

Report to:	Shropshire Council - Health and Adult Social Care Scrutiny Committee Monday 26th September 2016
Title:	Non-Emergency Patient Transport (NEPT) – Update on Assessment for Eligibility Implementation
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Purpose:	This paper provides an update to the Committee on the implementation of assessment criteria for Non-Emergency Patient Transport.
Recommendation or Action required of the Committee:	This paper is provided for information.

Purpose of the Briefing Paper

This briefing paper has been developed to capture a summary of the information gathered in relation to the implementation of eligibility Criteria for the NEPT Service.

A Project Delivery Group was formed to oversee the process. The Group consisted of representation from Patients, Commissioners, Service Provider, Communications/Engagement and Quality and Patient Experience Teams.

Background

NEPT services 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. The service encompasses a wide range of vehicle types and levels of care consistent with the patient's medical need.

NEPT should be seen as part of an integrated programme of care which can enhance the efficiency of the local health economy by providing support to patient flow processes as well as allowing more appropriate use of emergency ambulance services. A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

Assessment for eligibility to use this service is based on guidance provided by the Department of Health. It should take effect on all NEPT journeys to provide a standard approach whilst ensuring patients receive a consistent response to requests for assistance with transport needs.

The NHS has limited resources and provision of non-emergency patient transport must be reserved only for those whose medical condition means they are unable to use private or public transport. NEPT is not provided for social or financial reasons and the expectation is that wherever possible patients should make their own transport arrangements. The process should ensure that enquiries have been made to determine whether the patient is able to make their own way or alternative arrangements via friends and family.

Reasons for Change

A consistent assessment for eligibility criteria will ensure NHS resources support patients with a genuine medical need for transport assistance. The impact of the use of an eligibility assessment is expected to reduce inappropriate activity; however, the aim of this work is also to ensure those who are eligible are aware of the scope of this service.

Any reduction in activity will also provide the capacity for the NEPT service to better support emergency transport services e.g. the conveyance of Shropdoc/Care Coordination Centre GP 4 hour urgent referrals. The NEPT service is able to provide a clinically safe conveyance for appropriate patients which not only offers additional capacity for West Midlands Ambulance Service to attend to more urgent calls but is also better value for money without increasing any clinical risk to patients.

The Approach Taken

The information shown in Table 1 below explains the phasing and the rationale which supported the implementation approach. A phased approach was used to provide time for processes to become fully embedded in a managed way. Implementation of phase 3 during a generally quieter time for hospitals aimed to provide continued support to assist with patient flow during the busy winter period preventing delays in discharges which could be caused by any transport issues.

Table 1

Patient Group	Timescale	Rationale
New Patients registering with the service	Phase 1 From 1 st March 2016	This Group were least likely to be affected by the changes as they would not have accessed the service before. This phase gave call handlers the opportunity to fully embed processes and address any issues which may not have become apparent through the testing stages. It also allowed Commissioners to address any issues which may be raised.
Existing Service Users	Phase 2 From 1 st April 2016	The greatest impact was likely to be on existing service users. Call handlers are trained to provide signposting options for other services. Following the first assessment should a patient fail and question the outcome, further assessments can be carried out by supervisors and then by a trained clinician as appropriate. The CCGs have agreed that under no circumstances will a patient's request be turned down for transport for appointments which are imminent and the patient has no other way of travelling to the appointment. The opportunity will be taken to advise that the transport request will be granted for that specific journey only and call handlers will provide information of alternatives which may be used in the future. An appeals process has been agreed by clinicians through the appropriate CCG governance process and is in place should it be required.
Discharges (inc A&E)	Phase 3 From 1 st June 2016	In order to support the Local Health Economy as much as possible during the winter period it has been decided to implement consistent assessment to discharges from 1 st June 2016. To implement this beforehand may have resulted in patients who are fit for discharge being delayed. The CCGs are keen to support hospital staff with the discharge process as far as possible.

Communication and Engagement

Engagement and communication activities were planned and carried out during January and February 2016 and information flyers and posters were developed. A flyer and covering letter were sent to all registered service users by way of a direct mailing exercise. A variety of communication and engagement activities have taken place with a number of stakeholder groups which included the following:

- Shropshire Patient Group
- Cancer Patient Support
- Senior Citizens Groups
- Healthwatch
- Patients with Learning Disabilities
- British Kidney Patient Association / National Kidney Federation and patient representative. (Renal patients are the largest service user group)
- Local Authority Health Overview Scrutiny Committee (Health and Adult Social Care)
- All current service users likely to be most affected (Patients registered as requiring C1 category transport (walkers))
- Partner organisations across the Local Health Economy

Communication materials included contact details for the Provider to allow patients to check their eligibility ahead of any planned appointment. Details were also included in relation to signposting to alternative services which may be able to provide help with transport and details for the Healthcare Travel Cost Scheme for those requiring financial assistance.

Information was presented to the CCG's Patient and Public Engagement and Communications Committee (PPECC) so that this sub-committee of the governing body was able to assure the CCG that appropriate communications and engagement were taking place.

Themes Raised through Communication and Engagement Work

During discussions a number of key themes were raised which are shown in Table 2. Although not all of the ongoing work/monitoring is within the scope of this NEPT project work, the information gathered will be shared with others who can use the information to inform ongoing service development work in other areas.

The general feedback received was in support of the implementation to provide fair and equitable access to an essential service.

Table 2

Item Raised	Comments	Action Taken
Timing of Appointments	This was a recurring item raised through a number of groups. It was recognised that there were challenges in relation to timely transport in rural areas. Groups and individuals suggested that improvements could be made around more appropriate appointment times.	The NEPT Project Group will pass on comments to the Commissioning Lead working with the Booking and Scheduling Group.
Possible increase in number of Did Not Attends (DNAs)	It was felt this could be an issue but could perhaps be supported by the actions related to the above item.	The NEPT Project Group will pass on comments as stated above. DNAs will continue to be monitored through the contract review meetings with local healthcare providers. The Commissioner has requested a regular monthly report from Business Intelligence in order to monitor any associated

		trends. The CCG has now received July 2016 data which shows no change on overall DNA rates.
Information taken by call-handlers	Concerns were raised around the level of detail in the information which was taken by call-handlers. There were particular concerns in relation to patients with learning disabilities.	<p>Calls are escalated to supervisors for any caller who is unhappy with the initial outcome of the assessment. This gives the opportunity to discuss their needs further.</p> <p>Commissioners have developed a robust appeals process which can be accessed by any caller. The process is very clear that transport will continue until a final decision is made in relation to eligibility. This prevents patients being unable to access transport for imminent appointments.</p>
Availability of other transport alternatives	<p>There is a key message from the national guidance around the expectation for patients to make their own way to appointments wherever possible. This approach was widely accepted during the engagement work. However, some concerns were raised by a number of people in relation to the availability of alternative transport options.</p> <p>Concerns have been raised by voluntary transport providers who believe some of the patients using their service may be eligible for patient transport.</p>	<p>The CCG has produced communication literature which signposts patients to alternative means of transport. Call-handlers are also trained to provide this type of information.</p> <p>The CCG has engaged with a number of groups to gather feedback and many of the conversations highlighted again the need for appointments to be more aligned with available access and provide more choice to patients.</p> <p>The CCG has provided leaflets and information to voluntary transport providers to enable them to share these with members of the public. The CCG wishes to encourage patients to contact the call centre to ensure those who require access to NEPT receive this service.</p>
Use of NEPT by patients already claiming Motability Allowance	Questions were raised by members of the public in relation to patients already claiming a mobility allowance.	The same questions apply to patients claiming disability allowance as to other patients. Transport is not automatically provided and patients are still expected to make their own way to appointments by their normal mode of transport. The assessment process should not discriminate and all patients are assessed in a fair and consistent way and outcomes based purely on clinical need.
Patients unable to access transport due to financial reasons	A number of queries were received in relation to transport affordability.	The NEPT service is provided for medical reasons only. The information available through the call-centre, on leaflets and in website information includes details of how financial support can be accessed.

Potential for delayed discharges	Concerns were raised that patients who were not eligible for transport may be delayed due to financial constraints or delays in seeking other means of transport.	The CCG Programme Lead responsible for discharges has met with ward staff to share information and has provided a direct link should there be any issues which could not be resolved directly with the transport provider. Patients seeking support for financial reasons are able to access the NHS Healthcare Travel Cost scheme and details are provided by the transport company and leaflets and posters are available on wards.
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Impact of Implementation

During the initial implementation period CCG PALs and Medical Services received a number of calls relating to queries around the process and how individuals might be affected and information was shared to assist patients as appropriate. Very few complaints were received all of which were fully investigated and responses provided.

The CCG has in place a robust appeal process however the CCG has not received any appeals to date. Patients who have concerns around eligibility decisions have been clinically assessed by telephone within 24 hours of requesting transport. No patient has been refused transport whilst waiting for a decision in relation to eligibility. It is acknowledged that occasionally further detail is required to make a balanced decision for patients and Medical Services have been very pro-active in reviewing individual cases where required.

Table 3 below shows the number of assessments carried out since the implementation. The figures relate to both Shropshire and Telford and Wrekin CCG patients. It should be noted that assessment in March was only for Phase one of the project for new patients only. The pass rate is in line with the CCGs expectations when modelling the potential impact.

Table 3

Month	Number of Assessments	Number of Failed Assessments	Pass Rate %
<i>March</i>	<i>153</i>	<i>84</i>	<i>45.1%</i>
April	1573	470	70.1%
May	1162	342	70.6%
June	2087	495	76.3%
July	1360	227	83.3%

On-going Monitoring

Commissioners continue to monitor the impact of eligibility criteria through regular reporting and discussion with the Provider at monthly Contract Review Board Meetings. A DNA report is also received on a monthly basis and any concerns and complaints monitored closely to identify any further issues.