



Non-Emergency Patient Transport (NEPT)

Market engagement event

12th March 2015

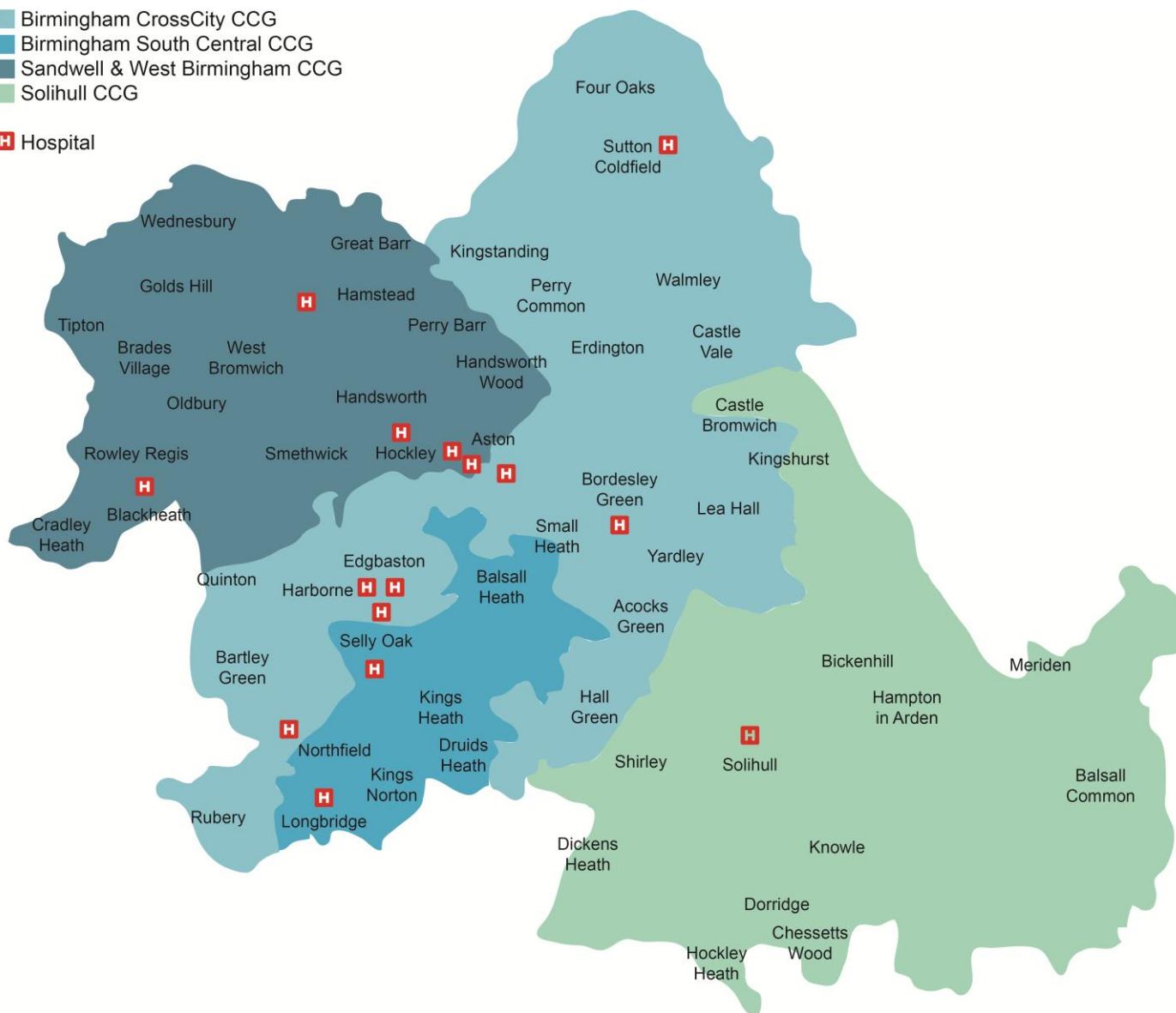


About Solihull & Birmingham CCGs

Birmingham and Solihull Clinical Commissioning Groups

- Birmingham CrossCity CCG
- Birmingham South Central CCG
- Sandwell & West Birmingham CCG
- Solihull CCG

 Hospital



Our CCGs and populations

- Clinical Commissioning Groups are clinically led organisations made up of member practices;
 - **Birmingham's population 1.085 million**
 - **Solihull's population 206,100**
 - **Sandwell 308,000**
- Diverse populations that experience a wide range of health inequalities



Current Birmingham & Solihull NEPTs Service Provision

Birmingham & Solihull NEPTs

- Historic commissioning arrangements between PCTs and Acute Trusts
- **Acute NHS Trusts in Scope**
- Birmingham Women's Hospital NHS Trust
- Heartlands of England NHS Foundation Trust
- University Hospital Birmingham NHS Foundation Trust
- The Royal Orthopedic Hospital



Activity

- **350,509** journeys take place each year that's around **6,740** per week
- **8.2%** of these are escorts or carers
- The highest proportion are those in the **walking** category of mobility **over 61%**
- Wheelchair users make up the second largest group **over 22%**
- Two and four person lift make up the 3rd highest mobility category **13%**
- Stretcher Bariatric and Incubator make up the fourth largest group **4%**



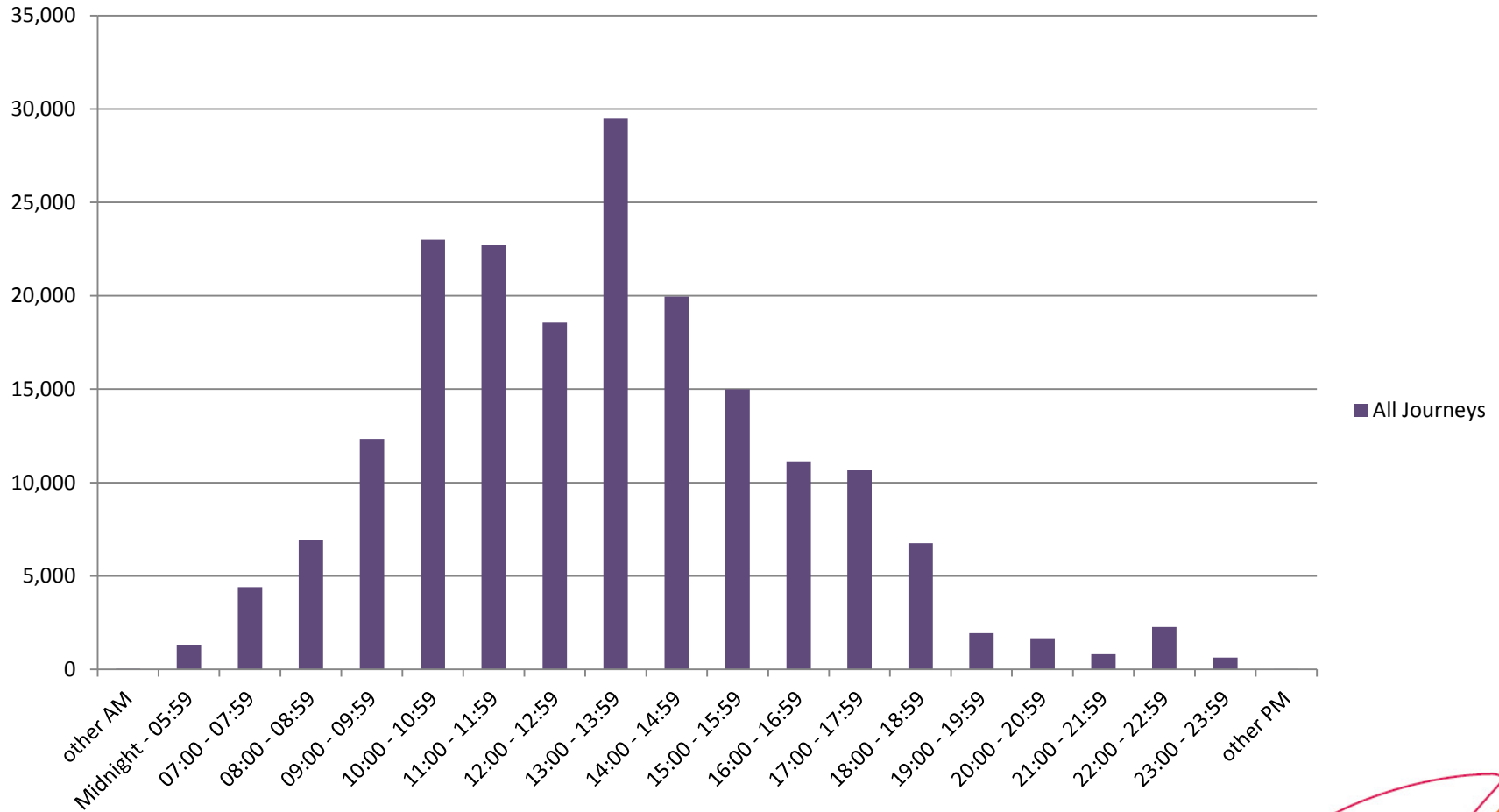
What we know so far...

- **83%** of people are attending outpatient appointments
- Over **60%** of people are travelling within a five mile radius of the treatment provider
- Only **6%** over 20 miles
- **89%** of journeys occur Monday to Friday
- **11%** occur at weekends we expect this to increase as CCGs move towards seven day working
- About **144,072** journeys are **renal patients** that's about **2770** patients per week



Journey times:

All Journeys



Further work on activity and service demand

- CCGs will be continuing to pull together an accurate picture of all NEPT activity
 - 3rd party provider data
 - Out of hours
 - Out of area referral data
 - Will include review of 2014/2015 data once available
- Seeking information from Trusts about any service development changes that may impact on activity from 2017 onwards



Outline of New Service and Expected Outcomes

New service and expected outcomes:

- BSOL CCGs vision is to commission a NEPT service(s) that is;
 - fit for the future
 - better meets the needs of patients
 - embraces new technology and innovation to enhance patient care and experience
 - is value for money and cost efficient
 - well integrated with Trust services
 - adds value to the local communities it serves



The service:

- New draft service specification the service will be 24/7 365 days a year with agreed core hours
- It will include;
 - Booking function
 - Eligibility assessment
 - Patient transport
 - Patient transport management and liaison



The service (continued)

- There is a change to the core operational hours
- This reflects the treatment needs of patients
- Our expectations about the out of hours
- We want to be clearer about the commissioners expectations when commissioning a 24 hour service – standards/KPIs
- The core geographical area will be the 22 West Midlands CCG populations
- Out of area – anything outside the above



West Midlands CCGs

- Four Birmingham and Solihull CCGs as well as;
- Cannock Chase CCG
- Coventry & Rugby CCG
- Dudley CCG
- East Staffordshire CCG
- Herefordshire CCG
- North Staffordshire CCG
- Redditch & Bromsgrove CCG
- South Worcestershire CCG
- South Warwickshire CCG
- South Easts & Seisdon Peninsular CCG
- Stafford & Surrounds CCG
- Shropshire CCG
- Stoke on Trent CCG
- Walsall CCG
- Wyre Forest CCG
- Warwickshire North CCG
- Wolverhampton CCG

Eligibility and Patient Charter:

- CCGs have developed in partnership with stakeholders;
- Locally defined eligibility criteria
- Patient Charter
- The aim of these are to reduce variation and enhance patient experience



Pricing Structure

Block

- Base activity + tolerance level
- Caps & Collars
- % Reduction for Cost Improvement Program
- Non-Contracted Activity paid on top of block.

Other Considerations

- CQUIN
- KPIs – Financial Penalties

Volume

- Price Matrix – based on mileage bands/ mobility categories
- Prices set for contract period or reviewed annually?
- Marginal Rates

Data

- Full years activity
- Individual Journey data set
- Should include journey date/ journey time/ from/ to/ mobility/ mileage/ category.

Purpose & Focus of Market Engagement

Market engagement questionnaire response feedback

12 completed responses received providing excellent feedback in relation to:

- Lotting Structure preferences
- Contractual Structure preferences
- Specification & KPIs
- Required information for bidding process



Lotting Strategy – Feedback Summary

Lotting Option	Lotting Title	1	2	3	4	5	6	7	8	9	10	11	12	Mean (Avg)	Mode Score
Option A	Single lot	1	2	4	5	1	1	1	5	5	1	5	5	3.00	1 & 5 (5 each)
Option B	Multiple Lot (By patient type/mobility only)	4	5	3	2	4	4	3	1	2	4	4	2	3.17	4 (5)
Option C	Multiple Lot (By geography only)	2	3	1	3	3	3	2	3	3	3	1	3	2.50	3 (8)
Option D	Multiple Lot (By patient type/mobility and geography)	5	4	3	1	5	5	4	2	1	5	3	1	3.25	5 (4)
Option E	Multiple Lot - Splitting out Renal (Enhanced priority service) as additional lot.	3	1	3	4	2	2	5	4	4	2	2	4	3.00	2 & 4 (4 each)

Contract Structure – Feedback Summary

Contracting Option	Option Title	1	2	3	4	5	6	7	8	9	10	11	12	Mean (Avg)	Mode Score
Option A	Block Contract	2	2	1	2	2	1	2	1	1	2	1	1	1.50	1 & 2 (6 each)
Option B	Cost and Volume Contract	1	1	2	1	1	2	1	2	2	1	2	1	1.42	1 (7)



Specification, KPI and information feedback themes

- Number of comments received raising queries as well as identifying potential gaps within specification
- Importance of achievable and realistic KPIs
- Importance of accurate and detailed activity & TUPE data (The more detail provided the more accurate the operating model)



Question & Answer Session?

Next Steps & Indicative Timeframes

Indicative Timeframes

Pre-Procurement stage <ul style="list-style-type: none">• Market Engagement• Formal public consultation	February 2015
Procurement Stage	September 2015
Contract award stage	July 2016
Transition and mobilisation stage	August 2016
Service starts	March 2017

