



Report to Leeds City Council Scrutiny Board (Adult Social Services, Public Health, NHS)

Patient Transport Service for Renal Patients September 2016

1. Purpose of the Report

Leeds City Council's Health Services Development Group (HSDG), a sub-group of the Adult Social Services, Public Health and NHS Scrutiny Board, met on 31 August 2016 to discuss the patient transport service (PTS) for renal patients. Following the discussions at the meeting a report was requested which would draw together the understanding of the lead commissioner, Calderdale CCG, Leeds CCG, Yorkshire Ambulance Service NHS Trust (YAS) and Leeds Teaching Hospitals NHS Trust (LTHT) and, in addition, identify actions for improving the patient transport service for renal patients. The report aims to achieve this by providing details of the following:

- The outcome of the workshop.
- Commissioning arrangements in West Yorkshire.
- West Yorkshire Patient Transport Service Review – engagement with renal patients.
- Contract and performance information.
- Statement from YAS.
- Findings and Conclusions

2. PTS Overview and Scrutiny Committee Workshop

2.1 The HSDG meeting involved patient representatives, LTHT, YAS and representatives from Leeds and Calderdale Clinical Commissioning Groups (CCGs).

2.2 The workshop examined the process leading to the recent changes to the patient transport service for renal patients across West Yorkshire and the impact of the changes. The following issues were noted:

- Although not linked to the recent changes introduced by YAS, during 2015/16 Commissioners carried out a West Yorkshire Patient Transport Service Review which is currently being considered at a senior level by CCGs in West Yorkshire.
- YAS advised that service improvement and utilisation of new technology is required in order to ensure that the service is able to provide a better patient



experience by improving efficiency and effectiveness within the financial envelope.

- Renal patients considered that services prior to the changes were sufficient to meet their needs.
- YAS had implemented auto-planning as a pilot in Leeds in May 2016 and this had been rolled out to all areas in West Yorkshire in June 2016.
- At the same time as implementing auto planning, YAS had merged the renal and core staff teams with the result that some patients attending renal appointments are now travelling with people attending other outpatient appointments.
- Renal patients with a physical or psychological need to travel alone were and are still able to do so.
- Prior to the start of the pilot YAS PTS Locality Managers met with the Matron for Hepatorenal Services and Renal Services Manager at LTHT and wrote to all renal patients to provide details about the roll-out of the change.
- There had been a fall in performance initially after the change was fully rolled out. Performance had subsequently improved to a higher standard than that provided prior to the changes being made; however there have been increases to patient journey length times. It was also noted that improvements in performance were apparent during the school holiday period; which may have had a positive impact upon timeliness.

3. Commissioning Arrangements

- 3.1 PTS is commissioned from YAS on a West Yorkshire footprint which means that the ten West Yorkshire CCGs have come together to commission a single service from YAS. PTS is predominantly provided by YAS, with the exception of wheelchair, orthotics, prosthetics and discharge services at LTHT and renal transport in Bradford and Airedale, Wharfedale and Craven CCGs. LTHT is not involved in the commissioning or delivery of patient transport services for renal patients but is involved as an intermediary between patients and YAS PTS. PTS is essential to the successful delivery of dialysis services.
- 3.2 The commissioning of PTS has been undertaken by commissioners since 2010. Prior to this date PTS was commissioned by acute trusts.
- 3.3 Calderdale CCG is the lead commissioner for PTS and the remaining nine CCGs are associates to the contract.
- 3.4 The 10 West Yorkshire CCGs are:



NHS Calderdale CCG
NHS Greater Huddersfield CCG
NHS North Kirklees CCG
NHS Wakefield CCG
NHS Leeds West CCG
NHS Leeds North CCG
NHS Leeds South & East CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Airedale, Wharfedale and Craven CCG

3.5 The CCGs are signed up to a collaborative agreement which set out roles and responsibilities and governance processes in terms of the contract. Each CCG is responsible for the communications with the acute trust in their CCG area and for any financial issues affecting their CCG.

3.6 A contract meeting with YAS takes place on a monthly basis to discuss quality, performance, activity, finance and operational elements of the PTS contract. An update of the progress of the YAS PTS transformation plan is provided, as referred to below in 5.5.

4. West Yorkshire Patient Transport Review – Engagement with Renal Patients

4.1 A PTS review commenced in July 2015. The aim of the review was to identify future commissioning requirements for a high quality patient transport service for all patients including renal patients and also to inform commissioners in relation to the requirement to undertake a procurement process as required by the Public Procurement Regulations. As mentioned in section 1 of this report, the findings of the service review are currently under consideration.

4.2 The review, its findings and the ongoing consideration of how the service might be commissioned in future, are commissioner-led. This Review has been undertaken by commissioners and has been independent of YAS. The Review has not informed or influenced the service changes introduced by YAS in May 2016.

4.3 The review included engagement with service users, hospitals and transport providers as well as benchmarking against other patient transport services across the country. Throughout the engagement 811 patients were consulted, including 152 renal patients. The findings of the national Kidney Patient Transport Audit carried out in 2012 are also included in the review.

4.4 The findings of the review indicate that people attending renal appointments were, in general, satisfied with services prior to the changes; however it is also clear that waiting for transport following treatment was an issue.



- 4.5 Also included in the service review are the findings from a renal survey carried out through a quality scheme in the contract in 2015/16. 137 renal patients completed the survey and again the results indicated that although there was general satisfaction with the service there was a concern about waiting times following treatment. A small number of people also mentioned lateness of vehicles and waiting times prior to treatment, although delays may have been for a variety of reasons, not all relating to transport.
- 4.6 It is also clear from the findings of the service review that patient groups with higher or particular needs such as renal patients will require a different level of service and this is something that commissioners will be working on with patients and hospitals in the development of the future service specification.
- 4.7 It is also clear that continuous improvement is required to ensure that the needs of all service users are met in an ever more challenging environment, as the demographic picture changes alongside more patient choice, the increased use of specialist centres but also the delivery of the care closer to home agenda.

5. YAS PTS Contract and Performance

- 5.1 The contract is YAS's largest PTS contract with an annual value of £13.6m. The service received an above inflation increase in 2016/17 of 4.44%.
- 5.2 There are approximately 489,000 patient journeys annually, including 102,500 renal patient journeys forecast in 2016/17(21% of total journeys).
- 5.3 YAS is commissioned to provide non-urgent, planned transport for patients, with a medical need for transport, to and from an NHS funded health service providers. This can encompass a wide range of vehicle types and levels of care consistent with patients' needs. The service does not provide medical care to patients.

The contract has one service specification for both renal and core patient transport; however, there are specific renal Key Performance Indicators (KPIs) as commissioners understand that renal patients are high users of PTS and travel on a regular basis. It is notable that commissioners in West Yorkshire have maintained higher performance requirements for renal services. YAS also reports on the monthly performance of renal contracts in the North and East Consortia with separate KPIs. YAS is currently meeting these KPIs.

- 5.4 In all NHS standard contracts there is a Service Development and Improvement Plan (SDIP). The YAS PTS SDIP includes auto-planning as a service development that would be introduced as part of the YAS transformation plan during 2016/17. Auto-planning is a software enhancement to the YAS computer system which allows dynamic planning of transport and supports improved utilisation of vehicles. The auto-planning software in itself does not require any changes to the way that services are provided. Commissioners therefore supported its introduction as it was hoped that there would be improvements in both efficiency and performance. It was



not expected that there would be any changes to the way services were delivered and YAS did not request any changes to performance measures.

- 5.5 At the 29 April 2016 contract meeting YAS informed commissioners that auto-planning was being introduced as a pilot in Leeds from 23 May 2016. They also advised that renal and core staff teams and rotas would merge to provide a greater pool of staff and vehicles. This would mean that renal and core transport patients would be travelling together. YAS confirmed that the renal KPIs would remain the same and that patients who had a medical reason for travelling separately would still be able to do so. Commissioners expressed concern about the lack of consultation but as it was a pilot, allowed YAS to progress as YAS confirmed that it was expected that performance for renal patients would improve.
- 5.6 Under the general terms and conditions of the contract there is a requirement for providers to communicate with service users about service changes. It was therefore agreed in the contract meeting that a letter would be sent to all renal service users to inform them of the proposed changes. Commissioners were also informed that there would be a meeting with the renal matron at LTHT on 12 May 2016 to inform her about the changes that were to be implemented. It was agreed that the changes would be closely monitored prior to the roll-out across West Yorkshire.
- 5.7 At the contract meeting on 27 May 2016 YAS confirmed that the pilot had commenced with an intention to roll-out fully across West Yorkshire on 20 June 2016. At that stage no concerns were raised. YAS confirmed that the systems team were liaising with locality teams on a daily basis, providing confidence that any issues would be identified immediately.
- 5.8 At the contract meeting on 24 June 2016, Leeds CCG advised that there had been a number of complaints and concerns raised about the changes to renal transport. It was agreed that a tail of performance report would be sent to Leeds CCG in respect of St James's and Seacroft Renal Units.
- 5.9 It was also reported at the June contract meeting that YAS had changed the "marked ready" website to prevent renal departments marking patients ready more than 15 minutes prior to the actual time. YAS advised that the changes to the website had not yet been introduced and agreed to check this and inform commissioners. YAS confirmed that performance had been maintained and that work had been undertaken to ensure that there was a detailed understanding of how services were delivered prior to implementing the changes.
- 5.10 In July 2016 Leeds CCG commissioners met with YAS, LTHT and representatives from the Kidney Patients Association to discuss the issues. Some of the outputs from that meeting included:
- YAS colleagues to attend senior sisters' meetings (chaired by the Matron for Hepatorenal Services) to better understand the issues and mitigate against these –



the meeting was attended on 13 September 2016. Feedback from the sisters was positive and it was noted that all KPIs had been exceeded.

- YAS to attend regular meetings with West Yorkshire Kidney Patients Association (WYKPA) – these meetings have been arranged.
- A YAS Renal Engagement Lead, Ann-Marie Kelly, is now in post and will be visible at the satellite units across West Yorkshire.
- All parties to meet on a bi-monthly basis – YAS senior PTS managers met with LTHT representatives on 13 September 2016 and no issues were raised.

5.11 At the contract meeting on 26 July 2016 it was noted that the changes had made an impact on renal PTS performance. It was confirmed that YAS were looking at each renal clinic in detail and were using taxis to try to improve performance. Commissioners informed YAS that the changes to the service should be managed as a pilot and that commissioners would have to give approval for any permanent changes. YAS confirmed that there was a new renal working group which was monitoring the impact of any changes and developing an action plan. The data for all PTS (including renal) in June was available at the meeting which showed a large increase in the number of concerns and service-to-service issues, as follows:

1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)													
WEST	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
Complaints	4	4	4	1	4	4	4	5	5	4	9	17	35
Concerns	8	20	17	16	11	11	14	11	13	15	52	51	131
Comments	3	5	0	1	2	0	3	3	3	5	4	4	16
Service to Service	22	34	31	31	29	20	27	24	24	13	51	65	153
Compliments	0	4	6	4	3	2	1	1	2	1	0	0	3
Lost Property	0	1	0	1	1	0	0	1	2	1	0	1	4
PALs Enquiries	3	2	0	2	1	0	0	0	6	0	1	1	8
Total	40	70	58	56	51	37	49	45	55	39	117	139	350

Please note that the August 2016 figures show a marked reduction in service-to-service issues related to PTS and renal transport and fewer complaints from patients. In August there were 8 complaints, 27 concerns, 4 comments, 42 service-to-service issues and 6 compliments.

5.12 It was also noted at the 29 July 2016 contract meeting that the “marked ready” website changes had been made and that as a result the renal departments were no longer marking people ready. This had resulted in YAS having to telephone the units to find out if patients were ready which resulted in a significant fall in performance in July 2016. Commissioners expressed concern about the lack of consultation and advised that no changes should have been made without consulting the hospital. YAS has now provided reassurance that no further changes will be made to PTS without consulting and planning with commissioners and carrying out detailed and timely engagement with patients and hospitals. YAS reinstated the functionality of the “marked ready” website on 8 August 2016.



5.14 The table below shows performance against Renal KPIs before any changes were made.

Year To Date position from 01.04.2016 to 22.05.2016 (Pre-Consolidation)

Target		95%	100%	0%	90%	100%	90%
Hospital	Clinic	KPI 1A < 30mins Early	KPI 1B < 60 Mins Early	KPI 1C >30 Mins Late	KPI 2A 0-45 Mins	KPI 2B 0-60 Mins	KPI3 >45 Mins
Beeston Dialysis Unit	Ren/dialysis Ward	83.6%	99.8%	1.4%	93.4%	98.6%	97.6%
Calderdale Royal Hospital	Renal Dialysis	90.0%	99.8%	1.0%	93.6%	97.9%	97.9%
Dewsbury District Hospital	Ren/dia Dews	85.7%	99.7%	1.0%	90.9%	97.8%	98.6%
Huddersfield Royal Infirmary	Renal Ward - South Drive	86.8%	99.7%	0.9%	94.3%	98.8%	96.5%
Pontefract General Infirmary New Building	Renal Dialysis	85.9%	99.8%	0.5%	95.1%	98.4%	99.4%
Seacroft Hospital	Ren/dia Ward B Seac	85.7%	99.7%	1.0%	89.3%	96.2%	96.3%
Seacroft Hospital	Renal Dialysis Ward R&S	88.4%	99.5%	1.4%	86.5%	95.3%	96.2%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	86.3%	99.3%	2.0%	86.3%	94.7%	97.4%
West Total		86.9%	99.6%	1.2%	90.0%	96.7%	97.3%

5.15 The following table below shows performance from the 23May 2016 when the staff teams were merged until 24 August 2016. (During this period the functionality of the “marked ready” website had also changed):

Year To Date position from 23.05.2016 to 24.08.2016

Target		95%	100%	0%	90%	100%	90%
Hospital	Clinic	KPI 1A < 30mins Early	KPI 1B < 60 Mins Early	KPI 1C >30 Mins Late	KPI 2A 0-45 Mins	KPI 2B 0-60 Mins	KPI3 >45 Mins
Beeston Dialysis Unit	Ren/dialysis Ward	84.7%	99.2%	0.5%	85.5%	93.6%	96.6%
Calderdale Royal Hospital	Renal Dialysis	84.0%	99.5%	2.6%	82.6%	92.6%	93.7%
Dewsbury District Hospital	Ren/dia Dews	83.9%	99.6%	1.1%	85.5%	94.3%	99.0%
Huddersfield Royal Infirmary	Renal Ward - South Drive	82.9%	99.3%	1.0%	88.7%	96.0%	97.0%
Pontefract General Infirmary (New Building)	Renal Dialysis	83.7%	99.8%	0.6%	93.3%	98.2%	98.2%
Seacroft Hospital	Ren/dia Ward B Seac	80.4%	98.7%	1.7%	77.3%	88.9%	86.6%
Seacroft Hospital	Renal Dialysis Ward R&S	86.5%	99.4%	2.3%	78.2%	89.6%	82.4%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	87.7%	99.1%	2.4%	75.3%	86.3%	83.9%
West Total		84.8%	99.3%	1.7%	82.0%	91.6%	90.6%

5.16 The table below shows performance since YAS reinstated the functionality of the “marked ready” website on 8August 2016 until 24 August 2016.

KPI's based on 08.08.2016 to 24.08.2016

Target		95%	100%	0%	90%	100%	90%
Hospital	Clinic	KPI 1A < 30mins Early	KPI 1B < 60 Mins Early	KPI 1C >30 Mins Late	KPI 2A 0-45 Mins	KPI 2B 0-60 Mins	KPI3 >45 Mins
Beeston Dialysis Unit	Ren/dialysis Ward	97.9%	100.0%	0.0%	95.7%	100.0%	99.3%
Calderdale Royal Hospital	Renal Dialysis	86.4%	99.5%	3.3%	90.1%	98.1%	96.6%
Dewsbury District Hospital	Ren/dia Dews	93.2%	100.0%	1.1%	89.3%	96.4%	98.9%
Huddersfield Royal Infirmary	Renal Ward - South Drive	86.3%	100.0%	0.4%	93.3%	98.0%	96.3%
Pontefract General Infirmary (New Building)	Renal Dialysis	89.4%	100.0%	0.0%	93.2%	98.1%	97.3%
Seacroft Hospital	Ren/dia Ward B Seac	89.8%	100.0%	0.5%	91.9%	97.1%	87.9%
Seacroft Hospital	Renal Dialysis Ward R&S	91.4%	99.4%	0.6%	88.1%	94.6%	85.4%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	91.6%	100.0%	1.9%	84.2%	91.5%	84.3%
West Total		90.8%	99.8%	0.9%	89.8%	96.0%	91.9%



- 5.17 It is clear from the performance information provided from 5.14 to 5.16 above that there was a significant drop in performance when the functionality of the “marked ready” website was removed but that since it was reinstated performance has actually improved or is at pre-change levels for all KPIs with the exception of journey times where there is still a drop in performance. This will be managed through the contract management process.
- 5.18 Performance data will continue to be reviewed on a monthly basis particularly now that the school holidays have finished and traffic is expected to return to normal levels.

6. Statement from YAS

6.1 Background:

Yorkshire Ambulance Service NHS Trust has embarked on a programme to modernise its PTS in order to create a service that provides high quality, safe, efficient care to its patients whilst remaining competitive and sustainable for the future.

Work has been ongoing for the past 12 months on the PTS Delivery Model and the PTS Change Programme looking at ways in which we could improve the patient experience of all our patients. YAS has recently introduced a Resource Department function which has brought together staff from the PTS Communications Team to work on standardising the way it organise the right number of staff, vehicles, sub-contractors and volunteer car service drivers to meet the activity demand.

On 23 May 2016 YAS introduced a number of changes to the way it operates our PTS in Leeds only which included:

- Combining two separate Renal Rotas and Core PTS Rotas into one rota to provide a greater pool of staff and vehicles.
- Two planning desks (controllers, planners and call handlers) were combined into one planning desk for Leeds but there is the same number of staff as before with the same level of knowledge.
- Utilising the PTS system’s auto-planning to help plan staffing and vehicle requirements more effectively.

At the same time auto-planning was introduced to PTS which is closely linked to the Resourcing and Logistics functions.

On 20 June 2016 the above changes were replicated for the whole of West Yorkshire.

As part of this background detail, in March 2012 Leeds City Council ceased to provide the service at Beeston Renal Unit on behalf of YAS. A new provider,



Streamline Taxis, was put in place to assist in providing part of the service. Patients who were unable to travel by taxi were conveyed by resources from PTS. It is therefore important to note that there is **not** a specific renal contract in the West Consortia. The service is part of a generic PTS contract, although YAS agree that patients have, until recently, been provided with a bespoke renal patient-only service. This is not how the contract has been commissioned. However, separate performance measures are in place specifically for renal patients.

6.2 Initial Impact of the Changes:

- Decline in performance
- Not achieving KPI targets
- Patients waiting longer to be collected from their appointment
- Patients arriving too early or too late to their appointment
- Increase in number of complaints from renal patients
- Concerns received from the British Kidney Patients Association
- Unforeseen problems with the implementation of auto-planning
- Inconsistency in planning desks.

6.3 Mitigating Actions:

Daily and weekly conference calls have been set up with all West Locality Managers, our Resourcing Team and Systems Team to identify on-day problems. The meetings were minuted and an action log put in place. This is now an ongoing weekly meeting.

There is now a dedicated PTS Renal Engagement Lead, Ann-Marie Kelly, in position who is engaging with all units, speaking with both patients and renal staff.

The decision was made to reintroduce the practice which allows nursing staff to forecast in advance when patients will be ready for collection together with closely monitoring performance and quality of all resources.

YAS is micro-managing performance and breaches for both renal and core PTS patients on a daily basis.

A trial of the extended use of sub-contractors has begun for patients for Seacroft and St.James's. Once costings have been received and reviewed the next step will be to introduce this to the Beeston Unit.

The Volunteer Car Service is also being utilised for patients where appropriate. Staff rotas are being reviewed within the communications centre and more staff are being resourced so that a full review of courtesy calls can be implemented.

Checks have been made to ensure that contact lists of all the satellite units are up-to-date.



The process of ensuring more alternative providers of patient transport are included within the YAS framework has been accelerated to allow greater flexibility.

In-depth analysis to monitor journeys for renal patients is being carried out along with increased scrutiny of the controls in place.

The YAS Patient Relations Team is dealing directly with a number of patients who have raised concerns about specific issues they have experienced.

6.4 Current Position:

Performance has now improved to previous levels. There has been more engagement with commissioners with very positive feedback. A full register of all renal sisters and ward clerks is in place and they will be the first point of contact for any issues.

Meetings have been arranged for YAS, LTHT, Leeds North CCG and the British Kidney Patient Association on a monthly basis to May 2017. Attendees will develop an action tracker which will log actions for incremental service improvement and reflect the discussions which take place.

The ongoing feedback from satellite units and YAS engagement with patients is very positive.

6.5 Next Steps:

YAS will improve its communication and engagement methods by way of investing more time to communicate with patients and other stakeholders and raise awareness of its initiatives. A dedicated communications resource is now in place for PTS transformation and a comprehensive plan is in development.

A more effective use of data will be put in place for feedback from patients and staff, thus proactively engaging with patients and staff. This will include reviewing patient surveys and all feedback received to highlight any emerging trends and address any breaches.

The Renal Transport Charter will be refreshed to include: Patient and Carers' Responsibility, Dialysis Unit Responsibility, Leeds Teaching Hospitals NHS Trust's Responsibility, Transport Provider's Responsibility and Commissioner's Responsibility.

It will be ensured that there is accessibility to staff within PTS when renal staff and patients need to report transport problems or have enquiries relating to transport times.



The dialogue between Ann-Marie Kelly (the dedicated YAS PTS Renal Engagement Lead) and the Renal Units will continue review be undertaken of what works well and what needs to be improved.

6.6 Lessons learned:

- More formalised and evidenced evaluation criteria required prior to any go/no go decisions for PTS transformation.
- Planned communication and engagement activity with key stakeholders – patients, renal unit staff and commissioners, which is coordinated with partner organisation input.
- Evidence-based engagement; ensuring all parties involved confirm they understand what/why/when.
- If it is deemed that proposed changes do not require engagement activity, this should be logged with an explanation as to why.

7. Findings and Conclusions

It is acknowledged that renal patients were, in general, satisfied with PTS prior to the changes but that there were concerns about waiting times following treatment.

Although YAS performance is in line with targets on core services, commissioners would like to introduce higher performance targets in future for all patients and therefore changes to service provision may be required, although what impact there will be on renal patients has not yet been determined.

YAS is providing services which require continuous improvement to increase efficiency within the financial envelope, but also to compete with other providers in the market. Their transformation programme aims to achieve this and is independent of the CCG commissioning work, other than where it impacts on performance of services and delivery of the specification. The need to work separately on commissioning and transformation is necessary as patient transport services are subject to Public Procurement Regulations.

Journey length times are a particular issue for renal patients and action is therefore required to address the fall in performance. In addition, further engagement is required by YAS in order to fully understand the difficulties that the merging of staff teams has caused for renal patients.

Commissioners will be working with patients during 2016/17 in order to develop a new patient transport specification.

All NHS partners are committed to providing the renal patients with a safe, responsive service which gives them a positive experience. This needs to be a system-wide approach and all parties are engaging with each other and working together more closely to achieve this outcome.