

<b>Report to:</b>	<b>Shropshire Council - Health and Adult Social Care Scrutiny Committee</b> <b>Monday 8th February 2016</b>
<b>Title:</b>	<b>Non-Emergency Patient Transport (NEPT) - Assessment for Eligibility</b>
<b>Sponsor:</b>	Dr Julie Davies, Director of Strategy and Service Redesign <i>Shropshire Clinical Commissioning Group</i>
<b>Author:</b>	Mandy Gatt, Commissioning Manager <i>Shropshire Clinical Commissioning Group</i>
<b>Purpose:</b>	<p>This paper sets out plans for communication and engagement work and timescale for the implementation of a consistent approach to assessment for eligibility to access the non-emergency patient transport service. This proposal covers Shropshire and Telford and Wrekin GP registered patients.</p> <p>It should be noted that patients with a medical condition which prevents them from travelling by any other form of transport will continue to be eligible for free NHS transport if they have been referred for further treatment. The scope of this service covers appointments for referred investigative appointments or treatments only and does not apply to general primary care appointments e.g. GP, Dentist.</p>
<b>Recommendation or Action required of the Committee:</b>	The Health and Adult Social Care Scrutiny Committee is asked to review and support the plans for the work and the proposed phased timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service.

## 1. Summary

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.

## 2. Background

The previous NEPT contract which covered Shropshire and Telford & Wrekin was awarded in 2006 and had rolled forward for a number of years prior to the introduction of Clinical Commissioning Groups. A new provider, Medical Services, was successful in a competitive tender process and a new contract commenced at the end of 2014. Prior to the commencement of the current contract there had been no patient assessment by the previous provider to identify eligibility for this service.

### 3. Current Position

Commissioners have asked Medical Services not to apply criteria at this time to allow for processes to be developed which will provide equity across the service and to enable communication and engagement work to be carried out in a managed way. The contract with the Provider does however already include eligibility criteria as shown below:

- a) The service user requires a stretcher for transportation.
- b) The service user is on continuous intravenous support/infusion pumps.
- c) The service user is an incubated baby.
- d) The service user has been identified as requiring specialist handling.
- e) The service user is unable to walk.
- f) The service user requires oxygen.
- g) The service user has seriously impaired vision.
- h) The service user is medically unfit to travel by any other means.
- i) The service user is being transferred to a community hospital or step down facility- could be nursing or residential home
- j) The service user can only get around in a wheelchair.
- k) The service user has psychiatric or learning difficulties and is unable to use public transport.
- l) The service user has a medical condition that would compromise their dignity or cause a public concern.
- m) The service user is unable to walk without the continual support of another person or walking aid e.g. zimmer frame.
- n) The service user will experience a side effect sufficient to require transport as a result of the treatment they will receive.

### 4. 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.

### 5. Potential Impact

There are a number of recognised transport categories to ensure the correct level of support is offered to patients. It is believed the C1 transport category will be most affected by the consistent application of eligibility assessment criteria. This category is explained below:

- Patients can walk without assistance and have no problems with getting in and out of low access vehicles
- For walking patients unable to use public transport due to their medical condition
- Patients able to get into a car with the assistance of a voluntary care driver; or
- Patients able to travel by car but who need to take their own folding wheelchair

The C1 category represents 76% of all journeys carried out across Shropshire and Telford & Wrekin. It has been established that in November 2015 there were 5160 individual service users of the C1 category registered to Shropshire GPs and 2901 for Telford and Wrekin GPs. It is estimated that the implementation of criteria could affect approximately 10% (850) of these patients.

An Equality Impact Assessment (EIA) has been completed which has established that although some patients will be affected this is not specifically reflected in any of the protected groups. Any patient meeting the eligibility criteria will be provided with appropriate transport for their needs.

## 6. The Process Moving Forward

Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs) will be aligned in this work. Communication and engagement work will embed the message that if a patient has a medical condition which prevents them from using any other form of transport the service will be available to them. The Communications Plan is shown at Appendix 1 this paper.

A phased approach has been identified and agreed across both CCGS and with the service Provider. This has been established to reduce impact on the service and enable the approach to be more embedded as it progresses.

Table 1

Patient Group	Timescale	Rationale
New Patients registering with the service	Phase 1 From 1 <sup>st</sup> March 2016	This Group will be least affected by the changes as they will not have accessed the service before. This phase will give call handlers the opportunity to properly embed processes and address any issues which may not have become apparent through the testing stages. It will also allow Commissioners to address any issues which may be raised.
Existing Service Users	Phase 2 From 1 <sup>st</sup> April 2016	The greatest impact will be on this Group of patients. 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 will 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 will be in place within the CCGs should it be required.
Discharges (inc A&E)	Phase 3 From 1 <sup>st</sup> 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 <sup>st</sup> June 2016. To implement this beforehand may result 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.

## 7. Risk and Assurance Issues

Medical Services (the provider) has recently implemented a similar approach in another area of the country. Lessons from this work have been used to inform local plans. The main issue identified was that a lack of communication work and phasing of implementation resulted in an overwhelming number of patient queries needing to be managed through the call centres.

Shropshire and Telford & Wrekin CCGs have taken the following actions to mitigate the risks relating to these particular areas. The Provider is in full support of the planned work and is working very closely with both CCGs to ensure a smooth transition.

#### Communication and Engagement:

The attached Communication Plan (Appendix 1) has been developed which will be used to inform all stakeholders. Communication materials will be provided which include contact details for patients requiring more information as well as signposting options to alternative services which may be able to provide transport. This includes details for the Provider and PALS teams.

Other services which may be impacted have been contacted by the communication team to ensure they are happy for their details to be included. To date there have been no particular concerns raised by those who have been contacted.

Engagement activities have been planned and information flyers and posters developed these are shown in Appendices 2 and 3 for information. A flyer and covering letter will be sent to all registered service users within the C1 category by way of a direct mailing exercise.

#### Phased Approach:

The information shown in *Table 1* of Item 6 of this paper explains the planned phasing and the rationale which supports this approach. It is expected that this phased approach will provide time for processes to become fully embedded in a more managed way. It also aims 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.

### **8. Action Required by the Committee**

The Health and Adult Social Care Scrutiny Committee is asked to review and support the plans for this work and the proposed phased timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service.

Appendix 1 – Communications Plan

Appendix 2 – NEPT Flyer

Appendix 3 – NEPT Poster