

# Renal Transport Service



**Prepared for  
Leeds City Council  
Health Scrutiny Board**

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## EXECUTIVE SUMMARY

Please see enclosed a comprehensive report outlining the issues that were raised as part of the scrutiny committee meeting 16 September 2008. Yorkshire Ambulance Trust has been working closely with its acute commissioner, Leeds Teaching NHS Trust to improve the experience of patients using our transport service.

We have included information on the national working groups for renal transport and given a first assessment of where we are performing against the national recommendations. We would like to note that our own performance requirements as part of our agreed contact with Leeds Teaching NHS Trust exceed the requirements from the national work in our joint plan to improve patient's experience and compliance with treatment.

We have undertaken local audit work with Leeds Teaching NHS trust to look at very closely the reasons for concerns and incidents (mainly time on vehicle and time of arrival and collection). We have also started a major programme of improvement within PTS services which will plan to automate many on our current processes and increase our efficiency and journey management, key themes raised at the committee. We are extremely concerned if patients feel that the transport part of their treatment is creating problems for treatment compliance and will be meeting with the KPA in October to formally address specific KPA issues and are keen to work closer together from here onwards to influence our improvement plan and allow patients who we transport to see a real impact on their collection and delivery times.

We wish to assure the committee that we take our responsibilities extremely seriously for this patient group and other high risk areas of care that require critical transport. We have already started addressing the issues raised and very much hope that this comprehensive package of information included here today gives the committee the assurance it needs that the issues raised have been tackled and are being resolved.

Our current performance against our contractual target for year to date is 76.70% for the inward performance and 91.95% for outward performance and we would of course be happy to answer any further queries relating to this or any other matter either in advance of the committee or at the date of the next session.

Kind regards

Sarah Fatchett  
Director of Operations Patient Transport Service  
7 October 2008

## OVERVIEW

This report is a submission from Yorkshire Ambulance Service NHS Trust (YAS). The purpose of the report is to provide information regarding the Renal Transport Service Commissioned by Leeds Teaching Hospitals NHS Trust (LTHT) requested by Leeds City Council, Health Scrutiny Board.

The report provides information regarding recommendations from the Cheshire and Merseyside Renal Action Learning Set and benchmarks the service provided by Yorkshire Ambulance Services against the proposals and recommendations made.

Also included in the report are the performance standards as outlined in the renal contract. The appendices graphs and tables included in this report measure performance achieved by YAS against the renal contract performance standards.

In the report is information regarding a recent service audit that took place at the Parson Unit at Seacroft Hospital. The audit outlines issues that have arisen and how they have been dealt with by the LTHT and YAS.

Finally To assist the readers of this report brief explanations of each appendices provided with this report has been given along with explanations for transport categories and weighted seat journeys.

## **Cheshire and Merseyside Learning Set Recommendations & Proposals**

In order to assist the Leeds Scrutiny Board Health Committee with their review of the transport element of the Renal Service commissioned by Leeds Teaching Hospitals NHS Trust, Yorkshire Ambulance Service (YAS) has benchmarked the service against the recommendations and proposed areas for monitoring put forward by the Cheshire & Merseyside Action Learning Set.

This section of the report benchmarks the service provision provided by YAS against the recommendations and proposed areas for monitor made by the Cheshire and Merseyside Learning Set. A traffic light system has been used to demonstrate progress against each element

**Red represents non compliance against the recommendation**

**Amber represents a system is in place but more work needed to develop this area**

**Green represents full compliance against the recommendation**

**Blue represents recommendations relating to the Trust or PCT in relation to transport**

**Grey represents areas that nationally driven rather than locally**

At the end of this section are the quality standards proposed by the learning and again YAS has benchmarked them self against these standards

### **Extract from the Foreword**

#### **'Recommendations for the provision of a patient centred renal transport service'**

It is known that the provision of streamlined renal transport services presents significant difficulties. This is not just a local concern but is also highlighted at a national level and across a number of patient groups who rely upon Patient Transport Services (PTS). The Department of Health wanted to address these concerns and established two national action learning sets to explore the issues in renal transport as part of implementing the National Service Framework for Renal Services. These sets were in Cheshire and Merseyside and County Durham and Tees Valley. This report of the Cheshire and Merseyside Renal Transport Action Learning Set summarises the work that has been undertaken to highlight the issues facing all renal patients but with a particular emphasis on haemodialysis patients. The Learning Set was established to learn from other areas where transport either works well or is facing significant pressure and to propose key recommendations to be considered both locally and nationally. It is however recognised that within these national recommendations, there is a need for local flexibility and it is expected that each area would need to develop their own local response within a nationally consistent framework.

**(Report of the Cheshire and Merseyside  
Renal Transport Action Learning Set,  
September 2006)**

## Recommendations

### National consistency

1. The recommendations contained within the work of the 2 Renal Transport Learning Sets are adopted as a national framework for renal transport, recognising the need for local flexibility in their implementation.

### Strengthened commissioning

1. A single lead commissioner for renal transport should be identified within each area, linked to the lead commissioner for renal services.
2. Renal transport should be removed from general PTS contracts with identified funding.
3. Renal transport should be kept separate from any national tariffs for renal services in order to maximise flexibility in commissioning this service.
4. A renal specific service specification with quality standards and eligibility criteria for transport should be produced using measures of success for performance management.
5. Value for money and service responsiveness in transport contracts should be sought. This may include increasing the range of service providers offering renal transport including the independent sector.
6. The views of patients and carers should be listened to through stakeholder events, review of formal and informal complaints and focus groups. New ways of capturing non formalised complaints including use of comments cards and suggestions boards should be considered.

**Comments:** Point 6, at present YAS meet with patient representatives at contract review meetings. YAS has requested to join the Leeds Teaching Hospital regular bi monthly meeting with the Kidney Patients Association and the first meeting was due on the 21 September 08, but was cancelled due to the Scrutiny Board Meeting and is rescheduled for 14 October 08. We are confident that this additional measure will allow us to properly engage with the patient group.

## Eligibility criteria and transport needs assessment

1. All renal patients should be assessed at least every 3-6 months or more frequently if clinical needs change and their transport needs reviewed for their medical and mobility requirements and appropriate transport options offered.
2. A national eligibility criteria scoring approach should be developed to ensure a consistent approach.

## Improved communication

1. A single point of contact for renal transport such as a transport coordinator / bureau function should be established locally.
2. Use of information technology and equipment to improve communication should be explored.

## Partnership working

1. Links between renal service planning and transport provision should be strengthened by having named representatives on local renal strategy groups or by establishing a transport subgroup of local renal strategy groups.
2. Transport providers should be involved in strategic planning discussions for renal services on an ongoing basis not just at the final stage.

**Comments:** Points 1 & 2, at present YAS do not sit on any strategy groups for renal transport.

## Patient and carer charges and benefits

1. No renal patient who is assessed as being eligible for transport should be charged for transport.
2. All renal dialysis patients and carers should have access to free, secure and accessible car parking and all new units should be designed with these requirements in mind in accordance with HBN53.
3. Patients should be given clear and up to date information regarding their benefit rights under the Hospital Travel Costs Scheme and support in completing their applications.

4. A local policy on the reimbursement of travel costs for patients/carers should be developed to address the recommendation that all reasonable carer expenses incurred as a result of driving the patient should be reimbursed.

## **Promoting choice**

1. A menu of transport options which can be tailored to individual patient needs should be developed. This would need to be sufficiently flexible to respond to changing needs.

## **Making roles and responsibilities explicit**

1. A local Transport Charter setting out responsibilities and expectations should be developed and shared widely.

**Comments:** This is in development for renal & PTS in general

## **Enhancing non ambulance transport provision**

1. All transport providers should be offered training and information regarding renal services and should be regularly assessed.
1. All transport providers should provide evidence that their vehicle meets safety and all legal requirements and they can demonstrate an awareness of patient needs.
2. All reasonable volunteer driver expenses incurred as a result of driving the patient should be fully reimbursed.
3. All transport providers should be able to communicate with the renal service provider and / or patient regarding any difficulties.

## **Emergency patient transfers**

1. Each local hospital should have an agreed protocol with their renal centre regarding transfer of renal patients.
2. Each local hospital should have an agreed protocol with their ambulance trust regarding transfer of renal patients.



## Proposed areas for monitoring

### Journey times

**Suggested method of Audit:** Contract monitoring data from transport provider and renal service audit data

1. Percentage of single journey times to dialysis unit over 30 minutes.
2. Percentage of single journey times to patient's home over 30 minutes.
3. Time difference between stated and actual pick up time.
4. Number of patients picked up per single journey
5. Percentage of patients arriving on the **dialysis unit** no earlier than 30 minutes before their planned dialysis start time.
6. Percentage of patients leaving the **hospital** within 30 minutes of their actual dialysis finishing time. Postcode of patients experiencing delays.
7. Postcode of patients experiencing delays.

**Comments:** Points 1, 2, 3, 5 & 6 are areas currently measured under the contract.

### Journey distance

**Suggested method of Audit:** Renal service audit data and transport provider data

1. Postcode of patient's home address and dialysis unit address to determine distance travelled and whether they accessed most local dialysis unit.

**Comments:** Point 1 is not an area currently measured under the renal contract. Due to the number of postcodes, it would be difficult to provide this information at this stage but to give an indication of the distances patients travel to each unit, appendix 11 provides a breakdown of patients at each unit by their home PCT area.

### Eligibility criteria and mode of transport

**Suggested method of Audit:** Transport provider data, Patient survey

1. Existence of eligibility criteria and a process of regular assessment of need in place for transport.
2. Percentage of patients travelling by different modes of transport (ambulance/taxi/volunteer driver/carer/community transport etc).
3. Percentage of patients using their preferred mode of transport.

## **State of vehicles**

**Suggested method of Audit:** Patient survey, Transport provider contract

1. Vehicles are clean, roadworthy and have appropriate equipment.
2. Vehicles have communication systems installed.

## **Patient / Carer reimbursement**

**Suggested method of Audit:** Patient survey

1. Patients are kept fully informed of the Hospital Travel Costs Scheme.
2. Carers receive reimbursement for travelling expenses.

## **Car parking arrangements**

**Suggested method of Audit:** Patient survey

1. There are dedicated car park spaces in close proximity to the renal unit and these are free to renal patients and carers

## **Aborted journeys**

**Suggested method of Audit:** Transport provider contract data.

1. Number of aborted journeys.
2. Postcode of these aborted journeys
3. Reason for the aborted journeys.

## **Communication and coordination**

**Suggested method of Audit:** Transport provider contract information.

1. The transport provider has access to satellite navigation or other technology
2. There a single Renal Transport Coordinator / bureau
3. The transport provider rings the dialysis unit and the patient to notify of delay.

## **Complaints**

**Suggested method of Audit:** Transport and Renal Service provider information

1. Number of formal written complaints received
2. Identification of the main reasons for these complaints.
3. Identification of the process for dealing with these complaints and how the outcome is used to improve organisational effectiveness.
4. Recording and actioning of verbal and informal complaints.

## **Patient satisfaction**

**Suggested method of Audit:** Patient survey

1. Renal patient satisfaction surveys are regularly carried out and evidence of actions taken to address findings. Service improvements as a result of actions to be identified.

## **Dialysis Unit Operational Function**

**Suggested method of Audit:** Renal Service data

1. Shift systems run by the dialysis unit.
2. Staggered shift times
3. Identification of the shift where most delays occur.

## **Contract management**

**Suggested method of Audit:** Commissioning information

1. A separate contract is in place for renal transport.
2. A detailed specification to support the contract is in place.
3. Funding for renal transport is clearly identified with an analysis of each transport mode
4. Regular contract monitoring meetings are held with the transport provider.
5. Identification of the lead negotiator of taxi contracts and volunteer drivers.

## **Training requirements**

**Suggested method of Audit:** Transport provider information

1. Taxi and volunteer drivers receive formal training to act in an emergency and demonstrate an awareness of patient needs.
2. Taxi and volunteer driver service is regularly reviewed and monitored.

**Comments:** We have undertaken a policy review for this area and is part of the overall Trust improvement programme as part of our requirements for the Risk Management Scheme for Trusts. Drivers have been written to and subcontractor's quality monitoring process is being developed further to build on governance processes already in place

## **Proposed minimum quality standards**

The Cheshire and Merseyside Learning Set, which is currently the pilot area for national benchmarking for renal services, reviewed a number of different areas of good practice in proposing these 4 minimum quality standards. These would form part of the contract monitoring schedule and would need to be audited by both the transport provider and the receiving renal unit. Once these minimum standards have been met locally, these could be revised within local contracts to set more challenging standards.

### **Proposed Standards**

1. A minimum of 75% of patients should access their renal dialysis unit within 30 minutes travelling time of their home.

**Benchmarked against this standard YAS is achieving 40.45%. Further information is provided in appendices 5 & 6**

2. A minimum of 85% of patients should arrive on the dialysis unit no earlier than 30 minutes before their dialysis start time.

**Benchmarked against this standard YAS is achieving 76.7% The Standard for the Leeds Renal Contract is 90%**

3. A minimum of 75% of patients should leave the hospital no later than 30 minutes after their dialysis completion time.

**Benchmarked against this standard YAS is achieving 77.78%. The Standard for the Leeds Renal Contract is 90% after 45 minutes and against this standard YAS is achieving 91.95%**

4. 100% of patients/carers should receive free car parking at the dialysis unit.

**There are parking spaces available at each unit.**

## Performance Standards Leeds Renal Contract

Outlined below are the performance standards within the renal contract:

<b>ARRIVAL</b>	Patients arriving on time for their appointment	<b>90%</b>
<b>DEPARTURE</b>	Patients departing within 45 minutes of their treatment being completed	<b>90%</b>

### Quality Definition

#### ARRIVAL

<b>Early</b>	The patient arrives at hospital earlier than 30 minutes before their specified appointment time.
<b>On Time</b>	The patient arrives at hospital for their appointment time within 30 minutes of their appointment time.
<b>Late</b>	The patient arrives at hospital at any time following their appointment time.

#### DEPARTURE

<b>Immediate</b>	Patients departing within 30 minutes of their recorded ready time for departure.
<b>Prompt</b>	Patients departing between 31 minutes and 45 minutes of their recorded ready time for departure.
<b>Late</b>	Patients departing after 45 minutes of their recorded ready time for departure.

## Non-Emergency Ambulance Transport Mobility's

The table below outlines the different types of transport mobility's conveyed by YAS and the number of seats required by each mobility. The second table describes the different seating configuration by vehicle type to ensure that YAS complies with health and safety, patient safety and the manufacturer guidance on seating capacity.

Mobility	Description	Number of seats required
<b>Saloon Car</b>	Patient is able to get into and travel in an ambulance saloon car with the assistance of a Driver only for walking.	1
<b>Tail Lift 1/ Ambulance 1</b>	Patient needs to travel in an Ambulance with tail lift/ramp, and YAS wheelchair to board vehicle, with the assistance of a Driver only.	1
<b>Tail Lift 2/ Ambulance 2</b>	Patient needs to travel in an ambulance with, either a tail lift/ramp, or a YAS wheelchair to board vehicle, and with the assistance of a Driver and Attendant, e.g. for lifting a patient over steps in a YAS carrying chair.	2
<b>Wheelchair 1</b>	Patient needs to travel in an ambulance with tail lift/ramp to board vehicle, with the assistance of a Driver only, <b>travelling in own wheelchair.</b>	4
<b>Wheelchair 2</b>	Patient needs to travel in an ambulance with tail lift/ramp to board vehicle, with the assistance of a Driver and Attendant, <b>travelling in own wheelchair.</b>	4
<b>Stretcher</b>	Patient needs to lie down or sit with legs straight on a stretcher with the assistance of a Driver and Attendant.	4
<b>Child</b>	A child (12 years and under or under a height of 4ft 5ins) requiring child or booster seat; all children under 16 must travel with an escort.	1
<b>Escorts</b>	Escort travelling with patient, i.e. relative, nurse.	1

Type of Vehicle	Seating configuration
<b>Saloon Car</b>	This type of vehicle can convey three walking patients
<b>Tail Lift Ambulance</b>	This type of vehicle can convey a wheelchair patient and four walking patients
	An alternative configuration for this type of vehicle is two wheelchair patients and two walking patients
<b>People Carrier</b>	This type of vehicle can convey a wheelchair patient and three walking patients
	An alternative configuration for this type of vehicle is four walking patients
<b>Stretcher vehicle</b>	This type of vehicle can convey a stretcher patient and two other patients not in wheelchairs
	An alternative configuration for this type of vehicle is a wheelchair patient and two walking patients

## **Renal Review for Transport and Clinical Treatment Parsons Dialysis Unit**

The aim of the audit was to review the patient experience at Parsons Dialysis Unit, at Seacroft Hospital. The audit was a joint venture between Leeds Teaching Hospitals and Yorkshire Ambulance Service, to establish if changes in working practices are needed to improve the quality of service for patients, in both patient care and transport, following the implementation of staggered appointment times.

Staggered appointment times were originally implemented from the 3 August 2008 with a review planned in for early September 08. The purpose of this was to give each patient dedicated treatment times, and formulate nursing teams to deliver the care.

However due to the number of Incident Report Forms (IR1's) completed for late arrival and departure of patients, at the time, it was clear that the model implemented required modification, as patients were not always arriving for their specified appointments on time. The model was refined and an audit was planned for the 16 to the 19 September 08

Prior to the audit, on the 9 September 2008, a group consisting of representatives from Leeds Teaching Hospitals and Yorkshire Ambulance Service worked jointly, to identify what changes could be made to improve the patient experience, whilst maintaining the service.

The Senior Renal Sister from Clayton Satellite Unit, who had previously implemented a staggered appointments system at the Clayton Satellite Unit, expressed that the appointment times being used did not allow staff adequate time to put Patients onto the Dialysis Machines, without patients experiencing delays.

It was also highlighted that the appointment times Yorkshire Ambulance Service were using did not mirror that of the actual Patient appointment times, and this did contribute to a selection of the IR1's that had been completed. The appointment times were then changed in consultation with the patients and this was confirmed in a letter sent out to each patient affected. Further conversation was held surrounding the hand over meeting at Parsons, and changes to this were recommended, and implemented by the nursing staff.

### **Recommendations:**

- To ensure that the review is of benefit to patients invite the KPA to join the audit team and work in partnership on the audit
- On-going review of quality standards achieved by YAS on a daily basis for inward patients.
- Feedback is to be provided on a weekly basis to the Unit Sisters.



- YAS Customer Relations Manager, will also be working with the Unit to monitor positive and negative feedback, which is now recorded on patient files.

	<b>Service Issues</b>	<b>Changes implemented by the Parsons Unit</b>
1.	Hand Over time is too long, must be completed by 07:30 hrs.	The hand over will be called at 07:15 hrs, any staff not attending will be briefed by their colleagues
2.	Delay in starting dialysis	The first allocation of patients are to commence their treatment by 07:45 hrs
3.	Patients not aware of their appointment times	Letters to be given to patients advising of their designated appointment time.  The patients will have a personal copy, and have a copy of their files.
4.	YAS had different appointment times to the units	Confirmed appointment times are 07:45 hrs, 08:15 hrs, and 08:45 hrs for morning patients, and 12:45 hrs, 13:15 hrs, and 13:45 hrs for afternoon patients
5.	Appointment times	The appointment time is the time patients should commence their treatment by means of blood pressure being taken, weight etc

	<b>Service Issues</b>	<b>Changes Implemented by Yorkshire Ambulance Service</b>
1.	Different appointment times to the unit	Ensure that the new agreed appointment times mirror that of the actual patient appointment times.
2.	Delays on arrivals and departures	Work towards the quality standards of Patients to be in for their treatment up to 30 minutes prior to their appointment time, and Patients to be collected no later than 45 minutes after treatment has ceased, this is including Patient observations being taken. Where required re-educate Drivers and Communication staff of our objectives.
3.	Appointment times	Audit template to be amended to ensure this is in-line with new appointment times.

## **PATIENT COMMUNICATIONS**

Following the Scrutiny meeting where it was highlighted that communications had been sent out to patients with incorrect contact numbers, a letter was sent to all service users by the Assistant Director, outlining how to contact YAS by telephone, email and was distributed by the main site renal units and satellite units.

Posters are also on the walls of the waiting areas in each of the units with contact details for Yorkshire Ambulance Service and the YAS Renal Hub.

The error in the information booklet given to all new renal patients has been rectified and existing patients are now aware of the correct number.

## **CONTRACT MANAGEMENT**

To ensure that the service is monitored, Leeds Teaching Hospitals hold a formal contract review meeting each month. Present at the meetings are representatives from LTHT contracting team, the Renal Business Manager and the Renal Matron. Also present at the meeting are YAS representatives, the Renal Customer Relations Manager, a Locality Manager and the Assistant Director for the Leeds area and a patient representative.

At the meeting the group review the contract looking at activity, performance, complaints and incidents, service developments and general updates

## **Appendices Explanations**

### **Appendix 1 – sheet 1**

This appendix is a comparison of activity for the financial years 07/08 and 08/09 (year to date). The table shows total activity by mobility and the number of seats required to convey the patients. This sheet demonstrates the increase in activity year on year.

#### **Sheet 2**

The table on this sheet is a comparison of activity for the period April to August 2008 against the same period for 2007. The significance of this sheet is that it shows how the activity has increased by 2516 journeys against the same period last year, and the number of seats required to convey patients has also increased by 4967 against the same period in 2007 due to the increase in the wheelchair activity in particular.

### **Appendix 2 Sheet 1**

This sheet shows a breakdown of activity, month by month from the start of the renal contract in April 2007 to the end of August 2008. The pie charts represent activity and seats required respectively. (Chart 1 activity & chart 2 seats required)

#### **Sheet 2**

Is a graphical breakdown of the activity by mobility from April 07 to August 08. This sheet show how each mobility has either increased or decreased month on month since the start of the contract.

### **Appendix 3 Sheet 1**

This sheet is a breakdown of time on vehicle by number of patients and is shown in half hour time bands. The figures show the totals in numbers as well as the cumulative percentage in each time band.

NB The banding showing patients travelling over 3 hours highlighted times that the vehicle journey was completed rather than the time the patient spent on the vehicle but this will be investigated further.

#### **Sheet 2**

Is a graphical breakdown of time on vehicle by time band.

### **Appendix 4** This sheet is a breakdown of time on vehicle by renal unit and number of patients.

- Appendix 5** This sheet is a table and graph showing breakdown of mileages for all renal patients by mileage bands. The period covered for the abortive report is August 07 to July 08. This information represents the distances travelled by patients to the various renal units.
- Appendix 6** This sheet is a breakdown of distance travelled by patients to each renal unit and gives the number of patients in each band at each unit.
- Appendix 7** Is a breakdown of abortive journeys by each renal unit and the reasons why the journey was aborted. The period covered for the abortive report is April to August 08
- Appendix 8** Is a breakdown of inward quality by month from April 08 to 26 September 08. The definitions for quality can be found on page 2. For the inward target the measurement is taken from 30 to 21 minutes to 0 minutes. Any journeys before or after those timings are outside the performance target.
- Appendix 9** Is a breakdown of outward quality by month from April 08 to 26 September 08. The definitions for quality can be found on page 2. For the outward target the measurement is taken from 0 to, 41 to 50 minutes. Any journeys after those timings are outside the performance target.
- Appendix 10** Is a breakdown of incidents and complaints by reason for the period November 07 to September 08.
- Appendix 11** Is a breakdown of PCT patients who attend the various units from their home PCT area. These graphs and tables will give an indication of how far patients are travelling to the various renal units.