

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Pulmonary and Podiatry Clinic Transport
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Population Needs		
1.1.	National/local context and evidence base	
1.1.1.	PTS is typified by the non-urgent, planned transportation of patients, with a medical need for transport, to and from an NHS health service provider and between health service providers. This can encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.	
1.1.2.	Patient Choice, through the extended choice network, is likely to increase the range and geographic location of care providers from whom commissioners might commission health services with increasing cross-border and out of area provision. The NHS Finance Manual recommends that commissioners ensure that a greater range of transport options are provided in a flexible manner within and outside standard office hours.	
1.2.	PTS provided to the commissioners should be:	
	<ul style="list-style-type: none"> - legal; - safe; - accessible to all eligible patients; - representative of value for money; - capable of meeting the expected outcomes; - supportive of patient choice; - consistent and prompt; and - of high quality supported by a robust performance monitoring regimen. 	
2. Outcomes		
2.1	<u>NHS Outcomes Framework Domains & Indicators</u>	
	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

3. Scope

3.1 Aims and objectives of service

The overarching objectives expected of the Patient Transport Service are to deliver the markers of good practice for a comprehensive service, namely:

- 3.1.1 To provide transport for COPD and Podiatry patients attending for treatment at specified community venues agreed with the Commissioner.
- 3.1.2 Ad-hoc transport to secondary care provision following a request by the Commissioner.
- 3.1.3 That transport services are planned, booked and provided in a way that ensures that people receive the most appropriate and effective service possible. To this end standard booking arrangements that make the best use of information systems for the prioritisation and management of transport resources need to be provided.
- 3.1.4 It is intended that each patient should reach their place of treatment/appointment location and/or home in comfort and without detriment to their medical condition.

The policy objectives set out above are underpinned by the following principles:

- 3.1.5 **Person-Centred Focus:** to put quality of service to individuals at its centre. This means that people can expect safe, accessible, reliable, responsive transport services;
- 3.1.6 **Openness:** to encourage an open style of management and administration to ensure that people have access to information about the operation, policies, practices, standards and performance of the service. Information will be provided in a way which best meets the needs of users;
- 3.1.7 **Fairness:** to adopt and pursue equity of access to ensure fair treatment for all;
- 3.1.8 **Environment:** to pursue practices which are environmentally friendly and to review regularly the overall impact of transport services on the wider environment, and adapt practices accordingly; and
- 3.1.9 **Accessibility:** to provide services which are accessible to all eligible users, regardless of disability or geographical location.

3.2 Service description/care pathway

This contract covers the provision of non-emergency transport services for patients as defined below:

- 3.2.1 **Outpatient** – The patient will be conveyed from the requested point of collection to facilities within the Calderdale area, and after receiving treatment will be returned to the point of collection on the same day; and
- 3.2.2 **Out of Area journeys** – where a patient is required to travel outside of the Calderdale boundary).

The Provider should supply resources to convey patients with the following mobility needs:

- 3.2.3 **Driver Only (SC)** – The patient can walk to, and travel in, a saloon car or people carrier unaided or with little assistance from a driver. The patient can manage the steps on the vehicle with steady assistance only;
- 3.2.4 **Minibus** – the patient can walk with the assistance of a driver to the vehicle. The patient can manage the step onto the vehicle with steady assistance only. The patient may require assistance to the vehicle in the provider's wheelchair but they can transfer to the seat of an ambulance and there is easy access at home and destination (no steps) and requires the attention of the driver only;
- 3.2.5 **Minibus with passenger assist** – The patient cannot walk, and requires a wheelchair or carry chair supplied by the Provider, with the assistance of two ambulance staff to be transferred to and from the ambulance and/or the patient's mental/physical condition requires the attention of two staff and/or the patient requires oxygen whilst travelling;
- 3.2.6 The Provider will ensure that appropriate mechanisms are in place to ensure that appropriate transportation is accessible for people whose use of the service can be anticipated, for example:
- 3.2.6.1 People with long term conditions;
- 3.2.7 Details of other special travel needs, for example prescribed oxygen, infection status e.g. MRSA, need to travel alone, will be supplied to the Provider at the time the patient's journey is booked.
- 3.2.8 The carriage of equipment such as Zimmer Frames is expected if it is requested when the patient's journey is booked. This booking and request should be made a minimum of 72 hours prior to the required journey to enable the Provider to plan appropriately to ensure safe stowage of the equipment. However, if insufficient notice is given at the time of booking, carriage will be at the discretion of the Provider's staff and will depend upon the safety aspects of securing the items within the vehicle.
- 3.2.9 Other luggage will be limited to one piece of hand luggage per patient.
- 3.2.10 The Provider will be informed at the point of booking if an eligible escort is also to be transported.
- 3.2.11 An escort may accompany a patient if it is deemed necessary as assessed against the eligibility criteria. Escorts and their mobility will be notified to the Provider at the time of booking. Escorts should only be transported if they have been booked in advance¹.
- 3.2.12 Professional Escorts accompanying patients who transfer to another site must be returned to their site of origin if accompanying the patient. Where a patient has been admitted, the escort is required to make their own arrangements for a return journey².
- 3.2.13 A parent or other responsible adult must accompany all children under the age of 16 years.
- 3.2.14 A carer should accompany those adults considered as vulnerable where requested by the referring clinician.
- 3.2.15 All journeys will be deemed to include the return journey unless otherwise specified on the booking. Patients will typically, although not necessarily, be collected from and returned to their home address. Patients must not be taken to a destination other than specified on the booking form, unless authorised to do so by the Commissioner.
- 3.2.16 Patients shall be delivered to the destination ward or department, and be collected

¹ Escorts should not be admitted onto the vehicle at the point of collection/departure unless the crew has serious concerns with regards to transporting a patient without an escort.

² If the professional escort can be returned to their point of origin within routine journey arrangements, this will be arranged. Where this is not the case, the provider must inform the escort and the relevant commissioner at the time of booking.

from the same location unless informed otherwise. Discharges and transfers shall be collected from designated areas.

3.2.17 The Provider will be given a minimum of 24 hours' notice of cancelled journeys. If 24 hours' notice is not given, the Provider may be entitled to invoice the commissioner at the pre-agreed rate that is reflective of the costs, charges and expenses incurred.

3.2.18 Where the Provider has dispatched a vehicle but the journey is cancelled by the commissioner due to non-attendance of the intended recipient or refusal to travel, the provider may be entitled to invoice the commissioner at the pre-agreed rate that is reflective of the costs, charges and expenses occurred.

3.2.19 Where the journey is cancelled because the transport has arrived at the collection point after the time required, the Provider will not invoice the commissioner and may be subject to invoicing by the commissioner at a level reflective of the replacement transport costs incurred by the patient, commissioner or healthcare facility, except in extenuating circumstances (to be agreed), e.g. RTA, sickness of patient or staff en-route.

3.2.20 In severe weather conditions which may impact on the safety and wellbeing of patients due to be transported to and from the commissioners' healthcare facilities, the Provider will have a business continuity plan that ensures continuance of service and agreed processes for communicating temporary discontinuance of service. Any temporary discontinuance of service shall not constitute or be interpreted as a breach of the terms of this contract in the event that the Provider adheres to the agreed business continuity plan. Should the agreed plan not be followed, or the plan not be agreed with commissioners no later than 5 Operational Days from the date its activation then than any disruption of service will be considered a breach of contract and may be subject to invoicing by the commissioner at a level reflective of the replacement transport costs incurred by the patient, commissioner or healthcare facility.

3.3 Referral, booking, and discharge processes

3.3.1 All bookings should be made to the Provider.

3.3.2 The Provider should have systems in place to receive bookings using the following methods:

3.3.2.1 Telephone – 01422

3.3.2.2 Fax – 01422

3.3.2.3 Mail –

3.4 Response times

3.4.1 The Provider is required to meet the quality standards agreed with the commissioners.

3.4.2 Patients will be collected from the home or other agreed collection point in a timely manner so that they will arrive on time for, or a maximum of 30 minutes before, their appointment or admission due time.

3.4.3 Patients should be collected from the healthcare facility within 60 minutes of the facility informing the Provider that the patient has completed their treatment.

3.4.4 Journey times for each patient should be no more than 60 minutes unless it is for transport out of area.

3.5 Care Pathways

3.5.1 Patients will be delivered to the destination ward or department, and be collected from the same location unless the Provider is informed otherwise.

3.5.2 The Provider's driver and attendants must ensure that patients are:

3.5.2.1 Escorted to the vehicle;

- 3.5.2.2 Made safe and comfortable in the vehicle;
- 3.5.2.3 Escorted to their destination and handed over to a responsible person;
- 3.5.2.4 Escorted to their door for homebound journeys and handed over to a relative or carer is available; and
- 3.5.2.5 Ensure that access to the home is safely gained. Patients who live alone should be taken into their home and settled before being left.
- 3.5.3 The Provider shall ensure that, where necessary, their staff will:
 - 3.5.3.1 Provide assistance to patients in preparing for the journey;
 - 3.5.3.2 Check that household appliances have been switched off, premises have been secured and the patient has their keys, if appropriate;
 - 3.5.3.3 Provide assistance, with or without the use of aids; in and out of the house, healthcare facility and vehicle;
 - 3.5.3.4 Ensure that patients are always attended whilst negotiating steps and stairs, and when entering or alighting the vehicle;
 - 3.5.3.5 Inform the relevant healthcare facility if the patient becomes unwell during the journey
 - 3.5.3.6 Ensure that patients are handed over to an appropriate member of staff on arrival at the healthcare facility and left safe and comfortable at home;
 - 3.5.3.7 If any patient is found in a life-threatening situation, or there is any reason to believe that the patient is in a position of risk, the relevant emergency service should be contacted immediately. The driver should then remain with the patient until the emergency services or an appropriate person has arrived, unless this presents a significant risk to the driver's safety.
- 3.5.4 The provider will provide real time communication for each vehicle used for the provision of services.
- 3.5.5 The Provider will monitor drivers progress, manage potential delays and change drivers schedules appropriately to ensure an efficient service.
- 3.5.6 All vehicles should meet required national standards and regulations.
- 3.5.7 All vehicles should convey patients in a safe and secure manner.
- 3.6 Days/ hours of operation**
- 3.6.1 As agreed by Provider and Commissioner.
- 3.7 Staffing**
- 3.7.1 The Provider will comply with all national Employment Voluntary Service practices in relation to the appointment of persons providing Services.
- 3.7.2 The Provider shall ensure that all employees are trained in the duties required of them, and shall ensure that every such person is properly trained, instructed and competent with regards to but not limited to:
 - 3.7.2.1 The tasks they perform;
 - 3.7.2.2 Relevant provisions of this service specification;
 - 3.7.2.3 Relevant details about the individual patients that may be relevant to their care during the journey;
 - 3.7.2.4 Rules and procedures concerning Health and Safety at work;
 - 3.7.2.5 Fire risks and precautions;
 - 3.7.2.6 Safeguarding vulnerable people; and

3.7.2.7 Standards of hygiene, courtesy and consideration.

- 3.7.3 The Provider shall have responsibility of keeping accurate records of all training undertaken by staff.
- 3.7.4 Provider's staff shall be trained so as to be aware of mental health issues and shall have an understanding of the appropriate responses and attitudes when working with people who are either mentally or physically unwell.
- 3.7.5 The Provider will employ sufficient staff to ensure comprehensive cover for leave, sickness and training.
- 3.7.6 All staff employed in delivering PTS shall have a satisfactory DBS check, including any voluntary drivers used by the Provider.
- 3.7.7 The provider shall provide its staff with a form of identification which staff shall display on their person at all times. This requirement includes any volunteer drivers used by the Provider.
- 3.7.8 The Provider will ensure that all drivers have the necessary qualifications to drive the vehicle. The Provider will also ensure that drivers have adequate experience, sufficient knowledge and proven competence, and will drive the vehicle in a manner conducive to patient safety and comfort.
- 3.7.9 All drivers must hold a full driver's license with no more than 3 penalty points at the time of recruitment. PCV licences should be held where required. The Provider should review on an annual basis employee driving licenses for compliance with the above. Employees must inform the Provider immediately of any endorsements or arrests. All offences should be fully investigated, to establish whether it is appropriate for the employee to continue to deliver transport services under this contract.
- 3.7.10 All drivers shall at all times comply with the Road Traffic Act and other laws and bylaws applying to the operation of this service.
- 3.7.11 The Provider must ensure that all staff comply with current legislation relating to data protection, and confidentiality of patient identifiable information.

3.8 Vehicles

- 3.8.1 All vehicles should meet required national standards and regulations.
- 3.8.2 All vehicles should convey patients in a safe and secure manner.
- 3.8.3 All vehicles, including those belonging to volunteer drivers, must carry appropriate identification to the front and rear of the vehicle.
- 3.8.4 All vehicles should be clean and tidy with no damaged upholstery, and be in compliance with the National Patient Safety Agency, the national specifications for cleanliness in the NHS.

3.9 Training/ Education/ Research activities

- 3.9.1 Training – the Provider is to ensure that all staff receive mandatory training in accordance with regulations in force at the time

3.3 Population covered

- 3.3.1 This contract covers those patients who meet the Eligibility Criteria and are registered with a GP practice within Calderdale, as agreed by the Commissioner.

3.4 Any acceptance and exclusion criteria and thresholds

Not applicable.

3.5 Interdependence with other services/providers

- 3.5.1 The Provider will be expected to develop and maintain appropriate relationships with relevant others who support the patient's overall care pathway. This will include all provider facilities within the scope of this contract.

3.5.2	Permitted subcontractors
3.5.2.1	See Section C Part 5 of this agreement for a list of Subcontractors
3.5.2.2	The provider is allowed to sub-contract and assign its obligations and rights under the Contract subject to prior written consent of the commissioner.
3.5.2.3	The standards set within this specification are applicable to any agreed sub-contractor, partnership agreement or voluntary car service.
3.5.2.4	The Provider remains liable for the performance of subcontractors or any party to whom it transfers any part of the Contract, unless the subcontractor or other party takes on a direct responsibility to the Commissioner. Again this is subject to prior written consent of the Commissioner.

4. Applicable Service Standards

4.1	Applicable national standards (e.g. NICE)
The Provider will ensure that all national standards are met.	

5. Applicable Quality Requirements and CQUIN Goals

5.1	Applicable quality requirements (See Schedule 4 Parts A-D)
5.2	Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:	
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7. Individual Service User Placement

Not applicable	
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