Scrutiny Committee – 3 February 2015

West Kent Clinical Commissioning Group - Passenger Transport (Minute 36)

The Chairman welcomed Ian Ayres, Chief Officer and Accountable Officer of the West Kent Clinical Commissioning Group, to the meeting.

The Chief Officer circulated to Members a handout providing an overview of patient transport including information on tendering the service to NSL, the contract performance, a report from the Care Quality Commission and the actions which had been taken to address concerns. He explained that the Patient Transport Service was free to those with a clinical need. A new contract, tendered by a predecessor Primary Care Trust cluster, had begun with NSL in July 2013 across Kent and Medway where previously there had been a patchwork of arrangements. It was due to last for three years with the option of two one-year extensions. He considered that the contract was providing a poor service however he was seeking to fix the contract to and was looking to ensure the next procurement was more effective.

Questions were addressed to the Chief Officer.

A Member asked the basis on which the contract had been awarded to NSL. The Chief Officer confirmed that there had been a full external tender advertised in the European Journal, with points weighted on quality and ability and a minority of points on finance. NSL had won on both counts.

The Chief Officer was asked what track record NSL had prior to the contract. He advised that they had been the largest provider across the country. Officers had since spoken to colleagues at other authorities and although they experienced similar difficulties, they were not on the same scale as those experienced in Kent. He had concerns that the company may have grown too quickly, with a lack of strong local management.

A Member noted that the eligibility for patient transport was imprecise and asked what role was currently played by the voluntary sector. The Chief Officer responded that the definition of eligibility was taken from national policy. If patients were not eligible then they would be signposted to the voluntary sector. The Member suggested that that activity from the voluntary sector may be as high as 50%.

Asked what improvements would be made to the tendering process, the Chief Officer confirmed that whereas the PCT had no one who had run patient transport services, the CCG had bought in a person with national experience; poor information had been given to NSL about the number and type of journeys required and it had been inappropriate to hold NSL to account for that; when a bidders day was held for the previous tender, the local NSL manager had not been brought in; the previous tender had incorrectly assessed that 100 rather than 200 staff would be transferred across under TUPE regulations and although NSL had accepted these staff it may have been more appropriate to have delayed the contract for three months to reassess the impact. The Chief Officer confirmed that considerable work had been undertaken to correctly identify the number and types of journey in preparation for the next contract.

The Vice Chairman asked why the contract had not been terminated at the point in September 2013 that performance was no longer improving or after NSL had failed to

meet its recovery plan. He responded that litigation had been considered on both sides but the position had been more settled since January 2014. The contract would be for 3 years only, rather than extended to 5 years.

In response to a question, the Chief Officer confirmed that the contract expected patients to be picked up within one or two hours but patients were regularly picked up within three or four hours which he considered unacceptable, especially when patients may not then be able to return to nursing homes, if too late, and may be waiting in discomfort. NSL were currently meeting between 70 and 80% of key performance indicators.

The Vice Chairman indicated that patients may not want to wait more than one hour and Members asked whether further resources would be required to meet that aim. The Chief Officer advised that national practices were being assessed to identify the correct standards but felt that NSL had significant staff and vehicles and hospitals had begun to buy in their own vehicles too. He was optimistic that any further resources needed for the new contract would be found.

The Chief Officer was asked whether there would be sufficient bidders for the next contract. He noted that a number of other authorities were struggling with other providers. Although more local transport based around individual hospitals could work well, this tended to be more expensive.

The Chairman of the Health Liaison Board requested that the Chief Officer consider talking to other providers including the voluntary sector. She was pleased there were plans to improve but felt it was a long way from a satisfactory service.

The Chairman thanked Mr. Ayres for attending and for being frank in his responses.