

SERVICE SPECIFICATIONS

Service Specification No.	02/GMS/0036 v2
Service	Patient Transport Services (PTS)
Commissioner Lead	CCP for General Medical & Surgical
Provider Lead	
Period	1 st October 2013 to 30 th September 2018
Date of Review	January 2016

1. Population Needs

1.1 Strategic context

The Department of Health defines non-emergency Patient Transport Services (PTS) as the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs. 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.
- Recognised as a parent or guardian where children are being conveyed.

Full details of the national eligibility guidance can be found: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078373. Eligibility criteria for accessing PTS across the south west can be found in appendix 2.

PTS is only available for patients with a **clear and genuine medical need** – this is assessed by the agreed eligibility criteria (Appendix 2).

The PTS service is for NHS non-emergency patients and their escorts who meet the eligibility criteria. These are journeys between their place of residence and healthcare facilities, and between hospitals. The place of residence is defined as any address specified at the time of booking, e.g. home, nursing home, hospice, hospital or treatment centre. There may be a requirement for patients to be taken to non NHS establishments e.g. Private Hospitals; however this will only be the case when they are going to receive NHS Funded treatment at that establishment.

It is recognised that PCTs will no longer exist after 2013. However, this service will still remain and continue to exist for the GP practices that formally belonged to NHS Bournemouth and Poole and NHS Dorset. Further clarification will be given nearer the time as to the lead contract arrangements.

NHS Bournemouth and Poole and NHS Dorset will be known as the 'Commissioner'; Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust and Dorset Healthcare University Foundation Trust will be known as 'Commissioning Agents'.

This service specification is underpinned by the following documents:

Department of Health – Finance Arrangements for ambulance services

Department of Health – Guidance for the commissioning of Ambulance Services
Department of Health – Eligibility Criteria for non emergency patient transport

The Provider and Commissioner will agree any future amendments in view of changes to national policy, guidance or survey results.

1.2 Evidence Base

- The levels of expected activity for the patients are in the Contract – Section B Part 3. These figures are mainly based on 2011/2012 levels carried out by the current main Provider and various other suppliers. As the activity data was not collected in the same format from all suppliers, the levels are indicative and for guidance only.
- The majority of the workload will be notified in sufficient time to enable the activity to be planned; however the workload for short-notice/ same-day requests will fluctuate from day to day.
- The Provider should be aware that there will be daily and seasonal peaks and troughs in demand.
- The Provider will assist the Commissioner and Commissioning Agents in actively managing demand. This will include providing systematic feedback on patients who, it is thought, may not be eligible to NHS funded transport, discussing modifications to existing procedures, and piloting new or innovative schemes.
- Activity levels for this contract cannot be guaranteed.

1.3 General Overview

The service is primarily for patients and their escorts who are GP registered in Dorset (including Bournemouth and Poole) and who meet the agreed eligibility criteria for PTS. The eligibility criteria have been determined using national and local guidance.

The current national guidance states that the PCT in which a patient is registered (referred to in this guidance as the “home PCT”) is responsible for funding their PTS needs, provided they meet the eligibility criteria set out in the 2008 guidance and any supplementary local criteria. The national guidance states eligible patients for PTS 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.

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.

Full details of the national eligibility guidance are in http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078373.

The Healthcare Travel Costs Scheme (HTCS) is a separate scheme and provides guidance on reimbursement of journey expenses for patients meeting low-income criteria. See www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/DH_075759

The journeys will mainly be in or around the South West area but there will be a requirement for transport to anywhere within England, Scotland or Wales.

There may also be a requirement to transport some patients who are not GP registered in geographical area covered – this will primarily be for returning patients who are being discharged from an inpatient stay. It will not generally be for outpatient or day hospital appointments. A charge will need to be made to the responsible commissioner organisation. The Provider will be responsible for raising invoices with the relevant commissioner.

1.4 Expected Outcomes

A high quality, patient focused service that is cost effective, innovative and provides value for money.

2. Scope

2.1 Aims and Objectives of the Service

It is the aim of the procurement exercise to allocate a lead provider through supplier tiering to allow each of the procurement lots to be managed (not provided) by one primary supplier.

The Provider will be responsible for the safe, timely and comfortable transport of patients between their place of residence and the healthcare facility and between healthcare facilities and from the healthcare facility to their place of residence and will deliver a managed PTS service for all patients registered with a GP Practice who belong to the Lead or Associate Commissioners and who meet the agreed eligibility criteria for PTS. The Provider will manage the entire PTS journey requirements for patients including out of area transfers, patients defined as bariatric, specialist mental health needs or as having complex manual handling needs. The eligibility criteria referred to above has been determined using national and local guidance.

The Provider will ensure there is adequate data collection down to GP and Commissioner level to monitor this contract on behalf of all the Commissioners and in preparation for future GP commissioning consortiums.

Responsible commissioner rules will apply for patients who live in the geographical area covered by this contract but have no history of being registered with a GP.

Below are discrete services in recognition that more services are being delivered closer to a person's home or as part of their Health Care needs or as a result of patient choice.

- Independent private sector hospitals through local standard acute contracts providing NHS treatment
- Nursing homes transfer requests
- Hospices
- Intermediate care step up/down beds
- Falls clinics in the community
- Any satellite consultant or rehabilitation sessions in the community

In all cases the patients must meet the eligibility criteria.

The objectives of the specification are to ensure the following:

- Quality** – Patient-centred services delivered in a safe, friendly and effective manner by trained staff in clean, comfortable vehicles. This includes keeping journey times low and ensuring promptness of arrival and pick-up.
- Flexible and Responsive** – Service must provide flexibility to respond to changing needs, e.g. new healthcare locations, on-the-day requests, flexible times for pick-up and delivery including evenings and weekends. There will also be a need for some enhanced PTS related to specialist vehicle equipment or crew training to meet particular patient requirements.
- Communication and Performance Information** – High-quality communication with commissioners to discuss flexible and innovative approaches. Clear and complete information must be provided regularly on activity, finance and quality of service provision.
- Efficiency Savings** - Public Sector organisations are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns. Providers will be

required to demonstrate innovations to achieve the Commissioners objectives. Any initiatives which impact on service delivery will be agreed prior to implementation with the Commissioner.

□ **Value for Money** – Service must be affordable and provide value for money.

□ **Green** – Service must take action to reduce the carbon footprint of patient journeys wherever possible.

□ **Innovation and use of Information Technology** – Service must be innovative in its approach using best practice to respond to future needs. It needs to make the most effective use of technology for the scheduling of journeys and for the provision of management information.

2.2 Service Description

The Department of Health gives guidance on the type of service provision which is covered. It is about treatment, outpatient appointment or diagnostic services, i.e. procedures that were traditionally solely provided in hospital, but are now available in a hospital (NHS or Private) or community setting.

The main types of NHS funded services to and from which patients are transported are:

- Any health care appointment at any treatment centre (these clinics cover a wide variety of treatments from oncology, where patients can have daily appointments, renal dialysis where patients will have regular sessions each week to surgical procedures).
- Day case and inpatient.
- Transfer of cardiac patients between treatment centres.
- Discharges from hospitals/treatment centres. This will consist of an element of planned discharges but will include a significant number of unplanned discharges on the day.
- Inter-hospital transfers – some of which are time essential. NB: Also included are Neonatal Intensive Care Unit patients who need inter-hospital transfers within the catchment, and will be transported with their own medical attendees.
- Accident and Emergency – patients going home after attending the department.
- End of life patients. Due to the nature of the patient's condition these may need to be fast tracked through the system.

There is a requirement for the following journey planning and provision:

- Providing services at differing times and days. (There is an intention to extend outpatient and operating sessions in some new premises to between 07.00 and 22.00, 7 days a week).
- To allow for specific provision of services for renal patients who will require transport at varying times depending on treatment plan. The Provider will need to make arrangements for allowing patients to attend at various times including 6am clinic starts as well as pick up at 10pm at night.
- Providing services for outpatient appointments, admissions and discharges, same-day, transfers, timed response and short-notice requests.
- Providing a service for escorts where required.
- Providing a preset time slot where packages of care are being organised or where bed swaps are being organised at a specific time. Further examples of timed responses are for the day hospitals and rehabilitation units where arrival and return times for each session are critical to ensure patients receive maximum benefit from their attendance and home visits where a number of specialist services have been co-ordinated.
- Providing services to respond to new locations, e.g. new treatment centres and premises providing community based services.
- Changing services to reflect population trends, such as an ageing population.
- Providing an enhanced level of service to cover all the needs of high-dependency patients such as those with complex medical needs and infectious/communicable conditions/diseases, where a higher level of crew skills will be needed. Specific examples

include:

- Cardiac patients who have had treatment for cardiac surgery, angioplasty, cardiac failure.
- Patients going home after attending the Emergency Department who have a variety of conditions such as head or trauma injuries, pregnancy related issues.
- Children with a variety of conditions e.g. neurological, meningitis, oncology or terminal conditions should be transported safely in appropriate seating restraints for normal seats and stretchers.
- Other areas could include pre-transplant transfers; the return of patients following complex surgery such as cardiothoracic; post-fall patients, trauma and orthopaedic injury transfer.
- Providing a service for same-day discharges which would otherwise lead to the need for an extended use of a hospital bed.
- Responding to a request for transport 'out of hours'. This will necessitate provision of a service 24/7 365 days of the year to include all statutory and discretionary Bank and Public Holidays.
- Availability of resources to undertake long distance and repatriation work. This will normally be a pre-planned request; however there will be a requirement for on the day requests as well. These are not anticipated to be significant in numbers.
- Provide a liaison office for each acute health care site (to be discussed and agreed with each commissioning agent) to work in partnership to facilitate the management of transport provision.

Exclusions

1. Patients who need emergency transport. The Emergency Ambulance Service provides call handling and prioritisation of 999 calls from the general public, and other calls and requests from healthcare professionals and other emergency services. There are four types of calls covered by the A&E agreement:

- a) Emergency calls from members of the public and healthcare professionals.
- b) Urgent requests for ambulance transport from other healthcare professionals defined as being required within 1 to 4 hours.
- c) Inter-hospital transfers of an urgent or emergency nature where the patient is moving to a higher level of care.
- d) Mental health patients who are under the care of any of the Mental Health partnership Trusts who are assessed as high risk (e.g. sectioned patients) and are not suitable for PTS. A risk assessment tool will be agreed for use.

2. Transport to primary care services provided under the following NHS contract; General Medical Services/Personal Medical Services/General Dental Services/ Personal Dental Services, e.g. routine appointments to GPs/health centres and dental surgeries.

3. Prisoners – Transport is provided by the prison service.

4. Paediatric intensive care retrieval.

5. Neonatal intensive care retrieval (NICU). (This is a two-way journey to collect a specialist team and transport them to the patient)

6. Non NHS-funded patients.

7. Patients assessed to be not eligible for NHS funded transport.

8. Conveyance of supplies, mail or any other goods unless previously agreed between the Provider and the Commissioner or Commissioning Agent.

9. Patients who require transport outside England, Scotland and Wales. NB: These journeys, if and when they occurred, would be agreed on an individual pricing basis.

10. Transfer of patients from a care home if it is required to close.
11. Patient transfers within a care home.

Patient Mobility and Escorts

Mobility categories of patients are shown below. This information will be indicated on the booking request to the Provider.

Name	Description
Vehicle 1	Patients who are able to walk with limited assistance and require no lifting or moving – one person assistance.
Vehicle 2	Patients who require two persons' assistance to board or alight from the vehicle, or to be lifted in a chair.
Wheelchair 1	Patients who require to travel in their own wheelchair for the journey, with one person's assistance, requiring no lifting or moving.
Wheelchair 2	Patients who require to travel in their own wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.
Electric Wheelchair 1	Patients who require to travel in their own electric wheelchair for the journey, with one person's assistance, requiring no lifting or moving.
Electric Wheelchair 2	Patients who require to travel in their own electric wheelchair for the journey, with two persons' assistance to board and alight from the vehicle.
Stretcher (ST)	Patients who require to lie down for at least part of the journey, with the assistance of two persons' required.
Escort (ESC)	<p>Healthcare patients who have a medical need to be accompanied to/from their appointment by carer/relative/healthcare professional or guide/aid assistance dogs.</p> <p>This may also include a nurse, clinical team or carer may accompany any of the above categories if the patient's condition is such that they require constant attention. This includes patients who have severe communication difficulties such as profound deafness or speech and language difficulties. Such escorts and the escort's mobility will be notified to the Provider at the time of booking. A return journey may be required for clinical escorts accompanying patients being transferred or discharged.</p>

<p>Qualified Crew (High Dependency)</p> <p>[Crew to include a minimum of one Paramedic trained member of staff on the vehicle and the other must be trained in 'Blue Light' emergency driving]</p>	<p>Provide an enhanced level of service to cover all the needs of high dependency patients such as those with complex needs and infectious/communicable conditions/diseases, where a higher level of crew skills will be needed. Specific examples include (but not limited to):</p> <ul style="list-style-type: none"> • Patients whose medical conditions may require cardiac/pulmonary resuscitation. • Patients transferring after attending the A&E Department who have a variety of conditions such as head or trauma injuries, pregnancy related issues. • Children with a variety of conditions from neurological, meningitis, oncology or terminal conditions. <p>Other areas could include (but are not limited to) pre-transplant transfers, the return of patients following complex surgery such as cardiothoracic, post-fall patients, trauma and orthopaedic injury transfer.</p>
<p>Bariatric (BAR)</p>	<p>A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environment access with one or more of the following areas:</p> <p>Has a body mass index (BMI) $>40\text{kg/m}^2$ and or are 40kg above ideal weight for height (NICE 2004) and/or exceed the working load limit and dimensions of the support service such as a bed, chair, wheelchair, couch, trolley, toilet mattress.</p>
<p>Mental Health - specialist inter-unit transfers</p>	<p>Patients will present with complex presentations i.e. physically violent, aggressive and detained under a section of the mental health Act.</p>

- ❖ For all categories patients with additional needs will be clearly identified at the time of requesting. This may include the following:

Clinical requirements of the patient

Patients may have a number of clinical requirements of varying levels of complexity. These include:

- Oxygen required (intermittent and continuous) at varying levels of concentration.
- Infusion drips and drains, and pumps in situ (where possible, these will be disconnected for the journey but some may be required to be continued).
- Patients who require ongoing monitoring during the journey, for example cardiac or other equipment.
- Immunocompromised patients or, due to other health issues, patients required to travel without other patients.
- Patients may also require the specialist skills of trained crew including spinal injury management.

NB. Due to the complexity of patient medical conditions, a nurse or doctor escort may be required to manage the patient's condition during the journey and crew support may also be necessary.

The following risks will also need to be considered by the Provider to ensure that patients are

conveyed appropriately and in a timely manner. These include:

- If the patient has been treated for, or is currently experiencing symptoms of, an infectious disease such as norovirus, MRSA, C Diff or Swine Flu.
- Whether the patient's weight and mobility needs require specialist equipment and/or the support of extra personnel.
- Whether there are any access issues at either the pick-up or destination which require a full risk assessment due to patient's mobility. This includes steps and narrow corridors.
- Whether the patient is considered at risk of cardiac or respiratory arrest during the journey and whether a Do Not Resuscitate (DNR) position has been confirmed for the journey.

Other Special Requirements:

Request for a male or female crew member

Escorts: A parent or other responsible adult must accompany all children under the age of 18 years. Patient escorts will be transported only when an authorised request is made at the time of booking, and this includes escorts for end-of- life patients. The definition of who is eligible as an escort is included in the PTS eligibility criteria. Escorts are not subject to journey charging.

Registered Disability Dogs are essential for some patients and accepted by Health Providers for outpatient appointments. The Provider will need to be able to accommodate these transport requests.

Transportation and Care of Patients/Escorts

PTS is only for patient transport and ideally a single piece of patient luggage/personal belongings (dependent on need of patient in relation to healthcare equipment or devices).

The Commissioner and Commissioning Agent will:

Inform the patient to be ready 90 minutes prior to their scheduled pick-up. Standard information will be contained in the patient PTS information sheet and hospital letter.

The Provider will operate an agreed system for: confirming more accurate transport pick-up times with patients; notifying the patients of any changes and how patients can contact the Provider.

The Provider will set up a 'call back' service to patients to confirm whether they still require the transport as requested. This should be done the working day prior to travel at the latest.

Home Moves

E-zec are required within this contract to support patients moving within their own home when moving from an upper floor to a ground floor room when the NHS has provided a bed and a care package for that patient.

Operational Planning and Booking

The Provider will be able to proactively plan on a 'live' basis to allow capacity to be flexed according to need. In effect this will allow a floating fleet of vehicles to be able to respond to patient demand in an efficient manner maximising resources e.g. less down time for crews but also response times to patients.

The Provider will have data migration support from the existing booking/record systems to ensure a seamless transfer of journey scheduling to the new provider system. The new system will be designed to allow for migration of data to future systems, should this become necessary. This should include the ability to prove the data migration process via test or trial loads.

The Provider's system must have the ability to handle electronic transfer and the import of an electronic data file of transport bookings, for example from a Commissioning Agent's PAS system.

The Provider will predominately receive bookings by electronic transfer of data or telephone from

the Commissioning Agents or the Managed Call Centre via an agreed data system approved by the Commissioner. The Provider will electronically confirm bookings to the booker of the transport request.

The electronic booking system will have all the details necessary to schedule the patient journey and any additional information to provide to the relevant crew. Where a journey falls outside the core contract the pricing for the journey will be determined at the time of booking, based on the Postcodes of the pick-up and drop-off points, tier of service and mobility. If further adaptations are needed, these will be agreed between the Provider and the Commissioner.

Cancelled and Abortive Journeys

Journeys which are cancelled will not form part of the chargeable contract activity if cancelled before the day the journey was required or “on the day” if the vehicle has not commenced the journey.

Journeys may be aborted for reasons outside the control of the Provider. This will form part of the chargeable contract activity if the journey could not be or is not required to be reallocated. Escorts booked to travel with the aborted patient will not count as chargeable activity.

The Provider will proactively work with the Commissioner on ways to reduce aborted journeys.

It is expected that only in exceptional circumstances shall the Provider cancel journeys for reasons within their control. The Provider must notify the affected Commissioning Agents in advance if there is a need to cancel any journey and must undertake to inform any patients concerned of the cancellation.

Activity Levels and Demand Management

The levels of expected activity for the patients are attached – Section B Part 3. These figures are mainly based on 2011/2012 levels carried out by the current main provider and various other suppliers. As the activity data was not collected in the same format from all suppliers, the levels are indicative and for guidance only.

The majority of the workload will be planned, but the workload for short-notice/ same-day requests will fluctuate from day to day.

The Provider should be aware that there will be significant daily and seasonal peaks and troughs in demand.

The Provider will assist the Commissioner and Commissioning Agents in actively managing demand. This will include providing systematic feedback on patients who, it is thought, may not be eligible to NHS funded transport, discussing modifications to existing procedures, and piloting new or innovative schemes.

Activity levels for this contract cannot be guaranteed.

Incidents & Complaints Processes

Please refer to Clause 25 of Section E, core legal clauses and definitions, “Incidents Requiring Reporting” and 27 “Complaints” and Section C, Service Matters part 7.3.

2.3 Population Covered

The service is primarily for patients registered with a GP in Bournemouth and Poole and Dorset and who meet the eligibility criteria.

The journeys will mainly be in or around Dorset, Hampshire, Wiltshire, Somerset and Devon areas but there will be a requirement for transport to anywhere within England, Scotland or Wales.

There may also be a requirement to transport some patients who are not GP registered in geographical area covered – this will primarily be for returning patients who are being discharged from an inpatient stay. It will not generally be for outpatient or day hospital appointments. The

Provider must engage with the Commissioner in developing a process to manage the repatriation of patients where they are registered with a non Bournemouth and Poole and Dorset GP. A charge will need to be made to the responsible commissioner organisation. The Provider will be responsible for raising invoices with the relevant commissioner and mechanisms will need to be developed to support this process.

2.4 Any acceptance or exclusion criteria

Please refer to section 2.2 Service Description.

2.5 Interdependencies with other Services

The Provider will work proactively and jointly with Commissioning Agents to ensure the adherence to Eligibility Criteria. To underpin this, the Provider will give regular information on potential misuse of the service so that issues can be quickly resolved. Where there is thought to be blatant disregard for the criteria the Provider is empowered to refer the request to the authorised transport co-ordinator within the Commissioning Agency, or if necessary escalate to the relevant Commissioner.

On-site Facilities and Parking

NHS organisations will allow the Provider's staff to use their hand-washing facilities and public refreshment areas.

NHS organisations will provide administrative facilities if it is agreed to a Provider's member of staff being temporarily or permanently based within a hospital.

Parking will be provided for the dropping off and collection of patients at the main Hospital sites within the area. On-site facilities are not available for overnight or long term parking.

All parking is solely at the Providers own risk.

The Commissioner, Commissioning Agents and other NHS organisations will not be providing linen unless in an emergency sanctioned by the NHS Organisation's nominated person and disposal of Waste (domestic and clinical) is the responsibility of the Provider.

Communication with Commissioner, Commissioning Agents, Health Staff and Patients

The Authorised Officer of the Commissioner is named in the contract.

The Commissioner expects the Provider's staff to have a proactive, friendly, solution-focussed style of communication. A key objective is to have high-quality communication processes to discuss flexible and innovative approaches.

The Provider shall establish a proactive communications/customer relations policy with the Commissioner. The aim shall be to:

- Ensure public awareness of the access to the service, e.g. via an effective website and information sheets.
- Encourage proper use of the criteria by service users within the Commissioner and Commissioning Agents, e.g. via an effective website, information sheets and face-to-face meetings with key departments.
- Encourage understanding of the system and co-operation from all Healthcare professionals/patients who are requesting transport.
- Ensure the highest standards of communication with Healthcare professionals/patients so there can be a proactive improvement programme.
- Eliminate abuse of the service and minimise abortive journeys and cancellations.

3. Applicable Service Standards and Service Delivery

3.1 National Standards

The Provider must comply with all relevant current and future legislation, national standards and evidence base set out within this Service Specification and required in the provision of this Service.

In developing this specification the following documents have been drawn upon:

- Department of Health – Finance Arrangements for ambulance services
- Department of Health – Guidance for the commissioning of Ambulance Services
- Department of Health – Eligibility Criteria for non emergency patient transport

3.2 Local Standards

Local Standards are throughout the specification but are shown in full in Section B part 8, part 12 and part 14.

Change of Destination

Patients must not be taken to a destination other than that specified on the booking request or as subsequently amended unless it is authorised by Commissioners/ Commissioning Agents designated point of contact.

Delivery Points

It is a principle within this contract that every reasonable attempt is made to collect/deliver patients to and from the agreed points at the agreed time. Within NHS Facilities, patients shall be delivered to the designated Ward/Department and collected from the same unless a discharge lounge system is in place or alternative destination is specified.

Location of Office Base and Vehicles

The Provider is required to have an office base within the boundaries of the geographical area covered from which it will manage the service. The Commissioner will not be providing the office base.

The Provider will provide garaging, maintenance, cleaning and consumables for all vehicles.

The Provider will provide as many office bases, garages, shower, rest and changing areas and facilities for their staff as are required to service the contract. These are expected to be Disability Discrimination Act compliant and to be of a good standard in line with being a good employer.

4. Key Service Outcomes

The outcomes of this specification are to deliver an efficient, responsive, equitable and accessible service to all eligible patients measured through the key quality standards as set out in Section B part 8.

5. Location of Provider Premises

The Provider's Premises are located at:

[Name and address of the Provider's Premises OR details of the Provider's Premises OR state "Not

Applicable”

6. Individual Service User Placement

Not applicable

Appendix 1

Definitions

“Activity”	<p>The movement of patients within the scope of this contract.</p>
“Abort”	<p>When a vehicle has been allocated and has started moving on the journey. If the first leg of the journey is aborted, then the return is cancelled. Aborts are chargeable. Escorts booked to travel with the aborted patient will not count as chargeable activity.</p>
“Bariatric”	<p>A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following area'</p> <ul style="list-style-type: none">- Has a Body Mass Index (BMI) > 40 kg/m² and or are 40kg above ideal weight for height (NICE 2004)- Exceeds the Working load limit (WLL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, Trolley, toilet, mattress <p>Journeys cancelled before the live day, or “on the day” where a vehicle has not started moving on the journey. Cancellations are not chargeable.</p>
“Cancellation”	<p>The organisations responsible for, and seeking to, secure the provision of patient transport services for their populations, by a provider under this contract. For the purposes of this contract this refers to the local Primary Care Trusts.</p>
“Commissioner”	<p>Organisations with delegated responsibility for the day to day management of patient transport contracts on behalf of the Commissioner. For the purposes of this contract Commissioning Agent refers to the local Acute and Partnership trusts.</p>
“Commissioning Agent”	<p>A journey undertaken to be delivered by the Provider.</p> <p>An agreed number of patient movements available to each PCT and Commissioning Agent, profiles of which should be agreed in advance of the contract.</p>
“Confirmed”	
“Contracted Activity”	
“Declined/Refused”	<p>At initial request, the Provider is unable to accommodate the journey. The Provider will notify the Commissioner of this in good time.</p>
“Escorts”	<p>An accompanying person who is escorting a patient, where a medical need has been identified in line with DH Eligibility Criteria. Escorts must be approved by the Commissioner and notified at the time of</p>

booking.

“Eligibility Criteria”

A set of decision making principles, following release of DH guidance, collaboratively agreed across the counties of Cornwall, Devon, Dorset & Somerset (see Enc 29).

“Loading Times”

The time taken to load a patient from collection point to vehicle (and vice-versa)

Consideration must be given at time of booking if the length of time required to load is likely to be extensive – i.e. due to medical conditions or type of equipment required.

“Out of Area”

Operationally agreed as being outside of the 4 south west counties but with the explicit inclusion of those treatment centres identified which are not within the 4 south west counties.

“Patient Ready”

A patient will be deemed ready when they are able to move immediately to a vehicle.

Wards must ensure patients have relevant equipment, medicines and luggage – ready to go.

The Provider of patient transport services under this contract.

“Provider”

Operationally agreed as being within the 4 south west counties but with the explicit inclusion of those treatment centres identified which are not within the 4 south west counties.

“Within Area”

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Appendix 2

Eligibility Criteria for Non-Emergency Patient Transport Services (PTS)

Purpose of Document

This document sets out the general principles of eligibility for patients requiring non-emergency, planned transportation to/from premises providing NHS healthcare and between NHS healthcare providers.

What is PTS?

Non-Emergency Patient Transport Services (PTS) is the non-urgent, planned transportation of patients whose medical condition is such that they require the skills or support of clinically trained PTS staff and/or their equipment on/after their journey.

The forms of transport provided should include a range of vehicle types and levels of care consistent with the patients' *medical needs*. This could be an ambulance or another type of suitably equipped vehicle.

PTS is not provided for patients with a medical condition that does not require the skills or support of clinically trained PTS staff/equipment on/after their journey unless their health would be detrimentally impacted if travelling by other means.

Eligible patients are not charged for PTS transport provided by the NHS.

Who is eligible for PTS?

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.
- Recognised as a parent or guardian where children are being conveyed.

PTS could also be provided to a patient's escort or carer where their particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance, when transport is booked.

Affordability is not a qualifying factor for PTS. Only patients whose health would be adversely affected if travelling by other means are eligible. Financial assistance with transport is provided for through the Hospital Travel Costs Scheme.

What is 'medical need'?

Medical need is defined as the definite or likely requirement for the skills or support of clinically trained PTS staff and/or their equipment on/after the patient's journey.

There are three main categories of medical need based on a patient's mobility, protection and treatment:

Mobility:

- Patient will need substantial assistance/support to move from their bed/chair at pick-up point to vehicle and from vehicle to destination
- Unable to weight-bear, transfer or self-mobilise.
- Substantial assistance/support due to poor building access.

Protection:

- Journey by other means would be detrimental to health
- Patient needs protection to prevent harm to themselves and/or existing wound or condition
- Passengers or vehicle crew will need to be protected due to the patient's condition

Treatment:

- Patient needs to be monitored and/or treated on or after the journey.

PTS eligibility and journey distance, frequency and duration

DH guidance (November 2007) states that patients should be able to access healthcare without detriment to their medical condition. The **distance, frequency and duration** of the journey should be taken into consideration in *conjunction with the patient's medical condition at that time* when determining their need for PTS.

Distance, frequency and journey duration are not qualifying criteria for PTS transport without taking the patient's medical condition and requirement for clinical support into account. Frequency, distance or time travelling will not affect a patient's eligibility for PTS unless it detrimentally impacts on the health of the patient.