The Griffiths’ Review –
Non Emergency Patient Transport in Wales

April 2010

Win Griffiths,
Chair,
Abertawe Bro Morgannwg
University Health Board
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Foreword

Non-emergency patient transport provides a vital service for thousands of patients across Wales.

Around 1.4 million journeys are undertaken every year, enabling patients to access outpatient, day treatment and other services at NHS hospitals.

Users of the service are often seriously ill, such as those needing dialysis or chemotherapy. They are usually vulnerable, with physical or other disabilities, and are dependent on such transport, as they often live in rural locations.

However, I was concerned from talking to users that, despite its value, the current service was not sufficiently patient-centred. Although patients were full of praise for the frontline staff delivering the service, they felt the system itself was not geared to their needs.

Examples of this are multiple stops on journeys for patients who are disabled or seriously ill – with the patient furthest away from the hospital being picked up by the minibus first, often early in the morning, and dropped back home last, several hours later – and carers not being able to travel with their patient.

A higher quality service is therefore needed to give users an improved patient experience and a better road to recovery.

I therefore commissioned Win Griffiths to review the service and make some recommendations as to how services could be improved. I am now opening up these recommendations to consultation.

Win’s recommendations include drawing up stronger management arrangements through service level agreements; using community organisations to provide more services; and use of other vehicles in addition to the traditional minibus mode of transport to improve the patient experience. A ‘Team Wales’ approach, with cross-sector integration of vehicle fleets from across public service organisations – local government, NHS Health Board and the Wales Ambulance Services NHS Trust – will also be explored.

It is proposed that four pilot sites will look to test out various approaches to making services more patient-centred. These pilots will be reviewed after 12 months to allow us to take stock of progress and whether improved service models are developing as a result.

Ensuring non-emergency patient transport is better managed and more citizen-focused will also mean more time for rehabilitation and treatment, more streamlined processes for admissions and discharges, more efficient use of resources and improved procurement and leasing arrangements.

I am especially keen for the voluntary sector and unions to contribute to the consultation, as key to the success of the proposed arrangements will be these groups. Currently, only seven per cent of journeys are undertaken by the voluntary sector but with 1500 such organisations in Wales the potential for better utilisation of the sector is great.
Finally, I am grateful to Win for his thorough review. Improving the quality of services to patients will be a key theme in the 5 Year Service, Workforce and Financial Strategic Framework that is being developed by my officials and the local NHS. The NHS must aim to go beyond just delivering services to ensuring those services are patient-led and of high quality. Non emergency patient transport services are no exception and Win’s recommendations have been drawn up with this firmly in mind.

Edwina Hart AM MBE OStJ  
Minister for Health and Social Services
Introduction

There have been concerns about the effectiveness of Non Emergency Patient Transport in NHS Wales since WAG commissioned a fundamental review of Community Transport in 2002. These were sharpened by two audits in December 2006 and January 2007 by the Wales Audit Office (Ambulance Services in Wales); and Healthcare Inspectorate Wales (Special Assurance Review of the Welsh Ambulance Services NHS Trust). As a result of these reviews and audits I was asked by the Minister to undertake a review of national arrangements, particularly focusing on the Welsh Ambulance Service Trust’s Patient Transport Service, following her statement in November 2007.

The review has taken longer than I would have liked. However, the last year has been a period of immense change for NHS Wales and this has meant that my pacing of the review has had to be handled carefully.

The review does not shrink from the fact that this service has been through periods of variable performance, which is acknowledged by those accountable for it. The whole system simply must serve citizens better; and in the future it must be driven by citizens’ needs.

With NHS Wales’ structural reforms almost complete, I am now confident in the ability of the 7 Local Health Boards, the Welsh Ambulance Service Trust and their partners in the Third Sector and the wider public service to deliver an improved patient transport service – providing we can collectively generate the right partnership arrangements to do so.

A feature of my review has been the feeling from citizens who use patient transport services, that front line staff are showing professionalism and commitment in their day to day work; accompanied by the view that these same staff are operating in a system that is not supporting them to deliver. I see it as incumbent upon me to point the way to a system that will ensure that from that every pound spent on the service, is spent so that staff can deliver the a good experience to the people they serve.

In the final phases of the review, the Welsh Ambulance Service Trust has embarked on a programme of improvement that shows promise for the future – I am sure that the Minister will wish to both support this endeavour; and continue to hold WAST and the LHBs strongly to account for their performance. Therefore my review culminates with some clear expectations about immediate management action on all Wales governance and pilot activity to improve citizens’ experience of the service.

The Minister is resolute in her determination that my review should move swiftly from appraisal to action, which is why I am proposing a national programme of work beginning with pilot activity.

There are some opportunities to be grasped within the next few months. This review points towards a public service model for citizen transport; with a mixed economy of stable and planned provision drawn from community and voluntary sectors to supplement a defined statutory provision from WAST. Beyond this there are wider opportunities to be discussed about the future shape of shared transport services across NHS Wales, Welsh Local Government, Third Sector/not for profit organisations and other partners about how they can operate complementary services, supported by shared fleets and facilities. The fiscal challenge that is now with us calls for innovation and collaboration – we must deliver.
I would like to thank all of the participants who have taken part in this review and welcome the feedback that will be generated by further consultation on this document – I am sure there is room for improvement in the detail of the review findings and for us to build a stronger coalition for change.

There are some tough messages for NHS Wales in this document and an opportunity to act in support of the citizen, supported by a Minister with a genuine commitment to creating citizen focused services. Now is the time to act.

Win Griffiths  
Chair of the Review
(1) Original Commission

The Minister commissioned my review of patient transport in November 2007 as part of an oral statement in response to *Time to Make a Difference*, WAST’s modernisation plan, which was developed alongside the WAO’s 2006 review of the Trust’s functions and approved by the WAST Board in December 2006.

The purpose of the review is laid out in **table 1**.

<table>
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<th>Table 1 – The Purpose of the Griffiths’ Review</th>
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<tr>
<td><strong>Purpose</strong></td>
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<td>• To review the existing Patient Transport Service to determine whether it delivers an efficient and effective service of high quality to its users.</td>
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<td>• To identify opportunities where the sharing of resources between Local Government, Health and the Voluntary sector could improve the quality of the service.</td>
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<td>• To identify a range of options for the delivery of responsive, high quality, transport services in the future across Wales.</td>
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<td><strong>Scope</strong></td>
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<td>• The review will include all modes of public and voluntary sector transport systems and aligned funding sources in Wales.</td>
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<td>• It should consider the way in which public and voluntary sector services could be integrated by improved transport systems.</td>
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<td><strong>Deliverable Products</strong></td>
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<td>A report to the Minister for Health &amp; Social Services on:</td>
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<td>• The existing Patient Transport Service and whether this delivers an efficient and effective service of high quality to its users.</td>
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<td>• Opportunities for the sharing of transport resources between Local Government, Health, the Voluntary sector and other service providers.</td>
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<td>• Options for improving the delivery of responsive, high quality transport which integrate public sector services in the future.</td>
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<td><strong>Results of the review</strong></td>
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<td>The results of the review should:</td>
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<td>• Place the individual’s experience at the core of any new approach;</td>
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<td>• Consider the broader issue of improving transport services to users of public services across Wales.</td>
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<td>• Consider the way that resources are shared across organisations to provide services of a more integrated nature and a higher quality that provide a good experience.</td>
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(2) Review progress

My review has progressed in three stages: stakeholder consultation and citizen survey during 2008; follow up interviews during 2009; and finally some more focused engagement with the Welsh Ambulance Service Trust in early 2010 to bring the review to a conclusion and to chart the way forward into management action.

The work of the review has resulted in the draft findings at table 2. For clarity, I differentiate between the Non Emergency Patient Transport System and Patient Transport or Care Service within these recommendations. The former relates to the entire activity relating to patient transport services across all statutory organisations and providers; the latter to the Welsh Ambulance Service Trust’s Patient Transport or Care Service.

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<th>Table 2 – Key Review Findings</th>
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<tr>
<td>1. The current non emergency patient transport system is serving citizens variably and it needs to be more citizen focused.</td>
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<td>2. The current non emergency patient transport system is fragmented and needs to be managed as a whole system across all of the current providers.</td>
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<td>3. The Patient Care Service run by WAST, whilst showing encouraging signs of improvement, is performing variably according to the review’s findings and the limited data available.</td>
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<td>4. The current Patient Care Service model operates under a number of variably managed service level agreements and would benefit from better specification, management and coordination across organisational and provider boundaries. In particular, the new Health Boards need to exercise budgetary control to ensure that their service level agreements with WAST are strongly managed and agreed service levels achieved.</td>
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<td>5. Data to measure current PCS performance have been limited and WAST’s investment in improved systems should be used as a platform to improve this rapidly.</td>
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<td>6. There are significant opportunities for joined up public service (NHS, Local Government, Voluntary Sector) approaches to non emergency patient transport.</td>
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<td>7. The best way to manage the system and to improve performance needs to be tested, hence it is suggested that pilot studies should be undertaken to investigate how the service can be improved. Pilot studies should be run with the expectation that any solution should improve the quality of services to the citizen; achieve efficiencies; and embrace cross sector opportunities to optimise public service fleets and workforce (hence pilot bids have been approved under the national ‘invest to save’ programme).</td>
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<td>8. WAST should now produce a modernisation plan to deal with these issues with support and engagement from WAG.</td>
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9. WAG & WAST should commit to a citizen focused governance model where an independent board, populated with voluntary sector/citizen voice organisations would scrutinise WAST PCS performance on a quarterly basis.

10. There are alternative structural models for discharging this service, but consideration of these should be deferred whilst pilots focused on partnership are rolled out.

These findings were based on the more detailed findings resulting from the three phases of my review.
(3) Phase 1 review

My initial review drew most of its data from communications generated during October and December 2008.

Steering Group

I convened an all Wales steering group and held its first meeting on 10 June 2008 with the Terms of Reference agreed later that month.

The group was made up of key stakeholders from around Wales including:

- Welsh Ambulance Service NHS Trust.
- NHS Trusts.
- Local Health Boards.
- Community Health Councils.
- St John Cymru Wales.
- UNITE.
- Regional Transport Consortia.
- Community Transport Association.
- Disabled Persons Transport Advisory Committee.

Evidence gathering

I canvassed the views of patients, former Trusts, voluntary sector and stakeholder groups about current patient transport services.

I wrote to all NHS Trusts requesting feedback on the PCS, specifically asking for Trust views about current service providers; Trust satisfaction with the service; views on patient satisfaction levels; future provision of patient transport services; and the accessibility of hospitals in the Trust area.

A survey about the experiences of patient transport service users was developed in October 2008 and was circulated via Community Health Councils in November 2008. The survey was designed to find out how patients feel about all aspects of the current level of service and how they believe improvements can be made.

Questions were asked about the patient booking process; the comfort and cleanliness of vehicles and the helpfulness, politeness and professionalism of ambulance staff. Service users were asked to comment on the punctuality of the transport to and from the hospital, and the effect that this had on their appointment. Patients were also asked to rate their overall experience of the journey.

The survey also asked the users to highlight what they considered the three most important aspects of patient transport and asked for suggestions on how the service could be improved.
Other stakeholder groups

In November 2008 I wrote to Renal and Cancer Specialist Groups, Voluntary Organisations, the Community Transport Association and Local Authority Chief Executives requesting feedback on their level of involvement in and general views on the quality of the PCS service. In addition, the letter asked about transport that may be available for taking patients to and from hospital, and at what times during the day the transport would be available. A full list of those consulted and respondents is as follows:

- Cancer Care Society.
- Centre for Independent Living – Gwynedd.
- Cynon Valley Cancer Support.
- Interlink Rhondda Cynon Taf.
- Knighton and District Community Support Project.
- Llandrindod Wells Volunteer Bureau.
- Llanidloes and Community Transport Scheme.
- Llanwrtyd Wells Community Transport Scheme.
- “O Ddrws I ddrws” – North West Gwynedd.
- Red Cross.
- Women’s Royal Volunteer Service (WRVS).
- Benllech and District Good Turn Scheme.
- Conwy Community Transport.
- Dial-A-Ride (North Denbighshire).
- Welsh Border Community Transport (WBCT).
- Voluntary Emergency Service Transport (VEST) Transport.
- Aberfan and Merthyr Vale Youth and Community Project.
- CATS.
- Dulais Valley Community Transport (DANSA) – also responding on behalf of BWSTLER (Swansea).
- NPTCBC.
- Pembrokeshire Association of Community Transport Organisations (PACTO).
- Pembrokeshire County Council.
- Phoenix Community Transport.
- Rhondda Cynon Taff and Merthyr LHB / County Borough Councils.
- Ceredigion Association of the Blind.
- Sheltered Home for the Elderly.
- Age Concern – Ceredigion.
- RSVP Cars for Carers Ceredigion.
- “Keyring” – Llanddewi Brefi.
- Leighton Andrews AM.
- Christine Chapman AM.
- Cymorth Cancer.
- Cancer Support Transport – Mountain Ash.
- Ceredigion Association of Voluntary Organisations (CAVO) Community Transport.
(4) Phase 1 findings

My findings from the initial review were as follows:

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<td>Levels of satisfaction with <strong>staff and booking processes</strong> are high, but the service itself is seen as unreliable evidenced by complex routing and long journey times.</td>
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<td>Levels of satisfaction with <strong>specialist services</strong> (cancer/renal) reflect that generally services are not bespoke enough to cater for specialist needs of vulnerable patients.</td>
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<td><strong>(Former) Trust responses</strong> were critical of the PCS service, the main point being that contract/SLA management needed to be more effective on their part and that WAST needed to be more responsive to agreed service levels. Another key feature was the amount of resource that was going into call off resources to cover rural areas and unscheduled demand at either end of the day which was an issue to be jointly addressed. Finally the growing cost base of the service was raised across the board, as was historic underfunding of the whole function.</td>
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<td><strong>Community/voluntary sector responses</strong> were critical of the WAST PCS. Many of the voluntary and community patient transport services identified their additional capacity and willingness to undertake more work, particularly in South West Wales, if appropriate reimbursement was in place. Many of the comments received focused upon the high percentage of health journeys undertaken by members of the Community Transport Association for health related appointments which are not currently funded. The lack of communication between the WAST, the LHBs (pre-reform) and the community and voluntary sector providers was also frequently cited as was the lack of full cost recovery in any funding that was given. The lack of commissioned services after core hours/weekend services by the ambulance service and its impact on community transport was also a major cause of concern. There was a general sense of dissatisfaction amongst service users and carers of the WAST PCS since they felt that efficiency was being prioritised over citizens’ experience.</td>
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Further detailed findings from phase 1 are listed at **annexes 1 & 2**.
(5) Phase 2 review

I followed up the initial review work by considering previous WAG research commissions; HIW and WAO audits and reviews; and WAST Modernisation plans as part of a fairly comprehensive literature review. This work raised a number of issues for WAG and WAST.

WAG policy

The Community Transport in the Welsh Transport Network Report by the TAS partnership in (2002) concluded that the Welsh Assembly Government Health Directorate (now Health & Social Service Directorate General) should:

a) ensure that policy and strategy consideration within Health Policy Division identifies potential transport impacts or influences, and that these are discussed with Transport Policy Division in order to ensure more coherent planning across government policy areas.

b) adopt a holistic approach to travel, access and health strategies, which involves:

- consideration of the whole journey, including vehicles, infrastructure, interchange and building access;
- inclusive access to all relevant modes of transport and to both primary and secondary healthcare providers; and
- recognition of the health and environmental benefits from CT and other forms of collective transport, and assisting improvements thereto.

c) ensure the provision of high quality information about CT services (which should include the eligibility requirements for their users, and details of integration with other modes) through all relevant information channels.

d) develop effective inter-modal and cross-sectoral passenger transport integration, for both public and statutory transport.

e) undertake a specific review of the arrangements for the provision of non-emergency transport to hospitals, clinics and to primary care, focusing on ensuring that adequate systems are in place:

- to provide for all service users who do not have access to private means of transport.
- to promote the use of forms of transport which have the least damaging impact on public health, for example by ensuring that clinic booking arrangements take into account public transport availability that maximise the use of the different forms of appropriate transport that are available in an area.

This was a perceptive and wide ranging review making recommendations across Government and public services. There is no evidence that any of the findings of the paper have found their way into governmental policy until the current non emergency patient transport review was commissioned.

WAST Patient Care Service Performance

The Ambulance Trust Patient Care Service is one of the largest non-emergency Ambulance operations in the UK. The service employs over 700 staff and transports over 1.3 million patients a year in 234 bespoke vehicles. Recent authoritative reviews have made critical comments on its performance.
The HIW review (2006), focusing on WAST Patient Care Services performance was focused on patient experience and noted that WAST was performing poorly on:

- patient engagement;
- planning and scheduling;
- fleet management,
- utilisation and maintenance;
- performance and information monitoring and management; and
- management of staff appraisals and related to this general morale.

The WAO review (2007), focusing on WAST Patient Care Services performance was focused on system performance, it was critical of WAST’s Patient Care Services and noted:

- the inefficiency of operating on a five region legacy systems model;
- the low levels of management and performance information available within or from the Trust as a result of limited computerisation;
- its rising employee cost base (triggered by Agenda for Change) which was resulting in less competitive tendering and hence the number of contracts lost, or likely to be lost; and
- underexploited opportunities to support the emergency service.

It was against this backdrop that the Ambulance Trust produced its modernisation plan in January 2007, Time to Make A Difference. It proposed a number of initiatives to improve Patient Care Services and Health Courier Services including:

- introduction of a fit for purpose management structure;
- introduction of a modern Computer Aided Dispatch System;
- modernisation of planning, scheduling and control of patient journeys across Wales;
- application of the PCS WAG Eligibility Criteria across Wales;
- modernisation of the management and recruitment of Ambulance Car Service Volunteers;
- review and consolidation of Service Level agreements for Patient Care Service with commissioners at a local level;
- introduction of performance management and meetings frameworks;
- more effective staff development and appraisal; and
- greater integration of transport with other service providers across Wales.

In addition to these documents which focused specifically on the Patient Transport question, I also considered the WAO’s 2008 fleet management briefing which concluded that across Wales:

- the approach to fleet management does not yet make best use of resources to support effective service delivery:
- most organisations do not have robust fleet management strategies.
- they rarely challenge the need for journeys, or the way in which fleet services are delivered.
- performance management of fleet services is also limited;
- procurement arrangements are variable.
- there is limited joint working and use of central contracts.
- consideration of ‘whole life costs’ of decisions was limited;
• most organisations have effective arrangements to help ensure the efficient use of their fleets but there is insufficient consideration of the grey fleet (employees’ own cars used for business purposes); and
• disposal arrangements are variable and not all organisations are obtaining value for money in this area.

The briefing offered the following recommendations to the Welsh Assembly Government:

• Provide further incentives and direction to help the Welsh public sector work together more effectively in terms of:
  o ensuring all organisations have a Fleet Management Strategy;
  o establishing national and regional benchmarking groups;
  o providing greater procurement support to maximise value for money;
  o improving the customer focus of the services offered by Value Wales;
  o assessing the level of take-up and the effectiveness of Value Wales contracts, and taking appropriate action to maximise both; and
  o providing advice, guidance and support on sustainability.

And public service:

• Many public sector bodies need to improve their Fleet Management arrangements by ensuring that they:
  o have a robust Fleet Management Strategy which includes the grey fleet;
  o obtain value for money when procuring vehicles and services;
  o participate in national and regional benchmarking groups;
  o work with other organisations to improve efficiency and effectiveness;
  o consider the environmental impact of their fleet; and
  o consider all options when disposing of vehicles in order to maximise value for money.

These seem very pertinent messages for the Welsh Ambulance Service Trust and I have factored them into my thinking.
Recent WAST performance data

I have considered Welsh Ambulance Service Trust’s public data from its board papers over the last eighteen months. Overall PCS is represented on a limited basis, as part of its standard performance overview and its A Time to Make a Difference action plan. There is however some activity to report, which has been expanded upon by the WAST Executive Team in the final phase of my review:

- the Patient Care Services (PCS) Computer Aided Dispatch system, CLERIC, has now been implemented across Wales. This is significant in that accurate activity and performance management data should now be available consistently across the service. The adoption of this model across the whole system should result in clarity on PCS performance and vastly improve monitoring of Service Level Agreements.
- a national PCS modernisation lead has been appointed in recognition of the heavy commitment of regional directors to Emergency Medical Service modernisation.
- a PCS head of service has been appointed in each region and customer service managers are in place to manage services at local level. Each region also has an Ambulance Car Service manager whose role is to develop the contribution of volunteer drivers to the PCS function.
- a performance improvement plan is in operation in the North Region, jointly with Betsi Cadwaladr LHB. This includes partnership work to redesign existing contractual arrangements.
- similar improvement plans are being developed in the South East & Central & West regions, paving the way for national standardisation of process, procedure and quality reporting.
- issues with routing and journey management have been recognised and WAST has invested in a new PTS planning and scheduling system and associated staff training to streamline journey planning.
- on specialist services, the Renal Networks have now made a significant investment in WAST to secure a dedicated PTS service. Specialist vehicles are on order, based on detailed user requirements, and WAST will be appointing renal coordinators in its PTS controls. While no similar project yet exists for cancer services, WAST is developing a separate set of journey plans for oncology clinics.
- there is also further PCS activity planned for 2010-2012 mainly focused on workforce development.

After a period in which the Trust, in response to national policy and significant operational pressures, was focused primarily on EMS, there is now evidence that PCS has moved up the scale of priorities for the Board, its Chair and Chief Executive. This is to be welcomed, however I would like to be reassured that their improvements are fully operational and functional across the whole WAST system.
(6) Phase 2 findings

My findings from this second phase of work are as follows:

**Table 4 – Phase 2 Findings**

**Citizen**

- Citizen/patient experience must be a clear focus for the service if it is to be successful.
- Rural services are underprovided by all non emergency patient services.
- WAG should ensure that the review of the concessionary fares scheme in 2010/11 does not have a negative impact on citizens.
- Extant guidance on eligibility criteria needs to be carefully followed by providers.
- A full and comprehensive survey on citizens’ experience of the service is needed to support the evidence base for this work.

**Policy**

- The reformed NHS offers a huge opportunity to change the dynamics of the non patient transport system; to generate leadership; to facilitate more manageable service blocks; and to drive up performance.
- Cross sectoral working is in evidence in some places, but it is not universal – truly integrated functions work well in a number of areas in Wales, but there is little evidence that such joint working is catalysing across Wales. There is a significant opportunity to push this faster and further.
- The National Transport Strategy and the roll out of its action plan offers an opportunity to mainstream some of the findings of this review.
- The WAST national fleet strategy was released in October 2009 and has resulted in significant investment in WAST vehicles – in future this strategy should contain a cross sector/cross ambulance service investment plan.

**Performance**

- Historically, neither WAST nor its commissioners and the users of its services have given sufficient attention to PCS performance and the quality of the patient services delivered.
- Performance data has been unavailable for most of the PCS system; and for other patient transport initiatives.
- A commitment to rolling out CLERIC has laid some promising foundations for improvement.
System issues

- The current system framework is extremely fragmented and its individual elements PCS; community transport; commercial services; joint statutory organisation services need to be commissioned and coordinated holistically by the Health Boards as one system/service – there is potential for complementarity between these elements rather than the competitive and inefficient model that currently exists.
- In this context system design is poor, Dr Chris Jones’s primary/community care strategy – Setting the Direction – gives a clear direction on how admission, treatment, discharge and pre and post treatment care should be managed systemically – non emergency patient transport needs to be reconsidered in this context.
- While WAST is the core provider of patient transport services, funding for the service is channelled via the LHBs. This gives them leverage to manage performance through the negotiation of robust, performance managed and patient focused service level agreements.

Operations

- Current system optimisation is poor and this reflects on the need for greater managerial grip on the part of contractor and contractee – therefore management of extant contracts and service level agreements needs to be much more vigorous.
- Current fleet utilisation is very variable across all providers and this is reflected in other services and sectors that are running fleets, there are significant potential unexploited efficiencies in this area as reflected by WAO’s fleet management briefing (2008).
- Operations management has historically been variable with very patchy evidence of strong performance and information management and this was reflected in poor scheduling and thus patient experience.
- There is evidence, in the form of new, dedicated leadership and management structures; and improved focus on planning and scheduling, that this is changing.

Sustainable Development

- The sustainability agenda has yet to really come to bear on this issue, but the Sustainable Development scheme presents an opportunity for WAST/WAG and LHBs to think about the services’ contribution to a sustainable public service.
(7) UK Comparisons

There are many excellent examples of multi agency transport initiatives in other parts of the UK, which could act as benchmarks for the pilots I am recommending.

The integrated transport model developed in Norfolk, is regarded as an exemplar in the provision of integrated health and social transport services, and has been influential in the development of the pilot models proposed below. A recent review of the North West Ambulance Services Patient Transport function has also been influential in moving my thinking towards integrated health and social care transport models.

More recently a National (UK) Patient Transport Modernisation Group has been convened (NPTMG). This project group went beyond its original brief to encompass NHS and non NHS agencies in the procurement and operation of non emergency patient transport. Initially, through the NPTMG a number of interested Primary Care, Acute and Ambulance Trusts were engaged in developing joint initiatives to improve PTS services. These have now been joined by members of local authority transport professionals to form a working party led by the North West Centre of Excellence (NWCE) transport Programme Director to examine the opportunities for partnership and integration in the provision of patient, client, education and general passenger transport.

The group has concluded that the establishment of a bureau based model of integrated delivery is ideal, having found that an absence of integration between trusts and local transport authorities in most areas, had resulted in additional unnecessary costs due to:

- duplication of resources;
- inefficiencies in procurement and planning; and
- many patients using higher specification/ more expensive transport than they need.

This again confirms that public service integration is the obvious way forward for patient transport in Wales.

Many other examples of successful integrated transport schemes can be found in:

- Cheshire (Coordinated working in partnership with the NHS)
  Wigtownshire Transport Integration Pilot);
- Perth and Kinross (Transport with Care);
- Greater Manchester (Social Needs Transport review);
- Sunderland (Provision of Renal Transport);
- Southend (Moveasy);
- Hertfordshire (Hertfordshire Integrated Transport Model);
- Devon (Devon Transport Model);
- Peterborough (Peterborough Transport Model); and
• Scotland (Scottish Ambulance Partnership - Transport with Care).

I take from all of these projects in other UK administrations that integration is key to successful delivery of patient transport services. Wales has much to learn from these experiences and they strengthen my impression that we must enhance our partnership approach if we are to succeed in delivering improved patient transport services.
**Recommended Action**

My review recommendations focus principally on suggested pilot work to move immediately to improve the current system. However before I go into detail on this, I have a number of broader recommendations.

<table>
<thead>
<tr>
<th>Table 5 – Recommendations</th>
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<tbody>
<tr>
<td><strong>Citizen</strong></td>
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<tr>
<td>- WAST/LHBs should commission regular, comprehensive survey work to assess citizens experiences of the Patient Care Service.</td>
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<tr>
<td><strong>Finance</strong></td>
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<tr>
<td>- The Health Boards will need to ensure that they are providing a strong lead for the service, by exercising budgetary control through very strongly managed Service Level Agreements. This needs to be not only a key feature of the suggested pilot studies below, but something that needs to be implemented across the whole system immediately.</td>
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<tr>
<td><strong>Audits to revisit critical reviews and establish current performance</strong></td>
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<tr>
<td>- WAG should commission the WAO to follow up its 2007 review of WAST to assess its progress against its PCS modernisation plan;</td>
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<tr>
<td>- WAG should commission the WAO to work on a fleet management briefing for NHS Wales specifically to build on their recent public sector work and to advise on opportunities for joint working with local government.</td>
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<tr>
<td>- WAST/LHBs should introduce fleet utilisation plans.</td>
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<tr>
<td><strong>Policy work</strong></td>
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<tr>
<td>- WAG should develop a non emergency patient transport statement that will build on Dr Chris Jones’s Setting the Direction and the Rural Health Plan with an emphasis on building a mixed economy of (appropriately funded) community transport provision; driving down ad hoc commercial service costs; and addressing DNA and DTOC through targeted services and excellent discharge planning.</td>
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<tr>
<td>- Work with the WAG Transport function to mainstream the review findings into the National Transport Strategy and action plan.</td>
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<tr>
<td><strong>Operational improvement</strong></td>
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<tr>
<td>- WAST should commission a select group of service managers to advise on how to make better use of existing vehicles through sharing, brokerage and better journey planning.</td>
</tr>
<tr>
<td>- WAST should engage the three regional partnership boards in local government to develop a joint service framework for fleet utilisation, with non emergency patient transport as a test area.</td>
</tr>
<tr>
<td>- WAST/LHBs should generate a suite of standardised frameworks, contracts and SLAs to facilitate federation of community transport organisations so that they can be viable partners for LHBs through the Community Transport Association.</td>
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</table>
• WAG HSS DG should assess current performance model in WAST and its capacity for improvement in relation to non emergency patient transport.
• WAG HSS DG should review KA34 (national transport performance indicator), to consider adding a non emergency patient transport element to the Annual Operating Framework.
• WAG should generate a feasibility study for a hub and spoke network that could provide an integrated framework for the future running of patient care services in Wales across all sectors.
• WAG HSS DG should review capacity for national information systems and call centre infrastructure to support non emergency patient transport services across sector/service.

Procurement

• Given the ongoing need for fleet renewal funds, it seems sensible to ask WAST, HSS DG Capital & Estates and Value Wales to work together to develop a procurement schedule that would drive potential shared fleet procurement between public services organisations, including other ambulance trusts.

Pilot work to generate a new model

• Develop a pilot programme to try out four partnership models of non emergency patient transport with public services working in an integrated fashion.

• From the pilots, WAG should develop a new partnership model on an all Wales basis with clear transport hubs that provide a focus for statutory; community/voluntary and commercial services on a complementary basis using very strong technology solutions.

• The pilots will need to be robustly evaluated and a research partner will be considered from one of the Universities to support this.
(9) Core recommendation - piloting for improvement

My key findings at the outset of the report essentially argue for a step change in the performance of this service.

There are a number of ways that the Welsh Assembly Government could change the dynamics of the current system as suggested in the table below.

<table>
<thead>
<tr>
<th>Table 6 – Shifting the dynamics</th>
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<tbody>
<tr>
<td>1. Allow the current system to continue with a focus on generating transformational improvements through vastly improved Service Level Agreement management; enhanced partnership working; and very strong Organisational Development;</td>
</tr>
<tr>
<td>2. Transfer the whole non emergency patient transport system to a hosted arrangement with an LHB, in a similar fashion to how other all Wales services like Welsh Health Estates, Supplies and Legal Services have operated.</td>
</tr>
<tr>
<td>3. Transfer the whole non emergency patient transport system to 7 Local Health Boards, leaving WAST to concentrate on the development of emergency services (and perhaps developing synergies with policing and fire emergency services); and NHS Direct.</td>
</tr>
<tr>
<td>4. Transfer budget allocation to another public service organisation; public service consortium; or social enterprise/not for profit organisation(s).</td>
</tr>
<tr>
<td>5. Transfer the whole service to another public service organisation; public service consortium; or social enterprise/not for profit organisation(s).</td>
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</table>

Fundamentally we are aiming to achieve a shift from:

- an unresponsive Trust/WAST client/contractor relationship, where weak SLAs provide the only leverage on a core service and ad hoc, fragmentary arrangements are made for any supplementary provision;

- to a responsive LHB/WAST/other provider client/contractor relationship, where the LHB actively manages its budget controls, commissioning and performance managing the core provider on the basis of a robust SLA and also a number of other more bespoke providers based on sound framework contracts.

Having been through one recent round of significant NHS Reform, I would not be advising in this report that further reorganisation should immediately be put in train.

Whilst most respondents to my review have suggested that change is necessary, most seem to think that significant change can be achieved by sharpening the current system by using the new national infrastructure the NHS Wales reform has made available.

Therefore at this moment in time I feel the transfer options (options 2, 3, 4 or 5) would be too radical.
Whilst some might suggest it is too conservative an option, I would prefer to progress with the pilots on the basis of **option 1** – an enhanced partnership model.

This is not a vote for the status quo.

NHS Wales has been through a fundamental structural reorganisation over the last year; it is now addressing the profound service improvement and fiscal challenges of the next five years with a Service, Workforce and Financial Strategic Framework which commits it to: a disciplined programme of service improvement, efficiency generation and benefits realisation; intense partnership working to reduce the handoffs in the healthcare system; and a major Organisational Development programme. All of this will be geared towards creating the most integrated care possible for the people of Wales.

My suggested pilots would have to be developed in this context.

I think that the reformed Health Boards offer enormous opportunities for running these services differently; the movement from 35 to 10 NHS Wales organisations offers the opportunity of clearly negotiated SLAs on either a WAST to 7 LHBs; or a single agreement on a WAST to NHS Wales basis.

A more clearly identified SLA or SLAs should achieve two things: a clear and shared understanding of service cost and value; and a clearly defined core service proposition. It should follow that this will result in clarity about the kind of work providers could be focusing their provision on in the long term, thus allowing both voluntary and private sector providers to complement rather than compete with statutory services. This would also enable longer term planning and strengthen the likelihood of framework contract development for some of the smaller, more diffuse providers in the community transport sector.

The bottom line is that each LHB should exercise budgetary control through any SLA; and has to manage performance to the expected level.

**Potential pilots**

I am acutely conscious of the complexity of the non emergency patient transport system and hence I am cautious about recommending wholesale change, even to a system that I feel is currently underperforming, without creating some space for understanding the consequences of change.

With these issues in mind I am suggesting that the best way forward in the short to medium term is to pilot some different approaches to non emergency patient transport that will quickly allow for the identification and sharing of best practice around the whole patient transport system. My preference is for each pilot to develop a partnership model, so whilst I accept the centrality of the LHB/WAST relationship, it is important that there is a broadening of focus across the pilots. So, whilst each pilot is focused on improving the core relationship between WAST and each LHB, there is also a service focus for each one be it locality planning; rural service delivery; or development of the not for profit/third sector.

I am suggesting the following pilot models, which would commence along the following lines subject to the responses received from the consultation. The pilots would be reviewed 12 months after commencement to establish whether improved service models are developing as a result of the pilots.
Cwm Taf Health Board

An integrated public services transport model across local government, LHB and WAST, building on the communications hub, which was announced by the Health Minister in January 2010. The hub will be a one-stop contact centre for accessing health and social care services in the area. It will be the largest in Wales and will manage the call handling and co-ordination of several health services, including non-emergency patient transport, GP out-of-hours, district nursing services and day-to-day local authority services.

Current services for patients in the area are fragmented and not economical. Although performance of the current regional booking centre and WAST is of a high quality, the service is disjointed with each provider focusing on their own performance rather than working in partnership to improve delivery.

Patients determined to be eligible for transport are currently passed to individual Ambulance Liaison Desks in each receiving hospital for transport to be managed. Those not eligible for transportation are signposted to the voluntary sector or public transport.

The pilot will roll-out an integrated transport and booking service. The communications hub (with one telephone number) will become the sole point of contact for all bookings of patient journeys to hospital.

An IT system will connect systems that do not traditionally ‘speak’ to each other and patients requesting transportation will be assessed by a call-handler, who will determine the best mode of transportation based on their condition and utilising all resources including those in health, social care and the voluntary sector. Planning of journeys will be made via a transport despatch function and the centre will issue planned work schedules.

In the Cwm Taf area, £1.2m is spent per annum to transport around 450 patients a week to and from 12 hospital destinations in the area. The Health Board does not control the whole funding stream which is shared with WAST.

It is proposed that the Health Board would control the whole funding stream which would give a more focused view on service improvement and efficiency savings.

Hywel Dda Health Board

An integrated public services, rural transport model (the Three Counties integrated commissioning/planning model) is being developed with the three Local Authorities in Carmarthenshire, Ceredigion and Pembrokeshire. The project aims to provide an integrated demand management centre to co-ordinate the use of existing transport resources in the voluntary, statutory and private sectors.

Cardiff & the Vale Health Board

A Third Sector/not for profit partnership model scaling up the LHB/St John Cymru discharge service in partnership with WAST.
An enhanced service based on the existing St John Cymru model will be trialled. Cardiff and Vale has for a number of years provided a Rapid Discharge Service which is over and above the patient transport service provided by WAST. The whole purpose is to enhance the patient experience, reduce delays for patients on discharge, and free up beds.

The service currently provided delivers an effective and efficient use of patient transport to patients’ homes and nursing homes together with inter-hospital patient transport as the need arises. Ambulances and staff are based at the major hospitals for the duration of their shift under local management, providing flexibility and responsiveness for urgent discharges. The pilot will extend the model to cover all discharges and inter-hospital transport.

**Betsi Cadwaladr Health Board**

A control model with WAST operating a regional pilot under their current partnership arrangements with the LHB.

The pilots will need to demonstrate how WAG/NHS Wales can generate:

- An improved service that provides as its first priority significantly enhanced access to the service for both citizens and their carers.
- A service that is fundamentally responsive to citizens; changing clinical service patterns; and developing service planning.
- An efficient service with real attention paid to timely admissions; discharges and most critically travel time.
- A service that has comprehensive reach into rural areas as directed by the Rural Health Plan.
- A service that can sustain improvement whilst accounting for decreasing revenue.
- A service that exploits cross public service opportunities for integrated working and leverages resources to best effect, particularly between NHS (LHBs and WAST), local government and the voluntary sector.
- A service that complements the Welsh Assembly Government’s Sustainable Development Scheme and integrates with national transport policy.

The pilots will need to fulfil the following criteria:

- Each pilot to be evaluated after 12 months. If established to be delivering improved service delivery, to run for a further two years to allow time for the new arrangements to bed down; prove their effectiveness; and be fully evaluated.
- Each pilot to have appropriate project management arrangements that will allow it to report into a national programme board.
- PCS budgets to be tightly overseen by LHBs in each case to allow LHBs to consider consolidation of transport budgets and their efficient deployment.
- Service Level Agreements to be agreed between LHBs (and other lead partners), WAST and other providers at the outset, which will be monitored by the Welsh Assembly Government.
- Budget alignment/pooling to support SLAs to be put in place wherever appropriate.
- Mixed economy provision to be investigated as part of the pilot in the pursuit of the most flexible arrangements for the citizen.
- Standardised evaluation to be applied in each of the pilots.
• Pilots to be established on an invest to save basis; supported by invest to save funding (100k in the first round); and to payback over the life of the 3 year pilot.

In taking this work forward, I will want to take from the national programme arrangements that are supporting NHS Wales' Service, Workforce & Financial Strategic Framework, their approach to relentless development and adoption of best practice for the whole of the non emergency patient transport system across Wales.
(10) Next Steps

You will have noted that my review reaches beyond the scope of normal reviews in that it has reached far beyond analysis and well into the management of the problem.

The Minister and others will have their views on the way forward from here, but I thought it important to lay out what I think is possible from this point.

In the first instance, this document will need to be consulted upon and I will look forward to receiving a broad response from colleagues across the public service system.

As soon as the consultation is complete it will be important for the Minister to decide on governance and piloting going forward.

It seems to me that the establishment of a national programme board will be vital and if it is convened, then it will need to conduct the following actions:

- Use the consultation to finalise the review findings and associated action plan;
- Commence the monitoring and management of the action plan;
- Programme manage the local pilots and engage with the local project boards;
- Monitor a set of agreed Key Performance Indicators that allow a judgement on performance to be made – principally geared at understanding the citizen’s experience of the service;
- In the same vein, oversee the implementation of the WAST modernisation plan;
- Relentlessly pursue the sharing of best practice across the whole system; and
- Engage the Welsh Assembly Government and other partners in a wider discussion about the future of public service transport infrastructure in Wales.

I hope that the Welsh Ambulance Service Trust will shortly be able to release their modernisation plan. I understand that the plan will contain the following:

- Absolute clarity on how PCS will become a completely citizen focused service within 3 years;
- Redesign of the current Service Level Agreement architecture to reflect the new Health Boards, their financial lead on the service and WASTs operational accountability to them;
- Presentation of a serious commitment and detailed options for cross sector working/investment/infrastructure (including fleet);
- Development of excellent information management systems and managerial behaviours and process to support this;
- Commitment to engage in four pilots in Hywel Dda, Cwm Taf, Cardiff & the Vale Health Board and Betsi Cadwaladr areas where we would pilot enhanced models along these lines with public service partners; and
- Commitment to a citizen focused governance model where an independent board, chaired by me and populated with voluntary sector/citizen voice organisations would scrutinise WAST PCS performance on a quarterly basis.
I am grateful to the Minister for asking me to lead this important review. I have enjoyed becoming further engaged in this area and it remains a personal passion for me. I hope that I have more to offer in taking the work forward.

As I have progressed through this review I have become more convinced that there is a vital need to make well considered changes to the current system. I hope that my pilot suggestions offer a way into changing this complex system for the benefit of the citizens of Wales, without creating unnecessary service reorganisation.

In the immediate term all parties should be focused on improving citizen experiences, ensuring that good practice is shared and duplicated and poor practice eliminated.

I look forward to the consultation on my review document and hope that its recommendations will result in improvements in service delivery and citizen satisfaction in the near future.
(12) How to respond to the consultation

Comments are invited on the Review's specific recommendations, the pilot proposals, or your own suggestions to ensure non-emergency patient transport services become more citizen-centred and patient-led.

You can contribute comments in a number of ways:

- By post to:
  Non Emergency Patient Transport Review Consultation
  Office of the Director General
  Health and Social Services Directorate General
  Welsh Assembly Government
  Cathays Park
  Cardiff
  CF10 3NQ

- By email to: NEPT@wales.gsi.gov.uk

- Via the Welsh Assembly Government website at http://wales.gov.uk/consultations/healthsocialcare/?lang=en where you can also comment 'live' on the consultation.

Consultation responses should be received by 6th June 2010.
Glossary

DTOC – Delayed Transfer of Care
DNA – Did Not Attend
LHB – Local Health Board
LSB – Local Service Board
NEPT – Non Emergency Patient Transport
NPTMG – National Patient Transport Modernisation Group
NWCE – North West Centre of Excellence
PCS – Patient Care Service
PTS – Patient Transport Service
SLA – Service Level Agreement
WAG – Welsh Assembly Government
WAO – Wales Audit Office
WAST – Welsh Ambulance Service Trust
WHC – Welsh Health Circular
Annex 1

Trusts response detail

A detailed overview of Trust responses to the review is as follows:

Citizen

- Patient and carers engagement needs to be vastly improved.
- There is a developing patient preference for car services, which is being met by uneven supply by unconnected WAST and Community Transport initiatives.
- Access criteria is poorly described and applied and thus the system is easily abused.
- There is significant variability in relation to patient discharges and out of area referrals.
- Whilst patient satisfaction with the service seems relatively high, there is a view that repeat users are reconciled to the poor service they have been receiving.
- There are a high number of aborted journeys.
- Organisations may be cherry picking when it comes to rural services i.e. avoiding them because they are difficult, work intensive and low value.

System

- The current service is not comprehensive and out of hours (particularly morning and evening picks ups) pressures are particularly acute. Some Trusts are therefore investing in supplementary services (such as St John Cymru’s discharge service in Cardiff & the Vale) to provide a dedicated function. Whilst the 80% on time performance sounds like a decent benchmark, in actual fact it leaves far too much uncertainty to operate an efficient scheduling system.
- There is a continued sense that non emergency transport has a low profile in WASTs strategic planning.
- There is criticism of the high cost base of the current system for low quality service with ineffective management.
- The whole system has been historically underfunded in comparison with the emergency system and costs need to be acknowledged if we are to remodel the service. In particular the general fleet stock is of poor quality system behind it.

Alternative models

- The new LHBs or voluntary sector bodies could take up the lead for the service in particular geographical areas, but without system reform there is a danger that many of the problems described would simply be shifted elsewhere.
- The service could potentially be better managed within LHBs and there are potential savings, but basing the function within the hospital would create a significant additional budgetary responsibility. Any transfer would also have to deal with TUPE and inherited salary costs (60% of budget is salary).
- Regional consortia should be considered.

Operations

- There is strong evidence that Trusts have been openly tendering for other service providers.
- Patient Care Services have been very disrupted by high levels of personnel churn.
There is evidence of enhanced booking systems.
Response to demand and general scheduling is poor.
There is general under utilisation of the non emergency patient transport fleet.

**Performance**

- There is poor SLA and contract management across the current system. SLAs need to be more detailed, more performance managed (with sanctions and incentives) and less finance focused.
- Activity and performance data is generally poor despite the promising introduction of the Cleric system.
- Equally the performance management discussions that should underpin the information system is working very variably – meetings between regional leads and Trusts have been regularly cancelled.

**Good practice**

- The Valley Transport Initiative is an effective rural service and Velindre runs an excellent renal service.
- Call centre functions need to improve per se.
Community and voluntary sector response detail

Service User Experience

- The current health service provision of patient transport means that citizens will often use community and voluntary sector patient transport services, even if it means paying, as the timings or routing are inconvenient (e.g. number of pick ups and drop offs) on WAST journeys becomes prohibitive especially if they are unwell, have incontinence problems. The areas in which they often have to wait are uncomfortable and they are unable to obtain refreshments.

- There is a requirement for transport arrangements to be taken into account when arranging appointments as it is often difficult to arrange transport for early appointments if the individuals have to travel a considerable distance to the hospital.

- As carers are unable to travel on the WAST patient transport service (unless there is a medical reason) this often means the carer will need to find alternative means to get to the appointment. Recognising the significance of supporting the carers transport needs would be great comfort to service users.

- Patients in rural areas often face significant costs when arranging alternative transport to attend hospital appointments. In some areas it is common that hospital appointments are frequently cancelled due to the patients’ inability to finance a journey.

- There is a commonly held perception amongst service users that the eligibility criteria for WAST patient transport are very narrow with some patients not wanting to ring the call centre with the possibility of rejection.

- As WAST patient transport services are unavailable at weekends despite an increasing amount of appointments/clinics are being scheduled to take place at weekends. This can result in patients cancelling/not attending appointments, patients arranging and paying for private transport which they would not need to do if their appointment was on a weekday and a lack of weekend discharges from acute hospitals.

Communication

- The lack of communication between community and voluntary sector patient transport services, WAST and LHBs is one of the most frequently cited issues experienced by community and voluntary sector patient transport services.

- The lack of information provided from call centres regarding the services offered by community and voluntary sector patient transport services often causes confusion and distress to service users.

- There is a widespread lack of clarity and understandings regarding what services are provided by community and voluntary sector patient transport services.
• Inconsistent information provided to service users from hospitals regarding the length of time an appointment is meant to last and delays in their appointment time have profound affect on capacity of vehicles/drivers.

• There is a perception that the statutory sector is unaware of the capacity and the benefits of using community and voluntary sector patient transport services as opposed to private taxi firms and other alternatives.

• There is limited dialogue between hospitals and community and voluntary sector patient transport services with many suggesting there should be a dedicated named individual at each site.

**Service Vulnerability**

• The lack of service provision of WAST PCS after core hours / weekend is increasing the demand on community and voluntary sector patient transport services which operate after core hours or on weekends.

• The future potential centralisation and rationalisation of services could have significant implications for community and voluntary sector patient transport services due to the increased distance/time involved.

• Some community and voluntary sector patient transport services drivers are expected to also provide portering assistance which is not within their remit and has significant health and safety implications.

• There is a perception that the statutory sector is generally of the view that community and voluntary sector patient transport services provide an unlimited service for next to nothing.

• Many community and voluntary sector patient transport services are currently facing difficulties in the recruitment and retention of volunteer drivers.

**Funding**

• A high percentage of health related journeys undertaken by between community and voluntary sector patient transport services for health appointments are not funded.

• The lack of Full Cost Recovery in any funding provided means that many providers are heavily reliant upon donations. This is increasing the vulnerability of some services as they are particularly sensitive to cost pressures (e.g. rise in fuel prices).

• The funding and provision of patient transport services in rural areas does not accurately reflect the distances and times involved thus reducing the capacity of certain services.

• The funding for community and voluntary sector patient transport services is often received from local authorities but not from health organisations despite a proportion (increasing) of the journeys used for health related matters.
There is a requirement for longer term funding agreements (e.g. 5 years) which would enable community and voluntary sector patient transport services to plan longer term to improve services.
Annex 3

Review Terms of Reference

Review of Patient Transport Services

Terms of Reference

Purpose

To review the existing Patient Transport Service to determine whether it delivers an efficient and effective service of high quality to its users.

To identify opportunities where the sharing of resources between Local Government, Health and the Voluntary sector could improve the quality of the service.

To identify a range of options for the delivery of responsive, high quality, transport services in the future across Wales.

Scope

The review will include all modes of public and voluntary sector transport systems and aligned funding sources in Wales.

It should consider the way in which public and voluntary sector services could be integrated by improved transport systems.

Deliverable Products

To be determined through discussion’s with the Chair.

A report to the Minister for Health & Social Services on:

- The existing Patient Transport Service and whether this delivers an efficient and effective service of high quality to its users.

- Opportunities for the sharing of transport resources between Local Government, Health, the Voluntary sector and other service providers.

- Options for improving the delivery of responsive, high quality transport which integrate public sector services in the future.
Group Membership

The following organisations have been identified as key representatives for the Review group.

It is proposed to invite Win Griffiths, Chair of Bro Morgannwg NHS Trust and the Wales Council for Voluntary Action to chair the group.

- Welsh Ambulance Services NHS Trust
- NHS Acute Trusts
- Local Health Boards
- Community Health Councils
- Local Government
- Voluntary Sector
- Unions
- Public Transport Operators
- Community Transport Association
- Disabled Persons Transport Advisory Committee
- Welsh Assembly Government
- Any other stakeholders as requested.
Key facts about non emergency patient transport

Non-emergency patient transport services allow people to access outpatient, day hospital, treatment centre and other services at NHS hospitals. A range of people use them, including the young and elderly, some of whom may have physical or other disabilities, and may be seriously ill or injured. Many of the users are vulnerable and depend on the free transport that they receive. PTS is transport provided free of charge to eligible NHS patients travelling to and from secondary care facilities for outpatient or inpatient treatment. Patients are eligible for free transport if they meet the criteria for medical need.

Eligibility Criteria

Medical need criteria were revised in February 2007 and published as a Welsh Health Circular, WHC(2007)005. A number of factors determine eligibility, including whether the patient receives regular dialysis or cancer treatment or has other medical or communication difficulties.

The policy also indicates that eligibility should take account of factors such as where a person lives, whether they need an escort or carer to travel with them and the impact on the patient if they were required to use alternative transport.

Patient journeys per annum

At the beginning of the review period, PTS was commissioned by NHS Trusts. The new Local Health Boards have now assumed this responsibility. The majority of PTS journeys, around 1.4 million per annum, are carried out by the Welsh Ambulance Services NHS Trust. Voluntary and private sector organisations also play a significant role in transporting patients with health care needs.