

## Governing Body meeting (held in public)

**DATE: 30 July 2015**

<b>Title</b>	<b>Procurement of Non – Emergency Patient Transport Services (to Dartford &amp; Gravesham Hospital Trust Non-emergency conveyances only)</b>	
This paper is for <b>Decision</b>		
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>Approve</b> that Bexley CCG should be an associate to the procurement of Non–Emergency Patient Transport Services for the Kent &amp; Medway area as laid out in sections 1, 3, and 4 of the attached report. The procurement will be managed via South East Commissioning Support Unit.</p>	
Potential areas for Conflicts of interest	None.	
Executive summary	<p>The current contract for Non–Emergency Patient Transport Services (to Dartford &amp; Gravesham Hospital Trust) expires at the end of June 2016.</p> <p>This paper -</p> <ol style="list-style-type: none"> <li>1. Seeks permission for Bexley CCG to be a named party in the procurement (to be undertaken by DGT).</li> <li>2. Recommends a collaborative approach to the re-procurement of Passenger Transport Services</li> </ol> <p>The reasons underpinning this recommendation, the alternative options considered, and an outline plan for the re-procurement are contained within this paper.</p>	
How does this paper support the CCGs objectives?*	<b>Patients:</b>	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	<b>People:</b>	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	<b>Pounds:</b>	Delivering on all of our statutory duties and become an

## Clinical Commissioning Group

		effective, efficient and economical organisation.
	<b>Process:</b>	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	Suitable providers may not submit bids which are acceptable to the CCG.  Providers may challenge the procurement process, even though such challenges may be without substance.
	Equality	Revising the specification will have a positive impact.
	Financial	Opportunity for benchmark costs against current market costs to be obtained, and potentially reduce overall costs to the CCG.
	Data	None.
	Legal issues	The re-procurement will be conducted in accordance with the Public Contracts Regulations 2015, and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.
	NHS constitution	Patients' rights under the NHS Constitution will be safeguarded.
	Engagement	Although no statutory consultation is required, the results from patient feedback surveys, complaints, and other forms of more informal feedback have been incorporated into the process of revising the specification.
Audit trail	None.	
Comms plan	A communications plan will be developed by the project team and tailored to suit the needs of the population of Bexley.	
Mark Abrahams, Interim Head of Procurement. Jonathan Manuelpillai, Assistant Director Contracting.	Clinical lead: TBA	Executive sponsor: Sarah Valentine Director of Commissioning
Date	13 July 2015	

## **Procurement of Non – Emergency Patient Transport Services (to Dartford & Gravesham Hospital Trust Non-emergency conveyances only)**

### **1.0 Background:**

The current contract for the provision of Patient Transport Services (PTS) to Dartford & Gravesham Hospital Trust Non-emergency conveyances expires at the end of June 2016. We are an associate to this contract.

The South East Commissioning Support Unit intends to re-procure the services, on behalf of the CCGs named later in this document, and Bexley CCG is one of the associates to that contract..

Non-emergency PTS is provided for patients who are being transported to an NHS funded service for NHS treatment and who are deemed medically eligible based on the Department of Health (DOH) eligibility criteria.

The DOH 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 premises providing NHS healthcare and between such Providers. This encompasses a wide range of vehicle types and levels of care consistent with the patients' medical needs. 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.

A non-emergency patient is one who whilst requiring treatment which may or may not be of a specialist nature, does not require an immediate or urgent response.

### **2.0 Service Objectives:**

The objectives of the service are to ensure the following service outcomes:

- **Quality and Safety** – The provision of this service must be a patient centred service and be delivered in a safe, friendly and effective manner by appropriately trained staff. This includes the consistent application of the eligibility criteria (including regular re-assessment for each journey of the same patient, according to agreed protocols), and include clinical advice to the eligibility management process. The Transport Provider will keep journey times to a minimum and ensure promptness of arrival and pick-up. The Transport Provider must comply with all aspects of Care Quality Commission registration, or any subsequent organisation.
- **Flexibility and Responsiveness** – The service must provide flexibility to respond to changing levels in future activity and the patient needs (e.g. new healthcare locations, specialist requirements, on-the-day requests, flexible times for pick-up and delivery including evenings, weekends and bank holidays). Timeframe of implementation and redesigned elements to be agreed as part of the monthly meetings. This includes the drive towards seven day working.
- **Communication and Performance Information** – The service must include high-quality communication with Commissioners and healthcare providers to discuss effective management of the system. The Transport Provider will publish its staffing rota on a

weekly basis, by crew type and location, to trusts and commissioners, and provide advance updates of any rota changes. Clear and complete information must be provided monthly on activity, finance and quality of service provision. Additional ad hoc reporting requirements will be agreed at the monthly performance meetings.

- Efficiency Savings – Like all Public sector organisations, Bexley CCG are required to make efficiency savings whilst maintaining and improving quality of service. Savings can be made by improved productivity, performance and/or innovative service delivery redesigns.

### 3.0 Collaborative Approach, & Alternative Options:

The approach being recommended to the Governing Body is that Bexley CCG jointly procures the non emergency PTS, being named as an associate within the final contract documentation. The following Clinical Commissioning Groups (CCGs) are participating in this procurement:

- Dartford, Gravesham and Swanley CCG;
- Ashford CCG;
- Canterbury & Coastal CCG;
- Swale CCG;
- Medway CCG;
- South Kent Coast CCG;
- Thanet;
- West Kent CCG
- Bromley CCG.

Alternative options would be for Bexley CCG to undertake its own procurement for these services, but on our own we would not provide the quantum necessary to attract the market. Therefore a collaborative procurement with the other CCGs is recommended.

On balance it was felt that the collaborative approach gave the following benefits –

- Previous experience of the procurement would give learning curve benefits that we did not have in house
- Economies of scale in the production of documents etc. mean reduced procurement costs
- Allowing others to lead the procurement allows Bexley CCG to concentrate on other priorities
- Carrying out a separate procurement would mean that we would be approaching the market at the same time as the Kent, which would mean there would be a risk of too few bids being received.

### 4.0 Proposed Procurement Process:

The procurement will be carried out via the seeking of competitive tenders; the alternative procurement option of appointing providers using the *Any Qualified Provider* route would not be appropriate for a procurement of this type as it would result in a fragmentation of providers leading to higher management costs and reduced ability to manage the contract.

South East Commissioning Support Unit will manage the procurement process on behalf of Commissioners.

The procurement process will be carried out in accordance with the Public Contracts Regulations 2015, and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.

A notice will be placed on the Contracts Finder web site (the successor to Supply 2 Health), and will also appear in the supplement to the Official Journal of the European Union (OJEU) publication.

## 5.0 Specification Development:

Bexley CCG has been consulted at various stages regarding the development of the specification. We have been keen to apply patient feedback surveys, complaints, and other forms of more informal feedback have been incorporated into the process of revising the specification. Some key issues we have fed into the specification development have been –

- The importance of recruiting, retaining, training, and managing staff in order to minimise staff turnover and the use of temporary staff,
- The standard of the vehicles, ensuring that modern, safe, and low-emission vehicles are used,
- Processes must be in place to ensure the eligibility criteria are met, and that full records are available as to the patients name, address, destination, date, time, etc.,
- Technology should be used to plan the optimum route, establish the nearest available driver, and avoid traffic delays where possible.

## 6.0 Key Risks:

A key risk with most procurement exercises is that suitable providers may not submit bids which are acceptable. However, as non emergency PTS is a well-established market that has been subject to procurement exercises for a number of years, it is felt that this is a minimal risk.

Another risk that is common to most procurement exercises is that Providers may challenge the procurement process, even though such challenges may be without substance. Using South East Commissioning Support Unit to manage the procurement process on behalf of Commissioners should minimise this risk due to their previous experience.

## 7.0 Timescales:

A copy of the timetable is appended hereto. It is believed that there should not be any difficulties in ensuring the contract is let in time for a start date of 1<sup>st</sup> July 2016.

## 8.0 Governing Body Approval:

Bexley CCG's Governing Body are asked to provide their approval to procure these services (via South East Commissioning Support Unit) we will be one of a number of associates to the contract.

**Sarah Valentine**  
**Director of Commissioning**

## Appendix 1 – Procurement Timetable:

Key Activities	Date
Confirmation of CCG processes in place for finance, sign off, etc.	06-Jul-15
Programme Board to sign off SEL Service Specifications, tender documentation, financial envelope & contract	08-Jul-15
Assurance from NHSE London that gateways have been met	09-Jul-15
Clinical Chairs meeting with Anne Rainsbury	09-Jul-15
SEL Chief Officers to sign off service specifications, financial envelope & contract	10-Jul-15
SEL Chief Officers approval to publish	10-Jul-15
Publication of tender	13-Jul-15
Bexley Governing Body approval	30-Jul-15
Complete financial analysis of bids to confirm bidder viability	27-Aug-15
Evaluation of written bids	07-Sep-15
Bidder Presentations	16-Sep-15
Preferred Bidder Site Visits	18-Sep-15
Programme Board approval of recommended bidder	23-Sep-15
Bexley Governing Body approval	24-Sep-15
SEL Chief Officers approval of recommended bidder	24-Sep-15
Submit final contract award notice	30-Sep-15
Mobilisation of new service	03-May-16
Commencement	01-Jul-16