

Non-Emergency Patient Transport Services

Public Consultation Report

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1. Introduction

Oxfordshire Clinical Commissioning Group (OCCG) funds and buys health services on behalf of everyone living in Oxfordshire. To do this successfully, OCCG needs to work with local people, Oxfordshire GPs, hospital clinicians, community healthcare and other partners including local government and the voluntary sector.

The following report reviews the public consultation on the proposed changes to the eligibility criteria for non-emergency patient transport services in Oxfordshire.

2. Background

2.1. What are non-emergency patient transport services?

Non-emergency patient transport services are provided to enable patients to get to NHS appointments in out-patient departments or for minor treatments or investigations. It is available for patients who are registered with a doctor's surgery in Oxfordshire.

Non-Emergency Patient Transport is provided free of charge to patients who meet the 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 volunteer 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. Some of these services apply their own eligibility criteria.

2.2. Local – The picture in Oxfordshire

This service is currently used by a wide range of patients, many of whom could travel by bus or car. The patient transport service costs the NHS in Oxfordshire over £3,700,000 a year and in the last financial year OCCG spent approximately £380,000 of this on patients who were able to use 'walk on' transport; that is patients who could travel by car and need no assistance in getting in and out of a vehicle. These patients are typically transported by the equivalent of a family car or minibus. Approximately £686,000 was spent on providing single crew transport for patients who required minimal assistance getting in and out of a vehicle. These patients also typically travel by family car or minibus, but a care assistant is available to help them get in and out. The remaining funding for patient transport was spent on patients with more complex needs, such as wheelchair bound patients requiring two people to assist them in and out of vehicles, patients requiring a stretcher during transit or those requiring care during their journey such as patients receiving oxygen.

2.3. Who can use non-emergency patient services?

The current eligibility criteria, also includes patients who:

- require continuous oxygen during transportation
- require a stretcher

- cannot stand or walk by themselves more than a few steps and,
- cannot travel by public transport or in a family or friend's car
- have a disability that prevents them from travelling by private or public transport
- have a medical condition that may deteriorate if they were to travel by private or public transport.

In 2011, Oxfordshire Primary Care Trust¹ consulted on the eligibility criteria for non-emergency patient transport services and it was agreed that patients who 'could travel by car and need minimal assistance in getting in and out of a vehicle' would no longer be eligible for non-emergency patient transport services.

3. Purpose of the public consultation

The purpose of the public consultation was to gather feedback on the proposed further changes to the eligibility criteria for non-emergency patient transport services in Oxfordshire. The public were invited to feed back 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 walking and getting in and out of vehicles unaided and patients who can walk but require minimal assistance from a single ambulance crew member to get in 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, OCCG 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

- OCCG would further like to discuss with the public whether it should make those patients who are receiving support in chemotherapy, radiotherapy, renal services and podiatry but not undergoing active treatment at the appointment, eligible in addition to the above.

Under both options the consultation would enable the OCCG to explore and highlight any further areas of eligibility for consideration.

Some of those options could be:

- To assist in making voluntary sector support available to those patients no longer available for Non- Emergency Patient Transport Service (NEPTS).
- To offer more treatments closer to home so there is less need for patients to travel to central health care destinations. This is the direction of travel of OCCG's two and five year plan and strategy of joint funding and provision of services with partners such as Oxfordshire County Council (OCC).
- To work with the transport department in OCC and with partners within district councils to understand how public transport can better support patients and meet the needs of an aging population.

¹ Oxfordshire Primary Care Trust was the predecessor commissioning organisation to the CCG.

- To explore the reasons for inter-hospital transfers and determine how these could be supported in other ways or minimised.
- To explore the potential to support patients who do not meet eligibility criteria with fee paying options.

4. Process and methodology

The consultation was undertaken through the distribution of a paper survey to all patients using the Non-Emergency Patient Transport service during the three month consultation period, approximately 6000 copies of the survey were provided. The proposals were discussed at various stakeholder meetings as part of an on-going dialogue and an online and hard-copy survey were available on Talking Health. Individuals also had the opportunity for direct feedback via email, phone, or freepost. In total the survey was circulated to over 20,000 people.

The consultation was presented and discussed at various stakeholder meetings, as part of an on-going dialogue:

- Health and Wellbeing Board
- Health Overview and Scrutiny Committee
- Community Partnership Network
- Six Patient Locality Forums
- Six Clinical Locality meetings
- Practice Managers meeting
- Age UK Health and Social Care Panel
- Learning Disability Partnership Board
- Carers Oxfordshire Panel
- Autism Partnership Board
- Older People's Partnership Board
- West Oxfordshire District Council

In total 215 people responded to the survey, 74 of these were in hard copy format. Eleven written responses were also received.

The online/paper surveys were promoted in the following ways:

- Through all local media (TV, radio and print)
 - Publicity pre-consultation
 - Media interviews throughout the consultation.
- Community websites.
- Posters advertising the consultation were circulated to all 83 GP practices in Oxfordshire
- Voluntary sector organisations were notified of the consultation via Oxfordshire Community and Voluntary Action (OCVA), approx 620 organisations.
- A social media campaign was used to engage with over 4800 followers of OCCG's Twitter and Facebook pages.

- OCCG staff, and staff and Foundation Trust members (over 7000) at Oxford Universities Hospital's Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet.
- Age UK publicised the survey in their newsletter which is delivered to 10,000 households across Oxfordshire.
- Voluntary organisations such as Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore and Age UK circulated the information to their service users/members and carers.
- Specific community/special interest groups were approached for their feedback, including My Life My Choice, Oxfordshire Unlimited, Patient Participation Groups (PPGs), parish councils and district councils, volunteer car driver schemes, good neighbour schemes, Oxford 50+ Network, Alzheimer UK and Patient Voice.
- Partner organisations including all the district councils, Oxfordshire County Council (OCC) and Oxford City Council were asked to promote the events to their staff and on their website.

Patient experience survey

As part of the consultation survey, we also provided people with the opportunity to tell us about their experiences of using the service in the last two years. Ninety three people completed the patient experience element of the survey, however, only 17 people stated that they had used the service in the last two years. It should be noted that 74 responses were received in hard copy format and as such people were able to leave some questions blank.

The data from the patient experience survey will be used to inform future developments to the current non-emergency patient transport service.

5. Key findings

Common themes emerged throughout the engagement both in the detail of the survey responses and from those who responded in writing and were spoken to at the stakeholder meetings. The key themes are outlined below.

- **Eligibility criteria**
In general, people that responded to the survey agreed with the proposals and acknowledged the financial position of the CCG. People recognised the need for savings to be made and for the eligibility criteria to be robust and adhered to. This is clear from the survey responses where 93% of respondents agreed that NHS patient transport should be available for people who need it for a medical reason and that the reason why they need it should be checked.

It should be noted however, that in the written responses from Oxfordshire County Council, and West Oxfordshire District Council, there was greater concern of the proposals disadvantaging those living in more rural areas, and that further work could be done in partnership to look at wider transport issues across the county.

Option A

Regarding the full proposals, it is clear that the majority of people agreed with Option A.

Option B

Of the responders ninety One people felt that patients attending an oncology clinic (for review without receiving chemotherapy or radiotherapy during the appointment) should continue to be eligible for patient transport

Slightly more people felt strongly about renal clinics, with 106 respondents feeling that patients should be eligible for non-emergency patient transport to attend a clinic for review without receiving treatment.

However, in comparison, 95 people agreed with the proposal that those attending a podiatry clinic for review without receiving treatment should no longer be eligible for patient transport service.

- **Rurality and equity of access**

This was a strong theme throughout all types of responses to the consultation. Oxfordshire is a rural county and for elderly and frail patients, people felt strongly that travelling from remote parts of Oxfordshire to the main hospitals in Oxford would be challenging. Concern was raised that this could impact on attendance rates for appointments and that there would be a wider impact on services such as voluntary car driver schemes. People felt that there were opportunities for OCCG to mitigate the impact on these services through greater integration with other statutory providers and that alternative measures could be made to support patients who may not be eligible for patient transport should the proposed changes be implemented.

Suggestions include:

- Subsidised public transport
- Encouraging more buses with wheelchair access
- Bringing services closer to home
- Changing appointment times to be in line with bus services

- **Mental health and vulnerable people**

People felt strongly that the eligibility criteria needed to clearly reflect the impact of mental health conditions on people's ability to travel and that some measure for assessing mental capacity should be considered. This was especially important for those affected by dementia and Alzheimer, and specifically the frail and elderly.

People were also concerned that for some patients, who do not have friends/family or support networks, the proposed changes may be detrimental and may impact on 'do not attend' rates across appointments.

- **Parking**

Whilst respondents, in general, agreed with the proposals, the main concern raised around implementation was the impact any changes would have on parking at the existing hospital sites. It was felt that there were opportunities for OCCG to mitigate the impact of proposed

changes by negotiating additional parking at the hospital sites and making parking more accessible for volunteer car drivers.

- **Fee paying**

People also felt that the NHS (CCG) should consider charging a nominal fee for the use of non-emergency patient transport services and felt that this could potentially be explored further.

Further detail of these themes can be seen in the appendices of this report.

Finally, it should be noted that the consultation was extensively publicised throughout Oxfordshire during the three month period. The response levels to the consultation, in our experience, reflect that the proposals are not perceived as contentious. Previous high profile consultations in Oxfordshire have attracted response levels closer to 1000.

Option A:

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

We would further like to discuss with the public whether we should make those patients who are receiving support in chemotherapy, radiotherapy, renal services and podiatry but not undergoing active treatment at the appointment eligible, in addition to the above.

6. Next steps

The themes and feedback identified in this engagement report will be fully considered in further developing the eligibility criteria for non-emergency patient transport services in Oxfordshire.

This engagement report will be shared with those who participated in the engagement activity. The report will also be made available on OCCG's Talking Health website at:

<https://consult.oxfordshireccg.nhs.uk/consult.ti/5yrstrat/consultationHome> To request a hard copy of this report, please email cscsu.talkinghealth@nhs.net or phone 01865 334638.

The next steps for the consultation are:

- 18th September - Summary feedback presented to the Health Oversight Scrutiny Committee
- 25th September – Consultation report and recommendations presented to the CCG’s Governing Body.
- The Governing body will also consider the pace of implementation of the proposals. The original timeline proposed is as follows
 - 29th September – Consultation outcome letter sent to all respondents
 - 1st October – If agreed, any changes applied to new patient eligibility assessments
 - 1st November – If agreed, changes applied to new and existing patient eligibility assessments

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