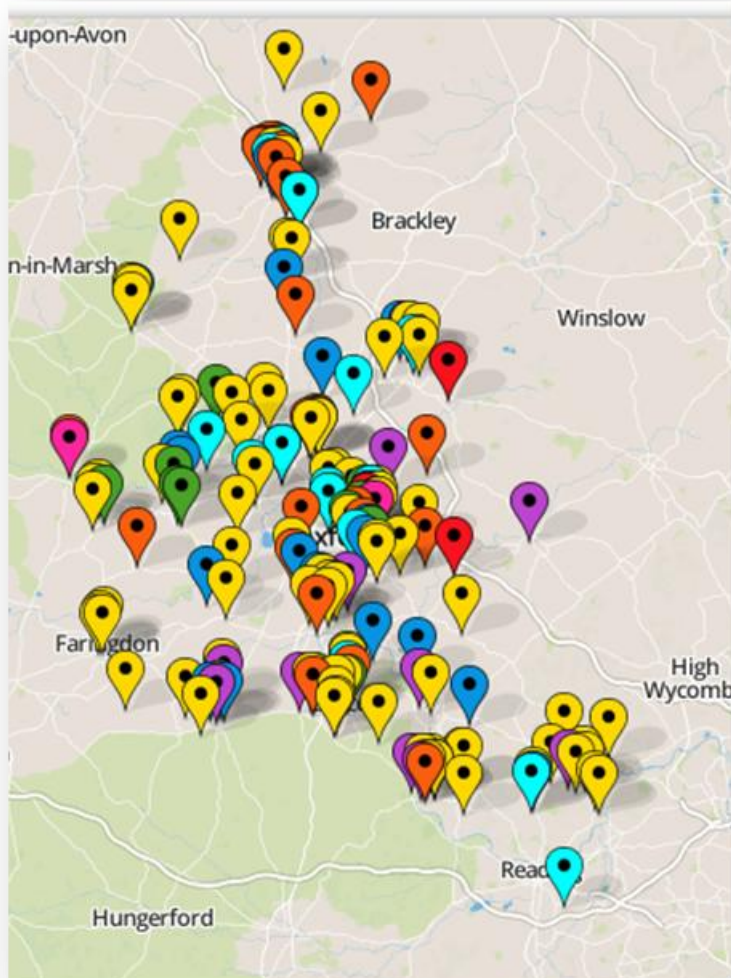


## Appendix 1: Analysis of responses to consultation questions 1 – 7

In total 215 people responded to the survey, 95 of the respondents were people who had not previously used the non-emergency patient transport service but had a general interest in health matters. Sixty eight respondents were people who have used the current service or are a carer of someone who uses the service. The map below shows the spread of responses received across Oxfordshire.

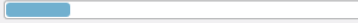
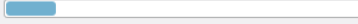


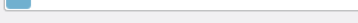

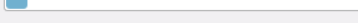



Seventy four people responded in hard copy format and did not provide their postcode, so some of the responses shown below are not reflected on the map.



### Question 1: Please tell us your interest in the NHS patient transport service?

44% of people responded to the consultation because they have a general interest in health matters. 18% of respondents had previously used the non-emergency patient transport service and 14% of respondents are carers of someone who has used the service.

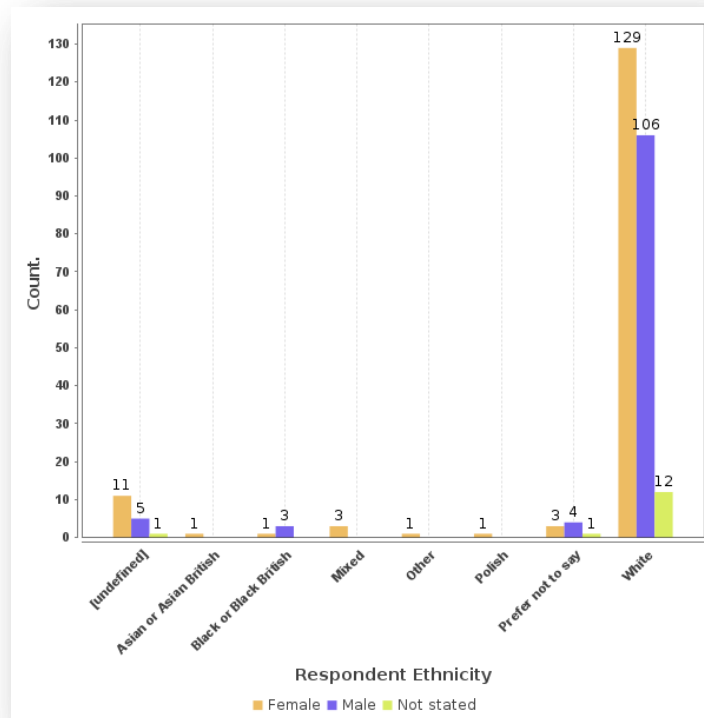
## Appendix 1: Analysis of responses to consultation questions 1 – 7

Option	Results	
I am a patient that has previously used NHS patient transport		18% (39)
I am a carer for a patient that has used NHS patient transport		14% (29)
I am a patient or carer that has been denied NHS patient transport		0% (0)
I work within the Patient Transport service for SCAS		0% (0)
I am a volunteer driver / co-ordinator for a community transport service		7% (14)
I am a user of a community transport service		1% (2)
I am a member of NHS staff/work at a GP practice		6% (12)
I am an elected official, representing the views of my constituents		2% (5)
I support /work for an organisation which has an interest in patient transport		9% (19)
I have a general interest in health matters		44% (94)

The chart below shows the demographic split of responses to the survey by gender and ethnicity. In overall terms, the percentage of our respondents who defined themselves as Black/Black British was 1.4% compared with a 2011 census figure for Oxfordshire of 1.75%. However, 60% of our respondents were over 65 and among that age group the county percentage is 0.6%, indicating that our level of return is probably more representative for that group.

Our response from people defining themselves as Asian/Asian British was far more disappointing - 0.5% compared with an overall county figure of 4.85%. We used the health advocates who work with Asian communities to disseminate the surveys but are also mindful of the fact that there will be a concentration of this population in Oxford, where transport links are better.

## Appendix 1: Analysis of responses to consultation questions 1 – 7



**Question 2: Oxfordshire Clinical Commissioning Group (OCCG) has a finite amount of money to commission (purchase) health services and treatments for everyone in Oxfordshire. OCCG has to ensure that we improve the health and well-being of the population within the resources (both staff and money) available. This means that OCCG has to make difficult choices about the services it funds. With this in mind please could you tell us if you agree or disagree with the following statements?**

**Statement 1: NHS patient transport should be available for people who need it for a medical reason. The reason why they need it should be checked.**

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. In contrast 3% (six people) disagreed or strongly disagreed with this statement and nine people provided a neutral response.

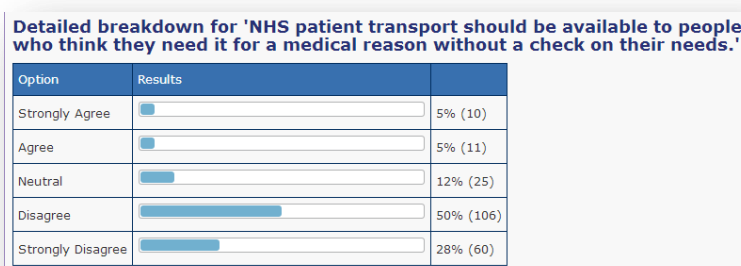
**Detailed breakdown for 'NHS patient transport should be available for people who need it for a medical reason. The reason why they need it should be checked.'**

Option	Results	
Strongly Agree		59% (129)
Agree		34% (74)
Neutral		4% (9)
Disagree		2% (4)
Strongly Disagree		1% (2)

## Appendix 1: Analysis of responses to consultation questions 1 – 7

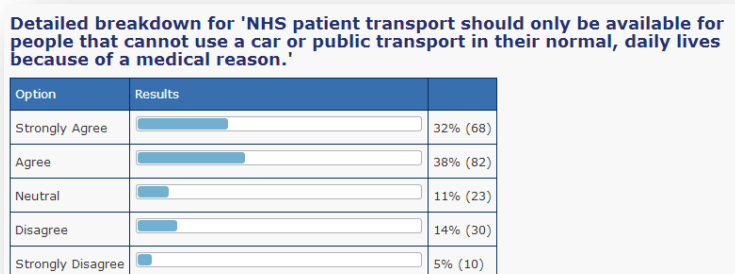
**Statement 2: NHS patient transport should be available to people who think they need it for a medical reason without a check on their needs.**

78% of respondents **disagreed** that NHS patient transport should be available to people who think they need it for medical reasons without a check on their needs. In contrast 10% of respondents agreed with this statement and 12% provided a neutral response.



**Statement 3: NHS patient transport should only be available for people that cannot use a car or public transport in their normal, daily lives because of a medical reason.**

70% of respondents agreed that NHS patient transport should only be available for people who cannot use a car or public transport in their normal, daily lives because of a medical reason. In contrast 19% of respondents disagreed with this statement and 11% provided a neutral response.



**Statement 4: Patient transport should only be available to people receiving direct treatment at the appointment (e.g. dialysis or eye surgery) or require care by a health professional during the journey and not for any other reason**

The chart below shows that there was a narrow margin dividing views on this statement, with 42% of respondents **agreeing** that patient transport should only be available to people receiving direct treatment at the appointment or require care by a health professional during the journey and not for any reason, compared with 41% who **disagreed**. 18% of respondents provided a neutral response.

## Appendix 1: Analysis of responses to consultation questions 1 – 7

Detailed breakdown for 'Patient transport should only be available to people receiving direct treatment at the appointment (e.g. dialysis or eye surgery) or require care by a health professional during the journey and not for any other reason'

Option	Results	
Strongly Agree		20% (42)
Agree		22% (47)
Neutral		18% (38)
Disagree		28% (60)
Strongly Disagree		13% (27)

**Statement 5: Patient transport should not be provided by the NHS. People should make their own way to or from hospital or NHS services.**

85% of respondents **disagreed** with the statement that patient transport should not be provided by NHS and that people should make their own way to or from hospital or NHS services. In contrast 7% of respondents agreed with this statement and 7% provided a neutral response.

Detailed breakdown for 'Patient transport should not be provided by the NHS. People should make their own way to or from hospital or NHS services.'

Option	Results	
Strongly Agree		3% (7)
Agree		4% (9)
Neutral		7% (15)
Disagree		35% (74)
Strongly Disagree		50% (105)

**Statement 6: Patient transport should be available to everyone, whether their need is medical or social, but only if that person receives certain (e.g. disability) benefits**

76% of respondents **disagreed** that patient transport should be available to everyone, whether their need is medical or social, but only if that person receives certain benefits. 10% of respondents agreed with this statement and 14% gave a neutral response.

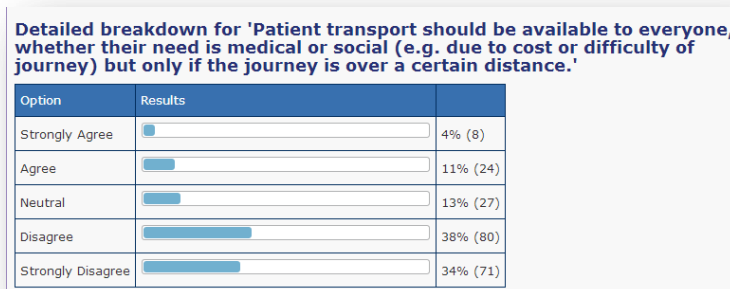
Detailed breakdown for 'Patient transport should be available to everyone, whether their need is medical or social, but only if that person receives certain (e.g. disability) benefits'

Option	Results	
Strongly Agree		3% (7)
Agree		7% (14)
Neutral		14% (30)
Disagree		34% (71)
Strongly Disagree		42% (89)

## Appendix 1: Analysis of responses to consultation questions 1 – 7

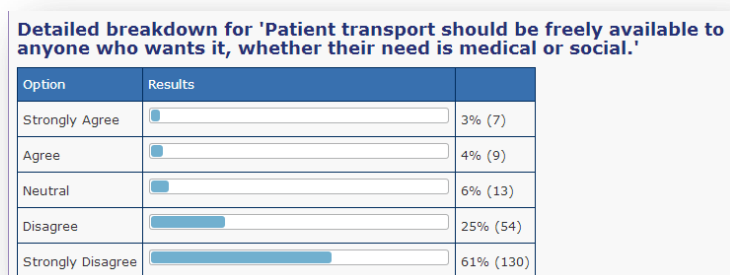
**Statement 7: Patient transport should be available to everyone, whether their need is medical or social (e.g. due to cost or difficulty of journey) but only if the journey is over a certain distance.**

72% of respondents **disagreed** that patient transport should be available to everyone, whether their need is medical or social but only if the journey is over a certain distance. However fewer (15%) agreed with this statement and some (13%) provided a neutral response.



**Statement 8: Patient transport should be freely available to anyone who wants it, whether their need is medical or social.**

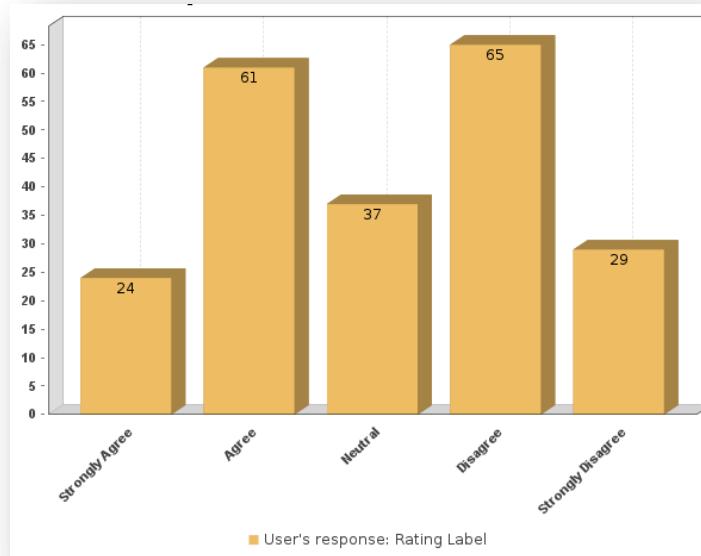
86% of respondents **disagreed** that patient transport should be freely available to any who wants it, whether their need is medical or social. In contrast, 7% agreed that patient transport should be freely available.



**Question 3: Please could you tell us if you agree or disagree with the following changes to the eligibility criteria for non-emergency patient transport services:**

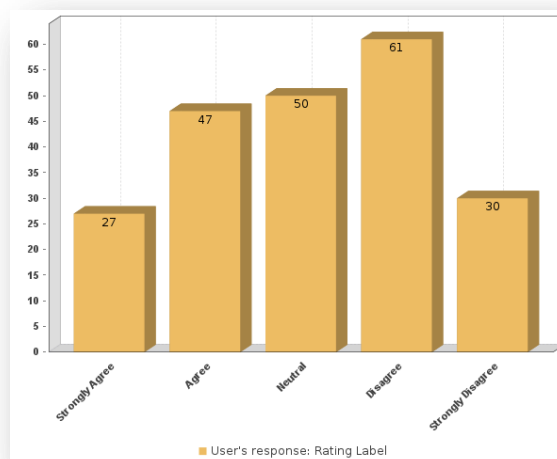
**Statement 1: Patients that typically do not require management during transit, such as oxygen, who are currently accessing single crew ambulance cars, should no longer be eligible for non-emergency patient transport services under new criteria**

## Appendix 1: Analysis of responses to consultation questions 1 – 7



43% of respondents (94 responses) thought that patients who typically do not require management during transit, such as oxygen, who are currently accessing single crew ambulance cars, **should** continue to be eligible for non-emergency patient transport services, compared with 39% of respondents (85 responses) who thought that this category of patients should **no longer** be eligible under the new criteria.

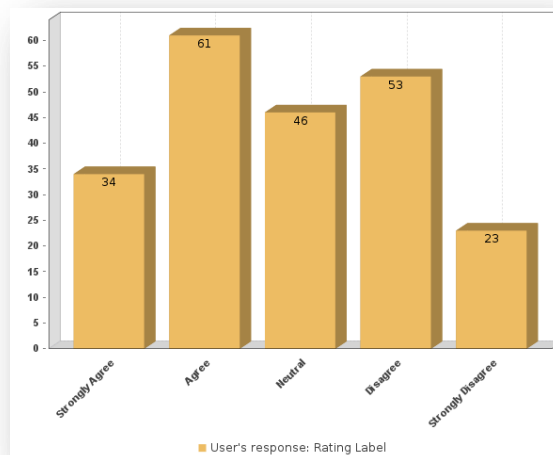
**Statement 2: Patients that typically do not require management during transit, to attend an oncology clinic (for review without receiving chemotherapy or radiotherapy during the appointment), should no longer be eligible.**



## Appendix 1: Analysis of responses to consultation questions 1 – 7

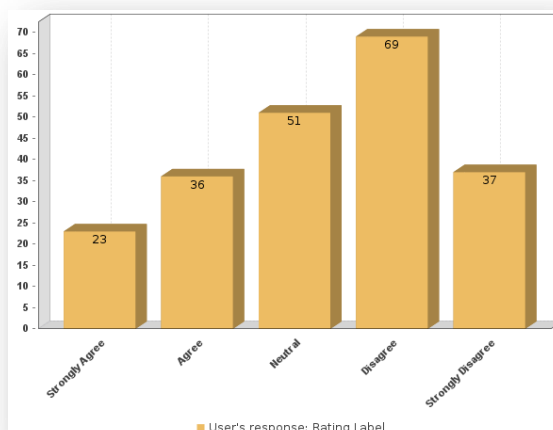
49% of respondents (91 responses) felt that patients who typically do not require management during transit, **should continue** to be eligible for transport. 28% of respondents (74 responses) agreed that these patients should **no longer** be eligible.

**Statement 3: Patients that typically do not require management during transit, to attend an podiatry clinic (for review without receiving treatment), should no longer be eligible.**



44% of respondents (95 responses) **agreed** that patients who typically do not require management during transit to attend a podiatry clinic should no longer be eligible to transport, compared with 35% (76 responses) who **disagreed** with this statement.

**Statement 4: Patients that typically do not require management during transit, to attend a renal clinic (for review without receiving treatment), should no longer be eligible.**





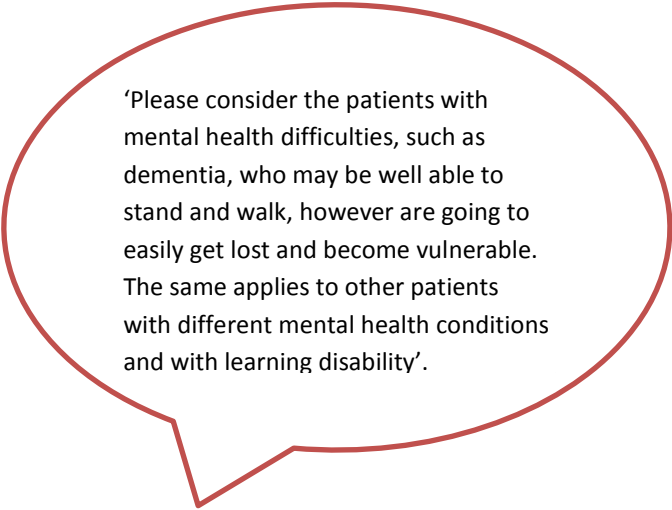
## Appendix 1: Analysis of responses to consultation questions 1 – 7

42% of respondents (106 responses) **disagreed** that patients typically not requiring treatment, attending a renal clinic should not be eligible for transport compared to 35% (59 responses) who **agreed** with this statement.

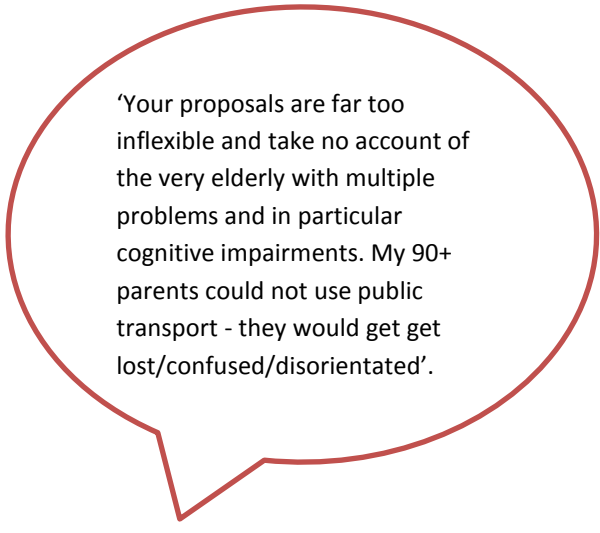
### Question 4: Do you have any other suggestions on how the eligibility criteria could be changed?

Sixty six people answered this question. Forty six comments were made suggesting that each case should be made on merit, case by case and by a trained health professional, preferably a GP who knew the individual's health conditions.

There was concern that some people may not appear to meet the medical criteria, due to having co-morbidities or other health conditions that when considered together could impact on their ability to use alternative forms of transport to get to appointments. Comments were received about the importance of 'mobility' in the eligibility criteria. Many people may be mobile and physically capable of using alternative transport but have conditions that prevent them from doing so, such as mental health conditions, dementia, alzheimers, autism or they may be frail and have other conditions such as continence issues.

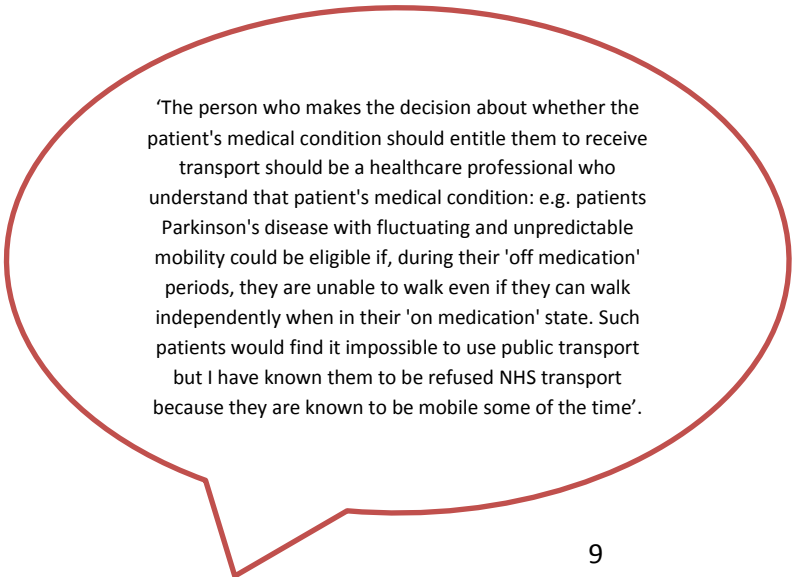


'Please consider the patients with mental health difficulties, such as dementia, who may be well able to stand and walk, however are going to easily get lost and become vulnerable. The same applies to other patients with different mental health conditions and with learning disability'.

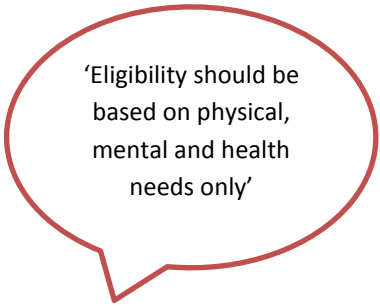


'Your proposals are far too inflexible and take no account of the very elderly with multiple problems and in particular cognitive impairments. My 90+ parents could not use public transport - they would get lost/confused/disorientated'.

There was general agreement that the eligibility criteria should be medically defined, as opposed to socially, however, it was felt that the criteria needed to be more explicit and clear, but at the same time robust and applied consistently.



'The person who makes the decision about whether the patient's medical condition should entitle them to receive transport should be a healthcare professional who understand that patient's medical condition: e.g. patients Parkinson's disease with fluctuating and unpredictable mobility could be eligible if, during their 'off medication' periods, they are unable to walk even if they can walk independently when in their 'on medication' state. Such patients would find it impossible to use public transport but I have known them to be refused NHS transport because they are known to be mobile some of the time'.



'Eligibility should be based on physical, mental and health needs only'

## Appendix 1: Analysis of responses to consultation questions 1 – 7


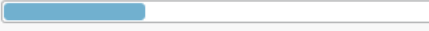


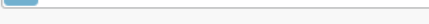
It should be noted that over 10 responses came from individuals who would appear to still be eligible for patient transport even under the proposals.

**Question 5: The current eligibility criteria states that patients who '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' are eligible for non-emergency patient transport services.**

**Oxfordshire CCG would like to change the criterion to the statement below. Please could you tell us if you agree or disagree with this change of wording:**

**Statement: Patients who: 'are unable to stand unaided by another person and cannot manage any journey in private or public transport for the purposes of daily living or have a disability and are genuinely unable to travel by private or public transport to and from their appointments or for the purposes of daily living by virtue of their disability' are eligible for non-emergency patient transport services.**

75% of respondents **agreed** with the proposed change in wording to the current eligibility criteria in contrast 18% **disagreed with** the change.

Option	Results	
Strongly Agree		42% (92)
Agree		33% (71)
Neutral		7% (15)
Disagree		10% (21)
Strongly Disagree		8% (18)

## Appendix 1: Analysis of responses to consultation questions 1 – 7

### Question 6: Are there any additional areas that we should be considering in addition to the options detailed already?

53 people answered this question, the key themes raised were:

#### Rurality and equality of access

21 comments were received raising concerns that access to Oxford hospitals from all parts of Oxfordshire is not equal and that patients attending appointments should be considered eligible for patient transport if they are unable to access their appointment due to lack of available public transport or volunteer driver car schemes. People were also concerned about the disparity between someone being able to travel locally on public transport and someone being able to navigate longer distances in unfamiliar environments, noting that some routes to Oxford may require multiple bus changes and therefore may be perceived as too complex for some elderly and frail individuals who may be mobile and therefore considered not eligible.

‘Trying to frame an across the County set of criteria will mean equality of access is not achieved. Eligibility Criteria for those living within the Oxford City/Abingdon bus services area should be more restrictive than those where there are no bus services. Location, public transport services must be considered’.

‘You need criteria that include the frailty/disability level of the patient and/or those travelling from places from which public transport is either non-existent or involves a long and complex journey’

Suggestions to overcome this include:

- prioritise availability of patient transport by bus routes
- change appointment times so that people can use their bus passes to travel on public transport
- maximise alternative travel options, eg: subsidised taxis, more buses with wheelchair spaces
- encourage the public to offer lifts
- bring services closer to home
- encourage bus companies to service towns better


Some consideration has to be given to patients that live in an area with little or no public transport and where no voluntary transport facilities are available. A patients circumstances always needs to be considered.

Will there be any increase in the number of wheelchair spaces on Oxford's buses? With only one space per bus (currently) the move of patients onto other means of transport could overload the available services.

## Appendix 1: Analysis of responses to consultation questions 1 – 7

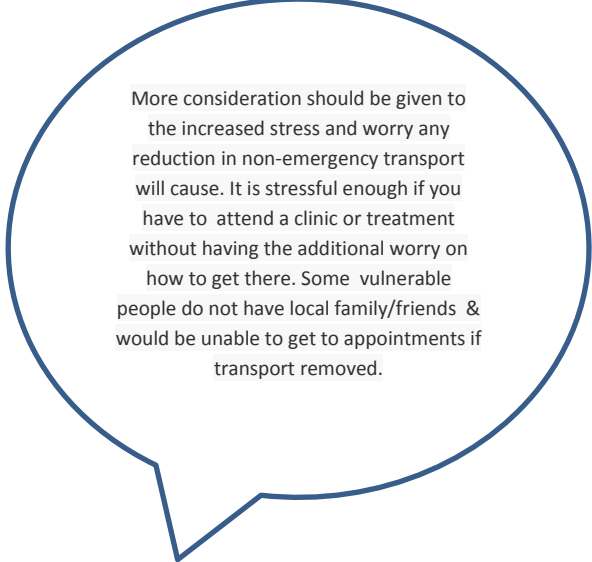
### Mental Health

There was a trend throughout the responses that the medical criteria do not take into account any mental health conditions that may prevent an elderly or frail person being able to access alternative forms of transport. 22 comments were received specifically relating to concerns around mental health and cognitive impairment. People also felt strongly that there needs to be some 'safety net' provision for people who do not have friends or family to rely on. The main concern for these patients is that if they are not asked about their personal circumstances as part of the eligibility criteria they may not attend their appointments. This in turn could potential lead to an increase in missed appointments and wider use of the 999 service.



I'm concerned about the aged and disable(d) who do to have family of friends with a car to transport them, or who do not have someone to assist them in standing and walking.

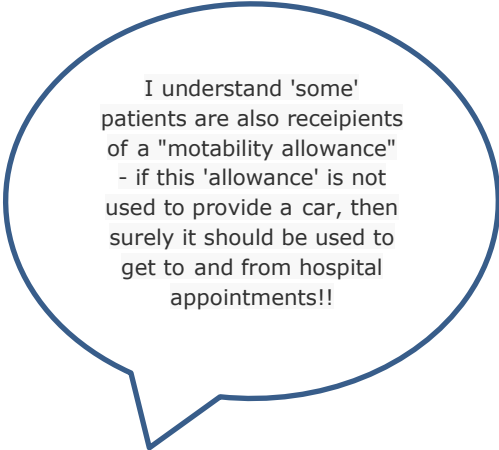
How do you propose to support those who have no one to assist and care for them?



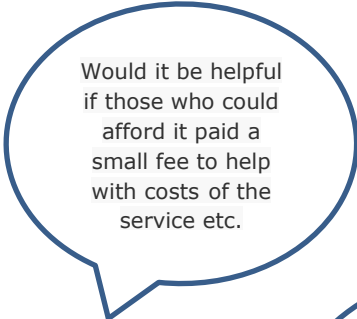
More consideration should be given to the increased stress and worry any reduction in non-emergency transport will cause. It is stressful enough if you have to attend a clinic or treatment without having the additional worry on how to get there. Some vulnerable people do not have local family/friends & would be unable to get to appointments if transport removed.

### Fee paying


11 comments were received relating to charging people for using patient transport services. In some cases this was suggested as an alternative offer for patients who are not eligible. People also felt that there needed to be further work done to maximise alternatives for people, either through means-testing or funding for volunteer car driver schemes to develop further.



I understand 'some' patients are also recipients of a "motability allowance" - if this 'allowance' is not used to provide a car, then surely it should be used to get to and from hospital appointments!!



Would it be helpful if those who could afford it paid a small fee to help with costs of the service etc.



A special arrangement with local taxi firms, with patients paying their own costs, or patients paying a fare to travel in hospital transport

## Appendix 1: Analysis of responses to consultation questions 1 – 7

**Question 7: If you have any other comments you would like to make about this consultation or the future of NHS patient transport, please indicate below.**

Seventy nine people answered this question, raising themes that have already been covered in Question 6 and Question 4. The main themes were:

### Parking

Ten comments were made about parking issues and how this impacts on the proposals to the change in eligibility criteria. Specifically people felt that parking at the hospitals was expensive and that for some individuals attending multiple appointments this would not be financially viable. In addition to this, availability of parking can determine how viable it is to access appointments by car.

If you made car parking free this would be more encouraging for use of private transport.

Where-ever in the policy the patient is required to fend for him/herself then facilities must be adequate access at the destination. I am thinking for example of parking at cost with easy access to the place of appointment.

The consultation should consider the impact the change in transport eligibility will have on car parking/access to the hospitals. For example, 50 dialysis patients arrive at the Churchill around 8am (i.e. before the clinics properly start). At the moment they most arrive on transport, perhaps 10 minibuses/vehicles (I guess). If less patients were eligible then the number of vehicles needing access will increase. Space on that (and all hospital sites) is minimal and even a small increase would impact significantly. The issue would be compounded at lunch and supper-time - when one NEPTS minibus can drop off 5 people and pick 5 people up (one minibus for 10 journeys rather than 10 vehicles for 10 individual journeys).

### Volunteers car driver schemes

Incorporated within the responses there were a variety of mentions of volunteer driver schemes and concerns were specifically raised about the availability of such schemes to cope with increased demand, and whether the availability of such schemes is equitable across the county. Respondents felt that having dedicated porter services and parking for volunteers drivers would be beneficial.

Improved parking facilities would be a great help. Some volunteer drivers decline going to addresses where it can be a 'nightmare'.

It would help people who are disabled but can drive if contact could be arranged at the car park so that a porter/volunteer could assist them on the sometimes long journey to a department/ward

Within this consultation there must be consideration of how volunteer driving schemes can be supported and funded to meet the proposed increased demand.