

## Appendix 2: Key findings from stakeholder meetings

The three month public consultation solicited views from a broad spectrum of the community and local transport providers. Ten public meetings and patient focus groups were held to present the Non-Emergency Patient Transport Services proposals. These were led by a member of the Clinical Commissioning Group's NEPTS project team, NHS Communications team or the Assistant Director for Urgent Care.

The meetings were as follows:

- Older People's Partnership Board – 3 June 2014
- Community Partnership Network – 4 June 2014
- South East Oxfordshire Locality Forum – 12 June 2014
- North Oxfordshire Locality Forum – 18 June 2014
- Carers' Voice Panel – 19 June 2014
- Older People's Health and Social Care Panel (Age UK) – 26 June 2014
- South West Locality Forum – 15 July 2014
- Learning Disability Partnership Board – 21 July 2014
- West Oxfordshire District Council

At these forums a presentation was given and then an open question and answer session took place where the attendees were invited to raise questions and comments.

Common themes emerged throughout the engagement and in the detail of the survey responses, these are outlined below.

### Key themes from the stakeholder events

The following explores the key themes and suggestions that emerged from the questions and suggestions made at each event that took place during the consultation.

As the consultation period progressed, it became clear that many members of the public understand and accept that NHS resources are constrained and those patients that are currently eligible for the transport categories of 'walker' or 'single crew assistants' would need to seek alternative ways of attending their appointments under the terms of the proposal.

### Strategic planning and joint integration

The stakeholder forums' voiced a strong desire to see further co-operation between transport providers and commissioners in Oxfordshire so that any changes are not undertaken in isolation.

'An opportunity is presented by the current OCC review of transport and the review of PTS to integrate transport for the most vulnerable much more effectively than at present.'

(Age UK).

In particular it was noted that such planning discussions should involve the commercial transport providers since the majority of the local transport provision is provided by them. A number of potential integration ideas were mooted including exploring joint NHS and Local Authority transport resources, the market development of commercial bus routes to be re-routed to hospital sites and sustainable funding options.

Participants highlighted that the short timescales for the implementation of any changes to the criteria would not permit for longer term and sustainable multi agency engagement and sought assurances that the plans for such work be developed as soon as possible. In their response to the consultation Oxfordshire County Council has highlighted that they are;

“already in dialogue with OCCG regarding the possibility of the channelling resources to provide a coordinated and enhanced offer of support to the CT sector in light of the proposed changes to NEPTS.”

### **Patient impact**

The Health & Social Care Panel made the point that to enable people to maintain their independence and wellbeing in the community the ease of access to health care is essential.

The main patient groups identified as being most at risk by the respondents were those patients with long term confusion (dementia), those who can walk but were too immobile to access public transport and people living in rural areas where there is poor access to public transport.

The provision of rural public transport links to health care treatment centres was raised, in particular the need to develop rural bus routes direct to health care sites and to maintain those rural bus routes subsidised by the County Council (the latter being outside of the scope of this consultation).

A number of other patients groups were cited during the consultation, such as those who use wheelchairs or other specialist equipment or who require emergency transport. However, it is worth noting that such groups would still be eligible under the new proposals and that the consultation was specifically for the non-emergency patient transport service.

It was the view of two groups that the patient’s ability to attend a hospital appointment would possibly result in an increase in the ‘Did Not Attend’ levels.

### **Treatment closer to home**

The development of local health services was strongly supported at a number of forums; the benefits cited included improved general access to care to the local population, reduced distances and number of journeys that both patients and transport providers would have to make.

The ability to flexibly plan and then cluster outpatient appointments around geographical areas was also presented at two of the meetings, the benefit being to reduce the number and distance of the journeys required. These might include the ‘consultative’ and ‘non-active treatment’ based appointments and could be conducted in a health centre or similar.

### **Booking, information, provision and signposting**

Consistent challenges from a range of community volunteer groups and patient forums were the needs for high quality, easy to access information and personable advice to patients and carers on the assessment process, eligibility criteria, alternative transport services and if appropriate details of

the Health & Travel Cost Scheme. In relation to financial support, Age UK cited that the NHS Health & Travel Cost Scheme was a closely guarded secret.

“It has been found that many people do not know about the current criteria for PTS travel or that certain benefits can enable them to apply.”

West Oxon District Council, Social & Economy Scrutiny Committee, NEPTS Briefing Paper, July 10<sup>th</sup> 2014

A number of points were identified in relation to the booking criteria. These centered on the need to consistently apply the criteria, making the criteria as simplistic as possible and being clear that the criteria were based on medical not social needs and that the former centred on the patient’s disability, mobility, medical condition or the likelihood of suffering from any side effects from the treatment received at the appointment.

It was felt that the timing of appointments needs to be reviewed to see whether efficiencies could be made and whether appointments could be booked to account for difficulties that the patient might have in relation to their transport needs (for instance booking later in the day to account for bus timetables).

Age UK highlighted the role that the Oxfordshire Travel Advice & Information Line (OxTAIL) has had in assisting the public to navigate through the system and saw an opportunity in this service being the central integrated source of transport information in the county. More should be done in the promotion of this service particularly through GP practices and the Community Information Partnership.

Further to this, the County Council have sought to clarify the how ineligible patients are informed of the reasons for refusal and the alternative options so as to reduce the patient frustration that is observed by the Oxfordshire Travel Advice Line.

### **Alternative options**

The capacity of the volunteer car schemes as an alternative for patients who are no longer eligible to receive non-emergency patient transport was raised by the Community Partnership Network. The implication being that there might be insufficient capacity to absorb the increased demand. Age UK cited that the mitigation of this might be found in the development of an integrated transport plan as discussed above.

### **Practical transport issues**

The availability of adequate parking for family, friends and volunteer drivers has been questioned as the demand for volunteer driver spaces and general parking will increase due to the proposed changes in eligibility criteria. Age UK suggested that “Entrances to car parks often show full but the parking for disabled is empty” more could be done in this regard.

Further to the implications of changes in eligibility is the potential that more people will require assistance getting in and out of conventional cars used by family and friends rather than the vehicles used by the single crew ambulances.

### **Cross county board transport**

This was an area not covered under the consultation since proposed changes to eligibility criteria will only apply to patients registered to an Oxfordshire GP. Further communication on this will be provided.