

# SCHEDULE 2 – THE SERVICES

## A. Service Specification

<b>Service Specification No.</b>	PTS 2016
<b>Service</b>	Non-Emergency Patient Transport Services (PTS) <b>Planned PTS</b>
<b>Commissioner Lead</b>	NHS Blackpool CCG & NHS Liverpool CCG
<b>Provider Lead</b>	North West Ambulance Service NHS Trust
<b>Period</b>	1 <sup>st</sup> July 2016 to 30 <sup>th</sup> June 2021
<b>Date of Review</b>	

### 1 Population Needs

#### 1.1 National/Local Context and Evidence Base

- 1.1.1 The Department of Health defines Non-emergency Patient Transport Service (PTS) activity as being typified by the non-urgent, planned transportation of patients, with a medical need for transport, to and from a premises providing NHS healthcare and between NHS healthcare providers.
- 1.1.2 This can and should encompass a wide range of vehicle types and be crewed by staff with appropriate skills consistent with the patients' transport needs.
- 1.1.3 The overarching principle of PTS is that patients who are eligible for transport will receive safe, timely and comfortable transport, without detriment to their medical condition.
- 1.1.4 PTS in the North West is commissioned for patients, for which the local Commissioner has responsibility, to ensure that patients can access healthcare in a safe and timely manner.
- 1.1.5 The current guidance underpinning this service specification is that issued by the Department of Health in 2007. In the event of changes to National Policy Guidance, General Condition 13.5 will apply.
- 1.1.6 This specification does not cover specialist ambulance transport such as those requiring the clinical skills of Paramedics etc. Typical knowledge and skills for staff providing Patient Transport Services are set out in Section 5.2 of this specification.

### 2 NHS Outcomes Framework Domains & Indicators

#### 2.1 Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

## 2.2 Local defined outcomes

2.2.1 Locally defined outcomes for the service are:

- There will be no detriment to patients health and wellbeing during their journey
- Patients will arrive safe, and in a timely manner
- Patients will not spend an unreasonable amount of time on vehicles
- Patients will be collected promptly, in reasonable timescales following their appointment
- Patients will be treated with courtesy, dignity and respect at all times
- The service provider must take action to reduce carbon emissions and the carbon footprint of service users journeys where possible
- The service must be innovative in its approach using best practice and technology to respond to future needs

## 3 Scope

### 3.1 Aims and objectives of service

3.1.1 The aim of the service is to ensure that the overarching principle of PTS is followed and achieved; patients who are eligible for transport will receive safe, timely and comfortable transport to their destination, without detriment to their medical condition.

3.1.2 The objectives are to ensure that service delivery is high quality, responsive, high performing, provides value for money, is environmentally efficient and innovative in the use of information technology.

3.1.3 Specific objectives of the service are to:

- Provide high quality; patient centred services delivered in a safe, friendly and effective manner by appropriately trained staff in clean, comfortable, fit for purpose vehicles.
- Provide safe, timely and reliable high quality transportation of patients attending NHS funded healthcare settings
- Improve service quality by:
  - Providing efficient appropriate flexible transport and professional staff with relevant supporting skills to service patients' transport needs.
  - Provide an easy, accessible and robust booking process for PTS.
- Deliver value for money; the service must be affordable, sustainable, provide value for money and be fit for purpose.
- Ensure that Patients privacy and dignity will be respected.
- Manage demand, through application of eligibility criteria, by minimising inappropriate use of PTS
- Have in place an eligibility screening and assessment process as part of the service offering which ensures equity of access through consistent and appropriate application of eligibility criteria to match PTS service delivery to the patient's needs.
- Be able to evidence how demand reduction has been managed providing information on areas like the number of patients ineligible for transport through eligibility screening
- Minimising journey times and ensuring prompt arrival for appointments and collection following appointments.
- Deliver high performance from the service

- Deliver a responsive service which must provide flexibility in order to respond to changing needs such as (but not limited to) new destinations and be flexible in relation to arrival/collection times.
- Provide robust management information as specified in the contract in relation to activity, finance and quality of service provision.
- Maintain effective engagement with Commissioners and the wider local health economy to develop and promote continuous service improvement with a focus on innovation and patient safety.
- Engaging with the wider health economy through existing governance arrangements to promote effective two-way dialogue on the provision of services and receiving feedback on provided services.
- Innovative in the use of information technology; ensuring the use of robust systems and best practice when scheduling activity, keeping patients informed and responding to future needs
- Be environmentally efficient; the service must take action to reduce the carbon footprint of patient journeys wherever possible and be committed to ensuring vehicle emissions are minimised.
- Look at alternative forms of transport e.g. electric vehicles to reduce emissions. Commissioners would welcome providers who may wish to look at these alternative transport types as they become more prevalent over the terms of the contract
- Allow for 24/7 operating hours on a zero activity basis for out of hours, to ensure maximum flexibility and to future proof the contract. There will be key operating times within the 24 hour period for each area. This means that in the future the contract doesn't have to be renegotiated in full if services outside of core hours are required as new services are designed and commissioned during the contract period.

### 3.2 Population covered

- 3.2.1 The PTS service is provided across the North West region of England, which is split into the five County areas of Cheshire, Cumbria, Lancashire, Merseyside and Greater Manchester. Each of these county areas contains a number of Clinical Commissioning Groups and the CCGs in each locality are listed in their respective areas below.
- 3.2.2 This contract covers the population defined in the Commissioning Area described in *Schedule 2A: Annex A*, which represents one of the County areas from the North West.

<b>Cheshire</b>
NHS Eastern Cheshire CCG
NHS South Cheshire CCG
NHS Vale Royal CCG
NHS Warrington CCG
NHS West Cheshire CCG
NHS Wirral CCG

<b>Cumbria</b>
NHS Cumbria CCG

<b>Greater Manchester</b>
NHS Bolton CCG
NHS Bury CCG
NHS Central Manchester CCG
NHS Heywood Middleton & Rochdale CCG
NHS North Manchester CCG
NHS Oldham CCG

NHS Salford CCG
NHS South Manchester CCG
NHS Stockport CCG
NHS Tameside and Glossop CCG
NHS Trafford CCG
NHS Wigan Borough CCG

<b>Lancashire</b>
NHS Blackburn with Darwen CCG
NHS Blackpool CCG
NHS Chorley and South Ribble CCG
NHS East Lancashire CCG
NHS Fylde & Wyre CCG
NHS Greater Preston CCG
NHS Lancashire North CCG
NHS West Lancashire CCG

<b>Merseyside</b>
NHS Halton CCG
NHS Knowsley CCG
NHS Liverpool CCG
NHS South Sefton CCG
NHS Southport and Formby CCG
NHS St Helens CCG

### 3.3 Service Type: Planned Non-Emergency Patient Transport Services (PTS)

- 3.3.1 A Planned Non-Emergency Patient Transport Service (PTS) will be provided to eligible patients being transported for the purposes of attending outpatient appointments, day units, home visits for assessments prior to discharge, planned hospital admission and planned discharge.
- 3.3.2 PTS is to be provided to eligible patients to access appointments from the earliest point in the service hours and to be collected up to the latest point of the service hours. Service hours for the PTS service are defined in *Schedule 2A: Annex A*.
- 3.3.3 PTS shall be provided in accordance with the PTS KPIs and Quality Standards set out in *Schedule 4C – Quality Requirements*.

### 3.4 Coverage

#### 3.4.1 Services will be provided to convey eligible patients:

- From/to their residential address, to/from NHS funded healthcare setting
- From a NHS funded healthcare setting to intermediate care and hospice facilities
- From their residential address to nursing homes for the purpose of receiving NHS funded care.
- From/to a treatment facility at which the eligible patient is receiving NHS funded inpatient care to/from a NHS funded healthcare setting for the purposes of receiving outpatient, dialysis or diagnostic services
- From/to their residential address to/from a hospice for the purpose of receiving NHS funded care
- Between NHS funded healthcare settings for the purposes of receiving further NHS funded services.

### 3.5 Locations served

- 3.5.1 The Service shall serve:

- All NHS funded Treatment Centres.
- The residential addresses of eligible patients.

3.5.2 Definitions relating to Residential Address and Treatment Centre are provided in *Schedule 2A: Annex A*.

### **3.6 Operating Hours**

3.6.1 The operating hours for the service are defined as the Service Hours set out in *Schedule 2A: Annex A*.

3.6.2 Except as otherwise specified, no premium shall be paid for transportation outside the agreed hours

### **3.7 Description/Care Pathway – PTS**

3.7.1 This specification relates to the provision of non-emergency patient transport undertaken by the Provider delivered to eligible patients and eligible escorts

3.7.2 The service will be available for all eligible PTS patients whose:

- Appointment start time and requested collection time are within the Service Hours for Planned Activity set out in *Schedule 2A: Annex A*.

3.7.3 No charges will be made to eligible patients or eligible escorts receiving the service.

3.7.4 Discrete processes within the service must be available for the following activities:

- Eligibility Screening and Assessment
- Transport Booking Service including facilities to view, amend and cancel bookings and deal with enquires from patients, carers and healthcare professionals.
- The Booking Service must be accessible via an online booking system and/or by telephone for healthcare professionals and patients (where applicable)
- Transportation of patients from pickup/drop off to handover of care
- Risk Assessments and transportation of Bariatric patients
- General patient risk assessments for safe transportation
- A sign posting service /directory of alternative transport services for non-eligible patients
- An enquiry line for patients'/carers and healthcare professionals whilst the service is operational

### **3.8 Limitations of the Specification**

3.8.1 This service specification does not provide operational detail relating to the service delivery.

3.8.2 The Provider is solely responsible for the optimisation of its operations (e.g. vehicle scheduling, staffing, asset deployment, investment, etc.) to deliver the defined service according to the required performance standards. Therefore the first appointment time is not the operating time for Providers operations, the Provider must decide the operational service delivery timings.

### **3.9 Acceptance and exclusion criteria and thresholds**

3.9.1 Unless otherwise specified, the service shall be available to all eligible patients, each of whom may be accompanied by no more than one eligible escort and (if deaf, blind, or partially sighted) no more than one Assistance/Support Dog (defined in *Schedule 2A: Annex A*)

3.9.2 An Eligible Patient is any person who:

- Meets transportation eligibility criteria defined by the Commissioner (*Schedule 2A: Annex C*) having been evaluated in accordance with any scoring matrix or methodology that the

Commissioner may from time to time provide or update, or is subject to one or more exclusion detailed in section 3.9.6; and

- Is either registered with a GP within the commissioning area or (if not registered with a GP) is normally resident in the commissioning area; and
- Has a medical condition such that they require the skills or support of PTS staff on/after the journey to the extent that it would be detrimental to their condition or recovery if they were to travel by other means; or
- Has a medical condition that impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means; or
- Has received NHS funded transport to reach a NHS funded Treatment Centre and requires transportation to their Residential Address but no longer meets the clinical need requirements of the eligibility criteria; or
- Is subject to an exemption from eligibility screening and assessment as stated elsewhere in this specification.

3.9.3 An Eligible Escort is:

- A healthcare professional, relative or carer that accompanies an eligible patient on a journey in order to provide particular and necessary skills or services that may be required and cannot be provided by the PTS staff (e.g. accompanying a person with physical or mental incapacity or to act as a translator); or
- A person recognised as a parent or guardian of an eligible patient under the age of 16 years.

3.9.4 In the event of Department of Health eligibility guidance changing, paragraphs included in this section describing eligible patients and eligible escorts will be subject to a mandatory immediate service variation at no charge to the Commissioner.

3.9.5 An ineligible person is any person who is not an eligible patient or eligible escort.

3.9.6 The conveyance of the following are specifically excluded from this specification:

- Patients, personnel or other individuals, to, from or between locations operated by the same legal entity for operational reasons (i.e. those relating to 'portering', bed management and other similar matters pertaining to the operations of a healthcare provider).
- Ineligible patients or escorts
- Equipment or other supplies, unless for such items as otherwise allowed under the terms of this specification (identified in section 4.15 of this specification).

### **3.10 Service: Future Requirements**

3.10.1 NHS Commissioning Standards, local emergency and urgent care strategies will continue to evolve over the life of the contract to improve efficiency and integration across the patient journey pathway.

3.10.2 Given this continual change it is anticipated that there will be service changes to ensure that the service remains compliant with NHS Commissioning Standards and local emergency and urgent care strategies, including, but not limited to, the requirement for transport services to be available 7 days a week.

3.10.3 Bidders are therefore advised that a degree of flexibility is required over the course of the contract term and it is anticipated that certain elements of the service will need to be re-negotiated part way through the contract term, to ensure that the service remains in line with prevailing commissioning standards.

### **3.11 Interdependence with other services/providers**

- 3.11.1 This service is dependent upon effective liaison with all pertinent healthcare providers including hospitals, treatment centres, outpatient facilities, booking offices, nursing & residential homes, community step down facilities, hospices, community and other transport providers.

## **4 Service Delivery**

### **4.1 Booking of Transport**

- 4.1.1 All journeys shall be booked via the Provider's Booking Centre. Exceptions to this are where there are existing booking arrangements already in place. Existing booking office arrangements, where they exist, are described in *Schedule 2A: Annex F*. Over the lifetime of the contract, if the existing booking arrangements change, the Provider must absorb the booking function and this specification will be the subject of a contract variation to accommodate the new arrangements.
- 4.1.2 All requests will be entered directly onto the Provider's booking system.
- 4.1.3 The Provider is expected to ensure that the eligibility criteria is adhered to by completing a full screening and assessment of whether a patient meets the criteria for each booking either directly with the patient or within the person booking the transport or online, this assessment will be recorded by the Provider.
- 4.1.4 All bookings must comply with the Equality Act 2010 to ensure all patients are protected against discrimination. The Provider must recognise and welcome its legal duties under the Equality Act 2010 and ensure that interpreting and translation services comply with these legislative requirements.
- 4.1.5 The Provider will:
- Ensure that it does not discriminate against individuals or groups on any grounds
  - Ensure that service users who have limited proficiency in English, including speech and hearing disabilities, have access to the communication tools required to allow them to book their transport, undertake eligibility assessment and understand service information.
  - Provide a prompt and efficient service, which is equitable and accessible to all service users
  - Ensure that telephone interpreting services can be accessed
  - Develop accessible patient information including patient information leaflets, corporate reports and any correspondence. Such information must be readily available for service users to access in appropriate formats.

### **4.2 Eligibility Screening and Assessment**

- 4.2.1 The Provider must perform an eligibility screening and assessment prior to accepting each booking request that it receives, using the standardised eligibility assessment criteria set out in *Schedule 2A: Annex C*.
- 4.2.2 The criteria may be administered using online or telephony-based tools.
- 4.2.3 An eligibility assessment and screening must be applied to all patients subject to the exceptions set out in clause 4.2.9.
- 4.2.4 The eligibility screening and assessment will result in each eligible patient journey being classified according to journey & mobility categories described in *Schedule 2A: Annex D*, which sets out Journey Classification, Journey Type, Specific Mobility Requirements and Mobility Categories to appropriately reflect patient needs. This classification must be recorded in the booking system.

- 4.2.5 Where eligibility screening and assessment results in a person being deemed ineligible for NHS funded transport, the Provider must offer information on alternative forms of transport available in the area.
- 4.2.6 If the individual requests further advice due to ineligibility, the provider must direct individuals to the Providers Team Supervisor or Booking Manager for further guidance.
- 4.2.7 Working with the commissioner the provider must develop a Directory of Alternative Transport for ineligible patients and provide information regarding the Hospital Travel Scheme and how patients can make a claim.
- 4.2.8 The eligibility criteria will be subject to a six month review of the questions asked to ensure that the process remains fit for purpose. The Provider will incorporate any changes arising from the review within their existing systems without charge.
- 4.2.9 The following situations do not require patients to be the subject of Eligibility Screening Assessment, although the Provider must still assess the Patient's transport needs to ensure that an appropriate vehicle is made available:
- Eligible patients who are being transported between NHS funded organisations for the purpose of receiving further NHS funded treatment.
  - Eligible patients where a GP, or Clinician, providing NHS funded care determines that a patient is exempt for that specific booking requiring transport. This is subject to:
    - The GP or Clinician identifying the patient as exempt prior to each booking being made.
    - The GP or Clinician determining the patient's mobility classification and notifying this to the Provider at the time of the booking. This will be by completion of a 'Notification of Exemption & Mobility Classification' submitted to the Provider by the GP or Clinician requesting the exemption or their authorised delegate.
    - The Provider must record, and report all exemptions requested in this way within the data captured. This must include the name and site of the clinician requesting the exemption.

### **4.3 Booking of Animals**

- 4.3.1 The conveyance of up to one Assistance/Support Dog, (Guide Dog, Hearing dog, mobility/clinical support dog) providing assistance to eligible patients transported shall take place, on the same vehicle as the patient, at no additional cost.
- 4.3.2 Where an Assistance/Support Dog is requested the patient and dog must not travel with any other patients, therefore the booking must state 'must travel alone'

### **4.4 Booking of Goods, Equipment and Patients' Possessions**

- 4.4.1 The Provider will ensure that all patients equipment (e.g. wheelchairs, walking frames, etc.) are booked to travel with the patient as required
- 4.4.2 The Provider will allow carriage for one bag of personal property owned by each eligible patient on the same vehicle as the patient, at no additional cost.
- 4.4.3 The carriage of additional items quantities of patients' property shall be at the discretion of the Provider but, if accepted, shall be without charge.
- 4.4.4 The Provider must also provide carriage for special feeds or dialysis fluids, provided to patients during their appointment or at the time of discharge. This will take place without additional charge. Such products shall not be included with the patient baggage allowance detailed in clause 4.4.2
- 4.4.5 Other medical equipment provided to or used by the patient (e.g. wheelchairs, walking frames, etc.) must be recorded on the booking and shall be conveyed at no additional cost.



#### **4.5 Direct Booking of Transport**

- 4.5.1 The Provider shall optionally, but preferably, use such systems as may be appropriate to enable the direct booking of transport and submission of Patient Readiness Notifications via Patient Administration Systems (PAS) used by NHS funded healthcare providers.
- 4.5.2 The Transport Provider shall work with the Service Providers IT Department to develop a PAS link with their system to enable a seamless transfer of patient's journey requirements.
- 4.5.3 Where this is not possible the Transport Provider must ensure that the Service Provider has access to their system via the 'Web'.

#### **4.6 General Information**

- 4.6.1 The Provider must offer and publish details of an 03 number or 'free phone' telephone service to allow for telephone based bookings, patient eligibility screening and assessment, patient readiness notification and a transport information service in respect of PTS service delivery.
- 4.6.2 The telephone service must be available whilst patients are being conveyed.
- 4.6.3 Booking requests, for transportation to treatment centres, shall detail whether a return journey is:
- Required at a pre-determined time (Fixed Collection Return Journey); or
  - At a time yet to be determined (Variable Collection Return Journey). A default time of 1½ hours should be used; or
  - Not required.
- 4.6.4 All bookings must have a booking reference number which must be confirmed:
- To the individual or team making the booking:
  - Using electronic means if booked online.
  - Verbally, physical or electronic means if booked by telephone.
  - To patients:
    - Using physical or electronic means.
    - Booking confirmation should also include date and appointment time and where possible details of the planned time (or time window) of pick-up
- 4.6.5 This information must be provided on the day of travel no later than 1 hour before the expected pick-up time.
- 4.6.6 The Provider will allow authorised users with access to an Online Booking System. Authorised users will be nominated by the Commissioner, either individually or as collective groups of individuals.
- 4.6.7 New authorised users may be nominated by the Commissioner throughout the duration of the contract.
- 4.6.8 The Online Booking System must:-
- Be accessible through a standard internet browser using a secure (HTTPS) connection.
  - Enable authorised users to submit, amend and cancel booking requests.
  - Enable authorised users to screen and assess patient eligibility.
  - Enable authorised users to submit Patient Readiness Notifications.
  - As part of service development provide a system that has the ability or can develop the ability to track the patients journey/vehicles for viewing by Service providers staff at NHS funded Treatment centres
  - Provide a fully automated 'Text Ahead' and functionality to inform patients of transport booked

- 'Text Pre-Alert' (SMS) and the expected time of collection on the day the patient is due to travel.
  - Be available on a 24 hour basis
- 4.6.9 Patient must be given the option to opt out of receiving text (SMS) alerts from the Provider.
- 4.6.10 If a patient does not receive a text the patient must be contacted by their preferred choice where possible (telephone or email).
- 4.6.11 The Provider will inform Patients and/or NHS treatment centres of any expected late collection.

#### **4.7 Journey Classification**

- 4.7.1 At the time of booking, the journey classification, journey type and patient mobility must be recorded in accordance with the classifications detailed in *Schedule 2A: Annex D*.
- 4.7.2 The Provider must ensure that the appropriate vehicle is used, based on the patient's mobility, clinical needs, and subject to the notes detailed in the journey classification patient mobility table in *Schedule 2A: Annex D*.
- 4.7.3 Where the eligible patient's mobility category is "Wheelchair", the Provider must record such details as may be necessary to ensure that the vehicle and crew dispatched are capable of safely transporting the patient, taking into account the type of wheelchair (e.g. conventional or electric) and any access or egress considerations.

#### **4.8 Booking Cut Off Time**

- 4.8.1 The booking cut off time for PTS journeys is defined in *Schedule 2A: Annex A*.
- 4.8.2 A booking made after the Booking Cut Off Time will be classed as a Short Notice booking and cannot be considered under the terms of this specification. Short Notice bookings will be managed according to the specification specifically related Unplanned PTS Activity, and subject to the KPIs and Quality standards included related to Unplanned PTS Activity.

#### **4.9 Booking Amendment**

- 4.9.1 The amendment of a booking will have the effect of a simultaneous cancellation of the existing booking (subject to the relevant cancellation cut-off time) and a new booking being made.
- 4.9.2 The amendment of an existing booking to reflect a change in pick-up or drop-off location will be accepted without resulting in the journey being classified as cancelled or aborted, provided that the amendment does not result in a change of Healthcare Provider site or residential address and takes place at least one hour prior to the scheduled pick-up time.
- 4.9.3 The amendment of the time of an existing booking as a result of delays to treatment caused by the late delivery of the patient to the Treatment Centre by the Provider shall be accepted without resulting in the journey being classified as Cancelled or Aborted.
- 4.9.4 No charge will be made for booking amendments.
- 4.9.5 Providers must not change the patients mobility request prior to the journey taking place unless they have spoken directly to the patient and new information regarding the patient's mobility is highlighted and recorded. Comments must be made in the booking notes given the reason for the change and who authorised the change

#### **4.10 Booking Cancellation**

- 4.10.1 The Provider will offer a telephone answering service linked to a dedicated line for the purpose of receiving cancellations 24 hours a day.
- 4.10.2 This service may be provided using automated means.

- 4.10.3 Bookings shall be treated as cancelled at the time messages are left via the service.
- 4.10.4 The Cancellation Cut Off Time is 1 Hour prior to the scheduled collection time.
- 4.10.5 Cancellations received prior to the Cancellation Cut Off Time will be treated as a No cost cancellation
- 4.10.6 Bookings cancelled with less than an hours' notice or after the vehicle has commenced its journey, will be treated as aborted journeys, except where this is due to the Provider failing to collect a patient on time.
- 4.10.7 When a booking is cancelled, other than by the Provider, before the cancellation 'cut off' time, this will be treated as a No cost cancellation.
- 4.10.8 No charge is to be made to the Commissioner in connection with any no cost cancellation.

#### **4.11 Data Requirements**

- 4.11.1 To ensure the correct information is captured by the Provider a minimum data set will be provided by commissioner.
- 4.11.2 For this contract the minimum data set is outlined below and must be returned on a monthly basis by service Providers

##### **4.11.3 Minimum Data Set**

- 4.11.4 The provider will collect a data set relating to the patient or client to enable dispatch of the most appropriate vehicle. As a minimum this must include:

##### **4.11.5 Patient Information**

- Name of patient (Surname and Forename)
- Address of patient
- NHS number of patient
- Date of Birth of patient
- Contact number for patient
- Specific mobility needs including where relevant vehicle model needed
- Escort (Medical or Relative)
- Escort Assistance/Support Dog
- Any specific needs

##### **4.11.6 Appointment information**

- Date of Appointment
- Time of Appointment
- Destination/location of appointment (Hospital / Clinic)

##### **4.11.7 Journey information**

- Pick up location Including full post code
- Destination location Including full post code
- Journey type (admission/discharge/transfer/outpatient appointment/dialysis)
- Journey Classification
- Mileage/Distance band
- Journey Timings (arrival at pick up/leaving pick up/arrive destination)

- and/or time of collection from appointment if appropriate

#### **4.11.8 GP details**

- Patients GP Name
- GP surgery details and telephone number
- CCG

#### **4.11.9 System details**

- Unique Booking Reference Number
- Time booking received
- Caller identification

#### **4.11.10 Any special instructions that the crew may require to support the patients journey such as;**

- Request a male or female crew member (for acceptable reasons)
- Infection Status (Patient has been recently treated, or is currently being treated for an infectious disease such as norovirus, MRSA, C Diff)
- Patient requires a continuous supply of oxygen (% or litres)
- Patient has pumps/drips and drains which must not be disconnected during the journey
- Terminally ill patient requiring rapid journey at short notice
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)
- Bariatric patient requiring specialist equipment
- Psychiatric patient requiring support or anyone assessed as not suitable to transfer with others
- Patient requires any major complex support during the journey such as spinal injury management,

### **4.12 Journey Cancellation**

#### **4.12.1 Where a bookings is cancelled due to the Provider failing to collect a patient on time:**

- The cancellation 'Cut Off' Time shall not apply.
- The cancellation shall be treated as a no cost cancellation.
- The booking will be classified as "Cancelled due to late transport" or other such category as the Commissioner may request.

#### **4.12.2 Booked transportation may be cancelled without penalty by the Provider in the event that:**

- The Provider is a Category 1 or 2 Responder (as defined by the Civil Contingencies Act 2004) and is required to reallocate resources to temporarily support a major incident; or
- The Provider is not a Category 1 or 2 Responder (as defined by the Civil Contingencies Act 2004) and is requested by the Commissioner to reallocate resources to temporarily support a major incident.

#### **4.12.3 In the event of a major incident the Provider must liaise with the commissioner prior to cancelling any patient journeys on mass.**

#### **4.12.4 The decision to cancel must not be solely made by the Provider this needs to be done conjunction with the Commissioners**

#### **4.12.5 The Provider will advise the Commissioner of any perceived severe weather conditions, and its effects on the provision of the Services. The Provider's Operations Manager, following prior discussions with the Commissioner and Treatment Centres/departments may arrange to cancel any**

pre-booked TS journeys in these circumstances (e.g. very heavy snowfall) with the safety of both staff and patients in mind.

- 4.12.6 The provider will update the Commissioner with the number of journeys that will be cancelled and the units/departments affected.
- 4.12.7 The Provider will provide a detailed business continuity/contingency plan to demonstrate the resilience of the service.
- 4.12.8 In the event of a Provider cancellation of an accepted booking, for reasons other than those detailed in point 4.12.9, the Commissioner shall be entitled to make alternative transportation arrangements for eligible patients and/or eligible escorts at the Provider's cost

#### **4.12.9 Cancellation Codes**

- Double Booking
- Department Closed
- Patient on Holiday
- Weather conditions
- Cancelled by transport Provider
- Patient making own way
- Patient refused to attend
- Patient too ill to travel
- Patient admitted/in hospital
- Patient Deceased
- Treatment finished
- Cancelled by hospital
- Cancelled by patient/carer
- Cancelled by GP
- Attending another appointment
- Incorrect booking
- Aborted inwards journey
- Wrong patient address
- Too late for appointment

#### **4.13 Transportation: Aborted journeys**

- 4.13.1 The Provider has a role in proactively managing the level of aborted journeys. These are defined as journeys where there is no notification of cancellation prior to the collection visit taking place.
- 4.13.2 Where the Provider charges for an aborted journey and such aborted journey is for the reason outlined in the aborted journey reason in clause 4.13.8 below, the Provider must post a card through the letterbox stating that they called. This will be at the contractor's expense.
- 4.13.3 Journeys shall be classed as aborted in cases where:
- The need for transportation no longer exists and notice of cancellation is not given prior to the cancellation 'Cut Off' time.
  - The Provider's staff arrive to collect a patient, but the patient is not at home or otherwise available. In such circumstances, the Provider's staff must:

- Make every effort to confirm that the patient is not at home.
  - Contact the control/dispatcher to advise that the patient is not at home.
  - Leave a written message/calling card, advising the patient that a crew has called at their address.
- The Provider's staff arrive to collect the patient, but the patient determines that they are not fit to travel.
  - The patient refuses to travel.
  - Where possible, inform the Unit/department that the patient is attending so they can follow up with the patient if required.
  - The Provider arrives to collect patients:
    - From wards or departments following Patient Readiness Notification when, on arrival of the Provider, the patient is not ready to travel within 15 minutes; or.
    - From wards or departments following the Provider's arrival in response to a 'Fixed Collection Return Journey' booking the patient is not ready to travel within 15 minutes; or
    - From home when the patient is not ready to travel within 15 minutes.
- 4.13.4 Aborted journeys shall incur the same fee as would have been payable had the booked journey been completed.
- 4.13.5 Where a return journey has been planned this is to be cancelled. Such cancellation shall be treated as a no cost cancellation.
- 4.13.6 The Provider must provide full details of all aborted journeys, on a monthly basis, to enable the Commissioner to identify patterns or areas where the same patient(s) consistently refuses to use booked transport.
- 4.13.7 The information must be broken down by reason and by clinic/department/hospital
- 4.13.8 Aborted Journey Codes**
- The transport Provider given wrong address or incorrect details
  - Patient not at home, (at the specified collected time), door answered and driver informed of this
  - No Reply/no answer at door
  - Patient states no appointment
  - Patient refuses to travel
  - Patient too ill to travel
  - Patient deceased
  - Inpatient
  - Patient not ready
  - Wrong mobility
  - Patient no trace
  - Wrong patient address
  - Patient making own way
  - Patient on Holiday
  - Patient admitted/in hospital

- Treatment finished
- Weather conditions
- Department Closed

#### **4.14 Transportation of Animals**

- 4.14.1 Following conveyance of a support dog, the Provider will undertake (at no additional cost) any cleaning that may be required to return the vehicle to an acceptable level of cleanliness for the conveyance of patients.
- 4.14.2 Where an eligible patient requires a support dog to be conveyed no other patient shall be transported in the same vehicle.

#### **4.15 Transportation of Goods, Equipment and Patients' Possessions**

- 4.15.1 The Provider will allow carriage of one bag of personal property owned by each eligible patient on the same vehicle as the patient, at no additional cost.
- 4.15.2 The carriage of additional items quantities of patients' property shall be at the discretion of the Provider but, if accepted, shall be without charge.
- 4.15.3 The Provider must also provide carriage for special feeds or dialysis fluids, provided to patients during their appointment or at the time of discharge. Such products shall not be included with the patient baggage allowance detailed in point 4.4.
- 4.15.4 Other medical equipment provided to or used by the patient (e.g. wheelchairs, walking frames, etc.) shall be conveyed.

#### **4.16 Conveyance of the Patient - Pick-up**

- 4.16.1 The Provider shall collect patients:
- For home to treatment centre journeys: to arrive at the time, or within the time window, for which the booking is confirmed.
  - For transfers or discharges: at the time for which the booking is confirmed.
  - For 'Fixed Collection Return Journeys': at the time for which the booking is confirmed.
  - For 'Variable Collection Return Journeys': within 90 minutes of Patient Readiness Notification being received from the treatment centre (by telephone or online systems).
  - Where a return time is not given but is required, the Providers must assume a throughput time of 90 minutes as a default, for the appointment and include a return time on the booking
- 4.16.2 The Provider must collect patients:
- On home to treatment centre journeys: from their door, or from inside their home if the patient requires such assistance.
  - On Treatment Centre to home journeys: the ward, clinic, or waiting area detailed on the booking.
  - Using a vehicle appropriate to the patient's mobility classification.
  - The Provider's personnel must show appropriate identification to the patient being collected and to any other individual who may reasonably request it.
- 4.16.3 The Provider's personnel must:
- Request that patients produce their appointment card or doctors letter with them, and confirm journey details prior to travel commencing.

- Where patients have mislaid their appointment card, they shall be conveyed in accordance with the booked journey details.
  - Confirm that the patients is carrying any medication they require.
  - Unless medication may be required during the journey, mislaid medication shall not result in the Provider's refusal to convey the patient.
  - The Provider's personnel should ensure that, where appropriate, household appliances have been switched off, the premises are locked and the patients have their keys.
  - The Provider's personnel should help patients to put on outer garments, particularly during cold weather, and they will ensure that patient dignity is maintained at all times.
  - The Provider must ensure patients are not left unattended whilst negotiating steps or stairs when entering the vehicle.
- 4.16.4 If a 'Patient Readiness Notification' is received, or the Provider arrives to collect a patient in accordance with the confirmed collection time, and the patient is not ready for collection from home or from a ward or department (despite having been confirmed as being ready to travel), the Provider's staff must:
- Wait up as long as required, up to a maximum of 15 minutes, for the patient.
  - Note on the booking slip the reason for, and length of, the delay.
  - Arrange the re-booking of the patient's journey, as an 'On the Day' booking as appropriate.
- 4.16.5 If any patient is found in a life-threatening situation the Provider must:
- Immediately contact the Emergency Ambulance Service, using the 999 telephone system if appropriate.
  - Contact their controller/dispatcher, who shall in turn inform the patient's intended destination.

#### **4.17 Conveyance**

- 4.17.1 Patient comfort and safety should be ensured at all times during transportation.
- 4.17.2 The Provider must ensure that all passengers wear fitted seat belts (or other safety restraints/devices appropriate to their mobility classification) and that all vehicles are able to safely secure equipment by means of restraints/straps.
- 4.17.3 Patients refusing to wear seat belts (or other safety restraints/devices appropriate to their mobility classification) must produce appropriate documentation that authorises the non-use of such safety devices.
- 4.17.4 Failure of a patient to comply with this requirement will result in transportation being refused by the operator of the vehicle.
- 4.17.5 Subject to carrying out a full risk assessment through the providers safeguarding policy, the provider has the right to refuse transportation for any patient that is aggressive, abusive or violent and must inform the Commissioner of their actions.
- 4.17.6 In the event of a patient becoming unwell during the journey, Provider personnel must:
- Inform the patient's destination department, at the treatment centre, if the patient becomes unwell whilst in transit to such a site.
  - Inform either the patient's relative, carer or GP if the patient becomes unwell on a journey from a treatment centre.
- 4.17.7 In the event of a patient becoming seriously unwell, such that their condition appears life-threatening, Provider personnel must:
- Immediately summon assistance by dialling 999.



- Stay with the patient until emergency assistance arrives
  - Inform the patient's destination department, at the treatment centre, if the patient becomes unwell whilst in transit to such a site.
  - Inform either the patient's relative if the patient becomes unwell on a journey from a treatment centre.
- 4.17.8 In the event that the Provider expects the arrival time of a patient travelling on PTS to be delayed by 30 minutes or more, the Provider must ensure that the patient's Treatment Centre or department is informed of the expected arrival time and cause of delay.
- 4.17.9 The Provider must ensure that, when a two-person (driver and attendant) crew is requested to convey any patient, the attendant remains seated in the rear of the vehicle, travelling with the patient(s), for the whole of the duration of the journey.
- 4.17.10 Where the Provider is notified that a patient has an infectious disease (i.e. MRSA, Norovirus or blood borne viruses etc.), that patient must be transported without other patients present, unless otherwise specified.
- 4.17.11 On completion of the patient's journey the vehicle must be removed from service and cleaned in accordance with the Providers and Trust's Infection Control /decontamination procedures.
- 4.17.12 At no time shall patients be left unattended whilst in transit.

#### **4.18 Drop-off**

- 4.18.1 Upon arrival at the intended destination:
- At treatment centre: Patients are to be transported to the waiting areas designated on the patient's appointment letter or the booking system.
  - Where there are no designated waiting areas, patients are to be conveyed to the relevant clinic or ward.
  - The patient must be booked in to the clinic/department and not left unattended without a healthcare professional being aware of their presence
  - At home: The Provider's staff must ensure that the patient gains entry to their home following the return journey.
- 4.18.2 The Provider must offer patients appropriate help entering and/or exiting vehicles and buildings as required. This is regardless of the patient's mobility or journey classification.
- 4.18.3 Personnel of the Provider must ensure patients are not left unattended whilst negotiating steps or stairs when alighting the vehicle.
- 4.18.4 Patients must not be delivered to, and left unattended by the Provider in, any waiting area, ward, or clinic prior to the opening time of their destination ward or clinic.
- 4.18.5 The patient can then be handed over to the department/unit staff

#### **4.19 Dignity and Respect**

- 4.19.1 The Provider will ensure that:
- Their staff are courteous and mild mannered when dealing with patients at all times and avoid any racist, sexist, bad taste and patronising comments.
  - Their staff present a positive attitude in interactions with patients in regard to the Provider's operation, the healthcare provider and the NHS as a whole.
  - That patients' attire is secure, or protected by suitable extra coverage and not liable to expose any part of the patient to other patients or the public in a way that may cause embarrassment

or distress for the patient and others. This will not only involve protecting the patient's bodily parts, but also any wounds, drains, catheters, etc. which the patient may have.

- Patients who, by nature of their condition, cannot be cared for as above must be transported alone without other patients on board the vehicle.
- Any discharge of bodily fluid from any patient or Assistance Dog within the vehicle can be contained, made safe, cleaned, decontaminated using agreed protocols and deodorised during the course of the journey, and the vehicle thoroughly cleaned after such incident.
- Car radios/music players must be turned off during patient pick-up, conveyance, and drop-off, and should only be turned on at the request of the patient, they must not be so loud as to be uncomfortable for patients, and should be turned off if requested. A notice to this effect must be placed within each vehicle.

#### **4.20 Confidentiality**

- 4.20.1 All data should be treated as confidential and be disclosed on a need to know basis.
- 4.20.2 Where data are subject to specific Commissioner Policies, information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms, the Provider shall treat these data as confidential.
- 4.20.3 Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data.
- 4.20.4 All Provider personnel must comply with national legislation and local policy in respect of confidentiality and data protection.
- 4.20.5 Any transfers of patient identifiable data shall take place using secure, preferably encrypted, means.
- 4.20.6 Any loss of patient identifiable data shall be immediately reported to the Commissioner.
- 4.20.7 The Provider shall be correctly registered under the Data Protection Act.
- 4.20.8 With the exception of the publication of survey results, required for Quality or Information purposes within the contract, the Provider shall not make any disclosure or publish information or comment relating to any aspect of the specification, contract, or its delivery.

## **5 5.0. Vehicles**

### **5.1 General**

- 5.1.1 The Provider shall be solely responsible for the supply and suitability of sufficient vehicles to provide the Service(s) under the Contract
- 5.1.2 The Provider will ensure that any vehicle used for the transport of patients meets all of the relevant EU and UK legislation and are compliant with CEN standard BS EN 1789:2000. All vehicles for multiple occupancy, stretcher and wheelchair transportation will meet M1 and M2 standards.
- 5.1.3 Vehicles transporting wheelchairs will comply with the latest guidance for safe transportation of wheelchairs – MDA DB2003 (03) and subsequent bulletins 2005/05 and 2008/037.
- 5.1.4** Vehicles: Ambulances and other vehicles adapted for the carriage of patients (“Adapted Vehicles”) Ambulance vehicles used for the conveyance of patients using stretchers and/or wheelchairs must meet BS EN 1789:2007 for vehicles carrying stretchers. If this standard is amended or updated during the life of the contract the Provider must ensure compliance with new published standards.
- 5.1.5 Where a vehicle conversion is based on a standard short or long wheelbase “van-type” chassis, the Provider must ensure that the suspension is of a suitable type, or has been appropriately modified, to ensure the comfort of patients during the journey.

- 5.1.6 Vehicles must comply with:
- Road Traffic (Construction and Use Regulations) 1986.
  - Department of Health specifications for patient vehicles and equipment.
  - National or local licensing requirements.
- 5.1.7 The Provider must ensure that all vehicles used are:
- Fit for purpose.
  - Subject to regular documented maintenance.
  - No more than 5 years old.
  - Run on diesel, unleaded fuel, electricity, LPG or other environmentally friendly fuels, or any combination of these.
- 5.1.8 The Provider will invite the Commissioner to participate in a trial of any vehicle(s) considered for use on the Contract, before entering into a Contract with a vehicle supplier.
- 5.1.9 The Provider must ensure that:
- All vehicles have valid road fund licences.
  - A Current MOT certificate is available for each vehicle for inspection by the Commissioner's Authorised Officer.
  - All vehicles are insured to carry patients, in the manner required by the contract, as required under Road Transport legislation.
  - The current certificate of insurance and other statutory documents (e.g. operator's license) must be shown to the Commissioner's Authorised Officer before the commencement of the contract and be available for inspection at all times thereafter.
  - The Provider must undertake all necessary maintenance to vehicles and equipment to ensure that all aspects of the regulations governing Road Transport are complied with.
- 5.1.10 The Provider will ensure that the interior and exterior of vehicles are maintained in a clean and hygienic condition at all times.
- 5.1.11 All vehicles must carry a company identification label clearly displayed on the windscreen. This is in addition to any company identification marking on the vehicle
- 5.1.12 The Provider will ensure that vehicles are driven in a manner conducive to patient safety and comfort at all times, and abide at all times by all Road Transport Laws/ Regulations, the Highway Code and local bylaws
- 5.1.13 The Provider will ensure that appropriate vehicles are scheduled each day.

## **5.2 Specialist Vehicles**

- 5.2.1 An appropriate number of vehicles, with appropriately trained personnel, must be available to enable the transportation of Bariatric patients (those in excess of 21 stone in weight) as part of the contractual requirements.
- 5.2.2 The vehicles must be able to convey various types of bariatric patients therefore the vehicles must be fitted with an appropriate lift and bariatric equipment such as wheelchairs, carrying chairs and lifting aids.
- 5.2.3 An appropriate number of vehicles, fitted with a tail lift and with appropriately trained personnel, must be available to enable the transportation of patients in their own electric wheelchairs.
- 5.2.4 Further information and details are required regarding risk assessments prior to bariatric journeys with associated treatment plans to support the journey.

### **5.3 Passenger cars**

- 5.3.1 Where appropriate to the class of patient conveyed, passenger cars may be used subject to these being:
- Minimum of 4 doors all of which are to be in good working condition
  - Body style; saloon car or medium sized hatchback
  - Unmodified from manufacturer's standard specification.

### **5.4 Appearance**

- 5.4.1 At the expense of the Provider, the vehicle exterior must:
- Be clean and tidy and of a uniform colour.
  - Be liveried in a form agreed by the Commissioners.
  - Clearly identify the Provider and that the Provider is working on behalf of the NHS.
- 5.4.2 Where the use of NHS logos or branding elements is requested by the Commissioner, such use shall take place in accordance with the NHS Brand and Identity Guidelines.
- 5.4.3 In the case of passenger cars, not owned by or leased to the Provider and not used primarily for the purposes of delivering the Service, identification may take the form of clear signage mounted within the vehicle provided this is clearly visible to patients from outside the vehicle at the time of collection.

### **5.5 Condition & Cleanliness**

- 5.5.1 The Provider must ensure that all vehicles used to deliver the contract remain safe, clean, and presentable (internally and externally) at all times.
- 5.5.2 The Provider must check all vehicles for defects on a daily basis and maintain a vehicle check and defect log, which will be made available to the Commissioners Authorised Officer upon demand.
- 5.5.3 Vehicles which have suffered major impact damage must not be used until the damage has been repaired and the vehicle declared fit for purpose.
- 5.5.4 Vehicles that have minor exterior panel damage must be assessed by the Provider prior to use to ensure they are fit for purpose. The Provider must ensure that damaged upholstery is made good without undue delay.
- 5.5.5 Vehicles should be routinely cleaned to maintain a good standard of cleanliness and hygiene. The following specific cleaning procedures must be undertaken:
- Exterior of vehicles to be kept clean at all times.
  - Litter cleared after each journey.
  - Seats to be wiped between patients use where practically possible
  - Interior floors & upholstery to be cleaned daily.
  - Accidental spillages to be removed at the first opportunity and the vehicle disinfected.
  - Linen/blankets etc. to be cleaned after each use.
  - All interior surfaces must be cleaned using methods and materials approved by the Commissioners and in accordance with the both Commissioners Control of Infection Procedures and COSHH Regulations where appropriate.
  - The Provider must follow an agreed procedure for the decontamination of vehicles (e.g. with regard to MRSA).

- 5.5.6 All vehicles and equipment must be routinely cleaned at least weekly, or immediately following the accidental discharge of bodily fluids and liquids.
- 5.5.7 The provider must have a program of monthly audits to assess vehicle and equipment cleanliness and hygiene.

## **5.6 Fleet Resilience**

- 5.6.1 Fleet availability and resilience shall be the sole responsibility of the Provider
- 5.6.2 Upon request, the Provider must demonstrate that he can provide adequate cover for non-availability of vehicles for any reason.
- 5.6.3 Where vehicles differ in specification or condition from those normally used to provide the service, the Provider shall supply details of replacement vehicles to be used during routine maintenance and inspection.
- 5.6.4 The Provider must provide breakdown cover on all vehicles.
- 5.6.5 The Commissioners Authorised Officer may require that evidence of breakdown cover provisions be produced by the Provider.
- 5.6.6 A suitable replacement vehicle should be available within 1 hour of:
- Any vehicle breakdown.
  - Observation of a defect necessitating the vehicle's temporary removal from use.
- 5.6.7 Where a replacement vehicle is not expected to be available within 1 hour of breakdown or defect being noted, the Provider shall, at his own expense, make any arrangements necessary to arrange the conveyance of any affected passengers without undue delay.
- 5.6.8 Details of all vehicle breakdowns shall be recorded and supplied to the Commissioner.
- 5.6.9 At the request of the Commissioner, the Provider must allow designated members of Commissioner staff, or others acting on the Commissioner's behalf, to travel in vehicles for the purpose of quality control checks or for training purposes.
- 5.6.10 The Provider must ensure that their vehicle insurance provides sufficient cover in respect of those occasions when the Commissioners Authorised Officer, or others acting on the Commissioner's behalf, accompany the Provider's vehicles.
- 5.6.11 No charge shall be made for any such journeys, which may occur at short notice.
- 5.6.12 The Provider must have due regard of the type of operation and customer to be served. The Commissioner, having due regard to climatic conditions, may require the Provider to improve the appearance of the vehicles, in particular with regard to cleanliness, at no extra cost to the Commissioner, and without disrupting the Service.

## **5.7 Equipment & Fittings**

- 5.7.1 All vehicles must be equipped with suitable communication equipment such as two-way radio and/or mobile phone.
- 5.7.2 All equipment used shall be maintained in good working order in accordance with manufacturers' guidance and, where appropriate, conform to British Safety Standards, with maintenance records retained for inspection by the Commissioner.
- 5.7.3 All vehicles must be equipped with suitable heating for use during cold weather, and adequate ventilation or air conditioning to keep patients cool on hot days. Such facilities should be turned on prior to the commencement of the journey, and before patients board the vehicle, in order to obtain maximum benefit.

5.7.4 The Provider must ensure that all seat belts and anchorage points are maintained in a proper condition at all times. This includes the following:

- The belt, its anchorage, fastenings and adjusting device must be free from any obvious defect which could seriously affect the proper functioning of the seat belt in the event of an accident.
- Anchorage points and all load bearing members of the vehicle structure or panelling within 30cm of each anchorage point must at all times be free from serious corrosion, distortion or fracture.
- The Provider must provide vehicles which allow the safe loading, transportation, and unloading of patients requiring wheelchair, stretcher and two person handling.
- If lifting equipment is required at any point during the journey, the Provider should ensure it is carried in relevant vehicles.
- The Provider must configure sufficient vehicles to transport stretcher cases. The stretcher facility may be removed when not required.
- Where required, vehicles must have facilities to safely secure wheelchair-bound patients (including electric wheelchairs), babies in incubators during transit or Child/booster seats for children
- Vehicles must comply with MDA DB2001 (03) "Guidance on the Safe Transportation of Wheelchairs", (June, 2001) unless superseded by updated guidance which all newly introduced vehicles shall instead comply with.
- All vehicles used for the conveyance of one or more wheelchairs must have tail-lift or ramp together with steps; these should be clearly marked to allow maximum visibility of the edges.
- Seats must be suitable for patients detailed in the mobility categories and conform to all aspects of British Safety Standards.
- All seats in ambulance, adapted, and specialist vehicles must be covered in an easily cleaned and durable vinyl material.
- When the Provider is asked to convey children, a sufficient number of suitable child/booster seats must be fitted.
- The Provider must ensure that all portable equipment (for example, but not limited to, boxes of feeds, folding wheelchairs, walking frames, artificial limbs, crutches, oxygen cylinders etc.) is appropriately secured by load restraints, so that it is fit for transporting.

5.7.5 All ambulance, adapted and specialist vehicles must carry on board (as a minimum):

- A complete first aid kit.
- Clean blankets/linen\*
- Disposable towels\*
- Disposable wipes.
- Disposable gloves and aprons (including latex free types)\*
- Fresh drinking water\*
- Incontinence pads
- Carrying chair/device\*
- Folding wheelchair\*
- Seat belt extenders
- Fire extinguisher\*
- Hand towels\*

- Spillage kits to clean up body fluids.
- clinical waste bags
- Urine bottles\*
- Decontamination wipes.
- Piped oxygen\*
- Hand gel
- Baby and child seats suitable to the patient's age where required

***(items marked with a (\*) are not mandatory for passenger cars)***

5.7.6 The replacement of consumables, including oxygen, and laundry items shall be the responsibility of the Provider.

## 6 Human Resources

### 6.1 Management

- 6.1.1 The Provider shall comply with all clauses of the NHS Standard Contract General Condition, relating to staff recruitment and training.
- 6.1.2 The Provider will supply an organisational structure identifying:
- Lines of accountability
  - On site/local service manager and contact details
  - Contract and Quality Assurance Manager
  - Numbers of operational staff and their responsibilities
  - Which staff are permanent and which are bank/agency
  - How the structure/resources might fluctuate seasonally
  - Any relationships to sub-contracts and how they may be used to support service delivery
- 6.1.3 The Provider shall have a management presence (not necessarily on Healthcare Provider premises) at all times during its operating hours, to ensure that the Provider's staff and subcontractor engaged in the provision of the service are adequately managed to properly perform their duties.
- 6.1.4 The Provider shall inform the Commissioner Authorised Officer promptly of any unresolved problem concerning the provision of service.
- 6.1.5 The Provider's staff and subcontractor engaged in the provision of the service shall primarily be under the control and direction of the Provider's own management team. However, whilst on healthcare premises they shall obey all reasonable instructions given to them by managers of the Healthcare Provider in any matter in which involves the immediate safety or medical needs of any patient, member of staff or public.
- 6.1.6 Staff must neither solicit nor accept money, tips, gifts, or hospitality from eligible patient, eligible escorts or related parties during or outside working hours.

### 6.2 General- Human Resources

- 6.2.1 All personnel engaged in activities on behalf of the Provider (whether directly employed, sub contracted or volunteer) must be appropriately trained and will comply with current legislation and any other laws or requirements applying to the operation of this Service. In particular, the Provider must ensure their employees are made aware of, trained in and comply with:

- Hazard and safety precautions, including fire and/or electrical hazards
  - The Health and Safety at Work Act 1974
  - Control of Substances Hazardous to Health (COSHH) 2002 as amended
  - Road Traffic Act 1972
  - Infection control best practice and guidance
  - Confidentiality
  - Information governance
- 6.2.2 The Provider must ensure that full pre-employment checks are made before any new individual is offered a post related to this Contract. This must include:
- Interview and full reference checks from previous employers
  - Full enhanced DBS disclosure
  - Occupational Health Checks
  - Right to work
- 6.2.3 For those engaged in a driving capacity, thorough driving assessment with evidence of competence must be provided to the Commissioners Authorised Officer.
- 6.2.4 The Provider must ensure that all new and existing personnel are provided with training relating to the following areas and that appropriate refresher training is provided periodically preferably annually as part of a structured refresher training cycle.
- Company Induction
  - Policies and Procedures
  - Safeguarding Vulnerable Adults and Children
  - Managing Conflicts
  - Patient Dignity and Well being
  - Customer Service
  - Mental Capacity Act Training
- 6.2.5 The Provider must ensure that all individuals delivering the Service receive and maintain appropriate training prior to and during undertaking their duties.
- 6.2.6 For personnel driving patient transport vehicles this to include, at a minimum:
- First aid; Recognised qualification such as First Person on Scene Training (FPOS) Intermediate or equivalent recognised level of training as a minimum requirement
  - Basic Life Support
  - Assisting walking case patients to and from vehicles
  - Providing assistance to enter and exit of vehicle (with or without the use of wheelchairs or carrying chairs, depending on patient's needs).
  - Handling and moving of patients and equipment
  - Movement of patients who may require the use of specialist equipment such as drips or various type of stretcher etc.
  - Fleet Driving; a professional driving course prior to conveying patients e.g. D1 Ambulance Driving qualification or Minibus Driver Awareness Scheme (MiDAS)
  - Conduct and attitude awareness training for staff working with patients
  - Customer Service/Customer Care training



- Using equipment provided to them or present on vehicles.
- Bariatric equipment training

6.2.7 Personnel providing support on Ambulance Vehicles must be trained and competent in:

- Recognised patient moving and handling techniques to enable patients to be transferred to carrying chair, wheelchair, vehicle seat, and stretcher and vice versa without risk or injury to personnel or patients.
- Management/use of oxygen and resuscitation techniques
- Using equipment provided to them or present on vehicles.
- Driving the type of vehicle required for the role and undertake a recognised driver training qualification such as 'D1' Ambulance Driving qualification or Minibus Driver Awareness Scheme, (MiDAS) to meet the driving competence required.

6.2.8 All staff engaged in a driving capacity must hold:

- A full driving licence, valid in the UK, for the class of vehicle to be driven
- No more than six penalty points
- Evidence of an annual check of driving licences will be produced to the Commissioner's Authorised Officer on request.
- Where members of the Provider's staff or equipment (including vehicles) are to be based at or use in NHS Trust facilities for any purpose other than the collection or drop-off of patients/escorts, such arrangements shall be subject to direct negotiation and agreement between the Provider and relevant NHS Trust.
- The costs associated with any such arrangement shall be separately borne by the Provider at rates agreed by the Provider and relevant NHS Trust.
- Staff based on the premises of a NHS Trust (or Foundation Trust) must be trained in fire evacuation and attend regular (at least once yearly) Trust fire lectures, which may be provided by Trust officers.
- In the event of a fire occurring on a Trust site, the Provider's personnel must follow the direction of the person in charge of the fire incident and will stand down (resume normal working), when advised to do so by the person in charge of the fire scene, or the Fire Brigade.
- Operational staff should receive fire training annually from the Provider.

6.2.9 The Provider must:

- Ensure that all staff utilised in the delivery of the Service that may come into contact with patients or patients details, whether directly employed, sub-contracted or volunteers have undergone enhanced DBS disclosure, as per national policy
- Comply with each and every one of the provisions of the Contract or Service specification regarding discrimination on the grounds of age, sex, colour, race, ethnic or national origin or religion.
- Meet the requirements of the Low Pay Commission and relevant legislation with regard to the payment of the statutory minimum wage.
- The Provider's personnel must be aware of the need to observe the highest standard of personal hygiene, courtesy, demeanour, personal cleanliness and consideration to staff, patients and visitors.
- They must also be trained to be aware of the need for understanding the response and attitudes appropriate for staff working amongst patients.
- Staff must neither solicit nor accept money, tips, gifts, or hospitality from Eligible Patients, Eligible Escorts, or related parties either during or outside working hours.

- Staff should be familiar with the geographical area covered by this specification.

### **6.3 Appearance/Dress Code**

- 6.3.1 The Provider must provide such uniforms and protective clothing (including protective gloves and footwear where appropriate), as agreed with the Commissioner's Authorised Officer.
- 6.3.2 The Provider must require their staff at all times whilst undertaking the delivery of this Contract to:
- Carry and display official identification cards issued by the Provider.
  - Be properly and presentably dressed, in appropriate uniforms and work wear, including suitable footwear.
  - Personal issue of hand gel for infection control
- 6.3.3 Personnel driving Passenger Cars not owned by or leased to the Provider and not used primarily for the purposes of delivering the Service:
- Need not be issued with a uniform by the Provider.
  - Shall be exempt from the requirement to wear a uniform but shall be required to be presentably and appropriately dressed.
  - Must wear the providers identification badge
  - Must be provided with appropriate safety attire such as a high visibility vest or jacket

### **6.4 Volunteer Car Service**

- 6.4.1 A Volunteer Car Service shall be defined as any service offering the transportation of Eligible Patients and/or Eligible Escorts using Volunteer Car Drivers.
- 6.4.2 A Volunteer Car Driver shall be defined as any natural person who provides transportation of Eligible Patients and/or Eligible Escorts, on a non-employed basis and is not remunerated for their services (although payment of a mileage allowance shall be permitted).
- 6.4.3 It is noted that sub-contracting undertaken to Volunteer Car Services or Volunteer Car Drivers shall result in no relaxation of contractual requirements.
- 6.4.4 In particular, Providers are reminded that any use of Volunteer Car Services shall be subject to the following conditions that:
- A documented recruitment process that is auditable application for selecting Volunteer Car Drivers and that this is no less rigorous than processes applied to the recruitment of employed drivers.
- 6.4.5 Volunteer Car Drivers must:
- Possess a valid full driving licence, with a maximum of 6 active penalty points, for the class of vehicle used.
  - Notify the Provider in the event that any additional penalty points are received.
  - Be subject to a thorough driving assessment, and deemed competent by the Provider, prior to transporting patients.
  - Produce their license for inspection on an annual basis, with records of such inspection retained by the Provider.
  - Consent to DBS disclosure in line with directly employed staff as per national DBS policy. At such time as policy may change, this will be agreed via a contract variation.
  - Uphold the same standards of courtesy and helpfulness expected of the Provider's directly employed staff.

- Receive induction training from the provider which would include basic first aid and BSL as good practice
- 6.4.6 The Provider shall ensure that:
- 6.4.7 Relevant training is delivered to all volunteer drivers at the commencement of service, with regular updates provided to them when necessary in line with the duties expected of them.
- 6.4.8 Vehicles driven for the purposes of delivering transportation via Volunteer Car Service(s) must:
- Comply with all General and Passenger Car requirements detailed elsewhere in this specification.
  - Be roadworthy and clean.
  - Be insured, on a Fully Comprehensive basis (including insurance for business use), for use by the drivers.
  - If volunteer drivers do not have business insurance they must have an authorisation letter from their insurance company allowing them to use their vehicle for volunteer driving
  - Insurance and MOT details must be checked on an annual basis, with appropriate records retained.
  - Drivers carry details of the Provider's complaints procedure such that a patient can make a complaint or observation about the service provided.
  - Drivers keep accurate records of the journeys they undertake on behalf of the Provider, and that these records are in a form, which can be, incorporated on time into the activity data, which the Provider will regularly provide to the Commissioner.
  - All volunteer drivers activity must be included in the minimum data set when reporting monthly activity
- 6.4.9 The Provider shall be solely responsible for ensuring that the status of each Volunteer Driver remains that of a non-employed volunteer.
- 6.4.10 The Provider shall be solely liable and financially responsible for reclassification events, howsoever caused, that result in any Volunteer Driver being deemed to be an employee.

## **6.5 Human Resources: Smoking, Alcohol & Drug Use**

- 6.5.1 The Provider must not permit their staff to smoke:
- On Trust premises or grounds.
  - In or around the home of patients.
  - In the presence of patients.
  - In vehicles used for the provision of the Service.
- 6.5.2 Whilst on duty, on the Trust premises or at the home of any patient, staff must not consume or be under the influence of alcohol or other substances (including drugs).
- 6.5.3 The Provider must not permit smoking by patients on any vehicle used for the provision of the service.

## **7 Provider**

### **7.1 General Equipment and System Provision**

- 7.1.1 The Provider must supply their own chosen telecommunications and computer systems, which must be subject to robust business continuity arrangements.

- 7.1.2 Any failure of the Provider's systems chosen telecommunications or computer systems must be immediately recoverable to ensure that patient experience is unaffected by such a failure.
- 7.1.3 All electrical equipment owned or subsequently purchased by the Provider must be checked for electrical safety before use and regularly thereafter in accordance with statutory regulations.
- 7.1.4 The Provider will be required to consult with Healthcare Providers and the Commissioner before planning any information technology equipment changes.
- 7.1.5 All communications and data storage or processing systems shall be appropriately secured against unauthorised use or access.
- 7.1.6 The Provider shall comply with all level 2 requirements of the NHS Information Governance Toolkit.
- 7.1.7 Where any Provider systems require links to NHS systems via N3 connections, the costs associated with installing and such connection(s) at the Provider(s) site shall be the sole responsibility of the Provider.

## **7.2 Health and Safety**

- 7.2.1 Accidents to the Provider's representatives, agents or personnel, which require reporting in accordance with the Health and Safety at Work Act 1974 shall be also reported immediately to the Commissioner's Authorised Officer.
- 7.2.2 The Health and Safety at Work Act 1974 and all other related statutory requirements must be complied with at all times by the Provider.
- 7.2.3 Employees and sub-contracted parties of the Provider must be made aware of, trained in and comply with hazard safety precautions. Particular attention will be paid to the following areas:
  - Health & Safety legislation including the need for a system for reporting accidents/abnormal occurrences and the notification of defects and hazards.
  - Fire Precautions Act 1971 and the Fire Precautions (Workplace) Regulations 1997.
  - Data Protection Act 1998.
  - Mental Health Act 2007.
  - The Race Relations Act 1965.
  - The Human Rights Act 1998.

## **7.3 Insurance**

- 7.3.1 With reference to Section E Clause 50.2, the Indemnity Arrangements shall provide minimum levels of cover, for each claim, as follow:
  - Employers' liability: £10 million.
  - Clinical negligence: £10 million.
  - Public liability: £10 million.

## **7.4 Industrial Action**

- 7.4.1 In the event of any industrial dispute that affects, or has the potential to affect, service delivery, the Provider and the Commissioner will meet to discuss the situation and examine means to minimise any disruption or cost implications.

## **7.5 Service User Engagement**

- 7.5.1 The Provider must respond to the requirements of the Health and Social Care Act 2012 and associated national guidance and assure the Commissioners that it will continue to learn from

research and good practice promoted by the Department of Health, NHS England and other partners e.g. County Councils, Voluntary Organisations, Patient representatives and any successor organisations and implement the resulting good practice.

- 7.5.2 The Provider must ensure that they have demonstrable plans to carry out the following as a minimum:
- Provide an opportunity for service users to make comments, compliments and complaints at all times
  - Develop a mechanism for the Provider to respond, review comments and discuss developments or corrective action/service improvement with staff through a documented procedure.
- 7.5.3 The following details should be available to enable service users to provide their feedback:
- Comment cards in all vehicles
  - Contact information in/on all vehicles e.g. telephone number, email, website
- 7.5.4 Use downtime in Booking Centres to initiate customer feedback calls
- 7.5.5 Complete a user satisfaction survey after 6 months of the start of the contract and then at least annually and report all findings to the Commissioners.
- 7.5.6 The results of these surveys shall be used to link with other public involvement organisations as part of the Commissioners' patient satisfaction programmes.
- 7.5.7 When an area of dissatisfaction is identified a review should be carried out to identify the cause(s).
- 7.5.8 The Provider may like to consider the use of a 'mystery shopper' programme to gain impartial insight into their service delivery performance.
- 7.5.9 The Provider will set out plans to meet with potential key service users on at least annually to gain their views on the service to help inform future service developments and improvements.

## **8 Information Governance**

- 8.1 The Provider will make sure that the service meets Commissioners information governance standards and that information relating to patients is safeguarded and takes account of:
- Patient confidentiality'
  - Informed consent to the use of the data for other defined purposes'
  - Caldicott requirements'
  - CCG information sharing protocols'
  - CCG information security protocols'
  - Consent to treatment and use of information.
- 8.1.1 The service will be required to ensure the safe and secure electronic storage of all patient records for a minimum of 8 years (for patients aged 18 years and over) or until the patient's 26th birthday (if aged 17 years and under).
- 8.1.2 All data must be treated as confidential and be disclosed on a need to know basis
- 8.1.3 Where data are subject to specific commissioner policies, information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms, the Provider shall treat this data as confidential.
- 8.1.4 Under no circumstances must any data be divulged or passed onto any third party who is not specifically authorised by the Commissioner to receive such data

- 8.1.5 Any transfers of patient identifiable data shall take place using secure, preferably encrypted, means
- 8.1.6 Any loss of patient identifiable data shall be immediately reported to the Commissioner
- 8.1.7 The Provider shall be correctly registered under the Data Protection Act.
- 8.1.8 With the exception of the publication of survey results, as outlined in attached schedules, the Provider shall not make any disclosure or publish information or comment relating to any aspect of the specification, contract, or its delivery.
- 8.1.9 The Provider will be required to consult the Commissioner before planning any information technology equipment changes to facilitate risk management attributable to any changes.

## **9 Special Provision**

### **9.1 Emergency Preparedness**

- 9.1.1 Emergency Preparedness (NHS Trusts) will only apply to this Contract where the Provider is an Ambulance Service NHS Trust delivering the Services under their Establishment Order. These are set out in *Schedule 2A: Annex E*.
- 9.1.2 Emergency Preparedness (Other Providers) will only apply to this Contract where the Provider is not an Ambulance Service NHS Trust delivering the Services under their Establishment Order. These are set out in *Schedule 2A: Annex E*.

### **9.2 Contingency planning**

- 9.2.1 The Contractor shall ensure that contingency plans are, and remain, in place to ensure continuity of the required services, including in the following situations:
- Staff shortages/industrial dispute (to include pandemics of flu and other contagious diseases).
  - Vehicles out of service.
  - Damage to, destruction of, or disrupted access to operational base(s) used connected to the delivery of the Service.
  - Computer (or other systems failure), directly affecting the delivery of the Service.
  - Severe weather.
  - Major incident plan
- 9.2.2 Contingency plans shall ensure that patients eligible for the Enhanced Priority Service are prioritised, with plans developed to ensure that such individuals are not placed at clinical risk.
- 9.2.3 An escalation process will be required from the Provider during the mobilisation of the contract to ensure that there is a clear documented process in place in relation to contingency arrangements for Enhanced Priority Service patients.

### **9.3 Sub-contracting: General**

- 9.3.1 The Provider may subcontract any element of service delivery subject to:
- Explicit written approval (in accordance with *Schedule 5: B1*); and
  - Inclusion of the sub-contractor in the list of Material Sub-Contractors contained in *Schedule 5: B2*.
- 9.3.2 Where the Provider sub-contracts any element of the service or its management, it shall ensure that:
- The sub-contractor complies with all sections of this specification.

- Appropriate sub-contractor management and audit processes are in place to ensure the delivery, quality, and safety of all sub-contracted activities.

9.3.3 No sub-contracting activities shall alleviate any of the Provider's responsibilities or liabilities associated with or resultant from the delivery of the Service.

#### **9.4 Sub-contracting: Volunteer Car Service**

9.4.1 The Provider may sub-contract transport provision to one or more providers of Volunteer Car Services, or directly engage the services of Volunteer Car Drivers, to supplement their staff and vehicle fleet.

#### **9.5 Journeys to destinations outside of the Commissioners' geographical area**

9.5.1 There are a number of reasons why the service Provider will be required to deliver journeys outside of the area covered by the Commissioners. These journeys can be at Short Notice and may include:

- Patients who choose a distant provider under patient choice.
- Patients who require treatment that is specialised and/or not available locally.
- Repatriation of a patient to a home hospital or home address that is outside the area covered by this service specification, with the agreement of the Responsible Commissioners

9.5.2 Responsible Commissioner Guidance will apply in such cases (<http://www.england.nhs.uk/wp-content/uploads/2013/08/who-pays-aug13.pdf>). It is the responsibility of the PTS service provider to obtain agreement from the Responsible Commissioner.

<b>10 Contract</b>
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#### **10.1 Calculation of Fees**

10.1.1 No premium shall be payable for the Enhanced Priority Service.

10.1.2 Fees shall be calculated on the basis of delivered activity and agreed unit pricing, subject to:

- Receipt of detailed activity and fee breakdown by commissioner in accordance with Schedule 3: Part A.

10.1.3 The total PTS charge must be calculated for each individual Commissioner based on actual levels of activity undertaken by the Provider.

10.1.4 The charges associated with this activity shall be calculated using the distance based charging model applicable to each class of patient conveyed.

10.1.5 No fee shall be paid with respect to the following:

- Repositioning journeys (i.e. those journeys on which no Eligible Patient or Eligible Escort is present).
- The transportation of any Ineligible Person.

#### **10.2 Penalties**

10.2.1 This service is key for the Commissioners to deliver an efficient and effective Patient Transport Service and failure by the Provider to achieve the agreed key performance indicators may impact on service delivery and the patient's experience.

10.2.2 As a consequence, if a Provider fails to achieve the KPIs set out in the agreed contract then penalties may be applied to the contract by the Commissioner.

### **10.3 Service Transition Arrangements**

- 10.3.1 Transition period is the period between the signing of the contract and the Service Commencement Date.
- 10.3.2 The Provider must produce a detailed gap analysis to highlight any service requirements which they are unable to deliver on the Service Commencement Date.
- 10.3.3 A transition schedule and full project plan shall be produced by the Provider and delivered to the Commissioner that specifies the approach, key activities, milestones and timelines to full delivery of those requirements that are identified as being unable to be delivered by the contract start date.
- 10.3.4 Following review and approval of the Commissioner, this document will be attached to the Contract and the relevant requirements will become contractually effective from the date agreed within the transition schedule.
- 10.3.5 Any subsequent delay beyond the specified date for that requirement, within this transition Contract, requires the prior approval of the Commissioner.
- 10.3.6 The Commissioner shall be entitled, at the Provider's cost, to source alternative temporary provision of those aspects of the Service for which transition delays are being experienced.

### **10.4 Re-Procurement**

- 10.4.1 The Provider shall, without charge, provide Commissioner with timely access to such data and information as may be required to allow the tendering of any or all element(s) of the Service.
- 10.4.2 This shall include, but not necessarily be limited to:
- Financial performance data.
  - Minimum data set
  - Any aspect of operational performance.
  - Operating cost data.
  - Vehicle fleet and equipment data.
  - Staffing data.
  - Current and expected liabilities (inc TUPE related).
  - Information relating to technical systems, including IT and communications systems.
  - Any on-going patient or service issue.

### **10.5 End of Contract Transition Arrangements**

- 10.5.1 In the event of contracts to provide any or all element(s) of the Service being awarded to third parties the Provider shall, without cost, provide support for transition including, but not necessarily limited to:
- Transition planning.
  - Transfers of personnel under TUPE legislation.
  - Transfer of operational resources.
- 10.5.2 Where any aspect of the Service is delivered through telephone numbers or internet domains acquired solely or mainly for the purposes of same, these shall be released to Commissioners without charge or restriction.
- 10.5.3 Upon transition the Provider shall provide any information or data needed by either the Commissioner or new provider to ensure the seamless handover of services on the transition date. This shall include, but not necessarily be limited to:



- Patient related data and case files.
- Complaints.

10.5.4 Following contract transition, the Provider shall respond, without charge, to queries relating to its prior operational service delivery, data-related queries, or any on-going issues identified during the transition planning process for a period of 6 months.

## **11 Applicable Service Standards**

11.1.1 Applicable national standards (e.g. NICE)

- The Provider shall comply with all relevant current and future legislation, national standards and evidence base set out within this Service Specification
- The Provider shall be given reasonable time, unless directed by the legislation, to comply with any new legislation.
- The Provider shall comply with all other relevant legislation and regulations which includes, but are not limited to:
  - Eligibility Criteria for Patient Transport Services (PTS) DoH, 2007
  - Code of Practice for Private Ambulance Operators
  - Infection Control Guidelines for Ambulance Staff
  - Our Health, Our Care, Our Say: A New Direction for Community Services. DoH, 2006

11.1.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

11.1.3 Applicable local standards

11.1.4 The PTS Provider will comply with the following policies/procedures:

- Recruitment Policy
- Alcohol & Drugs Policy
- Uniform Policy
- Security of premises and equipment
- Information Governance and Security
- Contaminated Waste Disposal Policies
- Infection Prevention and Control
- Health and Safety Procedures
- Fire Procedures
- Major Incident Plans
- Business Continuity Plan
- Relevant Statutory Legislation
- Confidentiality
- Disclosure and Barring Service checks
- Incident Reporting
- Complaints Procedure
- Vehicle Decontamination
- Fleet and Management of Transport

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)
- Green Transport Plan

11.1.5 It should be noted that this list is by no means exhaustive and participating Providers may well have additional rules, regulations and policies to which the Provider may need to comply.

11.1.6 The Co-ordinating Commissioner shall be responsible for issuing guidance to the Provider as and when such rules, regulations and policies may be applicable.

## **12 Applicable quality requirements and CQUIN goals**

12.1.1 Applicable quality requirements (See *Schedule 4 Parts A-D*)

12.1.2 Applicable CQUIN goals (See *Schedule 4 Part E*)

## **13 Location of Provider Premises**

### **13.1 Location of Office Base and Vehicles**

13.1.1 The Provider is required to have an office & base from which it will manage the service.

13.1.2 The Commissioner will not provide the office or base.

13.1.3 The Provider will supply garaging, maintenance, cleaning and consumables for their vehicles, with as many offices & bases, garages, shower, rest and changing areas and other facilities as deemed necessary for their staff to service the contract.

13.1.4 These facilities are expected to be Disability Discrimination Act compliant and to be of a good standard in line with being a reasonable employer

## Schedule 2A: Annex A – Merseyside Planned PTS

### Glossary of Terms

<b>Assistance Dog</b>	Assistance dogs are trained to provide support for individuals with physical disabilities, are blind or partially sighted, deaf or have complex health conditions; this also includes individual owned dogs specifically trained to meet their owner's needs.
<b>Authorised Representative</b>	The individual within the Bidder's organisation with full authority to represent the Bidder and negotiate on its behalf.
<b>Booking Cut Off Time</b> <b>Planned Activity</b>	The booking cut off time for planned activity is: <ul style="list-style-type: none"> <li>• 16:00 Hours on the day prior to travel</li> </ul> This will allow the provider sufficient time to programme the journey for the following day. Bookings received after this time will count as unplanned activity and be moved according to the requirements set out in the specification relating to Unplanned Activity.
<b>CCG</b>	CCG, or Commissioning CCG
<b>Commissioner(s) or Commissioning CCGs</b>	The CCG or any or all of the CCGs on whose behalf the CCG is procuring the Services, as the context permits.
<b>Commissioning Area</b>	The area covered by this specification for which the following CCGs (or their successor organisations) have responsibility: <ul style="list-style-type: none"> <li>• NHS Halton CCG</li> <li>• NHS Knowsley CCG</li> <li>• NHS Liverpool CCG</li> <li>• NHS South Sefton CCG</li> <li>• NHS Southport and Formby CCG</li> <li>• NHS St Helens CCG</li> </ul>
<b>Contract</b>	The contract (NHS Standard Contract) entered into by the Co-ordinating Commissioner and the Provider, which sets out the terms governing the provision of the Services.
<b>Coordinating Commissioner</b>	NHS Blackpool CCG
<b>Eligible Escort</b>	As per Department of Health guidance 2007, an Eligible Escort is:  A healthcare professional or relative that accompanies an Eligible Patient on the journey in order to provide particular and necessary skills or services that the Eligible Patient may require and which cannot be provided by the PTS staff (e.g. accompanying a person with physical or mental incapacity or to act as a translator); or

	A person recognised as a parent or guardian of an Eligible Patient who is under the age of 16
<b>Eligible Patient</b>	<p>As per Department of Health guidance 2007, an Eligible Patient is any person who:</p> <p>Meets Transportation Eligibility Criteria defined by the Commissioner (Schedule 2A: Annex C) having been evaluated in accordance with any scoring matrix or methodology that the Commissioner may from time to time provide or update, and</p> <p>Is either registered with a GP within the Commissioning Area or (if not registered with a GP) is normally resident in the Commissioning Area; and</p> <p>Has a medical condition such that they require the skills or support of PTS staff on/after the journey to the extent that it would be detrimental to their condition or recovery if they were to travel by other means; or</p> <p>Has a medical condition that impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.</p> <p>Has received NHS funded transport to reach a NHS funded Treatment Centre and requires transportation to their Residential Address but no longer meets the clinical need requirements of the eligibility criteria; or</p> <p>Is subject to an exemption from eligibility assessment as stated elsewhere in this specification.</p>
<b>FOI / FOIA OR EIR / Freedom of Information Act</b>	The Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time, together with any guidance and/or codes of practice issued by the Information Commissioner, the Department of Constitutional Affairs, the Office of Government Commerce and the NHS in relation to such legislation or relevant codes of practice to which the Department of Health and the Commissioning CCGs are subject.
<b>Law</b>	<ul style="list-style-type: none"> <li>i. Any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</li> <li>ii. any enforceable community right within the meaning of section 2(1) European Communities Act 1972;</li> <li>iii. any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;</li> <li>iv. Guidance; and</li> <li>v. Standards for Better Health, in each case in force in England and Wales.</li> </ul>
<b>National Policy Guidance</b>	Any guidance issued by the Secretary of State for Health, Monitor, NHS England or any successor persons or organisations
<b>NICE</b>	NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.
<b>NHS</b>	National Health Service.
<b>NHS Organisation</b>	Shall have the meaning ascribed to 'health service body' in section 9(4) of the National Health Service Act 2006.

<b>Organisation</b>	Highest level of entity which can be identified as having the controlling interest over other subordinate entities (e.g. Trust, holding Company, etc.).
<b>Patient Readiness Notification</b>	The process of advising that a patient is ready for collection following their appointment/treatment has been completed. Patient Readiness Notifications can be made via the telephone or online.  90 minutes notice of collection must be given to the Provider.
<b>Planned/General PTS Activity</b>	These are non-emergency journeys that are pre-booked in advance of the day of the journey
<b>Provider</b>	A successful Bidder who has been awarded the contract.
<b>Residential Address</b>	The place at which the patient currently resides. This includes the patient's home address or a nursing/residential home address at which the patient is normally or temporarily resident.
<b>Request for Information</b>	A request for information or an apparent request under the FOIA OR EIR or the Environmental Information Regulations.
<b>Services</b>	Any or all of the service elements as the context permits.
<b>Service Hours Planned Activity</b>	The hours between the earliest drop off time and the latest collection time. These are: <ul style="list-style-type: none"> <li>• Monday to Friday</li> <li>• 08:00 to 20:00</li> <li>• Excluding Bank Holidays</li> </ul>
<b>Treatment Centre</b>	Any place at which one or more of the following services is provided (excluding Dentist, Optician and GP appointments): <ul style="list-style-type: none"> <li>• Inpatient treatment, care, or diagnostic services</li> <li>• Outpatient treatment, care, or diagnostic services</li> <li>• Day case treatment, care, or diagnostic services</li> </ul>
<b>VfM</b>	Value for money, which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall Service requirement.

**Schedule 2A: Annex B**

**Not Used**

## Schedule 2A: Annex C

### Eligibility Criteria

The Department of Health guidance identifies PTS as typified by the following characteristics:

- Non Urgent.
- Planned.
- For patients with a medical need for transport.
- To and from premises providing NHS healthcare.

Patients are eligible for PTS in the following circumstances:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.

Patients are eligible to have an escort accompany them when the escort is either:

- A Healthcare professional or relative that can provide particular skills that cannot be provided by PTS staff.
- Recognised as a parent or guardian of an eligible child of under 16 years of age.

A social or financial need for transport does not make a patient eligible for PTS.

Eligibility Assessment – Pre Screening – Ability to utilise other transport means
Is the patient able to use their own transport to attend the hospital/clinic?
Is the patient able to use public transport to attend the hospital/clinic?
Could the patient make their own way to the appointment if it was at an alternative date/time?
Does the patient have friends or family who could take them to the hospital/clinic?

Patients who come through the above should be assessed using the following process. Those assessed as not eligible should be advised either:

- To use their own vehicle to attend their appointment.
- To access alternative forms of transport and (if appropriate) how to claim the costs under the HTSC.
- To rearrange their appointment to a more convenient time.
- To arrange for family/friends to take them to/from their appointment.

Eligibility Assessment – Stage 1 – Medical Conditions
Is the patient partially sighted or blind?

Does the patient suffer from severe mental difficulties?
--

Will the patient need medical treatment (inc oxygen) en route?
--

Is the treatment the patient is attending likely to cause severe physical side effects? (e.g. renal dialysis or oncology)
---

If the patient does not automatically qualify for transport at this stage of the assessment process, they may still qualify due to their level of mobility. This can be assessed in Stage 2.

#### Eligibility Assessment – Stage 2 – Mobility

At this time, how does the patient normally travel to do their shopping or other general outings?
---

At this time, can the patient make general trips out and about, either alone or with friends or relatives?
--

At this time, how does the patient move about their own home?
---

At this time, how far can the patient move from their normal sitting position or in their wheelchair by themselves?
---

At this time, can the patient negotiate steps by themselves and, if so, how many?
---

If the patient answer to the third question is 'In a Wheelchair' a supplementary question is asked:

If the patient uses a wheelchair, do they need to travel in their own chair?
--

#### Eligibility Assessment – Stage 3 – Escort

Is the patient to be transported under 16 years old?
--

Is a Carer or escort required to interpret or support the patient during the appointment / treatment?
---



## Standard Eligibility Assessment Questionnaire and Scoring Matrix

Stage 1 - Medical Conditions Assessment		Score
1	Is the patient partially sighted or blind?	
2	Does the patient suffer from severe mental difficulties?	
3	Will the patient need medical treatment (inc oxygen) en route?	
4	Is the patient attending, for treatment likely to cause severe physical side effects? e.g. for renal dialysis or oncology treatment	
<b>Total Score (Stage 1):</b>		

  

Stage 2 - Eligibility / Mobility Assessment		Score
1	At this time, how does the patient normally travel to do their shopping or other general outings?	
2	At this time, can the patient make general trips out and about, either alone or with friends or relatives?	
3	At this time, how does the patient move about their own home?	
4	At this time, how far can the patient move from their normal sitting position or in their wheelchair by themselves?	
5	At this time, can the patient negotiate steps by themselves and if so, how many?	
<b>Total Score (Stage 2):</b> <b>(Do not include Q3a in this score)</b>		

  

3a	If the person uses a wheelchair, do they need to travel in their own chair?	
----	---	--

  

Stage 2a - Establishing the Journey Type	
1	Score from Stage 2
2	Journey Type Evaluation...  <b>Sitter 1 / Sitter 2 / Wheelchair / Stretcher</b>

  

Stage 3 - Escort Assessment		Score
1	Is the person to be transported under 16 years old (and therefore legally obliged to be accompanied by an appropriate adult)?	
2	Is a carer or escort required to interpret or support the patient during appointment/treatment?	
<b>Total Score (Stage 3):</b>		

  

Answer / Scoring Grid					
Yes	No				
100	0				
Yes	No				
100	0				
Yes	No				
100	0				
Yes	No				
100	0				
0	This patient is not eligible on medical conditions assessment but may qualify for transport from assessment of their mobility needs under "Stage 2 - Eligibility / Mobility Assessment"				
100 or more	This patient qualifies for transport provision. Use "Stage 2 - Eligibility / Mobility Assessment" to determine transport type to be provided				

  

Answer / Scoring Grid					
Done by Someone Else	Walk	Community Transport	Bus	Other Car / Taxi / Private Hire	Own Car
0	3	5	30	30	30
No, Never	Rarely	Sometimes	Yes, Often		
0	1	3	5		
Confined to Bed	Only with a Carer / Parent	In a Wheelchair	Using a Frame / Stick	Walking	
0	2	3	4	6	
Now here	Within the Room	Around the House	Into the Street		
0	1	2	3		
Not at All	Just One or Two Steps	Yes, a Flight of Stairs			
0	1	3			
If this score is 10 or more, the person does not qualify for transport under Stage 2 and should be declined as they would appear to be reasonably independent.					
If this score is less than 10, the person qualifies for transport due to their level of mobility and the score should be used to identify the type of transport to be used as set out in the transport provision matrix.					
Yes	No				
1	0				

  

Transport Provision Matrix - Based on Stage 2 Score	
6 or More	Sitter 1, but allowing for Q3 score described below
Less than 6	Sitter 2, but allowing for Q3 score described below
Q3 score = 0	The person is confined to bed and therefore a Stretcher type vehicle should be provided
Q3 score = 3	AND Q3a Score = 1 then the person needs to travel in their own wheelchair and a Wheelchair type vehicle should be provided
Q3 score = 3	AND Q3a Score = 0 then the person can be transferred into a normal vehicle and can be transported as a Sitter 1

  

Answer / Scoring Grid	
Under 16	16 or Over
100	0
Yes	No
100	0
0	This person does not qualify for an escort to accompany them on the transport
100 or more	This patient requires an accompanying escort

The criteria set out above will be subject to review during 2015 and any revised criteria made available prior to contract commencement

## Schedule 2A: Annex D

### Journey & Mobility Types

#### Journey Classification

Patient Category	Description
Regular	Any patient conveyed under this specification who is receiving services other than those provided under the Enhanced Priority Services provisions of this specification.
EPS	Any patient conveyed under the Enhanced Priority Service provisions of this specification.

#### Journey Type

Request Category	Description
Outpatient / Day Case	The requested journey entails the patient collection from their place of residence, transportation to their NHS funded treatment, and return journey (or as requested by service users e.g. ward/dept. staff), at the end of their treatment.
Admission	The requested journey is from the patient's place of residence to a hospital for admission to a ward or department in order to receive NHS funded treatment.
Discharge	The requested journey is from a ward or departments of a hospital, at which the patient has received NHS funded treatment, to the patient's place of residence, or to a designated on-going care facility.
Transfer	The requested journey is a transfer of a patient between healthcare facilities appropriate for clinical purposes.
Home Visit	The requested journey is a where a patient visits their home for an assessment prior to discharge and then returns back to hospital on the same day

#### General Mobility Categories

Mobility Category	Description	Note
Sitter 1	Patient walks with assistance from one person, has no specific medical assistance requirements during journey, and can be accommodated within a Passenger Car.	In the absence of any need for Specialist Vehicle, may be carried in Passenger Car
Sitter 1a	Patient walks with assistance from one person and has no specific medical assistance requirements during journey but requires more physical space than can be provided in a Passenger Car	May not be carried in Passenger Car
Sitter 2	Patient requires the assistance of a 2-person crew either entering/exiting the vehicle and/or supervision during the journey	
Wheelchair	Patient requires transportation whilst in a wheelchair, either their own or a wheelchair provided by the Provider.	
Stretcher	Patient requires transportation whilst on	

	a stretcher	
<b>Escort</b>	Professional or carer patient escort provides particular skills that might be required during journey that cannot be provided by the PTS staff	May be carried in any vehicle: class of vehicle to be determined by the classification of the Eligible Patient

### Specific Mobility Requirements

Mobility Category	Description	Note
<b>Saloon Car - SC</b>	Patient can travel by car/any vehicle and can walk to and from it with assistance	In the absence of any need for Specialist Vehicle, may be carried in Passenger Car
<b>Saloon Car/Folding Wheelchair - SC/FW</b>	Patient travels in their own folding wheelchair and can transfer and travel in a car	
<b>Tail lift/ramp vehicle driver only - T1</b>	Patient requires a tail-lift to get in and out of the vehicle and assistance of one person. Must be an ambulance	
<b>Tail lift/ramp vehicle attendant and driver - T2</b>	Patient requires a tail-lift to get in and out of the vehicle and assistance of two people. Patient may need carrying up and down stairs	
<b>Tail lift/ramp vehicle driver only -W1</b>	Patient travels in their own wheelchair and requires assistance from one person	
<b>Tail lift/ramp vehicle attendant and driver - W2</b>	Patient travels in their own wheelchair and requires assistance from two people	
<b>Stretcher Vehicle - STR</b>	Patient requires a stretcher and assistance of two ambulance personnel. Patient may need carrying up and down stairs	
<b>Child – CH</b>	Patient under 16 years old and may require a child seat or booster during transit	May be carried in Passenger Car
<b>Medical - MESC</b>	Medical escort accompanying patient under the age of sixteen. provides particular skills that might be required during journey that cannot be provided by the PTS staff	May be carried in any vehicle: class of vehicle to be determined by the classification of the Eligible Patient
<b>Escort - ESC</b>	Relative or carer escort accompanying patient under the age of sixteen. provides particular skills that might be required during journey that cannot be provided by the PTS staff	May be carried in any vehicle: class of vehicle to be determined by the classification of the Eligible Patient

## Schedule 2A: Annexe E

### Special Provisions: Emergency Preparedness

#### NHS Organisations

##### 1. Introduction

- 1.1. These provisions (Special Provisions: Emergency Preparedness (NHS Trusts)) shall only apply to this Contract where the Provider is an Ambulance Service NHS Trust delivering the Services under their Establishment Order.
- 1.2. The Provider should provide services, planning and service capacity to deliver its obligations as a Category 1 Responder under the relevant legislation including but not limited to the Civil Contingencies Act 2004, and in line with the requirements of the Department of Health's Emergency Planning Guidance.
- 1.3. The Commissioner and the Provider should work cooperatively with the other emergency services (including police, fire and rescue service and coastguard) including but not limited to participating in the planning and exercise testing processes.

##### 2. Scope and Delivery of the Service

- 2.1. PTS vehicles and staff can be required to support the emergency services in case of a major incident.
- 2.2. The Provider must inform the relevant commissioning authority before they divert PTS resource to support a major incident on any occasion where there will be a reduction of the PTS service as a result of this action.

##### 3. Major Incident Plans

- 3.1. Major Incident Plans must be maintained in accordance with the NHS Emergency Planning Guidance. The Major Incident Plan shall be reviewed annually and the agreed form of confirmation sent to the Commissioner within 5 days of the end of each contract year.

##### 4. Quality Standards

- 4.1. Impact on PTS and requirements of service should be considered given defined scenarios for major incidents. To understand and agree on the impact of major incidents the following process indicators are defined:

##### 5. Process Indicators

- 5.1. Planning – review of existing plans on an annual basis and the necessary reporting to the Commissioner's and the Provider's board. The involvement of the Provider as Emergency Preparedness lead for the local service and SHA will be agreed between the Provider and Commissioner.
- 5.2. Lessons learnt from mass casualty incidents or exercises – action plan identifying lessons learnt to be completed within 3 months of the incident stand down.
- 5.3. Audit of the implementation of the agreed actions from the lessons learnt plan to be undertaken at 6 months following the incident stand down.

##### 6. Remuneration

- 6.1. The Provider shall receive remuneration for all mileage that directly results from its participation in a major incident. This shall be the greater of:
- The total vehicle mileage, including repositioning, for each participating vehicle at a rate equivalent to that of the highest patient category applicable to any given vehicle plus a 25% premium.
  - The chargeable mileage generated by each participating vehicle *over the average of the 5 working week days prior* to take account of the possibility of a major incident being declared seven days after a non-working day. Prior to the major incident, plus a 25% premium.
- 6.2. Where requests from the command centre would result in overtime pay obligations being incurred by the Provider, the premium shall increase to 100%.

## Schedule 2A: Annexe E

### Special Provisions: Emergency Preparedness

#### Other Providers

##### 1. Introduction

- 1.1. These provisions (Special Provisions: Emergency Preparedness (Other Providers)) shall only apply to this Contract where the Provider is not an Ambulance Service NHS Trust delivering the Services under their Establishment Order.

##### 2. Scope and Delivery of the Service

- 2.1. In the event that the Commissioner notifies the Provider of a major incident, the Provider may be required to support emergency services through the provision of PTS vehicles and staff.
- 2.2. Where requested by the Commissioner, the Provider shall take instruction about the deployment of vehicles and personnel from any command centre the Commissioner deems appropriate. The command centre may request that the Provider:
  - Suspend Eligibility Assessment for movements relating to the major incident.
  - Convey Ineligible Persons.
- 2.3. In extremis, convey patients with greater clinical need than would be normal for the Service, provided such individuals are assessed for transportation by a Doctor or other medical professional acting in a triage capacity and provided clinical care by additional personnel as appropriate.

##### 3. Impact on Quality Standards

- 3.1. Adverse impact on quality or performance metrics that results from participation in a major incident shall be disregarded for the purpose of payment and contract management.

##### 4. Remuneration

- 4.1. The Provider shall receive remuneration for all mileage that directly results from its participation in a major incident. This shall be the greater of:
  - The total vehicle mileage, including repositioning, for each participating vehicle at a rate equivalent to that of the highest patient category applicable to any given vehicle plus a 25% premium.
  - The chargeable mileage generated by each participating vehicle on the 7th day prior to the major incident, plus a 25% premium.
- 4.2. Where requests from the command centre would result in overtime pay obligations being incurred by the Provider, the premium shall increase to 100%.

## Schedule 2A: Annexe F

### Existing Booking Arrangements

#### Correct As At May 2015

#### 1. Introduction

- 1.1. These arrangements described below are the current non-emergency patient transport booking processes within the North West as of May 2015. Any changes to these processes, that would consequentially mean the transport provider taking on some or all responsibilities for transport bookings, would result in a contract variation

#### 2. Greater Manchester

- 2.1. Historically the acute hospitals booked follow-up transport when they booked follow-up appointments however recently some of the acute hospitals across Greater Manchester have stopped doing this and now rely upon the booking centres that are owned by the CCGs to pick this up.
- 2.2. Most of the booking centres in Greater Manchester are commissioned only to do the first outpatient transport booking and therefore will not book the follow-up transport for the patient. This leaves the patient without a contact point in which to make the follow-up booking. Those booking centres that do the follow up bookings only do these for their own residents (patients registered with a GP in their CCG area). Patients who are not registered with a GP in the area that they are attending their follow up appointment find that they have no contact point in which to make the booking.
- 2.3. There is one booking centre that is an exception to this that does the transport booking for all patients attending a particular acute, regardless of where they are registered. This means that they also book for patients that are currently identified as another transport provider's patient.
- 2.4. None of the Greater Manchester booking centres does the follow up transport bookings for appointments at acute hospitals outside of Greater Manchester.
- 2.5. Additionally, any patients going outside of Greater Manchester to another acute hospital in the North West for a follow-up booking cannot make a transport booking as the current transport provider for the other areas in the North West manages this process. This includes first out-patient and follow-up appointments.

#### 3. Cheshire, Merseyside and Cumbria

- 3.1. The transport provider manages all of the transport bookings for these areas for both first out patients and follow-ups.
- 3.2. The transport provider does not make bookings for Greater Manchester patient. The acute hospitals within Cheshire, Merseyside and Cumbria also do not make these bookings, as they do not have the systems in place. In these circumstances the patient is either referred back to Greater Manchester or left without a contact point to make their booking.

#### 4. Lancashire

4.1. The CSU booking centre manages all transport bookings for both first outpatient and follow-ups for all Lancashire patients albeit some patients do end up contacting the local transport provider to book their journey.

**5. GPs**

5.1. GPs do not make any transport bookings on behalf of patients and have not done so since the beginning of their GP contract that came into force many years ago. However, there are a small number that request transport for their patient's appointments and make contact with the transport providers directly.