



AGENDA ITEM

2.3

EMERGENCY AMBULANCE SERVICES COMMITTEE

FOCUS ON NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

Date of meeting	08/09/2020
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	James Rodaway Assistant Director Commissioning, Strategy & Planning
Presented by	James Rodaway Assistant Director Commissioning, Strategy & Planning
Approving Executive Sponsor	Chief Ambulance Services Commissioner
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
EASC Management Group	27/08/2020	SUPPORTED

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The Emergency Ambulance Services Committee (EASC) requested specific focused sessions on services or aspects of the services commissioned via EASC.
- 1.2 The focus on NEPTS has been discussed at the Non-Emergency Patient Transport Services Delivery Assurance Group (NEPTS DAG) and the EASC Management Group prior to presentation at EASC.
- 1.3 The focus on NEPTS provides a commissioner perspective on the NEPTS Work programme and the key deliverables that the Joint Committee need to be aware of.
- 1.4 A 'Focus On' presentation is attached at **Appendix 1**.

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

2.1 Commissioning & Quality Assurance

- 2.1.1 NEPTS Collaborative Commissioning Quality and Delivery Framework signed October 2019.
- 2.1.2 Collaborative approach to designing and delivering NEPTS work programme through the NEPTS DAG is enabled through consistent representation from Health Boards, WAST and NCCU and robust programme management.
- 2.1.3 NEPTS work programme and commissioning intentions are co-produced using the EASC sub-group structure.
- 2.1.4 NEPTS is delivered by WAST and uses external providers in what is termed a 'Plurality Model'.
- 2.1.5 WAST quality assurance for providers transporting NEPTS patients covers:
 - WAST Baseline documentation and checks on:
 - Company & Staff information.
 - Business continuity and PPE.
 - Professional indemnity insurance, Vehicle Insurance, Employers Liability.
 - Ambulance training certification.
 - Vehicle information equipment, patient care processes, training, Do Not Resuscitate CPR, vehicle inventory, Conduct & Patient Handling Awareness.
 - Inspections
 - Commenced w/c 20 July 2020.
 - Conducted by 365 Response using WAST inspection report and template (365 fully trained by WAST Quality Manager).
 - WAST spot check 10% of 365 Response inspections.
 - Regular contact and supplier document sharing between WAST & 365.
 - 365 Assure (365 registration and checking process).



2.2 NEPTS Service Development

2.2.1 Transfers of Work

The transfer of NEPTS work from Health Boards to WAST is a key component to delivering the Plurality Model and ministerial expectation around the transformation of NEPTS in Wales.

- Cardiff & Vale, Velindre NHS Trust, Hywel Dda & Swansea Bay have transferred NEPTS Provision to WAST.
- Aneurin Bevan, Powys, Cwm Taf Morgannwg and Betsi Cadwaladr are yet to complete their transfers. COVID-19 has impacted on the timeline for transfers.
- Aneurin Bevan and Powys Health Boards will be transferred next with Cwm Taf Morgannwg and Betsi Cadwaladr to follow.
- Once completed the transfer of all activity to WAST will enable efficiencies to be realised on a Once for Wales scale.

2.2.2 National Call Taking

Utilises technology to drive efficiency and reduces the call answering time for NEPTS. The introduction of one number has also simplified access to NEPTS for patients and healthcare professionals.

2.2.3 Transport Solutions

The NEPTS Transport Solutions proposal was co-produced through the NEPTS DAG and funded through the 2019/20 EASC Healthier Wales Commissioning allocation. Transport Solutions proposal will support delivery of 2020/21 commissioning intentions and implement fully the recommendation in the January 2018 CHC report "Non-Emergency Patient Transport the picture across Wales".

Transport Solutions aims to:

Improve patient experience

- By empowering patients to make their own choices around the most suitable transport for their needs, providing them with simple, consistent information making it as easy as possible
- By improving the quality of our booking information it will become easier to identify our patients mobility and their needs
- By patients receive the appropriate resource for their requirement
- By improving the booking process, patients will experience a reduced call time and minimise duplication of questions, therefore making the process more positive
- By increasing meaningful engagement and measurement of patient experience.

Improved performance against

- The number of patients arriving for their appointments on time.
- The number of patients being collected from their appointments on time.



- The number of reductions in on the day/late cancellations due to more efficient resource planning and public awareness.
- The number of non-eligible patients signposted to alternative, more appropriate providers.
- The number of NEPTS journeys made for non-eligible patients.

2.3 **NEPTS Enhanced Service Provision**

Enhanced service provision is defined within the 2015 Business Case "The Future of NEPTS in Wales" as renal, oncology or end of life patients. The expectation is that for these defined cohorts of patients that WAST would provide services that delivered high performance and patient experience.

2.3.1 **Renal Transport**

- Renal journeys account for over 30% of NEPTS journeys. Renal journeys are coordinated through the Renal Hub.
- Close to 80% of renal patients are picked up and dropped off within 30 minutes of their allotted dialysis appointment time.
- A renal project group is in place with representation from Welsh Renal Clinical Network, WAST, Health Boards and NCCU. The project group will deliver the renal specific improvements to service provision on behalf of the NEPTS DAG.
- The rollout of the pilot reimbursement scheme for renal patients using their own cars to attend dialysis appointments is being assessed for feasibility on an all Wales basis.

2.3.2 **Oncology Transport**

- Oncology project group to delivery oncology specific improvements needs to be set up by the NEPTS DAG.
- Oncology performance has improved against pick up and drop off within 30 minutes of allotted appointment time.

2.3.3 **End of Life Rapid Transport Service**

- WAST NEPTS End of life transport service has been highly commended at the HSJ awards.
- WAST service has developed interest from other UK ambulance services looking to replicate and share learning.

2.4 **Performance**

- Discharge patients collected within 1 hour of the agreed ready time has improved by more than 25% to 87% in the last year.
- 10%+ increase in journeys where the actual transport times were recorded.
- Significant reduction in renal patients experiencing reductions or loss of treatment in treatment due to delays in Transport since the inception of the NEPTS business case
- Significant delays for end of life transport provision have been eradicated



- Improvements made to call answering times and abandoned call levels performance (all answer times from 1:30 to 30 seconds).
- All external provision procured now undergoes a robust Quality Assurance Process.
- Revised national patient needs assessment: Improved transport booking information and provides a better experience for patients and health care professionals when booking transport.
- Reduction in aborted journeys: reduction in aborted journeys for renal and oncology patients. Reduced aborted journeys trend for other NEPTS activity but with significant scope to reduce aborted journeys further.
- Local Measures: WAST have developed a national QlikSense dashboard to support the Tier 2 (Health Board level) and Tier 3 (Locality level) commissioning meetings that take place monthly to monitor NEPTS performance.

2.5 Governance

- Robust programme management to support the transfers of work from Health Board to WAST. Transfers of work utilise Health Board WAST and EASC governance mechanisms to deliver transformation.

2.6 Planning

- NEPTS supporting winter preparedness planning through the provision of additional discharge capacity to support flow.
- NEPTS Commissioning Intentions shared across Health Boards to support annual IMTP process.

2.7 NEPTS Demand & Capacity Review

2.7.1 The NEPTS Demand & Capacity review is a Commissioning Intention and a WAST IMTP priority for 2020/21. The overall objective of the review is to re-examine the levels of capacity and efficiency required within NEPTS, in order to meet future forecast demand and stakeholder requirements and to increase WASTs understanding of the business. It will focus on both patient transport and control. The review will be overseen by the NEPTS D&C Steering Group, which includes membership from WAST, NCCU including Health Board Representation and ORH, whose purpose is to:

- Procure a contractor to undertake a five year NEPTS Demand & Capacity review
- Provide the contractor with agreed performance and quality parameters e.g. time parameters for patient arrival times prior to their appointment
- Ensure that quality, safety and patient experience are at the heart of the Review
- Collaborate with the contractor on developing an agreed set of efficiency improvements



- Ensure the contractor receives information in an accurate and timely manner in order to undertake the Review
- Ensure the Review is delivered to agreed levels of quality and timescales
- Engage with stakeholders on the Review at each stage of the process, and
- Review the draft findings and ensure the final report is disseminated and the system engaged in the strategic decisions on future NEPTS provision.

The review was appointed to Operational Research in Health Ltd (ORH) in January 2020, progress and final findings will be reported to EASC.

2.8 **Impact and learning from COVID-19**

- 2.8.1 Oncology & outpatients activity remains reduced as a result of COVID-19. Renal activity remains constants with patients travelling at peak times (early mornings, lunchtime and later afternoon). WAST have realigned rosters to support surge demand across health boards.
- 2.8.2 The number of patients per run is down from 2.1 pts/run to 1.2 per run for Ambulances – for every 100 journeys we now need 83 separate runs as opposed to 47 pre-COVID-19.
- 2.8.3 There has been a 65% reduction in the number of volunteer car drivers who staff the volunteer car service (VCS). The impact of this is that the number of patients per run is down from 1.7 pts/run to 1.0 per run for VCS, Taxi & Cars - for every 100 journeys we now need 100 separate runs as opposed to 58 pre-COVID-19.
- 2.8.4 Certain parts of Wales/times of the day/days of the week are at capacity with the resources available.
- 2.8.5 Any spare capacity exists only outside of renal times, and at very limited levels and for limited time periods.

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

- 3.1 Delays in progressing the plurality model and due to COVID-19 and delivering the efficiencies outlined in the 2015 business case “The Future of NEPTS in Wales”.
- 3.2 Impact on NEPTS capacity and vehicle utilisation needs to be defined and escalated through the correct governance mechanism. Categorisation for
- COVID-19 related
 - Existing Health Boards services being reactivated
 - Additional Health Board services
- 3.3 NEPTS supporting winter preparedness 2020/21 through additional capacity.



3.4 Early decision making on procuring additional NEPTS capacity in the event of a second wave of COVID-19 will be key to securing resources as there will be competition with NHS England organisations procuring providers in Wales.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Commissioning Intentions	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.
Link to Main WBFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

5. RECOMMENDATION

5.1 The EASC Members are asked to

- **Discuss** and **note** the content of report and ‘Focus On’ presentation on NEPTS.