

# Health, Housing and Adult Social Care Policy and Scrutiny Committee

20 June 2018

#### Medical Non-Emergency Transport (MNET) – updated service

#### 1. Summary

This report is for information; to describe the mobilisation and implementation of a new specification for patient transport services, now known as Medical Non-Emergency Transport (MNET), across NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Groups (the CCGs).

#### 2. Background

- 2.1 Patient Transport services across York and Scarborough areas have for many years been part of a much larger North Yorkshire wide contract with the Yorkshire Ambulance Service (YAS). It has become increasingly apparent that the specification was not appropriate for the way healthcare services are now run, and gave commissioners limited opportunities to make the service local for our population. For example journeys over evenings, weekends and bank holidays, or before 8am or after 6pm, or at an 'unlisted' site were difficult to organise and often resulted in delayed discharge for our frail and elderly patients, long waits for regular patients, and a great deal of administration with many organisations.
- 2.2 Over the last three years the CCGs have done a lot of engagement asking what people require from a transport service, and working with local providers, particularly York Teaching Hospitals NHS Foundation Trust (YTHFT), to understand what they need from transport that supports the way clinics and discharge services are now managed. We have also worked with potential new providers via marketplace events to understand what the latest innovations and technologies in transport services can offer. We drew up a specification from these requirements and went out to tender in 2017. Yorkshire Ambulance Service were successful in winning the bid and have expressed a desire to work more

flexibly than previously, on a smaller footprint, and to deliver our requirement for high quality patient transport services. They also intend to continue to work with current local providers via their subcontractor framework which will support the delivery of high quality services for our residents.

2.3 Implementation of the new specification will take place on the 1<sup>st</sup> July 2018.

# 3. Consultation

Consultations used include; an in-depth review of YTHFT renal patients and staff experience, Healthwatch York population reviews, CCG engagement specifically around transport as well as general engagement events, feedback from locality transport meetings, feedback from locality renal support group meetings.

# 4. Analysis

- 4.1 The CCGs are currently working through the mobilisation of the new service. As part of this review and to ensure that the service can support all the patients who need it, we are strengthening the process for assessing medical eligibility of patients for transport against the guidance from the Department of Health (DH). These criteria will continue to be based purely on medical need and has been in place for a number of years. The CCGs are aware that through the existing assessment process, people who are not eligible may sometimes have accessed NHS funded patient transport and for regular users, review of their medical condition and circumstances may not have taken place as often as it should. Likewise other patients who are eligible for NHS funded transport may not have accessed these services or struggled to get support when they needed it.
- 4.2 The new service will check all current eligible patients as well as new patients against the Department of Health criteria through a process accessible via a Single Point of Access. Patients who attend regularly will also be contacted prior to the launch of the updated specification to notify them that they may need to be re-assessed to check their current eligibility.
- 4.3 Where patients are told they are not eligible for NHS funded transport they will be signposted to other local voluntary sector and private transport services that may be able to support them (and notified there

may be a fee applicable). If a patient believes they have been wrongly classified, there will be an appeals process in place which checks the information given and offers the opportunity for a clinical review by a senior clinician.

# 5. Council Plan

This change links to the Council's and local health system priorities to deliver the best possible services, equitably, with partners, which are evidentially based and with input from our population.

- 'Delivering frontline services for residents is the priority
- All children and adults are listened to, and their opinions considered
- Everyone has access to opportunities regardless of their background
- Support services are available to those who need them
- Work with all public sector bodies in the city and the region to make sure we get the most from collective public expenditure in York
- That we always consider the impact of our decisions, including in relation to health, communities and equalities
- Use of evidence-based decision making'. (from CYC 2015-19 plan)

# 6. Implications

**Financial:** the new specification will provide the new service within the same combined financial envelope as that of all the different transport services previously contracted.

**Human Resources (HR):** all relevant information for staff (including TUPE where applicable) has been worked through by YAS with support from the CCGs. No concerns have been raised.

**Equalities:** An equality impact assessment update in April 2018 noted that this new service should be more equitable than previously with a single DH criteria based on medical need. Delays will not be related to admission/discharge time of day, location of housing or frequency of access as has been the case previously.

**Legal**: a legal contract has been drawn up between YAS and the CCGs to ensure agreed performance standards are related to local need and can be measured and if necessary enforced.

## Crime and Disorder: n/a

**Information Technology (IT):** current systems will continue to record patient journeys. Additional assurance has been sought and given around the regular review of patients against eligibility, text and other reminder systems being deployed, and on-line journey booking.

## Property: n/a

#### Other: n/a

## 7. Risk Management

Risks have been put forward and assessed by all partners during the delivery of the new specification. A risk register of the implementation phase is in place. Risks include consideration of the numbers of patients who have been told they are eligible for journeys where now, due to the review of patient need against the criteria, they may no longer be eligible for NHS funded transport. It is acknowledged that engagement and communication continues to be absolutely vital for this project.

## 8. Conclusions

The CCGs are satisfied that the specification and contract will ensure a patient transport service that is robust, fit for the future, will ensure all patients with a medical need for transport receive it, and give the local system the flexibility to change requirements as needed.

Members are asked to put forward any queries they have with regard to this ongoing project.

#### 9. Recommendation

Members are asked to note and comment on the contents of this report.

Reason: To inform Members of the new specification for patient transport services.

## **Contact Details**

Author: Becky Case, Head of Transformation and Delivery, Vale of York Clinical Commissioning Group Report Approved 7/06/2018

#### Abbreviations

DH: Department of Health, MNET: Medical Non-Emergency Transport TUPE: Transfer of Undertakings (Protection of Employment) YAS: Yorkshire Ambulance Service, YTHFT: York Teaching Hospitals NHS Foundation Trust.

Appendix 1: MNET Frequently Asked Questions May 2018