

Experience Led Commissioning of non-emergency patient transport in Leicester, Leicestershire and Rutland (LLR)

The system challenge

The contract for non-emergency patient transport was due for re-procurement in LLR. The community of people who are eligible for transport is often very unwell and living with complex care needs and poor mobility. They are vulnerable. Stress and anxiety may exacerbate their health issues. A proportion are frequent users of the transport service. Long waits were impacting on both their physical and emotional wellbeing and leading to wasted resources beyond the transport service. The design of the current transport service was impacting on everyone – staff, carers (paid and unpaid) and drivers themselves. There was a lot of time wasted within the system. Improving the non-emergency patient transport service had a potential whole system impact, and the potential to improve the lives of those who use, interact with and deliver the service.

The focus question:

‘What needs to happen so that eligible patients in Leicester, Leicestershire and Rutland get effective, safe, appropriate and timely non-emergency transport services?’

Communities of interest

The programme engaged with:

People

- People who use non-emergency transport (n = 43)
- Family carers and escorts (n = 11)

Staff

- Drivers (n= 18)
- NHS staff (n= 16)
- Current provider staff (n=5)

Programme design

Programme phase	Methodology chosen
Discovery	Staff: telephone interviews People: telephone interviews
Dream and design	Challenge workshop attended by commissioners and contract managers

CASE STUDY

Touch points

Staff and drivers	People, family and escorts
<ul style="list-style-type: none"> • Getting information about pick ups • Getting information about passengers (patients) • Waiting to leave at pick up point • Saying no to carers and escorts • Journey to the appointment • Relationship with passengers (patients) • Supporting special needs • Getting passenger from vehicle to clinic • Delays in pick ups • Dealing with delays <p>Open questions:</p> <ul style="list-style-type: none"> • What is working well about the transport service? • What helps you make sure passengers are ready to leave on time? • What is the one thing you would change to make the service better for passengers (patients)? • What is the one thing you would change so you can do your best work? 	<ul style="list-style-type: none"> • Making the booking • Getting ready for pick up • Carer/escort being ineligible for travel • The pick-up • Relationship with crew (driver) • Journey to appointment • Getting ready for home • Pick up from appointment • Impact of delays on life • Journey home <p>Open questions:</p> <ul style="list-style-type: none"> • What is working well about the transport service? • What can we improve about the transport service? • What is working well about the support get from NHS staff around transport? • What can we improve about the support from NHS staff? • What is the one thing you would change?

Key insights:

Many of the improvements that needed to be made linked to better planning and logistics and new thinking rather than extra resources. The metrics that mattered within contracts were getting in the way of quality improvement, with too much focus on numbers and speed of pick up, and not enough focus on quality of information and care. This ELC programme found 10 high impact changes:

- Make sure everyone knows what is going on
- Avoid early morning pick-ups for passengers
- Reduce time frame for pick up slots
- Focus on improving the journey home
- Make it easier for people to get into the hospital
- Work with the hospital and care homes to minimise pick up delays
- Improve transport logistics and planning
- Ensure taxi drivers maintain standards of care and support
- Recognise the therapeutic value of driver-patient relationships
- Measure and reward quality and not quantity and cost containment