

Non-Emergency Patient Transport Service (NEPTS)

Procurement and mobilisation update to East Sussex Health Overview and Scrutiny Committee (HOSC)

7th March 2024

1. Introduction

Non-emergency patient transport (NEPTS) is defined by the Department of Health and Social Care as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare, and/or between providers of NHS-funded healthcare.

The overarching principle of patient transport, as defined by NHS England (NHSE), is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

Eligible patients for patient transport are those referred by a doctor, dentist, or ophthalmic practitioner for non-primary care NHS-funded healthcare services – regardless of the setting – or those who are being discharged from NHS-funded treatment.

2. Background

The NEPTS contract was originally procured in 2015 and awarded to Coperforma (who were the only bidder) and the contract commenced on 1 April 2016.

The contract with Coperforma was terminated in late 2016 and a new contract was negotiated with and awarded to South Central Ambulance Service NHS Foundation Trust (SCAS) and commenced on 1 April 2017.

This original SCAS contract was due to expire on 31 March 2021 and, in anticipation, the procurement process began in January 2020 for a new service. The Sussex CCGs at the time agreed a 1-year direct award extension to 31 March 2022. Further extensions were approved by Sussex CCGs and the ICB until 31 March 2025 to reflect the impact of the Covid-19 Pandemic, the national NEPTS review outputs, and the indicative timescales for a mobilisation period of one year.

During the contract extension period, extensive work was undertaken with NHS England; service users; other ICBs; acute, community and mental health trusts; the

Voluntary and Community Sector Enterprises (VCSE); and the wider market to develop a new service model. The key areas are summarised below.

2.1 National Policy

NHSE started a national review of NEPTS provision in 2021 and has subsequently published a new national framework for NEPTS covering standards on eligibility criteria; mobility categories; dataset reporting requirements; and commissioning and contracting standards; the use of the Healthcare Travel Cost Scheme (HTCS); provision of local information on alternative transport options to those who make enquiries about eligibility for NEPTS; and a roadmap to reach net zero by 2035. These have been reflected in our new service specification.

2.2 NEPTS Pathfinder

As part of the national NEPTS review, NHS Sussex was one of three national pathfinder sites to inform the national review. The pathfinders included testing out a Single Point of Access model for patient transport that referred non-eligible patients to alternative travel options; strengthening the role of the Community & Voluntary Transport (CVT) sector through initiatives to improve the recruitment (and retention) of volunteer car drivers; and improving the discharge of patients from acute hospitals through setting up better co-ordination between acute and patient transport staff. The findings of these pathfinders have informed both the current service and the new service specification.

2.3 Known commissioning gaps.

In addition to the NHS Sussex funded core NEPTS contract, wider system partners have historically been funding a number of other patient transport services. These separate contracts have been built into the newly procured service. Specifically these cover: a) Secondary and Tertiary Mental health conveyances, b) overall additional discharge capacity for our six main hospital sites based on increased modelled demand, c) provision of Inter Facility Transfers (levels 3 & 4) which currently sit outside of the SECamb contract but are being undertaken by that provider.

2.4 Patient-oriented service

Healthwatch conducted a survey in 2020 of NEPTS patients that showed patients want a service that is better able to keep them informed of the location of their vehicle and its arrival time using modern technology such as smart phone apps or text messages.

2.5 Engagement

NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. The NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement

and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.

NHS Sussex also undertook market engagement in October 2022 where clear feedback was given of the need for a one-year mobilisation timeframe. Further market engagement in May 2023 allowed potential bidders to see the proposed model and schedule one-on-one engagement sessions with NHS commissioners to test their understanding and raise any potential challenges in delivery the suggested new service model.

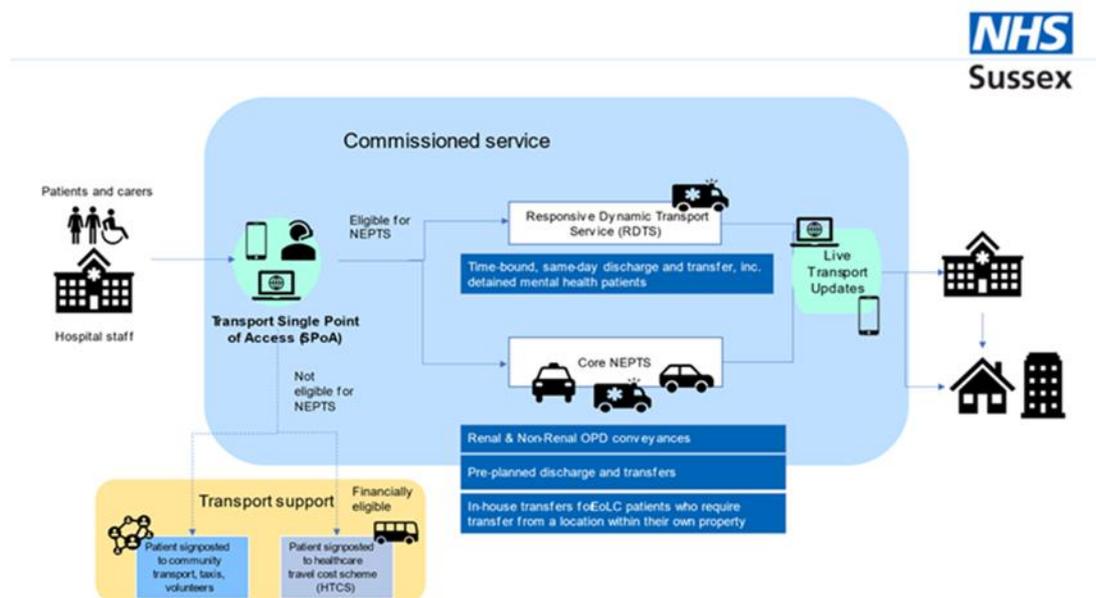
With all this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.

3. New service model

The new service is a step-change in the patient transport service for Sussex patients reflecting latest national guidance and responding to identified commissioning gaps.

The service model expected from the new transport provider is described in the visual below:

Visual 1: New Service Model



The new model includes:

1. The development of a single point of co-ordination for all patients seeking transport to secondary care services.

2. Provision of an expanded and more responsive transport service to meet the needs of the healthcare system in Sussex.
3. Use of modern technology to innovate and enhance the patient experience (e.g. use of apps and web-based portals if patients are comfortable to use them)
4. Improving accessibility to the service e.g. translation service or support for those with visual or hearing impairment, same-sex drivers, availability of specialist equipment, accomodation of escorts and flexibility regarding drop-off locations.
5. Specifying the need for battery electric vehicles reaching 100% of the fleet by 2033 with requirements that transport provider will also need to reduce all of its scope 1 and 2 emissions by 80% from a 19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance.
6. Requirement that the provider needs to develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care system.

4. Procurement process

The procurement process commenced on July 3, 2023, with the tender documentation made available online for approximately 60 days. Prospective bidders were required to complete a Selection Questionnaire (SQ) to ensure compliance with legal requirements for an NHS service provider, along with an Invitation to Tender (ITT) questionnaire to enable them to describe their proposed service model.

Several bids were ultimately received for the contract, showcasing substantial interest from the market.

The evaluation process for the SQ and ITT, involved NHS Sussex enlisting a diverse panel of 22 evaluators covering various disciplines, including Commissioners, Patient Voice, HR, Finance, Equalities, Engagement, Quality, Net Zero, Contracts, and Adults' and Children's Safeguarding. Bid evaluators from Healthwatch Brighton & Hove, East Sussex Healthcare Trust (ESHT), University Hospitals Sussex (UHS) East and West, Sussex Community NHS Foundation Trust (SCFT), and Sussex Partnership Foundation Trust (SPFT) were also engaged in the process.

The evaluation was robust and followed closely the process set out in NHS Procurement Regulations. It was designed to identify a provider that could both deliver the comprehensive new service model as well as provide strong assurance to commissioners that they could deliver in areas such as mobilisation, communication, and engagement, digital, workforce, sustainability, and finance.

4.1 Procurement Outcome

In February 2024, NHS Sussex approved the award of the Sussex NEPTS service to the winning bidder for a period of five years beginning 1 April 2025 (with an option to extend for a further five years). All bidders were then provided with letters stating the outcome of the procurement exercise and explaining that, as required under procurement regulations, a 10-calendar day standstill period would be observed before entering any contract. At the time of writing the report, we are in the procurement standstill period, meaning it is not yet possible to confirm the winning bidder. Subject to the successful completion of the standstill period, an award notice will be published on Find a Tender, at which point the details of the winning bid will be shared.

Following the end of the standstill period, NHS Sussex will satisfy any outstanding contractual formalities, such as any conditions precedent, prior to issuing a draft NHS contract to the winning bidder. To ensure the winning bidder has the full year mobilisation available to them from 1st April 2024, contracts are due to be signed on 31st March 2024.

5. Mobilisation

In recognition of the requests of patient transport providers at the October 2022 market engagement, NHS Sussex is planning a full year of mobilisation. This is to allow sufficient time for the winning bidder to order and secure their ambulance fleet in time for go live on 1st April 2025, due to the lengthy supply chain lead-in times for ambulances.

The Mobilisation Plan will be developed by the winning bidder in close collaboration with NHS Sussex, NHS Trusts, and other stakeholders over the coming weeks. It will need to run from the start of the mobilisation period and into a transition period of at least six months after go-live.

The mobilisation plan will involve the transfer of several patient transport elements into a single contract, in particular:

- the existing PTS service run by SCAS.
- the same-day discharge capacity funded by ESHT and UHS.
- the secondary and tertiary patient transfers funded and arranged by SPFT; and
- the interfacility transfers (IFTs) undertaken by Southeast Coast Ambulance Foundation NHS Trust (SECAmb) that they are not currently funded to provide.

It is expected that any mobilisation plan will cover all the project elements, for example, the ambulance fleet, properties for the Single Point of Co-ordination (SPoC) and vehicle bases, data migration, recruitment, subcontractors and volunteer car drivers, training for both PTS staff and healthcare professionals (HCPs), and communications and engagement to HCPs and patients. A detailed risk register will also be developed and regularly updated. We would also expect the winning bidder to apply any lessons learned from previous mobilisation experience.

NHS Sussex expects the mobilisation will have a senior member of staff from the winning bidder as project sponsor to ensure the mobilisation is monitored and prioritised at the highest level within the organisation. It is expected that regular progress meetings will be held with stakeholders, including NHS Sussex, to oversee the project's progress and provide assurance around any identified risks and their mitigations. These meetings are likely to increase in cadence as the go live date approaches.

As the go live period carries increased risk of error and delays, it is expected that particular attention will be paid to this period and, if necessary, additional resources temporarily deployed to ensure it runs smoothly and seamlessly for patients and the wider healthcare system. Any temporary additional resources would then be tapered off during the transition period.

A key element of the new service is integration and partnership working with the wider Integrated Care System (ICS). To facilitate this closer working relationship, the service specification requires the winning bidder to develop, in partnership with NHS Sussex and the relevant NHS trusts, several standard operating procedures (SOP) during the mobilisation period.

The SOPs will set out how the patient transport service operates, for example, the process for discharging patients from hospital back to their usual place of residence. This will also be an opportunity to ensure that NHS trusts are following an agreed process for patient discharge and not placing undue pressure on the NEPTS provider, for example, aiming to pre-plan an agreed percentage of their journeys, and ensuring that most patients are first asked to make their way home either on their own, or with a friend, carer or relative rather than offering patient transport as a first option.

Communication and engagement are also key to the new service. The winning bidder will develop a communications and engagement plan in consultation with NHS Sussex during the mobilisation period. This will ensure that HCPs and patients, including those with protected characteristics or from disadvantaged groups, are fully aware of the change in provider and the benefits of the new service. It will also enable the refining of the service model based on this intensive collaboration, ensuring that the eventual service aligns closely with the needs and preferences of the communities it serves, as it progresses towards the go-live milestone.

Engagement is expected to be carried out with Healthwatch and other VCSE, as well as patient representative groups and the HOSCs/HASC.

6. Conclusion

The transformational nature of the service; strong system wide buy-in and co-design from NHS providers; support, and involvement of Healthwatch; the commitment to Net Zero transition; and robust procurement process should help provide significant assurance that the new patient transport service is the right approach for Sussex.

NHS Sussex welcomes further input from the East Sussex HOSC during the mobilisation phase. Once the stand still has concluded, we will organise further

sessions to allow the opportunity for committee members to meet with the successful bidder.