

Health Overview & Scrutiny Committee Update – Emerging Findings of the Non-Emergency Patient Transport Services Consultation

Purpose and Executive Summary (if paper longer than 3 pages):

To provide the Health Oversight Scrutiny Committee with an update on the Non-Emergency Patient Transport Service (NEPTS) consultation and an opportunity to review the emerging findings during this period of clinical and public engagement. These emerging findings are taken from the public survey, partner meetings and patient forums and further investigations by the NEPTS project team.

Background

Against the backdrop of rising demand and tightening resources, Oxfordshire Clinical Commissioning Group have been developed a five year strategy to make sure that services continue to be provided for the most vulnerable patients and at the same time make improvements to local service for those of greatest need that will advance patient experience and service quality.

As part of this programme of work, on 29th May 2014 the Non-Emergency Patient Transport Service (NEPTS) consultation was launched to review the eligibility criteria for those patients registered at an Oxfordshire General Practice.

In order to confirm the scope, stakeholder focus and the timetable for the consultation, a pre-consultation business case was presented at Oxfordshire's Health Overview and Scrutiny Committee on 1st May 2014. This was then subsequently approved by the Clinical Commissioning Group's Governing Body on 29th May 2014.

The aim of this consultation was to ensure that Non-emergency Patient Transport can continue to be provided for the most vulnerable patients in the future and make sure those patients who can travel by their own means, such as public transport, family or friend's car or taxis, do not inappropriately receive NHS-funded patient transport.

The public and those with an interest in or provide health and social care services were invited to feedback on two options that would restrict the eligibility criteria for this service and to highlight any other areas of eligibility criteria that could be considered. The proposals were:

Option A

- Patients capable of walking¹ and getting in and out of vehicles unaided and patients who can walk but require minimal assistance from a single ambulance crew² member to get in

¹ Walker journeys are those patients that can walk unaided and do not require any assistance in getting in or out of a vehicle.

² Single crew journeys are for those patients that require minimal assistance in getting in or out of a vehicle.

- and out of a vehicle will no longer be eligible for patient transport - these are people who can use the equivalent of a friend's or relative's car, taxi, public or voluntary transport
- Within the walker and single crew groups we would support continuing to provide patient transport to those receiving active care or treatment at the appointment by chemotherapy, radiotherapy, renal dialysis, eye surgery, deep vein thrombosis or vascular clinic treatment, patients who are up to six weeks post-transplant and those requiring care during transit, such as oxygen.

Option B

- The Clinical Commissioning Group sought to discuss with the public whether the CGC should make those who are receiving support in chemotherapy, radiotherapy, renal services and podiatry but not undergoing treatment at the appointment eligible in addition to the above.

Summary of Emerging Findings

- The majority of people agreed with Option A, to remove the majority of eligibility for walker and single crew journey, apart from the 8 treatment reasons cited.
- The public recognised the need for savings to be made and for the eligibility criteria to be robustly adhered to.
- The response levels to the consultation, in our experience, reflect that the proposals are not perceived as contentious
- The responses from partner agencies, patient partnership forums and the public expressed concerns related to:
 - The availability of public transport from rural areas and some towns in terms of both actual routes and operating times
 - Access to basic NEPTS, financial support and signposting information
 - The impact of the proposals on attendance rates for appointments
 - The availability of alternative local community and voluntary transport services
 - The need for integrated working to address wider transport issues across the county
 - Clearer eligibility criteria with respect to assessing mental capacity (especially important for those affected by long term confusion i.e. dementia) and specifically the frail and elderly
 - Accessibility to the main Acute hospitals and the need for additional hospital parking especially for volunteer drivers
- During the consultation an number of further areas were investigated:
 - The Clinical Commissioning Group met regularly with partner agencies to ensure the management of the project, importantly a number of areas of common interest are being pursued with the County Council with respect to the development of community transport plans.

- Data analysis has highlighted that 87 walker and single crew patients receiving podiatry treatment undertook 4400 journeys during 2013/14.
- There are examples of local high transport use that need to be reviewed with GPs and health care providers. For example 74% of all walker and single crew journeys in the county for Geriatric medicine take place in Banbury and the transport booking practices for care homes and intermediate care beds merit further investigation due to the high number of short 1-2 mile journeys taking place.
- That both rural and urban areas in Oxfordshire have very low volunteer scheme capacity for example Blackbird Leys, Chipping Norton, Faringdon, Kingston Bagpuize & Burford.

Further details on the consultation's recommendations and the action plan to mitigate the impact of the proposed changes to the NEPTS eligibility criteria are currently being finalised. This information will be published as part of the Clinical Commissioning Group's Governing Body report that will be issued in to the public domain on 16 September 2014.

The Clinical Commissioning Group wishes to thank all those that contributed to the consultation for their time completing the surveys, attending various meetings and for providing the CCG with their experiences and views which have shaped the outcome of this public consultation.

The Health Overview & Scrutiny Committee are asked to:

- Note the extent of the full public Non-Emergency Patient Transport Service consultation under section 244 of the National Health Service Act 2006 and the emerging findings
- Note that the full consultation report including recommendations and action plan will be presented at the Clinical Commissioning Group Governing Body on 25th September 2014 and these papers will be published on the CCG's public website on 16th September 2014.