

Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 27 June 2012

Subject: Request for Scrutiny: Arrangements for meeting the needs of Blind and Visually Impaired people in Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Hyde Park and Woodhouse	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1.0 Introduction

- 1.1 A request for scrutiny has been received from Mr Malcolm Naylor regarding the Patient Transport Service operated and delivered by Yorkshire Ambulance Service (YAS). More detailed information is presented at Appendix 1.
- 1.2 Representatives submitting the request for scrutiny have been invited to present the information at the meeting.

2.0 Yorkshire Ambulance Service

- 2.1 At this time, Yorkshire Ambulance Service and/or other local BHS bodies have not been invited to respond to this request.
- 2.2 Members of the previous Scrutiny Board may recall that improvements to the Patient Transport Service were highlighted as a priority within YAS's draft Quality Account (2011/12). The following is an extract from the draft Quality Account:

Priorities for 2012/13

Our PTS service provides transport for eligible people who are unable to use public or other transport because of their medical condition and includes those:

- § attending hospital outpatient clinics.*
- § being admitted to or discharged from hospital.*
- § needing life-saving treatment such as chemotherapy or dialysis.*

In the past year our patients and partners have told us that they experience extended waiting times for transport too often. Therefore improving PTS remains a key priority for 2012-13.

Aims:

- § *Measure our performance against quality targets and reduce waiting times for all patients.*
- § *Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.*
- § *Improve patient satisfaction for all patients using PTS.*
- § *Understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.*

2.3 However, Members of the previous Scrutiny Board may also recall that improvements to the Patient Transport Service had been a priority area for 2011/12, with a review of performance presented in YAS's draft Quality Account (2011/12), as follows:

Review of priorities for 2011/12

Our PTS provides transport for eligible people who are unable to use public or other transport because of their medical condition. These include:

- § attending hospital outpatient clinics.
- § being admitted to or discharged from hospital wards.
- § needing life-saving treatments such as chemotherapy or renal dialysis.

2011-12 aims:

1. *Agree a target with each of the four PTS commissioning consortia for the percentage of patients who should be collected for their return journeys within 60 minutes of the hospital/clinic advising that they are ready to travel.*
2. *Measure our performance against these quality targets and work towards reducing waiting times for all patients.*

In order to reduce waiting times for homeward journeys and improve patients' overall experiences of our service we need to have better knowledge of the timings of individual clinics. Currently, we plan journeys based on an appointment time of one-and-a-half hours for every clinic. In 2011-12 we will:

3. *Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred.*

How did we do?

1. *The targets for 60-minute waits are set in the contracts and most areas are achieving this, or close to achieving it. Where this has not been delivered, we*

have been given the opportunity to work with commissioners to set trajectories for improvement. The priority for us is preventing the extended waits for all patients and, in particular, those patients that have been waiting in excess of two hours. Trajectories for improvement are included in each area's Service Improvement Plans.

2. *We have continued to measure performance against all quality targets, however not all of these targets have been achieved and wait times, in particular, have not shown significant reductions. We have recognised this needs to be rectified as a priority area for focus during 2012-13 and have established a service Transformation team whose primary objective is to deliver a significantly improved PTS service. The service Transformation team is initially focusing on South Yorkshire, Hull and East Yorkshire localities and working with the PCTs and acute trusts, the team has developed service improvement plans to address and implement the changes.*
3. *During the last 12 months we have created a 'Site List' document for each of the PTS contract areas. These lists have helped us to confirm specific sites and times of operation. Through discussion with our commissioners we have been able to more easily identify where changes have needed to be made to improve services for patients.*

2.4 Members of the Scrutiny Board may wish to take these details into account when considering the request for scrutiny.

3.0 Options for Investigations and Inquiries

3.1 The decision whether or not to further investigate matters raised by a request for scrutiny is the sole responsibility of the Scrutiny Board. As such, any decision in this regard is final and there is no right of appeal.

3.2 When considering the Request for Scrutiny, the Scrutiny Board (Health and Wellbeing and Adult Social Care) may wish to consider:

- If further information is required before considering whether further scrutiny should be undertaken;
- If a similar or related issue is already being examined by Scrutiny or has been considered by Scrutiny recently;
- If the matter raised is of sufficient significance and has the potential for scrutiny to produce realistic recommendations that could be implemented and lead to tangible improvements;
- The impact on the Board's current workload - the time available to undertake further scrutiny and level of resources required to carry out further scrutiny.

4.0 Recommendations

4.1 The Scrutiny Board is asked to consider the request for scrutiny received.

5.0 Background Papers¹

Yorkshire Ambulance Service – draft Quality Account 2011/12

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.