

Renal Transport Ceredigion



Co-production Review

Development and provision of patient centred rural transport for haemodialysis at Bronglais Hospital

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1. Summary

Life with kidney disease is tiring. A properly functioning kidney helps prevent salt, extra water, and waste from accumulating in the body. It helps control blood pressure and regulates important chemicals in the blood.

When your kidneys don't perform these functions, due to disease or injury, then fatigue, cramps, swelling of feet and hands, nausea, shortness of breath, dizziness and trouble concentrating can get the upper hand.

Haemodialysis treatment in hospital or a clinic can help purify the blood and remove waste. Typical haemodialysis treatments last about four hours and are needed about three times a week. The symptoms of kidney disease or injury mean a suitable and appropriate transport to treatment solution is vital.

One element of the Hywel Dda University Health Board (HDUHB) response to the Griffiths Review of Non-Emergency Patient Transport (NEPT) has been a focus on appropriate transport to each of our Haemodialysis Units - located in Glangwili, Bronglais and Withybush Hospitals.

Since December 2012 we have worked with patients, staff and the 3rd Sector to scope and then provide a dedicated transport service to meet the demands of patients dependent on the haemodialysis unit in Bronglais Hospital, Aberystwyth.

This service is provided through the Royal Voluntary Service (RVS). RVS use their community volunteer drivers to ensure that however distant or dispersed from the unit (Ceredigion, is ranked amongst the twenty lowest population density areas across all 348 local authority areas in England and Wales) our patients have appropriate access to haemodialysis. They are ensuring that poor transport does not undermine good dialysis.



This rural dispersion and geography increases so called *dead mileage*, when patients are not in the seat, i.e. drivers making their way to and from patients houses for pick up and drop off. The feedback received from patients using the service has been resoundingly positive. The personal service provides a valued reassurance to patients. It has also modelled the service improvements and efficiencies achievable when informed partnership working contributes to health care.

This progress is set against and in contrast to a background of general deep dissatisfaction with patient transport expressed by the Welsh Kidney Patients Association (WKPA) to the health minister in August 2014 and at a time when the Welsh Ambulance Service Trust (WAST) is struggling to maintain NEPT capacity whilst under pressure and scrutiny for Emergency Medical Services (EMS) delivery.

This co-produced work has refocused some NHS thinking to where it counts - outcomes that matter to individuals.

2. Key Learning

- That with a fair and comprehensive Service Level Agreement (SLA) a Third Sector organisation could be given the responsibility to craft the operational elements of the transport system.
- That a real difference can be made to patients lives if conventions and practise (in this case WAST monopoly of NEPT) are reviewed.
- Analysing and acting upon patients needs can offer positive feedback reinforcement relatively early on – people whose lives are hard enough are contending with one less problem.
- This programme and agreement with RVS has reinforced and raised awareness of the contribution that third sector organisations can bring to the delivery of changing healthcare.
- The experience in Bronglais has opened the door to discussions with WAST, Third Sector Organisations, Local Authorities and the Renal Network to explore how a similar model of a mixed provision of Haemodialysis transport can also be embedded in both Glangwili and Withybush units.
- Performance monitoring is more straightforward and effective under the new SLA.

3. More about the Programme/Project

The WKPA has contended *that “many patients would value a dedicated service that transports renal patients only and removes the long journeys and delays experienced when travelling with other non renal patients”*.

They have also looked to 2 examples within the Griffiths Review; the introduction of dedicated transport for Metastatic Spinal Cord Compression and in Hywel Dda the introduction of dedicated transport for mental health patients. Their contention has been that such tailored approaches are pertinent to hospital dialysis patients.

As part of the review of renal transport a Service Level Agreement with RVS provided for dedicated transport with the commissioning of an RVS coordinator role. This role ensures that transport cover is available at all times (to cover sickness and annual leave) and provides reassurance to our patients that their needs will be met.

The establishment of the RVS service has relieved pressure on WAST. Now only those renal patients with specific *mobility or medical* needs are conveyed to Bronglais by ambulance.

For a fuller understanding of the context please see *Appendix 1, Peter Llewellyn response to WKPA, Aug, 2014*

4. Why is this co-production?

- The programme has been built on a foundation of **conversation** between patients, HDUHB, WAST and the RVS.
- It has its roots in the **lived experience** of patients and the knowledge of physicians and bodies responsible for the welfare of dialysis patients.
- The engagement of volunteer drivers has provided an “**opportunity to give something back**” – a universal impulse. The feeling is “we all need each other” – healthcare isn’t a one way transaction.
- The focus is on facilitated **outcomes not process**. The focus of co-production is on achieving the outcomes that matter to individuals, rather than on the process of delivering services. The professional facilitation in this case comes from the HDUHB Directorate of Strategic Partnerships.

"We are delighted the Renal Transport Scheme in Ceredigion has been funded by the Hywel Dda Health Board for another year following a very successful first year of service. This is a vital service and we are incredibly proud of the hard work and dedication of our volunteers who transport patients to and from their dialysis appointments, providing them with the care and support they need. This is a great example of the difference the voluntary sector can make and how, working together with Hywel Dda, we can deliver a cost effective, first class service, enabling our volunteers to contribute to their local communities in an extremely fulfilling way." David McCullough, Chief Executive, Royal Voluntary Service

5. Evidence of impact

The patient experience

A survey of service users conducted by RVS in the autumn of 2014 highlights the degree of satisfaction with the RVS/HDUHB transport solution.

Questions around journey times, punctuality, quality of the vehicle – the things that matter to kidney patients – all scored maximum satisfaction for all those surveyed.



The service provider experience

Mileage and trip data collected highlights the balance between duty and dead mileage associated with this rural scheme. Figures provided by WAST highlight the reduction in call on their capacity.

Full survey results and RVS / WAST statistics below:

Survey Results in full - RVS Survey of Bronglais Renal Transport Patients in Oct 14.

11 Participants Summary		Bodlon lawn / Very Satisfied	Gweddol Fodlon / Fairly Satisfied	Heb fod yn Fodlon nac yn Anfodlon / Neither satisfied Nor Dissatisfied	Gweddol Anfodlon / Fairly Dissatisfied	Anfodlon lawn / Very Dissatisfied	Wn i Ddim / Don't Know
1	Prydlondeb y cludiant / Amser aros Punctuality of transport / Waiting time	100%					
2	Hyd y daith o ran amser Journey time	100%					
3	Safon ac addasrwydd y cerbyd a ddefnyddiwyd Quality and suitability of vehicle used	100%					
4	Pa mor gyfeillgar a pharod i helpu oedd y gyrrwr Friendliness and helpfulness of driver	100%					
5	Y gwasanaeth yn gyffredinol Overall service provided	100%					

Comments received with survey responses:

"All drivers are lovely". Patient Mallwydd

"Concerned re: availability of transport in poor weather". Patient Llangrannog

"No complaints at all". Patient Aberystwyth

"Very happy with service". Patient Pontrhydfendigaid

"Grateful for service". Patient Aberystwyth

"Drivers doing a really good job". Patient Aberystwyth

"Excellent service". Patient Llangurig

"Very good service". Patient Ffos Y Ffin

"No problems- will let us know straight away if any problems". Patient Llangwryfon

"Drivers are all perfect". Patient Bwlchllan

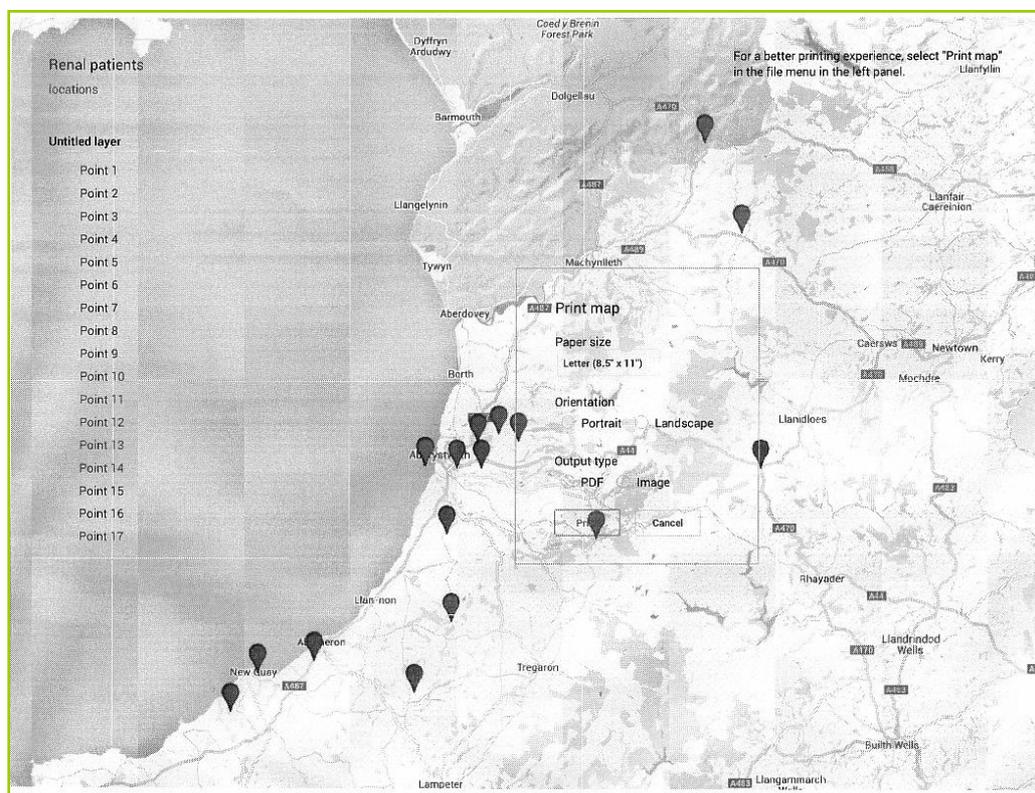
"Always on time, very friendly and helpful". Patient Bronant

April to October 2014 Renal Transport Statistics:
Mileage Analysis and Trip Volume - RVS

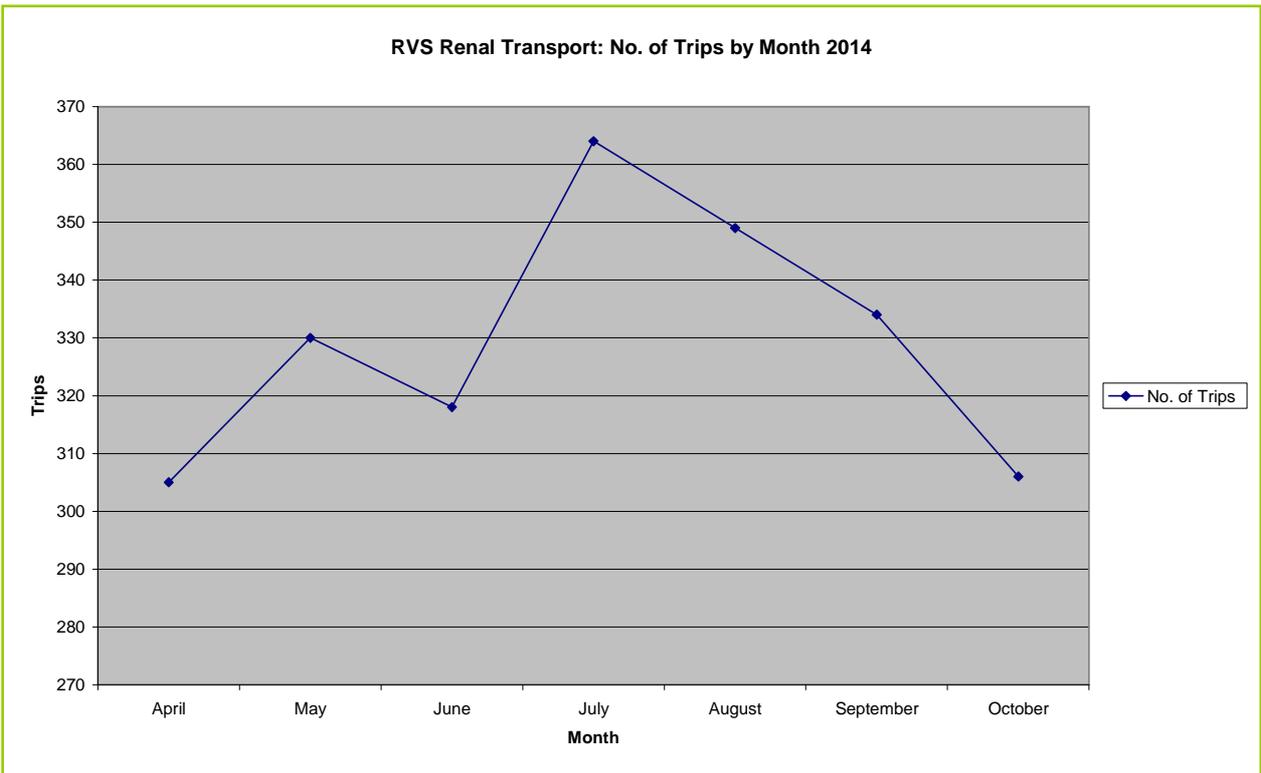
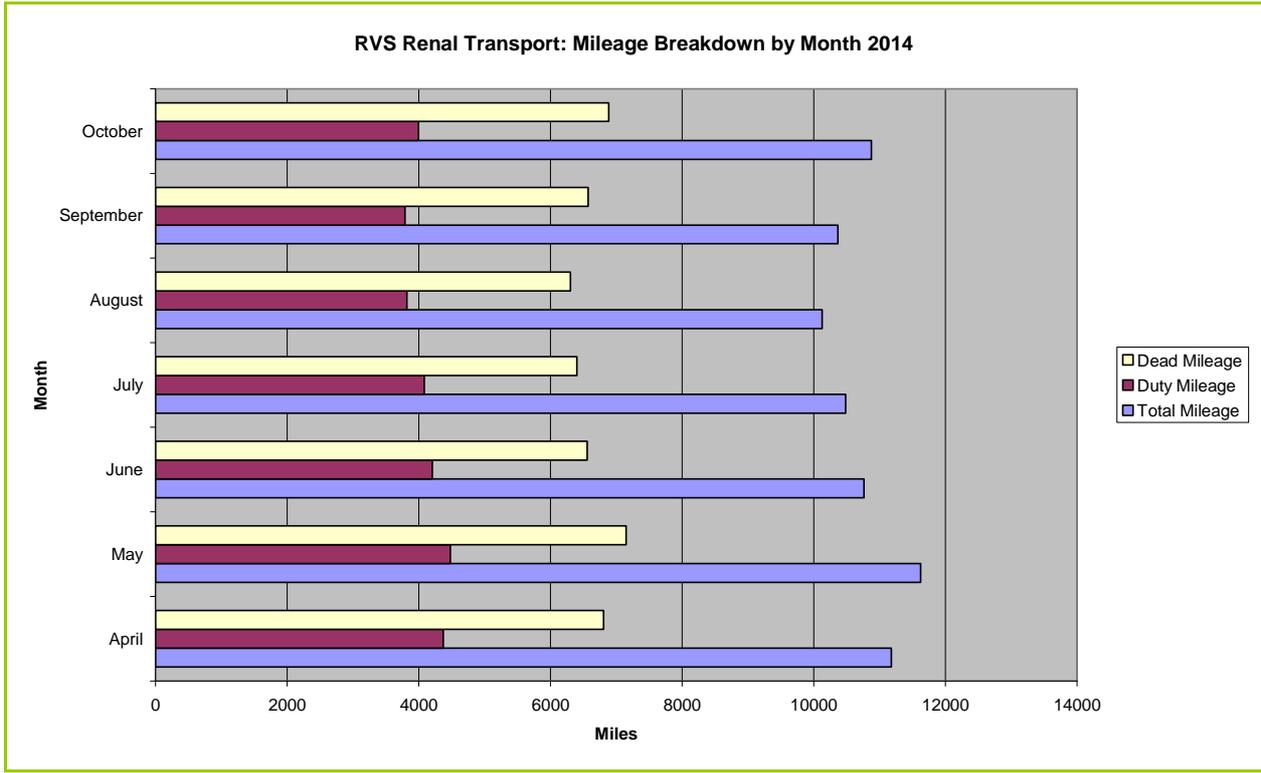
For mileage analysis and trip volumes by month see below. As discussed the dispersed rural population is the major contributing factor to the approximately 60% per month 'dead mileage':

	Total Mileage	Duty Mileage	Dead Mileage	No. of Trips
April	11179.01	4372.45	6806.56	305
May	11626.3	4478.31	7147.99	330
June	10763.21	4206.38	6556.83	318
July	10483.5	4085.45	6398.05	364
August	10123.43	3819.82	6303.61	349
September	10365.8	3791.62	6574.18	334
October	10878.16	3996.14	6882.02	306

	% Duty Mileage	%Dead Mileage
April	39.11%	60.89%
May	38.52%	61.48%
June	39.08%	60.92%
July	38.97%	61.03%
August	37.73%	62.27%
September	36.58%	63.42%
October	36.74%	63.26%



Map highlighting wide geographic dispersion of Bronglais renal patients – relevant in terms of 'dead mileage'.



April to October 2014 Renal Transport Statistics:
Reduction in WAST Activity

WAST - Actual Activity to date for both Mobility and Category																	
Patient Postcode	PCT	Mobility of Patient									Category of Patient						
		T1	C1	C2	C3	C4	C5	C6	Esc	Total	Adm	OPD	Tr	Dis	DC	Esc	Total
Ceredigion		322	155	237				27	44	785		710	1	2	28	44	785

WAST - Variance in Activity to date for both Mobility and Category																	
Patient Postcode	PCT	Mobility of Patient									Category of Patient						
		T1	C1	C2	C3	C4	C5	C6	Esc	Total	Adm	OPD	Tr	Dis	DC	Esc	Total
Ceredigion		-1473	-69	67	-35	-5	0	26	40	-1449	-1	-1061	0	-2	-425	40	-1449

For an explanation of WAST mobility designation codes please see Appendix 2

The impact of focusing WAST transport capacity on those patients needing higher levels of personal mobility support has reduced costs to HDUHB and freed WAST capacity for emergency journeys.

From the above it can be seen that for the period there was a reduction of 1473 T1 (*patient can walk unaided or requires minimal assistance*) category journeys.

Other evidence points to a significant drop in aborted journeys and refusals to travel.

St John Ambulance continues to provide transport services to HDUHB at Bronglais complementing the mixed provision which is increasingly meaning that the right and appropriate transport solution is available for our patients.

Annual cost savings through mixed provision

Historically the cost of renal transport with WAST has been circa £140,000 per annum. Under the current SLA transport is being provided at circa £85,000 per annum (£75,000 RVS, £10,000 WAST).

This change represents an annual cost saving circa £55,000.

6. Interested in this approach?

We are aware there is potential for improvement in maximising vehicle usage and reducing dead mileage for the dialysis service.

We are also aware that these first steps have been well received by our patients.

To hear more about this approach to reducing the transport burden on our dialysis patients please contact:

Peter Llewellyn, Assistant Director of Strategic Partnerships, Hywel Dda University Health Board, peter.llewellyn@wales.nhs.uk

Acknowledgements

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Mike Dinwoodie, Service Administrator, Royal Voluntary Service, Ceredigion & Powys

Trish Hughes, Former Director of Royal Voluntary Service

Reference: Transport for Hospital / Unit based Haemodialysis Patients

Thank you for copying me in to your correspondence to the Minister for Health and Social Services regarding the above.

In taking forward the Griffiths Review across the Hywel Dda region there has been a conscious effort to provide appropriate transport to each of our Haemodialysis Units based in Glangwili, Bronglais and Withybush Hospitals. In particular we have made progress in providing a mixed provision of transport geared to meeting the needs of all our patients regardless of their medical needs.

One of the areas to benefit from such an approach is the transport service that has been developed for our Haemodialysis patients attending the Bronglais Unit in Aberystwyth. Since December 2012 we have worked with this particular unit to provide a dedicated transport service to meet the demands of patients living in rural areas by ensuring that they are able to access their treatment in a timely, consistent and efficient manner.

This service is provided through the Royal Voluntary Service (RVS) who utilise their large army of volunteers to convey all those requiring car transport to and from the unit across the large geographical area of Ceredigion.

As part of this Service Level Agreement we have also commissioned with the RVS a coordinator role to ensure that transport cover is available at all times to cover sickness and annual leave.

The feedback from patients, results of which is currently being collated, has been to date very positive based on the continuity of transport provision they receive. Based on this new service only those patients who have specific mobility or medical needs are now conveyed by the Welsh Ambulance Service NHS Trust (WAST) to this unit.

We now look forward to the opening of the new Haemodialysis Unit in Bronglais as we do for the new unit on the Withybush site, the latter which is due to be commissioned in the near future.

Based on our experience in Bronglais, we are in discussions with WAST, Third Sector Organisations, Local Authorities and the Renal Network to explore how a similar model of a mixed provision of Haemodialysis transport can also be imbedded in both Glangwili and Withybush Units.

Should you require any further information regarding these developments please contact Peter Llewellyn, Assistant Director of Strategic Partnerships peter.llewellyn@wales.nhs.uk

Appendix 2, WAST mobility designation codes.

Mobility of Patient	Description
Walking case (T1)	The patient can walk unaided or requires minimal assistance.
Walking case (C1)	This category is the same as a T1 – the patient can walk unaided or requires minimal assistance to the Ambulance, even if the patient requires a chair from/to the ward/department.
Chair Case (C2)	The patient requires the assistance of two ambulance staff. This may be to walk with the help of two people, or to transfer between two chairs, or they have to be carried on/off the ambulance.
In Own Wheelchair (C3)	The patient is in their own wheelchair and cannot transfer out of this chair, there should be a medical need for them to travel whilst remaining in their chair.
In Own wheelchair (C4)	The patient is in their own wheelchair, and there is a medical need for them to travel in their chair. In addition their condition or the access to the property requires the need of a two person crew.
Electric Wheelchair (C5)	The patient is in their own electric wheelchair; this must be indicated at the time of booking, to enable a risk assessment to be carried out prior to the patient being conveyed.
Stretcher patient (C6)	The patient must lie down for the duration of the journey and / or has a full leg plaster and cannot sit. Only one stretcher is carried per Ambulance and not all Ambulances have stretchers.