

SERVICE SPECIFICATIONS

Service Specification No.	02/GMS/0037
Service	Patient Transport Managed Call Centre
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 National/local context and evidence base

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.

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.

2. Scope

2.1 Aims and objectives of service

The purpose of this service is to ensure that there is an equitable and accessible service to all eligible patients based on their medical need. The model is based on a central point of contact where journey requests are made directly by all patients, unless they form part of the clinical discharge process or pre determined social care and mental health pathways.

This specification describes the Call Centre functions and should be read in conjunction with the PTS specification as the Provider of the Call Centre will need to have a comprehensive understanding of the PTS service in order to provide a high quality service to meet the needs of Dorset, Bournemouth and Poole patients who are eligible for treatment. The successful provider of the Call Centre will have an overarching remit in relation to any other providers providing transport services and the Call Centre will act as a central coordination and facilitation service for PTS in respect of the other lots.

This specification describes the required service but does not specify how the provider is to manage its service or where the service should be located, although it is important that there is an understanding of the Dorset geography and the needs of patients in relation to PTS. The Provider must meet specified outcomes and relevant performance indicators as described in Section B of the contract and these elements will form the basis of performance management.

The Call Centre Provider and Commissioner must agree and comply with any future changes in view of changes to national policy, guidance or survey results and where appropriate, review this specification to reflect any changes required.

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 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 the consistent application of the relevant eligibility criteria (including continual assessment for each journey of the same patient),

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.

The following are also essential requirements of the Call Centre Provider:

- Booking information to enable the Provider to schedule the journeys must be provided electronically, direct from the Call Centre.
- Key performance indicators with proposed incentives and deductions for the Provider are set out in the standard contract documentation. The Provider and Commissioner must agree and comply with any future changes in view of changes to national policy, guidance or survey results.
- The Provider must consider the implementation of robust systems to support service redesign.
- Robust relationships must be established with all Commissioning Agents to reflect clinical views on a patient's medical condition.

2.2 Service description/care pathway

The key elements to be provided are:

- To provide an office based within the UK from which it will manage the service.
- To be the first point of access for PTS requests
- To enable bookings to be made efficiently as possible including electronic links with current healthcare providers to allow compatibility between IT systems.
- To be accessible through means of a single point of contact (using a single telephone number), where patients are required to repeat personal information to different providers.
- To enable block booking of regular journeys to minimise individual requests (for example, renal, oncology treatments or other regular bookings).
- To provide access to booking requests from healthcare professionals and patients. This may be either via the single point of contact (As above) or via an alternative method to be agreed with the Commissioner.
- To provide a robust eligibility screening service to identify the entitlement to non-emergency transport services for NHS patients.
- To provide a resource to support 'on the day' discharge requests from healthcare providers which must include the screening of eligibility criteria.
- To collate and process requests from patients/discharge co-ordinators for PTS transport.
- To ensure that premises access issues at either the pick-up or destination are established in order to determine whether a risk assessment is undertaken by the Provider.
- To provide an appropriate response without undue delay or duplication.
- To ensure that when the Call Centre has confirmed a request for a journey that the journey confirmation is forwarded to the appropriate transport provider in a timely manner in accordance with agreed protocols.

- To answer queries from healthcare professionals in accordance with agreed protocols.
- To be compliant with the Department of Health guidance, legal requirements and best practices.
- To offer transport advice and assistance to passengers who do not meet the eligibility criteria which must include alternative transport options available to them in their area, access to HTCS scheme for reimbursement of travel costs, voluntary services and other means of transport.
- To be able to reconcile activity with provider invoices to assist in processing of payments and allowing a common currency to be developed; including any claims to commissioners and/or commissioning agents for HTCS using as an example HC5(T) forms.
- To become a key interface with the transport provider to solve any issues regarding bookings.
- To establish robust relationship with Commissioning Agent Staff ensuring that clinical views are considered if a patient's medical conditions has changed.
- To ensure Call Centre staff understand local needs and conditions to offer knowledgeable local information and demonstrate an excellent knowledge of the geography and infrastructure of the areas covered by Bournemouth and Poole and Dorset.
- To ensure good systems of communication exist that contribute to collaborative working with healthcare services, social care and mental health services to ensure continuity.
- To ensure the service is easily accessible by all patients including those who have learning difficulties, are vulnerable, with special needs, whose first language is not English or who have impaired hearing.
- To ensure a call handling system is staffed by appropriately trained personnel, supervised by competent persons and supported by appropriate software.
- To ensure appropriate access to professional/clinical advice is available to support eligibility criteria decisions.
- To ensure that minimum data requirements are obtained for each booking request in line with the approved booking system.
- To ensure that an appropriate and timely appeals process is available in the event of any eligibility disputes.
- Production of management information to assess performance of all transport providers, as well as call centre performance targets.

Cancelled Journeys

Where Call Centre staff have been notified that a journey is no longer required they must inform the Transport Provider as soon as possible to minimise the number of aborted journeys.

The Call Centre Provider must record and action cancellations received by reason code.

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 must ensure requests can be received by alternative methods in the event of system failure.

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.

The booking system must be able to make post-travel enquiries in order to investigate complaints, accidents or potential disciplinary matters.

The Provider must establish relationships such that the system is managed effectively. The Commissioner will support this by endeavouring to ensure that care providers book routine transport well in advance of the day of expected travel.

The Provider must provide storage of all paper and electronic records.

The Provider must provide appropriate staff to manage the contract on a daily basis and to receive a daily workload.

The Provider must have an alternative back-up system if there is a fault with the equipments. This must be clearly stated as part of the business continuity plan.

The Provider is expected to contribute to reducing cancelled journeys. There must be an agreed system between the Provider and Commissioner to achieve this objective.

The Commissioner shall have the right to full access to the Call Centre Providers computer information.

The Provider must prioritise responses for unplanned 'on the day' requests where outside the expected levels.

The Provider must ensure any variations in the route or timetable requested by the Commissioner are implemented. In this event the Commissioner and Provider will have the right to negotiate the rate charged.

In the event of the Transport Provider not being able to perform a journey (other than in the case of a special needs contract), the Call Centre staff must arrange as an emergency measure, for a replacement operator to provide the journey at the Transport Providers expense and must notify the Commissioner accordingly at the earliest opportunity as per Section E, core legal cause and definitions. Such a replacement operator must fulfil all statutory requirements in the same way as the provider.

The majority of journey requests will be received during normal working hours re 8am – 6pm Monday to Friday. However, there will be some short-notice, same day requests for out of hours and weekend journeys that must be received, assessed and processed by the Call Centre. Extended routine hours within 24 hour emergency access is therefore required. The Call Centre operating hours are to be agreed but consideration must be given to how evening and weekend journey requests are handled.

Patient Groups covered including exclusion criteria

The Call Centre Provider must establish the appropriate mode of transport once eligibility criteria have been fulfilled. There are a number of mobility categories which will determine the type of vehicle needed for the patient.

The Call Centre must record when an NHS patient will be accompanied to/from their appointment by a carer, relative or a healthcare professional due to the patient having a health need for an escort.

The mobility categories' of Patients/Passengers are shown below and this information must be contained on the booking request form for 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>

Bariatric (BAR)	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: Has a body mass index (BMI) >40kg/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.
Mental Health - specialist inter-unit transfers	Patients will present with complex presentations i.e. physically violent, aggressive and detained under a section of the mental health Act.

- ❖ 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.

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.

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 and 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.

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.

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.

3. Applicable Service Standards

3.1 Applicable national standards eg NICE, Royal College

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 Applicable local standards

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

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.

The Provider must provide Commissioners with an implementation plan, as part of the tender documentation. This will demonstrate how they will achieve a seamless take-over of undertaking all requests for transport without adversely affecting the quality and reliability of the service. The implementation plan must include a detailed timed program for achieving certain key identified milestones. It must be updated and reported to commissioner's during the mobilisation period. As a minimum this must include:

- Launching of the service to ensure that from day one, patient care comes first.
- The establishment of a booking service for patient transport
- The implementation of computer and other systems
- The implementation of communications systems, including media coverage to notify the public/patients and local NHS and unitary authority staff regarding the new booking process.
- A staff training programme
- Recruitment and transfer of staff
- Management of TUPE responsibilities
- Appointment of managers
- The provision of policies, procedures and reporting standards

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