AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Dr Audrey Gibson, Pat Jones-Greenhalgh (Vice-Chair), Graham Atkinson, Dave Bevitt, Mark Carriline, Stuart North, Councillor Rishi Shori (Chair), Lesley Jones, Councillor Andrea Simpson, Carol Twist and Amber Waywell

Non-Voting Members : Rob Bellingham

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 19 June 2014
Place:	Meeting Room A&B Bury Town Hall
Time:	2.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 8)*

Minutes attached.

4 MATTERS ARISING *(Pages 9 - 10)*

Action log attached.

5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 HEALTHIER TOGETHER - A REVIEW OF HEALTH AND CARE IN GREATER MANCHESTER

A verbal update will be provided by Martin McEwan: Associate Director – Engagement and Partnership for NHS Commissioners in Greater Manchester.

7 ACTION PLAN FOR LEARNING DISABILITIES AND CHALLENGING BEHAVIOUR *(Pages 11 - 40)*

A joint report from Bury Clinical Commissioning Group and Bury Council is attached.

Cath Tickle; Joint Commissioning Manager, NHS Bury CCG and John Campbell; Strategic Planning and Policy Manager, Bury Council will be in attendance.

8 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION *(Pages 41 - 54)*

A report from the Interim Director of Public Health, Lesley Jones is attached.

9 BURY SAFEGUARDING CHILDREN'S BOARD JOINT PROTOCOL WITH HWB *(Pages 55 - 58)*

Protocol is attached.

10 WORK PROGRAMME LEAVERS PROTOCOL *(Pages 59 - 62)*

A report from Tracey Flynn is attached.

11 HEALTHWATCH REVIEW OF PATIENT TRANSPORT SERVICES *(Pages 63 - 140)*

Press release is attached; Healthwatch Chair; Carol Twist will report at the meeting.

12 BOARD DEVELOPMENT REPORT

A report from the Health and Wellbeing Board Policy Lead will be sent to follow.

13 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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Agenda Item 3

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 10 April 2014

Present: Cabinet Member, Councillor Rishi Shori (Chair); Chief Officer, CCG, Stuart North; Executive Director, Communities and Neighbourhoods, Graham Atkinson; Dr A. Gibson; Chair, Healthwatch, Carol Twist; Interim Director of Public Health, Lesley Jones; Police Inspector Amber Waywell, Councillor Jane Black.

Also in attendance:

Julie Edwards – Democratic Services.
Ben Squires – Representing Rob Bellingham, NHS England.
Karen Whitehead - Representing Executive Director of Children's Services, Mark Carriline.
Heather Hutton - Head of Customer Services
Claire Jenkins – Head of Customer Support and Collections.
Atta Hanfi – Apna Health
Dr Ali – Apna Health

Apologies: Pat Jones-Greenhalgh
Mark Carriline
Mr. Rob Bellingham
Dave Bevitt

Public attendance: 12 members of the public were in attendance

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HWB.960 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.961 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 6th March 2014, be approved as a correct record and signed by the Chair.

HWB.962 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board Action Log.

In respect of Action 6, concerning the Better Care Fund, Democratic Services confirmed that the Fund documentation had now been completed and submitted to NHS England for their consideration.

Delegated decision:

That the action log be noted.

HWB.963 PUBLIC QUESTION TIME

The Chair, Councillor R Shori, invited questions, comments and representations from members of the public present at the meeting and the following issues were raised:

Councillor Fitzwalter expressed concern with regards to the inequity of funding and low numbers of GPs within Ramsbottom. The Chief Officer, CCG acknowledge that there continues to be problems with the formula for weighting the GP population across Bury; this process is currently being reviewed nationally.

Councillor Matthews reported ongoing concerns in relation to Pharmacy provision on the Hillock Estate. Representatives from the Estate's Children's Centre reported that there were over 1800 under 5s living on and around the estate, as well as 9 primary schools and 9 private day nurseries, all of which would benefit from having access to a Pharmacy within walking distance.

The Chair, Councillor Shori reported that the Health and Wellbeing Board's had a duty to publish a Pharmaceutical Needs Assessment and this would be published in April 2015. Prior to its publication a consultation process with residents and interested stakeholders would be undertaken. Councillor Shori encouraged representatives present to get involved in the consultation process.

HWB.964 WELFARE REFORM UPDATE

Claire Jenkins, Head of Customer Support and Collections, submitted a report setting out the impact of changes to the Welfare system within the Borough.

The Head of Customer Support and Collections reported that changes to the welfare system as of April 2013 have had a significant impact on residents of Bury. There is evidence that these changes and the reduction in financial assistance has impacted on the health and wellbeing of those affected.

Over 1000 tenants were affected by the under-occupancy charge. The council and six-town housing have worked closely to mitigate the impact on both rental income and tenants. Of those customers affected, recent figures suggest that 60.05% are paying that charge in full, 36.20% are paying in part and 3.2% are not paying.

The Head of Customer Support and Collections reported that as of April 2013 the provision of Council Tax support and the social fund was devolved to the Local Authority. Council Tax support was devolved in the form of a cash limited grant paid on an annual basis, the fund was cut by 10%. The Social Fund was devolved in the form of a grant and each local authority developed their own scheme to administer and award this grant.

The Head of Customer Support and Collections reported that further changes are anticipated from April 2015, including the possibility for the termination of

the discretionary Housing Payment which was temporarily increased to mitigate the effects of the Single Occupancy Charge.

Questions were invited from those present at the meeting and the following points were raised:-

In response to a Member's question, the Head of Customer Support and Collections reported that in partnership with the Citizens Advice Bureau, the Council have done a great deal of work to publicise the proposed changes and target resources to those in greatest need.

The Head of Customer Support and Collections reported that Bury has been chosen as a part of a government pathway to trial the new Universal Credit system of administrating welfare benefits. The Pathway trail will commence on the 7th July 2014 and will begin with those recipients who do not have children.

The Head of Customer Support and Collections reported that the Welfare Reform Board would continue to meet to monitor the impact of the continuing changes to the welfare system.

The Chief Operating Officer, CCG reported that partners working with those affected by changes to the welfare system and those working separately on the Public Service Reform must work together and share information.

Delegated decision:

The Head of Customer Support and Collections be thanked for her attendance.

HWB.965 ENGAGING WITH BME COMMUNITIES

The Health and Wellbeing Board considered a verbal presentation from Atta Hanfi, and Dr. Ali, Apna Health in relation to work undertaken to support and engage with Black and Minority Ethnic communities(BME). The presentation contained the following information:

Apna Health is staffed by volunteers and unpaid medical professionals and provides assistance and support to BME Communities in Bury with health-promoting activities that are culturally sensitive to their needs.

Apna Health seek to tackle health issues common to BME communities; Diabetes, CHD, Stroke, Renal Disease, Mental Health and Obesity. The difference in death rates between South Asians (Pakistanis, Indians, Bangladeshis and Sri-Lankans) and the rest of the population is very marked and increasing.

The Apna Health representative reported that members of the BME community continue to suffer as a result of; substantial communication problems caused by language and culture; a greater disease burden experienced by BME patients; variable quality of GP practices; different expectations.

The Apna Health representative reported that they have undertook to provide community support and education presentations at the Rock Health centre, mosques, Temples and community centres in Bury.

Questions were invited from those present at the meeting and the following points were raised:-

The Chair of the Health and Wellbeing Board commended Apna health on the work undertaken to engage with the BME communities and expressed his support for the scheme.

The Interim Director of Public Health reported that she would like to work with representatives from Apna Health to develop links into the BME community.

The Chief Operating Officer, CCG reported that he would look favourably on any request for assistance and encouraged representatives from Apna health to contact him.

The Police inspector reported that she could provide representatives from Apna health with contact information for the local coroner.

The Head of Customer Services reported that adult social care would be interested in working with Apna health to develop better links between Adult services and the BME communities.

Delegated decision:

Democratic Services would provide representatives from Apna health with the contact details for different health stakeholders.

HWB.966 CHANGES TO HEALTH VISTORS IN BURY

The Interim Director of Public Health reported that a letter had been circulated to members of the Board providing details of changes to Health Visiting Service Delivery.

The proposals would result in a change in the way health visiting services would be delivered. It is estimated 200 hundred families would be affected.

The Interim Director of Public Health reported that she would liaise with representatives from Pennine Care NHS Foundation Trust to ensure GPs are fully briefed with regards to the proposed changes.

Delegated decision:

Further information in relation to changes to the Health Visitor Service Delivery would be considered at a future meeting of the Health and Wellbeing Board.

HWB.967 HEALTHIER TOGETHER UPDATE

Stuart North, Chief Officer - Bury Clinical Commissioning Group, provided a verbal update on the development of the proposed Healthier Together models of care.

The Chief Officer, CCG reported that a meeting of the Joint Committee in Common will take place in June 2014 to discuss options and the location of services.

Delegated decision:

Stuart North, Chief Officer - Bury Clinical Commissioning Group, would provide a further updated in relation to the Healthier Together consultation proposals at a future meeting of the Health and Wellbeing Board.

HWB.968 WORK PROGRAMME LEAVERS – DRAFT PROTOCOL

Members of the Board reviewed the Work Programme Leavers – Draft Protocol.

The protocol is part of a high profile, co-funded and co-commissioned pilot between AGMA and Whitehall, designed to tackle persistently high levels of worklessness in Greater Manchester.

Members of the Board wanted to ensure that patients in need of health services would still be assessed on their clinical need rather than whether they were in employment.

Delegated decision:

Concerns raised by Members of the Board in relation to the priority given to those in clinical need versus worklessness would be clarified with the reports' author and the protocol would be reconsidered at the meeting of the Health and Wellbeing Board due to be held on the 19th June 2014.

HWB.969 COMMUNITY BASED CARE STANDARDS

Members of the Board reviewed the Greater Manchester Community Based Standards.

The Interim Director of Public Health reported that each locality is working to deliver the right Community based care services within their local communities health and care leaders from across Greater Manchester have expressed a need to ensure that there is consistency in the aspirations.

The Interim Director of Public Health reported that each locality will agree to a number of metrics for example; fewer people admitted to hospital due to alcohol; fewer attendances at A&E for long term conditions; more carers assessed.

Delegated decision:

The Health and Wellbeing Board endorses the Community based standards and identified metrics.

HWB.970 COMMUNITY HEALTH AND WELLBEING ASSESSMENT

Lesley Jones, Interim Director of Public Health, gave a verbal update in respect of the Community Well Being Assessment. The Interim Director reported that the JSNA consultation period ended on the 31st March 2014 and the feedback is being analysed.

Delegated Decision:

That the update be noted.

HWB.971 HEALTH AND WELLBEING WORK PROGRAMME UPDATE

Lesley Jones, Interim Director of Public Health reported that one further workshop would be held to discuss priority area one. The Health and Wellbeing Board website would be refreshed to make the pages easier to navigate for members of the public

Delegated decision:

That each Health and Wellbeing Strategy priority area, would be considered at future meetings of the Health and Wellbeing Board.

HWB.972 QUALITY ACCOUNT PENNINE ACUTE TRUST AND PENNINE CARE NHS FOUNDATION TRUST

Members of the Board reviewed Pennine Care NHS Foundation Trusts Quality Account. The Board had not received Pennine Acute's Quality Account

Delegated decision:

Bury's Health and Wellbeing Board note the declared levels of compliance contained with the Pennine Care NHS Foundation Trust Quality Account (2013.14) submission.

HWB.973 BURY's SAFEGUARDING CHILDREN'S BOARD (BSCB)

Karen Whitehead reported that a council Ofsted inspection that would include Bury Children's Safeguarding Board was imminent. Members discussed the development of a protocol between the BCSB and the Health and Wellbeing Board.

Delegated decision:

1. Members of the Health and Wellbeing Borad agreed that representatives from democratic services would liaise with the BSCB Manager to develop a protocol for use for both the Health and Wellbeing Board and the BSCB.
2. Once developed, the protocol would be circulated to members of the Board and considered at the next Board meeting due to be held on 19th June 2014.

(Note: This item which did not appear on the agenda was allowed to be considered as a matter of urgency)

Councillor Rishi Shori
Chair

(Note: The meeting started at 6pm and ended at 7.45pm)

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Health & Wellbeing Board Action Plan

19 June 2014

Action No	Responsible	Action	Outcome
1	TF	Draft work leavers protocol	**June 2014**
2	SN	In response to a question from a member of the public Stuart North undertook to provide the HWB with further information in relation to funding for the charity Speakeasy.	**Forwarded to CCG for response**
3	DH	A "Healthier Radcliffe" evaluation report will be considered at a future meeting of the HWB.	**July 2014**
4	LJ/HC	HWB Work programme/Review the HWB membership	**Briefing paper June 2014 – Member Development sessions and Delivery plan commence July 2014.**
5	IC	Ian Chambers/Mark Carriline would provide an update at a future meeting of the HWB in relation to the work of the Children with Additional Needs and Disability Partnership Group.	**September 2014**
6	RS/PJG/SN	Bury's Better Care Fund (Formally Integrated Care Strategy) would be considered at subsequent Board	• **That the Health and Wellbeing Board continue to monitor the progress of the**

		meetings.	**Better Care Fund.**
7	SN	Clinical Commissioning Group – Strategic Planning	**September 2014**
8	LJ	Changes to health visitors in Bury	**Further update will be provided by the Interim Director of Public Health**
9	DG/JG	Bury Safeguarding Childrens Board protocol with Health and Wellbeing Board	**Donna Green**
10	LJ	Joint Strategic Needs Assessment	**Consultation completed quarterly reports to be received by the Board**

NB THE ACTION LOG WILL BE REPLACED BY A HEALTH AND WELLBEING BOARD DELIVERY PLAN AND FORWARD PLAN

Agenda Item 7

Health and Wellbeing Report (For information)

Agenda Item	

MEETING: Health and Wellbeing Board

DATE: 19th June 2014

SUBJECT: Action Plan for Learning Disabilities and Challenging Behaviour 2014-2016:
1. Immediate priorities emerging from the Winterbourne View Concordat.
2. Strategic Development Work – actions to be considered as part of the refresh of the Learning Disability Strategy

REPORT FROM: NHS Bury Clinical Commissioning Group and Bury Council

CONTACT OFFICER: Catherine Tickle, Joint Commissioning Manager, NHS Bury Clinical Commissioning Group

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1.0 BACKGROUND

1.1 Following the investigation by the BBC's Panorama programme in 2011, which revealed abuse of patients at Winterbourne View Hospital; the Government set up a review, led by the Department of Health, which investigated the failings to understand what lessons should be learnt to prevent similar abuse and the actions necessary to improve quality of care for vulnerable groups.

1.2 Following this, the Department of Health developed the 'Winterbourne View Concordat', in partnership with key stakeholders. The Concordat outlines a commitment to transform the way services are commissioned and delivered for people with learning difficulties that also have challenging behaviour or mental health conditions. It sets out a vision whereby '*all parts of the system – commissioners, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards*.'

1.3 The Winterbourne View Concordat requires specific actions to be taken by all stakeholders. One of the main requirements for Bury CCG and Bury Council is to set out a '*joint strategic plan to commission the range of local health, housing, and care support services to meet the needs of people with challenging behaviour in their area*'.

2.0 PURPOSE OF THE REPORT

2.1 This report outlines Bury's response to the requirements of the Winterbourne View Concordat.

2.2 The local response is split into two workstreams, outlined in the attached Action Plan (appendix 2 and 3) :

(i) **Immediate priorities emerging from the Winterbourne View Concordat**

A draft Action Plan has been developed focusing on how Bury CCG, Bury Council and key partners will respond to the immediate requirements of the Winterbourne View Concordat (see Appendix 2).

These actions can be achieved in the short term. They are operational actions which focus on ensuring care services are appropriate, that people are safe from harm, and that effective monitoring processes are in place.

It should be noted that nine people from Bury meet the Winterbourne criteria. They are currently placed in in-patient settings. Three of the nine people are fully funded directly by Bury CCG and the other six are fully funded by the NHS regionally.

(ii) **Strategic Development Work – actions to be considered as part of the refresh of the Learning Disability Strategy**

The Bury Learning Disability Strategy is scheduled for a refresh in 2014-15. This presents an opportunity to more fully consider the needs of people with complex learning disabilities and challenging behaviour as part of the refresh of the Learning Disability Strategy.

It is proposed that the Bury Learning Disability Strategy will be an all age strategy, covering the health, education and social care needs of all people with low, moderate and complex learning disabilities in Bury.

The draft Action Plan (see Appendix 3) is an initial outline for the development of a Learning Disability Strategy for Bury.

It would make a better use of resources to develop one all-age strategy which considers the needs of all people with learning disabilities, rather than have separate strategies for those people with challenging behaviour and the rest of the cohort with other learning disabilities.

3.0 HOW THE ACTION PLAN WAS DEVELOPED

3.1 Bury CCG led a number of meetings and workshops with key partners, including Bury Council Adult Care Services staff and Children and Young People's Services staff; and Pennine Care NHS Foundation Trust's Adult Learning Disabilities Team.

3.2 The purpose was to identify ways to improve care for patients with complex and challenging behaviour in Bury. This included a review of the patient journey of the people fulfilling the Winterbourne criteria, who are currently in in-patient settings.

3.3 As a result of these meetings and workshops, a 'Learning Disability Plan on a Page' was developed (see Appendix 1). It identifies five objectives for improving learning disability services.

3.4 The Department of Health established a Winterbourne View Joint Improvement Programme (JIP) Team, led by the LG, and NHS England, to monitor how all local areas are responding to the Winterbourne View Concordat.

3.5 The Learning Disability Plan on a Page (Appendix 1) was submitted to the Winterbourne View Joint Improvement Programme (JIP) Team in May 2014 to provide assurance regarding Bury's future plans and local response to the Winterbourne Concordat.

3.6 The proposals in this paper – the two workstreams - set out how the objectives within the Learning Disability Plan on Page will be delivered.

4.0 KEY ISSUES FOR CONSIDERATION

4.1 The development of a joint Learning Disabilities Strategy for Bury would require a commitment from relevant partners (Bury CCG, Bury Council's Department for Communities & Wellbeing, Bury Council's Department for Children, Young People & Culture) to undertake the work and provide the corresponding staffing resource.

5.0 PROGRESS SO FAR

5.1 To date, a draft Action Plan has been produced with two distinct sections (immediate priorities and strategic work), which outline how future work to improve learning disability services will be taken forward.

6.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

6.1 The refresh of the Learning Disability Strategy for Bury is aligned to the following Health and Wellbeing Strategy themes:

(i) Priority one: Ensuring a positive start to life for children, young people and families
(ii) Priority two: Ensuring a healthy lifestyle and behaviours in all actions and activities
(iii) Priority three: Helping to build strong communities, wellbeing and mental health

7.0 CONCLUSIONS

7.1 The two workstreams outlined in the Action Plan will provide a framework to improve learning disability services locally, amongst all key partners in health, education and social care.

8.0 NEXT STEPS

8.1 Within the next 3 months:
(i) A full project plan for the refresh of the Bury Learning Disability Strategy will be produced, subject to the commitment and resource of all relevant partners.

(ii) The draft Action Plan (at Appendix 2 and 3) will be sent to the Winterbourne View Joint Improvement Programme (JIP) Team to provide further assurance regarding Bury's response to the Winterbourne View Concordat.

List of Background Papers:-

Appendix 1: Learning Disability Plan on a Page

Appendix 2: Immediate priorities emerging from the Winterbourne Concordat

Appendix 3: Strategic Development Work – actions to be considered as part of the refresh of the Learning Disability Strategy

Appendix 4: DH Winterbourne View Review, Concordat: Programme of Action (Department of Health, December 2012)

CONTACT DETAILS:

Contact Officer: Catherine Tickle, Joint Commissioning Manager, NHS Bury Clinical Commissioning Group
Telephone number: 0161 763 3152
E-mail address: catherine.tickle@nhs.net
Date: June 2014

Action Plan for Learning Disabilities and Challenging Behaviour 2014-2016 - NHS Bury CCG and Bury Council

Timescale Key:
Short Term - Year 1
Medium Term - Year 2
Long Term - Year 3

Immediate Priorities	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
Provide safe, high quality care in line with the national service specification and the requirements of the Winterbourne View concordat	On-going review of service users who receive complex care packages	Consistency in quality of service for people with learning disabilities in Bury	Ongoing	Dan Driver Mark Gibbons
	Monitoring of existing contracts		Ongoing	Jay Moosaye Sharon Wrigley Cath Tickle
	Review Core Specification (when published by the Department of Health) and identify gaps in existing contracts		Medium	Jay Moosaye Nicola Hine Cath Tickle
	Confirm that for all out of area placements the receiving CCG is informed of the placement to ensure communication occurs between the two agencies		Short	Sharon Wrigley Cath Tickle
	Confirm that as part of the annual review process, service users are seen alone, in addition to the family being involved. The service user and family should have a named contact at the CCG with whom to raise concerns		Short	Sharon Wrigley Cath Tickle
Enhanced Support Services are of a high standard and closer to home	Support the work being led by East Lancs CCG as the Lead Commissioner of Calderstones Enhanced Support Service (for people with a learning disability with complex and/or challenging behaviours and/or offending behaviour) to move to a cost per case model	Improved service users care pathways Improved quality of care planning Improve choice to residents, offering care closer to home	Short - Medium	Cath Tickle Nigget Saleem CCG Director of Finance

Immediate Priorities	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
	Review the risk share agreement across GM CCGs for the current service at Calderstones (for people with a learning disability with complex and/or challenging behaviours and/or offending behaviour)	Allow greater choice of providers Reduced costs	Short - Medium	Cath Tickle Nigget Saleem CCG Director of Finance
	Support the work being led by East Lancs CCG to develop an LD Framework	Greater choice of provider, together with an improved range of quality service provision	Short - Medium	Cath Tickle, Nigget Saleem, CCG Director of Finance
	Implementation of SEND agenda and EHC Plans	Joint working across education, health and care, for children and young people with Special Educational Needs from birth to 25 Better outcomes for children and young people	Short	Cath Tickle, Maxine Lomax Karen Whitehead

Immediate Priorities	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
Enhancement of local crisis management options	Work with GM CCG Commissioners and other partners to explore opportunities for collaborative commissioning arrangements for people with a learning disability with complex and/or challening behaviour and/or offending beahviour	Access to a local service that is able to provide timely assessment and intervention with a residential setting to prevent the need for OOA placements	Short - Medium	Cath Tickle Nigget Saleem CCG Director of Finance
	Review A&E attendances of patients with LD to identify frequent flyers and develop a pathway between primary care and adult LD services to support patients and reduce unnecessary attendance	Reduce unnecessary attendances at A&E and improve patient outcomes	Short - Medium	Cath Tickle Nigget Saleem
Engagement of local people, their families/ carers and providers and key stakeholders in the development and implementation of local plans	Ensure service users, their families and carers are involved in the development of care plans	The needs of local people are considered in the development of all plans and services/pathways for people with LD and/or behaviour that challenges are needs led	Medium	Cath Tickle Nigget Saleem

Action Plan for Learning Disabilities and Challenging Behaviour 2014-2016 - NHS Bury CCG and Bury Council

Timescale Key:
Short Term - Year 1
Medium Term - Year 2
Long Term - Year 3

Strategic Development Work	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
Develop a fully integrated all age disability service working with people with complex needs from birth to death with pooled budget arrangement	Business Case / Options Paper to be shared with relevant CCG and LA Boards and preferred option to be agreed	Effective and efficient joint working Improved care pathways and faster discharge processes Early identification of people requiring complex health and social care packages	Short	Sharon Martin Stuart North Julie Gonda Linda Jackson
	Review of alignment into Public Sector Reform work stream and 5 year commissioning strategies	Reduction in out of area placements Transformed service user care/satisfaction Improved quality assurance and risk management	Long	
Provide safe, high quality care in line with the national service specification and the requirements of the Winterbourne View concordat	Development of joint commissioning standards between health, social care and education (to include training expectations (including safeguarding), staff competencies, discharge planning and step up/down processes, notification of SUIs and safeguarding alerts)	Consistency in the quality of services commissioned for people with learning disabilities across Bury	Long	Cath Tickle Nigget Saleem Ruth Wheatley Nicola Hine

Strategic Development Work	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
	Evaluate capacity and scope training opportunities to enhance the skills of the health, education and social care workforce to work with people with learning disabilities and challenging behaviour		Medium	Cath Tickle Nigget Saleem
	Based on the joint commissioning standards, review existing service specifications		Long	Cath Tickle Nigget Saleem Nicola Hine
	Refresh existing Learning Disability Market Position Statement to support the provider market to deliver services needed locally based on evidence.		Long	Nicola Hine
	Contract monitoring/assurance process to be agreed and implemented with all providers		Long	Cath Tickle Nigget Saleem Sharon Wrigley Lesley Molloy Jay Moosaye
Enhancement of local crisis management options	Map the current capacity and demand within Bury	Identify opportunities for joint commissioning Access to a local service that is able to provide timely assessment and intervention with a residential setting to prevent the need for out of area placements	Medium	Cath Tickle Nicola Hine

Strategic Development Work	Action	Outcome(s)	Timescale (short, medium, long)	Lead(s)
Appropriate health, social care and education services/pathways are in place locally to support people with intensive support needs	Map the current educational packages received by children with LD in Bury, including transitional arrangements and identify gaps in provision that are leading to children going OOA Develop joint response to address gaps in local provision	Reduction in people going into out of area placements from Bury to receive care packages	Short - Medium	Karen Whitehead
	Map the current health, education and social care pathways and provision (to inform the refresh of the LD Strategy) Develop joint response to address any gaps in local provision	Understand effectiveness of current provision	Medium	Cath Tickle Nicola Hine Ruth Wheatley
Engagement of local people, their families/ carers and providers and key stakeholders in the development and implementation of local plans	Development of a joint engagement plan with key stakeholders	The needs of local people are considered in the development of all plans and services/pathways for people with LD and/or behaviour that challenges are needs led	Short	Carrie Deardon Cath Tickle Nicola Hine
	Develop a new Bury LD Strategy, using the principles of co-production to ensure involvement of service users, families and carers		Short - Medium	Cath Tickle Nicola Hine

Winterbourne Joint Plan – Bury CCG and Bury Council

1

Vision

To improve the quality of care and outcomes for children, young people and adults in Bury with learning disabilities or autism who have mental health conditions or behaviour that challenges. Service users will receive safe, appropriate, high quality care delivered locally to allow people to remain in their communities.

2

Objective One
Develop a fully integrated all age disability service working with people with complex needs from birth to death with pooled budget arrangements

4

Actions:
- Business Case to be shared with relevant CCG and LA Boards and preferred option to be agreed

Objective Two
Provide safe, high quality care in line with the national service specification and the requirements of the Winterbourne View concordat

Actions:
- Development of joint commissioning standards between health, social care, education
- To develop competent providers able to deliver appropriate support packages
- Agree service specifications to reflect commissioning standards
- Monitoring of contracts to ensure services are delivered in line with the agreed standards
- Ongoing review of service users who receive complex care packages by the CCG and LA

Objective Three
Enhanced Support Services are of a high standard and closer to home

Action:
- Support the work across Lancashire and GM ESS to move to a cost per case model for ESS Contract
- Review the risk share agreement across GM for current service
- Support the work across Lancashire and GM CCGs to develop a provider framework

Objective Four
Enhancement of local crisis management options

Action:
- Mapping of the current crisis capacity within Bury and explore/ appraise local options to enhance provision
- Work with GM CCGs to explore opportunities for collaborative commissioning arrangements

Objective Five
Appropriate health, social care and education services/pathways are in place locally to support service users with intensive support needs

Action:
- Map the current educational packages received by children with LD in Bury, including transitional arrangements and identify gaps in provision that are leading to children going OOA
- Work with key stakeholders to understand the local requirements for intensive support and map the current health and social care services in place to identify gaps in provision that are leading to people going OOA
- Develop plans to address any gaps in local provision

Objective Six
Engagement of local people, their families/ carers and providers and key stakeholders in the development and implementation of local plans

Action:
- Development and dissemination of a joint engagement plan
- Refresh of Bury's LD Strategy

5

Overseen through the following governance arrangements

- Clinical Cabinet
- CCG Governing Body
- LD Partnership Board
- HWBB
- Health Scrutiny Committee
- Bury Council SMT
- Children's Trust

3

Measured using the following success criteria

- Reduction in out of area placements
- Reduction in unnecessary hospital admissions
- Service users being stepped down into community based services
- Integrated commissioning for EHC plans for SEND
- Strengthening of transitional arrangements for young people moving into adulthood
- Early identification of people likely to require complex health and social care packages

6

System values and principles

- Reduce inequalities and improve outcomes
- Deliver transformational change
- Develop capability as commissioners and leaders
- Deliver improvements via QIPP to create high quality sustainable services
- Ensure citizenship, self-care and prevention is at the heart of what we do
- Person centred and evidence based

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DH Winterbourne View Review

Concordat: Programme of Action

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	For Information
Gateway Reference	18518
Title	Winterbourne View Review: Concordat: A Programme of Action
Author	Department of Health
Publication Date	**December 2012**
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, GPs, Directors of Children's SSs
Circulation List	PCT PEC Chairs, PCT Cluster Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Voluntary Organisations/NDPBs
Description	The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes.
Cross Ref	DH Review - Transforming care: A National Response to Winterbourne View Hospital DH Review: Winterbourne View Hospital Interim Report
Superseded Docs	N/A
Action Required	N/A
Timing	**N/A**
Contact Details	Mental Health, Disability and Equality Department of Health Room 313A Richmond House 79 Whitehall SW1A 2NS
For Recipient's Use	

DH Winterbourne View Review

Concordat: Programme of Action

Learning Disability Professional Senate

Vision for change

The abuse of people at Winterbourne View hospital was horrifying. Children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenges have for too long and in too many cases received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up unnecessarily in hospital and they are staying there for too long. This must stop.

We (the undersigned) commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them[1].

These actions are expected to lead to a rapid reduction in hospital placements for this group of people by 1 June 2014. People should not live in hospital for long periods of time. Hospitals are not homes.

We will safeguard people's dignity and rights through a commitment to the development of personalised, local, high quality services alongside the closure of large-scale inpatient services and by ensuring that failures when they do occur are dealt with quickly and decisively through improved safeguarding arrangements. Safeguarding is everybody's business.

All parts of the system - commissioners, providers, the workforce, regulators and government - and all agencies - councils, providers, the NHS and police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.

The Government's Mandate to the NHS Commissioning Board[2] sets out:

> **"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people."**

We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs and working together to commission the range of support which will enable them to lead fulfilling and safe lives in their communities.

[1] For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group
[2] http://www.dh.gov.uk/health/2012/11/nhs-mandate/

How we will make change happen:

The key actions are:

- **Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014:**

  The NHS Commissioning Board (NHSCB) will:
  - ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;
  - make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including:
    - in maintaining the local register from 1 April 2013; and
    - reviewing individuals' care with the Local Authority and identifying who should be the first point of contact for each individual.

  Health and care commissioners will:
  - by 1 June 2013, working together and with service providers, people who use services and families review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes;
  - put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014;
  - ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

- **Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.** These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

  - This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
  - The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.

- **There will be national leadership and support for local change.** The Local Government Association and NHSCB will establish a joint improvement programme to provide leadership and support to transform services locally. They will involve key partners including the Department of Health (DH), The Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) and the Care Quality

Commission (CQC) and will closely involve service providers, people with learning disabilities and autism and their families in their work. The programme will be operating within three months, with the Board and leadership arrangements in place by the end of December 2012. DH will provide funding to support this work.

- **Planning will start from childhood.**

  - DH will work with the Department for Education (DfE) to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;
  - DH and DfE will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
  - From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England.

- **Improving the quality and safety of care:**

  - DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness;
  - All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults;
  - Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

- **Accountability and corporate responsibility for the quality of care will be strengthened:** DH will immediately examine how corporate bodies and their Boards of Directors can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

- **Regulation and inspection of providers will be tightened:** CQC will use existing powers to seek assurance that providers have regard to national guidance and good models of care. CQC will continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital parts of the team when relevant and appropriate to do so.

- **Progress** in transforming care and redesigning services **will be monitored and reported:**

  - The Learning Disability Programme Board, chaired by the Minister for Care and Support, will lead delivery of the programme of change by measuring progress against

milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;
- The Department of Health will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Detailed commitments are set out at **Annex A.**

Signed by:

- Action for Advocacy
- Adults with Learning Disabilities Services Forum
- Association of Chief Police Officers
- Association of Directors of Adult Services
- Association of Directors of Children's Services
- Association for Real Change
- Autism Alliance UK
- British Association of Social Workers
- British Institute of Learning Disabilities
- British Psychological Society
- Care Quality Commission
- Challenging Behaviour Foundation
- Changing our Lives
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Council for Disabled Children
- Department of Health
- English Community Care Association (ECCA)
- Healthwatch England
- Health Education England
- Housing Learning and Improvement Network
- Housing & Support Alliance[3]
- Independent Healthcare Advisory Services
- Learning Disability Professional Senate
- Local Government Association (LGA)
- Mencap
- National Autistic Society
- National Care Association
- National Development Team for Inclusion
- National Forum of People with Learning Disabilities
- National Institute for Health and Clinical Excellence
- National Housing Federation
- National Quality Board
- National Valuing Families Forum
- NHS Clinical Commissioners
- NHS Commissioning Board
- NHS Confederation
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Royal College of Nursing
- Royal College of Speech and Language Therapists
- Royal Pharmaceutical Society
- Shared Lives
- Sitra
- Skills for Care
- Skills for Health
- The Health and Social Care Information Centre
- The College of Social Work
- The Society of Local Authority Chief Executives and Senior Managers (SOLACE)
- United Response
- Voluntary Organisations Disability Group

[3] formerly the Association of Supported Living and Housing Options

Annex A

Concordat commitments

The NHS Commissioning Board (NHSCB), NHS Clinical Commissioners, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) commit to working collaboratively with CCGs and Local Authorities to achieve the following objectives by 1 June 2014 to:

- ensure that the right local services are available, regardless of who commissions them, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges;[4]
- all people with challenging behaviour in inpatient assessment and treatment services are appropriately placed and safe, and if not make alternative arrangements for them as soon as possible. We expect most cases to take less than 12 months;
- review funding arrangements for these people and develop local action plans to deliver the best support to meet individuals' needs;
- review existing contracts to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the commissioner to monitor the quality of care being provided;
- ensure that everyone has a named care co-ordinator;
- improve the general healthcare and physical health of people with learning disabilities – for example, all individuals in these services have a comprehensive health check within 6 months and a health action plan;
- involve children, young people and adults with challenging behaviour and their families, carers and advocates in planning and commissioning services and seek and act on feedback about individual experience;
- ensure that planning starts early with commissioners of children's services to achieve good local support and services for children and better transition planning for children with disabilities moving from children's to adult services;
- ensure that from April 2013, health and care commissioners, set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area. This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy (JHWS) process;

- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.
- We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.
- We will take account of the information and data shared by CQC when making decisions to commission care from proposed service providers.
- We will expect CCGs and directors of adult social services to provide assurance to the Joint Improvement Programme that they are making progress in these areas and are commissioning safe and appropriate care.

[4] For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group.

- Directors of children's services will be responsible for overseeing the overall quality and delivery of health and wellbeing services for children and young people for local authority commissioners; and directors of adult services will have similar responsibility for the overall quality and delivery of health and wellbeing services for adults.

Provider representative organisations[5]

We commit to publish plans that support our members to provide good quality care across health, housing and social care, as set out in the model of care[6] and including:

- safe recruitment practices which select people who are suitable for working with people with learning disabilities or autism and behaviour that challenges;
- providing appropriate training for staff on how to support people with challenging behaviour;
- having appropriately trained, qualified and experienced staff,
- providing good management and right supervision;
- providing leadership in developing the right values and cultures in the organisation and respecting people's dignity and human rights as set out in the NHS Constitution;
- having systems in place which assure themselves, service users and families, carers, local Healthwatch and the public that essential requirements are being met and that they deliver high quality and appropriate care;
- identifying a senior manager or, where appropriate, a Director, to ensure that the organisation pays proper regard to quality, safety and clinical governance for that organisation.

In addition:

- We will bring forward a pledge or code model based on shared principles along the lines of the Think Local Act Personal (TLAP) Making it Real principles for learning disability providers by April 2013;
- We commit to working to significantly reduce the number of specialist hospitals in line with proposals in this concordat and working with our members to develop models that reflect the need for high quality community based approaches.[7]

Care Quality Commission

We commit to take the following actions – we will:

- use existing powers to seek assurance that providers have regard to national guidance and good models of care;
- take steps now to strengthen the way we use existing powers to hold organisations to account for failures to provide quality care and report on changes to be made from Spring 2013;
- take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out its new regulatory model in its response to the consultation in Spring 2013;
- include reference to the model in our revised guidance about compliance. Our revised guidance about compliance will be linked to the Department of Health timetable for the

[5] Includes the Adults with Learning Disability Services Forum, Association for Real Change, ECCA, Housing & Support Alliance, the Independent Healthcare Advisory Services, National Care Association, National Housing Federation, NHS Confederation, Shared Lives, Sitra and Voluntary Organisations Disability Group.
[6] References to the model of care are to the model set out in the Department of Health Review: Winterbourne View Hospital Interim Report (2012)
[7] Signed up to by the Housing and Support Alliance, Voluntary Organisations Disability Group, Sitra, National Housing Federation and Housing LIN.

review of the quality and safety regulations in 2013. However, we will specifically update providers about the proposed changes to our registration process about models of care for learning disability services in 2013;

- continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital members of the team;
- share the information, data and details we have about prospective providers with the relevant CCGs and local authorities through our existing arrangements;
- take a differentiated approach to inspections between different sectors of care provision to ensure the inspections are appropriate to the vulnerability and risk for the different care user groups, subject to the outcome of consultation on its new strategy;
- assess whether providers are delivering care consistent with the statement of purpose made at the time of registration, in particular whether treatment being offered and length of stay is aligned to the statement of purpose. Where it is not, CQC will take the necessary action to ensure that a provider addresses discrepancies either through changes to its services or changes to its statement of purpose;
- take tough enforcement action, including prosecutions, restricting the provision of services, or closing providers down, where providers consistently fail to have a registered manager in place or where there are other breaches of registration requirements;
- also consider whether it is able to use its existing powers to carry out a fit and proper person test of Board members as part of the registration of providers;
- take enforcement action against providers that do not operate effective recruitment procedures to ensure that their staff are suitably skilled, of good character and legally entitled to do the work in question. Operating effective recruitment procedures is a legal requirement and providers must be able to demonstrate to CQC that they have adequate procedures in place;
- continue to run the CQC stakeholder group that helped to shape and define the inspection of the 150 learning disability services. This will continue to meet twice yearly and will be chaired by the CQC Chief Executive. CQC will review the role and function of the group as part of that work programme to make sure it continues to provide advice and critique on CQC's inspection and monitoring of providers;
- meet with executives of provider organisations when there are serious concerns about quality and safety issues to discuss their governance and improvement initiatives to deliver safe and effective care;
- CQC's strategic review, launched in September 2012, includes a review of the delivery of its responsibilities under s120 of the Mental Health Act 1983 for the general protection of patients detained under the Act. This includes wide powers for CQC to review the exercise of functions and use of safeguards under the Act and investigating complaints by any person detained under the Act.

Skills for Care and Skills for Health

We commit to driving up the competency of the workforce by promoting positive behaviours, values and attitudes and by improving the skills, the learning and the qualifications of those working with people with learning disabilities and behaviour that challenges:

- Skills for Care will develop by February 2013 a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour;

- Skills for Care and Skills for Health have been jointly commissioned by the Department of Health (DH) to develop a code of conduct and training standards that could be used by a body (or bodies) establishing a voluntary register(s) for healthcare support workers and adult social care workers in England as part of its standards for inclusion on a register from 2013.

Professional bodies that make up the Learning Disability Professional Senate[8] and other professional bodies

We commit to providing clear professional leadership and support training of professionals providing care – in particular:

- to develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013;
- to carry out a review of *Challenging Behaviour: A Unified Approach* by early 2013 to support professionals in community learning disability teams to deliver actions that provide better integrated services;
- as the Royal College of Nursing, to work with all 4 UK leads in taking forward the recommendations in *Strengthening the Commitment*, the report of the UK modernising Learning Disability Nursing Review, with a focus on workforce, leadership and education;
- as the Royal College of General Practitioners (RCGP) to commit to improving the lives and the care of people with learning disabilities and their families in their local communities and to the training of doctors to look after vulnerable groups in our society;
- as the Joint Commissioning Panel of the RCGP and the Royal College of Psychiatrists, to produce guidance on working with people with learning disabilities who also have mental health conditions by March 2013;
- as the Royal College of Psychiatrists, to issue guidance about the different types of inpatient services for people with learning disabilities, including some guidance aimed at commissioners;
- as the Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations, to work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children and adults with learning disabilities. This should include a focus on the safe and appropriate use of anti-psychotics and anti-depressants;
- as the College of Social Work, working in collaboration with BASW and other professional organisations and with service user led groups, to produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions;
- as the British Psychological Society, to provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings;
- as the Royal College of Speech and Language Therapists, to produce good practice standards for commissioners and providers to promote reasonable adjustments required

[8] This includes the Royal College of Psychiatrists, the Royal College of Nursing, the College of Occupational Therapists, the Royal College of General Practitioners, the College of Social Work, Chartered Society of Physiotherapy, the Royal College of Speech and Language Therapists, other professional bodies include the British Association of Social Workers and . the British Psychological Society.

to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings.
- To ensure that these actions are taken forward with people with learning disabilities and their families.

National Quality Board
The National Quality Board will by April 2013 set out how the new health system should operate to improve and maintain quality. This will provide clarity on the distinct roles and responsibilities of different parts of the system and how they should work together in the best interests of those using services.

The National Institute for Health and Clinical Excellence (NICE)
The National Institute for Health and Clinical Excellence (NICE) will publish Quality Standards and clinical guidelines on challenging behaviour in learning disability in Summer 2015 and on mental health and learning disability in Summer 2016.

Healthwatch
Healthwatch England will work with the Department of Health and the Local Government Association on how local Healthwatch will involve people with learning disabilities and their families, including working with Learning Disability Partnership Boards.

Health Education England
HEE commits to improving the quality of care for all patients from April 2013, including those with challenging behaviour, by identifying training needs and ensuring there is an education and training system fit to supply a highly trained and high quality workforce.

NHS Commissioning Board
In addition to the above actions, we commit to supporting changes in services that deliver improved outcomes - in particular, we will work with partners including ADASS and providers to develop practical resources for commissioners, including:
- model service specifications by March 2013;
- new NHS contract schedules for specialist learning disability services;
- models for rewarding best practice through the NHS Commissioning for Quality and Innovation (CQUIN) framework;
- a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.

In January 2013, with DH, we will set out how to embed Quality of Health Principles in the system, using NHS contracting and guidance.

Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS)
We commit to helping members to share best practice and to work with the LGA, the NHS CB and CCGs on the above actions and in addition:

- all local authorities and their local safeguarding partners, including the police and NHS organisations, should take action from now, ensuring that they have robust safeguarding boards and other arrangements in place;
- Safeguarding Adults Boards should review their arrangements and ensure they have the right information sharing processes in place across health and care to identify and deal with safeguarding alerts;
- We will produce guidance notes and simple key questions to raise awareness, ensure visibility and action at a local level and to empower members of Safeguarding Adults Boards, Health and Wellbeing Boards and Learning Disability Partnership Boards by December 2012.

Local Government Association (LGA)

- We commit to working with the NHS CB to provide leadership and support to the transformation of services locally via the development of an improvement programme. This will include supporting commissioning authorities to develop comprehensive, integrated local strategies for services for people with challenging behaviour. We will involve key partners including DH, SOLACE, ADASS, ADCS, NHS Clinical Commissioners and CQC in this work. The programme will be operating within three months with the Board and leadership arrangements being in place by the end of December 2012.

Association of Chief Police Officers (ACPO)

We recognise the importance of working together with statutory agencies, local authorities and safeguarding partners to enhance the service provided to vulnerable adults. We have reviewed the overall learning from Winterbourne View and will ensure the following:

- The one direct recommendation relating to the police regarding the early identification of trends and patterns of abuse has been fully recognised by Avon & Somerset Police. A specific workstream has been created by the force to identify a process to trigger early identification of abuse. The lessons learnt from the work undertaken will be disseminated nationally.
- All associated learning from the review will be incorporated into training and practice, including Authorised Professional Practice.

The Department of Health

We have set the strategic direction and proposals for legislation to reform health and social care. We commit to the following additional actions to provide a clear framework and improve quality, enable change to happen and to measure and monitor progress:

Children and transition

- The Department of Health (DH) and Department for Education (DfE) will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- DH will work with the DfE to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The

process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;

- DH will work with DfE to develop and issue statutory guidance on children in long-term residential care (s85 and s86 of the Children Act 1989) in 2013;
- DH and DfE will jointly explore the issues and opportunities for children with learning disabilities whose behaviour is described as challenging through both the SEN and Disability reform programme and the work of the Children's Health Strategy.
- DfE is revising *Working Together to Safeguard Children,* statutory guidance on how organisations and individuals working with children should work together to safeguard and promote their welfare. The guidance will be published in due course. *Working Together to Safeguard Children* will make clear that professionals will be required to recognise and consider the differing needs of all children - babies, disabled children and older children - so that they can offer them the most appropriate help and support at the right time;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England;
- Under the new inspection frameworks published in September 2012, Ofsted will make judgements on the overall effectiveness, outcomes for children and young people, quality of care, safeguarding as well as leadership and management.

National leadership and support for local change

- DH will provide funding to support the Local Government Association and NHSCB to establish a joint improvement programme to provide leadership and support to the transformation of services locally;
- The national market development forum within the TLAP partnership will work with DH to identify barriers to reducing the need for specialist assessment and treatment hospitals and identify solutions for providing effective local services by April 2013;
- The Developing Care Markets for Quality and Choice programme will support local authorities to identify local needs for care services and produce market position statements, including for learning disability services;
- We will work with sector leaders on co-produced resources to support health and wellbeing boards on specific aspects of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). As part of this work, we will explore how, in responding to the issues raised in the Winterbourne View review, we will ensure that health and wellbeing boards have support to understand the complex needs of people with challenging behaviour;
- We will work with key partners to agree by April 2013 how Quality of Life principles should be adopted in social care contracts to drive up standards;

Strengthening accountability and corporate responsibility

- DH will review the regulatory requirements in respect of criminal records checks and whether providers should routinely request a criminal record certificate on recruitment from 2013 once the impact of the new service is understood;
- DH will immediately examine how corporate bodies and their Boards of Directors and financiers can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps;

- We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC's current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account.

Improving the quality and safety of care

- We have already committed to putting Safeguarding Adults Boards on a statutory footing (subject to parliamentary approval). DH will revise statutory guidance and good practice guidance to reflect new legislation and address findings from Winterbourne View, to be completed in time for the implementation of the Care and Support Bill;
- DH will, together with CQC, consider what further action may be needed to check how providers record and monitor restraint;
- With external partners, DH will publish by the end of 2013 guidance on best practice around positive behavioural support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate;
- We will work with CQC to agree how best to raise awareness of and ensure compliance with the Deprivation of Liberty Safeguards (DOLS) provisions to protect individuals and their human rights and will report by Spring 2014;
- We will update the Mental Health Act Code of Practice during 2014 and this will take account of findings from this review;
- We will produce a progress report by the end of 2013 on actions to implement the recommendations in *Strengthening the Commitment*, the report of the UK Modernising Learning Disability Nursing Review;
- Through the Whistleblowing Helpline, we aim to increase awareness of whistleblowing for staff within the health and social care sectors. The helpline will advise employers on embedding best practice policy and procedure and staff on how to raise concerns and what protection they have in law when they do so;
- We will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, DH will commission by summer 2013 a wider review of the prescribing of antipsychotic and anti-depressant medicines for people with challenging behaviour to report;
- We will work with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS to identify and promote good practice for people with learning disabilities across health, housing and social care by June 2013;
- We will work with independent advocacy organisations and other key partners to:
  - identify the key factors to take account of in commissioning advocacy for people with learning disabilities or autism in hospitals so that people in hospital get good access to information, advice and advocacy including self advocacy that supports their particular needs; and
  - drive up the quality of independent advocacy, through strengthening the Action for Advocacy Quality Performance Mark and reviewing the Code of Practice for advocates to clarify their role.

Measuring and monitoring progress

- By March 2013, DH will commission an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay;
- The audit will be repeated one year on to enable the Learning Disability Programme Board to assess what is happening;
- We will work with the Information Centre and the NHSCB to develop measures and key performance indicators (eg on numbers of people in hospital, length of stay) to support commissioners in monitoring their progress from April 2013;
- We will develop a new learning disability minimum data set to be collected through the Information Centre from 2014/15;
- We will continue to collate a suite of information and evidence relating to people with learning disabilities and behaviour which challenges and the health inequalities they experience and report on these to the Learning Disability Programme Board;
- The cross-government Learning Disability Programme Board, chaired by the Minister of State for Care and Support will lead delivery of the programme of change by measuring progress against milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;
- We will work with the improvement team to monitor and report on progress nationally. We will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Forums and voluntary sector organisations

We, the undersigned who represent people who use services, self- advocates and families undertake to challenge statutory and public bodies in how they are delivering against these commitments.

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Agenda Item 8

REPORT FOR DECISION

Bury COUNCIL

Agenda Item	

DECISION OF:	**Health & Wellbeing Board**
DATE:	**19th June, 2014**
SUBJECT:	**Pharmaceutical Needs Assessment Consultation Plan**
REPORT FROM:	**Lesley Jones, Director of Public Health**
CONTACT OFFICER:	**Anna Barclay**
TYPE OF DECISION:	**For Decision by the Committee**
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	
OPTIONS & RECOMMENDED OPTION	That the Health and Wellbeing Board: Consider and comment on the consultation plan and reach agreement on list of stakeholders and channel of consultation.

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework?
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Executive Director of Resources to advise regarding risk management
Statement by Executive Director of Resources:	Any comments will be reported at the meeting.
Equality/Diversity implications:	

Considered by Monitoring Officer:	The Board has a duty to assess "needs" for pharmaceutical services in the area and publish a statement by April 2015.
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS **DIRECTOR:**

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
Scrutiny Committee	Committee	Council	

1.0 Purpose of the Report

The Greater Manchester Commissioning Support Unit is carrying out the Pharmaceutical Needs Assessment (PNA) on behalf of the Health & Wellbeing Board. The attached document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

2.0 Background

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

3.0 Issues

Formal consultation on the draft PNA will commence on **1st September 2014** and will run for a period of 61 days. Therefore, the consultation will formally close on **31st October 2014.**

The HWBB is asked to comment on the consultation plan and agree the list of stakeholders and channel for consultation

4.0 Conclusion

The draft PNA will be brought to the HWBB in July for approval prior to formal consultation.

List of Background Papers:-

LA PNA Project 2014
Consultation Plan

Author: Rebecca Carnegie
Version: 0.1 Draft
Date: 05/03/2014

Contact Details:-

Via
Anna Barclay,
Public Health Analyst
Tel 0161 253 6910

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NHS

Greater Manchester Commissioning Support Unit

LA PNA Project 2014

Consultation Plan

Author: Rebecca Carnegie
Version: 0.1 Draft
Date: 05/03/2014

GMCSU | Enabling Excellence

Contents

1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;
- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The formal consultation programme will commence on **1st September 2014** and will run for a period of 61 days. Therefore, the consultation will formally close on **31st October 2014.**

3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 1st September 2014 and 31st October 2014.
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

4. Key Audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area; .
(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; .
(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and .
(f)any NHS trust or NHS foundation trust in its area; .
(g)the NHSCB; and .
(h)any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public

- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**1st September 2014**) and end (**31st October 2014**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by 31st October 2014.

Any paper copies of the response forms can be sent back to GMCSU who will electronically input the responses into the survey – they need to be returned to GMCSU by Monday 3rd November 2014 to be included in the analysis.

The advert on homepage of council's website and the link on other relevant pages need to be done on 29th August 2014 to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.

All the stakeholders listed below who are preceded by a C are in the compulsory list of people who must be consulted on the draft PNA.

You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	Comms team at LA	*e.g. yes or no*	*e.g. 2,100 people*
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	Comms team at LA		
C	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	NHS Commissioning Board	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	Comms team at LA		
	General population	Advert in local newspapers	Quarter page, black and white advert in local newspaper to direct people to the online survey would be advised	Various cost	Comms team at LA		

	General population	Press release	Short news piece with link to the survey.	No cost	council's press office		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	GMCSU & LPC to email		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC		
C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Authority	Council internal communications	Desktop wallpaper and Intranet homepage story to encourage	No cost	Comms team at LA		

	Staff	campaign	staff to complete the online survey.				
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	Comms team at LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	Comms team at LA		
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	Comms team at CCG/LA		
	MPs and Local councilor's	Email MP and Councilor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	Comms team at LA		
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: • *Prison Pharmacy's* • *Care UK* • *Asylum seekers* • *Schools* • *Colleges* • *Older People's Forum* • *Adult Safeguarding Board* • *Men's Action Group*	No cost	Comms team at LA		

			• *Women's Centre* • *BME Forum* • *Interfaith Network* • *Community Committees* • *Carers Centre* • *MIND* • *Breathe Easy*				

6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMCSU if needed.

7. Evaluation

A consultation report and an evaluation report will be provided by GMCSU. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

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Agenda Item 9

REPORT FOR DECISION

Agenda Item	

DECISION OF:	**Health & Wellbeing Board**
DATE:	9th June 2014
SUBJECT:	Protocol between Bury Safeguarding Children Board and the Health and Wellbeing Board
REPORT FROM:	Donna Green & Julie Gallagher
CONTACT OFFICER:	Donna Green BSCB Board Manager
TYPE OF DECISION:	**For Decision by the Committee**
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	
OPTIONS & RECOMMENDED OPTION	That the Health and Wellbeing Board: Endorses the protocol

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework?
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Executive Director of Resources to advise regarding risk management
Statement by Executive Director of Resources:	
Equality/Diversity implications:	
Considered by Monitoring Officer:	Yes JH Appropriate governance arrangements are required to ensure any statutory responsibilities are complied with.

Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS **DIRECTOR:**

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
Scrutiny Committee	Committee	Council	

1.0 Purpose of the Report

The protocol aims to ensure that governance arrangements enable the Health and Wellbeing Board and the Bury Safeguarding Children Board to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.

2.0 Background

Working Together to Safeguard Children 2013 (chapter 3) provides the statutory framework for the governance arrangements between the LSCB and other partnership boards.

LSCB Chair, accountability and resourcing

'In order to provide effective scrutiny, the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

Every LSCB should have an independent chair who can hold all agencies to account.

It is the responsibility of the Chief Executive (Head of Paid Service) to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB.

The LSCB Chair should work closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.

The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and wellbeing board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (see chapters 4 and 5).

The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies'.

Working Together to Safeguard Children (DfE 2013)

The LSCB is likely to be judged good if:

'The governance arrangements enable LSCB partners (including the Health & Wellbeing Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. The LSCB effectively priorities according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes'.

Ofsted (2013)

3.0 Issues

At present there is no agreed protocol between the BSCB and the Bury HWB that clarifies how the two partnership boards will work together. This protocol aims to address this by setting out expectations of the relationship and working arrangements. It covers the respective roles and functions, arrangements for challenge, oversight, scrutiny and performance management.

4.0 Conclusion

It is recommended that the HWB endorses the protocol.

List of Background Papers:-

HWB.doc

Contact Details:-

Donna Green
BSCB Board Manager
18/20 St Mary's Place

Bury
BL90DZ
0161 253 7329

Agenda Item 10

REPORT FOR DECISION

Agenda Item	

DECISION OF:	Health and Wellbeing Board
DATE:	19 June 2014
SUBJECT:	GM Working Well Pilot
REPORT FROM:	Tracey Flynn
CONTACT OFFICER:	Tracey Flynn
TYPE OF DECISION:	**For Decision by the Committee** Endorse and Support the Working Well Health Protocol
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	To support and endorse the GM Health Protocol that is an integral part of the successful deliver of the Greater Manchester Working Well Pilot
OPTIONS & RECOMMENDED OPTION	That the Health and Wellbeing Board: Supports and endorses the Working Well Pilot in Bury and approves the content of the Health Protocol

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework?
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Executive Director of Resources to advise regarding risk management
Statement by Executive Director of Resources:	Any comments will be reported at the meeting.

Equality/Diversity implications:	
Considered by Monitoring Officer:	Any comments will be reported at the meeting.
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS **DIRECTOR:**

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
Scrutiny Committee	Committee	Council	

1.0 Purpose of the Report

To inform the Bury Health and Wellbeing Board about the Greater Manchester Public Service Reform – Working Well (formally known as Work Programme Leavers) initiative and its alignment with the Health and Wellbeing Strategy.

To note the alignment of the WW to relevant priorities in the Bury's Health and Wellbeing Strategy.

To seek the Board's agreement to the WW Health Protocol (attached) and clarity on how this might be operationalised in Bury.

2.0 Background

2.1 Tackling worklessness and issues of low skills levels is a key part of the Greater Manchester Strategy, Stronger Together. The drive to enable economic growth, build resilient and self reliant communities is key to the Public Service Reform agenda. The Health and Wellbeing Strategy also recognises these areas as key to achieving good mental and physical health and wellbeing. The WW initiative directly contributes to Team Bury's priority area of facilitating a stronger local economy and reducing worklessness. These shared priorities provide a stimulus for joint working to develop innovative working models across workstreams and partners.

2.2 Working Well was announced by the Chancellor in October 2013 and is the main activity under the Work and Skills theme of the PSR programme. WWL is strategically important because success could lead to greater GM influence and control over future public spending in areas such as welfare and public service reform. A key part of the work is a robust evaluation to provide evidence to

government of the success of the pilot compared to a 'business as usual' model which will be a controlled assessment of another location outside GM.

2.3 WW is a high profile, co-funded and co-commissioned pilot between AGMA and Whitehall, designed to tackle persistently high levels of workless residents in Greater Manchester.

2.4 Bury Council has committed to supporting the Working Well cohort through involvement in the Local Implementation Plan, aligning budgets and reprioritising resources where appropriate.

2.5 The WW initiative is designed for Employment and Support Allowance (ESA), Work Related Activity Group (WRAG) claimants who have exited the national Work Programme after two years and not secured employment. The ESA WRAG group is for claimants who the Department of Work and Pensions (DWP) consider will be capable of work at some time in the future and who are capable of taking steps towards moving into work (work-related activities) immediately.

2.6 A key worker model will provide WWL participants with up to two years support towards gaining sustained employment. Participants who move into employment will also receive a year of ongoing support, helping ensure job starts become sustained employment.

2.7 The contract with WWL providers will provide them with access to prioritised, coordinated and sequenced local services, ensuring key workers are able to access the right services at the right time when developing bespoke packages of support. Given the nature of the barriers to work faced by WW participants, access to health as well as skills related interventions will be a critical success factor in achieving the desired outcomes of the programme.

3.0 Issues

3.1 By the nature of this particular cohort, individuals that are referred to this provision will have one or more health related issues. At a GM level the WW Programme Board supported by the WW Programme Office are developing key GM protocols for health, housing, skills and employment. The intention is that the protocols will be signed off by the appropriate GM strategic boards but translating intent into action will require local ownership. At GM level the protocols are being progressed through the following forums:

- GM CCGs
- GM Health and Wellbeing Board
- GM Health and Wellbeing Board Conveners network

Health and Wellbeing Leaders across organisations have been asked to support this pilot. The Board are asked to consider the WW Health Protocol and to agree to support this activity as a key priority.

3.2 The key commitments are:

- Putting in place the range of interventions across relevant service areas and provide the scope to reprioritise a proportion of these services for WW
- Support to ensure sequencing will take place and support coordinated intervention

- identify opportunities to influence future services
- ensure existing responsibilities, prioritisation and integration take account of cohort requirements
- share data with partners

4.0 Conclusion

Working Well complements the work of the Board and the Health and Wellbeing Strategy and promotes partnership arrangements for Health and Social Care Services. The robust evaluation that tracks the WW activity will be a valuable resource for informing and shaping future integrated health and social care models of delivery to people with complex needs

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List of Background Papers:-

Work Programme Draft Health Protocol

140221 WPL protocol health to Feb Board.

Contact Details:-

Contact Officer: Tracey Flynn
Telephone number 0161 253 6040 **E-mail address:** t.flynn@bury.gov.uk

Date: June 2014

Greater Manchester Healthwatch Network

healthwatch

PRESS RELEASE

Embargo until 12 noon Monday 9 June 2014

Patient Transport Service failing local people

Patient Transport in Greater Manchester is failing vulnerable people and leading to poor quality care, according to a survey by a local health watchdog.

The news comes following a survey of nearly 575 patients throughout Greater Manchester by the Greater Manchester Healthwatch Network.

The research found that time keeping is a major problem with the service, provided by Arriva Transport Solutions, with half of patients saying that they did not get to their appointment on time and in Oldham and Stockport over 65% of patients said the service got them to their appointment late. In the Tameside area, which reported the lowest level of late arrivals, 37% were still late for their appointment. Many reported that this late arrival led to missing appointments or having their medical care adversely affected.

Large numbers of patients also said that they waited in excess of 90 minutes before they were taken home following their appointment. For patients, when combined with a delay in getting to their appointment this can make a short medical appointment turn into a very long day away from home.

Shockingly, one patient reported that they spent nearly nine hours from beginning to end, including 5 hours overall waiting for their transport to and from the hospital, arriving nearly 2 hours late for their appointment and getting home close to 8pm in the evening.

Peter Denton, speaking for the Greater Manchester Healthwatch network said:

> “Timing of journeys must be our biggest concern with the Patient Transport Service. Two thirds of patients said they were more than 30 minutes late for their appointments and we heard of several instances where patients were so late that their important medical appointment didn’t go ahead or their treatment had to be cut short.
>
> “Not only is this worrying in terms of the patients’ health outcomes but it can also lead to a waste of NHS resources as hospitals and clinics try to rearrange activity around patients who arrive late, through no fault of their own.
>
> “Although many people told us that they had experienced difficulties with this service, it is important for us to recognise that the vast majority also said that the front line staff they dealt with were very good.
>
> “We are calling on Arriva and the commissioners of this service to make improvements so that our local populations receive the good quality, safe and worry-free service they are entitled to.”

Greater Manchester Healthwatch Network

In addition to issues with timeliness, over half of patients said they didn't know where to get information about the Patient Transport Service, meaning that many vulnerable people who are eligible for the service are unlikely to know about it.

The research also found communication to be a common problem with patients reporting poor communication in terms of booking, journey planning, having the right accessible vehicle available and not knowing how to complain.

ENDS

For more information contact:

Peter Denton, Manager, Healthwatch Tameside
Tel. **0161 667 2526** **(9.30 to 12.30)**
Mob. **07970 700652** **(8.30 to 9.30 and after 12.30)**
e-mail: peter.denton@healthwatchtameside.co.uk

We will endeavor to make people available for interview and comment if you contact us between 8.30am and 12 noon on Monday 9 June.

Notes to Editors

1. The Patient Transport Service is provided by the NHS to ensure that people who (for medical/health related) cannot travel independently to medical appointments are able to get to and from those appointments. It is sometimes also referred to as the non-emergency ambulance service.

2. The Patient Transport Service is commissioned jointly for Greater Manchester, as part of a North West contracting process, led by NHS Blackpool CCG. In Greater Manchester the service is provided by Arriva Transport Solutions Ltd took over the contract from the North West Ambulance Service in April 2013. Our report is about performance since Arriva took the contract over.

3. This report and recommendations have been produced as a collaborative effort by members of the Greater Manchester Healthwatch network.

4. Every local authority has a statutory duty to fund a local Healthwatch in their area. Local Healthwatch organisations are the consumer champion for health and social care in their area.

5. The 10 local Healthwatch organisations in Greater Manchester have come together to form an informal network. This helps them to work together, on behalf of the whole population of Greater Manchester and to look at health and care issues that cross local authority boundaries.

6. Information about Healthwatch, including how to get involved in your local Healthwatch, is available from the Healthwatch England website at www.healthwatch.co.uk

Bolton Bury Manchester Oldham Rochdale Salford
Stockport Tameside Trafford Wigan

A Greater Manchester Healthwatch Collaboration

Arriva Patient Transport Service Survey & Report June 2014

Final Version 6 June 2014
Embargoed until 12 noon
Monday 9th June 2014

healthwatch Greater Manchester

Contents

1) Introduction

1.1) What are Patient Transport Services (PTS)?

"Patient Transport Services (PTS) are provided for those patients whose medical condition means they cannot get to their appointment any other way. All patients are assessed on their suitability for PTS using a short and simple series of questions when booking." [1]

In Greater Manchester bookings are made through the NHS booking centre and eligibility is determined using a set of questions. The criteria are set by the Department of Health and agreed with the local commissioner.

1.2) Patient Transport Services In Greater Manchester

Patient Transport Services are commissioned on a regional basis by an NHS commissioner. The North West is divided into four areas with Greater Manchester as one of these. The commissioning body for the Greater Manchester Area is Blackpool CCG and the Greater Manchester contractor is Arriva Transport Solutions Limited (ATSL or Arriva).

Arriva began operating the Patient Transport Service for Greater Manchester on the first of April 2013. Previous to this the service was commissioned from North West Ambulance Service (NWAS).

1.3) Why a survey on the patient transport service?

At the time of the change of contract from NWAS to Arriva alterations were made to the way in which the eligibility criteria were applied. According to the Commissioners the criteria themselves did not change, but, as part of the terms of the new contract, booking centres were required to go through the criteria every time a request for transport was made (or every 3-6 months in the case of cancer and renal patients). The combination of these amendments as to how eligibility is established alongside changes to the provider resulted in a number of issues being raised by patients who were experiencing confusion or difficulty in accessing the service.

Initially Healthwatch Oldham identified that a number of complaints about access to the service, eligibility and patient information had been received by the local Patient Advice and Liaison (PALS). Further enquiries identified additional issues including; late collections, missed appointments and long waiting times for return transport.

Discussions with colleagues from local Healthwatch organisations across Greater Manchester led to informal enquiries in other areas which revealed similar concerns elsewhere.

[1] (Source: "Patient Transport Services Booking NHS transport to get to your appointment from 1st April 2013", Stockport CCG leaflet (http://stockportccg.org/wp-content/uploads/2012/01/Patient-Transport-Services-Leaflet-May-13.pdf accessed 11/4/2014))

1.4) Why a Greater Manchester survey?

There are a number of reasons for taking a Greater Manchester approach to this survey. Firstly the contract for Patient Transport follows a regional rather than local footprint and thus it was felt that a larger survey would have more impact than one based on an individual Borough.

Second, since many health services are organised on a Greater Manchester level, and since patients frequently travel between boroughs to receive care, Local Healthwatch organisations within the Greater Manchester area were keen to explore opportunities to collaborate on issues that affect all the people in Greater Manchester and not just those from a particular locality. Many passengers using patient transport services are traveling to hospital for specialist care and journeys frequently cross borough boundaries, thus a joint approach seemed useful.

Finally, following initial discussions among Greater Manchester Healthwatch organisations, informal enquiries revealed that concerns about the patient transport service raised in Oldham were replicated elsewhere.

2) Methodology

A questionnaire was developed by Healthwatch Oldham and built on work done by some Greater Manchester LINks who had looked at patient transport in previous years. The questionnaire was considered by Healthwatch Chairs and Managers from local Healthwatch organisations across Greater Manchester. Nine local Healthwatch agreed to proceed with the survey as a joint piece of work.

The current contractors, ARRIVA, were contacted and agreed to distribute the survey to patients taking patient transport journeys. The survey was distributed across Greater Manchester. In addition individual Healthwatch partners promoted the survey in a variety of ways via their local networks.

4500 paper surveys were distributed to people using ARRIVA patient transport services over two weeks in January 2014 (Monday 20th – Friday 31st January 2014). Paper surveys were distributed with a freepost envelope, with respondents being asked to return surveys by February 28th 2014.

The majority of surveys were received/completed within the time frame. All responses received up to 14th March were included.

Demographic information was collated globally whilst each local Healthwatch completed its own local analysis based on responses given to the more detailed questions. Global and demographic data is included in Section 4 and local analyses in Section 5.

The final conclusions and recommendations were agreed by all the Healthwatch partners in the project.

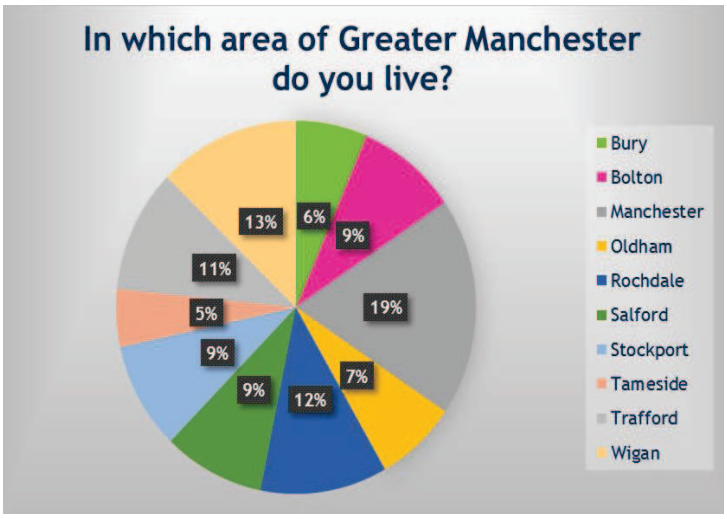
3) Results

3.1 Survey Distribution and Response Rates

- 4500 paper surveys were distributed and 442 paper returns where received, a return rate of 10% - however eight surveys were blank and have been discounted from the report.
- 139 surveys were completed online.
- A total of 573 surveys were returned and included in this report.
- 402 people completed provided demographic data within the form.

Patients from the whole of Greater Manchester responded, with the largest number from Manchester (106, 19%) followed by Wigan (71, 13%) then Rochdale (64, 11%) and Trafford (60, 11%).

The percentage of survey returns from each area broadly replicates the population pattern of the Greater Manchester Area.



	% GM Population	% Survey returns
Manchester	19	19
Salford	9	9
Bolton	10	9
Bury	7	6
Rochdale	8	11
Oldham	8	7
Tameside	8	5
Stockport	11	9
Trafford	8	11
Wigan	12	13

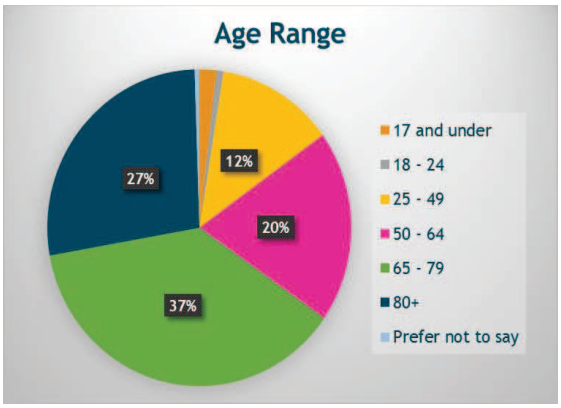
(Source: 2011 Census)

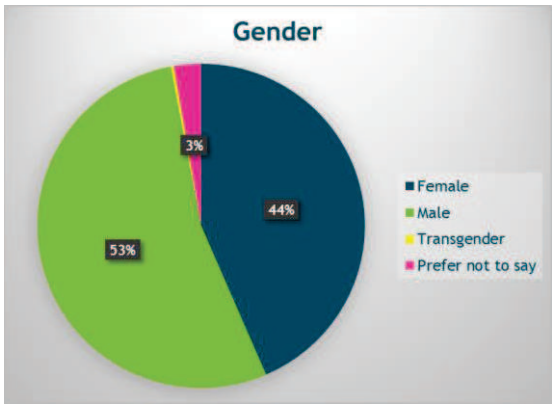
3.2 Demographic Information

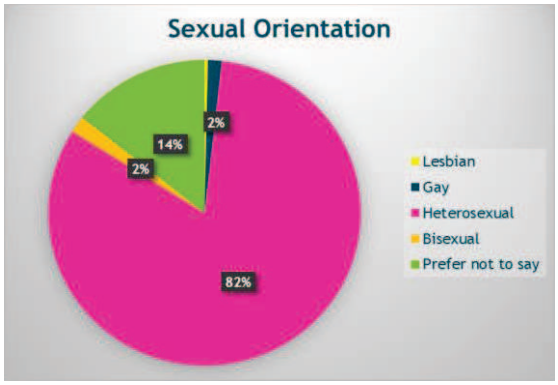
3.2.1 Age, gender and sexual orientation

Among those who gave answers to these questions

- The older age groups were best represented with 27% of respondents being over 80 and 37% being in the 65-79 age bracket.
- 44% of respondents were female, 53% male.
- 82% identified as being heterosexual and 3.5% identified as being Lesbian, Gay or Bi-sexual.



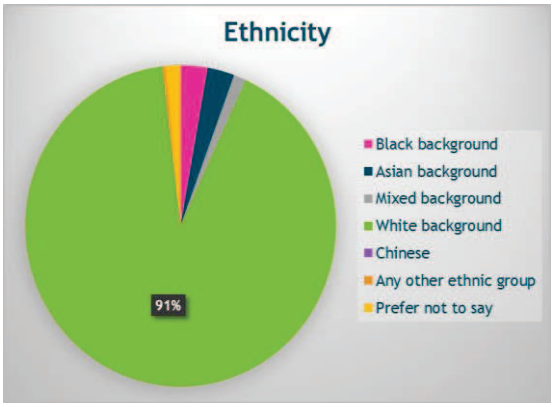


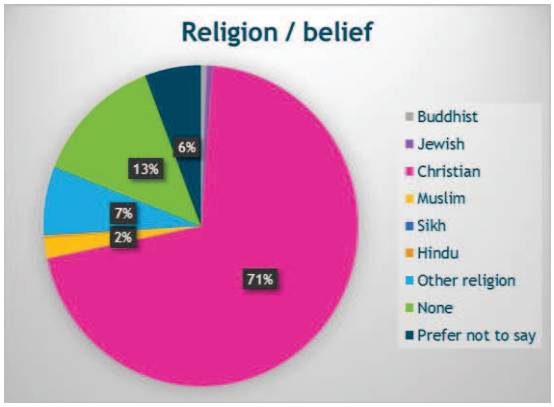


3.2.2 Ethnic Background and Religion

Results in these categories show that the majority of respondents considered their ethnic background to be White[2] (91%), leaving a further 9% recording a variety of different ethnic backgrounds.

With regards to religion 71% stated that they were Christian, 13% stated “none”, 20% preferred not to say, 7% recorded “other religion”, 2% recorded Muslim and less than 1% recorded Hindu, Jewish or Buddhist.

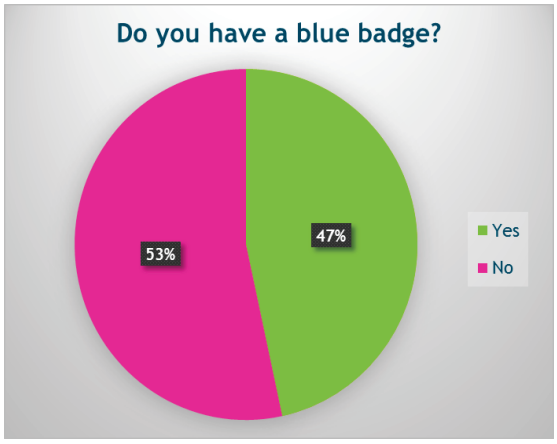




3.2.3 Disability Status

Unsuprisingly, considering the eligibility for Patient Transport Services, a high proportion of respondents (78%) considered themselves to have a disability. Of those who did not answer yes to this question some were filling in the form on behalf of someone else, others considered themselves to have a medical condition rather than a disability, 47% of respondents had a blue badge.

[2] White British, White Irish, Traveler, Other White



3.3 Greater Manchester Analysis

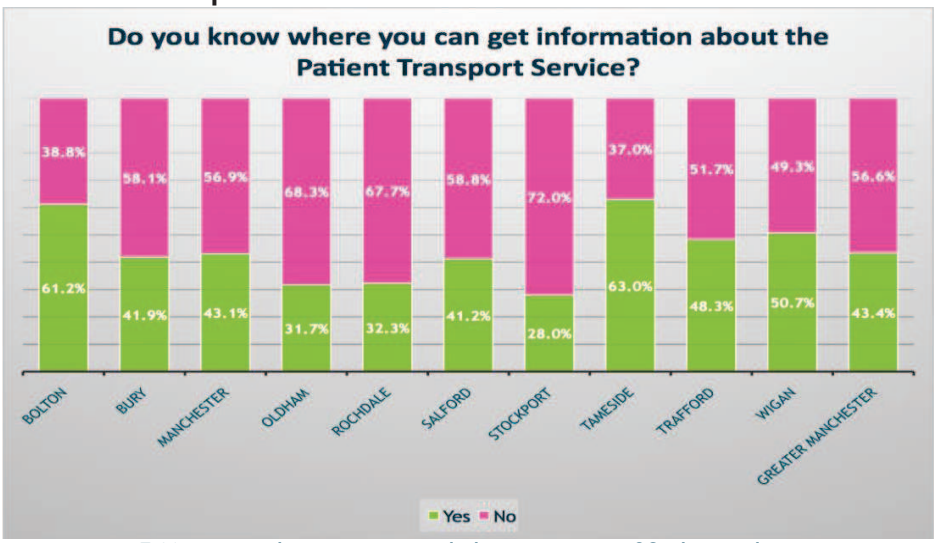
This section is a summary of the results for the whole of Greater Manchester. Where appropriate, results for each borough are shown, along with the Greater Manchester totals.

3.3.1 Journeys

- A total of 581 people responded to the survey, however eight surveys were returned blank, so results are based on 573 responses.
- 52% of respondents are regular users of the service, having used it 6 or more times in the last 12 months.
- At least 75% of people were attending an out-patient appointment.
- 43% of respondents said they were attending appointments in their local area – however, this is likely to be higher in reality because some people classed appointments that were in their local area as being in another area of GM, e.g. someone living in Leigh, classing Wigan as within GM rather than within local area.
- 55% said they were attending an appointment within Greater Manchester.
- A small number of people who attended appointments outside of Greater Manchester, mostly in Merseyside and Lancashire.

3.3.2 Information

We were keen to know if patients knew where to find information about the service

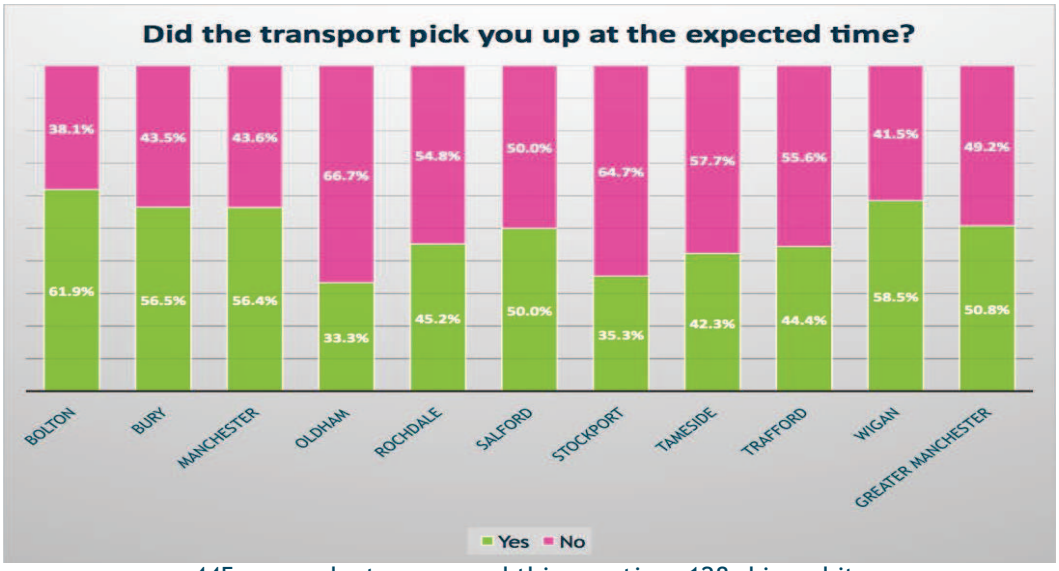


541 respondents answered this question, 32 skipped it.

- Overall 57% of respondents said that they did not know where to get information about the Patient Transport Service.
- The results show that, in seven out of the ten boroughs, more than 50% of respondents do not know where they can get information about the service.
- The three areas where respondents have least knowledge are Oldham, Rochdale and Stockport. In Bolton and Tameside the number of respondents who knew where to get information was higher than in the other boroughs.
- Analysis of the 43% who said they knew where to get information about the service shows that 68% would get it from their GP or Hospital with a further 21% stating they would telephone the Patient Transport Service directly.

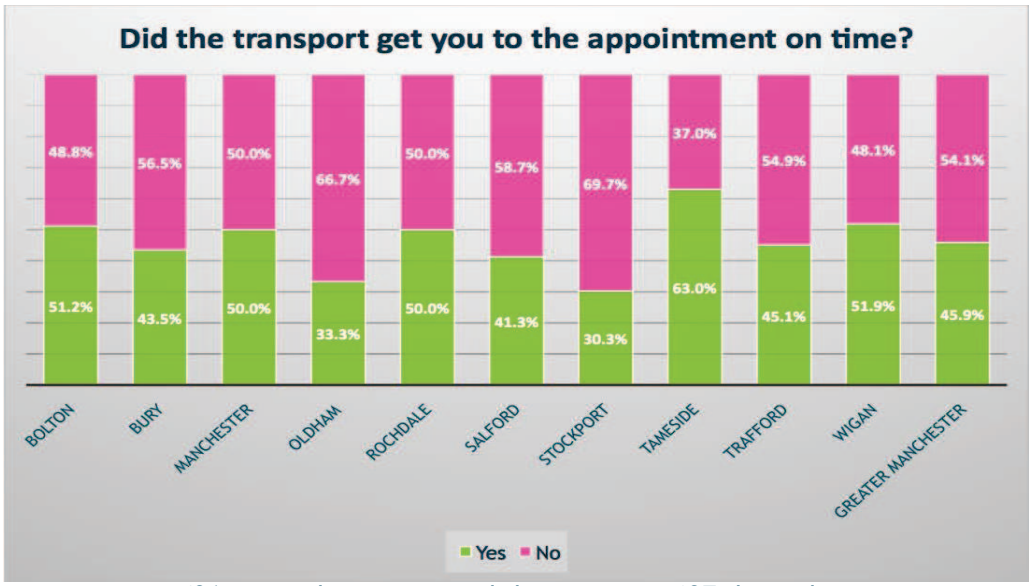
3.3.3 Timeliness

Because a number of the concerns received by Healthwatch into the late arrival of the service, we were keen to know more.



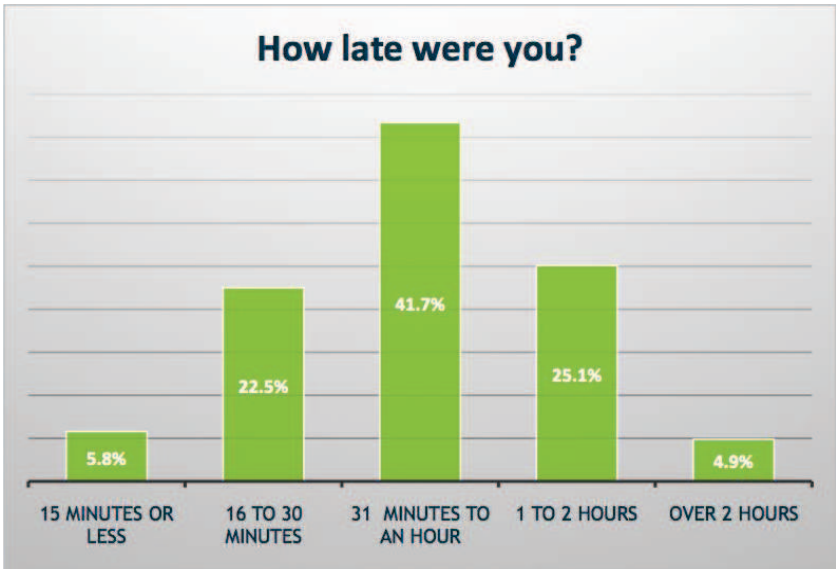
445 respondents answered this question, 128 skipped it.

- In five of the ten boroughs more than 50% of respondents have experienced transport not picking them up at the expected time.
- Across all boroughs at least 38% of respondents have experienced not being picked up at the expected time.
- Based on the survey, the two boroughs where transport is least likely to pick patients up at the expected time are Oldham and Stockport, with Bolton being the area where transport is most likely to arrive at the expected time.
- Whilst the majority of respondents will have experienced late pick-up we expect there are a small number of instances included in these results where transport has collected them early.



436 respondents answered this question, 137 skipped it.

- In nine of the ten boroughs, 50% or more of respondents have experienced transport not getting them to their appointment on time.
- It is important to note that within the Patient Transport Service contract, the Key Performance Indicator for timeliness of transport is that 90% of all patients arrive within 45 minutes prior to their scheduled appointment time and no later than 15 minutes of their scheduled appointment time.



399 respondents answered this question, 174 skipped it

- 187 respondents who did not get to their appointment on time stated the length of the delay.
- 176 of these people said they were more than 15 minutes late.
- Six respondents noted that the transport arrived to pick them up after the time of their appointment.
- There were nine instances of people not making the journey at all, either because transport didn't turn up, was so late or had been booked incorrectly.
- 64% of patients who arrived late, said their appointment went ahead.

- 57 people left comments to provide additional details with many of these saying that whilst the appointment went ahead this wasn't without problems, such as treatment being cut short or having to wait until the end of the clinic. Representative comments include;

"As dialysis had to go ahead but obviously as came off treatment late the patient who was due on after went on late meaning staff lost breaks and had to work later plus I got home a lot later."

"Some treatment given, then another appointment 2 weeks later."

"My delayed appointment meant that I was at the Christie for nine to ten hours, instead of four to five hours."

"Some of our residents have had to wait long periods of time to be seen due to transport being late causing them to become very distressed."

"I had to wait 1hr 50 for another appointment."

"I got a telling off from clinic staff I felt embarrassed."

"Christies knew I was using Arriva and expected Arriva clients to be late. They said things had got worse since Arriva took over."

"The hospital just seem to accept that if you came by ambulance you would be late."

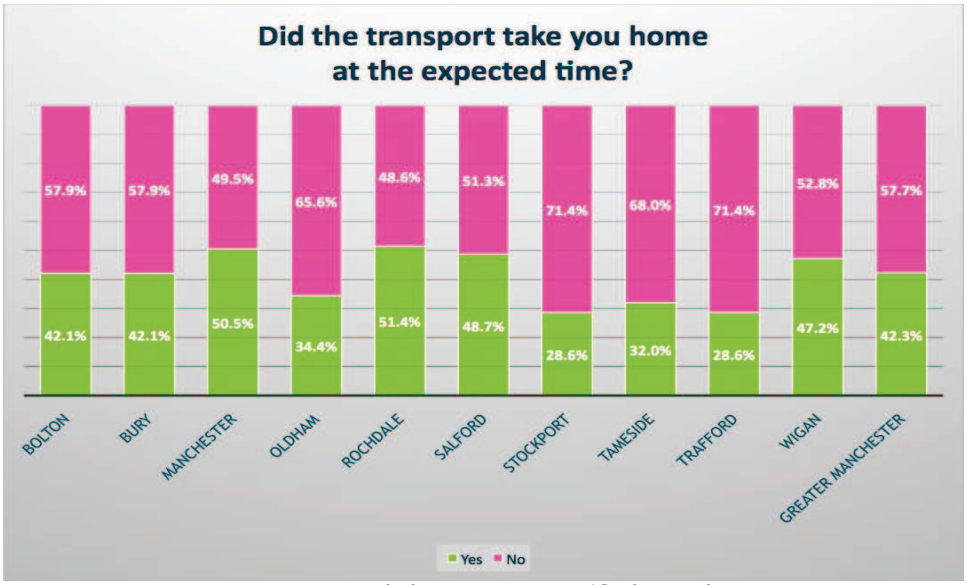
Comments from people who have experienced their appointment not going ahead:

"I've previously missed an appointment in Bolton because the doctor had left the surgery by the time I arrived. I had to wait 6 hours for return transport, a waste of time, and weeks for new appointment."

"I didn't arrive at all for my appointment - it was at 11.30am (11/2/14) but ambulance didn't arrive till 11.50am!!"

"Had two appointments at Wythenshawe Hospital and could only make one of them."

"I was sent home without being seen - all the way from the Wirral which is an hour and a half journey."



411 answered this question, 162 skipped it

The Key Performance Indicator for timeliness of transport provision (collection after notification of patient being ready) is that 80% of patients are expected to be collected no later than 60 minutes after being notified that they are ready for transportation. 90% of patients are expected to be collected no later than 90 minutes after being notified that they are ready for transportation.

- 444 people said they need the transport service to take them home.
- The majority of people who did not use the service to take them home went by taxi with others being collected by a relative or friend or using public transport.
- A total of 174 people said the transport took them home at the expected time. 140 of these people told us how long they waited. 15% waited 90 minutes or longer on at least one occasion.
- A total of 237 people said the transport did not taken them home at the expected time. 229 stated how long they waited. 74.7% waited 90 minutes or longer on at least one occasion. 64.6% waited longer than 90 minutes on at least one occasion.
- In eight of the ten boroughs more than 50% of respondents were not taken home at the expected time.
- Stockport and Oldham were two of the areas where transport was least likely to take patients home at the expected time but, in this case.
- The results for Tameside and Trafford also show high occurrences of patients not being taken home at the expected time.

We are aware that expectations for length of time to wait for a return journey vary from person to person. Comparing the waiting times given by people who answered yes to this question, to the waiting times of those who answered no, it is clear that some people are prepared to wait more than an hour but others are not.

It is important to note that, in some cases, people were not able to judge whether or not they had been taken home at the expected time because they had not been given an estimated time for pick up nor an expected journey time.

3.3.4 Vehicles

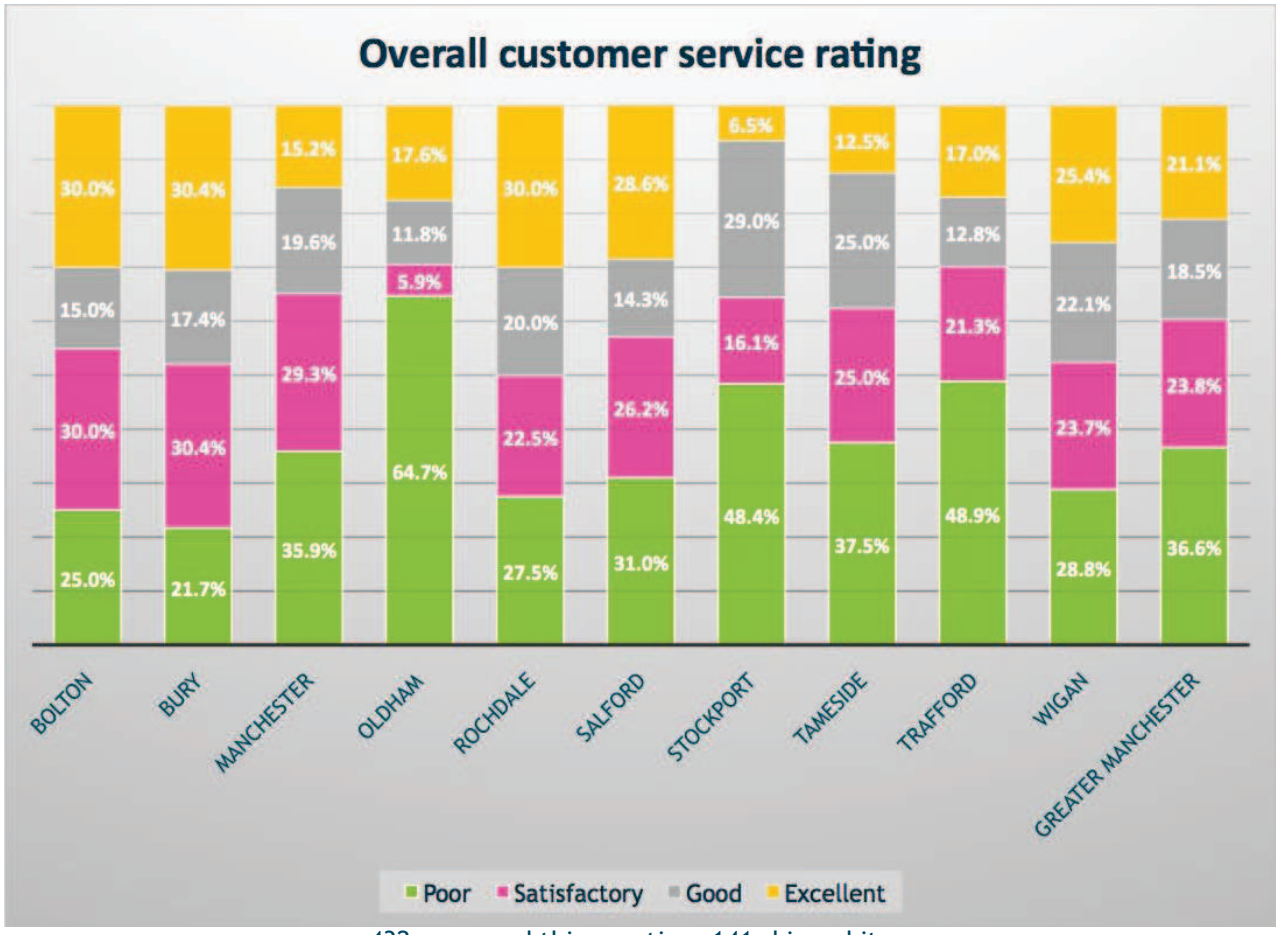
- 90% of people said the vehicle was appropriate for their needs. However, 44 people said the vehicle was not appropriate; issues included inaccessible taxis being sent to people who use a wheelchair; ambulances not having a wheelchair on board for people who can't walk unaided; seats being too upright for people with particular medical problems; lack of a bariatric stretcher; steps onto the ambulance being too high.
- There were some comments about drivers being in too much of a hurry and driving too fast.

3.3.5 Assistance

- 241 people who used the service say they need support from a carer. 244 people stated they have been allowed to take a carer. It is clear from a detailed analysis of the responses that some of the 241 people who need a carer were not allowed to take one, which would suggest that some people for whom a carer is not a necessity have been allowed to take a relative or friend with them. Analysis of the qualitative responses shows that there is either confusion over the rules regarding carers accompanying patients using the service, or that rules are being used arbitrarily.

3.3.6 Service Satisfaction

We were keen to know what people thought about the service overall:



432 answered this question, 141 skipped it

- No more than 50% across all boroughs rated the service it as good or excellent combined.

- In seven of the ten boroughs the highest grouping of respondents rated the service as poor.
- The percentage of people who rated the service as poor in Oldham is significantly higher than in the other boroughs. This reflects answers to other questions in the survey that suggest the service is performing less well in Oldham than elsewhere.
- 58.5% said they would recommend the service.

3.3.7 Complaints

- 74% of respondents do not know where to direct a complaint about Patient Transport Services if they have one.
- Nonetheless 138 people told us they had made a complaint about the service since April 2013 with 55.5% of those complaining directly to Arriva and 43.8% complaining to the hospital. The majority of people (77%) made a spoken complaint.

3.3.8 Comments

A sample of comments made about the service included:

"Complaint form was received but it was too complicated to fill in."

"The routes for pick up and drop off seem illogical."

"Some one needs to make sure people who are waiting a long time get something to eat and drink instead of just sitting you in a wheelchair."

"I am unable to walk and it is not possible for me to sit in my wheelchair for more than one hour. I waited five hours once to be taken home. Five hours without food is to long"

"Drivers very kind and considerate."

"Service was excellent so were the drivers."

"I think waiting time after treatment is too long"

"The drivers are polite and helpful I am very grateful to the service or I would not be able to get to my hospital appointments."

"Overall it is poor but it is so erratic you never know what will happen. Sometimes it can be okay/satisfactory but this can be rare"

"Staff very helpful System not"

"Although the crews are excellent the planning operation is somewhat lacking in their ability to understand times and distances for journeys. Do not allow sufficient time. Need more vehicles/crews"

"I was told to be ready 2 hours before my appointment and was. The transport arrived within this time and one time phoned me to let me know of a delay this is a good idea because waiting is fine but not knowing is stressful especially when you are poorly."

"I have nothing but respect and gratitude for the drivers - I think they do a difficult job well"

4) Overall Conclusions and Recommendations

Conclusions

The respondents to this survey came from across Greater Manchester and the demographics show them to be broadly representative of the general population of older people. In the main respondents were regular users of Patient Transport Services and, as such, the respondents are well placed to comment on the performance of the service as a whole.

It can be seen that many frontline Arriva patient transport staff are highly regarded by the people they transport.

It appears that many people who may be eligible to use the patient transport service are not aware of the service and lack information about the eligibility criteria and the process for booking a journey. At the same tame, for those who do use the service changes to the eligibility criteria and apparent inconsistencies in how the criteria are applied have led to confusion and frustration.

Communication at the time of booking could be improved. There are frustrations with the telephone booking service, especially when people can't get through, when they have to repeat information about their situation (even though they are regular users of the service) and when people feel they are spoken too in an inconsiderate fashion.

More accurate information about transport times is needed and journey planning and scheduling leave significant room for improvement. Patients should routinely arrive on time for their appointments and should be collected for return journeys within an acceptable time period.

Opportunities for patient feedback (both through formal complaints and via informal feedback channels) should be encouraged and more widely promoted.

Recommendations

Information

- The eligibility criteria need to be clearly communicated and advertised.
- Details of the booking process need to be clearly communicated and advertised.
- Service users need to be given clear information about the criteria for waiting times in order that they can accurately judge if they have been waiting too long for transport.

Safety, Quality and Accessibility of Service

- The telephone booking centres need to give consideration to patient's frustrations and either ensure they are sufficiently well staffed at peak teams and/or give consideration to providing a choice of booking methods (text, online, telephone).

- A thorough examination of waiting times needs to be made. Such an examination should consider the patients perspectives, the health care providers perspectives and frontline staff perspectives as well as considering recorded management data.
- Remedial action is required to ensure that appointments are not missed, and excessive waits for return transport do not continue to occur frequently.
- There are particular concerns about patients on dialysis who need regular, timed, life-saving treatment. It is our understanding that this group are covered by supplementary criteria in the contract, we recommend that the Commissioner makes a detailed examination of how the service is working for these patients and clear recommendations for improvements.
- The use of taxis as alternative patient transport should be avoided, where it is necessary to use a taxi, it should be a) with the consent of patients and b) ensure accessible vehicles.

Complaints

- Complaints process needs to be clearly explained and advertised in order that people can voice their concerns via the appropriate channels.
- A clear understanding of the procurement criteria for taxi firms needs to be made public.

5) Individual Area Reports

5.1) Bolton

Total sample size = 51 Average number of respondents per question = 34

Background
In April 2013, shortly after Arriva took over the contract for Patient Transport Services in the Greater Manchester area, Healthwatch Bolton invited an Arriva representative to speak to members. Among other things the meeting raised issues about eligibility criteria for the service, in particular how the criteria were applied and communicated and details about the criteria of the contract.

Those attending the meeting gave a mixed reception to the information given regarding access criteria with only 32% agreeing with the statement "following the session I feel I have a good awareness of the access criteria". During the meeting Arriva conceded that here had been "teething problems" with the booking service though claimed that these issues had mainly been resolved by the time of the meeting (16th April 2014). Initially, therefore, Healthwatch Bolton was interested to assess patients' ongoing experiences in relation to communication and application of the eligibility criteria and experiences of the booking service.

During the course of the survey, however, it became clear that the issue of waiting times was a significant problem for many respondents. Revisiting the notes from the original meeting we found that Arriva's responses to questions on the contract terms stated that; *"Differences in the new contracts..include; Tighter standards around pick up and collection times/time that people wait for transport, as well as new standards around the length of time that people spend on transport"*. Arriva's spokesperson on this occasion stated that; *"we operate a book when ready model so staff are responsible for notifying control when a patient is ready to be collected…Arriva then have a 60 minute and a 90 minute standard to meet, so that patients shouldn't wait longer for that to be collected"*. Arriva also reported that *"there are separate standards for people receiving dialysis, with an enhanced priority service for oncology and renal patients" and that "nobody misses their appointment if the transport that is late. The clinic will fit the patient in on arrival if the transport has caused them to be late."*

These statements appeared to be at odds with some of the experiences reported by survey respondents and so we have analysed the issue of waiting times in some detail under the headings of quality and satisfaction.[3]

Healthwatch Bolton's Analytical Framework
Healthwatch Bolton uses the Healthwatch England Rights Framework[4] as a basis for recording, organising and analysing comments. In this instance we have identified issues under the headings of Access (Right 1), Information (Right 3), Quality (Right 2) and Dignity (Right 2), we have also commented on patients overall satisfaction with the service and on the issue of complaints.

[3] Healthwatch Bolton, "Patient Transport Services Meeting Evaluation Report", 16.4.2013

[4] Healthwatch England, "Our vision for rights in health and social care", http://www.healthwatch.co.uk/rights accessed 7.5.2014

Access and Information
95% of Bolton respondents to the survey had used the service in the period 1st April 2013 to January 2014, the majority (86%) multiple times, with almost half (48%) having used it more than six times. The respondents can therefore to be considered well qualified to comment on their experiences of the service overall, rather than simply commenting on a single journey.

5% (2 people) had not used the service, both stated that this was because they did not qualify.

It is clear from service user comments that decisions about eligibility, especially when they appear arbitrary or are insensitively communicated (see comments below) cause upset and may very well lead to complaints.

It is notable that 39% of respondents did not know where to get Information about the Patient Transport Service. These service users are unlikely to be able to resolve queries about eligibility or any other matters relating to the service.

"What I can't understand is why they will let me have transport to Christies but no other hospital. I have to go to Leigh Hospital, it takes me three buses to get there and back."

"I was told once by the person booking the ambulance I was not disabled and that I should walk to Manchester MRI or get a taxi. Not very satisfactory."

Quality
When asked if the transport picked service users up at the expected time 62% said "Yes" and 38% said "No". When asked if the transport had got them to their appointment on time, the proportion of journeys staying on schedule appears to have reduced with 49% of respondents answering "No" to this question;

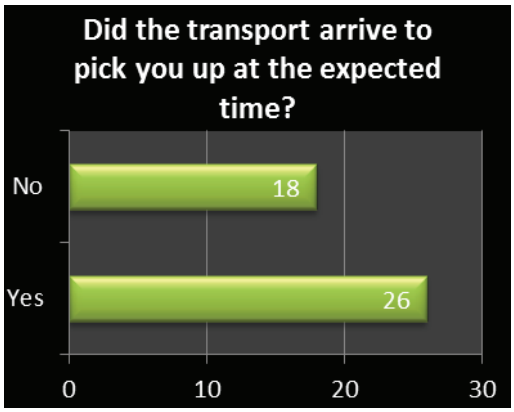
- 10 people (25% of those who answered specifically) reported being over an hour late for at least one appointment
- 4 people (10%) reported being over two hours late on at least once occasion.
- The longest recorded delay was four hours.
- One person stated that they had arrived "two to three hours late on 80% of journeys".

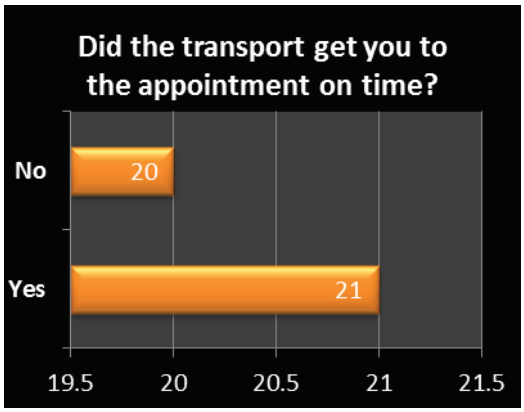
Only 16 people responded to the question "If there were delays, what reasons were given?", this suggests that either no explanation was given or the respondent did not remember the explanation. Where an explanation was given four people (25%) were told the traffic was the problem. Other explanations given included;

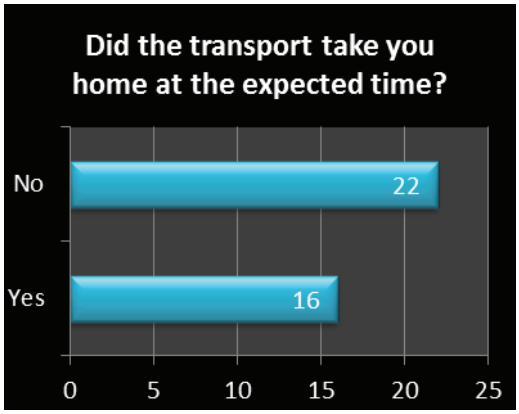
- there being no crew for the ambulance,
- that it was a very busy day with too many journeys to make,
- that other patients had not been ready,
- that the driver was dropping another patient off
- and "I'm only the driver".

The repercussions of late arrival for appointments were explored. While 77% (21 people) of the respondents to this question replied that their appointments went ahead, 11% reported having had to rearrange the appointment on at least one occasion. As well as inconvenience and stress (both for patients and health staff) it is clear that delayed

arrivals and especially those cases that resulted in missed appointment must come at some cost to the hospital concerned.







Unsuprisingly, the knock on effect of delayed arrivals had repercussions on the return journeys for passengers with 58% of respondents reporting that they did not arrive home at the expected time. A number of people commented in more detail on this issue of delayed arrivals explaining how the delay had affected them;

- One person, having been late for the original appointment, had to wait two hours to be collected for the return journey
- One person had spent nine to ten hours at The Christie Hospital instead of the three to four hours that s/he had expected.
- One person reported that a courier that had been sent to collect blood had had to wait three quarters of an hour, presumably at a cost to the NHS.

It is our understanding that a 90 minute wait for return transport is allowable within the terms of the Arriva contract however a substantial number of people reported waits longer – and in some cases much longer – than this. Of the 37 people who provided a response to this question 78% stated that they had waited over two hours on at least one occasion and 14% reported that they had waited over three hours for the return transport. In the case of the patient quoted below, it seems clear that the enhanced service for patients on dialysis has not been properly respected.

> *"I need to be at dialysis for 4.30-5pm, sometimes I am not picked up until 6pm and because the unit closes at 10.30pm sometimes I don't get my full treatment….I have seen a patient wait for three hours after his dialysis to be taken home. He was ready for 4pm and picked up at 7pm. This was an elderly gentleman that really should not be waiting to go home for that length of time."*

Dignity

No specific questions on this subject were asked in the survey however the open comments revealed that many people felt that the ambulance staff were helpful and had treated them well.

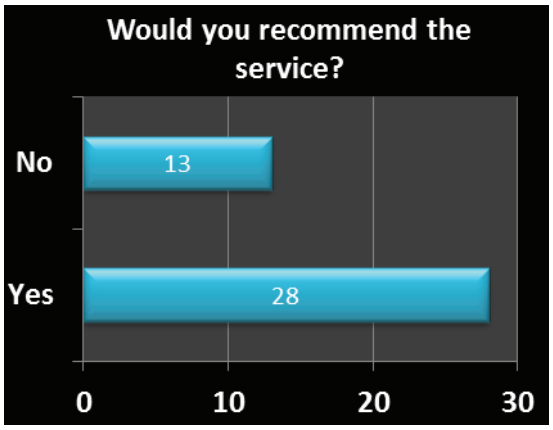
> *"The staff have always been excellent i.e. before and after April"*
>
> *"The drivers are very pleasant and helpful" "good, friendly, helpful service"*
>
> *"Many personnel are kind and considerate"*
>
> *"the drivers on the ambulance are wonderful and have always been extremely helpful and kind"*
>
> *"please convey thanks to very helpful crew on Friday 29.1.14 afternoon"*

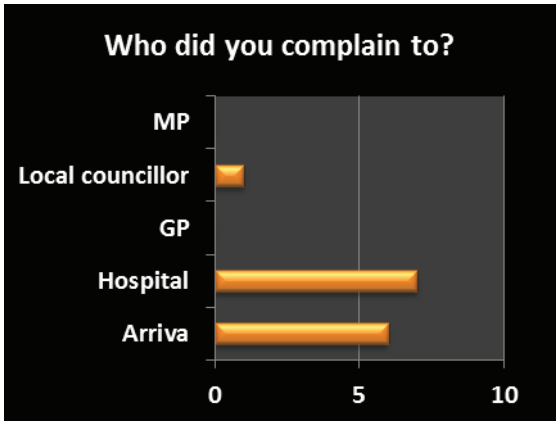
There were, however, a number of less positive comments on communication with call centre/booking staff, as the examples below show.

> *"sometimes it is difficult to make a booking as the number either rings out all the time or goes to voicemail even at 8.30 in the morning"*
>
> *"'We didn't know you needed a stretcher", repeated every time, despite being emphasised in great detail on each booking."*

Satisfaction and complaints

68% of respondents stated that they would recommend the service to others, 32% said they would not. The overall customer rating scores, however, reveal more ambiguity with 25% of respondents rating the service as poor, 30% as satisfactory, 15% as good and 30% as excellent.





29% of respondents stated that they had made a complaint. However, only 50% of complaints had been registered directly with ARRIVA, with the remainder being directed via the hospital, doctor or clinic. It is not clear from the survey whether these complaints were directed to Patient Advice and Liaison Services (PALS) or complaints teams or directly to service staff, however, 100% of those who had complained stated that they had done so verbally, which rather suggests the latter.

Conclusions

Overall the Bolton survey reveals a mixed picture of service user experience as well as some ambiguities about patient satisfaction. Arriva are to be congratulated on the attitude and helpfulness of front line staff working in the Bolton area. However, there remain serious concerns about the scheduling of transport with too many patients reporting at best a patchy experience in terms of pick-ups, reaching appointments on time and being collected for return journeys well beyond the time acceptable within the contract framework.

It seems clear that transport schedules do not properly respect the nature of the service. Not recognising the practical difficulties of helping some very sick people to board the ambulance and not making allowances for traffic conditions lead to schedules slipping. This slippage has serious knock on effects in terms of late arrivals, delayed and cancelled appointments, foreshortened treatments, long waits for return journeys and unpredictable "arrive home" times. All of these outcomes are unsatisfactory both for service users, who can be deemed, by the nature of the service to be very sick and / or disabled and for other health and social care services that rely on patients being where they are supposed to be at the right time.

There appears to be a lack of clear information about eligibility and about what patients can expect from the service. If 39% of people do not know how to get further information about the service, 50% of those who complain do so to the wrong place and none of them put their complaints in writing, it seems unlikely that people's information needs (particularly around complaints) are being met.

Our conclusions are well summed up by these two comments from service users:

"time is a big issue for some appointments"

"the drivers are always very helpful but the logistics are poor."

5.2 Bury

Introduction
Healthwatch Bury became aware of the complexity and challenges of the Patient Transport service at the Healthwatch England launch held at the Bridgewater Hall, Manchester on 11th April 2013. There were several presentations at the conference with one from a representative from Oldham Links/Healthwatch. It was apparent from the presentation that with the proposed changes in the reconfiguration of hospital services, that patients, carers and relatives will be even more highly dependent on non emergency patient transport across Greater Manchester.

The Survey
Efforts were made during December 2013/January 2014 to distribute the questionnaires as widely as possible with a return of 36 responses. Having limited resources at the time to accommodate wider distribution, Healthwatch Bury decided to invite representatives from Arriva Transport to their February 2014 Board/Members Meeting.

The Results
Q1 – 9 dealt with demographics, 12 of the sample of 36 responded to these questions. 75% considered themselves as having a disability, 50% blue badge holders, 83% white British, similarities regarding marital status, 66% Christian, 55% female, 75% heterosexual and 100% Bury residents.

Q10 discussed information about the Patient Transport Service and a slightly higher percentage did NOT know where to get information. In **Q11** 90% said that they needed help with transport to attend medical appointments and in **Q12** 72% reported that they had used Patient Transport Service since 1st April 2013.There were only two responses to **Q13** and **Q14,** whilst in **Q15** 45% said they have used the service more than six times since 1st April 2013.

From this point on in the findings, there was on average a higher number of questions answered with some providing narrative responses. **Q16** asked if respondents would recommend the service. Of the 21 who answered this question, 15 said they would recommend the service. **Q17** looked at bookings, 63% booked their transport through a healthcare provider. Although this might be more convenient for patients at the time, especially on return journeys, there is added pressure of work within these services. This area of the survey requires further exploration to understand how this impacts on the healthcare providers and the other options available for booking transport.

In **Q18** 60% of respondents stipulated that they needed support to attend their appointment and in **Q19** 85% stated that the Patient Transport Service accommodated this. This was a positive response and, for the three who did not receive this service, this was due to;

- the service being *'not required'*,
- it being *'not booked beforehand'*,
- because the informant *'could not arrange transport in time for support worker to go with me'*.

Responses to **Q20** and **Q21** identified that the majority of patients were attending appointments within the Pennine Acute NHS Trust locations which covers Fairfield Hospital in Bury, Rochdale Infirmary, Royal Oldham NHS Trust and North Manchester, with three attending Christies and one attending Withington Physiotherapy department. 78% were within the Greater Manchester area, as identified above, the majority were within the North East Sector and **Q22** identified that these were for regular outpatient appointments.

Q23 to **Q28** covered the patients journey from pick up to drop off and the timeliness of the service. **Q23** indicated a marginally positive response with 56% (13 people) reporting that they were picked up at the expected time 43% (10 people) people expressed the opposite. In **Q24** a resounding 86% responded that the vehicles are appropriate for their needs but from this point on, the responses give way to concern.

Q25, which to all concerned is the most important question in relation to clinical care, identified that 56% of patients did not arrive for their appointment on time. Although this is only a slightly negative response, it is the implications as a result of this that need to be identified. From the 23 responses received, four respondents only waited between ten and 30 minutes. The remaining seven respondents waited for a period of 45 minutes to up to two hours. The reasons for the delays were all related to Arriva issues ranging including;

"over schedule due to work excess."	*"other pick ups"*
"no transport available"	*"there was a meeting on."*

Although the patients arrived late for their appointments, it is a credit to the clinical services that, in **Q27,** 69% of people stated that the appointments went ahead. This is an area where further exploration is required as to the impact not only to the members of the public arriving late for their appointments but the implications this has on clinical services in attempting to provide efficient and timely care. There is also the entailment of clinical staff time and the effects of having to rearrange appointments.

Q28 looks at patients requiring transport to take them home, 91% of respondents required this service. Again there was a variance in time, from 10–15 minutes to over several hours. One patient explained the consequences of arriving late for an appointment which resulted in the following:

"Because of late arrival, appointment was later on and Arriva had finished at 6pm. Staff at the hospital refused other transport. I had no money with me. I told them I was registered with the police and social services as a vulnerable adult. Arranged transport via a taxi at 7.00pm."

Q32 to **Q37** look at the complaint process. **Q32** shows that 72% of respondents did NOT know where to direct a complaint if they had one. This is an area where Healthwatch Bury could look at the signposting service working collaboratively with the Independent Complaints Advocacy service. This also highlights that Arriva are possibly not receiving the amount of complaints that they should be to identify and resolve problems and improve the service. The response to **Q33** showed that 69% of patients have not made a complaint. This could relate to the answers in **Q32,** where patients stated that they did not know how to complain. Of the seven respondents who stated that they did know how to complain, **Q34** showed that 57% complained directly to Arriva, 42% to the

hospital and 28% to their GP. **Q35** noted that 66% of complaints were made verbally and 33% in writing.

Q36 asked respondents to rate the customer service you received from Arriva, the responses were as follows:

- Poor 21%
- Satisfactory 30%
- Good 17%
- Excellent 30%

The overall rating was thus marginally positive.

In **Q37** respondents were asked if they had any other comments they would like to make about the Patient Transport Service since 1st April 2013. These comments are listed below and are divided into positive, negative and both positive and negative.

Positive Comments

"Friendly, helpful with a definite attitude to your needs and care, top rate attention given."

"Your lads were fab to me when getting me home. I would never complain as your service is fab and so are your lads. Your patient transport and the care from your lads is fantastic. Could not ask for anything better."

"This is a very valuable service, thank you."

"I would like to thank all your drivers and co drivers for all their help and assistance. They all do an excellent job."

"I was very pleased with the ambulance crew on 22/2/14, they were pleasant and efficient."

"Even though it was the wrong appointment, the service I received was exceptional – the driver was patient and respectful."

Negative Comments

"It took three days on the phone to get through to order an ambulance. On the third day at 5.55 in the evening I got through and they sent a taxi. At the hospital many people were complaining about the ambulance service."

"I am not happy using a taxi because ambulances can't attend. I am sure it would be possible to arrange trips so vehicles carrying one patient, if not, how about providing smaller vehicles?"

"It appears that Arriva makes a guess at what time your appointment will end not taking into account the time needed awaiting blood results before seeing a consultant and maybe needing x-rays etc. and returning to the consultant for results."

"Depending on the crew and how helpful they are sometimes they refuse to let me take zimmer frame even though it has been booked by phone. A much better service is needed for patients who cannot walk. The previous service - North West Ambulance - were much better."

"I can't walk far and they left me at the main entrance and not the area I need to be, which is at the other end of the hospital. They do not care about patients at all, I had an accident in an ambulance and a near miss in a taxi because the driver was on a mobile phone, the other was busy looking at a parking ticket he'd got for parking on red lines. They are always late and always say that the hospital don't mind but they do. On some occasions they don't turn up at all."

"Pick ups from home are much more reliable than return home. Waits are too long for sick and elderly people."

"I have always had transport for hospital outside Bury and only had difficulties since Arriva took over. Not enough time for appointments and treatment. In my complaint I was given an apology of sorts but as your procedures have not changed this will happen again to myself and other people who are vulnerable and gives great upset and distress on top of having medical treatment."

Both Positive and Negative Comments

"Drivers and people handling calls are excellent. Planning atrocious, obviously not enough ambulances."

"The lateness of transport was due to driver being overbooked. I never blame the driver because I understand the over work rate he experiences."

"When the correct type of vehicle (ambulance) arrives it can be very good. The service goes from very good to a shambles at times."

Summary

From the perspective of the results of this survey, it has been identified that further exploration is required in relation to **Q17** (the booking system), **Q27** (impact of transport issues on appointments) and **Q32** (Information about the complaints process).

5.3) Manchester

Awareness of where to find information about the Patient Transport Service
There was no significant difference between the respondents who knew where to find 'information' to those who didn't. The majority of people who knew where to find information stated their General Practitioner or relevant hospital as the source and these are correct responses. Healthwatch Manchester wasn't mentioned as a source for this information.

The need for help with transport in order to attend a medical appointment
An overall positive response was received for this question.

The use of the Patient Transport Service since 1st April 2013
An overall positive response was received for this question. The majority of Manchester respondents reported their appointment as Manchester-based and as a regular outpatient appointment.

The reason for not qualifying for the service was explained
Only one response was received for this question, otherwise it was skipped by all other respondents. This may be an indication that the majority of respondents currently qualify for the Patient Transport Service. The reason for non-qualification was given as *'categories'* by the one respondent who then mentions non-attendance at an appointment followed by reassessment and subsequent eligibility for the Patient Transport Service.

Frequency of use and satisfaction
The majority of respondents stated they had used the service six or more times since 1st April 2014 with no significant variation on the number of occasions for those using it less frequently. The number of respondents who would recommend the service was significantly higher than those who wouldn't.

Booking the Patient Transport Service journey
The majority of respondents used a healthcare provider to book their journey.

Support in attending appointments and ability to take someone with you
There was no significant difference in those respondents reporting the need for support from a family member or carer and those who didn't. For those requiring accompaniment the majority reported being allowed to by the Patient Transport Service. Where accompaniment was not permitted the majority of respondents reported that it was either not applicable or not required.

Timeliness of the service
A significant proportion of respondents reported their collection was not at the expected time. A subsequent significant proportion reported not arriving on time for their appointment with the most reported lateness between 30 minutes and one hour. The majority of respondents were given no reason for the delay although a significant number of respondents were told it was due to how busy the service was.

Where late for appointments the majority of respondents reported that they were seen anyway although a large proportion reported a knock-on effect of being kept waiting and returning home late. The Patient Transport Service was needed by the majority of people in order to get home again who mostly reported a wait of between 30 minutes and one hour which for a significant proportion of people meant they didn't return home at the expected time. Taxis were used by most people who made their own transport arrangements although this was a small number of people.

Appropriateness of vehicle
The majority of respondents reported the vehicle as 'appropriate' with those who didn't citing either lack of disabled access or cleanliness as their reasons.

Complaints
The majority of respondents did not know to whom they could complain. Of those who did only a small proportion would have complained directly to Arriva.The majority of respondents reported having made no complaint about the Patient Transport Service although a significant proportion did and complained directly to Arriva. The majority reported complaining verbally, otherwise in writing.

The majority of respondents reported the Patient Transport Service as satisfactory or better, however a significant proportion of respondents reported the service as poor. When asked for further comment respondents gave overall negative comments about the service although the staff were praised for their customer service.

Conclusions for Manchester
Little is known regarding eligibility for the Patient Transport Service and patient experience of assessment for their eligibility.

The service is essential for most people requiring patient transport and there is a reliance on a central or usual point for information and booking in addition the complaints system appears complex and requires improvement. Therefore reported satisfaction with the service should not be used as a true indicator of service quality.

Support in attending appointments does not appear to be an issue for most Manchester users of this service.

As the more fully investigated issue, timeliness appears highly problematic and there are major inefficiencies within the Patient Transport Service and appointments systems in general.

Recommendations for Manchester
- More in-depth research needs to be done into the Patient Transport Service regarding eligibility and disabled access.
- The system for booking should be responsive to local need.
- Further analysis of the timeliness issue is required with the aim of driving up efficiencies within the system itself.
- An assessment of the level of people's expectations regarding the Patient Transport Service would have provided a more realistic picture.
- The complaints system needs to be more user-friendly.

5.4) Oldham

Approximately 450 paper copies were circulated widely by Healthwatch Oldham's networks. Altogether 41 people completed the questionnaire. This summary includes the questions from the survey relating to organisational/logistical issues, waiting times/appointments missed, accessibility of services and a selection of local comments. In looking at this data consideration should be given to the possible requirement of further exploration of particular issues or to whether the answers should be placed in the context of the individual's wider experience of the service prior to Arriva delivering the contract. Consideration should also be given to any evaluation of the service prior the contract being developed and the specifications of it.

Q12. Have you used the Patients Transport Service since 1st April 2013?
All 41 respondents completed this question, 36 answered 'Yes', three answered 'No' and two answered 'No' as they did not qualify to use the service.

Q13. Was the reason you did not qualify for the service explained to you?
Three respondents completed this question, two answered 'No' and one answered 'Yes'.

Q15. How many times (approximately) have you used the service since 1st April 2013?
34 respondents completed this question, 14 responded they had used the service six or more times, four respondents had used it five times, three respondents had used it four times, five respondents had used it three times, six respondents had used it two times and two respondents had used it once.

Q16. Would you recommend the service?
32 respondents completed this question, 20 answered 'No' and 12 answered 'Yes'.

Q17. Which organisation booked your Patient Transport?
35 respondents completed this question, 19 answered 'Healthcare provider', four answered 'Arriva', two answered 'The referral gateway', one answered 'General practitioner' and nine answered 'Other'.

Q23. Did the transport arrive to pick you up at the expected time?
33 respondents completed this question, 22 answered 'No' and 11 answered 'Yes'.

Q24. Was the vehicle appropriate for your needs?
32 respondents completed this question, 29 answered 'Yes', three answered 'No'.

Q25. Did the transport get you to the appointment on time?
33 respondents completed this question, 22 answered 'No' and 11 answered 'Yes'.
If No, how late were you? These times ranged from 30 minutes to two hours. Comments included:

"1st appointment had to cancel due to late arrival and 2nd appointment arrived 1 hour 20 minutes late'

'The transport never arrived to collect me'

'One appointment didn't turn up at all and waited an hour after appointment'

Q27. If you arrived late what happened?
26 respondents completed this question, 14 answered 'The appointment went ahead', one answered 'Appointment rearranged', four answered 'I missed my appointment' and seven answered 'Other'. Comments included:

'Went ahead but only because receptionist spoke to Consultant'

'Christies knew I was using Arriva and expected Arriva clients to be late'

'Residents have had to wait long periods of time to be seen due to transport being late causing them to become very distressed'

'My daughter refused to leave until we were seen' *'Reported the matter, then it was corrected'*

'I missed the first one as no one turned up then the second was too late and third wrong ambulance as I cannot fit into a taxi'

'Royal Oldham Hospital to Home'

Q30. Did the transport take you home at the expected time?
32 respondents completed this question, 21 answered 'No' and 11 answered 'Yes'.

Q32. Would you know where to direct a complaint if you had one?
34 respondents completed this question, 25 answered 'No' and nine answered 'Yes'.

Q36. Please rate the customer service you received from Arriva
34 respondents completed this question, 22 answered 'Poor', two answered 'Satisfactory', four answered 'Good' and 16 answered 'Excellent'.

Q37. Any other comments you would like to make about the Patient Transport Service since 1st April 2013?
26 respondents answered this question. The following are a selection of the comments:

"Who do I contact to check if transport is coming to collect me - when I have been waiting for two hours or more sometimes? Poor communication. Don't want a copy of the report - just please get some sort of communication for patients. Thank you."

"I'm a senior carer in a residential home so I'm completing this form from my point of view regarding residents. When trying to book transport on regular basis I am passed from one person to the next and that's if I can actually get through to someone as I'm either position eight in the queue or you are experiencing high volumes of calls and to call back later. I have found Arriva unhelpful, time consuming, difficult and nine out of ten times they are late! If we didn't have to use Arriva for patients then we most certainly wouldn't but we have no choice!"

"The service is unreliable on October 31st we was told to be ready for 11am for a 1pm appointment at Rochdale. It was 2pm when they came to pick me up. After me phoning a number of times. It was 2.50pm when we arrived for a 1pm appointment. It was 6.45pm when they came to pick us up and we arrived home at 7.45pm. For someone not well. This service is no good for them."

"All the ambulance personnel are very helpful."

"Complaints were ignored, just carried on regardless."

"I thought it was very good, no complaints,"

"I have been very happy with the service and all the staff."

"Twice the hospital has had to get me a taxi home because I had to wait nearly three hours."

"The ambulance staff were excellent but are too busy to arrive on time. I had to be ready two hours before an appointment so by the time I arrived I had waited three hours 20 minutes by that time my incontinence aids were full, I was uncomfortable and hungry. The questions asked when registering for the service do not take into consideration the complex needs of patients. Whether I can do my own shopping is not a priority when I cannot get out of bed without a hoist. There is no consideration of having a reduced waiting time for those who need it, e.g. diabetes or age related considerations."

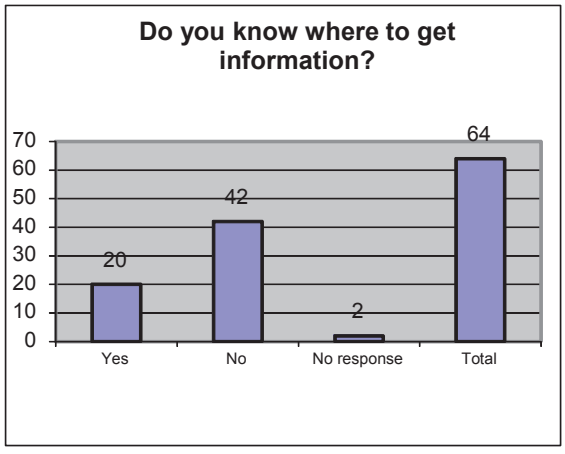
"I will not be using the PTS from Arriva again if I can help it. In December 2013 I took my granddad to a hospital appointment where we were late because we picked up/dropped off another patient from a nearby health centre, and then had to wait nearly two hours for the service to take us home. Although the hospital did book the taxi back immediately after the appointment, I was informed that there was a waiting time of ninety minutes and they could not ring to chase it up until after this time had elapsed. When this time limit did expire, the staff were unable to speak to anyone from Arriva due to long waiting lines on the phone. When the driver did turn up he told us he had only received the dispatch call ten minutes prior to picking us up. Hugely disappointed with the service."

5.5) Rochdale

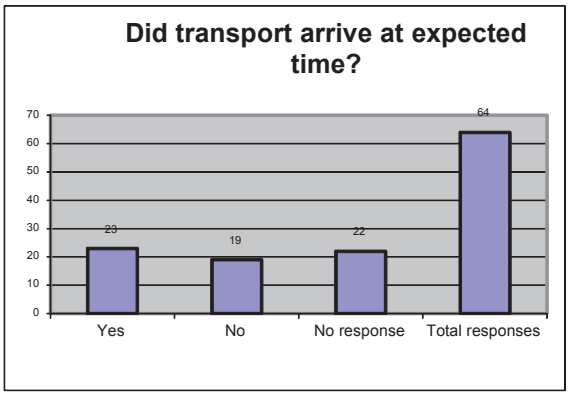
Introduction
As well as those distributed by Arriva themselves, the survey questionnaires were widely circulated by Healthwatch Rochdale staff and board members across the Borough. Whilst the numerical response was somewhat disappointing, the survey did achieve a wide spectrum of answers.

Rochdale Borough residents have a greater need of passenger transport than other areas for several reasons. The Borough comes extremely low down the scale of most deprived areas within the country. This means that there is a greater need for Arriva's services due to lack of patients having their own transport. The Borough does not have a fully operational hospital in a traditional sense in that it does not have an Accident and Emergency Department or fully functioning in-patient wards. Rochdale Infirmary is an Urgent Care Centre. This means that patients have to travel further afield to get many hospital services. The local hospital provider, Pennine Acute Trust, operates across four major sites and not all services are provided in each site. On a normal basis, people from the Borough of Rochdale have to travel to Fairfield Hospital in Bury, Oldham Royal or North Manchester Hospital in Crumpsall as well as into central Rochdale from the widespread areas of the Borough. Unfortunately public transport is not as good going across these various towns as it is in providing a service direct into Central Manchester. In addition to this, patients are also sent to Hope Hospital in Salford and Wythenshawe on a regular basis as well as such specialised services as Wrightington, The Christie or Manchester Children's Hospital.

Do you know where you can get information about Patient Transport Service?
Whilst this question did not elicit any comments it shows that only 32% who responded knew where to get the information needed.



Timeliness
In response Question 9, "Did the transport arrive to pick you up at the expected time?", only 36% did get collected on time. This leads to additional stress for the sick and needy. It also has an impact on family and carers on their behalf.



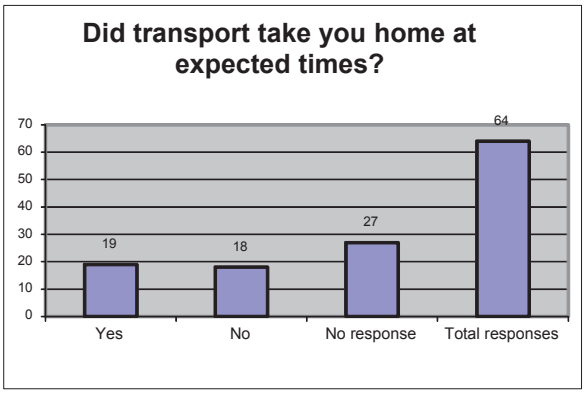
One response to this question was quite graphic about the problems surrounding collection of patients.

"It is total disarray – needs co-ordination, organisation and someone capable of reading a map so that drivers are directed to the appropriate nearest destination without driving back as happened in this case, i.e. went to Irlam first from their base on Queensway, Rochdale and then drove back to Rochdale to pick me up."

- As a result this patient was too late and totally missed his/her appointment.

In response to Question 10, "Did the transport get you to the appointment on time?" We have already seen some of the problems late collection can cause for both patients and the hospitals. Of some of those who were late, six arrived 30 minutes after their appointment time, four were an hour late, three were 1.5 hours late and six were between two and three hours late. One patient was actually detained in hospital from Thursday until the following Tuesday when Arriva did not arrive to take her from Fairfield Hospital to Rochdale and back for a scan. Her husband drove her to the appointment on Tuesday since she would not trust Arriva to transport her.

Only 33% who answered were satisfied. Eight of those late appointments were cancelled or re-arranged, 42 did not respond to this question. This uncertainty puts additional stress on patients and carers. A carer was actually taken to hospital but refused a return journey. One patient was not collected until 9 am for a 7.30 am appointment.



Of the 37 responses to question 14, "Did the transport take you home at the expected time?", 19 were collected from their appointments on time but 18 were late. Two patients were provided with a taxi instead of waiting for Arriva. One patient commented that he/she found the taxi services to be quicker, more convenient and very efficient

whilst another commented that Arriva is good at getting you there but extremely bad at returning you, 19 satisfied people means 70% were not happy.

Customer Satisfaction
A vital question is asking the customer if they were satisfied with the service and again, surprisingly, not everyone answered this question. This is where answers were most diverse. These responses range from "*Invaluable Service. No complaints.*" and "*Excellent, very comfortable"* to some of those mentioned previously. See individual comments on next page:

"Very efficient and courteous."

"A lot better on the day of appointment, very helpful. As I am disabled had to use ramp to book vehicle. When vehicle arrived got a wheelchair to all departments. Same when coming home. Help to get on and off, arrived safely to my home door."

"Vehicles too noisy." *"Invaluable service. No complaints."*

"I used Arriva Transport about 50 times last year and I was well pleased with the service and the staff were very good and helpful with me. It is the patients that let you down when they call they are not ready or someone else has taken them to the hospital or I don't feel well or I didn't know my appointment was today. I have heard it all. Well done."

"The drivers are very helpful, can't praise them enough. Problems stem from schedules. I am an ex employee of GM Buses. I retired to ill health. Working towards operators license to run my own company until retiring."

"I have used the Patient Transport Service twice, it has been excellent."

"Ambulance drivers/crew are very pleasant, helpful and courteous. The staff on the telephone unfortunately are not."

"Considering new take over, horrendous traffic conditions, particularly during peak periods, especially coming into Central Manchester. Some delays are inevitable. This is the reason for my satisfactory answer."

"The service is appalling. We rang for us to be collected at 6pm was told that it could be 14 hour wait so another ambulance was sent for us. Bardoc (Out of Hours Service) one arrived four hours late but still no sign of Arriva – all staff employed are excellent but the actual reliability of Arriva is disgusting."

"The ambulance people are very kind and considerate. It is a wonderful service."

"I have been very satisfied."

"On several occasions I was sent 'taxi' service to take me home as Arriva service were not able to cope with the volume of work. I found the 'taxi' service to be quick, convenient and very efficient as there was not a lot of waiting time."

"Excellent, very comfortable."

"Service is fairly ok in getting one to appointments on time, but extremely poor at taking patients back. Two hour wait is acceptable, four hour wait is shocking. Ambulances themselves are very uncomfortable – no room for legs in between the seats. Seats too small (narrow). Vehicles themselves feel as if they are falling to bits."

"When the Arriva ambulance did not turn up on Thursday I was kept in Fairfield until the following Tuesday since they would not discharge me until they had the results of the MRI scan."

"Transport arrived within time specified and was very efficient. Drivers were very friendly."

"It is total disarray – needs co-ordination, organisation and someone capable of reading a map so that drives drivers are directed to the appropriate nearest destination without driving back as happened in this case. I.e. Went to Irlam first from their base on Queensway, Rochdale and then drove back to Rochdale to pick me up. The ambulance driver, at my request, attempted to ring the hospital but was unable to do so. Apparently since 'Arriva' took over, this is not possible...no problem previously. As a result I had to telephone the hospital to confirm that the clinic closed at 12:00 & b) that I won't be able to keep the appointment due to late arrival of the ambulance."

"They allowed my husband to collect me on Tuesday and take me to Rochdale since I would not trust Arriva to turn up!!!"

"Today my stepmother, who will remain unnamed as I do not wish her to be subject to any retaliation. Travelled on the Arriva ambulances to and from the Manchester Royal Infirmary. She has told me this evening that she was subject to the ambulance staff speaking in a very inappropriate manner, with nearly every other word being a swear word and the care level of treatment and comfort provided to my elderly stepmother was far from appropriate. If this type of attitude and actions continue to happen then rest assured I will take matters in to my own hands and deal direct with the ambulance staff and yourselves and you won't like it. This pathetic company cannot provide the service and high level of care required by its patients and should be removed from the contract immediately."

"I know of at least 6 other people in my own area who feel exactly the same way. Now either get them sorted or I and others will."

One area of concern not picked up in the statistics came out through the comments on some of the responses. Several of these followed a trend. These were when patients were very happy with the front line staff but not so happy with the backroom staff. Comments included;

"Ambulance drivers/crew are very pleasant, helpful and courteous. The staff on the telephone unfortunately are not."

"The drivers are very helpful, can't praise them enough. Problems stem from schedules."

"Service is fairly ok in getting one to appointments on time, but extremely poor at taking patients back. Two hour wait is acceptable. Four hour wait is shocking. Ambulances themselves are uncomfortable – no room for legs between seats. Seats too small (narrow). Vehicles feel as though they are falling to bits."

Four patients felt the vehicle was not appropriate to fulfil their needs. One patient travelling to Manchester Royal found the staff spoke in a very inappropriate manner *"with nearly every other word being a swear word"*.

One patient felt the biggest problem was with other patients who are not ready on time, or forgot their appointment or had someone else pick them up and take them to the hospital. Yet another felt that traffic was a '*horrendous*' problem especially during peak periods. He/she felt that some delays were inevitable so gave a '*satisfactory*' answer.

Conclusions

The results from the Heywood, Middleton, Pennines and Rochdale definitely show a need for improvements in the Patient Transport Service. Most of the statistics come out at about 62% satisfaction rate for those who answered the questions. However, if the positive answers are taken in conjunction with the total number of surveys returned then ***the results drop to 32.18%***.

Seemingly Arriva are providing a reasonable service for some patients who responded to the survey. However the figures shown above clearly mean they still have a long way to go to providing a suitable service to, say, 80% or above which would seen to be a more realistic target for a service still in its comparative early days.

Specific issues identified are;

- Backroom services need the most attention
- Routing and timing of services – taking into account normal traffic congestion
- There is no cause for complacency about the behaviour of some employees at the point of delivery to the patients, either by telephone or face-to-face.
- Codes of Conduct must be implemented re behaviour of staff at all times.
- Concerns about the quality of vehicles and their appropriateness to the patient needs.
- Signposting of the service
- Signposting where complaints can be lodged with a reporting back mechanism.

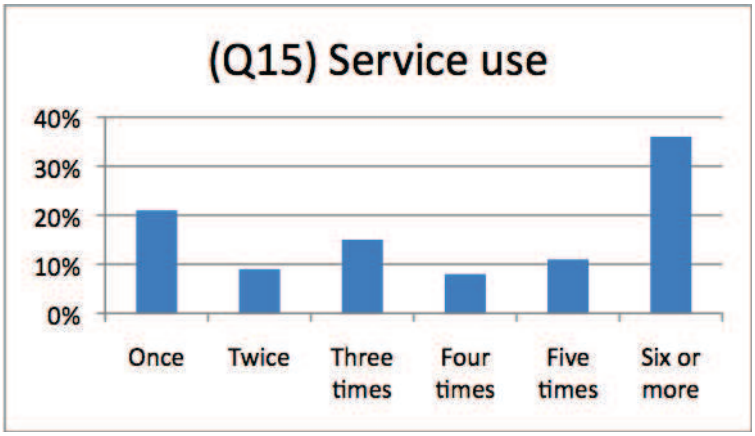
5.6) Salford

Introduction

This is the Local Narrative Report of Healthwatch Salford, summarising the Salford data gained by the Patient Transport Service survey. Some data, due to low response rates or misunderstood questions, have been omitted; this summary concentrates on the major issues identified, and acknowledges the positive data received.

Healthwatch Salford chose to participate in this study after becoming aware of a number of concerns over the service locally and then subsequently understanding that these concerns were not isolated to the City but are Greater Manchester wide. The Arriva Patient Transport Service is a key part of the effective delivery of local healthcare services and a vital service to those who use it. We welcome the opportunity to test the feedback we have received informally within a larger and broader sample of service users.

The Survey

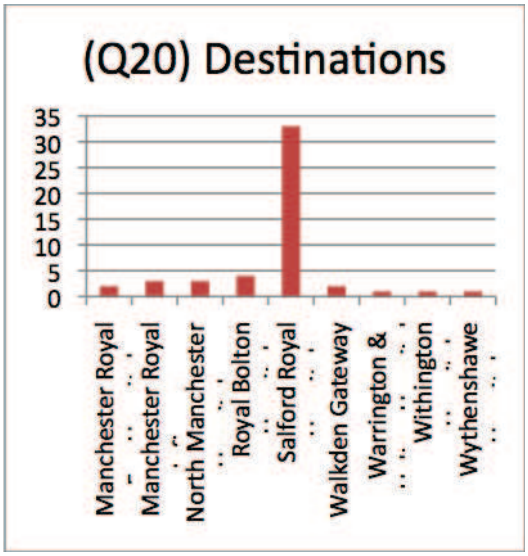


Q10 Information

Firstly, the survey tells us that the minority of Salford Arriva Patient Transport Service users (41%) are confident that they know where to find information regarding the Patient Transport Service; chiefly at Salford Royal Hospital or from their General Practitioner. 98% surveyed said they need help with transport so they can attend medical appointments.

Question 16 Satisfaction

The majority of the surveyed service users would recommend the service (62%). However, 38% would not.



Q17 Bookings

'Health care provider' was the single most significant agency (77% of all respondents) for arranging the patients' use of the Arriva service. This shows the importance of non-Patient Transport Service staff in the execution of the service.

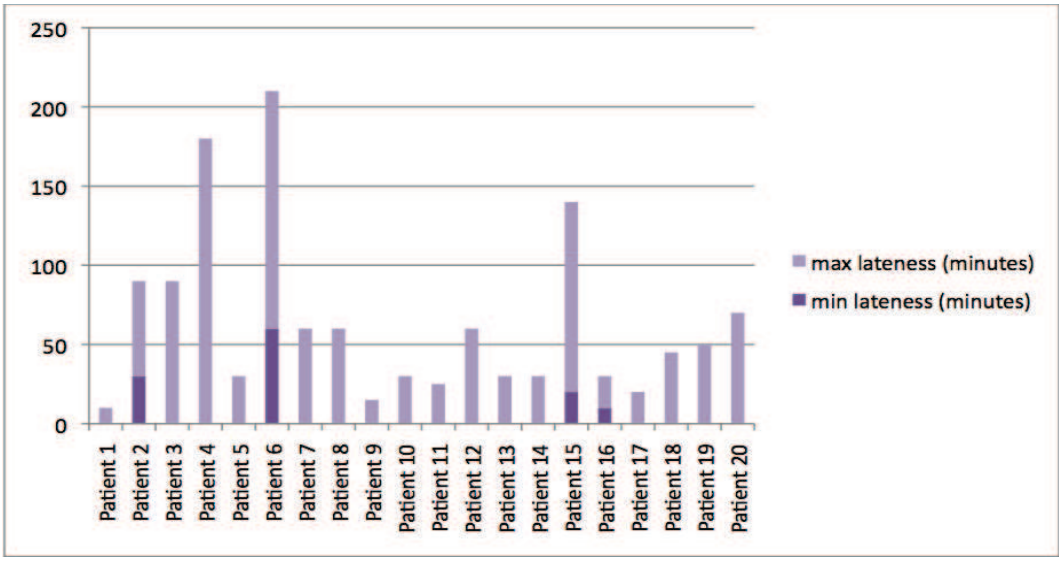
Q18 and Q19 Assistance

Of the forty-five people who answered, almost half said they needed help from someone to attend their appointments. A majority of those who answered (79%) stated that they were allowed to bring along a friend / family member to help. However, for those who wanted help but were unable

to bring someone, the reasons ranged from; there was no room in the ambulance & Arriva not insured, to hospital staff didn't include transport for friends & family to hospital in the booking. There is a clear lack of consistency and Arriva need to produce a policy decision on this matter and publicise it.

Q23-31 Timeliness and Vehicles

Exactly half of respondents stated that they were picked up on time. The majority said that the vehicles were suitable for the journey. Those who didn't agree with this, for example, felt that the replacement vehicle, a taxi, was inappropriate **(Q24).**

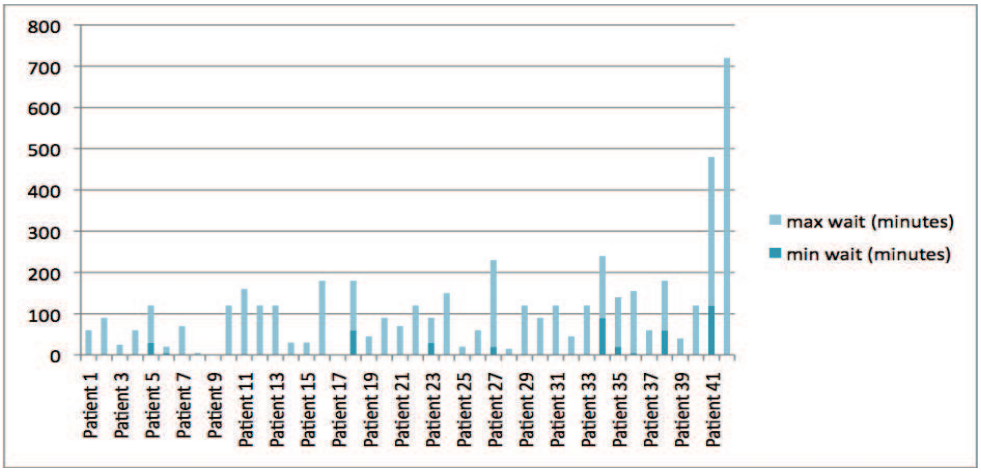


When asked about whether the ambulance got them to their appointment on time **(Q25**), 41.3% indicated that this had not happened (see graph – above). The explanations provided included;

- being busy,
- no room,
- other patients needing care,
- being a last minute driver,
- lack of communication,
- road works and traffic,
- lack of staff,
- too many patients,
- running late,
- no available crews.

Just fewer than 60% said that even though they were late their appointment went ahead **(Q27).** However, almost a quarter (23.5%) had to re-arrange or miss their appointments completely.

(Q28) Ninety-six percent of those who answered that they needed the transport home again said that and they had to wait between five minutes and seven hours. **(Q28 & Q29)** (see graph below).



Of those who answered 'how did you return home if not in an ambulance?' **(Q31)** most stated that they made their own way home mainly by taxi. The others made their way home either by bus on relying on a family member to collect them.

Q32-34 Complaints

When asked where to direct a complaint **(Q32)** the majority of respondents (78%), said that they didn't know. Of those who said they knew where to complain, half stated that they would complain to Arriva and the others to the hospital. This correlates with Q10. Over a quarter (27.5%) of respondents said they have made a complaint since 1st April 2013 **(Q33),** half had complained to the hospital, forty-two percent to Arriva and eight percent to their General Practitioner **(Q34),** again correlating with **Q10**. However, only fifteen percent of complainants complained in writing, most people being content to complain verbally to hospital or Arriva staff directly **(Q35).**

Q36-37 Service Satisfaction

Overall, respondents were positive about the service they received scoring the service Excellent 29%; Good 14%; Satisfactory 26%; Poor 31% **(Q36).** When invited to record any other comments **(Q37)** fourteen made positive comments, fifteen made negative comments and four made comments that contained mixed positive and negative perspectives.

Conclusions

Missed appointments, having to wait hours for return journeys and general punctuality emerged as the most important issues for patients.

Staffing, organisational and logistical issues can be summed up by stating that there seems to be a lack of adequate vehicles in the service contributing to the most important issue for service users of poor punctuality.

It should be noted that in the individual statements of patients, there is plenty of praise for good service, particularly regarding helpful individual staff. However, from these results, service users suggest there is room for improvement which could be brought about by the provision of more vehicles and staff.

5.7) Stockport

Background
Healthwatch Stockport works closely with Stockport FLAG (For Local Advice and Guidance) and NHS Complaints Advocacy Stockport (NHSCAS) and both organisations are active members of the Healthwatch Stockport Patient & Public Experience Subgroup. In December 2013 and January 2014 Stockport FLAG reported, via the subgroup, that an increasing number of people were contacting them about Patient Transport Services (second most frequent topic for Stockport FLAG in those months). This was in addition to a variety of comments left on the Healthwatch Stockport feedback facility. Healthwatch Stockport also meets monthly with Arriva, Stockport NHS Foundation Trust and Stockport CCG to discuss Arriva's performance. The Greater Manchester wide survey of Patient Transport Services was therefore timely and relevant.

The Survey
Healthwatch Stockport distributed the questionnaire; via Arriva, at Stepping Hill Hospital, with Stockport FLAG, NHSCAS, Age UK Stockport, Disability Stockport, Stockport Car Scheme, Partners in Exchange and other Third Sector organisations.

Stockport NHS Foundation Trust and Stockport CCG were aware of the research and fully co-operative. The questionnaire was also promoted on the Healthwatch Stockport website, twitter, in local newspapers and the local radio station.

Healthwatch Stockport has also carried out three Enter and View visits in relation to Patient Transport Services at Stepping Hill hospital. The report for these activities will be available on the website www.healthwatchstockport.co.uk in July 2014.

Findings
52 questionnaires were completed.

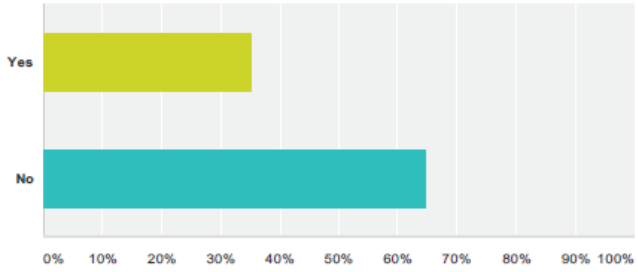
- 50% of respondents had used the service six times or more since 1st April 2013.
- 71% of respondents needed support from a carer, friend or family member to attend their appointment.
- 36% of respondents' appointments were within Stockport and 64% had an appointment within Greater Manchester.
- 72% of respondents did not know where to get information about the Patient Transport Service, with those who did stating telephone contact directly with Arriva, leaflets or via contact with other services such as their local hospital or doctor.
- 51% of respondents would not recommend the Arriva Transport Service.

Vehicles
13% of respondents (only 31/52 answered the question) stated that the vehicle was not appropriate for their needs. Comments on the suitability of the ambulances included:

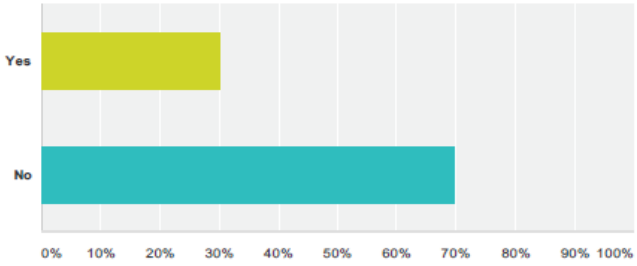
"Yes, but sometimes untidy and unclean." *"Difficult to get into, step too high"*
"Pick up too many patients on the way, and the patient has very complex needs."

Timeliness

Did the transport arrive to pick you up at the expected time?
Only 35% of respondents stated that the transport had arrived to pick them up at the expected time, with 65% of respondents stating that the transport did not arrive at the expected time.



Did the transport get you to the appointment on time?
70 % of respondents said that their transport did not get them to their appointment on time.

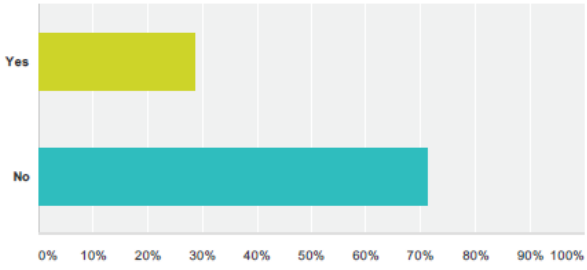


Of those who arrived late, 69% were over one hour late and 35% were over two hours late. Responses to this question ranged from the ambulance arriving ten minutes late to not getting to the appointment at all. One respondent noted that twice, the ambulance didn't arrive. Comments on the time taken to get to and from appointments included:

> *"Not happy at all... today [his appointment was at] 8.40am and got home 3.15pm... [Arriva] were told at 10.30 he was ready to go home - so why so long? Something needs to be done, sitting for hours waiting to get home, missing his tablets etc. Having Parkinson's isn't very good - needs mobility, not sitting for hours"*
>
> *"It seems very difficult that I needed to leave at 9am for a 11.30am appointment which took place at 12 midday for about ten minutes then I needed to wait for three and a half hours before I could get*

The highest number of respondents said that they had not been given a reason for the delay. Communication was flagged up as an issue, with one responding that the service had got the time of the booking wrong. Others commented that their ambulance had not been booked at all and that traffic was an issue. Of those who had arrived late, 23% missed their appointment.

Did the transport take you home at the expected time?
71% of respondents did not arrive home at the expected time.



91% of respondents said that they needed the transport service to take them home, with the majority of those who did not use the service booking a taxi. Several respondents noted that they booked a taxi because they had previous negative experiences using the patient transport service.

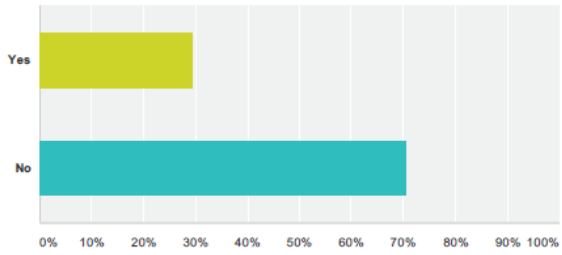
With the exception of those who did not state a length of time or who gave up waiting, all respondents waited over an hour for their ambulance, with many waiting longer than two hours and up to five hours.

A carer for one patient using the service to access dialysis gave the following comment;

> *"To expect ill people to wait up to 90 minutes both ways three times a week on top of their four hours of treatment and journey time is ridiculous."*

Complaints

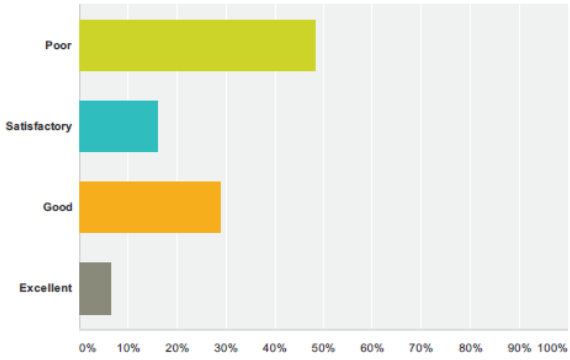
Have you made a complaint about Patient Transport Services since the 1st April 2013?
29% of respondents had made a complaint about the Arriva transport service.



Complaints were made directly to Arriva, to the hospital involved, the respondent's General Practitioner, the respondent's MP and the Patient Advice and Liaison Service (PALS). 90% complained verbally and 10% complained in writing.

Customer Satisfaction

Please rate the customer service you received from Arriva,
Nearly half of respondents rated the customer service received as poor (48%), with 29% rating it as good, 16% rate it as satisfactory and 6% as excellent.



Additional Comments and Case Studies

Many of the additional comments gained within Stockport raised issues with the quality of the service - particularly waiting and travel times - not necessarily with the staff providing the service. The following response typifies the comments received,

> *"The drivers and helpers are brilliant it's the time we have to wait to go back is the bad part. We get drivers from Salford to Bury who don't know the area they are driving in and sat-navs don't always go the best way".*

Within Stockport, we also received several passionate messages anonymously via our website. It appears that these anonymous messages came from two or three different sources, although this is not clear.

One anonymous source reported that during their journey, the vehicle was very dirty, the member of staff had a bad attitude and his uniform was covered in food. A second anonymous source supported this allegation.

An anonymous report also came into the Healthwatch Stockport office that a verbal only communication was given to the staff that if they do not have the time to complete the day's work, they should leave it for the night staff to clear up. The same source alleged that staff who receive complaints directly are instructed to dispose of them. This person also claimed that there are no staff on the road who truly understand medical conditions and therefore have no idea of what to look for should a patient become unwell during a journey or at the home address.

The following comment was also received, this summarises many of the feelings shared within the overall feedback:

> "*The whole thing is a shambles... Arriva have clearly over promised and cannot make good on their commitments... The whole thing stinks and the resources of the NHS and people's health are being stretched because these cowboys have been employed to save a buck or two. It's false economy and dangerous to boot. Please give the contract to someone who is actually capable of delivering a quality service.* ***The worst experience of my life and I have spent 7 years in a prison[er] of war camp****. I will make my views known to the chief executive at Arriva.*"

5.8 Tameside

In 2012, Tameside LINk undertook a survey looking into people's experience of transport to medical appointments. The 2012 survey included 60 responses from people who had used the Patient Transport Service. At that time, the service was operated by North West Ambulance Service.

The 2014 Greater Manchester Patient Transport survey included 28 responses from Tameside residents. This covered the period of time after Arriva started to deliver the Patient Transport Service.

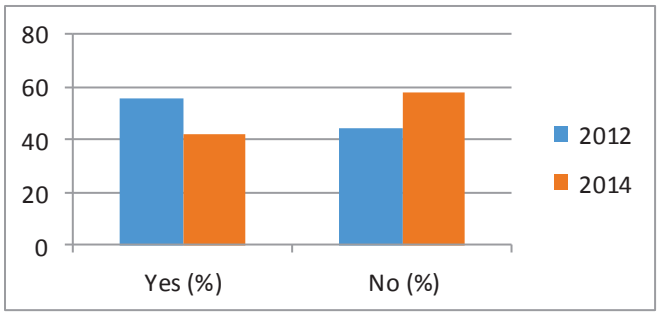
Since some questions were the same between the two surveys, we have included both set of responses where appropriate, for comparison purposes. It should be noted that sample sizes for both these surveys are small. Any changes suggested by the statistics quoted may indicate areas for further investigation rather than being absolute measures of changes in service quality.

Q. Do you know where you can get information about the Patient Transport Service?

R. The LINk didn't ask this specific question in 2012, however comments from the people they spoke to suggested that awareness of services was low. The LINk developed an information sheet about a range of transport services for patients. This has subsequently been used by our Healthwatch Champions to raise awareness of services. We are pleased to note that this work seems to have been effective as Tameside has the highest proportion of people saying 'yes' to this question across Greater Manchester in the 2014 survey.

Q. Did the transport arrive to pick you up at the expected time?

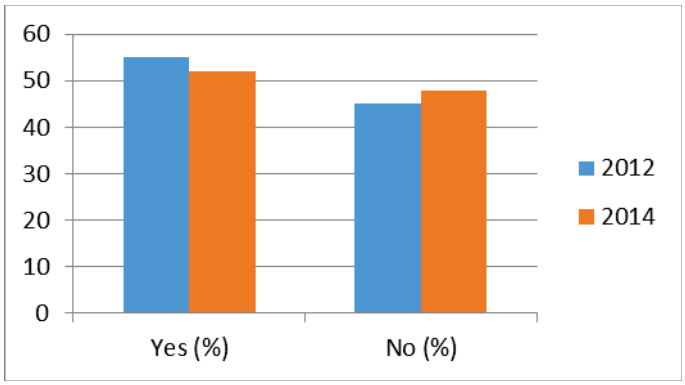
R. This question was asked in both 2012 and 2014. The responses are indicated below:



The LINk expressed concerns at the large proportion of people who were not collected at the expected time in 2012. The LINk was assured by Arriva and NHS Blackpool (the service's lead commissioner) that performance on this would be improved under the new contract. Healthwatch Tameside is extremely disappointed to see that performance seems to have worsened rather than improved.

Q. Did the transport get you to your appointment on time?

R. Again this question was asked in both 2012 and 2014. The responses are indicated below:

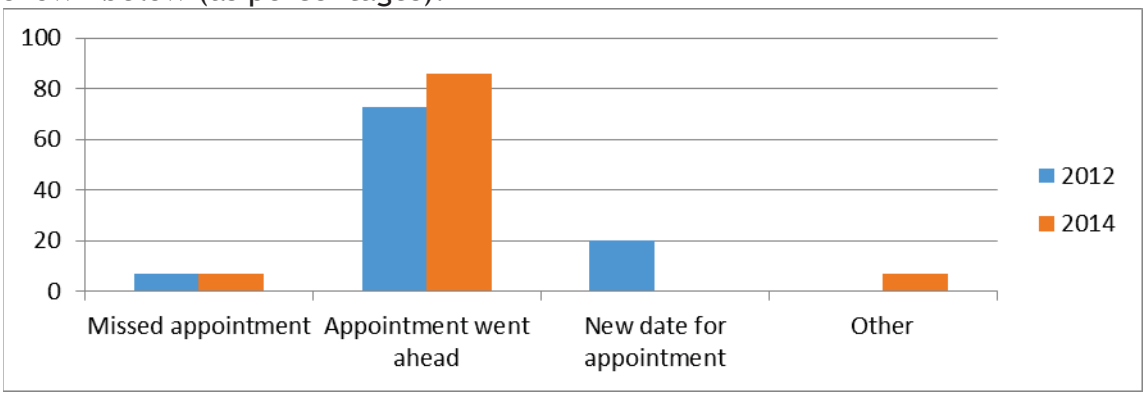


This is another area where the LINk was assured that performance would improve under the new contract with Arriva. Healthwatch Tameside is disappointed that performance appears not to have changed and that in this survey (on both occasions) nearly half of the patients transported by the service arrived late for their medical appointments.

Comments from patients in 2012 and 2014 were similar in terms of the amount of time they were late. In both surveys, several patients reported that they were more than 30 minutes late and a few indicated that they had been as much as 2 hours late for an appointment.

Q. If you were late what happened?

R. This is another question that was asked in both 2012 and 2014. Responses are shown below (as percentages):

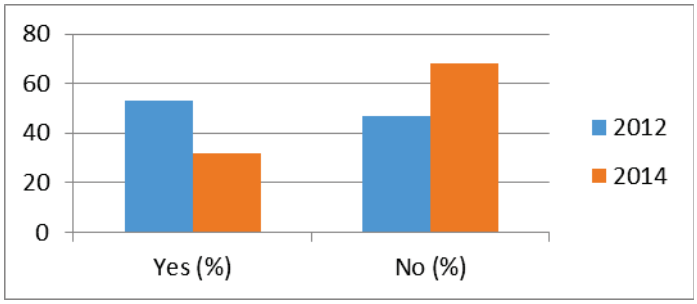


We are pleased to see an increase on the proportion of patients who were able to attend their medical appointment on the day (rather than having to rearrange it for another date). We suspect, however, that this may be reflection of increased flexibility in hospitals and clinics rather than an improvement in patient transport services.

We are concerned that, in both surveys, the late arrival of the transport appears to have resulted in at least one person missing their medical appointment. We ask for urgent assurances from the patient transport service provider that a full risk assessment is undertaken for patients in these circumstances so that they receive appropriate medical attention in a timely manner.

Q. Did the transport take you home at the expected time?

R. This question was also asked in both 2012 and 2014 (although in 2012 the wording was 'Did the return transport arrive to take you home at the expected time?'). The responses are shown below:

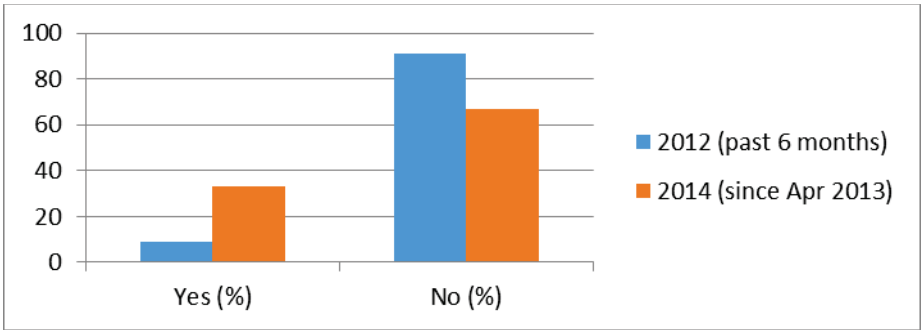


We are extremely concerned to see that this is another area where performance appears to have deteriorated. This is particularly concerning because the impact of this can be significant for a patient whose medical condition means they need to eat and/or take medication at specific times (e.g. someone with Type 1 diabetes). Being unable to accurately predict where they will be at a given time can make it difficult for them to plan how they manage their needs and this can have a negative impact on their health and wellbeing.

We have also been informed that our local hospital has had need to call upon other transport providers to take patients home. We understand that this is because Arriva has apparently been unable to provide the expected transport home for patients in a timely manner.

Q. Have you made a complaint about the patient transport service?

R. Again, this was asked in both 2012 and2014. The responses are shown below:



Although the 2012 question covered a shorter time period (6 months) than the 2014 question (up to a year) the responses suggest that there has been an increase in complaints. This does not surprise Healthwatch Tameside as performance appears to have deteriorated during this period.

Reflections

It has been useful to compare responses from 2012 with those from 2014. Our predecessor, Tameside LINk, expressed significant concerns about the poor performance of Patient Transport Services in 2012. The LINk received assurances that the new contract with Arriva would improve performance in many of the areas raised. As Healthwatch Tameside we are extremely disappointed and concerned that Arriva appears not to have fulfilled the promises made in terms of performance and that the

joint commissioners' contract management process appears not to have been able to hold Arriva to account and ensure the promised improved performance.

Every patient who arrives late for their appointment is adding to pressure on NHS resources. The clinic expecting that patient has to make arrangements to see them when they arrive (rather than when they were expected) or to see them at another time. If a patient is not able to be seen that day (due to the patient transport service running late) this could have serious negative implications for that patient's health and wellbeing.
We feel strongly that performance under this contract needs to be much more closely monitored by the service commissioners: in terms of patient safety, quality of patient experience and impact on other services. We also feel strongly that the commissioners should be empowered, enabled and confident to challenge the service provider over poor performance and to seek urgent remedial action.

We are concerned specifically that late running patient transport services can have the following serious negative effects:

- Patients can be put at risk due to missing important appointments and/or meals and medication routines;
- NHS service providers can needlessly be expected to use precious resources rearranging appointments when they should be focusing on delivering good quality, safe care.

In short, we feel that a poorly performing service has been replaced by a service that is serving our local population even less well than its predecessor. This poor performance is adding to the risks and challenges faced by local people and services. We seek urgent remedial action.

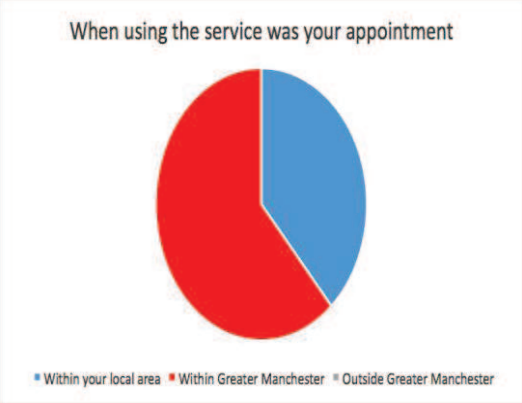
5.9 Trafford

Introduction

Due to its location Trafford residents are well served by several major healthcare institutions. In addition to the three hospitals within Trafford, patients from Trafford also access Salford Royal Hospital, Wythenshawe Hospital and Manchester Royal Infirmary. Whilst there are many benefits associated with being close to several major hospitals, there are also some problems, particularly with cross boundary discharge of patients and non-emergency patient transport in general.

Analysis of Healthwatch Trafford Data

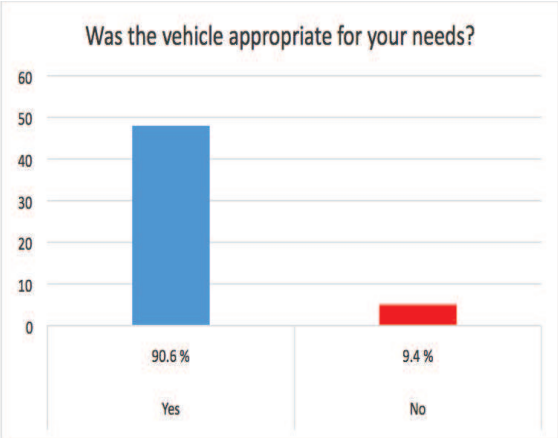
60 people who live in Trafford borough responded to the survey, 58 of those respondents said that they needed help with transport and 56 have used the Patient Transport Service since April 2013, 63% of the respondents in Trafford are regular users of the service having used it six or more times in the last 12 months.



Of those using the Patient Transport Service 83% were attending a regular out-patient appointment.

- 29% attended Trafford General Hospital.
- 22% attended Manchester Royal Infirmary.
- 22% attended Wythenshawe Hospital.
- 10% attended Salford Royal Hospital.
- 6% attended Christie Hospital in Manchester.
- 11% attended multiple sites within Greater Manchester and as far as Warrington.

Was the vehicle appropriate for your needs?



91% of people said the vehicle they travelled in was appropriate for their needs. Some of the issues highlighted when it was felt that the vehicle was not appropriate included:

- Taxi drivers not being experienced in transporting wheelchair passengers.
- A specific request had been made in advance for the vehicle to have a bariatric stretcher on board, which it did not.

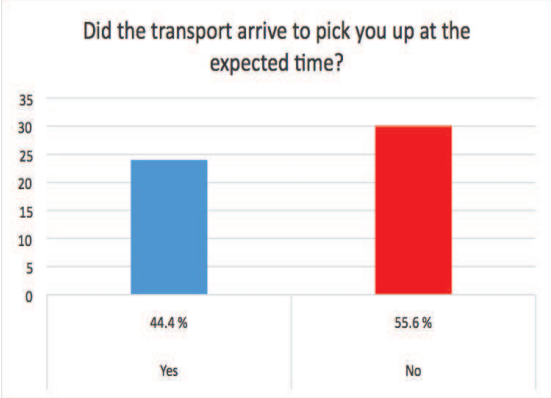
Do you need support from a friend, family member or carer to attend an appointment?

25 people who have used the service said they need support from a carer to attend the appointment but 11 were not permitted to take someone with them. Reasons given for not being allowed to take a carer varied but included:

- The driver said they could only take the patient.
- The crew said they were not insured to carry family members.
- The crew said there was no room in the ambulance.

Did the transport arrive to pick you up at the expected time?

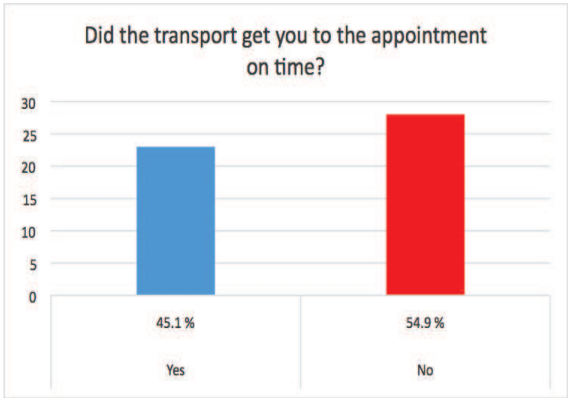
30 respondents reported that the transport arrived later than expected to take them to their appointment.



Did the transport get you to the appointment on time?

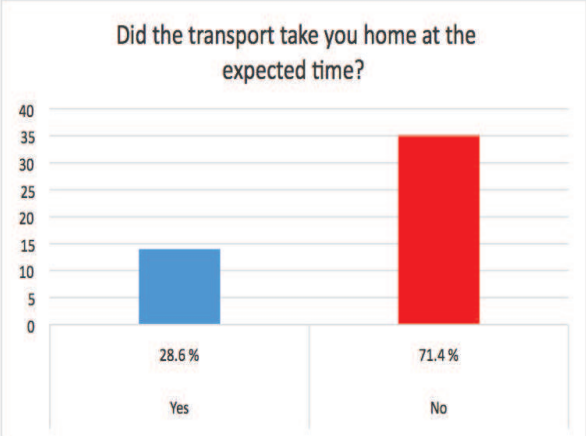
28 stated that they arrived late for their appointment as a result. Of these:

- 11% were late by less than 30 minutes.
- 67% were late by 30 – 60 minutes.
- 11% were late by more than an hour and a half.
- 4% were late by more than three hours.
- 7% said the time they were late by varying amounts of time.
- In one case the appointment had to be cancelled altogether because no return transport had been booked.



- 30% of respondents stated that they were given no reason for the delay
- 22% were told they were either running late or very busy
- 13% were told it was due to heavy traffic
- 9% were told it was because the service was short staffed
- 9% were told it was because they were picking up other patients
- One person reported that the driver did not get the call to collect them until after their appointment time
- 70% of people who were late reported that their appointment still went ahead.

Did the transport take you home at the expected time?



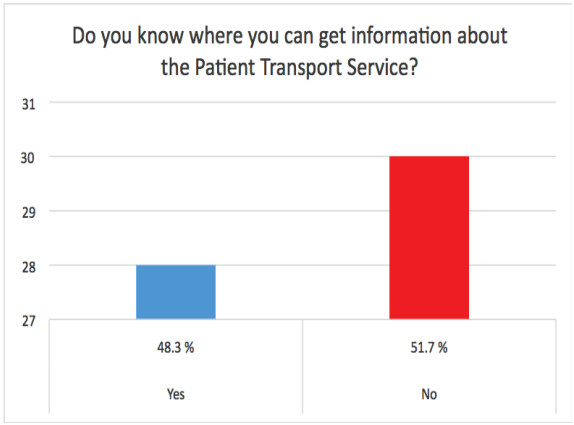
93% said they also used the service to return home. Of these 71% told us they had to wait longer than expected for their return transport.

- 18% said they had to wait 30 minutes or less.
- 22% said they had to wait an hour or more.
- 16% said they had to wait an hour and a half.
- 20% said they had to wait two hours or more.
- 14% said they waited three hours or more.
- One person reported waiting between 4 and 6 hours.
- Two people reported waiting over 7 hours.

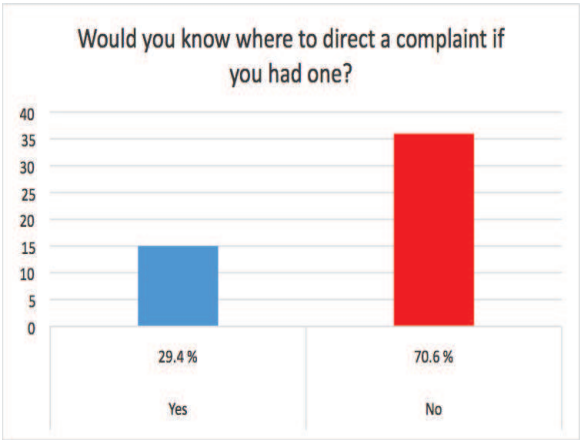
Do you know where you can get information about the Patient Transport Service?

28 respondents said they do not know where to get information about the Patient Transport Service.

55% of those who knew where to access information stated their GP or hospital.



Would you know where to direct a complaint if you had one?



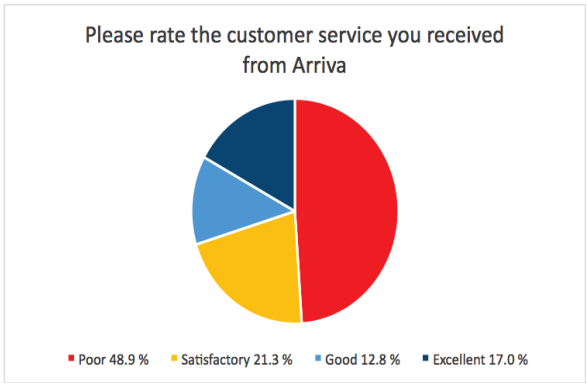
71% of respondents said they did not know who to complain to.

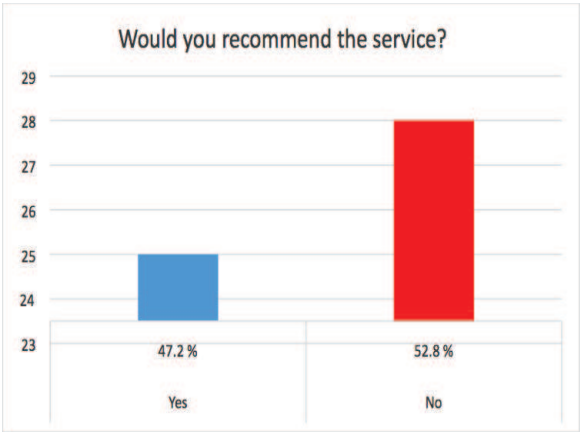
- 40% told us they had made a complaint.
- Of those 77% complained directly to Arriva.
- 82% of these complaints were made verbally and 18% were made in writing.

Please rate the customer service you received from Arriva

When asked to rate the customer service received from Arriva:

- 49% rated it as poor
- 21% as satisfactory
- 13% as good
- 17% as excellent





Would you recommend the service?

47% of users said that they would recommend the service to others.

Further Comments
Respondents were asked if they would like to make any further comments about the service.

Positive comments:

"Picked up other patients and expertly delivered them and delivered me with consideration."

"I could not be more happy than I am for the care and assistance your drivers have given me. I would like to thank them very much for the service I have had on every journey."

" I have no complaints about the drivers, who couldn't be kinder or more caring. Likewise the vast majority of taxi drivers."

"I have had no problems. They have been on time, have used the patient transport for about 20 years."

"Since using the service I have no complaints and only good words for the help & friendly service for all the drivers and personnel"

"Both drivers were very kind and I was taken to the department I was expected to see the consultant. The driver who brought me home was waiting for me after I had a blood test. I have got lost previously, the hospital is so big it was very reassuring to be looked after like this."

"I find the drivers very helpful as I need a wheelchair to some of my appointments as I have dizzy spells"

Negative comments:

"Overall it is poor but it is so erratic you never know what will happen. Sometimes it can be okay/satisfactory but this can be rare. I am at the MRI in Manchester and find it not too good."

"Just to say it was the worse transport I have ever been on & the most harmful."

"I was told to be ready 1 hour and 50 minutes before my appointment time. Then they were 45 minutes late."

"I think that it is disgusting that seriously ill people are kept waiting to go home for up to four hours after finishing their treatment at 4-4.30pm."

"To be told to be ready two hours prior to appointment then ten minutess before they are due, to be told that I have not been allocated an ambulance."

"It is difficult to get through on the phone line - either line engaged or get voicemail message to leave a message. Message not always replied to. Allocation of return transport appears disjointed. Waiting times are excessive leading to sick patients missing medication. For very sick relations it is necessary to abandon the Patient Transport Service and use private transport."

"In the last year I have used this service four or five times. Three times I have had VERY late pickup. I don't blame your drivers, just your control room. When you are a pensioner, disabled, you don't need this treatment, I hope you get it sorted soon."

"Try to pick up returning home from hospital appointments earlier than a two hour wait. When you first kicked off I waited seven hours on two occasions for transport to take me home, so you have improved since then. But you need to do more."

"Not very good since Arriva took over." *"It wants speeding up both ways."*

"Some drivers don't know the area, your route finders need shaking up!"

"Could not do the work they intended to at my appointment due to late arrival."

"Complain about travelling with other patients outside home area. 30 minutes to an hour extra travelling time."

"Only complaint is that I was left alone for three hours at the disability centre."

"Bariatric provision is insufficient for the area covered. Told by Arriva they should have six Bariatric Patient Transport Service vehicles available for the North West area but crews say there are only two in service. When I called booking service to find out when the ambulance was returning with bariatric stretcher they said there was no booking despite having a booking number and the ambulance had been!"

"Worse than poor." *"Very upset missed blood tests"*

"Picked up late. Arriving at my hospital appointments late. Getting home late. Very tired at my age at the end of the day, I used to get there early."

"Not enough communication to other departments. Ambulance turned up at my house and I was already in hospital."

"Transport cancelled before arrival as too late for appointment."

"The planning that goes into putting patients that are from the same area is virtually nil. I am from Old Trafford and we have passed within a mile of Wythenshawe Hospital to pick someone up in Hale in the morning traffic. That's not planning."

"If you could halve the time of receiving the service to the patients."

"Driver drove off without taking me because he wanted a kebab. It's got worse than NWAS."

"Moving the regular ambulance staff, going to other areas out of their familiar zones, using sat nav, the new drivers go all round the houses. The ambulances are bone shakers. The co-ordinators at base haven't got a clue - wasting time and effort by using one pick at a time when I'm sure with some thought they could do better. "

"Trying to get home after the appointment is a nightmare."

"Nobody told my mum to tell the hospital reception she had come in an ambulance, so therefore we were waiting to see the consultant for over an hour. The nurses said if they had known, they would have got us in quicker."

Some had mixed experiences that combined positive and negative elements:

"Crews are very good. The main problem is with waiting times for return journeys. Communication is abysmal. Complaints procedure is kept from patients. Lacks transparency and customer focus. Needs a complete shake-up from the bottom up."

"Ambulance/Car staff are excellent. The problem with Arriva is their contact centre, they do not allocate time slots immediately and have to be reminded every half hour until you are confirmed. Very frustrating, drivers not happy with control centre & bonuses given out! This service is being undone by poor management and deserves all the criticism directed at it. All the drivers we have spoken to tell us a lot of people complain and original ex ambulance staff would get another job. The new Arriva staff say they are really just taxi drivers with no experience of healthcare needs! It's just not working."

"Generally good but long wait to return home"

"I find it very good going for dialysis but not very reliable going home. Otherwise I find all the ambulance drivers very good. Very kind & helpful"

Summary

The results of the survey show that the users of the service have some very positive and encouraging messages to convey, particularly about the staff and crews of the Patient Transport Service. It also highlights a number of issues that have a negative effect on the experience of patients using the service; Customer service, the number of comments around the lateness of pick up (in both directions), the scheduling of transport and the ability to keep to those schedules in particular were recurrent themes.

There is a clear knock on effect to NHS resources as a result of patients arriving late for appointments. Whilst most appointments still went ahead they were often shorter than they should have been and it is not an unreasonable assumption that other appointments later in the day may have had to be rearranged as a result.

We have concerns about the overall delivery of the service given that 40% of respondents have already made a complaint about the service.

Recommendations
With just under half of respondents stating that customer service is poor and over half saying that they would not recommend the service, there is a clearly room for improvement.

Communication at all levels needs to be improved. Nearly a third of all respondents that were picked up late were given no reason for the delay. We do not feel that this is acceptable. Patients are less frustrated when they understand the reasons why something has happened.

That particular emphasis be placed on looking at improving the scheduling of transport for outward and return journeys to take into account additional factors such as:

- Traffic flow at certain times of day.
- The amount of time it takes to load a passenger with specific needs.
- The number of passengers to be collected en route.
- The geographical location of passengers and the travelling time between them.

5.10) Wigan

Background
Healthwatch Wigan prioritised this work having been made aware of a number of concerns over the Patient Transport Service locally from a range of sources including members of the public and local MPs contacting us. Concerns raised included:

- A planned transfer of an 89 year old Parkinson sufferer into an intermediate care setting. His wife waited all day for the ambulance that never arrived, both were very upset and agitated.
- A stroke survivor who requested wheelchair assistance to the vehicle and was treated with 'annoyance' and questioned why she needed a wheelchair. On the way home they then took her the long way round and she overheard them saying they were killing time because it was nearly the end of their shift.
- A 91 year old woman missed two appointments for her glaucoma clinic due to the service not turning up in time.
- A patient recovering from a broken hip was discharged from hospital and had to wait in the discharge lounge for over nine hours for transport. The patient was told by Arriva staff that they were 'over worked' and could not keep up with the pace of demand.
- A patient who had to wait so long after being discharged from Wigan RAEI that they needed to be re-admitted into hospital to stay over night to be discharged again the following day.

Introduction
Over 400 paper surveys were distributed by Arriva on services across Wigan Borough. In addition, staff and volunteers from Healthwatch Wigan visited the discharge lounges at Wigan RAEI, Leigh Infirmary and Thomas Linacre Centre to speak with users and to leave information. Healthwatch also promoted an online survey via Twitter and the Healthwatch website. This chapter concentrates on the major issues identified through survey responses and acknowledges some positive feedback about the service.

Respondent Profile
71 people who live in the Wigan Borough responded to the survey. 65 respondents say they need help with transport and 63 have used the Patient Transport Service since April 2013. Half of these people are regular users of the service having used it six or more times in the last 12 months – this shows that respondents are well qualified to comment on the service.

Over three quarters of respondents were attending a regular out-patient appointment.

- 27% attended Wigan's Royal Albert Edward Infirmary
- 24% attended Leigh Infirmary,
- 10% visited Thomas Linacre Centre.
- 27% of people had attended multiple sites
- 31% of respondents used the service to attend appointments outside of the Borough including Bolton, Liverpool, Manchester, Salford, Warrington and Wrightington.

Vehicles
90% of people said the vehicle was appropriate for their needs. The most common problem when the vehicle was not appropriate was a car being sent when an ambulance is required:

> *"Despite having information about my wheelchair size and my size and crew having notes wrong vehicle was still sent."*
>
> *"Taxi was sent and I am in a wheelchair."*
>
> *"I couldn't get in car but they didn't seem to change or respect this for further journeys."*

Carers
28 people who have used the service said they need support from a carer to attend the appointment but only 20 people were allowed to take someone with them. There does appear to be some inconsistency in Arriva's response here, reasons given for not being allowed to take a carer included not fulfilling the criteria or not qualifying for a carer, this included someone who is partially sighted but able-bodied, greater clarity over the rules would be useful.

Timeliness
40% of respondents reported that the transport arrived later than expected to take them to their appointment. Roughly half of all respondents said that they arrived late for their appointment. Of these:

- 23% were late by less than 30 minutes,
- 23% were late by 30 – 60 minutes,
- 30% were late by more than an hour,
- Two people reported being 2 hours late for their appointment,
- Other simply said 'it varies'.

The most popular explanation for delay was due to the service being busy although, in many cases, no explanation was given. Two thirds of people who were late reported that their appointment still went ahead, this indicates a high level of flexibility on behalf of the NHS staff seeing the patient.

Almost everyone used the service to return home. 47% of respondents told us they had to wait 90 minutes or more for their return transport, with one third of respondents having to wait two hours or more for their return transport.

Information and Complaints
Half of respondents said they do not know where to get information about the Patient Transport Service. Two thirds of those who knew where to access information stated their GP or hospital.

Three quarters of respondents said they did not know who to complain to. One quarter told us they had made a complaint – either to the hospital or directly to Arriva. 70% of these complaints were made verbally – either over the phone or to the driver, only 30% were made in writing.

We note that Patient Opinion (the largest provider of online independent feedback on many NHS services) have no feedback relating to this service. We know that the three

major NHS Trusts that serve patients in the Borough all promote this service and wonder whether Arriva could promote this, or similar service, to receive patient feedback.

Customer Satisfaction

When asked to rate the customer service received from Arriva, 29% rated it as 'poor', 24% as 'satisfactory', 22% as 'good' and 25% as 'excellent'. Two thirds of users said that they would recommend the service to others.

Respondents were asked if they would like to make any further comments about the service, positive comments generally referred drivers being friendly and helpful, negative comments focused on lengthy waiting times and poor service from the central booking system. Below are a representative selection of positive and negative comments:

Positive Comments

"An excellent service staffed by very helpful and polite employees."

"Staff were polite and helpful."

"The staff that turn up are very polite."

"The staff were friendly and efficient."

"A1 service no complaints."

"I have nothing but respect and gratitude for the drivers - I think they do a difficult job well."

"The staff on the ambulance itself are lovely."

"Excellent service from the staff - pleasant, efficient and friendly."

"When starting using the transport service it wasn't smooth running. But it seems to have rectified itself and the service seems to be improving."

Negative Comments

"The ones who organise pick ups have a very poor sense of geography and organising pick ups. I shouldn't have to wait two hours when I live two miles away and two ambulances are parked up waiting for their patients."

"On many occasions I have had to wait over two to three hours to be picked up to go home after booking in outpatients lounge at Salford Royal. Why do you have such long waiting times?. On some occasions when other patients have been on same transport going to hospital and are waiting to go home they have been picked up and I have been left even though we were going back to the same town."

"Although the crews are excellent the planning operation is somewhat lacking in their ability to understand times and distances for journeys. Do not allow sufficient time. Need more vehicles/crews."

"The times stated on the schedule do not reflect the pick up times."

"It's never on time, always late. They expect you to be ready two hours before an appointment however they are never on time."

"Each time you ring up to book you are asked the same questions - these should be on record and I shouldn't have to repeat myself."

"Telephone staff can be rude when you call to find out where the ambulance is. Cannot fault drivers they are very helpful. Always told to be ready for 7am but regularly picked up after 10am. When booking you have to repeat answers, e.g. can you use public transport?, do you go shopping?, can you not get a taxi?, etc."

Negative Comments (continued)

"There are certain aspects of Arriva that I don't like. The ambulances have very little room for wheelchairs for example. I had to be loaded / unloaded and loaded again when at another patient's house - as had to use ramp and me and my wheelchair were in the way. Lucky it wasn't raining I would have been soaked."

"Important that diabetics should be given priority like cancer and renal patients do! four and a half hours wait yesterday I arrived home at 21:10 - unacceptable!"

"Poor service since Arriva took over. Always hear other people on the ambulances complaining but when I tell Arriva this they say they don't get many complaints."

"I rated the service poor on four occasions and good on two occasions."

Conclusions

We recognise that there are lots of positives within this report; most people would recommend the service, most people think the vehicles are appropriate for their needs and two thirds of people would recommend the service. However, there are clearly areas where the service needs to improve:

- The timeliness of scheduled pick-ups and returns is clearly a problem; this is more than simply the inconvenience of being left hanging around, we have seen that it can have a knock on effect for hospital staff and clinics that need to be flexible to accommodate patients who arrive late, it can impact on patient's treatment and medication which is often time critical, some patients have had to be re-admitted (or re-bedded, using NHS jargon) onto a ward creating issues for hospital managers. These delays and uncertainties have had such an impact in the Borough that Wrightington, Wigan and Leigh NHS Foundation Trust have entered into a formal contract with a supplementary alternative ambulance provider at a cost of over £200,000.
- The complex booking system was highlighted as an area of concern; our survey showed that many users of the services are repeat users attending regular appointments yet the process of booking transport is burdensome, with questions repeated and patients feeling like they need to justify their entitlement to the service. It is unclear why regular users of the service need to answer these questions each time and we recommend that alternatives are explored.
- The system for receiving and recording feedback and complaints needs improving; three-quarters of our respondents said they didn't know how to make a complaint about the services, and of those who have complained about the service 70% did so verbally either to the driver to telephone staff. It is not clear to us how many of these verbal report are relayed to the appropriate people and departments

6) Publication Information

This report is the result of a collaboration of Local Healthwatch in Greater Manchester. The following local Healthwatch have made contributions to the report.

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Thanks also to;

- Ursula Hussain (Healthwatch Oldham) for making arrangements with Arriva and for initial work on developing the questionnaire.
- Julie Darbyshire, Andrew Knee, Zoe McCardle and Alice Tligui (Healthwatch Bolton) for organising printing, questionnaire collections, inputting the demographic information and liasing with Arriva.
- Helen Fairweather (Healthwatch Wigan) for organising the online survey and creating many of the graphics.
- Ann Day (Healthwatch Trafford) for inputting the Manchester Questionnaires.
- Marian Corns (Healthwatch Rochdale), Peter Denton (Healthwatch Tameside), Dave Nunns (Healthwatch Wigan) and Alice Tligui (Healthwatch Bolton) for acting as editorial committee and pulling together the final document.
- Laura Croft (Arriva) for organising the distribution of questionnaires and for on-going liaison.

7) Annexes

7.1 The Questionnaire

healthwatch

Bolton Bury Oldham Rochdale Salford Stockport Tameside Trafford Wigan

A Greater Manchester Healthwatch Collaboration

Arriva Patient Transport Survey

Healthwatch is the new consumer champion for health and social care. We are here to support your rights and choices in accessing health and social care services, and to make sure that the patient voice reaches the ears of the decision makers.

Healthwatch in Greater Manchester is collating information regarding patient experience of the non-emergency patient transport service (PTS) operating in Greater Manchester.

We want to understand what patients' experience has been of the service since 1st April 2013.

The findings will be used to make recommendations to improve the service for you and other patients. We will ask Arriva Transport (the service provider) and the NHS decision-makers to take account of your views.

The survey will cover the Greater Manchester area and will take place between 20th and 31st January 2014.

You as the patient, or your carer or relative, can complete the survey on your behalf.

If you have any queries regarding this survey, or need help completing this form, please contact **Healthwatch Oldham** on **0161 622 5700**, or email **admin@healthwatcholdham.co.uk**

Please send your survey back in the Freepost envelope provided to;

Freepost RTGA-AKKE-KYTY,
Healthwatch Bolton,
St George's House,
2 St George's Road,
Bolton BL1 2DD

About you

It's often useful to find out how different groups of people think differently about a topic. This helps the people who design services to understand the wide range of people who could use that service. It also helps Healthwatch to find out if any sectors of the community are being missed out of this consultation.
Please answer as many of the questions on this page as you would like, omitting any that you do not wish to answer. **Your answers will be treated as strictly confidential**

Age Range			
☐	17 and under	☐	50 - 64
☐	18 – 24	☐	65 – 79
☐	25 – 49	☐	80+
Disability - do you consider yourself to have a disability?			
☐	Yes	☐	No
Do you have a blue badge (disabled badge)?			
☐	Yes	☐	No
Ethnic Origin			
	Black		
☐	African	☐	Caribbean
☐	Any other Black Background		
	Asian		
☐	Indian	☐	Pakistani
☐	Bangladeshi	☐	Any other Asian Background
	Chinese or other Ethnic Group		
☐	Chinese	☐	Any other Ethnic Group
	Mixed		
☐	White and Black Caribbean	☐	White and Black African
☐	White and Asian	☐	Any other Mixed Background
	White		
☐	British	☐	Gypsy / Traveller
☐	Irish	☐	Any other White Background
Marital Status			
☐	Single	☐	Civil Partnership
☐	Married	☐	Cohabiting
☐	Divorced	☐	Widowed
Religion / Belief			
☐	Buddhist	☐	Sikh
☐	Jewish	☐	Hindu
☐	Christian	☐	Other Religion
☐	Muslim	☐	None
Gender			
☐	Male	☐	Transgender
☐	Female	☐	Prefer not to say
Sexual Orientation			
☐	Lesbian	☐	Bisexual
☐	Gay	☐	Prefer not to say
☐	Heterosexual		

healthwatch

Arriva Patient Transport Survey

Section 1

Please tick the box that apply

1. In which area of Greater Manchester do you live?

☐ Bolton ☐ Bury ☐ Manchester ☐ Oldham ☐ Rochdale
☐ Salford ☐ Stockport ☐ Tameside ☐ Trafford ☐ Wigan

2. Do you know where you can get information about the Patient Transport Service?

☐ Yes ☐ No

If Yes, where can you get information:

3. Do you think that you need help with transport so you can attend a medical appointment?

☐ Yes
☐ No (If **No** please do not fill in the rest of this questionnaire)

4. Have you used the Patient Transport Service since 1st April 2013?

☐ Yes (Go to Section 2)

☐ No, because I did not qualify to use the service (complete the following questions (5) and (6) and Section 2)

☐ No (Do not complete the remainder of this questionnaire, and return in the envelope)

5. Was the reason you did not qualify for the service explained to you?

☐ Yes ☐ No

If Yes, what was the reason?

6. How did you get to your appointment without using the patient transport service?

Section 2: Your Experience of Arriva Patient Transport Service

1. How many times (approximately) have you used the service since 1st April 2013?

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

2. Would you recommend the service?
   ☐ Yes ☐ No

3. Which organisation booked your Patient Transport?
   ☐ GP
   ☐ Healthcare provider (e.g. hospital)
   ☐ I booked it via the Referral Gateway
   ☐ Arriva
   ☐ Other Please State: _____

4. Do you need support from a friend, family member or carer to attend an appointment?
   ☐ Yes ☐ No

5. Did the Patient Transport Service allow you to take your family member/carer with you?
   ☐ Yes ☐ No

If not why not, please give as much detail as possible…

6. At which hospital/treatment centre was your appointment?

7. When using the service was your appointment...
   ☐ Within your local area
   ☐ Within Greater Manchester
   ☐ Outside Greater Manchester

8. What type of appointment/treatment was it?
   ☐ A regular outpatient appointment
   ☐ A full day procedure
   ☐ Overnight/long term stay in hospital
   ☐ Other... Please state below

9. Did the transport arrive to pick you up at the expected time?

☐ Yes ☐ No

10. Did the transport get you to the appointment on time?

☐ Yes ☐ No

If **No,** approximately how late were you?	
What reasons were given for any delays?	

11. What happened when you arrived late?

☐ I missed my appointment
☐ My appointment was rearranged
☐ The appointment went ahead
☐ Other – Please provide details below

12. Did you need the transport service to take you home?

☐ Yes ☐ No

13. How long did you wait for the transport?

14. Did the transport take you home at the expected time?

☐ Yes ☐ No

15. If you did not use the patient transport service to get home, please tell us how you did get home

16. Would you know where to direct a complaint if you had one?

☐ Yes ☐ No

If so, where would you complain?

17. Have you made a complaint about Patient Transport Services since the 1st April 2013?

☐ Yes ☐ No

i. If Yes, who did you complain to?

☐ Arriva (ATSL) ☐ Clinic ☐ Other
☐ Hospital ☐ Local Councillor Please provide details below
☐ GP ☐ Member of Parliament

ii. Did you complain:

☐ Verbally ☐ In writing

18. Please rate the customer service you received from Arriva

☐ Poor ☐ Satisfactory ☐ Good ☐ Excellent

19. Was the vehicle appropriate for your needs?

☐ Yes ☐ No

If not, please expand:

20. Any other comments you would like to make about the Patient Transport Service since 1st April 2013

Section 3: Contact details

Please provide your details below.

☐ Please tick of you would like a copy of the final report.

If you prefer to fill in the form anonymously please leave these details blank.

Name: _____

Email: _____

Postal address: _____

_____

Tel No. _____

7.2 Additional Information from Local Healthwatch

Report of Arriva Patient Transport/Healthwatch Bury Board/Members meeting 10th February 2014, Bury Town Hall

As part of the engagement with the Greater Manchester Healthwatch Patient Transport Survey, Healthwatch Bury decided to invite members from the Arriva Patient Transport organisation to the Healthwatch Bury Board/Members meeting. The format of the meeting is that the first hour is conducted as a Board meeting with members (public can attend to observe only). For the second hour guest speakers are invited and the second half of the meetings are usually attended by more members of the public who can ask questions from the speakers. It was felt that by asking Arriva to attend, it would provide the opportunity to generate discussion and provide a more inclusive debate for the members and the public which would not normally be accommodated. The second half of the meeting was well attended by members of the public.

The following representatives from Arriva attended: Asiya Jelani (Head of Communications), Laura Croft (Communications Officer), Frank Nightingale (Operations Manager for Rochdale and Bury), Hadrian Collier (NHS Blackpool CCG Programme Manager). Following a presentation by Asiya Jelani the meeting was opened up for comments.

There was a couple sat at the front of the room who were in their nineties. The gentleman raised his arm and commenced explaining that he had only brought four examples with him for discussion today, but that there were many more issues he could have raised with Arriva. The gentleman was given time to deliver his well presented and articulated account of the problems he had encountered regarding non arrival, late arrival, booking issues and unavailability of transport. Arriva were then given the opportunity to respond to these questions but also explained that they would take the gentleman's details at the end of the meeting and look further into his concerns.

A Healthwatch Bury member also gave an account of someone who was waiting for the Arriva Patient Transport to arrive to take her to an appointment. When the transport arrived the driver knocked on the door but due to the length of time it took the lady to get to the door, the transport had driven away. Another member suggested that perhaps the process that Arriva could adopt would be on the lines of when a member of the public orders a taxi. This is then followed up by a text message to inform you that the taxi is on it's way, how long it will be and the type of car and license number of the vehicle. If a text is not appropriate, then a telephone call could be an alternative.

True to their word, the Arriva personnel gathered around the elderly couple at the end of the meeting and took their details as well as extending their apologies for the poor service they had received. Arriva informed the couple that they would look into the issues raised and get back to them.

It was apparent from the responses from Arriva to the concerns raised at the meeting and how uncomfortable they appeared, that they are unfamiliar with being confronted at this level by members of the public. It raises the question from the comments in the questionnaire that patients do not know how to complain or where to complain, that the personnel working at the level who attended the meeting, will never get a true picture of what is actually happening with the day to day logistics of providing a patient

transport service. It was suggested that a follow up invitation to attend another Healthwatch Bury meeting in the future would be beneficial.

7.3 Additional Case Studies

7.3.1 Salford Case Study: Stuart Powell

Introduction
One respondent to the Healthwatch Patient Transport Survey, Mr. Stuart Powell, has documented his experiences of the Arriva service extensively. Mr. Powell is a very fair-minded person who remembers to highlight good service as well as poor. He is typical of those surveyed in that he has on-going medical treatment and therefore relies on Arriva to get him to and from Salford Royal Hospital. Mr. Powell is a carer for his wife – adding to the necessity for Arriva to provide a punctual and suitable service.

Summary of Mr. Powell's Experiences
Initially Mr Powell was optimistic:

"I feel safe in the knowledge that I am in the capable hands of NWAS staff that have transferred into your company. I was also pleased to hear that you were no longer using taxis once you had brought your vehicles on stream."

However, for one appointment at Walkden Gateway at 11:15 a.m. the ambulance arrived at approximately 11:22 and at Walkden Gateway at 12:15. As a result of this Mr Powell's appointment was cut from one hour to half an hour as the Doctor has another appointment elsewhere.

The following day, 25th February, for an appointment at Salford Royal the ambulance arrived 50 minutes late. On this occasion the appointment needed to take place twelve hours after taking medication. Mr. Powell takes up the story;

"This journey involved several pick-ups which understandably adds extra journey time, I noticed however that each time the driver stopped, he had to operate a Blackberry device twice at each collection point. Once as he stopped and once before he could drive off. This added at least five or six minutes to the journey every time we stopped. On arrival at Salford the driver was unable to help any of us off the vehicle until he had one last play on the phone, much to the frustration of all the passengers on board. There were a total of four pick-ups plus the final drop off at our destination. I estimate that an extra 25 minutes was added to my journey time alone."

After his appointment Mr Powell began his wait for an ambulance home at 13:00. At 14:30 he was asked if he would agree to being taken home in a car or taxi. Mr Powell agreed hoping it would be a car, however when it arrived (14:45) it was a taxi. Mr Powell gives a good account of the sort of reasons why a taxi is inappropriate. Referring to an elderly couple who shared his taxi;

"When we eventually reached the taxi I managed to sit in the front passenger seat which I moved forward when I realised that the gentleman's wife was struggling to get him seated in the rear nearside passenger seat. While all this was going on the taxi driver was just sitting behind the steering wheel and doing nothing. Nothing until the poor struggling lady asked if I could move my seat a little more. Just as I was about to move it the taxi driver had pulled my door open and ripped the seat forward smashing my arthritic knees into the dashboard."

The following was documented by Mr Powell on a miniature camera during the taxi ride:

"…..entering the roundabout from the wrong lane the driver was so busy looking at what was coming up the inside lane he failed to see a silver car heading right toward us. Had I not shouted for him to stop the driver and patients under your care would have either been killed or at the very least seriously injured."

On the 4th March, Mr Powell was 45 minutes late at Salford Royal for an appointment at 10 a.m.

"It appears that your member of staff who came to collect me only started her shift at 9am arriving at my address for 9:20am which is not unreasonable timing considering the time of day. After settling me in my seat and she had gone through typing into the Blackberry we eventually set off at about 9:28am for Salford which is just possible with maybe five minutes over. However to my annoyance she informs me that she has to make three more pickups en-route which, again, I quite understand needs to be done. I feel however that this should not be at the expense of the patients' appointment times, which has a knock on effect to the whole clinic running time."

On the return journey Mr. Powell had reason to comment as follows;

"After the debacle that was my horrendous journey home by taxi last Tuesday 25th February I told the receptionist that given the choice, I did not want to travel home by taxi as I would rather be late than never. This meant waiting for three hours, however in your (Arriva's) defence, 45 minutes of that was yet again taken up by the ambulance having to queue up to enter the parking area adjacent to the main entrance."

Mr. Powell believes that Arriva are possibly flouting Health & Safety considerations by allowing taxi drivers, who may not have been checked and assessed by Arriva, to do the job Arriva have been contracted to do and due to this he does not wish to be transported by taxi again.

Further examples of Arriva's service include the following.

"It seems that you have made improvements in your ability to collect and deliver your patients in a timely manner as on my first journey on the 15th of this month I was actually at my appointment five minutes before and on my second journey, today 16th April, I arrived just one minute over. Both teams where extremely courteous ensuring that I arrived at my clinics in a safe manner. I have to query why both crews started at 9am, the first of whom arrived at my address yesterday at 9:15 which is very good and not unreasonable while the crew today managed to arrive just after 9:30 yet had extra pickups en-route to Salford than yesterday's team. Despite this I will always give credit where credit is due and must congratulate you, and or your management for taking notice and being pro-active and taking positive action to make improvements. So well done."

However Mr Powell had more problems with the return journey on the 15th.

"On finishing my second appointment of the day at 16:00 I arrived at the discharge lounge and booked in at 16:05 for a journey by Patient Transport Service ambulance as per inward journey to get home to my severely disabled wife who- in spite of all my health and mobility issues and in need of care myself - relies on my support, as her registered primary carer, to provide hot meals as she is unable to manage on her own. I had just attended a clinic in the cardio respiratory department in the main outpatients at Salford Royal to be wired up with equipment to monitor my sleep pattern, so I had to be at home in a timely manner so as to be able to prepare our evening meals and be well rested and ready for bed before 11pm as the sleep monitor was set to start automatically at 11pm sharp."

At 17:35 Mr Powell was offered a taxi which he refused for reasons given earlier, however;

"At 20:00 hours one of the nursing team announced that there was a vehicle on its way to collect me. To my immediate horror and utter disgust I was informed that it would be a taxi and it was coming to collect me. I explained my situation to the nurse who very kindly went away to make other

arrangements. At 20:40 she came back to tell me that a crew from Stockport was on its way and would be taking me home. Relief at last I thought. So armed with this great news I was only too happy to ring my wife and give her the glad tidings as I was beginning to think that I would have to spend the night in hospital for my sleep study as the clock was ticking. The time moved on to 21:10, lo and behold I heard my name called. Thank goodness I thought until I looked up to find no green uniform in sight, but a casually dressed 'TAXI DRIVER'."

Mr Powell reluctantly agreed to travel home by taxi. The taxi driver took an ill-advised route and reached speeds of 80 mph. By the time Mr. Powell got in took care of himself and his wife, he retired to bed with a headache and elevated blood pressure – hardly ideal given his sleep was to be monitored.

The next day Mr. Powell arrived at Salford Royal at 10:01a.m. (one minute late) however given the events of the previous day he was told that the sleep monitoring may well have to be repeated.

Mr Powell has been contacted by Arriva in response to his concerns and a meeting has been arranged. He is being supported by the Independent Complaints Advocacy Service which was facilitated by Healthwatch Salford.

7.3.2 Stockport Case Studies

Respondent A needed a crew of three to support them out of their property, a need identified on their records. However, on returning from hospital, no extra help was available. Patient A was left in the ambulance for up to an hour while they tried to get help. Patient A was then told by a member of staff over the phone that they did not need extra help, contrary to the information on their records.

Respondent B has cancer, is incontinent, has very low blood pressure and previously received a triple bypass. Patient B's carer reported that an ambulance arrived to collect Patient B was then called away to collect another patient. This caused a great deal of stress and upset.

Respondent C is a resident at a care home. The ambulance was two hours late picking him up and three and a half hours late collecting him from the hospital. The Arriva phone line that the nursing home used to enquire why the ambulance had not turned up was engaged for more than two hours. Patient C reported that on the day of his appointment, Arriva wasted the valuable time of the nursing home staff and two nurses at the hospital who had to stay with him one hour after the department had closed. He reported that both drivers were helpful and apologetic but clearly frustrated by the environment that they are forced to work in.

Respondent D reports that no ambulances had ever turned up on time. On one occasion a pre booked ambulance didn't turn up and no reason was given other than no vehicle being available. Patient D also reported that following a procedure where they were sedated, it was made clear they needed a bed to return home. They were told that was told if they didn't sit in the chair, they would be waiting hours despite booking two weeks in advance.

Respondent E, who contacted the Healthwatch Stockport office anonymously, said that the numbers of complaints that get quoted are incorrect, and that it is in fact far higher. Respondent E alleged that most complaints go into the shredder as soon as they

are received by local area managers and that staff who receive complaints are instructed to dispose of them. Respondent E said that they are concerned that the senior managers really do not know what they are doing and that they only care about recovering financial losses. They also claimed that the staff are seriously unhappy and this is reflecting in the work and attitude. Respondent E alleged that Arriva are dangerous and totally ignorant to what it takes to care for patients, dirty ambulances and staff with bad attitudes that used to like their jobs. Respondent E claims that there are no managers and no staff on the road who truly understand medical conditions and therefore have no idea of what to look for should a patient become unwell during a journey or at the.

7.3.3 Wigan Cases Studies

Carer waiting for her husband to return from cardiology ward:
"We've not used the service because we can't risk having to wait hours for transport because my husband has insulin dependent diabetes, as well as taking around 40 tablets per day – I can't carry everything around with us just in case transport doesn't get us home in time. Using public transport isn't easy but it's the only option. Also, I'm not sure we'd be eligible for the service because we're not on any benefits."

WRVS volunteer at Leigh Infirmary:
"A man was left here last week waiting for transport, it got to 6pm and staff were all leaving so he was left with the security guard who wasn't very happy about that. A note was left in our message book to say that the gentleman was still here at 6:45pm and no-one had been able to get through to Arriva so didn't know if transport was on its way or not. We believe he was picked up in the end by a relative/friend around 7pm."

Linacre Centre staff member:
"There are often cases when we tell the drivers the patient won't be long in diagnostics and ask them to wait but they never do so patients then have to wait much longer for return transport."
(Healthwatch Wigan witnessed a patient arriving and being taken to diagnostics – she returned within 10 minutes, the ambulance had only just left, the lady was still waiting when we left which was almost an hour later).

Visitor to Healthwatch Wigan stall at Age UK event: (this person was using a nasal cannula for oxygen supply).
"The transport service has got a lot worse since it was taken over by Arriva. I have to use it a lot and I don't think it has ever arrived on time and I've had to wait ages after my appointments to get home - one time I waited so long I ran out of oxygen!"

Patient who completed the survey but wanted to give additional information:
"I didn't use the service because I was told it wasn't available after 6pm. My appointment was at MRI Eye Hospital, it is a regular appointment that takes two hours. On the occasion I wanted transport to take me home it was because it would be dark by the time the appointment ended as it wasn't starting until 4:15pm – my illness, macular degeneration, means that my eye sight is much worse in the dark. I've previously been told I am eligible for transport and I'm not happy that the one time I need to use it, it wasn't available. When the hospital tried to book it for me they were told the service would have stopped by the time I was ready to go home. I ended up having to get a taxi to the train station, a train to Stockport and a taxi from Stockport station to home."

7.3.4 Comment Contributed by Healthwatch St Helens

"I had a heart attack in Bolton on 13th October and was treated at Manchester Royal Infirmary. …On 16th October I was due to be sent home by ambulance around noon, but was actually sent home by taxi, some four hours later. There seemed to be some confusion at the hospital as to why an ambulance was unavailable, but I understood from the taxi driver that the company that was responsible for taking

patients home, whom I understood to be Arriva, would not carry patients across the Greater Manchester border, but this had not been foreseen when the contract was awarded. As I was sent home during early rush hour, and I live in Eccleston (St. Helens), the taxi bill must have been considerable."

8) Formal Replies

8.1) Arriva Transport Solutions Limited

Greater Manchester Healthwatch Survey Response

June 2014

Arriva Transport Solutions is pleased to have worked with Healthwatch across Greater Manchester to support this independent survey of non-emergency patient transport users in the region. We welcome the results of the survey and will use the information to help shape the future of non-emergency patient transport across Greater Manchester. Finding out what matters to our patients and how they feel about the service we deliver is very important to us as a business and we have a patient experience programme which also focuses on this.

The survey sample size is small in comparison to the number of patients we carried in 2013/14. Almost 55,000 individual patients used our transport over that time, with some making multiple journeys. This equated to over 400,000 patient journeys in total for the year. However the themes that have emerged from the sample are useful for us to see.

The results of this survey show that patients hold our staff in high regard and have high levels of satisfaction with the care they receive and this is echoed across our feedback too. The concerns regarding timeliness seem to have the greatest impact on our patients. This survey was undertaken in January and at that time we introduced a performance improvement plan in conjunction with our NHS commissioners to significantly improve our response times. Since January, our staff have worked really hard to meet the standards required and we are pleased that now more patients are arriving at their appointments and being collected from hospital quicker than ever before across the region. This has been achieved through a combination of increased staffing hours, additional vehicles placed in geographically spread locations across Greater Manchester and focussed attention on planning in our control centres, amongst other things.

From the survey results we can see that there is some confusion and misconceptions that exist, which can cause frustration for patients. Patients have cited concerns with the booking process and the staff who they speak to regarding this. It is important to note that patients do not book their own transport directly with Arriva Transport Solutions in Greater Manchester, there are NHS booking centres in place across most areas. These centres arrange first appointments (and follow up appointments in some cases) for patients when they are referred by their GP. All NHS staff within these centres use Arriva Transport Solutions' online booking system to book the transport onto our system. We then plan and schedule these journeys allocating patients to the most appropriate vehicle for their needs. We have begun a specific programme of engagement with the booking centres this year to mutually address where we can improve services for patients.

There seems to be a lack of information for service users about what they can expect from the service, how eligibility works, how they can access more information or make a complaint. This year, we are working with NHS colleagues to improve our communications and engagement and

support them in understanding how they can get the best out of the Patient Transport Service for patients. This includes, reminding colleagues of the importance of booking patients ready, providing the correct mobility details for the patient so the right vehicle is sent. We will also be revising our patient leaflets and disseminating them across various public locations. We have signs on all our vehicles explaining how patients can feedback to us regarding any concerns.

Other improvements include an initiative beginning in July 2014, where patients will be telephoned the day before they are due to travel (for advanced bookings) to check that the booking details are correct and that the transport is still required, so that we can reduce the amount of aborted journeys due to appointment changes or cancellations, therefore minimising the impact of this on other patients waiting.

We will continue to work with Healthwatch to provide updates on the improvements and changes we make and to gain additional feedback from patient groups.

Asiya Jelani, Head of Communications & Engagement, Arriva Transport Solutions

8.2) Blackpool Clinical Commissioning Group

NHS
Blackpool
Clinical Commissioning Group

Greater Manchester Healthwatch Survey Commissioners Comments

June 2014

Many thanks for giving us, the Commissioners an opportunity to feedback our comments with regards your 'Arriva Transport Service Survey and Report June 2014' carried out by the Greater Manchester Healthwatch collaboration. We welcome your survey and are keen to review the issues you have highlighted.

The survey is comprehensive and informative and extremely extensive in its analysis about the Patient Transport Service (PTS) provided by Arriva Transport Services Limited (ATSL). However it only represents the views of 13% of the 4,500 existing service users given the survey to complete. It is of note that 87% of those surveyed did not respond. Additionally, ATSL currently undertake circa 50,000 patient journeys per month and therefore this survey is not representative of those service users but it does offer a snap shot (1.1%) of service user sentiments and experiences in January 2014.

To increase performance Commissioners required a Performance Improvement Plan from ATSL. This is showing significant improvements in performance over the last three months (March – May 2014). These improvements incorporate all patient transport journeys, including the collection and arrival times of service users and we are working with both ATSL and the acute hospitals to ensure these areas continue to improve.

There is some confusion within the report of ATSL's responsibilities: the booking centres and the eligibility criteria. Both of these elements are outside of ATSL's control. Clinical Commissioning Groups (CCGs) commissions the Greater Manchester booking centres. They book all patient transport on behalf of the service user for first out-patient appointments and in some booking centres they also book follow-up appointments, albeit generally follow-up appointments are booked through the acute hospital the service user is attending. The booking centres share information leaflets with the service user about PTS, the eligibility criteria and performance standards when the patient qualifies for transport. The leaflets have also been distributed to GP surgeries and hospitals.

We are working with both ATSL and all the Greater Manchester booking centres and will raise the remarks and recommendations in relation to the booking process and the staff attitude when service users are using the service, with the aim of developing a better and more consistent provision.

The eligibility criteria for PTS was set by the Department of Health (DOH) guidance 2007 and was introduced from October 2010 across the North West to ensure equity and consistency for PTS bookings. The introduction was carried in a phased manner following widespread engagement with Overview and Scrutiny Committees, PALS (Patient Advice and Liaison Service) and service user groups.

The application of the eligibility criteria and the system we use to process the booking requirements are currently being reviewed in light of the patient experiences gained over the last three years.

Details of the expected PTS quality standards, services available and eligibility criteria are usually included in the leaflets held by the CCGs and these are available in GP surgeries and hospital waiting areas. However we are currently working with ATSL to develop more up-to-date information and a greater amount of communication materials for both service users and Health Care Professionals to ensure a consistent approach, and we will use your comments and recommendations to help guide that work.

With regards to escorts/carers, only parents and carers of service users who have been assessed as vulnerable can travel on NHS transport. Although we recognise other patients would like the support of family and friends with them on their journey, places taken up in this way mean that other patients with a medical need cannot be transported.

You raise a concern for service users on dialysis and recommend we make a detailed examination of how this service is working. This work has already started and we (both Commissioners and ATSL) are working closely and meeting on a regular basis with all renal dialysis units in Greater Manchester, to ensure a greater service performance for this cohort of service users.

The current contract runs from the 1st April 2013 for three years and was developed through exhaustive engagement, for example Health Care Professionals, Acute Hospital representatives, Front Line Staff, GPs and service users. We cannot amend the current contract but will consider the points you have raised within the development of the new contract and also request Healthwatch representation to help us develop the specification.

We will continue to monitor ATSL's performance and service user experience in light of this survey and the recommendations you have put forward. We are also willing to share this information and update Greater Manchester Healthwatch's for the remainder of the contract.

Specific comments re: accuracy

1) Introduction paragraph 1.2

PTS services are commissioned on a countywide basis through a regionally co-ordinated competitive tendering exercise covering the North West.

North West divided into five counties not four as stated. These are Lancashire, Cumbria, Cheshire, Merseyside and Greater Manchester. ATSL won the contract for Greater Manchester and the North West Ambulance Service (NWAS) won the contract to cover the other four counties.

The Commissioning Body for Greater Manchester is NHS Tameside and Glossop CCG but NHS Blackpool CCG on behalf of the twelve CCGs in Greater Manchester manages the contract.

1) Introduction paragraph 1.3

The eligibility criteria for PTS services is stipulated by the Department of Health (DOH) guidance 2007. Its application had been inconsistent across the North West and to ensure equity of access and consistency of approach, North West Commissioners through NHS Blackpool introduced a series of questions designed to apply the criteria when booking PTS transport. This was introduced from October 2010 in a phased manner following widespread engagement with Overview and Scrutiny Committees.

The new contract operative from 1st April 2013 required 100% of all new bookings to go through the eligibility questionnaire with special arrangements for cancer and renal patients. Some hospitals were further advanced than others in using the questionnaire hence potential early teething problems.