

SERVICE SPECIFICATION

Service	Palliative and End of Life Care Patient Transport
Commissioner Lead	
Provider Lead	
Period	

1. Purpose

1.1 Aims

The aims of the service are to:

- Provide a dedicated transport resource supported by staff with additional clinical and support skills in order to operate a flexible and responsive service to patients registered with a GP in _____.
- Respond at short notice to requests for transport of palliative and end of life care patients.
- Improve the provision of transport for patients at the end of life, enabling them to be cared for and die in the place of their choice.

The service will work as an integrated part of health and social care provision across _____, effectively managing transport resources to ensure equity of access to services, equity of available services and value for money. It will also provide robust and timely management information on service utilisation.

1.2 Evidence base

This commissioning specification is designed to ensure that _____ purchase a Palliative and End of Life Care Patient Transport service that will deliver the outcomes set out within.

1.3 General overview

The service will operate between 9am – 7pm daily. **Timings for discussion**

The service will be available with a dedicated vehicle and crew between 9am to 7pm daily, including weekends and Bank Holidays. **Weekend and Bank Holidays cover for discussion**

It should be noted that between 7pm to 8am, should there be a need for transport, then existing transport arrangements will apply. **Timings for discussion**

The purpose of the service is to provide responsive and timely patient transport for patients with palliative and end of life care needs, who need to be transported to their preferred place of care.

1.4 Objectives

The overall objectives of the service are to:

- Provide a dedicated, streamlined and efficient transport service for patients with palliative and end of life care needs
- Transport patients in a bespoke vehicle, designed for comfort and dignity
- Transport patients together with their carers
- Reduce waiting times for transport for patients and their carers
- Enable rapid discharge to patient's preferred place of care
- Reduce length of stay in hospital

- Provide equity in the provision of patient transport
- Effectively manage resources to ensure appropriate risk management, equity of available services, equity of access to services and value for money
- Provide management information related to demand for transport and unmet need
- Do we need something here about the 'green agenda' or not? **For discussion**

1.5 Expected outcomes

The key outcomes that the proposed service will deliver are:

- A dedicated service that will benefit patients, carers, health and social care professionals, and health and social care providers
- Helping patients achieve their choice of preferred place of care by reducing delays in discharge and transfer caused by transport issues
- Ensuring appropriately trained personnel who will provide quality care to end of life patients during transit
- Providing effective ways of working with professionals
- Providing better coordination and connectivity between hospital, ambulance and the community
- Capturing data about the transport provision required by palliative care patients
- Capturing information relating to demand for transport and unmet need

2. Scope

2.1 Service description

A dedicated transport service for palliative and end of life care patients. It will provide a dedicated resource supported by staff with additional clinical and support skills in order to operate a flexible service that can respond to short notice requests for transport of palliative care patients.

In addition to supporting the discharge of patients at the end of life, the service will also serve patients with complex needs e.g. those needing urgent assessment for spinal cord compression, management of pleural effusions and drainage of ascites. **For discussion**

The service will be expected to work in ways which are sensitive to the social, cultural and spiritual requirements of each patient and their carers. This will include access to translation and interpreting services.

2.2 Accessibility and acceptability

The service will provide accessibility criteria to demonstrate activities noted above and delivery of the service on a seven day a week basis – **for discussion** on an equitable basis across_____.

The service will operate between 9am – 7pm daily, including weekends and Bank Holidays.

Weekend/Bank Holidays cover for discussion

2.3 Whole system relationships

The Palliative and End of Life Care Patient Transport service will ensure that services are used efficiently and effectively by building good relationships between all care providers. This transparent and trustful relationship will allow for flexibility and integrated working across service providers to meet unplanned need and the challenges of providing end of life care in a community setting.

The success of the service will be reliant on excellent working relations with health and social care professionals across the locality and it is expected that good working relationships will be developed with all providers of end of life care across the locality.

In addition to the patients and their carers, key relationships will include those working in primary and

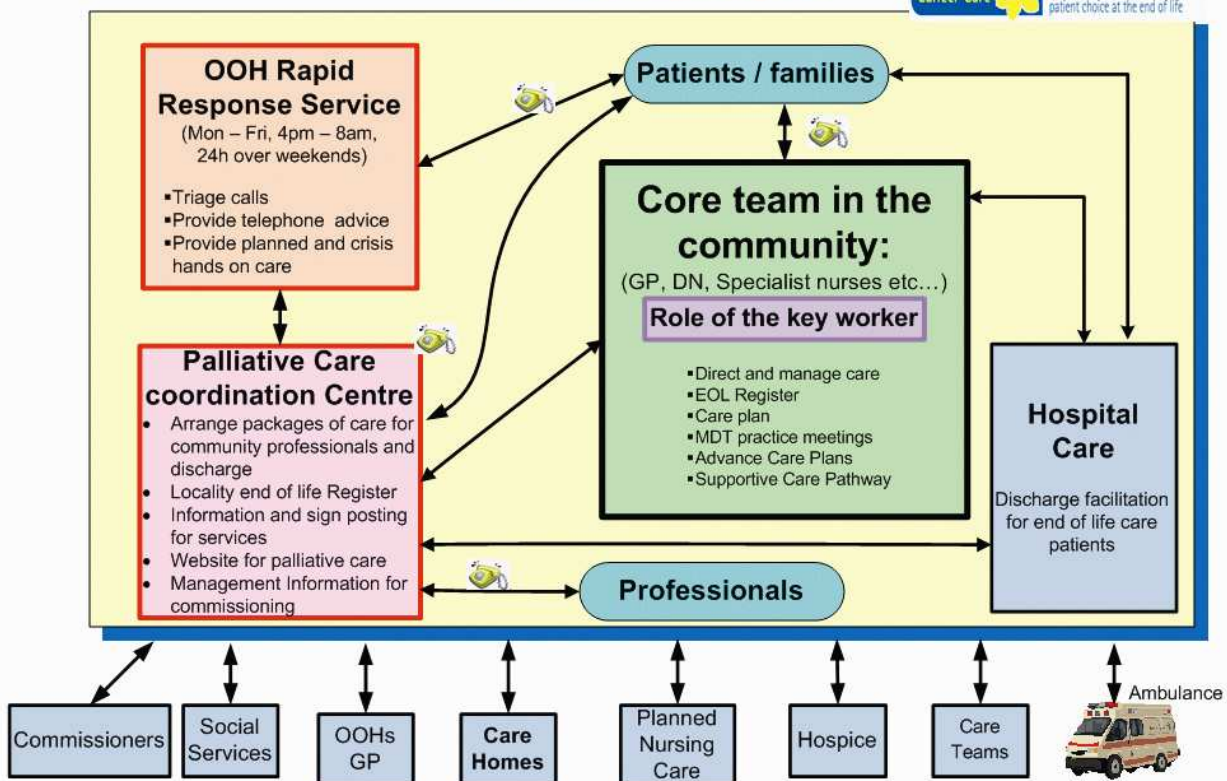
secondary care, social care and the voluntary sector. The service will be well co-ordinated and flexible to ensure that service users and carers receive efficient and effective delivery of services.

For the service to be effective, it is vital that it is integrated with all providers of palliative and end of life care. This includes, but is not limited to:

- Patient's key worker
- GPs
- Community nursing
- Out of hours GP provision
- Specialist palliative care service
- Local hospice and care homes
- Ambulance service
- Acute services including hospital discharge and occupational therapy
- Social services
- Continuing care team
- Hospital discharge team
- Other agencies involved in patient care

The Marie Curie Delivering Choice Integrated Service model for end of life care is an example of how high quality end of life care can be delivered using a whole systems approach.

Marie Curie Delivering Choice Integrated Service Model for End of Life Care



It is also vital that a shared system for the communication of information between professionals in a safe, timely and appropriate manner is utilised by all services involved in palliative and end of life care.

The provider will be expected to establish positive working relationships with other providers including healthcare providers, ambulance service, social services, the independent sector and the voluntary sector to ensure that patients receive a responsive transport service.

The service that the individual and carer receive must be seamless and must not be fragmented or duplicated.

2.5 Sub-contractors

If services are configured or delivered by agencies other than that directly employed by one provider, they must adhere to the service principles and aims. This can include a formal partnership agreement with accountability and governance arrangements in place.

3. Service delivery

3.1 Service model

Receiving bookings

The provider will have a single point telephone number and will be based _____ to ensure efficient operation. Hours that the booking desk is open - **for discussion**. There will be clear guidelines about the software that will be used to manage:

- Recording of patient details
- Recording special circumstances and requirements
- Recording journey details and preferred place of care
- DNACPR status
- Source of referral
- Arrangement and booking of transport
- Number of requests, number of cancellations etc.

The exact composition of the team co-ordinating requests for transport will not be prescribed by NHS commissioners, allowing providers to be innovative in their use of skills and competencies. It is expected that the team co-ordinating bookings should include clerical staff who are trained in the use of IT systems that will be used for recording bookings e.g. a scheduling system.

The key skills and competencies expected include the following:

- Good communication skills
- Ability to build relationships and credibility quickly.
- Ability to communicate with service providers, patients and carers in a dignified and clear manner
- Ability to prioritise and co-ordinate workload, solve problems and take proactive actions to address issues
- Experience in call centre or similar environment
- Experience in dealing with customers or patients

The service must ensure it is appropriately equipped with accommodation, equipment and IT equipment that can facilitate the co-ordination and booking of patient transport. The service will be available with a dedicated vehicle and crew from 9am to 7pm daily, including weekends and Bank Holidays. **Hours for discussion**

The vehicle

The vehicle will be equipped to transport patients at the end of life comfortably and efficiently. **Specification of ambulance – for discussion**

Vehicles will be patient transport ambulances with an integral ramp for loading, trolley bed and two seats. Additional equipment and customisation will include:

- Forward-facing seats to reduce the possibility of patients or relatives being travel sick
- One “Janey” reclining chair which incorporates additional padding

- Trolley bed incorporating specialist pressure-relieving mattress
- Piped oxygen supply with high flow regulators
- Climate air-conditioned saloon
- Integral refrigerator containing cooled water and for storage of medication
- Central courtesy screen to allow patient privacy
- Curtains or blinds for windows
- CD player jack points to allow the use of headphones for patient relaxation or assist with pain management
- Bean bags or small neck support beanbag to assist the patient to sit up comfortably
- Pressure relief splints in various sizes – small blow-up splints for various parts of the body to relieve pressure sores
- Space to secure oxygen concentrator if it is required to be transported with the patient
- Washable covers and duvets which are lighter in weight than hospital blankets
- IV infusion hanging points
- Green theatre towels
- Orthopaedic stretcher to allow transfer of patients who are required to lie flat
- Additional room for baggage

The crew

In order that the dedicated transport is staffed appropriately and can handle all types of palliative care transport requests, additional skills and competencies will be expected over and above existing patient transport services crew. These will include:

- Good understanding of the philosophy of palliative care
- Good communication skills
- Comfort skills for patients and carers
- Good understanding of emotional issues
- Information to be collected from staff before someone is transported
- Airway management
- Oxygen management
- Use of stretchers
- Use of syringe drivers
- Familiarity with signs of imminent death
- Supporting carers when symptoms of imminent death arise
- Dealing with death
- Dealing with DNAR orders

It should be noted that the service only operates during its operating hours. Should there be a need for transport outside of these hours, then the existing arrangements would apply.

It will be a requirement of the provider to maintain records of care booked and to share this information with _____ to allow for effective monitoring of service performance at a time and in a format agreed in advance with _____.

It is essential that the following standards are met by the service:

- To maintain appropriate, contemporaneous records of patients referred to the service
- To communicate and provide information that is coherent and is in line with _____ policies, the Department of Health Code of Confidentiality, The Caldecott report, Data Protection Act 1998 and local child and adult protection procedures, and should outline the mechanisms to safeguard patient information when shared within an integrated service
- To communicate effectively with multidisciplinary teams of health and social care professionals who will be making bookings for patient transport

3.2 Care pathways

Care pathways will be individual to reflect each person's needs and in context with the principles of the End of Life Care Strategy.

The aims which the provider will be expected to deliver are to:

- Provide a dedicated, streamlined and efficient transport service for patients with palliative and end of life care needs
- Transport patients in a bespoke vehicle, designed for comfort and dignity
- Transport patients together with their carers
- Reduce waiting times for transport for patients and their carers
- Enable rapid discharge to patient's preferred place of care
- Reduce length of stay in hospital
- Provide equity in the provision of patient transport
- Effectively manage resources to ensure appropriate risk management, equity of available services, equity of access to services and value for money
- Provide management information related to demand for transport and unmet need

There should be a single patient record system in which all members of the team record their interventions.

This will be in electronic form to facilitate smooth and timely processing and utilisation of information.

A designated member of the team will be responsible for overseeing and coordinating the patient's care and acting as a point of communication between the Palliative Care Coordination Centre (if applicable) and the patient and family.

Booking and prioritisation of transport

Requests for the dedicated transport will be prioritised according to patient type and need, regardless of the patient's destination within _____. In order to ensure that this resource is used appropriately and to its maximum efficiency, a categorisation system will be implemented and applied by the provider for transport requests.

4. Referral, access and acceptance criteria

4.1 Geographic coverage and boundaries

The service will cover all patients who are registered with a General Practitioner in the _____ areas.

4.2 Location(s) of service delivery

The service will operate to cover the whole of the _____ area with local knowledge of services available to meet the needs of the patients. The actual physical location of the service will depend on the selected provider organisation.

4.3 Days and hours of operation

The service will operate between 8am – 7pm daily. The last booking for same-day transport must be made before 6pm. **For locality discussion**

The service will be available with a dedicated vehicle and crew between 9am- 7pm daily, including weekends and Bank Holidays. **Weekend and Bank Holidays cover for discussion**

4.4 Referral criteria

- The patient is 18 years or over
- The patient is registered with a GP in the _____ areas.
- The patient has a valid DNAR order (if appropriate) **For discussion**
- The patient is near the end of life or is a palliative patient with complex needs unable to travel in private transport

4.5 Referral route

The overriding aim of the referral process is to ensure that referrers accessing the service are able to do so easily and are provided with a timely response.

Referrals can be made by any health or social care professional.

Referrals will be made by contacting the service provider on a dedicated telephone line for palliative transport requests only. Calls will be answered immediately.

In exceptional circumstances, calls can be 'queued' and callers should be able to remain on the line or leave a message. If messages are left, the provider will triage messages and deal with urgent calls as a matter of priority (within 15 minutes).

For discussion:

Once a transport request is accepted, a confirmation PALLIATIVE CARE TRANSPORT BOOKING FORM (containing details in relation to the request) will be completed by the referrer and emailed to the provider.

If a message is left during the out of hours period (7pm – 8am) the provider will respond the next working day. **Timings for discussion**

4.6 Exclusion criteria

The provider is expected to provide clear exclusion criteria but it is anticipated these will only be used in extraordinary circumstances.

Managing inappropriate referrals

The provider's staff will have clear guidance on the type of referrals that can be accepted by the service.

If a referral is deemed to be inappropriate, the following action will be taken:

- Explanation of referral criteria to the referrer
- Redirection of the call to the appropriate service

4.7 DNACPR

If the provider is made aware that a DNACPR order exists for the patient that they are transporting, the provider must satisfy themselves that the DNACPR order is valid and current.

The provider will ensure that they are aware of individual Trust policies in relation to DNACPR and maintain regular policy updates. Any change to policy will be disseminated to staff handling calls and transport crews.

Information will be available in the Palliative and End of Life Care Patient Transport giving further detail to the crew regarding support in the event that deterioration in the patient's condition on the journey leads to death.

A clinician (doctor or nurse) should facilitate discussion with the patient (where appropriate) and the patient's family about their preferred destination for the patient's body should death occur in transit.

4.8 Transportation of vulnerable patients

Patients that require additional support on a journey can be transported with a relative, carer or Registered Nurse or Healthcare Assistant.

4.9 Process to notify of delay

The provider will manage the working schedule for the Palliative and End of Life Care Patient Transport. If the crew identify a risk of potential delay, they will inform the call handling staff, who will then communicate this delay immediately, with an explanation and an updated expected time of collection.

4.10 Out of hours period

Existing transport arrangements will continue to be used during times when the Palliative and End of Life Care Patient Transport is not in operation.

4.11 Deterioration of patient's condition during transport

For discussion

Providers should have a policy in place to manage situations in the event that the crew are concerned about continuing the journey, or if they believe death might be imminent and there is no Registered Nurse support accompanying the patient.

Below is a local example of what happens:

- The crew will pull in at the side of the road.
- The crew will alert the provider who will send clinical support.
- If the crew believe the patient has died they must record the time they observed the patient takes his or her last breath. The crew should also note who was present at that time.
- The attending clinical support will advise if it is appropriate to continue on the journey or they will offer appropriate support, and should death occur (or have occurred), they will verify the death.
- The provider will advise the relevant departments of the situation.
- The attending clinical support will document verification in the provider's records and in any records carried by the patient.
- Where the booking form states the preferred destination, should death occur in transit, the crew will request that arrangements are made for the patient's body to be transported to the preferred destination.

4.12 Key patient data collection

The following data will be provided to commissioners on a monthly basis:

All patients

- Number of patients that were referred during the month
- Source of referral
- Geographic location of patient, identified by postcode
- Geographic location of destination, identified by postcode
- Total number of patients transported

Patient analysis – (using the guidance from National Council for Palliative Care Minimum Data Set)

- Lives alone
- Age and gender
- Diagnosis
- Analysis of primary diagnosis
- Ethnicity

Journeys

- Number of delivered journeys
- Number of cancelled journeys
- Number of aborted journeys
- Breakdown of journey type – e.g. hospital to home, hospital to hospice
- Journey breakdown by time and day of week
- Utilisation rate
- Average job time

Cancellation of journeys

- Reason for cancelled journeys
- Reason for aborted journeys
- Timing of cancellation

Call handling activity

- Number of calls to centre
- Time taken to respond to call
- Time taken to complete booking

Refusal of referral

- Number of referral refusals
- Reason for refusal

User feedback

- Professional satisfaction questionnaires, interviews and record logs
- Patient and carer satisfaction questionnaires, interviews and record logs

Patient outcome

- Patient transported to preferred place of care

5. Discharge from the service

Discharge will take place once the patient, their carer or relative have been transported to the destination of their choice.

6. Patient and carer information

This service will benefit patients and carers by:

- Helping patients achieve their choice of place of care by reducing delays in discharge caused by restrictions to transport
- Ensuring appropriately trained personnel will provide quality care services to patients at the end of life during transportation
- Providing effective ways of working with professionals
- Providing better coordination and connectivity between hospital, hospice, community and transport services
- Providing patients with choice in place of care at the end of life and while improving service provision, it is expected that the number of patients dying at home will increase.

7. Quality and performance standards

National standards, guidance, targets and requirements

_____ expects that the provider will comply with all national quality requirements as set out within *Standards for Better Health* and *Essence of Care*. e.g.

- Privacy and dignity
- Principles of self-management (embedded within this is Self-Management Programmes)
- Record-keeping

The Healthcare Commission carries out a series of reviews each year including reviews of clinical areas and developmental standards. _____ expects the provider to work with _____ in aspiring to achieve a “good” or “excellent” rating in any such review.

The provider should comply with all Department of Health and NHS guidance on accepted current and future best practice, including NICE guidance. Where the provider has deviated from any national or locally agreed clinical guidance, the provider is required to update _____ in writing at the earliest opportunity at the Clinical Review Meeting, along with the reasons for non-compliance.

Clinical quality performance indicators and consequences

- _____ will monitor the provider on all items within the performance indicators included in the contract.
- _____ expects that the provider will provide information in the format and frequency specified in order to support this monitoring. The provider shall produce monthly Clinical Quality Performance Report, detailing performance against the agreed schedule. Reports will be reviewed at the monthly Clinical Quality Review Meetings.

Infection control

- _____ expects the provider to comply with the *Code of Practice for the Prevention and Control of Healthcare Associated Infections* and implement best practice from *Saving Lives* in respect to hand hygiene.
- In the event of any potential infectious risk the provider will work with the Health Protection Agency (HPA) where clinical priorities will take precedence.

Safety and incidents

- The provider is responsible for ensuring the safety of patients whilst on their premises, under the care of their staff and departments and throughout the discharge process. _____ expects that they have robust risk management systems in place including incident reporting and learning, and risk assessment and management. _____ requires the provider to share action plans resulting from incidents, assessed as high risk but which fall outside the SUI process, with _____ for agreement at monthly Clinical Review Meetings.
- ‘On their premises’ refers to place of business including ‘the vehicle’.

- _____ requires that the provider supplies it with a quarterly report of the total number of incidents by division. _____ will be looking for assurance that the proportion of serious incidents is not increasing, in line with best practice in the embedding of a safety culture.
- _____ expects that the provider will comply with the arrangements for notification and investigation of Serious Untoward Incidents (SUIs) as set out in Appendix 3 (*Serious Untoward Incidents and Patient Safety Incidents*).
- _____ expects that a senior manager from Governance will attend a quarterly Patient Safety and Quality Network meeting with other key stakeholders in order to share learning across the health economy.
- _____ expects the provider to notify _____ of the number and type of any drug errors by division and ward and to share any learning and resulting action plans with _____ at the Clinical Review Meetings.

Care of the client

The provider will:

- Ensure that cultural, religious and lifestyle beliefs are respected at all times.
- Regard the physical and mental health needs of all members of the household at all times.

Clinical audit

- The provider is expected to have, in place, an annual programme of clinical audit and effective systems to support audit, implement changes and share findings. _____ requires to be invited as a member of the Clinical Audit Committee and receive all agendas, minutes and papers. _____ must receive a copy of the Annual Audit Plan and Annual Audit Report. All specific individual audit reports and findings should be available to _____ on request within 30 days of request and to aid this, _____ should be provided with a quarterly list of completed audits, outcomes and lessons learnt.
- In agreement with _____ the providers will include within their annual audit plan areas of audit in response to the Institute for Innovation and Improvement “Delivering Quality and Value” and audits for areas within Essence of Care, or as a result of the provider reporting on current levels of performance against agreed local indicators.

Compliments, complaints and PALS

- The provider is expected to have in place services that meet the requirements of the NHS Complaints Process and the PALS agenda. In addition, the provider should be learning from specific events and trends analysis. _____ expects the provider to produce a quarterly report of the total number of complaints and the response rate, by division; and a report on the total number of PALS enquiries by division. The provider should also report the number of PALS enquiries which are recorded as complaints.
- _____ expects that, in line with good practice, the Provider Trust grades all formal complaints, and this grading is reflected in the quarterly reports.
- _____ expects that the provider will segment the complaints

using a categorisation agreed with _____ and will report the top three areas of complaint each quarter. _____ requires evidence of an action plan in place, agreed with _____ through Clinical Review Meetings, to address as a minimum those areas raised as most common issues of concern in the previous year.

Patient experience

- _____ aims to ensure that information about patient experience is used systematically to support commissioning. _____ expects that the provider will give patients the opportunity to comment on their experience of using services on an ongoing basis, through patient surveys, Patient and Public Involvement work, PALS, complaints and other activities.
- The provider will provide _____ by the end of quarter one a detailed plan of how it intends to deliver this expectation over the following 12 months.
- The provider will ensure they collect equality and diversity monitoring information in accordance with the requirements within Standards for Better Health and will provide these to _____ if requested to do so.

Patient-reported outcome measures

- _____ and the provider will work together during _____ in agreeing further outcomes measures and indicators to be included in the contract.

Safeguarding adults

- _____ expects the provider to work within the Safeguarding Policies in place across _____.

Working together

It is expected that the provider will participate in attending the following:

- Clinical Review Meetings
- Internal Governance meetings as an observer
- Joint unannounced visits to service divisions initiated by either the provider or _____
- Clinical observation of assessment consultation and follow-up
- Annual quality visit
- Clinical Dialogue meetings between _____ practice based commissioners and provider clinicians to discuss interface and pathway issues.
- Joint drug and therapeutic commissioning group

Accountability structures

- All team members to have an annual appraisal and personal development plan with 360 degree feedback involving GP practices.
- Continuing professional development must be actively encouraged through:
 - In-service training
 - Formal course attendance
 - Reflective practice
 - Clinical supervision
 - Mentoring and clinical reasoning or problem solving sessions

Each team will be led by a senior healthcare professional

- There must be clear lines of accountability and responsibility.
- Leadership development occurs at all levels of the organisation.
- The teams will meet regularly to ensure there is effective communication between members of the team and between the team and other agencies to ensure that patient needs are met.
- Multi-skilling within the team will be encouraged and organised.
- Each team will focus on the allocation of tasks, time management and work methods.
- Team members will be involved in the recruitment of other members of the team.

The service will make available any information as reasonably required by _____ for the purposes of monitoring the service specification.

8. Activity

<i>Activity performance indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>	<i>Report due</i>
Number of referrals to the Palliative and End of Life Care Transport Service <ul style="list-style-type: none"> (i) Hospital/ward/professional group (ii) Hospice (iii) GPs (iv) District nurse (v) Social worker (vi) Specialist palliative care (vii) Clinical Nurse Specialists (Specialist Palliative Care, Heart Failure Nurses etc.) (viii) Community matrons (ix) Other health and social care professionals 		Through monthly report generated by service monitoring software		
Total number of patients that received services in the month broken down by <ul style="list-style-type: none"> (i) Patients that have used the service before (ii) New referrals 		Through monthly report generated by service monitoring software		
Type of referrals to the Palliative and End of Life Care Transport Service broken down by prioritisation category		Through monthly report generated by service monitoring software		
Average response time from referral to transportation (in minutes)		Through monthly report generated by service monitoring software		

Average time for arrangement of transport (in minutes)		Through monthly report generated by service monitoring software		
Number of delivered journeys		Through monthly report generated by service monitoring software		
Number of cancelled journeys		Through monthly report generated by service monitoring software		
Number of aborted journeys		Through monthly report generated by service monitoring software		
Reason for cancelled journeys		Through monthly report generated by service monitoring software		
Reason for aborted journeys		Through monthly report generated by service monitoring software		
Timing of cancellation		Through monthly report generated by service monitoring software		
Utilisation rate				
Call handling activity Number of calls to centre Time taken to respond to call Time taken to complete booking		Through monthly report generated by service monitoring software		
Primary diagnosis broken down by condition with summary of number of patients with (i) Cancer (ii) Heart disease (iii) Respiratory disease (iv) Other		Through monthly report generated by service monitoring software		
Secondary diagnosis broken down by condition		Through monthly report generated by service monitoring software		

9. Continual service improvement plan

Continual monitoring and audits of the Palliative and End of Life Care Patient Transport service will be undertaken and performance will be monitored and evaluated.

It will be the responsibility of the _____ to monitor performance of the new

initiatives. Providers will regularly inform partner organisations of progress, performance, issues and risks. This will be done on a monthly basis to enable actions to be taken to improve the performance of the new interventions and to prove that the money spent is utilised in the most effective way.

The performance measurements have been developed in consultation with local stakeholders. The monitoring not only will help the implementation of the service and improve performance, but also will provide valuable data upon which the overall evaluation of the service will be based.

10. Prices and costs

10.1 Price

Basis of contract	Unit of measurement	Price	Thresholds	Expected annual contract value
Block/cost and volume/cost per case/ Other_____*		£		£
Total		£		£

**delete as appropriate*

10.2 Cost of service by commissioner

Total cost of service	Co-ordinating PCT total	Associate PCT total	Associate PCT total	Associate PCT total	Total annual expected cost
£	£	£	£	£	£

For further information

To discuss this service specification in detail, please contact:
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www.mariecurie.org.uk/commissioning