

**WEST OXFORDSHIRE DISTRICT COUNCIL**

**ECONOMIC AND SOCIAL OVERVIEW & SCRUTINY COMMITTEE**

**THURSDAY 10 JULY 2014**

**RESPONSE TO A COUNTY PATIENT TRANSPORT SERVICE CONSULTATION**

**REPORT OF THE JOINT HEAD OF LEISURE AND COMMUNITIES**

**(Contact: Bill Wragge, Tel: (01993) 861566)**

(The decisions on this matter will be recommendations to Cabinet)

**1. PURPOSE**

To inform the committee of the current consultation in the County on changes to the patient transport service (PTS) being run by Oxfordshire Clinical Commissioning Group (OCCG). This consultation is not concerned with the emergency ambulance service. The consultation will end on the 8<sup>th</sup> August 2014.

**2. RECOMMENDATIONS**

That, the committee discusses the proposed changes to the current PTS and make recommendations to Cabinet in order to make a final response to the OCCG.

**3. BACKGROUND**

- 3.1. The OCCG has commenced a consultation in respect of changes to the PTS. A copy of the summary consultation document is attached as Appendix 1. The questions included in the survey which will be filled in by the public are included as Appendix 2.
- 3.2. The OCCG is having to work within a prescribed budget for all its services. It is looking at all its contracts to see where efficiencies can be made. Against this, the demographic picture in our district (and elsewhere), shows more people are ageing in place with developing complex mental and physical needs. Demand for accessible transport will grow and the nature of our rural district means that older people will become dependent on good citizenship rather than available buses and volunteer cars. The OCCG is in talks with the Rural Community Council and the County Council as to how to develop volunteer car schemes. But we are told that there is a shortage of volunteer drivers.
- 3.3. Clearly the PTS cannot be seen in isolation - it must be seen within a comprehensive and comprehensible county transport policy.
- 3.4. 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. Publicity is therefore paramount in order to get the right people to the right services. There is a travel advice line which must be advertised when any decision is finalised on changing the current criteria and service. We recommend that this is included in all outpatient documentation.
- 3.5. The options stated in Appendix 1 (Consultation Summary), concern patients who can reasonably walk – but they will not be eligible in future for the service. There are a number of specialisms mentioned such as cancer and mental health which will remain eligible but the actual assessment of an individual patient could be problematic – it is not clear who will make the assessment.

- 3.6. At present the non-emergency [patient transport service costs the NHS in the County over £3.7m a year. It is estimated that £380,000 of this was spent on patients who were able to walk and use various modes of transport. Another £686,000 was spent on providing single crew transport for patients who require minimal assistance in getting in and out of the vehicle. Thus savings could be made from the total budget.
- 3.7. It is a continuing objective of the local NHS to keep people out of hospital as long as possible as well as making the stay in hospital appropriately short. Local health services are being planned which can reduce the need for longer distance transport. More local outpatients i.e. at Witney Community Hospital will this objective alongside local services such as endoscopy and scans. There is a possibility that changing the criteria will increase DNAs (did not attend).
- 3.8. It is suggested that the following areas could be worthy of discussion in respect of the proposals:
  - More local Outpatient venues
  - Cluster appointments around geographical areas
  - Suggesting a bus from Witney to the main Oxford Hospitals
  - An equalities impact assessment may be needed
  - Use of extended befriending services
  - Criterion of not being able to walk may be too simplistic
- 3.9. A representative from the OCCG will be in attendance at the meeting.

#### **4. ALTERNATIVES/OPTIONS**

There are two options (a) and (b) in 'Appendix' I. These state that if a patient is in active treatment (dialysis or radiotherapy) then they would be eligible for transport. Conversely if an appointment is outside the "active phase" then they would not be eligible. You will see that Option (b) suggests that eligibility should be for both active and follow-up stages of these particular specialisms and this forms one of the questions.

#### **5. FINANCIAL IMPLICATIONS**

None.

#### **6. RISKS**

Districts may be asked to support partners in the development and expansion of the voluntary car services. For example Chipping Norton does not have a car service.

#### **7. REASONS**

Supports the Council objective to working in partnership to sustain vibrant healthy and economically prosperous towns and villages.

Diana Shelton  
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Date: 2 July 2014

Background Papers: None

## **Non-emergency patient transport services consultation**

### **What is this all about?**

We want to understand the public point of view about changes to patient transport services which we are proposing. We would like as many people as possible to make comments or feed their view back to us.

This is **not** about emergency 999 ambulance transport or transport for patients using mental health services.

These services will continue as they are currently provided in Oxfordshire and are not part of this consultation process.

### **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 that are registered with a doctor's surgery in Oxfordshire.

Non-Emergency Patient Transport is provided free of charge to patients that meet an 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 apply their own eligibility criteria.

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 we 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 require minimal assistance in 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.

**“Eligible patients for PTS are those who have a medical condition requiring support during or after the journey and or when it would be detrimental to the patient’s condition or recovery if they were to travel by other means.”**

Department of Health 2007 - Eligibility Criteria for Patient Transport Services

### **Who can use non-emergency patient transport 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 Trust consulted on the eligibility criteria for non-emergency patient transport services and it was agreed that patients that '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.

### **What are we proposing will change?**

#### **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.

Under both options the consultation will enable opportunity to explore and highlight any further areas of eligibility the CCG should consider.

Some of those options could be:

- to assist in making voluntary sector support available those patients no longer available for 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 of 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
- 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 that do not meet eligibility criteria with fee paying options.

OCCG will continue explore the options above but will also seek the views of patients and the public to see if there are additional areas that could be considered.

## **What will happen if I am refused transport?**

If it is deemed that a patient is no longer eligible to receive NHS-funded transport, they may be entitled to claim under the NHS Health Care Travel Costs Scheme for the cost of travelling to hospital or other NHS premises for NHS funded treatment or diagnostic costs. Typically, patients in receipt of certain state benefits are able to claim under this scheme. The CCG is also working with community partners to ensure patients ineligible to receive NHS-funded transport are provided with information on alternative hospital transport services.

If a patient is transported but the ambulance crew or driver believe that their medical needs do not require NHS-funded transport, then this will be fed back to the health professional that requested the transport and the patient's GP, so that they can discuss with the patient whether transport will be needed in the future. If it is agreed that the patient does not need NHS-funded transport, they will be directed to other forms of travel, such as community based transport schemes.

## **Why are we making these changes now?**

The NHS needs to ensure it spends its money wisely and fairly so that we can go on meeting the increasing demand from patients for services.

These demands are increasing because:

- the population is getting older and typically when older may need to use health services more often,
- there have been advances in technology and medicine that allow patients with long term conditions or disability to live independently and manage their condition at home for longer before requiring care in hospital,
- patients have higher expectations of the care that they receive from the NHS and expect services to be available for longer hours and in locations closer to home.

We have to make sure that we use the money we do have to the best effect to help our patients.

## **How to get involved**

Take a look at the Talking Health pages on our website (<https://consult.oxfordshireccg.nhs.uk>). You will be asked to register before you can get all the information.

Complete our questionnaire either on our webpage or available as a hard copy by contacting us as shown below.

**Further information is also available in the May Governing Body Papers at the following link:**

[www.oxfordshireccg.nhs.uk/get-involved/board-meetings](http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings)

**or by contacting:**

**Email:** [cscsu.talkinghealth@nhs.net](mailto:cscsu.talkinghealth@nhs.net) **Phone** 01865 334638

**You can also write to us with your views at:**

Oxfordshire Clinical Commissioning Group  
Communications & Engagement  
FREEPOST RRRKBZBTASXU  
Jubilee House  
5510 John Smith Drive  
Oxford Business Park South, Oxford

## Appendix 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:-

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
NHS patient transport should be available for people who need it for a medical reason. The reason why they need it should be checked.					
NHS patient transport should be available to people who think they need it for a medical reason without a check on their needs					
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					
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 reason					
Patient transport should not be provided by the NHS. People should make their own way to or from hospital or NHS services.					
Patient transport should be available to everyone, whether their need is a medical or social, but only if that person receives certain (e.g. disability) benefits					
Patient transport should be available to everyone, whether their need is medical or social (due to cost of difficulty of journey) but only if the journey is over a certain distance					
Patient transport should be freely available to anyone who wants it, whether their need is medical or social					

Other – please state

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

	Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
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					
Patients that typically do not require management during transit, to attend an Oncology Clinic (for review without receiving chemotherapy or radiotherapy), should no longer be eligible.					
Patients that typically do not require management during transit, to attend a Podiatry Clinic (for review without receiving treatment), should no longer be eligible					
Patients that typically do not require management during transit, to attend a Renal Clinic (for review without receiving treatment), should no longer be eligible					