3.2%	0.0%	0.0%	0.0%	0.0%
Timeliness of departure	% of patients collected within 60 minutes of scheduled collection time of Patient Readiness Notification	80%	2013/14	67.8%	70.7%	67.8%	68.5%	71.2%	72.9%	69.7%	66.2%	70.3%	80.0%	80.2%	78.7%
			2014/15	75.8%	75.1%	77.0%	82.1%	79.2%	75.5%	78.0%	92.5%	0.0%	0.0%	0.0%	0.0%
Timeliness of departure	% of patients collected within 90 minutes of scheduled collection time or Patient Readiness Notification	90%	2013/14	82.6%	84.4%	81.7%	81.9%	84.3%	85.4%	82.9%	81.5%	77.9%	90.1%	90.3%	88.8%
			2014/15	88.50%	88.55%	89.37%	88.57%	88.84%	87.93%	89.20%	97.54%	0.00%	0.00%	0.00%	0.00%

Appendix 2 - Core Performance Indicator Report **Greater Manchester**, this shows the actual performance against the KPIs for the whole of Greater Manchester

CORE - GENERAL																		
Area	Metric	Definition	Control Threshold	Target	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Booking Systems	Online booking system availability	% availability of online booking system	99.0%	99.5%	2013/14	99.90%	99.90%	99.90%	100.00%	99.50%	99.50%	100.00%	100.00%	99.50%	99.60%	99.80%	99.75%	
					2014/15	99.85%	99.86%	99.95%	99.86%	99.94%	99.88%	99.95%						
	Telephone booking system availability	% availability of telephone booking system	99.00%	99.5%	2013/14	99.90%	99.90%	99.90%	100.00%	99.50%	99.90%	100.00%	99.80%	99.50%	99.80%	99.20%	99.60%	
					2014/15	99.98%	99.96%	99.89%	99.95%	99.86%	99.85%	99.89%						
	Call Answering	% of Calls answered by a human being or, if outside working hours, an automated service	75.0%	90.0%	2013/14	89.31%	89.31%	74.39%	86.68%	93.65%	86.97%	91.87%	83.29%	78.55%	82.60%	85.95%	86.10%	
					2014/15	88.53%	90.24%	90.04%	92.00%	94.00%	93.60%	94.80%						
Call Answering	% of Calls answered within 20 seconds	75.0%	80.0%	2013/14	78.68%	89.31%	44.04%	55.17%	76.70%	57.24%	66.47%	52.71%	40.14%	61.37%	62.21%	54.32%		
				2014/15	57.24%	65.00%	68.00%	80.00%	84.49%	80.98%	80.48%							
Call Handling – Average Waiting Time	Average Time (In Seconds) for personnel to answer inbound calls	60			2013/14	44.0	44.0	68.0	94.6	38.0	100.0	54.0	120.0	130.0	55.0	52.0	59.0	
					2014/15	57.0	55.0	56.7	26.0	20.0	20.0	28.0						
Eligibility	Application of Eligibility Criteria	% of Bookings for which eligibility evaluated prior to acceptance	98.0%	100.0%	2013/14	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
					2014/15	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
Travel Time	Travel Time	Passenger time on vehicle is <60 minutes	80.0%	90.0%	2013/14	90.81%	91.60%	91.36%	91.61%	92.14%	91.62%	90.50%	87.29%	90.25%	91.02%	90.73%	89.81%	
					2014/15	90.90%	90.55%	90.81%	90.70%	92.37%	96.12%	97.34%						
Arrival (at Treatment Centre)	Early Arrival	% of arrivals more than 45 minutes prior to outpatient appointment	15.0%	5.0%	2013/14	5.62%	6.46%	6.65%	6.84%	7.62%	4.79%	4.58%	5.83%	1.06%	6.73%	6.71%	6.26%	
					2014/15	6.14%	2.60%	3.26%	4.01%	3.30%	2.04%	1.90%						
	On time arrival	% of arrivals within -45 <t < +15 minutes of outpatient appointment	90.0%	95.0%	2013/14	55.25%	61.21%	59.63%	63.57%	66.02%	67.39%	62.98%	68.24%	77.02%	86.12%	87.81%	86.42%	
					2014/15	88.49%	90.11%	90.15%	90.70%	90.84%	90.43%	91.91%						
Late arrival	% of arrivals more than 15 minutes after outpatient appointment	15.0%	5.0%	2013/14	39.12%	32.33%	33.72%	29.59%	26.36%	27.82%	32.45%	25.93%	21.92%	7.15%	5.48%	7.31%		
				2014/15	6.59%	7.29%	6.59%	5.29%	5.86%	7.54%	6.19%							

CORE - GENERAL (Cont'd)																	
Area	Metric	Definition	Control Threshold	Target	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Collection From treatment Centre	Timeliness of Departure	% of patients collected within 60 minutes of scheduled collection time or Patient Readiness Notification	80.0%	85.0%	2013/14	67.82%	70.73%	67.79%	68.53%	71.22%	72.93%	69.67%	66.21%	70.29%	82.02%	80.15%	80.43%
					2014/15	80.76%	80.41%	80.61%	83.41%	80.41%	82.06%	80.07%					
	Timeliness of Departure	% of patients collected within 90 minutes of scheduled collection time or Patient Readiness Notification	90.0%	95.0%	2013/14	82.85%	84.35%	81.68%	81.92%	84.33%	85.42%	82.92%	81.52%	77.88%	90.79%	90.10%	89.46%
					2014/15	90.18%	90.08%	90.01%	90.66%	90.06%	90.22%	90.16%					
Cancellations	Provider Cancellations	% of journeys cancelled by provider	0.05%	0.00%	2013/14	0.00%	0.03%	0.00%	0.01%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%
					2014/15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Missed Collection	Missed collection	% of non-aborted booked journeys for which no collection is made by the provider	0.001%	0.000%	2013/14	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
					2014/15	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%					
Breakdowns	Slow breakdown resolution	Number of vehicle breakdowns for which no replacement vehicle is available within 1 Hour	5	0	2013/14	0	0	0	0	0	0	0	0	0	0	0	0
					2014/15	0	0	0	0	0	0	0					
Complaints	Complaint acknowledgment	% of complaints acknowledged within 1 working day of complaint	95.0%	100.0%	2013/14	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
					2014/15	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					
	Complaint resolution	% of complaints resolved within 40 working days of original complaint	80.0%	90.0%	2013/14	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
					2014/15	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					
Patient Experience	Patient experience Survey**	Total % of patients conveyed during the year invited to participate in patient experience survey	1.0%	N/A	2013/14	0.00%	0.00%	0.00%	0.00%	2.10%	1.09%	0.96%	1.02%	1.10%	0.99%	1.11%	4.35%
					2014/15	0.00%	0.00%	0.00%	6.38%	0.00%	0.00%	0.00%					
Misidentification	Misidentification of patients		0	N/A	2013/14	0	0	0	0	0	0	0	0	0	0	0	0
					2014/15	0	0	0	0	0	0	0					

**NOTE: Patient Experience Survey is an annual measure, and is completed on a quarterly basis. As such, monthly analysis should not be considered as a failure to comply with KPI Standard

Appendix 3 - Enhanced Priority Specification (Renal and Cancer patients) – Performance Indicator Report, Greater Manchester

CORE - EPS																	
Area	Metric	Definition	Control Threshold	Target		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Collection From Residence	On Time Collection From Residence	% of patients collected within 30 minutes of scheduled collection time	80.0%	85.0%	2013/14	81.00%	82.20%	92.20%	84.40%	83.95%	84.95%	94.06%	95.62%	95.30%	95.60%	97.42%	95.60%
					2014/15	95.43%	94.97%	94.54%	93.58%	93.69%	95.49%	95.76%					
	Late Collection From Residence	% of patients collected more than 30 minutes after scheduled collection time	10.0%	5.0%	2013/14	18.50%	17.80%	7.80%	15.60%	16.05%	15.05%	5.94%	4.38%	4.70%	4.40%	2.58%	4.40%
					2014/15	4.57%	5.03%	5.46%	6.42%	6.31%	4.51%	4.24%					
Travel Time	Travel Time	Passenger time on vehicle is <40 minutes	85.0%	90.0%	2013/14	88.79%	89.44%	99.01%	99.27%	97.23%	94.61%	94.03%	94.55%	91.97%	86.65%	87.39%	86.64%
					2014/15	88.71%	89.58%	85.09%	85.96%	87.53%	87.60%	88.13%					
Arrival (at Treatment Centre)	Early Arrival	% of arrivals more than 30 minutes prior to outpatient appointment	10.0%	5.0%	2013/14	11.91%	10.53%	10.51%	9.59%	9.43%	3.62%	4.00%	13.60%	5.85%	15.29%	15.96%	14.02%
					2014/15	0.93%	0.37%	3.95%	4.59%	6.35%	6.57%	8.32%					
	On Time Arrival	% of arrivals within -30 < t < +15 minutes of outpatient appointment	90.0%	95.0%	2013/14	72.09%	80.25%	79.14%	80.65%	82.30%	83.65%	78.69%	77.38%	85.63%	80.99%	80.39%	80.35%
					2014/15	93.87%	93.59%	90.34%	93.64%	91.33%	91.03%	90.04%					
	Late Arrival	% of arrivals more than 15 minutes after outpatient appointment	15.0%	5.0%	2013/14	16.01%	9.22%	10.35%	9.52%	8.27%	12.53%	17.31%	9.02%	8.52%	3.71%	3.64%	5.63%
					2014/15	5.18%	6.04%	5.71%	1.77%	2.31%	2.39%	1.64%					
Collection From treatment Centre	Timeliness of Departure	% of patients collected within 60 minutes of scheduled collection time or Patient Readiness Notification	85.0%	90.0%	2013/14	93.26%	95.80%	93.76%	90.75%	89.01%	92.74%	90.12%	91.28%	90.07%	88.89%	86.73%	92.37%
					2014/15	92.30%	89.06%	89.95%	88.25%	86.25%	92.24%	95.25%					
	Timeliness of Departure	% of patients collected within 90 minutes of scheduled collection time or Patient Readiness Notification	90.0%	95.0%	2013/14	97.58%	98.87%	98.04%	96.65%	97.30%	98.32%	97.43%	97.57%	96.17%	95.55%	92.90%	97.05%
					2014/15	97.40%	95.48%	95.83%	95.40%	93.52%	97.55%	98.76%					