

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 23RD JULY 2015

SUBJECT OF REPORT: THE REPROCUREMENT OF NON-EMERGENCY PATIENT TRANSPORT SERVICES

OFFICER/MEMBER PRESENTING: MIKE VAUGHTON

RECOMMENDATIONS

That Members note the contents of this report, and endorse the approach North Somerset CCG is taking in relation to patient and public involvement in this procurement.

1. SUMMARY OF REPORT

This report seeks to appraise Members on the reprocurement of non-emergency patient transport services (PTS), and the patient and public involvement (PPI) process, which has occurred or is planned to occur.

2. POLICY

The current PTS contracts cannot be further extended, and a procurement exercise will be required to be conducted in order to secure successor services. Patient transport services are captured by Part A of the Public Contract Regulations, and therefore a legally-compliant process of procurement is dictated.

A Procurement Strategy and specification of services will be presented to the CCG's Governing Bodies for approval, incorporating fully the output from the PPI and Commissioner engagement processes. It is anticipated that this strategy will lead to contracts being awarded late 2015, with these contracts commencing 1st April 2016, following a period of mobilisation.

3. DETAILS

Non-Emergency PTS caters for those patients either too ill to get to hospital without assistance or for whom getting there without assistance would cause their condition to deteriorate. The service is not a social service, it is based on a patient's medical need. Criteria, which is based on national guidance, is applied to determine a patient's eligibility to receive the service.

The main contract for the Bristol, North Somerset and South Gloucestershire (BNSSG) CCGs area is currently held by the South West Ambulance Service Trust (SWAST), with a

contract for renal patients provided through a consortium of local taxi firms, Complete Transport Services (CTS).

The current service commenced on 1st Oct 2010, as a result of a three year contract awarded on 12th May 2010. The latest contract extension will expire by 30th September 2015, and discussions with the incumbent providers have led to a further extension of services to 31st March 2016. Due to the classification of this service under Procurement Regulations, the CCGs are obliged to competitively tender for such services.

4. CONSULTATION

CCG's have a statutory duty to involve patients and the public in the planning and development of local health services. This means that commissioning should be informed by the needs and views of local people, and that the arrangements we make for patient and public involvement in the development of local health services need to be transparent, accessible and open to all.

A PPI strategy has been agreed by all three CCGs, which reflects the fact that services and eligibility criteria are not being amended by the CCGs. Current feedback on provider performance is positive, and initial results of a survey conducted as part of this process show that service users who had responded overwhelmingly rated the service as being either good or excellent, at 94%.

The CCGs have put in place arrangements to provide a range of different opportunities for patients and the public to become involved in the recommissioning of those services. The arrangements that the CCG's have put in place describe the different opportunities for PPI in the recommissioning of patient transport services. These include:

- describing the outcomes of PPI activity in the commissioning of the current PTS service;
- collecting information about recent patient experience of the current PTS service;
- asking Healthwatch, (our independent PPI partner) to identify, from their contacts with patients and the public, how well the current service is working from the perspective of patients and carers;
- inviting patients and the public to give us their views on the current service;
- involving patients and/or public representatives in the procurement process that will be used to identify service provider(s); and
- creating opportunities for patients and/or public representatives to be involved in the performance management of the new service.

PPI activity was agreed to take place in the following stages.

Stage 1

1. Identifying the outcomes of PPI activity in the commissioning of the current PTS service
2. Collecting information about recent patient experience of the current PTS service
3. Comparing the local PTS with other PTS services in England from the perspective of patient and carer experience
4. Asking Healthwatch, (our independent PPI partner) to identify, from their contacts with patients and the public, how well the current service is working from the perspective of patients and carers

At the end of this first stage, the CCG's will be in a good position to understand and validate patient experience of the current service.

Stage 2

1. The decision to procure services was publicised on the three CCG websites and clear and accessible information was provided explaining why the CCG's are re-commissioning PTS, and what changes, if any the re-commissioning will mean for patients. Patients and the public were invited to contribute their own experiences. The information was also available for those without access to the internet.
2. In seeking out these public views, the CCG's will make special arrangements to hear the views of those from communities/groups most likely to be affected by this re-commissioning exercise (Likely to be people with disabilities, and those living in rural areas – we will use an EIA screen to establish which groups most likely to be affected)
3. Health scrutiny committees, Health and Well Being Boards and Healthwatch will be briefed, where appropriate, in the three areas

A report of findings from the recent public survey will be published on CCG's websites shortly. The headline findings from the survey show that service users value this service greatly, and highly rate the current service.

Stage 3

1. Involving patients and/or public representatives in the procurement process that will be used to identify service provider(s). Representatives will be asked to join the procurement process as lay assessors, and will be supported to play a full part in the evaluation of prospective bidders.

Stage 4

The contract award will be made public. Information on the new service and any transitional issues will be publicised on the three CCG websites.

Stage 5

Following award of contract(s), arrangements for the continuing involvement of patients/public in the performance management of the service will be described and published. Typically, this will involve patients/public in attending formal contract performance review meetings with providers, as is the case currently.

5. FINANCIAL IMPLICATIONS

The annual budget for the main PTS service for BNSSG area is approximately £3.7m per annum while the budget for the Renal Transport service is approximately £0.7m. The split across the three CCGs means that North Somerset CCG's proportion of this spend is approximately 25% across both contracts, at around £1m per annum. The tender exercise shall seek to ensure the services are delivered in the most appropriate and cost-effective manner.

6. RISK MANAGEMENT

The procurement process will be conducted in line with all relevant legislation and good practice, overseen by South Central and West Commissioning Support Unit's Procurement Team. In doing so, the risk of a legal challenge to the procurement process shall be negated.

The PPI process highlighted in this report has been agreed across the three CCGs, and has commenced. Should the contents of this report not be agreed, then a delay to the agreed PPI process will occur.

7. EQUALITY IMPLICATIONS

A full equalities impact assessment is being carried out, and will be presented to CCGs. North Somerset CCG encompasses a wide geographical area, and in particular it is acknowledged that the rurality of a great deal of the area provides challenges in the provision of this service. Measures will be built in to the contract(s) to ensure that the service does not disadvantage residents of such rural areas.

Other equalities implications will be highlighted by the equalities impact assessment, and will be fully addressed within the resultant specification of services which will be presented to CCG's Governing Bodies for approval.

8. OPTIONS CONSIDERED

As CCGs are not seeking to commission a redesigned or reduced service, or amend eligibility criteria applied to service users, a full public consultation process was not deemed to be appropriate in informing this procurement exercise. Service users, carers, family members and other interested parties are being afforded the opportunity to provide views on both the current and future services, and this will be fully considered in the development of specifications for services.

AUTHOR

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