

Non-Emergency Patient Transport Service Pre-engagement Paper for Oxfordshire Joint Health Overview & Scrutiny Committee Thursday 1 May 2014, 10:00.

Background

NHS - Non-Emergency Patient Transport Services (known as PTS) are typified by the non-urgent, planned transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers.

Non-Emergency Patient Transport is provided free of charge to patients that meet an eligibility criteria; however, transportation is not an automatic entitlement and nor should Patient Transport Services be used for social needs, such as where a family member is unable to provide transport to an appointment. A number of free or low cost transport services exist across Oxfordshire to support patients with a social need for transport who otherwise do not meet the NHS eligibility criteria.

It is recognised that the Patient Transport Service plays a vital role for some patients who need to reach hospital, for treatment, outpatient appointments or diagnostic services, do so in a reasonable time and in reasonable comfort, without detriment to their medical condition, where no other means could achieve this.

Approximately 107,000 NHS-funded journeys a year totalling c£3.77m are booked for patients registered with a General Practitioner in Oxfordshire.

Purpose of the Report

Against the backdrop of rising demand and tightening resources, Oxfordshire Clinical Commissioning Group need to make sure that this service can continue to be provided for the most vulnerable patients and at the same time make improvements to the service for those of greatest need that will advance patient experience and the quality of patient conveyance.

This pre-engagement paper outlines how Oxfordshire Clinical Commissioning Group (OCCG) propose to review the eligibility criteria for NHS Funded Non-emergency Patient Transport, describing the wider context that these changes seek to address and the proposed engagement and consultation timeline.

Oxfordshire Clinical Commissioning Group are keen to fully engage with the Oxfordshire public around these proposed changes and recognise the importance of Section 244 of the NHS Act 2006 placing a statutory duty on local NHS bodies to consult their local Overview and Scrutiny Committee (OSC) on proposals.

We are keen to consult with the public and key stakeholders on the proposals to ensure that any changes to the criteria used to determine whether a patient qualifies for NHS funded Non-Emergency Patient Transport are sufficiently robust, that the proposed changes are able to meet the development of modern health care services and there continues to be an

adequate level of NHS funded Non-Emergency Patient Transport in Oxfordshire. In particular we will want to understand any potential risk of widening inequalities in health outcomes.

The Clinical Commissioning Group intends to present its pre-consultation business case, draft consultation document, draft Equality Impact Assessment and consultation plan at the Governing Body, in public on the 29 May, with a view to beginning consultation after this date.

During the coming weeks of engagement and the 12 week consultation period Oxfordshire Clinical Commissioning Group will listen to the public and key stakeholders to ensure that we have gathered their views and taken them into account as part of the decision making process.

National and Local Non-Emergency Patient Transport Guidance

Patient Transport Services are provided to enable patients to get to appointments in outpatient departments or for minor treatments or investigations. A patient's eligibility is currently assessed by a suitably qualified member of staff or health care professional and is based on the following Department of Health quoted principles which states that patients are eligible:

1. Where the medical condition of the patient is such that they require the skills or support of Patient Transport Service staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
2. 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 other means.
3. Recognised as a parent or guardian where children are being conveyed.
4. Transport can be provided to a patient's escort or carer where their particular skills and/or support are needed for instance significant communication difficulties or have a mental health condition that requires supervision.

(Department of Health, Eligibility Criteria for Patient Transport Services (PTS), 2007)

In Oxfordshire, the Clinical Commissioning Group has, since a previous Patient Transport Service consultation in 2011 applied the eligibility criteria to include patients who:

1. require continuous oxygen during transportation
2. require a stretcher
3. cannot stand or walk by themselves more than a few steps and,
4. cannot travel by public transport or in a family or friend's car
5. have a disability that prevents them from travelling by private or public transport
6. have a medical condition that may deteriorate if they were to travel by private or public transport.
7. will be attending for treatment likely to cause severe physical side effects, e.g. renal dialysis, oncology treatment or eye surgery affecting visual acuity.

In comparison, Clinical Commissioning Groups elsewhere apply a more restricted eligibility framework than currently in operation here in Oxfordshire. For instance Bristol, North Somerset and South Gloucestershire (BNSSG) CCGs provide transport in the following cases:

1. Patients who require the continual support and skill of patient transport staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means, for example this would include (this list is not exhaustive):
 - a) Patients who require Patient Transport Service staff to administer oxygen during the journey
 - b) Patients with dementia or other mental health conditions who require patient transport staff to ensure a safe journey
2. 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 other means. This is often a judgement call that the medical staff assessing eligibility must make, and is a judgement based on a combination of the patient's medical condition, the distance and frequency of travel needed, and the alternative transport options open to that patient, for that journey or those journeys, at that time.
3. Renal dialysis patients: BNSSG provides Patient Transport Service for renal dialysis patients to enable them to attend weekly dialysis and related outpatient appointments.
4. Patients who need to travel by stretcher
5. Patients being transferred between hospitals

Comparing these interpretations, Oxfordshire patients can appear eligible for transport when their journey is undertaken by a volunteer car driver, the equivalent of a family or friends car, therefore the consultation will review whether the current criteria are inappropriately being applied where such a journey we believe could be undertaken by private means. Oxfordshire Clinical Commissioning Group would want to explore this as part of the public consultation.

Summary of Proposals

There are 8 mobility types that are used to define the transport requirements for patient transport in Oxfordshire.

Mobility categories	Number of journeys 2013/14	% of journeys
W - Walker	31,446	29.3%
SC – Single crew seated patient	20,531	19.1%
DC – Double crew seated patient	10,701	10.0%
OC1 – Single Crew manual wheelchair	13,901	12.9%
OC2 – Double Crew manual wheelchair	9,776	9.1%
EC – Electric Wheelchair	1,949	1.8%
STR – Stretcher	5,188	4.8%
BP – Bariatric Patient	351	0.3%
Escort	10,006	9.3%
Abort (journey cancelled during transit)	3,639	3.4%

Walker and single crew mobility types are those patients that travel by volunteer driver, minibus or single crew ambulance car. Essentially these are patients who could travel by car and need minimal assistance in getting in and out of a vehicle. Such patients typically do not require management during transit and do not require specialist transport, such as a wheelchair capable vehicle.

The Oxfordshire Clinical Commissioning Group proposes to consult on applying our eligibility criteria more highly, in line with some Clinical Commissioning Groups elsewhere, to those patients that do not require management during transit or specialist transportation. If agreed after public consultation these changes will reduce the majority of the journeys for the 2 mobility types of 'Walker' and 'Single Crews'. The proposed eligibility criteria will build on the previous 2011 consultation that sought to tighten eligibility criteria for 'Walkers'.

Whilst we continue to develop our plans we currently estimate that around a third of journeys for patients whose medical need for transport is considered essential and require 'Walker' and 'Single Crew' transportation e.g. where the patient's medical condition impacts on their mobility, will be protected from the proposed changes to eligibility. These could include those who receiving treatment for dialysis, oncology, eye surgery or similar. A full appraisal of the scale of change will be provided during the consultation period.

As per current regulations, if it is deemed that a patient is no longer eligible they may be entitled to claim under the Healthcare Travel Costs Scheme¹ for the cost of travelling to hospital or other NHS premises for NHS-funded treatment or diagnostic test.

¹ Further information on how to obtain this support can be found in the NHS's [Health with Health Costs](#) document

As part of the revision of Patient Transport Services, Oxfordshire Clinical Commissioning Group intends to also explore the need for additional patient transport services to support patients requiring rapid assessment.

The Clinical Commissioning Group will develop a consultation plan to agree how, where and with whom we should seek views from the changes to the patient transport services which we are proposing.

Key Messages

Under the future proposals

- a) We propose to protect the non-emergency patient transport service for the most vulnerable.
- b) It will be particularly important to reassure those who are patients in greatest need they can still access essential services
- c) If the proposals were accepted some patients who have been accessing to use the service will not be able to use it in future.
- d) We will explain how we will be checking eligibility for the service.
- e) Patients deemed ineligible to access Patient Transport Service will be given support and information on finding alternative low cost and voluntary transportation.
- f) Financial support may be available to patients if they have a low income and are eligible under the Healthcare Travel Costs scheme
- g) We will explore the needs for additional Patient Transport Service that require rapid assessment

Engagement and Consultation Timeline

Engagement phase	Milestone	May - July	Meeting
June – August	Notification of future consultation and discussion of the pre engagement phase	1 st May 2014	HOSC
	Pre consultation business case, Consultation document and Equality Impact Assessment to be agreed at CCG Governing body	29 th May 2014	CCG Governing body
Consultation 12 weeks 30 th May – 8 th August	Launch consultation	30 th May 2014	
	HOSC meeting during consultation	3 rd July 2014	HOSC
	Consultation closes	8 th August 2014	
Implementation	Agreement on future approach to Patient Transport Service	26 th September 2014	CCG Governing body
	Patient Transport Service apply eligibility for all new patients and notify existing patients	1 st October	
	Eligibility applied to all patients	1 st November	

Consultation Plan

The Clinical Commissioning Group are keen to agree with HOSC the consultation plan and will seek direction from this committee to ensure our timetable can remain and that we are undertaking an effective fully engaged consultation with the committee and public.

Key stakeholders

Initially the following key stakeholders have been identified. During the course of the consultation it is expected that further stakeholders will be identified and engaged appropriately:

In addition to working extensively with the Health and Wellbeing Board, we have identified the following stakeholders and are keen to hear suggestions of others not presently known.

- Health and Wellbeing Board
- Joint Health Oversight & Scrutiny Committee
- Older Peoples Joint Management Group
- Carer Groups
- Complaints services
- County, district and parish council links
- Current users of the Patient Transport Service
- GPs and practice staff
- Local newsletters
- Other voluntary sector organisations
- Oxfordshire County Council's Integrated Transport Unit
- Oxfordshire Rural Communities Council

- OxTAIL (Oxfordshire Travel Advice Line)
- PALS services, all sectors Oxfordshire Berkshire and Buckinghamshire
- Patient panel at John Radcliffe and The Horton Hospitals
- Patient Participation Groups
- Patient Transport Service Booking staff at hospitals
- Relevant Voluntary sector - Age UK (older people and carers), CABs
- Transport leads in Oxford Health for community services
- Voluntary Sector Groups
- Volunteer Driver Schemes

Recommendations

The Oxfordshire Clinical Commissioning Group:

1. Ask the committee to note the proposal for a full consultation on Non-Emergency Patient Transport
2. We would seek to work with delegates from the HOSC to ensure our consultation approach and plans are comprehensive
3. To agenda the Patient Transport Service consultation at the next HOSC meeting 3 July, at which point we will provide the consultation for review