



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Ambulance Control
Procedure
External Service Providers
for Non Ambulance PTS

National Ambulance Service (NAS)

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1.0 POLICY STATEMENT

- 1.1 Patient transport is provided by the HSE on a “discretionary basis”
- 1.2 The National Ambulance Service (NAS) and indeed the wider HSE, needs to utilise resources from External Service Providers (ESP) where an appropriate budget exists to:
 - A. Support non ambulant patient transport delivered by the NAS
 - B. Provide a more cost effective solution for patients and clients for whom a taxi or minibus is the most suitable resource
- 1.3 The HSE will only utilise ESPs whom have been notified by the HSE Procurement Service following a public procurement process

2.0 PURPOSE

- 2.1 To provide Ambulance Control staff with clear direction on when the use of an ESP is authorised
- 2.2 To provide Ambulance Control staff with clear direction on how to book an ESP
- 2.3 To ensure compliance with National Financial Regulations
- 2.4 To ensure adherence to NAS budgetary control measures
- 2.5 To ensure compliance with HSE Internal Audit recommendations in relation to booking arrangements for ESPs for non ambulance patient transport
- 2.6 To ensure compliance with current contractual arrangements

3.0 SCOPE

- 3.1 This Procedure applies to public patients whom are deemed eligible for HSE transport
- 3.2 This Procedure applies to inter facility patient transfers classified as 4A as outlined in the Pre Hospital Emergency Care Council’s (PHECC) Inter Facility Patient Transfer Standard

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

- HSE National Financial Regulations
- HSE Procurement Policy
- PHECC Inter Facility Patient Transfer Standard
- Policy - NASP002 - Non Ambulance PTS

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5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 Non Ambulance - A patient who ambulatory and who has no requirement for monitoring or active management or intervention (PHECC Category 4A)
- 5.2 ESP - An External Service Provider is a taxi company or a minibus provider who provides vehicles for non ambulance patient transport
- 5.3 MTPN - A Minibus or Taxi ESP paid for by NAS
- 5.4 MTPH - A Minibus or Taxi ESP not paid for by NAS
- 5.5 Standing Authorisation - Is where a designated budget holder is satisfied that sufficient budget exists to authorise the expenditure of NAS funds on the use of ESPs

6.0 ROLES AND RESPONSIBILITIES

6.1 CONTROL AND PERFORMANCE

- 6.1.1 NAS Control Managers are responsible for ensuring compliance with this Procedure.
- 6.1.2 The Control and Performance Manager is responsible for monitoring managerial compliance with this procedure and providing related reports to NAS Area Operations Managers

6.2 AREA OPERATIONS

- 6.2.1 It is the responsibility of each budget holder to ensure that appropriate systems of expenditure control are in place to ensure expenditure does not exceed budget allocation
- 6.2.2 NAS Area Operations Managers are responsible for communicating and monitoring financial thresholds available for expenditure on ESPs.
- 6.2.3 NAS Area Operations Managers are responsible for issuing or withdrawing standing authorisation to NAS Control Managers to expend NAS funds on ESPs

7.0 PROCEDURE

7.1 TAXI/MINIBUS TRANSPORT

7.1.1 Whenever an appropriate (eligible (see Section 7.2) public patient and appropriate mobility status (PHECC Inter Facility Patient Transfer category 4A)) request is received, Ambulance Control should:

- A. Confirm with the person in charge in Ambulance Control, whether or not a “*Standing Authorisation*” is in place to expend NAS funds on ESPs
- B. If a “*Standing Authorisation*” is in place, process the call as per normal booking procedures.
- C. Agree a pickup time with the caller.
- D. Follow the Booking Procedure outlined in Appendix II.
- E. All such calls should be tagged on the CAD as *MTPN* to indicate the number of calls undertaken by an ESP where the NAS are paying the invoice

7.1.2 If no “*Standing Authorisation*” is in place, then take the following steps:

- A. Advise the booking caller that the NAS does not have financial authorisation to utilise an ESP
- B. Advise the caller that Ambulance Control can book an ESP on their behalf subject to the caller providing a Purchase Order number, Invoice Address and Contact person
- C. Where forthcoming, advise the booking caller that once the ESP is booked, all further arrangements will be directly between the provided contact person and the ESP.
- D. Remind the booking caller that by booking transport for the patient, they are confirming that the patient is eligible
- E. Follow the Booking Procedure outlined in Appendix III.
- F. All such calls should be tagged on the CAD as *MTPH* to indicate the number of calls undertaken by an ESP where the NAS are not paying the invoice

7.1.3 The numbers, category (oncology, dialysis, etc.) and cost to the NAS of utilising ESPs should be included in monthly activity reports

7.1.4 The numbers and categories of (oncology, dialysis, etc.) ESPs booked on behalf of other HSE services should be included in monthly activity reports

7.2 ELIGIBILITY

All eligibility criteria under both sections, 7.2.2 and 7.2.3, must be met before sanctioning a PTS request

- 7.2.1 The booking caller is responsible for advising the patient's eligibility
- 7.2.2 Medical Need - A determination that a patient requires transport due to Medical Need should be formally signed off by a Healthcare Professional who is employed by or working under contract to the HSE (or funded agency)
- 7.2.3 A person for whom transport is requested must fit into at least one of the categories outlined below (A or B):
- A. Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by any other means.
 - B. Where the medical condition of the patient is such that they require the skills or support of Healthcare staff on their journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- 7.2.4 It is expected, as a rule, that patients should be able to make their own arrangements for transport. However, it is recognised that where a medical need has been determined for transport (under 7.2.2), access to healthcare may be affected in circumstances where the patient has to meet a significant transport cost to the extent that it causes undue financial hardship. The following criteria should be applied to determine if a patient may be eligible for transport provided directly by or funded by the HSE (or funded agency):
- A. Is the patient in a position to make their own transport arrangements, particularly where Public Transport is readily available, unless there are clear clinical factors involved. Transport needs may also be established by reference to a patient's normal daily routine
 - B. Where it has been established that the patient cannot make their own transport arrangements, as per 7.2.2, only those patients with a current valid Medical Card may be deemed eligible for transport provided or funded by the HSE (or funded agency).

C. For those patients not holding a current valid medical card but who have indicated that making their own transport arrangements will cause undue financial hardship:

- A formal assessment should be sought through a Community Welfare Officer indicating financial hardship
- If, in exceptional circumstances, it is not reasonable to seek a formal declaration of financial hardship from a Community Welfare Officer (e.g. where a patient is Hospital based and their discharge may be delayed) then it is appropriate for a Medical Social Worker to assess the patient's status

7.3 BUDGETARY CONSTRAINTS

7.3.1 As outlined under Section 1.0 of this Policy, "Patient transport is provided by the HSE on a "discretionary basis". Therefore even if all eligibility criteria are met, as outlined under Section 7.2, the Budget Holder may not approve the request. This may be done on the basis of protecting core service delivery functions where the prevailing budgetary situation is not favourable.

7.4 PATIENTS WITH SPECIFIC REQUIREMENTS

7.4.1 Any specific requirements relating to the patient's needs during their transportation must be requested at the time of booking so as to ensure the ESP is fully informed

7.4.2 These requirements should be considered by the duly authorised healthcare professional prior to requesting patient transport

7.4.3 Where prioritisation of resources is required, specific consideration should be given to patients undergoing treatment for cancer and dialysis

7.5 PATIENTS WHO MAY PRESENT RISKS TO OTHER PATIENTS AND STAFF

7.5.1 Any specific risks identified must be notified to the ESP as part of the booking process. In particular, specific consideration should be given to patients who are:

- A. Infectious
- B. Potentially violent or aggressive

7.6 CATEGORIES OF MOBILITY

- 7.6.1 The booking caller must identify the patient's level of mobility in line with the PHECC Inter Facility Patient Transfer Standard (see Appendix IV)
- 7.6.2 Where there is any doubt, the booking caller should be advised to consider a Patient Moving and Handling Assessment in line with the HSE's Patient Moving and Handling Policy.

7.7 PATIENT ESCORTS

- 7.7.1 ESPs should be advised that Escorts should only be provided with transport where the booking caller has identified the patients need to have an escort travelling.
- 7.7.2 ESPs should be advised that transport for Escorts should only be accommodated during the Patient's journey. No return trips will be paid for unless specified by other HSE services paying the invoice.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Procedure will be communicated by Control Managers to all relevant service users prior to implementation
- 8.3 This Procedure will be available electronically in Ambulance Control for ease of retrieval and reference
- 8.4 The Control Manager responsible for updating Procedure Manuals will return the Acknowledgement Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 Control Managers have responsibility for ensuring the maintenance, regular review and updating of this Procedure.
- 9.3 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the relevant senior manager.
- 9.4 This Procedure will be formally reviewed wherever circumstances, a relevant event or legislative change dictates.

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10.0 REFERENCES

Non Applicable

11.0 APPENDICES

Appendix I - Procedure Acknowledgement Form

Appendix II - Booking Procedure 1 for Minibus/Taxi ESP

Appendix III - Booking Procedure 2 for Minibus/Taxi ESP

Appendix IV - PHECC Inter Facility Patient Transfer Standard

APPENDIX II

BOOKING PROCEDURE 1 FOR MINIBUS/TAXI ESP

Review the Approved External Service Providers list to ascertain contact details. Contact an appropriate contractor to check availability *in order of merit*. Also consider the geographical location of the contractor to the pick up point.

Requests by Telephone:

All External Service Providers must confirm whether they can accept / refuse work at the time of call. Unless they unequivocally accept the booking during the call they will be deemed to decline.

Requests by E-mail:

All External Service Providers must confirm whether they can accept / refuse work within one hour of email request. Unless they respond within that time unequivocally accepting the booking they will be deemed to have declined.

Urgent Bookings: the HSE reserves the right to prioritise and change bookings, whether within the same hospital or between different hospitals.

Where no ESP is available, the booking caller should be contacted and advised of any potential delay. (*Their response should be noted in the notepad*)

If an ESP is available, confirm that the resource available complies with current contractual arrangements (*response should be noted in the Daily SIR*).

Advise the ESP of any specific requirements or risks relating to the patient's needs during their transportation

Advise the ESP that no changes to the booking should be discussed or agreed with anyone other than NAS Ambulance Control

Issue a CAD Incident Number to be included on monthly NAS Purchase Order number issued to ESP

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APPENDIX III

BOOKING PROCEDURE 2 FOR MINIBUS/TAXI ESP

Review the Approved External Service Providers list to ascertain contact details. Contact an appropriate contractor to check availability *in order of merit*. Also consider the geographical location of the contractor to the pick up point.

Requests by Telephone:

All External Service Providers must confirm whether they can accept / refuse work at the time of call. Unless they unequivocally accept the booking during the call they will be deemed to decline.

Requests by E-mail:

All External Service Providers must confirm whether they can accept / refuse work within one hour of email request. Unless they respond within that time unequivocally accepting the booking they will be deemed to have declined.

Urgent Bookings: the HSE reserves the right to prioritise and change bookings, whether within the same hospital or between different hospitals. (Priority will be given to the more critical transfer)

Where no ESP is available, the booking caller should be contacted and advised of any potential delay. (*Their response should be noted in the notepad*)

If an ESP is available, confirm that the resource available complies with current contractual arrangements, e.g. wheelchair compatible, seatbelts, etc. (*response should be noted in the Daily SIR*).

Advise the ESP of any specific requirements or risks relating to the patient's needs during their transportation

Issue a CAD Incident Number and the Purchase Order number, the Invoice Address and the Contact Name provided by the booking caller

Advise the ESP that NAS Ambulance Control have no further involvement in the call and that any changes to the booking should be discussed or agreed between the Contact Person and the ESP directly

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