



<b>AGENDA ITEM</b>
2.2

<b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b>
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<b>NON EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS) PROGRESS AND PERFORMANCE REPORT</b>
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<b>Date of meeting</b>	(28/01/2020)
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Choose an item.
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<b>Prepared by</b>	James Rodaway, Head of Commissioning and Programme Management
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<b>Presented by</b>	James Rodaway
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<b>Approving Executive Sponsor</b>	Director, National Collaborative Commissioning
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
NEPTS DAG	( )	Choose an item.

<b>ACRONYMS</b>	



## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide to EASC a performance report that outlines:
- Progress by NEPTS in delivery of the 2019/20 Commissioning Intentions
  - Progress by NEPTS in delivery of Ministerial expectations and implementation of the 2015 business case “the Future of NEPTS in Wales”.

### Background

- 1.2 As a result of performance challenges across Emergency Medical Services and NEPTS, a review into the provision of these services was undertaken. The initial focus of this work was to identify a NEPTS model that would facilitate improvements in EMS.
- 1.3 The McClelland Review articulated the key points:
- Identifying the need for clear agreed vision for delivery of ambulance services.
  - NEPTS should be locally responsive, cost effective and provided on clear eligibility and accessibility criteria.
  - NEPTS should be considered a high priority for whoever is responsible for their delivery.
  - Work should begin to disaggregate NEPTS from the EMS element of WAS, with NEPTS becoming a routine function of Local Health Boards” (LHBs) business.
  - Consideration should be given to providing a form of national co-ordination to ensure the resilience and benchmarking of effective NEPTS across Wales.
- 1.4 A Non-Emergency Patient Transport Service Transformation Project Board was formed to deliver the review recommendations. It developed and submitted a business case to address the “Future of NEPTS in Wales” on 13<sup>th</sup> October 2015.
- 1.5 Under the preferred option, EASC will become lead commissioner for the full NEPTS delivery across Wales.
- 1.6 The collaborative commissioning process utilises a Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG) as the vehicle to deliver change. The NEPTS DAG meets monthly has representation from EASC, Health Boards, Velindre NHS Trust and Welsh Ambulance Services NHS Trust (WAST).



## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### **NEPTS Collaborative Commissioning: Quality & Delivery Framework**

2.1 The NEPTS Collaborative Commissioning Quality & Delivery Framework was signed on behalf of EASC and Welsh Ambulance Services (WAST) in October 2019. The Framework delivered Ministerial expectation, is live and covers a period of 3 years.

### **Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG)**

2.2 The NEPTS DAG remains the vehicle for monthly collaborative discussions around NEPTS Between WAST & Health Boards. Consistent representation from Health Boards and WAST has built trust and enabled highly effective collaborative working. The group has also established the reporting mechanisms into the newly formed EASC Management Group.

### **Delivery of 2019/20 Commissioning Intentions**

2.3 Through the NEPTS DAG excellent progress has been made by WAST and Health Boards on delivery of the 2019/20 NEPTS Commissioning Intentions. The mid-year progress review of the 2019/20 Commissioning Intentions for NEPTS is detailed in **Appendix 1**.

2.4 The collaboration at the NEPTS DAG has been integral to the scoping, initiation and delivery of the key work streams that support the delivery of the 2019/20 Commissioning Intentions.

2.5 This integrated collaborative approach provides an exemplar model for the delivery of annual commissioning intentions and Ministerial expectation. The CASC can report positive progress on the delivery of the 2019/20 Commissioning Intentions for NEPTS.

### **2.6 NEPTS work programme**

2.7 The collaborations enabled through the NEPTS DAG have established a jointly agreed work programme. To support the visibility of NEPTS delivery of the business case and enable alignment through the IMTP process the commissioner's office have produced a NEPTS Storyboard. The details of this programme are listed in Appendix 2: NEPTS Storyboard.



## **NEPTS Performance & Activity**

2.8 Through the NEPTS DAG, project teams have been formed and initiated work on the 2019/20 Commissioning Intentions, namely:

- Framework Improvements
- WAST Performance Improvements
- Joint Performance Improvements

2.9 This section describes the key initiatives and uses 01 October 2019 to 31 December 2019 quality indicator data to outline activity levels.

## **Development of Local Measures**

2.10 The development of local measures is a key 2019/20 Commissioning Intention. The ability for each Health Board to provide assurance within their organisation following the transfer of provision to WAST is key to building trust and enabling Health Boards to commission services effectively. This work was piloted between WAST and Hywel Dda UHB and they have delivered a number of key actions:

- Standardisation of the Terms of Reference for the Tier 2 & Tier 3 meeting agenda and structure that take place within each Health Board with WAST around NEPTS.
- Clarity around roles & responsibilities around NEPTS on operational issues.
- Visibility of NEPTS within Health Boards through aligned reporting into governance structures.
- Driving development of Joint Performance Improvements for 2020/12 Commissioning Intentions.

## **Step One – Help Me Choose NEPTS Transport Solutions**

2.11 In October 2019 NEPTS secured funding through a Healthier Wales bid to support a programme of work named Transport Solutions. Once implemented Transport Solutions will ensure that patients who have a defined medical need for the NEPTS service have clear, published guidelines that helps them understand how to access NEPTS and what they can expect from the service.

2.12 The programme will also provide improved assistance for those patients who need support in getting to their appointment, but do not have a medical need (as defined by the WHC) for NEPTS transport. This will make it easier for them to be able to identify and access alternatives to NEPTS transport within their areas.



## Expected Outcomes

### 2.13 Step 1

- 20% increase month on month for the first 12 months in the number of patients signposted to alternative providers

### 2.14 Step 2

- 50% reduction on 2018-19 levels on the level of abandoned calls
- 100% reduction on 2018-19 levels of bookings taken by fax in year 1

### 2.15 Step 3

- 20% reduction on 2018-19 levels on bookings received after 12 noon the day before travel

### 2.16 Expected Benefits

#### 2.17 Benefits expected from the programme include:

- A reduction in the conveyance of patients who are not medically eligible for transport (currently called social patients);
- Improved service performance and experience for those patients who have a medical need for transport;
- Reduction in the use of external ad-hoc provision e.g. Taxi's;
- Improved support for non-eligible patients to identify alternative, more appropriate solutions such as community or public transport;
- Improved booking processes for patients and healthcare professionals.

2.18 In December we established a project structure to manage the delivery of the programme. This structure is comprised of a Programme Manager, a Programme Management Group and four project work streams.

2.19 These work streams include representatives from WAST staff, Trade Union Partners, other NEPTS stakeholders and the commissioning team and are as follows:

2.20 **Workstream 1** – This group will develop clear 'Help me Choose' messaging for the NEPTS service to include guidance on what makes a patient eligible, where to find NEPTS information and how to access the service.



- 2.21 The group will also update our website and other communications platforms, and ensure that health boards update theirs to reflect this.
- 2.22 **Workstream 2** – This group will develop a new booking script, called a Patient Needs Assessment (PNA) to shorten and streamline the current booking process our call takers go through.
- 2.23 The group will also focus on establishing processes to quickly identify a patient’s need and match them with the correct resource. This will ensure that patients receive a level of service/signposting equivalent to their level of need for transport.
- 2.24 Currently all patients are required to go through the PNA each time they call us to book, this group will also introduce a new process that will enable eligible patients that call within a 90 day window to bypass the PNA and rebook transport without repeating the whole booking process.
- 2.25 Finally, this workstream will also develop a new process to change the current practice where HCPs are not required to demonstrate patient eligibility when booking.
- 2.26 **Workstream 3** – This group will introduce systems to review unmet need and alternative provision to ensure they match where possible and identify any gaps in provision.
- 2.27 They will also develop mechanisms to regularly review processes used and ensure that learning from these reviews is reflected in current practice.
- 2.28 **Workstream 4** – This group will work to develop an all-Wales directory of alternative providers. This will allow non-eligible patients to be signposted to or identify themselves other transport services that are available to them. This should help reduce the system’s reliance on alternative providers such as taxis and external NEPTS providers.

## **Step Two – Answer My Request National Call Taking**

- 2.29 WAST have developed and initiated a ‘Once for Wales’ National Call Taking Service for NEPTS after amalgamating three WAST regional call centres. This model has made significant improvements to patient experience and the standardisation of booking information and processes; reducing the amount of time patients wait for calls to be

answered. The model is supported by a national booking process that enables the WAST NEPTS contact centres to answer calls and book transport for patients regardless of where they live within Wales.

2.30 Within the first quarter this project was able to realise the following improvements:

- Reduced the average wait by the end of quarter 1 by over 50%
- Reduced the number of calls abandoned before being answered by over 30%

2.31 WAST have initiated a single number to contact NEPTS across Wales. This single number simplifies the booking process for patients and healthcare professionals.

2.32 There were a total of 74, 138 calls received and answered by the NEPTS booking centre professionals between 01 October 2019 to 31 December 2019. Of the calls:

- 55% were answered within 15 seconds
- 6% were answered between 16 – 30 seconds
- 4% were answered between 31 – 45 seconds
- 4% were answered between 46 – 60 seconds
- 9% were answered between 61 – 120 seconds
- 22% were answered over 120 seconds

2.33 818 calls were handled in Welsh within this period.

### **Step Three – Coordinate My Journey**

2.34 There were a total of 125,023 bookings between 01/10 -31/12 2019. These bookings include:

- 47% bookings were made by telephone
- 30% bookings were made online
- 23% bookings were made by fax/post/hand

### **Eradicating fax bookings**

2.35 Moving towards telephone and online booking and the cessation of bookings by fax ensures better compliance with audit and increased accuracy and efficiency to ensure the right transport for the right patient the first time. The planned cut-off date is 31 Mar-20. To date, significant work has been undertaken to reduce fax bookings by approximately 50%. Eradicating bookings by fax will improve information governance and reduce risks in relation to sharing patient data.



- 2.36 **Reduction in on the day discharge & bookings**
- 2.37 WAST have developed a national protocol for reducing on the day bookings and discharge requests. Joint project will support the move towards booking planned in advance and improve the efficiency of vehicle utilisation across Wales. In addition to this, all Health Boards have agreed to a national cut off time of 12pm to support the reductions and to help reduce the variation across the system.
- 2.38 There were a total of 3,431 Discharge & Transfer journeys booked prior to the day of travel.
- 2.39 There were a total of 10,518 Discharge & Transfer journeys booked on the day of travel between 01/10 – 31/12 2019. Of which:
- 6,679 journeys passed to alternative providers (Red Cross, Social Services, & St John)
  - 19,914 journey bookings received after 12noon the day before travel.

#### **Step Four – Pick Me Up**

##### **Reduction in the number of aborts & cancellations**

- 2.40 Aborted journeys & cancellations account for about 10-14% of the total NEPTS bookings. There were a total of 25,212 journeys aborted between 01/10 – 31/12 2019.
- 2.41 Improving performance across Wales in these areas will realise significant efficiencies that will improve vehicle availability and improve performance. Working with Health Boards through the EASC Delivery Assurance Group to collaboratively develop plans and interventions focussed on joint-working to reduce aborted journeys.

##### **Transfer of Work**

- 2.42 The transfer of work as outlined in the 2015 business case “The future of NEPTS in Wales” detailed the plurality model as the vehicle for delivering future NEPTS provision.
- 2.43 WAST have developed a detailed transfer process for delivery of this element of the NEPTS business case. This process ensures transparency, outlines the responsibility of each organisation and enables constructive discussion and resolution of any issues. Executives and the governance mechanisms are fully engaged with each transfer ensuring deadlines can be met and transfers completed. The process of transfer has seen WAST and Health Boards engaging across the 3<sup>rd</sup> Sector, voluntary sector and CHC both nationally and locally to deliver a seamless service.
- 2.44 The transfer process has already seen the following Health Board and trust provision transfer to WAST:
- Cardiff & Vale (July 18)





- Velindre (July 18)
- Hywel Dda (April 19)
- Swansea Bay (September 19)

2.45 Swansea Bay was the latest health board to transfer non-emergency patient transport activity to NEPTS). The remaining transfers (Aneurin Bevan, Betsi Cadwaladr, Powys and Cwm Taf Morgannwg) are timetabled to be completed by the 31 Mar-20. Each remaining health board has a range of complexities and issues which are being considered and worked through.

### **Aneurin Bevan University Health Board**

2.46 ABUHB is currently undertaking extensive service change through the development of the Grange Hospital. This includes reconfiguration of primary and secondary care services which will impact on transport requirements. ABUHB has some challenges in identifying transport spend across the organisation. This is due to departments booking and funding their own transport requirements with no data capture in place.

### **Cwm Taf Morgannwg University Health Board**

2.47 CTMUHB has recently completed the Bridgend boundary change. The Trust played a key role in the analysis of non-WAST transport spend and activity identified as part of the boundary change. CTMUHB have been requested to provide transport activity and spend data, along with copies of contracts and service level agreements. To date, this has not been received. CTMUHB have advised this is in the process of being collated.

### **Powys Teaching Health Board**

2.48 PTHB are due to complete their transfer by 1 March 2020.

### **Betsi Cadwaladr University Health Board**

2.49 BCUHB remains in discussion with the Trust to resolve an outstanding AS3 issue. This needs to be resolved before the transfer of work can take place

2.50 The EASC Commissioning Team are engaged with the Community Health Council at national level to ensure that the voice of the patients is represented for the transformation of NEPTS across Wales. Each transfer also engages the Community Health Councils at local level to ensure transparency around the provision of local services and the patients' voice is represented.



### 3. KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE

#### Quality Assurance

- 3.1 WAST have completed a details procurement process and contracted with a company called 365 as the provider of the framework to support appointed a quality assurance officer to oversee the on boarding of providers to deliver the plurality model. The aim is to achieve efficiency and flow whilst significantly reducing third party costs in the long-term.
- 3.2 To ensure compliance under the Data Protection Act 2018, a Data Protection Impact Assessment (DPIA) was completed on 16th April 2019 to assess if there would be any data protection or privacy risks to individuals in the collection, use and disclosure of personal information as a result of this project. Also as part of the DPIA, the data process flow of information was explored and assigned the relevant principles under the General Data Protection Regulation (GDPR) as reasoning for the processing of information.
- 3.3 Each transfer is driving wider engagement with transport providers, the third and voluntary sector. Providers in each Health Board footprint are supported to complete the required quality assurance requirements to be on the 365 framework. These include legal, financial and vehicle safety and road worthiness checks.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	ALL are relevant to this report
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)



<b>Link to Commissioning Intentions</b>	The Committee's overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed.
<b>Link to Main WBFG Act Objective</b>	ALL are relevant

## 5. RECOMMENDATION

- 5.1 The Emergency Ambulance Services Committee is asked to:
- **DISCUSS** and **NOTE** the report.