



Non-Emergency Patient Transport Market Engagement Questions

1. Will commissioners be applying the NHS Cost adjustment (cost uplift – efficiency factor) year on year to contract prices?

This decision hasn't currently been made by commissioners. Information relating to year on year price contract price adjustment expectations will be included in the tender documentation when published.

2. KPIs – Is there interest or appetite in looking at more sophisticated models around clinical outcomes? You see this in other sectors.

This is something that may need to be addressed as Clinical Commissioning Groups (CCGs). However, this wouldn't be in scope for this procurement and we will be seeking to improve patient outcomes as set out in the draft service specification and patient charter.

3. What about potentially stretching clinical pathways for opportunities more than what is envisioned?

The current service specification sets out clearly CCGs visions around developing patient transport services we are keen to see examples of innovation and integrated care. CCGs will consider appropriate CQUINs.

4. Is there any overlap across the main contracts across Birmingham?

The historic arrangements mean that NEPT is commissioned around each NHS Acute Trust and regardless of the lotting strategy chosen the basis of this procurement is to provide NEPT transport for patients of the listed NHS Acute Trusts. Any overlap will be with CCGs who have commissioned their NEPT services on the basis of their own patients as opposed to on an Acute Trust basis. This does not apply to the four main CCGs signed up to this procurement who account for 66% of the identified activity. Any potential overlap will be explored further and the indicative activity data will be adjusted accordingly. We have contacted all of the 22 CCGs to inform them of this procurement and to give them the opportunity to raise any concerns.

5. Do you have any information around the general timeline?

Indicative Timeframes were shown – see the attached power point slide. The next step will be to run a public consultation May to August 2015. Its anticipated procurement would start in September 2015. A detailed project plan is in place to cover all phases of the project.

6. The 22 CCGs, anything outside of those is outside the contract, is there an expectation to do those journeys?

Yes, CCGs will be seeking through the procurement NEPT transport for the NHS Trusts in scope and this will include undertaking journeys for patients that live outside of the core geographical area. Two of the NHS Trusts are national treatment centres; The Royal Orthopaedic Hospital NHS Trust and University Hospitals Birmingham NHS Foundation Trust. These journeys would be treated as Non-Contracted Activity and the provider will be expected to get prior approval from the patients home CCG.

- 7. It is often difficult for third sector organisations to meet the requirements of NEPTS services due to specification requirements for vehicles used. Could commissioners look at the possibility of reviewing specification requirements for vehicles, specifically those transporting lower need (i.e. walking) patients? Secondly community transport couldn't be involved in this as they are not CQC qualified. E.g. a vehicle with a stretcher wasn't used for 3 years and made a loss.**

Transport services are classed as a regulated service by the Care Quality Commission (CQC) Providers would need to demonstrate compliance with this requirement to deliver. Information is available from the CQC website; <http://www.cqc.org.uk/content/what-registration#accordion-1>. CCGs are aware that in other areas where third sector providers are sometimes involved in delivery of NEPT in collaboration with other Providers.

Providers would need to demonstrate that they had the capacity and equipment available to delivery PTS based on the needs of patients as defined by their mobility class e.g. stretcher. No decision has yet been made about lotting options e.g. walking only lot; CCGs will analysis feedback from the market engagement event to inform this process. CCGs will provide accurate data by mobility class during the procurement; this would enable Providers to understand for example how many stretcher patients may be carried per year.

- 8. Do you have a clear picture where the ceiling falls in terms of clinical scope? So for example would there be the requirement to transport high dependency Patients? The next level of data was requested after stretcher, bariatric and incubator.**

There are currently high dependency patients being transported within the scope of this procurement. See above response in relation to data.

- 9. What is the envisaged contract length?**

The proposed plan is that the contract length would be five years with an option to extend for a further two years.

- 10. Who's the incumbent provider?**

The incumbent providers for the main NEPT contracts are West Midlands Ambulance Service NHS Foundation Trust and NSL Ltd.

- 11. What's the budget?**

CCGs are in the process of mapping all NEPT costs and intend to deliver the project under the existing financial envelope. The decision around whether to make the budget figure available to potential bidders has not yet been made. If the CCGs do decide to publish this information it will be made available within the tender documentation when published.

- 12. There is a degree of risk associated around TUPE and sensible mobilisation timescale. Can the payment structure consider upfront charges? Would commissioners consider a TUPE 'True Up' for changes that are made post submission?**

CCGs are aware of the potential challenges due to the scale of the service and may consider this when developing the procurement structure.